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

Tantipidoke, Y.

Citation for published version (APA):

General rights
It is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), other than for strictly personal, individual use, unless the work is under an open content license (like Creative Commons).

Disclaimer/Complaints regulations
If you believe that digital publication of certain material infringes any of your rights or (privacy) interests, please let the Library know, stating your reasons. In case of a legitimate complaint, the Library will make the material inaccessible and/or remove it from the website. Please Ask the Library: https://uba.uva.nl/en/contact, or a letter to: Library of the University of Amsterdam, Secretariat, Singel 425, 1012 WP Amsterdam, The Netherlands. You will be contacted as soon as possible.
Chapter V

Meaning attributions to medicines and their effects
In many healing traditions, both patients and healers view medicines as a key aspect of health care. The same applies to the Thai traditions. In Thai culture, medicines are even considered to be one of the four necessities that human beings rely on in order to maintain life; the other three being food, clothing, and shelter. During the height of the HIV/AIDS epidemic, the importance attributed to medicines influenced the way in which people tried to overcome the disease. The fact that the formal health care system could not provide medicines for the treatment of AIDS led people to focus their hopes on traditional medicines from all over Thailand and the world.

The availability in Thailand of a range of traditional drugs from around the world, particularly those drugs that, according to people’s stories, provided a good outcome, provoked an interest among medical scientists in trying to develop new – biomedically efficacious – medicines to treat people with HIV and AIDS. Regarding traditional medicines administered by Northern local healers on the basis of local knowledge, currently there only exists Rangsan’s (2004) study. However, neither the study of Rangsan nor any other study that I know of – whether conducted in Thailand or elsewhere in the world – has paid close attention to the effects of traditional medicines and how these effects are attained from the perspectives of both healers and patients. This chapter aims to fill this gap in knowledge.

The chapter starts with a case study, in which various aspects of the meanings attributed by healers and patients to medicines and their effects are introduced. These different aspects – the sacramentalization of medicines, the naming of medicines, and associations between bodily sensations and the working of medicines – are presented in more detail in the following three sections. In the fifth section, I discuss the findings that my study has generated on the workings and effects of medicines as perceived by patients and healers, in particular in terms of the symbolic power of medicines. Throughout this chapter, the concepts of medicines and drugs are used interchangeably.

Sathit: A case study

I got to know Sathit as a patient of Mo Boon when I visited him at his home together with the traditional healer. It was late afternoon on a day in the beginning of the rainy season of 2008, when Mo Boon and I stopped in front of a house that he thought was the place we were searching for. He shouted: ‘Sathit! Is this Sathit’s house?’ A man with a look of amazement on his face approached us as he put on his shirt. ‘Mo Boon! Is that you? Come in please, we have not met for a long time.’

After some greetings, I was invited to sit on a plastic chair at the back of his house, where Sathit had cleaned a piece of ground that was surrounded by four longan trees. Mo Boon remained on his feet so that Sathit could sit on the other chair that was in the room. Sathit’s house was a small hut made from cheap wood, bamboo wood, and old metal plates. An aged motorcycle stood idly under the extended back roof. There was a plot with vegetables near his house that Sathit had just sprinkled with water.

It was our good fortune that Sathit was at home and had not gone out to work as usual. When I asked about his occupation, he said that he was engaged in general labor. Later, I
learnt that this involved cutting weeds, spraying herbicides, layering longan plants, collecting longan fruits, and harvesting rice. Sathit’s current wife worked as a housekeeper at an apartment in the city two days a week. Even though both husband and wife had a job, the family had little income and was confronted with constant scarcity. Nonetheless, most of the time I saw a smile on Sathit’s face, light in his eyes, and his gestures were humble and honest. From his appearance, it was hard to imagine that he had once been called ‘the father of AIDS’ by local people.

Sathit is the son of a local police officer in Pa Sang district of Lamphun. His father had been a noi (a person ordained as a novice) who had learned magical powers from a fellow monk. In the words of Sathit, his father was a good person and was a resort to other people since he could make worship candles (bucha thian) and sacred cloths (pha yan). At that time he was a famous person in the region because it had been proven that his sacred cloths could disable guns, meaning that the wearer would be protected against being shot. Sathit’s father could also lie down on the leaves of a banana tree without any other support. Only a special person is able to do that. But Sathit did not learn these magic practices from his father because they were seen as ‘hot.’ He learned only magic spells (khatha – a set of words that offer mystic power) to protect himself against dog bites and poisonous snakes.

Sathit’s father passed away when Sathit was thirty years old. About one thousand people participated in the funeral and, following Thai custom, Sathit was ordained for seven days. After his father’s death, all of his father’s scriptures on magic were offered to the abbot of a nearby temple because they were seen as too hot to be in the possession of a common person. Sathit, however, received his father’s amulets. He sold his father’s house, motorcycle, and other assets and wasted all the money on gambling. He then fell into the bad habit of stealing. At the age of thirty, Sathit was a handsome and mischievous man. He was involved in the local prostitution business and engaged in many promiscuous sexual contacts. He did not care about whose wife it was he was sleeping with or whether she was free from sexually transmitted diseases. He had frequent sexual intercourse with at least three prostitutes who

---

1 *Bucha thian* is a ritual conducted by the lighting of three candles in front of a Buddha image. The purpose of the first candle is to send away bad things or bad luck (*song khro*), the second one is to extend one’s fate (*to chata*), and the third candle is to receive luck (*rap chok*). Inside each candle is inserted a unique sacred cloth.

