Mot luuk ak seep: Antibiotics and the Sick Womb

Mot luuk ak seep is an ambiguous term but widely used. Literally, in Thai, mot luuk is the womb. Medical professionals, traditional healers, and lay people use this word when they refer to the womb. Ak seep is a pathology. Medically speaking, its meaning is identical to an inflammation—the reaction of living tissue to injury or infection, characterized by heat, redness, swelling and pain. In Thai modern medicine, the names of many disorders come from the name of the afflicted organ plus the word ak seep. For example, arthritis in Thai is khor ak seep (khor = joint), conjunctivitis ta ak seep (ta = eyes), bronchitis is hlordlom ak seep (hlordlom = bronchi) and tonsillitis tonsil ak seep. Among the lay people, however, the word ak seep is usually inseparable from antibiotics. Antibiotics, in Thai ya kae ak seep, is literally translated as ‘a medicine to cure ak seep’.

The word mot luuk ak seep is used for different conditions. The western-trained doctors and local health workers call pelvic inflammatory disease (PID) mot luuk ak seep. However, in many instances, women who visit hospitals or clinics may be told that they have mot luuk ak seep even when no or clear indications of PID are found. At herb sellers’ stalls in the markets, herbs are usually available for many female diseases including mot luuk ak seep. On the packet of some antibiotic products (illegally) available in the grocery stalls, mot luuk ak seep is usually listed as one among the complaints that those medicines claim to cure; in local Isaan traditional medical texts, mot luuk ak seep is one among the female diseases (roke satree) listed.

The local women also use the terms puad mot luuk and jeb mot luuk (both mean feeling pain at the womb) and khai pit mot luuk (meaning the ill that caused by the toxic womb) as terms for illness of the womb. Health workers tend to use mot luuk ak seep rather than the other terms.

Prevalence

Since no survey was included to systematically gather the data on mot luuk ak seep, I will rely upon the results of the household survey of drug use, some informal interviews and findings of some other studies. Results of two community surveys using different methods carried out in the northeastern provinces indicate that this
problem is very common among women in the northeast region (see also Chapter 2). A study by Khonkaen University Faculty of Medicine in 1995 using lab-tests and interviews of 586 normal women, aged 15-54 reported that 43% of the women complained about lower abdominal pain (Thongkrajai et al. 1995). A village case study in Khonkaen Province, in which 226 women aged between 15 and 79 from a rural village were interviewed to determine their experiences with *mot luuk ak seep* and the use of antibiotics, revealed that up to 71% of the women studied ever had or currently have a *mot luuk ak seep* problem (Kornkaew 1996).

During many group discussion sessions and informal interviews in my study a somewhat comparable picture emerged. The proportion of women who had experienced *mot luuk ak seep*, ever or currently, was estimated by housewife-participants to be as high as 70-80% of the reproductive age female inhabitants. In an interview with a village health volunteer who was also an injectionist, a figure of 90% of the women was mentioned, especially of those who had been sterilized.

The quantitative data from the household survey of drug use in seven villages of Chaiyapoom Province in which 296 households were included revealed that 122 or 41% of the households have at least one female member who ever had or was having a *mot luuk ak seep* problem. However, that could only be the *minimum* figure as the survey neither dealt specifically and systematically with the study of *mot luuk ak seep* nor were all female members of the sampled families, especially those of working ages, interviewed.

**Symptoms perceived**

The salient manifestations of *mot luuk ak seep* as reported by most afflicted women are abdominal pain (*puad mot luuk* or *puad tong noi*) together with waist pain and backache (*puad aew* and *puad hlang*). Usually the symptom of *puad mot luuk* or *puad tong noi* is characterized as a pang or a sharp pain (*seaw, khad*) or a dull, heavy pain (*puad hnuang*); its unique occurrence is often phrased in the local dialect as *puad tong noi jong sai aew* (the abdominal pain that flashes upwards to the waist) or *puad tong noi jor mot luuk* (the pain that is felt around the abdomen connecting to the womb). However, in reality, the aching either at the *mot luuk/tong noi* or at the waist/back is sufficient to trigger most women to think of their condition as *puad mot luuk* and take medicines accordingly. Although the abdominal pain (*puad mot luuk* or
Puad tong noi) is the main feature of the malady in most women’s perception, for many, the waist pain and back aches are viewed as a warning sign indicating the need to take medicines, especially ya kae ak seep. Interesting is the fact that the conceptual link between the (waist/back) ache and the use of ya kae ak seep in the people’s mind has created a new rationality among male villagers: the use of ya kae ak seep to treat the ache at the waist and the back. Data from the household survey clearly reveal this phenomenon.

In addition to puad mot luuk, other abnormalities of the reproductive system such as lochia discharge and vaginal itching could be mentioned as perceived symptoms as well. Among those who have had an abortion, undergone sterilization, or have experienced a prolapsed uterus, the mot luuk pains may be said to be related to those conditions; for some, body weakness and the loss of vitality are also perceived as results of the illness.

