

Struggle, Survival, and Sustainability: Ngeow Sze Chan and the Evolution of Traditional Chinese Medicine in Malaysia

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Abstract

The profound political and socio-economic transformations that swept through Malaya following World War II fundamentally reshaped the nation's social and medical landscapes. In this rapidly modernising, post-colonial environment, Traditional Chinese Medicine (TCM) faced critical obstacles in legitimising its practice, securing its educational future, and achieving structural integration. This study examines a crucial period in the development of TCM in post-war Malaya and independent Malaysia through the perspective of a key practitioner and institutional builder, Ngeow Sze Chan (1915–2002).¹ Utilising a historical case-study approach, and drawing upon biographical sources, government reports, archival documents, news clippings, and Chinese association publications, this research traces Ngeow's pivotal role in steering the field from initial struggle and survival toward long-term sustainability. The findings argue that the enduring sustainability of TCM in contemporary Malaysia is not merely a consequence of cultural preservation but the direct result of strategic institutional evolution championed by figures such as Ngeow. Furthermore, state pragmatism, global trends, and the thriving Chinese business elite have also played important roles in driving TCM professionalism and institutionalisation in Malaysia.

Keywords: Ngeow Sze Chan, traditional Chinese medicine, Malaysia, modernisation, medical history

Introduction

After World War II, Malaya experienced significant political restructuring. The creation of the Malayan Union in 1946 led to the dissolution of existing political units and the formation of the Federation of Malaya in 1948 and the Colony of Singapore. The Federation ultimately achieved independence on August 31, 1957 (Abd Rahim et al., 2013). In 1963, Malaysia was formed through the merger of the Federation of Malaya, Singapore, Sarawak, and Sabah. On August 9, 1965, Singapore seceded from Malaysia to become an independent nation.

In the immediate post-war years, under the restoration of British administration, the Malayan healthcare system underwent significant reorganisation and reform (Thomas, Beh, & Nordin, 2011). New national health policies granted institutional dominance to Western medicine, necessitating that Traditional Chinese Medicine (TCM) and other traditional medical systems redefine their roles and adapt to the constraints of a rapidly modernising and regulated medical framework.

Prior to World War II, the economic growth of Malaya and its increasing appeal to the Chinese diaspora created a favourable environment for established Chinese Medicine practitioners to emigrate. Among them was Ngeow Sze Chan (饶师泉, 1915-2002) who emerged as a distinguished TCM practitioner known for his professionalism, passion, and pioneering leadership. From the 1940s to the 1990s, Ngeow played a pivotal role in advocating the development of TCM in the country and promoting its institutional advancement, organisational establishment, educational enhancement, and transnational collaborations. His enduring contributions were formally recognised by the Malaysian Chinese Medical Association (MCMA) through the publication of the two-volume *Collection of Ngeow Sze Chan's Medical Writings* (Ngeow, 1995 & 1996). In 2015, Ngeow published his biography, *My Life Journey of 86 Years*. In the same year, the Ngeow Sze Chan Spirit Award, the highest accolade in its field in the country, was established to honour his legacy (Lee, 2021).

Acknowledged as “the Father of Modern Traditional Chinese Medicine” in Malaysia, Ngeow Sze Chan was a prominent figure whose profound influence both shaped and witnessed the development of modern TCM. This study investigates the evolution of TCM in post-war Malaya and independent Malaysia, concentrating on the key factors that have historically contributed to its success and the challenges it has faced within the nation’s diverse healthcare system. Through examining significant advancements and milestones in the development of TCM, and emphasising the unique and pivotal contributions of Ngeow, it further pinpoints the forces driving the sustainability of TCM within the country’s contemporary, pluralistic medical environment, such as state pragmatism, global trends, and the contributions of Chinese business elites.

From Char Yong to Nanyang: The Making of the Father of Modern TCM

Born in 1915 to a Hakka merchant family in Char Yong Town, Dabu County, Guangdong Province, Ngeow Sze Chan developed an early enthusiasm for Chinese medicine. To solidify his expertise, he undertook formal professional training between 1933 and 1936 at two distinguished institutions. His education commenced at the Guangdong Traditional Chinese Medicine Special School, later known as the Guangzhou University of Chinese Medicine, before he matriculated at the Shanghai New College of Chinese Medicine (Ngeow, 2015). Established in 1924, the Guangdong Traditional Chinese Medicine Special School was the largest and most influential of its kind in South China at the time (Lin et al., 2020). Ngeow studied diligently and achieved outstanding performance in the examinations.

At the Shanghai New College of Chinese Medicine, Ngeow had the privilege of studying under several distinguished contemporary masters, including Zhu Nanshan (1872–1938), Zhu Weiju (1884–1951), Zhu Hegao (1903–1995), and Zhang Cigong (1903–1959). Their teachings profoundly shaped and informed his subsequent clinical philosophy and methodology for medical education. In the 1930s, Shanghai emerged as the leading hub for innovation, particularly in the integration of Chinese and Western medicine. The Shanghai New College of Chinese Medicine, founded in 1936, was a pioneering institution that introduced innovative practices. Its curriculum design, clinical research, and academic organisation had a significant impact on both domestic and international spheres (Li et al., 2014). Deeply influenced by the masters, Ngeow Sze Chan subsequently incorporated these theoretical principles into both his clinical practice and his medical writings during his later years in Malaysia.

