

Curative Methods of Thai Traditional Medicine

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Abstract

The purpose of this study was to examine, identify, and accumulate all existing methods of Thai traditional medicine that were available in Chachoengsao Province, Thailand. All practitioners of a traditional system of medicine developed and selected methods of treatment, which had been existed in Thailand before the advent of European medicine, still flourish. Observing, interviewing, surveying, and using both of participatory and non-participatory descriptive qualitative researches were carried out in this study. The findings of this research demonstrated that most Thai traditional medicine practitioners were men in their old age, which were more than 60 years old, who had finished primary school and all of them had the knowledge or reading materials that were passed on and developed from generation to generation. Their beliefs concerning the causes of illness were different and we divided them into four groups, i.e., supernatural power, power of nature, power of the universe, and *kimijati* (Thai traditional medicine word). The examination procedures of Thai traditional medicine were done in a consequent manner, i.e., check patient's history with chief complaints, physical examinations, diagnosis, and astrological examination. The patterns of curative application or treatment were different depending on their beliefs regarding the cause of illness.

Keywords: Thai traditional medicine, Chachoengsao, Thailand,

Introduction

Thailand is a country that had about 90 % of the tropical ecosystems, which include humid tropical forest, coastal and mountain eco-regions. There is a significant diversity of flora and fauna. The country has about 15,000 species of plants that live in more than 10 different types of forest habitats ranging from tropical evergreen forest to mangrove (Thailand's world, 2012). This rich biological diversity is associated with the diversity of the ethnic groups in which each contributes a unique ethno-pharmacopeia and to a national therapeutic patrimony, which is the best in Asia.

Thailand has own system of traditional medicine, which is known as "Thai Traditional Medicine (TTM)". TTM has been known as one of the most valuable heritages handed down from Thai ancestors. TTM is still widely used in taking care of health in daily life especially among the rural Thais in spite of increasing popularity of Western modern medicine. Thais believe and Buddhism has largely influenced cultures, and they believe that illnesses are resulted from the imbalance of body. The treatment or healing of illness should focus in restoring the balance of body including mind and spirit.

TTM has been originated during the Sukothai period (A.D.695-834) and developed in parallel with the country as a means of national health care. Historical evidence has been shown that people start to use herbal medicine for health promotion and the treatment of various symptoms and diseases. A stone inscription from King Chaivoraman of the Khmer Kingdom indicated that 102 hospitals called arogaya sala were built to serve people throughout that Khmer Kingdom, as well as those found in the northeastern Thailand (Chokevivat and Chuthaputti, 2005).

The doctors that served the King during the reign of King Narai the Great (1656-1688), collaborated to compile a textbook of King Narai's medicines or Tamra Phra Osod Phra Narai, which was the first official textbook of Thai drug recipes. The revival of TTM was come in 1782. There were collected knowledge of TTM that was partly lost or destroyed during the war and inscribed on marble tablets and placed on the wall of two temples, namely Wat Po and Wat Raja Oros. The marble tablet inscriptions also included the principle of TTM and stretch exercise called ruesi dud ton with explanations of the symptoms or disease each massage spot or exercise posture could heal.

The modern medicine began to spread from the Western world to the East in the early 20th century resulting in a decline of the practice of traditional medicine in Thailand. Modern medicine eventually started to replace TTM and became Thailand's mainstream health-care system while TTM was neglected for over 60 years ago until the revival of TTM, which began in the late 1970s. The main reasons why the Thai government reconsidered the value of traditional medicine and decided to revive TTM and integrate it into the national health system could be summarized into six aspects, i.e., WHO policy on indigenous medicine and primary health care, the high cost of modern medicine and loss of self-reliance in health care, awareness of the limitations of modern medicine, problems with the quality of the TTM health-care system, the potential of herbal products and the practice of TTM for the country's economy, and the success of China and India concerning the integration of traditional medicine knowledge with modern medicine in their national health system (Chokevivat and Chuthaputti, 2005).

