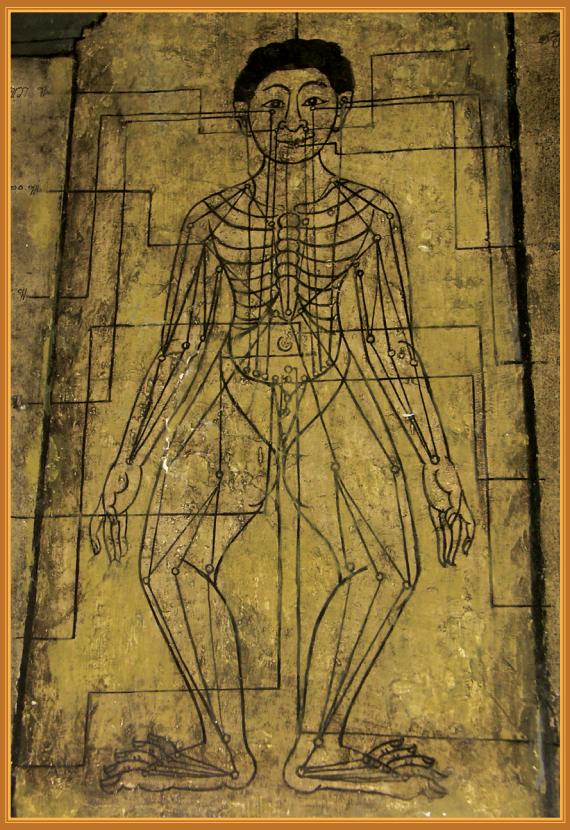
TRADITIONAL Thai Medicine

Buddhism, Animism, Ayurveda



C. PIERCE SALGUERO

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Contents

Timeline for History of Medicine in Thailand

India

4th–3rd century B.C.E.	Lifetime of Siddhatta Gotama (the Buddha) and Jivaka Komarabhacca
273-237 B.C.E.	King Ashoka
1st century B.C.E.	Earliest Buddhist texts written
100 B.C.E.-500 C.E.	Mahayana Buddhism emerges
by 300 C.E.	*Caraka Samhita* reaches current form
by 500 C.E.	*Sushruta Samhita* reaches current form
700-1100 C.E.	Buddhist and Hindu Tantra flourishes

Thailand

400-600 C.E.	Theravada Buddhism arrives
800 C.E.	T'ai migrations from Tonkin underway
1238	Sukothai established
1351	Ayutthaya established
1657-1688	Reign of King Narai
1687-88	de la Loubère in Siam
1765-1767	Burmese sack Ayutthaya
1782	King Rama I crowned and est. Bangkok
1789-1801	Wat Pho rebuilt as royal temple
1830s	Medical tablets and statues created
1908	First publication of herbal texts
1957	Wat Pho medical school established
1973	Shivagakomarpaj Hospital established by Ajahn Sintorn Chaichakan
1978	WHO directive encourages government support of local medical traditions

Introduction

Traditional Thai medicine[1] is an officially recognized healing system alongside modern Western biomedicine and Traditional Chinese Medicine in Thailand today. Traditional doctors (*mo boran* or *mo phaen boran*), as defined by the government, are those "practicing the healing arts by means of knowledge gained from traditional texts or study which is not based on science." This definition stands in contradistinction to biomedical doctors, whose training *is* based on science.[2]

The paths to medical licensure in each of these arenas are comparable, but quite separate. Every formally-trained TTM practitioner is required by the government to study a standardized curriculum, which typically includes one year of classes to become a traditional pharmacist and another two years to become a full physician. The arts of therapeutic massage (*nuad boran* or *nuad phaen boran*) or traditional midwifery (*pradung kahn*) can be taken during a fourth, optional, year. Students graduating from these programs are examined by the Ministry of Public Health, and are licensed and regulated by the national government through a process parallel to that which regulates medical doctors, nurses, and other practitioners of Western medicine.

A study in 2005 counted 37,157 practitioners in various branches of TTM,[3] and reported that 83.3 percent of hospitals,

1 The government of Thailand and some academic work use the abbreviation TTM.
2 Mulholland (1979c), p. 224.
3 This total represented 14,912 practitioners in "Thai traditional medicine," 18,997 in "Thai traditional pharmacy," 2,869 in "Thai traditional midwifery," and 379 "applied Thai traditional medicine practitioners." See Chokevivat (2005), p. 4.

67.8 percent of community centers, and 22.4 percent of health centers incorporated TTM to some degree.[4] Despite a high level of official support and popularity in modern times, however, traditional medicine in Thailand has never received much Western academic attention. There was some initial interest among certain Europeans—mostly missionaries—in the nineteenth and early twentieth centuries. Unfortunately, much of what was written during this period was condescending and racist, resulting from a colonial mentality and a bent toward "civilizing the savages" with Western medicine and Protestant Christianity.[5]

Western scholarly interest took off only after the rediscovery of Southeast Asia as a result of the Vietnam War. Many academics wrote books and dissertations in the 1970s and 1980s on Thailand, including several on Thai medicine. Important scholars from this period include Somchintana Ratarasarn and Jean Mulholland, who analyzed the authoritative texts taught at the licensed medical schools, Louis Golomb and Ruth Inge-Heinze, who tackled the shadowy world of Thai exorcists and magical healers, and Viggo Brun and Trond Schumacher, who undertook the study of rural herbalism. These scholars contributed enormously to our knowledge about Thai medicine, but their passion unfortunately did not extend to the next generation of academics and the field of Thai traditional medical studies appears to have been a non-starter. There are currently very few Western scholars writing on this subject.

Traditional Thai medicine is diverse and complicated. In reviewing the existing literature, one receives the impression that there are in fact two separate Thai medical systems—the scholarly practices based on Ayurveda and centered around the *mo boran*, and a very different tradition based among poor illiterate rural healers. Several scholars, particularly Brun and Schumacher,[6] have characterized this split as a dichotomy between "royal"

4 Chokevivat (2005), p. 6.
5 See Bradley (1967) for a good example of this type of literature.
6 Brun and Schumacher (1994).

medicine, or a literate form of medicine practiced at the court among learned doctors, and "rural" medicine, or the eclectic practices of the village. However, other scholars, such as Hinderling and Golomb, have demonstrated that so-called "rural" practices are just as popular in the modern cities, and therefore reject the notion of an urban-rural bifurcation.[7] Heinze's work has instead referred to a split between "elite" and "folk" medicine,[8] but this convention still promotes the view that there are two separate traditions of healing.

More recent scholarship in the history of European and East Asian culture has emphasized that applying such labels imposes a bias on academic research. However, for organizational purpose I will utilize these terms here in a limited way. My approach in this book will be to look into the historical context for medicine in Thailand in Part I; the literate "elite" tradition of TTM in Part II; and "folk" or non-literate medicine in Part III. I hope in this way to present a balanced approach to both the history and the modern practice of Thai medicine while acknowledging both its roots and its diversity.

Parts II and III do approach seemingly different bodies of medical knowledge. "Elite" Thai medicine includes practices heavily influenced by India, which I refer to in this book as Thai Ayurveda (for herbal practices) and Thai Yoga (for physical regimen). Although there are some differences, much of the theory of textually-based Thai herbal prescription is in fact based on the Indian Ayurvedic *Caraka* and *Sushruta Samhitas*. As I will show, the written material from the Bangkok period is largely derived of Ayurvedic origin. Traditional Thai massage and physical exercises likewise are closely related to Indian *hatha-yoga*. These practices together form the basis of the system that is taught at the authoritative schools and that is regulated by the government today. Thus "elite" Thai medicine self-consciously looks to the

7 Hinderling (1973) and Golomb (1985).
8 Heinze (1992).

Indian medical classics as its foundational literature and incorporates much of this theoretical background.

However, any analysis of Thai medicine must not only focus on the Ayurvedic and yogic influences, but must also discuss the ways in which non-Indian ideas are implemented in daily practice by Thai healers. In fact, "folk" practices based on indigenous T'ai animism,[9] popular Buddhist ritual, Chinese medicine, and Tantric cabalism are found throughout Thailand and remain extremely popular today, despite the fact that they are largely ignored in the medical literature and are therefore typically relegated to the realm of "folk" medicine. These diverse practices are mentioned throughout the text, but will be discussed in detail in Part III.

Though I apportion the book in this way, it will become clear that I am of the opinion that there are very few traditional healers (or patients) who can be pigeon-holed into one or another category. While recognizing that in some cases it may be useful to distinguish between an elite and a non-literate tradition, I have come to believe from my own research and field study that healing in Thailand is better approached as a diverse collection of very different practices that resist easy classification. As a model for understanding and speaking about Thai medicine, I prefer to keep the categorization of practices and ideas messy rather than use the unity implied by the government label "TTM" or the duality implied by the "elite-folk" split. I believe that a single label over-simplifies the diversity of Thai medicine and misleadingly implies there is a single theoretical system. But, the impression that there are two Thai medicines may be equally misleading in that it implies a strict dichotomy.