Upon completing his studies in 1937, Ngeow engaged in clinical practice in Chao'an before beginning to serve as an instructor at the Ningbo Chinese Medicine Special School. It was there that he began a significant professional collaboration with the distinguished Chinese physician Wu Hanqiu (1900–1979). With the Japanese invasion, Ngeow emigrated to Malaya in 1938 at the age of 23, securing his first position at a traditional Chinese medicine clinic run by fellow natives from his hometown (Ngeow, 2015).

Ngeow's hometown, Char Yong Town, is renowned for its deep connections with the Nanyang Chinese diaspora and served as the ancestral home for many early migrants to Malaya. The Hakka pioneers from Char Yong established the Selangor Char Yong Association in 1878 along Ampang Road in Kuala Lumpur. The Association aimed at uniting the Dabu clans and advance the welfare and interests of their members. Its mission included the promotion of cultural education and charitable activities, resolving internal disputes among members, and fostering mutual community support. Concurrently, and as an integral component of the clan's charitable infrastructure, the Char Yong Fay Choon Kuan was also established in 1878. This institution stands as one of the earliest

Chinese medical charity institutions in the country, providing essential traditional medical treatments and burial services specifically to the local Hakka community (Char Yong Association, 1958).

From Char Yong to Nanyang and with his Hakka-merchant background and education and education in Guangzhou, Shanghai, and Ningbo, Ngeow was able to gain clinical expertise and practical skills in the innovation and service of Chinese medicine. In June 1938, shortly after arriving in Kuala Lumpur, Ngeow participated in an open examination conducted by a local TCM medical organisation, Thong Chai Yee Say and secured third place. Within just six months of arriving in Kuala Lumpur, he had quickly established a strong professional reputation, which led to his invitation to serve as the editor of a local medical publication until 1941, shortly before the Japanese invasion. His insightful and well-crafted writings were crucial: they not only enhanced his standing within the local community but also secured the trust and friendship of esteemed local Chinese physicians, notably Liew Phui Yee and Shum Kuan Yam. In his subsequent memoirs, Ngeow documented the widespread popularity and accessibility of Chinese medicine during the pre-war years, emphasising its affordability and clinical efficacy before and during the war.

At that time, infectious diseases were widespread, with malaria—especially the quotidian, tertian, and malignant types—posing severe threats to public health. Children were frequently affected by large-scale outbreaks of measles, chickenpox, and whooping cough. Western medicine had not yet developed antibiotics or vaccines, and there were no specific treatments for infectious diseases. Moreover, consultation and medication fees for Western doctors were prohibitively high. In contrast, Chinese medicine offered affordable care, with low consultation fees and inexpensive remedies—each dose costing only about one or two dimes, and even tonic prescriptions rarely exceeding two or three dimes. The public also held deep trust in Chinese physicians, whose prescriptions of cooling, heat-clearing, detoxifying, and summer-heat-relieving medicines proved highly effective in treating common epidemic febrile illnesses. Consequently, more patients sought treatment from Chinese physicians than from Western practitioners (Ngeow, 2015: 33).

Immigration and rapid population growth in the pre-war period substantially increased the demand for medical services. Crucially, the arrival of physicians trained in Confucian principles from China significantly enhanced local medical standards and encouraged the establishment of various TCM organisations and the proliferation of associations and professional publications in Malaya. The earliest known TCM organisation was the Muar Chinese Medicine Institute founded in 1924. Other TCM associations were subsequently organised in the Straits Settlements and in Selangor, etc. (Lee, 1996). With the Japanese invasion, these organisations and publications were forced to

suspend their activities.

At the end of World War II in 1946, Ngeow Sze Chan joined a coalition of senior Kuala Lumpur TCM leaders, including Liew Phui Yee, Shum Kuan Yam, Ye Sunbo, Luo Keren, and Hew Thong Soo to set up the Selangor Chinese Medical Association. This was followed in 1947 by the establishment of the Chinese Physicians Association of Perak and in 1948 by the formation of the Chinese Physicians' Association of Central Malaya (CPACM), which was renamed the Malaysian Chinese Medical Association in 1989 (Wong et al., 2019). By 2025, MCMA had been chaired by ten distinguished TCM practitioners (Table 1).

Table 1

Current and Past Chairmen of MCMA, 1948–2025

English Name	Chinese Name	Term of Chairmanship
Shum Kuan Yam	岑君任	1948, 1959, 1963–1964
Liew Phui Yee	廖沛如	1949, 1956–1958
Ngeow Sze Chan	饶师泉	1950, 1952, 1954–1955, 1961–1962, 1969–1976, 1981–1986
Hew Thong Soo	丘桐士	1951, 1953
Ko Chit Kong	高哲光	1960, 1967–1968, 1977–1980
Low Poey Seng	刘保生	1999–2002, 2007–2009
Liow Tuck Soon	廖德顺	2003–2006
Cheah Kok Kay	谢奇	2010–2013
Yong Wee Seong	杨伟雄	2014–2022
Heng Aik Teng	邢益腾	2022 – present

Source: MCMA website. [Http://www.mcma.com.my](http://www.mcma.com.my). Compiled by authors

Liew Phui Yee served as the first President, since Academic Chief is also capitalised of the Selangor Chinese Medical Association while Ngeow acted as the Academic Chief. The Association's initial strategic initiatives were multi-faceted, encompassing publications, the establishment of a specialised library, robust industry engagement, and the pursuit of legal recognition for TCM (Nanyang Siang Pau, 1946, December 20). In 1946, under the initiative of Wu Rui Fu, Ngeow and Liew Phui Yee, along with several prominent Chinese medicine physicians in Singapore, including You Xing Nan, Zeng Zhi Yuan, Chen Zhan Wei, and others, founded the Singapore Chinese Medical Society, later renamed the Singapore Chinese Physicians' Association.

