Local healing in northern Thailand: An anthropological study of its effectiveness
Tantipidoke, Y.

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Chapter X

Conclusion
The study presented in this book used HIV and AIDS as an example to develop a comprehensive understanding of the effectiveness of local healing in Northern Thailand based on the perspectives of both local healers and their patients. In the 1990s, HIV and AIDS severely affected many people in Thailand, particularly those in the North. It differed substantially from other contemporary life threatening diseases – since it was a new disease, both fast spreading and initially untreatable – and made many of its victims desperate. At the same time, the threat it posed actually helped to revitalize many capacities of local communities. One of these capacities was local healing.

My study was inspired by the fact that local healers in Northern Thailand have played a crucial role in the treatment of HIV/AIDS since the early phase of the epidemic. In order to understand contemporary local healing, I documented and interpreted the healers’ experiences and lessons learned in the development of treatments for HIV/AIDS, as part of their efforts to fight the epidemic in their communities. My study attempted, therefore, to differ from other studies on traditional healing that commonly focus either on proof of the efficacy of traditional drugs or on the symbolic effect of the rituals performed by healers. Instead, it has been my intention to explore both the experiences of healers and patients, as well as the explanations that they present for their experiences, which are based on local disease theories and worldviews. I found it necessary to pay detailed attention to the socio-cultural and historical context that nurtures the core of local healing and to the different ways in which healers maintain their healing tradition. Such a perspective is often missing in current research on traditional medicine. My main focus, in contrast to other studies, was on the practices, negotiations, meaning transformations, and decision making of both healers and patients while they are involved in healing.

The data of this study is based on intensive contacts with a small number of local healers treating HIV/AIDS patients in Northern Thailand, as well as with some of these patients. The healers who participated in my study represent only those local healers who still follow the code of conduct inherited from their ancestors, even though they have adapted their practices in response to this newly emerging disease; a disease that in its initial stages formal health services could not effectively handle.

The qualitative character of the methodology I used for my study and its focus on details enabled me to develop comprehensive insight into the characteristics of Northern Thai healing as well as the perspectives of patients and healers on the effectiveness of local healing. Most of the evidence of this effectiveness is based on subjective experiences. This implies that my study cannot answer the question of whether, according to biomedical theory, the healers really do treat HIV and AIDS successfully. For this, a different kind of methodology would be required. The subjective empirical evidence that I collected was sometimes indistinct and difficult to verify. This made it impossible to prove convincingly whether a certain medicine used by patients on prescription by their healer really could ‘cure’ AIDS, as some healers and patients suggested. Furthermore, this study was not able to recruit patients who did not comply with local healing, and could not follow up on all of those who sought the treatment of healers during the height of the HIV/AIDS epidemic, but subsequently switched to formal
The local world enabling meaningful practices

My study shows that the healing practices of the local healers and their patients are meaningful when understood within the framework that structures their local world, a framework that consists of traditional medical knowledge, local cosmology, and local morality. Despite a changing social context, these components have been maintained and reproduced, and are continuously adapted. These dynamic characteristics of the local world nurture the emic point of view of healers and patients and enable their meaningful practices.

Traditional medical knowledge is founded on local disease theory and Buddhism. This knowledge attributes AIDS to a blood disorder, which results from an abnormality of the inner body elements that is generated by germs and improper food or conduct. It is therefore treatable. Based on this assumption, local healers have developed a holistic approach to healing as well as a variety of healing practices, such as symptomatic treatment with specific herbal medicines, normalization of inner elements, excretion of germs and toxins, dietary control, lifestyle changes, and detachment from the causes of suffering.

Facing the discourse of biomedicine that dominates government supported health research and services in Thailand, local healers have been forced, however, to develop new interpretations of their traditional knowledge. The notion of germs, for instance, has influenced the healers’ thoughts and practices in a certain way. A germ is explained in analogy to minute organisms, as formulated in traditional medical texts, and some medicines are therefore called anti germ drugs when they are dispensed to HIV patients. Furthermore, when the local healers were faced with the fast acting effects – both desired and adverse – of...
modern medicines such as ARVs, they responded by claiming that their own medicines are safer and work gradually yet effectively to attack the cause of disease.

