Local healing in northern Thailand: An anthropological study of its effectiveness

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Citation for published version (APA):

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Chapter III

Local healers’ search for a disease theory of and healing methods for HIV and AIDS
This chapter focuses on the search by local healers in Chang Mai over the last two decades for a theory to explain the causation and course of HIV and AIDS as a newly emerging disease, and for methods to treat it. The healers went back to traditional medical scriptures and tried to connect their experiences with this new disease with what was written in these scriptures, as well as with the knowledge that had been orally transmitted to them by their predecessors. This is the method they applied in identifying, testing, and verifying causes and healing methods for the disease diagnosed by biomedicine as HIV and AIDS. The healers’ approach shows their flexibility in dealing with the new situation caused by a threatening disease for which biomedicine had no satisfactory answer. It also demonstrates how, when a disease theory different from that of biomedicine is applied, a different view on what is a good outcome of healing emerges.

The chapter starts with the debate that has taken place among local healers in Chiang Mai over the question of whether HIV and AIDS is indeed a new disease. It then elaborates in detail on the theoretical hypothesis proposed by one of the key healers in my sample, and compares this hypothesis with what is written in the medical scriptures of the Thai royal tradition. The outcome of this comparison will form the framework for a potential traditional medical theory of HIV and AIDS. The practices of other healers are subsequently synthesized into the theoretical framework of this disease theory, as are their principles of treatment. In the final part of the chapter, indications of what a good outcome is in relation to these principles of treatment are presented.

AIDS: A new disease?

AIDS is considered a new disease in the scientific world, since the virus that causes it – HIV – is different from other kinds of viruses that have previously afflicted human beings. HIV has the potential to completely destroy the human immune system, which is the body’s defense against infectious organisms and other invaders. The disease is life threatening and as yet incurable. In contrast to the biomedical consensus regarding HIV and AIDS, local healers do not fully agree about the cause of the disease, how it should be classified, and whether it should be counted as a new disease.

Whether AIDS is a new disease or not has been a controversial issue among the local healers in Chiang Mai since the moment it entered their local world around 1992. Most healers initially learned about the disease from information disseminated by the Ministry of Public Health and the public media. They also came into contact with frightened and hopeless HIV and AIDS patients who were searching for a cure, and who conveyed to them the idea that AIDS is a new and incurable disease.

The controversial issue regarding HIV and AIDS among the local healers is whether it is a kind of muttakhuet disease. Let me describe how the local healers in my study sample explained such a disease.

Muttakhuet comprises two words: mutta, which is a Pali word that literally means urine, and khuet, a Northern Thai word which means bad or wrong. Muttakhuet is a disease category comparable to that of venereal diseases or sexually transmitted diseases in biomedicine. The
most common muttakhuet disease is nong nai (literally, inside abscess, or gonorrhea). Given the fact that the local meaning of khuet has moral implications, a person who becomes sick from muttakhuet will be despised by people in the community, and will be accused of being a sinful person who has practiced licentious sexual behavior. This cultural meaning has unintentionally played a role in producing and reproducing the social stigmatization of HIV positive persons during the HIV/AIDS epidemic (see Chapter 8).

The Northern medical scriptures contain many traditional drug formulas for the treatment of muttakhuet. It is strongly believed that a person who has recovered from gonorrhea after the use of traditional drugs will not become re-infected, even if they have further sexual contact with someone with gonorrhea. The explanation for this is that after the use of the appropriate traditional drugs, the body will develop phum to fight against the ‘germ’ that causes gonorrhea. Phum in this context refers to the capability of the body to tolerate pathogens, allergic agents, and toxic agents. The notions of phum and germ, as used by the Northern local healers, might have been influenced by the idea of immunity (phum khum kan rok), which has been adopted from biomedical science. The difference is that according to the local ideas, phum is the outcome of a normalization of the inner elements of the body, namely earth, water, wind, and fire. It can be said that a mechanism that is used in local healing to treat muttakhuet diseases consists of finding normalization of the inner elements. These ideas have influenced the behavior of local people towards venereal diseases and HIV and AIDS in a certain way, which I will describe further in Chapter 5.

A local scholar and healer who has his own clinic and a Thai massage school in Hang Dong district explained to me that he sees AIDS as a type of muttakhuet. He believes that the traditional drugs and symptomatic treatments that he has derived from old medical manuscripts have the potential to heal HIV and AIDS patients. However, since his private clinic is located in the center of Hang Dong district and he does not have a special space available for the healing of HIV and AIDS patients – which would be necessary in order to avoid disturbing his general patients and Thai massage students – he has had no opportunity to further develop his experience.

Mo Somsak and Mo Boon, two key local healers in this study, mentioned on the contrary that AIDS is a new disease and differs from muttakhuet. Mo Somsak based this statement on his attempt to use traditional drugs for the treatment of fi mamuang (a type of muttakhuet) to treat HIV/AIDS patients, but with no positive outcome. Mo Boon followed the advice of his father, a famous local healer in the region, and was in the same way not concerned about muttakhuet.

Like Mo Somsak, Mo Thatchai agreed with the idea that AIDS is a new disease, since he could not find reference to the disease in the old medical manuscripts. Neither did he get a good result when he used traditional drugs for the treatment of gonorrhea. He observed the signs and symptoms of HIV and AIDS patients and concluded that itching, dry skin, a yellow face, a dull forehead, and becoming thin resembled the symptoms of a kidney disorder induced by bad blood. When he applied medicines for a blood disorder, the good results were obvious.
Only Mo Pinkaew, the local healer in this study with the longest experience, insisted that AIDS is a re-emerging disease. He gave the disease the local term of *khang muttakhuet*, which is a type of *muttakhuet* related to blood disorder. According to the ideas of Mo Pinkaew, if one treats a disease with traditional drugs, the disease must be explained on the basis of traditional disease theory.

I would like to note here that even though there is no consensus among the local healers about the question of whether AIDS is a new or a re-emerging disease, or whether AIDS is a type of *muttakhuet*, most healers were inclined to agree with the assumption that AIDS is associated with a blood disorder. This agreement can be formulated more clearly when we consider how the healers treat HIV and AIDS.

**Khang: The origin of AIDS**

In November 2008, I joined the funeral ceremony of a local healer in Chiang Rai. At the event I met Mo Pinkaew, a well known Northern local healer, who had ideas about AIDS that were different from the other local healers. Meeting him by chance at that funeral ceremony gave me the opportunity to learn that he was practicing the healing of HIV and AIDS patients, and I was able to make a first appointment with him at his house for the following month.

**Mo Pinkaew from Mae Taeng**

I had met Mo Pinkaew before, for the first time, in 1999 at a Regional Convention on Culture and Health held in Chiang Rai. He was invited as a panel speaker on the issue of new challenges in local healing. In 2003, I met him again in Bangkok when I acted, according to the Healing Art Act 1999, as a member of the professional committee on traditional Thai medicine. Mo Pinkaew was a member of the sub-committee that was tasked with revising the handbook of traditional medicine. Yet on this occasion I had no chance to talk with him about his healing activities. The interview at his house in 2008 was therefore my first opportunity to get to know him better.