The development of TTM as a part of the national health care policy had been done simultaneously with drafting the law for the protection of TTM. TTM was first entered the

national health care system through the 4th National Health Development Plan(1977 to 1981), and it had been continuously integrated into the service system from the 5th to 9th National Health Development Plan(1982 to 2006). In this connection, the law for the protection of TTM namely the Protection and Promotion of TTM Intelligence Act B.E. 2542(1999) was also acted in 1999 and effective in 2000, which was under the supervision of the Ministry of Public Health (Thailand Law Forum, 2011).

TTM has been abandoned for more than a half century, so there are a few of folk healers that are present in each city. In Chachoengsao, there are 208 folk healers that lived in 11 districts and do not have any information about them. The transfer of knowledge that had been passed on orally from generation to generation is reducing in parallel with time. Therefore, The purpose of this study was aimed to examine, identify, and accumulate all information concerned existing methods of Thai traditional medicine that were available in Chachoengsao Province, Thailand.

Materials and Methods

Study design

A cross-sectional study was chosen as the best method to find out the curative methods of Thai Traditional Medicine in Chachoengsao Province, Thailand. Observing, interviewing, surveying, and using both of participatory and non-participatory descriptive qualitative researches were carried out throughout in this study.

Participants

The samples consisted of 208 folk healers who were registered in Chachoengsao Provincial Public Health office between October 2011 to October 2012 were used for collecting general data, while 20 folk healers were selected by using several criteria, i.e., loved to do, had the ethical, has been working as folk healer for more than five years and was well known in the community. Participants were selected by purposive sampling for semi-structured in-depth interviews and observations.

Data collection

This study used closed end questionnaire, which was developed from the questionnaire of Public Health Ministry for collecting general data of the participants. In order to collect data in a phenomenological research, the researcher conducted a face-to-face interview by using a tape recorder and in some cases, a protocol form. The researcher led the semi-structured questions, comprised of statement that encouraged the participants to recall and talk about an instance of incarceration that stood out in their mind. Then, one-on-one semi-structured questions with tape-recorded interviews were conducted on the 20 folk healers. Interviews began with open-ended questions about background, believes of illness, knowledge's used to treatments, methods of diagnosis and treatments. Participants were asked "What were the reasons that brought you to folk healers?" "Who and how did you learn about Thai Traditional Medicine?" "What was the believes of illness?" "How did you diagnosis your patients?" "What treatments that used for curing them?" The observations were used for recorded methods that used for curing.

Ethical consideration

Ethical approval for this research was obtained from the Research and Development Institute Ethics Committee, Rajabhat Rajanagarindra University. All participants were provided with information about the purposes of the research and the research process. They were given the opportunity to ask questions about the research, and were aware that they could withdraw from this research at anytime without negative consequences. The participants consented the researcher to use a tape recorder. There were no existing power relations between the researcher and the participants that could perceive coercion.

Data Analysis

Collected data were coded and entered into SPSS 15.0. Responses to the questionnaire were analyzed descriptively by sex, age, level of education, place of house, sources of drugs and type of diseases and had interpreted data in percent. For the qualitative questions, data were analyzed by content analysis.

Results and Discussion

Demographic characteristics

This study was found that 71.6 % of the 208 folk healer participants were men and distributed in many place of Chachoengsao such as 16.3 % in Bang Nam Prio district, 14.9% in Sanam Chai Khet district, 13.9% in Plang Yal district, and 13.4% in Tha Takiap district. Every place that mentioned above was far from the center of province. The populations were poor, low incomes, and low education. Their believes of illness did not like the modern medicine, so they liked to use TTM when they had a disease. Folk healers'age ranged from 21-90 years old and most of them were over 60 years old (61.05%). The majorities of participants had received primary level education. Folk healers were classified into six groups, i.e., the magic healers, the herbalists, the mor nammon (holy water healers), the ritual healers, the massage healers, and the midwives. It was found that among the folk healers, 36.3 % of them were herbalists, 25.6 % were mor nammon, 14.6 % were massage healers, 11.0 % were ritual healers, 10.4 % were magic healers, and 2.10 % were midwives. The characteristics of the study participants are summarized in Table 1-4

Table 1. Numbers and percentages of folk healers segregated by sex and place.