In practice, however, the Thai government, and practitioners themselves, utilize this "two-medicines" model when elite physicians or official ministries differentiate between licensed and

9 Note that in this book I use the conventions "T'ai" to refer to the ancient ethnic group that is scattered throughout Southeast Asia, "Siamese" to refer to the T'ai kingdoms of Siam, and "Thai" to refer to the residents of the modern nation Thailand.

unlicensed healers. This divide is reinforced and maintained by scholarship when researchers from different disciplines look at Thai tradition through differently-colored academic lenses. The analysis of Thai "folk" medicine has usually been undertaken by anthropologists, who spend long periods of time in field study with practitioners, usually in remote villages. On the other hand, the analysis of written texts and other artifacts has usually been the purview of the historian. Thai medical texts tend to belong squarely to the "elite" tradition, and for the most part prioritize Thailand's Indian heritage over the various other practices.

I have attempted in this book to bridge these two approaches by incorporating the work of both historians and anthropologists. I believe that medicine in Thailand is best approached as a "medical marketplace" in which practitioners of many different stripes offer diverse products and services based on different models of disease and the body. "Elite" Thai medicine as taught at the government-recognized traditional medical schools is one ingredient in the marketplace. The village shamaness using eggs to exorcise ghosts from her patients is another. The Buddhist monk offering protection rituals, the magical tattoo artist, and the bone-setter each contributes to this marketplace as well.

This book will show that there are different views of body and self co-existing simultaneously in Thailand today. These views arise from the influences of Theravada Buddhism, Ayurveda, yoga, Chinese medicine, indigenous T'ai beliefs, and other influences, and are brought together in unique and idiosyncratic ways by individual practitioners. Although there are some central ideas that permeate throughout the medical community, no two practitioners are alike in every way. At this point in the scholarship of Thai medicine, it is unclear what determines individual patients' decisions in the marketplace. What types of healers are sought out undoubtedly is influenced by a complex and idiosyncratic blend of economic, social, cultural, political, and institutional factors that anthropologists and sociologists have yet to adequately explore.

The few studies of this nature are hopelessly outdated, and this topic awaits serious investigation.[10]

The situation among Thai patients may be understood by the following metaphor, used by the medical anthropologist, Arthur Kleinman, to describe popular culture in Taiwan.[11] We can imagine that the medical field in Thailand is a dim-sum restaurant, in which waiters circulate carrying trays of food. While the food is circulating around the room, patients help themselves to what they like from the trays. Although the food is all coming out of the same kitchen, each customer winds up with a unique meal. Analogously, although there are some consistencies throughout the medical field, the practices and influences each patient selects from the offered options is likely to be different. The range of practices offered by different healers the patient comes in contact with can be similarly unique. The result is that medicine is highly unique and personal, both for those providing and those consuming healthcare. While this presents certain challenges for the scholar of Thai medicine, this diversity is in fact an acknowledged and desirable feature of traditional Thai medicine, valued by those who patronize this system in their daily lives.[12]

In this study, I will look at sources that reflect many of these various viewpoints. Chief among the ancient sources will be the Pali canon, the foundational texts of the Theravada Buddhist tradition (committed to writing in Sri Lanka in the first century B.C.E., but for the most part composed in previous centuries in India and transmitted orally). I will also refer to several Ayurvedic compendia, most importantly the *Caraka* and *Sushruta Samhitas* (compiled in current form c. 300 C.E. and 500 C.E. respectively), which are commonly considered to be among the most important texts in the Indian tradition, and which are part of the foundation of Thai medicine as well. I will also bring in

10 I cite Golomb (1985) and Hinderling (1973) in this book as the most recent studies. I am unaware of any updates to their work.
11 Kleinman (1980), p. 96.
12 Golomb (1985), p. 146.

indigenous Thai texts, most notably the *Thai Book of Genesis* (date unknown), which has been translated by Mulholland and is the only complete canonical medical text I know of available in English.[13] (A complete table of contents of the Thai medical canon is presented in Appendix A.)

The main modern written source for this book is the student manual in use in 1997 by the Shivagakomarpaj Traditional Medicine Hospital. This is a traditional clinic and medical school in northern Thailand which is in many ways at the center of the "elite-folk" debate, as it is both a government-licensed medical school and a community clinic offering free traditional healthcare to the surrounding villages, self-consciously incorporating local medical knowledge into the national curriculum. In the current book, I will use translations of Shivagakomarpaj's basic herbal manual I made with the assistance of two practitioners while conducting field research, and will also draw upon its manual of massage therapy, supplemented by information from my notes taken while attending Shivagakomarpaj's classes.

In order to give a more balanced overview of Thai medicine, and to incorporate the non-literate practices, I will contextualize these written sources by looking at various so-called folk practices and their implementation in the modern day. For the most part, I will rely on my own ethnographic observations made during the periods I apprenticed in traditional Thai healing while living in Chiang Mai for twenty-six months between 1997 and 2001, supplemented by secondary sources from the field of anthropology.

My own training in Thai medicine was undertaken in phases with many different known and not so well-known teachers over a relatively wide span of time. However, my main *ajahns* (masters) were Lek Chaiya Thiwong, a charismatic individual with whom I spent much time on the living room floor learning herbal practices, and the late Sintorn Chaichakan, the founder of the

13 Mulholland (1989).

Shivagakomarpaj Traditional Medicine Hospital, at which I sojourned as a student and, later, as a substitute teacher.

Despite bringing these new sources and observations into the conversation, I am not looking to break much new academic ground in this current project. My intent in this book is only to summarize the existing English-language scholarship on Thai medicine, and to point the way for future research (which, I might add, is sorely needed). I should warn readers that this book is not intended as a comprehensive overview of the history or anthropology of Thailand. I would suggest that those interested in more detailed analysis refer to the overviews provided by Tarling (1992) and Lockard (1995) for history and Bowen (1995) for anthropology, but as is the case with any dynamic academic discipline, I know that almost as soon as I write these words, these suggestions will become obsolete—if they have not already done so. Another note to the reader: as I do not read Thai, I will not be including the scholarship in that language. I also will not pay attention to standardization of Thai transcription practices, and will in many cases spell words as they are spelled in the literature I am quoting and citing.

It is clear that this book is just a beginning. It is my sincere hope that, despite its shortcomings, it may inspire practitioners of Thai healing arts as well as future scholars to look at Thai medicine more seriously as a field of study. In my presentation of this material, I also hope I may have made some small contribution to the tradition my Thai teachers have graciously shared with me. As is traditional to say on these occasions: any credit due is due to them for their selfless interest in my training and willingness to share their wisdom; any shortcomings in my presentation or understanding are mine alone.

PART I

The Historical Context

Chapter 1

A Historical Review of Medicine in Pre-Modern Siam

Early T'ai Migrations[1]

According to research in linguistics, genetics, and anthropology, the T'ais are believed to have inhabited a homeland in the Tonkin region on the coast of modern Vietnam. Due to population pressures, they are believed to have begun migrating into the modern Chinese province of Yunnan at some unknown point no later than the eighth century C.E.[2] It was not until the twelfth century that the T'ais moved south as well, into modern Laos, Thailand, Burma, and Assam. Pockets of T'ai people continue to inhabit this large geographic area today, where they are known locally as Tai (in Vietnam), Dai (in Southern China), or Thai (in Thailand).

Indianization of Southeast Asia had begun in earnest in the first centuries of the Common Era.[3] By the twelfth century, Indic culture had spread from modern Cambodia to the islands of Indonesia. Before the arrival of the T'ais, the region that would be called Siam (also Syam or Sayam) was dominated by the

1 This chapter does not intend to provide a comprehensive history of pre-modern Thailand. The reader should refer to Tarling (1992) for this purpose.
2 See Terwiel (1978a) for a discussion of origins and early T'ai migrations.
3 Tarling (1992), p. 281.

Mon kingdom of Dvaravati (fl. sixth to twelfth centuries) and the Khmer Empire (fl. seventh to eleventh centuries). Indian and Chinese merchants plied this area continually. Political boundaries throughout the region were fluid, power frequently changed hands, and a diversity of people competed for the region's rich economic resources. Thus, the T'ais moved into a region characterized by cultural and political diversity.

Once they settled in modern day Thailand, the influences on T'ai culture continued to be varied. Theravada Buddhism probably entered from the northwestern Dvaravati (in modern-day Burma).[4] Theravada, or "the Teachings of the Elders," is a form of Buddhism based on a conservative interpretation of the earliest Buddhist texts. From the little surviving evidence of the Dvaravati kingdom (limited largely to archaeological evidence such as coins and sculpture[5]), historians believe that it had close connections with other Theravada kingdoms in South Asia, particularly the Sinhalese kingdoms in modern Sri Lanka. The Siamese T'ais are thought to have converted to Theravada Buddhism under Dvaravati influence shortly after their arrival in the area.[6]

But this was not the only influence on the T'ai people. Mahayana Buddhism and Brahmanism were also formidable Indian influences across Southeast Asia.[7] Despite the dominance of Theravada Buddhism, aspects of these other traditions have to this day been retained in Thai art, architecture, and folk belief. To this day, most Thai temples include in their iconography Indian deities such as Hanuman, Ganesha and Garuda (although these are invariably placed in positions subservient to the Theravada icons). The *Ramakien*, the national epic of Thailand, is none other than the familiar Indian story of the *Ramayana*, which has provided centuries of South and Southeast Asian artisans and storytellers with a source of inspiration (not to mention also inspiring the names of both the

4 Tarling (1992), p. 295.
5 See examples of Dvaravati art from Thailand in Fischer (1993).
6 Griswold and Nagara (1975), p. 32.
7 See Tarling (1992), pp. 286-304.

kingdom of Ayutthaya and the reign-titles of the modern line of Kings named "Rama"). Unlike in the Hindu tradition, where these figures are all-powerful deities, in Thailand, due to the primacy of Theravada, they are *thewada*, or demigods subservient to and "pacified" by the Buddha. Although they can become wrathful if angered, these gods are frequently "channeled" by spirit mediums who have special relationships with the unseen world, and can be called upon for information or protection in time of need.

