Traditional and Complementary Medicine Practice Guideline on Shirodhara

TRADITIONAL AND COMPLEMENTARY MEDICINE DIVISION
MINISTRY OF HEALTH MALAYSIA

Second Edition 2019

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STATEMENT OF INTENT

This practice guideline is intended to be a guide for clinical practice on Shirodhara at MOH healthcare facilities, based on the best available evidence at the time of development. Adherence to this guideline may not necessarily guarantee the best outcome in every case. Each healthcare provider is responsible for the management of his/her patient based on the clinical picture presented by the patient and the availability of treatment at the facility. This guideline shall be published in the last quarter of 2019 and it shall be reviewed after five years or when new evidence is available.

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1st Edition 2011

Cover designed by:

Traditional and Complementary Medicine Division

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GUIDELINE DEVELOPMENT

OBJECTIVE

This practice guideline is the second edition of the T&CM Practice Guideline on Shirodhara. It has been revised in light of new treatment indications and available evidences since its last publication. As Shirodhara is a form of T&CM treatment offered at selected Ministry of Health (MOH) hospitals, a standardised set of treatment criteria and treatment planning schedule were determined during the revision of this guideline. The standardisation of this practice is to ensure a safe mechanism for patient referral and to suggest possible outcome measurement tools to assess its value as a complementary therapy for certain conditions.

METHOD

A literature search was carried out using Pubmed and Cochrane Database of Systemic Reviews (CDSR). All literatures on Shirodhara therapy regardless of the study design were included in the literature search. The search was limited to researches published in English language. The search was conducted from January 2019 to May 2019. A panel consisting of officers from MOH Malaysia and Ayurvedic physicians deputed by the Government of India had participated in the development of this practice guideline.

TARGET POPULATION

This document is intended to guide healthcare professionals in the T&CM Units of MOH hospitals towards safe and effective practice of Shirodhara therapy based on the best available evidence.

1. INTRODUCTION

1.1 Overview

Ayurveda is one of the world's oldest medical systems and it literally means "knowledge of life". It originates from ancient Indian writings that represents a "natural" and holistic approach towards the healing of physical and mental health.(1)

Based on Ayurvedic philosophy, the entire cosmos consists of five basic elements – Ether, Air, Fire, Water and Earth. These five elements are grouped into three basic forms of energy which are known as *tridosha*. The *tridosha (vata, pitta and kapha)* are biological energies that exist throughout the human body and mind which function to govern and regulate all psychophysiological responses and pathological changes. (2)(3)

Vata is the derivation of the elements of Air and Ether and is translated as the energy of movement. It regulates the body's greater life force and gives motion to *pitta* and *kapha*, thus the name of "King of the *Doshas*". Physiologically, it governs anything related to movement, such as breathing, blinking, talking, nerve impulses, movements in the muscles and tissues, circulation, assimilation of food, elimination, urination, and menstruation. When it is in balance, *vata* promotes creativity and flexibility. In the case where it is out of balance, it will produce fear, anxiety, degeneration and abnormal movements.(2)

Pitta represents the qualities of Fire and Water elements and it is the energy of transformation, digestion and metabolism in the body. It oversees processes that are related to conversion and transformation throughout the body and mind by providing the body with heat and energy via the breakdown of complex food molecules. Psychologically, it provides the radiant light of the intellect such as understanding and intelligence. However, when it is out of balance, *pitta* arouses anger, hatred, jealousy, and inflammatory disorders.(2)

Kapha is principally made up of Earth and Water elements and it is the energy of building and lubrication that helps to form the physical structure and the smooth functioning of all the body parts. Physiologically, it moistens food, gives bulk to tissues, lubricates joints, stores

energy, and relates to cool bodily fluids such as water, mucous, and lymph. *Kapha* is expressed as love, calmness, and forgiveness when it is in balance. Greed, possessiveness, depression and congestive disorders are the results of *Kapha's* imbalance.(2)

Shirodhara, as one of the healing techniques of Ayurveda, is characterised by the continuous pouring, flowing, dripping, spilling of oil or any other liquids such as decoction, medicated milk, medicated butter milk and water on the forehead for a specific period of time.(4) In Sanskrit, *shiro* means "head", and *dhara* means "continuous flow in a stream".(5)

Shirodhara may be performed using different types of oil or liquids as described below:

i. *Tail Dhara* (using oil)
ii. *Takra Dhara* (using buttermilk)
iii. *Kshira Dhara* (using milk)
iv. *Kwath Dhara* (using decoction)

At present, only *Tail Dhara* is offered at selected T&CM Units in MOH hospitals.

1.2 Treatment Principles of Shirodhara(2)(4)

The probable mode of action of *Tail Dhara* is due to its oil action *(Snehan Karma)* and heat action *(Svedan Karma)*. It is believed that the oil nature will suppress the *vata* and *pitta dosha* while the heat will eliminate the *vata* and *kapha dosha*. The medicinal property of the herbs contained in the medicated oil may induce a hormone normalising effect on the pituitary gland. Therefore, relaxation of the body and mind could be achieved through Shirodhara.(6)

1.3 Possible Benefits of Shirodhara

i. Anxiolytic effect

   Several clinical studies on healthy volunteers conducted in Japan and India have indicated that Shirodhara has an anxiolytic effect.(5)(7)

ii. Tranquilising effect

There have been studies conducted on patients with insomnia that have demonstrated significant improvement in patients' conditions after they have undergone Shirodhara.(3)(6)

iii. Stress reduction

A number of studies have reported that Shirodhara possess clinical benefits towards stress aggravation due to chronic degenerative diseases.(8)(9)

2. SHIRODHARA SERVICES AT T&CM UNITS IN MOH HOSPITALS

Shirodhara service is currently available in Port Dickson Hospital (since 2012) and Cheras Rehabilitation Hospital (since 2015). Shirodhara is provided as a complementary therapy to the standard medical treatment for all the indications stated in this guideline.

