

# **Traditional and Complementary Medicine Practice Guideline on Herbal Therapy as Adjunct Treatment for Cancer**

**Second Edition**

**2018**



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#### STATEMENT OF INTENT

This practice guideline is meant to be a guide for clinical practice on herbal therapy at public 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 will be published in the last quarter of 2018 and it will be reviewed after five years or when new evidence is available.

Edition published thus far:

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## **THE GUIDELINE DEVELOPMENT**

### **OBJECTIVE**

This practice guideline is the second edition of the Traditional and Complementary Medicine Guideline on Herbal Therapy as Adjunct Treatment for Cancer. It has been revised in light of the availability of new evidence since its last publication. As it is a form of traditional and complementary treatment offered at selected public healthcare facilities, a standardised set of treatment criteria and treatment planning schedule had been determined during the revision of this guideline.

### **METHOD**

A literature search was carried out using the following electronic databases: Pubmed and Cochrane Database of Systemic Reviews (CDSR). All literatures on herbal therapy as adjunct treatment for cancer regardless of the study design were included in the literature search. The search was limited to researches involving the use of herbal therapy for cancer on humans that were published in the English language over the last decade. The search was conducted from January 2018 to May 2018. Reference was also made to existing guidelines on herbal therapy such as the National Policy on Traditional Medicine and Regulation of Herbal Medicines - Report of a WHO Global Survey - 2005. A panel of experts had participated in the development of this practice guideline. The panel consisted of officers from the MOH Malaysia, local Traditional Chinese Medicine practitioners in public hospitals and academicians in the field of Traditional Chinese Medicine.

### **TARGET POPULATION**

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

## 1. INTRODUCTION

### 1.1 Overview

Cancer is one of the leading causes of death in Malaysia. A total number of 103,507 new cancer cases were diagnosed in Malaysia during the period of 2007 to 2011. From that total, 46,794 (45.2%) involved males and 56,713 (54.8%) involved females. Table 1 shows the ten most common cancers in Malaysia.<sup>1</sup>

**Table 1: Ten most common cancers in Malaysia from the year 2007 – 2011.<sup>1</sup>**

Sites	Number	%
Breast	18,343	17.7
Colorectal	13,693	13.2
Trachea, Bronchus, Lung	10,608	10.2
Lymphoma	5,374	5.2
Nasopharynx	5,090	4.9
Leukaemia	4,573	4.4
Cervix Uteri	4,352	4.2
Liver	4,128	4.0
Ovary	3,472	3.4
Stomach	3,461	3.3

According to the National Health & Morbidity Survey 2015 (NHMS), the overall prevalence of people who had ever used Traditional and Complementary Medicine (T&CM) in Malaysia with consultation within the last twelve months was 21.51% and from this percentage, 13.69% had used Chinese herbs.<sup>2</sup> World Health Organization (WHO) defines herbal medicine as plant derived materials (which contain either raw or processed ingredients from one or more plants) or preparations used for treatment or other human health benefits.<sup>3</sup> In some tradition, materials of inorganic or animal origin may also be present.<sup>3</sup> Traditional herbal medicine aims to maintain wellbeing as well as to treat and prevent illness.<sup>4</sup> Clinical trials conducted

worldwide showed that there was a high prevalence of the usage of Chinese Herbal Medicine (CHM) as an adjunct treatment for cancer.<sup>5,6</sup>

## **1.2 Chinese Medicine Philosophies and Strategies in Oncology Diagnosis and Treatment**

Traditional Chinese Medicine (TCM) has been practiced in China more than 2000 years ago.<sup>7</sup> TCM encompasses many different practices such as CHM as well as various mind and body practices such as acupuncture and *taichi*. Among the practices, CHM is the most commonly used category of TCM.<sup>8</sup> It is based on the Chinese philosophy of *Yin-Yang* and Five Elements which emphasizes on the holistic principles and harmonization with the universe.<sup>9</sup> The basic theories of TCM include five-*zang* organs and six-*fu* organs, *Qi* (vital energy), *blood\**, and meridians.<sup>8,9,10</sup>

In general, the fundamental concepts of TCM are as follows<sup>9,11</sup>:

- The human body is an organic whole in which all constituent parts are structurally and functionally coordinated and interacted with each other as well as closely related to the surrounding universe.
- Yin-Yang concept – two opposing yet complementary forces. Harmonization of these two forces will support health while imbalance will cause diseases.
- Five elements (fire, earth, wood, metal and water) – These elements symbolically represent all phenomena including the stages of human life, and explain how the body functions and changes when one has a disease.
- Qi – It is a vital energy that flows through the body and performs multiple functions in order to maintain health.

