Availability and use of medicines in rural Thailand
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7 ‘Phit kaboon’: old traditions, modern drugs and hardships of rural women

The fact that lay people view and use medicines according to their own explanatory ‘framework’ of health and illness has been reported in many cultural settings (Logan 1973 cited in Van der Geest 1996:166; Bledsoe and Goubaud 1991; Hardon 1987, 1991, 1992, 1994; Nichter 1987:187-213). In this chapter I will illustrate how women manage the locally-defined illness- phit kaboon- and how their cultural notions of phit kaboon guide their medications. The local commercial drug sector also relates to the prevailing beliefs and treatment demand when introducing new pharmaceutical products to the people. The concrete solutions the modern medicines provided, consequently, reinforce and maintain the people’s cultural beliefs and construct the local women’s drug use and treatment patterns.

This chapter draws on data collected from household interviews and focus group discussions in seven villages of Nongbua (see Chapter 3). It begins by discussing the general beliefs and practices of Thai traditional child bearing. Popular beliefs of ‘yoo fai’, a traditional postpartum practice, and food restrictions and their relation to etiological concepts of the womb-related illness and phit kaboon will be described. Manifestations and causes of phit kaboon as perceived by the people are subsequently presented. The emphasis is to demonstrate that the popular etiological notion of phit kaboon, although rooted in Thai traditional beliefs and practices of childbirth, is characterized by vagueness and diversity. I will show that such ambiguity, on the one hand, is a useful concept making a pervasive feeling of dis-ease comprehensible and manageable. On the other hand, the complexity of the medication practices of the people are also the result of vague and diverse beliefs and practices. The last part of this chapter deals with the medication behaviors with emphasis on the types of medicines used, especially Alercure® (antihistamine) and Kin Pit Met® (paracetamol + antihistamine).

*Phit kaboon: Illness of being the mother*

*Phit kaboon* is an illness of the motherhood. Its literal meaning is ‘wrong/incompatible with the womb’ (phit = wrong or incompatible; kaboon = the womb). This illness, as the name implies, is believed to happen due to the incompatibility
between something, largely food, and the womb. By name, it seems as if *phit kaboon* were specific to the northeastern or *Isaan* sub-culture, but, in fact, a similar notion is found countrywide. *Kin phit* or *phit* literally mean 'wrong eating', however, the words *sa laeng*, *phit sam laeng*, and *phit sam daeng*, which are part of Thai traditional/folk medical concept and normally used in a broader sense, are also used interchangeably.

Thai people often restrain from certain kinds of food when ill; when going to see Thai traditional doctors, patients are, in addition to being given medicines, often told names of some *sa laeng* foods they need to avoid. Foods that are considered *sa laeng* are medically classified as those that are unfit or incompatible with a sick body and, if taken, could be harmful or exacerbate the illness. In many aspects, the hot-cold notion seems to be behind these regimens, e.g. ice and watermelon are not allowed for a feverish child. However, in some cases, the underlying reasons are rather complicated, e.g. it is highly recommended that STD patients refrain from eating sticky rice, egg, some kinds of fresh water fish and local fruits. If the condition of a particular patient, though treatments are followed, gets worse or more complications are observed and the violation of *salaeng* foods is found, that patient will be diagnosed and treated as getting *phit-samdaeng* or *phit samlaeng* or having *khong sa laeng*. In short, the concept of *phit sam daeng* or *phit sam laeng* or *sa leang* is not specific to the womb but includes the total bodily state that could be jeopardized if some incompatible foods are eaten.

**The womb and Thai traditional childbearing**

In the past Thai women delivered at home by following a pattern of beliefs and practices that resembled that of people in many South and Southeast Asia countries (Blanchet 1984:88). It was not until 1882 that ordinary Thais learned about modern hospital birth (*Damrongrajjanupap* 1973:210-214) and as late as 1954 that the whole country had, to a certain extent, access to perinatal health service for the first time when all provincial hospitals were completely set up (MoPH 1996:4).

The trace of Thai childbirth tradition is obviously evident. Obstetrics and gynecology are part of Thai traditional medicine. At least two medical texts appear to relate to illnesses of the female reproductive system (named *Kam Pee Maha Cho Ti Ratana*) and pregnancy, perinatal and children's diseases (named *Kam Pee Pa Thom Jin Da*) (Surakiat 1987:21-22). The practice of child delivery of the ordinary Thais in
the past has also been vividly documented by Sateankoses (1969). In 1967 a survey by
the Division of Family Health, Ministry of Health (Division of Family Health 1967)
reported that 16,522 traditional midwives were still active in the villages throughout
the country. Besides, a 1991 study in a northeastern province (Khonkaen), found that
yoo fai, a Thai traditional postpartum ritual, was still popular among the local women
(Montira et al. 1991).

‘Yoo fai’ and the womb

Like elsewhere, Thais, traditionally, view child birthing as a transitional state
determining life or death for the mother-to-be. It is believed to be a critical period as if
the woman were about to enter a battlefield. For the sake of safety of both the mother
and the baby, therefore, a number of practices and symbolic rituals are customarily
followed. The most important one of which is the confinement of the new mother
after giving birth.

Thai people call the confinement period as yoo fai or yoo kama. Among the
northern people, however, a similar practice has been known as yoo deuen. As its
name indicates (yoo fai means to be with the fire), fire or heat is the central essence,
both in terms of its humoral quality and symbolic meaning, of this ritual. Heat from
the fire lit throughout the period, warm drinking water, and humorally ‘hot’ medicinal
herbs are for restoring the balance of bodily humor, expelling bad spirits and
symbolically purifying the postpartum mother (Sateankoses 1969; Laderman 1983;
Blanchet 1984).

During the period of yoo fai, a separate room in the house will be arranged for
the parturient woman and her baby to stay. With the assistance from the midwife and
other female relatives, the postpartum mother will lie near the fire and follow a
number of practices i.e., drink warm water boiled with herbs, expose her body
(especially the belly) to the fire, have her breast and abdomen massaged and allow the
tears to heal, all of which are intending to help expel lochia, make her womb dry up
and shrink, and bring back a balanced and healthy body.