2 *Pha yan* is a cloth that is inscribed with various symbols and ancient alphabets arranged in different patterns. Its usual purpose is to make other persons fall in love with the wearer or for the wearer to become popular among others (*metta maha niyom*), for the wearer to escape danger (*khlaew khlat*), or for the wearer to gain an impenetrable skin or become invulnerable (*khong kraphan chatri*).

3 ‘Hot’ knowledge or ‘hot’ practices have a strong magical power that only can be controlled by a person who possesses extraordinary emotional stability. Such a person has to follow strictly the code of conduct passed down from his teacher or he will face trouble.

4 When we became more familiar, Sathit showed me his father’s amulets and said frankly that he would like to sell some of them to me because he needed the money. I did not accept his proposal, but gave him 2,500 baht (about 62 euro) to buy a used motorcycle, since this would enable him to work further away from home.
Meaning attributions to medicines and their effects

were very popular. All of them were HIV positive at the time and later died of AIDS. Sathit described:

I was involved with a loose woman two to three times a week. Altogether I had around 50 to 60 times sex with her without a condom. Everybody who has had sexual contact with her died later, including her husband. Everyone knew this and assumed that I would have to die in three months.

In 1993, Sathit became ill and developed many symptoms, such as chronic diarrhea, severe headache, blurred vision, hair loss, weight loss, weakness, and papules. He did not only have to endure these physical ailments but also his neighbors’ mockery:

A neighbor laughed at me. He said, ‘Look, look at Sathit. He is washing his clothes but he cannot even lift them. AIDS has already eaten him.’

Another neighbor, who thought that I was almost dying, brought me the papers to apply for membership of the village funeral fund.

Sathit felt hopeless and wanted to die. He carried a gun and a knife with him and was ready to kill anyone who annoyed him. He luckily avoided such an action when he found a way to possibly cure his illness. He had observed Mo Boon at the abandoned temple when he himself was a honey seller and Mo Boon was one of his customers. After some time he decided to seek help from the healer. To hide his illness from the other people in the healing center, he followed Mo Boon into the toilet and there asked him for help. Mo Boon told him that he should first have a blood test before taking any drugs. A few weeks later Sathit returned with the information that his blood test was HIV positive. To get more precise information, I asked Sathit many times about the blood test. He told me that he had taken the test at the district hospital and had shown the result to Mo Boon.

Sathit was poor, so he bartered with Mo Boon over half a fertilizer bag of traditional drugs in exchange for a Khruba Siwichai amulet, which he had received from his father. The amulet was made in 1939, one year after the death of the revered monk. It was a valuable thing

Illustration 6. An amulet of Khruba Siwichai. Mo Boon and Sathit reminding each other of the old days when Sathit had paid Mo Boon for half a bag of traditional drugs with a Khruba Siwichai amulet.
because of its rareness and magic power. Mo Boon told me that he had wanted to have an amulet of Khruba Siwichai on his necklace. By chance, Sathit came and gave him his amulet, saying that if it belonged to Mo Boon, it would help more people. Aside from the half bag of traditional drugs, Mo Boon gave Sathit 700 baht (approximately 17 euro).

During the first couple of months of the healing, Sathit took traditional drugs in large doses. These consisted of the drug to kill germs (ya kha cheua), the drug to normalize blood and wind (ya dam), and the drug to cleanse blood (ya fok lueat). A few times he took them with liquor. He reasoned that if it could not cure him, it would kill him instead. When he took the drugs he felt very hot inside his body. He became so hot that he had to cool off using two electric fans, one behind him and one in front. When he took the drugs with liquor he got a strong headache, which forced him to pull out his hair and throw it in the river. Throwing bad things in the river and letting them float away is an action that has symbolic meaning within the local culture.

After three months the hot feeling disappeared and Sathit became healthy and energetic. He could drink liquor and eat meat without getting a strong headache, as had happened when he was ill. He even returned to have sexual intercourse with prostitutes because he wanted to check whether he had already recovered from his illness. As mentioned in Chapter 3 about the local perspective on venereal diseases, people believe that one cannot be re-infected when one has been cured by the use of traditional drugs. This belief led Sathit back to his previous risky sexual behavior. Once, while he was having sexual intercourse with his friend’s wife at her house, his friend returned home by chance and, enraged, cut Sathit’s forehead with an axe. Sathit went to the hospital to have the injury treated and asked the doctor to test his blood for HIV. The result was a great surprise, for it was negative. Sathit explained that he was so glad that it was as if his head could float up to the sky. As a result of his supreme gladness, Sathit acknowledged the mistake he had made by having sexual intercourse with his friend’s wife. In the meantime, out of fear of the repercussions for what he had done to Sathit, the friend ran away to another district leaving his little son behind.

To ensure that the illness would not return, Sathit continued to take the traditional medicines for a period of about three years. At this point in his story, Sathit said, ‘I knew I would recover from AIDS with these traditional drugs, Mo Boon knows something that protects me.’ I asked Sathit to explain further, and his response was that he attributed his recovery to the monk Khruba Siwichai, about whom he had dreamt twice. Just as in Mo Boon’s dream, Khruba Siwichai had taken Sathit to the Phrathat Doi Suthep temple. Both Mo Boon and Sathit had dreamt the same dream, although they had never told one another about it beforehand. I then came to understand why Sathit had decided to barter the amulet of Khruba Siwichai for the medicines. When I asked Sathit how he treated the medicines he had received from Mo Boon, he told me what he did when he brought them to his house:

I placed the drugs on the Buddha image shelf. Each time, before taking the drugs, I prayed for the khun of Buddha, Dharma, Sangha, Khruba Siwichai, Khruba Khaopi, Luang Pho Phromma, and Queen Chamathewi to protect me and fill these drugs with khun to let them be celestial medicine.

