ORIGINAL PAPER

Existing Roles of Traditional Healers (*mor baan*) in Southern Thailand

Dusanee Suwankhong · Pranee Liamputtong · Bruce Rumbold

Published online: 23 January 2011

© Springer Science+Business Media, LLC 2011

Abstract Traditional healers (mor baan) played an important role in Thai health long before the introduction of Western medicine. Although modern health professional play a key role of health care provider of Thai health care system, traditional healers and their practice still exist in most rural areas of Thailand. In this article, we address the roles and practices of traditional healers in southern Thailand. An ethnographic method was employed. This approach is the hallmark method used to describe the role and the practice of traditional healers and to grasp in-depth understanding of their everyday life. Participation observation and unstructured interview with 18 traditional healers were conducted. Thematic analysis method was used to analyse the data. Most of the traditional healers chose their role because they were influenced by their ancestors, although a few others chose it because of individual interests and a desire to help ill people. All are trained in multiple skills, using supernatural spirits, ceremonies and natural plant products as resources for counteracting various health problems. They refer patients to modern hospitals or other healers if they cannot adequately manage illness themselves. Their service provision is flexible and based on a holistic approach that suits people's lifestyles and needs. The role of traditional healer tends not to attract the interest of younger generations, although traditional healers have contributed greatly to people's health. Their presence improves people's access to healthcare and offers an alternative to modern medicine, which often has a limited role. We conclude that the services of traditional healers should be incorporated into

contemporary healthcare provision of Thai health care system.

Keywords Traditional healers · Existing roles · Southern Thailand · Indigenous healthcare system · Holistic approach

Introduction

Traditional healers (mor baan) are a primary source of health care for Thai people, especially in rural areas [1]. Although modern medicine has made significant advances in recent decades, traditional healers have never disappeared from Thai society because their practice has been integrated into the lifestyles of lay people. They continue to play an important role in expanding health care provision, particularly for those who have limited access to modern medicine [1, 2]. The Bureau of Indigenous Thai Medicine [3] notes that traditional healers meet needs that modern doctors do not. For example, ceremonial and spiritual practices are traditional methods that provide a healing dimension not offered by modern medical practices. Traditional healers thus have an important role to play in health care [4], as they not only treat illnesses but also provide a more holistic approach to health care than most mainstream health care professionals.

The paradigm for Thai national health policy, the Tenth National Health Development Plan (2007–2011), has shifted to a community-based approach, focusing on providing care responsive to people's needs. Local wisdom and existing health resource including traditional healers are recognised as important resources in healthcare. This has been incorporated in the National Health Act as a guideline for health policy making and practice [5]. The

D. Suwankhong \cdot P. Liamputtong (\boxtimes) \cdot B. Rumbold School of Public Health, La Trobe University, Bundoora, VIC 3086, Australia

e-mail: Pranee@latrobe.edu.au



concept of using local wisdom for healthcare also reflects the relationship between people's way of living and their environment. It indicates that people can create their own healthcare network by relying on local resources and sharing their knowledge and experience to better care for themselves and family and community members.

Traditional healers in Thailand have been formally accepted as a primary health care (PHC) resource since the late nineteenth century. Today, they still have an active role in the health of Thais [6]. Traditional healers can be found in all regions of Thailand [7, 8]. In 2005, the Department for Development for Thai Traditional and Alternative Medicine (DTAM) surveyed 39 provinces in Thailand and found that 3,075 traditional healers still practise traditional medicine (TM). These numbers include spiritual healers, herbal healers, massage healers, and traditional midwives. A 2006 survey across 75 provinces found a total of 27,760 traditional healers. The northeast region had the highest number, with 14,146 practitioners and there were 3,520 in the south of Thailand. These healers have the ability to serve customers at home, places of business or work, and some also work in local health centres [8].

In this paper, we will discuss the roles of traditional healers in southern Thailand. Besides confirming the benefits of their contribution to modern health practitioners and health policymakers, we will discuss how their future roles in the Thai healthcare system may be expanded to support the national health policy of building sufficient healthcare access for the Thais.