According to Thai folk medical concept, a great concern is put on the healthiness
of the womb after childbirth. Traditionally, heat from the fire and warm herbal water are
believed to result in a dried and shrunked womb. Yoo fai is believed to yield a number of
health benefits to the woman. The ones who follow yoo fai will be healthier, more
endurable to hard work and far away from any kinds of mot luuk illness as an old woman said:

'During the period which immediately follows the delivery, ka boon will move back and forth in the belly. One has to drink hot root-boiled water. The heat will dull it (ka boon). After delivery we women should observe the yoo fai to dry up ka boon so that no phit kaboon would happen to us. Otherwise, if ka boon is still wet, everything we eat can cause it.'

The amount of time each mother observes yoo fai is, in practice, variable; usually that of the first child lasts longer than the subsequent deliveries. However, a month after giving birth is traditionally believed as the duration that the new mother should not engage in any hard work. In northern Thailand, the woman is suggested to do only light housework during the one-month-long yoo duean (Cholticha et al. 1994). Prematurely resuming any hard work after giving birth is widely believed to result in vulnerability to mot luuk illness.

However, while Thais in general call the womb mot luuk, Thai-Laos or Isaan people call it ka boon. Interesting is the fact that a similar word sra boon is apparently being used among the Thai-Khmer cultural group in the lower northeast region (Tara et al. 1986:199).

**Food restriction (kalam) and phit kaboon**

Food restriction during pregnancy and the postpartum period along with home childbirth in the traditional pattern has been observed in many countries (Blanchet 1984:88). In Thailand this practice is found persisting countrywide (Institute of Nutrition 1986). In Thai traditional belief, avoiding from sa laeng food is always part of what the mother had to observe during yoo fai. Only certain kinds of food, for instance grilled sticky rice with salt or koa jee and kang liang, a special kind of soup believed to help produce milk, are usually allowed.

Thai people in the Northeast call food abstention (food) kalam. Although it was more widely recognized in the past than today, the practice of food kalam is still mentioned and observed by the present generation women. Eating wrong food is traditionally believed to be a primary cause of phit kaboon. This belief is rather strong among the women who deliver at home, observe the yoo fai ritual or ever experienced phit kaboon. However, for those who have never had such experiences, many
explained that they usually stay away from all food considered wrong to *kaboon*.

Food *kalam* is by no means a taboo as there is no sanction either social or supernatural involved\(^2\). Effects of eating *kalam* food one would experience are variable ranging from nothing to severe adverse reactions or severe *phit kaboon*. Besides, for some, *phit kaboon* could occur even though they eat food that never causes the same problem to others.

The belief that the condition of the womb during the period after parturition may contribute to various forms of ill health if mishandled is not unique to *Isaan* culture. In fact, the beliefs and practices relating to food abstention during postpartum period are persistent in all regions (Institute of Nutrition 1986). However, the etiological concept that directs the cause of the mismatch between *kaboon* and certain kinds of food seems to be specific to *Isaan* culture.

In northern Thailand, *lorn phit duen*, a folk illness whose symptoms and etiological notions are almost identical to those of *phit kaboon*, has been found to be existent (Muecke 1979; Cholticha et al. 1994). However, Muecke, by using a Thai traditional disease theory: wind disease, views *lorn phit duen* as a type of wind disease. She calls it ‘wrong menstrual wind illness’ which is the translation of the word *lorn phit duen*. However, details of *lorn phit duen*’s symptoms and causes described in both studies are almost the same as *phit kaboon* (Cholticha et al. 1994). As Muecke writes:

‘(Lorn phit duen).. is caused only during the first postpartum month, i.e., only after a woman has delivered a live-born child (not after an abortion or stillbirth). It is caused by her breach of Northern Thai postpartum customs, such that she smells bad odors, eats wrong food (my emphasis), or bathes in a cold water while observing the Northern Thai postpartum ritual month. At any other time a woman may smell the same odors, eat the same food, or bathe in cold water without risk of contracting ‘wrong menstrual wind illness.’ Her susceptibility is confined to the first postpartum month because her loss of blood during delivery is believed to have put her body into a dangerous state of humoral disequilibrium that is easily exacerbated by irritants such as cold, odors, and strong tastes. Postpartum ritual behaviors are believed to restore humoral balance in her body precluding her contact with such irritants.

The signs or symptoms of ‘wrong menstrual wind illness’ can run the gamut of ‘wind illness’ signs and symptoms but are particularly psychosomatic, with a syndrome analogous to the
biomedical syndrome of ‘postpartum psychosis’ being the most severe. The manifestations will be acute or chronic, but often they do not occur until well after the postpartum period—sometimes ten to thirty years afterwards. Thus, ‘wrong menstrual wind illness’ is usually diagnosed ex post facto, by the women’s recalling some previous breach of postpartum custom that explains a later occurrence of ‘wind illness’ (Muecke 1979: 270).’

Muecke’s two cases of lom pit duen presented are interesting. She interprets the cases under the concept of ‘wind disease’ (which I disagree with) but her examples clearly illustrate the complexity of the popular explanatory notions of illness in the similar manner as phit kaboon³.

**Phit kaboon: manifested symptoms**

According to women in the study area, what is characterized as the presence of phit kaboon appears to be diverse. Its manifestation usually includes a wide range of symptoms, namely nausea, vomiting, dizziness, fever, stomachache, fainting, mild diarrhea, cramps, convulsion and disorientation. In complicated situations, however, lower abdominal pain or puad mot luuk and the diminution or cessation of (breast) milk are also mentioned.

