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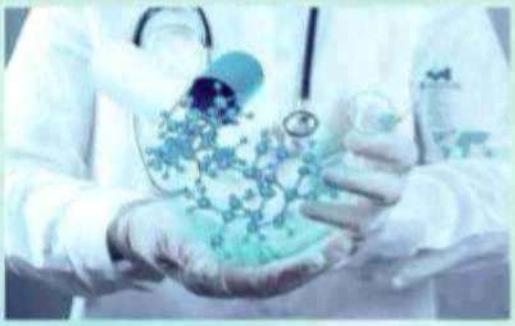

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MANAGEMENT PRACTICES OF MENOPAUSAL SYMPTOMS IN MALAYSIA: TRADITIONAL VS MODERN APPROACHES

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✓ ***Resume***

Menopause management in Malaysia reflects a complex interplay between modern medical care and deeply rooted traditional practices within a multi-ethnic society. This study reviews contemporary literature and analyzes primary survey data from 250 Malaysian women aged 40–65 to compare the use, perceived effectiveness, and cultural acceptability of hormone replacement therapy (HRT) versus traditional and complementary approaches. While HRT remains the most effective option for vasomotor and mood symptoms, its uptake is limited by safety concerns, access barriers, and cultural beliefs. Traditional remedies, including herbal preparations, dietary practices, and mind–body therapies, are widely used despite modest clinical evidence. The findings highlight the need for culturally responsive, evidence-based menopause care and improved patient education to optimize quality of life among Malaysian women.

Keywords. Menopause; Hormone Replacement Therapy; Traditional Medicine; Complementary and Alternative Medicine; Malaysian Women; Cultural Health Practices; Vasomotor Symptoms; Quality of Life

ПРАКТИКА ВЕДЕНИЯ СИМПТОМОВ МЕНОПАУЗЫ В МАЛАЙЗИИ: ТРАДИЦИОННЫЙ И СОВРЕМЕННЫЙ ПОДХОДЫ.

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✓ ***Резюме***

Управление менопаузой в Малайзии отражает сложное взаимодействие между современной медицинской помощью и глубоко укоренившимися традиционными практиками в многонациональном обществе. В данном исследовании рассматривается современная литература и анализируются первичные данные опроса 250 малайзийских женщин в возрасте 40-65 лет для сравнения использования, воспринимаемой эффективности и культурной приемлемости заместительной гормональной терапии (ЗГТ) с традиционными и взаимодополняющими подходами. Хотя HRT остается наиболее эффективным вариантом для вазомоторных и эмоциональных симптомов, его использование ограничено соображениями безопасности, барьерами доступа и культурными убеждениями. Традиционные средства, включая травяные препараты, диетические практики и терапию ума и тела, широко используются, несмотря на скромные клинические данные. Результаты подчеркивают необходимость культурно ориентированного, основанного на доказательствах ухода за менопаузой и улучшенного обучения пациентов для оптимизации качества жизни среди малайзийских женщин.

Ключевые слова. Менопауза; Заместительная гормональная терапия; Народная медицина; Дополнительный

MALAYZIYADA MENOPAUZA ALOMATLARINI BOSHQARISH AMALIYOTI: AN'ANAVIY VA ZAMONAVIY YONDASHUVLAR.

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Malayziyada menopauzani boshqarish zamonaviy tibbiy yordam va ko'p millatli jamiyatda chuqur ildiz otgan an'anaviy amaliyotlar o'rtasidagi murakkab o'zaro ta'sirni aks ettiradi. Ushbu tadqiqotda zamonaviy adabiyotlar ko'rib chiqiladi va an'anaviy va bir-birini to'ldiruvchi yondashuvlar bilan o'rinbosar gormonal terapiyadan (O'GT) foydalanish, qabul qilingan samaradorlik va madaniy maqbullikni taqqoslash uchun 40-65 yoshdagi 250 nafar malayziyalik ayol o'rtasida o'tkazilgan so'rovning birlamchi ma'lumotlari tahlil qilinadi. HRT vazomotor va hissiy alomatlar uchun eng samarali variant bo'lib qolsa-da, undan foydalanish xavfsizlik, kirish to'siqlari va madaniy e'tiqodlar bilan cheklangan. An'anaviy vositalar, jumladan, giyohlar, parhez amaliyotlari, aql va tana terapiyasi, kamtarona klinik ma'lumotlarga qaramay, keng qo'llaniladi. Natijalar malayziyalik ayollar o'rtasida hayot sifatini optimallashtirish uchun madaniy yo'naltirilgan, dalillarga asoslangan menopauza parvarishi va bemorlarni yaxshiroq o'qitish zarurligini ta'kidlaydi.