**Response to the symptoms**

Puad mot luuk or puad tong noi is closely related to strenuous work. Its incidence is generally rampant in the harvest or planting periods of the year. Because it disturbs, or at worse, cripples the afflicted women, it is thus commonly managed by temporarily stopping work and self-medication. Data in Table 8.1 show that the majority who become afflicted manage the disorder by way of self-medication while continuing their daily activities whereas the rest seek help from private clinics or government hospitals either immediately following the onset of the symptoms or after a period of self-treatment. Some cope with the symptoms by taking drugs over a period of months or years combining the purposes of prevention and treatment. The easy accessibility to injectables in the study area has also resulted in the frequent use of self-administered antibiotic injectables by some women. In Table 8.2 the major patterns of illness response are summarized.
Table 8.1 Treatments of *mot luuk ak seep* among selected women (n=128)

<table>
<thead>
<tr>
<th>Treatment Patterns</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Medicated with <em>ya kae ak seep</em></td>
<td>63.3</td>
</tr>
<tr>
<td>2. Medicated with injectables or go to the clinics</td>
<td>7.8</td>
</tr>
<tr>
<td>3. Self-mediated and clinic or quack or (self/other-administered) injection (1 + 2)</td>
<td>21.1</td>
</tr>
<tr>
<td>4. Rest or using traditional herbal drugs</td>
<td>7.8</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Household in-depth interview

Table 8.2 Patterns of illness response

<table>
<thead>
<tr>
<th>Characteristics (Emic View)</th>
<th>Treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Acute; non-serious</td>
<td>1. self-mediated with <em>ya kae ak seep</em> (short-term basis; usually stop when symptoms disappear; some may continue medication for a few more days even when symptoms disappear to prevent recurrence)</td>
</tr>
<tr>
<td>(symptoms felt but can work)</td>
<td>2. rest (no medication; just wait and see)</td>
</tr>
<tr>
<td></td>
<td>3. self-medication and rest simultaneously</td>
</tr>
<tr>
<td>1. Acute; serious</td>
<td>Clinics, government hospitals or quacks are resorted to; some <em>ya kae ak seep</em> may be used for a short time before or after.</td>
</tr>
<tr>
<td>(symptoms suddenly occur after strenuous work and impede workability)</td>
<td></td>
</tr>
<tr>
<td>2. Complicated; chronic; usually non-serious</td>
<td>4. Long-term medicated with <em>ya kae ak seep</em>; may alternate among different brands;</td>
</tr>
<tr>
<td>(symptoms recur occasionally; perception of causes is complex)</td>
<td>5. Traditional herbal drugs may be tried</td>
</tr>
<tr>
<td></td>
<td>6. Quacks and/or private clinics may occasionally be consulted.</td>
</tr>
</tbody>
</table>

Source: Household in-depth interview

*Ak seep and ya kae ak seep: the popular self-medication rationale*

Taking tablets of *ya kae ak seep* is the most common practice reported by a large proportion of the suffering women. It is both the first response to the symptoms among the acute and non-serious cases and part of the health seeking process of those suffering from the recurrence of the malady. The wide availability and affordability of the drugs (a tablet of an antibiotic costs 2-5 baht) partly explain the widespread use of *ya kae ak seep*, but not entirely. Another crucial part of the drugs’ widespread use is the logic widely conceived by the local people, not only the women, that *mot luuk ak seep* needs *ya kae ak seep*.

As mentioned earlier, the general Thai name of antibiotics is *ya kae ak seep* or medicines to cure *ak seep*. Although they are classified as prescription-only drugs, they can be purchased in almost all rural villages. Many have been advertised publicly, even though such a practice is prohibited by law. Although not all antibiotic products are marketed as the drugs for *mot luuk ak seep*, the five branded and two generic products listed below are marketed as such:
1. Gano® (Tetracycline 500 mg),
2. TC mycin® (Tetracycline 250 mg),
3. Heromycin® (Tetracycline 250 mg),
4. Bomcin® (Tetracycline 250 mg),
5. Plolcainmed® (Co-trimoxazole & trimetopim),
6. Penicillin G*, and

[Note: Penicillin G and Ganamycin products use generic names as brand names; results of the village drug provision survey show that there are fourteen different registration codes of both products (seven each) available at the grocery stores.]

Figure 8.1 Gano®: A tetracycline product widely marketed as a drug for *mot luuk ak seep*

Compared among the products listed above, Gano® is most popular and most explicitly marketed as the drug for *mot luuk ak seep* (see Picture 8.1). For the others- TC mycin®, Heromycin® and Bomcin®- the word *mot luuk ak seep* is listed as a condition they claim they are for.