According to 72 women sub-sampled from seven villages in Nongbua, the symptoms of the illness they ever experience usually include vomiting, headache, dizziness, stomachache, and mild diarrhea (see Table 7.1). A little more than 80% of the cases (58 out of 72) have less than three symptoms during an entire episode. However, the cases suffering from gastrointestinal tract-related problems (vomiting, stomachache and diarrhea) comprise more than two-thirds of the total (50 of 72). Most episodes lasted only 1-2 days; only a few had a longer persistence.
Table 7.1 Prevalence of symptoms of phit kaboon as reported by the afflicted women (n=72)

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Percentage of women reported experiencing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vomiting</td>
<td>45.2</td>
</tr>
<tr>
<td>Headache</td>
<td>42.5</td>
</tr>
<tr>
<td>Dizziness</td>
<td>35.6</td>
</tr>
<tr>
<td>Stomachache</td>
<td>26.0</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>23.3</td>
</tr>
<tr>
<td>Muscle pain/ body pain/exhaustion</td>
<td>21.9</td>
</tr>
<tr>
<td>Fever</td>
<td>6.8</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>5.5</td>
</tr>
<tr>
<td>Convulsion</td>
<td>4.1</td>
</tr>
<tr>
<td>Cramp</td>
<td>2.7</td>
</tr>
<tr>
<td>Others*</td>
<td>24.7</td>
</tr>
</tbody>
</table>

Source: Household in-depth interview

*chilled 3; feel enervated 3; no/less milk 3; hair loss 1; sore throat 1; pain inside the bone 1; spasm 1; hand numbness 1; fainting 1; anus pain 1; dull pain 1.

Note: The women included in this analysis were the respondents and/or members of the sampled families who, during the household drug use survey, were (unsystematically) found ever suffering from or were experiencing phit kaboon. They were not all women in the villages experiencing phit kaboon by that time. Nor did they represent the total phit kaboon afflicted women.

Perceived etiology: A catch-all concept

Phit kaboon is a culture-bound illness. In the daily life of Nongbua women it has a function. Its vagueness makes it like a bin: any discomforts with unclear ideas of causes can be thrown in.

Like most Isaan women, the mothers in Nongbua view kaboon an essential bodily organ that differentiates female from male. Most of them believe that kaboon comes to exist in a woman's abdomen after her first delivery. It is the postpartum period when the mother is highly vulnerable to phit kaboon. However, it can affect a woman years after her last delivery too. In this regard, only mothers are the victims of this malady.

Montha

Montha's last phit kaboon took place a week ago resulting in her watery stools and an upset bowel; she reckons that a kind of curry, kaeng ee huum, was the cause; nevertheless, she became well before she took any drugs. Unlike most other women, Montha has a coherent explanation for her ill-health. Every woman, she thinks, after giving birth will have kaboon, the special bodily organ which neither the unmarried woman nor the infertile women has; kaboon, which is fist-sized, will still float around (inside the belly) until it returns to its place. Women, after bearing a child, their luead (blood) and lom (wind) may not flow properly so that, if any
wrong food is taken, phit kaboon comes quite easily” says Montha.

Phit kaboon largely happens because food or something phit to kaboon has been eaten, touched, or smelled. The bodily response to such an incompatibility, as it is believed, results in the symptoms. The name phit kaboon, therefore, signifies both its pathology and its manifestation.

Isaan people believe that phit kaboon is more threatening to women during postpartum than any other period. However, in the perception of most Nongbua women, not every mother will have the disorder when they eat phit or wrong food. Besides, when, how and why it happens varies case-by-case.

Stories from Nongbua women reflect such diversity. For instance, while some women encountered the ailment while being in the period of yoo fai of their first delivery, many had the problem years after childbirth. The considerable variety of allegedly illness-causing food and things shown in Table 7.2 also reflects the same trend. Up to 50 different kinds of meat, wild vegetables, poultry, cooked food and fish are mentioned. Persons who had taken the same kind of food sometimes got the malady, sometimes not. Among different women who had taken the same food that was considered phit, some always had the problem, some sometimes, the rest, never.

La

La, 56, a mother of ten children, is a typical Isaan woman who has only a basic education and earns her living as a subsistence farmer. She is one among many Isaan women who knows well phit kaboon, the folk illness that usually bothers her with dizziness, vomiting, and, sometimes, diarrhea. Vivid in her memory is the illness episode that first happened after she gave birth to her first child and re-emerged after the subsequent deliveries and still persists. She reckons her kaboon is phit to some kinds of vegetables, mandarin duck, and some types of freshwater fish- any time she eats or smells these foods, her illness is activated and recurs. Earlier she treated it with either ‘ya cheed kae kin phit’- an injectable- or ‘Alercure®’- pills of an antihistamine which is known among her neighbours as ‘ya kae kin phit’, Currently, when it comes, she uses the medicines from a local health worker.

Sombat

Sombat’s problem was atypical; her breast milk had dried up due to, she thought, some sa laeng foods- a local vegetable, mushroom, and a kind of fresh water fish- she had eaten. Besides that, she had no other symptoms. Intending to make her breastmilk
She had tried Alercure for almost five months, twice a day, morning and evening, one tablet each time. Meanwhile, she had also been to see a nurse midwife to help solve the problem. During her 2-3 visits to the clinic she was given some injections, according to her perception, to increase blood and milk but they did not work satisfactorily. She then tried, with the aid of another nurse midwife, a different milk increasing injection; this time it not only yielded no positive result but also caused her to get an allergic disorder. She went back to the first nurse midwife to solve her new problem and was given some vitamin tablets. She continued the new drug for another two months until she stopped breast feeding her child a month before being interviewed.

