

CHAPTER 6

INTERVIEW ANALYSIS

6.1 Prior to Interviews

This chapter is to look at the actual content of interviews and the following analysis through “key informants” as earlier mentioned in the methodology section of a “Qualitative research”. The interview questions are made in line to clear the initial two objectives of this thesis. I have mentioned earlier that the two initial objectives are “to analyse the situation concerning the use of traditional medicine by the middle – class in Thai urban society, and to investigate factors associated with the use and non-use of traditional medicine by the urban middle-class in Bangkok”

During the earlier methodology section, I consider the situation analysis may well be to learn from others in order to understand further the issues of the Middle – Class and the Bangkok people through the instances of use of traditional medicine as well as factors associated such use or non-use. The issues of the Middle – Class and the Bangkok people are already covered earlier. But this time, it is the equally important task of knowing what it means by the traditional medicine as the situation analysis and the factors associated with such uses and non-uses and from various key informants on this field. It has also been mentioned at the introduction chapter that there is a need to look at some new developments that could have changed the paradigm in the fields of health care and treatment or “Part 3” of historical development concerned with traditional medicine in Thailand. Part 1 could be the stage where a use of traditional medicine as a “way of life” and a “part of everyday life” (i.e. “folk medicine”). Part 2 was described as the advent of the “Westernization” in Siam especially after the time of King Rama 3rd to King Rama 5th. It was when the alternative choices of western medicine started gain the status when old and traditional style of medicine began to lose the power as a part of everyday life.

There are several combined approaches other than interview to furnish this piece of work. Literatures are reviewed, and the list of such materials is prepared at the very last of this thesis for references. To name a few, libraries at the College of Public Health, the Faculty of Political Science, the Center of Academic Resources and the College of Population Studies have been regularly visited. Those are together with the interview analysis coming shortly.

There are some criteria of selecting the key informants in this interview analysis. One is to look at those who have actually taken part in the so-called "new developments" in the field of health care that could have well shifted the paradigm in the use of traditional medicine in Thai society. Two of such criteria is to make interviews with key informants who are specialists in this field that are also the decision-makers and the pioneers in the field of use of traditional medicine that are otherwise difficult to get in touch with. The third such criteria is to know the perspectives of the key informants that are specialists in traditional medicine and, at the same time, may also be aware of the Middle – Class issues and the Bangkok people. The issues of the Middle – Class and the Bangkok people are, to my understanding, sparsely related or not related to the field of medicine at all. But the interpretation of the thesis title as well as the situation analysis was mentioned earlier that I am interested in the issues of the Middle – Class and the Bangkok people. And I have felt that the issues of the

Middle – Class and the Bangkok people could be further understood by taking the instances of use of traditional medicine from various angles, such as the meanings of the medicine and the factors associated with such uses and non – uses. Therefore, there is a third criterion to get the key informants that are unlikely to be the specialists on the social science proper but are likely to willingly answer to the questions in relation to the issues of the Middle – Class and the Bangkokians.

Numerous visits were made to the Ministry of Public Health in Thailand and the National Institute of Thai Traditional Medicine which will be dealt as each and separate analysis after key informants. The College of Ayurvedic Medicine and a NGO group "The Friend of Nature's club" will also appear as one of the key analysis, which were also on the list of my visits made for the preparation of this thesis. As for the analysis on the Middle – Class Bangkokians, there is already a separate chapter earlier on this regard. There will also be an analysis on the factors associated use and non – use of traditional medicine as earlier set for the two objectives.

The list below shows the specific interviewees in alphabetical order regarding the key informants. Questionnaires had been sent prior to my interview visits at various locations in order to help the interviewees prepare for the questions that I had thought scope to make. The definition of "In – depth interview" almost sounds that there should not be any questionnaires by insisting on a 'natural' setting for such interview. But without asking anything, there would be no response, and the questionnaires were sent prior to the key informants' replies. Nevertheless, it is also "In – depth interview" and the coming analysis would not be a direct and straight question and answer style, for possible inclusions of other related information such as literature reference with the questions made. There are cases when I did not get the meaning of the key informants' reply or there was no specific answer to questions that I have made. It is also in this respect that the analysis is on a style of thick description. The details of the interviews as well as my interpretations are reflected on the coming analysis with or without the intentions of the references made in specific to a particular interviewee or interviewees. There are 8 key informants in this section: Dr. Bunruang, Dr. Chantana, Dr. Komart, Dr. Pennapa, Khun Rosana, Dr. Wichai & Khun Rujinart and Khun Yongsak.

Dr. Bunruang is the Dean of the College of Ayurvedic Medicine at Bangkok, Thailand.

Dr. Bunruang is important as "key informant" as she is taking part in the new development in the field of traditional medicine that could have shifted the paradigm in health care and treatment. She is also the pioneer in this field who has lead the College of Ayurvedic Medicine. The details of her activities at the Ayurvedic Vidyalai will appear on the section of "new" development towards the year 1993 in the coming analysis. I have sent questionnaires prior to my visit to the College of Ayurvedic Medicine. The inquiry was made on the issues of the College's activities and its role towards Thai traditional medicine and massage. The College of Ayurvedic Medicine should be noted as the very first, Ministry of Public Health's recognized medical school in the field of Thai traditional medicine. And the school has set the prototype of numerous state health training centers that have been set up AFTER the official re- recognition in the year 1993.

Q1). What do you think are the factors that the middle class Bangkokians use the traditional medicine ?

Q2). What do you think are the factors that the Middle – Class Bangkokians do *not* use the traditional medicine?

Q3). Please describe the historical development of Ayurvedic College.

Q4). Do you see any increase/ decrease/ no change on the application /entrance / graduation of the students to Ayurvedic College since the establishment as well as the year 1993 to 1998? Do you have actual figures?

Q5). Why do you think that there are changes on the number of students to the Ayurvedic College over the years since the establishment as well as the year 1993 to 1998?

Q6). Where are the students from? How many students are from Bangkok? How many are there from other places? Are there any changes of the students' background?

Q7). When you classify the curriculum at Ayurvedic College into the curative and the preventive, what is the respective %?

Q8). What is the relationship between Ayurvedic College and the National Institute of Thai Traditional Medicine? If there is any interrelationship between the two institutions, what could be the Ayurvedic College's contributions towards the NITTM?

Q9). Is Wat Pho / the College of Ayurvedic College under the authority of the Ministry of University as well as the Ministry of Public Health? Do the two ministries accredit the licenses and credits of the course? Does the teaching curriculum have to be officially approved by those ministries for the training of the students at Ayurvedic College on traditional medicine?

Dr. Chantana is Professor at the Faculty of Political Sciences, Chulalongkorn University.

Among the key informants, she is possibly the only specialist on the field of the Middle – Class and the Bangkok people proper and her specialty is the reason of being the key informant. Her background is on social science, and an interview was conducted more so on the issues of the “Middle – Class Bangkokians” in relation to the use of traditional medicine in Thai urban areas. She has noted on the fragility of Thai Middle- Class society in the aftermath of Thai financial crisis since the year 1997, and the year 1997 is still where the time frame of this thesis (1993 – 1998) is intact. The interview took place within the campus of Chulalongkorn University where she has her own office.

Q1). Please indicate your role towards the traditional medicine.

Q2). How do you define ‘the Middle Class Bangkokians’? What are the factors to say that a group of people would be ‘the Middle Class’ in Thailand?

Q3). The time frame of thesis is from 1993 to 1998. Have there been any changes in the composition of the Middle Class in Thailand? If yes, what do you think are the reasons of the increase /decrease/no change in the composition?

Q4). Do you think the Middle Class Bangkokians have changed their health-seeking behavior since 1993? If so, what do you think are the factors for the change?

Q5). The traditional medical plants recommended for primary health care are curiously nothing so special from what one would see everyday in Thailand: manao, magkut, ginger, prik, lemon grass to name few. These supposedly traditional medical plants are what the people in Bangkok take as food and meal and not as medicine. Do you think taking meal and food using those medical plants could be a part of the use of traditional medical plants thus the use of traditional medicine by the Middle Class Bangkokians? If yes, what is your idea in current day framework?

Q6). Many modern medicine and cosmetics also use the traditional medical plants. When the Bangkokians use such medicine and cosmetics, so you think this is also included in the use of traditional medical plants and thus the use of traditional medicine in a current situation?

