Chapter 5

Thai Traditional and Indigenous Medicine Wisdom

5.1 Textbooks on Thai traditional medicine
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Textbooks on Thai traditional medicine

The textbooks on Thai traditional medicine (TTM), one of the technical branches, have been used as a basis for providing health care for Thai people and the practices have been learned and created from surrounding nature by Thais of former generations. The practices were also influenced by more civilized cultures such as those from India and China until they became the wisdom of Thai society that had been passed on to people of later generations preliminarily by word of mouth until they became normal practical skills. Later on, after the society became more advanced and there were alphabets for written communication on various matters, which could be recorded, such knowledge or stories at that time were then recorded or inscribed on such writing materials until they became written literature. As time went on for hundreds or thousands of years, technologies steadily progressed with changes in society, there were new writing materials for recording various stories, replacing old materials; and at present such materials are called ancient documents.

Ancient documents or textbooks on Thai traditional medicine

The ancient TTM documents were evident in the pre-Sukhothai period, in the 12th century, and are classified according to their writing materials, namely inscriptions, Thai books, and palm-leaf (bai-lahn) scriptures.
1. The inscriptions:

An inscription is a document with inscribed/engraved alphabets on any durable natural material that can last for a long time such as an inscription on a cave wall, a stone inscription, a wooden inscription, an inscription on the base of a Buddha image, an inscription on a door-frame at any ancient stone temple, and an inscription on an oblong sheet of valuable metal like a palm leaf called after the name of the metal (golden, silver, or brass palm-leaf inscription). Each piece of inscription has a different function and importance; for example, the alphabet signifies the merit or the dissemination of Dhamma principles, or knowledge of society; the content of inscription reflects the image of society members, history, civilization, arts, cultures, beliefs, and traditions of livelihood of such people. Although some inscriptions will describe only one particular story without mentioning the name of the creator and inscriber, it can reflect the history of alphabet, language, beliefs and knowledge of each society.
Inscriptions on Thai traditional medicine

In Thailand, the recorded evidence of traditional medicine texts was noted in ancient stone temples serving as a hospital (*arokayasala*) in the 12th century when the Khmer civilization spread its political and cultural influences to the northeastern, central and upper-southern regions of Thailand. During the reign of King Jayavarman VII, 102 hospitals (*arokayasala*) were built all over the Khmer (Cambodia) Kingdom to provide medical services to its people. At each hospital, a stone inscription was erected. In Thailand, 10 of such inscriptions have been found and called after the sites where they are located, such as Danprakham Inscription, Phimai Inscription, and Kuphonrakhang Inscription. Such inscriptions have a shape of a tent or square-dip fishing net with inscribed texts on all four sides describing the reputation of King Jayavarman VII who systematically built/established the hospitals (*arokayasala*) of different physical and staff sizes according to their specific service systems, the Phra Photisat Phaisachayasukhot Buddha images together with two images of Phra Chinoros (who had healing powers), and the hospital management procedures. The King also provided different amounts of medical/herbal and food supplies as well as other stuff for the hospitals as needed. The *arokayasala* inscriptions were done in ancient Khmer, Sanskrit, and Cambodian languages, whose translations had interesting stories on the second and third sides as shown on the Prasat Inscription found in Prasat district of Surin province; its readable parts state that:

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Verse 1: People’s illnesses are a terribly psychological pain for the King; even though people’s sufferings are not the King’s suffering, they are the suffering of the ruler.

Verse 2: The King and physicians together with the brave and learned persons with expertise in medicine and weaponry have killed people’s enemy, i.e. diseases, with the weapons, i.e. medicines.

Verse 3: After the King has punished all the people’s sufferings, he has punished all the diseases as they are the enemy of the era.

Verse 4: The King has built hospitals and images of Phra Photisat Phaisachayasukhot including two images of Phra Chinoros for the subsidence of people’s illnesses for ever.

Verse 5: The King has built this hospital and the image of Phra Photisat Phaisachayasukhot as well as Phra Sukhot’s temple with the moon, i.e. the heart in the sky, which is the King’s delicate body.

Verse 6: The King has built a replica of Phra Wairojanachin beginning with the beautiful sun and moon (Surya and Chandra) to destroy all patients’ diseases at this place.

Verse 7: For providing medical care at this place, the following four staff members have been assigned: two physicians, and one male or two females serving as record officials or statisticians.

Verse 8: The donator of this hospital has assigned two males to serve as treasurers, drug dispensers, and receivers of rice and firewood.

Verse 9: Two males serve as cooks and water keepers/distributors that also acquire flowers and grass for worshiping and clean the god’s shrine.

Verse 10: Two males handle the donation services, preparing cards and distributing cards/tickets, and fetching firewood for boiling drugs.

Verse 11: Fourteen males take care of the hospital and deliver medicines to physicians; totaling there are 22 persons.

Verse 12: All such persons together with one male and one female are statisticians, while the other six females are herb grinders for boiling with water.
Verse 1: Two females are responsible for rice dehusking; totaling eight females are statistics officials, two working each day.

Verse 2: There are 32 male clerical workers, totaling 98 of them equivalent to statistical officials.

Verse 3: Dehusked rice for use in worshiping deity statues in the amount of one torana each day; the rest of the donation items are to be given to patients.

Verse 4: Each year, these items are to be taken from the royal treasure three times; each item should be given on the full moon day of the fifth lunar month (duean jai-tra) and during the ancestor-worshipping rite (phithi sart) when the sun moves northwardly.

Verse 5: One piece of male clothing with a red end, six pieces of white cloth, two pala of cow feed, five pala of candle, and the same amount of eaglewood should be given every day.

Verse 6: Seven pala of wax candles (i.e. one pala, five pala and one pala), four parastha of honey, and three parastha of oil should be given every day.

Verse 7: One parastha of ghee or clear butter, two baht-weight each of medicine heated with chilli powder and iron wood (boonnak, Messua ferrea), and three nutmeg fruits (chanthet).

Verse 8: One baht-weight each of asafetida (mahahing), salt, small cardamom fruit, and gum benzoin (kam-yan); and two pala of rock sugar.

Verse 9: Five horseflies (lueab), sandal wood, thick turpentine, thanee seeds, and 100 flowers, totaling one pala.

Verse 10: ___ peppercorn ___, two parastha each, and two parastha of aquatic morning glory.

Verse 11: One and one-half handfuls of cinnamon, 40 leaves, and 1.5 pala of tharawachet and song.

Verse 12: One baht-weight of garlic juice and garlic skin, as specified, and one pala of “mitthewa.”

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2 Its meaning in Thai is unknown; however, “mitthewa” literally means a friendly god (deva) and in this context it might mean an ancient drug ingredient.
Besides arokayasala inscriptions, no other inscriptions of drug formula or medical textbooks were found until the reign of King Rama II in the Rattanakosin period when the drug formula inscriptions were made for the general public at Wat Ratcha-orasaram by Price Jetsadabodin. According to elders, originally there were more than 100 stone inscription tablets, but today there are only 50 remaining on the walls of the cloisters of the temple.³

Later on, when Prince Jetsadabodin ascended the throne as King Nangklao Chao Yuhua or King Rama III, the King commanded that Wat Pho be renovated until its completion with all the courtiers jointly taking various responsibilities, especially doctor Phraya Bamroeraj, who ordered officials to collect, review/revise and inscribe all good drug formulas for use by the general public, as stated in the poem below:

Phra Bamroeraj, the great physician, who was knowledgeable about medical treatment of diseases and commanded that officials seek and collect all good drug formulas and then got them inscribed on stone tablets for use at a later date.⁴

The Khlongdan poem on the renovation of Wat Phra Chetuphon also mentioned about the knowledge of various disciplines, especially Thai traditional medicine, which includes the following stories:

“There are 60 stone inscription plates on massage; 12 on smallpox; 4 with drawings of giants with tuberculosis symptoms; 1 on abscess (fi-prachum); 1 on leech therapy (baeb-roopsunlook or tamra ploi pling); 14 on guardian/goddess of infants (mae-sue); 14 on childhood diseases; and on pimples/pustules (la-bong or lambong rahoo). These inscriptions have been reviewed and revised by experts/physicians; so, they are placed there for learning by the general public as well as other physicians.”⁵

³ Drug formula inscriptions at Wat Ratcha-orasaram. Published for distribution by Fine Arts Department, 2002, p. 18.
After the reign of King Rama III, no evidence has been found regarding stone inscriptions on drug formulas.

2. Thai (Thai-style) books (Nangsue samudthai):

They are ancient documents recorded on Thai-style paper made from bark fibres of such plants as Siamese rough bush (khoi) or paper mulberry (poh-sa), through steps of boiling and fermenting until a long piece of paper can be cast, and then folded back and forth several times to obtain a thick or thin rectangular stack of paper as desired by the user, without stitching up like today’s books. Most Thai books are 10 to 15 cm wide and 30 to 40 cm long and have only two colours: black and white. White Thai books have the natural colour of the bark, but the black ones were made by pasting and rubbing the original paper with soot mixed with glue and then drying it in the sun. Both white and black Thai books could be used for writing with a dip pen on the front page, called “first page” or na-ton and the back page called “last page” or na-plai. A Thai book is commonly called samudkhoi as it was made from the bark of khoi (Siamese rough bush) tree. In southern Thailand, the Thai book is commonly called “buddam or budkhao” after

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6 Writing with a dip pen, each letter can be written with thick and thin lines alternatively in the same letter.
its colour, while in the North, it is normally called “pabsa” or folded sa, as the paper is made from the raw material obtained from paper-mulberry (poh-sa) plants abundantly available in the region.

The Thai books for recording various stories in ancient times can be classified into two types of status, depending on how they were actually used, namely royal Thai books (Chabab Luang) and private Thai books (Chabab Chaloeisak).

**Royal Thai books**

They are the books that were handwritten or scribed by scribes as commanded by King Chulalongkorn (Rama V) using a dip pen and proofread many times until they were all correct. The original manuscript of a royal Thai book normally has the features all other royal books as follows:

1. It has a section of pages describing the date, month and year of scribing, names of scribes, and proofreaders of the books as well as the history and relevant information about that particular book, for example:

   "Wat Pho Inscription", stone tablets of drug formula inscriptions, Wat Phra Chetuphon (Wat Pho)

   "For the goodness, in the year Sakkaraj 1232 (B.E. 2413), I, Krommuen Aksornsasanasophon together with Luang Sarnprasert and Nai Khanprian has already proofread the manuscript and has assigned Khunmuen Ratchabandit to scribe the Khmer golden lines, Muen Niponpairoh to scribe the Thai horadarl lines with a dip pen for presenting to Your Majesty, and I, together with Khun Patipanpijit and Khun Suwan-aksorn, has checked that it is consistent with the manuscript."
2. The lines of the alphabet are sharp and clear such as the horadarl lines or golden lines, but in some books such as Tamra Phichai Songkhram, or the Art of War, of King Rama I, its preface page was written in horadarl line while the content was written with golden line.

3. The writing in Thai books was done for only four lines on each page using a clear and beautiful handwriting, for easy reading, with an equal space according to the standards of the Scribes Department.

4. Some sets of Thai books would have a seal to signify that they are royal books prepared according to the command of the king. For example, the books on Three Seals Law (Kotmai Tra Sam Duang) had the seals

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7 Royal Medical Textbook of King Rama V, Volume 1. Committee on Document and Archive Preparation under the Steering Committee on Organizing the Events for Honouring His Majesty the King, published to Commemorate HM the King’s 6th Cycle or 72nd Birthday Anniversary, 5 December 1999, p. 11.
5. Each Thai book had a description of only one particular story.

**Private Thai books (Chabab Chaloeisak)**

They were Thai books that belonged to any state officials or individual citizens, used for recording stories on daily life to the extent possible as the books were rare items, hard to make and costly. Thus, the recording was totally different from that in royal Thai books. In a private Thai book, most of the handwriting was not beautiful and the sizes of the alphabet were not equal; on each page, there might be as many as 6–11 rows, not only 4 rows. Besides, the book was normally written with easily available material; for instance, a white Thai book would be written with a black pencil or ink, and a black Thai book would be written with a white-soil liner or din-sor (in Khmer, sor means white). The content of the book might be on numerous subjects, but most of which could be used within the family such as medicine, black magic, astrology, and archives of the family such as the birth dates of children, important natural occurrences, or matters of personal interests.
The contents of drug formulary textbook recorded as Thai books

Thai traditional medicine textbooks recorded as Thai books in the National Library were mostly miscellaneous drug formula textbooks and those on various drug formulas, including drugs for treating specific diseases such as textbooks on drugs for treating fever, diarrhoea, cancer, pulmonary tuberculosis (fee-nai-tong), multi-illnesses, malnutrition (sahng) stomach upset (ya-thart-si), and abscess. Besides, there were personal drug formulas that had no descriptions of their indications such as Drug Formula Textbook of Venerable Khluata Wat Choenglen, Drug Formula Textbook of Prince Pawaret Wariyalongkorn, and Miscellaneous Drug Formula Textbook of Somdet Chao Khao Bandai-it in Phetchaburi province. Moreover, there are also non-Thai drug formula textbooks such as Chinese Drug Formula Textbook (Phra Samud Tamra Ya Chin) and Western drug formula textbooks.

However, TTM textbooks include both the royal textbooks, whose accuracy have been checked, and the private textbooks which have been transcribed from one generation to another as stated on the cover of the book that “the drug formula textbooks in Wat Pho”. Some private drug formula textbooks, such as elixir textbooks, might be named/written in ancient characters so that they would seem sacred such as the Textbook of Jakphranarai Chumnum Baengphak, Drug Formula Textbook of 12 Zodiacs, Royal Statement Textbook (Tamra Rajsathok), and Jakrathipani Medical Scripture Taught with Khanthalok.

Besides, there were medical textbooks written in poetry such as Klonrai Lilit Drug Formula Textbook, Klon Lamnam 16 of Chanthabun-style Volume 1 (Sahng Poetry Textbook), Thongtisamphat Poetry Scripture, and Pathomthart Poetry Scripture. Some other drug formula textbooks might have specific issue contents such as Textbook of Plants and Medicinal Sedges (Wahn), Textbook on Medicinal Sedge Oil Preparation, Textbook of Drug Properties, and Textbook on Palmistry for Illness-prone Children.

3. Palm-leaf scriptures:

Khamphi bai-lahn or palm-leaf scriptures were made of palm leaves (bai-lahn) which had gone through several steps of processing and then they could be inscribed on with a stylus on both sides of each leaf, four or five rows each, after that they would be rubbed on with soot mixed with dammar oil (namman-yang) so that the inscribed alphabet could be clearly visible. To put all

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8 Meaning to rub and clean it.
the leaves together as a book, they had to be strung together with a rope called *sai-sa-nong* or *sai-sa-yong*\(^9\) through the left holes on the leaves punctured during the leaf-processing stage. The stringing was called *roi-hoo* to put the leaves together as a set or *phook*, after that they were strung together; so, one palm-leaf scripture might have 1 up to 20 or 30 *phook*, depending on the length of content and one scripture could mean one story. Normally, for Buddhist palm-leaf scriptures, one *phook* has 24 palm leaves, except for the last phook which might have more than 24 leaves and the number of palm leaves had to be inscribed there. For example, the last *phook* of 30 palm leaves would be called 1 phook and 6 leaves (*lahn*).
The page numbering of the palm leaves was done using the same kind of alphabet as that for inscribing the palm-leaf book at the centre of the left margin of the back of each leaf; and the page number is called “angka” in accordance with the tradition of the Buddhist palm-leaf scriptures. Angka is the page numbering of palm leaves with a combination of Pali consonants and 12 vowels; and then begin with a new consonant similarly combined with another 12 vowels. So the page number of one phook (set) of a palm-leaf book would have two consonants inscribed in alphabetical order. Besides, some palm-leaf scriptures might have the palm leaves braced with two hardwood planks of the palm-leaf size to maintain the shape of the palm leaves and then wrapped the whole thing with a piece of cloth to protect the book from dust, sunlight and cockroaches. On the outer part of the cloth wrap, there might be a label stating its name. A palm-leaf scripture used for recording non-religious stories was usually shorter than a religious scripture and called a short palm-leaf book, or “lahnkom.”

Kom in the local northern dialect means short, minor or small.
The palm-leaf scripture on Thai drug formulas at the National Library that has gained attention the most is Thart Phra Narai Scripture; its published version is commonly known as Tamra Phra Osot Phra Narai (King Narai's Drug Formula Textbook), which Prince Damrong Rajanupab (the then president of the Council of Vajirayana Library for the Capital) wrote in the preface of the book published for distribution at the funeral of Mr. Pan Chaisuwan in 1923 that “There is a textbook on several drug formulas formulated by royal physicians for presenting to King Narai the Great. The names of physicians as well as the dates on which the drugs were prepared were clearly recorded between B.E. 2202 (1659) and B.E. 2204 (1661), the third through the fifth years in the reign of King Narai the Great.” In summary, when the Vajirayana Library’s president had selected good stories, he would also name the book to be published to make it interesting for the general public. Besides, there were palm-leaf scriptures on diseases and drugs for treating diseases such as scriptures (textbooks) on cataract (toh), children’s illnesses (sahng), wasting disease (kra-sai), shivering convulsion (khai sannibaht), diarrhoea (puang), abscess, and other illnesses. Some were written in Thai alphabet based on either Thai language or local Thai dialects such as Lanna (northern) dhamma characters, Tai-noi characters and Tai-khuen characters; and some were in other ethnic alphabets/dialects such as Mon and Burmese.

It can be said that Thai traditional drug formula textbooks written in the Thai and local languages have been evident in Thai society since the Ayutthaya period; the contents of such textbooks may be pretty close to each other or a replication in context as they have been transcribed from the good formulas from the respected physicians or from an open source such as Wat Ratcha-orasaram or Wat Phra Chetuphon. Besides, they might be derived from the knowledge of a traditional medicine practitioner who had formulated a certain drug of high efficacy and then got it recorded so that it would not be forgotten. However, Thai traditional medicine has been an occupation that has been passed on for generations until the learner can acquire individual skills and expertise. So, the documented drug formulas normally have special procedures that are the key steps for drug preparation so that the drugs are of good quality and can be effectively used like other professions in Thai society that have to be seriously learned/transmitted from previous generations in order to really achieve the expected results.


12 Prince Damrong Rajanupab, ‘Preface’, Tamra Phra Osot Phra Narai, Third printing for distribution at the funeral of Mr. Pan Chaisuwan, B.E. 2466 (1923), pp. (1)–(2).
King Rama V’s royal textbooks of medicine

At the National Library, there are royal TTM textbooks available for use by the general public; the Library is the place where such textbooks are most numerous in Thailand as it has evolved from the Royal Library of the country established by King Chulalongkorn (Rama V) in 1905 as a place for any Thai citizens to study at and in remembrance of his father, King Rama IV (Phra Chomklao Chao Yuhua). On the centenary of King Rama IV’s birthday, his princes and princesses jointly established Vajirayana Library for the Capital (Hor Phra Samud Vajirayana Samrab Phra Nakhon) in the Grand Palace’s compound and collected scriptures and books from Vajirayana Library (Hor Vajirayana), Buddhism Library (Hor Buddha Sasna Sangkaha), and Hor Phra Monthiandhamma Library. The merged Library later became the Royal Library of the Capital and today’s National Library. When initiating the establishment of the Vajirayana Library for the Capital, Prince Damrong Rajanupab thought that books and textbooks that were regarded as the national wisdom heritage were actually scattered in various places all over the country, and if they were not collected and placed at a certain place, they all would be lost. So, staff

Royal Medical Textbook (Tamra Vejjassart Chabab Luang) of King Rama V
Massage scripture showing acupressure points on the body
of the Vajirayana Library undertook a survey and asked the people who owned any ancient documents to sell or give them to the Library; and as a result, a lot of good books including ancient documents could be collected and then placed at the Library for use more widely by the public.

The Royal Textbook of Medicine (Tamra Vejjassart Chabab Luang) was revised and checked for its accuracy during the reign of King Rama V as he had deemed that Thai medical textbooks were beneficial to the country and had been used for generations; and that they began to get lost and some of the contents had been incorrect. So the King assigned Prince Phubodi-rajharuethai, chief (jangwang) of the Medical Department, as head of the team to review/revise all the medical textbooks being used during that period until all were correct. After that the King commanded that Prince Aksorn-sarnsophon, head of the Scribing Department and Printing Department, to publish them as the nation’s medical textbooks as a merit-making effort to honour the King in 1780 as briefly stated on the first page of each of the Royal Textbooks that:

“In 2413, King Chulalongkorn (Rama V) of Bangkok, while giving an audience to a number of royal family members and civil servants, said to Prince Phubodi-rajharuethai, head of the Medical Department, and Prince Aksornsarnsophon, head of the Scribing Department and Printing Department, that the medical textbooks that had been used in providing medical services were very beneficial to the people, but some of them had been lost or incorrect. So the textbooks had to be reviewed/revised so that they would be corrected, printed and presented to honour the King and for use by the nation.”

13 The prince was a son of King Nangkiao (Rama IV) and consort Kaeo; his former name was Prince Amarit, born on 5 August 1826. He was later established by King Rama IV as Krommuen Phubodi-rajharuethai and assigned to take charge of the Printing Department. Later on, the prince was assigned by King Rama V to take charge of Massage and Pharmacy Departments. The prince died on 6 March 1780 at age 44.