Table 7.2 Types of foods reported as causes of phit kaboon

<table>
<thead>
<tr>
<th>Types</th>
<th>Number (of kind of food) mentioned</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Meat of some domesticated and wild animals:</td>
<td>10</td>
<td>(White) water buffalo, cow, barking deer, mongoose, rabbit, tortoise, chameleon, mouse. The most frequent mentioned ones are buffalo and mongoose meat.</td>
</tr>
<tr>
<td>2. Fish:</td>
<td>10</td>
<td>Both saltwater and freshwater fish are listed.</td>
</tr>
<tr>
<td>3. Poultry:</td>
<td>5</td>
<td>The most often mentioned one is mandarin duck; the others include chicken and some wild birds.</td>
</tr>
<tr>
<td>4. Wild vegetables:</td>
<td>12</td>
<td>The most often mentioned one is Acacia (cha om as it is locally called); the others are sweet basil, Amaranthus, polanisia, parsley, bamboo shoots, and some kinds of wild mushrooms.</td>
</tr>
<tr>
<td>5.Finished or cooked food:</td>
<td>11</td>
<td>Canned tuna, bottled fish sauce, cooking oil and some cooked food from the local market such as preserved fish (pla raa), and some kinds of curry, are examples of food in this group.</td>
</tr>
<tr>
<td>6. Others:</td>
<td>2</td>
<td>Smell of soap and burning rice husk</td>
</tr>
</tbody>
</table>

Source: Household in-depth interview

Phit kaboon doesn’t afflict every mother in Nongbua. And the similar problem, if experienced by unmarried women, is not considered as phit kaboon. For instance, a 24-year-old unmarried woman, who suffered from a stomachache after returning from the rice field related her problem to the water she drank at work. She believed that her complaint happened because the water which she took from a shallow well was phit to her. Yet, she didn’t consider herself as having phit kaboon as she was single and had never given birth.

Young women in Nongbua currently prefer hospital delivery to home birth. But many still follow their traditional postpartum ritual after they return home. None of the mothers who give birth in hospital are affected by the illness- especially while hospitalized- even though they have not refrained from any food nor observed any
postpartum rituals. A woman, during one of the focus group discussion sessions, joked that "maybe because of the doctors' being around that scares it (phit kaboon) away so that they (the parturient women) could eat everything." Some said that the young mothers who deliver in the hospital usually had no fear of phit food. "They dare to eat everything because they know that the doctors are around. If things go wrong, they will be helped." A young mother who worked and lived in Bangkok said that she didn't know of the illness as her deliveries had taken place in the Bangkok hospital. She thus implied that in the modern world, phit kaboon does not occur.

**The manifestation of the deterioration of quality of life?**

In fact, the most common symptoms of phit kaboon: dizziness, vomiting, headache, stomachache, diarrhea and body pain/fatigue, can indicate various ill-health conditions. Their prevalence can be pathologic as much as being the indications of deeper psychological distress. Looking from a broader context, they are among the most frequent complaints found in today's Thai population. The national health survey (1991-1992), undertaken by the Thailand Health Research Institute (THRI), in which the incidence of the acute diseases/ symptoms during a two-week-period prior to being interviewed is calculated, reveals that (see Table 7.3) the incidence rate of the symptoms similar to those related to phit kaboon's are second only to that of the common cold. They comprise almost one-third of the total episodes recorded with the rate of 13.1 persons per 100 population (Chanpen 1996:38).
Table 7.3 Incidence rate (percentage and rate per 100 population) of diseases/acute symptoms in two-week-period in 1991-1992 national health survey (n=22,217)

<table>
<thead>
<tr>
<th>Disease/Symptoms</th>
<th>% of total episodes</th>
<th>Incidence Rate*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cold/ bad cold/ high temp/ runny nose</td>
<td>39.0</td>
<td>17.7</td>
</tr>
<tr>
<td>headache/ dizziness/ dazzle</td>
<td>16.0</td>
<td>7.3</td>
</tr>
<tr>
<td>flatulent/ distention/stomachache</td>
<td>6.9</td>
<td>3.1</td>
</tr>
<tr>
<td>measles/ fever/ high temperature</td>
<td>4.9</td>
<td>2.3</td>
</tr>
<tr>
<td>body, muscle, legs, arms ache</td>
<td>3.9</td>
<td>1.8</td>
</tr>
<tr>
<td>cough/ bloody coughing/ chronic cough</td>
<td>3.2</td>
<td>1.5</td>
</tr>
<tr>
<td>back pain</td>
<td>2.9</td>
<td>1.3</td>
</tr>
<tr>
<td>joints pain/ arthritis</td>
<td>1.7</td>
<td>0.8</td>
</tr>
<tr>
<td>diarrhea, watery stool</td>
<td>1.7</td>
<td>0.8</td>
</tr>
<tr>
<td>faint/ weak/ out of energy, fatigued</td>
<td>1.4</td>
<td>0.6</td>
</tr>
<tr>
<td>muscular/tendon/skeleton diseases</td>
<td>1.4</td>
<td>0.6</td>
</tr>
<tr>
<td>difficult/short breathing/ chest pain</td>
<td>1.4</td>
<td>0.6</td>
</tr>
<tr>
<td>rash/ skin irritation/ dried skin</td>
<td>1.2</td>
<td>0.5</td>
</tr>
<tr>
<td>tonsillitis/ sore throat</td>
<td>1.1</td>
<td>0.5</td>
</tr>
<tr>
<td>tooth-gum ache/ swelled gum</td>
<td>1.0</td>
<td>0.4</td>
</tr>
<tr>
<td>peptic ulcer</td>
<td>0.9</td>
<td>0.4</td>
</tr>
<tr>
<td>eye sore/ conjunctivitis</td>
<td>0.9</td>
<td>0.4</td>
</tr>
<tr>
<td>others</td>
<td>10.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>45.4</td>
</tr>
</tbody>
</table>


* numbers of people afflicted divided by total population surveyed (22,217) multiplied by 100.

For the rural farmer, those symptoms are part of daily living. Words such as *wian hua* (dizziness), *pen kai, puad hua* (fever, headache), *muey* (bodily distress) and *mai mee raeng* (weakness) are commonplace. At Nongbua, women and men alike work hard. Year after year of drought coupled with the unstable price of agricultural products cause most families to fall into endless debt. It creates the situation in which all able-bodied members, no matter they are- wives, husbands, children, or the elderly, have to work. The long-lasting battle for existence has subsequently led to the deterioration of various aspects of quality of life including health. The evidence of the decreasing quality of life appears around the ill-health symptoms described above. However, in order to make life more comprehensible and manageable, people have developed their own ways to deal with the encountered difficulties. As we shall see, they make use of all available resources including inherited traditional health concepts.

