WARISAN جايتن وايتن تجا

MINISTRY OF TOURISM, ARTS AND CULTURE

unesco Centre Under the auspices of UNESCO

ichcap International Information and Networking Centre for Intangible Cultural Heritage in the Asia-Pacific Region under the auspices of UNESCO 유네스코 아태무형유산센터

International Conference on INTANGIBLE CULTURAL HERITAGE

Local Heritage Wisdom: A Traditional Medicine

19th - 22nd November 2024 | Avanté Hotel, Selangor, Malaysia



PROCEEDING

PROCEEDINGS

International Conference on
INTANGIBLE CULTURAL HERITAGE

Local Heritage Wisdom: A Traditional Medicine

19th - 22nd November 2024 | Avanté Hotel, Selangor, Malaysia

ORGANISERS

WARISAN جابتن وانيتن تكا

MINISTRY OF TOURISM, ARTS AND CULTURE

unesco Centre Under the auspices of UNESCO

ichcap International Information and Networking Centre for Intangible Cultural Heritage in the Asia-Pacific Region under the auspices of UNESCO 유네스코 아태무형유산센터

PROCEEDINGS OF INTERNATIONAL CONFERENCE ON INTANGIBLE CULTURAL HERITAGE 2024 "LOCAL HERITAGE WISDOM: A TRADITIONAL MEDICINE"

All rights reserved. No parts of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or any information storage or retrieval system, without prior permission in writing from the publisher.

Editor:
Department of National Heritage
Level Mezzanine, 15-20
Menara Permodalan Nasional Berhad
No. 201-A, Jalan Tun Razak
50400, Kuala Lumpur

Proofreading:
Linton University College
Batu 12, 71700 Mantin
Negeri Sembilan
Malaysia

Publisher:
Department of National Heritage
Level Mezzanine, 15-20
Menara Permodalan Nasional Berhad
No. 201-A, Jalan Tun Razak
50400, Kuala Lumpur

ISBN:



FOREWORD



YB Dato Sri Tiong King Sing
Minister
Ministry of Tourism, Arts and Culture

With utmost respect, I would like to congratulate the Department of National Heritage, Ministry of Tourism, Arts and Culture (MOTAC), on the successful publication of the proceedings for the 2024 International Conference on Intangible Cultural Heritage (ICICH). This publication is the result of the dedicated efforts of all parties involved in this valuable conference. The success of the conference and publication of the proceedings would not have been possible without the invaluable support and cooperation of the International Information and Networking Centre for Intangible Cultural Heritage in the Asia-Pacific Region under the auspices of UNESCO (ICHCAP), Republic of Korea.

The proceedings compiled papers from 17 expert panellists from various countries, including Malaysia, Brunei, Indonesia, Philippines, Cambodia, Singapore, Vietnam, Thailand, Bangladesh, China, Timor-Leste, South Korea, Kazakhstan, India, Sri Lanka, and Australia. The conference, themed "Local Heritage Wisdom: A Traditional Medicine," was successfully held from November 19 to 22, 2024, at Avante Hotel, Selangor, Malaysia.

The conference highlighted three main topics: Women's Medicine: Postpartum Care, Practices and Beliefs in Traditional Medicine, and Protection and Sustainability of Traditional Medicine. These topics provided in-depth discussions and insights into the importance of safeguarding intangible heritage, particularly in the field of traditional medicine from around the world.

In order to make intangible cultural heritage visible in the international arena, and support dialogue that respects cultural diversity, the compilation of valuable papers on the knowledge, skills, practices, beliefs and safeguarding of traditional medicine from presenters is essential. This effort encourages international groups to safeguard this heritage in a spirit of cooperation and solidarity with UNESCO members.

I am confident that this publication will make a great contribution to enriching the body of knowledge and serve as a valuable reference for all parties involved. It also represents an important step in documenting traditional medical practices and knowledge for the purpose of protecting and promoting cultural diversity.

Therefore, on behalf of the ministry, I would like to express my congratulations and gratitude to all those involved directly and indirectly in making the publication of these proceedings a success. May the outcomes of this effort continue to benefit and inspire future generations in our endeavour to safeguard and appreciate this valuable cultural heritage.

Thank you.

YB Dato Sri Tiong King Sing
Minister
Ministry of Tourism, Arts and Culture

FOREWORD



Mohamad Muda bin Bahadin
Director General
Department of National Heritage
Ministry of Tourism, Arts and Culture

The Department of National Heritage (DNH), Ministry Tourism, Arts and Culture (MOTAC) is the agency responsible for the conservation, preservation, protection, and promotion of the nation's heritage in line with the National Heritage Act 2005 (Act 645) through research, documentation, declaration of National Heritage, enforcement, publishing, and development programs. Additionally, DNH plays a role in elevating the nation's heritage to the global stage under the United Nations Educational, Scientific and Cultural Organization (UNESCO).

To date, Ministry of Tourism, Arts and Culture (MOTAC), through DNH, has successfully nominated nine intangible cultural heritage elements for recognition under the 2003 Convention for the Safeguarding of the Intangible Cultural Heritage of UNESCO. Malaysia has also successfully secured a seat on the UNESCO Intergovernmental Committee for the Safeguarding of the Intangible Cultural Heritage (IGC ICH) for the 2022-2026 session.

In this regard, DNH has taken the initiative to collaborate with the International Information and Networking Centre for Intangible Cultural Heritage in the Asia-Pacific Region under the auspices of UNESCO (ICHCAP), Republic of Korea, in organizing the International Conference on Intangible Cultural Heritage in 2024, which took place

from November 19 to 22, 2024. The conference involved 19 panellists and 3 moderators, comprising experts, academics, and community representatives.

The purpose of this conference is to promote a better understanding of intangible cultural heritage, share best practices, and empower ICH NGOs in the region by exchanging useful experiences and information on their activities.

The documentation of papers from all conference topics will be published in the form of proceedings for reference by all segments of society. It is hoped that these proceedings will help provide encouragement, motivation, and spread awareness about the importance of preserving intangible cultural heritage and the need for collective responsibility in conserving, preserving, and protecting the intangible cultural heritage within the country. Additionally, the input contained in the proceedings will serve as a guide and reference for DNH, particularly in the management of the nation's heritage assets, to strengthen its efforts towards excellence and contribute to the well-being of the people, as well as to the sustainability of the national heritage.

Thank you, and may you be blessed with guidance and success.

Wassalamu'alaikum wa rahmatullahi wa barakatuh.

Mohamad Muda bin Bahadin
Director General
Department of National Heritage
Ministry of Tourism, Arts and Culture

FOREWORD



Jisung Kim
Director General
International Information and Networking Centre for Intangible Cultural Heritage in the Asia-Pacific Region under the auspices of UNESCO (ICHCAP)

In an era where traditional practices face unprecedented challenges, the International Conference on Intangible Cultural Heritage 2024 will serve as an essential gathering, focusing on the theme Local Heritage Wisdom: A Traditional Medicine. This conference will bring together over 19 experts from across the Asia-Pacific region to highlight the significance of traditional medicine as a vital form of intangible cultural heritage.

Although deeply rooted in our cultural heritage, traditional medicine often goes unrecognised in the mainstream. The World Health Organisation defines traditional medicine as “the sum total of knowledge, skills, and practices based on theories, beliefs, and experiences indigenous to different cultures,” traditional medicine reflects centuries of accumulated wisdom. Its practitioners–from herbalists and midwives–have historically played a significant role in community health. This conference will explore how these traditional methods, now at risk due to modern pressures and environmental changes, continue to contribute to health and cultural identity in meaningful ways.

The sessions will open dialogues on diverse traditional medical practices, ranging from postpartum care techniques to the holistic

approaches embedded in community beliefs. Experts will present strategies to protect these fragile traditions and emphasise the need for youth involvement in ensuring their continuity. Additionally, the conference will host a dedicated NGO networking session, promoting valuable cooperation between NGOs and experts in the field and fostering a shared commitment to safeguarding traditional medicine.

I hope this conference will provide participants with a foundational understanding and inspire future collaboration in sustaining traditional medicine practices. As we convene in Malaysia, we will celebrate the enduring value of traditional medicine, recognising its role not only as a form of healthcare but also as a vibrant cultural heritage that requires collective effort to be safeguarded for future generations. Let this gathering mark a pivotal step in our shared journey to uphold and safeguard intangible cultural heritage.

Jisung Kim
Director General
International Information and Networking Centre for
Intangible Cultural Heritage in the Asia-Pacific Region
under the auspices of UNESCO (ICHCAP)

PREFACE

The traditional medicine is an element of intangible cultural heritage that is rarely emphasised or highlighted in the mainstream, even though it has existed for a long time, been practiced for generations, become a practice and rooted in the cultural system of society.

Communities have their own traditional knowledge to lead a healthy life. This is continuously developed to reflect traditional value systems and regional and historical characteristics passed down through generations. The massage therapist, shaman and midwife are among the titles given to the traditional medicine practitioners. The local heritage wisdom in offering traditional treatment is a knowledge that is hard to deny its effectiveness. In fact, this medical method has undoubtedly made an important contribution to human health care before the advent of modern medicine.

However, today traditional medicine is facing the threat of extinction. There are some communities that dispute the effectiveness of traditional treatment because it is very difficult to prove scientifically. Furthermore, natural medicinal materials and herbs are disappearing due to climate change and human economic activities. This indirectly causes the knowledge on this treatment to be increasingly forgotten, unknown and less practiced by the younger generation.

Therefore, to safeguard these traditional medical practices, the Department of National Heritage in collaboration with UNESCO-ICHCAP organised the International Conference on "Local Heritage Wisdom: A Traditional Medicine" to highlight the traditional medical knowledge of the community around the world.

The conference consisted session of countries' presentations, exhibitions, sales of products related to traditional medicine, demonstrations of traditional medicine, cultural performances and cultural visit. This conference involved participation from Asia Pacific Region member countries. The target groups for conference participants were students of higher learning institutes, researchers, NGOs, and traditional medical practitioners. The output of this

conference is the publication of the proceeding which included the presentation papers from all participants.

Following the ICICH 2024 was the 2024 ICH NGO Conference organised by the UNESCO-ICHCAP. The purpose of the conference was to promote a better understanding of intangible cultural heritage, share best practices, and empower ICH NGOs in the region by exchanging useful experiences and information on their activities.

TABLE OF CONTENTS

TOPIC 1

TRADITIONAL MEDICINE FOR WOMEN : POSTPARTUM MOTHER CARE

Malay Traditional Medicine: Postnatal Care 2
Mohd Adzhar Abd Latif

Local Knowledge of Malay Traditional Medicine for Postpartum Women's Diseases 11
Mu'jizah, Muhammad Fuad

Traditional Medicine For Women - Postpartum Mother Care in Timor-Leste 39
Antonio De Deus Fatima

Traditional and Modern Applications of Malaysian Tropical Herbs in Protecting Postpartum Women's Health 46
Andrew Wang Xueyu

From Tradition to Industry Market Viability: The Commercialization of Malay Postnatal Care in Malaysia 52
Nor Adila Binti Mohd Noor

Knowledge of Yao People's Folk Medicine (A Case Study of Traditional Medicine for Postpartum Women of Yao People in Bac Kan Province, Vietnam).....77
Hoang The Phuc

TOPIC 2

PRACTICES AND BELIEFS IN TRADITIONAL MEDICINE

Long-Forgotten Practices and Beliefs in Modern Kazakhstan Healthcare 96
Rustam R. Muzafarov

Tibetan Medicine's "Lum" Medicinal Bathing:
A Historical Perspective 114
Zen Yan

Nuad Thai: Core Values, Practices and Challenges in Modern Society ... 135
Yongsak Tantipidoke

Spiritual Roots and Healing Practices: The Belief Systems of Tribal
Communities in India 153
V. Jayarajan

Development of Korean Ginseng from Traditional Medicine to Culture.... 171
Hwe Jae Jang

Heritage, Ethno-Medicine and Traditional Medical Practices in
Bangladesh: An Anthropological Study 185
Saifur Rashid

Lore of Sri Lankan Tradition of Indigenous Medicine 216
Danister L. Perera

TOPIC 3

SAFEGUARDING AND SUSTAINABILITY OF TRADITIONAL MEDICINE

Safeguarding Traditional Medicine Practice Through Medicinal
Plants' Research & Education: Brunei's Perspective 242
Nurolaini Kifli*, May Poh Yik Goh

Making *Jamu* Exciting Again – A Case for Safeguarding *Jamu*
Tradition in Singapore 253
Suryakenchana Omar

Lessons Learned on Safeguarding and Sustainability of Traditional
Medicine in Thailand 275
Sirirak Aratrakorn

Safeguarding the Past, Securing the Future: Challenges and
Opportunities in Philippine's Traditional Medicine 295
Teresa M. Torres

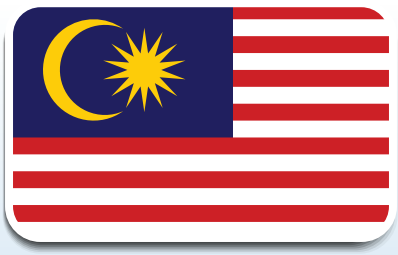
MALAYSIA

International Conference on

INTANGIBLE CULTURAL HERITAGE

Local Heritage Wisdom: A Traditional Medicine

19th - 22nd November 2024 | Avanté Hotel, Selangor, Malaysia



MALAY TRADITIONAL MEDICINE: POSTNATAL CARE

MOHD ADZHAR ABD LATIF
Head of Malay Medicine Department
Linton University College, Malaysia
adzhar.latif@gmail.com

ABSTRACT

Over the centuries before modern medicine was introduced, Malay traditional medicine has been instrumental to the community, especially the Malay community in Malaysia, as a method of treatment and healthcare that can no longer be denied or refuted on the effectiveness and its benefits. The basis and philosophy of Malay traditional medicine are focused on efforts of to conserve, preserve and restore the health of the human body through a holistic approach physically and spiritually. There are several branches of practices or sub-modalities recognized under Malay Traditional Medicine, amongst amongst others is Malay Postnatal Care. The Local Heritage Wisdom of the Malay Postnatal Care is one of many and still widely practiced despite society's rampant modernization. The Malaysian government has already recognized this area of ancestral heritage practice and has placed it together in the mainstream alongside modern medical practices.