14 The prince was a son of King Rama III and consort Khlai; his former name was Prince Singhara, born on 10 December 1826. Later, he was established by King Rama IV as Krommuen Aksornsarnsophon in charge of Scribing Department and later by King Rama V as Kromkhun Bodintarapaisarnsophon in charge of Printing Department and supervising the court trying cases involving royal family members; later became Kromluang Bodintarapaisarn-tikhachonchetprayun and died on 5 July 1903 at age 77.

15 From Kra-sai Scripture, Volume 1, Royal Textbook of Medicine of King Rama V, No. 1000, initial pages 1-4. In some textbooks, their preface would contain the year Julasakkaraj 1233 or B.E. 2414, indicating that the revision/preparation of the royal textbooks took two years to finish.
Besides, on the preface page of each scripture, there were names of the experts and medical specialists participating in the review/revision. The preface of the Kra-sai Scripture, Volume 1, stated that:

“I, Prince Phubodi-rajharuethai, together with Phraya Amornsartprasitsilp, Phra Thipjaksuyana, Luang Sitthisarn and Khun Ratchaphaet, have already checked and found the Kra-sai Scripture in the proper form and correct; and thus it is handed over to the Scribes Department.”

It should be noted that, in addition to the name of the head of the working group (Prince Phubodi-rajharuethai), there were names of other team members participating in the undertaking, i.e. Phraya Amornsartprasitsilp, Phra Thipjaksuyana, Luang Kumarnphet, Luang Sitthisarn, Khun Kumarnprasit, Khun Kumarnprasert, Khun Ratchaphaet, Khun Rajwarosot, Khun Sitthiphaet, and Khun Sitthipromma as shown in the photo section of each scripture as follows:

**Prathomjinda Scripture**: there were the names of Phraya Amornsartprasitsilp, Luang Kumarnphet, Luang Kumarnphaet, Khun Kumarnprasert, Khun Kumarnprasit, and Khun Thepkumarn.

**Smallpox Drug Formula (Phra Tamrab Phaen Fidaht)**: there were the names of Phraya Amornsartprasitsilp and Khun Sitthiphaet.

**Maha Chotirat Scripture**: there were the names of Phraya Amornsartprasitsilp, Phra Thipjaksuyan, and Khun Ratchaphaet.

**Roknithan Scripture**: there were the names of Phraya Amornsartprassitsilp, Phra Thipjaksuyan, Khun Rajwarosot and Khun Sitthipromma.

**Thartwiphang Scripture**: there were the names of Phraya Amornsartprassitsilp, Phra Thipjaksuyan, Khun Kumarnprasit, and Khun Rajwarosot.

However, even though the contents have been revised correctly, if they were further transcribed without proper re-checking, there might be some errors. So, there were names of Scribing Department officials who did the checking again before sending them further to the alphabet writer and checking official after the writing, two officials for each scripture as follows:

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1. Officials checking the accuracy of the contents of the revised scriptures, 2 or 3 persons for each scripture, totalling 8 persons as follows:

- Khun Patipanpijit
- Khun Suwan-aksorn
- Khun Thipkrawi
- Khun Nimit-aksorn
- Khun Sarnprasert
- Khun Mahasitthiwoharn
- Nai Khanprian
- Luang Sarnprasert

2. Writing officials, 1 or 2 officials for each scripture, totalling 4 persons as follows:

- Khun Niponpairoh
- Khun Muennrajbandit
- Khun Muen-ahrak
- Khun Nimit-aksorn

3. Officials checking the correctness after writing, 2 persons for each scripture, totalling 3 persons: Khun Patipanpijit, Khun Suwan-aksorn and Muen Niponpairoh.

As mentioned earlier, each of the officials of the Scribing Department would be responsible for at least 3 steps in the checking and writing process to ensure the correctness to the fullest extent of King Rama V’s Royal Textbooks of Medicine.

The manuscripts of King Rama V’s Textbooks of Medicine were black Thai books; and the National Library received only 51 copies of them from the library of the Ministry of Education in 1937, some actually had the same titles and contents. Some of the scriptures were incomplete as either volume 1 or the last volume was missing; and some of the books had not been finished as the Khom and Pali incantation or the preface had not been yet written, for instance.

In the manuscripts of the Royal Textbooks of Medicine, the Pali incantation and Khom scripts were written in golden line and the Thai texts were written in horadarl line, four rows per page. In some of the books, red lines were used in writing the human structure and some parts written with a pencil were inserted in various parts of the books, presumably added at a later date after the textbooks had been used in real life or after some experimentation. The numbering of documents

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17 The writing (choop) of alphabets in golden line began with the writing with plant-resin glue and then use a gold leave to place on the glue lines, the resultant golden scripts would be glittering. But if the gold leave was mixed with the glue, the golden glue would not stick to the paper and the gold leave would not be glittering.

18 The yellow line alphabets were derived from a yellow-greenish mixture of plant resin called “rong” with pulverized orpiment (horadarl klipthong) and fernolia (ma-khwid) resin so that the written alphabets would stick to the paper for a long time and the lines would not be broken.
at the National Library was not dependent upon the order of the contents in the TTM textbooks; rather, they were numbered according to the number of previously existing documents. So any documents received at a later date were registered after the previous ones. However, efforts had been made to list the documents with the same titles next to each other.

The 51 copies of King Rama V’s Royal Textbooks of Medicine were under 15 titles as follows:

1. Kra-sai Scripture, Volumes 1 and 2
2. Chawadahn Scripture, Volume 1 only
3. Taksila Scripture, Volumes 1 and 2
4. Massage Scripture, Volumes 1 and 2
5. Thartwiphang Scripture, Volumes 1 and 2
6. Prathomjinda Scripture, Volumes 1 and 3 through 12, 2 sets
7. Smallpox Drug Formula, Volumes 1 through 3, 2 sets
8. Moranayanasut Scripture, Volumes 1 and 2, 2 sets
9. Mahachotrat Scripture, Volumes 2 and 3
10. Mujchapakkhanthika Scripture, complete in one volume
11. Rokinithan Scripture, complete in one volume
12. Samuthanwinijchai Scripture, Volumes 1 and 2
13. Sappalaksana Sappakhun Scripture, Volumes 2 and 3
14. Aphaisanta Scripture, Volume 1, 2 sets
15. Uthornrok Scripture, complete in one volume

Based on the number of the aforementioned documents, it can be noted that more than one set of the Royal Textbooks of Medicine might be created in 1870 for keeping as correct technical evidence for Thai society. It was presumed that there should be at least one set at the Medical Department, one set at the Royal Library in the Grand Palace, and one set at Siriraj Hospital; so the National Library has got two sets that are the royal version (chabab luang), not the transcribed version, as they had the same format of recording and the same handwriting.
Printing and distribution of Thai traditional drug formulas

As mentioned earlier, the documentation of TTM textbooks was done a long time ago. With its importance accorded by Thai society, many of such textbooks have been printed and widely distributed; some have been printed more than ten times. Most of the printings took the contents from the ancient manuscripts prepared by ancestors during the late state of the reign of King Rama V, whose printing methods can be classified into three types as follows:

1. Printing by paraphrasing from ancient documents. With the initiation of Prince Damrong Rajanupab (then president of Vajirayana Library of the Capital), many good books in the Library would not be useful for the people if they were just kept there, so valuable books (such as King Narai’s textbook on drug formulas, or Thart Phra Narai Scripture, which were palm-leaf manuscripts prepared in the Ayutthaya period) were chosen for printing and the knowledge could be disseminated. However, as the manuscript was prepared in the old days, the recording was much different from the present-day method since at that time there was no dictionary for use in writing words with the same spelling. So, the publishing had to be done using present-day wording, so that interested persons could actually use such knowledge, based on the interpretation of the library officials with no glossary for any particular words as they were people in the same period and such words could be easily understood. For that edition (1917), Prince Damrong Rajanupab wrote the preface describing the background of the book; and since then it has been reprinted many times; and for the 1995 printing, the explanations were added to the book.

Besides, many other ancient TTM documents, in the forms of inscription, Thai book (nangsue samudthai), and palm-leaf scripture, gained interests and thus were printed for dissemination such as Wat Ratcha-orasaram’s and Wat Phra Chetuphon’s drug formula inscriptions, Prince Sai Sanidwongse’s drug formula textbook, poetry on ruesi dadton (self-stretching) from Wat Phra Chetuphon’s inscription, and drug formula textbook prepared during the reign of King Rama II.

2. Printing the pictures of the original drug formula as in the ancient book together with the present-day description of the old text. The National Library of the Fine Arts Department has printed the pictures of the original ancient textbook to reflect the condition of the original as well as its alphabet’s characteristics and the language used in the old days, and its reading in present-day language, so that it is more
convenient for interested persons who cannot read or understand the ancient language. If there is any question about the incorrectness or inaccuracy of the new version, the reader can refer to the picture of the original version printed on the facing page. This is the way to preserve the original textbook to be passed on to next generations for a long time in the future. This kind of printing has been done for such books as King Rama V’s Royal Textbook of Medicine, Volumes 1 and 2, Ruesi dadton pictures book, and Wat Ratcha-orasaram’s drug formula inscriptions.

3. **Printing of newly-written textbooks.** The printing of TTM textbooks in this feature was carried out after reading/studying each ancient document and then, based on the knowledge gained from previous generation of the family, wrote a new lesson with the contents covering all aspects of Thai traditional medicine (Thai medicine, Thai pharmacy, Thai massage, Thai midwifery, and indigenous medicine). Since then the newly-printed textbooks have been used for teaching/learning Thai traditional medicine until today. Such textbooks include: Textbook of Medicine *(Tamra Phaetsart Songkroh)* by Phraya Pitsanuprasartvej; Traditional Medicine
Chapter 5. Thai Traditional Medicine Wisdom

Scripture (Khamphi Phaetphaenboran) by Khun Sophitbannalak; Medical Studies (Vejjasartsueksa) by Phraya Pitsanuprasartvej; Textbook of Medical Studies (Tamra Vejjasartsueksa); Textbook on Principles of Pharmacy (Tamra Pramuan Lak Phesatchakam) of Wat Phrachetuphon School of Traditional Medicine; and Vejjasart Wanna Textbook of Medicine. In analyzing the contents of the newly-composed TTM textbooks, most of them had the same contents as King Rama V’s Royal Textbook of Medicine (the Thai-style book version at the National Library), but not all were published by the National Library due to budget constraints. However, the differences between the new and old versions are: the sequencing of the subject matters was made consistently, beginning with the basics and then moving on to higher levels of knowledge, making the learner understand and gain the knowledge step by step, whereas the King Rama V’s version was not clearly arranged with such a sequence, except for those with the same title having volumes 1 and 2. That was similar to the Three Seals Law enacted in the reign of King Rama I, which ended in each volume and each part (ai-ya-karn); no mentioning about which part had to be studied first. However, today’s academics have been able to arrange the sequence of all parts; and it was presumed that each set of ancient textbooks had the importance for each part that could be used as the basic for further enhancing the skills of the reader with no limitation.

It can be said that the TTM textbooks widely transmitted in Thai society contain the knowledge that has been created over a long period of time and is still valid. The practitioners with correct knowledge and understanding about the symptoms of illness, treatment methods, textbooks to be used, and properties of each medicinal herb, as well as the Thai culture, will be able to efficiently access TTM textbooks; and they will be the persons who preserve and further transmit TTM wisdom in Thai society.
Diagram showing the links between each of the textbooks on Thai traditional medicine

- **Royal command to collect all TTM textbooks from all over the country**
  - King Rama II
    - Drug formula inscriptions at Wat Ratcha-orasaram (Chomthong)
  - King Narai’s Drug Formula Scripture
  - Pharmacy textbooks
    - King Rama II

- **King Rama III**
  - Drug formula inscriptions at Wat Phra Chetuphon

- **King Rama IV**
  - Prince Wongsadhirajsanid

- **King Rama V**
  - Prince Sai Sanidwongse

- **Rama IX**

- **King Narai’s Textbook of Medicine**
  - Royal Textbooks of Medicine
  - Textbooks of Medicine *(Phaetsart Songkroh)*, Vol. 1, 2 & 3 (Wat Pho)
  - Reprints

- **Medical Studies – Medicine in Brief, Vol. 1, 2 & 3**

- **Textbooks of traditional medicine**
  - General TTM textbooks
  - Description of King Narai’s Textbook of Medicine
The health culture of northern Thai residents has been preserved and transmitted for a long time based on the traditional beliefs in animism, Brahmanism, and Buddhism. Thus, the causes of diseases or illnesses are described as the act of humans, non-humans, internal elements (tarts), external environment, and consequence of karma (action or wi-bahk-kam). And the process for disease prevention and health promotion or for resolving health problems, according to Northerners’ lifestyles, is based on the holistic perspective and approach until it becomes the fundamentals of northern indigenous medicine wisdom.

Northern indigenous medicine in the medical system plays a significant role in providing health services to residents in northern society that places importance on the patient’s physical and mental health, based on the belief that “bodily and mental parts are interconnected; whenever any part falls ill, such an incident will affect each other”. That means if the body is physically ill, it will later become mentally ill; and the approach for resolving health problem needs to cover both physical and mental aspects. Thus, the perspective of health care among Northerners does not focus only on illness, but also on “good health” for the entire life span, from birth to death, aimed at creating a balance of physical and mental health. In this approach, the principle is to improve or promote what is missing rather than just resolving a single problem, using indigenous medicine practitioners or healers in dealing with such a problem with local wisdom accumulated through the learning and experience of their ancestors, preserved and transmitted for a long time.

1 The North of Thailand is divided into Upper Northern Region, or Lanna, consisting of eight provinces, namely Chiang Rai, Chiang Mai, Phayao, Lamphun, Lampang, Phrae, Nan, and Mae Hong Son; and Lower Northern Region consisting of eight provinces, namely Phetchabun, Phitsanulok, Phichit, Nakhon Sawan, Sukhothai, Uttaradit, Tak, and Kamphaeng Phet.

In the ancient northern cultural context, "moh" (physician or doctor) was the term normally used by local residents to call someone in the community who was knowledgeable about and capable of providing medical treatment to patients, a number of whom had been cured. Such physicians were those with good behaviours according to the community's morality, ethics, customs and traditions and thus had gained trust or faith in the individuals; they were called after their healing expertise such as moh-ya (herbalist), moh-yamkhang (hot oil tramping healer), or moh-kradook (orthopaedist). Most indigenous medicine practitioners or healers had been trained or given the knowledge by another senior practitioner who was the teacher and carefully chose his own disciple; and the most suitable person only would be selected as, in the past, the learning process was done through observation and memorization. Thus, the disciple had to have a lot of perseverance in order to gain the knowledge. Later on, after the invention of Thai alphabet and the writing/recording of stories, knowledge about medical care experiences gained, through the trial-and-error approach, on various suitable writing materials for each era, such as palm leaves called “pap-lahn” or on sa (mulberry) paper called “pap-sa”. However, some were recorded on wooden planks, stone tablets, or cave-walls. Such recorded or inscribed materials were called scriptures or textbooks (khamphi or tamra), which were the important sources of knowledge for indigenous healers. So the term “moh”, in addition to being used for addressing an individual healer, implicitly signifies the respect and faith recognized by the community for such a suitable person.

The situation of northern indigenous medicine, from the past to present, is presented in this document, including some cases related to knowledge management in this regard in the upper northern region of the country as well as the replications of their research and development efforts. Presented also are the major factors affecting such a situation in the North such as changes in global social and economic trends, policies of the government and national leaders, health crises, and social movements in the public and private including popular sectors.

**Past and present situations of northern indigenous medicine**

The situation of indigenous medicine in the North has been affected in a similar manner as that in the whole country; its developments are chronologically described as follows:
The glory era of indigenous medicine

That was the period before the present-day public health began to play a significant role in Thailand. During that period, the Thai medical care system had two features: self-care and the care provided by some people knowledgeable about medical care in the community such as indigenous healers and Buddhist monks. That was because most people had been taught or told by their family members or other community members about self-healthcare. Thus, to a certain extent, they had some basic knowledge about health care and were able to help themselves if they came down with an illness that was not too severe. They could use medicinal herbs near their home when ill and lived a suitable livelihood according to social beliefs; but if they were severely ill beyond their capability to handle, they would seek help from other community members especially indigenous healers who were more knowledgeable and skillful in resolving health problems. It is thus regarded as the period that indigenous healers had a key role in taking care of people's health under the patronage system where people helped one another in line with the socio-cultural context of northern residents.

The deterioration of indigenous medicine

This period occurred when the present-day public health system spread into the nation’s health system, resulting in indigenous medicine's decline in its importance to the level that it was neglected and not accepted by society, until it became irrational and unreliable. However, it took as long as 40 years for Thai people to change their values and turn away from the traditional health care to seek modern health care, relying on medical treatment by physicians in the modern health-care system rather than self-healthcare, for the patients with physical and mental illnesses, and even for those with special needs such as pregnant and postpartum women. Coupled with the health crises caused by acute and dangerous infectious diseases such as smallpox, cholera, and plague, it was necessary to rely on the modern medical care system in response to people's health problems.

Besides, there were several significant events that caused changes in Thai indigenous medicine, i.e. since 1923, when the Practice of the Art of Healing Act was enacted, despite the fact that there was clarity in the practice of medical profession and the protection of the health of health-care recipients, the implementation of

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such policy directly affected the status and role of indigenous healers nationwide, including those in the North, who did not have any right to legally practise their profession.\(^5\) That was because the authorities would stigmatize them as “quacks” and issued practical guidelines for arresting any unlicensed practitioners which also affected the perception and faith of people in society. So, most indigenous healers abandoned their status and role and turned to take other occupations. Moreover, they also erased the trace of their medical practice by destroying the knowledge evidence in the sa-paper and palm-leaf books by burning them or selling them to foreigners who were interested in studying it. A survey on indigenous healers conducted in 2001 in the upper northern region of the country also showed that there was a sign of suspicion among many of them.\(^6\) So, that period of time was regarded as the dark side of indigenous medicine, while it was a good opportunity for the modern medical and health system.

However, amidst such situations and despite being restricted by the legal status and role, some indigenous healers with a real healer’s spirit retain their status and role in being the persons that the people can rely on in health care. That is consistent with a study conducted by Yot Santasombat (1999: 110-111) which reveals that, with all the changes rapidly impacting Thai society at present, local wisdom relating to indigenous medicine is able to maintain its existence with adjusted healing techniques. There are reproduction and new production of beliefs and rituals according to social trends as well as changes in social relationships in various forms. Similarly, according to a study conducted by Luechai Sri-ngernyuang and Rujinat Atasit (1992: 65-80), it has been found that, although the role of indigenous healing practice is declining, not all aspects of the service are declining as those with expertise in certain aspects of the healing are getting more clients. That is consistent with the findings of Yongsak Tantipidok and colleagues (2001: 15-16) which reveal that indigenous healers play a role in treating illnesses for members of the community and most of them will treat and help the people individually according to their specific capacity and skills on helping-each-other basis, not chiefly for service fees. Some healers who are well-known and competent in treating chronic diseases or any disease that cannot be treated with modern medicine may provide continuous care to the patients with such illness on a long-term basis and will have some income from such supplemental occupation. Some

\(^5\) Except for a number of indigenous healers who are licensed TTM practitioners in any of the branches (Thai medicine, Thai pharmacy, or Thai midwifery) and can legally continue to provide health services; but in practice, these healers still like to use the northern indigenous medicine wisdom especially herbal drug formulas which have been traditionally used for a lone time.

healers may have some patients from outside the community or may be invited to offer home care to the patients; and some with continuous services and morality will be respected by the community and have a good social status. Whenever the people get sick, they will consult and seek health care from the healer; and they also tell other people about the capacity of the healer.

Besides, some indigenous healers have adapted themselves by devising an explanation and interpretation for the phenomenon of a new disease and also applied some modern medical techniques or procedures in their practices. For example, the study conducted by Budsayamas Sindhuprama and Chensiri Chansiri (1995: 115) on the existence and adaptation of indigenous medicine in Chiang Mai’s urban areas reveals that indigenous healers are still respected with a high social status, depending on their characteristics and capability; and in the meantime, they also adjust their healing roles by giving importance to the diseases that cannot be explained or treated with modern medicine. In this regard, a study on indigenous healers’ capacity in primary health care in Chiang Rai province, conducted by Thara Ounchomchan and colleagues (1992), describes that most northern indigenous healers use a combination of several healing methods and are able to treat different illnesses, some of which cannot be properly taken care of with modern medicine, such as swelling (pong), paralysis, jaundice, and postpartum illness (lom phid duean). If the patients can be followed up for a reasonable period of time, a clearer conclusion may be made. In addition, the study also found that indigenous healers in the North play a role in three aspects in the community, namely:

1. Being part of society as they live in the village with a rural tradition of helping each other. This is an outstanding potential of indigenous healers that cannot be replaced by modern medical or health personnel.
2. Being a medical-care alternative for villagers that modern health personnel have paid much attention to.
3. Being part of folk culture that can help resolve social conflicts or mental problems based on the community’s culture and beliefs.