These early associations inaugurated a new chapter in the professional organisation of TCM

in post-war Malaysia. Their primary objectives were to strengthen professional networks within the local TCM community and to collectively promote the advancement and dissemination of traditional Chinese medical knowledge. An early significant accomplishment reflecting this directive was the launch of the TCM weekly, *Yi Xue Zhou Kang*, by the Chinese Physicians Association of Central Malaya, with Ngeow serving as the Chief Editor. From 1948 to 1971, a total of 1,124 issues were published, significantly contributing to the enhancement of understanding and trust in Chinese medicine within the local community (MCMA, 2025).

Post-War Struggle for Survival: Organisational Advancement

The establishment of the Malayan Union in 1946, followed by its subsequent replacement with the Federation of Malaya in 1948, heralded the onset of a new political and constitutional order. Against this backdrop, the colonial government's decision in 1954 to impose an import excise tax of up to 25% on Chinese medicinal products triggered widespread apprehension and unified opposition among TCM circles throughout Malaya and Singapore (*Sin Chew Jit Poh*, 1954, September 28). In response, the Chinese Medicine Dealers Association of Kuala Lumpur and Selangor convened a meeting on October 31, 1954, bringing together representatives from regional counterparts to deliberate on the issue. During the meeting, attendees unanimously recognised the need for a unified national organisation to coordinate efforts in addressing this pressing challenge and safeguarding the interests of the TCM community. On January 20, 1955, the Federation of Chinese Physicians and Medicine Dealers Associations of Malaya (FCPMDAM) was officially founded, with Luo Bo Jin elected as the first President and Lim Ying Piu as Vice-President (Lee, 1996; FCPMDAM, 2005).

The movement mobilised various Chinese associations, including the Chinese Assembly Hall and the Chinese Chamber of Commerce. Through the integration of resources and influence across multiple domains and various parties, a formal petition appealing to government bodies was successfully submitted to all relevant departments. This petition strongly argued that the imposition of an import excise tax on Chinese medicines was inappropriate and urgently requested its prompt abolition. The sustained campaign against this excise tax on Chinese medicine products lasted for more than two years, culminating with the abolition of the tax on November 7, 1956 by the colonial government of the Federation of Malaya on November 7, 1956 (*Sin Chew Jit Poh*, 1956, November 9).

Ngeow was one of the principal founders of the FCPMDAM and served as its General Secretary, representing the Chinese Physicians Association of Central Malaya for six years, followed by his service as Chairman for 26 years from 1961 to 1986. Notably, he was responsible for drafting the petition advocating for a reduction in import taxes, an endeavour that reflected his deep commitment to community service and professional integrity. With the establishment of FCPMDAM, TCM practitioners showed admirable perseverance and resilience in the negotiation with government and

commitment to the community. The unity of TCM practitioners enabled them to challenge restrictive official policies through advocacy and public education, ultimately securing greater benefits for both the industry and patients.

Ngeow's leadership during a crucial phase in Malaysian TCM development was defined by his campaign for professional recognition and sustainable growth. He consistently advocated for the rights of the TCM community, urging practitioners to maintain integrity, strengthen communal unity, and seek official accreditation from the Malaysian government. At the 1960 Chinese Medicine Day celebration, Ngeow specifically called for the advancement of TCM through the strategic integration of Western medical knowledge with the aim of forging a unique Malayan medical culture.

The commemoration of Chinese medicine is not solely for practitioners of Chinese medicine but reflects the shared responsibility of all ethnic communities in safeguarding public health. As the Federation of Malaya had only recently achieved independence, its national culture was still in a formative stage. In the future, Malaya's culture would naturally be rooted in Eastern traditions while drawing upon elements of Western civilisation. Since medicine constitutes an integral part of culture, why should Malaya not take Eastern medicine as its foundation—nurturing and promoting it—while simultaneously incorporating the strengths of Western medicine to develop a distinctive Malayan medical system? (Nanyang Siang Pau, 1960, March 18)

The development of TCM in Malaysia faced significant challenges, notably the widespread fraudulent pricing and circulation of counterfeit drugs, which intensified due to fierce industry competition. Ngeow addressed this crucial market instability by urging Chinese medicine organisations to establish a formal pricing committee in order to secure the long-term viability of the profession. The local campaign for TCM recognition adopted a strategic approach that focused on market regulation through the policy of “authentic medicines at fair prices,” expanded public engagement via strengthening charitable services, and enhanced healthcare accessibility by increasing the number of volunteer practitioners (*Sin Chew Jit Poh*, 1961, February 24). Ngeow also advocated the establishment of a relevant committee to ensure the industry's healthy development (*Sin Chew Jit Poh*, 1975, September 3).

The significant growth and credibility of TCM in post-war Malaysia are largely attributed to a group of visionary leaders. Through the strategic establishment of educational institutions, promotion of research, standardisation of clinical practices, and cultivation of public awareness, these leaders decisively shaped the discipline's integration during the critical decades following independence.