The Folk Healing System and Local Wisdom

The folk healing sector still retains a significant role in overall healthcare, although the professional sector, based upon mainstream practices, has advanced very rapidly [9]. The health practices of the folk sector often overlap with those of the professional and popular sectors. Folk healing also acts as the primary healing model if no professional sector exists in a community [10]. Folk medicine is recognised as a unique healthcare system because currently it operates outside the formal healthcare system [11].

The principles and knowledge of folk healing systems are drawn from earlier times, as it was initially practised by lay people who studied medicine to cure illnesses and protect their own health [12]. This form of healthcare was the only type of care throughout most of history, and its medical knowledge has been passed down over the generations. Folk remedies have benefited people's health ever since people started investigating ways to maintain, preserve and recover health [11]. However, its practitioners are not always accepted by the modern healthcare.

The folk healthcare sector is recognised as a cultural healthcare system [10] and it is based on a holistic healthcare paradigm. Accordingly, it defines healthy people as those who have achieved balance in the physical, mental, social and spiritual dimensions. Healing strategies hence revolve not only around methods to cure disorders or symptoms but also strategies to maintain the balance between these four dimensions. Healing strategies aim to connect the community, environment, and supernatural powers to improve an individual's health in a holistic manner. Moreover, the healers and patients generally share the same social values. They can communicate well and share explanations of health and illnesses using similar language [2].

Folk healing integrates many healing strategies to achieve holistic health. The sector views health in a broad perspective which incorporates the social and cultural causes of an individual's illness. A health service provider can travel to a patient's residence because of the provider's understanding of the patient's circumstances; this means that family and community members are frequently involved in the healing process. The interaction between the healers and their clients is informal, and they have close relationships: patients are not separated from their families and environmental surroundings [13]. Because the healing strategies aim to eliminate the root causes of illnesses and take a holistic approach [11], treatment often includes either religious ceremonies or spiritual rites alongside the primary treatment method, so as to better serve the total health needs of the patient [14].

The folk healthcare sector is accepted as one of the healthcare resources most readily available to lay people. There is evidence supporting folk healing's efficacy in meeting people's health needs [1, 15]. Apart from the close rapport between healers and patients, folk healing encourages patients to consider their illness as something that can be managed by techniques outside the bounds of formal healthcare. Moreover, the prior experiences of patients with various illnesses whose health improved after receiving care from traditional folk practitioners demonstrates the importance of folk healing to the healthcare industry. This informal healthcare sector thus not only increases access to care but is also a low cost healthcare option for people throughout many communities [4].

The principles of the folk healthcare sector are congruent with those of local wisdom because its healthcare involves less modern technology but encourages community participation and decentralised decision-making, and it utilises resources available within the community. Communities can share and exchange local resources to benefit the life situations of their inhabitants in various ways, thus increasing self-reliance. If grassroots level healthcare can achieve success in building its capacity, it can be an



enduring factor in a nation's development. Such nations have less need to import expertise from abroad [16–18].

Thailand has had negative experiences from its efforts to industrialise. The Thai people's lifestyles shifted from a reliance on local wisdom (*phum pun yaa chaow baan*) to a desire for consumerist living [19]. His Majesty the King Bhumibol Adulyadej formulated and expanded the philosophy of sufficiency economy to reduce his people's sufferings [20]. The central concept of sufficiency economy is producing *por yuu por kin* (sufficient resources to live and eat) by relying on local wisdom and local resources. This philosophy aims to encourage the Thai people to modify their economic philosophy, provide them with ways of coping with any economic insecurity that occurs, and contribute a new way of thinking about balancing consumption with production [21].