The clinical practice of TCM is hinge on the concept of *Bian Zheng Lun Zhi*. Syndrome differentiation is the process of comprehensive analysis of clinical information obtained through the four main diagnostic TCM procedures: observation, listening, questioning and pulse analysis. It is then used as a guidance for the indication and prescription of TCM herbal formulas (*Fufang*).<sup>12</sup>

### **1.3 Herbal Therapy as Adjunct Treatment for Cancer Based On Traditional Chinese Medicine Fundamental Theory**

Principally the Chinese *Materia Medica* uses TCM fundamental theory for the prevention and treatment of diseases of the human body and mind, besides health protection and body wellness maintenance.<sup>13</sup> The main principle of herbal therapy as adjunct treatment for cancer is to strengthen the body's resistance in order to eliminate pathogenic factors via<sup>7</sup>:

- i. Clearing the heat and detoxification; and
- ii. Promoting blood circulation and remove blood stasis.

*\*Blood –This refers to the term used in the context of Chinese medicine. It denotes the combined physical and energetic properties and functions to nourish and vitalise the whole body. It should not be confused with the definition based on modern anatomy and physiology.*



## 2. HERBAL THERAPY AS ADJUNCT TREATMENT FOR CANCER IN THE T&CM UNITS, MOH HOSPITALS

Herbal therapy as adjunct treatment for cancer has been provided at T&CM Units in MOH hospitals since 2007. Patients who are referred to the T&CM Units most commonly diagnosed with these types of cancer:

- i. Breast cancer;
- ii. Nasopharyngeal cancer;
- iii. Lung cancer; and
- iv. Colorectal cancer.

Currently, herbal therapy is available at four Ministry of Health hospitals in Malaysia namely National Cancer Institute (Putrajaya), Kepala Batas Hospital (Pulau Pinang), Sultan Ismail Hospital (Johor) and Sabah Women's and Children's Hospital (Sabah).

### 2.1 Herbal Therapy for Cancer Symptoms and Complications

There have been reported clinical studies that show the beneficial effects of usage of herbal medicines together with conventional medicine on the survival, immune modulation and quality of life (QoL) of cancer patients.<sup>14,15</sup> Examples of symptoms and complications related to cancer that have been documented to be alleviated by herbal therapy are<sup>6,13,16,17</sup>:

- |                           |                                     |
|---------------------------|-------------------------------------|
| i. Constipation           | x. Hyperhidrosis                    |
| ii. Nausea and vomiting   | xi. Oral mucositis                  |
| iii. Diarrhoea            | xii. Peripheral neuropathy          |
| iv. Gastritis             | xiii. Insomnia                      |
| v. Xerostomia (Dry mouth) | xiv. Depression                     |
| vi. Anorexia              | xv. Skin rashes                     |
| vii. Fatigue              | xvi. Hot flushes                    |
| viii. Pain                | xvii. Hand-foot syndrome            |
| ix. Alopecia              | (Palmar-Plantar Erythrodysesthesia) |

The effectiveness of various CHM in the management of cancer patients have been published worldwide. However, Health Technology Assessments (HTA) conducted on these studies frequently concluded that more rigorous and well-designed clinical trials are warranted. An example is the HTA done by the Ministry of Health to look into the effectiveness of Chinese herbs in relieving fatigue and muscle weakness in cancer patients receiving chemotherapy. Subsequently, it was recommended that CHM may be used for the management of fatigue in cancer patients receiving chemotherapy in a research environment by a certified and registered practitioner.<sup>14</sup>

## **2.2 The Aims of Herbal Therapy as Adjunct Treatment for Cancer<sup>8,18</sup>**

The aims of herbal therapy that is offered at T&CM units are to:

- i. Reduce cancer symptoms and complications;
- ii. Minimise side effects resulting from conventional cancer treatment;
- iii. Improve body immune system;
- iv. Provide a synergistic effect; and
- v. Improve patients' quality of life.

## **2.3 Forms of Herbal Preparation Available in T&CM Units, MOH Hospitals**

The forms of herbal preparations available in T&CM Units, MOH are generally either herbal concentrated granules or powder. These herbs are:-

- i. Single herbs; and
- ii. Formula herbs which are registered under the National Pharmaceutical Regulatory Agency (NPRA).

## **2.4 Referral Criteria for Herbal Therapy**

Patients who are referred for herbal therapy should be:

- i. 18 years old and above; and
- ii. Referred by a specialist in charge, an Oncologist or a registered Medical Officer under the supervision of a specialist.