Normally, it is the pain killers or *ya song* that help the villagers in Nongbua to ease their daily discomforts. Data from the household survey reveals that 54% of the
total 225 families studied, either husband or wife, use *ya song* regularly. Such a figure can rise to almost a hundred percent during the harvest and planting seasons. Furthermore, the number of the elderly who are habitual pain killer users is also enormous.

It is the rampant use of *ya song*, mostly in the form of powdered aspirin, that has been found significantly associated with the country-wide problem of peptic ulcers and gastrointestinal bleeding among rural farmers (Luechai et al. 1991). This perhaps explains why *puad tong* or upset stomach is a popular complaint of the surveyed families in Nongbua- both male and female.

However, the popular explanations of similar feelings of dis-ease happening to contraceptive-using women could be much different. Little or no menstrual blood following contraceptive injection is widely believed among Nongbua women as a sign of *luead noi* or lack of blood which results in the feelings of dizziness, headache, bodily uneasiness, and lack of energy. Also, *luead noi* is also the problem of the women who loose much blood due to adverse effects of using IUD or Norplant.

The typical solution to *luead noi* is *ya perm luead* or blood-increasing injections. The injectable-contraceptive users at Nongbua mostly pay 30-35 baht extra for an additional shot of *ya perm luead* to the local health worker every three months. Among 36 injectable-contraceptive users from whom data on *ya perm luead* can be drawn, only three did not use the blood-increasing injections.

Not every woman can afford to add blood to her body. It is too costly for many. Some women would try to do so once or twice a year, especially before the planting/harvest period arrives or when they have some money left. They may choose *ya bam roong* (a general name of medicines intending to restore bodily strength) which is, in fact, vitamin B1, 6, 12 or vitamin B complex in the injectable form. This type of drug is purchasable from almost all drugstores. Otherwise, they may choose *ya perm luead* which can be administered directly or via IV fluid at a health worker’s clinic, injectionists’ home or at their home with the assistance of a skilled neighbor. A belief spreading among the women there is that such practices help strengthen their body and bring their energy back. “After having the drugs, I feel ease in my body and vigorous again” (cheed laew mee hang sa bai nue sa bai tua) they use to say.

Nongbua today differs substantially from 10-20 years ago. Families have to work harder either in their own fields or as wage earners. They leave home in early
morning and return at late evening; no holiday until work finishes or one gets sick. Time for cooking, unlike previously, is difficult to find. A change that has been catching my attention for years, not only here but also in other rural villages, is the food vendors on motorbikes with two baskets full of cooked food and sweets in plastic bags hanging from a wooden beam tied to the back seat traveling in and out of villages in the early morning. Also a common sight in the morning life of the villages is the gathering of men and women at grocery shops preparing food, snacks and, of course, ya song for their lunch break while working in the rice field, jute farm or sugar cane plantations. These food vendors as well as the village grocers, and other pick-up merchants help ease the time constraints on the busy mothers' scarce time.

Rural families, instead of home-cooking, increasingly rely on food cooked by others and on manufactured and canned products. No one knows what the quality of the food is in these remote villages: to what extent it contains expired or substandard products; what kind of contamination it is exposed to on its way from cooking places, to factories to villagers. However, what can be said here is that, according to the epidemiological surveillance data in 1994 by the Division of Epidemiology, MoPH, at the national level, food poisoning was the sixth leading cause of morbidity (113.17 per 100 thousand population) and acute diarrhea was the second leading cause of mortality (0.86 per 100 thousand population) (NESDB 1996b: 28-29).

During my informal talks with a well-known local nurse midwife at a health center in Nongbua, I once asked her how she dealt with her phit kaboon clients. The answer was very interesting. She divided the patients into two groups: with diarrhea or diarrhea and fever and without. The former she usually treated as food poisoning, the latter as psychosomatic. "sea-food-related food poisoning is not an uncommon phenomenon in Nongbua" she elaborated. But, among the psychosomatic cases, particularly when there were accompanying complaints like irregular heartbeat, shortness of breath, and numbing of the limbs, "they usually have problems at home" she explained. "During the years when drought lasts long and most of the farming fails, you will see them more" added the veteran health worker. It was sedatives and vitamins that she usually gave to this group of her clients.

Dealing with the malady: diagnosis by treatment
The belief that the womb, if inappropriately treated, will cause illnesses is

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pervasive in Thai women. In the VDPP survey (see chapter 2), ya satree or the manufactured traditional drugs for women were found all over the country (see Figure 1). These products are marketed as medicines for curing the womb-related disease (see Chapter 8), restoring its health, and expelling lochia. Some even claim that they are a yoo fai substitute meaning that the ritual could be omitted if the drugs are taken.

**Figure 7.1 Ya Satree- Manufactured Traditional Drugs for Women**

It is noteworthy that, in addition to these kinds of medicines, many injectables are found popularly administered during the postpartum period for the same reasons. In the Nongbua area, it is not uncommon for the local health workers and injectionists to be called on to administer a certain kind of modern drugs locally perceived as ya cheed rad mot luuk and ya bam roong mot luuk (literally meaning injectables for shrinking and restoring mot luuk or the womb respectively) to the new mothers who just return home after a hospital birth or just after home delivery.

The practice of yoo fai is significantly declining today even among rural women. However, among those who still continue to do so, the concern that yoo fai is highly beneficial to health especially in the long term appears to be the main reason (Montira et al. 1991).

Basically, refraining from some sorts of phit food is what the cautious women will do to prevent the ailment. Word-of-mouth information, relatives’ advice as well as one’s own experience are among the important sources of guidance of what food to keep away from and how.