Overall, it can be said that indigenous healers play a role in treating patients in the community in several dimensions, including the treatment and care of physical, mental and spiritual illnesses. Many studies have illustrated that indigenous healers have always adapted themselves and adjusted their role in providing curative care. In general, their role in medical care seems to be declining, but the decline does not occur consistently in all aspects. It is noteworthy that they still maintain the health-care role for villagers in the same cultural context.
The revival of indigenous medicine

During World War II, there were shortages of Western medicines, and thus there were efforts to use herbal drugs for medical treatment. But when there was no drug shortage problem, there was no interest in herbal drugs. Later on, there was a health crisis related to human behaviour as well as mental and socio-cultural conditions, resulting in the rising prevalence of hypertension, diabetes, cancer, and mental disorders. In particular, the outbreak of HIV/AIDS in the upper northern region of the country between 1988 and 1994 was an important lesson that reflected the power of socio-cultural dimension and made all sectors in Thai society become interested in the potential of indigenous medicine wisdom in resolving health problems with herbal medicines and folk psychotherapy.

Under the aforementioned situations, there have been movements by various groups in all sectors which can be divided into two major groups as follows:

(1) Development-oriented movement group. There are networks of indigenous healers in the upper northern region of the country at both district and provincial levels playing a key role with support from non-governmental organizations (NGOs) through projects funded by domestic or international donor agencies, including foundations, clubs, associations, centres, and networks, namely the AIDS Control Operations Centre for Upper Northern Thailand and the Northern AIDS Network Development Project, which coordinated with different indigenous healers networks, associations or clubs in each locality. Moreover, there has been support from relevant state agencies including local government organizations as well as operational and policy-level public health agencies, such as the Provincial Cultural Council, the Northern Regional Training Centre for Primary Health Care Development, the Office of the Primary Health Care Commission, the Society and Health Institute, DTAM's Bureau of Thai Indigenous Medicine, health centres, hospitals, and provincial public health offices.

(2) Research-oriented movement group. This group consists of academics from various technical or academic institutions at the central, provincial and local levels.

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Over the past two decades, the issue of northern indigenous medicine\(^8\) has gained much attention from two major groups of researchers and academics, namely (1) health sciences group and (2) sociology and medical anthropology group. In the early phase, the research studies focused on efforts to understand the northern indigenous wisdom, based on the knowledge, expertise and interest in specific issues of the researchers such as ethnics and medicinal herbs. However, during the later phase, more studies have been done on developing the knowledge of northern indigenous medicine in both upper (Lanna) and lower northern regions, and on healing practices of various ethnic minorities through research and development projects on various groups.

So, it is noteworthy that the work on indigenous medicine undertaken by relevant agencies in the forms of research and development is an opportunity for indigenous medicine to regain its important role. However, the movements of different groups aim to get different achievements; so the features of movements are numerous, resulting in the overlapping of areas of operation involving the same groups of indigenous healers. For example, the communities have formed a network of indigenous healers with the support from NGOs to call for the right of the communities to recognize the status of indigenous healers, but MoPH’s agencies have expedited the survey and registration of indigenous medicine practitioners or healers without clearly checking the status and capability of each healer. The fact that the government has re-looked at the value of TTM wisdom and tried to strengthen TTM practices, as well as the establishment of a specific agency to revive and further develop TTM including indigenous medicine, is a commendable effort, but such undertaking lacks the understanding of the differences in regional indigenous medicine, in terms of disease theory and healing process.\(^9\)

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\(^8\) Being between health and socio-cultural dimensions linking to national policy on self-healthcare using indigenous medicine wisdom.
\(^9\) From the workshop held on 18-19 August 2000, also attended by experts/critics in medical sociology and indigenous medicine, namely Prof. Dr. Prawase Wasi, Dr. Suwit Wibulpolprasert, Prof. Dr. Anan Ganjanapan, Mr. Yongsak Tantipidok (pharmacist), and Asst. Prof. Dr. Yingyong Taoprasert. They all had a consensus that the knowledge of “moh mueang” (northern indigenous medicine) has a specific feature that is different from Thai traditional medicine in terms of theory in describing things particularly the healing process with distinct features that should be further studied (Indigenous Medicine Research and Development Centre, Chiangrai Rajabhat Institute, 2000: 120-121).
Revision of knowledge and textbooks of upper northern indigenous medicine

The Institute of Indigenous and Alternative Medicine at Chiangrai Rajabhat University is the core agency in the movement for research on indigenous medicine in the upper northern region, commonly called moh mueang, of the country, with the support from the Upper Northern Region (Lanna) Indigenous Medicine Research Fund. In 1999, a major revision of moh mueang knowledge was undertaken to further develop a system and textbook on Lanna indigenous medicine, through the collaborative efforts of knowledgeable indigenous healers and moh mueang from several provinces in the region as well as academics in synthesizing the theoretical structure of Lanna indigenous medicine, comprising philosophical concepts, disease aetiology, diagnosis, disease prevention and health care, including physical, ritual, herbal and nutritional therapies, and health-related behaviours. Its purpose was to create a reference textbook on Lanna indigenous medicine. Knowledge sharing forums were held for the network of moh mueang in all eight upper northern provinces to examine the prepared body of knowledge.

The major revision resulted in a number of social movements as well as the awakening of indigenous healers in other regions. Moreover, hilltribe healers also had an opportunity to learn and then created learning forums on health-care systems for several hilltribes, namely Hmong (Miao), Mien (Yao), Akha, Lahu, Lisu, Palaung, Pgaenkoenyau, Khamu, Lawa, and Tai Yai, which are interested in studying and reviving the use of local wisdom and herbs for health promotion for their tribes.

Later on, the Thai Research Fund in collaboration with the Thai Health Promotion Foundation supported the Institute to carry out a three-year (2004-06) pilot project on northern indigenous and tribal medicine, focusing on the practices in the five hilltribes of Akha, Tai Yai, Hmong, Mien, and Lahu.

It was found that one of the major factors causing the movement of tribal medicine was the strengths of the ethnic groups including their leaders and members, resulting in a remarkable difference in their development effort. The groups that could quite rapidly and efficiently move forward were the Akha and Tai Yai; they were able to implement and fully expand their potential as per the expected target.

The occurrence and movements of northern indigenous medicine, especially in the upper northern region, was one of the major causes of the national health system reforms, which emphasize the importance of the popular sector’s role and
participation in health care, including self-dependence, support among family members and relatives, and community support, essentially indigenous healers that play a significant role in providing health care for the people.

**Systems and textbooks on Lanna indigenous medicine from the Research Packages on Moh Mueang Body of Knowledge and Northern Tribal Indigenous Medicine**

1. **Central reference textbooks on Lanna indigenous medicine**

   The textbooks are the extension of the “Methods of Health Care in the Lanna Indigenous Medicine System” that are divided into four volumes by their essential content as follows:

   **Textbook, Volume 1:** The book covers the concepts, theory, beliefs and cosmology of Lanna people in describing ways of life, self, and human physical and mental conception, which are the cause of health and illness, as well as the overview of the entire Lanna indigenous medicine system, i.e. examination/diagnosis, disease classification, and treatment methods, including the processes of health promotion, disease prevention, and physical, social and spiritual health care.

   **Textbook, Volume 2:** The book covers the processes of health promotion, disease prevention, and physical health care, and the Lanna indigenous medicine system comprising health care and treatment of bodily structural and muscular pain including locomotive illnesses such as bone fractures, paresis, paralysis, or other organ disorders, which require the treatment method in combination with other processes involving herbal medicine, food, and rituals. As the methods for health care with physical therapies are numerous, and it was difficult to identify experts in certain healing methods, some practices were out of date; there were no details or re-checking of some of them. So, they should be used with care and in-depth research should be undertaken on such matters.

   **Textbook, Volume 3:** The book covers the processes of health promotion, disease prevention, and health care using food and herbal medicines. Besides the knowledge and recipes of foods and herbal drugs for such purposes, it contains the information on numerous Lanna foods and herbal drugs, a number of which (450 items) have been examined and prepared using the same criteria, in terms of names, properties, and indications, until they were jointly accepted by knowledgeable moh mueang from several provinces. Moreover, there have been examinations and agreements on the pharmacology and pharmacy or preparation of drugs of moh
mueang so that the drugs are of the same standards, based on the direct experiences of present-day practitioners and the cross-checking with the information derived from approximately 1,400 pieces of palm-leaf and sa-paper textbooks for more than 700 ancient drug formulas. So, the compiled/revised Lanna indigenous medicine textbook has been regarded as accurate and complete as those in other medical systems. However, much of in-depth research is to be done on the efficacy of each drug formula so that its empirical evidence can be documented.

**Textbook, Volume 4:** The book covers the processes of health promotion, disease prevention, and health care using various rituals, or so-called ritual therapy or healing rituals, comparable to psychiatry or mental health treatment. In the beginning, when someone is sick, with either a mental or physical illness, the indigenous healer or moh mueang will start with the examination of the patient’s mental or morale condition, and then proceed to the physical examination by looking at the patient's time/date of birth and determining his/her fate based on age. If any abnormal symptom is found, a healing ritual will be performed to cure or relieve such an illness. If the illness is severe, the ritual will be performed to drive away the ill fate, but for minor illness, the rituals will include those for morale boosting, life-prolonging, meditation for enhancing immunity, practising Dhamma (Buddhist principles), and leading an auspicious and well-being way of life.

The Lanna indigenous medicine system primarily emphasizes the mental condition as apparent in the fact that almost all healing rituals normally involve health promotion, disease prevention, and health care. For example, the physical, nutritional and herbal treatments will always have incantation or magic spell and rituals. In other words, it is holistic health care with all such elements harmoniously linked to each other. But to make it easy to study, communicate and understand, the knowledge is classified into groups, each group is covered in one volume of textbook. Thus, attention is to be paid to the intent of the knowledge at all times; in particular, the treatment is to focus on the effects on both physical and mental conditions. So, some drug formulas may not be efficacious if there are no beliefs or faith; some may have more psychological effect, or need to be combined with drugs for chemical effect.
2. Textbooks for studying/training in Lanna indigenous medicine

For new generation of indigenous traditional medicine practitioners, there are three textbooks according to the branch of practices:

- **Textbook on Lanna Indigenous Medicine:** Ritual Therapy Branch
- **Textbook on Lanna Indigenous Medicine:** Herbal Medicine Branch
- **Textbook on Lanna Indigenous Medicine:** Physical Therapy Branch

In each textbook, there are two parts:

- **Part One** deals with the overview of Lanna indigenous medicine, which is contained in the central reference textbook, volume 1, on disease aetiology, disease groups, diagnoses, and overall indigenous health-care processes.

- **Part Two** deals with specific practices in each branch of Lanna indigenous medicine, with clearer details that are practically applicable.

3. Central textbooks on ethnic medicine

There are five textbooks on ethnic medicine for the hilltribes of Akha, Tai Yai, Hmong, Mien, and Lahu; the content of each book is divided into two parts:

- **Part One** deals with health-care practices, or ethnic medicine, for ethnic people, including the history of ethnic medicine, concepts, beliefs and cosmology of ethnic groups related to human birth and death, causes of illness, symptoms, diagnosis, and treatment, health promotion, disease prevention, and self-care. The treatment methods are divided into three types, i.e. medicinal therapy, physical therapy and ritual therapy. Under the research project, the role of ethnic healers and health-care methods were revived for use in the community and at health centres; and training programmes as well as local curriculums were also developed for training/educating younger generation in schools and universities.

- **Part Two** deals with all medicinal herbs used by the ethnic groups with the herbs’ descriptions of local names, physical characteristics, properties, and medicinal parts. Moreover, the book contains the information about sources of medicinal herbs and community medicinal plant propagation centres, from which marketable plants
Conclusions

As shown in the overall movement and development of northern indigenous medicine from the past to present, especially Lanna indigenous and ethnic medicine, mentioned above, it is obviously evident that as long as indigenous medicine can play a role in providing medical care for the people, indigenous medicine will remain a shadow following and serving the people and the community. Since the ancient times until today, and in the future, the existence of indigenous medicine cannot be negated as the popular sector medicine. It is thus up to society that will be smart enough to take and develop it for the maximum benefit as a medical care option for society, as the Chinese or Indian traditional medicine has shown to the world that indigenous medicine can be developed as a national medical system integrated into the modern medical system. And Thailand has followed such a path, which hopefully Thai people will have the similar chance as the Chinese and Indians do.
Survival is regarded as the major duty of any living thing; similarly, humans as well as all other living things have to struggle for maintaining their races. Development of skills to maintain bodily normalcy and well-being to survive in the limited environment is thus the origin of knowledge currently called “indigenous medicine”. So, indigenous medicine has been in existence for a long time together with communities.

Society and northeastern culture

Suchit Wongthet (2006) states that “Northeasterners” (Khon Isan or Chao Isan) are those living in the Northeastern region of Thailand having Bangkok as the centre of the country. In the past, the Northeast was meant to be the areas along both banks of the Mekong River where there have been people of several ethnic groups with social diversity and culture for not less than 5,000 years, initially with two groups of people: the Highlanders and the Lowlanders. Later on, there were more people migrating from the left bank of the Mekong River to live on the right bank of the river. As the transport in the old days was rather difficult, social and cultural development was rather an identity for each ethnic group such as language or traditions, which can be used for classifying at least 18 ethnic groups (Usa Klinhom et al., 2005 A), namely Phu Thai, Saek, Soe, Yoei, Yoh, Kaloeng, Khmer, Kuy (Suai), Yoe, Chao-bon, Bru, Phuan, Tai-dam, Lao, Yuan, Nakhon Thai, Mon, and Thai Korat. But at present, the transport and communications have been much developed, resulting in rapid population migration and receipt of information and the assimilation of societies and cultures of various ethnic groups so that they have nearly become a homogeneous society, except for some ethnic groups such the Saek in Bawa village in Tha Rua subdistrict of Nakhon Phanom province’s Tha Rua district, the Chao-bon in Nam Lat village in Yang Klak subdistrict, Thep
Wisdom of health care

The eating of Northeasterners is regarded as the culture of health care, i.e. eating for disease prevention and healing (Usa Klinhom et al., 2005 B). For example, in the dry season, they like to eat food with a sour-astringent taste such as alahng-bark spicy salad (tam plueak alahng: Peltophorum dasyrachis), made from scraped soft inner part of the bark (looking like chopped cucumber fibres) pounded with sour red ants, to get fresh in the warm climate and the alahng’s astringent taste helps prevent diarrhoea.

Wongsathit Chuakul and colleagues (2000) states that there are some medicinal herbs widely used in the Northeast but not appearing in any Central Region’s textbook of Thai traditional medicine such as ya-huakhoh; hua-khonkratae, commonly known in the Central Region as la-khonkhok (Prema nana Coll. et Hemsl.) or the use of water with steeped earthworm for mixing herbal medicine. Such practices reflect the fact that Northeasterners have got their own wisdom for self-healthcare.

Many ancient monuments in the Northeast are good historic evidence showing the health-care practices among people in the region with the influence of Indian culture during the period 657–1057. Later, when the Khmer ruled the region during 1057–1257, the Khmer influence spread to the Northeast together with their health-care system that was different from the indigenous system such as the building of hospitals (arokayasala) along with religious places, for example Prangku Ban Khwao in Maha Sarakham province. Surveys of almost all hospitals (arokayasala) have found locally called “saisoo” trees (Capparis siamensis Kurz), small-size trees used in northeastern drug formulas against “khai mahkmai,” “khai ok pandam pandaeng,” or “khai pitmahkmai”. Besides, it has been found that Northeastern indigenous medicine does not use the four-element (tart) theory for diagnosis like that in the Central Region of Thai traditional medicine; and their diseases have their own specific names, classified by various symptoms, such as khai mahkmai, mahkman, longkaeo, rokwad, pradong, kaboon, sarabahd or pahk (Usa Klinhom, 2009).
As for some medicinal plants that are not available or hard to find in Thailand, other kinds of local plants may be used instead. For example, jandaeng as per Indian drug formula means a perennial plant in the same group as pradoo (Pterocarpus santalinus L.) or lueadmangkorn (Dracaena cochinchinensis, Dracaena cambodiana) of China; there is no such a tree in Thailand, red fungi growing on janpha trees were used instead since, according to property analysis, they have similar medicinal properties (http://herbclubs.blogspot.com/ and http://www.natureproducts.net/Medicine/Dai_medicine/dragon_blood.html).

**Khai mahkmai**

*Khai mahkmai* is a kind of illness commonly found during the transitional period of seasonal change. According to palm-leaf manuscripts found in Buddhist monasteries and Preecha Pinthong (1993), khai mahkmai is categorized into 46 kinds/symptoms such as:

- **Khai ok-hueadfai**: illness with back/waist pain, and heat sensation on the body
- **Khai hueadjom**: illness with no feelings of anxiety and no thirst, but still wanting to eat and drink, feeling drowsy
- **Khai ok-kaed-haed**: illness with body pain like having been hit by someone else
- **Khai ok-ngao-fak**: illness with feverish feelings but the body is cool
- **Khai siadfai**: illness with uneven fever, high-feverish feelings from the chest to the head, but moderate fever from the waist to toe-tips with reddish body

Besides, different ethnic groups will have their own health-care identity. For example, Tai-dam people normally grow *wahn phi-nai*, a ginger-like plant, in front of their houses so that the aromatic oil from the plant rhizome will help repel rats and insects away. In the case of skin allergies, commonly called “munman” in the Northeast, each community has their own healing method. For example, the Lao ethnic group will heal it by bathing with water boiled with *lebngueak* plant (*Tephrosia purpurea* Pers. Mill.), while the Khmer will use the water boiled with nahn leaves (*Blumea balsamifera* (L.) DC.) together with *som-poi* leaves (*Acacia concinna* (Willd.) DC.), and the Phu-tai will use maiyarahb plant (*Mimosa pudica* L.) for such a purpose. But in the Central Region, betel (*phlu*) leaves will be pounded with white liquor for applying on the affected area.
Health care among Northeasterners is undertaken in a holistic manner, chiefly consistent with nature as per the proverb saying “do for living and do for eating” or “eat rice as staple food, eating vegetables as medicine, and eat fish as food”, which shows that they give importance to eating to gain energy to work and to survive, paying no attention to the appearance of the food. Thus, their health care is related to eating and living that is consistent with seasonal changes, so as to adjust the body’s internal balance according to the external environment. Health care is based on the self-reliance principles, and then, if unable to help themselves, they will turn to the medicinal healer within or outside the community; such an approach is still practised in rural communities. So, their framework of health care is comprised of two parts: self-reliant health care and other-reliant health care. The factors related to self-reliance include food and household landscaping using the knowledge passed on from previous generations within the family, whereas other-reliant care is provided by indigenous healers with herbal medicines and ritual therapy as well as state health-care facilities as shown in Figure 5.1.

Figure 5.1 Health-care system for Northeasterners and relevant factors
Northeastern drug textbooks and formulas

As the Northeast is a word-of-mouth (*mukkha-patha*) society, the transmission of knowledge in the past was done through word of mouth, rather than written document. Thawat Punnotok (2003) reported that, in the old days, northeastern Thailand and Laos began using alphabets for writing the Northeastern (Isan) language or Thai-Lao language in the 15th century. Even though there was written recording, such a practice was done mostly (over 90%) in the Buddhist monks’ community since the teaching/learning was held in monasteries only and the recording was done in Dhamma and Tai-noi alphabets on palm-leaf books.

The recording and preparation of textbooks began with learning through various channels, from learned persons or teachers, or self-study (reading textbooks or self-experimentation); and then what had been learned would be synthesized as knowledge to be recorded or prepared as textbook, for either the recorder’s benefit or the preservation of knowledge. The recording could be done in various forms such as written form or painting as illustrated in Figure 5.2.
Figure 5.2 Concepts used in preparing Northeastern indigenous medicine textbooks
Ethnic groups coming in to live in the Northeast had different cultures and languages and can be divided into two major groups: Khmer and Lao ethnicities.

The ethnic Khmer live in the southern part of the Northeast (Isan Tai), comprising Surin, Si Sa Ket and Buri Ram provinces and having the same origin as those living in present-day Cambodia. This ethnic group uses spoken and written Khmer language. The recording of drug formulas of this ethnic group was found in Thailand as stone inscription (5 stones), created in around 1177–1217, during the reign of King Jayavarman VII. The five stones are:

1. Prasat Ta Muen Toj Stone Inscription in Surin province
2. Surin Stone Inscription in Surin province
3. Prasat Stone Inscription in Surin province
4. Danprakham Stone Inscription in Buri Ram province
5. Phimai Stone Inscription in Nakhon Ratchasima province

The five stone inscriptions had the same recording principles consisting of the description of characteristics of each locality such as the number of personnel. Each stone has four sides:

- Side 1: Announcement on the establishment of the hospital
- Side 2: Description of the history of the establishment of the hospital in each locality
- Side 3: Description of rituals, worship offerings and drug formulas
- Side 4: Prayers for the king and the Buddha

As for the Lao ethnicity, in the past in addition to have their own spoken language, they also had written language called Dhamma and Tai-noi characters. Recording of various stories in such characters was different from that in other systems, i.e. there was no descriptive recording or local history. Recording on palm-leaf books in Dhamma and Tai-noi characters was mostly done in two features as follows:

1. Recording on 50-cm long palm leaves was the recording or transcribing of Buddhist scriptures (Tripitaka) for worshiping the Buddha all in Dhamma characters as they were highly revered items.
2. Recording on shorter palm leaves (approx. 20 cm long), locally called “short book”, or “nangsue kom” or “nangsue khongchai” (Ekkavit Na Thalang, 2001), mostly dealing with practice guidelines and methods for living a good life. The short books were regarded as sacred items and had to be stored on an altar; and they were recorded in both Dhamma and Tai-noi characters (Supon Somjitsripanya, 1993) and were classified into eight types as follows:

1. Customs and traditions such as 12 traditions for 12 months and 14 moral principles or ways of life (heed sipsong khong sipsee), and practice guide for son/daughter-in-laws, etc.