Mae Taeng district, where Mo Pinkaew lives, is situated about thirty kilometers north of central Chiang Mai. Tourist information is focused on the fascinations of elephant riding in the valley near the Mae Taeng River. I met Mo Pinkaew in his three story shop-house near the main road. The building is situated opposite a hotel and nearby is a branch of an international superstore and a local fresh market. The plate above the door announcing ‘The Traditional Thai Medicine Club’ assured me that this was the place I was searching for.

When I arrived at his residence, Mo Pinkaew was taking care of a mother who, after childbirth, was suffering from ‘after childbirth disorder’ (*lom phit duean*).\(^1\) She was so

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\(^1\) *Lom phit duean* is a local disease and refers to a syndrome that often occurs in mothers after childbirth when they ingest improper foods (*kin phit*) or smell the wrong odors (*sap phit*). Symptoms may range from pale and yellow skin, weakness, dizziness, anorexia, and insomnia, to unconsciousness or mania. It also happens in older women who did not receive proper care after labor. In the latter case, the symptoms may include headache, dizziness, vomiting, diarrhea, chills, numbness in hands and feet, absent mindedness, grumbling, and mania.
dizzy and weak that she could not walk. Accompanied by her husband and relatives, she had taken the traditional drugs prescribed by Mo Pinkaew a short while before I arrived, and was awaiting the outcome of the treatment.

After some greetings, Mo Pinkaew and I took a seat on a set of teakwood chairs in front of two office tables which separated the reception area from the workspace. I noticed a desktop computer on a table inside the office. On top of the office tables stood a certificate and two pictures related to his honorary Master degree in traditional Thai medicine which had been conferred to him by Chiang Rai Rajaphat University in 2006. One picture portrayed him in academic gown; the other was of him receiving the degree from the Thai Crown Prince. Behind my chair was the other part of the building, where two wooden counters formed a triangle. The glass on top and on the side of the counters showed many of Mo Pinkaew’s medicinal products that were offered for sale. Five certificates from local organizations that acknowledged these herbal products were also placed there.

Our conversation started with Mo Pinkaew giving his opinion about developing education for and passing down the knowledge system of traditional healers. He indicated that the major problem in developing traditional medicine was the rarity of contemporary healers with the knowledge and practices of the ancient healers. Most healers, he said, did not use the traditional treatment principles nor did they have much practical experience in treating patients. In their teaching they passed this problem down to the next generation, and in this way it became a never ending problem.

Mo Pinkaew also repeatedly insisted during the interview that the traditional drug formulas from reliable medical scriptures were still useful in treating many current diseases. In his opinion there are three traditional medical textbooks that are reliable, namely the Tamra Phaetsat Songkhro, Tamra Phaetsat Songkhro Wat Phrachetuphon, and Khampi Phaet Phaen Boran. The other textbooks are problematic due to the incompleteness of the inscriptions or because they have been influenced by the interests of donors. He suggested that there are many problems that lead to the ineffectiveness of traditional drugs. First, many past healers only passed down the complete drug formulas to their own descendants or to persons whom they trusted. These secret formulas might not be inscribed in the texts, or if they are inscribed, many might be incomplete or written in cryptic form. Second, local healers of later generations cannot analyze drug formulas properly. They only know which traditional drug they should use for which particular illness or disease, conforming to the practices of their ancestors; however, they have no deeper knowledge of the etiology of illness and disease or of the drugs used for treatment. Third, some healers formulate the properties of traditional drugs according to the outcomes of scientific research of medicinal plants without referring to their own medical manuscripts. According to Mo Pinkaew, this is not the proper way to characterize the properties of traditional drugs.

Mo Pinkaew was confident in the value of ancient knowledge, which was intensely demonstrated during our conversation about diseases and treatments. He often said that ‘it is presented in the ancient texts, but we, the later generations, don’t know about its implications.’ This opinion will be further illuminated when we consider it in the light of
Mo Pinkaew’s education and healing background. The following information about this background is extracted from three interviews that I conducted at his house and at his traditional pharmaceutical factory, as well as from a previous study done by one of his students (Thawatchai 1999).

Mo Pinkaew is 65 years old. He belongs to the ninth generation of a local healer lineage in Chiang Mai. His paternal ancestors were royal elephant trainers, while his maternal ancestors were the major patrons of Wat Lok Moli, a Buddhist temple in central Chiang Mai. Around 10 kilometers from his residence is his traditional pharmaceutical factory located in his home village, which he set up in 2000. Mo Pinkaew started to practice healing at a young age, thus his experience in healing – both secular and sacred forms – covers more than 40 years. In 2001 he received a national license in Thai traditional pharmacy. He is respected as an expert traditional healer and as such has been appointed as a committee member on many traditional medicine boards, both at regional and national level.

When Mo Pinkaew was young he learned much traditional mystical and medical knowledge from his uncle. He can write in the old script and read Northern mystical and medical manuscripts, which have been passed down to him through the generations. At the age of nineteen, he learned from a healer in Phrao district the practice of sak muek – a traditional practice of making a tattoo, which is believed to make the skin impenetrable and invulnerable. He was trained in meditation in order to search for underground treasures2 and in hypnotization by a healer in Phitsanulok province. He also learned from an abbot in Mae Taeng about incantation, shamanic healing, and traditional drugs. In addition, a healer in San Pa Sak taught him about traditional bone setting.

When Mo Pinkaew was 35 years old, he was ordained as a monk for one year in a temple in Central Thailand to study a kind of Buddhist meditation and local healing from a respected and experienced monk. He then conducted the Buddhist ascetic practice of traveling alone to deserted places in the provinces of Central Thailand. These experiences have made him an expert in teaching this form of meditation; some monks even come to study under his guidance.

At the age of forty, Mo Pinkaew learned from a Karen healer in Mae Hong Son province about magic spells and chet haek – a local healing practice to treat the poisoning caused by evil spirits or the ingestion of improper foods. He believes that this hill tribe group has preserved the authentic Karen spiritual practices.

Aside from local healing, Mo Pinkaew was, at the age of nineteen, trained in giving injections and normal saline infusions by an American medical doctor in Chiang Mai University Hospital. This doctor wanted to treat Mo Pinkaew’s cleft palate abroad, but his mother did not give permission. Despite the fact that he received no treatment, his contact with Western medical technology in the medical school fuelled Mo Pinkaew’s curiosity. With

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2 In ancient times, during a war people needed to hide valuable things underground. After the war, however, these treasures might become lost. With the help of a person who has a highly concentrated mind and has learned the ancient practice of looking for underground treasures (du sombat tai din), the exact location of the underground treasure can be discovered.
the support of an acquaintance who was familiar with the doctor, Mo Pinkaew gained the opportunity to learn how to make injections, a skill which he later used to complement his local healing. He also learned about modern medications from the handbooks of pharmaceutical companies. This informal learning influenced his perception of diseases. I will describe this later when I discuss Mo Pinkaew’s disease theory, in which he has integrated the germ theory of biomedicine with traditional medical theory.