Local cosmology, which assumes a hierarchy of beings, moral values, and symbols, also plays a role in the meaningful practices of healers and patients in the healing process. The shared idea of meritorious persons provides someone who can associate himself with the merit of the Buddha or local sacred beings with an opportunity to turn himself into a person who can emancipate villagers from certain forms of suffering. This occurred in local communities with local healers during the height of the HIV/AIDS epidemic in Northern Thailand. In this way, Mo Boon, a normal villager from a family of local healers, was able to transform himself into a healer committed to the fight against HIV and AIDS. This event had both psychological and social meaning, since it was associated with symbolic devices that expressed the emergence of a meritorious person. It also led to financial and other contributions from the community. The meritorious healer further enhanced the results of his healing through activation of the power of Khruba Siwichai, a recognized regional spiritual saint and teacher. The endeavors of Mo Boon, and other healers like him, reveal the capacity to reproduce local cosmology, which in this case has led to a revitalization of local healing in the community.

Local morality, which is based upon the cosmology as described in Chapter 6, was, in a strategic way, also involved during the peak of the HIV/AIDS crisis. Helping HIV/AIDS sufferers was explained as a merit making activity. The moral idea that a person can reach the ultimate goal in Buddhism by amassing merit through helping others, without any expectation of material reward, was activated by local healers in the context of HIV/AIDS as the expectation to help those suffering from the disease. This enabled healers to be active in communities even though discrimination and stigmatization against sufferers of the disease were prominent, especially in the early phase of the epidemic.

When a moral value is translated into a code of conduct, it can become relevant for traditional medical knowledge. Such codes of conduct for local healers include a healer not persuading a person to be his patient; not requesting higher symbolic fees to honor the healer teachers than what was determined by his previous teacher who transmitted the knowledge; and not requesting fees for services, but accepting only payments depending on the patient’s ability. The code of conduct is pronounced and passed on orally, making it convenient to adapt to a changing context. Although it may appear in different forms, the aim of a code of conduct remains the same, namely to assure that a person who makes use of traditional knowledge, such as a local healer, will morally follow the path of his predecessors – the healer teachers – who are the origin of medical knowledge. This association is emphasized in the rites that are always performed as a major part of the healing process as well as in the annual ritual to pay respect to the healer teachers. Part of this code of conduct is also embedded in everyday life. In this sense, traditional medical knowledge and moral values form an indivisible feature of the local healing tradition.

Although shared traditional moral values are an essential part of the local healing tradition, it is a real challenge to maintain the survival of these values in the present time. Healers might have to remake their moral lives and even overcome moral breakdown that
results from moral contradictions between their own traditional values and the prominent values of the contemporary world; for example, the contradictions between merit making with no expectation of reward versus the materialist aims of modern consumer society. It becomes even more difficult to stick to traditional values when social changes take place that threaten the social recognition and prestige of the local healing tradition. I view this struggle against the encroachment of the modern world at the local level as a way of maintaining local morality, since this is a crucial part of the local world upon which this healing tradition is founded.

In depth insight into the three components – traditional knowledge, local cosmology, and local morality – that structure the local world of healers and patients will help us to determine how the legitimizing context that nurtures and supports local healers is fertilized and maintained, so that healers can maintain their healing tradition on the basis of their own culture and knowledge system.

How do healers and patients practice local healing?

This study explored how local healers practiced healing for a new disease that neither they nor their patients had experienced before. It found that most healers began the process of finding a way to heal the new disease of AIDS by locating the disease within the local disease system. After that, they would estimate the possibilities for treatment according to theoretical principles and the experience accumulated through the generations. Many healers returned to their scriptures and analyzed the medicine formulae to search for drugs with the potential to cure the disease. Following this, they considered the practical aspects: whether all of the herbs in the formula could be acquired, and whether the patients could afford the drug and comply with the regimen. When they were convinced that in principle all practical problems had been solved, they started a trial. During the trial period, assessment and monitoring of the healing outcome was closely and intensively conducted.

When preparing the medicines, the healers always carefully collect and mix the ingredients, and subsequently pray to make the drugs more powerful. These three stages of collection, mixture, and prayer must be conducted in the proper way, according to the teaching of the previous healers who have transmitted the knowledge. Healer teachers and other local sacred beings are often involved in these stages. They are expected to protect the patients and healers from inauspicious occurrences and to grant them good things.

All medicines used by the local healers for the treatment of HIV/AIDS are traditional drugs designed for many purposes: symptomatic treatment, normalizing inner elements, treating blood disorders in various ways such as cleansing blood, nourishing blood, and creating new blood, as well as killing germs and excreting toxin and germs. Each healer uses readymade formulae rather than tailor-made prescriptions.