- iii. The referring doctor should provide the following information in his/her referral letter (Refer **Appendix 1**):
  - a) Diagnosis;
  - b) Co-morbidities;
  - c) Treatment or medication history;
  - d) Herbal or supplement history (if any); and
  - e) Other relevant information/documents

Patients who are referred for herbal therapy as adjunct treatment for cancer may fall under one of the following categories:

- i. Newly diagnosed cancer patients on radiotherapy, chemotherapy\* or surgery;
- ii. Patients who have completed conventional cancer treatment with or without recurrence;
- iii. Patients with advanced stage of cancer on palliative treatment; and
- iv. Cancer patients who refuse conventional medical treatment.

\*Herbal therapy is not given concurrently with chemotherapy.

### 3. STANDARD OPERATING PROCEDURE

#### 3.1 Treatment Planning Schedule

This section provides the standardised treatment planning schedule that shall be implemented in the T&CM Units in MOH hospitals for herbal therapy as adjunct treatment for cancer. The schedule shall vary according to the symptoms the patient is experiencing. From consensus, the duration of treatment is three to five years, however, this may also vary according to the patient’s condition.

**Table 2: Treatment Planning Schedule**

Category	Follow-up	Suggested Period for Lab Investigations	Suggested Lab Investigations
New Patient (less than 1 year follow-up)	1-2 weekly	<ul style="list-style-type: none"> <li>• Prior to herbal therapy (baseline)</li> <li>• 1<sup>st</sup> month</li> <li>• 3<sup>rd</sup> month</li> <li>• 6<sup>th</sup> month</li> <li>• 12<sup>th</sup> month</li> </ul>	<ul style="list-style-type: none"> <li>• Full Blood Count (FBC)</li> <li>• Renal Profile (RP)</li> <li>• Liver Function Test (LFT)</li> <li>• Coagulation Profile (if indicated)</li> </ul>
Patient with follow-up	2-4 weekly	6 monthly or when necessary	

*\*The above recommended planning schedule and duration of treatment may be modified based on either the practitioner’s assessment on the patient’s response to the prescribed treatment or the point that the patient’s condition has shown improvement.*

#### 3.2 Monitoring Treatment Response

##### Assessment of Patient’s Response to Herbal Therapy

Symptoms frequently experienced by cancer patients include fatigue, paresthesia and dysesthesia, chronic pain, anorexia, insomnia, limbs oedema, and constipation.<sup>19</sup> Amongst those symptoms, the highest prevalence were of fatigue (90%), anorexia (85%), chronic pain (70%), paresthesia and dysesthesia (66%).<sup>19,20</sup>

The Eastern Cooperative Oncology Group (ECOG) Scale of Performance Status (Refer **Appendix 2**) is one of the most widely used measurements to assess the functional status of a patient, compare the effectiveness of therapies and assess the prognosis of a patient as well.<sup>21</sup> Hence, this scale can be used as a basic assessment tool for cancer patients at the T&CM Units in MOH hospitals during every visit. However, specific elements indicated for assessment of treatment efficacy can be considered in the case of clinical research.

## 4. SAFETY AND ADVERSE EVENTS

### 4.1 Side Effects and Adverse Events

Prior to commencing treatment, the patient should be informed about the possible outcome of the treatment and advised accordingly regarding the potential side effects and adverse events that may arise following the treatment.

There are possibilities of herb-drug, herb-herb and herb-food interactions that may<sup>13,22</sup>:

- alter the metabolism and excretion of a particular herb or drug in the body;
- enhance the effects of a particular herb or drug in the body; and
- weaken the intended therapeutic effect of a particular herb or drug in the body.

Hence, certain precautions are essential to be taken to reduce the possibilities of the unfavourable events:

- a thorough medication history taking during the first few visits and whenever there is a change (initiation/withholding/stopping) of any long term medication;
- patients are counselled to consume the herbs at least two hours apart with conventional medications in order to reduce the likelihood of interactions.

#### a) Herb – Drug Interactions<sup>13,23,24</sup>

There are possible herb-drug interactions particularly in patients consuming antithrombotic medications which may increase the risk of bleeding tendency.

#### b) Herb - Herb Interaction<sup>13</sup>

In TCM, herb-herb interactions have been known for a long time, and include both **synergistic** as well as **antagonistic** interactions. According to the concept of "Eighteen Incompatible Herbs and Nineteen Herbs of Mutual Antagonism" as stated in the Chinese *Materia Medica*, herb-herb interactions may be synergistic or antagonistic.