Methodology

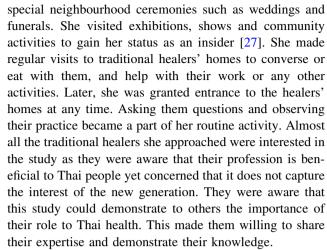
The Setting

This study was conducted at Phatthalung province situated in southern Thailand, approximately 850 kilometres from Bangkok. This province was chosen as the study site because of the large number of traditional healers there. There are about two hundred and sixty traditional healers across the whole province, and one hundred and three of them practice in this district. They use diverse healing methods for complaints or illnesses such as muscle and ligament disorders, malaria, peptic ulcers, hypertension, common cold, pregnancy care, post partum period issues, abdominal pain, diabetes, rashes, bone dysfunctions, snake bites, haemorrhoids, pale skin, and spiritual unease [22]. Although a primary healthcare centre provides people with modern health services, the community where the research was undertaken is 20 kilometres from the community hospital and 35 kilometres from the provincial hospital [23].

Methods

An ethnographic approach was employed in this study. The approach is suited to observing changes in the daily lives of the research participants. Ethnographic study allows the use of a mixture of methods, theories and sources of data, which in turn allows triangulation [24, 25].

Participant observation is a naturalistic approach that involves participating in the daily lives and activities of people: watching what they are doing and listening to their interpretations of the world is crucial to understanding the phenomena under study [25, 26]. The first author attended



The unstructured interviews were conducted in the local Thai language. Unstructured interviews are suited for studies which aim to understand people's point of views on a particular phenomenon. All of the conversations took place at participants' homes at a time that was convenient to them. Their permission was sought for us to tape-record the interview and take photos. A first conversation with individual traditional healers took about 1 h and the first author was allowed to visit at other times for further discussions.

Purposive sampling was used to choose the key informants who met the study criteria and could provide rich data relevant to the study [28]. Traditional healers were selected based on the forms of traditional healing they used and whether they still practised their crafts. A snowball sampling technique was used to expand the number of key informants. Here the initial participant directs the researcher to other traditional healers who could provide deep understanding of particular issues. This approach was adopted until little new data emerged [29, 30].

With permission from the participants, interviews were tape-recorded. The tapes were then transcribed in Thai for data analysis. The in-depth data were analysed thematically [31]. All transcripts were coded and emerging themes were identified. These emerging themes are presented in the results section. Ethics clearance was obtained from the La Trobe University's Human Ethics Committee and the Ministry of Public Health, Thailand.

Results

Distinct Qualification of Thai Traditional Healers

The traditional healers who participated were predominantly males, 14 compared to 4 females. Their ages ranged from 45 to 80 years. Of the 18, one traditional healer was in his early 40s whereas 17 were over 60 years old. Each



had been in the medical role for between 10 and 60 years. Nearly all had obtained only a basic education. One, the youngest, had graduated from secondary school. Most traditional healers earned their income from farming, labouring and fishing, while a small number provided care in exchange for living expenses because they could no longer undertake manual labour. They are commonly recognised as *mor phuen bann, mor baan, mor bo raan*, or *mor bhaa* by local people. Their practice knowledge is based in the discipline of indigenous medicine. They are also well known as healers who help people using a supernatural being, spiritual rites and magical arts to manage illnesses.

Traditional healers have an informal code of professional ethics. The traditional healers need to ensure that customers and the public at large trust their characters and respect their roles; that they are seen to be khon dee (good person). Being khon dee in Thai society usually means a person who strictly follows Buddhist religious doctrine. This doctrine sets out five important principles called seen haah (five precepts) through which people maintain a peaceful life and are generous with each other. Traditional healers regularly practise these five precepts. Following the rules means that healers must not allow the destruction of life, take others' belongings, must refrain from sexual misconduct, never tell lies and refrain from liquor and drunkenness. They should not take advances from people, especially their customers, as offering honest help is considered exemplary behaviour in the profession. All traditional healers in this rural location observed these professional ethics.