In addition to the national TCM bodies, a decentralised network of regional associations has been instrumental in advancing practitioners' interests, promoting professional exchange, and supporting public health education across Malaysia. These regional organisations have functioned critically by strengthening professional standards, safeguarding practitioner welfare, and fostering the overall integration and development of TCM nationwide. In the decades following World War II, non-governmental organisations were pivotal in unifying disparate TCM practitioners, establishing professional solidarity as an essential condition for the sector's survival. These concerted efforts not only ensured the continuity of practice during a critical period but also laid the indispensable foundation for future formal government regulation of the industry.

Revival and Revamp of TCM Services: Institutional Transformation

After the war, Malaysia's healthcare system underwent significant transformation, moving beyond its colonial-era focus on infectious diseases to address a broader range of health needs (Sebastian et al., 2016). Crucially, health services were also vital for other indigenous populations. Major TCM institutions, notably Tung Shin Hospital and Lam Wah Ee Hospital, experienced severe operational disruption during World War II. Tung Shin Hospital, which had been requisitioned for military use during the conflict, resumed operations in 1951 upon its return to civilian control. Its revitalised facilities included the main block, the Haw Par Ward, and separate male and female wards (Tung Shin Hospital, 1981). In Penang, the main building of Lam Wah Ee Hospital on Monterey Street was severely damaged during the war. A fundraising campaign was subsequently launched to rebuild the structure in its original traditional style, and it was reopened in August 1956 (Lam Wah Ee Hospital, 1987).

Ngeow established his private medical clinic in 1951. Despite the demands of his busy clinical practice, he concurrently dedicated himself to public activities and the establishment of key charitable endeavours. The founding of the Chinese Medical Aid Department (CMAD) in Kuala Lumpur marked a significant advancement in post-war Chinese medical services. Established by the CPACM on March 17, 1954, the CMAD directly addressed the medical needs of the impoverished by offering free traditional Chinese medicine and acupuncture treatment to those in need. In its nascent stage, Chan Thye Kai generously provided a temporary operating space within a corner of the left aisle of the Chan She Shu Yuen Temple in Kuala Lumpur, Selangor (CMAD, 2024a).

As Chairman, Ngeow led a successful donation drive among members, raising over \$7,000 to establish the new CMAD. The newly established institution relied on volunteer physicians from the association who provided free consultations, with two practitioners initially on duty for two hours each day. All subsequent operational expenses were covered by the CPACM and sustained by ongoing community donations from individuals across all economic backgrounds. Additionally, patients received free prescriptions from collaborating Chinese pharmacies.

In 1957, with the support of Chinese members of the Kuala Lumpur City Council, the government approved the allocation of a new site at Jalan Hang Jebat, offered at a nominal price, for the construction of what is now known as the CMAD building. Officially opened on 26 April 1959, the clinic was well equipped, featuring a dispensing room stocked with refined herbal preparations and an acupuncture department providing acupuncture and moxibustion treatments. Its growth gained momentum in 1961, when the government granted RM10,000 to enhance its facilities and services (Chinese Medical Aid Department, 2024). This institutional support reflects a growing recognition of the social function of traditional Chinese medicine and its integration into broader community healthcare services.

The free consultations offered by CMAD were highly popular within the local community. For instance, between March and June 1962, the clinic attended to 8,651 patients, administered 8,318 doses of medicine, and performed acupuncture on 625 patients. Over this period, the clinic also offered free medications valued at RM88,058 (Nanyang Siang Pau, 1962, August 11). Besides offering medical services, CMAD also served as a training base for the Chinese Medical Institute of Malaya, with volunteer physicians, ranging from established experts to young practitioners, serving on a rotating basis.

Driven by the robust leadership and expertise of former figures, including Shum Kuan Yam, Liew Phui Yee, Ngeow Sze Chan, Hew Thong Soo, and others, the Chinese Medical Aid Department established specialised units across various sub-specialties, such as paediatrics, gynecology, traumatology, and dermatology. The clinic's medical facilities were continuously upgraded, largely through active financial support from prominent Chinese community leaders. Noteworthy contributions include a generous RM6,000 donation from Hong Kong philanthropist Run Run Shaw in 1964, and the donation of advanced X-ray and electrocardiogram equipment by Lee Yan Lian in 1973, which facilitated the creation of an inspection laboratory. By 1977, the CMAD further advanced its scientific mission by forming a clinical research group dedicated to studying complex diseases such as hypertension and diabetes. These significant charitable contributions and research initiatives were vital to the clinic's success in offering scientific treatments and sustaining medical research (Chinese Medical Aid Department, 2024).

Since its establishment in 1954, the CMAD has provided services to patients regardless of race or religion. According to its donation records, by its 70th anniversary, the dispensary had facilitated over 2.64 million patient treatments (CMAD, 2024b) (see Table 2). Among these, Internal Medicine accounted for the largest share, while Acupuncture and Medicated Acupuncture services constituted a significant percentage of the total patient volume. Beyond its charitable medical services, the dispensary also established an Education Fund with a total of RM745,205 in this period (CMAD, 2024b).

Table 2*Categories of Services of CMAD and Number of Patients, 1954-2024*

Category / Item	Unit of Measurement	Value (RM)
Internal Medicine (内科)	Days	18,726
	Persons	1,769,739
	Dosage	5,475,676
Acupuncture (针灸)	Days	14,242
	Persons	431,776
	Dosage	2,057
Physiotherapy Treatment (理疗施治)	Days	2057
	Persons	8,996
Acupuncture of Medicine (内科针灸)	Days	802
	Persons	25,091
Donation of Medicine / Specialties (分科施医施药)	Days	1,701
	Persons	98,040
	Dosage	826,493
Covid-19 (新冠后遗症)	Days	113
	Persons	332
Value of Medicine (药捐)	Value (RM)	29,482,310
TCM Training Fund (中医教育基金)	Value (RM)	745,205

Source: CMAD 2023. Annual Donation Collection Report. Compiled by the authors.