District Sex	Bang Nam Prio	Ban Pho	Phanom Sarakhm	Tha ta kiap	Sanam chai khet	Bang Pakong	Bang Kla	Maueng	Rat cha sarn	Plang Yal	Total
Male	21 (14.1)	14 (9.4)	10 (13.0)	25 (25.5)	24 (16.1)	14 (9.4)	8 (5.4)	2 (1.3)	8 (5.4)	23 (15.5)	149 (100)
Female	13 (22.0)	5 (8.5)	3 (5.1)	3 (5.1)	7 (11.9)	10 (16.9)	0 (0)	10 (16.9)	2 (3.4)	6 (10.2)	59 (100)
Total	34 (16.4)	19 (9.1)	13 (6.3)	28 (13.5)	31 (14.9)	24 (11.5)	8 (3.8)	12 (5.8)	10 (4.8)	29 (13.9)	208 (100)

Table 2. Numbers and percentages of folk healers segregated by age and place.

District Age	Bang Nam Prio	Ban Pho	Phanom Sarakh m	Tha ta kiap	Sanam chai khet	Bang Pakong	Bang Kla	Mauen g	Rat cha sarn	Plang Yal	Total
21-30	1 (2.9)	1 (5.3)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (1.0)
31-40	2 (5.9)	0 (0.0)	0 (0.0)	4 (14.3)	3 (9.7)	2 (8.3)	0 (0.0)	5 (41.6)	1 (10.0)	0 (0.0)	17 (8.2)
41-50	1 (2.9)	1 (5.3)	0 (0.0)	4 (14.3)	8 (25.8)	3 (12.5)	1 (12.5)	0 (0.0)	2 (20.0)	3 (10.4)	23 (11.0)
51-60	6 (17.7)	2 (10.5)	2 (15.4)	9 (32.1)	5 (16.1)	7 (29.2)	2 (25.0)	2 (16.7)	0 (0.0)	5 (17.2)	40 (19.2)
61-70	9 (26.5)	5 (26.3)	5 (38.5)	9 (32.1)	10 (32.2)	5 (20.8)	3 (37.5)	2 (16.7)	4 (40.0)	11 (37.9)	63 (30.3)
71-80	14 (41.2)	9 (47.3)	5 (38.5)	2 (7.2)	3 (9.7)	4 (16.7)	1 (12.5)	3 (25.0)	3 (30.0)	10 (34.5)	54 (26.0)
81-90	1 (2.9)	1 (5.3)	1 (7.6)	0 (0.0)	2 (6.5)	3 (12.5)	1 (12.5)	0 (0.0)	0 (0.0)	0 (0.0)	9 (4.3)
Total	34 (100)	19 (100)	13 (100)	28 (100)	31 (100)	24 (100)	8 (100)	12 (100)	10 (100)	29 (100)	208 (100)

Table 3. Numbers and Percentages of folk healers segregated by education and place.

District Education	Bang Nam Prio	Ban Pho	Phanom Sarakhom	Tha ta kiap	Sanam chai khet	Bang Pakong	Bang Kla	Maueng	Rat cha sarn	Plang Yal	Total
Non- education	9 (26.5)	0 (0.0)	0 (0.0)	1 (3.6)	6 (19.4)	3 (12.5)	1 (12.5)	1 (8.3)	0 (0.0)	0 (0.0)	21 (10.1)
Primary level	24 (70.6)	18 (94.7)	13 (100)	24 (85.7)	20 (64.5)	21 (87.5)	6 (75.0)	10 (83.4)	9 (90.0)	26 (90.0)	171 (82.2)
Junior high school	0 (0.0)	1 (5.3)	0 (0.0)	1 (3.6)	2 (6.5)	0 (0.0)	1 (12.5)	0 (0.0)	1 (10.0)	2 (10.0)	8 (3.9)
Senior high school	1 (2.9)	0 (0.0)	0 (0.0)	2 (7.1)	3 (9.6)	0 (0.0)	0 (0.0)	1 (0.0)	0 (0.0)	0 (0.0)	7 (3.3)
High vocational certificate	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Graduate	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.0)	1 (0.5)
Total	34 (100)	19 (100)	13 (100)	28 (100)	31 (100)	24 (100)	8 (100)	12 (100)	10 (100)	29 (100)	208 (100)

