

Editorial

## Preface to the Special Issue: Music and Medicine in South East Asia - New Horizons in Rapidly Developing Health Care Systems

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Welcome to Volume 6 of 'Music and Medicine'. You may notice our sleek new on-line look. We are proud to be amongst many of our scientific peer journals-who are going 'Green.' This growing trend in academia provides preservation of our global resources while still affording readers access to information with immediacy.

Our journal changed hands in 2014. The International Association for Music and Medicine (IAMM) is presently the sole owner of 'Music and Medicine'. President Jane Edwards along with Publications Chair Helen Shoemark, and a new Editorial team have worked tirelessly to create new systems and a new platform for our journal. In February, Julian Koenig was appointed Production Manager and he has ensured ease of information-sharing. His leadership in this role has been instrumental. In April, the board appointed Amy Clements-Cortes as the new Managing Editor. We are grateful to Shelley Andrews, Virginia Hawkins, and to SAGE for our launch, and their help with the ease of transfer to the IAMM. We are equally grateful to our Editorial Board who has stepped up to assist with the many changes that have taken place, and our authors, who have been patient with our change of platforms. Most of all, we thank you, our wonderful readership, who have shown appreciation, devotion and eagerness to read recent research, theory and practice outcomes, all of which are addressed within this journal-exclusively committed to the integration of music and medicine. This Special Issue is no exception.

According to the World Health Organization (WHO), SEA (South East Asia) includes 13 countries, alphabetized heretofore, adding India and Bangladesh to the original 11 cited countries: Bangladesh, Brunei, Cambodia, India, Indonesia, Laos, Malaysia, Myanmar, the Philippines, Singapore, Thailand, Timor-Leste, Vietnam, with an overall population amounting to about 26% of global population. Specific issues exist for all countries in SEA, and these issues have certain implications for MusicMedicine and Music Therapy that are present in the education, research and practice of these countries.

First of all, traditional music in SEA is as varied as its many ethnic and cultural entities. Thus Music Therapy and MusicMedicine concepts show a wealth of regional-specific approaches. Domains of this variety are presented in this issue of Music and Medicine.

Despite their diversity, Southeast Asian countries are attempting to achieve a common identity in their quest to seek mutually acceptable and effective solutions to key health challenges [1]. One key issue, which can be also observed in all health care systems around the world, is that of aging societies. Today the portion of people between the ages of 25 to 59 is the largest in each of the countries in SEA summing up to about 40% of populations on average with a maximum of about 50% in Thailand, Singapore and Indonesia. At the same time as countries in the region succeed in bringing communicable diseases under control, the importance of chronic disease control programs will become increasingly pressing [2-4].

In general, demand for accessible and affordable healthcare in SEA is rapidly rising. MusicMedicine and Music Therapy can contribute significantly also in this respect [5]. Treatment approaches for patients with chronic diseases are complex, as well as multidimensional and integrative. MusicMedicine and Music Therapy can be a significant part of such approaches [5,6].

Considering these variables as examples for complex and multimodal applications and programs from different countries in South East Asia, we are pleased to reflect these topics as undertaken by three guest Editors for this Special

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Issue. Through their dedication, international outreach and desire for sharing pioneering efforts manifesting in under exposed parts of the world with regard to integrative music and medicine, Special guest editors, Jane Edwards, Patravoot Vatanasapt, and Bussakorn Binson have succeeded in attracting a most thought-provoking collection of stimulating papers stemming from the present hot spot of both global socioeconomic and health care development: South East Asia.

#### References

1. Brown R. Lessons from a decade of emerging diseases: towards regional public health security. *WHO South-East Asia J Public Health* 2013; 2:77-78
2. Sharma J. Chronic disease management in the South-East Asia Region: a need to do more. *WHO South-East Asia J Public Health* 2013; 2:79-82
3. WHO. Preventing chronic diseases: a vital investment. Geneva; World Health Organization 2005
4. National Public Health Partnership. Preventing chronic disease: a strategic framework. Melbourne: 2001. [\[LINK\]](#) Accessed May 18, 2014
5. Spintge R. Musik im Gesundheitswesen [Music in Health Care]. Bonn - St. Augustin: GEK-Edition Health Analysis, 47, Asgaard; 2007.
6. Binson B. The First ASEAN Music and Creative Arts Therapy summit - Bangkok July 2012. *J Urban Culture Research*. 2012,120.