2. Beliefs and rituals such as incantations, prayers, morale boosting, ill-fortune dispelling (sa-doh-kroh), auspicious number determination (kahnthaeksok), new house warming, etc.

3. Governance such as laws, teachings, social etiquette, etc.

4. Agriculture (previously called “economy”) such as rice farming, farming initiation (raek-rai raek-na), first rain and farming preparation (ja-khai-pratu-nam), rice celebration (su-khwan-khao) and buffalo celebration (su-khwan-khwai), etc.

5. Medical treatment includes drug formulary, incantation, etc.

6. Poetry on teachings (previously called “love”) such as sayings/proverbs (phaya), love messages, ancient poem “unerasable” (lueb-bo-soon), unthinkable/unhopeable (sutthi-kid sutthi-ao), preaching poem, etc.

7. Folk tales such as Wetsandon poems, The Four Jampak Trees (Jampa Si Ton), Little Orphaned Ghost (Kampra Phi-noi), etc

8. Other technical matters such as arithmetic, abacus formula, etc.

Recording on palm leaves was based on the principle of page numbering, i.e. 1 phook of 12 leaves (24 pages for recording); but for recording drug formulary, there is no restriction as seen in the case of drug formularies collected by the Northeastern Palm Leaves (Bai Lahn) Conservation Project of Mahasarakham University (Veena Veesapen et al., 2005), each of the books has different numbers of pages. For example, the Wat Mongkol Thepprasit Drug Formulary No. 1 of Ban Non Sang, Nong Bon subdistrict, Kosum Phisai district, Maha Sarakham province has 13 leaves (26 pages), recorded in Dhamma script and the Wat Amphanaram Drug Formulary No. 2 of Ban Nong Ko, Phaeng subdistrict, Kosum Phisai district, Maha Sarakham province has 21 leaves (41 pages), recorded in Tai-noi script.
Recording or inscribing on palm leaves is regarded as the practice of Buddha worshipping. So, it was believed that recording drug formulas on palm leaves would have a similar connotation and they have been transcribed from previous manuscripts in the same manner as that for Buddhist scriptures (Tripitaka).

In conclusion, most of the recording of drug formularies was undertaken in Buddhist monasteries, but those outside the monasteries or private ones were mostly done by the persons who had been in the monkhood before. After resignation from the monkhood, they got married and had a chance to practise traditional medicine, or having gained the knowledge from someone else, they would record the formulary for their own use. Such recording or preparation of indigenous medicine textbook is summarized in Figure 5.3.

**Figure 5.3** Diagram of the preparation of palm-leaf textbooks on Thai drug formulas

- **Knowledge from teachers or other learned persons**
- **Inscribing on palm leaves by healer No. 1**
- **Use in real life/improve/research by oneself**
  - Pass on knowledge verbally
  - Translation/revision/analysis/synthesis by someone else
  - Sale/distribution
- **Giving to children**
- **Giving to monasteries**
- **Inscribing on palm leaves by healer Nos. 2, 3, 4, ...**

Someone undertakes scientific research and development
<table>
<thead>
<tr>
<th>Location</th>
<th>Number of Books</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug textbooks and formularies collected at Mahasarakham University</td>
<td>163 phooks</td>
</tr>
<tr>
<td>Drug textbooks and formularies collected at Mahasarakham Rajabhat University</td>
<td>100 phooks</td>
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<tr>
<td>Drug textbooks and formularies collected at Sakon Nakhon Rajabhat University</td>
<td>50 phooks</td>
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<tr>
<td>Drug textbooks and formularies collected at Ubon Ratchathani Rajabhat University</td>
<td>150 phooks</td>
</tr>
<tr>
<td>Drug textbooks and formularies collected at Udon Thai Provincial Public Health Office</td>
<td>55 phooks</td>
</tr>
</tbody>
</table>

**Disease aetiology, diagnosis and treatment in the Northeastern medical system**

Even though the Northeastern or Isan indigenous medicine is not based on the four-element (*tart*) diagnosis principle, most Isan indigenous healers have gained such experiences while being in the monkhood before. So, they have gained the knowledge by studying the *Tart-kha-tha* part of the Tripitaka (Buddhist scriptures) at the level similar to Thai traditional medicine practitioners, i.e. diseases are caused by the imbalances of elements (*tarts*) in the body, good health is the result of the balanced nature of such elements, both material and non-material. Whenever, there is an imbalance of elements in the body, an illness will occur. The material elements are earth, water, wind (air) and fire.

1. Things that are solid are earth elements (*tart din*) such as hair, body hair, nail, teeth, skin, flesh, bones, tendons, bone tissues.

2. Things that are soft and fluid are regarded as water elements (*tart nam*).

3. Things that flow to and fro are regarded as wind elements (*tart nam*) such as upward-blowing wind, downward-blowing wind, abdominal wind, intestinal wind, wind blowing to and fro, breath wind.

4. Things that warm the body are regarded as fire elements (*tart fai*) such as warming fire, deteriorating fire, restless-causing fire, food-burning/digesting fire.
Non-material elements are four things that cannot be seen with the naked eye, namely sensation (*vedana*), perception (*sanna*), mental properties (*sankhara*), and consciousness (*vinnana*). When all the four material elements and non-material elements are combined, a human being is presumably formed. Thus, in the Oriental health-care system, the diagnosis of the material and non-material health has to be performed simultaneously. If any element or part is abnormal, the body will be abnormal too. So, the medical treatment has to be comprised of two parts: treating the non-material part with rituals and treating the physical or material part chiefly with herbal medicine.

Usa Klinhom and colleagues (2009) reports that when the body is ill and self-care is inefficacious, the help of an indigenous healer is needed. In the past, it was understood that the indigenous healing method was unsystematic, which is different from the modern medical system, because Isan indigenous medicine had no records of what were the symptoms of a particular disease; so, diagnosis could not be made as to what the disease would be if there were such symptoms. But the 2006-08 study has found that, in the Isan indigenous medicine system, as many as 152 diseases/symptoms have been documented; and clarifications can be made as to what are the causes and symptoms of certain illnesses.

In the treatment of certain diseases with herbal medicine, some drug formulas require that a ritual be performed such as using an incantation and observing the suitable day and time for collecting the herbs. According to Usa Klinhom’s report (2009), the incantation for each drug is prepared for two purposes: using as a tool for enhancing will power and faith in the drug and using as a tool for determining the drug dosage, whereas the day and time for drug collection are related to the temperatures, sunlight and stars that may affect the amount of water and active ingredients contained in the herb. The rituals for treating non-material part are numerous; some rituals are similar but are called differently, depending on ethnicity. For example, for an undiagnosable disease, no matter what the causes are, music therapy is normally provided; the therapy is called “yao” in the Phu Thai (*Phutai*) ethnic group, “phi fa” in the Lao ethnic group, and “jol-ma-nuad” in the Khmer ethnic group.
Types of indigenous healers

According to a study conducted by Phit Saensak and Wiwat Sriwicha (2007), indigenous medicine practitioners or healers are divided into two types as follows:

1. Indigenous healers, who treat illnesses caused by the changes of seasons or stars, violating tradition, being offensive to the spirits (phitphi), committing a sin (phit-kam), or offending a supernatural being, namely incantation healers (moh mon) [holy-water healers (moh nammon), or blowing healers (moh pao)], Brahmin healers, soul healers or morale-boosting healers (moh soot or moh khwan), exorcists (moh tham), ill-fortune dispellers (moh sa-doh-kroh), phi-fa music ritual healers (mohlam phi-fa), spirit-medium music healers (mohlam song), meditation healers (moh song, examining the symptoms by focus-meditation), and moh tamra (a healer who has learned only from textbooks).

2. Indigenous healers, who treat illnesses caused by incorrect behaviours and accidents, namely herbal healers, oil healers, moh yao, mohlam song, traditional midwives, oil-pricking healers (moh sak namman), bone-disease healers, massage healers (moh sen or moh nuad), and moh lukklai.

Methods for physical examination and diagnosis

Generally, the examination and diagnosis methods are the following:

1. Examine the eyes and see whether there are any abnormal signs or symptoms as a certain disease may present some eye symptoms such as jaundice and liver diseases.

2. Examine the tongue and see whether there are any nodules, pustules or abnormalities as some diseases may show some signs on the tongue.

3. Palpate and check whether the body temperature is abnormal or not.

4. Perform an abdominal percussion and listen if there are any abnormalities.

5. Take the pulse and see whether there is any irregular sign.

6. Ask the patient about his/her normal and abnormal symptoms such as eating, excretion, fatigue, and mental conditions.
7. Place the hand near the patient’s nose to see whether the exhaling air is warm or cold and if that is abnormal.

8. Blow cigarette smoke near the patient’s nose and ask the patient what kind of smoke it is.

9. Examine the body to see whether there are any nodules, pustules, or rashes.

10. Observe the patient and see whether he/she has insomnia, is deeply asleep, never wakes up, or feels drowsy all the times.

11. In an undiagnosable case, the symptoms will be hidden inside the body and nobody can notice them, the healer will rub a kind of herbal medicine called “ya thang khai” for the patient to take (after taking the drug, the patient’s symptoms, even those induced by a supernatural spirit, will appear); and then the healer will know what the disease is and a proper treatment can be given. Ya thang khai is comprised of haen-thamthan (*Grammatophyllum speciosum* Blume), haen-jong-ahng (*Strychnos rupicola* Pierre ex Dop.), haen-pla-kang (*Homalomena* sp.), and ya-nang-daeng (*Bauhinia strychnifolia* Craib) (the drug formula of Grandpa Thongdee Pongsuthi).

**Kha-lam (prohibitions) for patients**

In taking care of Northeasterner’s health, in addition to following the steps mentioned above, there are a number of kha-lam, or prohibitions, in practice to avoid being ill or becoming more seriously ill. *Kha-lam* is a word in the Northeastern dialect meaning a prohibition against doing something. There are several items of kha-lam in health such as kha-lam related to diseases, meaning that if a person has a disease, he/she cannot eat certain kinds of food (see Example 1), or he/she will not be allowed to live in a forbidden environment. For an item of kha-lam related the household's surroundings, if the householder does not follow it, someone there will be sick (see Example 2).
Example 1

1. For a woman who just gave birth, do not eat black sticky rice (khao kam or khao niao dam) and the meat of a white buffalo.

2. For a pregnant woman, do not eat algae “thao” (Spirogyra sp.)

3. For children, do not eat duck’s eggs, otherwise they will have “sahng” (feverish feeling with eye secretions and nasal mucus).

4. For elderly persons, do not eat kluai-som, a variety of banana (Musa of ABB group), which is ripe or extremely ripe as it will cause flatulence.

5. For a person with a wound, do not eat raw fermented fish (pla-daek-dip).

6. Do not eat mahk-lin-fa or phe-ka (Oroxylum indicum) together with silk worms as it will be fatally poisonous.

7. Do not eat rabbit’s meat together with Vietnamese coriander, or phak-phaeo (Polygonum odoratum Lour), as it will be fatally poisonous.

Example 2

1. Do not grow khae-na (Dolichandrone serrulata) near the house as it has a lot of pollens, which might cause allergies.

2. Do not get close to flowers of khruea-khao-kahd (Mucuna sp.) and man-ilumpumpao (Dioscorea bulbifera L.); they will cause a cold as their pollens are allergens.

According to a study conducted by Usa Klinhom (2009), some parts of the knowledge of the drug formulary are missing from the current practices of Isan indigenous medicine such as the symptoms of khai mahkmai, whose minor symptoms (e.g. rashes, or ok-hueadjom, ok-toom) are not given attention to by indigenous healers. Actually, such knowledge is contained in the textbook, but it is no longer used in making any diagnosis. Thus, there is an immediate need to compile, analyze and synthesize such knowledge or information in order to revive and protect it.
In conclusion, health care according to the Isan indigenous medicine wisdom is both mental and physical care. The body with a sound mind (good mental status) will be able to rehabilitate itself to a certain extent; upon receiving herbal medicine to heal the abnormal part, the treatment process will be more efficacious. But with the missing of such parts of the knowledge and the lack of continuity in knowledge transmission, the wisdom of Isan indigenous medicine now deals only with the care for chronic diseases that cannot be cured with modern medicine.

The revised health-care system

In 1997, the Ministry of Public Health began to revive and promote the system of Thai traditional medicine; and its trends have widely spread across the country involving the teaching/learning and examinations to get a licence as a practitioner of healing arts as well as the application of indigenous medicine in combination with Thai traditional medicine. It is apparent that in some localities, indigenous healers have applied the principle of elements (tart) in their diagnostic process. In some higher education institutions, courses or curriculums on indigenous medicine and Thai traditional medicine have been offered. As a result, indigenous medicine has been adopted for treating some symptoms (khai mahkmai, spider bite, and yao healing ritual) at some health-care facilities such as some health centres in Kalasin province, Khao Wong Hospital in Kalasin, Waritchaphum Hospital in Sakon Nakhon province, Kae Dam Hospital in Maha Sarakham province, and Prasat Hospital in Surin province. In some regions, local government organizations (LGOs) are also involved in organizing community health care together with indigenous healers, providing a place for the healers to render services to local residents. Such places are, for example, Nong Saeng Tambon (Subdistrict) Administrative Organization (TAO) in Maha Sarakham’s Kae Dam district and several TAOs in Udon Thani province. This has shown that the integration of knowledge and creation of service system using the potential of indigenous healers have begun, making them more confident in transferring the tacit knowledge to other people of younger generation.
Introduction

The existence of diverse local wisdom (traditional knowledge) changes according to social development trends. Local wisdom has been created in close association with ethnicity, language, culture, lifestyle, and world view, or the method of giving importance and defining numerous things around humans.

Diversity of ethnic groups: diversity of wisdom

The Central Region is one of the regions with complex and diverse language and ethnic groups in Thailand. For a long time the Region of 27 provinces covering fertile river basins has been the area of civilization and one of the major centres of significant political and economic powers in Southeast Asia. It has as many as 25 ethnic and language groups, according to a study conducted by Suwilai Premsrirat and colleagues (2004).

The Central Region is divided into the East Central Region, the West Central Region and the central area of the Region. The East Central Region comprises Sa Kaeo, Prachin Buri, Chachoengsao, Chon Buri, Rayong, Chanthaburi, and Trat provinces; and its language and ethnic groups are similar and connected to the lower Northeast and Cambodia, including Khmer-Thai (Kha-men-thin-thai), Kui-Kuai, Korat-Thai, as well as Chong, Kachong, Sam-re, Lao-Isan, and Yoh that migrated from the upper Northeast. In the West Central Region, bordering Myanmar and the South of Thailand, there are Kanchanaburi, Ratchaburi, Suphan Buri, Nakhon Pathom, Lop Buri, Phetchaburi, and Prachuap Khiri Khan provinces; the Region’s
language and ethnic groups connected to Myanmar include, for example, Burmese, Karen, Mon, Lawa (Gong). For the provinces in the centre of the Central Region, namely Ayutthaya, Sing Buri, Ang Thong, Pathum Thani, Nonthaburi, Nakhon Nayok, Samut Prakan, Samut Sakhon, Samut Songkhram, Nakhon Sawan, and Chainat, there are many ethnic Lao groups, whose ancestors were mostly forced to move from Laos during the early period of the Rattanakosin Era. And there are other language groups such as Thai-yuan that migrated from Chiang Saen. Bangkok Metropolis is essentially the melting pot of all ethnicities and languages. However, despite having their own ethnic languages and cultures, all ethnic groups in the Central Region have had much of the influence of the central Thailand’s culture and language; most of them are Buddhist and can speak the central Thai language in addition to their own ethnic languages. It is noteworthy that, at present, only elderly persons still speak their ethnic languages and observe the ancient cultures.

Thus, the diversity of the aforementioned ethnicities of indigenous communities has helped us better understand why it is found that rural and urban communities in the Central Region, even in Bangkok, still have indigenous health care despite having modern amenities and being near the centre of political power and medical services.

Central-region indigenous medicine: The dynamics of health-care wisdom

Indigenous medicine as defined in the 2009 Statue on National Health System is “health care which is based on knowledge accumulated, transferred, and developed over time specific to and corresponding with the local community’s culture, customs, traditions, and the resources of the community, and is accepted by the said community”.

It has been found that there are systems and records of drug formulary as well as textbooks of indigenous medicine in the Central Region, including those of ethnic groups, which have been in use for health care in the popular sector.
Situations related to central-region local health wisdom

The well-known and important situations related to the local wisdom of central-region health care are the following:

1. Technical and research movement

For the case of local wisdom related to local or native food in the Central Region, a study conducted by Paneepan Chatampaiwong and colleagues (2001) reveals that, since ancient times, villagers normally eat local food in accordance with their eco-cultural systems or the natural sources of food. Old villagers can cook and know more about local food than young people; so, there is a lack of transfer of local food preparation and consumption habits to youths.

*Thai medicine textbooks by Venerable Luangpu Suk of Wat Makhathao in Chainat province.* A review by the Chainat Provincial Public Health Office and DTAM’s Thai Indigenous Medicine Bureau reveals that the Venerable’s drug formulary was transmitted to 10 groups of disciples, only 3 of which could provide the information, including a textbook on point-pressing for healing illnesses; a textbooks on herbal drug formulas and drug preparations [blood tonics, anti-fainting drug *(ya-lom)*, women’s tonic *(ya-satree)*, children’s tonic *(ya-sahng)*, elixir *(ya-ayuwattana)*, hand and nerve remedy *(ya-raksa mue-tai and sen-tai)*, skin disease remedy *(ya-pradong)*], and a textbook on deteriorating elements *(tart yon kamroeb)*.

*Treatment for herbicide paraquat poisoning by Moh Boonkong Wongsaisin of Chanthaburi province,* reviewed by Ratchapol Kulsaravuth and Patyawadee Jaengchuea (2004), describing the examination, diagnosis, and treatment with over 30 medicinal herbs and 4 case reports.

*Cancer treatment by Moh Boonkong Wongsaisin of Chanthaburi province,* reviewed by Patyawadee Jaengchuea and colleagues (2004), on diagnosis and 4 steps of cancer treatment, namely detoxification, use of cancer treatment drugs, use of appetite-enhancing drugs, and use of elixirs and the results of treatment of 10 cancer patients.

Knowledge transfer process of indigenous bone healers: A case study of Wat Yukonratsamakki in Phan Thong district, Chon Buri province, reviewed by Napasrapi Yomna (2002). It has been found that there are three steps in the knowledge transfer process, i.e. being a follower of the healer, being a practitioner, and being a skilled healer/practitioner. No time limit can be specified to spend on each step; obtaining skills is dependent on the experience in treating the patients. Normally, the bone healer who will be able to pass on the knowledge to other people must have had three full years of experience and passed the teacher-honouring ceremony (phithi wai khru) at least once.

Diversity of medicinal herbs in the Central Region, reviewed by Pennapa Subcharoen (1997). It has been found that in all 8 forest parks, there are 973 herb species: 286 in Kanchanaburi province and 687 in Rayong and Chanthaburi provinces.

The relationship between folk herbalists and herbal biodiversity in Kanchanaburi province, reviewed by Adoon Vutijurepan (2001). It has been found that folk herbalists define the value of medicinal herbs and biodiversity through three sets of indigenous knowledge: (1) knowledge of characteristics and medicinal uses of herbs, (2) knowledge of how to harvest and use herbal plants and plant parts in a sustainable way; and (3) knowledge of local resources and indigenous ecosystem management.

Folk wisdom: The capacity of Chak Thai community in the protection and utilization for health Care (2009), a community-based action research study conducted by Chak Thai community and local partners in Chak Thai subdistrict in collaboration with the Thai Indigenous Medicine Bureau. The study could gather 50 indigenous healers and learned persons in herbal drugs and indigenous food, 77 herbal drug formulas, 52 syndromes, and 246 commonly used medicinal herbs, and then established the Local Herbs Learning Centre on Chak Thai hill, Khao Khitchakut district, Chanthaburi province.