CMAD continued to expand and modernise its services in the new century. A major milestone in this period was the establishment of a new branch, located on Jalan Pudu, which officially opened in 2012. As of 2024, the hospital recorded a total of 342,497 patient visits, with approximately 96% of patients being of Chinese ethnicity and around 4% representing other ethnic communities (CMAD, 2024a). This demographic distribution underscores the institution's continuing central role in serving the local Chinese community while also broadening its outreach to other ethnic communities. For 70 years, the CMAD operated under a traditional charitable model, offering exclusively Chinese medical treatments and distinguishing itself from institutions such as Tung Shin Hospital and Lam Wah Ee Hospital (Table 3).

Table 3

Ethnicity of Outpatients of CMAD, Jalan Pudu Branch, 2012-2024

Days	Chinese	Malays	Indians	Other	Total	Male	Female	Total	Daily Average
3,585	330,300	3,645	4,541	4,041	342,497	136,271	206,226	342,497	96

Source: CMAD 2024b

Since the 1970s, TCM institutions in Malaysia have increasingly embraced adaptation and innovation to address emerging challenges and align with modern Western medical practices. A pivotal transformation has been the incorporation of Western medical services into TCM hospitals, a move that has enhanced their financial sustainability and facilitated continued institutional development (Tung Shin Hospital, 1981). In 1979, Ngeow served as the Supervisor of the Chinese Medicine Department at Tung Shin Hospital, which had expanded to a capacity of over 100 beds and had become a facility that integrated Chinese and Western medicine. In that same year, the Malaysian Ministry of Health permitted the Chinese Medicine Department of Tung Shin Hospital to be exempt from the Private Hospital Act of 1973 under special conditions, allowing it to enjoy the same status as the Western Medicine departments of other private hospitals (*Lianhe Zaobao*, 1983, August 14). According to Table 4, the number of patients treated in the Chinese Medicine Department has increased steadily since the mid-1970s, with hospitalisation rates reaching over 50%. The Acupuncture Centre has been well-received by patients, with a significant increase in service volume (Tung Shin Hospital, 1981).

Table 4

Number of Patients, Tung Shin Hospital, 1970-1981

Year	Out-patients of TCM Dept	In-patients of TCM Dept	Acupuncture Center pa- tients	Out-patients of Western Med- icine Dept	In-patients of Western Medi- cine Dept
1970	5,446	1,083	-	11,195	-
1971	7,689	1,094	-	21,997	-
1972	4,237	1,021	-	13,336	-
1973	4,019	925	-	12,044	-
1974	6,603	877	-	8,053	-

1975	10,477	798	-	8,424	-
1976	14,857	753	-	9,850	-
1977	20,724	721	2,572	11,095	-
1978	29,168	605	7,070	13,232	958
1979	34,212	537	8,913	13,094	2,363
1980	34,183	439	13,709	16,325	3,342
1981	28,818	500	13,339	16,617	3,282

Source: Tung Shin Hospital Centenary Souvenir Magazine: 1881-1981.

From 1970 to 1981, Tung Shin Hospital treated 200,433 outpatients and 9,353 inpatients in its Chinese Medicine Department. According to the Malaysian Private Hospitals Act of 1971 (Act 43), TCM hospitals, classified as private hospitals, were governed by these regulations. Malaysia prioritised public hospital services and primary care, allocating the majority of resources to the public sector, while maintaining healthcare quality and safety as required standards. Donations have been a significant source of income to private hospitals, comprising over 50% of the total revenue, which highlights the critical role of charitable contributions. The situation at Lam Wah Ee Hospital is similar; it expanded to 130 beds for Western medicine, offering a comprehensive range of specialty services (Lam Wah Ee Hospital, 1987).

Ngeow assumed the chairmanship of the Char Yong Fay Choon Kuan in 1972, leading its transformation into The Federation of Taipu (Char Yong) Association Malaysia, where he served as the inaugural president for four years (Nanyang Siang Pau, 1981, March 23). This period coincided with government policies that encouraged the growth of private hospitals and the expansion of private healthcare, which spurred TCM institutions to elevate their services and operations to remain competitive. This market competition and challenges led TCM practitioners to establish specialised clinics and offer a comprehensive range of services.

Sustainable Development Through Education and Training

After the war, the British colonial government in Malaya implemented the Immigration Ordinance of 1952 to tighten border controls (Chin, 2016). As a result, the immigration of TCM practitioners from China and other regions was restricted, which significantly impacted the local TCM industry. To address the shortage of qualified practitioners, on January 30, 1955, the Chinese Physicians' Association of Central Malaya proposed the establishment of medical schools dedicated to training local Chinese medicine talents.

This proposal received widespread support. However, the difficulties and challenges included not only a lack of funding and training space but also a shortage of training materials. Ngeow worked with several renowned physicians to lead and implement the plan. Finally, the Chinese Medical Institute of Malaya (CMIM) was established on October 1, 1955 with Luo Bo Jin selected as Chairman and Ngeow Sze Chan acting as the Dean. Through open recruitment via publication, 40 students enrolled in the first class starting in October 1955 (CMIM, 1995).