The Sukothai Kingdom

In 1238, the T'ai ruler Si Intharathit established Sukothai ("Dawn of Happiness") in what is now northern Thailand, and began to exercise control over this previously Khmer territory.[8] The Sukothai period is considered by Thais to be the "Golden Age" of Siam, and the third king, Ramakhamhaeng (or "Rama the Brave") is said to have been among the most benevolent and righteous in Siamese history.[9]

At Sukothai, the T'ais seem to have begun what would be a long tradition of eclecticism, incorporating social, political, and cultural ideas from these many sources. However, according to historians A.B. Griswold and Prasert Na Nagara, when compared with later Siamese kingdoms, Sukothai was also perhaps the most T'ai.[10] During this period, according to Griswold and Nagara, the fundamental principles of ethics were established which would influence Siamese law and government over the succeeding centuries, and the T'ais began to experiment with the institutions of statecraft. The basis for the modern Thai script was developed as well at this time.

Inscriptions from Sukothai are regrettably few, the tropical climate and centuries of war having exacted their toll on the

8 Tarling (1992), p. 169.
9 Griswold and Nagara (1975), pp. 43-44. Recent scholarship considers much of Ramakhamhaeng's legacy to be legendary.
10 Griswold and Nagara (1975), p. 67.

material record. Nevertheless, although none remain from this period, it could have been at this time that the first Siamese medical treatises were recorded. The evidence we do have of medical activity in this period is limited to a stone inscription from a neighboring Khmer king, Chaivoraman, that mentions the existence of 102 hospitals called *arogaya sala* established throughout the kingdom, including in the Khmer-held region that today is northeastern Thailand.[11]

Medical Texts from the Ayutthaya Period

Ayutthaya, a T'ai kingdom founded in 1351 in what is today central Thailand, annexed Sukothai in 1376. Extending into the Khmer regions of Lopburi and U Thong, Ayutthaya became the dominant T'ai kingdom in the region until its fall in the eighteenth century (other important T'ai kingdoms included Lan Na around modern-day Chiang Mai, and the Lao cities along the middle Mekong River).[12]

Although Ayutthaya was founded by a T'ai ruler named Ramathibodhi I, most of its territory had long been under Khmer influence, and the new state was more heavily influenced by the Brahmanic government rituals and Hinduized religion of the Khmers than Sukothai had been.[13] Perhaps because it was established as a center for trade rather than agriculture, Ayutthaya became one of the most successful and cosmopolitan cities in the region.[14]

By all accounts, Ayutthaya was a vibrant and wealthy place. Many ethnic groups coexisted in the busy ports and markets of the Ayutthaya kingdom. The ideas that developed in this milieu were, not surprisingly, eclectic and syncretic. Though scant, what historical evidence remains tell us that, reflecting their society

11 Chokevivat and Chuthaputti (2005), p. 4.
12 Tarling (1992), p. 171.
13 Griswold and Nagara (1975), p. 67.
14 Hodges (1998), p. 82.

more generally, Ayutthayan medicine was also multicultural.

The Ayutthayan medical system was probably not borrowed in its entirety from a previously existing tradition, nor was it necessarily adopted all at once. Indian forms of medicine probably entered Sukothai and Ayutthaya along with other Indic cultural influences from a diversity of sources. As we will see, material from Theravada, Ayurveda, and yoga all would influence medical tradition. However, the knowledge the T'ais brought with them also remained a major factor, and even today indigenous beliefs continue to form an important layer of cosmology and healing among modern T'ai people across Southeast Asia.[15] Contact with Muslim communities, Chinese merchants, Hindu traders, and even European explorers and missionaries during the Ayutthaya period also can not be ignored.

Ayutthaya was ultimately destroyed when the city was burned and looted by Burmese invaders from 1765 to 1767. The devastation left the economy in shambles, toppled the reigning dynasty, and threatened to end the state altogether. Due to the near-complete destruction, we are left with very few texts or other primary materials relating to Ayutthayan medicine. However, at least one important medical text is extant. This text, the *Tamraa phra osot Phra Narai* (*Medical Texts of King Narai*), is a small book which collects a number of herbal prescriptions said to have been presented to King Narai (1657-1688) and to his successor King Phettharatcha (1688-1697).

King Narai himself is an interesting figure. In the Ayutthaya King Narai's time, the temple was the seat of education for art, law, history, philosophy, astrology, mathematics, and medicine.[16] The sciences were taught by Brahmins in a traditional model, but King Narai was unusually interested in Western knowledge. During his reign he sought out, and received as gifts from European dignitaries, scientific instruments. However, because

15 See Terwiel (1978a).
16 Information in this section from Hodges (1998), p. 87-90.

this interest was restricted to himself, the impact of Western ideas on Siamese society seems to have been quite limited. It would not be until the reign of Rama IV in the Bangkok period that Western science, and medicine in particular, would make a larger impact on Thai society.

The herbal manuscript does not betray a sign of this Western influence, but rather seems to belong to an older indigenous tradition of herbal prescription. Mulholland briefly describes this text in her outline of the history of Thai medical documents.[17] Mulholland writes that the names and dates cited within the document, and the bamboo manuscript itself, indicate that these recipes were in use in the latter seventeenth and early eighteenth centuries. Inscribed on palm-leaf manuscripts in the eighteenth century, these prescriptions were subsequently found by the medical expert and professor, Prince Damrong Rajanubhap, in the Royal Library and were compiled for publication for the first time in 1917 as part of a cremation text commemorating the death of a well-known Bangkok physician. The *Medical Texts of King Narai* was apparently a highly valued collection. Many similar texts were owned by the royal family and the royal physicians, but the name and the contents of this particular manuscript imply that this was King Narai's personal collection of prescriptions. This manuscript was also apparently used as a textbook of recipes.[18]

The palm leaf manuscripts of King Narai are representative of a fundamental feature of Thai medicine remarked upon by Brun and Schumacher: the importance of special herbal recipes handed down through generations of healers.[19] This type of manuscript typically comprises a list of individual recipes written on palm leaves and bound together within bamboo covers. According to Brun and Schumacher, these fragile texts are highly valued, and can represent the traditional doctor's most potent healing tool.

17 Mulholland (1987), p. 7-19.
18 Chokevivat and Chuthaputti (2005), p. 4.
19 Brun and Schumacher (1994), p. 44.

The texts are often passed from teacher to student as a set, though each prescription is used separately in practice. These individual prescriptions are often traded among practitioners, who continually seek to acquire more, sometimes by traveling quite widely. The efficacy of a given healer may be measured by the number of prescriptions he possesses, although modern herbalists typically use a handful of especially revered recipes for treatment of most diseases.

Among those who utilize them today, Brun and Schumacher report that these texts are accorded veneration equal to Buddhist *suttas*, or other sacred texts. This is consistent with findings from earlier periods. Daniel Beach Bradley, an American missionary doctor writing in 1865, noted of the medical manuscripts common to his day, "there is a similar air of sanctity thrown over Siamese medical books, as there is over their religious books; and almost as soon would they discredit the latter as the former."[20] Today, these types of manuscripts are typically found among folk herbalists, and no longer play much of a role in the formal TTM system, which relies heavily on printed materials and published books for the preservation and transmission of medical knowledge.[21]

There are no other complete medical texts definitively datable to the Ayutthaya era discussed in the English academic literature other than the King Narai manuscript. However, an important early primary source that is well-known is an eyewitness account of Siamese culture and customs written by Simon de la Loubère, a French envoy who visited for four months from 1687-88. His work was published in France in 1691 under the title *Du Royaume de Siam*, and republished in English in 1693 as *The Kingdom of Siam*. Although he devotes little space to the practice of medicine—and what he writes is somewhat disparaging—de la Loubère includes several intriguing passages.

20 Bradley (1967), p. 83.
21 Brun and Schumacher (1994) discuss these manuscripts in the context of Northern Thai folk herbal traditions.

