

REGULATORY CHALLENGES IN UPLIFTING TRADITIONAL MALAY MEDICINE IN MALAYSIA

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ABSTRACT

Throughout the world, there is an increased level of awareness and acceptance of traditional and complementary medicine (T&CM) in enhancing health and general well-being. T&CM has become increasingly popular in Malaysia, with its rich and bountiful heritage of multi-ethnicity, multiculturalism, biodiversity and range of T&CM practices. The integration of T&CM including traditional Malay medicine (TMM) into the national health care system is geared for the future and it is our vision to see its co-existence and harmonisation with conventional medicine. The Malaysian Ministry of Health (MOH) has taken a proactive approach to ensure safe and good quality T&CM practices are being rendered to the public in order to facilitate its integration into the national health care system. The governance of T&CM industry covers the regulation of practices and practitioners, education and training as well as products and research. The gazettment of the T&CM Act 2016 [Act 775] on 1 August 2016 is one of the biggest catalysts for the development and professionalism of T&CM. Since then, MOH persevered in facing various issues and challenges to uplift T&CM including the TMM. In this paper, I shared the challenges we are facing as we implement the T&CM Act 2016 which include lack of education and training, inadequate qualified academic staff, lack of research data, and lack of understanding and prejudice towards the T&CM profession. In particular, my paper discussed how we could overcome the challenges in regulating TMM. In conclusion, I suggested various approaches that we should take to ensure safe and effective use of T&CM through feasible regulations of products, practices and practitioners. With continuous and consistent efforts from all stakeholders, we hope to strengthen the delivery of national health care, by harmonizing T&CM with the conventional medical practice.

Keywords: Alternative medicine, health act, Malay medicine, Malaysian education, traditional and complementary medicine.

Introduction

Aligned with the World Health Organization (WHO) directions on maximising the potential and ensuring the proper use of traditional and complementary medicine (T&CM) in overall health care level, and ultimately moving towards universal health coverage of better quality of health (<https://www.who.int/health-topics/universal-health-coverage>), the Government of Malaysia has begun to regulate and monitor the T&CM practitioners and their practices, and explored suitable models that can facilitate appropriate integration of T&CM and modern medicine to optimise health care outcomes. Malaysia recognises the contribution of T&CM towards sustainable well-being and considers it as one of the components of universal health coverage, along with other health services provided in the country.

An overview of T&CM could contribute to a better understanding of challenges in uplifting traditional Malay medicine (TMM). Besides TMM, T&CM in Malaysia also includes traditional Chinese medicine, traditional Indian medicine, homeopathy, Islamic medical practice and complementary therapies (Ministry of Health Malaysia, 2016). TMM can be defined as a cultural health system based on the belief, knowledge and practices of the ancient Malay people related to the concept of well-being of life in the community as a whole, though basically it concerns sickness and indisposition (Mohd. Riji, 2005). It covers three main aspects, namely curing, healthcare and prevention of diseases, and consists of three usual methods of physical treatment namely *urut* (Malay: massaging) , *lumur* (Malay: daubing or topically applied) or *bekam* (Malay: cupping). Malay medicinal treatment usually uses natural remedies such as herbs and tonic concoctions while spiritual treatment involves prayers, charms and incantations (*jampi* and

mantera respectively) and talisman and amulet (*tangkal* and *azimat* respectively). Like in many other cultures, talisman and amulet are worn by the Malays not only for the purpose of curing from the disease, but also as a mean of protection (*pendinding*) against evil spirits and hence, against diseases believed to be inflicted by those spirits, and also as a measure against illness recurrence (Institute for Medical Research, 2003). Hence, a standard regulating system is necessary to ensure the TMM practice is still relevant with our current understanding of the illnesses and can complement with the current practice of modern medicine. In this paper, I discussed the progress made by the national health care until the implementation of T&CM Act 2016 [Act 775]. I then shared the challenges we have faced, and still are facing as we implement the T&CM Act 775 for the TMM.

Overview of Traditional and Complementary Medicine

As reported in the National Health and Morbidity Survey 2015, 29.25% of the population was reported to use T&CM practices or consulted T&CM practitioners. In 2020 alone, 21.51% of the population also claimed that they used T&CM, either by taking and practicing traditional medicine or consulting traditional healers for various illnesses. In other words, out of the estimated 30 million of the Malaysian population, 9 million would have used or are using T&CM mainly to maintain wellness and complement the mainstream healthcare system. The choice of T&CM practices for treatment of diseases by Malaysians is still relatively low. The overview of T&CM will allow us to understand the important milestones on the development of T&CM in Malaysia.