For many years, Mo Pinkaew practiced as a local healer in his home village. The various illnesses among the inhabitants of the subsistence agriculture villages around his home offered him an abundance of case studies. He became a master of spiritual healing in Mae Taeng. People in the villages in the neighborhood were in awe of his mystic powers. He said:

My factory does not need any guards; no one dares to enter my factory at an improper time because everybody knows that there are some spirits protecting this place from intruders.

The life history of Mo Pinkaew shows that to become a competent local healer he had to learn from a variety of knowledge sources. In having such a wide variety of knowledge, a local healer like Mo Pinkaew will not be easily embarrassed. This learning style arms the healer with knowledge that can deal effectively with a variety of health problems in the community. Moreover, it provides the healer with several tools to solve a problem in different ways. Mo Pinkaew compared healing with sculpture. A pretty sculpture is not achieved by using only one kind of instrument. Healing, therefore, should not limit itself to one kind of knowledge, one approach or one technique. This characteristic was evidenced by other local healers in this study as well. From a wider social perspective, local healers like Mo Pinkaew are the product of a multi-ethnic society in which a variety of healing sources is simultaneously present, and out of which each healer independently selects the sources he will use.

**HIV, AIDS, and khang**

It was in 1982 that Mo Pinkaew treated for the first time a disease with symptoms that later became recognized as those of AIDS; his second time came in 1992. He defined AIDS from 1992 onwards as a re-emerging disease. He gave this disease the local term of *khang muttakhuet* and classified it into two types. The first type is caused by white blood cells eating red blood cells, causing a yellow body, scaly skin, and a high CD4 count. The second type is caused by red blood cells eating white blood cells, causing a thin body, papules, dark skin, and a low CD4 count. In both types the patient will have a positive HIV blood test. In addition, Mo Pinkaew divides AIDS according to the infecting germ: a so-called male and female germ. He explained that a couple that became infected by the same sexual germ would not die until they had sexual intercourse with somebody with the other sexual germ. This idea came from his observations in clinical experience. He found that some couples were still alive and without symptoms even though their blood tests were positive. But after one partner had sexual intercourse with somebody who was not his or her spouse and who was HIV positive, it could aggravate the illness and lead later on to death.
Both of the ideas I have described above were based on data that Mo Pinkaew received from patients who had sought treatment from modern medicine before they met him. This kind of clinical explanation does not have any roots in traditional disease theory nor does it affect the technique for treating diseases. What it does reveal is how a modern diagnosis and the results of laboratory examinations such as HIV blood testing, CD4 counts, or viral load testing, have been reinterpreted by a local healer in a way that differs from medical science. The idea of Mo Pinkaew that is based on traditional medicine theory is that every disease is innate, and it will appear when we eat the wrong diet. Formulated in other words, an incorrect diet can aggravate diseases, all of which are congenital. In brief, this idea focuses on diet as a trigger of disease, and *khang* as the root of all diseases, because it is inherent since one is born.

**Khang/sang in medical texts**

*Khang* is a local word that corresponds to *sang* in the *Phra Khamphi Pathomchinda* (the scripture of child development and childhood diseases). According to this scripture, every infant has a certain birth *sang* that depends on his/her day of birth. There are seven types of *sang* associated with the particular days of the week. Each *sang* may lead to a particular illness in an infant. For example, an infant born on a Monday has water *sang* (*sang nam*) as its innate *sang*. This infant is likely to become sick from water that causes fever, an illness that has certain symptoms such as sharp apex like nodules on the tongue, difficulty in sucking milk and water, and vomiting something that looks like rice cleansing water.

*Sang* affects the health of a child from two to five years old, and is related to the particular type of *sang* relevant to that child. After the period of *sang*, the disease determinant shifts to *tan chon*. *Tan chon* is the result of changes in a child’s diet. Eating unfamiliar foods facilitates the development of various pathogenic worms or parasites (*kimichat*) in the body of the child in this period. These pathogenic worms reside in the body of humans and may at any time cause various illnesses and diseases.

If a child who has become sick from a certain *sang* is not treated properly in the period of *tan chon*, then some pathogenic worm may cause a certain illness. For example, a child born on Monday will become ill from a pathogenic worm named *santathat*. The symptoms are a cool body, incessant flatulence, bleeding, and urine like rice cleansing water. If this child is not treated properly at this time, he or she will become ill from a certain kind of *ritsiduang*.

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3 The *Phra Khamphi Pathomchinda* is the most elaborate medical scripture among Thai traditional medicine textbooks. In order to capture the idea of *sang*, I have had to simplify the information about its signs and symptoms into a brief description, and have omitted a discussion of what is associated with it and what can aggravate the illness. For further detail see Mulholland (1988).

4 According to the *Phra Khamphi Pathomchinda*, there are eighty types of *kimichat* in various parts of the body, i.e. stomach, brain, bone, spleen, heart, blood, bile, phlegm, eye socket, lymph, liver, belly, liquid fat, hard fat, anus, lung, small and large intestine, lower part of the body, hair, nose, tongue, under the nails of the fingers and foot, muscle, tendon, and throat. Each type of *kimichat* resides in one particular body part.
disease later in life, at the age of 30 or 40. *Ritsiduang* is the name for the category of diseases that all have protruding tissues in common; these protruding tissues can grow in one of the nine orifices of the body, namely eyes, ears, nose, mouth, skin, anus, and urethra.

In the *Phra Khamphi Pathomchinda*, an abundance of internally and topically used medicines is available for various kinds of *sang* and related diseases. Before the coming of antibiotics, Thai infants and children were accustomed to treatment with these traditional drugs. When a child was ill, his or her grandfather would use the clean tip of his finger to touch a mixture of the drug with water, lemon juice, or liquor and smear it on the child’s throat, tongue, soft palate, or inner side of the cheek where the nodules, sores, or colored coatings were located. For internal medication, there were several traditional drugs for specific purposes, such as treating particular *sang*, purging general *sang*, purging parasites, and treating stool with mucous or blood, and so on.

![Figure 5](image_url)

**Figure 5.** The disease theory formulated in Thai traditional scriptures of child development and childhood diseases and the interpretation by Mo Pinkaew

**Khang, kimichat, incorrect diet, and HIV**

According to Mo Pinkaew, *sang* and *khang* are the basis of all diseases. The difference between *sang* and *khang* is, however, that *sang* refers to certain diseases in the child, while *khang* covers diseases in adults that are the result of improper *sang* treatment. A person
who can treat sang can treat all diseases. Khang relates to heat in the body, which emerges when the body becomes overheated. Khang in the nose will cause nose bleeding. Khang that emerges in the liver will cause the presence of blood in the feces and a foul odor of blood in the mouth when coughing. Khang in the kidney causes a yellow body and edema of the hands and legs. The heat of khang may induce ulcers in the throat or stomach and can further develop into cancer. To prevent diseases associated with khang, every child should take traditional drugs to purge the khang. This drug has to be administered at the proper time according to the lunar calendar. If an adult is ill from a disease associated with khang, he or she has to be symptomatically treated.