The daily life of traditional healers is usually centred on their practice of TM. They are keen to preserve the basic materials for the treatment of the patients, for a shortage of healing supplies is already affecting their work. Traditional healers are particularly concerned that many herbal plants are becoming difficult to find locally and might even become extinct in the near future. Already some herbs are no longer grown in the region as their previous cultivation areas have become residential zones. Furthermore, soil has been contaminated by chemical substances such as fertilizers used by farmers, and pollutants that have entered the local water table from factories and businesses. Medicinal plants and herbs cannot be grown in such areas. As a result, traditional healers have taken to planting 'at risk' herbs at home to preserve them for future use. When they have no customers visiting, the healers spend their time tending to their herbal plants. The herbalists of course focus even more of their attention on growing and planting herbal plants as these are their main resource in the healing processes they provide.

Putting oneself forward to benefit others is a particular value of this discipline. Traditional healers not only play the role of a healer but they are also involved in other. mostly volunteer, roles in the community. Some act as community leaders while others perform the duties of religious leaders alongside their healing role. An informal health educator role is also a normal part of their daily lives. These actions are automatically integrated in the healing process. Several traditional healers are from the education sector and are invited to give lectures as well as be involved in training centres related to TM and local wisdom in health care. They also act as role models for positive health behaviour, providing information and helping to promote, maintain, and improve healthy lifestyles. The role of traditional healers as health educator can influence changes in customer behaviour. Because of these varied roles, traditional healers are accepted as key people in the community.

Traditional Healthcare Practices

Traditional healers specialise in different areas of health. Their specialisation often overlaps with other categories so that they can effectively deal with many types of illnesses. Some herbalists, for example, not only specialise in tom ya sa moon prai (stewed herbal medicine), called mor sa moon prai (herbalist), but they also practise the skills of mor du (fortune teller), mor nuat (massage healer), and mor wai phom (ceremonial healer or faith healer). The massage healers are well known for alleviating pain and enhancing wellbeing. They also focus on the technique of mor tom ya (herbalist), mor wai phom and mor du. Some ceremonial healers also have expertise in mor nuat and mor du to manage various causes of illness. With their specialised skills, they can do so more successfully because health problems need an integration of several specialisations for effective management. Traditional healers, therefore, need to further develop their knowledge and skills so that they can work across many areas, thus providing customers with a wider range of services.

Traditional healers employ different techniques of diagnosis and treatment depending on the skills of their masters. These techniques are simple: most do not use medical technology to help with the assessment.

Curative healers do not simply treat a person with medicine. Rather, they spend time asking customers about their illnesses, recording their medical history, listening to what they say, sharing health information and related issues, and observing the physical pathology of the illness. Another technique often combined with these strategies is manual palpation to identify painful areas and assess the magnitude of the symptom. Physical examination, including taking the pulse, is a further important assessment skill. Traditional healers thus tend not to use only one investigative procedure. They look for confirmation using the



various methods described above to ensure the appropriate form of treatment.

A different group of traditional healers, mor sai ya sart (spiritual healer), mainly rely on supernatural powers to help with diagnosis and to provide treatment. The procedure starts prior to the customer arriving, with the healer conducting a formal ceremony to invite ta loung or kru mor arjarn (ancestor's spirit) to pass their spiritual power to the traditional healers so they can then provide the customers with help. In preparation for the invocation ceremony the healers dress in white ceremonial clothes and summon key spirits by lighting candles and incense sticks in front of a place holy to the spirits of the ta loung and by chanting ka ta (incantation). Then, the healers will prepare themselves further by sitting in a relaxed posture. The passing of the spirit of ta loung into the healers' bodies follows. As the spirit passes, the healers' bodies tremble for a short while and then become quiet. That means the healers have lost their own consciousness and readied themselves to be a spiritual healer in the image of ta loung.

Curative investigations are initiated by the supernatural being *ta loung*. The conversation between *ta loung* and customers includes asking questions about themselves, possible cause of illness, the effects of illness in their daily life, previous treatment, current health status and related matters. The interpretation of either the cause of illness or the healing strategy is mediated by a symbolic object, a betel leaf. This betel leaf is given to each customer. The assessment process, diagnosis and treatment can take between 15 and 30 min, depending on the type of illness and healing methods employed.