Table 4. Numbers and percentages of folk healers segregated by type of folk healer and place.

District type	Bang Nam Prio	Ban Pho	Phanom Sarakhom	Tha ta kiap	Sanam chai khet	Bang Pakong	Bang Kla	Maueng	Rat cha sarn	Plang Yal	Total
Magic healer	4 (9.3)	4 (11.4)	3 (14.3)	4 (8.3)	5 (8.5)	4 (11.8)	1 (6.6)	1 (8.3)	1 (8.3)	8 (16.3)	34 (10.4)
Herbalist	10 (23.2)	10 (28.6)	9 (42.9)	24 (50.0)	25 (42.4)	8 (23.5)	7 (46.7)	3 (25.0)	4 (33.3)	19 (38.8)	119 (36.3)
<i>Mor nammon</i>	20 (46.5)	9 (25.7)	5 (23.8)	7 (14.6)	15 (25.4)	9 (26.5)	4 (26.7)	1 (8.3)	4 (33.3)	10 (20.4)	84 (25.6)
Ritual healer	2 (4.7)	7 (20.0)	1 (4.7)	7 (14.6)	5 (8.5)	5 (14.7)	0 (0.0)	1 (8.3)	1 (8.3)	7 (14.3)	36 (11.0)
Massage	5 (11.6)	5 (14.3)	3 (14.3)	4 (8.3)	8 (13.5)	8 (23.5)	3 (20.0)	5 (41.7)	2 (16.7)	4 (8.2)	48 (14.6)
Midfife	2 (4.7)	0 (0.0)	0 (0.0)	2 (4.2)	1 (1.7)	0 (0.0)	0 (0.0)	1 (8.3)	0 (0.0)	1 (2.0)	7 (2.10)
Total	43 (100)	35 (100)	21 (100)	48 (100)	59 (100)	34 (100)	15 (100)	12 (100)	12 (100)	49 (100)	328 (100)

NOTE: one folk healer might be two or more type of folk healer.

Knowledge's of TTM were transferred from generation to generation. This study was found that 37.4% of folk healers received knowledge from their ancestor, 21.5 % from teacher, 2.6 % from school, 15.4 % from text, 19.9 % from experience, and 3.2% from others. Table 5 showed numbers and percentages of this characteristic.

Table 5. Numbers and Percentages of folk healers segregated by sources of knowledge and place.

District type	Bang Nam Prio	Ban Pho	Phanom Sarakhm	Tha ta kiap	Sanam chai khet	Bang Pakong	Bang Kla	Maueng	Rat cha sarn	Plang Yal	Total
Ancestor	21 (46.7)	14 (48.3)	9 (30.0)	16 (24.2)	23 (31.5)	19 (55.9)	5 (31.2)	10 (52.6)	7 (46.7)	17 (34.0)	141 (37.4)
Teacher	8 (17.8)	7 (24.1)	6 (20.0)	18 (27.3)	13 (17.8)	7 (20.6)	5 (31.2)	1 (5.3)	2 (13.3)	14 (28.0)	81 (21.5)
School	2 (4.4)	0 (0.0)	1 (3.3)	1 (1.5)	3 (4.1)	1 (2.9)	1 (6.3)	0 (0.0)	0 (0.0)	1 (2.0)	10 (2.6)
Text	5 (11.1)	2 (6.9)	6 (20.0)	12 (18.2)	14 (19.2)	4 (11.8)	3 (18.8)	3 (15.8)	3 (20.0)	6 (12.0)	58 (15.4)
Experince	9 (20.0)	4 (13.8)	7 (23.4)	17 (25.8)	17 (23.3)	3 (8.8)	2 (12.5)	4 (21.0)	2 (13.3)	10 (20.0)	75 (19.9)
Others	0 (0.0)	2 (6.9)	1 (3.3)	2 (3.0)	3 (4.1)	0 (0.0)	0 (0.0)	1 (5.3)	1 (6.7)	2 (4.0)	12 (3.20)
Total	45 (100)	29 (100)	30 (100)	66 (100)	73 (100)	34 (100)	16 (100)	19 (100)	15 (100)	50 (100)	377 (100)