These passages hint at the character of Ayutthayan medicine. Firstly, de la Loubère mentions the existence of cherished herbal manuscripts such as those just described, and possibly refers to the passing of herbal recipes from teacher to student:

> [The Siamese] trouble not themselves to have any principle of Medicine, but only a number of Receipts, which they have learnt from their Ancestors, and in which they never alter a thing.[22]

More importantly, perhaps, is de la Loubère's description of the eclectic and multi-ethnic approach to medicine at the Siamese court:

> The King of Siam's principal Physicians are Chineses [sic]; and he has also some Siameses [sic] and Peguins [Mon]: and within two or three years he has admitted into this quality Mr. Panmart, of the French Secular Missionaries, on whom he relies more than on all his other Physicians. The others are obliged to report daily unto him the state of this Prince's health, and to receive from his hand the Remedies which he prepares for him.[23]

From this passage, one can infer that, as he wrote, de la Loubère was witnessing a moment in history when Siamese physicians were being replaced by foreign specialists. From these accounts, we can surmise that the Siamese court at Ayutthaya allowed a tolerant approach to medicine—pragmatism and syncretism being a recurring feature of T'ai culture in any era—not only allowing for the practice of medicine by foreigners, but employing foreign doctors in the service of the king. However, we should note that Indian physicians are conspicuously missing from de la Loubère's

22 de la Loubère (1969), p. 62.
23 de la Loubère (1969), p. 62.

list of practitioners. There is thus no indication in de la Loubère's writings that the court medicine of his time was dependent on Indian practitioners, although it is likely that the Siamese and Mon practitioners mentioned were knowledgeable of Ayurveda.

Medicine in the Bangkok Era

Our window onto early Siamese medicine is admittedly sketchy and vague. It is not until the Bangkok period that a detailed material record of traditional Thai medicine is found. However, from this point the materials are abundant. As outlined above, we really do not know much about Ayutthayan medicine, but what evidence is available (at least in the English-language sources) points toward a picture of an eclectic practice. But, as we will see, if Indian medicine was not hegemonic during the time that Loubère was at court, it certainly became a powerful national symbol in the nineteenth century and came to dominate modern TTM.

After the fall of Ayutthaya, a tumultuous power struggle saw the rise and fall of the notorious usurper Phraya Taksin (r. 1769-1782), who successfully recaptured territory in the North from the Burmese, and attempted to unite the kingdom behind his capital at Thonburi, across the river from modern-day Bangkok.[24] Taksin, who history records as a cruel ruler who imagined himself to be the Buddha incarnate, was eventually dethroned and executed. His general, Chao Phrya Chakri, assumed the Thai kingship in 1782. Posthumously named King Rama I (r. 1782-1809), the founder of the Chakri dynasty was legendary already in his own lifetime for having captured the Emerald Buddha, the most valued Buddhist icon in Siam, from the Lao in 1779.

Within fifteen days of his coronation, Rama I established a capital across the river at Bangkok. There, he began a program of cultural revival with the intention to restore Siam to its former

24 Historical information in this section is from Terwiel (1983).

glory. The project began by constructing the new royal palace, which was not only a replica of Ayutthaya, but which utilized the actual bricks salvaged from the ruins of the old Siamese capital. This was an intentional symbolic act conveying not only Rama I's intention to rule as an Ayutthayan king, but also to affirm that the glorious Siam of days gone by was once again on the ascendant.

Much of Rama I's Siamese renaissance took place at the Wat Phra Chetuphon Wimon Mangkhalaram temple in Bangkok.[25] This temple, commonly known as Wat Pho, is known to have existed as a simple provincial monastery some time before 1688, and was originally named Wat Potharam (hence the modern nickname). When he moved the capital, Rama I established Wat Pho as the primary royal temple, and set out to rebuild and enlarge the facility. Construction at Wat Pho began in 1789 and was ultimately completed in April, 1801. The new royal temple was adjacent to the site of the king's Bangkok residence, and it was similarly constructed on the Ayutthayan model, and with equal grandeur.

Rama I also initiated an era of traditional medical revival.[26] He began to collect at Wat Pho traditional medical formulas and established the Department of Pharmacy (Khrom Mo Rong Phra Osoth) on the Ayutthayan model. His successor, Rama II, continued the efforts to gather medical texts from around the kingdom. In 1816, he passed the Royal Pharmacists Law, which enabled royal pharmacists to freely travel the kingdom in search of medicinal substances.

Wat Pho, the Medical Library in Stone

Only thirty-one years after the establishment of Wat Pho, the third Chakri king, Rama III (r. 1824-1851) began renovations and enlarged the temple's facilities yet again. At that time, he designated Wat Pho a "democratic university of comprehensive

25 See Matics (1979) for information on Wat Pho in these paragraphs.
26 Information in this paragraph from Wibulbolprasert (2005), Chapter 1.

education" designed to house a huge collection of artifacts from across the kingdom at that location.[27] In the words of his grandchild, Prince Dhani Nivat, King Rama III intended for Wat Pho to be the "seat of learning for all classes of people in all walks of life" which would "expound all branches of traditional knowledge, both religious and secular."[28] At a time when skills were traditionally handed down through the family, the king's effort to bring together the arts and sciences at this one educational facility was unprecedented.[29] As part of this project, the king ordered the compilation of the seminal texts of all the scholarly traditions of Siam and the development of authoritative textbooks in these various fields. Beginning in 1832, texts were etched into marble tablets and various sculptures were commissioned to permanently store this knowledge in a "library in stone."[30]

As one of the traditional sciences, medical materials were established on the grounds of Wat Pho at this time as well. These included statuaries with figures of *ruesri* (hermit-sages) constructed in 1836 by a kinsman of the king, Prince Nagara (*see Fig. 1*). Unfortunately, the original plan to execute the statues in metal did not come to pass, and the more perishable stucco was used. Thus, of the eighty statues first commissioned, only about a quarter of them have survived to today. Among these, there remains only a single example demonstrating massage.[31] The remaining depict individual yogic practice for therapeutic aims, a tradition known today as *ruesri dat ton* (or "hermit's self-stretching"). These statues are paired with inscriptions bearing instructions written by physicians, members of the royal family, government officials, monks, and even the king himself.[32]

27 Matics (1979), p. 43.
28 Nivat (1933), p. 143.
29 Matics (1979), p. 43.
30 Griswold (1965), p. 319.
31 Griswold (1965), p. 320.
32 Matics (1978), p. 254. These inscriptions eventually became separated from the images, but Griswold and Matics have both laboriously reunited the statues with their textual counterparts (see Griswold [1965] and Matics [1978]).

FIG. 1. THE ONLY REMAINING STATUES OF RUESRI PERFORMING TRADITIONAL MEDICAL MASSAGE. WAT PHO, BANGKOK.

A manuscript from 1838 which catalogued and explained the statues includes descriptive passages such as these:

> We are about to begin describing the system of posture exercises invented by experts to cure ailments and make them vanish away... Stretching out the arms and manipulating the fingers, while sitting with thighs raised upward, will relieve stiff arms. This Rishi (named) Yaga, adopts the cure called "The Four Ascetics Blended Together." The ascetic sitting on a crag with feet pointing downward is named Vyadhipralaya, of world-wide renown. He raises one hand, while massaging and squeezing his elbow with the other, a posture to dispel the stubborn indisposition that makes his feet and hand stiff, and to relax them.[33]

33 Griswold (1965), p. 321. See this article for more images and captions.

The manuscript continues likewise to describe other various postures and their therapeutic applications.

On the construction of these statues, the manuscript continues:

> [In 1836] the King gave the command to his kinsman Prince Goemamün... to assemble craftsmen... to cast statues of the Eighty Experts displaying the posture exercises. When the statues were finished and painted in color, they were set up in the proper sequence around [Wat Pho], accompanied by inscriptions on the walls giving the name of each one of them and their technique of curing ailments. All of this was done so as to be useful to people of every rank like a donation of medicine. Thus has His Majesty increased the store of His merits, and made His fame to shine until heaven and earth come to an end.[34]

These statues are examples of the importance of Indian medical knowledge in Bangkok-era Siam. The connections with Indian medicine are overt. These figures are portrayed wearing dhotis of the Indian style, with matted hair in the fashion of Hindu ascetics. Indian influence can also be seen in the appearance among these figures of Hanuman, a character from the popular adaptation of the Indian folk tale, the Ramayana (Th. Ramakien).[35]

The medical artifacts preserved at this "library in stone" also included numerous diagrams depicting pressure points and *sen* lines (more or less analogous to Indian *nadis* or Chinese meridians in function—see discussion in Chapter 5) used in traditional massage. These figures were etched into marble tablets, accentuated with black ink, and labeled with verses explaining their content. The tablets—dozens in all—were displayed in two medical

34 Griswold (1965), p. 321.
35 Matics (1978), p. 263.

pagodas on the grounds of Wat Pho, surrounded by gardens of rare medicinal herbs from around the kingdom (see Fig. 2).

FIG. 2. MASSAGE EPIGRAPHS DEPICT THAI MASSAGE *JAP SEN* POINTS AND *SEN* LINES. MEDICAL PAGODA. WAT PHO, BANGKOK.