Worshipping gods and Brahma in the belief system of urban residents: A case study of households on Ngam Wong Wan Road (Nonthaburi province) conducted by Aphapirat Valipodom (1002). The study reveals that having a shrine (sahn) is not related to the social structure of the residents in the area. Establishments and rituals related to shrines are conditional to each individual and household’s beliefs; some do not understand the real meaning of each kind of shrine, but they have got a shrine installed just for their own contentment.
An analytical study of tham khwan texts and rituals of the Thai, Phuan and Khmer ethnic groups in Chachoengsao province, conducted by Suwit Jiensuwan (2003). It was revealed that nowadays two kinds of rituals are performed: (1) tham khwan on life-related events such as tham khwan nak (teaching ritual for a man getting ordained as a Buddhist monk) and tham khwan bao-sao (blessing rituals for the bride and the groom) and (2) than khwan on agricultural events such as tham khwan khao (worshipping the Rice Goddess). The tham khwan rituals have played a significant role in uniting the relations among the three ethnic groups especially in terms of giving encouragements as well as moral and ethical teachings.

The role of Buddhist monks in health care: A case study of Venerable Phrakhrhu Chanthakhunawat of Wat Nam Won in Bang Maduea subdistrict, Mueang district, Pathum Thani province. The study conducted by Phra Maha Thani Nantavisan (2007) reveals that the monk healer (moh phra) treats patients within and outside the village; and the monastery is the place for recuperation of patients with chronic diseases. The factors attributing to patients’ coming for healing are the efficacy of herbal medicines and the healing methods incorporating Buddhism, magic powers and indigenous medicine. Moh phra and the community have close relationship and are supportive of each other; and moh phra is recognized by the villagers.

2. Movements related to teaching/learning and services

by TTM teaching health-care facilities. TTM teaching/learning activities including research as well as interactive learning between students and indigenous healers are provided or offered by the Abhaibhubejhr College of Thai Traditional Medicine of Burapha University in Prachin Buri province; the Applied Thai Traditional Medicine Clinic, Siriraj Hospital; the Faculty of Medicine, Thammasat University; the Faculty of Oriental Medicine, Rangsit University; and Phrapokklao Hospital and Chanthaburi Health Services Network. TTM students also learn indigenous medicine from indigenous healers and undertake clinical practices at hospitals, and then integrate the results of indigenous healing methods with the modern medicine techniques, for example, in treating cirrhosis and psoriasis. The treatment with Thai drugs from indigenous healers and mobile services provided through the health-care network using indigenous medicine are regarded as a service innovation as well as a joint learning process among health personnel.
3. **Movements related to health system reforms** such as the National Health Security System, the National Health System, research and operations promotion institutions in society that affect the formulation of operational projects as well as research on traditional wisdom in health such as the Thai Health Promotion Foundation (ThaiHealth) and the Thai Research Fund (Programme on Community).

The reform and establishments of such organizations are a reinforcing factor for decentralization of local health management, extensively promoting actions related to indigenous medicine and initiating methods for working in line with such wisdom such as community-focused research favourable to the knowledge management of indigenous medicine.

4. **Utilization of indigenous health and medicine wisdom in the popular sector.** According to the Central Registrar’s Office of the Bureau of the Protection of Thai Traditional Medicine Knowledge and Medicinal Plants, as of 13 July 2010, there were 5,200 indigenous healers in the Central Region; all of them should be supported to play a role in health care, through the community participation process, which will lead to sustainable community health system development, based on the self-reliance and sufficiency health approach.

**Knowledge and potential of indigenous wisdom in health and indigenous medicine**

Indigenous knowledge and wisdom is the significant foundation for continuously learning, transmitting and accumulating experiences in health care in the ethnic groups until it has become the patterns of life and culture with local specificity and consistent with community’s ecosystem.

According to a study of Saowanee Kulsomboon, Rujinat Atasit ad colleagues, the knowledge of indigenous medicine can be classified into two major groups as follows:

1. **Indigenous health wisdom** including the wisdom in natural/indigenous food, use of herbal drugs for people, and health care for pregnant and postpartum women.
2. **Indigenous medicine wisdom** including the experiential indigenous medicine such as textbook and drug formulary compilation, indigenous massage, local medicinal plants, indigenous herbalists, ethnic medicine, and ritual/religious indigenous medicine such as ritual healers (moh phithi-kam) and soul healers or morale-boosting healers (moh su-khwan).

The wisdom of indigenous health care and indigenous medicine is capable of providing health care in three aspects as follows:

1. **Indigenous system of health/wellness** including the wisdom of natural and indigenous food, use of medicinal herbs as elixirs (ya bamrung), and use of local vegetables and food.

2. **Indigenous self-care** including the use of herbal drugs among the people for treatment when ill such as using boiled herbal drugs for healing/relieving back pain, body pain, and internal heat, and for improving health of pregnant/postpartum women.

3. **Indigenous medicine** including health care when ill, especially medical treatment by an experienced indigenous healer such as a herbalist, a massage healer, and a ritual healer.

According to the diagram shown in Figure 5.4, it is obvious that we may not study and choose for promotion and utilization of only the treatment techniques of indigenous medicine, the wisdom of indigenous medicine that will be further developed for utilization requires revival and development in a systematic manner using relevant factors, namely (1) indigenous medicine wisdom, (2) community’s social relations, (3) local forests and ecosystems, (4) status of knowledge of indigenous medicine, and (5) utilization through promotion and development of health-care system using indigenous medicine. Regarding the utilization to be undertaken in a systematic and sustainable manner, it requires three important aspects of operational process, i.e. (8) recognition of the rights of indigenous healers, (9) knowledge management, and (10) process for knowledge transmission and creation of learning process, all of which are to be carried out at the community level and through the integration in primary care as well as the promotion and development for extended utilization (11).
Figure 5.4 Relations between indigenous medicine wisdom and development of its utilization

1. Wisdom of indigenous medicine
   - Indigenous wisdom of health

2. Community’s social relations
   - Tradition
   - Culture
   - Indigenous healers
   - Local learned persons in various disciplines
   - Process of learning and wisdom transmission

3. Forests and local ecosystems

4. Status of knowledge of indigenous medicine
   - Experiential indigenous medicine
   - Ritual/religious indigenous medicine

5. Utilization
   - Promotion and development of health-care system using indigenous medicine

6. Referral system

7. Integration in primary care

8. Recognition of indigenous healers’ rights

9. Knowledge management

10. Knowledge transmission and learning process

11. Promotion and development of extended utilization
   - Research and development – routine to research
   - Community-based action research
   - Research on extended effectiveness and efficiency

Community self-care
Guidelines for promotion and development of health-care system with indigenous medicine

1. Study, compile, and manage the knowledge of indigenous medicine for evaluation and certification of knowledge and capability in accordance with Section 33(1)(C) of the Practice of the Art of Healing Act, B.E. 2542 (1999).

2. Promote and integrate indigenous medicine into the health-care system focusing on the selection and revival of certain kinds or systems of indigenous medicine with high potential for synthesizing lessons and using as a working model.

3. Promote and develop networks/organizations and groups of indigenous healers to join forces with each other in developing the process of health care so that it is evidently of good quality based on the knowledge gained from actual practice and in controlling their own ethics.

4. Develop the indigenous medicine system for inclusion in the health insurance system, possibly as an entire indigenous health-care system and disbursement in the community health-care system.

5. Encourage communities to create a mechanism for consumer protection in indigenous medical services.

6. Promote and devise guidelines for evaluation and certification of the right of indigenous healers through community participation and partnerships.

Conclusions

Indigenous medicine of the Central Region exists in the eco-geological areas near cities that have been progressing towards materialistic prosperity including modern Western medical systems, as evident in the aforementioned situations of research and phenomena that are regarded as social operations. Even though naturally indigenous medicine has adapted itself to the ever changing situations, the roots of philosophy based on the holistic health care have to be linked to all other things in specific contexts. Thus, the development and promotion for utilization have to rely on the holistic view and concept, considering the relationship of development efforts in the entire support system for sustainable development.
Not all details of Southern indigenous medicine can be described in this report as the system is rather complex with a lot of components in a vast area despite the region being narrower than other regions of the country. Thus, only some aspects will be presented.

The inception and transmission of indigenous medicine

In southern Thailand, the events related to the inception of indigenous medicine can be divided into two broad parts as follows:

**Part One:** In the southern border areas of Pattani, Yala, Narathiwat, and Satun provinces and some districts of Songkhla province, most of their residents are Muslims. Islam has the requirements for health care prescribed in the Koran, thus having an influence on Muslims’ concept and process of health care. Besides, in most parts of the three provinces of Pattani, Yala and Narathiwat, the people live in Malay-Muslim culture and speak local Malay dialect; the areas have had conflicts between local residents and the State. Such a situation has resulted in a special feature for creating the wisdom of health care for local residents.

**Part Two:** Generally, the cultures throughout the South are similar and the knowledge can be transmitted all over the place.
General areas in the South

Indigenous healers in the South generally originated in a manner similar to those in other regions of the country and can be divided into two major groups:

1) Temple-trained indigenous healers

As temples or Buddhist monasteries are located everywhere in every province across the Southern Region, most of them are the places for studying/learning indigenous medicine. Some more famous temples will produce indigenous healers who live all over the region. Among them, no other temples would be more famous than Wat Khao Hor (khao-or) in Phatthalung province, as in addition to being well-known, its trained indigenous healers are scattered in every province in the South.

Wat Khao Hor, an old temple established in 1108 (B.E. 1651), is located in Makok Nuea subdistrict, Khuan Khanun district, Phatthalung province. It is renowned for teaching supernatural arts and magic incantation (wetmon and kha-tha-akhkhom). Although the temple is commonly known is this aspect, it actually has many valuable textbooks of indigenous medicine and has continuously transmitted such knowledge to its disciples. The textbooks mostly deal with herbal drugs of several formulas for all kinds of illnesses. The most famous formula is the one that causes invulnerability (khongkraphan chatri), comprising medicinal herbs and incantation (kha-tha); the well-known procedure is soaking in propitious plant water (nam-wahn) and eating propitious plants’ rhizomes (wahn), eating black sticky rice with holy sesame oil (kin niao kin man) prepared with about 100 herbs. The learners can choose to learn anything as they like and as much as they can, either at the temple or from the temple’s textbooks.

The transmission of the knowledge is undertaken not only to individual learners but also through other temples that serve as branches or representatives of Wat Khao Hor such as Wat Ban Suan of Khuan Khanun district. Besides, other temples, famous for indigenous medicine, also appreciate the contributions Wat Khao Hor has made to Southern indigenous medicine such as Wat Khao Daeng Ok and Wat Prajimthisaram (Wat Jentok).
In addition to teaching/producing indigenous healers, Wat Khao Hor also plays a significant role in urging Buddhist monks to seek the knowledge of indigenous medicine because, in the past, monks would be asked by the people for help when they got sick as there were no other health services in such locality. Being in the monkhood in the old days, monks’ important morality is helping villagers; when they are knowledgeable about indigenous medicine, they can give much help to the villagers. So, a lot of monks try to learn by themselves or seek additional knowledge up to the level that they can provide health care to the people. When they continue being in the monkhood, they could use their skills in helping the people; and after leaving the monkhood, they can also use the gained knowledge and experience in providing health care to the people.

**Moh Kaew Meepuakmak** (Thai Buri subdistrict, Tha Sala district, Nakhon Si Thammarat province; if being alive, he would have been 91 years old) was a herbalist widely well-known and accepted by the people. As his father and uncle were both indigenous healers (having learned from his grandfather), Moh Kaew had a chance to learn indigenous medicine by observing and helping his father and uncle in collecting medicinal herbs, and accompanying his father in providing medical care to the patients as well as getting advice from both of them on the herb properties. But he had no intention of becoming a healer and his father did not force him to do so; thus, he lived a normal life until he entered the monkhood and attended a Dhamma class, coupled with the thinking of monks in the old days to help sick villagers, Moh Kaew had an idea that he should use his knowledge of indigenous medicine to help the villagers. So, Moh Kaew decided to review the knowledge he had gained from his father and uncle; and he also bought some textbooks of traditional medicine (*Tamra Phaetsart Songkroh*) for further study. So the life as a healer of Moh Kaew began when he was a monk at that time.

**Moh Lek Thonkaen** (age 83, having hometown in Nakhon Si Thammarat province and later moving to open a drugstore in Po Seng subdistrict, Mueang district, Yala province) was firstly involved in indigenous healing when he was a monk (at age 21) in Nakhon Si Thammarat (his uncle was a healer, but from whom he did not study anything). At that time, there were jaundice patients with yellow skin, eyes and urine; having no where to turn to, the villagers would go to a temple which had no one as a healer to help them. Wishing to help the villagers, as a monk, based on his study from a drug formula book he bought, Moh Lek tried boiling herbal drugs for the patients to take and found them efficacious. Since then he tried to study more from the drug formula book to help the villagers.
Venerable Phrakhru Wuthithammasan, or Thanphor Pong, (dead, 1991) of Wat Phromlok, Phrom Khiri district, Nakhon Si Thammarat province, was able to prepare many herbal drug formulas for curing snake poisonings with excellent outcomes until he was generally well-known. Initially, what inspired him to experiment on anti-venomous herbal drugs was the intent as a monk to heal people with illnesses. In the area where the monk resided, there were many venomous snakes and many people died from snakebites as it was hard for them to go to hospital; and often times the hospital’s treatment was ineffective. As the monk wished to help the people, he tried to seek and experiment with anti-venomous herbs as mentioned earlier. While being in the monkhood, it was undeniable that providing curative care in the temple had enhanced people’s confidence and faith in the monk as a healer.

2) Ancestor-trained indigenous healers

This group of indigenous healers have got their knowledge transmitted from their ancestors according to the local traditions, especially in the family that has children or grandchildren to preserve the medical practices, willingly and unwillingly. For the case of willing transmission, the knowledge is passed on from the father, grandfather or close relative to children learning through being a helper and gradually accumulating the knowledge and experience.

Moh Somnuek (dead, 2008), a famous snakebite healer (moh ngoo) of Wat Phromlok, Phrom Khiri district, Nakhon Si Thammarat province, was able to cure all kinds of snake poisoning using several herbal drugs and procedures such as drinking boiled drug, plastering with herbs, soaking the wound in liquid drug, or covering the shaved head with drug. The healer had gained the knowledge of snakebite healing from Venerable Phrakhru Wuthithammasan, or Thanphor Pong, who was his elder brother, by helping him with the healing process. After the demise of Thanphor Pong, Moh Somnuek took over the snakebite healing practices.

Moh Taeng, or Moh Phayom (age 54), living in village no. 4 of Krathun subdistrict, Phipun district, Nakhon Si Thammarat province, is a healer with expertise in healing children’s illnesses such as malnutrition (rok sahng or rok tahn) using more than 50 kinds of medicinal herbs. So, his treatment is highly efficacious. His knowledge has been obtained from his father-in-law who was an indigenous paediatrician. At present, Moh Taeng is still practising indigenous medicine and there are a lot of patients coming to see him.
For those who were unwilling to be a healer, the unwilling knowledge transmission occurred when the healer had no children to take on such practices as it was a hard job, but the income was insufficient to feed the family. So, the children of a certain healer’s family did not want to carry on such an undertaking. For the case of Grandma Soon Buakrod (of Yang Khom subdistrict, Phipun district, Nakhon Si Thammarat province; if alive, she would have been 96 years old), a skilful traditional birth attendant (TBA) who had attended a large number of childbirths, did not initially want to be a TBA because she said: “I wasn’t interested and I didn’t want to do it as it would make me too busy...I wouldn’t be able to do my rice farming. If I planned to plant the rice field on a certain day, I couldn’t do it as I had to attend childbirth...and after that I had to give them some massage, totalling 5 days for each delivery.” Actually, her personality was not suitable to be a TBA as she was a coward person, being scared of ghosts, and sometimes a TBA had to go to attend a delivery at night. But she had to agree to be a TBA because her grandmother who was then 101 years old and had been seriously ill for a long time; and the grandma should have died but she did not as there was no one who would take on the task of being a TBA from her. Having seen her grandma’s suffering and pitying the grandma, she took the grandma’s hand and said: “Come with me, I take this hand; come and live with me. I will do as grandma does, not taking advantage of anybody else.” After having been ill for 2 months, not eating anything, and upon grandma Soon saying such an acceptance to be a TBA, the old grandma asked for some meal; and after eating only a few bites, the old grandma died. So, grandma Soon truly believed that the teacher’s spirit really existed as actually she had not learned any midwifery skills from the old grandma before, and never had she helped any healer with any delivery. “Initially, I was afraid; when I was asked to attend a delivery, it seemed that it was not me.” Grandma Soon could do things skillfully as she said: “Doing as if I were possessed by something.” The grandma believed that it was the healer/teacher who had possessed her and made her do the delivery. Later on, she got an incantation for subduing fire (kha-tha mahb fai) from the healer/teacher telling her while asleep; the incantation helped postpartum mothers lying-in by the fire to stay near it without feeling the heat.
The belief in having a healer/teacher is widespread in the culture of Southern indigenous medicine, i.e. the belief in the fact that, before the ancestor/healer dies, he/she has to identify someone who will take on the task of a healer. And when the descendant has become a healer, the deceased ancestor would always help the healer in caring for the patient. This kind of belief can be rationalized in many ways.

**Southern border provinces**

The southern border provinces have major conditions making indigenous medicine services different from those in the rest of the region. Firstly, the faith in Islam: according the Koran (Qur’an), health care is prescribed in many aspects and the villagers believe that life is up to the Will of God. So, an indigenous healer can exist without any formal training, but one can be a healer as the God desires. Secondly, most villagers speak the local Malay dialect, especially in Pattani, Yala and Narathiwat provinces; and thus they are unable to learn or share the knowledge of indigenous medicine that is transmitted in the Thai language. So, very little can such knowledge from other parts of the South have any influence in such border areas. However, lately as many of the local residents have learned the Thai language, the widespread of indigenous medicine from other localities has become more apparent.

**1. Being an indigenous healer according to the God’s will**

The important belief of Muslims is that life is given by Allah (God); and what the life will be is dependent on the desire of Allah according to His teachings in the Koran and the teachings of the Prophet Muhammad, who founded the religion of Islam. So, indigenous healers arising from the influence of Allah and the Koran can be found all over the place in the southernmost provinces.

However, the Koran has no provisions directly on medical principles, but there are statements about life in several sections; and thus there are no indigenous healers who can practise by studying the Koran, but they can use parts of the Koran. For example, a toe-bi-dae (traditional birth attendant) uses the knowledge mostly passed on from ancestors, not from the Koran.

Besides, it was found that there are some indigenous healers who got the influence of the Koran as per the power of Allah or assigned by Allah, in the dream, to take care of human lives by using the *kha-tha* or incantation in the Koran for healing illnesses.
Mrs. Rokoyor Hateng (Wang Phaya subdistrict, Raman district, Yala province, age 50) learned snakebite treatment methods from a dream. In the dream, she said: “There was a man saying that he lived on a mountain. And the man told her to study a certain paragraph on a certain page in the Koran.” The man also told her to treat snakebite victims by reciting the incantation (kha-tha) three times and then blow the wound; and then recite the same incantation to make holy water for the victim to drink. Making such holy water is more complicated than usual as the man in the dream told her to write a certain kind of symbol in the water. In practice, the symbol cannot be written, so the symbol (in ancient language) has to be written with milled rice while reciting the incantation. So the holy water is called “holy rice water” or nam mon khao sahn. She can use the same incantation for treating all kinds of snakebites.

In some cases, Allah (God) might directly appear in the dream and tell the healer about the drugs as well as how to cure diseases without referring to Koran. For example, Mr. Suemi Luenami (Mueang district, Yala province), who previously was a magic healer (moh saiyasart) and later dreamed that Allah told him about a drug to be used for healing other human illnesses. So, Mr. Suemi has used that drug formula comprising 21 medicinal herbs for treating any kind of illness as a magic-universal drug.

Being healers via holy power dreaming is commonly seen in Muslim communities. Many cases are found to be similar to those in Buddhist communities, i.e. referring to healer/teacher or ancestor’s spirit, especially for the individual healer who previously did not want to take on the healing practice from ancestor, but in the end he/she had to do it as told in the dream by a holy thing or the person believed to be assigned by God.

“There was a man in white dress waking me up and pulling my leg in my dream; that seemed so real. Then after greeting (Salam), the man told me (in Yawi, the local dialect) that I could not stay doing nothing, but I had to help others…. The second night, he came (in the dream) again with white beard saying ‘help others, wake up’….The third night, he came again saying ‘this is the last warning, take it if you want to; if not, I will punish you.’ He said he would punish me.”
2. Being an indigenous healer from learning

In addition to being healers as per the Will of God and gaining the knowledge from Koran, some other healers learned the skills from other sources, the major ones being the ancestors similar to other places when the learning also includes memorizing incantations and the beliefs in animism passed on from previous generations. Such practices are common among Muslim traditional birth attendants (toe-bi-dae), who use incantation when attending a delivery. And some magic healers are found to chiefly use the old beliefs in their healing practices; some use the incantations from Koran together with ancient incantations, but some use on ancient incantations.

Mr. Dorlor Juenor (Ba-ngoei Sinae subdistrict, Yaha district, Yala province) is a magic healer, treating general illnesses for anyone with any disease; his expertise is treating someone affected by black magic or evil spirit (thook-khong, thook-tayai, thook-u-baht). His healing method includes the rituals for dispelling ill fortune or evil spirit (phithi lai khong, lai tayai, lai u-baht) by setting up a ritual tray containing 7-coloured unbleached cloth and 7 candles arranged by the affected family and reciting incantations to invite the healer/teacher to come down and help treat the patient. (He said he actually invited his grandparents’ souls to help, which meant the same as inviting the healer/teacher’s soul, as his father was also a magic healer.) He said the incantation actually belonged to the healer/teacher who possessed him while performing the ritual, and he himself did not know what the incantation was; neither could he recite it.