---

5This amulet, if sold today, would cost about 100,000 baht (around 2,500 euro) on the market.
Buddha, Dharma, and Sangha are the ultimate respected things in Buddhism. Khruba Siwichai, Khruba Khaopi, and Luang Pho Phromma are all famous local Buddhist monks. Queen Chamathewi (700 A.D.) was a queen of the kingdom of Haripunchai, the center of which was located in present day Lamphun province.

Sathit said that when he felt assured that he had recovered completely from HIV/AIDS, he managed to forget his feelings of anger and revenge. He became a new person. He no longer visited prostitutes and was no longer involved with other people’s wives. Another change for the better was that Sathit, out of pity for the fatherless child, went to visit his friend to apologize. The friend forgave Sathit and returned home. 

This story, as told by Sathit, seems to imply that Sathit believes that he has been cured by the medicines, particularly by the virtue inside the medicines that creates symbolic power (khun ya).

Sacralization of medicines

Khun is a primary virtue attributed to medicines. Khun in general refers to the virtue or good quality of persons, deities, abstract entities, or things which deserve respect. Buddhist daily chants always begin with the words for the recollection of the Buddha khun, the Dharma khun, and the Sangha khun. This chanting in Pali words is familiar to all Buddhists. The khun of Buddha, Dharma, and Sangha are sometimes called the virtue of the triple gems (khun phra si rattanatrai, or in short, khun phra). Thai Buddhists often turn to khun phra when they feel insecure, hopeless, or need help.

In popular Buddhism, people believe in the virtue of Buddha (Buddha khun) in both mystic and mundane ways. It is like a power that can be acquired by reciting certain spells or Buddha khatha and Buddha mantra (a set of words that aim to worship and praise Buddha khun, Dharma khun, and Sangha khun) with a concentrated mind. Many experts in mystical power, both monks and non-monks, can make amulets imbued with Buddha khun. These amulets mainly include small images of the Buddha or a Buddhist monk made from metal or other materials (phra khrueang), pieces of sacred cloth inscribed with ancient alphabets, drawings or mystic symbols (pha yan), or metal sheets rolled in a tubular shape (takrut). Each consecrated amulet has a certain power, such as making someone popular (metta maha niyom), helping a person escape from danger (khlaew khlat), making a person invulnerable.

---

6 The Buddha khun has three main qualities: wisdom, purity, and compassion. It is also further elaborated in nine qualities: holy, fully self-enlightened, perfect in knowledge and conduct, accomplished (a person who has attained the supreme status of spiritual growth), knower of the worlds, the incomparable leader of men to be tamed, the teacher of gods and men, awakened, and blessed (Payutto 2002: 222-223).

7 The Dharma khun has six qualities: well proclaimed by the Blessed One, to be seen for oneself, timeless, inviting inspection, worthy of inducing in and by one’s own mind, and experienced directly by the wise (Payutto 2002: 223-224).

8 The Sangha khun has nine qualities: good conduct in the community of noble disciples of the Blessed One, upright conduct, right conduct, proper conduct, worthy of gifts, worthy of hospitality, worthy of offerings, worthy of reverential salutation, and the incomparable field of merit or virtue for the world (Payutto 2002: 224-225).
Traditional Thai scriptures mention that some medicines can also be subject to the process of sacralization. It is suggested that in order to make a medicine sacred, the healer should conduct the five or eight precepts (see Chapter 4); he should worship the Buddha in the sanctuary of a temple with joss sticks, candles, flowers, and a food offering decorated with banana leaves and flowers, topped with a boiled egg (baisi); and he should grind the materia medica into a powder and recite the recommended spells (khatha). When the healer shapes the powder into sticks before making pills, he should recite another spell one hundred and eight times (Sophitbannarak 1962: 96).

Each healer may apply different methods to charge his medicines with sacredness. In the case of Mo Boon, after he had made the medicines for his first seven HIV patients, he put them (as I mentioned in Chapter 4) in cardboard boxes and placed them for three months at the glass altar of the Buddha statue in Nong Chang temple. This is believed to be a way of making the medicines sacred, for the monks perform chanting in the temple every Buddhist holy day. Initially nobody knew that Mo Boon had done this, and Mo Boon only told it to his patients later on, when he started his healing.

I observed Mo Boon as he made his medicines sacred. He sat in front of the altar where the image of the Buddha, Khruba Siwichai, other local monks, the ancient ascetics, and the picture of his father were placed according to their cosmological position. He lit the candles and joss sticks, closed his eyes, chanted the preliminary homage, recited the spell named ‘the heart of Buddha’ and ‘the heart of the triple gems,’ lifted the medicines in his palms above his head, and said for himself:

> Let the *bun barami* of Buddha, Dharma, Sangha, all ancient teachers including Chiwaka Komaraphat [the personal doctor of the Buddha], Khruba Siwichai, Ui Takham [Mo Boon’s grandfather], Pho Mo [Mo Boon’s father], as well as the other present teachers, make these medicines effective.

Mo Somsak, a healer whose life history I describe in Chapter 7, was from the beginning extremely concerned with the power of his medicines, since he had to gather the medicinal plants himself in the forest. He recited specific spells and blew wind from his mouth to activate his knife and spade before he cut the part of the plant that he intended to use. While grinding the crude drugs, he recited specific spells to cure disease and ward off danger and blew this into the powder. When he decocted the drugs, he recited spells before putting the crude drugs into the boiling pot. When he had prepared the medicines he would recite spells over them again. Finally, like Mo Boon, he placed the medicine in front of his local altar and recited the words: ‘Let all teachers endow these medicines with sacredness. Let those who take these medicines have good lives, be happy, and recover from illness.’