2.1 Referral Criteria for Shirodhara

Patients who are referred for Shirodhara should be:

i. 18 years old and above
ii. Clinically stable
iii. Able to understand and follow instructions
iv. Referred by a specialist or a registered medical officer

2.2 Indications for Shirodhara

i. Insomnia(3)(10)(6)
ii. Headache(10)
iii. Stress or mental fatigue(8)(11)(7)
iv. Anxiety(8)(12)(5)(7)
v. Mild depression

2.3 Contraindications for Shirodhara

i. Hypotension
ii. Alcoholism or drug addiction
iii. Psychological disorders (Acute psychosis, suicidal ideation, delirious, mania or dementia)
iv. Pregnancy
v. Brain tumor
vi. Central or peripheral neuropathy
vii. Peripheral arterial disease

viii. Head and neck disorders (recent neck injury, presence of an open wound, inflammation, loss of sensation or acute sinusitis)

ix. Influenza-like illness (ILI)

3. STANDARD OPERATING PROCEDURE

Before commencement of Shirodhara, the procedure and the potential side effects or adverse events that might occur should be explained to the patient. Consent must be obtained before the therapy is provided.

3.1 Treatment Procedures (13)

Poorva Karma (Pre-Operative Procedure)

- ✓ The patient should have food items that are easy to digest, non-oily, less spicy and warm during the entire treatment course.
- ✓ The patient shall try to be as relaxed, stay positive and stress free as possible throughout the treatment course.
- ✓ The patient should avoid from drinking cold water during the treatment course and lukewarm water is recommended.
- ✓ The patient should have meals or food at least two hours before the procedure.
- ✓ The patient should relieve any natural urges before commencement of the procedure.
- ✓ The therapy shall begin with a massage to the head and neck region for 10 to 15 minutes.

Pradhana Karma (Operative Procedure)

- ✓ After completion of the massage, the patient shall lie in a supine position on a *Droni-Abhyangam* (an oil massage table which is capable of collecting excess oil) with the head and neck supported with a roll of towel or a pillow. The patient should be in a comfortable position.
- ✓ Cotton gauze shall be placed over the eyes to protect them from the oil during the procedure.
- ✓ A stream of warm oil is then poured onto the centre of the forehead, between the eyebrows. This point is considered as the 'third eye' or the centre of perception.(5)(7)
- ✓ The technical aspects of the procedure are as described below:

i. The oil temperature should be maintained at 39°C ± 0.2°C.
ii. The oil flow rate is kept at approximately 300 – 350 ml per minute (the flow rate depends on oil thickness, quantity used, its temperature and diameter of the nozzle).
iii. Diameter of the dripping oil nozzle should be 5 x 5 mm to 8 x 8 mm.
iv. The distance between the tip of the oil nozzle and the forehead ranges from 10 - 20 cm.
v. Three litres of oil is used in each Shirodhara session (oil may be collected and reused on the same patient).
vi. The duration of Shirodhara procedure ranges from 30 to 45 minutes.

Paschat Karma (Post-Operative Procedure)

- ✓ After completion of the procedure, the patient is required to rest on the *Droni-Abhyangam* for five to ten minutes.
- ✓ The patient may take a shower with lukewarm water approximately two hours after the procedure.
- ✓ The patient is advised not to expose themselves to direct sunlight, cold and/ or windy weather for at least one to two hours by covering their head, ears and neck region with appropriate clothing.

3.2 General Requirement of the Treatment Room

- ✓ The room temperature should be maintained between 22 – 25°C.
- ✓ The massage table should be neat, clean, properly cushioned and covered with a blanket.

3.3 Equipment

- ✓ *Droni – Abhyangam* or oil massage table (able to collect excess oil used during the procedure) (as in Figure 1).
- ✓ Oil collection and heating system with temperature monitoring.

- ✓ Oil collection and filtration system (if the oil is reused in one procedure session).
- ✓ Clean towels and linen.

3.4 Types of Oil

For each session of treatment procedure, three litres of oil shall be used and the type of oil used will depend on the indication of treatment. Currently, three types of oil which are used at MOH hospitals in Malaysia:

	Types of Oil		Indication
i.	*Ashwagandhadi oil*	-	Insomnia
ii.	*Ksheerbala oil*	-	Stress, anxiety and depression
iii.	*Dhanvantara oil*	-	Headache

Figure 1: *Droni – Abhyangam*

Figure 2: *Dhanvantara oil*

3.5 Treatment Regime

Each treatment session should last between 45 to 60 minutes:

i.	Massage of the head and neck region	-	10 – 15 minutes
ii.	Shirodhara	-	30 – 45 minutes
iii.	Rest after Shirodhara	-	5 – 10 minutes

A complete course of Shirodhara treatment may range from 7 to 14 days depending on severity of illness. Ideally, it is performed for seven consecutive days. The treatment regime may be adjusted by the T&CM practitioner depending on each patient's outcome/ reaction to the treatment. In order to monitor the patient's response towards Shirodhara, an assessment tool for each indication is introduced. The assessment is recommended to be performed before the initiation of treatment and after a complete course of treatment. It is also recommended that patients who have completed treatment should be assessed every two months over a period of six months to evaluate the sustained effect of Shirodhara.