Under the direction of the chief physician to the king, Phraya Bamroe Rachabaedya,[36] the extant medical manuscripts and fragments from Ayutthaya were also collected at this time, along with thousands of herbal recipes from physicians across the kingdom.[37] These were compiled and preserved in marble. Displayed alongside the massage diagrams, these tablets included hundreds of recipes dealing with childbirth, pediatrics, and cures for many diseases, including smallpox and tuberculosis.[38] In the words of a contemporary observer, the medical information was presented "in conspicuous and convenient places, so that whosoever will, may freely copy them and treat their diseases accordingly."[39] Prince

36 Apparently at this time, the king's primary physician was Siamese.
37 See Mulholland (1987), p. 13-14 and Matics (1978), p. 254.
38 Matics (1977), p. 146.
39 Bradley (1967), p. 85.

Nivat writes that Rama III envisioned this project as a meritorious act of benevolence to assist his subjects by making them aware of the most efficacious medical texts in the kingdom.[40]

Publication of Medical Texts

Traditional medicine and modern medicine were divided into two separate tracks during the reign of Rama IV (1851-1868), and from this point onwards, TTM was increasingly committed to writing. Mulholland has written a detailed history of the publication of medical texts in the nineteenth and twentieth centuries, and only a summary of these events is repeated here.[41] The authoritative compilation of the royal herbal texts began in 1895, during the reign of Rama V (r. 1868-1910), when by royal decree all known traditional medical manuscripts were copied, compared, and revised by a committee of court doctors at Wat Pho. These manuscripts were used by the first medical school, an institution associated with the Chulalongkorn University (est. 1889) and based at the Sriraj Hospital in Thonburi, across the Chao Phrya River from the capital.

Definitive recensions were drawn up at this time for use by the royal physicians, but the texts were unavailable more widely until 1908, when they were published by Prince Damrong in several compilations: the *Tamra phesat* ("Texts on Medicine"), the *Phaetthayasat songkhro* ("The Study of Medicine"), and an abridged version of the above titles for students, the three-volume *Wetchasu'ksa phaetthayasat sangkhep* ("Manual for Students of Traditional Medicine").[42] The voluminous contents of the *Phaetthayasat songkhro* are outlined in Appendix A at the end of this book.

The mid-twentieth century saw the establishment of the medical college at Wat Pho, and in 1957, the three texts mentioned

40 Nivat (1933), p. 143.
41 See Mulholland (1987), Chapter 1.
42 Mulholland (1979a), p. 83.

above were authorized by the Ministry of Public Health to be used by the newly-founded college for the traditional medical curriculum. With the most recent editions published in 1992-93, licensed traditional medicine schools across Thailand continue to utilize these texts as the cornerstone of their training programs today. The Thai Food and Drug Administration also continues to use these texts for the registration of traditional medicines.[43] The Shivagakomarpaj Traditional Medicine Hospital's student manual, excerpts of which are presented in the tables in Chapter 4 and in Appendices B and C, is based on a derivative of this work. Nevertheless, despite their importance to Thai medicine for both practitioners and historians, with the exception of one selection from the *Phaetthayasat songkhro* translated by Mulholland[44] and scattered short quotations in other academic works, these texts have yet to be published in English.

43 Chokevivat and Chithaputti (2005), p. 4.
44 Mulholland (1989). I will discuss this text in Chapter 7.

Chapter 2

Theravada Buddhism and Medicine in Thailand

Buddhism and Medicine

Thai legend says that the medical system of the *mo boran* was handed down in an unbroken lineage from a handful of sages (Th. *ruesri*, Sk. *rishi*) to modern times via Buddhist texts and oral tradition. The date for the transmission of Buddhism to Southeast Asia from India is given traditionally as the third century B.C.E. At that time the Mauryan king Ashoka is said to have sent two missionaries, Sona and Uttara, from India to Suvnnnabhumi (the "Golden Land," thought to be the modern Burma), where they converted 65,000 people and spread the Buddhist doctrine.[1] The notion that Ashoka ever in fact sent emissaries to Burma has been contested by scholars for many years. G. Coedès states that there is no evidence of Indian culture in Burma before 500 A.D., the date given to fragments of the Pali canon found at Mozaan Mangun.[2] It will be evident from the discussion in the coming chapters that even this time frame is impossible for the introduction of large parts of the Thai medical system. Nevertheless, the arrival of Theravada Buddhism in Southeast Asia brought with it important scriptural traditions of medical knowledge that have had significant impact on medicine. Traditional Thai medicine is usually understood by its practitioners to date from the historical

1 Lamotte (1988), p. 293.
2 Coedès (1968), p. 17.

Buddha's lifetime,[3] and this mythology plays a crucial role in unifying the practitioners of Thai medicine today.

Religion has always been one of the major exports of India, and various forms of Buddhism and Hinduism were transmitted from India throughout Asia. The earliest extant form of Buddhism, Theravada ("Teachings of the Elders"), traveled to modern Sri Lanka and Burma, which became Theravada enclaves and remain so to this day. Central Asia, China, and Japan followed a later form of Buddhism, Mahayana ("The Great Vehicle"), while the Khmer regions (modern Cambodia) and the Indonesian islands converted first to Mahayana and then to Hinduism. These areas in some cases adopted India's Brahmanical social system, based on Vedic conceptions of castes and priests, but these institutions were adapted both to suit local conditions as well as to incorporate other influences. Certain areas like Nepal developed a hybrid Buddhist-Hindu tradition centered around Tantric Buddhism (also called Vajrayana, the "Diamond Vehicle"). Other areas, such as the Tibetan kingdoms, seemed to embrace parts of Indian and Chinese culture in a unique synthesis.

The kingdoms in modern-day Thailand were uniquely situated to be on the receiving end of many of these diverse ideas. On the West, they were bordered by the Mon Burmese, a people who had embraced Theravada. On the East, their territory butted against the Khmer Empire, with its unique blend of Hindu and Mahayana influences. Siamese cities also sat along Chinese and Muslim trading routes, and we have already seen Christian missionaries practicing medicine at the Ayutthayan court. It is important to recognize that its strategic geographical location had much influence on the events in Thai history.

Different traditions of Indian religion and medicine arrived in Siam at different times from different sources. Theravada

3 As all dates in Indian history are difficult to pin down, the Buddha's lifetime has been the subject of controversy. Scholars had tentatively agreed on the date 486 B.C.E. as a plausible estimate of his death, but recent scholarship has suggested that it may have been even a century later.

Buddhism became the dominant religion in Siam, and Theravada stories would be important narratives for Thai physicians. However, yogic theories originating in Tantric Buddhism and Hinduism (such as vessels, subtle energies, and *hatha-yoga* postures) are also prevalent in Thai medicine. Ayurvedic medicine—related both to Theravada Buddhism as well as yogic practices, but separate from both[4] —also entered Siam at some unknown time.

Ideas coming from different parts of Asia were integrated in Siam, and were blended together with other cultural influences. However, Buddhism and medicine seem to have belonged to different spheres of knowledge and cultural diffusion in Siam, even though these were institutionally related in the elite literate court tradition. Yogic and Ayurvedic knowledge are usually not found among healers outside of the elite literate tradition. In the remoter villages studied by Brun and Schumacher, for example, non-Ayurvedic indigenous T'ai medical ideas predominate.[5] These same villagers, on the other hand, practice Theravada Buddhism, which indicates that Buddhism and medicine did not penetrate all layers of Siamese society hand in hand.

In the Siamese capital, on the other hand, a synthesis developed which tied together T'ai beliefs, Theravada, Ayurveda, and yoga, as well as Chinese and other influences, forming a medical system that became what we know as TTM. Though highly integrated, it is helpful to separate the different influences within this colorful collection of practices, as it assists us greatly in understanding the complexity of TTM. The following chapters therefore will discuss material from the Theravada, Ayurvedic, Yogic, T'ai, Khmer, Chinese, and Western contexts separately, building toward a picture of the integration of these diverse influences.

4 Zysk (1993b, 1998) and Wujastyk (2003), p. 260, present detailed arguments for considering these as separate spheres of knowledge.
5 See Brun and Schumacher (1994).

The Buddha's Physician

The principal figure in Thai medical lore is Jivaka Komarabhacca (Th. Shivagakomarpaj or Shivago Komaraphat), claimed by Thai doctors as the founder of their healing tradition. Despite the distinguished place he holds in Thailand, Jivaka is a minor figure in the Pali texts. There are many mentions of him in the canon, including two texts actually named after Jivaka,[6] but even in these, he takes a definitively secondary role to the Buddha and the order of monks. Jivaka is also mentioned as being the owner of a mango grove in Rajagaha, Jivakarama, which he offered for the use of the *sangha* (the community of monks) during their annual rainy-season retreat. Jivaka's skill as a physician and his donation of service to the monastic community is presented in the *Vinaya* as one of the reasons for increasing numbers of ordinations. According to legend, the Buddha has to limit ordination to the healthy in order to prevent abuse of Jivaka's services by the many ill who flocked to the *sangha* to avail of his services.[7]

From virtually all sources, Jivaka seems to have been considered a model healer from the very earliest days of Buddhism.[8] Explicitly medical information in the Pali canon is mostly limited to isolated references to what must have been by then well-known concepts of the body and healing. (There is, for example, mention of the theory of four elements and three *doshas*, philosophical conceptions of the body we will discuss in Part II of this book.[9]) There is one important exception to this generalization, a text in which medical knowledge figures

6 These are two texts called *Jivaka Sutta: Anguttara Nikaya* viii.26, in which Jivaka is given instruction on what it means to be a devoted lay follower, and *Majjhima Nikaya* 55, in which he asks the Buddha about vegetarianism.