Important milestones on the development of T&CM in Malaysia

Important milestones on the development of T&CM in the public sector began with the T&CM products regulation. In 1992, the National Pharmaceutical Control Bureau (NPCB) had implemented the product registration of traditional medicine. On 18 July 2016, after restructuring of the agency, NPCB changed its name to National Pharmaceutical Regulatory Agency (NPRRA).

In a post-cabinet sitting in 1996, a decision was made to set up an organisational structure to govern T&CM practice in Malaysia, and the T&CM Unit was established under the Family Health Development Division, Public Health Program, Ministry of Health (MOH). Following this, the *National Policy in T&CM* had been formulated and launched in 2001 with the objectives of ensuring public safety in using traditional and complementary practices and products, and facilitating the integration of the T&CM into the current healthcare system. The policy was revised in 2007.

In order to be aligned with the rapid development of T&CM industry, the T&CM Division was set up under the Research and Technical Support Program, MOH in 2004, to replace the T&CM Unit. The Division purely looks after the total development of T&CM in Malaysia. On 1st March 2013, under the organisational restructuring of T&CM Division, T&CM Division was transited from Research & Technical Support Program to the Medical Program, MOH. The organisational restructuring was to fortify the direction and performance of the Division in ensuring better service quality for Malaysians. Today, the Division comprises 5 sectors with 61 staff.

The T&CM has been incorporated into the mainstream health care system in Malaysia since 2007. Till date, there are 15 MOH hospitals which offer T&CM services, namely Malay Massage, Acupuncture, Shirodhara, External Basti Therapy, Varmam Therapy, and Herbal Therapy as adjuvant therapy for cancer patients. T&CM Practice Guidelines have been developed by T&CM Division to guide the T&CM practitioners in MOH hospitals when they provide services. Subsequently, T&CM services have been extended into primary health care level following the developing and launching of the *Strategy of T&CM in Primary Health Care*. As a pilot project, Post-natal Service has been introduced at the Masai Health Clinic, Johor Bahru and the Meranti Health Clinic, Pasir Mas in 2012 and 2014 respectively. To date, the service has expanded to 67 health clinics in 10 districts in Kelantan. Moreover, the Traditional Postnatal Care (TPC) Transformation Plan at primary health care level has been introduced and implemented at selected health clinics with the objectives of integrating TPC services at the primary health care level, offering TPC services through selected private T&CM practitioners, providing added value to the existing postnatal care system

for mothers, and improving maternal health and wellness via traditional care methods during confinement period.

In the future, TPC services will be carried out at clients' houses at their own expense. Monitoring will be done routinely by officers from the respective State Health Department and T&CM Branch Office to ensure TPC practitioners and their services comply with MOH practice guidelines, giving safe and quality service to clients. The main function of the six T&CM branch offices at the State Health Department in the North Zone, South Zone, Central Zone, East Zone and East Malaysia is to prepare for the legislation.

The development milestones of T&CM were finalised with three important events of historical value. Firstly, the T&CM Act 2016 (Act 775) was gazetted and enforced in 2016. Then, the *T&CM Blueprint 2018-2027 (Health Care)* was developed and launched on 13 March 2018. Lastly, T&CM Division was designated by the WHO as 'WHO Collaborating Centre for Traditional, Complementary and Integrative Medicine'.

Governance of T&CM in Malaysia

The development and governance of the T&CM in Malaysia is in line with the direction and strategic planning of the *National Policy in T&CM* under the guidance and support of other policies and national plans, namely *Strategy of Traditional & Complementary Medicine in Primary Health Care (2013)*, *T&CM Blueprint 2018-2027*, *Malaysian National Medicines Policy (DUNas)*, *11th Malaysia Plan 2016-2020*, *Ministry of Health Malaysia Plan of Action 2016-2020*, and *Strategic Framework of the Medical Program Ministry of Health Malaysia 2021-2025*. Moreover, *WHO Global Report on Traditional and Complementary Medicine 2019* and *WHO Traditional Medicine Strategy 2014-2023* have inspired the development of T&CM industry in Malaysia through formulating proactive policies and implementing multiple action plans that strengthens the roles of traditional medicine in keeping the populations healthy.