When Mo Pinkaew was in his drug factory, he always recited spells and blew them into the air while his machines were working. Taking a different approach, Mo Thanachai put his
medicines on the Buddha image shelf and paid homage to the Buddha and the ancient teachers.

The practices of the local healers that I have described above show the significance of bun, which means merit, and barami, which means the stages of spiritual perfection achieved by a bodhisattva9 on his path to Buddhahood (Payutto 2002: 334). Barami in lay understanding refers to the merit that someone has accumulated from his or her previous lives to the present life, with the intention of attaining enlightenment. A person who has barami expresses it through the good quality of his or her mind and is believed to be able to access supranormal power. The barami of the supreme things of Buddhism, and of the ancient teachers and the present teachers of local healers, is also the source of the symbolic power of medicines, which can be acquired through the process of sacralization.

Tambiah (1984) provides a description of the cult of amulets in Thailand. Although he focused his analysis on the practices of forest monks from the Northeast, his description is also valid for the North. In his description of the process of the sacralization of amulets, common underlying mechanisms can be observed, namely the chanting of sacred words (sek khatha) and sitting in meditation (nang prok). The purpose of the former is to confer protection and prosperity, the latter transfers psychic energy (ibid.: 260). Tambiah proposed the notion of ‘objectification of charisma in objects and fetishes’ (ibid.: 339), which clarifies how the charisma of Buddhist saints becomes concretized and embedded in objects. It works because ‘these saints are seen as capable of transmitting their charisma through amulets they have charged and activated’ (ibid.: 335). This capacity is acquired through observing ascetic practices and strenuous meditative exercises, and by detaching oneself from the lure of desires and attachments. The expected result of this heroic act of ‘renunciation’ is the achievement of liberation (ibid.: 126). Simultaneously, it produces a by-product – the access to supranormal powers (ibid.: 333) – which is essential to the sacralization of amulets. Tambiah makes no mention, however, of the power of virtue (khun) in his work.

I propose that even though traditional drugs have pharmacological effects, they can nevertheless be treated as objects of sacralization for the purpose of curing disease. In contrast to Tambiah’s interpretation, the healers with whom I spoke have to ask for bun barami of the Buddha, local sacred persons, and their healer teachers in order to make their medicines sacred. They use the same mechanism as for sacralizing amulets described by Tambiah, but in a more concise form. To be successful, the healers have to commit themselves fully to exemplary moral conduct so that their accumulated merit is sufficient to initiate the transmission of virtue from the charismatic persons to the medicines they intend to use.

These practices show how the virtue of the supreme things of Buddhism, and of the ancient and present teachers of the local healers, are involved in the healing process, especially in the process of making medicines sacred. The local healer who can deal with these kinds of practices has to conduct his life and healing practice in a moral way so that his accumulated merit has sufficient power to mediate with the virtue of the greater or higher things in the cosmological hierarchical order. I will elaborate on this issue further in Chapter 7.

9 Bodhisattva is one who has strong intentions to attain enlightenment in order to help his fellow beings or to be a candidate for Buddhahood.
Medicines in Northern Thai culture are not merely something material that anyone can produce. Rather, they belong to the healer teachers. Local healers are simply the persons to whom this knowledge has been transmitted. If a healer or patient does not behave himself in a proper way according to the teachings of the ancient teachers, the virtue of the teachers will no longer support the healer or patient or the medicines. For this reason, according to the perspective of local people, the virtue inside the medicines that creates symbolic power (*khun ya*) is not present in modern medicines.

The difference between traditional and modern drugs is clearly illustrated by the experiences of Sathit (described above) and Yada (the patient of Mo Boon who I introduced in Chapter 4). The fact that Sathit recovered completely from his illness and became a new person has to be understood on the basis of a common Thai value, namely *ru khun*. When someone has received a benefit from somebody else, however small it may be, he or she should recognize the virtue (*ru khun*) of the giver and attempt to reward that virtue (*top thaen bun khun*), or else he or she will not have a good life. For Buddhists, the best way to reward the virtue of Buddha, Dharma, Sangha, and the local sacred persons is not simply to pray but to do good practices according to the Buddha’s teachings.

When I asked Yada what she did before taking her traditional drugs, she said that she lifted them up and prayed for their effectiveness. With modern drugs she never did this. In another case, an elderly man from Lamphun province came to Mo Boon to cure the febrile convulsions of his grandchild with medicine that is made by rubbing woods with stone and water (*ya fon*). This man said that this medicine belonged to the ancient teachers, so he had to ask the ancient teachers to let it be effective before his grandson could use it. He said that he would come to pay his respects to the ancient teachers when Mo Boon conducted the annual ritual of paying respects. This man also did not act in this way when he dealt with modern drugs and medical doctors.

According to modern biomedical opinion, the placebo effect of medicines may be perceived as accounting for Sathit’s recovery. Some existing anthropological studies may attribute the success to symbolic effect; the result of possible linkages between transactional symbols (Dow 1986), emotions, cognitions, perceptions, aesthetics, and bodily responses (Lévi-Strauss 1963; Dow 1986; Kirmayer 1993). This latter interpretation is true to a certain degree when we consider that meaning, which is carried by symbols attached to the healing, can affect a patient’s perceptions and emotions and so on, and can therefore influence the immune system (Moerman 2002: 143-144). However, this consideration ignores the virtue inside the medicine that gives it symbolic power, which involves the power of intention, concentration of the mind, and the accumulated merit that the healer and the patient commonly hold. It is of course obvious to say that the synergistic interaction between the pharmacological effects and symbolic power of medicines lies beyond the realm of measurable perception within current scientific knowledge production.
Naming of medicines

In traditional Thai and Northern medical scriptures we find many medicines that have potentially meaningful names, and as such contribute to the healing effect of these medicines. One can distinguish three categories of names.