7 Demiéville (1985), p. 36.

8 Zysk (1998), p. 147 note 35.

9 See Demiéville (1985) and Zysk (1998) for references to specific passages in the Pali canon discussing these medical ideas.

prominently. The *Mahavagga* section (Chapter 8 of the Pali *Vinaya*), which may be dated to the fourth century B.C.E., presents Jivaka's biography and encounters with patients, providing a wealth of information on contemporary views of healing.[10]

The *Vinaya* is the monastic code, detailing the rules by which the monks must live. The purpose of the Jivaka story in the *Vinaya*, appearing in a section dealing with the types of donations allowable to monastics, is ostensibly to recount the origins of the Buddha's decision to allow the laity to make donations of cloth. Embedded within this seemingly unrelated narrative are several important medical episodes which give us a glimpse of the medical ideal in India in the fourth century B.C.E. That these Jivaka stories became particularly popular among lay Buddhists is indicated by the fact that by the time Buddhism had traveled to China in the first centuries C.E., these passages had been extracted from the *Vinaya*—which was prohibited to the laity—and set out as a separate text to be accessible to all.[11] Two Chinese versions of this text exist today, the *Nainü Qipo Jing* and the *Nainü Qiyu Yinyuan Jing*, in which the protagonist is born with acupuncture needles in his hands. He also uses a magical bough from the "Medicine King" tree to see inside his patients' bodies. In the Tibetan version, he uses a magical gem for this same purpose. I will not refer to the Chinese or Tibetan versions of the Jivaka myths here as it is the Pali text which is canonical in Thailand.

In the Pali, Jivaka's biography begins when the urban council of Rajagaha, inspired by the charms of a courtesan in Vesali, petitions King Bimbisara to install a courtesan of their own. They hire Salavati, with her "utmost beauty of complexion" and "clever dancing, singing and lute playing."[12] This courtesan soon becomes pregnant, however. She delivers in secret, and discards

10 See Zysk (1982 and 1998) for details not provided here.
11 Zysk (1998), p. 151 note 9 provides references for the Pali, Chinese and Tibetan sources.
12 *Mahavagga* viii.1.2, trans. Horner (2000), p. 380.

her son in an old winnowing basket on a trash heap, where he lies at the mercy of a flock of crows. The king's son, Prince Abhaya, comes across the baby, and moved by compassion, takes him into his home and names him Jivaka (from *jivati*, or alive) Komarabhacca (apparently from *kaumarabhrtya* meaning "master of the medical science of the treatment of infants").[13]

When Jivaka grows up, he runs away to Taxila, an important town in the Northwest, where he studies with an unnamed medical master for seven years. At the end of this period, he is tested by his teacher, who asks him to find something within a *yojana* (about nine miles) radius that is not medicinal. Jivaka searches the area and proclaims that everything he sees is medicine, and thus passes the test and is given the blessing of his mentor. Jivaka then sets out homeward, but along his way, he stops to heal a merchant's wife, whose family rewards him with 16,000 in cash, two slaves, and a chariot, all of which he presents to his benefactor, Prince Abhaya, upon his return.

Back in Rajagaha and living in the royal palace, Jivaka's fame increases with each client he takes. The *Mahavagga* lists six patients in all. His first is the merchant's wife, whose seven-year-old "incurable disease of the head" is eliminated by one treatment of ghee administered through the nose. The anal fistula of King Bimbisara is then treated successfully with an ointment. Next, in the most dramatic passage of the biography, a merchant of Rajagaha is treated for a fatal disease of the head by trepanation:

> Then Jivaka Komarabhacca, having made the householder, the merchant lie down on a couch, having strapped him to the couch, having cut open the skin of his head, having opened a suture in the skull, having drawn out two living creatures, showed them to the people.[14]

13 Horner (2000), p. 381 note 3. In Thailand his role is principally as the patron saint of children's medicine.

14 Mahavagga viii.1.17, trans. Horner (2000), p. 387.

The son of a merchant of Benares is also dramatically cured of a "twist in the bowels" (caused by "playing at turning somersaults") by slicing his abdomen open, smoothing out the knots, sewing it back up, and applying an ointment. Additionally, King Pajjota of Avanti is cured of a jaundice which "many very great, world-famed doctors had not been able to cure" by a concoction of medicinal ghee surreptitiously administered to the unsuspecting patient. Upon discovering he has been tricked into taking ghee—which he despises—the king flies into a fury and Jivaka flees for his life, only to be later thanked when the king fully recovers.

However, the climax of the biography of Jivaka is the sixth and final episode, a cure administered to the Buddha himself. Jivaka is approached by the Buddha's attendant, Ananda, who tells him that the Buddha has an affliction of the *doshas* of his body (*doshabhisanna*), and that he desires a purgative. Jivaka first tells Ananda to "lubricate" the Buddha's body for several days (probably meaning to ingest oils), after which a mild purgative of medicines mixed with lotuses is administered nasally, causing the Buddha to purge twenty-nine times. After purgation, the patient bathes in hot water, purges a final thirtieth time, and is prescribed a liquid diet of juices until his body returns to normal.

Jivaka in Present-day Thailand

Although the cures attributed to Jivaka do not have much in common with Thai medicine, in Thailand today Jivaka is propitiated as the "Father Doctor" of medicine. The worship of Jivaka involves aspects of orthodox Buddhist and popular religious practice and comprises a major part of the devotional life and identity of the traditional Thai healer. Without exception, every healer I have visited in Thailand has possessed a statue or image of Jivaka, usually seated or standing on an altar

alongside an icon of the Buddha, in recognition of his position as the practitioner's primary *khru* (teacher or guru). This has equally been the case for the unlicensed practitioners of non-orthodox forms of healing and for formally-trained physicians and teachers at the authoritative traditional medical schools.

At most Chiang Mai and Bangkok traditional medicine hospitals, schools, and massage clinics, the teachers, students, and patients gather together once or twice a day to recite a prayer to Jivaka in a ceremony of *wai khru*, or "homage to the teacher." Outside the context of medicine, the *wai khru* is a common feature of many Thai arts, and is practiced by shamans, tattoo artists, kick-boxers, and many others who feel that giving the proper thanks to their teachers and lineage is a requirement for success and good luck in their chosen profession. Although more recent teachers may also play a role in the *wai khru* of healers, Jivaka is always an important figure (see Fig. 3).

FIG. 3. ALTAR WITH JIVAKA (RIGHT), BUDDHA (CENTER), LUSI (LEFT), AND OTHER MEDICAL AND POPULAR RELIGIOUS FIGURES. SHIVAGAKOMARPAJ TRADITIONAL MEDICINE HOSPITAL, CHIANG MAI.

The *wai khru* ceremony at the Shivagakomarpaj Traditional Medicine Hospital in Chiang Mai takes place in a small pagoda which houses Buddhist icons, statues of Jivaka and other *ruesri*, and ritual paraphernalia typical of Thai temples such as fortune-telling sticks, sacralized water (*nam mon*), and banana leaves folded into elaborate pagoda-like structures (*bai si*). The *wai khru* itself, performed morning and evening at the beginning and end of the workday, is recited in Pali as are all formal Buddhist prayers. It opens with two common Buddhist chants heard at some point during virtually all formal Theravada ceremonies in Thailand. These phrases, chanted in the monotone voice of the Theravada monastic tradition, are the "Homage to the Triple Gem":

> *araham samma sambuddho bhagava, buddham bhagavanta abivademi. svakkhato bhagavata dhammo, dhammam namassami. supatipanno bhagavato savakasangho, sangham namami:* "The Lord, the Perfectly Enlightened and Blessed One—I render homage to the Buddha, the Blessed One. The Teaching so completely explained by him—I bow to the Dhamma. The Blessed One's disciples who have practised well—I bow to the Sangha."[15]

And the "Homage to the Buddha":

> *namo tassa bhagavato arahato samma sambuddhassa:* "Homage to the Blessed, Noble and Perfectly Enlightened One."[16]

These Buddhist phrases are followed by a chant paying homage to Jivaka, which is unknown to the orthodox Theravada tradition outside of the medical field, but draws upon Buddhist language, imagery, and stock phrases. This chant is found in

15 Translation by Saddhatissa and Walshe (1994), p. 3.
16 Translation by Saddhatissa and Walshe (1994), p. 3.

various forms throughout Chiang Mai and Bangkok, but invariably lauds Jivaka as a moral follower of the precepts, and is replete with praise of the Buddha. The following stanza appears at the beginning of every version of this recitation I have seen:

> *om namo shivago sirasa ahang karuniko sapasatanang osata tipamantang papaso suriyajantang komarapato pagasesi wantami bandito sumetaso aloka sumanhomi:*[17] "Homage to you Jivaka, I bow down. You are kind to all beings and bring to all beings divine medicine, and shine light like the sun and moon. I worship he who releases sickness, wise and enlightened Komarabaccha. May I be healthy and happy."[18]