The governance of T&CM in Malaysia mainly covers practitioners and practices, education and training, as well as products and research. Apart from education and training, all the three components are under the purview of MOH:

i. Governance of T&CM Practitioners and Practices

There is a paradigm shift in the legislative system for T&CM practitioners in Malaysia, from self-regulation to statutory regulation following the gazettment of the T&CM Act 775 on 10 March 2016. The act provides the establishment of the T&CM Council to regulate the T&CM services in Malaysia and matters connected therewith. T&CM Council was established on 16th January 2017 with the membership of Health Director General as the chairperson and the following 21 members who are appointed by the Health Minister upon recommendation of the Director General. Following this, two orders have been gazetted after identifying the seven Recognised Practice Areas and six Designated Practitioner Bodies (Ministry of Health Malaysia, 2016). The two orders are Traditional and Complementary Medicine (Recognised Practice Areas) Order and Traditional and Complementary Medicine (Designation of Practitioner Body) Order.

Pertaining to the registration of T&CM Practitioners, several salient sections in the Act 775 need to be highlighted to health professionals who wish to practice T&CM in Malaysia. They are:

- a. No person shall practice in any place which is not a recognised practice area (S21(1)).
- b. A person intending to practise T&CM in any recognised practice area shall apply to the T&CM Council to register and shall comply with any qualifications as specified by the T&CM Council for that recognised practice area (S22(1)).
- c. A practitioner may be registered in one or more recognised practice areas if he satisfies the eligibility requirements for those practice areas and has paid the prescribed fee (S23(3)).
- d. A registered practitioner shall not practise at a recognised practice area unless he holds a valid and subsisting practising certificate (S26(1)). All practising certificates shall be displayed in such manner as may be prescribed at the registered practitioner's place of practice (S26(7)).

- e. A person who is not a registered practitioner shall not, directly or indirectly practise T&CM services (S25(1))

Any person who contravenes either the Subsection 21(1) or 25(1), commits an offence and shall, on conviction, be liable -

- a. In respect of a first offence, a fine not exceeding RM 30 000 or imprisonment for a term not exceeding two years or to both; and
 b. In respect of a subsequent offence, to a fine not exceeding RM50 000 or imprisonment for a term not exceeding three years or to both

ii. Education and Training of T&CM Practitioners

Education and training are the key elements in the professionalism of T&CM practitioners. There are two pathways for the education and training of T&CM, namely academic and skill.

The academic program is approved by the Malaysian Qualifications Agency (MQA), the national body under the Malaysian Qualifications Agency Act 2007 (Act 679), to implement the Malaysian Qualifications Framework, to accredit higher educational programs and qualifications, to supervise and regulate the quality and standard of higher education providers, and to establish and maintain the Malaysian Qualifications Registry. An academic program will be developed based on the fundamental criteria and standard in the *T&CM Program Standards 2010*. Several bachelor and diploma educational programs were developed by the MQA in collaboration with the T&CM stakeholders. The bachelor programs include traditional Chinese medicine (TCM), TCM (Acupuncture), Homeopathy, Malay medicine, Ayurveda and Chiropractic. The diploma programs are Malay medicine, TCM (Acupuncture), and Islamic medical practice.

In Malaysia, ten private higher education institutes have offered academic T&CM programs (see table 1). Particularly, the SPACE College offers Diploma in TMM. MQA has granted the College provisional accreditation for five years, and the Ministry of Higher Education (MOHE) has allowed the program to be offered. The SPACE College plans to have the first intake in March 2021. At present, the college offers only the Professional Certificate in TMM which does not require MQA's accreditation.