Another category of traditional healers, fortune tellers, also employ distinctive diagnostic techniques. Screening skills commonly combine various methods to confirm illness and suggest appropriate treatment. The basic strategy these traditional healers use begins with asking customers for general information, sharing about both their happiness and their sufferings to get to know their difficulty before focusing questions on the particular problem that has led to them seeking help. After the conversation, the traditional healers can evaluate all information they already have alongside various *tam ra* (ancient medical text) that are related to the cause and treatment of a specific problem. The *tam ra* provides the healers with further information before they confirm the cause of illness or misfortune, and it further guides the healers to appropriate solutions.

Not all traditional healers are concerned about selecting an auspicious time for treatment: it depends in part upon the kinds of symptoms the customers present with. Time matching is based on a belief that choosing the correct time can enhance the effectiveness of treatment and produce a higher recovery rate. However, typical illnesses and treatments that always involve selecting an auspicious time include administering stewed herbal medicine, tor nuea (pteryguim disorder) (an eye disorder involving the growth of medial conjunctiva to form a thickset mass on the cornea area), ruem (herpes) (a disease caused by the herpes simplex virus) treatment, and floating uteri therapy, which involves moving the womb down. For some healing processes like stewed herbal medicine, tradition dictates that it should be boiled on Tuesday and Saturday because these 2 days are the strongest days of the week, and the herbs can act more effectively in healing illness. To cure the tor nuea disorder, treatment works best in the early evening, before sunset: it is believed that the tor nuea will go away with the sunset. Ruem disorder is treated in the late afternoon because that is when the pathogenic agent is vulnerable to its host. The treatment can cure the condition completely and it will be gone with the sunset. The appropriate time for the treatment of a descended uterus is considered to be early in the morning because the uterus can then rise up like the sunrise.

All traditional healers use a range of strategies, including magical powers, spiritual rituals and ceremonial options, for helping people because health problems are both biological and supernatural in origin. Healers are concerned with the individual as a whole, and do not consider the mind and body to act independently. Further, they consider individuals both as members of their family and of the community as a whole.

Traditional Services Provision

Services provided by traditional healers have distinctive features when compared with standard professional practice. Traditional healers allow their customers to visit them at any time with no concern about office hours: the *mor* (doctor) offers people help 24 h a day 7 days a week. One traditional healer reflected upon his role in helping people without time limitations.

I was helping people until morning. At any time the [customers] get sick, I quickly go and give them help. They sometimes take me to the hospital with them. They feel that it is safer because if I can go with them, I can help the patient by using magical treatment on the way to the hospital. If anything happens on the way I can help before they arrive at the hospital.

Although the traditional healers' house is the main health care centre, they may also offer help at their customer's home. This shows the healer's concern for a customer's situation rather than his or her own convenience. If any customers have severe health problems, or are unable to travel to the traditional healer's place, the traditional healers can travel to provide customers with treatment at



their home. During our fieldwork, we found that there were many patients who could not travel to seek treatment because of a disability, most of these people suffering from disorders such as paralysis, strokes, and bone fractures. For these customers, and in the case of emergency illnesses such as fainting, dizziness, and dyspepsia, the traditional healers will often travel to the patient's home as these patients cannot travel to the healer's house.

Traditional healers provide services where people are. People can call upon healers in the street should they see them. If this occurs, healers offer help in that vicinity, be it in a customer's neighbour's house or a relative's house. However, the customers who rely on this type of service usually have only minor illness or discomfort, so they can wait for the treatment or they can receive it when they encounter the healers. This pattern is a normal practice among customers in this community and it is very convenient for them.

Because of the holistic approach taken, family members, relatives, and friends are allowed to participate in the healing process. The service provided to customers is not just diagnosis and treatment, followed by departure. Traditional healers are greatly concerned with their customers' health problems and with sharing their sufferings. It also gives the customers and relatives more time to discuss their problems and related issues. In addition, if there are any complications or the illness is getting worse, they do not hesitate to advise customers to seek further help from modern doctors. The customers can also seek help from other traditional healers when needed.