The illness described as being affected by black magic or evil spirits (thook-khong, thook-tayai, thook-ubaht) and the invitation of grandparents’ souls to help treat the patient are also the beliefs in Buddhist society. That means the causes of illnesses and the healing methods are based on the beliefs in the power of spirit passed on from previous generations. The learning about herbal healing was also found but not much; most healers use uncomplicated herbal drugs together with the incantation taken from Koran or ancestors. For instance, Mr. Nasae Totiyor (Yala subdistrict, Mueang district, Yala province), a snakebite healer for all kinds of snake poisoning, uses the incantation from Koran together with four kinds of medicinal herbs. When a patient comes, he will begin with reciting incantation to call out the venom and keep reciting it repeatedly until all the venom comes out of the wound, or until the patient has no more pain; and then he will cover the wound with the mixed herbal drug.
Lately, more people of younger generation are literate in the Thai language and the government has been trying to disseminate the indigenous medicine principles to such groups of people in various localities, particularly through the non-formal education system. It has been found that many Muslims are interested in learning the healing skills, both among those who have never been healers and the existing healers who want to seek additional knowledge. So, there have been more indigenous healers using herbal medicines. According to a recent survey conducted in Pattani, Narathiwat and Yala provinces, there are quite a lot of herbalists; the number is much larger then before. However, they use both herbal drugs and incantation obtained from old beliefs and the Koran. As for the new herbalists, in addition to using herbal drugs, they will try to seek incantations from the Koran for use in practice so as to preserve the cultural identity of indigenous medicine in their society.

Diversity of physical characteristics and southern indigenous medicine

Besides having cultural diversity resulting in differences in knowledge and health-care methods as mentioned before, the South also has physical diversity leading to such differences. The South is a peninsular with mountain ranges along the land mass from north to south; so it has mountains, rice fields and coastal areas with differences in herbal varieties for indigenous healers to use for health-care purposes; and thus resulting in differences in drug formulas as follows:

1. Foothill areas

In the South there are tropical rain forests with varieties of plants of varying ages, thus having plenty of medicinal herbs. According to the compilation of local medicinal plants in the foothill areas from where indigenous healers have been collecting, there are more than 150 varieties of medicinal plants such as tamsao (Ternstroemia wallichiana), kongkhema (Cissampelos pareira), jumphra (Horsfieldia irya), dangnga (Cananga fruticosa), lukwahn, phuamphrao, kalaton (Phaeomeria magnifica), benzoin (kam-yahn), tanlueang (Ochna integerrima), pha-rai-hor-thong, chai-pluak, spiny bitter gourd or khi-phra-fai (Momordica cochinchinensis), bad-egg plant or khai-nao (Vitex glabrata), khonthi-dam.
2. Flat or plain areas

There are some flat or plain areas in the South, suitable for growing rice. In such areas there are peat swamp forests (pa phru) serving as water sources and wet areas for rice farming; there are also sago palm forests (pa sa-khoo, Metroxylon sagu) along small canals, ponds and low-lying areas with a lot of vegetation. Moreover, plants are plentiful in canals, ponds, and farmland edges; such plants are local or indigenous vegetables as well as medicinal herbs, so-called “foods are medicines”, for local residents.

There are some explanations of the saying “foods are medicines”, for example, in the summer there are vegetables suitable for cooking spicy vegetable and prawn soup (kaeng liang) that needs the vegetables with cooling effects for balancing the elements (tart) in the body; and in the rainy season there will be some foods with warming effects such as sauté curry (kaeng khua) and chilli paste.

A survey on medicinal plants in plain areas reveals that there are as many as those in the foothill areas, but the varieties may be different. In the South, there are at least 184 varieties of medicinal herbs in the plain areas such as kang pla daeng (Securinega lencopyrus), kumnam (Crateva religiosa), thom khi moo (Mitragyna diversifolia), phak kood (Diplazium esculentum), pkak nahm (Lasia spinosa), sugar apple or noi nah, khed mon, khi-min oi (Curcuma zerumbet), khla, etc.

At present, a lot of the peat swamp, sago palm, and scrub forests in the plain areas have been destroyed and many more are being destroyed every day due to the slashing and filling of land for commercial crop planting such as oil-palm planting with strong government support. Even rubber plantation is also undertaken in the plain areas. It is thus worrisome that, if the ecosystem destruction rate remains as it is today, a lot of medicinal plants will be lost in the near future.

3. Coastal areas

There are mangrove forests along the coasts with numerous plant varieties growing in salt and brackish water, not in the two areas mentioned above. So, the medicinal plants found in this kind of areas are different from those in the aforementioned ones.

The ecosystem of mangrove swamps is complex with a high level of biodiversity; and thus they are regarded as “medicinal forests” like other forests. In Trang province, as many as 57 varieties of medicinal herbs are found in such areas.
Medicinal plants are also found in several other places. For example, a certain kind of seaweed (*lamphan hang moo*) is used by indigenous healers for compounding remedies for heart disease and fainting. The Andaman coast in Satun, Krabi, and Phang-nga provinces has been found to have medicinal herbs such as *phet-hueng* and *saboo-luead*.

Some other medicinal plants in this kind of areas are, for example, *phang-ka, hua-wao, jik, khlu, sahb-raeng-sahb-ka, ta-suea-thao, kra-prohpla, sa-med, haem, saboo-luead, phakbia-le, phakbung-le, lampeng,* etc.

In the past, the prosperity of mangrove forests and the sea was constantly destroyed resulting in the diminishing of medicinal plants in terms of varieties and quantities similar to that in other areas.

**Textbooks of southern indigenous medicine**

In the South, there have been records on health care and textbooks of drug formulas for treating illnesses since the old days by inscribing them chiefly in old-style books or *nangsue-bud*, either black or white books (*buddam* or *budkhao*); mostly in *budkhao*, some on palm-leaf books (*bai lahn*).

*Nangsue-bud* is a book made of *yahn-pri-nah* paper, folded as a stack, commonly called Thai book (*samud thai* or *samud khoi*) in the Central Region of the country. A black book (*buddam*) has black paper, written in white ink; while a white book (*budkhao*) has white paper, written in black ink.

In the past, such books were written in the Khom (ancient Khmer) alphabet in the Pali language commonly used in teaching Buddhism in monasteries. So, the writers or inscribers were monks or someone else who had learned from a monastery. The writing was done in the local Thai dialect; so they were called Khom-Thai writing. Later on, the Thai alphabet was used instead, but only for a short period of time due to the advancement in the printing technology.

The writing of indigenous medicine in *nangsue-bud* and palm-leaf books was done widely in the South as health care was a important matter; and with such books, the study of indigenous medicine could be done more widely as the textbooks from well-known institutions or healers could be transcribed for further knowledge dissemination. That was regarded as merit making for other human beings. As recently apparent, copies of such books were reprinted or bought for distribution on various occasions such as funerals and religious ceremonies (*kathin, pha-pa, or fang luk nimit*).
During the period when the recording or writing was done in local or palm-leaf books in the Khom alphabet, the writers had to be knowledgeable, i.e. monks or someone who had learned from a monastery; and the disciples of a certain teaching institution might transcribe from their textbooks, or an interested person might ask to transcribe them for use or dissemination; how much could be transcribed was dependent on their interest. Thus, the textbooks generally seen might be the transcription of the entire textbook or part of it from any institution or healer’s family, or a compilation of parts of textbooks from several institutions, depending on the transcriber’s interest.

The indigenous medicine textbooks written in the Khom alphabet have been transmitted until present-day’s study even though some of their parts might have been lost or damaged. Some of them are collected at academic institutions and efforts have been made to transform them into the present-day language, but not much has been accomplished. The institutions that have a lot of such textbooks are, for instance, the Institutes for Southern Studies at Nakhon Si Thammarat Rajabhat University, Suratthani Rajabhat University, and Phuket Rajabhat University, and the Phatthalung Provincial Cultural Centre. However, several other textbooks of this kind can be found in monasteries and households, but they have not been studied.

The transcribing and printing of indigenous medicine textbooks for sale was done in full or in part from a certain temple or a healer; and the people had some need to buy such textbooks to study at home as there were no modern medical services at that time. So, at temple fairs, there would be bookstalls also selling books on indigenous medicine transcribed from any institution or anyone as the transcribing could be done freely without any restriction by the owner, just citing the source. Some healers who had never recorded their drug formulas before would do so and get them printed for sale.

During the period when printing books for sale was widespread, the writing in old-style or palm-leaf books was less popular, during the late stage, the writing was done in the Thai alphabet.

In the South, one of the special features in documenting drug formulary was that some healers or institutions would hide some puzzles (prisana) in certain parts of their books to prevent other people from learning them easily; at least the learners had to study with the book owners or the owners’ disciples. The puzzles were normally the names of medicinal herbs; the names commonly known to villagers would be replaced by a specially created name, so-called special term (kham-at), for example:
Chapter 5. Thai Traditional Medicine Wisdom

Hua-roiru would have a special term as krachao phi-mod.
Ya-gnuangchang would have a special term as kinnam kabbohk.
Rakkrathiam would have a special term as moi-nangchi.
Ya-prapdin would have a special term as doe mairu lom.
Ban mairu roei would have a special term as dok sam duean.

However, in creating a special term for calling a medicinal herb, not any special name could be used; rather, the property of the herb would be used. For instance, nut grass or haewmoo (Cyperus rotundus) was called “chai-taidin” as its rhizome was in the ground; and garlic roots were called “moi nangchi” because the roots were like tiny threads.

In the versions printed for distribution, the special terms were retained; however, the special terms that had been well-known were changed to common names.

In all versions of indigenous medicine textbooks, nangsue-bud, and palm-leaf books, as well as the printed-for-distribution version, the arrangements were similar, i.e. beginning with specifying the name of disease, its symptoms, drug formulas for treating the disease, and the dosage of drug.

During the period when textbook printing was widespread, a lot of people were interested in indigenous medicine textbooks; some of such books were sent to the South for sale. The well-known textbook was Tamra Phaetsart Songkroh, from which many indigenous healers studied, making their knowledge more extensive.

At present, there are many indigenous medicine textbooks (that have not been reviewed) collected at some monasteries, healers’ or villagers’ houses, but mostly at academic institutions that have obtained from various places. Such books were written in either Khom or Thai alphabet.
Abnormal urination (rok patsawa phikan or muttang)

**Causes:** chronic kidney disease, urethra disorder, vesicular or kidney stone, prostrate gland disorder, or any other urinary tract diseases such as leucorrhoea (muttakit), dysuria (muttakaht), and urine with abnormal colour (thurawasa).

**Symptoms:** pain in the urethra, dysuria, inability to urinate, urine with blood or a strange colour, abdominal pain.

**Treatment:** give medication according to the cause of illness; for dysuria, the following drugs may be given:

1. Boil the following medicinal herbs: sakhan, young bael fruit (ma-toom), faek-hom, both kinds of sandalwood (jan), three kinds of sa-moh, coriander seeds, puncture vine (khokkrasun), nutgrass (hua haewmoo), 1 baht-weight (approx. 15.2 grams) each; cha-phlu roots, 2 baht-weight; jettamunploeng, 3 baht-weight; long pepper (dee-plee), 4 baht-weight; dried ginger, 5 baht-weight; ya khaoyennak, 10 baht-weight, and red sugarcane, 3 sections. Boil them together until the amount of water drops from 3 to 1 part; and then drink 3–4 tablespoons of the liquid medicine 3 times a day.

2. Boil the following medicinal herbs: 1 handful of tamarind leaves; 1 handful of acacia leaves (sompoi); 10 leaves of lime (bai manao); 3 shallots; 4 grams of saltpetre (din prasio, 1 salueng-weight); and sugarcane lump, 10 baht-weight. Boil them together until the amount of water drops from 3 to 2 parts; and then drink 2 tablespoons of the liquid medicine 3 times before meal each day.

3. For treating leucorrhoea (muttakit radukhao), boil the following medicinal herbs together: maka leaves, ta-daeng galangal (kha ta-daeng), lime leaves, table salt, shallot, acacia leaves, saltpetre, tamarind leaves, senna (ma-kham-khaek) leaves, and somsiao leaves, 1 baht-weight; alum, 1 baht-weight; yab-yiao root, 4 baht-weight; and smilax or khaoyennuea-khaoyentai, 20 baht-weight. Boil them until the amount of water drops from 2 to 1 part; and then drink 3 tablespoons of the liquid medicine 3 times before meal each day.
The present-day southern indigenous healers

Previously, there were indigenous healers everywhere in the South; in one village there might be several kinds of healers such as herbal healers, massage healers (*moh nuad / moh jabsen*), bone healers, women’s blood disease healers (*moh rok luead satree*), traditional birth attendants (*moh tamyae*), skin disease healers, childhood disease healers, paralysis/paresis healers, haemorrhoid healers, snakebite healers, eye disease healers, poison healers, and magic healers. One individual might be doing several kinds of healing.

Currently, it has been found that there are all such kinds of healers, but the numbers of certain kinds are much lower than before. Some kinds, there are only elderly healers as there have been no successors of such practices. In a certain locality, the abundance of some types of healers is dependent on two factors: firstly, the large number of patients due to geographic conditions such as, in areas around foothills with a lot of snakes, there are many snakebite healers; and secondly, the specific culture, not favouring hospital-based treatment like other cultures, especially in the three southernmost Malay-Muslim dominant provinces of Pattani, Yala and Narathiwat, making it inconvenient for certain kinds of patients to go to hospital, such as for childbirth. That is because the religious belief prohibits a male who is not her husband from touching her body and, for a newborn, an elderly person needs to ask for a blessing from God. So, many relatives of the pregnant woman would like to have the baby delivery attended by a TBA (*toe-bi-dae*) at home. In the three provinces, there are TBAs everywhere and the long-time conflict between state officials and local residents has resulted in certain groups of villagers not wanting to go to hospital if they can find other options. For example, there are a number of teenagers with extremity fractures from motorcycle accidents, but they mostly go to an indigenous bone healer for treatment. Some of such healers have built a place for the patients to stay while receiving care.

However, some indigenous healers can maintain their practices without relying on such conditions; rather, they have used the new trends resulting from the modern development system. That is apparent in the fact that, previously there was little chance in society for herbalists and massage healers to practise, but during the crisis related to modern socio-economic development and medical services, modern methods of health care have been questioned about its service departmentalization and inability to cure many illnesses, while the state is also faced with huge expenditures for health-care delivery for the people, but the service coverage and quality are still inadequate. As a result, there have been movements for public participation in self-healthcare; and thus indigenous health care has played a
bigger role in this effort even though only in some aspects because such practices are regarded by the state as not being safe for human life. For example, childbirth by a TBA\(^1\) has been blamed as the cause of the high rates of mother and infant mortality and the state is trying to discontinue the role of TBAs in this matter.

Regarding other kinds of indigenous healers, even though they are not prohibited by state officials, they are not supported; sometimes relevant officials try to refer to laws for controlling their practices. Thus, it often appears that if health administrators in various localities have little change in their mindsets, conflicts will always occur over indigenous healing, for instance, trying to prohibit indigenous healers from treating patients.

It has been generally said that rarely are there successors of indigenous healing, it is partly true for the healers who have traditionally taken on the practices as such practices cannot generate sufficient income for living a decent life. But there are certain kinds of healers who have taken on the traditional practices and are able to pass on the knowledge as their practices are based or located in a temple. In such a place, there will be at least some monks who can take on the healing knowledge; and the temple is prepared to bear the burden of this kind as a social institution to sustain the services. In the South, there are many temples operating according this principle such as Wat Tharawadi (Wat Bang Chak) of Mueang district in Nakhon Si Thammarat province, famous for treating bone diseases with several bone-fracture patients admitted for medical care on the temple's pavilion; Wat Phromlok in Phrom Khiri district of Nakhon Si Thammarat province, well-known for snakebite healing and having a patient recovery building built with funding from the Thai Red Cross Society; and Wat Prajimthisaram (Wat Jentok) in Tam Nan subdistrict, Mueang district, Phatthalung province, famous for healing bone diseases with a well-known medicated oil called "Namman En Phorthan Mek." In such temples, upon the demise of the knowledgeable monks who initiated the healing practices, there would be their followers taking on such practices and maintaining the services even though the services at many places have been phased out.

\(^1\) Normally, in the South, a TBA is called "moh mae thaah"; in the three border provinces of Pattani, Yala and Narathiwat, they are called "toe-bi-da", a local Malay term, and in Satun province and some border districts of Songkhla province, they are called "toe-bi-dan".
In summary, there are many indigenous healers everywhere in southern Thailand; for the kinds of healers with few patients, their number will be small, but for those with a lot of patients, their number will be larger. Surveys undertaken in some provinces on the existence of indigenous healers, particularly herbalists, massage healers or *moh jab-sen*, bone healers, women’s blood disease healers, TBAs, skin disease healers, childhood disease healers, paralysis/paresis healers, haemorrhoid healers, snakebite healers, eye disease healers, and poison healers, reveal the following:

Nakhon Si Thammarat province: the numbers of healers are quite large for herbalists and massage healers; moderate for bone healers and women’s blood disease healers; and small for other kinds of healers.

Surat Thani province: the numbers of healers are quite large for herbalists and massage healers; moderate for bone healers, women’s blood disease healers, skin disease healers, and snakebite healers; and small for other kinds of healers.

Chumphon province: the numbers of healers are large for massage healers; quite large for bone healers, women’s blood disease healers and snakebite healers; and small for other kinds of healers.

Phang-nga province: the numbers of healers are large for herbalists and massage healers; and quite large for women’s blood disease healers.

It is noteworthy that, in the provinces mentioned above, there are some TBAs, but they are elderly persons who no longer attend any childbirth; however, they continue rendering some massage service; and there are no successors.

In the southernmost provinces such as Pattani, there are still a lot of TBAs, locally called *toe-bi-dae*, only some of them in some areas are attending childbirth. Everyone still plays a role in rendering antenatal care as well as massage to pregnant women. Quite numerous are herbalists, bone healers, and women’s blood disease healers; while there are some paralysis/paresis healers.

In addition, for magic healers, they are found scattered in all parts of the region as they normally play a significant role in performing rituals according to people’s beliefs. However, it cannot be concluded that there are a lot of people relying on magic healers for health care.
The importance of indigenous healers in people’s health care

Studies have shown that, in parts of the South, there are considerable numbers of people seeking health care from traditional healers for different reasons, mainly involving two patterns: because there is no other option and because it is one of the options.

1. Choosing as there is no other option

The first pattern is that the patients still seek the services of indigenous healers because they have no other option as they have been given full courses of treatment by modern medical doctors before, but they are not cured. And there are some untreatable illnesses such as AIDS, final stage cancer, and incurable chronic diseases (e.g. paresis, paralysis) as well as those unclearly diagnosed by hospital with no sign of improvement after a long period of treatment. So, the patients have no other choice but go to indigenous healers for medical care.

For this group of patients, initially they did not think of indigenous healers; some had thought of, but at a much lower level than of modern medical doctors. So, when they got sick, they would go directly to get modern medical services and most of them would go to several hospitals for treatment, beginning from the hospital nearest to home, and then to the provincial hospital or a nearby provincial hospital of acceptable services. If the illness was still uncured, they would go to Songklanagarind Hospital, the most modern hospital in the South. And if the illness remained uncured, some patients who could afford it would go to seek medical care in Bangkok. Along this route, some patients might feel desperate with the hospital services much sooner than others, depending on their individual conditions such as severity of illness, family’s economic status, and social connection.

If the overall pictures are compared between the Buddhist and Muslim communities, the patients with high and low educational attainments, and the patients with and without or little experience in contacting with urban services, it was found that the members of Buddhist communities, highly educated persons, and those with urban experiences would choose to respond to their illness with this kind of method. That clearly reflects the influence of modern development approach that urge people to have faith in modern medical services and give little importance to indigenous medicine.
2. Choosing as a health-care option

Some patients would respond to changes and illness in such a way that indigenous medicine is a health-care option; they would have an opinion that the indigenous and modern systems have their own specific and outstanding features. So the patients would choose any kind of services as appropriate. Such outstanding features would be considered in the dimensions of healing efficacy and social acceptance.

Among those who view the indigenous medicine system as an option (the modern medical system is also an option), their perspectives would be as follows:

First, they look at the indigenous medicine system as being more efficacious in treating certain illnesses than hospitals. This decision is derived from either direct experience of the patient as learned from neighbours or relatives or from others with direct experience with certain illnesses such as malnutrition in children (rok sahng and rok tahn), women’s blood disease (rok luead satree), fainting (rok lom), paresis, paralysis, and bone disease, while hospitals are viewed as being more capable than indigenous healing of treating such diseases as those requiring surgery, diseases with wounds, and infectious diseases. Besides, in treating one illness, the patient may use both indigenous and modern treatments at the same time. For instance, a pregnant woman may seek antenatal care at a hospital but deliver a baby with a TBA, or get antenatal care from a TBA but have childbirth in hospital; however, some may deliver a baby in hospital but go home for postpartum lying-in by the fire.