First, there are medicine names that refer in a metaphorical way to their curing effects. Examples are: *ya kamlang ratchasi* (the fabulous lion power drug), which cures weakness or dizziness and nourishes the blood; *ya lueang wayo phinat* (the yellow drug that destroys wind), which cures diarrhea and flatulence; and *ya prap chomphuthawip* (the drug that subjugates everything in the Indian subcontinent), which cures allergies, asthma, paralysis, and many other diseases.

Second, there are medicine names that refer to Buddhist or Brahmin deities or to a being that has supernatural power. Examples are: *ya phutthachaiya* (the winning Buddha drug), which cures many wind diseases; *ya khiao maha prom yai* (the great Brahma green drug), which cures blood disorders; *ya narai prasit* (the drug that gets its power from Narai, a Brahmin god), which cures *khai phit* (poisonous fevers) and *khai kan* (black fevers); *ya thip rot* (the divine tasting drug), which cures convulsions and blurred consciousness; and *ya hanuman chong thanon pit samut* (the drug of Hanuman taking the road and closing the
ocean), which cures dysentery and mucous secretion or blood in the stool.

Third, there are medicine names that refer to Buddhist cosmology. Examples are: *ya chakkrawan fa khrop* (the drug of the heaven of the universe), which cures the poison of *khai kan* (black fever); and *ya anantakrailat* (the drug of the eternity of Krailat mountain), which cures convulsions and stiffness of the tongue and jaw.

In Thai culture, as in other cultures, giving names to things that are meaningful involves the value system of the society. Medicines, which are seen as good, since they can help reduce human suffering, are valuable things that deserve a carefully chosen name. The deities and all beings that have supernormal power in Buddhism and Brahmanism, plus their place within the local cosmology as well as their qualities, represent all the goodness after which only good things deserve to be named. Within this value system, giving names to medicines is not motivated by material rewards, but by their inner value.

The names of the medicines used by the local healers in Chiang Mai to treat HIV/AIDS, and as described in Chapter 3, are typically created according to their pharmacological actions or healing effects. None of these medicine names fall into one of the three categories I distinguish above. A major reason given for this disregard of the traditional naming scheme for medicines is the existing drug regulations in Thailand. According to the Drug Act 1967, it is prohibited to invent a name for a drug, whether a modern or traditional one, which advertises the therapeutic properties of the drug in a boastful way. When considering the above three categories of medicine names from the point of view of this law, all of them would be forbidden. This consumer protection inspired perspective on the value-free naming of drugs has resulted in healers no longer using the value-laden medicine names that were created by healers in the past.

Mo Boon described an experience that explains why it was difficult for him to use the medicine names passed down from his ancestors:

A drug administration officer in Chiang Mai came to see the medicines that I had displayed at an exhibition held in the city and said that my medicine names were illegal. *Ya lom 80* [drug for eighty wind diseases] was problematic because of the suggestion that it could cure eighty wind diseases. *Ya phra in-suan* [drug offered by I-suan] referred to I-suan who is respected as a god of Brahmanism. These medicine names tended to attract publicity.

After Mo Boon was alerted by the officer about the illegality of his drug names, he changed *ya lom 80* to *ya fok lueat* (drug to purify blood) and *ya phra in-suan* to *ya thai* (purgative drug). These new names are based on their general healing effects, and as such do not go against the law.

Although the medicine names used in healing HIV/AIDS are based on their therapeutic effects, patients still perceive these medicines not merely as a material drug but also as a symbol of particular healing effects. The name *ya fok lueat* (drug to purify blood) was invented by Wipha (a patient of Mo Boon whose story I narrate in Chapter 8), since it cleansed the dirt in her blood caused by HIV. After she had taken this medicine for two months, she regained the fair complexion that is the result of good blood. This also occurred with Ampha (another of Mo Boon’s patients who I describe in Chapter 8), who said that *ya fok lueat* changed her
dark skin to a more translucent tone. For Ampha, as a housekeeper at a resort, washing dirty
clothes is routine work. The change in her complexion, as a reflection of the cleansing of bad
blood caused by HIV, symbolically referred to something she was familiar with. Moreover,
she thought that menstruation causes bad blood, which was also treated by *ya fok lueat*. Once
she reached menopause, she therefore no longer thought it necessary to take the drug.

The perceptions of Wipha and Ampha draw our attention to the fact that lay people,
whether in Thailand or elsewhere in the world, can perceive a medicine’s name in an
idiosyncratic way and may attribute either positive or negative healing outcomes to it. Chom,
another patient of Mo Boon, identified *ya fok lueat* with the folic acid tablets she received
from the hospital after she started to take ARVs, since she was told that they were medicines
to nourish the blood. Ampha also imagined that the *ya kha chuea* (drug to kill germs) had
gradually day by day killed the germs inside her body. Although she thought that HIV was a
kind of fungus and related to cancer, she could perceive the hot sensation caused by the drug
as well as the alterations inside her body. This was enough to convince her that what she had
previously imagined regarding the content of the medicine indeed made sense considering
the positive effect it produced.