People can seek the help of traditional healers for a range of medical conditions such as muscular and bone disorders, chronic symptoms related to the cardiovascular system, and other categories of chronic illnesses. These customers require long-term treatment. Many clients with paralysis or who have suffered a stroke seek help from traditional healers because they believe in the healers' treatment, which includes massage and herbal medicine. However, the healers may informally refer patients to other local traditional healers or health care centres for some health problems for which they may not be able to offer much help.

Discussion and Conclusion

Traditional healers take different pathways into the profession. Golomb [32] suggests that traditional practitioners in general hand down medical knowledge and skills to their descendants, preserving knowledge and practice within the family. Thai traditional healers also operate within such a folk healing system [10, 33], where individuals gain knowledge and practice passed down from previous traditional healers. However, some individuals may have no

traditional healer within the family or among their ancestors. Golomb [32] contends that such individuals decide to practise medicine because they intend to help their family members and friends. Many become interested in this profession because they themselves were misdiagnosed or unable to be healed by modern doctors or other specialists. They then begin to study the illnesses and seek an effective treatment for each illness. Although there are many routes to the profession, one of them is individual decision [34]. As indicated by the Department for Development of Thai Traditional and Alternative Medicine [35], individuals who choose this profession themselves seem to be keen to learn about TM. They do so by seeking out traditional healers who have knowledge in their areas of interest. They integrate various learning skills such as questioning, observation and taking notes on their own to develop medical knowledge.

Traditional healers in this study provided a multiplicity of treatments. All traditional healers had practised more than one area of speciality. Some were known for the techniques they used for healing while others gained a reputation for specialising in a specific health problem or disease. According to Wongkumdang [36], some traditional healers may acquire high-level healing skills pertaining to certain illnesses whereas others may have limited skill in treating particular health problems or disorders. Being able to switch between various therapeutic modes, however, is a useful skill. Patients expect to receive comprehensive care from traditional healers [37, 38]. Hence gaining several specialised skill sets would allow traditional healers to attend to patients with a broader range of health problems and diseases. Folk healing uses a holistic approach and acknowledges traditional practice [1, 10]. Helman [39] notes that traditional practitioners do not only focus on treating symptoms or physical disorders but also use methods designed to eliminate the causes of illness at their roots. Their treatment always integrates several strategies, drawing upon both visible and supernatural powers, to manage the different illnesses of their customers. There are extensive studies of the experience of folk treatment and its service system. For example, traditional healing uses integrated therapy to defend against invisible causes of illnesses and to increase individual health [40]. The Bureau of Indigenous Thai Medicine [3] supports the notion that the use of integrated treatment is a unique practice of traditional healing and that it can contribute positively to promoting the overall health of individuals.

According to Pearce [41], the fundamental art of a folk healing system is understanding patients' conditions and their circumstantial difficulties. Data from our study show that the healers are more concerned about what strategies they can adopt to diminish sufferings and how they can help people back to normal health than with any other



limitations they face while trying to provide help. Golomb [32] also highlights the fact that, as traditional healers live close to people, they have to provide services which suit patients' circumstances and health conditions. Treatments are not solely delivered at the healers' house but also at the patients' homes in accordance with customer requests. Stock [42] also reports that traditional healers provide services at patient's convenience rather than the convenience of the healers themselves.

To provide successful holistic health, the healers attend to family members, friends and relatives who participate throughout the healing process. Their interaction, however, is informal. The healers also provide personal care and spend as long a time as patients need. These strategies can reduce the communication problems between traditional healers and patients [33], and support patients to cope better with their health problems. According to Kleinman [10], folk healers adapt their services to suit customers' contexts, culture and lifestyles. They do not separate patient from family, friends, and relatives when a person is ill. This holistic approach serves to restore individuals' health as well as maintain the link between patients, their circumstance and community. This increases customers' hope for recovery because they have familiar people around who share their sufferings, participate in the healing processes, and can decide upon treatments in an environment familiar to them [43]. Mulholland [2] also points out that folk healing treats patients in a more humane environment than does conventional medicine.