- i. **Synergistic Interactions** are of the following types<sup>13</sup>:
- **Mutual Reinforcement (*Xiang Xu*)**  
Two ingredients which are similar in certain properties and efficacies are combined together to reinforce specific clinical effects.
  - **Mutual Assistance (*Xiang Shi*)**  
Two or more ingredients with similar properties and efficacies, or combining herbs with different properties and efficacies which are able to treat same syndrome or disease, one being the principal substance while the others play a subsidiary role to reinforce the action of the former.
- ii. **Antagonistic Interactions** are of the following types<sup>13</sup>:
- **Mutual Restraint (*Xiang Wei*)**  
The mutual restraining effect of different ingredients will weaken or neutralize each other's action.
  - **Mutual Suppression (*Xiang Sha*)**  
One ingredient can reduce or remove toxicity, as well as, the side effects of another medicine.
  - **Mutual Antagonism/Incompatibility (*Xiang Fan*)**  
Property of one ingredient being unsuitable for combination with another ingredient, which may result in severe side effects if these ingredients are used together.
  - **Mutual Inhibition/Counteraction (*Xiang Wu*)**  
Property of one ingredient can reduce the medicinal efficacies of the other ingredient, or even neutralize it totally.

Any adverse events relating to herbal therapy must be documented and reported to T&CM Division (Refer **Appendix 3**).

## APPENDICES

### Appendix 1: Referral Letter Template to T&CM Units, MOH Hospitals

TRADITIONAL AND COMPLEMENTARY MEDICINE UNIT  
PATIENT REFERRAL FORM FOR HERBAL THERAPY

<b>PATIENT INFORMATION</b>			
Patient name		Gender	
Identification number (NRIC)		Telephone number	
<b>REFERRAL INFORMATION</b>			
Referring for Herbal Therapy for: eg.: To improve quality of life for cancer patient			
<b>HISTORY/ PHYSICAL FINDINGS/ RESULTS OF INVESTIGATIONS:</b>			
<b>TREATMENT:</b>			
<b>DIAGNOSIS:</b>			
<b>REMARKS (if any):</b>			
<b>REFERRING PHYSICIAN INFORMATION</b>			
Medical Officer/Registrar/Specialist/Director of Hospital: (Herbal medicine referral must be from Specialist/Medical Officer supervised by a Specialist)			
Signature & Stamp:		Contact Details: Phone/fax/email	
Name:		Reference number:	
Hospital/Clinic:		Date:	



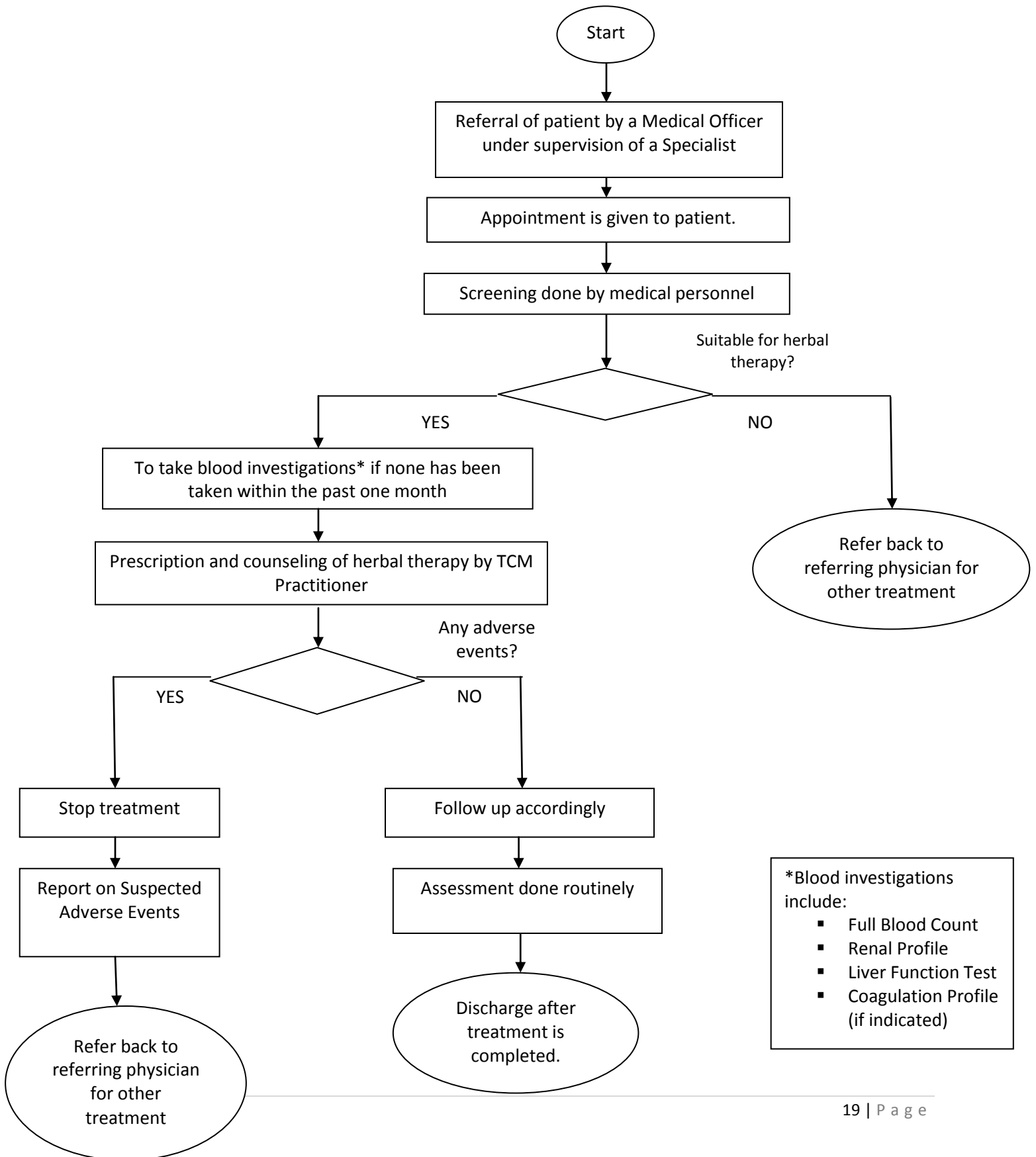
## Appendix 2: Eastern Cooperative Organization Group (ECOG) Performance Status