As the inaugural systematic training programme for Chinese medicine in Malaysia, CMIM pioneered the development of the training model, the writing of textbooks, and the preparation of handouts for its students. A group of renowned physicians was invited to provide the training, and a four-year part-time academic programme was subsequently launched, taking place at night. The curriculum covered a broad spectrum of Chinese medicine specialties, with the textbooks being compiled independently. Ngeow was responsible for teaching Diagnostics; Wong Shook Phing specialised in Gynaecology; Liew Phui Yee covered Internal Medicine and Infectious Diseases; and Shum Kuan Yam focused on Pharmacology, Disease Differentiation, and Treatment. Additional courses included Paediatrics, Haemorrhoidology, Prescription, Hygiene, Acupuncture, Surgery, Physiology, Pathology, and more (CMIM, 1985).

In addition to courses on Chinese medicine, the Institute also incorporated instruction in modern Western medicine, thereby ensuring that its training remained congruent with contemporary developments in the medical field. Moreover, students were afforded valuable clinical experience at Tung Shin Hospital and the newly established Chinese Medical Aid Department. This innovative pedagogical approach significantly enriched the curriculum, rendering it more comprehensive and robust. Students benefited from a holistic medical education that equipped them with a diverse and versatile skill set.

In 1957, the Chinese Medical Institute of Malaya was rebranded as the Chinese Medical Institute of Malaysia (CMIM) to continue its unwavering commitment to the training of future TCM practitioners. Beyond professional training, the Institute placed significant emphasis on ethical standards and practice guidelines; the Code of Practice was mandated as a core curriculum requirement for all students. Students were imbued with a profound sense of responsibility, ensuring patient care is put as top priority (Nanyang Siang Pau, 1971, March 30). On graduation, the fresh graduate takes an oath to dedicate his life to the advancement of medical science and the health of humanity; to prioritise the well-being of patients by treating all with fairness, regardless of their background; to uphold the reputation of TCM practitioners; and to strictly adhere to the Code of Conduct for Chinese Physicians established by the Federation of Chinese Medicine and Pharmacy of Malaysia (Ngeow, 2015).

Since the 1950s, the CMIM's training model and programme have been promoted to other regions, leading to increased engagement from local Chinese medicine organisations in establishing

their own training institutions. The Chinese Physicians Associations of Sarawak, Penang, Johor, and Perak each founded their educational institutes within their respective states in Malaysia (Wong et al., 2019).

Typically, Chinese medicine training courses at these institutions last four or five years and are available in both full-time and part-time options, including clinical practice at local TCM hospitals. Leveraging his expertise and connections in China, Ngeow was enthusiastic about advocating for local Chinese physicians to pursue further studies in China. In 1992, through the efforts of Ngeow and his old classmate, the renowned TCM master Deng Tietao (1916-2019), the CMIM successfully established a specialty research programme in Chinese medicine in collaboration with the Guangzhou University of Traditional Chinese Medicine. This three-year collaborative course provided specialist training. Upon completion, participants were awarded a specialist diploma and a bachelor's degree from the Guangzhou University of Traditional Chinese Medicine. Programmes in Traditional and Complementary Medicine (T&CM) are now available in several Malaysian universities (Table 5).

Table 5

T&CM Higher Education Programmes in Local Universities

University	Programme and Key Features
Universiti Tunku Abdul Rahman (UTAR) 拉曼大学	Offers Bachelor of Chinese Medicine & Bachelor of Acupuncture. One of the earliest and most established accredited TCM degree programmes in Malaysia.
Xiamen University Malaysia 厦门大学马来西亚分校	Offers Bachelor of Medicine in Chinese Medicine. Provided by a renowned Chinese university's branch campus with strong foundational training.
International Medical University (IMU) 国际医药大学	Offers Bachelor of Science (Hons) in Chinese Medicine. A comprehensive programme that integrates TCM principles with modern biomedical sciences.
Management and Science University (MSU) 管理与科学大学	Offers Bachelor of Science (Hons) in Chinese Medicine. The curriculum aims to produce highly competent professionals of Chinese medicine therapy.
Southern University College (SUC) 南方大学学院	Offers a Bachelor of Traditional Chinese Medicine. A private university college offering diploma and certificate courses in TCM.
Lincoln University College (LUC) 林肯大学学院	Offers a Diploma in Traditional Chinese Medicine. A private university college offering diploma and certificate courses in TCM.

International Institute of Management and Technology (IIMT) 国际管理与技术学院	Offers a Diploma in Traditional Chinese Medicine. Cooperated with Fujian TCM University.
Northern Kuala Lumpur International College 北吉隆坡国际学院	Offers a Diploma in Traditional Chinese Medicine (Acupuncture)

Source: Websites of the Ministry of Health and related universities as of June 2025. Compiled by the authors.

However, the government banned the traditional training programme for failing to meet institutional regulations. Since the late 1990s, TCM education shifted toward government-led legislation and standardisation, emphasising formalisation (MOH, 2018). A programme standard for diploma and bachelor's degree programmes in T&CM was developed, consisting of 12 comprehensive standards. Furthermore, two specialised standards for bachelor's degree programmes in TCM were created in collaboration with the Malaysian Qualifications Agency (MQA). This significant shift in T&CM education reflects the government's commitment to aligning traditional practices with modern educational and regulatory standards, thereby fostering greater professionalism and public trust in the field.