In conclusion, the results of this study have implications for national health policy development related to the promotion of community health resilience [4]. Traditional healers are human resources within the healthcare system as well as key people in the community. Their presence allows them to be natural leaders who are able to advance health policies that preserve traditional lifestyles and build the healthcare system at the grassroots level. Traditional healers have contributed greatly to people's health. Their existence improves people's access to healthcare and offers an alternative to modern medicine, which often has a limited role. We contend that the services of traditional healers should be incorporated into contemporary healthcare provision of Thai health care system.

Acknowledgments We are grateful to all the traditional healers who have provided us with deep understanding of their world and their current roles as well as permission to use their stories and images. We also thank the Faculty of Health and Sports Science, Thaksin University, Thailand and the School of Public Health, La Trobe University, Australia who granted the scholarship to support the first author in carrying out the fieldwork in rural Thailand. We also thank DTAM, MoPH, Phatthalung Provincial Health Office (PPHO), and all local government organisations and their staff who gave us invaluable support during the process of our data collection.

References

- Sermsri, S. (1989). Utilization of traditional and modern health care services in Thailand. In S. R. Quah (Ed.), The triumph of practicality: Tradition and modernity in health care utilization in selected Asian countries (pp. 160–179). Singapore: Institute of Southeast Asian Studies.
- Mulholland, J. (1979). Thai traditional medicine: Ancient thought and practice in a Thai context. *Journal of the Siam Society*, 67, 80–115.
- 3. Bureau of Indigenous Thai Medicine. (2003). *Thai indigenous medicine: The Thai intellectual property*. Bangkok: Thai Royal.
- Kulsomboon, S., & Adthasit, R. (2007). The status and trend of research in local wisdom for health. Bangkok: The War Veterans Organization.
- National Health Commission Office. (2007). National health act, B.E. 2550 (2007): The Kingdom of Thailand. Nonthaburi: National Health Commission Office.
- Sawatsing, C. (2003). Provision and utilization of traditional health services in rural Thailand. Unpublished master's thesis, Mahidol University, Bangkok, Thailand.
- 7. Ruff, A. M. (2000). A boost for old remedies. Far Eastern Economic Review, 163(52), 100–101.
- Adthasit, R., Kulsomboon, S., Chantraket, R., Suntananukan, S., & Jirasatienpong, P. (2007). The situation of knowledge management and research in the area of local wisdom in health care. In P. Petrakard & R. Chantraket (Eds.), The report situations of Thai traditional medicine, indigenous medicine and alternative medicine 2005–2007 (pp. 16–22). Nonthaburi: Mnat Films.
- 9. Kusinitz, M. (1992). Folk medicine. New York: Chelsea House.
- Kleinman, A. (1980). Patients and healers in the context of culture: An exploration of the borderland between anthropology, medicine, and psychiatry. Berkeley: University of California Press.
- 11. Hufford, D. J. (1997). Folk medicine and health culture in contemporary society. *Primary Care*, 24(4), 723–741.
- Becerra, R. M., & Iglehart, A. P. (1995). Folk medicine use: Diverse populations in a metropolitan area. *Social Work in Health Care*. 21(4), 37–58.
- Micozzi, M. S. (2002). Culture, anthropology, and the return of "complementary medicine". *Medical Anthropology Quarterly*, 16(4), 398–403.
- Cho, M. O. (2004). Health care seeking behavior of Korean women with lymphedema. Nursing and Health Sciences, 6(2), 149–159.
- Chuengsatiansup, K., Muksong, C., Tongsinsat, N., Pinkaew, R., Petkong, W., Sirisathitkun, M., et al. (2004). *Dynamic of self-reliance (rural sector)*. Bangkok: Foundation Okml Gold Tweezers.
- Antweiler, C. (1998). Local knowledge and local knowing: An anthropological analysis of contested "Cultural Products" in the context of development. Anthropos, 93(4–6), 469–494.
- 17. Phongphit, S. (1982). Back to the root. Bangkok: Teanwan.
- 18. Raekphinit, C. (2009). *Local wisdom*. Thailand: Thaksin University.
- 19. Wibulpolprasert, S. (Ed.). (2007). *National strategy in developing Thai local wisdom for Thai health 2007–2011*. Bangkok: The War Veterans Organization.
- News Division, Department of Information. (2007). The philosophy of sufficiency economy. http://www.us-asean.org/Thailand/C95.pdf. Accessed: 7 July 2009.
- National Economic and Social Development Board. (2000). Sufficiency economy. http://www.sufficiencyeconomy.org/en/files/4.pdf. Accessed: 7 July 2009.
- Phattalung Provincial Health Office (2009). Division of customer protection. http://www.phd.ptho.moph.go.th. Accessed: 16 August 2009.