In responding to the onset of the symptoms, most mothers start with 1-2 tablets of these *ya kae ak seep*. The women, especially those with acute but mild cases, generally take only one tablet once a day either after returning home in the evening or before going to work in the morning. The idea of a continuous use or of completing a course of treatment had never been come across during the fieldwork. Almost all mothers took the drugs only as long as the symptoms persisted which was usually only a few days. However, avoiding of strenuous work was commonly observed by most
afflicted women.

It is also evident that some women took *ya kae ak seep* on a regular and long term basis, i.e., for a couple of weeks or months. Among these women the use patterns and reasons described were various. The two cases below demonstrate the details:

**Jom:**

Jom, aged 55, has suffered from a womb pain (*puad mot luuk*) starting after her sterilization many years ago. The disease which brings a pain around her waist to the abdomen (*tong noi*) often recurs anytime she works strenuously. She once went to a nearby district hospital and was told that she had a problem in the abdomen and that her *mot luuk* was unwell (*mot luuk mai dee*). She believes that her sick *mot luuk* will never be cured; its pain will recur if she works hard. A week earlier, she worked every day harvesting rice. The pain at her *mot luuk* occurred throughout the week. She took Gano® every day, one in the morning, another in the evening, both before mealtime.

**Malee:**

Malee, a middle aged mother of three children, has had *jeb mot luuk* since she was 30. 'It came to happen after I gave birth to my children' she tells. Previously, she took 10-20 tablets of Bomcin® a month depending on her daily work. In the planting or harvesting months, she took more but when she had no work or stayed idle at home she took less. Some months ago, she almost stopped taking the drugs as she had no hard work and because her children told her to quit. 'They (her children) told me that I had taken 'ya' too much which was not good for my body' she explains. Presently, her illness remains, but without much hurting and she occasionally takes Bomcin®. 'I take it (Bomcin®) instead of the others because it suits me ('kin took') adds the woman.

Alternating between two or three antibiotic products especially between Gano® and the others is a common practice of many afflicted women. Gano® is generally viewed as the most powerful (*ya raeng*) but expensive (five Baht a tablet), and is chosen only when affordable. Unwanted side effects (i.e. rash, nausea) leads some women to switch between different *ya kae ak seeps*. Tongbai is an example:

**Tongbai:**

Tongbai, middle aged, developed *puad mot luuk* after she gave birth to her first child. She has never had her problem checked by any doctor. She usually relies upon two tetracycline products, either Gano® or Bomcin®. Since last year she has used
them more often, almost daily, one in the morning, another the evening. However, out of fear of drug dependence, she alternates between them, each for one week.

Clinic, injection and mixed treatment

For many cases, their treatments go beyond self-medication with ya kae ak seep from the grocery stores. Visits to private clinics, injectionists, and drugstores particularly for injections are common among the perceivedly severe or complicated cases. Easy access to health facilities and pharmaceutical products enable afflicted women to choose these ways. The three cases below illustrate the complexity of the women's treatments.

Lumpini:

Lumpini's mot luuk problem began years ago and recurs whenever she performs strenuous activities. 'Lifting heavy stuff usually causes it to come. Sometimes, I feel like my womb is about to fall out. It is hurting and makes me feel a loss of liveliness,' she complains. Usually she does not go to the district hospital nor to the clinics nearby because she does not trust them. She has been a client of a clinic in the provincial town which she says specializes in mot luuk disease. Last year, after giving birth to her youngest child in Bangkok where she worked as a wage earner for some years, she returned home. It was at that time that the disease struck her. She blames her resumption of hard work too soon as the cause. The illness caused her, in addition to a dull pain at the mot luuk, difficulties in urinating. After waiting a few days, she went to the same clinic. As usual, she was given two shots and an assortment of tablets. The doctor said she had mot luuk ak seep and advised her to avoid overexertion while working. This time the symptoms persisted for almost three months and she had to visit the clinic many times which cost her around 300-500 Baht for each visit. 'The money earned from Bangkok all went to the treatment,' she sourly ended the talks.

Sombat:

Sombat, 44, a mother of four children, is the village health worker and caretaker of the Village Drug Fund. 'My mot luuk ak seep began in 1988 after I had a miscarriage of my last pregnancy' says the woman. It usually came with the symptoms of 'khad tong noi' (sharp abdominal pain) and backache. At first she took a ya chud named 'ya chud rad mot luuk' which, by its literal meaning, is ya chud to shrink mot luuk. The medicine seemed to work as her condition improved. She later tried another way by going to a clinic in the district town. However, last year, it came again but she didn't visit the same clinic. She bought a vial of ya kana (an
antibiotic injectable, probably Kanamycin) from a drugstore, 45 Baht worth, and asked a local midwife nurse to give the shot. ‘I did that because I already know the drug from Mor (the health worker she closely worked with as a CHW) and it is much cheaper than visiting the doctor’ elaborates the woman. During that episode, she had about 20 shots, once or twice a month. It cost her five Baht each time for hiring the midwife nurse.