Dr. Kormart belongs at the Office of the Permanent Secretary to the Ministry of Public Health in Thailand. The organizations at the Ministry of Public Health will be explained at later analysis. The Office of the Permanent Secretary is one of the key sections at the Ministry of Public Health in Thailand. This is where policies on traditional medicine had been administered prior to the 'full re-recognition' of Thai traditional medicine with the establishment of the National Institute of Thai Traditional Medicine at the year 1993. On the coming analysis, there will be some explanations on the new development of traditional medicine at the state health sector. It is noteworthy that Dr. Kormart had been in charge of Thai Traditional Medicine and Pharmacy Coordination Center under the Office of the Permanent Secretary during the 'new' history towards the year 1993. This is the main reason of Dr. Kormart as the key informant. I have made several visits to the Office of Permanent Secretary at the Ministry of Public Health and interviews were made with questionnaires sent earlier to him on the recent 'new' development of Thai traditional medicine.

Q1). Please indicate your/Permanent Secretary's/ the Ministry of Public Health's roles towards the "Use of traditional medicine by the Middle – Class Bangkokians" from the year 1993 to 1998.

Q2). The time classification of my thesis is from 1993 to 1998. I have heard earlier that the promotion of traditional medicine in Thai primary health care system started before 1993 when the National Institute of Thai Traditional medicine was first established (around the year 1987?). Please describe the pre-history of traditional medicine and the government stance prior to 1993.

Q3). Are there any statistics /figures that indicate that there is a new, strong and increasing wave of health seeking behaviour that the traditional medicine is more preferred and sought after by the middle class Bangkokians around the year 1993 and onwards? If yes, I am interested to see such statistics and I am also keen to know the reasons behind the middle class Bangkokians' willingness to use more traditional medicine if there is any such prior survey.

Q4). Recently I have visited the Medical Plant Information center at Mahidol University. I have read many interesting articles concerning my thesis topics that is related to the Book "Medical Plants of Thailand: Past and Present" by Temsiri Punyasign and "Thai Medical Plants Recommended for Primary Health Care" by Dr. Nuntavan Bunyapraphatsara and Norman R. Farnsworth. It was very surprising to notice that many of the recommended traditional medical plants for the primary health care are what the people in Thailand

normally take as food and meal – ginger, paprika, banana, lemon grass, sugar cane and many others.

If the Middle – Class Bangkokians take 'supposedly' traditional medical plants as their daily diet and do not consider as medicine, then do you consider their daily intakes such plants as the use of traditional medical plants or something else? If the traditional medicine was more preventative rather than curative one, then the continuous healthy daily diet is counted as the use of traditional medical plants in a 'modern' definition.

Q5). Related to question 4, modern medicine is now produced using supposedly traditional medical plants. Cosmetics are not medicine but many modern pharmaceutical companies employ such traditional medical plants as vital ingredients in order to manufacture the products. Please indicate to me any information/ statistics/figures related to traditional medicine and modern medicine and its use. I am sure many Middle – Class Bangkokians use modern medicine having natural ingredients and apply cosmetics that are created from traditional medical plants.

Q6). Related to and from Q 4 and Q 5, traditional medicine seems to have a wider definition from various products available that are further applied in a modern, current day use, rather than what is often considered modern. How do you see 'traditional' and 'modern' when the focus is on the use of traditional medicine among the Middle – Class

Bangkokians"? Is 'traditional' and 'modern' compatible to each other or do they exist in a different form?

Q7). Are there any foreign traditional elements influencing on the current day Thai traditional medicine? If yes, what types of traditional medicine have influenced on Thai traditional medicine? Chinese traditional medicine and Indian Ayurveda are well known but how about the Arabian, the Tibetan or the Malay – Indonesian Jamu influences present in Thai traditional medicine?

Dr. Pennapa is a too well known figure for those who are familiar with the Thai media, as she appears regularly on various occasions for the promotion of Thai traditional medicine in Thai society. She is the Director of the National Institute of Thai Traditional Medicine at the Department of Medical Service, the Ministry of Public Health in Thailand. The establishment of this institute at the year 1993 is considered to be the 'full re-recognition' of Thai traditional medicine after the history of 'decline' for almost one century here. Dr. Pennapa is taking the lead in the field of traditional medicine in the 'new' development as from the government sector, and this is the reason for Dr. Pennapa to be "key informant". I have been able to

interview with Dr. Pennapa for several occasions regarding the newly – created institute on traditional medicine in Thailand. The questions made were on the significance of this institute as well as the recent trends on traditional medicine from a medical and pharmaceutical specialist's point of view. She has also given numerous lectures at the College of Public Health as well as at her Head Office in the Ministry for the Thai Studies course "The Concepts of Disease and Medicine in Thai Society".

Q1). What are the factors associated with the use and non – use of traditional medicine by the middle – class Bangkokians?

Q2). Is there any previous survey on the health seeking behaviour of the Bangkokians?

Q3). Why is there a decline of numbers in traditional medicine in Bangkok (From page 122 of Health in Thailand, MOPH) despite the establishment of National Institute of Thai Traditional Medicine that could have boosted the official status of traditional medicine in Thai society?

Q4). Is there any figure on the sales of traditional medicine in Bangkok? If yes, why are there changes/ no changes on the use of traditional medicine by the middle – class Bangkokians?

Q5). What is the resource allocation of the National Institute of Thai Traditional Medicine in terms of % on curative / prevention over the year 1993 – 1998?

Q6). (On the newspaper concerning new moves from the National Institute of Thai Traditional Medicine) Are there any other schemes implemented by the Ministry of Public Health and the National Institute of Thai Traditional Medicine as for the training or health promotion together with alleviation from the Thai currency/economic crisis?

Q7). How do you think the traditional medicine and modern medicine exist in Bangkok?

Khun Rosana is the head of "The Friend of Nature Club", one of the prominent and possibly the earliest NGO groups working on the traditional medicine issues in Thailand. In fact she seems to appear at various Thai government offices very frequently and the media also follows her quite closely, that I perceive her less as an NGO member but almost as a Government Officer when English language newspapers in Thailand portrait her at the Thai Parliament, for example. Nevertheless she is the head of this NGO's activities and those activities of "The Friend of Nature Club" will be covered on the "new" development of

traditional medicine's history in the coming section. Her background is on social science but she has a grasp of traditional medicine from an "user's" point of view. Khun Rosana as key informant is because of the activities from the NGO side that may or may not be the same as the Dr. Pennapa's activities, for instance. The questionnaires were sent prior to the visit at her office in Bangkok and the issues covered were on the activities of the NGO group as well as various possible meanings of traditional medicine in Thai society.

Q1). Please indicate your role towards the use of traditional medicine by the middle – class Bangkokians.

Q2). Please describe the historical development of your NGO institution.

Q3). The time frame of my thesis is from 1993 till 1988. Do you think there is a new wave of health seeking behaviour starting around the year 1993 that the middle – class Bangkokians begin to appreciate and increase the use of traditional medicine and products using supposedly traditional medical plants as ingredients?

Q4). Related to the Q3, if the middle class Bangkokians still do not use traditional medicine and products using traditional medical plants, what do you think are the reasons that they do not wish to use such products? Do you think the use of modern medicine and

modern cosmetics and toiletries using traditional medical plants as vital ingredients is the use of traditional medicine in a current day sense?

Q5). Do you think the Thai currency crisis from the year 1997 has altered the middle – class Bangkokians' health seeking behaviours in relation to traditional medicine and products using traditional medical plants? Please describe the situation from your experience. Did you see any increase/ decrease / no change in the use of such products?

Q6). Have you seen / read the book "THAI MEDICAL PLANTS: Recommended for Primary Health Care" by Dr. Nuntavan? The book covers several aspects of many medical plants found in Thailand. I was surprised to see that many plants recommended on Dr. Nuntavan's book are what many people normally see in the daily life – for examples. Ginger, lemon grass, paprika, manao, farang and magkhut. Why do you think Dr. Nuntavan's book recommends medical plants that are often considered as food and meal and not as quite as traditional medical plants?

Q7). Related to Q6, do you think that taking food and meal using ginger, lemon grass, paprika, manao, farang and magkhut, for instances, as the use of traditional medical plants and therefore the use of traditional medicine and products using traditional medical plants? If yes, what is the underlying idea about Thai food dishes and health? If no, what is the distinction between food and medicine?