Sinseh vs Doctor: Why Chinese Physicians Should be Accepted?

The recognition of traditional medicine practitioners in Malaysia is a long and challenging journey. The rapid rise of Western medicine over the past century, fuelled by scientific breakthroughs and advances in medical technology, has cemented its prevalence and reinforced the professional authority of Western physicians within the healthcare system. It was not until the legal landscape significantly evolved with the implementation of the Traditional and Complementary Medicine (T&CM) Act 2016 that traditional medicine practitioners received their formal legal recognition.

Throughout this process, experienced physicians trained in Confucian principles served as key advocates. Ngeow's deep understanding of both Chinese medicine and modern biomedical knowledge earned him the trust of both the public and the authorities. He has authored not only a series of professional clinical writings for TCM publications but has also shared his perspectives on various debates related to the evolution of healthcare in public forums.

The report published in *The Straits Times* in October 1971 highlighted his public stance and advocacy for legal recognition of Chinese physicians by the Malaysian and Singapore governments. During a seminar with over 500 attendees on October 5, 1971, presided over by Mr. Chan Chee Seng, Parliamentary Secretary of Social Affairs, Ngeow proposed that governments recognise

practitioners who meet the professional standards set by the TCM Association and provide opportunities for improvement to those who do not meet the qualifications. He argued that the public had confidence in TCM as well as Western doctors in their dedication to treat the sick. He contended that through legalisation, the problem of “quacks” among Chinese physicians could be resolved. It was the absence of official recognition of TCM practitioners that allowed the unqualified to exploit the situation (*The Straits Times*, 1971, October 5). Ngeow proposed to the Malaysian government recognition not only of Chinese medicine but also of other traditional medicines in the country. More importantly, he suggested establishing TCM departments at universities (*Lianhe Zaobao*, 1983, August 28).

Ngeow addressed critical health issues from a scientific perspective on numerous occasions. On August 12, 1970, he challenged the Malayan Medical Association’s assertions that pearl powder could harm infants’ digestive systems or result in death. In response to a warning published in *The Malay Mail*, he contended that these claims were unfounded, emphasising that pearl powder is primarily composed of calcium, finely ground, and harmless when used correctly (*Sin Chew Jit Poh*, 1970, August 12). In the debate over the use of *Rhizoma coptidis* in Singapore and Malaysia since 1978, Ngeow presented his views at an academic forum, supported by evidence-based research and scientific arguments. Subsequent studies confirmed that when used appropriately, *Rhizoma coptidis* is largely safe, underscoring the importance of scientific evidence in shaping policy and preserving valuable herbal medicine (Ngeow, 2015). Ngeow reinforced his perspectives on the scientific evaluation of Chinese medicine and Western medicine, discussing the merits and drawbacks of both treatment modalities on various occasions. He pointed out that TCM employs diagnostic techniques such as observation, listening, inquiry, and pulse-taking, which are fundamentally similar to those used in Western medicine. In recent decades, Western medicine has witnessed significant progress in the prevention, immunisation, and the control of bacterial infections, leading to its current excellence in these domains. Nevertheless, in the field of medical ethics, the character and moral cultivation of physicians remain vital, and the traditional values of TCM continue to hold significant relevance. In summary, both TCM and Western medicine have their own strengths and limitations (Ngeow, 2015).

He advocated for the concept of “treatment based on syndrome differentiation”, emphasising that a “symptom” is merely an outward manifestation of a disease, whereas a “syndrome” is supported by evidence that guides diagnosis and treatment. In terms of diagnosis, he emphasised the importance of studying and adopting various simple and practical diagnostic methods from modern medical practices to enhance clinical effectiveness (Ngeow, 2015).

As the leader of several key associations, Ngeow significantly influenced the advancement of the industry by fostering ties with China and the regional community, going beyond mere academic professionalism since the 1950s. He encouraged young physicians to study abroad in China (Nanyang Siang Pau 1971, August 9). The most significant outcome of this regional initiative was the establishment of the ASEAN Traditional Chinese Medicine Academic Conference. Malaysia, as a

principal organiser, hosted five of the last 13 conferences with active support from the Malaysian government and international bodies. Such regional conferences emphasised collaboration among Southeast Asian nations and aimed to elevate TCM standards and education (*Xin Ming Ri Bao*, 1995, December 26).

Over the past few decades, while traditional medicine has been giving way to modern scientific medicine, the latter has not replaced traditional medicine; instead, it has been integrated into the robust and enduring systems of traditional beliefs and practices (Chen, 1981). Asian countries such as China and South Korea have fully integrated T&CM into their national healthcare systems, serving as key examples of its successful institutionalisation. Since the 1980s, the World Health Organization (WHO) has significantly advanced global recognition of the contribution traditional medicine makes to healthcare (WHO, 2019).

Through the ongoing efforts of traditional medicine practitioners, industry leaders, and stakeholders, along with the global trend of increasing interest in alternative medicine, the Malaysian government has significantly enhanced its recognition of the value of T&CM. In 1996, the Ministry of Health (MOH) established its first dedicated unit to oversee T&CM. This effort was further strengthened in 1998 with the establishment of a joint Traditional and Complementary Medicine Standing Committee, and the subsequent official launch of the Traditional and Complementary Medicine Act 2016 (Act 775) marked the most significant legislative advancement in the supervision and regulation of T&CM in the country (MOH, 2016). Finally, this resulted in the integration of TCM and other traditional medicine regulatory legislation into its governmental management system, and the establishment of new standards for clinical practice, teaching, and research (Park et al., 2022).

