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# Introduction

This is a book about the diversity of traditional medicine in Thailand, both historically and in contemporary practice. Thai Traditional Medicine (*paet phaen tai*, abbreviated TTM) is today an officially recognized medical system alongside modern biomedicine and Traditional Chinese Medicine. The paths to medical licensure in each of these government-recognized arenas are comparable, but quite separate. TTM practitioners, as defined by the government, are those “practicing the healing arts by means of knowledge gained from traditional texts or study which is not based on science.”<sup>1</sup> Every formally trained TTM practitioner is required by the government to study a standardized curriculum, which typically includes at least three years of training to become a full physician (*mo boran* or *mo phaen boran*). The arts of therapeutic massage or traditional pharmacy can be learned in two-year programs, and traditional midwifery in one. Shorter training for massage therapists lasting several weeks or months is also a popular option, leading to the ability to work in the tourism and spa industries, although not full recognition as a doctor (*mo*). All of these programs are overseen by the Ministry of Education, and graduates are licensed and regulated by the Ministry of Public Health through a process parallel to that which regulates physicians, nurses, and other practitioners of biomedicine. A study in 2009 counted over 47,000 practitioners in various branches of traditional medicine—a number that did not capture the many thousands of massage therapists working in the spa and tourism industries.<sup>2</sup>

TTM is increasingly popular in Thailand; however, traditional medicine in Thailand is much more than TTM, and extends far beyond the government-recognized and -regulated system. Scholars have searched for the best terminology to describe these other traditions. Several, including Brun and Schumacher, have spoken of there being two bodies of traditional medicine: “royal” (i.e., medicine practiced at the court among learned doctors historically, and among TTM practitioners today), and “rural” (i.e., the eclectic and unregulated practices of the village).<sup>3</sup> Other scholars, such as Hinderling and Golomb, have demonstrated that so-called “rural” practices are just as

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popular in the modern cities, and that there is no strict urban-rural bifurcation.<sup>4</sup> Heinze's work has tended instead to refer to "elite" and "folk" medicine,<sup>5</sup> but this too seems unsatisfactory because it promotes the view that there are two separate traditions of healing that neatly correspond with distinct social groups, which also does not match reality.

I believe that rigidly applying labels such as these distorts our picture by oversimplifying the messy realities of traditional healthcare in Thailand. In this book, I consequently will use the phrase "traditional Thai medicine" to refer to a wider range of practices and ideas than are typically encompassed by the government label "TTM." For convenience, I will sometimes use the term "official medicine" to refer to the bodies of medical knowledge that have been recognized and regulated by the Thai government, that have been written about in historical texts associated with the royal court, and that historically and today have been associated with universities, temples, and other official institutions. In contrast, I will use the phrase "popular medicine" to refer to the healing practices that have often been omitted from official accounts of medicine, that remain largely unregulated by the government, and that have been and continue to be associated with the common practices of ordinary people.

While I do not want to impose these categories too rigidly, "official" and "popular" medicine do seem to have some differences worth exploring. Official Thai medicine is heavily influenced by Indian medical and religious models. As I will discuss below, the official TTM system that is taught at licensure schools and that is regulated by the government today looks to Indian tradition as its theoretical foundation. Much of the basic theory of official Thai herbal medicine, for example, is based on the Ayurvedic system. Thai massage—at least as recognized, regulated, and promoted by the government—likewise is related to Indian *hatha yoga*. Both are legitimized through association with Theravada Buddhist legends and rituals.

However, any analysis of traditional medicine cannot focus solely on official bodies of codified knowledge, but must also discuss the ways in which healing practices are actually experienced in daily life by ordinary people. In fact, the *mo boran* (traditional doctor), *mo ya* (traditional herbalist), and *mo nuad* (massage doctor) associated with TTM are joined

by a huge variety of other *mo* (doctors, healers) practicing all sorts of unregulated healing practices. These popular healers also may draw inspiration from Theravada, Ayurveda, and yoga, but just as often incorporate aspects of indigenous Tai spirit religion,<sup>6</sup> Chinese religion, or Tantric magic. Such healing practices are pervasive throughout Thailand today, despite the fact that they have been largely ignored in the government licensing and regulatory regime. If we are to give a balanced and accurate account of traditional medicine in Thailand, there is no way we can overlook them.

Though I use the labels “official” and “popular” as terms of convenience to distinguish between various types of practices, I strongly believe from my own research and field study that healing in Thailand is best thought of not as a bipartite system, but rather as a “medical marketplace” in which practitioners of many different stripes offer many diverse healthcare products and services, which are often based on divergent medical models. Official Thai medicine as taught at the government-recognized traditional medical schools is, of course, a major ingredient in the marketplace. But, the village shamaness using eggs to exorcise ghosts from her neighbors is a part of the same overall healthcare system. The Buddhist monk offering purification rituals, the bestower of magical protective tattoos, and the bone-setter each contributes to this marketplace as well. In fact, once we begin to look around beyond the confines of government-regulated TTM, we find that there are many different forms of healing co-existing in Thailand today. Divergent therapies, views of the body, and ideas about illness are brought together in unique and idiosyncratic ways by individual practitioners, and although there are some central ideas that permeate across more than one group, no two practitioners are alike in every way.