Banjong:
Banjong’s problem began years after she gave birth to her youngest child. She believes that her long years of hard work and her unwell-mot luuk (mot luuk bor dee) are the causes. She complains of frequent sharp pains around the belly and waist and of lochia discharge. Earlier she took a tablet of penicillin almost every day by dissolving it in water before taking it. Later, after consulting a local midwife nurse and being told that she might die if she continued such a practice, she decided to quit the antibiotic and follow the nurse’s advice. However, even while being treated by the nurse, her problems remained. She then changed to Gano® and some other ya kae ak seep. ‘I feel that I can not survive without those medicines otherwise the pain comes’ says the woman. However, in addition to the tablets, Banjong has also taken a traditional herbal drug; its name is ‘ya chak mot luuk’ literally meaning the medicine to shrink the mot luuk.

The use of ya kae ak seep is not necessarily confined to the period when the symptoms are perceived. Some women take these drugs in order to prevent the symptoms from coming. A new mother, for example, was found using Gano®, a capsule a day for ten days, during her postpartum rest to prevent the illness.

Mot luuk ak seep: different realities

The quantitative accounts and case histories presented above appear to raise more questions than provide answers. What really is mot luuk ak seep experienced and perceived by those local women? To what degree does it involve infections? Why is it mostly perceived to be paired with antibiotics? Why do the women keep believing in and taking those products indiscriminately? These all raise not only serious concerns with respect to the alarming worldwide drug resistance but also questions about how these phenomena come to exist and persist.
Bio-medical Reality

Medically speaking, the onset of abdominal pain can signal a wide range of pathologies. It can be a sign of appendicitis, bladder stone etc. However, in women, the lower abdominal pain that comes with abnormal (smelly, colored) vaginal discharge, fever and rebound pain may lead doctors to pursue the investigation for PID (Pelvic Inflammatory Disease). Nevertheless, the occurrence of abdominal pain may be due to muscular inflammation as well. The phrase mot luuk ak seep when used in the bio-medical domain, is highly likely to be referring to PID. However, in reality, some practicing doctors or local health paramedics use this term with no evidence of specific pathology when referring to a vague abdominal pain. Some even use a very broad concept like mot luuk bor dee (unwell mot luuk). For the laymen, it is likely that the image of mot luuk ak seep is strongly influenced by the bio-medical concept. For instance, in a nation-wide-circulated Thai weekly magazine’s health column (Nation Weekly 1997: 27), mot luuk ak seep is described as:

"...a lethal inflammation of the endometrium caused by bacterial infection; its signs and symptoms, for the acute one, comprise high fever, chilled, severe pain and rebound tenderness around the belly, smelly lochia, and may result in infertility; in the severe cases, the infection may spread into the abdominal cavity and blood poisoning may result leading to fatality. In chronic cases, dull abdominal tenderness may come and go with or without fever, some would have backache, menstruation pain, lochia, irregular or heavy cycles, and pain during intercourse."

In short, my point here is that, according to the bio-medical concept, mot luuk ak seep is very much identical to PID and infection-related.

Although my field data does not include the clinical aspects of the mot luuk ak seep problem, the likelihood that the majority of the cases found are infection-related appears to be less evident. In my interview with a midwife nurse with 20 years of working experience in that area, I was told that approximately nine out of ten of women complaining of a mot luuk ak seep problem had no obvious signs of infection. Most of those women were successfully treated with anti-inflammatory drugs. However, her remark that the prevalence of these problems usually increases during the harvest and planting months gives me the impression that a significant portion of the problems brought to her are acute and work-related. This conclusion corresponds
to many case histories previously presented that the majority of women reportedly recovered after a few days of rest and/or even with the taking of sub-optimal doses of antibiotics (i.e. 250-500 mg of Tetracycline a day for 2-3 days).

The study by Khonkaen University Faculty of Medicine cited earlier reported, in addition to the finding that 43% of the studied women complained of lower abdominal pain, that 23% of them also had problems of leukorrhea, vaginal and genital itching and dyspareunia; and the prevalence of Chlamydia trachomatis, C. albican, T. vaginalis, T. pallidium, and G. vaginalis found was 4.6%, 10.9%, 5.1%, 2.7% and 1.0% respectively. A strong association between the prevalence of C. trachomatis, C. albican, and T. vaginalis and the women's complaints including the lower abdominal pain is also observed in this study (Thongkrajai et al. 1994). The study revealed that only about half of the women complaining of abdominal pain have an infection. Further scientific studies are obviously needed. However, in the real world, people cannot afford to wait for answers from the experts. Nor do they live in a vacuum. Other rationalities have been developed responding to the experience of mot luuk ak seep.