Aside from medications, the healers provide relevant advice in their healing practices, such as omitting prohibited foods and following proper living conditions. To detach patients from fear, despair, and other negative emotions, the healers conduct counseling and use local proverbs, metaphoric teaching tools, photographs, and meditation.
For patients who share the same local world with the healer, local healing is a form of healing that has been experienced by their ancestors for generations. It implies a choice of disease treatments that are locally known. In case of a new disease that has not been encountered before, the patients learn, along with the healer, the extent to which local healing can resolve it. If the disease affects many aspects of life, as in the case of HIV/AIDS, the patients will look for solutions from various sources in the region. One such resort is local healing, which patients hope can treat the ailments that formal health care services cannot. The kind of healing that patients select differs from person to person. Patients who choose local healing may try traditional drugs dispensed by the healer, practice meditation, omit prohibited foods, and conduct healthy behavior that promotes body immunity. Some practice what seem to be new alternatives such as yoga, and search for herbal products and dietary supplements that are advertised in the mass media. Some patients may turn to religious practices and local rituals to relieve and overcome suffering from their disease. Other patients may seek additional social support elsewhere. Some may seek care from formal health care services in case they have to be treated for physical ailments or need biomedical examinations that local healing cannot serve them with.

How do healers and patients evaluate the effectiveness of healing?

Local healers evaluate the effectiveness of healing mainly through observation and inquiry. The evidence they use as evaluation comes from the signs and symptoms that their patients present. They look for instances of a patient’s ability to practice their daily life activities in good health, before and during treatment. Healers also ask patients for their perspective on the effectiveness of the healing. Healers did not refuse evaluation methods based on biomedical laboratory examinations, such as HIV blood tests, CD4 counts, and viral load checks, although some local healers knew little about these examinations. Moreover, some healers have adopted certain medical devices in order to evaluate the general health status of their patients and investigate the presence of certain chronic diseases. These devices include thermometers, sphygmomanometers (blood pressure meters), or home blood glucose monitoring kits. The purpose of using these devices is to find more evidence to support the evidence that they already have. However, some of these devices are costly, and thus the local healers use them only when necessary.

The five indicators that healers use to evaluate the effectiveness of their healing practice are: (1) a patient’s inner sense of a positive initial outcome; (2) recovery from symptoms of illness; (3) improvement in overall appearance; (4) the ability of the patient to tolerate prohibited foods that once worsened the illness; and (5) restoration of daily life activities. These indicators are not a replica of what is written in traditional medical texts. Rather, healers have developed them on the basis of patients’ subjective experiences during the healing process. These include positive sensual perceptions – whether this be an initial sense of vitality, a visceral sense of relief from illness, or the visual appearance of being healthy – and the regaining of a patient’s ability to conduct daily activities, work, and live healthily in his or her social environment after the treatment. In this respect, the indicators held by the
healers closely aim at general well being rather than only the removal of symptoms. Furthermore, according to the healers, their evaluations are not only limited to the assessment of the outcome of the healing process, but also consider the process itself: whether each procedure has been conducted properly; whether the relationships between the healer, the patients, and healer teachers have been arranged in accordance with moral values; and whether at least some of the procedures have maintained traditional moral values amidst changing socio-economic conditions.

Patients’ criteria for self-evaluation of the effectiveness of healing are similar to those of the healers. In their self-evaluations they observe bodily changes in everyday life, both in situations of good health and illness. They have learned from the treatment of HIV/AIDS that annoying symptoms such as chronic headache, diarrhea, and itchy sores from skin papules can be relieved and slowly disappear if the right medicine is administered and the proper behavior is conducted. The illness will relapse if they take prohibited foods or liquor, are exposed to the wrong smells, or become involved in situations of stress. Patients also observe emotional and inner changes after taking traditional drugs, and learn that these changes are associated with the desired effects of medicines.

Effectiveness of healing: Emic and etic views

The evaluation of the effectiveness of local healing by healers and patients, as described in the previous section, shows that what is observed as a desired outcome is empirical in nature. From my point of view, a perspective oriented at practical experience opens up space for healers and patients to adopt knowledge from other medical traditions into their own practices. This becomes evident when the healers consider the cause of a disease. The knowledge that HIV has been scientifically proven to be the cause of AIDS has influenced to some degree the ideas and practices of local healers. Knowledge of germs provoked the healers to review local disease theory in order to deal with the virus appropriately. Germs received a place in the local disease theory by associating them with the minute organisms in classical texts. Anti germ traditional drugs and the traditional drug to excrete germs were thus created to fight HIV/AIDS. This adaptation is not seen by the healers as malpractice or diversion from the healing tradition, since the drugs are used according to local knowledge and have specific positive effects on the treatment of the disease.