When I heard about *ya kha chuea* for the first time, I wondered why Mo Boon used this
name, because it sounds like an anti-HIV drug. In fact, I knew that in the traditional concept
of healing there are no germs, whether bacteria or viruses, as described in modern medicine. I
was therefore not sure of whether Mo Boon had created the name for this medicine or whether
he had modified an old one. Mo Boon told me that he has two formulas for *ya kha chuea*.
The first recipe is derived from *ya kae lueat phikan* (drug for treating blood dysfunctions),
and was obtained by his father from his ancestors’ medical scriptures; Mo Boon received the
advice from his father to use it for HIV/AIDS patients. The second recipe was developed by
Mo Boon himself from Khruba Khaopi’s dharma palm leaf scripture. The scripture states that
there will come an incurable disease in the future and that this disease can be treated by the
drug that is described.

Mo Boon named the two recipes respectively *ya kha chuea neung* (anti germ drug number
one) and *ya kha chuea song* (anti germ drug number two). The reason for this naming is
due to the fact that when he started his healing activity in 1993, HIV positive patients felt
hopeless after the Ministry of Public Health announced that there was no drug that could treat
HIV/AIDS. Naming traditional drugs *ya kha chuea* helped to reduce their hopelessness and
encouraged them to cope with their illness properly. However, from the perspective of Mo
Boon, the power that patients in their ‘imagination’ ascribe to these medicine names cannot
achieve a good outcome alone; the medicine must also be compounded according to the
correct formula and method. In addition, patients should comply with the traditional drugs –
both *ya kha chuea* and the other medicines prescribed – in order to normalize the blood and
wind in the body.

As explained above, the gradual acceptance of biomedicine as a powerful kind of
medicine has been accompanied by a shift in the kind of names given to medicines and the
perception of these names. This particular shift is embedded in the more general shift from a
belief in the supernatural world to a belief in the current modern world, from an imaginative and subjectivist perspective on life to a realistic and objectivist one, and from a spiritual to a material worldview. Yet, from a lay perspective, what works under real circumstances and with limited resources is still the best practical choice. Traditional drugs, which have been disregarded by modern medicine as products of an ancient world, have been picked up by lay people to solve their problems on the basis of local beliefs. From their perception of the world, medicine names from ancient scriptures are not only instruments with which to communicate, but the names themselves are meaningful. This becomes evident when we relate them to lay people’s social world, natural environment, and supernatural world. Lay people also situate themselves in the modern world, in which information from other sectors overwhelmingly and continuously affects their perception. We can therefore see a merging of the new and the old in the practice of everyday life. The anti germ drugs (ya kha chuea), as they are called by the healers, are an example of this merger.

The following section will show how patients imaginatively associate particular bodily sensations with the effects of traditional drugs.

**Bodily sensations as effects of medicines**

It was not only the ethno-pharmacological effect that Mo Boon and his father found in ya kha chuea that helped HIV patients, but also its perceived ‘hot’ quality. Mo Boon observed that the extremities of most HIV positive patients are cold due to the blood disorder. To cure this blood disorder, the patients would need a hot medicine. This is the reason why Mo Boon and his father searched the old scriptures for drugs to cure blood disorders that contain hot quality ingredients, and subsequently chose the hottest one among them. The name of the drug they selected from the scripture is ya kae lueat phikan (drug for treating blood dysfunctions), which later became known as ya kha chuea neung (anti germ drug number one). When this drug was prescribed to HIV positive patients, its hot quality appealed to many of them because it could contribute to the healing of bodily ills. As Wipha explained:

The hot medicine made the blood hot. So the germs could no longer live in the blood. To survive, they have to run away from the blood and find a new place. That is the skin. I can feel the itching below it.

In the case of Ampha, she also discovered that her strongly itching papules, which made her feel bad, could be relieved when she pressed a hot bottle on them:

These germs don’t like heat. When I feel itching under the papules, I boil water and pour it in a tonic bottle. I lay down the bottle near the papules. The itching sense will disappear. My mind will feel better. This shows that the germs fear heat. If I do it repeatedly for many days, the red papules will fade out.

Such sensations helped Ampha to imagine that later, when she was prescribed medicine by Mo Boon, the germs were being killed by the heat provoked by the medicine. She experienced notable tactile, gustatory, and visceral sensations, and felt hot inside her body for the first three months of taking these medicines. ‘When I first took medicines, I always imagined that the germs were killed, even though it was a small amount of germs, but it was
better than letting them proliferate.’

The hot taste and hot feeling inside her body as a result of taking the medicines – a gustatory and visceral sensation – and the reduction of the itching by using a hot water compress – a change in the tactile sensation – formed for Ampha the prominent experiential evidence of the medicine’s effect, aside from the change in her symptoms, e.g. a more healthy complexion. This experiential evidence, which Ampha evaluated as the positive result of the healing, persuaded her to comply with taking the traditional drugs without seeking alternatives. She also took them long enough to assess their effectiveness. Ampha’s testimony to the effectiveness of local healing is that for the last couple of years she has no longer had the itching sensation that bothered her before, even though she has eaten prohibited foods such as chicken and coconut juice.10

I would like to underline here that the lay experience with drugs and the lay perspective on how drugs work, as described above, do not simply float in the air. They can be explained by local disease theory, as I will elaborate on below.