NOTE: One folk healer might be two or more types of sources of knowledge.

Methods of Diagnosis and Treatment

It was found that the treatment procedures were mostly mixed, usually involving “Blowing methods” combined with other types of treatments. However, the type of folk healers varied the major method of disease diagnosis and treatment. It was found that the methods for diagnosis and treatment of folk healers were as followings:

Magic healers’ diagnosis

This type of folk healers believed the cause of illness was supernatural power. The examination and diagnostic procedures were patients’ history and chief complaint, usual behaviors or habits, and physical examinations. Some folk healers asked person who was supernatural power to help them.



Figure 1. Picture shows “Father Doctor Shivago Komarpahj” contemporary of the Buddha whom all Thai folk healers respected.

The case study was Mor Prateung, he used four elements for curative, i.e., earth, water, wind, and fire. Earth was a charcoal, while water was holy water, where wind was blowing and fire was hot steel knife. Figure 2 shows four elements.



Earth and Fire



water



Wind

Figure 2. Pictures showing four elements that Mor Prateung used for curing patients.

Herbalist

The herbalists believed that illness was due to an imbalance in the four basic elements of the body, the effect of external elements, the environment that could affect human health, the seasons (heat and cold) during different seasons clearly affected human health and inappropriate behaviors that can be the causes of illness. They used herbal medicine to cure patients. The knowledge used to cure was transmitted through face-to-face teaching in a form of apprenticeship. They learned about plants to be used. This kind of apprenticeship style teaching was principally oral. The teacher showed where and how to find the plants, and what they look like, how they smell and taste. The oral teaching was mixed with the textual knowledge of medical manuscripts. The written texts contained herbal formulae but the core information, which was important to practice was orally based and taught by the teacher. Figure 2 showed some herbal medicines that Mor Gim used to cure patients.

According to the diagnosis procedure, Mor Gim asked patient's history, chief complaints and unusual behaviors or habits. He used physical examination mixed with patient's history and then diagnosis. After that, Mor Gim used the medical plants from his house or that was found in the village or community forest, which he dried it in the sun and stored it in the dry place. He liked to use these handmade plant medicines more than plant medicines from store. He said that he did not confide the plant medicines from store.



Figure 3. Pictures showing some types of medical plants from Mor Gim's house.

***Mor nammon* (Holy water healers) and *Mor Paw* (Blowing traditional healers)**

The case study was Mor Thavorn Vorarat. His believes of illness were human illness could caused by power of the universe, i.e., positive and negative influences from the sun, the moon and the stars on human health. He received the knowledge from the respective and wellknown monk. He used the holy water, the holy oil, blowing and herb medicines to cure the patients. Figure 4 shows the holy oil and the procedures that Mor Thavorn used to cure the patients.



Figure 4. Holy oil from animal parts and the curability by blowing which Mor Thavorn used to cure patients.

Ritual healers

The case study was Mor Somnuk Dethpipat. His believed of illness were human illness that could cause by power of the universe, i.e., positive and negative influences from the sun, the moon and the stars on human health. So, the examination and diagnostic of ritual healers were astrological examination and the others. Some ritual healers might perform astrological examination of patients to determine if their illness were the results of stars, a supernatural power or bad karma. If so, a form of rites was usually performed to psychologically boost the patient's morale.