Suppose if you include modern medicine and modern toiletry and cosmetic products using traditional medical plants as vital ingredients. Then what are the factors to separate between the medicine and health care products using traditional medical plants as vital ingredients and Thai food dishes using supposedly traditional medical plants as the food's ingredients?

Dr. Wichai and Khun Rujinart belong to the Office of the Primary Health Care, the Ministry of Public Health in Thailand. I came to the realization that the nature of traditional medicine is slightly different at the Office of the Primary Health Care after the interview with Dr. Wichai and Khun Rujinart by sending questionnaires prior to the meeting at the ministry. What was striking is that their idea starts from the concepts of "communicable" and "non-communicable disease" in order to look further at the possible use of traditional medicine at the Thai public health system. In other words, the 'use' should be distinguished from the types of targeted disease for cure as well as prevention. The reason for Dr. Wichai and

Khun Rujinart as key informant is that what it means by the use of traditional medicine could be different at the clinical, primary health side. Their views are considered important in considering what it means by the traditional medicine and the factors associate with the use and the non – use of such medicine.

Q1). Do you have data of the ten most sold medicines in Thailand? Please indicate the products, quantity, price and the each yearly figure for the past 10 years if you have. I am interested to know if such medicine is considered as traditional medicine, modern medicine or modern medicine using traditional or natural ingredients to manufacture such products.

Q2). Similar to Q1, but this time I am interested in the ten most sold cosmetics and toiletries in Thailand for the past 10 years. Please also indicate the names of the products, quantity sold, total sales and the every yearly figure if you have. Do you think those products use traditional and natural medical plants as vital ingredients?

Q3). Please indicate your role towards “the use of traditional medicine by the middle – class Bangkokians” from the year period 1993 till 1998.

Q4). I have mentioned earlier that the use of traditional medicine and products employing traditional natural medical plants is middle – class phenomenon and therefore a new wave of health seeking behaviour. Do you agree with the above statement? If yes, please indicate

your views concerning the factors associated with the use and non-use of traditional medicine by the middle – class Bangkokians.

Q5). I have spoken with Dr. Chantana in regard to the middle class in Thailand. She has said that the situation of the middle class is not very solid in Thailand. The middle – class in Thailand is so fluid that that the layer of the middle class in Thailand can change quite dramatically. I have stated before that that a new wave of health seeking behaviour – the use of traditional medicine and the products using traditional medical and natural ingredients – is continued to be seen as a 'middle class phenomenon' despite the possible changes in the composition or the fall – out of the middle class Bangkokians due to the Thai currency crisis started form 1997.

The time frame of my thesis is from 1993 till 1998. How do you see the period 1993 till 1998, with the possible fall – out of some middle class Bangkokians and their health seeking behaviour? Do you think the economic hardship is turning the attitude of the health seeking behaviour in Thailand in general? Do you think Thai currency crisis has altered any decisions looking for traditional medicine and products using traditional natural medical plants formally affordable but now considered as luxury?

Khun Yongsak leads another NGO from the earlier Khun Rosana's, specialising on the training program of Thai traditional massage in Bangkok. Khun Yongsak is important as key informant as he has taken part in the so-called new development that could have changed the paradigm in the field of health care and treatment. Unlike in the other interviews that were just mentioned, the questions and the replies have been made solely through e-mail. Questions made were focused on the roles of their NGO activities, as well as the significance of the use of traditional medicine in Thai society. I have received the reply that they are focusing on developing traditional massage curriculum for both primary health and professional care. His activities also include the set-up of the co-ordination organization, which is called 'The federation of traditional Thai medicine', in order to bring together various bodies dealing with the issues of traditional medicine in Thailand.

Q1). Please tell me your NGO activity related to the Middle – Class Bangkokians and their health seeking behaviours.

Q2). The time focus of my thesis is from 1993 to 1998. I have chosen the year 1993 because the hypothesis is that there is now a new wave of health seeking behaviour among the Middle – Class Bangkokians from the establishment of the National Institute of Thai Traditional Medicine in 1993 as the strong and starting example. I have heard earlier that

your specialty is on Thai massage. Do you see any strong increase of the Middle – Class Bangkokians looking traditional massage as a way of way of health seeking behaviour? If yes, please indicate to me with any statistics and figures that may support such an increase.

Q3). Is there any prior survey why the Bangkokians have chosen or not chosen more Thai traditional massage as a new wave of health seeking behaviour? If yes, I would also like to know such prior survey.

Q4). What do you think are the factors that the Middle – Class Bangkokians use or do not use Thai traditional massage?

Q5). Are there any changes in the attitude of the Middle – Class Bangkokians' perception towards traditional massage before and after the Thai currency crisis in 1997?

Q6). Are there any foreign or external influences to the current day Thai traditional massage?

The analysis will be concentrated on the three main focus points. One is "New Waves" – Pre-History towards the year 1993 at 6.2. On 6.3 there will be a focus on the definition of traditional medicine in Thailand at the current day. And at 6.4, there will be factors associated with use and non – use of traditional medicine as in the initial objectives.

6.2. "NEW WAVES" – PRE-HISTORY TOWARDS THE YEAR 1993

This is the first series of the analysis based on the interview at 6.1. Key informants and interviewees are made in the bracket when necessary. The main informants here are Dr. Bunruang and Khun Rosana, but Khun Yongsak's role is also in this analysis on the new development towards 1993. I have briefly covered the historical development of traditional medicine until when the traditional style started to lose the "official" status at the government public health facilities in this country, or "OLD" DEVELOPMENT as mentioned earlier. The decline of traditional medicine beginning from the establishment of Sri Raj hospital at the official level did not necessarily mean the complete eradication of the old medicinal knowledge. Without the government health sector emphasizing on the idea of "self-help", the traditional recipe could have still been there at the village level for simple cure and treatment, for example (Dr. Pennapa, Dr. Chitr).

Nevertheless it has certainly been a major blow to the once main pillar of health system in this country. The official recognition is not considered to have come until the year 1993 when the National Institute of Thai Traditional Medicine was established at the Ministry of Public Health (Dr. Pennapa, Dr. Kormart).

However, prior to the year 1993 there are already some traces of the "new waves" of traditional medicine in Thailand worth noting on. This section on "NEW DEVELOPMENT" is the pre – history towards the year 1993, and this distinguishes from the "OLD DEVELOPMENT" that had portrayed the rise and the fall of traditional medicine in Thai society. "NEW DEVELOPMENT" concerns with the possible "new waves" in the areas of health care and treatment as noted on my earlier hypothesis. I would like to start from introducing the College of Ayurvedic Medicine.

A) The College of Ayurvedic Medicine

This college is situated at Soi Rajakuru at Paholyothin road, just next to the local primary school in Bangkok. As the motto of the College of Ayurvedic Medicine states, the school was established in the year 1981 for the search of " a pragmatic Modernisation of Thai Traditional Medicine" (from pamphlet from the College of Ayurvedic medicine). Although there was some support from Thailand's

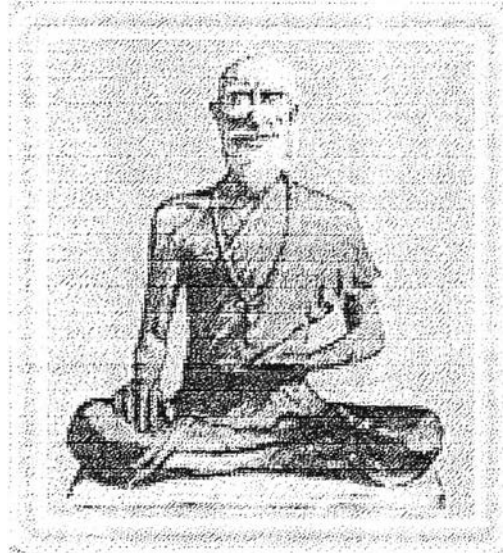


Fig.6.21 Jivaka Komarabhacca is respected as the first teacher of Ayurvedic medicine at the Ayurvedic Vidyalai.