- Phatthalung City Hall. (2008). The Phatthalung province 2008. Phatthalung: Phatthalung City Hall.
- 24. Madden, R. (2010). Being ethnographic: A guide to the theory and practice of ethnography. London: Sage Publications.
- Gobo, G. (2008). Doing ethnography. Los Angeles: Sage Publications.
- 26. Fetterman, D. M. (2009). *Ethnography: Step by step* (2nd ed.). London: Sage Publications.
- 27. Liamputtong, P. (2010). *Performing qualitative cross-cultural research*. Cambridge: Cambridge University Press.
- 28. Silverman, D. (2010). *Doing qualitative research: A practical handbook* (3rd ed.). London: Sage Publications.
- Biernacki, P., & Waldorf, D. (1981). Snowball sampling: Problems and techniques of chain referral sampling. *Sociological Methods & Research*, 10(2), 141–163.
- 30. Liamputtong, P., & Ezzy, D. (2005). *Qualitative research methods* (2nd ed.). South Melbourne: Oxford University Press.
- 31. Liamputtong, P. (2009). *Qualitative research methods* (3rd ed.). South Melbourne: Oxford University Press.
- 32. Golomb, L. (1985). An anthropology of curing in multiethnic Thailand. Urbana: University of Illinois Press.
- 33. Spector, R. E. (2009). *Cultural diversity in health and illness* (7th ed.). Upper Saddle River: Pearson Prentice Hall.
- Gessler, M. C., Msuya, D. E., Nkunya, M. H. H., Schär, A. M. H., & Tanner, M. (1995). Traditional healers in Tanzania: Sociocultural profile and three short portraits. *Journal of Ethnopharmacology*, 48, 145–160.

- Department for Development of Thai Traditional and Alternative Medicine (2003) Thai traditional healer's wisdom: A case study of patients taking poison drug. http://www.dtam.moph.go.th/ indigenous/visdom/moakong.pdf. Accessed: 11 May 2007.
- 36. Wongkumdang, S. (2007). Knowledge management of Pga K'nyau folk healers in Ban Chan sub-district, Mae Chaem district, Chiang Mai province. Unpublished master's thesis, Chiang Mai University, Chiang Mai, Thailand.
- 37. Oppong, A. C. K. (1989). Healers in transition. *Social Science and Medicine*, 28(6), 605–612.
- Ovuga, E., Boardman, J., & Oluka, E. G. A. O. (1999). Traditional healers and mental illness in Uganda. *Psychiatric Bulletin*, 23, 276–279.
- 39. Helman, C. G. (2007). *Culture, health and illness* (5th ed.). London: Hodder Arnold.
- 40. Baskind, R., & Birbeck, G. (2005). Epilepsy care in Zambia: A study of traditional healers. *Epilepsia*, 46(7), 1121–1126.
- Pearce, T. O. (1982). Integrating western orthodox and indigenous medicine: Professional interests and attitudes among university-trained Nigerian physicians. Social Science and Medicine, 16(18), 1611–1617.
- 42. Stock, R. (1981). Traditional healers in rural Hausaland. *Geo-Journal*, 5(4), 363–368.
- 43. Sugsamran, P. (2006). The situation study of traditional health care and healing among the prospective of folk healers in the rural area of Ampur Muang, Khon Kaen Province. Unpublished master's thesis, Khon Kaen University, Khon Kaen, Thailand.