Table 1: Private Higher Education Institutes offering Academic T&CM Programs

No	Institution	Program
1.	Southern University College	• Bachelor of Traditional Chinese Medicine (Hons)
2.	Universiti Tunku Abdul Rahman	• Bachelor of Chinese Medicine (Hons) • Doctor of Philosophy (Chinese Medicine)
3.	INTI International University	• Bachelor of Traditional Chinese Medicine (Hons)
4.	University of Cyberjaya (UOC)	• Bachelor of Homeopathic Medical Sciences (Hons)
5.	Management and Science University (MSU)	• Bachelor in Traditional Chinese Medicine (Hons) • Diploma in Traditional Chinese Medicine
6.	International Medical University (IMU)	• Master of Science in Acupuncture (MSc Acupuncture) • Bachelor of Science (Hons) Chinese Medicine • Bachelor of Science (Hons) Chiropractic
7.	International Institute of Management & Technology (IIMAT)	• Diploma in Traditional Chinese Medicine
8.	University College Lincoln	• Bachelor of Homeopathy
9.	Akademi Antarabangsa Malvern	• Diploma in Acupuncture
10.	SPACE College	• Diploma Perubatan Tradisional Melayu (Diploma in Traditional Malay Medicine)

On the other hand, skills development will be under the purview of the Department of Skill Development (DSD), Ministry of Human Resource. Until today, the National Occupational Skills Standard (NOSS) for several T&CM practices has been developed. The DSD was alerted to the 'Status of New NOSS Development in T&CM field' following the decision made in one of the T&CM Council Meetings (Traditional and Complementary Medicine Division, 2017). The list of available NOSS is:

- a. Malaysian Skills Certificate (Level 3): Wind Cupping Therapy
- b. Malaysian Skills Certificate (Level 3): Massage Therapy
- c. Malaysian Skills Diploma (Level 4): Therapeutic Massage and Care
- d. Malaysian Skills Diploma (Level 4): MamaCare Post Natal
- e. Malaysian Skills Advanced Diploma (Level 5): MamaCare Post Natal
- f. Malaysian Skills Certificate (Level 3): Ruqyah Therapy
- g. Malaysian Skills Diploma (Level 4): Ruqyah Therapy
- h. Malaysian Skills Advanced Diploma (Level 5): Ruqyah Therapy
- i. Malaysian Skills Certificate (Level 3): Panchakarma Ayurvedic therapy
- j. Malaysian Skills Certificate (Level 3): Tuinalogy Service

iii. Governance of T&CM Products

As indicated in the milestones development on T&CM earlier, regulation of the T&CM industry has begun with the traditional medicine product registration and monitoring. Traditional medicine products are subjected to criteria for regulation, surveillance, pharmacovigilance, licensing and adverse drug reaction reporting that are similar to those established for conventional pharmaceutical products.

Drug Control Authority (DCA) is responsible for pharmaceutical regulatory control in Malaysia. The NPRA as DCA secretariat is the agency that develops and implements the regulations concerning the quality, safety and efficacy of drugs. All traditional medicine products sold in Malaysia must comply with the regulatory requirements set by the NPRA and must be registered with the DCA under the Control of Drugs and Cosmetics Regulations (CDCR) 1984. Registered products are tested for safety and quality.

Under the control of CDCR, all T&CM products need to be registered, with the exception of herbal medicines that are traditional preparations containing plants, animal parts or mineral substances, or a mixture of these substances of natural origin that is produced only through drying, without any treatment or processing involved. Extemporaneous preparations that are prepared and given directly to the patient by any T&CM practitioner during the course of treatment are also exempted.

iv. Research of T&CM

The T&CM is moving towards evidence- and value-based practice. To begin with, the T&CM Division conducts periodic quality assessments and patient satisfaction surveys at the T&CM Units in MOH hospitals.

The first TMM research, 'A Qualitative Study on *Urut Melayu* - The Traditional Malay Massage', was completed and published in 2010 (Mohd Anuar, et al., 2010). *Urut Melayu* is a unique form of massage of vast differences in the way being performed from one practitioner to another. This study revealed that similarities do exist and there is a potential to develop a standard framework for *urut Melayu* for regulation and training purposes. Subsequently, several researches on TMM *urut Melayu* for post-stroke patients indicated *urut Melayu* has potential as a complementary therapy for post-stroke patients. Moreover, Cochrane Review provides a clearer overall picture of the effectiveness and possible adverse effects of massage for stroke survivors, direct future research and enable evidence-informed recommendations regarding the role of massage therapy as part of universal health coverage. A cross sectional exploratory study reported that postnatal mothers in Kelantan who were educated with knowledge of postnatal TMM and received postnatal care based on TMM, including *urut Melayu*, had gained some potential benefits

(Azidah et al., 2016). The patient satisfaction survey on traditional postnatal care service at primary care settings reported a 100% satisfaction.