Ministry of Public Health, the college is a private medical institution run by the organization called "the Foundation for the Promotion of Thai Traditional Medicine" under the Patronage of the Supreme Patriarch Yannasamwara and Her Royal Highness Princess Maha Chakri Sirindhorn. Then Minister of Health in Thailand Professor Dr. Sem Pringpaungkao and Professor Dr.Ouay Ketusingh M.D. are renowned figures at the

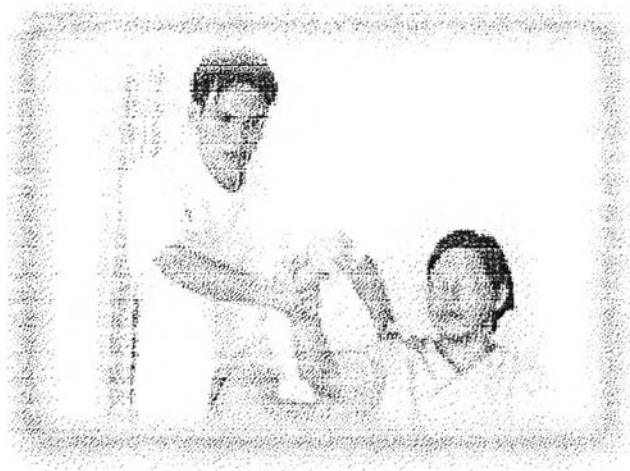
College of Ayurvedic Medicine as they started the foundation that maintains the school (Dr. Bunruang).

It should be stressed at this point here that the College of Ayurvedic Medicine is the very *FIRST government-recognised* school to have licenses for teaching the Thai traditional medicine since the state health sector had formally abandoned the Thai traditional recipe in this country. Wat Pho could have been teaching traditional medicine well before the establishment of the College of Ayurvedic Medicine, for example. But no other schools seem to have gained the first official status of the Ministry of Public Health's recognised medical institution in the field of Thai traditional medicine since the complete "abolishment". Some people may comment that there were already some changes in the attitude towards Thai traditional medicine at the Ministry of Public Health before the year 1993 though the school was admittedly a *private* school supported by the *private* foundation (interview with Dr. Bunruang at the first visit).

According to the College of Ayurvedic Medicine, massage for example is treated as Science as well as Art in Thai traditional medicine. What Ayurved Vidyalai has is the degree on "Thai Traditional Medicine Applied" which is slightly different from the normal



Fig.6.22 Thai traditional massage as Science...



and at the same time as Art, derived and adapted from the traditional text for the current day use.

Thai traditional medicine (Dr. Bunruang).

"Thai Traditional Medicine Applied" is an adapted form of the Thai old recipe. The traditional Thai massage taught at the College of Ayurvedic Medicine derives the form from the Royal Court, not necessarily the same style at the Wat Pho's. Ayurved Vidyalai focuses on the politeness, the tenderness and the kindness of traditional massage originating from the court style, for instance. Though the traditional medicine is emphasized on the curriculum, the Ayurved Vidyalai has courses on the General Basic Courses of 16 credits that must be studied prior to the specialization courses. The General Basic Courses are on Social sciences, Human Sciences, Foreign languages and Sciences & Mathematics each of 4 credits respectively. The specialization courses are weighted more in the curriculum for at least 84 credits – Basic Professional Course for 30 credits, Specific Professional Course including massage for 42 credits, Selective Professional Course for 8 credits and Professional Credit Course for 4 credits. The college students at Ayurved Vidyalai are also required to take free elective courses for not less than 10 credits with 1 credit equals to 18 hours (from pamphlet of the College of Ayurvedic Medicine).

I have met Prof. Dr. Bunruang at Ayurved Vidyalai during my visit, commenting

that the number of student enrolment has increased steadily over the years. In the year 1996, there were 12 new students but later 36 students in 1997, 44 students in 1998 and 60 beginner students in the year 1999. The students' background is slightly different from where the College of Ayurved Medicine is situated in Bangkok as the 80 % majority of students would come from rural areas mainly from Isaan or North Eastern regions in Thailand and the rest 20 % from the urban areas that include Bangkok (interview with Dr Bunruang at the first visit) .

The graduates from the College of Ayurvedic Medicine are conferred the Degree on Thai Traditional Medicine Applied after their graduation but they still need to sit for the different examination on License to practice traditional medicine applied. The examination to practice Thai traditional medicine is prepared by the Ministry of Public Health and what they have studied at the Ayurved Vidyalai in the Thai health system may be legally practiced only after the 3 year Degree program plus the License to Practice (Dr. Bunruang, Dr. Pennapa).

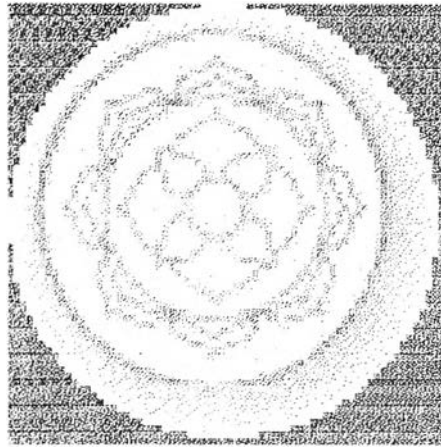


Fig.6.23. The logo of Thai Ayurveda Health Center

located at Samrong Hospital. Chengwat

Samutprakarn.

Ayurveda Center

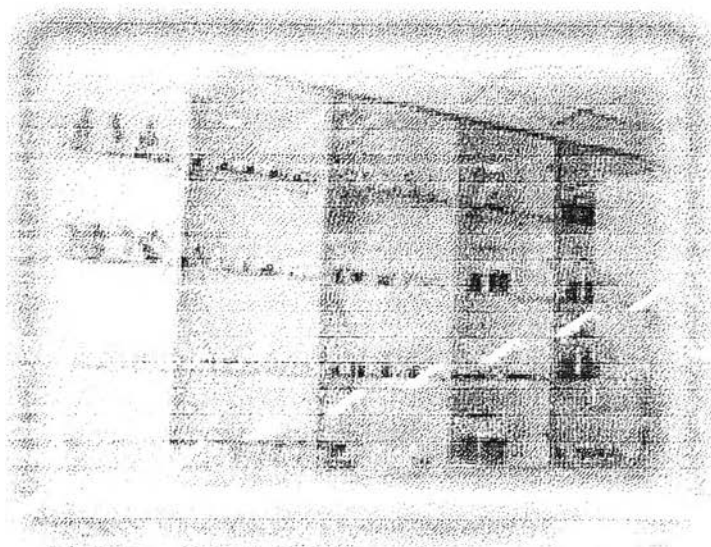


Fig.6.24 The pictures of the traditional medicine and pharmaceutical supplies at Thai Ayurveda Health Center, Samutprakarn.

Although the time may bypass the run-up period of " the Pre - History towards the year 1993", it is noteworthy that the College of Ayurvedic Medicine has increased the cooperation with Samrong hospital at Samutprakarn since 1999 (interview with Dr. Bunruang during the second visit at the class of "The Concepts of disease and medicine in Thai society"). The graduates from the Ayurvedic Vidyalai are now taking the full responsibilities as certified Thai Traditional Medicine practitioners at Thai Ayurveda Health Center within the hospital. The era of Thai health care system with the only modern or western medicine seems to be coming to an end.

After the year 1993, the Ministry of Public Health has established the *government – run learning and training center* in the fields of Thai traditional medicine and Thai traditional massage but some prototype of the state learning center is considered to have come from the privately – run Ayurved Vidyalai (Dr. Bunruang, Dr. Pennapa).

B) NON GOVERNMENT ORGANIZATION

There are several Non Government Organizations (NGOs) now working on the health projects in Thailand. (Khun Yogsak, Khun Rosana). As for my interview I have visited the NGO called "Traditional Medicine for Self – Reliance" at Prachaniwet, near Don Muang in Bangkok.

This NGO group "Traditional Medicine for Self – Reliance" was first established in the year 1980 by two people - Khun Rosana and her friend who is a pharmacist. They have set up the shop called "Friends of Nature" which they wanted to be the medium to link producers and consumers in the fields of traditional medicine (Khun Rosana).