The *wai khru* at the Shivagakomarpaj Hospital continues:

> *piyo-tewa manusanang piyo-proma namutamo piyo-naka supananang pinisriyong namamihang namoputaya navon-navean nasatit-nasatean a-himama navean-nave napitang-vean naveanmahako a-himama piyongmama namoputaya na-a nava loka payati winasanti:* "He is beneficent to gods and human beings, beneficent to Brahma. I pay homage to the great one. He is beneficent to *naga* and *supanna*.... I pay homage. Homage to the Buddha.... Honor to the Buddha. May all diseases be released."[19]

The *wai khru* ceremony thus uses formal Buddhist rites and Theravada imagery to honor a figure from the Pali canon, reaffirming the central role of Buddhist faith and lore in the

17 Source: Chaichakan (1997), frontispiece.
18 Based on translation by W.Y. Bandara, personal communication.
19 Based on translation by W.Y. Bandara, personal communication. Ellipses indicate words that remain untranslated. Brahma, in Theravada mythology, though not an eternal god, is the highest *thewada*, or celestial reincarnation, and *nagas* and *supanna* are mythical earth-beings. The implication here is that Jivaka is beneficent to all levels of beings, high and low, throughout the universe.

practice of Thai medicine. The *wai khru* is not the only example of the integration of Jivaka into everyday life. A Jivaka icon is often placed in prominent locations for temple-goers to worship, for example presiding over the main entrance to the national temple, Wat Phra Kaew (see Fig. 4). When visiting a traditional hospital such as Shivagakomarpaj, it is customary to visit the pagoda housing the Jivaka statues and pay homage upon entering and leaving the facility before an altar that contains statues of Buddhas as well as famous *ruesri* or medical sages (the altar in Fig. 3 is from Shivagakomarpaj's main shrine).

FIG. 4. JIVAKA PRESIDING OVER THE ENTRANCE TO THE NATIONAL TEMPLE. WAT PHRA KAEW, BANGKOK.

Jivaka, then, is an important figure for not only doctors, but patients as well. In fact, one of the main teachings of the traditional medical school at the Shivagakomarpaj Hospital is that religious practice (Th. *chittanamai*)—and by this it is invariably meant Theravada Buddhist meditation and ritual—is one of the major disciplines of Thai medicine, alongside herbalism/dietary regimen and massage/acupressure. The "three branches of Thai medicine," as they are called at Shivagakomarpaj, are represented in the architecture of the facility itself, which houses a medical school in the north wing, an herbal dispensary and massage clinic to the south, and a pagoda containing the main shrine to the Buddha and Jivaka centrally located on the premises. The very placement of the shrine at the midpoint of the complex points to a self-consciousness about the centrality of Buddhist religion and the "Father Doctor" Jivaka in the practice of traditional medicine.[20]

Buddhist Philosophy and TTM

Theravada Buddhism had been the dominant religious tradition in Siam since the founding of Sukothai, and it is therefore no surprise that efforts would be made by physicians to legitimize traditional medical practice through association with Jivaka, the Buddha's physician in the Pali scriptures. So, it is not unexpected to find practitioners of the medical arts propitiating the "Father Doctor" or including Buddhist ritual in their healing practices.

In fact, however, Buddhism is not only a legitimizing force in theory, but a relevant part of the practice of TTM. Even today, Buddhism continues to play a central role in the delivery of traditional medicine. It has already been noted that the most important medical artifacts of the Bangkok era are housed

20 This was the layout of the hospital when I left in 2001. I understand it has been renovated since that time and that the layout has changed.

in Wat Pho, a prominent temple which continues to be the spiritual center for TTM nationwide. Likewise, on a regional level, many temples are known for medical libraries and monks often serve as community medical practitioners. Monks have for some time now been co-opted into the national plan for healthcare, and trained to deliver primary care, particularly in poorer areas.[21] For the most part, monks have had a positive view toward their role as curers, this despite the fact that the monastic code (the *Vinaya*) explicitly prohibits monks from administering medicine to laypeople, and some texts even label medicine a "base and wrong means of livelihood."[22]

Another example of the contemporary integration of Buddhism and medicine is seen in the inclusion into the TTM framework of "the application of Buddhism or rites and rituals for mental health care."[23] The practice of *dhammanamai*, or the "holistic care of the body, the mind, the society, and the environment," forwards a platform of health based on Buddhist relaxation techniques and morality.[24] For the most part, these practices draw from popular religion and not from canonical texts, allowing a greater amount of flexibility in incorporating non-Buddhist techniques such as proper diet and *ruesri dat ton* (the traditional stretching exercises outlined in Chapter 1). This fusion of healing with Buddhist philosophy serves as a unifying force to legitimize diverse practices from many sources, and also places medical knowledge under the umbrella of a common religious tradition. One of the themes of the last chapter of this book will be the ways in which Thai practitioners use Buddhism to unify a range of practices imported from a diversity of sources in order to construct modern TTM.

21 See Gosling (1985) for information in this paragraph.
22 *Digha Nikaya* i.11. Cited in Demiéville (1995), p. 36.
23 Chokevivat (2005), p. 4.
24 Chokevivat and Chithapatti (2005), p. 16-18.

Chapter 3

Eclectic Influences on Thai Culture & Medicine

Khmer Influence

The Khmer Empire—which ruled over most of modern-day Cambodia from the ninth to the thirteenth centuries C.E.—controlled at times a large region of Southeast Asia and was one of the major cultural and political forces in the region. Based at the capital, Angkor, the empire extended its power and influence into parts of modern-day Cambodia, Laos, Vietnam, and Thailand. The Khmer court was marked by its own species of Brahmanism imported from India. This system featured a caste hierarchy headed by Brahmans, as well as rituals based on the Vedas. As shown by the colossal ruins of Angkor Wat, Hinduism as well as Mahayana Buddhism (a later form of Buddhism that developed in the Common Era) were also major factors in Khmer culture.

Chapter 1 mentioned how early Siamese kingdoms came in continual contact with Khmer culture. Historians have remarked that, in the seventeenth-century, Ayutthaya exhibited many similarities with Angkorian society, government, and ritual.[1] Other historians have pointed out that many similarities persist between modern Thai political institutions—particularly royal ceremonies—and their Khmer antecedents.[2]

1 Griswold and Nagara (1975), p. 69.
2 See Wales (1977).

Khmer influence can be seen in many Thai folk practices today as well, and the role that Khmer symbolism and imagery continues to play in Thai healing is significant. There is some cause for speculation that the transmission to Siam of much of its Ayurvedic medical material occurred through the Khmer regions. Until recently, most Siamese medical texts (like religious texts) were written on palm leaf manuscripts in the Pali language using the Khmer script (*khom*). It was only in the Bangkok period that the Thai script began to be used to write herbal texts. The organization of Khmer herbal manuscripts is identical to that of typical Thai herbal manuscripts and is based, like many Thai texts, on the four element theory.[3] There are similarities in content as well as structure, indicating a shared pharmacopoeia between India, the Khmer Empire, and Siam. Much more research is needed to delineate the similarities between the medical practices of the Khmer and Siamese.

Chinese Influence

Another source of much influence on Thai medicine throughout history is the huge Chinese population that has been present in Southeast Asia for centuries. Many historical and cultural connections between Chinese and Thai culture exist, a fact that should not surprise us given Thailand's geographical location and the reach of the powerful Chinese empires' influence throughout the region. Contact between these groups was continuous throughout the history of both. As discussed in Chapter 1, the origins of the T'ai people can be traced to the coast of modern-day Vietnam, on the

3 Chhem (2004), p. 34-35. A cursory glance at the pharmacopoeia presented in a Khmer manuscript translated by Chhem, entitled "The Treatment of the Four Diseases," confirms links with both Indian and Thai medicine.

southern border of Tang China (dynastic dates 618-907). As the T'ais migrated out of this homeland in the eighth through the twelfth centuries, they constantly interacted with the expanding Chinese empire and even settled in the southern region of modern-day Yunnan Province. (To this day, this region is known in Chinese as Xishuangbanna, a Sinified pronunciation of Sipsongpanna, which is Thai for "twelve thousand rice districts.") The Dai, a Chinese minority group of T'ai descent which populates this area today, share certain ceremonies, language, and other aspects of culture with other T'ai groups.[4]

Not only were there T'ais in China, but there were Chinese in Siam as well. The Chinese were a mobile, mercantile population, intent on trade and colonization. Some scholars believe that Chinese presence in Southeast Asian commercial centers predated the arrival of the T'ais themselves.[5] Certainly, they maintained constant presence in Southeast Asia throughout most of the last millennium. Chinese influence is reflected in Sukothai pottery styles, among the earliest cultural artifacts from Siam.[6] By the Ayutthaya period the Chinese population in the city is known to have included merchants, traders, scholars, artisans, actors, pig-breeders, and notably, physicians.[7] Many features of what we know today as Traditional Chinese Medicine (TCM) were already well developed in China by the Song Dynasty (960-1280). Thus practices such as cautery (or moxibustion), acupuncture, massage, and herbal medicine would without doubt have been known to Chinese doctors in Siam. Chinese medicine was apparently well received in Ayutthaya: we have already noted the fact that de la Loubère numbers Chinese physicians among the king's retinue.