Mo Pinkaew broadly interpreted kimichat as small and minute pathogenic organisms, including all viruses and bacteria. These pathogenic organisms might continue to reside in the body if they were not purged completely in the periods of sang and tan chon. When somebody who has these pathogenic organisms in his body grows up as an adult, that person is likely to become ill anytime he or she feels weak. The most important trigger for the violence of these pathogenic organisms is the ingestion of improper food.

Kimichat, when activated by an incorrect diet, especially strongly sweet and fatty foods, can result in a number of diseases, such as ritsiduang – ritsiduang chamuk (ritsiduang in the nose), ritsiduang ta (trachoma), and ritsiduang thawan (hemorrhoids) – pradong (skin disease with hot itching), tap khaeng (cirrhosis), san,5 and mareng (cancer or chronic sore). All of these diseases have their own root in particular organs; for instance, the root of ritsiduang chamuk is in the brain and the root of ritsiduang thawan is in the area of the xiphoid process (the lower part of the breastbone). In traditional treatment, one has to cut off these roots by using particular ya tat rak (drugs cutting the root). Mo Pinkaew claimed that this knowledge appears only in Northern medical manuscripts, and that nobody learns about it anymore. This lack of knowledge has led to inaccuracies and thus inadequacies in the effectiveness of local healing.

Regarding HIV and AIDS, Mo Pinkaew applied the concept of khang and proposed that the virus was a kind of kimichat that resides in a person. It is activated after the ingestion of improper food, i.e. raw meat or fish, or liquor. The HIV that is so triggered can then do harm to humans and spread through sexual intercourse or blood contact. He also remarked that he had experienced that a person who was likely to become infected with HIV had, before becoming infected, had a dream in which he or she had sexual intercourse with someone. This particular dream was a prophetic sign of the disease.6 Mo Pinkaew argued, however, that this disease is curable, just like cancer and other khang diseases, if one takes the right medicine.

5 According to Northern Thai disease classification, san is a category of disease. Its common symptom is having a hard lump under the skin, which begins as very small and then gradually enlarges. If persons who have san ingest the wrong foods (such as ripe jack fruit and meat) they will develop cancer.
6 In Thai traditional medical knowledge there are prophetic signs of some severe illnesses. For instance, a person who has dreamt of a round shape of white light running out of his or her body – the sign of deficiency of the element of wind – will die in four days if not treated properly.
Khang muttakhuet phrai kin lueat
In some HIV and AIDS patients, Mo Pinkaew diagnosed *khang muttakhuet phrai kin lueat*, when this kind of *khang* not only involved sexual intercourse and blood disorder but also *phrai* or evil spirit. *Phrai*, which often takes possession of vulnerable persons, subsequently destroys the blood (*kin lueat*) of an HIV patient and turns him or her into a greedy person as soon as that person is not watched over by other persons. Persons who are possessed by *phrai* like to eat raw animal meat at night. Medication alone cannot cure this problem; ritual healing should also be applied.

HIV positive might not be HIV or AIDS
Although Mo Pinkaew accepted the results of laboratory blood testing as an essential tool to diagnosing HIV and AIDS, in some cases he rejected the diagnosis ‘HIV infected,’ regardless of whether the HIV blood test was positive. For instance, he had a patient who had a lump on his neck, which became bigger and bigger, while the patient became gradually more skinny. The HIV blood test was positive, but the situation of the patient worsened after he took ARVs. When that patient sought care from Mo Pinkaew, he was diagnosed by Mo Pinkaew as having *san khanthamala* instead of AIDS. The patient’s recovery from his disease after treatment of *san* with traditional drugs confirmed to Mo Pinkaew that his diagnosis was correct. Mo Pinkaew said that the germs that caused AIDS and *san khanthamala* were nearly the same, so the blood tests of both diseases were in the same way positive.

The unrecognized disease theory of AIDS
Unlike Mo Pinkaew, the other local healers did not associate HIV and AIDS with *khang*, although most of them accepted that *khang* is the origin of all diseases and that an improper diet aggravates HIV and AIDS. Mo Pinkaew was aware of the fact that his theory would not be accepted by other local healers and medical doctors, academics, and health authorities. When he participates in joint seminars with such persons, he prefers to keep his opinions to himself. Throughout the interviews I had with him, Mo Pinkaew complained occasionally about the inferior status of local healers:

> Nowadays, we, local healers, cannot treat HIV and AIDS openly and we cannot reveal the evidence that we can cure it because the health authorities assured the public that HIV and AIDS are incurable. Most local healers do not dare to treat it because they are afraid to be arrested.

For Mo Pinkaew, the dominant biomedical discourse offers no opportunity to formulate models of disease theory and treatment alternative to those of biomedicine. Speaking from his experience he told me:

> I used to cooperate with disease control authorities in helping HIV and AIDS patients. But after having received a list of my patients from me, these

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7 *San khanthamala* is a sort of *san* disease. It develops in the form of lumps along the tendons of the neck. If a lump is broken, it becomes rotten. If a lump falls down, germs will enter into the blood circulation. This *san* is severe and deadly unless the right treatment is followed.
authorities prohibited my patients to take traditional drugs or else the patient
would not get his monthly support money. Since then, I ceased to cooperate
with the health authorities.

This altercation with the health authorities led to Mo Pinkaew changing his practice
of keeping patient medical records up to date; because he had no license as a doctor of
traditional medicine, they could form evidence against him and lead to his arrest.8 When I
asked to interview some of his patients, I got the response that this would be impossible, for
two reasons: on the one hand, this was because of the absence of medical records; on the
other hand, it was due to the problem of the social stigma attached to persons with HIV. These
problems were an obstacle not only for me as a researcher but also for other HIV patients who
lack the opportunity to learn from the healing experiences of these anonymous persons.

One may ask how practical the disease theory, as developed by Mo Pinkaew, is, since it
cannot be affirmed by any case studies. This lack of confirmation is a limitation of this study.
It results from the difficulty in gaining access to the HIV patients of Mo Pinkaew. However,
by exploring the principles of treatment in the next part of this chapter, we can explore how
Mo Pinkaew’s theory relates to what is practiced by other local healers.

Principles of treatment

Even though Mo Pinkaew described HIV and AIDS on the basis of *khang*, a theory on
which he differed from other local healers, the principles of the treatment he conducted were
similar to those of the others. Mo Pinkaew affirmed that merely by normalizing the four inner
elements, through the use of traditional drugs according to traditional texts and conducting
symptomatic treatment, the HIV illness could be cured. The following are the treatment
principles that I have synthesized from the knowledge that I gathered from all of the local
healers who participated in this study.

Symptomatic treatment

As HIV can destroy the immunity of its host, HIV patients who have a low CD4 count
occasionally fall ill from opportunistic infections caused by pathogenic bacteria, viruses,
fungi, and protozoa, while many patients also suffer from food allergies. The most frequent
symptoms of these infections and allergies are diarrhea, fever, skin papules, itching, headache,
dizziness, loss of appetite, insomnia, paleness, and loss of weight.