Before going into the details of the NGO group itself, it is necessary to briefly go into the definition of the "Middle - Class Bangkokians" in conjunction with the NGO. This is because there are several social scientists claiming that NGO is a group of reforming agent in a society whose group is comprised of the "middle – class" people in the urban areas. As it could be noticed from the heading of the thesis, if the link between NGO and the "middle-class" had been firmly established, this thesis would shortly end on the conclusion by the terminology of the "middle – class in Thai society. It could be termed as perhaps " the group of people belonging to the NGO in Thailand" equals the Thai

middle class people living in Bangkok. But there is a detailed examination of the analysis of what is meant by the Middle – Class Bangkokians as it has been used in the thesis heading at the earlier chapter. However, though there could be some cases where NGO people working at Bangkok are counted as the Middle – Class Bangkokians, it is not advisable to rush into the conclusion that all NGO people in Bangkok are the Middle –Class Bangkokians. This is to say, for instance, that the NGO group “ Traditional Medicine for Self- Reliance” started with the objective of the revitalization of Thai traditional medicine at *rural* community and their target group did not start from the people living in Bangkok urban areas (Khun Rosana).

Going back to the NGO group itself, the NGO “Traditional Medicine for Self – Reliance” began with two main objectives at the rural level – namely to encourage sustainable development and to boost the economic aspect of producers who grow the ingredients of traditional herbal medicine. They have set up the links between the rural agricultural people who grow the traditional herbs and the users at the village level who buy the products made by the NGO group to practice self – cure at the primary health care. The NGO group runs the shop called “ Friends of Nature Club” which is now situated at its Bangkok main headquarters (Khun Rosana).

The promotion of herbal medicine towards rural people as a part of primary health care level started with World Health Organization (WHO) in the year 1984 (Dr. Komart, Dr. Pennapa, Khun Rosana and Dr. Wichai & Khun Rujinart). The Ministry of Public Health in Thailand has since received grants from UNICEF and German GTZ government agency in order to promote the traditional herbs and medicine at rural districts in Thailand with the main focus on the village people (Dr. Komart, Dr. Pennapa and Khun Rosana). Some supports to the NGO group came from the Ministry of Public Health with the assistance from foreign donors that I have just mentioned (interview with Khun Rosana).

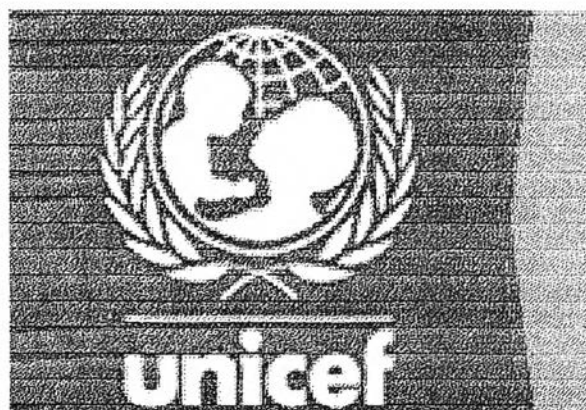
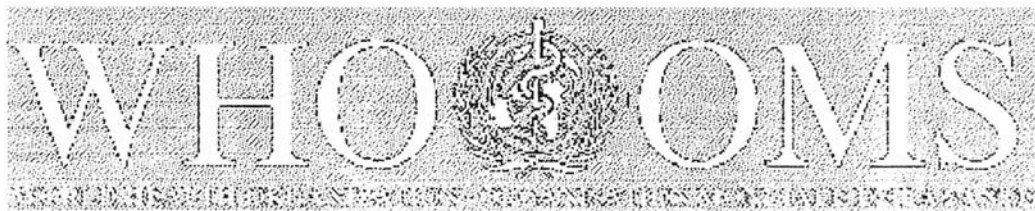


Fig.6.25. The logos of organizations provided funds and assistance for the promotion of traditional medicine in Thailand.

As for the approach towards the traditional medicine, Khun Rosana started the selection of herbs with the *single* herb as the mix herb consisting of more than two could have brought uneven results. This is to mean during the past situation where there had not been enough scientific researches on supporting the effectiveness of each single herb as well as the mix herb. Similar comments have been received from other

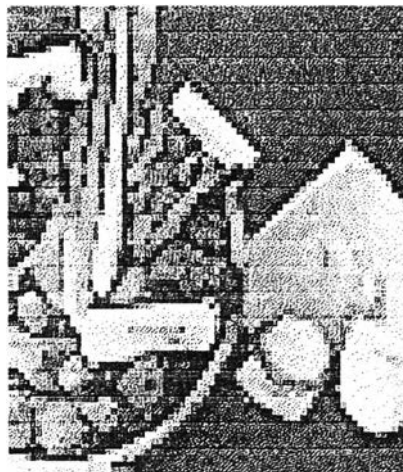


Fig.6.26. Taking mixed herbs consisting of two or more herbs may bring different results from the combination of the two or more single herbs taken separately. It is rational to exercise caution until scientific researches have been carried out to justify the safety.

interviewees that traditional herbal medicine must be treated with the maximum attention and the safety, as insufficient scientific laboratory experiments could sometimes harm the body rather than cure, rest aside that there is no effect (Dr. Pennapa, Khun Rosana).

Since the time of their foundation, the activities of the NGO group have grown and their activities are expanding. Nowadays the group does not only serve as the medium to link producers & consumers and fostering the economic aspect of herbal medicine. The NGO has also increased the wide appeals of traditional medicine to the rural as well as urban Thai people by various publications, social activities and the shop "Friends of Nature Club" that generates some income for the NGO's activities. Later, since the year 1995 the NGO group "Traditional Medicine for Self – Reliance" has been registered as the "Holistic Health Foundation" and its activity is still going on (Khun Rosana).

As in the case of the College of Ayurvedic Medicine, the trend of focusing the traditional medicine was still not fully recognised by the government health sector, as the Ayurvedic College is a privately run school and the group "Traditional Medicine for Self – Reliance" is an NGO, not a government organisation. So too is the NGO of Khun Yongsak on Thai Traditional Massage (Khun Yongsak, Khun Rosana and Dr. Bunruang).

The Ministry of Public Health might have supported them but the state health sector was then still reluctant on the promotion of Thai traditional medicine at the official health system. Thai traditional medicine was indeed considered as an "alternative" – the Thai traditional medicine was only for the uses in cases where the patients were so desperate that there were no other better cures than the otherwise effective modern western medicine.

6.3 WHAT DOES 'TRADITIONAL MEDICINE' MEAN IN THAILAND?

This is the second series of analysis from the interview at 6.1 earlier. The key informants' names will appear in bracket at the back of the paragraph, as in the earlier section at 6.2. However, the interviewees are likely concentrated on the names of Dr. Pennapa, Dr. Chitr, Dr. Wichal & Khun Rujinart and Khun Rosana.

From time to time I have used the term "Traditional Medicine" since the very beginning of this thesis. This is necessary as you may notice that "Traditional Medicine" is one of the key words to form the title of my dissertation "The Use of Traditional Medicine by the Middle Class Bangkokians (1993 - 1997)". Although having discussed in some descriptions what the Traditional Medicine would be, it would be advisable to go into the details of what "Traditional Medicine" would be to further support my thesis.

It is perhaps important to recall here what the National Institute of Thai Traditional Medicine has defined earlier. The Institute defined "Thai Traditional Medicine" as "the traditional philosophies, bodies of knowledge, and modes of practice to care for Thai

people's health and to cure their diseases and illnesses which are congruous with the Thai way of life and Thai culture" (NITTM, 1995: 52). The modes of practice in "Thai Traditional Medicine" defined by the NITTM at the Public Health Ministry includes



Fig. 6.31. Herbal Compress is considered as one of the forms of traditional medicine in Thailand.

"herbal medicine" using such as decoctions, pills, steam bath and massaging with a hot herbal compress. There are several others described in the definitions of "traditional healing of bone injuries", "the applications of religion (i.e. Buddhism) or rites and rituals

to mental health care”, “traditional mid wifely”, “traditional practices to maintain good health” and “natural therapy” (NITTM, 1995: 52) (Dr. Pennapa).

It is meaningful to look at the definition set by the National Institute of Thai Traditional Medicine as a guideline to further look at what the “traditional medicine” is. But there are some other ways to analyze this definition.

