



*Local Healing in Northern Thailand. An Anthropological Study of its Effectiveness*

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## Summary

The methods developed by biomedical science to evaluate the outcome of healing have been criticized as inadequate for application to other healing traditions. In particular, they are accused of ignoring what practitioners in other traditions consider essential for an effective outcome. By analyzing the role of local healing in dealing with the HIV/AIDS epidemic in Northern Thailand, the research presented in this book explores the possibility of assessing the effectiveness of traditional healing by taking the considerations of healers and the experiences of patients into account.

The overall objective of this research was to explain the recent revival of local healing in Northern Thailand and how this kind of healing has survived and been adapted over time to serve the needs of local people. The main research questions were: (1) How is local healing practiced by healers and patients in resolving health problems related to HIV and AIDS in local communities? (2) What are the perspectives of local healers and patients on the effectiveness of local healing? (3) Based on the answers to the above two questions, how can clinical research that is appropriate to local healing be conducted?

The fieldwork was ethnographic in character. It was carried out mainly in Chiang Mai, Northern Thailand, from February 2008 to May 2009. It focused on four selected local healers in Chiang Mai with experience in treating HIV/AIDS patients since the outbreak of the HIV/AIDS epidemic in the 1990s. Participant observation, in depth interviews, and focus group discussions were the three main techniques used to collect the data. Thirteen patients from three of the healers were willing to be interviewed. In addition, twenty-two other HIV positive persons, who were not patients of the local healers, were interviewed.

The healing practices of local healers and their patients become meaningful when they are understood within the framework that structures their local world – a framework that consists of traditional medical knowledge, local cosmology, and local morality. Despite changes in the social context, these core components of the local world have been maintained, reproduced, and adapted. Furthermore, they fertilize the legitimizing context that nurtures and supports local healers, and they influence strongly the perspective of healers and patients on the effectiveness of healing.

When local communities in Northern Thailand came under threat from the new life threatening disease of AIDS, the healers in this study sought to respond. First, they gathered a variety of information from both the local formal health authorities and villagers in the community. Then they turned to their medical scriptures and the knowledge that had been orally transmitted to them by their ancestors to search for answers and possible remedies. They conducted trials of the medicines that they had identified as potentially beneficial and developed explanations of the disease. Assessment of effectiveness was conducted throughout the healing process.

This research affirms that both healers and patients may view effective healing in a way that differs from the definitions used in biomedicine. The healers and their patients consider healing effective when the following five indicators are apparent: (1) a patient has an inner sense of a positive initial outcome; (2) there is recovery from the symptoms of illness; (3) a patient's overall appearance improves; (4) a patient is able to tolerate forbidden foods that once worsened the illness; and (5) a patient is once again able to undertake daily life activities. This can be achieved by means of symptomatic treatment, normalization of the inner elements of the body, excretion of toxin, dietary control, leading a proper lifestyle, and detachment from suffering.

The influence of biomedicine has shaped the practices of healers; for example, in their dealings with germs. The way in which healers and patients evaluate the healing outcome, however, is less concerned with the existence of germs than with a patient's quality of life

and ability to restore daily life activities. Furthermore, the healers assume that the effectiveness of healing results more from a normalization of the functioning of inner elements of the body rather than from an increase in CD4 cells. This is because the inner elements of the body can be related to local disease theory, while CD4 cells are incompatible with this theory.

Disease explanations based on local disease theory and the positive outcome of healing have facilitated the change in meaning of HIV/AIDS from a fatal into a treatable disease. The meanings that villagers attribute to healers and the healing setting are also part of this transformation process. Finally, these changes have led to the resolution of certain HIV/AIDS-related social conflicts in the community. The effectiveness of local healing is, therefore, related to the meanings that patients attribute to their sickness, to the healer, and to the healing setting, and it can even be extended to the social realm.

Local cosmology conveys the meaningful practices of healers and patients and strengthens the symbolic power of medicines. This power is generated by relating medicines to the supernatural supremacy of sacred entities and the healer teachers in local cosmology. It can be called up by a healer who follows the proper moral conduct when he acts as a medium to channel this healing power. This research found that only persons who shared the same local world with the healer were sensitive to this power.

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

The effectiveness of local healing can also be considered in terms of its success in helping patients keep their HIV status secret from others. This is made possible through the capacity of healers to adjust their healing to serve the needs of the patient. The widespread use of mobile phones has made this flexibility in healing even greater. It has also facilitated access to local healing from a distance. Moreover, the fact that traditional drugs have no obvious and identifiable physical side effects help patients to keep their illness secret, since a change in body appearance, as is often caused by antiretroviral drugs (ARVs), may raise suspicions among those in their environment.

In sum, this research argues that the effectiveness of local healing is evaluated in terms that are inseparably embedded within local disease theory, local cosmology, and local morality. Local healing has the capacity to be successful when it is conducted in the following ways. First, it should perform the right methods to correct a disorder corresponding to its cause in local disease theory. Second, throughout the healing process the healer and patient should conduct themselves properly with regard to the sacred things in local cosmology. Third, the healing should be conducted in accordance with the moral elements that are needed for meritorious healing. Lastly, the healing should be adapted to serve the needs of patients who have a choice of alternative forms of health care and who live in a changing society.

This research points out that in terms of evaluating the effectiveness of local healing, there is a gap between what is constructed in conventional biomedical clinical trials and what is expected as an appropriate clinical study from the point of view of local healers. This gap results from the reductionist characteristic of clinical trials, which is in conflict with the nature of local healing; with the unequal power relations between biomedical staff and local

healers; and with the ultimate intentions of the research, which in the case of clinic trials is to find effective treatments that can be separated from the identity of the healer and his particular healing practice and thus independently reproduced and commoditized, an outcome that is in conflict with local healers' values.

Before conducting an appropriate clinical study on the effectiveness of local healing, a basic initial study should be carried out as a first step, in order to clarify and verify the local disease theory regarding the disease under study. Evaluation methods should also include: (1) evaluation of the entire traditional care package rather than only the medicines; (2) evaluation of the state of the disease and the healing outcome in each patient, using a range of indicators related to bodily, sensory, and emotional processes, as well as those judged using medical instruments; and (3) evaluation of the patients' cultural background, and the meaning that patients give to their lives and each element in the healing process. Finally, it is important to stress that the participation of local healers is just as crucial in such a systematic study as the careful selection of biomedical markers and examination of the disease state, and thus the research should ideally be conducted in the practice setting of the local healer.