Furthermore, T&CM Division has collaborated with the following lead agencies for research:

- a. Malaysian Health Technology Assessment Section for technology reviews and health technology assessment reports on Cupping Therapy, Deep Tissue Massage as a Complementary Therapy for Musculoskeletal Pain and Postnatal Care in Restoring Women's Physical and Mental Health;
- b. National Institutes of Health (NIH) for the National Health and Morbidity Survey 2015 (Volume IV: T&CM Module), and Rapid Reviews in Health Systems Decision Making (MAera) for Integrative Medicine;
- c. Ministry of Agriculture (MOA), Forest Research Institute Malaysia (FRIM), and Institute of Medical Research (IMR) for comprehensive documentation on 'Malay Traditional Knowledge for Medicinal Plants in Peninsular Malaysia from 2013'; and
- d. Department of Islamic Development Malaysia and Universiti Malaysia Pahang for the development of Shariah Compliant Standard (i-Syifa') for the registration screening of Islamic Medicine practitioners in Malaysia.

Issues and Challenges

Obviously, the development and practice of TMM is under the influence of culture, religion, belief and environment posing challenges in its uplifting. The focus is on the challenges relevant with the incorporation of TMM into the national health care system and its governance.

I. Challenges in Integrating TMM into National Health Care System

The challenges of incorporating T&CM including TMM into the National Health Care System include the following matters.

i. Evidence-Based Medicine

The Government of Malaysia concerns the scientific approach, direct and guidelines of T&CM practices which have been very much influenced by the culture and historical conditions. At present, there is a lack of research data for T&CM especially TMM. The practice of TMM mostly relies on the inherited knowledge from predecessors (apprenticeship). Moreover, traditional medicine practices are based on holistic approach to life, equilibrium between the mind, body and their environment, and emphasised on health rather than disease. These many factors make evaluation highly difficult. Additionally, the absence of national research priorities in T&CM and lack of financial support for research on T&CM also contribute to the challenge.

In order to address this challenge, the T&CM Division collaborates with the NIH to develop a more comprehensive and suitable research methodology pathway for T&CM and strengthen local research capabilities. This will encourage participation and investment for T&CM research.

ii. Lack of mechanism to regulate clinical competence

There is absence of specific guidelines to define the minimum benchmark of acceptable standard of competence of T&CM practitioners including TMM practitioners. At present, a yearly audit for all T&CM practitioners in the T&CM Unit is in place helping to ensure all hired T&CM practitioners comply with the set criteria based on Malaysian Society for Quality in Health (MSQH) Hospital Accreditation Program. Mechanisms to ensure clinical competence such as the continuing professional development

(CPD) system for registered medical practitioners need to be developed for T&CM practitioners in the near future.

iii. Integration of medical record

Currently, T&CM practitioners are not allowed to access patients' medical records and write in the medical record. Referral letter by registered medical practitioners containing patients' history is the only official record accessible by T&CM practitioners. There is a separate folder for all patients receiving treatment in T&CM units. Incorporate T&CM records into the hospital's medical record management system and enable T&CM practitioners to access relevant medical records in hospital will be considered only after the commencement of the official registration of T&CM practitioners under T&CM Council and when the scheme for T&CM services in the public sector are available.

iv. One-way communication system

T&CM practitioners can refer patients to registered medical practitioners. On the other side of the coin, with the current system, registered medical practitioners can only refer patient to the head of T&CM unit (registered medical practitioners), not to the T&CM practitioners directly. Referred patients will be screened according to the standard operating procedure before providing T&CM services by T&CM practitioners. In order to facilitate and enhance integration between modern medicine and T&CM, a two-way communication mechanism between registered medical practitioners and T&CM practitioners in MOH hospitals has been developed and implemented recently following the engagement with the relevant stakeholders (Ministry of Health Malaysia, 2020).

II. Challenges in educational system of TMM

In accordance with the MOHE, a particular academic programme has to be delivered by qualified academicians of the same level or a level higher. For example, only those academicians who are bachelor's degree holders can teach the Diploma and Bachelor programmes. However, at present, majority of TMM practitioners did not undergo formal education in TMM. Knowledge and practice of TMM are learned from their ancestors or masters (who are also traditional healers themselves). In the existence of MQA Programme Standards for TMM, lack of qualified and trained TMM academic personnel have posed a great challenge to the education of TMM. Moreover, there is a limited number of higher education institutions offering TMM academic programs.