It is often considered that the traditional medicine perception changes with the different types of the people in Thailand, for example the elite medical practitioners and the ordinary public. The elite practitioners have more sophisticated theory and the rest would have a less concrete idea of the medical theory, be it the traditional medicine or the modern one. However, it is noteworthy that the traditional ideas of disease and medicine are still used to describe the “illnesses”, namely the Four levels of causation and possible interventions (From the lecture note of Prof. Dr. Chitr at the course “ The Concepts of disease and medicine in Thai society”).

The traditional medical theory in Thailand emphasizes the balance of the Four major elements – “Soil elements”, “Water elements”, “Wind elements” and “Fire elements”. The reason of making each “Soil”, “Water”, “Wind” and “Fire” is that there are plural factors to make what the “Soil”, the “Water”, the “Wind” and the “Fire” mean. There are in fact

altogether 32 elements in this "Four levels of illness causation" and I have listed them from below (Dr. Chitr, Dr. Pennapa).

Table 6.31. Four levels of illness causation

SOIL: 20 elements

Head hair, body hair, teeth, skin, muscles, tendon, bones, bone tissues, spleen, heart, liver, fascia, kidney, lung, large intestine, small intestine, newly ingested food, old ingested food and brain tissue

WATER: 12 elements

Bile, sputum, pus, blood, sweat, thick oil, tears, thin oil, saliva, nasal discharge, joint fluid and urine.

WIND: 6 elements

Upward wind, downward wind, wind in the abdomen outside the intestine, wind within the stomach and intestine. wind all over the body and wind from breathing.

FIRE: 4 elements

Warming up the body, heating up the body (fever), burning the body towards degeneration and elderly. and digesting food.

As it is noticeable that there are "SOIL" 20 elements plus "WATER" 12 elements together with "WIND" 6 elements and "FIRE" 4 elements and altogether would be the total of 32 elements. This "FOUR levels of illness causation" with 32 elements may emphasize on the balance of the all elements and the state of "good health" in Thai traditional medical practitioners is to achieve the balance of all. This means in fact that the reverse is true that a person is "ill" because he or she may lack the balance of elements, for example in excess of some elements but lacking on the other(s). Any illnesses and diseases were considered then in a holistic manner whereas the modern

way is to focus from the part into the whole but this traditional perception is still used at the modern medical hospitals at the public sector. This is for example when the patients tell the medical specialists at the modern government hospitals what the patients' complaint is by using the traditional medical terms in the way of the lack of some elements or the excess of the elements (Dr. Chitr).

Indeed the official "re"-recognition of the Thai Traditional Medicine came in the year 1993 after the "lost and abandoned" 100 years of traditional medicine history in Thailand. But the modern medical practitioners at the Thai state health system should be compelled to know some traditional theories of diseases and medicine in order to understand the patients' side even to this date as the patients often speak of the complaints using the traditional medical knowledge. Understanding the traditional medical knowledge is one possible way to understand who the patients are and what they need in terms of health care and treatment at the modern state health care system. apart from the national goal of reviving the tradition of Thai Traditional Medicine after the lost tradition. The communication gap may well widen between the state health sector personnel and the general Thai public when the modern medical practitioners at the state health sector. This is because the Thai State medical practitioners are still trained for only the modern medicine and does not have some theory in traditional medicine whereas the general Thai population would still follow the "Four levels of illness causation". The people in Thailand take the modern medicine because in many cases

they are told to do so by the medical practitioners at the modern state health system (Dr. Pennapa).

Apart from the traditional medicine as herbal goods or massage service, the traditional medicine relies on some religious or spiritual rites in Thailand. There is still some supernatural belief that the Guardian, for example "Phi", should be respected and the supernatural Soul of the Dead should also be revered, and at the same time must chase away the Evil spirits (From the lecture note of Prof. Dr. Chitr during the course "The Concepts of disease and medicine in Thai society"). The spiritual aspects include the Buddhism, the Bhramanism and the Animism for the majority of the population in Thailand apart from some minority groups of mainly the Muslims and the Christians. The act of making merit is well known and there are people in Thailand who believe that the good health is achieved by "tanbun" or good merit. The reverse is considered true when the illness is caused by the bad merit or the past "bad" acts or behaviors, rather than any modern germ theory seems true for some illnesses according to the modern medicine theory. This "bad" health assumed due to the bad karma is sought out in some cases by the making merit of offerings to the religious organizations. Although Thailand has followed the modernization path and the state public health system nowadays discards this good merit and the bad merit, the general concept of "bun" and "Tat" still holds among the majority of Thai population. When the misbehavior is considered as

"bad merit" which leads to "bad health", then this supernatural beliefs should be included as one of the theories of Thai Traditional Medicine.

Going back to what it means by traditional medicine in the field of herbs, nowadays the traditional medicine is no longer a "magic" substance that may lead to the "miracle" in any fancy sense. The following at Table 6.32 is the list of herbs promoted by the National Institute of Thai Traditional Medicine at the state primary health care system (NITTM, ISBN 974-291-570-9: 43 – 44) (Dr. Pennapa).

Table 6.32. The list of herbs promoted by the NITTM for recommended primary health care

Holy basil - *Ocimum tenuiflorum* Linn.

Jamaica sorrel - *Hibiscus sabdariffa* Linn.

Krachai - *Boesenbergia pandurata* (Roxb) Schitr.

Garlic – *Allium sativum* Linn.

Siam cardamom – *Amomum krevanh* Pierre.

Clove - *Syzygium aromaticum* (Linn.) Merr & Perry.

Banana - *Musa Sapientum* Linn.

Orange jasmine – *Murraya paniculata* (Linn.) Jack

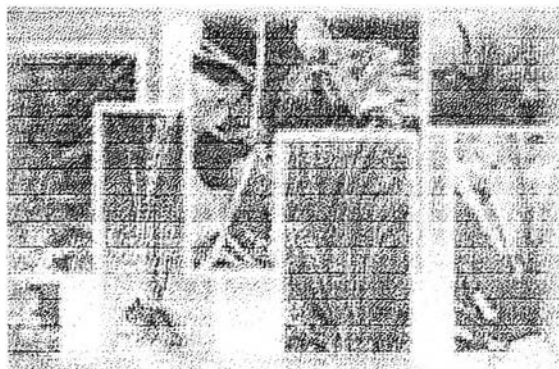


Fig. 6.32. Growing imaginations of various herbs in the context of traditional medicine.

Galanga – *Alpinia galanga* (Linn.) Sw

Ginger – *Zingiber officinale* Roscoc.

Cassod tree – *Cassia siamea* Britt.

Turmeric – *Curcuma longa* Linn.

Fleabane – *Pluchea indica* Less.

Siamese rough bust – *Streblus asper* Lour.

Golden shower – *Cassia fistula* Linn.

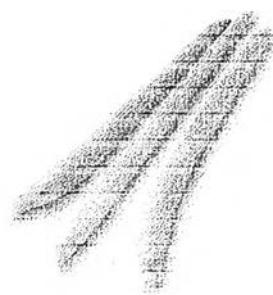
Ring Worm bush – *Cassia fistula* Linn.

Long pepper – *Piper retrofractum* Vahl.



Ivy Gourd – *Coccinia grandis* (L.) Voigt.

Lemon grass – *Cymbopogon citratus* (DC.) Stapf.



Garden Balsam – *Impatiens balsamina* Linn.

Thong phan chang – *Rhinacanthus nastus* Kurz.

Pomeranate – *Punica granatum* Linn.

Sugar apple – *Annona squamosa* Linn.

Heart-leaved moon seed - *Tinospora crispa* (L.) Miers ex Hook. F&

Asiatic pennywort – *Centella asiatica* (Linn.) Urban.

Guava – *Psidium guajava* Linn.

Para cress – *Spilanthes acmella* (Linn.) Murr.

Beach Morning glory – *Ipomoea pes-caprae* (Linn.) Sweet.

Phe kaa – *Oroxylum indicum* Vent.

Phaya yo – *Clinacanthus nutans* (Burm.f.) Lindau.

Betel-leaf vine - *Piper betle* Linn.

Phlai – *Zingiber cassumunar* Roxb.

Pepper – *Piper nigrum* Linn.

Pumpkin – *Cucurbita moschata* Decne.

Creat – *Andropogon paniculata* Wall. Ex.Nees.

Ebony – *Diospyros mollis* Griff.

Tamarind – *Tamarindus indica* Linn.

Senna – *Cassia angustifolia* Vahl.

Malacca tree – *Phyllanthus emblica* Linn.