Because of the wide variability of the onset of phit kaboon, most local women
often rely on a modern drug widely called as *ya kae pae* or the pill to cure allergies to help diagnose any complaint that they suspect might be related to *phit kaboon*. In other words, in responding to the uncertainty of *phit kaboon*, most women are found following a practice that Nichte and Vuckovic (1994a:1514) call ‘diagnosis-by-treatment’:

“Medications play a direct role in the process of diagnosis when practitioners identify an illness on the basis of treatment response. An entity-counter-entity form of differential diagnosis comes into play: if X works it must be bacterial; if not, X is viral. This form of diagnosis is applied not only within medical systems, but across them”.

Practically, it is pills of antihistamine called Alercure® that most women use as a tracer. A young woman suffering from a headache, for instance, was found taking Alercure® due to a simple reason: she was unsure of what her problem was, thus, she used the pill as a tester. ‘I might, perhaps, have eaten some ‘phit’ food which I did not notice’ said the woman.

A middle-aged mother got annoyed with the hospital nurses as they refused to listen to the problem which she strongly believed as *phit kaboon*.

**Pong**

*Pong, a middle-aged, married woman, got furious with the hospital’s response to her problem which she believed to be phit kaboon. Her frustration occurred when she went to the district hospital to see the doctor about her problem: a watery stool. She, then, was diagnosed as getting food poisoning. After taking the medicines from the hospital she felt no improvement. After returning home, she continued seeking treatment by going to see the nurse midwife at the clinic in the village. This time she was given pills which she called ya chud phit kaboon. This time she felt better. The woman questioned “usually the doctor doesn’t believe what we tell him; he often says that phit kaboon doesn’t exist; if it doesn’t, why was it cured when I took that ya phit kaboon.”*

From herbal roots to **Kin Pid Met®**

Herbal roots, broadly locally called *ya haak mai*, were traditionally the only treatment for *phit kaboon*. Today, the practice is largely abandoned. Table 7.4 below gives an overview of how most *phit kaboon* episodes are managed. Data from 92 mothers shows the dominant role of modern medicines. Alercure®, a two mg tablet
antihistamine, is used by the majority of the women (57%) either solely or combined with injection or herbal roots. Injectables (alone or together with other methods) are sought by almost a half of the total number of women (48%).

Table 7.4 Major treatment patterns of *phit kaboon* (n=72)

<table>
<thead>
<tr>
<th>Treatments</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No treatment</td>
<td>6.5</td>
</tr>
<tr>
<td>Medicinal herbs</td>
<td>11.9</td>
</tr>
<tr>
<td>Alercure® only</td>
<td>32.6</td>
</tr>
<tr>
<td>Injection only</td>
<td>15.2</td>
</tr>
<tr>
<td>Alercure® and injection or herbs</td>
<td>24.9</td>
</tr>
<tr>
<td>Injection and herbs</td>
<td>8.7</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Household in-depth interview

*Alercure®*

Alercure® (chlorpheniramine 2 mg) is widely known among the rural people as *ya kae pae*. It is likely that this type of drug, especially chlorpheniramine, has become widely available in the rural villages since the introduction of the Village Drug Funds (VDFs) in the early 1980s. Alercure® is mostly the first choice tried when *phit kaboon* is suspected.

The villagers are found using Alercure® for other purposes as well. Some allergic reactions (i.e. hives), for example, have been widely treated by *ya kae pae* of which Alercure® is one. The unwell feelings that follow the use of pesticides in the field are also commonly solved with Alercure®. Many take this drug to control discomforts believed to be caused by the eating of *sa laeng* foods. During one of my previous fieldwork trip to Korat Province in 1991, the prophylactic use of *ya kae pae* to prevent skin eruptions occurred while harvesting was common in that area. Additionally, some villagers are found extending the use of this drug. An old woman reported regularly using Alercure® as an appetite stimulant whereas a mother said that she routinely took the pill to ease her sleeping difficulties. Perhaps, its cheapness, wide availability and, perceived side effect free explain the profuse use of this drug.

*Ya chud and Kin Pid Med®*

*Ya chud for phit kaboon* and *Kin Pid Med®* are the other alternatives of the
women in Nongbua. Although they are not clearly shown in Table 7.2, data from the VDPP survey and focus group discussion show their marked roles.

*Ya chud phit kaboon* is a sub-category of *ya chud* that are available in the Thai rural villages (see chapter 4). The majority of them, according to the results of the VDPP survey, are named *ya chud phit sam daeng*. The main compositions of these drugs, as confirmed by a lab test of 17 samples collected during the VDPP survey, are steroids and antihistamines (see Table 7.5).

**Table 7.5 Main ingredients of *ya chud phit kaboon* (n=17)**

<table>
<thead>
<tr>
<th>Main ingredients</th>
<th>Number of samples found</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analgesics and Antihistamines</td>
<td>4</td>
</tr>
<tr>
<td>NSAIDs and Steroids</td>
<td>3</td>
</tr>
<tr>
<td>Antihistamine and Steroids</td>
<td>3</td>
</tr>
<tr>
<td>Analgesics, Antihistamine and Steroids</td>
<td>2</td>
</tr>
<tr>
<td>Steroids only</td>
<td>2</td>
</tr>
<tr>
<td>NSAIDs and Antibiotics</td>
<td>1</td>
</tr>
<tr>
<td>Analgesics only</td>
<td>1</td>
</tr>
<tr>
<td>Analgesics, antihistamine, NSAIDs and Steroids</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>17</td>
</tr>
</tbody>
</table>

*Source:* Ubonrajatani Medical Research Center, Ministry of Public Health (1994), *Ya chud Lab Test Report* no. 1 (ref. no. 521/789; 28/70/94), and no. 2 (ref. no. 0521/948; 31/8/94)

*Note:* Main ingredients: Analgesics = paracetamol and aspirin; Antihistamine = chlorpheniramine and cyproheptadine; NSAID = phenylbutazone; Steroid = dexamethzone and prednisolone.

*Kin Pid Met®* is a new product that has been recently marketed in the area. Most interesting about this product is its name and package which, according to my observation, are specifically tailored to capture the market of *phit kaboon* (see Figure 2).