These initial symptoms – which often appear randomly and subsequently become chronic
– are noticeable abnormalities. They make persons with HIV aware that they need care and
healing. All local healers were concerned with all the symptoms from which HIV patients
suffered. Some searched for medicines in their old manuscripts in order to heal a symptom and

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8 According to the Thai Art of Healing Act 1999, there are four branches and corresponding licenses of
traditional Thai medicine: medicine, pharmacy, midwifery, and massage. Mo Pinkaew had only passed
the national licensing examination in pharmacy, so in terms of treatment he only had the legal right to
dispense, formulate, manufacture, and sell traditional drugs.
learned from their patients which medicine worked for which symptom and which medicine did not work. Others used the medicines that were passed down from their ancestors and managed to alleviate the troubling symptoms.

Mo Boon learned from his father how to conduct symptomatic treatment. The pattern of his treatment always included traditional drugs such as ya daeng luang for fever, ya daeng noi for headache, ya dam for skin papules, ya kae kin phit for dizziness and diarrhea from ingesting improper food, ya fok lueat for loss of appetite and paleness, and ya tom pot for lung infection. Mo Somsak used traditional drugs, for example ya kae kin phit for dizziness and diarrhea from ingesting improper food and ya bamrung rang kai for loss of appetite and paleness. Mo Thananchai had experience in the treatment of HIV patients who suffered from fungal infections in the brain, with the symptoms of strong headache, dizziness, and blurred vision.

The HIV-related opportunistic conditions that, according to the local healers, respond well to traditional drugs are herpes simplex, herpes zoster, and oral thrush. The conditions that are difficult to treat with traditional drugs and are life threatening are tuberculosis and Cryptococcus meningitis (a fungal infection of the membranes covering the brain).

**Normalizing inner elements (prap that)**

In Northern traditional medicine and traditional Thai medicine, that represents the inner elements of the human body. It has been taught from generation to generation that human beings are composed of four elements (that si): the elements of earth (that din), water (that nam), wind (that lom), and fire (that fai). These four elements work together to maintain the functions of body and mind. If any element becomes abnormal, it will disturb this harmonious functioning and cause illness. Traditional Thai medical textbooks elaborate on the abnormalities related to the four elements in various manners. In Northern traditional medicine there is an additional that beyond the four elements; this is the element of air (akatsa that or that phra chao).

According to Mo Boon, his father had taught him about the relationship between striking characteristics of patients and the abnormalities of inner elements. If somebody who walks into the consultation moves stiffly, it will indicate an abnormality of the element of earth. If he has an edema, it will be an abnormality of the element of water. Having excretions from the eyes and eye pain will be an abnormality of the element of wind. If he feels hot after sitting for a while, it will indicate an abnormality of the element of fire. Mo Boon used ya dam – a drug to cure khang, and which was once used by his father for small pox fever – in order to cure abnormalities of the blood, since blood is composed of both the elements water and wind, as well as ya fok lueat – a drug to cleanse blood – to cure decreased and thinned blood.

Unlike Mo Boon, Mo Somsak learned about the four inner elements in a traditional Thai medicine class. He thought that HIV possibly disturbs the functioning of the four elements, therefore normalizing them would likely help HIV and AIDS patients to return to a normal state. First he tried ya benchakun, which is generally known as a drug to nourish the four inner
elements. The results were not as expected, because the hot quality of the drug aggravated diarrhea. Then he searched in his medical scriptures for another drug that had a neutral quality. Among the ten drug items from the manuscripts that normalized inner elements, he found only two that had formulas with a neutral quality. He chose the one for which he could find the complete materia medica and called it ya prap that. The second trial was satisfactory; the patients became healthy, developed a good appetite, good sleep, and a fine complexion. Mo Somsak has continued to use this drug as his major medication until today. After this success, he sought for drugs to nourish blood (ya bamrung lueat) from his manuscripts and has used them as a supplement.

Since Mo Pinkaew indicated that HIV and AIDS is a blood disorder, he treats it with the drug to create blood (ya sang lueat) and the drug to create lymph (ya sang nam lueang). However, he pointed out that to normalize the four elements, a healer needs to examine the symptoms of the patient to find out which inner element is the cause of the abnormality, so that the healer can adjust the drug appropriately.

Like Mo Pinkaew and Mo Somsak, Mo Thananchai, who stated that HIV and AIDS leads to bad blood, uses a drug to normalize inner elements, drugs to nourish blood, and drugs to create blood in order to treat his HIV patients.

From what I have described above, we may conclude that all local healers use traditional drugs to correct the blood disorder caused by HIV, either by cleansing the blood, nourishing the blood, or creating new blood. This evidence firmly confirms the assumption that, from the perspective of the local healers, AIDS is associated with a blood disorder.

**Killing germs (kha chuea)**

Seeing that AIDS is caused by a germ, Mo Pinkaew chose a formula from a traditional textbook, the materia medica of which have anti germ properties. This practice goes against the classical perspective that there is no concept of germs or germ killing drugs in traditional Thai medicine. As his life history suggests, we may assume that the influence of biomedicine accounts for this adaptation.

Mo Boon found out with the help of his father that the hottest drug from the manuscript – the drug containing pungent materia medica as a major part of its formula – which was named the drug to cure blood khang (ya khang lueat), and a traditional drug that he obtained from a manuscript of Khruba Khaopī,9 were effective in treating his first generation of HIV patients.10 Since then, he has changed the name of both drugs to ‘the drug to kill germs’ (ya kha chuea) because his HIV patients all know that the disease is an infectious one, but that there is no (biomedical) drug that can kill the germ that causes it. It appeared that the name ‘drug to kill germs’ satisfied these hopeless patients better than the old names. I will discuss the significance of the names of the drugs for HIV patients in Chapter 5.

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9 Khruba is the title that Northern Thai people confer on monks, usually of old age, who are highly venerated for their sanctity and personal charisma (Tambiah 1984: 295).

10 Mo Boon told that he found the manuscript of Khruba Khaopi in Nong Chang temple and that it contains the following text: ‘In the future, there will be an incurable disease, this drug can cure it: …’.
**Excreting toxin, excreting germs (khap phit, khap chuea)**

Toxin (*phit*) in the traditional concept is the result of many agents. Poisonous food may have toxin, which leads to acute diarrhea, vomiting, dizziness, and so on. Poisonous drugs may cause acute heart failure, hematuria (red blood cells in the urine), and hematemesis (vomiting of blood), and so on. Some diseases may produce toxin that causes high fever, pain, inflammation, and papules, or round spots with a dark red, blue, or black color on the skin. In traditional Thai medicine, a medical scripture named *Phra Khamphi Takkasila* exists which describes these poisonous fevers (*khai phit*) and black fevers (*khai kan*). They are mainly associated with viral and bacterial infections. The mechanism of drug treatment in this scripture includes pushing out the febrile toxin (*kratung phit khai*) and externally applying decoction (*prasa phew phai nok*). The objectives of the treatment are to accelerate the process of disease development, to push the febrile toxin from the inside to the outside, and to prevent the febrile toxin from spreading to the internal organs.