Keywords: Malay, traditional medicine, postnatal care, local heritage wisdom

INTRODUCTION

The Traditional Malay Postnatal Care provides treatment and therapy after the childbirth for the new mother which has traditionally been managed by the Traditional Practitioner or Midwife, who used to be

called '*Bidan Kampung'*. Usually, the duration of the postpartum period or abstinence, abstinence is 44 days days to 100 days. The methods and applications involve manipulative, biochemistry and spiritual components. In addition, certain foods are forbidden and activities are restricted to avoid complications. The advantages of Malay postnatal care are to prevent the occurrence of various complications and diseases caused by childbirth in the short term and metabolic disorders in the long run. Furthermore, this approach will maintain the health holistically that involves the physical body, mind and soul in order to enjoy a good quality of life, restore beauty and elegance and longevity. Hopefully, more efforts will be made to integrate the local heritage wisdom into the public healthcare system in managing the healthcare challenges in the world today.

The Malay Traditional Medicine or Malay Heritage Medicine is a legacy of knowledge, skills and practices based on the theories, beliefs and experiences traditionally (inherited from ancestors throughout generations). It is based on a holistic approach encompassing the body, mind and soul.

Over the centuries before modern medicine was introduced, Malay Traditional Medicine has been instrumental to the community, especially the Malay community in Malaysia as a method of treatment and healthcare that can no longer be denied or refuted on the effectiveness and its benefits.

The basis and philosophy of Malay Traditional Medicine is focused on efforts of conserving, preserving and restoring the health of the human body through holistic approach physically and spiritually.

The approach involves manipulative, biochemistry and spiritual components. The axis is to obtain a balance in the body, mind and soul in order to be a healthy human being in every aspect towards achieving the quality of life and well–being.

Currently, Malaysia is the only country to adopt and raise the dignity of Malay Traditional Medicine practices. Recognizing its needs and benefits, the Malaysian government has already recognized this area

of ancestral heritage practice and placed it together in the mainstream alongside with modern medical practices.

There are several branches of practices or sub-modalities recognized under the Malay Traditional Medicine which amongst others are Postnatal care, Malay massage, Herbal treatment and Cupping (*Hijama*).

The Traditional Malay Postnatal Care provides care for newborn infant and new mother which traditionally been managed by the Traditional Practitioner or Midwife who used to be called '*Bidan Kampung'*. However, this article will only be focusing on the treatment or therapy for the new mother

Usually the duration of abstinence is for 44 days. Somehow, there are certain ethnic group who practiced for up to 100 days. The methods and applications of which the Traditional Malay Postnatal Care for the new mother are as follows;

1. Postnatal Massage (*Urutan Berpantang*) – A combination of stretching, kneading, stroking and applying pressure with fingers and hands on the surface of the body parts. At times, the use of elbows and heels is necessary. Traditionally done by the practitioner using massage oil over the whole body with particular attention to be given to the uterine area. It is done on three consecutive days in the first or second week and followed by another three days at the end of the confinement. This procedure promotes blood circulation and expel wind, stimulate lymphatic system and also helps to relieve constipation and water retention. It will assist the uterus in its shrinking process and sooth after birth pains. During massage, the uterus is lifted up using fingers to bring it back to its original position and to release any blood clots.

2. Hot Stone Compression (*Bertungku*) – Traditionally using heated river stone. The practitioner will heat the stone using the gas stove for about 10 minutes. Later, it is wrapped with few layers of rugs line with leaves from various type of herbs. Then

it is applied on all parts of the body front and back especially around the uterus to enhance healing of uterus. Able to prevent or to manage the pain caused by the contraction (*rengat*). It is also aimed to break up fats, reducing flatulence and to tone the stomach and maintaining the shape of the body.

3. Traditional Bath/Herbal Bath – Traditional bath or Herbal bath begins by wetting the feet and moves slowly upward to the whole body from toe to head. Aromatic herbs is used. It is for the purpose of reducing bone, joint and muscle pain due to the stressful process during childbirth. For freshening the body, removing bad odour, softening the nerves and skin, promotes blood circulation, expelling wind and making the body feel warm. This traditional bath also aims to restore the spirit of mothers who are in confinement due to the emotional instability.

4. Heat Treatment (*Berdiang* or *Bersalai*) – *Berdiang* is a procedure providing direct heat to the back and abdominal area. Whereas, *Bersalai* is the procedure where the new mother lies on the special wooden bed with holes, and small fire is lit beneath it. Used to be popular to provide direct heat to the back and abdominal area. This is for enhancing the recovery of the uterus, pelvic floor muscle and abdominal muscle. Promotes blood circulation, expelling wind and making the body feel warm.

5. Oral Herbal Remedies: In the form of herbal decoction, herbal powder and herbal capsule – Herbs is one of the key elements in Malay Traditional Postnatal Care. It is produced in few types and to be taken orally and aimed to promotes blood circulation and expels wind, stabilise hormone, promotes mother's milk, tighten pelvic floor muscle, refreshes body, manage emotional instability, maintain body shape, anti aging, longevity & beauty.

6. Vaginal Heat Treatment (*Bertangas*) – The treatment process on the genital area includes the use of heat and a mixture of herbs. Sitting on a wooden chair with a hole in the middle, is

done by pointing the genitals at the heat. The whole body is covered with *batik* cloth to generate steam.

The aim is to reduce uterus swelling, eliminate excessive white discharge and bad odour, enhance healing of cuts and wounds and also for tightening the vaginal muscles.

7. Forehead treatment (*Pilis*) – Herbal paste is applied to the forehead during abstinence which contain antidepressant properties that aimed to prevent and treat postnatal depression, improve poor vision, treat headache after childbirth, manage stress and emotional instability.

8. Body spread (*Param*) – is a mixture of various herbs and rice that is ground, then formed into small pieces and dried in the sun. It is crushed, mixed with a little water and applied all over the body except the breast.

   It is aimed to warm the body, improves blood circulation, burn the body fat, tone the muscles, relieves skin problem, reduce scars and stretch marks, smoothen and beautifies the skin and remove body odour. Body wrap (*Berbarut* or *Bengkung*) – *Berbarut* is a method where the stomach is rubbed with herbal ingredient called *tapel*

9. Then wrapped with a cloth that covers from the lower chest to the lower hips. It is tied neatly to support the stomach and back.

   For *Berbengkung*, a piece of cloth of about one foot wide and 12 metres long which is used as a girdle. Before wrapping, a mixture of herbal formulation is spread over stomach and back. This procedure is aimed to tone the abdominal muscle and eliminate floppy belly apart from preventing abdominal pain or backache and also maintaining the body shape.

10. Stretching Exercise – The new mother is recommended to do stretching exercise in accordance to the Malay postnatal care techniques, a month after childbirth. This is aimed to increase

the blood flow, boost stamina, strengthen muscles and maintaining the body shape.

11. Ending Confinement – At the end of the 44 days, the practitioner will revisit the new mother to perform massage for three consecutive days which is on the 42nd, 43rd and 44th day.

    Upon request, the ritual called '*pelepas'* using coconut leaf blades is performed or by giving flower bath to the mother. The purpose of these massages, *pelepas* and the flower bath are not only for the health but also for the beauty of the mother.

12. Dos and Don'ts

    In addition to the above, Malay postnatal care have their own set of dos and don'ts consist of;

    i. Dietary - New mothers are discouraged from consuming lots of fluids, as this is believed to increase water retention. Therefore, dry foods that are grilled, steamed and herbal salads are preferred. Shellfish are avoided as they can cause skin allergies and retard the healing of wounds. Food that causes wind and bloating such as sweet potatoes, cucumber, nuts and legumes, should also be avoided.

    ii. Practices - Certain activities are restricted for the new mother to do such as going out of the house unnecessarily and lifting or carrying heavy object that can also leads to complications. The new mother is encouraged to keep their body warm by wearing socks and sweater most of the time.

Mothers who neglect proper care after childbirth, commonly suffer body and back ache, pain to the muscle, bones, and joints, including the abdominal area, cervical erosion, and occurrence of many other complications in the short term and in the long run.

A. Short-term

i. Post-partum hemorrhage
ii. Cramp
iii. Catch cold (*Bentan*)
iv. Lockjaw
v. Flatulence
vi. Milk swelling
vii. Constipation
viii. Hemorrhoid
ix. Urinary tract infection (UTI)

B. Long-term

i. Postpartum blues/Depression (*Meroyan*)
ii. Loose and watery vagina passage
iii. Prolapse (*Tombong*)
iv. Metabolic disorder
v. Obesity
vi. Poor quality of life

ESSENCE OF TRADITIONAL MALAY POSTNATAL CARE

i. Preventing the occurrence of diseases caused by childbirth in short term and avoiding the metabolic disorder in the long run.

ii. Avoiding the occurrence of various complications during and after abstinence such as postpartum depression and cold.

iii. Restoring the external and internal health of the mother's limbs after childbirth such as shrinking and returning the uterus back to its original size and position, overcoming back pain and as well as strengthening the abdominal muscles, restore the tightness of the vagina muscles and uterus.

iv. Maintaining health holistically that involved not only the physical body but also the soul and mind in order to enjoy a good quality of life, restore beauty and elegance such as body shape, complexion and longevity.

CONCLUSION

In view of the above benefits, the Malay postnatal care has been widely practised in Malaysia and hopefully will be accepted globally.

INDONESIA

International Conference on

INTANGIBLE CULTURAL HERITAGE

Local Heritage Wisdom: A Traditional Medicine

19th - 22nd November 2024 | Avanté Hotel, Selangor, Malaysia



LOCAL KNOWLEDGE OF MALAY TRADITIONAL MEDICINE FOR POSTPARTUM WOMEN'S DISEASES

MU'JIZAH
National Research and Innovation Agency
Jakarta, Indonesia
mujizah555@gmail.com
MUHAMMAD FUAD
Sekolah Kajian Global, Universitas Indonesia
faseha.fuad994@gmail.com

ABSTRACT

The Malay community in Indonesia, including the Riau Malays, has a rich tradition of local knowledge in traditional medicine for postpartum women's diseases. This knowledge, documented in old manuscripts and passed down through generations of midwives, shamans, traditional healers, and medicine men, addresses various diseases related to women's reproductive organs. This article explores this local knowledge from a cultural perspective using a multidisciplinary approach that combines philological and ethnomedical methodologies. The findings reveal that the Malay community in Riau possesses substantial knowledge about maintaining women's reproductive health, particularly during pregnancy and postpartum periods. Women often experience health disturbances during these times due to physical, psychological, and spiritual changes. To help women restore their health, the Riau Malay community has manuscripts dating back to the 19th century, including *Ibu dalam Rumahnya* (Mother in Her House), *Rumah Obat di Pulau Penyengat* (House of Medicine on Penyengat Island), *Tajul Muluk* (Crown of Kings), and *Kitab Tibb* (Book of Medicine). These texts mention several diseases such *senggugut*, *meroyan*, and *selusuh*. The treatments involve traditional medicines derived from plants and

animals, inherited through generations. These manuscripts detail not only the types of diseases and medicines but also specific methods for preparing, measuring, and applying the treatments. Despite the depth of this traditional knowledge, it is under threat of extinction and marginalization due to the rise of modern medicine. Efforts must be made to preserve this knowledge by introducing it to contemporary society, which is a primary objective of this article.