**Figure 7.2 Kin Pid Met®**
Literally speaking, the name Kin Pid Met® has no meaning in Thai, but its spelling and writing style can easily make the unfamiliarized reader pronounce it as if it were 'a pill for kin phit' (the pronunciation of 'met' is very close to another Thai word which means 'a pill'). The drawing of a breast-feeding woman on the packet is by all means unrelated to the ingredients inside considering the fact that this product has been registered as a cold remedy. It is a combined product made of paracetamol and antihistamine.

The inclusion of antihistamine in both ya chud and Kin Pid Met® and steroids in most ya chud provides a clue that, perhaps, phit kaboon, according to the knowledge of the local drug manufacturer and sellers, is an allergic reaction. The tailoring of the products by aptly suiting them to the stream of local beliefs clearly shows how culturally sensitive the commercial medicine manufacturers are.

**Injection and hospital use**

Injectables are chosen when either the complaint appears to be complex and/or their access is not a problem. The usual ways of administering the injections are either to go to the hospital or a (health worker's) clinic, or to buy drugs from the market and ask a neighbor to assist. Ya cheed phit kaboon or the injectable for phit kaboon seems to be widely known among the local people. Its easy obtainability is, perhaps, a reason. During fieldwork I once asked one of my assistants to buy medicines for phit kaboon from a town drugstore, as I was curious to know more about it. We found that purchasing such medicines- pills, ya chud and injectables- was by no mean difficult and that ya cheed-phit-kaboon was, in fact, a two cc antihistamine branded Alercure®. However, what is actually used by some injectionists includes more than Alercure®, namely also some vitamin and mineral injectables in different brands as well as intra-venous fluids are reported to be used.

Mixing of treatments is evident in some cases where the symptoms are viewed to be complicated or serious. However, starting with the medication of Alercure® and followed by a visit to the clinic or injectionists seems to be normal among these complicated episodes. The case history below portrays this treatment pattern:
Grandma Song:

Normally, at her age of 70, many women would have a difficult time in passing their days; but for her, grandma Song, this is not the case; she still enjoys her days selling her labor. In the harvest season like this, when available workers are scarce, she would like to go here and there rice-harvesting with her young neighbors. Five days ago the grandma went to work as usual, a bit far away. Unfortunately, this time she got ill with the problem she thought was 'phit-kaboon'; she felt dizzy and got a slight fever. She reckoned that perhaps some wild vegetables she ate might be its cause; she subsequently tried four tablets of Alercure® but nothing improved. She then went to see an injectionist who lives in a village nearby; in addition to pills, the quack also gave her two shots- one for fever, the other for kin-phit. The next day she took the pills that were left over but it didn't improve her condition enough and that made her decide to go for another injection. The third shot worked, though not as much as she wanted, and she managed to return home. That evening, she went to see a local midwife and got another injection and some pills. The next day she took the pills given by the midwife but her condition didn't improve much. A day later she went to see another hospital nurse and she got one more injection.

Phit kaboon, for grandma Song, is not a stranger; one time about forty years ago, after bearing her third child, she had a bad episode of phit kaboon which was suspected to be caused by eating white buffalo meat. It was because of that sickness that she got to know the injectables for phit kaboon. “Herbal drugs do not cure that fast, unlike ya cheed, that is why they are my choice” explains the grandma.

Boonraing:

Boonraing’s phit kaboon took place eight months ago after she ate a cooked curry she bought from a car-vender who came over to the village almost every early morning- a behavior that has become common in the rural village. The illness caused her to experience vomiting, diarrhea, spasm and fainting. Being exhausted, she first called a widely respected old injectionist who lived in her village to administer a shot of ya cheed phit kaboon and 500 cc of intravenous fluid. But the vomiting and hna mued (dizziness) remained. Soon afterward she proceeded to the hospital where she was admitted for two nights. After being discharged, she still felt exhausted and hna mued. Later she continued a new treatment at health worker's clinic where one more shot was given. It was about 15 days before her condition became normal.

However, Boonraing was not the only one who had the experience of phit kaboon due to the cooked curry bought from the car-vender in the village. There were at least two others. Today’s living pattern which has taken away the villager’s cooking
time makes them to increasingly rely on the cooked or finished food from the venders rather than the self-cooked food as they previously did.

Summary

This chapter presents and discusses a story of *phit kaboon*, a womanly illness prevailing in Nonbua villages. This locally defined illness was traditionally conceived as a problem of motherhood. The local folks believed that the eating of wrong food incompatible to the womb during postpartum was its primary cause that made the problem first appear and recur. The uniqueness of the illness was that both its causes and manifested symptoms were far from a fixed pattern. More than 50 kinds of food-stuff and a wide variety of symptoms ranging from headache, diarrhea, muscle pain, fainting etc. were referred as relating to the malady. Moreover, while Phit kaboon had been conceived under the traditional medical framework, its treatment was complex, largely ending up with modern pharmaceuticals ranging from antihistamine tablets, Ya-chuds, and injectables.

Viewing the illness in the context of changing society, the author argues that *phit kaboon* is a cultural phenomenon as much as the manifestation of the deterioration of the quality of life of the rural women. The indigenous beliefs used by the people when dealing with the illness function as a mediator helping those women passing their hardships in a comprehensible and manageable way.

Notes

1 For the people in the northeast region, the word *kalam* is generally spoken in two ways: as (a set of) mores and as an act of breaking the mores. For the first usage, *kalam* is a guidelines of daily life; it contains items telling what behaviors are considered inappropriate- socially or morally- and should be avoided; it covers almost all aspects of life from social, family to private. Some of its items involve social sanctions if violated but many are just guideposts that help one pass through the daily routines smoothly or safely. The usage of the word *kalam* in the second usage is as a verb. When one is said breaking mores, he or she *kalam*. Below are examples of items which are traditionally considered *kalam*:
   - being ahead of the monk (while walking along the same way), kidding the monk or talking loudly in the monastery;
   - allow a drunk to enter the monastery while a holy event is being celebrated;
   - the wife dresses beautifully while the husband is away;
   - the wife eats foods or goes to bed before the husband;
ploughing, riding buffalo, cutting trees during a rainstorm;
- hitting cats and dogs, kicking buffaloes and cows
- walking loudly, eating loudly, cutting wood at night etc.,

However, a large part of kalam has been apparently gradually neglected by the young generation but some items are still influential, one of which is the one that relates to food restriction or food kalam.