**People's reality**

According to Isaan traditional notion, mot luuk ak seep seems to have existed for a long time. Kornkaew, from an interview with some Isaan local healers and a documentary review, writes that:

"mot luuk ak seep is a womanly disease (roke satree) characterized by belly tenderness, dull pain at the lower abdomen, and waist ache. Sometimes it comes with swelling and a burning sensation around the abdomen. In a severe case, the womb swells, itches and vaginal discharges come out. The disease, if left untreated, can be transfigured to ma leng mot luuk (a Thai traditionally defined disease comparable to cervical cancer in modern medicine). Sexual intercourse, overexertion, childbirth and an injured mot luuk (i.e. due to an accident) are among the possible causes of the disease" (Kornkaew 1996:49-50).

As mentioned earlier, mot luuk ak seep is a familiarity among Isaan women. The phrase puad tong noi jong sai aew (meaning the abdominal pain that can be felt up to the waist) is part of the daily talks among female neighbors. The phrase differentiates the disease from other women's problems that may have abdominal
tenderness as a manifestation. However, in some cases, the medical diagnosis helps to confirm the popular perception of the disease. As the case of Boon demonstrates:

**Boon:**

Boon, a 32 years old mother of two children, is a housewife in a poor rice farming family. Like some other neighbors, she has also experienced puad tong mot luuk. At first it was like a menstruation pain and she treated it with two tablets of Gano® but it didn’t improve. She then went to the nearby district hospital. What she got from there was medicines with no explanation. Later she went to the provincial hospital where she was given some colorful pills and was told that she had mot luuk ak seep. That diagnosis makes her certain about the problem. Subsequently, when similar symptoms occur she buy Gano® with confidence. She argues that many chow ban (villagers), unlike herself, never have their mot luuk checked by the doctor. When they have puad tong mot luuk they often go straight to buy Gano®. ‘The belief that spreads by words of mouth that Gano® is good for the pain causes these chow ban to behave like that’ she ends the talk.

In people’s perception, which is based in direct experience, hard working (ngarn hnakh) is blamed as the direct cause of the illness. Daily activities such as pumping the deep-well-water, pulling up rice seedlings, shouldering bales of jute, lifting heavy sacks of maize, and long hours of the rice harvest are the conditions that cause the malady to happen or recur. In a focus group discussion held in one studied village where six housewives were participating, the prevalence of roke mot luuk or disease of the mot luuk, as discussed in the group, was noticed as markedly increasing. ‘Nowadays, it happens even with the young, unmarried women,” says a mother. “Because they work hard both at home and in the field” agreed the women. However, responding to the question why there were not so many complaints in the past as today though the women’s working conditions seem to be unchanged, the mothers say that “ta kee hed uu hed kin bor dai hed khai hmeun deaw nee” (in the past we worked just to keep our lives continue, unlike nowadays, we work for sale).

Generally, the concept of mot luuk ak seep is apparently embedded in both the local traditional medical beliefs and popular notions of the female reproductive system. Mot luuk or the womb is the vital part of a woman’s body, according to Thai traditional medical and popular health culture. Its health can be, conceptually, jeopardized by various factors; its defective attributes are, on numerous occasions, used to comprehend and explain many womanly diseases, including mot luuk ak seep,
and their treatments. Below are major etiological notions given by the afflicted women to explain possible causes and justify the treatments of their mot luuk ak seep problem:

1. hard work after childbirth;
2. effects of contraceptive methods; and
3. pathologies of the mot luuk.

**Hard working after childbirth**

According to the local belief, the engagement in any labor work during the first month following childbirth should be avoided by a new mother. During the postpartum period, only light housework is considered less harmful to the mot luuk. However, in actuality, many women cannot afford to have a long period of postpartum rest; the economic difficulties usually force these women to resume their normal roles as soon as possible. Overworking while mot luuk is still weak (in Thai mai kang rang) is believed to result in the impairment, permanently or temporarily, of the mot luuk. The defective mot luuk then is prone to be injured if overused and that causes the mot luuk ak seep.

Among the elderly women, the omission or the incomplete observation of the yoo fai ritual\(^4\) is believed to result in a body that is weakened, less tolerable to strenuous work and vulnerable to sickness. The mot luuk itself, might not be well dried-up, perfectly receded into its normal position and the discharge may not be completely expelled, and it may be vulnerable to developing mot luuk ak seep, phit kaboon and other mot luuk-related problems.