Keywords: local knowledge, Malay traditional medicine, women's diseases, postpartum diseases

INTRODUCTION

One of the inherent roles of women is giving birth, an event that is both joyful and filled with suffering. After giving birth, a woman's physical organs undergo changes, including her mental and spiritual state. To regain wellness, women need health knowledge, both traditional and modern. Traditional health knowledge in postpartum care is now endangered. This threat to extinction is evidenced by the low percentage of Malay mothers in Riau who have given birth using traditional procedure and medicine. The percentage of the role played by traditional healers, known as *dukun beranak*, *dukun kampung*, *bidan kampung*, *tabib*, or *bomoh*, to restore postpartum health has also significantly decreased.

According to the Riau Central Statistics Agency, from 2020 to 2022, most women giving birth were assisted by doctors and midwives, with very few assisted by *dukun beranak*. The agency reported that 54.94% of births were assisted by midwives, 40.92% by doctors, and only 0.60% by traditional healers. In 11 districts, the highest assistance by doctors was in Pekabaru at 63%, midwives at 35.11%, and traditional healers at 0.75%. Districts that did not use traditional healers at all for childbirth in those years were Kuantan Sengingi, Siak, and Bengkalis, with a rate of 0%. These figures show that traditional medicine in postpartum health care is critically endangered or nearing extinction. In the 19th century, traditional medical knowledge was widely used, as evidenced by ancient manuscripts in which treatment for postpartum women's diseases is recorded.

This traditional treatment of women's diseases is crucial for women's health and the continuity of generations. There is still a lack of studies on this topic, as most research focuses on women's general health from modern perspectives, such as those by Ali & Syaukat (2018) and Mohammad et. al, (2018). Some studies focus on Malay communities in Malaysia and Singapore, like those by Tengku Mohamad (2019), Arifin (2021), and Koh Ni Phang, Serena Siew Lin Koh, Hui-Chen Chen (2015). Research on traditional medicine often explores general medicinal manuscripts, such as those from Sunda, Java, Bugis (Holil, 2020; Paeni, 2020; Kriswanto, 2018), and Malay (Mu'jizah, 2020; Purwanto, 2018). Research on Malay manuscripts regarding women's diseases has been conducted by Rochmiatun (2022) in Palembang, but it remains general and does not specifically address postpartum women's diseases. Postpartum diseases are very specific, involving physical issues such as infections, breastfeeding problems, and psychological issues like depression.

Specific research on these diseases, especially in the context of traditional medicine among the Indonesian Malay, is scarce, even though some countries like Cambodia, Malaysia, China, Africa, and India have conducted such studies. Research in Cambodia by Na-Yoen Kwon et al. (2023), in Zimbabwe by Sotheara et al. (2023), Mawoza, Tariro, Charles Nhachi, and Thulani Magwali (2019), in Malaysia by Jamal, Jamia Azdina, Zakiah Abd. Ghafar, and Khairana Husain (2011), Shewamene, Zewdneh, Tinashe Dune, and Caroline A. Smith (2017), and in Africa by Fantaye, Arone Wondwossen, Nathali Gunawardena, and Sanni Yaya (2019) are notable examples.

Comparative research on traditional medicine among Chinese, Indian, and Malay ethnic groups in Malaysia by Yusoff, Zuraidah Mohd et al. (2017) also exists. However, traditional medicine models discussing postpartum women's diseases in Indonesia, particularly among the Malay ethnic group, are rare. For that reason, this article addresses traditional medicine for postpartum women's diseases among the Malay ethnic group in Indonesia, with samples from Riau, an area bordering Malaysia and Singapore. The Riau community has knowledge of this medicinal tradition recorded in their collective memory, both in written form and in oral tradition. Manuscripts

documenting this medicinal tradition include *Kitab Tibb*, *Tajul Muluk*, *Ibu dalam Rumahnya*, *Rumah Obat Pulau Penyengat*, and *Obat-Obat Melayu*.

This article discusses several important issues related to traditional postpartum women's medicine, such as how this medicinal knowledge is depicted in the manuscripts, how it is practiced today, and how this medicinal tradition could be protected from extinction. Its main goal is to explore and identify types of postpartum women's diseases, their treatments, and to identify possible ways of preserving this medical heritage and preventing it from extinction.

There are four key arguments related to this medicinal tradition. First, unlike modern chemical-based medicine, traditional medicine is believed to have no side effects. Traditional medicine is thought to be safe and effective by the community, as it has been passed down through generations, and made from natural plant ingredients with minimal side effects. Second, traditional medicine is more accessible and affordable for rural communities emotionally connected to their traditions, feels more comfortable to them compared to modern medical treatments by doctors.

Third, traditional medicine is holistic, combining physical, mental, and spiritual aspects with friendly and pleasant services close to the community, providing comprehensive support for postpartum women often experiencing health issues. Fourth, the natural ingredients used in traditional medicine, such as *katuk* leaves for increasing breast milk and turmeric as an anti-inflammatory, have healing properties. This traditional medicine has been practiced for generations, understood within the cultural context, and the techniques of traditional healers provide comfort and peace to postpartum women dealing with trauma and depression.

For this research on traditional postpartum women's medicine, three important concepts are employed for the framework: local knowledge of traditional medicine, postpartum women's diseases, and traditional medicine practices. Local knowledge of traditional medicine involves skills and practices based on cultural theories, beliefs, and

experiences, maintained and preserved through practices of prevention, diagnosis, and treatment of physical and mental diseases (Pulok, Mukherjee et al., 2013). This medicinal tradition, practiced and believed in by locals, uses natural materials passed down through generations and is influenced by the characteristics of the local area. Currently, the local knowledge is marginalized, overshadowed by modern science and endangered. However, in the past, this medicinal tradition was widely used and believed to be effective, and as such it is continuously practiced today by the local communities (Milles, 2007; Menon, 2019). In Indonesia, various ethnic groups like Sunda, Java, Bugis, Bima, and Banjar possess this tradition. This knowledge is also prevalent in other Asian countries, such as in India, China, and Korea.

Traditional medicinal knowledge is unique, using plants and natural ingredients for various diseases (Parkash, Jyoti et al., 2018). Plants are significant as medicines for humans and have long been known for their therapeutic properties. For centuries, indigenous cultures worldwide have used traditional herbal medicine to treat a variety of ailments, as stated by Fu-Shuang Li and Jing-Ke Weng (2017) and Elfahmi, Herman J. Woerdenbag, and Oliver Kayser (2014). Traditionally, this traditional medicine is holistic, treating physical, mental, and spiritual dimensions of the disease, often involving rituals, mantras, and prayers. This direct medicinal experience is highly localized and related to the community and environment, integrated with local culture, customs, and beliefs. This medicinal tradition is considered comfortable and non-intimidating by the community.

Postpartum women often experience health issues requiring treatment. Health disturbances during pregnancy, childbirth, and postpartum are significant (Apriyanti, Popy, Atik Triratnawati, Dhesi Ari Astuti, 2021). Government Regulation (PP) No. 61 of 2014 emphasizes the importance of postpartum health services, including early disease detection, treatment of physical and mental health disturbances, and prevention and care for mothers and families. Common health issues include postpartum depression, marked by prolonged sadness, fatigue, and loss of interest in activities, with symptoms like prolonged sadness, fatigue, changes in eating and sleeping patterns, and feelings of worthlessness or guilt. Other

diseases include breast tissue infection in breastfeeding mothers, uterine infections, excessive bleeding before or after childbirth, urinary incontinence due to pelvic muscle strain during labor, constipation, and hemorrhoids due to hormonal changes and pressure on the rectum during childbirth. Sexual issues like painful intercourse (dyspareunia) and decreased libido also arise. These conditions require proper care and treatment, with support from family, friends, and healthcare providers for postpartum women's recovery.

In traditional communities, these diseases are known as *nifas*. According to the KBBI, *nifas* refers to blood discharged from a woman's uterus after childbirth. The postpartum period is a recovery phase where a woman's body gradually returns to its pre-pregnancy condition. During this period, women may suffer from *meroyan*, a psychological or emotional condition similar to postpartum depression. Postpartum women often feel like their bodies are cold and require traditional massage or herbal medicine. Other diseases include postpartum fever, considered an infection or inflammation of the uterus or related to childbirth, and *galeh*, a condition caused by temperature changes after childbirth, treated with warmth and special care.

A study by Shaukat, R., Ali, S., Gnanasan, M., and Farooqui (2018) found that out of 374 women who gave birth, 285 (76.2%) reported using at least one type of Traditional and Complementary Medicine (T&CM) during pregnancy or postpartum. T&CM includes medicines derived from plants with natural products without chemicals. The highest T&CM category was biologically based therapies (n=272, 95.4%), while the lowest was energy therapies (n=8, 2.8%). The most common used T&CM was traditional Malay massage (n=170, 59.6%), with family members or friends as the main sources of information and recommendations (n=199, 69.8%).

METHODOLOGY

This research explores and understands local knowledge in the tradition of treating postpartum women's diseases, using library and field studies with philological and ethnomedical approaches. Philology uncovers knowledge contained in ancient manuscripts, while

ethnomedical is used to explore traditional healing practices in the community that are still practiced by traditional healers, such as village healers, midwives, herbalists, and shamans. The object of the study is the medical traditions of the Malay community, particularly in Riau. Thus, the primary sources are the manuscripts and medical traditions of the community in the Riau region. In addition to primary sources, secondary sources in the form of reference literature are also used as support. These sources consist of studies published in various journals relevant to the topic of postpartum women's medical treatment.

To obtain the data, searches were conducted through owners of ancient manuscripts stored in public institutions as well as private collections. The knowledge of traditional healing practices in the community was gathered through observation and interviews. Interviews were conducted with traditional healers engaged in the treatment of women's diseases and general illnesses. These traditional healers were interviewed in-depth to identify postpartum women's diseases, including types of diseases, medicines used, methods of preparation, measurements, and administration. Six traditional healers were interviewed as samples. Besides traditional healers, interviews were also conducted with staff from the Health Department working in health institutions, including staff working in community health centers providing health services. Interviews were also conducted with practitioners who produce traditional medicines.

Primary and secondary data obtained through the collection were processed using analytical techniques in accordance with the fields of philology and ethnomedicine. Ancient manuscripts, which are the subject of philological study, were inventoried, physically described, and their texts were transliterated, followed by in-depth readings. Interviews with traditional healers were transcribed. These materials were then processed by classifying and identifying them. Analysis and discussion were carried out by interpreting them with various conceptual supports from experts in their respective fields, including social and health fields. From the data processing, significant findings were obtained to be discussed in more depth as research results.

THE TRADITION OF POSTPARTUM WOMEN'S DISEASE TREATMENT AS A FACT

As a matter of fact, many diseases threaten women during pregnancy and postpartum. During this period, happiness of mothers is accompanied by physical and emotional health disturbances known as postpartum issues. This postpartum period has historically been a concern for traditional societies, particularly the Malays in Riau. They possessed knowledge and cared to maintain the health of pregnant and postpartum women. This knowledge is recorded in manuscripts, detailing the types of diseases during pregnancy and postpartum, the medicines and methods of preparation, some with specific measurements, and their usage. This knowledge found in the manuscripts is still present in the current traditional medical practices in Riau, practiced by herbalists, midwives, village healers, and shamans. In this section, two tables are presented. Table 1 describes the types of diseases women face, and Table 2 details the medicines, methods of preparation, and treatments found in the manuscripts.

A. Types of Postpartum Women's Diseases

Women have a nature as human beings who continue generations through pregnancy. At that time, women experience exciting and stressful times. This condition is experienced because during pregnancy until after giving birth, women experience various changes in their bodies. This section discusses the types of diseases found in tradition, especially in ancient manuscripts, and the way the manuscripts describe disease as a source of information on past life as well as a source of knowledge in overcoming the various types of diseases faced by women during pregnancy and postpartum.