He learned the methods to examine astrological from his respective and well known monk. He used the birthday, month and year of patient to calculate and using seven or twelve figures to predict patient's life. Figure 5 shows how to calculate. After that, He would recommend the patient to have the ritual if the astrological was bad. The types of rituals used in the healing process were, i.e., lai pe (exorcise), su kwan (welcoming back the spiritual part of the body), sador kraw (performing a ceremony to change one's bad fortune. Figure 5 shows the shelf that Mor Somnuk had been respected.

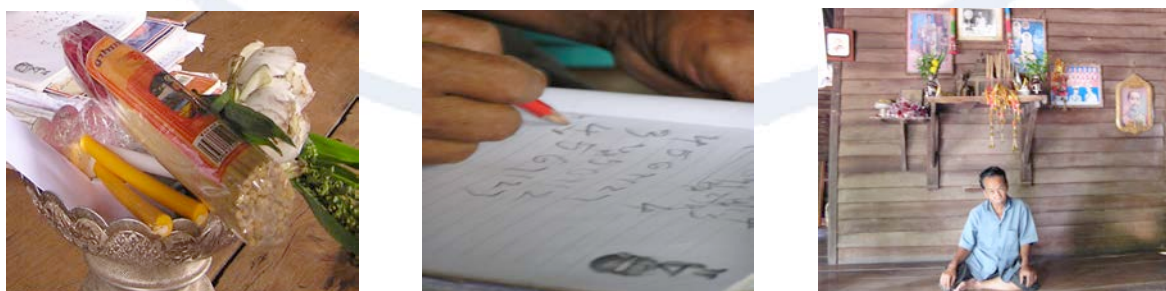


Figure 5. Pictures showing the things giving for teachers, calculating method, and Shelf of the holy things.

Massage healers

Thai traditional massage was a branch of TTM and a form of manual therapy that could be used for health promotion or relaxation and could also effectively cure or relieved several symptoms and disease, e.g., myofascial pain syndrome, frozen shoulder, and tension headache.

The case study was Mor Moltin Kamponson. She was 37 years old. She learned massage from her mother in law who was a massage healer. Her belief of illness was fat, lacked of exercise and did not had massage for relaxation. She did not like to learn massage but her grandmother (who was a midwife) kept asking her to accompany her when she went to work until she was married and her mother in law had taught her again and kept asking her to accompany her when went to massage. The method of teaching was demonstrated how to position the patient, how the masseur should be positioned, how to examine the Sen (line), and how to apply pressure to particle points. The oral teaching process was based on practical situational learning. In addition to the practical skills of massage, she was learned about herbal medicine preparation called Luk Pra Kub and included all aspects of ritual, such as the incantations, khaa thaa that used with massage.

The method of diagnosis was done as followings; she asked the patient's history and chief complaint, then she used her hand to catch Sen in the body. The abnormal Sen was hard and did not rough. Using her thumb did her treatment and four fingers to pull the abdominal Sen. Materials that used with massage were oil and Luk pra kub. The formula of oil and Luk Pra Kub was passed to from generation to generation, the components of Luk Pra Kub were a blend of medical herbs, and tied in a cotton cloth to make a round shaped ball with a handle on top (Figure 6)



Figure 6. Picture showing *Luk Pra Kub*.

The components of oil were coconut oil, plai and garlic (*Allium sativum* Linn.) and before its application to the affected area of the body, *Luk Pra Kub* must be steamed for about 10-15 minutes. The heat helped to increase the regional blood flow and the release of volatile oils from the herbs helped to exert anti-inflammatory action on the affected muscles. The hot *Luk Pra Kub* compression and oil were used in combination with massage. The reason to use oil with *Luk Pra Kub* was to smooth the skin while performing massage.