**Side effects of the contraceptive methods.**

IUDs and sterilization (hed hman) are frequently mentioned as the causes of mot luuk ak seep by many respondents. To some extent, such complaints are objectively grounded. In medical literature, the adverse effects of the IUD which may include increased blood loss, intermenstrual bleeding or spotting, pain and discomfort, a discharge, uterus perforation, and PID has been previously reported (Anon 1992 quoted in Chetley 1993: 164-165). Following are some examples of cases in which women relate their womb-related problems to contraceptives.
Noo:

A daily routine of Noo, a middle-age housewife of a poor farmer family in Nong Ped Village, is to take a pill after her meal in the morning. It has been part of her life since she gave birth to her last child eight years ago. According to her husband, after seven days of yoo fai, the Thai traditional postpartum rest, of her last delivery, she went to have a sterilization at the hospital. Since then something wrong could be felt within her body, especially in the mot luuk. It started with her unusual vaginal discharge. Then, she had had a feeling that she is not as strong as she was; she can no longer stand any straining work like she used to be able to. If she has to engage in such a kind of work, a pain usually comes at her abdomen, back and waist, sometime, at worse, with a slight fever and loss of appetite. 'She becomes easily exhausted and often complains of muscle aching. Sometimes her puad tong noi (abdominal pain) just recurs even with an unclear cause. She even has difficulties in trying to stand up after bending to work in the field' explains her husband. 'She has never been like this before...her ar garn tang mot luuk (uterus-related symptoms) came after her hed hman (sterilization)' concludes her spouse as he seems to believe that the cause of his wife's ill health is rooted in the sterilization she has had.

At the beginning, she went to see the doctor at the hospital but, later, after having learned from her neighbors, she turned to rely on the pills from the grocery shop. Usually she switches among the three different drugs, either Gano® (tetracycline), Heromycin® (tetracycline) or Plocainmet® (cotrimoxazol), depending on how bad the disorder is and how much money she has; when her condition has deteriorated and she has enough coins left, she would take Gano®, the most powerful pill which is five Bath a tablet. The rest: Plocainmet® and Heromycin®, costing one and two bath a tablet respectively, are chosen when mild, or even no, symptoms appear and when less money is left. Currently, she keeps practicing almost the same every morning. 'Just in case it comes', reasoned her husband.

Kansan:

Kansan names her problem as 'kai pit mot luuk' which literally means a sickness or a fever caused by a toxic womb. 'I sometimes feel heating within my belly...within my mot luuk; you simply can not sense it from outside, only I can feel it. When it happens, my waist usually aches. Sometimes I take Pyrana® (dipyrone), sometimes I take Penicillin® but it has never gone,' describes the woman. In fact, besides the two drugs mentioned, on other occasions what she takes are various drugs including Gano®, Heromycin®, Plocainmed® and Tamjai® (aspirin).

Responding to the question what causes her illness, she points
out the pathology at her mot luuk that was complicated by her IUD, sterilization and a tumor. She believes that the problem started 14 years ago after she gave birth to her last child and decided to use the IUD. Nothing went wrong in the first year but in the second came the heavy menstrual blood. She then went to the district hospital to have the IUD removed but the doctor couldn’t find it and he believed it might have come out with the blood. A few years later, still, she had heavy cycles. When her child was about 3-4 years of age, she was advised by a local midwife nurse to become sterilized and she did. After having sterilization, her menses came almost every day for about nine months. Feeling unbearable, she then went to the provincial hospital and was admitted for nine days. ‘It’s better after the doctor (in Thai Mor) gave me some medicines’ she said. Last year a new problem emerged. The district hospital doctor found a tumor at her mot luuk and advised her to have it removed at the provincial hospital. She then rushed to the provincial hospital but her wish was refused. ‘Mor says it just begins and looks normal; I should come again later if it worsens.’

‘It has to do with my sick mot luuk. Before ‘sai huang’ (using IUD), I never had menstruation pain nor abdominal or waist tenderness. It was ‘sai huang’ that caused a sore in my mot luuk and makes everything come. Presently, when my period comes, especially during the first 2-3 days, I always have a severe pain; I sometimes weep. I take Pyrana® just to relieve the pain temporarily. I don’t have money; if I had I would go to see the doctor again; I wish it would disappear quickly’ sadly says the 38 year-old woman.

Pathology of mot luuk

The unwell mot luuk, spoken in Thai as ‘mot luuk mai dee’ is what many female respondents use to explain the underlying reason for their problem; what is often heard is the sentence ‘mor bork wa mot luuk mai dee (the doctor said that my mot luuk is unwell). Such a notion, although it seems to be vague, is generally sufficient to fulfill the lay person’s puzzled mind. For the problem for which the cause is obscure or indefinite, this explanatory model seems to work well— it helps explain the cause and justify the treatment. Interesting is the fact that the idea is found influenced by or borrowed from bio-medical concepts; technical terms used by medical professionals are often quoted or mentioned as references, although what is referred to could be understood totally different. Pathological problems like a prolapsed uterus are also evident among some women and mentioned as the cause of their mot luuk ak seep.
**Ak seep and ya kae ak seep: The market produced thinking**

Most antibiotic products, as mentioned earlier, are named *ya kae ak seep* in Thai. It is unclear when this came to be and why. However, what some antibiotic preparations have introduced to Thai society is the notion that ‘ak seep’ is similar to bio-medical concept infection. This is obvious when one looks at the advertisement of *TC mycin®* - a tetracycline ointment product- which has long been marketed for treating *plae* (wound), *fhee* (abscess), *hnong* (pus) and other infections; its advertisement is seen in many popular TV programs, especially boxing. Interesting is the fact that, with the same brand name and almost identical package, its manufacturer has also marketed another tetracycline preparation in the 250-mg-capsule form. As discussed above, this product is one among the other widely used *ya kae ak seeps* to combat *mot luuk ak seep*.