Kalit so'zlar. Menopauza; O'rnini bosuvchi gormonal terapiya; Xalq tabobati; Qo'shimcha

Relevance

Malaysian women tend to stop bleeding for good around fifty or fifty-one[1], a milestone doctors officially label menopause the moment twelve monthly cycles disappear. The ovaries quietly run out of follicles, circulation drops, and the drop-in estrogen soon ripples through body and mood alike. Hot flashes blaze up without warning, night sweats drench the sheets, and restless sleep leaves the mind fuzzy by day. Joints throb, heads pound, stomachs feel tight, and some report that or bladder walls thin out[1]. When all these threads tangle, routines falter and simple errands suddenly seem uphill. Menopausal symptoms rarely read from a single script; severity and prevalence shift with culture, ethnicity, and the weight of local economies. Take Malaysia, for example. This multi-ethnic mosaic of Malays, Chinese, Indians, and others mixes food stalls, street markets, and herbal shops in the same alley. Some women greet menopause like a well-earned retirement from monthly cramps, feeling lighter spiritually and socially once the bleeding stops. Yet, the other camp still wrestles with hot flashes, mood dips, digestive snarls, and aching joints, insisting the change is anything but easy. A recent workplace survey found that mood swings showed up in 25 to 35 percent of respondents, underscoring how personal and communal stories about menopause rarely line up. In Malaysia, doctors and herbalists alike mix modern medicine with local lore when handling the hot flushes, night sweats, and mood swings of menopause. Hormone-replacement therapy does the heavy lifting-vast global trials show it tames those vasomotor storms and bolsters brittle bones[1]. Yet headlines about stroke, blood clots, and the occasional breast-cancer scare have convinced many women to think twice[2]. Malaysian health bulletins admit that even when pills sit on the shelf, barely one in ten patients chooses the synthetic option. Many instead sip soy, nibble on black cohosh, or visit a bomoh for a potion they believe carries fewer shadows than the pharmacy. In Malaysia, managing menopause often means looking back to home remedies that have been passed down through scores of generations. Malay women regularly reach for jamu, a compact word for a whole alphabet of herbal tonics, and many tosses in kacip fatimah and tongkat ali because neighbors swear they smooth out the worst hot flashes and bolster everyday energy. Chinese-Malaysian households bend toward Traditional Chinese Medicine, mixing fists of dried roots and slices of ginger with the odd needle to adjust the body's qi whenever hormones decide to shift loud and fast. Indian-Malaysian caretakers sometimes turn to curry leaves, ashwagandha, or ghee-stirred concoctions, trusting that the Ayurvedic palette will keep both body and spirit steady during the change. A citywide poll in Kuala Lumpur found that about