*Phra Khamphi Takkasila*, a scripture of traditional Thai medicine that gives details on various types of feverish diseases – e.g. *khai nuea* (the Northern fevers), *khai phit* (poisonous fevers), and *khai kan* (black fevers) – explains that these epidemic diseases have common symptoms. They produce red, black, or dark green papules all over the skin (or at specific locations on the skin) for one to three days, after which the person will develop fever and aggravated papules in the form of round spots or grains of sand. The healer has to use cold drugs (*ya yen*) to push out the fever (*kratung khai*) completely, in order to prevent it from turning inside and producing febrile toxins that could destroy the internal organs such as the liver and lungs. If the internal organs become affected, hematuria (blood in the urine), hematochezia (blood in the stool), hematemesis (vomiting of blood), stiffness of tongue and jaw, convulsions, and unconsciousness can occur.

Mo Boon, as advised by his father, did not consider HIV/AIDS a type of poisonous fever with a toxin that originates from the outside (the skin). He thought that HIV/AIDS already produced toxin inside the body and was the cause of bad blood, so it needed hot drugs (*ya ron*) to push the toxin out (*khap phit*). Papules and the itching sensation under the skin are the signs that the HIV and its toxin are being pushed out to the skin. With the help of *ya dam* (literally, black drug prescribed to normalize blood and wind), these papules and itching sensations would gradually disappear.

As mentioned in Chapter 3, Mo Somsak had initially considered HIV/AIDS to be a poisonous fever that had to be treated with *ya kaew ha duang*, which the *Phra Khamphi Takkasila* refers to as the major drug to push out fever. But this drug did not work. So he rethought his approach and concluded that HIV/AIDS cannot be considered a type of poisonous fever. He later experienced that persons with HIV who use his *ya khap phit* (drug to purge toxin) had strongly stinking feces with mucous and sticky fat, as well as strongly

10 Ampha said that after she became infected with HIV, she could not eat certain kinds of food like meat, chicken, duck, egg, or coconut juice, because they would cause itching papules. But now she can eat these foods without problem.
smelling urine in the morning. After one week, when their urination and defecation returned to normal, they felt healthy again and had no or only small problems when ingesting prohibited foods. This effect also occurred in the blood of menstruating women, which changed from dark and strongly smelling to normal. These experiences caused Mo Somsak to believe that these changes were important signs showing that the toxin was being pushed out of the body of persons with HIV.

Mo Pinkaew uses *ya thai khang* (drug to purge *khang*) with HIV patients who have papules and pustules caused by bad lymph. His patients experience stinking feces, often smelling of rotten or fresh fish, while some have stinking urine.

From the experiences of these local healers, one might conclude that the traditional drugs they use for healing HIV/AIDS have the specific effect of pushing the germs, their toxin, and/or the decomposed products formed during the healing procedure out of the body through the skin, urine, feces, and menstrual blood. These effects will only be produced in HIV positive patients, and will be perceived by them and their healers through the senses. A person without any illness will not be affected after taking these drugs.

The healers were not in agreement, however, about the route of excretion of the drugs. Only Mo Boon used certain hot drugs to excrete the toxin through the skin, while Mo Somsak and Mo Pinkaew used drugs to push out the germs or their toxin through the feces and urine, regardless of their hot/cold quality.

Another issue I would like to draw attention to is the seeming contrast between the explanation regarding the use of certain hot drugs by Mo Boon and regarding the prohibition of hot foods by Mo Pinkaew. According to Mo Pinkaew, foods that aggravate *khang* diseases can be characterized by their taste and odor, i.e. they a strong sweet and fatty taste (*rot man*), as well as a stinky and fishy odor (*klin chun* and *klin khao*). When these sweet, fatty, and stinky foods are digested and absorbed into the blood stream, they produce heat inside the body, which is suitable for the proliferation of germs and worsens the illness. In contrast, Mo Boon explained that the hot drugs that he prescribes push the toxin out, and his patients explain complementarily that the hot compress on their skin kills the germs.

Since the above presented explanations of the working of the drugs are based on sensual experiences, disease observations, and the progress of healing, there is no need to find out which explanation is more valid than the other. I will try to present an overarching explanation that covers all aspects addressed in the various explanations. Strongly sweet and fatty foods, as well as stinky and fishy foods, can promote a suitable environment in the human body (such as the proper temperature and nutrition in the bloodstream) for the proliferation of germs. Eating such foods is therefore prohibited for the sick. Taking certain hot drugs, on the other hand, can promote blood circulation and cause flushing and itching sensations on the skin. Such drugs can increase the body temperature and create drug induced fever, which is a self-healing mechanism of the body in the case of infection.

A final point that I would like to highlight is that the sensations brought about by taking traditional drugs – whether they are hot sensations inside the body, itching on the skin, or the strong stinking, rotten smell of urine and feces – are perceived as the effects of drugs since
they occur only in sick persons who take these drugs. This perception gains strength when they disappear as soon as recovery from the illness is experienced. The kind of sensations described can be clearly perceived in sick persons when their bodies are activated by a suitable drug. We may generalize that the traditional drugs change the hidden imbalance of the body into an apparent one. Then they activate the person to regain a new homeostasis so that the person’s body can proceed to function under the new situation created by the invasion of HIV.

I do not assume that the HIV positive people I have quoted in this chapter have recovered entirely from HIV/AIDS, as defined by medical science, since a lot of effort would be required to prove the results of traditional medicine scientifically. Furthermore, I do not intend to create a new hypothesis about drug mechanisms that transcends the current pharmacological theory. Rather, I propose that learning from the effects of drugs, in terms of the sensations of people’s bodies and minds, as well as people’s reactions to these effects, might contribute to the development of knowledge that can be successfully applied for the healing of humanity. Secondly, I would like to stress that recovery from HIV/AIDS may still be experienced by people who, according to biomedicine, still have the virus in their blood.