Table 1: Name of diseases, content of the manuscript, and source manuscripts

No.	Disease names (modern medicine)	Disease names (Malay)	Content of the Manuscripts	Manuscripts (source)
1.	Abortion	*Bisa ari-ari atau perempuan keguguran anak*	The disease of woman having a miscarriage or the	ROPP

		(Poisoned placenta or a woman having miscarriage).	disease of poisoned placenta	
2.	Implantation bleeding (menstrual bleeding during pregnancy) or ectopic pregnancy.	*Bunting darah/Busung* (Blood pregnancy/ Swelling)	*"Bab ubat Perempuan busung atau bunting darah"* (Chapter on medicine for women with swelling or blood pregnancy)	KT
3.	Menstrual pain or dysmenorrhea	*Senggugut* (disease during menstruation, after giving birth)	*"Fasal ini pada menyatakan ubat senggugut, yakni jenis penyakit orang Perempuan ketika haid"* (This chapter presents the medicine for *senggugut* disease, a type of female disease during menstruation)	KT, ROPP
4.	Postpartum incontinence	*Kerap kencing* (Frequent urination)	*"Kerap Kencing"* (Frequent urination)	ROPP
5.	Postpartum hemorrhage, No bleeding after giving birth/blood clots.	*Perempuan sesudah bersalin, tiada keluar darahnya (getah kecing)* (Women after giving birth, no blood coming out (urinary sap)	*"Bab ubat Perempuan sesudah bersalin tiada keluar darahnya"* (Chapter on medicine for women who do not bleed after giving birth)	KT
6.	Bleeding/Reproductive organ bleeding (cysts/myomas)	*Perempuan yang turun darah/ perempuan yang 'cemar kain' berlarut-larutan darahnya* (Women who are bleeding/women who "spoil cloth" protractedly).	*"Bab ubat perempuan turun darah"* (120) (Chapter on medicine for women who are bleeding)	TM

7.	Leukorrhea (fishy smell in the vagina)	*Keputihan* (Vaginal discharge)	*"Bab ubat perempuan yang tidak kering kemaluannya"* (Chapter on medicine for women whose vaginas do not get dry"	OoM, KT
8.	Postpartum depression (PPD)	*Meroyan*	*Bab obat meroyan* (Chapter on medicine for *meroyan*)	KT
9.		*Selusuh*	*"Selusuh obat beranak"* (*Selusuh* medicine for women giving birth)	KT
10.	Placental abruption	*Ari-ari putus* (Broken placenta)	*"Bab obat ari-ari putus"* (Chapter on medicine for broken placenta)	KT

Local knowledge about treating women's diseases during pregnancy and postpartum in Table 1 describes the types of diseases women suffered from in the past. These diseases are still known in modern times under different names. The types of diseases are recorded in five Malay manuscripts that discuss the treatment of women's diseases, namely *Ibu dalam Rumahnya* (IdR), written by Al-Mu'id Umar bin Raja Haji Hasan Riau in 1326 H. In this manuscript, it is clearly stated "the ways to maintain the body that should be done by mothers for themselves and their children." Other manuscripts include *Rumah Obat Pulau Penyengat* (ROPP), *Kitab Tibb* (KT), *Obat-Obat Melayu* (OoM), and *Tajul Muluk* (TM) from the 19th century. The names of diseases in these manuscripts use classical Malay language in accordance with the context of the time.

The names of the diseases in the past are written in Arabic and Malay languages and are still recognized today in modern medical names using European terminology. Various diseases were suffered by women from pregnancy to postpartum. These diseases mostly relate to reproductive organs in the abdomen. Some of the names of the disease from the past use Arabic terms, such as *faraj* (female

genitalia), and Malay terms, such as *senggugut*, *meroyan*, and *selusuh*. These names are mentioned in separate chapters. Of the various types of diseases, the manuscript that contains the most information on these diseases, compared to *ROPP*, *IdR*, *TM*, and *OoM*, is *KT.*

B. Treatment Methods and Usage of Medicine

The Malay community demonstrates intelligence in maintaining health, as evidenced in Table 2, which includes ways to treat each postpartum women's disease. It also details how to prepare the medicines with specific measurements. The preparation and administration methods of the medicines are provided. These medicines are not used carelessly, as their measurements are carefully considered.

Table 2: Medicines, Measurements, and How to Prepare

No	Malay names of the diseases	Medicines	How to prepare and measurements	How to use
1.	*Bisa ari-ari atau perempuan keguguran anak* (Poisoned placenta or a woman miscarrying)	Oil, salt, hot water	Oil mixed with salt, add hot water	Oil to be consumed with hot water, one or two teaspoons every four hours, or rubbed on the body every three hours.
2.	*Bunting darah/Busung* (Blood pregnancy/ Swelling)	*Daling selempang* leaves, *susundara* leaves, fennel, *larak*, *serong-serong* leaves, *melukut* tip, turmeric eye	*Daling selempang* leaves, *susundara* leaves, fennel, *larak*, *serong-serong* leaves, *melukut* tip, turmeric eye: add water and boil.	Drink.

3.	*Senggugut* (disease during menstruation, after giving birth)	Black glutinous rice, pepper, lime juice/ calamansi juice, *halida padi* ginger.	Black glutinous rice, seven seeds of pepper, braise them. All ingredients then are ground into fine powder, mixed with water and made into drink.	Drink in the morning and afternoon for seven days.
		Fire loranthus leaves (*daun benalu api*), white pepper, garlic.	Grind a handful of fire loranthus leaves, white pepper, seven bulbs of garlic, grind fine.	Apply on the placenta.
4.	*Kerap kencing* (Frequent urination).	Oil and garlic.	Mix oil and garlic.	Rub the mixture once in three hours.
5.	*Perempuan sesudah bersalin, tiada keluar darahnya (getah kecing)* (Absence of bleeding in women after giving birth (urinary discharge).	Hot fennel, sweet fennel, *terusi*, *dewan daru*, chili, *lawing* skin, *maja* skin.	grind and crush with water.	Drink and drink, *insyaallah* (God willing) the blood will come out.

6.	*Perempuan yang turun darah/ perempuan yang 'cemar kain' berlarut-larutan darahnya* (Women who are bleeding/ women who "spoil cloth" protractedly).	*Daun samsik, daun pedada, halia bara, lada sulah, pinang muda, bawang putih lempuyang padi*. (*Samsik* leaves, *pedada* leaves, coal ginger, white pepper, young areca nut, garlic, rice *lempuyang*.	*Samsik* leaves, *pedada* leaves, three slices of coal ginger, a pinch of white pepper, young areca nut, three cloves of garlic, three slices of rice *lempuyang*: grind fine, pour water and drink for three mornings.	Drink.
		Goat bile, honey.	Mix.	Drink.
7.	*Keputihan* (Vaginal dischage).	Rice galangal, *takuk* (plant shoots) *mengkai*, and *taruk kuling.* *Kembukan* leaves, *serahit* leaves, palm sap.	Rice galangal, *taruk mengkai* and *taruk kuling*: pound all with filtered water. In the middle of grinding, write the word *a'zamu.* "*Bismillahirrahmanirahim Dengan berkat doa La Ilaha ilallah Muhammad Rasulullah. Hendaklah sentiasa hari diperbuat obat asam susur. Insya Allah sangatlah memberi manfaat."* (In the name of Allah the most Gracious the most benificient, with the blessing of the prayer of There is no God but Allah and Muhammad is his messenger. Always every day *asam susur* is made. God willing, it will be very beneficial).	Drink the water and apply the pulp on the placenta. Drink for three mornings

8.	*Meroyan* (a psychological or emotional condition similar to postpartum depression).	*Daun nyarang, kemukus, batang pinang muda* (*Nyarang* leaves, *kemukus*, young areca nut stems).	*"Semua bahan diremas, ambil air bubuh pada buyung 7 butir. Maka bubuh tanah liat itu sebesar jari manis pada buyung 1 itu"* (All ingredients are kneaded, mix with water, apply on the baby seven grains. So apply the clay a ring finger of it on the baby)	Bathe in the morning for three or four days.
		Daun benalu gajah besar, jintan hitam (Big elehant loranthus leaves, black cumin).	*"Daun benalu gajah diemburkan dengan jintan hitam pada ulu hati. Afiat."* (Big elehant loranthus leaves sprayed with black cumin on the solar plexus. May God give health.	Spray on the solar plexus.
		Daun kerakap, mata kunyit (Cracker leaves, turmeric eyes).	*"Daun kerakap, mata kunyit digiling"* (Cracker leaves, turmeric eyes ground).	Powder the remedy.
9.	*Selusuh*	*Minyak 10 kali, mangkuk, kertas* (Oil ten parts, a bowl, a piece of paper).	*"Doa nabi Yunus, dibaca pada minyak 10 x atau disurat pada mangkok putih"* (Prayer of the prophet Jonah, read on the oil ten times or write on a white bowl).	Give as a drink.
	Selusuh lambat beranak (*Selusuh* of slow childbirth).	Oil and prayer.	*"Bacakan doa pada minyak."* (Read the prayer on the oil).	Drink the oil.
	Selusuh budak mati dalam perut ibunya.	*Daun kecubung*	*"Daun kecubung hitam 7 helai dipipis tambahkan air minyak lenga"*	*Diurutkan di perut niscaya akan keluar.*

	(*Selusuh* of dead boy in his mother's belly).	*hitam, air minyak lenga.* (Black amethyst leaves, frying oil water).	(Grind black amethyst seven leaves, add frying oil water).	(Apply on the stomach; it will undoubtedly come out.).
	Selusuh putus ari di dalam perut (*Selusuh* of broken placetha in the stomach).	*Akar bayam tanah sepasang*. (Pair of ground spinach roots).	*"Jika dia menghadap kita ambil asah dan minum"* (If it faces us, take, grind and drink).	*Diminum, mujarab* (Drink, it heals).
10	*Ari putus* (Broken placenta).	*Akar rotan, lada, garam, jintan hitam* (Rattan root, pepper, salt, black cumin).	*"Akar rotan, lada, garam, jintan hitam diasah"* (Rattan root, pepper, salt, black cumin are ground).	Drink.

In Table 2, it can be seen that various types of medicines for postpartum diseases were found, with most of the medicines originating from spices such as pepper, cumin, lime, ginger, garlic, shallots, chili, betel nut, and fennel. There are also rhizome plants such as turmeric, ginger, and *lempuyang*, as well as other plants like mistletoe, *susundara* leaves, *nyarang* leaves, *kemukus* leaves, cotton, *kerakap* leaves, *kecubung* leaves, spinach roots, rattan roots, and *maja* bark. The parts of these plants used are primarily the leaves, although stems, roots, and other parts are also utilized. A small portion of the medicines comes from animals, such as goat bile, centipede skin, and chicken lungs.

In the past, traditional medicines were not used carelessly; they also recognized measurements. The measurement units used include seeds, handfuls, spoonfuls, grains, and quantities, often in odd numbers like three and seven. Besides measurements, there were also specific rules for consumption times, typically in the morning and evening. Medicines were applied in various ways: some were consumed orally, while others were rubbed, blown, applied, massaged, powdered, or pounded onto parts of the body. The preparation of the medicines was hygienic, as most were cooked or used hot water. Most of the medicines were consumed orally, but some were applied topically, pounded, or spread on the skin. For conditions like leucorrhoea and childbirth facilitation, prayers such as that of the Prophet Yunus were used. These traditional medicines were believed to be effective in treating various postpartum diseases.

THE TREATMENT OF POSTPARTUM WOMEN'S DISEASES AND EFFORTS TO PROTECT THEIR TRADITIONS

The Malay community is adept at maintaining their health by utilizing the natural wealth found in their surroundings. Various diseases experienced by women after giving birth were named using Malay and Arabic terms, such as *faraj*, *ism*, and prayers in Arabic. In modern times, although these names are still used, the community now recognizes medical terms derived from Europe or the Western world, such as "abortus," "postpartum," "myoma," "cyst," and "vagina." In the 19th century, the Malay community was influenced by Arab culture, including religious teachings like Sufi teachings from the Islamic community (Bruinessen, 1998; Fogg, 2015). Over time, modern medicine came to be known by scientific terms in English, Latin, and European languages that began to influence Indonesia, especially the Malay region, in the 20th century (Lombard, 2005).

The same applies to the community's beliefs. In the past, the Malay community believed in the efficacy of medicine reinforced with prayers and mantras. These prayers mostly came from Arabic verses and prayers, some of which were taken from Quranic verses. For example, for the medicine *selusuh*, the prayer must be written on paper and tied to the left thigh. When the baby is born, the paper of the prayer must

be immediately removed. The written prayer on the paper *is "Al-lazi la ilaha illa huwa al-hakimu al-karimu, subhanallahu rabbu al-'alamin* (Who there is no god bit Him, He is the Wise, the Most Generous. Glory be to Him, Lord of all things)". Another method involved soaking a key in water in a cup or pot. When the key was lifted, a mantra was recited: "*Aku asalmu lamin namamu sentuhan namamu tiada dapat engkau binasakan sekalian jasad daripada karena aku menanggung hak ta'ala berkat la ilaha illa Allah Muhammad Rasulullah*." (I originate from your essence, because of your name, the touch of your name all bodies cannot be destroyed because I bear the divine right, by the blessing of 'There is no god but Allah, and Muhammad is the Messenger of Allah.') There is also another medicine involving a prayer written on paper with the mantra "*Ali Ali Ali Ali Ali Ali Ali hum hum hum hum hum*." The paper is tied to the right arm. This demonstrates that cultural influence is inescapable from the life of the Malay community. The names of diseases, beliefs, and knowledge were influenced by the culture of their time.