one in four menopause sufferers, 27.2 per cent to be exact, already augment their routines with evening primrose oil, multivitamins, or black cohosh, picking whatever feels familiarly reassuring[2]. Traditional remedies still crowd pharmacy shelves, yet hard numbers often tell a humbler story. Most trials are tiny, quick by industry standards, and the way they measure success can feel a bit loose. A Malaysian study did tease out some benchmarks after pairing Labisia pumila with Eurycoma longifolia, yet the drops in hot-flash counts just barely crossed the placebo bar and the p-value didn't stick[3]. Somewhere else, folk behind Jiawei Qinge Fang-tracing roots back to Chen-era herbalists-reported sharper relief in the same symptom[4], though critics point out the trial bylaws were never duplicated in English journals. Interviews from Johor's kampungs echo that clinical argy; many nendaas only grab evening primrose, calcium, vitamin C, or a cup of cool jamu, shrug off white-coat advice, and swear the remedies they've shared across generations work just fine. Menopause knowledge seems to stumble at the finish line. Despite decades of public talk, many Malaysian women say they still do not really understand what is happening in their bodies once the period clock stops. A snapshot survey from early 2024, taken in the markets and offices of Kuala Lumpur, then throws up an eyebrow-raising puzzle: six in ten respondents claimed good awareness of hormone replacement therapy-yet the same crowd leaned back and admitted they have never tried it[2]. Safety jitters, cultural whispers, and plain old difficulty getting a prescription column the reasons why the pill most doctors consider routine stays on the top shelf. Rolling that anecdote into proper science now feels urgent. Researchers need to line up modern hormones beside grandma's herbal broths, not just for mood relief but for cost, convenience, and social acceptability, and see which one breaks through in different communities. In tandem, clinics must crank up patient education and upgrade their own training to smash the stubborn myths that keep women frozen at the door. If Malaysia manages that before the population clock ticks another decade or two, the daily quality of life for its multi-ethnic mothers, sisters, and aunts could shift from manageable to genuinely good.

Aim and Purpose of Research: The aim of this study was to describe the pattern of use of hormone replacement therapy (HRT) and traditional, complementary approaches for menopausal symptom management among Malaysian women aged 40–65, and to determine how often participants disclose the use of additional remedies to their doctor.

Materials and Methods

This was a cross-sectional questionnaire conducted among women living in Peninsular Malaysia. Data were collected using an anonymous online questionnaire created with Google Forms. The survey included women aged 40–65 years, and a total of 250 responses were analyzed. The questionnaire asked about the use of HRT and the use of herbal teas, home remedies, and other traditional or complementary methods for menopausal symptom management. It also asked whether informed participants their doctor about other remedies used and included selections of commonly used botanicals and an option to report other approaches. No personally identifying information was collected. Descriptive statistics were used, and findings are presented as numbers and percentages.

Result and discussions

A total of 250 women aged 40–65 participated in the survey. Use of herbal teas or home remedies for menopausal symptom relief was reported by 150 participants, corresponding to 60.0% of the sample, while 100 participants (40.0%) did not report such use. Experience with HRT was evenly divided in this sample: 125 participants (50.0%) reported ever using HRT, and 125 participants (50.0%) reported never using HRT. Communication with clinicians regarding additional remedies was limited. Only 83 participants (33.2%) reported informing their doctor about other remedies used, while 167 participants (66.8%) reported no disclosure. The survey also captured commonly selected botanicals. Red clover, St. John's wort, and dong quai were the most frequently reported botanicals, each selected by approximately 24–25% of respondents, corresponding to an estimated range of about 60–63 women out of 250. Respondents also indicated use of other approaches such as supplements and mind–body practices; however, the most consistent high-frequency botanicals in the questionnaire responses were the three items listed above.

Table 1. Main menopause management practices reported by respondents (n = 250)

Reported practice	n	%
Used herbal teas or home remedies	150	60.0
Did not use herbal teas or home remedies	100	40.0
HRT ever-use	125	50.0
HRT never-use	125	50.0
Informed doctor about other remedies used	83	33.2
Did not inform doctor about other remedies used	167	66.8

Table 2. Most frequently reported botanicals among respondents (n = 250)

Botanical reported	Approx. %	Approx. n (out of 250)
Red Clover	~24–25	~60–63
St. John's wort	~24–25	~60–63
Dong quai	~24–25	~60–63