4 See Terwiel (1978b).
5 Skinner (1957), p. 1.
6 Tarling (1992), p. 169.
7 Skinner (1957), p. 15.

In the nineteenth century, Daniel Beach Bradley observed in his papers several Siamese recipes, such as the following, which bear a strikingly Chinese stamp:

> One portion of rhinosceros [sic] horn, one portion of elephant's tusk, one of tyger's [sic], and the same of crocodile's teeth; one of bear's teeth, one portion composed of three parts bones of vulture, raven, and goose; one portion of bison and another of stag's horn; one portion of sandal.[8]

With the inclusion of so many exotic animal parts—a practice not typically found in Ayurveda—it is likely that recipes like these are examples of Chinese medicine in Siam in the nineteenth century.

On the whole, the story of Chinese immigration in Thailand has been both a peaceful and a mutually beneficial process for both ethnic groups. Despite the fact that Chinese populations in neighboring Malaysia and Indonesia have suffered political and social persecutions at various points in the twentieth century, the Thai-Chinese have been considered to be a model for successful integration of overseas Chinese into Southeast Asian cultures.[9] Today, Chinese immigrants make up over ten percent of the population of Thailand, and control an even larger proportion of the economic resources of the country. Most of this Chinese immigrant population has come from Guangdong Province in Southeast China, but historically significant minorities also include Hainanese, Cantonese, Hakka, Hokkien, and more recently, Yunnanese.[10] Chinese communities and temples are a visible feature of a Thai city of any size, and their religious events play a central role in the

8 Bradley (1967), p. 86.
9 See Kenjiro (1967).
10 Formoso (1996), p. 219 and Hill (1992), p. 315.

Thai festival calendar. Often, these functions are as important to the Thai majority as their own festivals. (We will explore one such ceremony in Chapter 7.)

Today, Chinese influence continues within the orthodox Thai herbal tradition. TCM is recognized as one of the three official medical traditions by the central government, and Chinese doctors are quite visible in Thai cities. In 1988, Van Esterik wrote that most pharmacies in Bangkok were owned by Chinese proprietors, and that Chinese medicines were sold at all but "a very few" of the city's pharmacies.[11] Though I have not been able to find hard data, my impression is that Chinese physicians outnumber *mo boran* by a considerable margin, particularly in large urban centers with affluent Chinese populations like Bangkok and Chiang Mai. Chinese pharmacies, acupuncturists, and massage clinics are encountered both within Chinese and Thai neighborhoods.

Even in the clinics and hospitals staffed by Thais that I visited in the late 1990s and early 2000s, Chinese remedies were commonplace. Well-known Chinese herbs, such as ginseng (*Panax ginseng*), are today found at virtually all Thai herbal shops, as well as in many grocery stores and corner markets across Thailand. Furthermore, I have also seen many Thai herbalists utilize Chinese diagnostics such as analysis of the irises, tongue, and pulse in their herbal practices. Likewise, some Chinese remedies appear in the training manuals of the Shivagakomarpaj Hospital (see Appendices B and C), indicating that the medicinal use of these substances is taught as part of the *mo boran* curriculum.

Despite the role Chinese medicine plays in Thailand today, however, it is not well represented in the literature or textbooks of TTM schools. On the whole, modern medical texts prioritize the Indian system—its terminology, pharmacology, and theoretical structure—over both indigenous Thai practices

11 Van Esterik (1988), p 753. I am unaware of any updates to this statistic.

and other foreign influence. I will explore reasons for this in the final chapter of this book.

Western Influence

As in many areas of the non-Western world, European medicine was first introduced to Siam by Christian missionaries. The first Jesuit hospital was established at Ayutthaya in 1676. By the nineteenth century, an American missionary doctor, Daniel Beech Bradley, served as the king's physician.[12] "*Mo* Bradley" introduced smallpox inoculation, and provided training in this technique to the court physicians. The first government medical school, Sriraj, opened in 1889 in Bangkok, and taught Western biomedical science alongside traditional herbalism.[13] Public health institutions were established throughout the late nineteenth and early twentieth centuries.[14]

Public health and medicine were among the most powerful tools of Western colonialism. Historically, a feature of European colonialism and Western-influenced modernization has been the denigration of traditional medical knowledge as "superstitious" and "backward." The two most well-known examples of Asian medical tradition, Indian Ayurveda and Traditional Chinese Medicine, both suffered times of repression and competition by Western biomedicine during which the indigenous living tradition was severely threatened. Although traditional doctors still practiced throughout the period, these two traditions were fully resurrected as respectable healing systems only in the second half of the twentieth century as a part of broader anti-Western nationalist movements.

With the exception of a short period of Japanese occupation in World War II, Thailand ("Land of the Free") never

12 See Lord (1969).
13 Van Estrik (1988), p. 755.
14 See Wibulbolprasert (2005), Chatper 1, for an outline of the history of public health.

experienced an era of colonial domination, and thus a different dynamic obtained. However, traditional Thai institutions suffered a marked loss of prestige in the nineteenth and twentieth centuries with the increasing presence of Western medicine. Since the introduction of biomedicine, the Thai government has oscillated between support, benign neglect, and repression of native traditions.

The twentieth century was a period of mixed success for TTM. For the first part of the century, the government sidelined traditional medicine in favor of biomedicine. For example, laws in 1923 and 1936 outlawed the majority of TTM practitioners within the health service system. It was not until a 1978 declaration of the WHO supporting traditional medicine worldwide for primary healthcare in developing countries that the Ministry of Public Health began to unambiguously promote the practice of traditional medicine. Since 1978, TTM has received increasing levels of support from the government. This process will be discussed in the last chapter of this book.

Thai medicine continues to interact with Western influences. Medical policy plays a significant role in post-colonial globalization, as Western governments, NGOs, corporations, and organizations like the WHO continue to intervene in Thai medical affairs (most recently, for example, in the bird-flu outbreak), and continue to exert an influence on Thai institutions. In traditional medicine, the presence of large numbers of Western tourists who are becoming patients and students in Bangkok and Chiang Mai Thai massage clinics and schools can not but influence the way in which this knowledge is taught and practiced.

A trend toward integrative medicine has taken hold in Thailand. A statistic cited at the beginning of this book demonstrates that the vast majority of Thailand's biomedical institutions incorporate TTM to some extent. On the other side of the divide, some universities have recently begun Master's programs

which build on the traditional three-year TTM training with additional biomedical training, and thus continue to blur the lines between Thai and Western medicine.

Certain aspects of biomedical practice have been appropriated and put to use by non-elite and untrained healers in culturally unique ways. For example, I have heard reports of "injection doctors," who tour the Thai countryside administering injections of antibiotics, other drugs, or even placebos, to their patients at certain points on the body with magic or ritual significance. This is simply one among many examples of how biomedical ideas are not necessarily always understood or implemented in the way Western organizations intend. Thai communities continue to accept and modify the cultural influences they come in contact with, and this continues to be a highly localized process.

The fact that these two systems, TTM and biomedicine, are both officially recognized by the government today does not mean that they are always perceived as being equals by patients. Studies of how patients make decisions about healthcare, how they choose between different types of practitioners, and how they negotiate the diversity in the "medical marketplace" would be most welcomed additions to the field.

Other Influences

Because they seem to play less of a formative role in TTM, and because it is impossible to discuss all aspects of medicine in Thailand in a book of this size, I will not dwell on the influences listed in this final section. I will simply point out the existence of many more eclectic cultural and social forces on medicine that await analysis and research.

It is not known to what extent Islamic medical influence has been a factor in the historical development of TTM, but it does remain a factor in contemporary practice. The southern

part of modern Thailand is populated by a Muslim majority, who practice very different forms of healing based on Arabic and Malay medical traditions.[15] According to Golomb, significant borrowing routinely takes place between Malay and Thai groups in these areas, and he reports that sorcerers of minority ethnicity are often sought out by Thai patients as ritual specialists in curative magic.[16]

Other regional ethnic differences also await future research by scholars. Six distinct Hill Tribes, including the Karen, Hmong, Lahu, Akha, Lisu, Yao, and Lawa, as well as significant Burmese and Lao immigrants, populate the north of Thailand. The contributions of these groups to Thai medical culture has remained largely unevaluated, but in certain places (such as at the Shivagakomarpaj Traditional Medicine Hospital, which claims to incorporate Hill-Tribe medical knowledge) appear to play significant roles. The same could be said of the ethnically Thai people from remote regions of the country. Isaan, for example, the under-developed northeastern part of Thailand, is well-known around Chiang Mai for its potent magicians and healers. Whether this reputation has to do with a feature of Isaan medicine, or of Chiang Mai's stereotyping of that region, would be an interesting study.

15 See discussions of southern Thai healing in Golomb (1985).
16 Golomb (1985), p. 194-201.