Consequently, the *Blueprint for Traditional and Complementary Medicine in Malaysia 2018-2027*, developed by the Ministry of Health of Malaysia in 2018, outlines a strategic framework to advance the integration, professionalisation, and institutionalisation of T&CM within Malaysia's healthcare system. The major challenges of practice, education and training, medicinal materials and products, and research have been addressed, which marks the beginning of a new era of development for T&CM in the country (MOH, 2018).

Conclusion

This study explores the evolution of TCM in Malaysia, focusing on the experiences of the renowned leader, Ngeow Sze Chan, and his long-term pioneering efforts in TCM professionalism and standardisation. Over the past few decades, Malaysian TCM practitioners have faced significant challenges due to the growing popularity of Western biomedicine, heightened market competition, and an increasingly stringent regulatory framework. The transition from community-based survival to professional legitimacy of TCM in the country was crucially guided by numerous key

figures. Ngeow distinguished himself through his comprehensive understanding of both traditional and modern medicine, unwavering professionalism, extensive and robust transnational network, as well as his steadfast commitment to organisational innovation.

In his half-century of advancing Chinese medicine in Malaysia, Ngeow not only leveraged the advantages of his pre-war professional education but also exemplified the profound connections and interactions between the medical reforms of Malaysia and China. His unique international impact was formally recognised when Arthur Kleinman included a special introduction to Ngeow in his influential 1970s work, *Medicine in Chinese Cultures: Comparative Studies of Health Care in Chinese and Other Societies* (Kleinman, 1974). Throughout his extended tenure, he actively championed the advancement of academic training, transnational exchanges, research, and public health education. His unwavering commitment to advocating for and defending the evolving regulatory framework exemplifies the essential process of professional adaptation within the sector.

Ngeow's career trajectory coincided with the significant historical evolution of healthcare in the country, envisioning the complete integration of TCM into an independent Malaysian national healthcare system. In addition to leadership from renowned professionals, this forward-looking vision was underpinned by a confluence of interconnected factors: government-led policy initiatives, global shifts toward the acceptance of T&CM, the vibrant Chinese diaspora's preservation of cultural heritage, and mobilised collective efforts to promote its professionalisation. Together, these synergistic forces advanced not only the standardisation of T&CM practice and education but also its constitutional status as a legitimate and integral component of Malaysia's pluralistic healthcare ecosystem as a whole.

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Notes

1 The names of persons and special terms in Chinese characters are listed in Glossary 1 and Glossary 2

Glossary 1: List of Names of Persons

1 Cheah Kok Kay	谢奇
2 Chan Thye Kai	陈泰阶
3 Deng Tietao	邓铁涛
4 Heng Aik Teng	邢益腾
5 Hew Thong Soo	丘桐
6 Ko Chit Kong	高哲光
7 Lee Yan Lian	李延年
8 Liew Phui Yee	廖沛如
9 Lim Ying Piu	林文标
10 Liow Tuck Soon	廖德顺
11 Luo Bo Jin	骆伯瑾
12 Luo Keren	罗可人
13 Low Poey Seng	刘保生
14 Ngeow Sze Chan	饶师泉
15 Run Run Shaw	邵逸夫
16 Shum Kuan Yam	岑君任
17 Wu Hanqiu	吴涵秋
18 Wu Ruifu	吴瑞甫
19 Ye Sunbo	叶孙伯
20 Yong Wee Seong	杨伟雄
21 You Xing Nan	游兴南
22 Zeng Zhi Yuan	曾志远
23 Zhang Cigong	章次公
24 Zhu Hegao	朱鹤皋
25 Zhu Weiju	祝味菊

Glossary 2: Name of Organisations and Special Terms

1 ASEAN Congress of Chinese Medicine	亚细安中医药学术大会
2 Chan She Shu Yuen Temple	陈氏书院
3 Char Yong Fay Choon Kuan	茶阳回春馆
4 Chinese Medical Aid Department	中华施诊所
5 Chinese Medical Institute of Malaysia	马来西亚中医学院
6 Chinese Medicine Dealers Association of Kuala Lumpur and Selangor	雪隆华侨药业公会
7 Chinese Physicians Association of Perak	霹雳中医师公会
8 Chinese Physicians Association of Central Malaya	中马中医师公会
9 Federation of Chinese Physicians and Medicine Dealers Associations of Malaya	马来西亚华人医药总会
10 Guangdong Traditional Chinese Medicine Special School	广东中医药专门学校
11 Muar Chinese Medicine Institute	麻属中医药研究所
12 Ningbo Chinese Medicine Special School	宁波国医专门学校
13 Selangor Chinese Medical Association	雪兰莪中国医学会
14 Shanghai New College of Chinese Medicine	上海新中国医学院
15 Singapore Chinese Medical Society	新加坡中国医学会
16 Singapore Chinese Physicians' Association	新加坡中医师公会
17 Thong Chai Yee Say	同济医院
18 Tung Shin Hospital	同善医院
19 Lam Wah Ee Hospital	南华医院
20 Academic Chief	正学术主任
21 Chao An	潮安
22 Char Yong	茶阳
23 Dabu County	大埔
24 Chinese Medicine Day	中医节
25 <i>Rhizoma coptidis</i>	黄连 (<i>huanglian</i>)
26 Yi Xue Zhou Kan	医学周刊

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