

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 Thai 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 cauterization (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.

Traditional Thai Medicine

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), Chapter 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

Traditional Thai Medicine

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.