Since Mo Somsak considers HIV and AIDS to be a poisonous disease, he used to treat it with a drug comprised of five valuable roots (*ya kaew ha duang*), to which the *Phra Khamphi Takkasila* refers as a major drug to push out febrile toxin. However, this drug did not work. He discovered later that a traditional drug named ‘the great drug to excrete poison’ (*ya pit pak luang*), which is described in one of his own scriptures, was effective. This drug is mainly composed of materia medica which possess diuretic and tonic effects. He ranked this drug as essential for HIV patients. When somebody was in a critical condition (e.g. with a low CD4 count), he advised them to immediately take this drug in a double or triple dose.

Mo Pinkaew focuses his treatment on the excretion of HIV instead of its toxin. Before excreting HIV, however, he needs to separate HIV from the blood by the use of the drug to cleanse blood (*ya sa lueat*). The drug to excrete germs (*ya khap chuea*) is then administered to excrete HIV gradually through the urine.

**Dietary control (kam kin)**

*Kam kin* is a local health concept mostly applied to pregnant women, mothers after childbirth, patients with fever, and weak patients. It is based on the fact that the blood and wind in the bodies of such patients are likely to lose their function; ingesting certain foods may aggravate blood and wind and has a negative effect on the fetus or the infant during breastfeeding. It is often necessary, therefore, to control the diet by omitting prohibited foods (*ahan salaeng*). A grandmother will teach a new mother what kind of foods may harm her or her baby, and what kind of foods she should eat in order to facilitate labor and breastfeeding.

Mo Somsak learned more about prohibited foods when he treated his HIV positive nephew. His nephew had used traditional drugs for symptomatic treatment and to nourish his body. During the treatment he was not allowed to eat meat, which is in general a prohibited food. After one year of treatment, his nephew became healthy once again and resumed his work.

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11 Examples of viral and bacterial infections in *Phra Khamphi Takkasila* are *khai wat noi* (cold), *khai wat yai* (influeza), *khai ok hat* (measles), *khai raksat* (typhoid fever), *khai ngu sawat* (herpes zoster), *khai e-suk e-sai* (chicken pox), *khai fai lam thung* (erysipelas), and so on.
as a house painter. One day the house owner invited him after work to join a dinner where grilled meat and liquor were served. These foods suddenly harmed him with hematochezia (the passing of bloody stools). Ten days later, he died.

This event taught Mo Somsak that liquor is also a prohibited food and that his nephew had not completely recovered from HIV and AIDS. He learned from this case, and from his second HIV patient, that he had to observe more strictly which foods fall within the range of prohibition for persons with HIV. Putting together a list of such foods, which he gave to me on a full A4 page, was an attempt by Mo Somsak and his HIV patients to collect data about prohibited foods. It was similar to the lists of prohibited foods of other local healers and HIV self-help groups. Meat, buffalo meat, farm chickens, fish without scales, snapping turtle, seafood, bamboo shoots, mushrooms, insecticide-contaminated vegetables and fruits, strong sweet fruits, coconut juice, carbonated water, fermented foods and beverages, caffeinated beverages, and raw foods are at the top of their lists.

Mo Pinkaew apparently insisted on the crucial importance of forbidding some foods that can aggravate the disease of khang. Sweet, fatty, and raw flesh foods are the best nourishment for pathogenic worms associated with khang. He judged the ingestion of prohibited foods as essential in the etiology of diseases, so all of his HIV patients are required to omit prohibited foods from their diet alongside taking medication.

Once an HIV patient has become sick after ingesting prohibited foods, all local healers treat him or her with a drug to cure the ingestion of improper food (ya kae kin phit). Each local healer has his own drug for this purpose. According to Mo Somsak, ya kae ha ton (literally, drug comprised of five plants), which is generally used for mothers who become ill after childbirth from ingesting prohibited foods, was ineffective among HIV patients. He had to search his manuscript for another drug to cure the ingestion of improper food in order to gain a good result.

Some foods and herbs that are recommended by the local healers and HIV self-help groups are locally familiar, for example: phlu khao (Houttuynia cordata Thunb.), mara khinok (Momordica charantia L.), pheka (Oroxylum indicum Vent.), buabok (Centella asiatica Urban.), thao sakhan (Piper interruptum Opiz.), boraphet (Tinospora crispa L.), marum (Moringa loeifera Lam.), fathalaichon (Andrographis paniculata Wall ex Ness.), samothai (Terminalia Chebula Retz.), and kaphrao (Ocimum sanctum L.). Recent scientific research reveals that these herbs possess compounds that have certain pharmacological qualities such as promoting immunity, stimulating digestion and appetite, and reducing flatulence. Nutrients in these plants may contribute to slowing the progression of HIV and enhancing the immune response to the virus (Bodeker et al. 2006). Some plants were cultivated and disseminated by Mo Boon to enable persons with HIV to plant them in their kitchen gardens.

Aside from prohibited foods, certain smells (sap phit) can also aggravate HIV and AIDS. A female HIV patient of Mo Boon, who did not recover after being treated with local healing as well as with ARVs, was suspected to have smelled the goods she sold, which had a strong odor of squid and seafood. Another HIV patient mentioned spray paint. Her husband suddenly had a strong headache and convulsions after he had sprayed an old motorcycle; three days
later he died in hospital from a fungal infection in his brain. Among persons with HIV, it is believed that the solvent in spray paint can push the growth of fungi in the nervous system. *Nam pu*, a popular fermented food made from local crabs, is not only prohibited because of its ingredients; its smell can also jeopardize HIV patients. An HIV patient of Mo Somsak in Chiang Rai got immediately convulsions after he smelled the odor of cooked *nam pu*, which was blown from the kitchen of a neighbor. Two days later, he passed away.

**Living conditions (kam yu)**

Regulations on living conditions, *kam yu*, are in part also borrowed from practices relating to pregnant women and mothers after childbirth. Hygiene and rest are the living conditions that are most important as far as the local healers and persons with HIV are concerned. Mo Boon often advised his HIV patients to cleanse their bodies with an antiseptic soap, alum, and then to apply a solution of *ya dam* (drug to normalize blood and wind) to reduce skin papules. Washing the mouth with a diluted salt solution was recommended to those who had oral thrush. Boiled water was also preferred as drinking water. Before raw vegetables and fruits are eaten, they should be washed with potassium permanganate or baking soda. I tracked the living conditions of an HIV patient who suffered from chronic abdominal pain and was diagnosed by a medical doctor as having a parasitic disease. I found that she was washing her raw vegetables and fruits with water from a dim well, which might be contaminated with pathogenic protozoa. In addition, she could not follow the advice to take complete rest when her CD4 count was low. Her poor living conditions were also the local healers’ explanation for the ineffectiveness of the healing.

**Detach oneself from something that causes suffering (kan plong)**

When most HIV patients learned for the first time about their positive HIV blood test, they tended to become anxious about the consequences they would have to face. Social stigmatization, a feeling of having sinned, and family burdens were the main concerns that led to hopelessness and an early death for many HIV and AIDS patients. When they were not able to cope properly with these negative impacts, a good healing result might be not expected.