The strength of this culture is also found in the health aspects related to medicines, proven effective in curing various postpartum diseases in women. Medicines derived from spices and rhizome plants are herbal remedies containing healing substances without side effects. Parkash et al. (2018) and Jaradat et al. (2016) stated that herbal medicines from plants contain compounds that are therapeutically effective and more natural compared to synthetic medicines. Herbal medicines have many benefits and potential for healing and function as antimicrobials and in cancer prevention (Abdel-Aziz et al., 2016) and other health issues faced by women (Raja, 2015). The same applies to mantras and prayers as healing methods. Aspects of religiosity and belief play an important role in fostering a positive relationship between the patient and God, which influences the building of suggestion and healing (Luhrmann, 2013; Ly et al., 2020). Therefore, herbal medicines and healing based on prayers/mantras represent a mixture between utilizing natural materials and the power of God.

The knowledge of the Malay community in treating postpartum diseases in women shows some similarities to modern medicine.

Traditional treatments recognized measurements, preparation methods, and administration methods. However, traditional treatments still use natural methods (Bennett & Pfuderer, 2020). This natural treatment is still maintained in tradition, although its condition is threatened and critical. This is evidenced by the decreasing practice of traditional disease treatment based on manuscripts by traditional healers in Riau, such as herbalists, traditional midwives, and shamans (Kesehatan & Indonesia, 2024; Harahap & Amady, 2022). In the treatment practice, prayers and concoctions are still used to maintain health after childbirth (Haider & Beristain, 2023). Although the tradition of treating postpartum diseases is still preserved by the Malay community in Riau, it is marginalized and has become endangered.

Based on field studies through interviewing five traditional healers, namely Ibu JML (67 years old), AMN (55 years old), RSR (65 years old), RDH (70 years old), Ustaz SFYN (57 years old), and SAZ (67 years old, a maestro of oral tradition), it can be gathered that the practice of treating postpartum diseases in women still continues, although there are fewer patients coming for treatment. In the past, the types of diseases and the variety of medicines recorded in manuscripts were very diverse with many options. For example, the disease *selusuh* in *KT* (pp. 130-132) has medicinal variations discussed in 13 chapters, while *meroyan* has 37 variations of medicine (pp. 127-130). The medicinal knowledge known to practicing traditional healers, however, is minimal. Only a few medicines, mainly from rhizome plants and spices, have survived. The preparation methods for these medicines are also simpler. They still use prayers, which are very secretive and known only to them.

This change and threat are fundamentally caused by several factors. First, the continuity of this traditional treatment is threatened because midwives do not pass it down to the next generation; the younger generation too does not want to inherit it. This condition occurs because the young generation feels that such treatments are frightening due to the presence of blood. This is evident from the statements of the children of traditional midwives. Other children of traditional midwives also say the same and feel they are not ready to accept the medicinal knowledge, even though they have passed

beyond the minimal age required. The second cause is the community's response. Most of the community feels that going to the doctor is safer; they still use traditional midwives's services, but not for childbirth, but rather for maintaining the health of the mother and baby after childbirth.

Traditional midwives assist mothers postpartum for 30 days or until the stump of the baby's umbilical cord falls off. Third, this traditional treatment is squeezed out by modern knowledge, especially by doctors and modern midwives who assist women in childbirth. Fourth, there is a regulation under Regional Regulation No. 9 of 2018 from the Regent concerning the Partnership between Midwives and Traditional Midwives. In this partnership, traditional midwives no longer assist in childbirth but only help the college-educated midwives or doctors. This regulation was issued because "(a) the high Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) in Indonesia require serious attention from local governments for prevention and control; (b) maternal and infant mortality rates are important indicators of achieving the MDG targets that must be met by local governments to improve human health; (c) the strong role of traditional midwives in the community to assist college-educated midwives needs to be regulated and managed; (d) based on the considerations referred to in points a, b, and c, it is necessary to establish a Regional Regulation concerning the Partnership between College-Educated Midwives and Traditional Midwives. The partnership between official midwives from the Kapuas Hulu Health Office and traditional midwives still continues today.

This partnership is outlined in Regent Regulation No. 28 of 2012. Besides, there is a higher regulation, namely the Minister of Health Regulation No. 97 of 2014, Article 46, which regulates the partnership between official midwives and traditional midwives and health services before pregnancy, childbirth, and postpartum. Article 49, paragraph (2) states that "the partnership between official midwives and traditional midwives as referred to in paragraph (1) is only conducted in certain areas considering social and cultural constraints". Paragraph (3) states that the partnership between official midwives and traditional midwives as referred to in paragraph (1) is outlined in a written

agreement between both parties and must be acknowledged by the local village chief or urban village head.

Health services before pregnancy, childbirth, postpartum, contraceptive services, and sexual health services must be acknowledged by the local village chief or urban village head. This policy appears to impact the presence of traditional midwives. Their number is decreasing. However, it is not only this policy that is causing the decline but also the weakening tradition of passing down knowledge, which threatens the sustainability of traditional midwives. Despite their ongoing need for their services by pregnant women, the descendants of traditional midwives are not interested in inheriting the knowledge. Nevertheless, there are still patients who come for the services they provide. Patients of traditional midwives feel that their service and treatment methods are very friendly and comfortable.

Given the ongoing need and extensive knowledge within this traditional treatment, it is time to protect local knowledge in the tradition of treating postpartum diseases. The protection of local knowledge is mandated by Cultural Advancement Law No. 5 of 2017. This protection involves four pillars: protection, development, utilization, and coaching. With these four pillars, it is hoped that traditional medicines can be developed and utilized by modern society today. Therefore, comprehensive and coordinated steps with relevant institutions are needed. These steps include protection through research programs involving documentation and inventory of the wealth of traditional medicinal knowledge scattered across various regions and ethnic groups in Indonesia, not just the Malays.

The data collected should then be classified, identified, analysed, and critically discussed. This research must deepen through interdisciplinary studies, at least using methods and approaches of philology, oral tradition studies, and health studies. The hope is that the research results can be used to protect the traditional treatment procedures from extinction and to develop traditional medicines into modern ones. Today’s developments in laboratory and photo pharmaceutical testing can facilitate the effort to turn this hope into

reality. In this way, innovation in medical and health sciences can also occur.

Protection efforts also need to include registering the traditional medicinal knowledge as a cultural heritage as well as an intellectual property. National registration in Indonesia can be done through the Intangible Cultural Heritage program managed by the Directorate General of Culture and the IKON (*Ingatan Kolektif Nasional*Natinal Collective Memory) program managed by the National Library for medicinal manuscripts. Through the national program, traditional medicinal heritage can be proposed for international recognition through the Memory of the World and ICH programs. Additionally, development programs can integrate this traditional knowledge into modern knowledge through laboratory testing to find innovative ways to bring traditional medicines to the present world.

This effort must be buttressed by regulations to ensure the safe and effective use and practice of traditional medicine. The results of this effort can be utilized as educational and training materials in the medical field. With safety and efficacy assured, the medicines resulted from the innovative effort can also be utilized by the wider community. This way, local knowledge with its valuable traditional wisdom is passed down from one generation to the next, ensuring the continuity of the inheritance system.

CLOSING

This research on the traditional treatment of postpartum women's diseases has found that the Malay community possesses unique local knowledge related to women's health. This medical tradition has been preserved through manuscripts documenting various medicines. The knowledge recorded in these manuscripts is very comprehensive, covering different types of diseases, their treatments, preparation methods with measurements, and usage instructions. This knowledge, mostly from the 19th century, is maintained by the community because the ancient manuscripts are still available and accessible for reading.

However, both the data on the medical tradition and its practice in the community show that the knowledge is in decline. Traditional healers, shamans, and midwives who handle postpartum women's diseases are marginalized and threatened with extinction. This threat is evident from the few numbers of traditional healers, most of whom are advanced in age, with the majority still operating being over 50 years old. The threat of extinction is also due to the fact that the process of passing down the traditional knowledge has not run smoothly. Young Malays who are expected to be the next generation bearing this knowledge are not interested, ashamed or even scared. In their view, the world of birth is associated with the presence of a lot of blood.

If preservation is not promptly done, this local knowledge will gradually become extinct as the development of the modern healthcare sector continues to erode it from different sides. The community, who goes to traditional midwives for childbirth, is getting scarce. The government policy prohibiting traditional midwives from operating also contributes to this scarcity. Childbirth assistance services are now given by college-educated midwives and doctors, not traditional healers. With the cessation of this practice, the knowledge and terminology related to traditional medicinal science also tends to disappear along with the progress of time. To avoid this extinction, protection, development, utilization, and cultivation of the medical tradition are necessary. This preservation effort can be undertaken by the community, local governments responsible for the oversight of local culture, and the central government. Therefore, collaborative effort among institutions is needed to ensure that the local knowledge of the tradition of treating postpartum women's diseases escapes its critical and ultimately avoids extinction.

ACKNOWLEDGEMENT

Thanks to the National Research and Innovation Agency (BRIN) and the Education Fund Management Agency (LPDP) for providing research funding through the RIIM Competition program in 2024.

REFERENCE

Ali, Syaukat and S.Gnanasan, M Farooqui. (2018). Women's Perspectives Towards Traditional and Complementary Medicine Used to Conceive, During Pregnancy and the Postpartum Period. Feb;30: 109-115.doi: 10.1016/j.ctcp.2017.12.009.

Apriyanti, Popy, Atik Triratnawati, Dhesi Ari Astuti. (2021). *Peran Keluarga pada Ibu Pasca Bersalin Jurnal Kesehatan Reproduksi* Vol 8 No 1 – April 2021

Bennett, R., & Pfuderer, S. (2020). The potential for new donkey farming systems to supply the growing demand for hides. Animals. https://doi.org/10.3390/ani10040718

Bruinessen, M. Van. (1998). Studies of sufism and the sufi orders in indonesia. In Welt des Islams. https://doi.org/10.1163/1570060981254813

Builders, Philip. (2019). Herbal medicine. London: IntechOpen.

Elfahmi, Herman J. Woerdenbag , Oliver Kayser. (2014). *Jamu*: Indonesian traditional herbal medicine towards rational phytopharmacological use. Journal of Herbal Medicine. Volume 4, Issue 2, June 2014, Pages 51-73.

Fantaye, Arone Wondwossen, Nathali Gunawardena, Sanni Yayal (2019) Preferences for formal and traditional sources of childbirth and postnatal care among women in rural Africa: A systematic review Arone Wondwossen

Fu-Shuang Li and Jing-Ke Weng, (2017) Fu-Shuang Li and Jing-Ke Weng. 2017. Demystifying traditional herbal medicine with modern approaches. Perspective 31 july 2017 | volume: 3. p 1—7

Holil, Munawar. 2020. Holil, Munawar. (2020). *Penyakit Kolera dalam Wawacan Piwulang Panolak Penyakit Kolera. Makalah*

dalam Webinar Penyakit Wabah dalam Naskah Kuna. Universitas Sebelas Maret, Surakarta.

Jamal, Jamia Azdina, Zakiah Abd. Ghafar, Khairana Husain (2011) Medicinal Plants used for Postnatal Care in Malay Traditional Medicine in the Peninsular Malaysia Pharmacognosy Journal | August 2011 | Vol 3 | Issue 24, p 15—24

Jaradat, N. A., Ayesh, O. I., & Anderson, C. (2016). Ethnopharmacological survey about medicinal plants utilized by herbalists and traditional practitioner healers for treatments of diarrhea in the West Bank /Palestine. *Journal of Ethnopharmacology*,*182*, 57–66. https://doi.org/10.1016/j.jep.2016.02.013

Kesehatan, J., & Indonesia, M. (2024). *Analisis Keberlanjutan Pengobatan Tradisional Dikei Sakai di Desa Kesumbo Ampai Kecamatan Bathin solapan. 1*(2), 121–134.

Koh Ni Phang, Serena Siew Lin Koh , Hui-Chen Chen. (2015). Postpartum social support of women in Singapore: A pilot study. Journal of Nursing Interventions, 25 June 2015

Kriswanto, Agung. (2018*). Primbon Padhukunan : Teks Pengobatan dari Tradisi Merapi-Merbabu. Jakarta: Perpustakaan Nasional Republik Indonesia.*

Ly, A. L., Saide, A. R., & Richert, R. A. (2020). Perceptions of the Efficacy of Prayer and Conventional Medicine for Health Concerns. Journal of Religion and Health. https://doi.org/10.1007/s10943-018-0704-1

Lombard, D. (2005). Nusa Jawa: *Silang budaya: Kajian Sejarah Terpadu, bagian I.* In Le Carrefour Javanais.