Establishment of local and international collaboration would improve and strengthen the education and training of TMM practitioners. A collaboration with the MOHE could facilitate the development to bridge courses that will allow TMM practitioners to progress from the skills pathway to the academic pathway. More program standards for TMM postgraduate courses and research programs in TMM can also be offered. Moreover, the T&CM Council in collaboration with the MQA is conducting a review of the *T&CM Programme Standard 2010*. The T&CM Council will be responsible for organizing small and medium-sized enterprises group discussions for each recognised practice area under the T&CM Act 2016. The discussions will be held on selected components of the Programme Standards of each practice area. To date, new programme standards for Osteopathy (bachelor programme), Siddha Medicine (bachelor programme) and Malay Medicine (Diploma programme for TMM) have been developed and added. The revised Program Standard is expected to be published in 2021.

Furthermore, to increase the opportunity of training for T&CM students/trainees, the Government of Malaysia has allowed students/trainees to undergo T&CM elective training at MOH hospitals. A guideline on the implementation of T&CM elective training for students/trainees in MOH hospitals has been developed as a reference for MOH and private higher education institutes that offer T&CM programs. In the near future, this will further enhance the mutual understanding between modern medical professionals and T&CM practitioners in MOH Hospitals and allow them to work as a team by respecting each other's beliefs and training.

III. Challenges in regulating TMM premises

The T&CM premises including TMM premises are not adequately regulated because of lacking appropriate law to regulate TMM premises in both public and private sectors. The private premises include TMM treatment centers and home-based settings. The Private Healthcare Facilities and Services Act 1998 (Act 586) does not include regulation on T&CM premises.

Development of an appropriate regulatory framework and guideline to regulate and monitor private T&CM premises is required. While waiting for a regulatory framework to be formulated, the *Guideline for Private T&CM Healthcare Facilities and Services* had been drafted. It is in the final stage of completion. Without delay, T&CM Division has started the preparatory work towards statutory regulation such as regulatory impact analysis and statement prior to formulating the regulatory framework.

While waiting for the statutory regulation on the T&CM premises, T&CM Division has conducted educational enforcement activities at T&CM premises. A continuous surveillance and investigation of complaints related to T&CM practices and practitioners, and prosecution in court are also necessary measures that were taken by the T&CM Division. Complaints related to products should be forwarded to the NPRA for appropriate action. Moreover, consumer educational activities for the public to increase awareness on safety and quality of T&CM services in Malaysia are also regularly organised by the T&CM Division.

IV. Challenges in registration of traditional products

The current regulatory system allows the claims for T&CM products based on traditional use and limit to “low level” claims only. The medicinal claims do not based on T&CM philosophy of use. This inappropriateness and inadequacy of current product regulatory system may lead to inaccurate descriptions and indications (general health claims) of T&CM products, and subsequently affect products safety, quality and efficacy.

In identifying the strengths and weaknesses of the existing regulatory system, the *Guideline on Natural Products with Therapeutic Claim* has been developed and used to support natural products or products containing plants or herbal medicinal ingredients with therapeutic claim for human consumption (NPRA 2019). Moreover, under the Malaysian National Medicines Policy (DUNAS), T&CM formulary will be formulated to ensure the availability of quality and safe T&CM in MOH hospitals with T&CM services.

CONCLUSION

The diversity of T&CM practice areas in Malaysia, including the TMM has been acknowledged by all stakeholders. In this paper, I have listed down the challenges posed in legislating TMM practice. During the process of implementing the T&CM Act 2016 and establishing registration criteria, T&CM Division plays a major role in identifying assessment methods for practice areas that are not yet recognised. This is important to ensure a therapeutic, safe and quality T&CM products and practice that are compatible with conventional medicine. Hence, a proposed research methodology pathway for T&CM is indicated.

In order to implement the National Policy, achieve the long-term sustainability, and ensure T&CM can reliably meet the current and future health needs of the population, the action plans in the *T&CM Blueprint 2018-2027* have to be carried out to facilitate the regulation, integration and economic development of the T&CM industry in Malaysia. During the process of implementation of the Blueprint, the status of integration could be analysed and ultimately develop a suitable strategic framework, model and plan for integration. The model will embrace the integration of medical records and enable T&CM practitioners to access relevant medical records in hospitals.

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