Each local healer had a different method to solve their patients’ suffering. In some cases, the advice to follow rituals like *song khro* (the ritual to send away bad things after a person has experienced a bad situation that leads to unexpected results) might help. Persuasive counseling with empathy was also performed to strengthen a patient’s will to survive within the family that the patient loves. Meditation – a tool to concentrate the mind, practiced by both local healers and HIV self-help groups – was proven effective in avoiding becoming engrossed in self-involvement. Mo Boon applied local proverbs (*kham ba kao*) and Northern Thai teachings of ancient scholars to arouse mindful thinking among persons with HIV, in order to resolve their suffering from a confused mind.

These techniques are all directed towards detaching the sufferers from the thing that makes them suffer. The results are a release from suffering. This process of release from suffering is locally known as *kan plong*. I will describe this issue in greater detail in Chapter 4.
Reducing the side effects of antiretroviral medication

The need to find effective ways to control ARV-related side effects is a very common concern among people with HIV and AIDS around the world; for instance, Pawluch et al. (2000: 258) observed this concern among people in south central Ontario. This current study confirms that this is also true for some Thai people living with HIV, and it is also evident from the experience of local healers.

No local healer rejected ARV medication if the patient decided to start this drug regimen under the supervision of a medical doctor, since some patients wanted to reduce the burden of their healing costs. But if both local healers and patients in this study had a choice, then they would prioritize traditional drugs. In recent years, the side effects of ARVs have been the most important concern that has led new HIV patients to look for alternative medications. Patients who try to hide their infection in particular fear the redistribution of body fat (lipodystrophy), which is a side effect of D4T in cocktail drugs that reshapes physical appearance causing hollow eyes, sunken cheeks, a protruded mouth, skinny arms and legs, but a big belly. These manifestations have become the new stereotype of HIV patients treated with ARVs. To avoid this side effect, some patients have therefore turned to traditional drugs from local healers. I will elaborate further on this concern in Chapter 8.

For HIV patients who are on ARV medication, another demand has emerged, namely the need to mitigate the side effects of ARVs. Local healers like Mo Boon and Mo Somsak were challenged by this new situation. Mo Boon, for example, encouraged his patients to take ya dam to normalize blood and wind and ya fok lueat to cleanse the blood alongside ARVs. He compared this with growing plants. Chemical fertilizers can stimulate the rapid growth of plants but they destroy the soil. Organic fertilizer fills this gap by both nourishing the soil and sustaining the growth of plants. Operating in a similar way to organic fertilizer, normalizing blood and wind and nourishing the blood can therefore reduce the side effects of ARVs. For patients who complain about the high level of serum cholesterol induced by ARVs, Mo Boon prescribes a drug to reduce lipids. Mo Somsak said that he would like to learn more about ARVs and their side effects before deciding on how to treat them.

The innovation of local healing for the purpose of mitigating ARV side effects is a new challenge to local healers that is still in its infancy. More efforts have to be made, both by healers and patients, to prove the effectiveness of traditional drugs in reducing the side effects of ARVs, and to identify any drug interactions that occur. Such efforts should also address the concerns of biomedical health practitioners, who uniformly prohibit the use of traditional drugs in conjunction with ARVs since they believe that such concurrent use is detrimental to the health of patients and therefore to the working of the ARVs (Kang’ethe 2009: 90).

Summary

The traditional drugs listed above are summarized according to each healer in Table 1.
<table>
<thead>
<tr>
<th>Healers</th>
<th>Traditional drugs</th>
<th>Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mo Boon</td>
<td>ya kha cheua 1 (ya khang lueat)</td>
<td>To kill germs</td>
</tr>
<tr>
<td></td>
<td>ya kha cheua 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ya dam</td>
<td>To normalize blood and wind, cure bad blood and wind, external use for skin papules</td>
</tr>
<tr>
<td></td>
<td>ya fok lueat (ya lom 80)</td>
<td>To cleanse blood, create blood, cure decreased and thinned blood, weakness, loss of appetite and paleness</td>
</tr>
<tr>
<td></td>
<td>ya daeng luang</td>
<td>For fever, cure decreased and thinned blood</td>
</tr>
<tr>
<td></td>
<td>ya daeng noi</td>
<td>For headache, dizziness, fainting</td>
</tr>
<tr>
<td></td>
<td>ya kae kin phit</td>
<td>For dizziness and diarrhea from ingesting improper food</td>
</tr>
<tr>
<td>Mo Pinkaew</td>
<td>ya prap that</td>
<td>To normalize the inner elements of the body</td>
</tr>
<tr>
<td></td>
<td>ya sang lueat</td>
<td>To create blood</td>
</tr>
<tr>
<td></td>
<td>ya sang nam lueang</td>
<td>To create lymph</td>
</tr>
<tr>
<td></td>
<td>ya sa lueat</td>
<td>To separate germs from blood</td>
</tr>
<tr>
<td></td>
<td>ya khap chuea</td>
<td>To excrete germs</td>
</tr>
<tr>
<td></td>
<td>ya kae kin phit</td>
<td>For dizziness and diarrhea from ingesting improper food</td>
</tr>
<tr>
<td>Mo Somsak</td>
<td>ya prap that (ya pok that)</td>
<td>To normalize inner elements of the body</td>
</tr>
<tr>
<td></td>
<td>ya bamrung lueat (ya paeng lueat)</td>
<td>To nourish blood and body</td>
</tr>
<tr>
<td></td>
<td>ya bamrung rang kai</td>
<td>For loss of appetite and paleness</td>
</tr>
<tr>
<td></td>
<td>ya pit pak luang</td>
<td>To excrete toxin</td>
</tr>
<tr>
<td></td>
<td>ya kae kin phit</td>
<td>For dizziness and diarrhea from ingesting improper food</td>
</tr>
<tr>
<td>Mo Thanachai</td>
<td>ya prap that</td>
<td>To normalize inner elements of the body</td>
</tr>
<tr>
<td></td>
<td>ya bamrung lueat</td>
<td>To nourish blood</td>
</tr>
<tr>
<td></td>
<td>ya sang lueat</td>
<td>To create blood</td>
</tr>
<tr>
<td></td>
<td>ya kae chuea ra</td>
<td>For fungal infection</td>
</tr>
<tr>
<td></td>
<td>ya kae puat hua</td>
<td>For headache</td>
</tr>
<tr>
<td></td>
<td>ya kae kin phit</td>
<td>For dizziness and diarrhea from ingesting improper food</td>
</tr>
</tbody>
</table>

Table 1. Traditional drugs used in the treatment of HIV and AIDS by the four local healers in Chiang Mai

From these principles of treatment we can conclude that all local healers were aware of the significance of diet for the aggravation of disease. This is probably related to the concept of *khang*, which states that poor diet facilitates the development of various pathogenic worms in the body. So when a disease of *khang* breaks out, the first measure one has to take is to omit prohibited foods. If the disease destroys the normal state of the inner elements, normalization of the inner elements is the essential treatment. If symptoms caused by a toxin are apparent, medication for purging such a toxin should be applied. If the pathogenic worms that produce
such a toxin cannot be eradicated by the normal body mechanism, then medication for excreting or killing the pathogenic worms is considered essential.