Luhrmann, T. M. (2013). Making God real and making God good: Some mechanisms through which prayer may contribute to healing. Transcultural Psychiatry.

https://doi.org/10.1177/1363461513487670

Mawoza, Tariro, Charles Nhachi, and Thulani Magwali. (2019). Prevalence of Traditional Medicine Use during Pregnancy, at Labour and for Postpartum Care in a Rural Area in Zimbabwe. PMC 2019 Jul 24.

Mills, Simon. (2007). Healing Rhythms: The World of South Korea's East Coast Hereditary Shamans. London: Routledge.

Menon, Indudharan. (2019). Hereditary Physicians of Kerala Traditional Medicine and Ayurveda in Modern India. India: Routledge India.

Mohammad, et. al (2018). An evidence-based review: The effects of Malaysian traditional herbs on osteoporotic rat models. In Malaysian Journal of Medical Sciences. https://doi.org/10.21315/mjms2018.25.4.2

Mukherjee, Pulok, dkk. (2013). Develompment of Traditional Medicine: Globalizing Local Knowledge or Localizing Global Technologies. Pharma Times Vo. 45, No. 9. September 2013. P 39—42

Mu'jizah. (2020). *"Rempah, Kepialu, dan Demam Kura: Tradisi Pengobatan Suku Melayu." Dalam Menolak Wabah: Suara-Suara dari Manukrip,* Relief*, Khazanah Rempah, dan Ritual Nusantara.* Yogyakarta*: Ombak.*

Mu'jizah. (2020). *Kesehatan dan Perobatan Melayu Sebuah Kearifan Lokal dalam Naskah Pulau Penyengat.* Jumantara. Vol.11, No. 1, Tahun 2020

Na-Yoen Kwon dkk (2023) *Racun Lebah Bisa Jadi Obat Antikanker. Dalam Harian* Jojya.com. 23/08/10

Parkash, Jyoti., Prasad, D., Shahnaz, M., & Dev, D. (2018). Herbs as Traditional Medicines: A Review. Journal of Drug Delivery and Therapeutics. https://doi.org/10.22270/jddt.v8i5.1910

Paeni, Mukhlis. (2020). *Wabah Pandemi dalam Memori Koleksitf Masyarakat Indonsia. Dalam Webinar. Kamis, 18 Juni 2020. Jakarta: Balai Penelitian dan Pengembangan.*

Purwanto, Didi. (2018). Kitab Tibb. Jakarta: Perpustakaan Nasional

Raja, R. (2015). Vital role of herbal medicines in womens health: A perspective review. African Journal of Plant Science,9(8),320–326. https://doi.org/10.5897/AJPS2015.1315

Rochmiatun, Endang. (2022). *Rempah Dan Kesehatan Reproduksi Perempuan di Palembang: Telaah* Historis Paper in International Symposium Proceeding Cosmopolitanism of Islam Nusantara: Spiritual Traces and Intellectual Networks on the Spice Route. Fakultas Islam Nusantara, Universitas Nahdlatul Ulama Indonesia. 2022

Shewamene, Zewdneh, Tinashe Dune, and Caroline A. Smith. (2017). The use of traditional medicine in maternity care among African women in Africa and the diaspora: a systematic review Shewamene et al. BMC Complementary and Alternative Medicine (2017) 17:382

Tengku Mohamad, Tengku Azlan Shah, et al. (2019). Preference, Perception And Predictors Of Herbal Medicine Use Among Malay Women In Malaysia. Patient Preference and Adherence, 25 October 2019 Volume 2019:13 Pages 1829—1837.

Yusof, Juliana, Zaleha Abdullah Mahdy, Rushdan Mohd Noor. (2016). Use of complementary and alternative medicine in pregnancy and its impact on obstetric outcome. 2016 Nov; 25:155-163.

Yusof, Zuraidah Mohd et. al. (2017). Postnatal Care Practices among the Malays, Chinese and Indians: A Comparison. SHS Web of Conferences 45, 05002 https://doi.org/10.1051/shsconf/20184505002 ICLK 2017

TIMOR-LESTE

International Conference on

INTANGIBLE CULTURAL HERITAGE

Local Heritage Wisdom: A Traditional Medicine

19th - 22nd November 2024 | Avanté Hotel, Selangor, Malaysia



TRADITIONAL MEDICINE FOR WOMEN - POSTPARTUM MOTHER CARE

ANTONIO DE DEUS FATIMA
Director Health Service of Ermera Municipality,
Ministry of Health, Timor-Leste
antoniodedeus77@gmail.com

ABSTRACT

Traditional or herbal medicine, especially for postpartum care, uses various parts of plants, including leaves, stems, flowers, roots, and seeds. Prevention and treatment of diseases: it ranges from traditional and popular medicines in every country to the use of standardized and titrated herbal extracts. The objective of using traditional or herbal medicine after childbirth is to support health recovery, normalize the body, and promote breast milk production. The traditional medicine of East Timor contain various locally sourced ingredients and alternative traditional treatments that have been used by our ancestor until now especially for postpartum and maternal care.

There are several ways to prepare the ingredients for traditional medicine or treatments such as: steaming, boiling concoctions to drink and preparing foot soaks (*suas*) to help promote breast milk production. East Timor is still underdeveloped country and most Timorese people live in rural areas or far from health facilities, geographically, that is why in rural areas they still use traditional treatment to cure their diseases then as a hereditary medicine from ancestor. By preserving this knowledge, we can gain insights and experiences to promote and develop our traditional medicine and treatments in the future.

Keywords: pospartum care, herbal, alternative treatments, Timorese people

INTRODUCTION

East Timor, also known as Timor-Leste, officially the Democratic Republic of Timor-Leste, is a country in Southeast Asia. It comprises the eastern half of the island of Timor, the exclave of Oecusse on the island's north-western half, and the minor islands of Atauro and Jaco. The western half of the island of Timor is administered by Indonesia. Australia is the country's southern neighbor, separated by the Timor Sea.

Traditional medicine is the medicines that can be found within our own country and have been used since our ancestor's time to cure various diseases. It is often simply called Timorese Medicine or Traditional Medicine. These medicines are derived from plants or animals. But the knowledge of these medicines are only verbal, not written, so it is difficult for the new generation to preserve. Documenting this knowledge is valuable because it can help us remember when we forget and pass it on from generation to generation. Today it has envolved with modern technology composed of mixing various plants or varieties into herbal medicine.

However, in our country, mostly Timorese people live far from health facilities which is why they still use traditional medicine made from local ingredients and traditional treatment from our ancestors especially in postpartum and maternal care. Therefore, postpartum and maternal care include many traditional medicines and alternative treatments that address various conditions and pains after childbirth.

A TRADITIONAL CONCOCTION USES AMONG THE COMMUNITY FOR PREGNANT AND POSTPARTUM MOTHERS IN EAST TIMOR

In Timor-Leste tradition, our ancestors have long relied on traditional medicine for pregnant women and mothers who have given birth. Pregnant women who are older than 9 months of pregnancy are advised to eat young leaves of Japanese pumpkin, especially when there are signs of giving birth. It is believed to be able to stimulate uterine contractions adequately so that it can speed up the labour

process. Because it is considered to increase natural levels of oxytocin.

Likewise, for postpartum mothers, there are several types of traditional care. Sometimes the question often arises, is this traditional care really useful? However, because it has become a tradition among the people, they tend to prefer traditional medicine over modern medicine. Considering that the ingredients are easily available among the public, if you buy them, they are cheap, natural and do not contain chemicals.

Following are the types of traditional post-natal care, how safe they are plus their benefits for speeding up recovery after giving birth, so that you can carry out activities comfortably, including breastfeeding your baby. Traditional herbs that are usually used for treatment and overcoming postpartum complaints include:

- Turmeric
- Ginger
- Kencur
- Papaya leaves
- Junct leaves
- Basil leaves
- Shallots
- Garlic
- Pepper
- Moringa leaves
- Aitasi tahan
- Aimanas aileten
- Betel leaves

As for ingredients in the form of food such as:

- Soybeans
- Free-range
- Chicken
- Peas

This concoction is prepared by:

- Steaming,
- Boiling (for drinking, and bathing, guests) and
- Cooking

1. Steamed ingredients: ginger, turmeric, pepper, aimanas aileten, shallots, garlic, galangal. All the ingredients are cleaned, washed thoroughly, then stacked until crushed, steamed with medium free range chicken that has been cleaned, added to ½ glass of water, steamed for 30 minutes and drank and eaten while still hot. Steamed concoction is eaten 2-3x a week for 1-3 months.



GINGER



TURMERIC



PEPPER



AIMANAS



SHALLOTS



GARLIC



GALANGAL

2. The concoction is boiled and then drunk: turmeric, ginger and betel leaf. It is considered that these two herbs are considered good for the mother's health after childbirth because turmeric contains an antiseptic that can prevent inflammation in the body, and ginger can soothe the stomach after giving birth, while betel leaves are good for nourishing

the uterus to its original condition, tightening the vaginal walls that become loose during the process labour.



GINGER



TURMERIC



BETEL LEAF

3. Potions redeemed foot (*suas*) guests: agitation resistant (*aitasi tahan*), (*sukaer tahan*), betel leaf. It is considered that these two herbs are considered good for the health of postpartum mothers because they can clean lochia, blood residues in the body and tighten a saggy stomach during pregnancy, while betel leaves are good for nourishing the uterus and returning the uterus to its original condition, tightening the vaginal walls that become loose during the process labour.



AITASI TAHAN

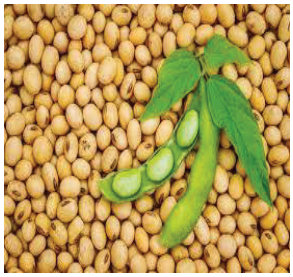


SUKAER



BETEL LEAF

4. Traditional concoctions that are cooked and eaten after childbirth: soybeans, basil leaves and moringa leaves, These are consumed eaten with the aim of speeding up the process of producing breast milk.



SOYBEANS



BASIL LEAVES



MORINGA LEAVES

CONCLUSION

Timor-Leste is a new country so the health system is not as developed as in other countries. Therefore, Timor-Leste still uses traditional or treatments as an alternative to cure disease, especially for pregnant women and postpartum care in rural areas. Since most Timorese people live in rural areas or are far from health facilities, they continue to rely on traditional treatments to cure their diseases.

The Government of Timor-Leste, through the Ministry of Health, does not have a framework / standard or laboratory to test especially in the traditional medicines mentioned above for global implementation. The ongoing treatments for pregnant and postpartum mothers are being carried out by nuns, Chinese people living in our country and cultural leaders who believe in and continue to use traditional treatments and consume traditional medicines.

Through the National Pharmacy Centre of Timor-Leste, efforts are currently focused on promoting and identifying trees, roots and barks to produce medicines. This forum or presentation provides an opportunity for Timor-Leste to gain references and experience in order to promote and develop traditional medicine in the future.

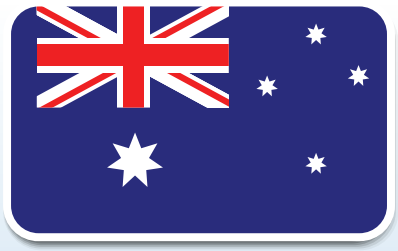
AUSTRALIA

International Conference on

INTANGIBLE CULTURAL HERITAGE

Local Heritage Wisdom: A Traditional Medicine

19th - 22nd November 2024 | Avanté Hotel, Selangor, Malaysia



TRADITIONAL AND MODERN APPLICATIONS OF MALAYSIAN TROPICAL HERBS IN PROTECTING POSTPARTUM WOMEN'S HEALTH

ANDREW WANG XUEYU
Founder and CEO
Global Chinese Medicine Industry Promotion Association
Kuala Lumpur, Malaysia
andrewzhongyi@gmail.com

ABSTRACT

This paper explores the traditional use of the Malaysian tropical herb, yarrow (Achillea millefolium), in protecting women's postpartum health and its modern scientific validation. Through an analysis of yarrow's clinical applications, the paper emphasizes its role in promoting postpartum recovery, enhancing immunity, preventing infections, and regulating emotions. Furthermore, the paper provides an in-depth explanation of yarrow's active ingredients and their mechanisms of action, discussing how this herb can be integrated with modern medicine. It also outlines future research directions, aiming to combine traditional herbal therapies with modern technology to offer a more comprehensive approach to postpartum care.