It is very difficult for an outside observer to ascertain what determines individual patients’ decisions in the medical marketplace. What types of healers patients seek out for specific ailments is influenced by a complex and idiosyncratic blend of economic, social, cultural, political, institutional, and personal factors that anthropologists and sociologists would find impossible to fully document for a society as complex as contemporary Thailand.<sup>7</sup> However, we might schematically model the Thai patient’s choices using a metaphor

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introduced by the medical anthropologist Arthur Kleinman.<sup>8</sup> Imagine that the medical marketplace in Thailand is a dim-sum restaurant, in which the various types of healers are represented by waiters circulating small carts of food. Customers in a dim-sum restaurant help themselves to the food on the carts as they pass by, and similarly, patients select what services they like and can afford from the healers to whom they have access. Although the food is all coming out of the same kitchen, each customer in the dim-sum restaurant winds up with a unique meal. Analogously, although the whole range of therapies is all part of the same Thai medical culture, the specific options each patient selects when sick is likely to be different. The range of diversity of the customer's meals in the restaurant depends on how many different carts of dim-sum are in circulation. As we will see, in Thailand, there are many carts. This means that the spectrum of traditional therapeutic options is extremely wide, and that healthcare is highly unique and personal both for those providing and those consuming it. While this reality challenges the scholar's ability to generalize, this diversity is in fact an acknowledged feature of traditional Thai medicine, and has been found to be valued and desirable by those who patronize this system in their daily lives.<sup>9</sup>

This book attempts to give an overview the major features of some—though by no means all—of the diverse sources of traditional medical knowledge in Thailand, providing both historical background and a description of contemporary practice. This is primarily a literature review that is meant mainly to summarize and frame the existing English-language scholarship on Thai medicine that has been done to date. (As I do not read Thai at an academic level, I will not be including the scholarship in that language, though some works are listed in the bibliography.)<sup>10</sup> I will occasionally contribute to the discussion my own ethnographic observations made during the periods I apprenticed in traditional Thai healing while living in Chiang Mai for 26 months between 1997 and 2001, and on subsequent visits to various parts of Thailand for three months in 2004 and 2012.

My own training in Thai medicine was undertaken in a piecemeal way with many different well-known and not-so-well-known teachers over a relatively wide span of time. My principal place of learning was the Shivagakomarpaj Traditional Medicine Hospital (fondly known among

Western students as the “Old Medicine Hospital”) in Chiang Mai, at which I sojourned as a student and, briefly, as a substitute teacher. Founded in 1973 by Ajahn Sintorn Chaichakan, it was at the time I was in Chiang Mai the most prestigious traditional medical training center in Northern Thailand. Today it remains an influential government-licensed school for Thais, a school of massage for tourists, and a community clinic offering free traditional healthcare to the surrounding villages. In many ways the Old Medicine Hospital sits at the nexus of official and popular medicine, as it both conforms to the national curriculum and also self-consciously incorporates local healing knowledge into its programs. Another of my principal sources of information was “Mama Lek” Chaiya Thiwong, a respected Chiang Mai healer with whom I spent much time on the living room floor learning herbal practices. Additionally, other teachers shared their time and knowledge with me in shorter training sessions over the years in Chiang Mai.

In addition to materials collected from these more or less formal educational encounters, I have also benefitted from observing and interviewing dozens of traditional healers in Chiang Mai and Bangkok, as well as in-person conversations and online interactions with hundreds of Western students, practitioners, and teachers over the past two decades. Much of this ethnographic work is being collected in a separate project that I intend to publish in the near future with an academic press for an academic audience. Here, my intent is to produce a readable review of the historical and anthropological scholarship for Thai massage enthusiasts, tourists traveling in Thailand, and general readers interested in the topic. For the 2015 edition of this book, I have done a considerable amount of re-editing and reorganization of the contents, have updated some of the references, and have almost entirely rewritten the chapter on massage based on more recent research. (I also have omitted some of the tables presented in the appendix of the first edition, as these have been rendered obsolete by Tracy Wells’s contribution to Jacobsen & Salguero 2014.)

It is quite clear to me that this book is just a beginning, and it is offered in the spirit that all of my publications on Thai medicine to date have been: It is my sincere hope that, despite its shortcomings, this book may inspire Western practitioners and enthusiasts of Thai healing arts to take the whole spectrum of

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Thai medicine more seriously, and to appreciate its diversity as they continue to develop this field of study. As is traditional to say on these occasions: in my presentation of this material, I hope I may have made some small contribution to the tradition my teachers have graciously shared with me. If I have, then any credit due is due to them for their selfless interest in my learning and their willingness to share their wisdom. Any shortcomings in my presentation or my understanding are mine alone.

## Notes

1. Mulholland (1979c), p. 224.
2. Chuthaputti & Boonterm (2010), p. 111. Figures for 2005 are reported in Chokevivat (2005), p. 4.
3. Brun & Schumacher (1994).
4. Hinderling (1973) and Golomb (1985).
5. Heinze (1992).
6. Note that in this book I use the conventions “Tai” to refer to the ancient ethnic group that is scattered throughout Southeast Asia and “Thai” to refer to the residents of the modern nation Thailand.
7. See work such as Burnard et al. (2006) and Iida (2014) for the contemporary context. Hinderling (1973) and Golomb (1985) are useful historical studies.
8. Kleinman (1980), p. 96.
9. Golomb (1985), p. 146.
10. A review of Thai historiography is available in Muksong & Chuengsatiansup (2012).