3.6 Monitoring Treatment Response/ Assessment Tools

<table>
<tr><th>Indications</th><th>Recommended Assessment Tools</th></tr>
<tr><td>Insomnia</td><td>Pittsburgh Sleep Quality Index (PSQI)(Appendix 6)</td></tr>
<tr><td>Headache
i. Migraine
ii. Tension-Type Headache</td><td>Ministry of Health Pain Scale (Appendix 7 & 8)</td></tr>
<tr><td>Stress or Mental Fatigue</td><td rowspan="3">Depression, Anxiety and Stress Scale – 21 Items (DASS-21)(Appendix 9)</td></tr>
<tr><td>Anxiety</td></tr>
<tr><td>Depression</td></tr>
</table>

4. SAFETY AND ADVERSE EVENTS

4.1 Precautions

- ✓ The oil temperature should be monitored and maintained at 39°C ± 0.2°C throughout the procedure.
- ✓ Patients should be observed for any sign of complications or distress during the procedure.
- ✓ After the procedure is completed and while the patient is resting on the treatment bed, any adverse events or complications should be noted and appropriate measures need to be taken.
- ✓ If patient feels any discomfort during the procedure, he/ she should inform the T&CM practitioner or therapist.

4.2 Adverse Events

Generally, Shirodhara is a safe procedure(3)(5)(6). However, patients may experience some side effects/ adverse events such as:

i. Discomfort at the occipital region.
ii. Headache and neck pain.
iii. Light-headedness and vertigo from prolonged supine position.
iv. Blisters and burns if the oil used is too hot.
v. Allergic reaction caused by the oil used.
vi. Hypotension.
vii. Numbness in the extremities and low backache due to prolonged supine position.

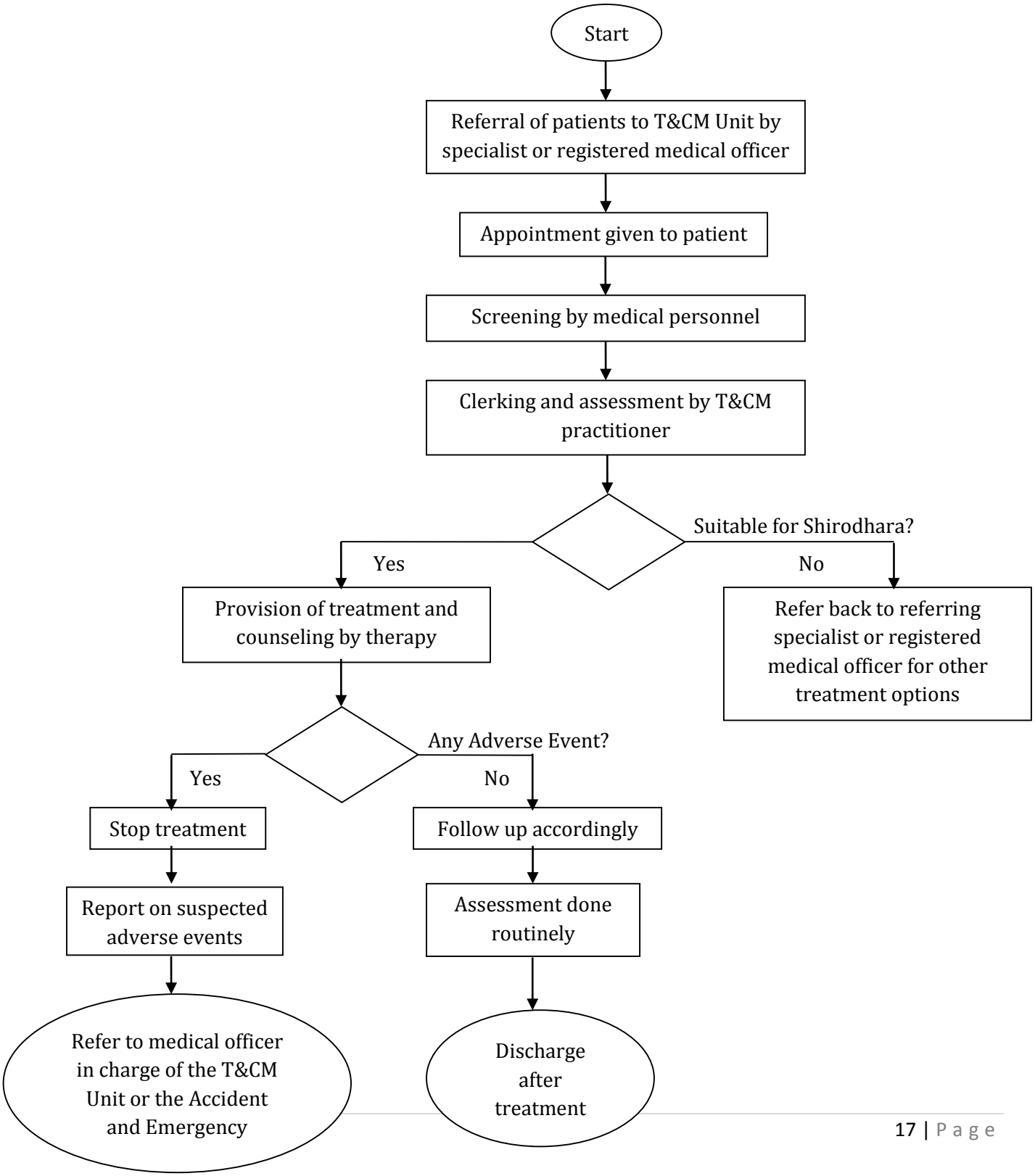
4.3 Identification and Reporting of Adverse Events