GRADE	ECOG PERFORMANCE STATUS
0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
2	Ambulatory and capable of all self care but unable to carry out any work activities; up and about more than 50% of waking hours
3	Capable of only limited self care; confined to bed or chair more than 50% of waking hours
4	Completely disabled; cannot carry on any self care; totally confined to bed or chair
5	Dead

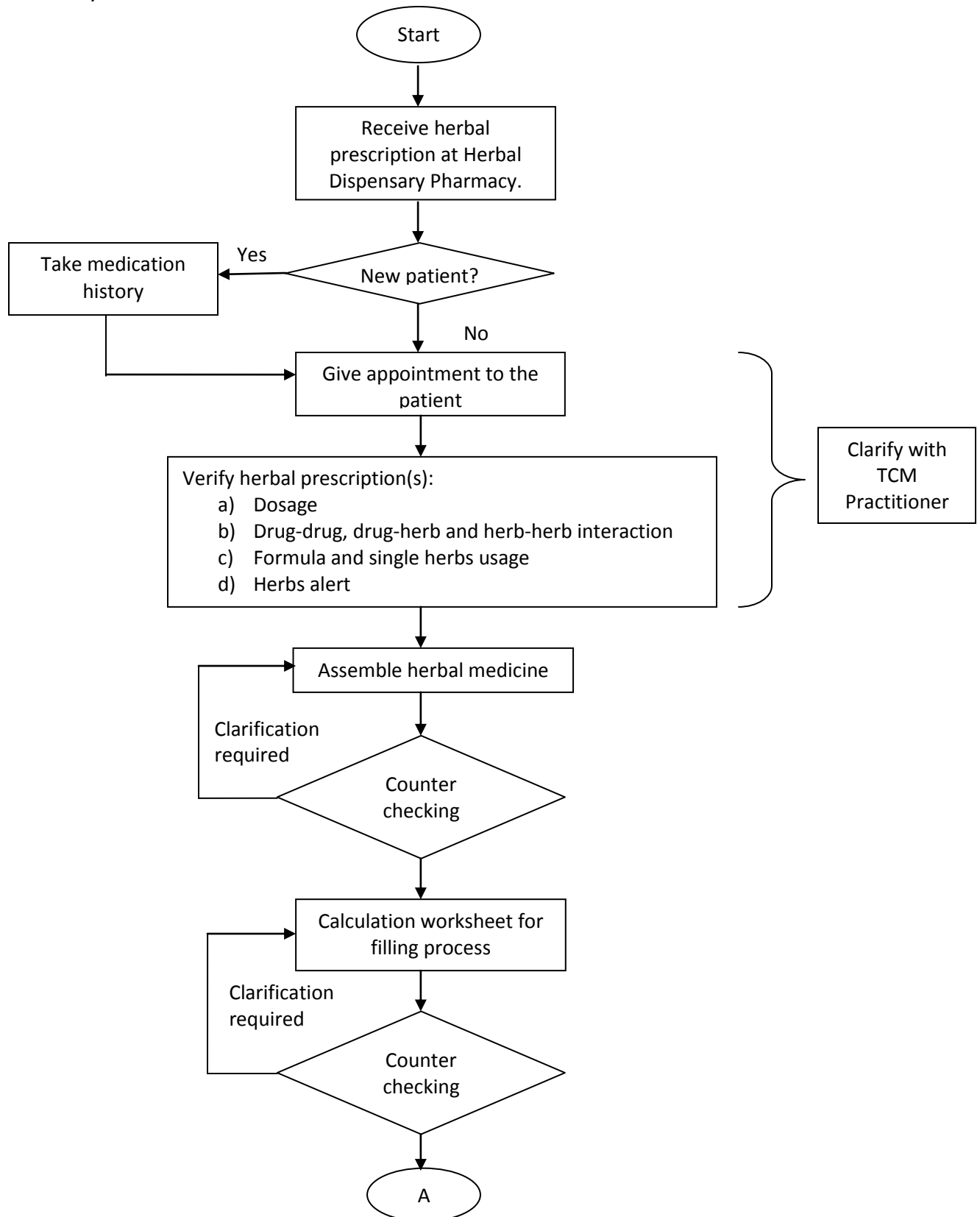


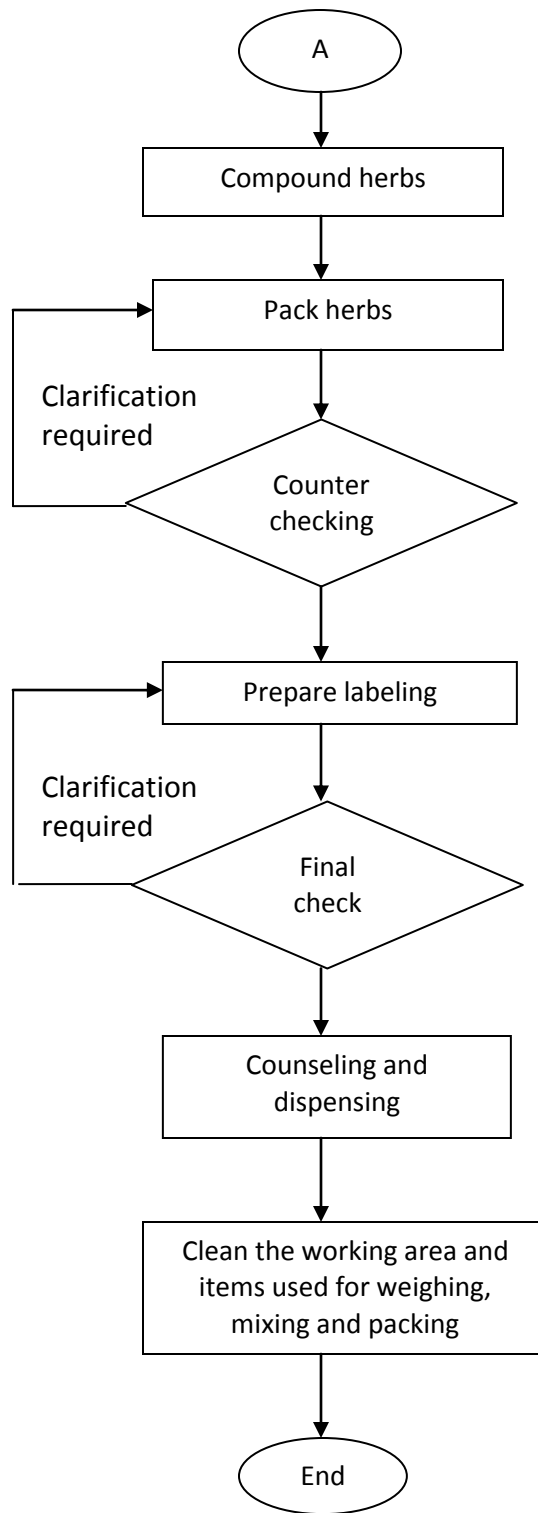
Time to onset of reaction: <input type="text"/> mins/hours/days/months/years (please circle)		Date start of adverse event: <input type="text"/>
		Date end of adverse event: <input type="text"/>
Extent of reaction: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Seriousness of reaction: <input type="checkbox"/> Life threatening <input type="checkbox"/> Caused or prolonged hospitalisation <input type="checkbox"/> Caused disability or incapacity <input type="checkbox"/> N/A (not serious)	
Treatment of adverse reaction & action taken:		
Outcome: <input type="checkbox"/> Recovered fully <input type="checkbox"/> Recovering <input type="checkbox"/> Not recovered <input type="checkbox"/> Unknown <input type="checkbox"/> Fatal Date & Cause of death:.....		
Treatment-Relationship: <input type="checkbox"/> Certain <input type="checkbox"/> Probable <input type="checkbox"/> Possible <input type="checkbox"/> Unlikely <input type="checkbox"/> Unclassifiable		
<b>C. REPORTER DETAILS</b>		
Name:	Institution name & address:	
Designation:	Contact no.:	
Email address:	Date of report:	