In addition, some *ya kae ak seeps*, especially *Kanamycin®* (kanamycin) and penicillin injectables, have long been perceived among many common Thais as medicines for treating sexually transmitted diseases (STDs). *Gano®*’s marketing tactics also rely on this perception of the people. As its name indicates, *Gano®* is very close to *Kana* or *Kanamycin*. In one of its advertising stickers seen in the villages, its content reads ‘*Gano hnue Gana*’ which literally means *Gano®* is better than *Kana* (*hnue* = above or better than). Besides, its advertisement in some local radio programs also leads its audiences to think in a similar way.

However, the association between *ya kae ak seep* and *mot luuk ak seep* in the people’s idea seems to be complicated and drug marketing appears to play a critical role. The picture below, taken from a village while I was in the field, shows clearly the described marketing tactic. The picture - the name of the drug is put together with the word and the image of the womb- can not be interpreted in any other ways but as being intended to make readers relate *Gano®* with *mot luuk ak seep*.
Besides Gano®, TC mycin® and Heromycin®, both of which are also tetracycline preparations, are also marketed explicitly as products for *mot luuk ak seep*. However, there are also other antibiotic products\(^6\) that are apparently perceived (and used) as substitute to Gano®. For a larger group of women, they are a cheap alternative to Gano®. Among the smaller group, they are chosen because Gano® does not ‘took kub’ (fit to) their body: it does not work or produces unwanted effects.

The process by which other antibiotics, i.e. penicillin and other branded products, become Gano® substitutes is unclear. There are two possibilities. First, other antibiotics have been used before the introduction of Gano® into the market; but it is the Gano® manufacturer who was sensitive enough to the market demand and, through the loopholes in the government regulations, differentiates its product as the *mot luuk ak seep* medicine. Second, it might be the other way around: Gano® has been first marketed for *mot luuk ak seep*; later, the other branded antibiotics, as having long been perceived as *ya kae ak seep*, are tried by the people when Gano® is not affordable; finally, and also because of other reasons, they become cheap substitutes to Gano®. The reasoning process might be like this:

1. because Gano® is a *ya kae ak seep*, and
2. because Gano® is for *mot luuk ak seep*,
3. therefore, other *ya kae ak seeps* are for *mot luuk ak seep*.
Mot luuk ak seep, Gano®, ya kae ak seep: Clarity amidst ambiguousness

Among Isaan women mot luuk ak seep is, undoubtedly, real; it is a set of complaints they actually experience. From a bio-medical stance, however, what could be mot luuk ak seep is open for further systematic investigation. For the local antibiotic manufacturers, on the contrary, the scientific confirmations of the illness are not what they are looking for. They have already gone further by suiting their products to the sphere of ambiguousness, presenting them as a means to alleviate women’s suffering. And such an effort has apparently successfully worked commercially.

In the people’s world, mot luuk ak seep has existed and will surely exist as long as the economic hardships and the poor’s living conditions do not improve. But how to understand people’s behavior when dealing with mot luuk ak seep or, in short, what explains the widespread use of Gano® and ya kae ak seep to combat mot luuk ak seep.

In my view, the matching between mot luuk ak seep and Gano® in particular and other ya kae ak sees in general in the people’s minds seems to be the force that moves the whole phenomenon. Of course, there are other factors which can possibly account for the wide use of those pharmaceuticals. However, my greatest concern here is how the logic—Gano® (and other ya kae ak seep) is best for mot luuk ak seep—fits well into the popular explanatory models and leads to the widespread use of antibiotics. The understanding of the people’s reality of the disease and how it has been constructed and influenced by the bio-medical concept as well as by drug advertisement could give us the answer.

Mot luuk ak seep, as previously mentioned, is the term that is similarly used by lay people, health personnel and drug firms. Among medical professionals, it seems to have a specific connotation: PID, although it may include different pathological conditions. This term, when present on the package of Gano® and TC mycin®, is open for all sorts of interpretations as no specific indication or description is provided; one explicit image it gives to the buyer is that mot luuk ak seep is treatable by those medicines. However, for the people the meaning of this term can be tremendously diverse; it is not only because it draws upon different pathological conditions but also because it results from varying interpretations of different individuals. The popular concepts of the meaning of ak seep and of the structure and functions of human body
seem to play critical roles for such diversity.