- ✓ The patient is advised to report any adverse events to the T&CM practitioner or medical officer in charge of the T&CM Unit.
- ✓ The patient shall be attended to immediately and the adverse event shall be identified by the T&CM practitioner or medical officer in charge.

- ✓ Adverse event is to be filled in the T&CM Unit's Adverse Reaction Form and to be sent to the National Pharmaceutical Regulatory Agency (NPRA).

5. APPENDICES

Appendix 1: Patient Management Flow Chart



Appendix 2: Shirodhara Screening Form

	KEMENTERIAN KESIHATAN MALAYSIA **UNIT PERUBATAN TRADISIONAL DAN KOMPLEMENTARI** **HOSPITAL _____**

BORANG SARINGAN SHIRODHARA
(*SHIRODHARA SCREENING FORM*)

To be filled in by a Medical Personnel

Nama / *Name*:	**No. KP / *NRIC*:**	**MRN:**
Alamat / *Address*:	**Umur / *Age*:**	**Jantina / *Gender*:**
	No. Telefon / *Contact Number*:	**Tarikh / *Date*:** **Masa / *Time*:**
Dirujuk oleh / *Referred by*:		
Diagnosis Pesakit / *Patient's Diagnosis*:		
Aduan Pesakit / *Chief Complaints*:		

Sejarah Perubatan / *Past Medical History*: **Darah Tinggi / *Hypertension*** ☐ **Kencing Manis / *Diabetes Mellitus*** ☐ **Penyakit Jantung / *Ischaemic Heart Disease*** ☐ **Sawan / *Epilepsy*** ☐ **Lelah /*Asthma*** ☐ **Kanser / *Cancer*** ☐ **Lain-lain/ *Others*: sila nyatakan/*please state*** **_____**	**Sejarah Pembedahan / *Past Surgical History*:**
Sejarah Pengambilan Ubat-ubatan / *Medication History*:	**Alahan / *Allergies*:**

Keputusan Ujian / *Investigation Results*:
(sekiranya ada / *if available*)

TANDA VITAL / VITAL SIGNS	
Tekanan Darah / *Blood Pressure*:	Suhu Badan / *Temperature*:
Kadar Denyutan Nadi / *Pulse Rate*:	Bacaan Gula / *Blood Glucose*: (untuk kes DM sahaja / *DM patients only*)

KONTRAINDIKASI UNTUK SHIRODHARA /
CONTRAINDICATIONS FOR SHIRODHARA

KEADAAN / *CONDITIONS*	**YA / *YES***	**TIDAK / *NO***
Tekanan darah rendah/ *Hypotension*		
Ketagihan alcohol atau dadah / *Alcoholism or drug addiction*		
Masalah Psikologi / *Psychological Disorders (Acute Psychosis, suicidal ideation, delirious, mania or dementia)*		
Mengandung */ Pregnancy*		
Ketumbuhan dalam otak / *Brain tumor*		
Neuropati, terutama kehilangan deria rasa di bahagian kepala dan leher / *Neuropathy, especially loss of sensation over head and neck region*		
Peripheral arterial disease		
Masalah pada kepala dan leher (Kecederaan, luka atau keradangan pada bahagian kepala dan leher atau sinusitis akut / *Head and neck disorders (recent neck injury, presence of an open wound, inflammation or acute sinusitis)*		
Demam dan selesema akut/ *Influenza-Like-Illness (ILI)*		
Tanda-tanda penyakit lain pada pengetahuan anda/ *Any other symptoms known to you*		

KESESUAIAN UNTUK SHIRODHARA
(SUITABILITY FOR SHIRODHARA)

☐ YA / *YES*

☐ TIDAK / *NO*

Tandatangan / *Signature*:

Nama / *Name of Medical Personnel*:

Tarikh / *Date*:

Appendix 3: Shirodhara Consent Form (Bahasa Malaysia)

Sila baca maklumat ini dengan teliti. Rujuk kepada pengamal anda jika terdapat perkara yang tidak anda fahami.

Apakah Shirodhara?
Shirodhara merupakan satu teknik perawatan *Ayurveda* atau terapi yang menggunakan minyak suam yang dialirkan ke atas kepala. Ia merupakan salah satu terapi persediaan sebelum rawatan Panchakarma dilakukan.

Adakah ianya selamat?
Secara amnya, Shirodhara merupakan satu prosedur yang selamat.