**Appendix 4:** Work Flow Chart of Patient’s Management for Herbal Therapy as Adjunct Treatment for Cancer



**Appendix 5: Work Flow Chart of Dispensing of Herbal Medications at Herbal Dispensary Pharmacy**





**Appendix 6: Herbal Therapy Consent Form (English)**

<b>CONSENT FOR HERBAL THERAPY AS ADJUNCT TREATMENT FOR CANCER</b>	
<p style="text-align: center;">.....Hospital</p> <p>I,.....            IC No..... Hereby consent to undergo herbal therapy as an adjunct treatment for cancer, for which the nature and purpose of which have been explained in detail to me.</p> <p>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 anytime.</p> <p>I also consent to such further or other measures as may be found necessary during the course of above mentioned treatment.</p> <p>I understand that no legal action can be taken against the Ministry of Health, the hospital, the practitioner or any other parties concerned in the event of any undesirable consequences as a result of my decision.</p>	
<b>Patient/Legal Guardian/Family Member</b>	<b>Witness</b>
Signature: ..... Name: IC No.: Relationship with patient: Telephone No.: Date:	Signature: ..... Witness: IC No.: Date:
<b>Traditional and Complementary Medicine Practitioner</b>	
<p>I confirm that I have explained the nature and purpose of herbal therapy as an adjunct treatment for cancer to the patient/parent/guardian*.</p> <p>Practitioner signature: .....</p> <p>Name:            IC No.:            Date:</p>	

**Appendix 7: Herbal Therapy Consent Form (Bahasa Melayu)**

<b>PERAKUAN KEIZINAN TERAPI HERBA SEBAGAI RAWATAN TAMBAHAN UNTUK KANSER</b>	
Hospital.....	
<p>Saya .....            No. KP..... dengan ini bersetuju dan memberi keizinan untuk menerima rawatan terapi herba sebagai rawatan tambahan untuk kanser ke atas saya. Saya mengakui bahawa saya telah dimaklumkan dengan terperinci mengenai rawatan tersebut dan saya faham penjelasan yang telah diberikan tersebut.</p> <p>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.</p> <p>Saya mengaku janji 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.</p>	
<b>Pesakit/Penjaga/Ahli Keluarga</b>	<b>Saksi</b>
Tandatangan: ..... Nama Penuh: No. Kad Pengenalan: Hubungan dengan Pesakit: No. telefon: Tarikh:	Tandatangan Saksi: ..... Nama Saksi: ..... No. Kad Pengenalan: .....
<b>Pengamal Perubatan Tradisional dan Komplementari</b>	
<p>Saya mengesahkan bahawa saya telah menjelaskan dengan terperinci mengenai tujuan terapi herba sebagai rawatan tambahan untuk kanser kepada pesakit/ibu bapa/penjaga *.</p> <p>Tandatangan Pengamal : .....</p> <p>Nama:            No. KP/ID/Pasport:            Tarikh:</p>	



**Appendix 8: Herbal Treatment Card<sup>25</sup>**

**Herbal Treatment Card  
Screening Form**

Part A: To be filled in by Healthcare Personnel

PATIENT PARTICULARS			
Name:			
Address:		IC No.:	MRN No.:
Telephone no.:			
Date of Birth:	Age:	Gender:	Race:
Next of Kin:			Date:
Referred from:			
Modern Medicine Diagnosis (as documented in referral letter and diagnosed by registered medical practitioners)			
Past Medical History:			
Allergies:			
CANCER HISTORY			
<b>SURGICAL HISTORY</b>	<b>RADIOTHERAPY</b>	<b>CHEMOTHERAPY</b>	
Type of surgery:	Date commenced:	Date commenced:	
Date:	Type of regime:	Type of regime:	
Complications:			
Other types of conventional cancer treatment (Immunotherapy, Targeted therapy, Hormone therapy) with details:			

Family and social history:

**INVESTIGATION REPORTS**

(To attach the relevant laboratory and imaging report with this card)