Soapnut tree – *Sopindus rarak* A.DC.

Common lime - *Citrus aurantifolia* (Christm) Swing.



Coconut – *Cocos nucifera* Linn.

Bitter cucumber – *Momordica charantia* Linn.

Ma waeng khrua – *Solanum trilobatum* Linn.

Ma waeng ton – *Solanum indicum* Linn.

Mahaat – *Artocarpus lakooch* Roxb.

Mangosteen – *Garcinia mangostana* Linn.

Hoary basil – *Ocimum basilicum* Linn. f. var. *Citratum* Back



Yo – *Morinda citrifolia* Linn.

Bastard cardamon - *Amomum xanthioides* Wall.

Waan mahaakaan – *Gynura pseudochina* DC. Var. *Hispida* Thv.

Pineapple – *Ananus comosus* Merr.

Siamese neem tre – *Rzadirachia ndica* A. Juss. var. *Siamese* Valetou.

Salet phangphon – *Barleria lupulina* Lindl.

Seesiat nuea – *Acacia catechu* (Linn.t.) willd.

Yaa Khaa – *Imperata cylindrica* Beauv.

Nut grass – *Cyperus rotundus* Linn.

Red sugar cane – *Saccharum sinense* Roxb..

Suppose that there was an announcement from the Ministry of Public Health in Thailand, and the government has just approved the use of "Musa sapientum Linn." as the recommended Thai Traditional Medicine. It is difficult to figure out what it means by being approved of some herbs as one of the Thai Traditional Medicine. The same goes for an announcement that the "Cucurbita moschata Decene" is one of the effective traditional herbal medicines - by far the majority of the people would not know what the Ministry of Public Health promoted as traditional herb is so effective.

On the previous list from the MOPH on recommended traditional herb for primary health care, the left side of the name of the herb is the common name and the following name on the right side is what biologists recognize such a plant as the official name. It is assumed that the National Institute of Thai Traditional Medicine has added the official names together with the common names that biologists recognize in order to differentiate from the herbs and the plants that look similar but are never tested "safe" scientifically by the Ministry of Public Health's laboratory. Obviously the scientific research should continuously be carried out to achieve the excellent results as a part of the effective primary health care. But my intention of including the long list above is that many "promoted" traditional herbs and plants are actually what could easily be seen on the every-day life in Thailand. If the announcement was "Musa sapientum Linn." there

would be some hard time recognizing what a mysterious creature it could be. But it can be different if you are told "banana" as a promoted traditional herbal medicine at the primary health care system. It may be too disappointed to know that it is banana sold at the wet market and grown on a neighborhood's garden in Thailand, not so much of

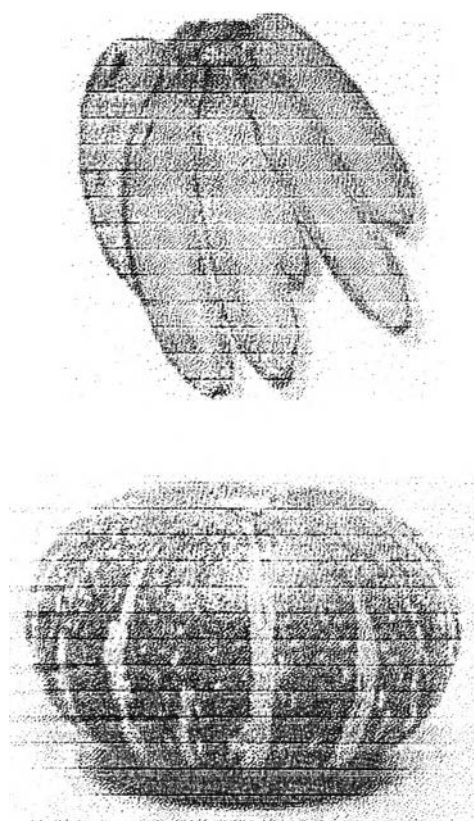


Fig. 6.33. "Musa sapientum Linn." and "Cucurbita moschata Decne" have been officially recognized as the promoted Thai traditional herbal medicine for the primary health care by the NITTM.

a secret miracle traditional herbal recipe that can cure everything. The same goes for "Cucurbita moschata Decne" which is commonly known as pumpkin (Dr. Pennapa, Khun Rosana and Dr. Komart) .

In fact, by being equally careful enough, such ordinary traditional medicinal plants and herbs do not end with the banana and the pumpkin. The list also has garlic, ginger, lemon grass, guava, holy basil, pepper, coconut, lime, mangosteen, pineapple and red sugar cane mentioned as what many people would generally and easily recognize without calling in the biologists or even the traditional medicine healers. On various occasions to see several interviewees, questions were the non-rareness of the promoted traditional medicinal herbs and plants ruled by the National Institute of Thai Traditional Medicine at the Ministry of Public Health (Dr. Chantana, Dr. Kormart, Dr. Pennapa, Khun Rosana).

As it has been noted on the earlier chapter, the responses seem to be that the single herb should be promoted for the precautionary measure. This is because the "mix" herbs of more than one herb may yield a different result from the two or more single different herb taken at separate occasions. The task of pharmacist is to ensure the safety at the same time as to cure the illness. Rather than being adventurous to create "mix" herb using more than one single herb at the same time, the policy makers at the

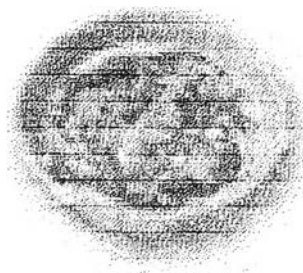
Ministry of Public Health are thought to have generally taken the effective and the safe approach. Such an approach is to promote the single herb for the primary health care (Dr. Pennapa, Dr. Wichai and Khun Rujinart, Khun Rosana).

The reason of the use of single herb rather than the mix herb mentioned just now is due to the possible side – effects of the two or more herbal elements may bring out without the justification from various scientific laboratory experiments. But when considering other reasons of promoting single herb, it is worthwhile to know that the name of the organization “ Food and Drug Administration (FDA)” may well be recounted as one of the offices at the Ministry of Public Health and not being a part really at different ministries (MOPH: Bureau & Department Act, Version no. 7, 1992). This is to say that there are some belief in Thai society that “food, drug and poison are in different degree but still all along the same line”. and as a result FDA was assigned as the authority to check the safety of food, drug and poison in Thailand.

For example, taste ‘sweet’ seems to have some ‘Wind’ element, which is one of major elements for the causation of illnesses together with “Soil element”, “Water element” and “Fire element” according to traditional Thai theory. By preparing food too sweet, it is considered that there is excess “Wind” element that may harm the balance of the 4

major elements and such food is harmful and is treated as "poison". As for another example, when the body is felt too hot, it is considered to have too much "Fire element". According to the traditional beliefs, some banana is taken to cool the body down, as banana is known to have some effects of cooling the body temperature by getting the four elements of illness causation back to the 'balance'. Here banana is treated as 'drug' and traditional medicine as it could reduce the 'Fire element' (Dr. Pennapa. Khun Rosana and Dr Chantana).

Fig. 6.34. "Well, in other words..."



... you are what you eat."

Going back to the original context, the argument still goes that the recommended list of traditional medicine should be what can be easily found on the daily life in Thailand (Interviews with Dr. Pennapa & Khun Rosana) (NITTM, ISBN 974-291-570-9). This is because too rare an herbal ingredient may hinder any supply of traditional herbal medicine at the primary health care level. The 'Boutique medicine' is such a drug that only a minority of people would have access with (Dr. Chitr). The Thai Traditional Medicine may proceed into such a direction that possessing such a 'boutique' traditional medicine will cost almost as dear as gold. When the supply of traditional medicine is limited because the ingredient plant is so rare and unavailable, it would be unwise to be listed as the recommended traditional herbal medicine for the primary health care at any country. It is nevertheless for sure that the traditional medicine as Boutique medicine may appeal to some people due to the scarcity of such medicine.