A reflection on the symbolic power of medicines

With regards to my thoughts on the power of medicines, as perceived by patients and healers, I would like to review an anthropological study of pharmaceuticals that is relevant to the findings I have described above. Whyte and van der Geest (1988; 1989) claim that medicines can have a liberating power since in therapy they can, as physical substances, be separated from the skill and knowledge of the physician. This idea sets medicines apart from other kinds of treatment since they are believed to be imbued with healing power. Medicines do not require a therapeutic relationship to a practitioner, though they can carry metonymic associations with knowledgeable physicians and technologically sophisticated production. Anyone who can access medicines can profit from this imbued power. Medicines thus permit patient autonomy through this release from the professional territory of doctors and pharmacists. One can acquire and use them independently, and thus assume responsibility for one’s own health. Medicines carry meanings in both a metaphoric and metonymic sense, which makes it easier to think about them. They also expand the perception of illness as something tangible that may be manipulated (Van der Geest et al. 1996).

Among the patients and healers who participated in my study, traditional drugs are believed to be imbued with healing power in a manner that differs from the pharmaceuticals as described by Whyte and Van der Geest. Traditional drugs in this case still require an association with the merit of the healer. At the same time, they also require a connection with the bun barami of the Buddha, local sacred persons, and healer teachers. It is precisely these ties between the sacred entities, the local healer, and the patient that imbue traditional drugs with the healing power that they are perceived to have. Traditional drugs work since they carry meanings that are situated in the local world of villagers, a world in which these sacred entities and the healer also belong. The next chapter will elaborate on these sacred entities in the local world.
This shared cultural meaning in the local world has a major influence on all patients referred to in this chapter, especially those who belong to the same generation as the healers. The healers and patients all grew up amidst a local Buddhist and animist culture with little interference from modern society. All believe in sacred beings and have experienced local healing since they were young. This developmental learning context offers them a shared cultural base that is necessary in order for symbolic healing – as induced by the merit of local sacred persons and the names of traditional drugs – to have an effect.

The symbolic power of medicines induced by shared cultural meanings on an abstract level needs to be strengthened by some apparent psycho-physiological changes in order to result in concrete effects. As we have seen, traditional drugs that are claimed to have certain effects that are meaningful in the context of local disease theory – such as purifying blood, killing germs, or purging toxins – can fuel the imagination, such as imagining that germs are being killed by a hot drug, or that germs and toxins are being purged. This imagination becomes real for a patient when he or she feels some changes in his or her body, such as feeling hot inside the body, or producing urine or feces with a stinky odor. This patient can then experience some apparent effects of the medicines, such as refreshment of the mind, a fair complexion, or a well nourished body.

It can be concluded that the symbolic power of a traditional drug is evident when (1) a patient perceives the effect of the drug as meaningful within local disease theory and it can open a possibility for positive imagination; (2) the sensory responses of a patient to traditional drugs correspond with what the patient expected from his or her positive imagination; and (3) some apparent psycho-physiological effects, which are the signs of a good healing outcome, take place as a result of the healing.

As noted by Kirmayer (2006: 593), meaning attributions depend, however, on the developmental learning history of the individual, of which some will be shared with others and some will be idiosyncratic to the individual. Therefore, the pattern of psycho-physiological responses as related to the meanings attributed to medicines may be different between individuals. This clearly makes difficult the study of the effects of meaning attribution to medicines, and in turn the effects of these meanings on psycho-physiological processes, among a large number of patients from different cultures. It is further complicated when we consider these responses in pluralistic societies where the ‘culture’ may exist in a variety of forms. In Thai culture, the ideas and imagination about drugs and their effects can be said to be – and to have been – in a state of constant flux, transformation, and hybridization (Kirmayer 2004: 45). This study, like others, cannot adequately address this complexity.

Conclusion

Medicines as artifacts used in traditional healing have been passed down from generation to generation in Northern Thailand, as is the case elsewhere in the world. In my area of study, the scriptures – where healing knowledge and medical formulas have been recorded – are respected as a form of wisdom inherited from the healer teachers, who are seen as divine-like persons. This perspective on knowledge leads to a specific relationship between a healer and
the healer teachers, as well as between a healer and his patients for whom the knowledge is used. These relationships are situated in a local world, and based on a set of cosmological foundations. They create a local world in which healers, patients, and the community have reciprocal relationships. Within this set of relationships, something that goes beyond the material develops. A prominent example of this is the symbolic power of medicines associated with their virtue (khun ya). This power is generated by relating medicines to the supernatural supremacy of sacred things and to the healer teachers in local cosmology. The limitations of the current methodologies available to study the effectiveness of the symbolic power of medicines in traditional drugs hinder us from proving this effectiveness, since many complex conditions are involved, whether this is to do with the healers, patients, or the medicines. All that we are currently able to do in the world of medical science is to throw the effects of the symbolic power of medicines into the basket of placebo effects.

The sensations that patients attribute to traditional drugs and the imaginations that patients have about these sensations, as well as the patients’ reactions to both, reflect the fact that patients are not passive or docile. Once, in an ancient world, these sensual perceptions and imageries formed the grounds for the sophisticated medical knowledge and practices available at the time. Although they have been officially abandoned since the arrival of the cognitive mode of modern medical knowledge, they still exist in a lively way in the experience of local healers and lay people and deserve to be respected as a legitimate mode of human knowledge.

The effects of the symbolic powers of medicines presented in this study are specific to the shared cultural base of the local world of Northern Thai villagers. The effects caused by these powers imply a history of learning for the individual about local healing. A major prerequisite for effective healing is thus the presence of ties between the healer, the patient, and the healer teachers.