This shows that even though the local healers (with the exception of Mo Pinkaew) did not connect the principles of their treatment directly to the concept of *khung*, we can trace their practices back to the same theory. I myself tend to believe that if we provide local healers with an opportunity to revise and verify their knowledge together in a clinical setting, they would manage to develop a consensus regarding a traditional disease theory for HIV and AIDS.

**Indications of a good outcome**

Although HIV and AIDS is incurable in the eyes of medical science, local healing always keeps the opportunity open for a complete cure. The question is how to prove this. Mo Pinkaew insisted that HIV and AIDS patients could be cured within two years, and that the permanent effectiveness of his healing of HIV and AIDS was proven by modern blood testing, whereby the results of blood tests changed from positive to negative. The problem is that his patients who have recovered from HIV and AIDS did not want to reveal themselves because of the consequences of being stigmatized. The conviction that a complete cure is possible may sound exaggerated from the perspective of medical science, but it should not be ignored or dismissed until an opportunity for proof arises that is not biased by a difference in discipline and theory.

As a researcher who has a background in medical science, I am eager to prove whether or not a CD4 count or the result of an HIV blood test have improved, because this is a convenient way to communicate with the biomedical and health authorities. Why is there such a lack of evidence for whether local healing really works, obtained by comparing the pre-test and post-test situation?

The case of an HIV patient of Mo Boon could answer part of this question. This patient was convinced that she had been suffering from HIV and AIDS. She had run the risk of becoming infected with HIV when she had a secret sexual relationship with her husband’s friend over a period of three years, a man who later died from AIDS. Her initial symptoms were also associated with HIV infection: fever, severe chronic diarrhea, anorexia, loss of weight, weakness, and dark skin. She continuously took traditional drugs for twelve years and most of her symptoms disappeared in the third year. To end the doubt, I persuaded her to take a blood test at the Chiang Mai Thai Red Cross anonymous clinic. It was surprising to learn that her HIV blood test was negative. To my regret, however, I was not able to find any scientific evidence to show that she had been HIV positive twelve years ago. Why? This is because of the problem of social stigma attached to HIV and AIDS. She had not dared to go to the nearby hospital to test for HIV. This case cautioned me that in practice there are some limitations in terms of acquiring complete evidence from laboratory tests. I will return to this patient in Chapters 5 and 8.

My interest in the positive or negative results of HIV blood tests may be compared to the interests of Mo Somsak during the first phase of his healing trajectory for HIV and
AIDS patients. Since most HIV patients wanted to purge the HIV from their bodies, his initial attention in the early days was therefore directed towards killing HIV. After learning more about the principles of local healing, however, he started to focus instead on how to prolong the life of patients and how they can live healthily with HIV. This shift in his healing objectives rendered the presence of HIV less significant and allowed him to emphasize the indications of an outcome that corresponds to the principles of local healing.

Five indications of a good outcome can be summarized from the practices of all the local healers and patients. The first indication is the inner sense of a patient of a positive initial outcome, which is based on a form of self-evaluation. For Mo Pinkaew, the sense of refreshment of the mind is the important primary outcome. It is like a dehydrated plant that is soaked with water. This sense of refreshment is perceived within one hour of taking the drugs. Some patients also felt hungry and thirsty. After this, the illness gradually retreats. Mo Boon also underscored this aspect of the outcome and noted that his early outcome objectives were only focused on ill persons rather than on healthy persons.

The second indication is the recovery from illness symptoms such as diarrhea, headache, dizziness, weakness, and so on. This outcome may appear after one week, three months, or one year (in the case of a headache from a fungal infection in the brain). Patients can conduct self-evaluation of this outcome as well. Mostly, it is related to the effect of symptomatic treatment.

The third indication is an improvement of appearance. A fine complexion and weight gain are the most important indications that strengthen the confidence of HIV patients who had been feeling bad due to HIV and AIDS. Having dark skin and being skinny are stereotypes of AIDS patients, thus a pinky skin, bright face and eyes, and a well nourished body are the visual signs of recovery from HIV and AIDS. According to the concept of inner elements, these signs are related to a normal function of blood and wind in the body. It can be said that this positive outcome is mostly the effect of a normalization of the inner elements.

The fourth indication is the ability to tolerate foods that in the past worsened the illness. For Mo Somsak and some of his HIV patients, this outcome of gradual improvement was an indication of an improvement in immunity. Even though it was not clear how immunity is associated with the inner elements, Mo Somsak believed that by trying to find traditional drugs to improve immunity, the persons with HIV had no longer to care about prohibited foods and could eat the same foods as when they were healthy.

The final indication is the restoration of daily life abilities, which is the comprehensive outcome of the healing. As the ultimate aim of the healing of Mo Somsak is for a person to live healthily with HIV, this indication involves the ability to work as usual and to conduct daily routines regardless of one’s HIV status.

An HIV patient from Saraphi district claimed that a CD4 count, which is an indicator of medical science to evaluate the outcome of ARV medication, is not a good indicator of improvement or well being. A CD4 count always fluctuates because it is influenced by many factors. If a person is overly concerned about the CD4 count, he/she will be stressed by it. It is better to observe oneself and watch one’s own health. This notion of listening to one’s
own senses and feelings is compatible with the principles of local healing and deserves more attention.

From the perspectives of the healers and patients, these indications of a good outcome are what they expect to gain from a good healing procedure. These indications are based on the principles of treatment that are derived from what has developed into a local disease theory, and they differ greatly from the principles of treatment as defined by biomedicine. As described above, the indications of a good outcome focus on the patient’s perception of his/her own bodily sensations, physical appearance, as well as psychological and physical functioning in daily activities, rather than on what is detected by scientific instruments. This shows that a different disease theory can lead to different indications of a good outcome. This point of view should be included in the assessment of the effectiveness of local healing.

**Conclusion**

When AIDS started to threaten the life of Northern Thai villagers, local healers in Chiang Mai learned to find ways to deal with the deadly disease through their attempts to effectively treat it. They gathered information about the disease from the mass media, public health authorities, and their patients. Then they went back to their medical scriptures and the knowledge that had been orally transmitted to them by their ancestors. They conducted trials of the selected medicines and developed explanations of the disease from these trials. This demonstrates how local healing is still alive, and how local healers are capable of gathering a variety of local knowledge sources when dealing with a new threatening disease.

While the disease explanations and healing methods developed by these local healers are rooted in local disease theory, they are at the same time adapted to the new knowledge that they have received from biomedicine. Apart from the specific explanations, their general ideas about the disease which underlie the principles of their treatment are influenced by both local and modern notions. That is to say that the importance of normalizing the inner elements and the control of diet, for example, are local in nature, while the fight against germs is a new idea. These syncretized ideas about the disease direct the way in which the healers define the indications of a good outcome and evaluate the effectiveness of healing.