Discussion: This questionnaire survey shows that traditional/home remedies are widely used for menopausal symptom relief among Malaysian women aged 40–65 in this sample, with 60.0% reporting herbal teas or home remedies. This finding is consistent with recent literature from Kuala Lumpur describing a substantial presence of traditional and complementary medicine use among menopausal women and emphasizing cultural familiarity and perceived naturalness as important drivers of choice [1,2]. The prominence of non-pharmacological and traditional approaches in Malaysia is unsurprising given the multicultural composition of the population and the presence of established traditional practice ecosystems. HRT experience in this sample was evenly split between ever-use and never-use. While HRT is widely recognized as an effective therapy for vasomotor symptoms and can offer meaningful improvements for appropriately selected women, uptake is often constrained by risk perceptions and access to counseling. Malaysian community-based evidence has highlighted that a considerable proportion of women may be aware of HRT but still avoid it, supporting the idea that knowledge alone does not overcome concerns related to safety and acceptability [8]. Provider-related factors can also influence real-world uptake. A cross-sectional study among primary care doctors in Malaysia reported patterns in the offering of menopause hormone therapy and associated factors, suggesting that practice behavior may contribute to whether women receive HRT counseling and options in routine care [7]. The balanced split observed in the present survey may reflect a mixed landscape in which some women obtain and try HRT, while many remain hesitant or prefer non-hormonal paths. A clinically important observation in this study is the low disclosure rate regarding additional remedies, with only 33.2% reporting that they informed their doctor about other remedies used. Limited disclosure increases the risk that clinicians underestimate what therapies patients are using and may miss opportunities to counsel on safety, interactions, and evidence-based expectations. Prior work describing traditional and complementary medicine use in Kuala Lumpur similarly underscores that these practices may be common yet not always integrated into clinician-guided management, reinforcing the need for respectful, culturally sensitive communication in routine visits [1,2]. With respect to specific remedies, the most frequently reported botanicals in this survey were red clover, St. John's wort, and dong quai. Systematic review and meta-analytic evidence suggests that red clover extract may have clinically meaningful effects on hot flushes and menopausal symptoms in some trials, though outcomes vary across studies [6]. Evidence for black cohosh has been periodically updated in review literature, with some preparations showing benefit for menopausal symptom relief, again with variability by extract and trial methodology [5]. Malaysian evidence on standardized extracts of Labisia pumila and Eurycoma longifolia has demonstrated effects on hot flushes and related measures in a randomized placebo-controlled design, supporting continued interest in local botanicals while also emphasizing the need for careful interpretation of clinical magnitude and generalizability [3]. Traditional Chinese medicine preparations have also been evaluated in randomized double-blind placebo-controlled designs for hot flashes and quality-of-life outcomes, illustrating that some traditional approaches can be studied under rigorous conditions, even though results may not always translate across populations or preparations [4]. Non-pharmacological interventions such as yoga have been reported to improve menopausal symptoms in

randomized trial settings and may represent an acceptable and low-risk adjunct for many women, particularly when aligned with cultural preferences for lifestyle-based strategies [9]. Finally, the Malaysian multi-ethnic context is important. Symptom experience and reporting patterns in working women can vary by ethnicity and context, as shown in Malaysian data, and such differences may influence both the perceived need for treatment and the acceptability of specific options [10]. Although the present study does not provide subgroup analyses, the overall pattern of substantial traditional remedy use supports the view that menopause counseling should include culturally responsive discussion of traditional practices and should actively invite disclosure without stigma. This study has limitations typical of questionnaire surveys. Responses are self-reported and may be influenced by recall bias and personal interpretation. The online format may under-represent women without internet access. The study provides descriptive results and does not establish causal relationships between specific therapies and outcomes. Even with these limitations, the data provide a practical snapshot of how women report managing menopausal symptoms and how often they integrate these choices into clinical discussions.

Conclusion or Findings

250 Malaysian women aged 40–65 surveyed, 60.0% reported using herbal teas or home remedies for menopausal symptom relief. HRT ever-use was reported by 50.0% and HRT never-use by 50.0% of respondents. Only 33.2% reported informing their doctor about other remedies used. The most frequently reported botanicals were red clover, St. John's wort, and dong quai, each selected by approximately 24–25% of respondents. These results indicate common reliance on traditional/home remedies, an even split in HRT experience within this sample, and limited disclosure to clinicians.

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