Adakah ianya mempunyai kesan sampingan?
Anda perlu mengetahui bahawa anda mungkin mengalami kesan sampingan yang sementara berikutan rawatan Shirodhara, antaranya:

- Pening selepas rawatan;
- Sakit di bahagian kepala dan leher ketika rawatan;
- Alahan terhadap minyak yang digunakan;
- Melecur sekiranya suhu minyak yang digunakan adalah terlalu panas.

Peringatan berjaga-jaga sekiranya kesan sampingan dialami:
Pesakit dikehendaki melaporkan kepada pengamal perubatan pada kadar segera sekiranya mengalami sebarang kesan sampingan semasa atau selepas rawatan Shirodhara diberikan.

Adakah terdapat maklumat-maklumat lain yang perlu dimaklumkan kepada pengamal?
Selain daripada maklumat perubatan yang biasa, adalah amat penting bagi anda memberitahu pengamal / petugas perubatan sekiranya anda:

Sila tanda √ pada kotak yang berkaitan.

	Ya	Tidak
Mengandung		
Ketagihan alkohol/ dadah		
Masalah kulit pada bahagian kepala dan leher		
Kecederaan pada leher		
Kurang deria rasa terutama di kepala dan leher		
Peripheral arterial disease		
Alahan pada minyak/ herba		

PERAKUAN KEIZINAN
Saya mengakui bahawa saya telah dimaklumkan dengan terperinci mengenai rawatan tersebut dan saya faham penjelasan yang telah diberikan. Saya faham bahawa saya boleh bertanya sebarang soalan berkenaan dengan rawatan yang akan diberikan sebelum saya menandatangani akuan ini. Saya mengaku bahawa keputusan ini adalah di atas kerelaan diri saya sendiri. Saya akan bertanggungjawab sepenuhnya ke atas sebarang kemungkinan akibat persetujuan / tindakan saya ini.
Saya mengakujanji tidak akan mengambil sebarang tindakan undang-undang terhadap Kerajaan, pihak hospital, pengamal atau mana-mana pihak lain yang berkenaan sekiranya berlaku sebarang perkara yang tidak diingini akibat daripada keputusan saya ini.

PESAKIT/ PENJAGA/ AHLI KELUARGA

Tandatangan: ……

Nama Penuh: ……

No. Kad Pengenalan: ……..

Hubungan dengan Pesakit: ……

SAKSI

Tandatangan Saksi: ……

Nama Saksi: ……

No. Kad Pengenalan: ……..

PENGAMAL PERUBATAN/ PENGAMAL PT&K
Tandatangan: ……

Nama Penuh: ……

Tarikh:

Appendix 4: Shirodhara Consent Form (English)

Please read the following information carefully. Kindly refer to the practitioner if clarification is required.

What is Shirodhara?
Shirodhara is form of Ayurvedic T&CM treatment which involves dripping of warm oil over the forehead. It is one of the preparatory therapy before the treatment of Panchakarma.

Is it safe?
Shirodhara is regarded as a relatively safe procedure.

Does it have any side effects?
Patients should be aware that they may experience the following transient side effects following treatment:

- Dizziness after treatment;
- Pain over head and neck region during the treatment;
- Allergy reaction towards the oil used;
- Burns if the oil temperature is too high.

Precautions to be taken in case of any side effects:
Patients should report to medical personnel immediately in case of any side effects following Shirodhara treatment.

What should I inform to the practitioner / healthcare staff prior to the treatment?
You should let your practitioner/ healthcare staff know if you are suffering from any medical conditions such as listed below:

Please tick (√) the relevant box(es).

Conditions	Yes	No
Pregnant		
Alcoholism/ drug addiction		
Skin problem over head and neck region		
Neck injury		
Loss of sensation over head and neck region		
Peripheral arterial disease		
Allergy towards oil/ herbs		

CONSENT FOR TREATMENT

I declare that I have been informed in detail about the treatment and I understand the explanation given. I understand that I can ask any questions pertaining to my treatment before signing this form. I have the right to refuse or discontinue any treatment at any time.

I also consent to such further or other measures as may be found necessary during the course of above mention treatment.

I understand that no legal action can be taken against the Government, the hospital, the practitioner or any other parties concerned in the event of any undesirable consequences as a result of my decision.

PATIENT/ LEGAL GUARDIAN/ FAMILY MEMBER

Signature: ……..

Full Name: ……..

Identity Card Number: ……..

Relationship with the Patient: ……..

WITNESS

Signature: ……

Name: ……

NRIC: ……

MEDICAL PRACTITIONER/ T&CM PRACTITIONER

Signature: ……

Full Name: ……

Date:

Appendix 5: Shirodhara Clerking Form

<table>
<tr><td colspan="4"> 
TRADITIONAL AND COMPLEMENTARY MEDICINE UNIT
_____ HOSPITAL</td></tr>
<tr><td colspan="4">PATIENT INFORMATION</td></tr>
<tr><td colspan="2">Name:</td><td>NRIC:</td><td>Registration No.:</td></tr>
<tr><td colspan="2" rowspan="2">Address:

Postcode: State:</td><td>Age:</td><td>Gender:</td></tr>
<tr><td>Tel. No:</td><td>Race:</td></tr>
<tr><td colspan="4">Referring Physician/ Unit:</td></tr>
<tr><td colspan="4">VITAL SIGNS</td></tr>
<tr><td>Weight (kg):</td><td colspan="2">Blood pressure (mmHg):</td><td>Temperature (°C):</td></tr>
<tr><td>Height (cm):</td><td colspan="2">Pulse rate (per minute):</td><td></td></tr>
<tr><td colspan="4">HISTORY</td></tr>
<tr><td colspan="2">Chief complaint:</td><td colspan="2">Past surgical history:</td></tr>
<tr><td colspan="2" rowspan="2">Past medical history:</td><td colspan="2">Treatment history:</td></tr>
<tr><td colspan="2">Allergy:</td></tr>
</table>

PATIENT ASSESSMENT

Physical examination:

CONCLUSION

Contraindications (Please tick √ at the appropriate box):

	YES	NO
Hypotension		
Recent neck injury, open wound or inflammation at the head and neck region		
Pregnancy		
Brain tumour		
Sinusitis		
Neuropathy (central/ peripheral), especially loss of sensation over the head and neck region		
Peripheral arterial disease		
Alcoholism or drug addiction		

☐ Suitable for Shirodhara ☐ Not suitable for Shirodhara

TREATMENT PLAN

Treatment regime / Duration of treatment:

Practitioner's name:

Signature:	**Date:**

Appendix 6: Pittsburgh Sleep Quality Index (PSQI)

Instructions: The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. **Please answer all questions.**

1. During the past month, what time have you usually gone to bed at night? _____

2. During the past month, how long (in minutes) has it usually taken you to fall asleep each night? _____

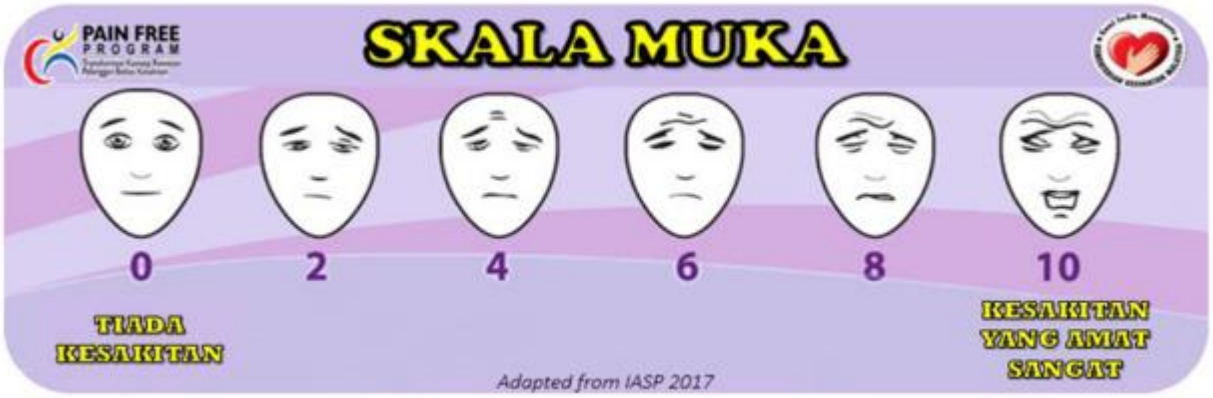
3. During the past month, what time have you usually gotten up in the morning? _____

4. During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.) _____

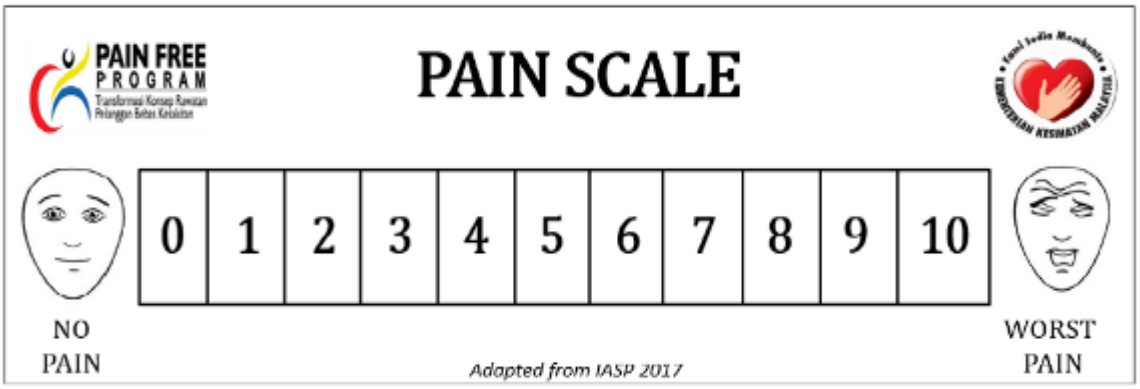
5. During the last month, how often have you had trouble sleeping because you …	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
a. Cannot get to sleep within 30 minutes				
b. Wake up in the middle of the night or early morning				
c. Have to get up to use the bathroom				
d. Cannot breathe comfortably				
e. Cough or snore loudly				
f. Feel too cold				
g. Feel too hot				
h. Have bad dreams				
i. Have pain				
j. Other reason(s), please describe:				
6. During the past month, how often have you taken medicine to help you sleep (prescribed or "over the counter")?				
7. During the past month, how often have you had trouble staying				