Keywords: yarrow, women postpartum care, health, herbal therapies

INTRODUCTION

As a multicultural nation, Malaysia has a long-standing history of traditional medicine, with herbal therapy playing a significant role, particularly in postpartum recovery. The postpartum period, often called the "golden period," refers to the six weeks following childbirth when a woman's body needs to return to its pre-pregnancy state.

During this time, the immune and endocrine systems undergo significant adjustments, making the body more vulnerable to infections and hormonal imbalances. Traditional herbal therapies, such as the use of yarrow, have long been employed to help women recover more quickly, prevent illnesses, and promote overall health.

While modern medicine has made great strides in postpartum care, herbal medicine continues to play a crucial role due to its natural and holistic properties. Many herbs possess anti-inflammatory, antibacterial, and tissue-regenerative properties, making them invaluable in helping women heal from the physical trauma of childbirth and in preventing or treating postpartum infections.

RESEARCH BACKGROUND AND SIGNIFICANCE

In Malaysian traditional medicine, the use of herbs has a history spanning hundreds of years, particularly in postpartum health care. Yarrow is one of the most commonly used herbs, and has traditionally been employed to promote wound healing, boost immunity, regulate hormones, and assist in bodily recovery. Supported by modern science, researchers have identified various active compounds in yarrow, such as flavonoids, volatile oils, and monoterpenes, which exhibit anti-inflammatory, antibacterial, and antioxidant properties.

For postpartum care, modern medicine offers a wide range of treatments, including antibiotics, hormone therapy, and physical therapies. However, due to their multi-targeted approach, herbal therapies remain a preferred choice for many women. These therapies not only relieve pain and promote wound healing but also provide holistic adjustment through both internal consumption and topical application.

ACTIVE INGREDIENTS AND MECHANISMS OF ACTION IN YARROW

Yarrow’s efficacy in both traditional and modern postpartum care is attributed to its rich array of bioactive compounds. Research has shown that yaws contain flavonoids, volatile oils, phenylpropanoids,

and monoterpenes, which exert diverse pharmacological effects.

1. Flavonoids: The flavonoids in yarrow have powerful antioxidant and anti-inflammatory properties. These substances inhibit the formation of free radicals, reducing cellular damage and inflammation. For postpartum women, flavonoids promote tissue regeneration, speed up wound healing, and help prevent infections.

2. Volatile oils: Yarrow's volatile oils possess strong antibacterial and antifungal properties, effectively preventing infections in postpartum women, whose immune systems are often weakened. These oils also help alleviate abdominal pain and discomfort after childbirth, serving as a natural pain reliever.

3. Monoterpenes: These compounds have endocrine-regulating and hormone-balancing effects. Many postpartum women experience hormonal imbalances, leading to mood swings, insomnia, and even postpartum depression. Yarrow's monoterpenes bind to hormone receptors, helping to balance hormone levels, improve mood, and reduce anxiety.

SCIENTIFIC VALIDATION AND CLINICAL APPLICATIONS

Wound Healing Promotion

Yarrow's active ingredients have been shown to stimulate the proliferation of fibroblasts, which are essential cells for wound healing. Clinical studies indicate that yarrow extract-based ointments accelerate the healing of episiotomy incisions in postpartum women. In a study conducted in Malaysia, 83 postpartum women participated in a two-week trial, which showed that women who used yarrow ointment experienced significantly faster wound healing than those who did not.

Immune Boosting and Anti-Infection Properties

Postpartum women's immune systems are often compromised, making them more susceptible to bacterial and viral infections. The

volatile oils and flavonoids in yarrow enhance immune cell activity, strengthening postpartum women's immunity. Clinical practices have also demonstrated that bathing in yarrow-infused water not only improves blood circulation but also helps eliminate toxins from the body, further enhancing the immune system's functionality.

POTENTIAL OF YARROW IN MODERN MEDICINE

Hormonal Regulation and Emotional Well-being

Hormonal imbalances are a significant issue for many postpartum women, affecting their physical health and potentially leading to postpartum depression. As a gentle natural herb, yarrow's monoterpenes help regulate hormone levels and improve emotional states. Many postpartum women who incorporate yarrow tea into their daily routine report greater emotional stability, reduced anxiety, and improved sleep quality.

Combination with Other Herbal Remedies

In the context of modern medicine, yarrow can be combined with other herbs to create more comprehensive treatments. For instance, combining yarrow with blood-nourishing herbs like red dates and goji berries further enhances postpartum women's vitality, helping them recover more quickly. Additionally, yarrow can be used alongside modern antibiotics to provide a dual approach to preventing and treating postpartum infections.

FUTURE RESEARCH DIRECTIONS AND OUTLOOK

Despite yarrow's demonstrated effectiveness in traditional medicine and modern clinical applications, many unanswered questions remain. For example, further research is needed to determine optimal dosages, ideal methods of administration, and the potential interactions between yarrow and other medications. Future studies will focus on scientifically optimizing the use of herbs and developing more targeted treatments. Additionally, the development of digital herbal-assisted therapy systems could make herbal treatments more precise

and effective, allowing more postpartum women to benefit from this ancient yet powerful therapy.

CONCLUSION

Yarrow has proven to be highly valuable in postpartum care, both in traditional recovery methods and modern medical applications. Whether it is used to speed up wound healing, boost immunity, or regulate hormones, this herb plays a critical role in supporting women's health during the postpartum period.

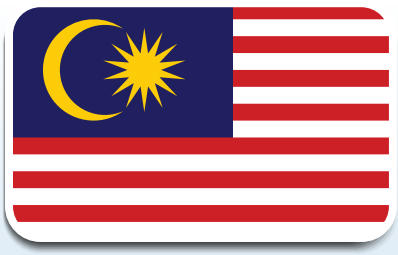
MALAYSIA

International Conference on

INTANGIBLE CULTURAL HERITAGE

Local Heritage Wisdom: A Traditional Medicine

19th - 22nd November 2024 | Avanté Hotel, Selangor, Malaysia



FROM TRADITION TO INDUSTRY MARKET VIABILITY: THE COMMERCIALIZATION OF MALAY POSTNATAL CARE IN MALAYSIA

NOR ADILA BINTI MOHD NOOR
Head of Study Centre,
Academy of Contemporary Islamic Studies,
UiTM Terengganu Branch
(Practitioner of Malay Traditional Medicine)
norad852@uitm.edu.my

ABSTRACT

Postnatal care is crucial for mothers to restore their health and ensure the well-being of both mother and child, beginning with pregnancy confirmation and continuing through childbirth, while focusing on critical phases of physical and mental recovery. However, challenges such as inadequate access to culturally relevant care, high maternal and neonatal mortality rates, and a lack of integration between traditional and modern medical practices persist. This study aims to identify the cultural and psychosocial factors influencing postnatal care in Malaysia, to explore commercialization opportunities within the health and wellness industry and to suggest strategies for enhancing the integration of Traditional Malay Medicine into modern healthcare practices and emphasizing the importance of promoting this industry in both domestic and international markets. Employing qualitative methods, including expert interviews and primary data analysis, the research reveals that revitalizing Malay postnatal care practices not only improves health outcomes but also presents substantial commercialization opportunities. Key findings indicate that integrating these traditional practices enhances maternal health and addresses

the cultural needs of mothers, thereby reducing mortality rates. The implications of this study extend to society by promoting holistic health solutions, to the industry by creating innovative products and services that resonate with consumers, and to the socio-economic landscape by fostering local entrepreneurship. Future research should focus on longitudinal studies to assess the long-term impacts of integrated care models and explore the scalability of these practices in diverse cultural contexts. Ultimately, optimizing the integration of Traditional and Complementary Malay Medicine into the national health framework promotes a holistic approach to improving health outcomes and enhancing the quality of life for the Malaysian population.

Keywords: postnatal care, traditional malay medicine, commercialization, industry, market viability, healthcare integration, cultural practices

INTRODUCTION

The postnatal period is a critical time for mothers as they work to restore their health and ensure the well-being of both them and their newborns. Despite its importance, this phase is often neglected, with many women receiving insufficient care. Statistics indicate that nearly 66% of maternal deaths occur within the first week after childbirth, highlighting the urgent need for effective postnatal care (World Health Organization, 2022). In Malaysia, the integration of Traditional Malay Medicine with modern healthcare practices has shown promise in addressing these challenges, contributing to a significant reduction in maternal and perinatal mortality rates (Ismail et al., 2021).

From 2019 to 2024, Malaysia has experienced a gradual decline in its birth rate, reflecting broader demographic trends and societal changes. The statistics indicate that in 2019, the birth rate was 16.643 births per 1,000 people, which decreased to 16.451 in 2020. This downward trend continued with 16.258 in 2021, 16.066 in 2022, and 15.873 in 2023. Projections for 2024 suggest a further decline to 15.602 births per 1,000 people (Macrotrends, 2023). This consistent decrease poses challenges for maternal and child health services, highlighting the urgent need for effective postnatal care strategies to

support mothers during this critical period (Department of Statistics Malaysia, 2024).

Table 1: Birth Rate Statistics Data in Malaysia From 2019 to 2024

YEAR	Birth Rate (per 1,000 people) (%)
2019	16.643
2020	16.451
2021	16.258
2022	16.066
2023	15.873
2024	15.602 (projection)

Source: Department of Statistics Malaysia, 2019-2024

Based on table 1 above, the rate of decline in the number of births in Malaysia from 2019 to 2024 shows a consistent trend and reflects significant demographic and social changes. In 2019, the birth rate was 16,643 per 1,000 people, and this number continues to decrease every year until it reaches 15,602 per 1,000 people in 2024 (projection). This decline may be due to a number of factors, including increased education and women's participation in the workforce, which lead to delays in marriage and the birth of first children. In addition, economic factors such as the high cost of living and economic uncertainty also influence families' decisions to have children.

The implications of this decline are very broad, especially in the planning and provision of maternal and child health services. With fewer births, there is a need to adjust resources and ensure the quality of care remains high. Projections for 2024 show a further decline, emphasizing the need for policies that support families and encourage births, such as financial incentives and longer maternity leave. Declining birth rates can also lead to an aging population, which adds pressure on pension systems and health services for the elderly, as well as affecting long-term economic growth. Therefore, the decline in the number of births requires serious attention from policy makers to overcome the challenges that arise and ensure the well-being of society.

Table 2: Total Fertility Rate Data in Malaysia From 2020 to 2024

YEAR	Total Fertility Rate (Children per Woman) (%)	Number of Live Births (%)
2020	1.8	470,195
2021	1.7	439,744
2022	1.7	423,000
2023	1.6	410,000
2024	In process	In process

Source: Department of Statistics Malaysia, Annual Report 2020-2024

Based on the table 2 above, the total birth rate (TFR) means that an average woman in Malaysia will give birth to an average of 1.6 to 1.8 children during her fertile period. In practical terms, this means that most women will have 1 or 2 children, with some possibly having more or less than that. The number 1.6 to 1.8 is a statistical average, so it does not mean that every woman will have 1.6 to 1.8 children, but it reflects the general trend in the population.

Mothers require comprehensive support during the postnatal period, including physical recovery, mental health support, and education on infant care. Research shows that over 50% of women report feeling unprepared for the emotional and physical challenges of motherhood, underscoring the need for tailored postnatal services (Rahman & Zain, 2019).

The industry also faces challenges, such as a lack of standardized care protocols and insufficient training for healthcare providers in traditional practices, which can hinder the delivery of holistic care. However, the prospects for the postnatal care industry are promising, with the global maternal health market projected to grow from USD 16.17 billion in 2023 to USD 28.12 billion by 2030, driven by increasing awareness of maternal health issues and technological advancements (Maximize Market Research, 2023).

This study focuses on exploring effective strategies for revitalizing postnatal health care through the lens of Malay medical traditions, utilizing qualitative methods including expert interviews and analysis

of relevant literature. By addressing the integration of Traditional Malay Medicine into modern healthcare, this research aims to enhance health practices within the framework of Malay Traditional and Complementary Medicine (PTM&K), ultimately promoting a holistic approach to health and improving the quality of life for the Malaysian population.

METHODOLOGY

This study was conducted using the qualitative method of primary data such as the provisions of the law, specifically the Traditional and Complementary Medicine Act 2016, as well as the guidelines for the implementation of postnatal care in Malaysia. Field research included interviews with respondents who are experts in the field, particularly practitioners of Traditional and Complementary Medicine in the field of postnatal care, which is one of the modalities in Malay Traditional Medicine (Ministry of Health Malaysia, 2016). This study was also produced through a doctrinal study in the form of a library study. Data was obtained from an analysis of several legal provisions available in Malaysia, related postpartum care guidelines, and related journals. Yaqin (2008) stated that library research is a basic method for qualitative research, and qualitative research applies systematic research to the improvement of legal knowledge (Abdullah, 2018).