Second, they look at the indigenous medicine system as giving importance to the patient and relatives, which is a social dimension including giving a chance for social participation, religious rituals, and not much expenditure.

Using indigenous medicine for health care as mentioned above appears in three features: first, choosing which disease should be treated with either indigenous or modern medicine; second, choosing which period to switch between indigenous and modern medicine; and three, choosing to use several kinds of treatment simultaneously.

Looking at indigenous medicine as an option also includes the case when the patient is not satisfied with the treatment and gestures of the modern medical system, and then he/she switches to get treatment from an indigenous healer instead even though such an illness can actually be treated in hospital. Such cases may include the patients not being satisfied with the inattentiveness of the doctor or nurse, or the patients being fearful of surgery.
However, although this group of people will look at the indigenous medicine system as having its own strengths and as their health-care option, it has been found that the system will enhance the efficacy of the modern medical system. That is due to the influence of modern medicine discourse having reached more and more villages as well as the occurrence of emerging diseases that cannot be treated by or unknown to indigenous healers such as cancer, viral hepatitis, and AIDS. Such illnesses are dealt with directly by those in the modern medical system, while many modern medical doctors have paid more attention to indigenous medicine by conducting studies on herbal drugs for the villagers to use for basic health care. So the trends in having indigenous herbal drugs for treating minor ailments have been on the rise (those with this idea will come back to the indigenous healer when they have no other options). Simply speaking, the patient’s realization that indigenous medicine has its own strengths to be used as health-care options will be gradually declining. The more the modern medical discourse emphasizes the use of herbal drugs for basic health care for villagers before going to a modern medical doctor, the weaker the indigenous medicine system will seem as something that will be placed wherever arranged by the modern medical system.

The conclusion for the beginning

No matter how society will change, indigenous healers will exist, but not in the same manner. They have to adapt and respond to changes in many different directions. Thus, the issues for discussion on indigenous medicine or healers are not the fear that the indigenous medicine knowledge will disappear, but they should be how to make indigenous healers have more capacity to adapt most appropriately. The issues for preliminary discussions are the following:

1. Understanding of the diversity of the indigenous medicine system and indigenous healers as they result from the culture and ecosystem. Cultural diversity results in the knowledge and existence of different aspects of indigenous medicine. Any effort to unify the medical system or to explain it with the same principle will lead to the reduction of the capacity of indigenous medicine in rendering health care to the people in various localities and to the inequity of national resource allocation to support the existence and development of the indigenous medicine system which is based on a different knowledge foundation.
2. The capacity of the indigenous medicine system is associated with the ecosystem of each locality as it is apparent that indigenous healers can find medicinal herbs from different plant varieties in different ecosystems for use in treating similar illnesses. So, the knowledge of the indigenous medicine system is much dependent on the ecosystem in each locality. Giving no attention to the existence of forests in the ecosystem and being satisfied with advancements in terms of purchasing medicinal herbs from Bangkok’s markets for sale in various localities will be equated with the reduction of the diversity of the knowledge system and the capacity in self-reliance in health care. Besides, such a practice is regarded as taking away the self-healthcare capacity of villagers, making it unconnected with other parts and viewing the food ecosystem as a different issue from health care.

3. The problem of health care with a different knowledge and belief system is a matter of power relation that makes it easy to use bias against other knowledge and beliefs that are different from those of the one with power. In particular, the biased action taken by the system with more power such as the state system will lead to a conflict and domination rather than creation. So, in developing an appropriate health-care system, opportunities should be equally open to various knowledge and belief systems to share and exchange the experiences. In this context, the state should allocate the budget and support to create channels for different medical systems to transmit and preserve themselves and to choose the knowledge from other systems to strengthen their own system.

4. The health-care system of each society is derived from the long-time accumulation and transmission of wisdom. But in the past, such wisdom was suppressed by the modern knowledge system until such indigenous system was worthless, but remains unlost. What actually remains includes textbooks and the knowledge in the memory of elderly persons especially indigenous healers and others. So, the support for indigenous medicine should be provided to carry out extensive research on indigenous knowledge in various localities so as to make the community aware of their own knowledge and use such knowledge in the present situation. The research should be done as a participatory action research project with the active participation of the community.
5. Support for diverse health-care knowledge systems with a role in the same social space must be based on the thinking principle that the people have the right and capacity to choose what kind of service and how to use it according to their needs. The idea about organizing a fixed or single experience for the people to abide by not only can it not resolve complex health problems of the people and society, but in the long run it will also weaken the society in terms of the capacity to cope with new problems constantly arising with complexity as clearly seen in present-day situations.
Diverse health-care cultures of ethnic groups in Thai society are based on the knowledge, beliefs, and practice guidelines for the care of life and health in a holistic manner, taking into account the balance and sustainable utilization of social capital and resources of society. Besides, local health wisdom has the identity specific to each culture with continuous transmission, learning, and adaptation via direct experience as well as integration into other medical systems, which can be divided into two features as follows:

1. Health wisdom related to health in daily life leading to self-reliance in health for family members and relatives, involving such actions or activities as local food consumption, use of herbal drugs and tonics, meditation, child health care, and postpartum care.

2. Indigenous medicine wisdom related to local healing practices that have been learned, accumulated, passed on, and used in the community together with religious beliefs and supernatural power for health care, leading to health promotion and curative care, making the community become self-reliant in health.
Networks of Indigenous Healers in all four regions of the country have jointly pushed forward the movement of local health wisdom since 2002 through the participation in the health assembly process of the National Health Commission Office. The movement has evolved into networks with a clear direction and goals; their strategies and projects were supported by the Thai Health Promotion Foundation (ThaiHealth) in 2006 and later became the Development of Local Health Wisdom for Community’s Self-Reliance Programme (2007–2009), aiming to give more importance to Thai indigenous medicine as the local wisdom in health. In present-day’s changing social situations, it has been found that, in the popular health system, there are a lot of indigenous healers and other learned persons in the community who play significant roles in curative and rehabilitative care as well as in developing the health system. Their working as networks has become a supportive force in making local health wisdom respond to the new context in Thai society.

In the operation for supporting and developing the popular health sector, four strategies have been adopted: (1) knowledge management; (2) resources conservation and promotion; (3) local health wisdom network promotion and strengthening; and (4) development of models for local health wisdom utilization by indigenous healers.

1. Knowledge management

1.1 Conducting surveys and creating a directory of indigenous healers

Surveys conducted on the capacity and skills in health care (tacit knowledge) of indigenous healers (Table 5.1) reveal the information on the distribution of such healers by type which can be used for categorizing the healers for the purpose of capacity building and knowledge sharing. The directory of indigenous healers is used in designing an innovation for certifying indigenous healers in the community. For example, the Wang Saeng Tambon Administrative Organization in Maha Sarakham province has set up a system for issuing a certificate to recognize its own indigenous healers, based on the indigenous healers’ directory, so that all community members will know about and promote the use of such healers; and as a result, the indigenous healers will play a more active role in providing health care for the community.

Thus, knowledge management is the starting point in the process of recognizing individual indigenous healers (totalling 1,223 in 91 subdistricts of 21 provinces), who are still playing a significant role in providing health care and transmitting the knowledge in the community.
Table 5.1  Number of indigenous healers, by region, province and type of healers, of the Local Health Wisdom Development for Community’s Self-Reliance Programme, 2007–2008

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<tr>
<th>Region/province</th>
<th>Locality: subdistrict, district</th>
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<tr>
<th>Region/province</th>
<th>Locality: subdistrict, district</th>
<th>Number of indigenous healers by type of healers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Herbal</td>
<td>Blowing</td>
</tr>
<tr>
<td>Huai Rong, Rong Kwang</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Wang Chin, Wang Chin</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Thung Laeng, Long</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Mae Phung, Wang Chin</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>134</strong></td>
<td><strong>41</strong></td>
<td><strong>109</strong></td>
</tr>
</tbody>
</table>

**North-east**

<table>
<thead>
<tr>
<th>Region/province</th>
<th>Locality: subdistrict, district</th>
<th>Number of indigenous healers by type of healers</th>
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<tr>
<td>Sakon Nakhon</td>
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<td>22</td>
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<tr>
<td>Udon Thani</td>
<td>Na Kham, Ban Dung</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Na Mai, Ban Dung</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Ban Chan, Ban Dung</td>
<td>25</td>
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<td>Ban Muang, Ban Dung</td>
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</tr>
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<td>Wang Thong, Ban Dung</td>
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<td>Maha Sarakham</td>
<td>Wang Saeng, Kae Dam</td>
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<td></td>
<td>Khwao, Mueang</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Si Suk, Kantharawichai</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Region/province</td>
<td>Locality: subdistrict, district</td>
<td>Number of indigenous healers by type of healers</td>
<td>Total</td>
</tr>
<tr>
<td>-----------------</td>
<td>--------------------------------</td>
<td>-----------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td></td>
<td>Herbal</td>
<td>Blowing</td>
<td>Massage</td>
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<tr>
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<td>Ruesi, Mueang</td>
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<td>2</td>
</tr>
<tr>
<td></td>
<td>Ta Bao, Prasat</td>
<td>8</td>
<td>8</td>
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<tr>
<td></td>
<td>Khwao Sirin, Khwao Sirin</td>
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<td></td>
<td>Tra Saeng, Mueang Surin</td>
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<td>Ubon Ratchathani</td>
<td>Si Mueang Mai District</td>
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<tr>
<td>Si Sa Ket</td>
<td>Kantharalak, Khu Khan</td>
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<td>4</td>
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<tr>
<td>Chaiyaphum</td>
<td>Huai Yai Chik, Thep Sathit</td>
<td>9</td>
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<tr>
<td></td>
<td>Na Yang Klak, Thep Sathit</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Kalasin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>186</td>
<td>72</td>
<td>40</td>
</tr>
</tbody>
</table>

**Central**

| Chaiyaphum      | Ban Rai, Thep Sathit | 1 | | | | | | | | | 1 |
|                 | Pong Nok, Thep Sathit | 2 | 2 | 1 | 2 | 1 | 3 | 1 | 12 |
|                 | Wang Ta Me, Nong Bua Rawe | 4 | 1 | 1 | | 2 | 5 | 2 | 15 |
|                 | Huai Yoe, Nong Bua Rawe | 5 | 1 | | | 1 | 5 | | 12 |
|                 | Wa Tabaek, Thep Sathit | 9 | 1 | 6 | 1 | 3 | | 1 | 21 |
Table 5.1 (Continued)

<table>
<thead>
<tr>
<th>Region/province</th>
<th>Locality: subdistrict, district</th>
<th>Number of indigenous healers by type of healers</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Herbal</td>
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</tr>
<tr>
<td>Ang Thong</td>
<td>Chaiyo, Chaiyo</td>
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<td>5</td>
</tr>
<tr>
<td></td>
<td>Mongkhon Tham Nimit, Sam Ko</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Ram Masak, Pho Thong</td>
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</tr>
<tr>
<td></td>
<td>Pho Sa, Mueang</td>
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<td>1</td>
</tr>
<tr>
<td>Ayutthaya</td>
<td>Chiang Rak Noi, Bang Pa-in</td>
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<td>1</td>
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<tr>
<td></td>
<td>Nong Nam Som, Uthai</td>
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<td>1</td>
</tr>
<tr>
<td></td>
<td>Bang Kho Nom, Sena</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Phai Ling, Mueang</td>
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<tr>
<td></td>
<td>Khlong Sa Bua, Mueang</td>
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<td>Nai Mueang, Mueang</td>
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<td>3</td>
</tr>
<tr>
<td></td>
<td>Bang Sai, Bang Sai</td>
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</tr>
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<td>Bang Pahan, Bang Pahan</td>
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<tr>
<td></td>
<td>Phayom, Wang Noi</td>
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<tr>
<td>Uthai Thani</td>
<td>Bang Rai, Ban Rai</td>
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<tr>
<td></td>
<td>Thap Luang, Ban Rai</td>
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## Table 5.1 (Continued)

<table>
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<tr>
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<th>Locality: subdistrict, district</th>
<th>Number of indigenous healers by type of healers</th>
<th>Total</th>
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<tbody>
<tr>
<td></td>
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<td>Herbal</td>
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<td></td>
<td>Sanam, Ban Rai</td>
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</tr>
<tr>
<td></td>
<td>Tha Takiap, Tha Takiap</td>
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</tr>
<tr>
<td></td>
<td>Tha Kradan, Sanam Chai Khet</td>
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<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>62</strong></td>
<td><strong>13</strong></td>
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<td>South</td>
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<td>Phatthalung</td>
<td>Tamnan, Mueang</td>
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<td></td>
<td>Phanang Tung, Khuan Khanun</td>
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<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>22</strong></td>
<td><strong>2</strong></td>
</tr>
<tr>
<td>Nakhon Si Thammarat</td>
<td>Chian Khao, Chaloem Phra Kiat</td>
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<td></td>
<td>Nareng, Nopphitam</td>
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<td></td>
</tr>
<tr>
<td>Krabi</td>
<td>Kholong Thom Nuea, Kholong Thom</td>
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<tr>
<td>Songkhla</td>
<td>Rattaphum</td>
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</tr>
<tr>
<td>Phangnga</td>
<td>Tha Yu, Takua Thung</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Thai Mueang, Thai Mueang</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ko Yao District</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Pattani</td>
<td>Sai Buri District</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>22</strong></td>
<td><strong>2</strong></td>
</tr>
<tr>
<td><strong>Grand total</strong></td>
<td></td>
<td><strong>404</strong></td>
<td><strong>128</strong></td>
</tr>
</tbody>
</table>

**Note:** TBA = traditional birth attendant
1.2 Development of knowledge, health care and health promotion

Knowledge is classified as (1) the knowledge embedded in the healer’s body or tacit knowledge, which is the experience accumulated for a long time as the person’s wisdom, and (2) the knowledge that appears in textbooks, scriptures, palm-leaf books, or technical documents, or explicit knowledge.

1.2.1 Sets of indigenous knowledge about health care

(1) Kaloeng food recipes book. The book deals with seasonal foods of the residents living in the Phu Phan mountain range in Sakon Nakhon province as well as the knowledge about the collection of plant varieties, cooking and food consumption. Kaloeng foods are healthy foods for people of all age groups; surveys have shown that such local foods help Kaloeng people to live a long and healthy life.

(2) Chao-bon food recipes book. The book deals with seasonal food wisdom that is related to the nature of Chao-bon (Yan Kur or Yak Krun, meaning mountain people) who belong to a minority group living near the Phetchabun Mountain Range in Chaiyaphum province. This ethnic group lives in the mountainous areas; so, they are called “Chao-bon or Khon Dong (forest people)”. The knowledge has shown that Chao-bon’s foods are naturally obtained from forests using a simple cooking method. Most of their elderly persons who have been eating local foods normally have a healthy and long life. This set of knowledge was collected from Chao-bon ethnic group living in Nam Lat village, Thep Sathit district, Chaiyaphum province, by the Kaset Niwet Thep Nimit Network in Chaiyaphum.

(3) Rice as medicine. The process of producing rice involves a traditional ritual that makes rice a symbol of human well-being. In addition to being staple food consumed every day, rice is also used by traditional healers for health-care purposes. This set of knowledge was collected from the Indigenous Healers Network, Ubon Ratchathani province.
(4) **Postpartum care in the Karen ethnic group.** The care includes ways of eating, prohibitions and teachings for the safety and good health of the mother and the newborn, which are the traditional culture of health care, based on healthy practices and good relationships in the community. This set of knowledge was collected from Karen people in Mae Phung Luang village, Wang Chin district, Phrae province.

(5) **Postpartum lying-in by a fire (yoo-fai) according to the Lanna culture.** The Lanna or Northern knowledge and practices include how to take care of pregnant women (*mae mahn*) and postpartum women (*mae kam duean*) as well as newborns involving the use of medicinal herbs, rituals and beliefs, aimed at achieving the single goal of well-being of the mother, baby, husband, and other members of the family and community. This set of knowledge was collected from the Networks of Moh Mueang (northern indigenous healers) in Lampang and Phayao provinces.

(6) **Northeastern local wisdom for self-reliance.** This is a collection of Northeasterners’ knowledge about health care, health promotion and treatment including food, maternal and child care, medicinal herbs, massage, rituals, monthly ceremonies (*heet*), moral patterns (*khong*), auspices (*sok*), and poison healing. This set of knowledge is extremely important as it was the first time that the Northeastern health-care system and structure were set up and used for studying, developing and managing the knowledge based on this structure on a continuous basis (Figure 1). This set of knowledge was collected from the Networks of Indigenous Healers in seven Northeastern provinces of Sakon Nakhon, Udon Thani, Maha Sarakham, Kalasin, Surin, Ubon Ratchathani, and Chaiyaphum by the Northeastern Thai-style Health Network.
Figure 5.5 Structure of Northeastern community health-care system
(7) **Antenatal and postpartum care with local wisdom in Ang Thong province.** The knowledge includes the concept and procedures passed on from the traditional midwifery wisdom in Ang Thong showing similar practices of the wisdom in the Central Region, which influence the adoption of postpartum care at state-run hospitals including lying-in by a fire (yoo-fai), massage, herbal steam bath, herbal compression, herbal charcoal sitting (nang-than), abdominal herbal steaming (nueng-thong) and herbal plastering (phok). This set of knowledge was collected from the Indigenous Healers and Thai Traditional Healers Network, Ang Thong province.

(8) **Sok Isan (Chalok Isan) or Northeastern auspices.** The knowledge deals with the science of living involving the establishment of balance with environmental conditions by estimating or calculating the characteristics of the location of the house and the selection of occupational devices. In creating or building tools or devices, if the Northeasterners use the principles of Sok Isan, such things will help cause peace and happiness for individuals' lives and the community. This set of knowledge was collected from learned persons by the Thai-Isan Healthy Lifestyle Network and Mahasarakham University.

### 1.2.2 The sets of indigenous knowledge about healing

(1) **Throat swab for young children.** This is the collection of knowledge or wisdom that was contained in King Narai’s drug formulary (Tamra Phra Osot Phra Narai) and obtained from interviews with traditional medicine practitioners who had received the knowledge from their father who was a knowledgeable traditional paediatrician. A throat swab is used for treating the symptoms of malnutrition (sahng) and fever with coughing and phlegm as well as symptoms of unknown origin such as paksi that might be caused by being frightened, crying, not sucking milk; for such a case, a throat swab is performed together with tying the child’s wrist with cotton threads to boost the child’s morale. This set of knowledge was obtained from a throat-swab healer who had inherited the practice from his ancestor of an old family residing in the Charoen Krung area of Bangkok by the Applied Thai Traditional Medicine Network.
(2) **Indigenous drug formulas, Mae Sariang district.** This is a collection of indigenous medicine wisdom passed on from previous generations for treating children and people in the villages. The set of knowledge was collected from indigenous healers in Mae Sariang district, Mae Hong Son province, by the Northern Health Network (Phaya Sukkhapahp Lanna Network) in the province.

(3) **Traditional drug formulas of Village Headman (Phor Luang) Saen Jomkhiri.** The traditional knowledge was recorded in the Sa Thai-style book (pap-sa) of Phor Luang Saen and then read and translated from the Northern (Lanna) language into the Thai language. The book contains the knowledge of herbal medicines, rituals, house auspices (chalok ban), and incantations for prevention of dangers. The translation was undertaken by a group of indigenous healers and Phor Luang Saen’s children in Ko Kha district, Lampang province.

(4) **Poison healing (Pid healing).** The Thai-Khmer ethnic group has accumulated the knowledge about the poisoning that is believed to be caused by the abnormality of blood and air or wind (lom) resulting in the imbalance of the body and the poisoning caused by being afflicted by incantation (vedmon kha-tha), talismans (khongkhlang), or black magic (khunsai). This set of knowledge was collected from indigenous healers in Surin province by the Thai-Isan Healthy Lifestyle Network.

(5) **Indigenous herbal drug formulas of Moh Jandee Khemchalerm.** The book contains the knowledge about healing methods using the herbal drug formulas prescribed by Moh (Healer) Jandee, who was a former subdistrict doctor in Phanom Sarakham district, Chachoengsao province and father of Village Headman Viboon Khemchalerm. Besides, the textbook also deals with the process for knowledge sharing and restoring the relations among the people living near community forests surrounding the eastern forest to create the sense of self-reliance and to rehabilitate natural resources. The set of knowledge was collected from the indigenous herbal drug formulas of Moh Jandee Khemchalerm by the East Forest Network, Chachoengsao province.
(6) **Indigenous medicine wisdom, Ayutthaya province.** The book was prepared through the knowledge management process involving knowledge sharing and using the indigenous drugs for self-healthcare, especially for treating four groups of symptoms or illnesses, namely circulatory diseases, digestive system diseases, fever, and skin diseases, which are in line with promotion of the National List of Essential Medicines. This set of knowledge was collected from the Thai Traditional Medicine Practitioners of Wat Na Phramen Club and the Indigenous Healers Group, Ayutthaya province.