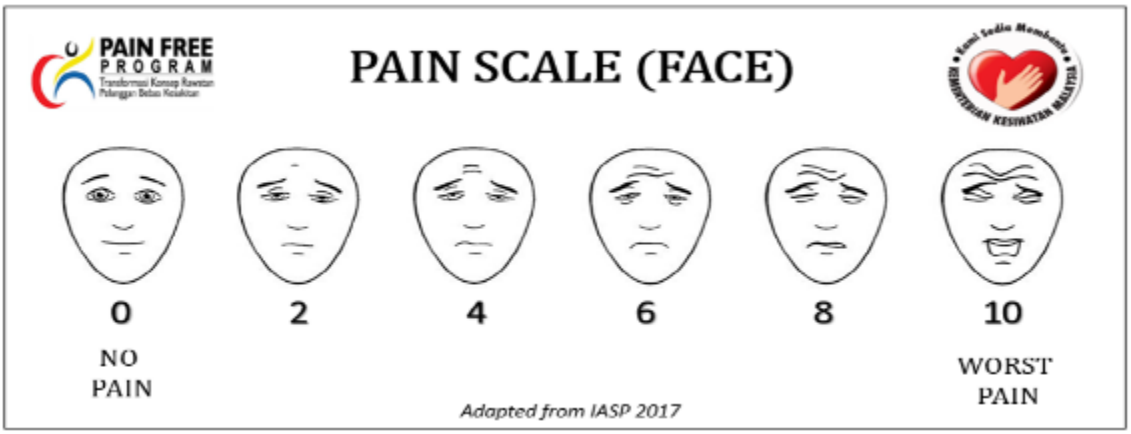
awake while driving, eating meals, or engaging in social activity?				
	No problem at all	Only a very slight problem	Somewhat of a problem	A very big problem
8. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?				
	Very good	Fairly good	Fairly bad	Very bad
9. During the past month, how would you rate your sleep quality overall?				
	No bed partner or room mate	Partner/ roommate in other room	Partner in same room but not same bed	Partner in same bed
10. Do you have a bed partner or roommate?				
	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
If you have a roommate or bed partner, ask him/ her how often in the past month you have had:				
a. Loud snoring				
b. Long pauses between breaths while asleep				
c. Legs twitching or jerking while you sleep				
d. Episodes of disorientation or confusion during sleep				
e. Other restlessness while you sleep, please describe:				

Appendix 7: Ministry of Health Pain Scale (Bahasa Melayu)(14)(15)(16)



Appendix 8: Ministry of Health Pain Scale (English)(14)(15)(16)





Appendix 9: Depression, Anxiety and Stress Scale – 21 Items (DASS-21)(17)

SOAL SELIDIK DASS

Nama: Tarikh:

Langkah 1: Sila baca dan jawab soal selidik DASS.
Langkah 2: Masukkan skala markah jawapan ke dalam ruangan kosong di bahagian 2, mengikut Soalan (S) bagi setiap kategori (Stres, Anzieti dan Kemurungan).
Langkah 3: Jumlahkan skala markah bagi setiap kategori bagi mengetahui tahap status kesihatan mental anda.
Langkah 4: Sila isikan keputusan dalam bahagian 3 dan isikan dalam keratan di muka hadapan.

BAHAGIAN 1

Sila baca setiap kenyataan di bawah dan **bulatkan** jawapan anda pada kertas jawapan berdasarkan jawapan **0, 1, 2 atau 3** bagi menggambarkan keadaan anda sepanjang minggu yang lalu. Tiada jawapan yang betul atau salah. Jangan mengambil masa yang terlalu lama untuk menjawab mana-mana kenyataan.

*Please read each statement and **circle** number **0, 1, 2 or 3** which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.*

0 = **Tidak Langsung** menggambarkan keadaan saya *Did not apply to me at all*
1 = **Sedikit atau jarang-jarang** menggambarkan keadaan saya *Applied to me to some **degree**, or **some of the time***
2 = **Banyak atau kerapkali** menggambarkan keadaan saya *Applied to me to a **considerable degree**, or a **good part of time***
3 = **Sangat banyak atau sangat kerap** menggambarkan keadaan saya *Applied to me **very much**, or **most of the time***

1.	Saya dapati diri saya sukar ditenteramkan *I found it hard to wind down*	0	1	2	3
2.	Saya sedar mulut saya terasa kering *I was aware of dryness of my mouth*	0	1	2	3
3.	Saya tidak dapat mengalami perasaan postif sama sekali *I couldn't seem to experience any positive feeling at all*	0	1	2	3
4 .	Saya mengalami kesukaran bernafas (contohnya pernafasan yang laju, tercungap-cungap walaupun tidak melakukan senaman fizikal) *I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)*	0	1	2	3
5 .	Saya sukar untuk mendapatkan semangat bagi melakukan sesuatu perkara *I found it difficult to work up the initiative to do things*	0	1	2	3
6 .	Saya cenderung untuk bertindak keterlaluan dalam sesuatu keadaan *I tended to over-react to situations*	0	1	2	3
7 .	Saya rasa menggeletar (contohnya pada tangan) *I experienced trembling (e.g. in the hands)*	0	1	2	3
8 .	Saya rasa saya menggunakan banyak tenaga dalam keadaan cemas *I felt that I was using a lot of nervous energy*	0	1	2	3
9 .	Saya bimbang keadaan di mana saya mungkin menjadi panic dan melakukan perkara yang membodohkan diri sendiri *I was worried about situations in which I might panic and make a fool of myself*	0	1	2	3
10.	Saya rasa saya tidak mempunyai apa-apa untuk diharapkan *I felt that I had nothing to look forward to*	0	1	2	3
11 .	Saya dapati diri saya semakin gelisah *I found myself getting agitated*	0	1	2	3
12 .	Saya rasa sukar unutk relaks *I found it difficult to relax*	0	1	2	3
13 .	Saya rasa sedih dan muring *I felt down-hearted and blue*	0	1	2	3
14.	Saya tidak dapat menahan sabar dengan perkara yang menghalang saya meneruskan apa yang saya lakukan *I was intolerant of anything that kept me from getting on with what I was doing*	0	1	2	3