In Thai traditional as well as popular notions, the term ‘ak seep’ refers to the condition that is characterized by swelling, pain, redness and fever. Although the concept of infection has not been part of Thai traditional medical theory, the presence of pus is always included as an essential indication of ‘ak seep’ in both traditional medical and popular concepts. In my personal experience particularly during my childhood in a village of central Thailand, any cut or wound that is followed by enlarged lymph nodes is viewed as a characteristic of ak seep; so are the pain and fever that follow a vaccination. An abscess, and a swelling, red, and painful wound that is followed by fever, are good examples of ak seep in the Thai popular concept.

Ak seep in the sense of an inflammatory condition, particularly when occurring with the internal bodily organs, seems to be distant from the common people’s understanding. However, ak seep in this sense is often used in bio-medical discourse and practice, particularly when translating the names of the diseases from western medical texts into Thai. However, on numerous occasions this term seems to create ambiguousness rather than clarification to the lay people. This is due to the fact that the systematic knowledge of human anatomy and physiology among ordinary Thai people is limited and the concept of ak seep is largely confined to the manifested symptoms of the infection.

The facts that: first, the (Western) natural sciences have not been well included as part of the Thai popular knowledge; second, since the Thai traditional medical theory is fundamentally different to that of bio-medicine; and third, the knowledge of anatomy and physiology which is the backbone of bio-medical science is not part of Thai traditional medicine (Surakiat 1987:19-30), bio-medical understanding of bodily organs and functions among the lay people is difficult to expect. Much evidence of miscommunication between university-trained doctors and rural villagers who mostly only have primary school education, have been documented in various places (see, for example, Prawes 1981). This argument is also affirmed by Kornkaew’s study (1996:53-60) in which twenty married, reproductive-aged women were asked to draw a picture of the uterus according to their perceptions and none of the drawings matched with bio-medical anatomical theory.

In short, the reality of mot luuk ak seep in the people’s realities is diverse and its existence is perceived to be factual. A wide range of etiological explanations has
been created in order to understand its occurrence and to justify its treatments. As shown from the many case histories, all sorts of experiences and information—either traditional or modern, direct or indirect—are put together by the people in order to make the complaint comprehensible and manageable. However, no matter what sort of etiologies are used, the solution largely ends up the same: medicating with Gano® or ya kae ak seep.

Summary

This chapter presents and discusses an ill-health problem—Mot luuk ak seep which is manifested as a sharp waist pain and widely afflicted young mothers in the study area. Unlike phit kaboon, the most important perceived cause of the illness was the strenuous work during the postpartum period. It is discussed that such an etiological notion which was likely to be derived from experiential facts was justified under the prevailing traditional framework of pathologic womb. However, although the illness was etiologically explained in the traditional medical fashion, its treatment usually ended in self-medication using a wide range of antibiotic pills, especially Gano®, injectables and the professional service use. It was argued that the nature of the local folks’ etiological notion was complex and ambiguous. It used the term ak seep that was also used among medical professionals to refer to both an infection and a non-infection and appeared in commercial advertising of many antibiotic products. It is discussed that the ambiguousness of the illness was related to three different realities: that of the people which was seemingly derived from their tough living experiences, that of professionals which was used in their casual communication with their patients, and that which was pharmaceutically created through drug advertising. The chapter reveals how a complex self-medication practice is socially and culturally constructed.


Notes

1 Roke-Satree or the womanly diseases, according to some local Thai traditional medical texts, include hmad-khoaw (lochia discharge), mot luuk ak seep, mot luuk-hyon and mareng-mot luuk (uterus cancer). See Soawapa P., et al. 1996.

2 PID is a serious gynecological condition characterized by lower abdominal pain, malaise, and fever. Its incidence is twice as high in women using intrauterine contraceptive devices (IUDs). PID is potentially life-threatening, and, while mild episodes usually respond to antibiotics, surgery may be necessary in case of severe or recurrent pelvic infection. Hutchinson Multimedia Encyclopedia., 1997

3 According to people’s perception, mot luuk ak seep differs from phit kaboon in both its etiologies and the main symptoms manifested. For example, in terms of causes, mot look ak seep has nothing to do with food restriction violation (food kalam), but phit kaboon does.

4 This cultural practice has been apparently observed by many rural Thai women in different parts of the country but is gradually vanishing. What is now much more commonly practiced by the pregnant women in the country is to give birth in the hospital. The yoo fai ritual is increasingly omitted due to other reasons also, for example the change of family structure from extended to nuclear family. Even for some women who practice the yoo fai ritual, it is usually not the same; often the period of the ritual is shorter; injectables and manufactured traditional drugs appear to replace the traditional herbal drugs.

5 In fact, to say that something wrong or bad occurs with a certain bodily organ can be both the etiological explanation and complaint of the illness.

6 Although there are many antibiotics widely available and used but not all of them are perceived similarly by the people. Tetracycline products, for instance, have many different brands, some are specifically used as anti-diarrheals, the others are viewed as ya kae ak seep to be used merely for wound, abscess, and genital infection etc; ampicillin, chloramphenicol and, sometimes, penicillin, are perceived as medicines for a bad cold (with sore throat) etc.