In the case of patient had a large body, she must used her elbow and her feet to help the massage. Figure 7 shows the methods that Mor Moltin used to massage patient.



Figure 7 Showed some positions of massage by Mor Moltin and her partner.

Midwives

Midwife was a part of TTM, which combined a mix of natural practices with believes, ritual, and tradition.

In the case study, Mor Eed Sanggaew who was 72 years old and was married to Mr. Aaj Sanggaew who immigrated into Bang Nam Prio district where it was very difficult, if she would like to go to Chachoengsao Hospital. So, at the time when she had the first child, she delivered her newborn child by herself. She had eight children, she delivered all of them and she was a mid wife for all of her daughter also, that was very pride of her. She had a midwifery professional that no longer help to deliver baby but to provide pre-and post- natal care and treatment for some minor illness.

Mor Eed was only one daughter of her parents. Her mother was a midwife. So, when she went to deliver a newborn, she had to bring Mor Eed with her. She learned how to deliver baby, how to cut the umbilical cord by using a small-sharp bamboo blade, how to take care mother and her baby.

Mor Eed had diagnosis the time to deliver the newborn child by observing mother's symptoms and had internal examination by using her finger inserted into mother's vagina for touching baby's head and umbilical sac.

When Mor Eed should be going to work, she had to do ritualize by asking her bone's parents on shef to help her for successiveness work. Also, she had asked the permission of The holy civils of the patient. The procedures to deliver a newborn child was following : 1) Inserted her finger into mother's vagina 2) If umbilical sac didn't break, used her nail brak it 3) Waited until seeing baby's head over then used her hands supported baby's head and helped mother by pushing softly manner on mother's abdominal 4) Waited until placenta was off 5) used a small-sharp bamboo cut the umbilical cord 6) Bathed a newborn baby 7) Had ritual

and tradition for a newborn baby and 8) Provide Yu Fai (heat therapy) for mother. During this month, mother was received herbal therapy which included massage with an herbal compress known in Thai as Luk Pra Kub abdominal salted herbal massage, heating the vagina and around area by sitting over a herbal hot charcoal seat, and herbal souna.

Conclusion

TTM occupies a very important basic health care of Thai peoples and rural area in particular. It consisted of Thai culture and way of life, and based on the principles of Buddhism. TTM used various forms of practices to complement each other, e.g., medicine, massage, Buddhist rites, as well as other rituals based on the believes in supernatural power or power of the universe. TTM was a holistic and natural approach of health care that was a holistic and natural approach of health care that was derived from the wisdom of Thai ancestors.

It was found from this study that folk healers had knowledge from the teacher or the old generation. In addition, they also learned by memorizing the inscriptions on the palm leaf medical textbooks. His experience on the treatment of the patients was gained by self-training, not by formal education from medical school. The four factors that influence the existence of folk healers were the life style of people, the acceptance by the community, the satisfaction and the cost of treatment. The majority of life style of people was farmer who worked in agriculture fields where their way of lives depended on the nature. They believed in supernatural power. So, when they need medical doctors, they still preferred traditional doctors because traditional doctors understand them. The acceptance by the community was one factor that related to their abilities in curative patients. The satisfaction of the style of traditional medical services was one of another factor that related to the characteristics of traditional medicine doctors, and the cost of treatment should not high as compare to the standard of living of people in that area.

It was found also that there were many folk healers in six types of folk healers in Chachoengsao. Most of them were men in their old age, more than 60 years old. So, there was a lack of person who handed down the most valuable heritages except Thai massage and herbal medicine, which the future prospects were rather positive. In order to ensure safe and healthy for medical herbs and massage, the Chachoengsao Provincial Public Health Office was to be setting program for surveillance medical herbs. The methods to solve a problem lacking of person who handed down, schools had to set a community curriculum by asking the folk healers in a community to help both, setting a curriculum and teaching.

If the Thailand society did not accept TTM, then research should be focused on the effective of TTM.

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