15.	Saya rasa hampir-hampir menjadi panik/ cemas *I felt I was close to panic*	0	1	2	3
16.	Saya tidak bersemangat dengan apa jua yang saya lakukan *I was unable to become enthusiastic about anything*	0	1	2	3
17.	Saya rasa tidak begitu berharga sebagai seorang individu *I felt I wasn't worth much as a person*	0	1	2	3
18.	Saya rasa saya mudah tersentuh *I felt that I was rather touchy*	0	1	2	3
19.	Saya sedar tindakbalas jantung saya walaupun tidak melakukan aktiviti fizikal (contohnya kadar denyutan jantung bertambah, atau denyutan jantung berkurangan) *I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)*	0	1	2	3
20.	Saya berasa takut tanpa sebab yang munasabah *I felt scared without any good reason*	0	1	2	3
21.	Saya rasa hidup ini tidak bermakna *I felt that life was meaningless*	0	1	2	3

BAHAGIAN 2

Panduan Mengira Skor :-
Masukkan skala markah jawapan bagi soalan (S) bagi setiap kategori.

STRES

Soalan	S1	S6	S8	S11	S12	S14	S18	Jumlah
Markah								

ANZIETI

Soalan	S2	S4	S7	S9	S15	S19	S20	Jumlah
Markah								

Kemurungan *(Depression)*

Soalan	S3	S5	S10	S13	S16	S17	S21	Jumlah
Markah								

Selepas dijumlahkan, sila rujuk kepada petak skor saringan dan terjemahkan jumlah skor untuk mengetahui tahap status kesihatan mental anda.

SKOR SARINGAN

	Kemurungan	Anzieti	Stres
Normal	0 - 5	0 – 4	0 – 7
Ringan	6 – 7	5 – 6	8 – 9
Sederhana	8 – 10	7 – 8	10 – 13
Teruk	11 – 14	9 – 10	14 – 17
Sangat Teruk	15 +	11 +	18 +

BAHAGIAN 3

Isikan keputusan (normal, ringan, sederhana, teruk atau sangat teruk) dalam jadual di bawah.

KEPUTUSAN UJIAN DASS

Ujian	Tahap
Stres	
Anzieti	
Kemurungan	
SKOR DASS	

Appendix 10: Report on Suspected Adverse Events of Traditional and Complementary Medicine Division, Ministry of Health Malaysia (Adapted from the Report on Suspected Adverse Drug Reactions National Centre for Adverse Drug Reactions Monitoring)

<table>
<tr><th colspan="2">A. PATIENT DETAILS</th></tr>
<tr><td>Name:</td><td>NRIC:</td></tr>
<tr><td>Age:</td><td>Contact no.:</td></tr>
<tr><td>Gender
□ Male
□ Female</td><td>Ethnic group
□ Malay
□ Chinese
□ Indian
□ Orang Asli
□Pribumi Sarawak
□ Pribumi Sabah
□ Others : _____</td></tr>
<tr><td>Past Medical History:
<table><tr><td>Hypertension</td><td></td></tr><tr><td>Diabetes Mellitus</td><td></td></tr><tr><td>Heart Disease</td><td></td></tr><tr><td>Epilepsy</td><td></td></tr><tr><td>Asthma</td><td></td></tr><tr><td>Cancer</td><td></td></tr><tr><td>Others……</td><td></td></tr></table></td><td>Past Surgical History:</td></tr>
<tr><td>Medication History:</td><td>Latest Investigations Results:</td></tr>
</table>

Known Allergies: **if any*	Treatment Modality: ☐ Urut Melayu ☐ External Basti ☐ Postnatal ☐ Shirodhara ☐ Acupuncture ☐ Herbal Therapy

B. ADVERSE EVENT INFORMATION

Adverse event date:	
Description of event:	
Time to onset of reaction: ☐ mins/hours/days/months/years (please circle)	Date start of adverse event: ☐ Date end of adverse event: ☐
Extent of reaction: ☐ Mild ☐ Moderate ☐ Severe	Seriousness of reaction: ☐ Life threatening ☐ Caused or prolonged hospitalization ☐ Caused disability or incapacity ☐ N/A (not serious)
Treatment of adverse reaction & action taken:	

Outcome:	□ Recovered fully □ Recovering □ Not recovered □ Unknown □ Fatal Date & Cause of death: .....
Treatment-Reaction Relationship:	□ Certain □ Probable □ Possible □ Unlikely □ Unclassifiable

C. REPORTER DETAILS

Name:	Institution name & address:
Designation:	Contact no.:
Email address:	Date of report:

6. GUIDELINE DEVELOPMENT COMMITTEE

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