(7) **Knowledge about blood diseases (phed luead).** The illnesses are caused by blood disorders among males and females; many people in the community have this kind of illnesses or symptoms, which can be treated with herbal medicines and not eating any prohibited food. This set of knowledge was collected from the Indigenous Healers Group in Tamnan subdistrict, Mueang district, Phatthalung province.

(8) **Khidsen massage.** Khidsen or indigenous massage of residents in Ko Yao district is performed to relieve body or muscular pain, sprained/stiff muscles, and muscular/tendon aches resulting from strenuous fishing. The set of knowledge was obtained from the Indigenous Healers Group in Ko Yao district, Phangnga province.

2. **Sustainable conservation and promotion of community resources platform**

The community health system cannot be entirely isolated from the platform of natural resources that are medicinal plants and food vegetation as well as housing construction materials of local residents. Even pesticides that are human and environmentally friendly are made from herbs to be used in lieu of dangerous chemical pesticides. So, natural resources are extremely important for health promotion and meaningful for self-reliance in health care in each community as flows:

**One,** medicinal herbs should be chiefly obtained from natural sources. Even though many of them are grown in or around the houses, gardens, rice fields, community forests and plant cultivation plots, the sustainable conservation of natural forests should be promoted.
Two, biodiversity is extremely important as the platform of natural resources. So, in promoting the use of local health wisdom, the preservation and promotion of biodiversity should not be neglected. Such efforts are undertaken not only by the Indigenous Healers Networks, but also by the civil society organizations, especially those involved in the development of legal systems for protecting biological resources and local wisdom of the country (Witun, 2008).

Three, every locality should give importance to forests as cultural landscapes that have been in existence through the accumulation of knowledge and wisdom involving the utilization, conservation, development and management of natural resources in a sustainable manner (Yot, 1999: 20-23). So, it could be stated that indigenous healers or local sages have actually learned from the treasure of wisdom or natural forests because the raw materials or medicinal herbs from forests are indispensable items for local herbalists; and health promotion as well as disease prevention also requires food from natural forests.

Therefore, indigenous medicine wisdom is the knowledge that has been created in the physical and cultural context through the interaction between humans and the ecosystem. If there is no platform of natural resources with biodiversity and different cultural landscapes, it will be difficult to use the local wisdom for self-reliance in health for the community in a sustainable manner. The conservation and utilization of medicinal plants in each locality has to rely on the joint learning process among indigenous healers or learned persons, local leaders and youths in conducting a survey on medicinal plant varieties, collecting plant samples for knowledge sharing purposes, creating a map of plants with names and properties, and implementing or creating a forest-trekking activity to study the ecosystem and plant varieties. Such things have been proved through various plan operations that they are good tools or guidelines for conserving, restoring and utilizing such resources.

The strategy for sustainable conservation and promotion of natural resources is very important as recognized by various projects; and then surveys should be undertaken on local resources existing in the locality and other places to create a platform for self-reliance as shown in Table 5.2.
### Table 5.2  Results of medicinal herb survey for conservation and utilization purposes in communities

<table>
<thead>
<tr>
<th>Network</th>
<th>Medicinal herbs nearing extinction</th>
<th>Medicinal herbs additionally planted</th>
<th>Medicinal herbs with young plants for distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous Healers in Lampang Province</td>
<td><em>Pansamao (surapa khampinat), tuengkhruetakham, dongdueng, pongtodmah, nahdkham</em></td>
<td>-</td>
<td><em>Fahngsen seeds, lengjon, red kongkaebkhruet, khontha (mai jee), dikdiam, khonkong</em></td>
</tr>
<tr>
<td>Indigenous Medicine Learning Centre, Thung Laeng village, Mae Sariang district, Mae Hong Son Province</td>
<td><em>Khrobtalab (klongkhaothuan), jetmunphloeng (pidpidoaeng), takona, (mako), ma-kluea (phi-phao), sapaoalom</em></td>
<td><em>Phlai, turmeric (kha-min), khrobtalab, lesser-ginger (krachai), ngueakplamoh, khonthisoh, phakkahdnam, phaksian, hanumahnprasankai, sapahnkoon, prohhoms</em></td>
<td><em>Sapaolom, phlai, turmeric, kaffir (ma-krud), lemon grass, galangal</em></td>
</tr>
<tr>
<td>Indigenous Healers, Phrae Province</td>
<td><em>Neng (wahnsaolong), phaknangdeed (hai-pai), phaksianphi, hohsaphankhwai, dookkaikhao, dookkaidam</em></td>
<td><em>Phlai, hohsaphankhwai, hua-ya-khaoyen, ya-nang-daeng, kwaokhruea-dam, kwaokhruea-daeng, kannika, neng, fahng, dookkaidam, dookkai-khao, wahntorahod</em></td>
<td><em>Fahngsen, hohsaphankhwai, hua-ya-khaoyennuea, kwaokhruea-dam, kwaokhruea-kha, dongdueng, plaonoi, wahnsaolong, cinnamon, homklai, komkhom, ka-sampik, sompoiwaahn, pohthong</em></td>
</tr>
</tbody>
</table>
### Table 5.2 (Continued)

<table>
<thead>
<tr>
<th>Network</th>
<th>Medicinal herbs nearing extinction</th>
<th>Medicinal herbs additionally planted</th>
<th>Medicinal herbs with young plants for distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kwan Indigenous Healers Group (Moh Mueang Network, Phayao Province)</td>
<td>Tuengkhreuakham, plao-luead, plalaiphueak, rang-yen, surapidkham, bangkha-ui</td>
<td>Rangjued, phlai, khaminkhreau, fatalajon, iangmaina, khanghoochang, khanghoooma, khonthaolummai</td>
<td>Naenghom or whansaoohom, rahoongdaeng, plalaiphueak, black sugarcane (oi-dam), oi-jued, cha-emton, tuengkhreuak-kham, nguantai-yahk, thaowanpriang, thao-en-ohn, panjakhan (jiao-koo-lahn)</td>
</tr>
<tr>
<td>Network</td>
<td>Medicinal herbs nearing extinction</td>
<td>Medicinal herbs additionally planted</td>
<td>Medicinal herbs with young plants for distribution</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------</td>
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</tr>
</tbody>
</table>
Table 5.2  (Continued)

<table>
<thead>
<tr>
<th>Network</th>
<th>Medicinal herbs nearing extinction</th>
<th>Medicinal herbs additionally planted</th>
<th>Medicinal herbs with young plants for distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kasetniwet Thepnimit Club, Chaiyaphum Province</td>
<td>Thongkwao-khruea, sakhahn, phayamuelek, huayakhaoyennuea, makrathueb-rong, sabooluead, tonkangkhao</td>
<td>Fatalaijon, saledphangphon, turmeric, wahnjailuea, phetsangkhart, boraphet, wahnngoo, wahnphrai, khaminloi, hua-phlai, wahnngkham, wahnmahamek</td>
<td>Wahnjaikhruea, saledphangphon, turmeric, ranjued, mahamek, wahnngoo, wahnphrai</td>
</tr>
<tr>
<td>Indigenous Healers Club for Indigenous Medicine Preservation, Udon Thani Province</td>
<td>Khao-yen, Khoya-yentai, jetmunphloeng</td>
<td>Saledphangphontuamia, ngueakplamoh</td>
<td>Khingko-ton, lodthanong, phangdee, da-kwang, ta-klai, ya-nuatmaeo, saledphangphon, ngueakplamoh, dee-pla-doh, samphanngah, wahnma, wahnchakmodlook, ma-khuea-bah, fatalaijon, lebkhrut, kluengklangdong, dooksai, chumhedthet, henkwang</td>
</tr>
<tr>
<td>Indigenous Healers in Phrae Province</td>
<td>Hua-roi-hoo, khoa-yennuea, rangron (maifai), pradonguead, cinnamon (obchoei-yuan)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Network</td>
<td>Medicinal herbs nearing extinction</td>
<td>Medicinal herbs additionally planted</td>
<td>Medicinal herbs with young plants for distribution</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
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<td>---------------------------------------------------</td>
</tr>
<tr>
<td>Indigenous Healers Club, Ubon Ratchathani Province</td>
<td>Takhrai-ton, fonsanehah, kha-ton, juanghom, ngio-dam, all kinds of pradong, pradonglueangtako (kamphaeng-jedchan), ta-kwang, kaen jampa, dooksai, dookkhao, kamphaeng-kaochan</td>
<td>-</td>
<td>Khattanong-phayabaht, kamphaeng-jedchan, kamphaeng-kaochan, tanokklod, siomondaeng, hahd, khi-hoddaeng, peep, krathin</td>
</tr>
<tr>
<td>Tabanphrai Medicinal Herbs Centre, Surin Province</td>
<td>Lamphookkhao, tabtaoton, salaeng, maifai</td>
<td>Tabtaoton, cinnamon</td>
<td>Phaya-ya</td>
</tr>
<tr>
<td>Indigenous Healers, Kanthararom Subdistrict, Khukhan District, Si Sa Ket Province</td>
<td>Pangkhee, ma-roei-kun</td>
<td>Saengphan-kruea, pradongluead, choeploeng</td>
<td>-</td>
</tr>
<tr>
<td>Indigenous Healers, Ang Thong Province</td>
<td>Chanson, jandaeng</td>
<td>Yangbong, janthana, janthet, peppercorn, dee-plee, theptharo, wahnprophhom, turmeric, khamin-oi, phlai, kritsana, takhian, yang-na</td>
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</tr>
<tr>
<td>Indigenous Healers, Ayutthaya Province</td>
<td>Takon, ma-ka</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Indigenous Healers, Ang Thong Province</td>
<td>Takona, bai-nahd</td>
<td>Galangal, lemongrass, phlai, turmeric, phlabphlueng, bai-nahd, bai-rahoong, wahnchakmodlook, kaffir lime, ma-room, aloe</td>
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### Table 5.2  (Continued)

<table>
<thead>
<tr>
<th>Network</th>
<th>Medicinal herbs nearing extinction</th>
<th>Medicinal herbs additionally planted</th>
<th>Medicinal herbs with young plants for distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Park Association, Uthai Thani Province</td>
<td>Khruea-yang-lueang, umlookdoonang, theptharo, toomtadaeng, hohsaphankhwai, bua-sandot, phaya-thao-sa-eo, akkkeethawahn</td>
<td>Wahnvangkham, wahn-enlueang, wahn-mahoh</td>
<td>Sanehsaolong, Thai cinnamon</td>
</tr>
</tbody>
</table>

3. Strengthening of local wisdom networks in health and indigenous medicine

The formation as networks of indigenous healers and agencies or organizations recognizing the values of local wisdom and indigenous healers is the direction for rural development of non-governmental organizations (NGOs) working at the local level; and their core concepts are villagers’ valuable wisdom and participation in networking to help the community to be self-reliant. Yongsak (2005) showed that the social process of indigenous healers had been pressed down until the AIDS crisis inspired the consciousness of existing indigenous healers to show off their potential. And then with the cooperation of social organizations, several groups of Northern indigenous healers were set up to provide shelters for people living with HIV/AIDS, which later on led to the establishment of the popular sector’s healthcare system.

In summary, according to the operations of this programme, the key success factors are the people in the networks having volunteer or public spirit to help others to be free of illnesses; and they also want to see their communities having the knowledge for self-protection or health promotion through the availability of local medicinal/herbal food as well as shady forests. Besides, it has been found that various networks have been working collaboratively with a common goal to effectively create power for forward movement using the following approaches:

1. Having a common goal, i.e. reviving and creating knowledge from the local wisdom that has been transmitted from previous generations for self-healthcare. Although such efforts are still in the process of developing concrete efforts, they have set a common goal at the individual, family, community and societal levels. However, there are a number of obstacles to achieving such a goal as the support is required from state agencies and local government organizations (LGOs) that have to establish their own systems and mechanisms for local development. For example, the Northeastern Thai or Thai-Isan Local Wisdom Network led by Mr. Yongyut Treenuchakorn developed the In-Paeng Network until it became a self-reliant community in a concrete manner; despite being incomplete, the network has become a role model and inspiration for working for the community in using local wisdom for self-reliance in health and economic development.
2. Using local cultural power. When working with indigenous herbalists networks, it has been found that, in addition to the diversity of knowledge and plant varieties within the various cultural dimensions of the Northeast (Northeastern-Lao and Northeastern-Khmer), the North (Lanna), the South and the Central Region, there are health-care cultures of different ethnic groups, which become the power for the networks to learn from, and enhance the capacity of, each other by adopting and applying the knowledge from others. This has helped the development to become contemporary. Besides, amidst the cultural differences, after the networks have been established, there have been trust, sharing, and support among all the members as evident in the case of exchanging rare plant varieties or propagating deficient plant varieties for other communities.

4. Development of models for use of indigenous medicine in communities

The most important goal of the development of indigenous medicine wisdom in communities is the utilization of knowledge as well as medicinal and food resources, and experienced/competent persons who are called indigenous healers (*moh phuen ban*) by villagers. If the project movement is undertaken through the strategy of knowledge/resource management and networking, the outcome that the community and society want to see is the apparent models of utilization that have been jointly designed, developed and used by the community, especially those that are beneficial for treating illnesses, reducing family’s health-care spending, and minimizing the chronicity and severity of frequently occurring diseases or illnesses, and possibly for health promotion and disease prevention.

Examples of indigenous medicine service models

4.1 Home-based model of indigenous medicine service

The home-based model of service is the original one that still exists in the community no matter how advanced the state health-care system has been; the original culture is still in use to serve local residents’ health-care needs. This is the case of Mr. Prasert Poomising, born on 12 September 1945, residing at 161/1, village no. 15 in Na Kham subdistrict, Si Mueang Mai district, Ubon Ratchathani province. Mr. Prasert is a rice farmer and indigenous healer, also serving as the Chairperson of the Indigenous Healers Club, Ubon Ratchathani.
Mr. Prasert’s expertise is treating (1) gout, (2) haemorrhoid and intestinal diseases, (3) gastric ulcer, (4) leukorrhea, (5) paralysis (loi), (6) cancer, and (7) spirit possession (khab phi), using the knowledge and skills gained from senior residents Phoh-ta Liam, Phoh-ta Son, Phoh Thawin, Phoh Loen, and Phoh Subin, the five healers/teachers that he highly respects. He has been doing the healing practices since 1961 when he was just 17 years old due to the inspiration to be a healer and ritual performer while observing Phoh-ta Liam treat patients and the practices of the healer who was treating his wife. So, he has been interested in being a healer to take care of himself and his family members.

The drug formulas that he uses are those for treating (1) gout, (2) haemorrhoid and intestinal diseases, (3) gastric ulcer, (4) leukorrhea, (5) paralysis, and (6) cancer, which were obtained from his teachers and some textbooks. The commonly used medicinal herbs nearing extinction are ton pradongluead, ta-krai-ton, kha-ton, janhom, juanghom, and ngio-dam collected from the edges of farm plots, streams, herbal gardens, and hills. He serves about 20 patients each month; most of whom are farmers, merchants and state officials coming for the treatment of (1) gout, (2) haemorrhoid and intestinal diseases, (3) leukorrhea, (4) gastric ulcer, (5) cancer, and (6) spirit possession (phi-sing). Mr. Prasert has got three followers who have been collecting herbs and preparing drugs together with him.

4.2 Temple-based model: the case of Wat Amarinthararam Health Centre in Surin province

Wat Amarinthararam Health Centre in Prasat district, Surin province, was established in the year 2000 under the leadership of Venerable Phrakhru Sophonbunyakit, the abbot of Wat Amarinthararam, who has realized the importance of indigenous health-care knowledge and the health problems of the people that have been lacking self-care practices. So, the abbot together with the community and the Tabanphrai Herbal Medicine Centre set up the Health Centre that focuses on providing indigenous medicine services.

During its first stage of operations, the centre organized a training programme on massage healing by the Tabanphrai Herbal Medicine Centre for those who wanted to become massage healers to help their family members who were paralyzed from a road accident or who often had muscular pain due to hard work. The group of massage trainees loved to do the actual practice with the patients until they were skillful; and they also took a study tour as well as additional training at the Wat Tha Lat Health Centre in Kut Chum district, Yasothon province, which is a community organization having been undertaking this kind of activities for a long time, through
their own management efforts. Moreover, they also had received more training from the Thai Traditional Medicine Promotion Foundation and Ayurved Vidhayalai (a college of Thai traditional medicine) to enhance their skills in home care for paralysis patients as well as in treating other symptoms. They are now more confident in providing massage therapy and playing the key role in operating the centre.

Later on, the massage healers learned about herbal drug formulas to be used for herbal massage therapy for common ailments in the locality from local indigenous healers in the community, namely Phoh Panod Watwiang and Phoh Thum Meebuddee, by studying medicinal herbs in the communities in Ta Bao subdistrict and neighbouring communities.

The group has developed themselves until they are recognized as the participants in resolving community health problems and are able to pass on the knowledge to other interested community members such as close relatives and neighbours as well as family members. And in the community, there are several persons with expertise in Jabtasai massage (indigenous massage) and a good knowledge about sen (primary energy lines) and how to relieve sen-related symptoms such as herbal uterine massage (nuad ya mod look) and scapula massage (nuad raksa sabak jom). So, the group has got an opportunity to enhance their knowledge and skills as well as to actually treat illnesses; and as a result, by word of mouth, they are now well-known at the district and provincial levels.

**Activities at Wat Amarinthararam Health Centre**

1. Providing health services with Thai massage, indigenous massage, herbal steam bath, herbal compression, and indigenous herbal drugs every day from 08:00 to 17:00 hrs.
2. Holding knowledge sharing sessions for senior and junior massage healers on medicinal herbs in the indigenous drug formulas.
3. Organizing medicinal herbs caravans to provide indigenous healing services for the villages in Ta Bao subdistrict, through which the groups can gain experiences and publicize their activities.
4. Organizing activities on medicinal herbs surveys and Paraei forest conservation together with the herbalists of the Forest Youth Committee, schools, and communities to learn about medicinal herbs for forest utilization and management purposes.
5. Producing herbal drugs, mostly herbal oil and herbal compresses, for use together with massage, using locally available raw materials.
4.3 Centre-based model of indigenous medicine services in collaboration with LGOs: the case of Suffering Relief Centre, Wang Saeng Health Promotion Centre in Maha Sarakham province

In Wang Saeng subdistrict of Maha Sarakham's Kae Dam district, some massage healers and indigenous healers were found to be skillful in massage therapy for treating the tendon system and in the use of herbal drugs for basic medical care, respectively.

Between 2007 and 2009, Mr. Somnuek Chaisong, Chief Executive of the Subdistrict or Tambon Administrative Organization, together with two technical officers, jointly drew up a project and asked for support from the Local Health Wisdom Development Programme with the Thai Holistic Health Foundation serving as the coordinating body. The project's aim was to collect, analyze, and synthesize the knowledge of indigenous herbalists for community health care and to design a management model for LGOs to support and promote indigenous medicine wisdom for community health care.

4.4 Caravan-based model for preserving indigenous medicine wisdom in Sakon Nakhon province

Under the Indigenous Medicine Knowledge Collection Project (supported by the Thai Research Fund), as an extension of the Local Health Wisdom Development Programme (coordinated by the Thai Holistic Health Foundation and supported by the Thai Health Promotion Foundation), more than 30 interested persons were trained as indigenous healers. Using the knowledge sharing approach with talking, discussion and demonstration techniques, the training was held at Wat Si Sa Ket in Sakon Nakhon's Mueang district, for the learners to share their knowledge. However, the healing skills could not be gained as expected because there were few patients coming to receive such services. It was deemed that if the healers could move to the community so that they could actually practise the skills with patients, their experiences and skills could be enhanced in treating illnesses as well as in promoting people's health conditions. So, a mobile indigenous medicine unit was set up to provide outreach services in Sakon Nakhon province for the villages with indigenous healers who are members of the club as they can help coordinate local arrangements and publicize the activities to the communities.
Chapter 5. Thai Traditional Medicine Wisdom

The caravan preserving indigenous medicine has been moving to various places in the communities using Buddhist temples as service camps. For each trip, the caravan starts the journey on Saturday morning and returns on Sunday afternoon; the caravan members comprise indigenous healers, Thai traditional healers and TTM students from Rajamangala University of Technology Isan Sakon Nakhon Campus, totaling 50 persons.

Conclusions

The popular sector health system, based on local health wisdom, has been successful in its first phase of operations, with the cooperation of networks of all regions, in all four strategies aiming to make communities become self-reliant. Over the past few years, the primary care system has been a complementary system; so, it can be stated that the popular sector health system is an element of the primary care system.

But in real-life situations, it has been found that the concept of primary care as actually practised in the health system has not covered the understanding of the profound health dimension. For instance, the understanding that the primary care system is just basic medical care or focuses on service provision and screening of patients as frontline health care before referring the patients to hospitals. Actually, the primary care system means or needs to do proactive (community-based) health care in the community with the understanding and conscience of holistic care as well as integrated and continuity of care.

Under the popular health sector or system using local health wisdom mentioned above, efforts have been made to use all the cultural foundation, linking several dimensions such as community values and physical and mental health-care approach, in working with state health-care facilities, in collaboration with LGOs. All these factors are the power that moves the primary care system as the popular health sector to take care of their own health with social capital and resources in the community, which will lead to the desirable well-being of the people on a self-reliance and sustainable basis.