<p>RADIOLOGY (X-ray/CT-scan/MRI/PET Scan/Ultrasound etc.)</p>	<p>BIOCHEMICAL FBC: (date)</p> <p>Renal profile: (date)</p> <p>Liver function test: (date)</p> <p>PT / aPTT (date): *if indicated</p>	<p>PATHOLOGY</p> <p>Biopsy:</p> <p>Type:</p> <p>Date:</p>
---	---	---

**PATIENT'S ASSESSMENT**

VITAL SIGNS

Blood pressure (mmHg)

Pulse rate

Temperature

Glucose monitoring reading (for DM cases only)

Oxygen saturation

Temperature

Weight

<p>PAIN SCORE (please circle the appropriate box)</p>	0	1	2	3	4	5	6	7	8	9	10
	No pain		Discomfort		Interfere with daily activities		Moderate pain		Severe pain		
<p>ECOG PERFORMANCE STATUS GRADE (please circle the appropriate box)</p>	0	1	2	3	4	5					

Part B: To be filled in by Chinese Herbal Practitioner (Traditional Chinese Medicine Assessment)

<b>CHIEF COMPLAINT</b>			
The main symptoms, characteristics and progression (to describe the occurrence, progression and alterations of each symptoms accurately and specifically)			
<b>INSPECTION</b>			
(General inspection and inspection of various parts of the body)			
<b>AUSCULTATION AND OLFACTION</b>			
Voice <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		<b>REMARKS/DESCRIPTION</b>	
Body Odour <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal			
<b>INQUIRIES</b>			
1. Cold & Heat <input type="checkbox"/> Aversion to cold <input type="checkbox"/> Fever <input type="checkbox"/> Slight fever <input type="checkbox"/> Aversion to wind <input type="checkbox"/> Strong fever <input type="checkbox"/> Alternating aversion to cold <input type="checkbox"/> Fear of cold <input type="checkbox"/> Tidal fever and fever			
2. Sweat <input type="checkbox"/> Normal <input type="checkbox"/> Spontaneous sweat <input type="checkbox"/> Absent <input type="checkbox"/> Night sweat			
3. Pain			
Nature	Location	Degree	Time
Preference	Accompanying symptoms	Aggravating factors	Relieving factors

4. Discomfort of head, body, chest and abdomen		
5. Diet and taste- thirsty and need to drink water, preference for coldness or warmth, appetite, amount of food intake		
6. Stool <input type="checkbox"/> Abnormal frequency - constipation <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Abnormal form: with undigested food <input type="checkbox"/> Irregular, dry or loose stool <input type="checkbox"/> Bloody stool <input type="checkbox"/> Abnormal sensation: burning/tenesmus/unsmooth/incontinence/down bearing sensation of anus	<b>REMARKS/DESCRIPTION</b>	
7. Urination <input type="checkbox"/> Abnormal volume – increased <input type="checkbox"/> Abnormal volume – decreased <input type="checkbox"/> Abnormal frequency <input type="checkbox"/> Abnormal sensation		
8. Emotion <input type="checkbox"/> Depression <input type="checkbox"/> Overjoy <input type="checkbox"/> Anxiety <input type="checkbox"/> Fear <input type="checkbox"/> Restlessness		
9. Sleep <input type="checkbox"/> Insomnia – sleepless for whole night <input type="checkbox"/> Easy to wake up <input type="checkbox"/> Frequent awakening <input type="checkbox"/> Poor sleep with abdominal distension		
10. Obstetric & Gynaecological History  Menses <input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> No menses <input type="checkbox"/> Vaginal discharge  Obstetric History <input type="checkbox"/> Pregnancy <input type="checkbox"/> History of delivery <input type="checkbox"/> History of Breastfeeding <input type="checkbox"/> Miscarriage		
11. Men's health <input type="checkbox"/> Impotence <input type="checkbox"/> Abnormal erection <input type="checkbox"/> Nocturnal emission <input type="checkbox"/> Premature ejaculation		
12. Tongue Inspection		
Tongue Proper	Coating	Sublingual Vein
13. Pulse reading		

**TRADITIONAL CHINESE MEDICINE DIAGNOSIS**

Disease Diagnosis	Syndrome Diagnosis
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**TREATMENT PLAN**

Herbal Prescription	Dosage	Duration	Remarks

<b>Practitioners Name:</b>  <b>Date:</b>	<b>Signature:</b>
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## 6. GUIDELINE DEVELOPMENT COMMITTEE

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## 7. EXTERNAL REVIEWERS

This guideline was reviewed by experts within the MOH. They have contributed by evaluating the comprehensiveness of this guideline and to ensure all recommendations provided are supported by accurate interpretation of all available evidence on herbal medicine.

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