When the healers treat patients, they tend to rely more on their own practical experience than on the figures from the laboratory, such as CD4 counts and viral load. The latter, according to their experience, may not correspond with the apparent health status of a patient. When their experience has convinced them that traditional drugs have been effective in the case of a patient with a very low CD4 count, they assume that the effectiveness of healing rests in the fact that the drugs normalize the function of inner elements rather than correct the CD4 count. This interpretation is possible because the former can be related to local disease theory while the latter is unimaginable.

In addition, however, the idea that HIV causes AIDS has influenced healers and patients’ concerns about treatment methods. This study found that healers and patients are most
concerned about the material treatment methods. The pharmacological effects of the material substances in traditional drugs form the center of their explanation of the effectiveness of healing. This explanation is, however, given in a way that corresponds to local disease theory. The effectiveness of healing is then based on the question of whether the medicines can produce the expected pharmacological effects.

Aside from the effects of the medical substances of traditional drugs, some patients perceive the symbolic effects of traditional drugs through the names of the medicine and through bodily sensations that are meaningful within local disease theory. The healers and some patients also concern themselves with the effect of the virtue inside the medicines that creates symbolic power. This power is closely related to the virtue of the healer teachers and local sacred beings. It can be called up by a healer who follows the proper moral conduct and acts as a medium to channel this healing power. Since we have seen that this perspective on the effectiveness of local healing is founded on local cosmology and morality, we might assume that only persons who share these ideas will be sensitive to this power.

Effective local healing implies a concern with mental healing and social support. Although specific rites to resolve the mental health problems of HIV and AIDS patients were not conducted by the healers participating in this study, all healers are nevertheless concerned with their patients’ psychological well being or mental status. The procedures they conduct are viewed by the healers as a way in which to detach patients from their suffering. This can also be seen, I argue, as a way in which to provide a form of social support to help patients overcome their suffering.

The merit building events that Mo Boon, one of the healers in this study, organized in the community also helped the community to deal with persons with HIV in a constructive way. I argue that this success can be partly seen as the result of the reliance on the merit of a local spiritual leader, Khruba Siwichai, through which community events were transformed into part of a healing process that aimed to resolve AIDS-related social conflict in the community. Seen in this way, the effect of local healing can be extended to the realm of social dimensions.

From my point of view, the way in which the local healers in this study have dealt with HIV/AIDS, on the basis of local disease theory, has changed the meaning of the disease from an untreatable one into a treatable one. This has affected the patients’ way of life in line with traditional ideas of dietary control and leading a proper lifestyle. All healers and most patients attribute part of the healing effect to the control of prohibited foods and consider it an essential element of healing. For this reason, I suggest that the effectiveness of local healing is also related to the meaning that patients give to their sickness and their ability to change their lives.

Both healers and patients attribute the effectiveness of local healing to moral elements in the healing process, such as compassion, faith-related trust, the power of virtue, and merit. This study has shown that compassion enables a healer to perform meritorious healing. Trust promotes faithful confidence and compliance, and assures patients that the healer will do his best to cure their illness and not trade his services for money. The power of virtue – the external force from the sacred world – can protect patients from bad things and the malevolent
forces of evil spirits that are believed to cause sickness; it also provides power to medicines, making them more potent. Accruing merit – the result of good karmic actions – extends the ability of a healer to protect and care for his family and patients, and is also supposed to extend the life of a patient facing a life threatening disease.

From the perspective of the patient, local healing has an advantage over biomedicine in terms of assuring secrecy. This is made possible through the capacity of the healer to adapt his healing to the needs of the patient. The findings show that the widespread use of mobile phones makes this flexibility in healing even more convenient, and furthermore facilitates access to local healing from a distance. Moreover, the fact that traditional drugs have no obvious physical side effects helps patients to keep their HIV status secret, since a change in bodily appearance, as is often caused by ARVs, may raise suspicions among those in their environment.

Patients view local healing as one of the many healing procedures that may serve their needs in different circumstances. I argue that the effectiveness of local healing therefore has to be seen in connection with the idea of complementarity. The local concept of disease provides room for multiple causes, such as karma, spirits, misfortune, germs, inner elements, or bad conduct. Many ways can therefore be invented to treat new and mysterious diseases. Even though HIV is the recognized cause of AIDS according to scientific evidence, the other causes are not ignored because they function on a different level of disease etiology. The complementarity of healing practices includes the idea that healing has a synergistic effect and enables the effective treatment of a disease on different levels. How these levels are integrated can differ from one patient to another. It is therefore difficult to determine the singular effect of one specific healing procedure in the absence of a well designed study.