There should be more discussions but the use of traditional medicine as 'boutique' medicine may well be described by some scholars as the 'middle – class' phenomenon in Thai urban society. In other words, the boutique traditional medicine could equal to so

-called the 'middle – class – ness' among some Bangkokians. However, the topic now is at the use of traditional medicine by all Bangkokians for the primary health care and the scope of the people to be dealt with is probably larger than those who have limited access to the Thai traditional medicine as Boutique medicine. (Dr. Chantana)

6.4 FACTORS ASSOCIATED WITH THE “USE” & “NON-USE” OF TRADITIONAL MEDICINE

This is the third series of the analysis after interviews with the key informants listed at 6.1. I have asked all the key informants of Dr. Bunruang, Dr. Chantana, Dr. Komart, Dr. Pennapa, Khun Rosana, Dr. Wichai & Khun Rujinart and Khun Yongsak on the occasions that I have been able to get in contact with. The particularly related questions are on the first and the second questions to Dr. Bunruang, the fourth question to Dr. Chantana, the third question to Dr. Komart, the first question to Dr. Pennapa, the third and the fourth question to Khun Rosana, the fourth question to Dr. Wichai & Khun Rujinart, and the fourth question to Khun Yongsak.

Some question phrase is not too direct in several cases, but nevertheless they are in close relations to this analysis on the factors associated with the “use” and “non – use” of traditional medicine by the would-be “Middle-Class Bangkokians”. Going back to the earlier chapter of this thesis, one of the objectives in this dissertation is “ to investigate factors associated with the use and non - use of traditional medicine by the urban middle – class in Bangkok”. This task has been set together with the previous analysis

on the situation analysis surrounding and concerning the use of traditional medicine in Thailand as the other objective is stated. Questions have constantly been made on what factors there are in relationship to the use and non-use of traditional medicine by the urban middle – class in Bangkok on various visits that for the preparation of this thesis. I have appreciated their views and ideas, and I may start listing their comments as well as my interpretations on the “use” and the “non-use ” of traditional medicine in Thai society. The list is in a non-sequential order and does not necessarily end there for all. Some similar explanations on factors for “Use” and “Non – Use” of traditional medicine could have already appeared in the previous analysis and may appear again in the following list as well.

*WOULD – BE FACTORS FOR THE “USE” OF TRADITIONAL
MEDICINE BY THE URBAN MIDDLE – CLASS PEOPLE LIVING IN
BANGKOK*

1. Conventional medicine cannot still cure some health problems (i.e. cancer) and the people living in Bangkok need to use traditional medicine.

2. Traditional medicine is used as complimentary medicine – to be used together with other forms of medicine and health care treatment for better cure.
3. The costs of some modern medicine and surgery are too high and there are therefore some users of traditional form for the cost benefit and alternative.
4. There are more users because the effectiveness of traditional medicine is heard by the middle – class Bangkokians with various methods of communication.
5. The culture of traditional medicine may have been present in the very low and “unofficial” profile even though the official “re-recognition” had not come as late as the year 1993, with the establishment of the National Institute of Thai Traditional Medicine at the Ministry of Public Health.
6. The use is happening because the Ministry of Public Health as health authority in Thailand has started to fully recognize the use of traditional medicine in Thai society.

7. Even before the official "re-recognition" of Thai traditional medicine in 1993, the state health sector in Thailand had some interest in the fields of traditional medicine at the primary health care level (i.e. the 5-year National Health Development Plan from the year 1982 to 1986 or the Fifth Plan).

8. The financial crisis starting from the July 1997 could have scaled back the health expenditure of the people living in Bangkok, and some affordable traditional medicine could be another alternative to maintain good health.

9. As a result of some official backing from the state health sector, the research units and organizations have since gained the funding from other non – health related bodies to further accelerate use and to research traditional medicine in Thai society.

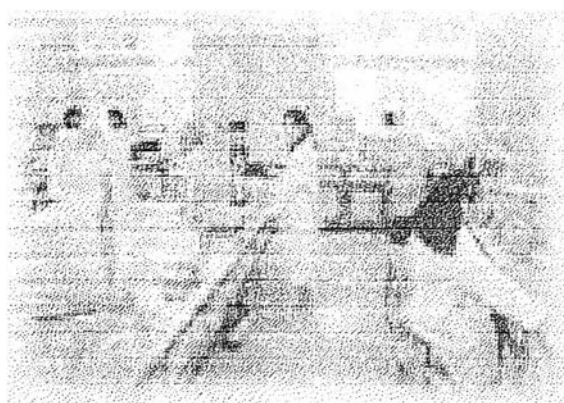


Fig. 6.41. Traditional medicine now requires scientific laboratory research.

10. The wider definition of "traditional medicine" may include the use of modern cosmetic and pharmaceutical products containing some ingredients considered "natural" (i.e. toiletries such as shampoo having ingredient of Aloe and lime that may appear on the promotional traditional herb list planned by the National Institute of Thai Traditional Medicine).

11. Thai mass media overreacts to the 'good' side of traditional medicine, ignoring the balance of the effectiveness of such traditional formula, which may lead the people living in Bangkok to use more such medicine on the claim of staying "young" and "healthy".

12. There could be a shift in the health seeking behavior from the over – reliance of modern health resources to the "self – care" – "When sick, go to hospital" to "self – medication" that may well include the use of traditional medicine.

13. Some modern medical practitioners have earlier contacts with the information on traditional medicine in various ways (i.e. they were brought up in the family of

traditional healer and traditional medicine pharmacist). And they have started to use traditional medicine after various official recognition and projects, previously not recommended as a method of health care and treatment.

14. The use of traditional medicine is interpreted as the symbols of the "boutique medicine" and the "status", and even to the extent of the "middle-class-ness" due to the consumerism in Thai urban society. Because of the rarity and the fanciness, the use of traditional medicine has exclusiveness from the "mass" that may not otherwise possess such medicine.

15. There is some environmental change in Thai urban society looking for the "quality of life", and the use of traditional medicine may be included as one of the activities of "quality of life" (i.e. "back to Nature").

*WOULD BE FACTORS FOR THE “NON – USE” OF TRADITIONAL
MEDICINE BY THE URBAN MIDDLE – CLASS PEOPLE LIVING IN
BANGKOK*

1. The users are finding that traditional medicine is still not accessible due to various limitations of the availability (i.e. not all the retailers are 'green shops').
2. The use of some pharmaceutical products and traditional medicine in Thai urban society is just another fashion. When there is a boom, the people rush to use such products and services in Bangkok. But when the tide changes for the surrounding mood from the previous boom, the Bangkokians refuse to use the traditional medicine in the future (i.e. it is a 'fad').
3. The use of traditional medicine is limited or not present because the mass - production of traditional medicine is sometimes difficult. This situation may happen especially when some traditional herbal ingredients are difficult to find and grow quickly and easily, and not easily replaceable with others.

4. The 'faith of modern medicine' is still strong as the past reputation of traditional medicine as 'alternative' and 'officially abandoned' lingers among the people living in Thai urban society.
5. The mood of various communication and information sources is too negative for the use of some medicine due to the 'effectiveness' of traditional medicine and there is too much controversy surrounding some traditional medicine.
6. The generation gap of the seniors and the elders is too wide and the younger ones do not want to accept and use the traditional medicine.
7. There has been some tightening of law and regulations in regard to traditional medicine since the Ministry of Public Health has officially recognized the use of traditional medicine at Thai public health system. It is now more difficult to use traditional medicine because new regulations prohibits and/or restrict some traditional remedies, otherwise available and prevalent without the new reinforcement and law regarding the Thai traditional medicine.
8. Even pharmaceutical organizations and health care facilities refuse to use more traditional medicine because there is yet insufficient scientific laboratory researches

on this field.

9. It is difficult to use traditional medicine in some cases because traditional medicine cannot cure all health care problems (i.e. requiring surgery at O.P.D).

10. The 5-year National Health Development Plan set by the Ministry of Public Health does not specifically target the Middle – Class Bangkokians as the main users of Thai traditional medicine. Various plans are set to encourage the general and public use of the people living in Thailand, and there is therefore a lack of policy stimulus for the Middle – Class Bangkokians to further use traditional medicine.

11. Many insurance schemes do not include the areas of Thai traditional medicine as policy coverage. In Thailand, the government officers and some employees at private sector are covered with insurance schemes, but those insurance policies do not cover when Thai traditional medicine is used for health care and treatment.

As for a further reference, there is a publication from the National Institute of Thai Traditional Medicine directly on this matter concerning the factors for the use and the non-use of traditional medicine (NITTM, ISBN 974-291-570-9).