2 According to Laderman, taboo involves sanctions, socially and supernaturally, if violated. Comparing pantang—the food restriction concept of Malaysian villagers and that of taboo, she writes: “taboo, however, usually connotes something that is forbidden because of supernatural strictures and entails an extra-natural penalty, or at least a social one. Pantang might better be called guideposts for behavior (my emphasis), which leave the possibility for cautious experimentation open. Malay food pantang have no jural or moral force; those who do not observe them will not call down the wrath of God, the vengeance of spirits, or punishment from human sources. The dangers are natural and by no means invariable. A new mother who eats food considered bisa and experiences no harmful consequences may even be complemented on her ‘cast-iron’ stomach; a woman who experiences postpartum hemorrhage or stomachache after eating bisa food is not considered a sinner, merely a bit of a fool (Laderman 1983).

3 Muecke’s case examples are as follows (Muecke 1979: 270-273):

**Bua-Yuang**

*Mrs. Bua-Yuang, a part-time laundress, was born of rice-farming parents in rural Chiang Mai and led a traditional rural life with them (even starting to chew fermented tea leaves and smoke cigars at age 3), until at age 19 she married a man from the city. At age 20, after a normal hospital delivery of her first child, she carefully observed the Northern Thai customs of the first postpartum month, and breast-fed her healthy infant.

Two weeks after completing the month of ritual behavior, she developed ‘wrong menstruation wind illness’, with symptoms of wobbly knees, hand tremors, lightheadedness, and fainting, which lasted three days. She said wind rose in her body and caused these symptoms because she had eaten wrong food (beef curry) once while in the ritual month, and because during that time she had also smelled burning rubber. The symptoms cleared up when she took local herbal oral medicines.

During the next 14 days she and her husband, a street-vendor, had to move twice to avoid rising land rents; they now live on a small plot of land that floods easily and is owned by her husband’s older sister, who charges them low rent. Meanwhile, Mrs. Bua-Yuang continued working as a laundress, delivered four more children without difficulties, had malaria once, and was surgically sterilized, but was free of ‘wind illness’. The sterilization she says made her become thin and prone to dizzy spells. At age 34, ‘wrong menstrual wind illness’ returned: she became irritable and angered easily, had
trouble walking, and had hand tremors. She said the reason she got sick again was the same as before: eating and smelling bad things in the first month after delivering her first child 15 years before. Now, she surmised, the symptoms recurred because she was thin, older, and worn out from delivering five children, having had one abortion, and working hard physically all the while to help support her family. Because of her weakened condition, and because she had no prospect of rising out of poverty, she expected her symptoms to become chronic despite her daily dose of local herbal medicine.

Although she believed that no doctor could cure her 'wind illness,' she consented to have physical examination. She was found to have Opisthorchis and Trichuris ova in her stools, took Fugacar orally for treatment, but said she still had 'wrong menstrual wind illness'.

Sanawjit:

Mrs. Sanawjit was born in Laos of rice-farming parents and had a healthy childhood. After her marriage at age 20 to a Thai man, and before he died when she was 42 years old, she delivered ten children at home (three of whom died in infancy), and had five abortions. Despite her almost constant pregnancy, she worked long hours daily, selling meat in a market, and had no health problems.

Soon after menopause at age 48, Mrs. Sanawjit developed what she and her family say is 'wrong menstrual wind illness'. Her symptoms quickly became severe: dizziness, painful headaches and symptoms of a left hemisphere CVA, spells of unconsciousness, and tonic-clonic seizures during which she salivates and is anuretic. In addition, at age 53, she now has severe memory loss and expressive aphasia, and does little more than vegetate at home. Seizures occur daily to monthly, reportedly triggered either by quarreling among her children and their spouses, or by her eating beef.

A son-in-law took her to a physician, who diagnosed heart trouble, anemia, and brooding as the causes of her symptoms (but apparently he did not mention the likelihood of her having had a stroke to the family). He prescribed oral medications which the family says prevent seizures: however, the family can afford the 40 Baht (U.S. $2) to visit the physician only rarely; and, following prevalent custom in Thailand, the physician has not told them the names of the medicines, so that the family cannot buy them more cheaply from a drugstore. Instead, Mrs. Sanawjit takes local herbal medicine daily, with no effect on the frequency of her seizure disorder or aphasia.

Mrs. Sanawjit's children say her 'wrong menstrual wind illness' was caused by her eating wrong food years ago when she was newly postpartum, but that symptoms of the illness did not occur until after menopause because she had been an unusually strong woman; eventually, however, the wear and tear of 15 pregnancies, poverty, and full-time work while raising seven children without a husband lowered her resistance to the point that her 'wind illness' symptoms surfaced.
Whether *ka boon* is the same as the womb or *mot luuk* or not is viewed differently among the women in the study area. The majority believed it is the same.

Thai people generally call the womb as *mot luuk*. For the northeasterners, the womb is traditionally and locally named as *ka boon*. However, both terms are sometime used interchangeably.

In addition to its being used to dry up a running nose during a common cold episode, this product is also commonly taken for relieving skin irritations especially hives (*lom pit* in Thai). This is why it has a Thai name as *ya kae pae*.

Quantified in Table 7.2 is the (qualitative) data retrieved from household informal interviews carried out while surveying drug use behavior. The likelihood that the use of *ya chud* and *Kin Pit Met®* was under-reported was discovered by cross-checking with the data from focus group discussion and the drug survey.