When we consider the effectiveness of treating HIV/AIDS in Thailand from a historical perspective, we are able to distinguish different sets of meaning transformations. At the very first stage of the HIV/AIDS epidemic, being able to localize AIDS within the theoretical framework of traditional medicine, and make the mysterious disease comprehensible, was already effective. Later, effectiveness came to mean the ability of persons with HIV/AIDS to regain a certain quality of life. That persons with HIV/AIDS were no longer stigmatized but became socially accepted is also viewed as part of the effectiveness of healing in this period. Finally, when ARVs became nationally available free of charge, effectiveness of local healing was redefined by persons with HIV/AIDS as the ability to keep up their CD4 count.

In sum, I argue that the effectiveness of local healing is evaluated in terms that are inseparably embedded within local disease theory, local cosmology, and local morality. Local healing has the capacity to be successful when it is conducted in the following ways. First, it should perform the right methods to correct a disorder corresponding to its cause within local disease theory. Second, throughout the healing process it should deal properly with the sacred entities in local cosmology. Third, it should be conducted in accordance with the moral elements that are needed for meritorious healing. Lastly, it should be adapted to serve the needs of patients who have a choice between various forms of health care and who live in a changing society.
The identification of moral elements as the core component of local healing is an important contribution to the anthropological study of traditional medicine. In other cultures, different moral elements that contribute to the effectiveness of healing may be identified, both from the healers and patients’ perspectives. Healers and patients’ moral commitment to the healing process can make policy makers and those who promote local healing aware that any measure to evaluate local healing has to be sensitive to the local world that supports meritorious healing practices.

Finally, with respect to HIV/AIDS patients, the above findings can help us to formulate interventions to support local healers who treat HIV/AIDS patients as well as serve the needs of patients for confidentiality regarding HIV tests and CD4 counts. Persons working in health care institutions should be aware of those aspects of local health services that do not create trust among or foster confidentiality for patients who are sensitive to the fear of stigmatization.

**Recommendations for clinical research on local healing**

At the end of this research project, I would like to conclude with some recommendations for future studies on the effectiveness of local healing, whether they are focused on the healing of HIV and AIDS or other diseases. The main recommendation based on the outcomes of the study that I conducted is that such studies should pay attention to the significance of the three components – traditional knowledge, local cosmology, and local morality – that structure the local world and contribute to the effectiveness of healing.

As emphasized before, my study on the effectiveness of local healing was conducted among a relatively small sample of healers and patients. It nevertheless provides relevant guidelines for studies undertaken among a larger population with a similar objective as mine. In such large population studies, some basic studies would have to be conducted as the initial step. The major aim of these basic studies would be the clarification and verification of the local disease theory for the disease under study. To serve this aim, studies would have to include two major steps: first, make a clarification of possible theories regarding the disease, as proposed by acknowledged healers; and second, the proposed theories should be analyzed by systematically examining the signs and symptoms of patients, and evaluating the outcome of treatments specifically designed for individual patients.

This current study could only make a beginning with the first step. To complete this first step, it would have been necessary to search for other theories proposed by other healers. Regarding the second step, this study could not verify the theories proposed by the healers in a systematic way since for that purpose a proper methodology for clinical investigation would have been required.

Aside from studying local disease theories and clinical practices, an anthropological study on the effects of local healing should also be conducted. It is necessary to clarify the symbols that mediate between the practices of healers and patients on the one hand, and the cultural meanings to which the effectiveness of healing refers on the other. The process, in which the healer and the medicines are empowered by sacred entities or the abstract ideas of
local cosmology, is an essential part of this clarification. From the study of local morality, we have to identify moral values that play an important role in the healing, moral dispositions that enable the healer to perform meritorious healing, and moral elements that encourage a good relationship between healer and patient. All of these are necessary to assess how these components of healing affect its effectiveness. This study could meet these requirements only on a small scale. To repeat these tasks on a larger scale, it would be necessary to calibrate the tools used in collecting data and interpret the findings across different research settings.

A methodology that is in line with this approach may include: research in a practice setting; evaluation of the entire traditional care package rather than only the medicines; evaluation of the state of disease and the healing outcome for each patient by extensive indicators, whether bodily, sensational, emotional, or instrumental; and evaluation of patients’ cultural background, and the meaning that patients give to their life and each element in the healing process. In addition, the participation of local healers and researchers would be crucial for such a systematic study, as would a careful selection of biomedical markers and examinations of the disease state.

The proposed methodology should be followed with the awareness that it will be possible to construct other medical theories aside from those of biomedicine. Human sensation is an important part of knowledge building and interactive learning in the healing process, to the benefit of both healers and patients. The experience of healers and patients of clinical practice and everyday life should thus be considered invaluable for the creation of new knowledge and new medical theories.