Data analysis is highlighted and analyzed using a content analysis approach that is relevant to the scope and theme of the study to examine commercialization opportunities within the health and wellness industry and strategies for enhancing the integration of Traditional Malay Medicine into modern healthcare practices. This approach emphasizes the importance of promoting this industry in both domestic and international markets.

To document and analyze this study, several complementary qualitative methodologies can be used. This approach aims to ensure that this traditional knowledge is preserved and utilized for the well-being of society (Rashidi, M. N., Begum, R. A., Mokhtar, M., & Pereira, J. J., 2014). The case study approach allows the researcher to delve deeper into the implementation of the postpartum maternal care

industry in a specific context, such as in a specific community or by an experienced traditional medicine practitioner. By using case studies, researchers can collect rich and detailed data on practices and knowledge about more specific postpartum maternal care. This is important to understand how the maternal care process is used to ensure that mothers can go through the confinement process more calmly and healthily. In addition, case studies also allow researchers to identify factors that affect the demand for postpartum maternal care practitioners, which has now become one of the fields that can be commercialized (Yin, 1995; Merriam, 1998). In this way, researchers can understand the challenges and opportunities faced in trying to integrate traditional medicine with modern medicine (Jasmi, 2012).

Document analysis is an important methodology to study past literature related to postnatal care, guidelines, and other relevant documents. Through document analysis, researchers can collect historical and contextual data, which is important to understand the background and development of the use of this industry. In addition, document analysis also allows researchers to identify knowledge that may have been lost or marginalized (Nyenang, 2019).

By combining these various methodologies, this study will be more comprehensive and in-depth. Each methodology contributes to a more holistic understanding of the use of postnatal care in Malay traditional medicine, ensuring that this knowledge is preserved and utilized for the well-being of the community. This diverse approach also allows researchers to deal with issues of ethics, sustainability, and integration with modern medicine more effectively.

DISCUSSION AND RESEARCH FINDINGS

Psychosocial Factors Affecting Postnatal Mothers

The postnatal care practices in Malaysia are deeply rooted in cultural traditions and psychosocial dynamics. Traditional practices such as the use of herbal remedies, postnatal massages, and the confinement period known as *“berpantang”* are prevalent among Malay women. These practices are believed to aid in the recovery process and are

often passed down through generations (Ahmad & Ibrahim, 2020). Cultural beliefs and values play a significant role in shaping these practices, with many women adhering to them due to religious and familial expectations (Rahman et al., 2019).

Psychosocial factors, including social support from family and community, are crucial in the postnatal period. Studies have shown that strong family support can significantly reduce the risk of postnatal depression and improve overall maternal well-being (Lim & Tan, 2021). Additionally, the socioeconomic status of the mother influences access to postnatal care services. Women from higher socioeconomic backgrounds are more likely to access professional healthcare services, while those from lower socioeconomic backgrounds may rely more on traditional practices (Chong et al., 2018).

In recent years, the Ministry of Health Malaysia has issued guidelines and safety practices to ensure the safe and effective delivery of traditional postnatal care. The “Traditional & Complementary Medicine Practice Guidelines on Malay Postnatal Care” outlines the roles and responsibilities of practitioners, emphasizing the importance of adhering to ethical standards and ensuring the safety of both mother and child (Ministry of Health Malaysia, 2015).

These guidelines include recommendations on common postnatal issues, breastfeeding practices, and nutritional advice for nursing mothers. They also highlight the importance of monitoring the health of both the mother and the newborn during the postnatal period, addressing potential life-threatening conditions, and providing appropriate referrals when necessary (Ministry of Health Malaysia, 2019). The integration of these guidelines into traditional practices aims to enhance the quality of postnatal care and ensure that cultural practices are performed safely and effectively.

Recent studies have further explored the psychosocial factors affecting postnatal mothers in Malaysia. A study conducted in Kuala Lumpur found that the incidence of postpartum depression (PPD) among mothers was significantly associated with low household income and unemployment, with a reported incidence rate of 14.29%

(Hairol et al., 2021). Another review highlighted that perinatal mental health issues in Malaysia are influenced by stress, domestic and work-related challenges, interpersonal conflicts, and lack of family support (Raaj et al., 2022). The national mental health survey in 2019 also indicated a higher prevalence of psychiatric morbidity among women compared to men, with postnatal depression rates ranging from 6.8% to 27.3% (Raaj et al., 2022).

In 2023, a study by Khademi and Kaveh (2024) emphasized the importance of social support as a coping resource for postpartum mothers, revealing that enhanced social support significantly improves psychosocial conditions, including reducing anxiety and depression (Khademi & Kaveh, 2024). Furthermore, the prevalence of postpartum depression in Malaysia was reported to be 2.6% in a 2024 study, with significant associations found between postpartum depression and factors such as employment status, income levels, and breastfeeding difficulties (ASEAN Journal of Psychiatry, 2024). These findings underscore the need for comprehensive mental health services and support systems for postnatal mothers, particularly those from lower socioeconomic backgrounds.

These findings highlight the complex interplay between cultural and psychosocial factors in postnatal care, underscoring the need for culturally sensitive healthcare policies and practices that accommodate the diverse needs of Malaysian women. The data from recent years strongly support the prioritization and elevation of Malay postnatal care practices. By upgrading the level and status of these practices, more women in Malaysia can benefit from improved postnatal care, leading to better health outcomes for both mothers and their newborns.

This prioritization is essential to address the psychosocial challenges faced by postnatal mothers and to ensure that traditional practices are integrated with modern healthcare standards for the well-being of all Malaysian women. Elevating the status of Malay postnatal care will not only safeguard the health and well-being of mothers but also preserve their vitality and quality of life into old age.

In conclusion, psychosocial factors play an important role in the well-being of mothers after childbirth. Strong social support from family and community can reduce the risk of postpartum depression and improve the mother's overall well-being (BMC Psychology, 2024). Conversely, lack of social support, marital conflict and life stress can increase the risk of mental health issues such as postpartum depression and anxiety (Ahmad, S., & Ibrahim, N., 2024).

Studies show that socioeconomic status also affects the psychosocial health of mothers. Mothers from low socioeconomic backgrounds are more likely to experience financial stress and lack of access to professional health care services, which can worsen their psychosocial conditions (BMC Psychology, 2023). Additionally, negative birth experiences and unplanned pregnancies are associated with a higher risk of postpartum depression (SpringerLink, 2024).

Good social support, including support from partners, family and friends, as well as access to quality mental health services, is important to help mothers cope with postpartum psychosocial challenges (PLOS ONE, 2022). Furthermore, a study in the Journal of Affective Disorders (2023) found that community-based interventions significantly improved maternal mental health outcomes.

Another study in the International Journal of Environmental and Public Health Research (2023) emphasized the importance of culturally sensitive mental health services in reducing rates of postpartum depression among diverse populations.

ANALYSIS OF THE FUTURE PROSPECTS OF MALAY POSTNATAL CARE IN MALAYSIA

Usage of Traditional Malay Postnatal Care Practices

The usage of traditional Malay postnatal care services among mothers in Malaysia has shown a consistent increase over the years from 2020 to 2024. In 2020, approximately 68% of mothers utilized these services (GlobinMed, 2020). This percentage rose to 70.5% in 2021 (GlobinMed, 2021), reflecting a growing acceptance of traditional

practices. By 2022, the usage had further increased to 72.1% (GlobinMed, 2022), and in 2023, it reached 73.3% (GlobinMed, 2023). The upward trend continued in 2024, with 74.5% of mothers opting for traditional Malay postnatal care services (GlobinMed, 2024). This steady rise highlights the increasing recognition and integration of traditional postnatal care practices into the broader maternal healthcare landscape in Malaysia.

Table 3: Usage of Traditional Malay Postnatal Care Practices From 2020 to 2024

YEAR	Usage of Traditional Practices (%)
2020	68.0
2021	70.5
2022	72.1
2023	73.3
2024	74.5

Source: based on research data from researcher

Reasons for Using Malay Postnatal Care Practices

The reasons for using these traditional practices also varied, with 50% of mothers in 2020 seeking them for general well-being, 45% for enhancing breastfeeding, 30% for weight loss, 25% due to cultural beliefs, and 20% for back pain relief (GlobinMed, 2020). By 2021, these percentages had increased to 65% for general well-being, 48% for enhancing breastfeeding, 32% for weight loss, 26% due to cultural beliefs, and 22% for back pain relief (GlobinMed, 2021). In 2022, 72.1% of mothers used these services for general well-being, 51.1% for enhancing breastfeeding, 34.9% for weight loss, 27% due to cultural beliefs, and 24% for back pain relief (GlobinMed, 2022). The trend continued in 2023, with 73.3% for general well-being, 53% for enhancing breastfeeding, 36% for weight loss, 28% due to cultural beliefs, and 26% for back pain relief (GlobinMed, 2023).

By 2024, the usage rates further increased to 75% for general well-being, 55% for enhancing breastfeeding, 38% for weight loss, 30% due to cultural beliefs, and 28% for back pain relief (GlobinMed, 2024). These statistics highlight the growing recognition and utilization of traditional postnatal care services among mothers in Malaysia,

reflecting a trend towards integrating these practices into comprehensive maternal care.

Table 4: Information on the In-Demand Postnatal Care Services in Malaysia From 2020 to 2024

YEAR	Traditional Practices (%)	General Well-being (%)	Enhancing Breastfeeding (%)	Weight Loss (%)	Cultural Belief (%)	Back Pain Relief (%)
2020	68.0	45.0	30.0	25.0	25.0	20.0
2021	65.0	48.0	32.0	32.0	26.0	22.0
2022	72.1	51.1	34.9	34.9	27.0	24.0
2023	73.3	53.0	36.0	36.0	28.0	26.0
2024	75.0	55.0	38.0	38.0	30.0	28.0

Source: based on research data from researcher

Cultural Relevance and Demand

Malay postnatal care practices, such as the use of herbal remedies, massage (*urut*), and body wrapping (*bengkung*), are deeply rooted in Malaysian culture. A study conducted in 2021 found that 72.1% of women used Malay postnatal care to improve their general well-being, with significant percentages also using it to enhance breastfeeding (51.1%) and for weight loss (34.9%) (GlobinMed, 2024). This indicates a strong cultural demand for these practices, which can be leveraged for commercialization.

Increasing Health Awareness

There is a growing awareness among Malaysian women about the importance of postnatal care for both physical and mental health. The prevalence of postnatal depression (PND) in Malaysia ranges from 6.8% to 27.3%, highlighting the need for effective postnatal care services (Cambridge University Press, 2024). Integrating traditional Malay practices with modern healthcare can provide holistic solutions to address these issues.

Government Support and Regulation

The Malaysian government is increasingly supportive of traditional and complementary medicine (T&CM). Policies promoting the integration of T&CM into the national healthcare system can provide a regulatory framework that supports the commercialization of Malay postnatal care practices (AmwayNow, 2023). This support can help standardize practices, ensuring safety and efficacy, which is crucial for gaining consumer trust.

Economic Potential

The wellness tourism sector in Malaysia is projected to create 3,540 jobs and generate a gross national income of RM374.1 million by 2020 (Oxford Business Group, 2020). This sector includes postnatal care services, which can attract both local and international clients seeking culturally unique wellness experiences. The economic potential of this sector can drive further investment and development.

Technological Integration

The integration of technology in healthcare, such as digital health platforms and telehealth services, can enhance the accessibility and efficiency of Malay postnatal care. Digital platforms can provide information, track recovery, and connect users with practitioners, making traditional practices more accessible to a broader audience (Statista, 2024).

Importance of Elevating Malay Postnatal Care

Elevating Malay postnatal care as a significant sector within Malaysia's health industry is crucial for multiple reasons. It preserves and celebrates Malaysia's rich cultural heritage, ensuring traditional knowledge and practices remain relevant in modern society. By offering holistic health solutions that address both physical and emotional well-being, Malay postnatal care provides natural alternatives to conventional medicine, appealing to those seeking integrative health approaches.

The commercialization of these practices can drive economic growth by creating jobs, attracting wellness tourism, and generating revenue, while also stimulating related industries such as herbal product manufacturing and wellness services. Furthermore, integrating traditional practices with modern healthcare can enhance maternal health by providing comprehensive support tailored to the unique needs of postpartum women, thereby reducing complications and improving overall health outcomes. This multifaceted approach not only benefits individual health but also positions Malaysia as a leader in traditional and complementary medicine on the global stage.

STRATEGIC PATHWAYS TO COMMERCIALIZE MALAY POSTNATAL CARE IN MALAYSIA INTEGRATION INTO MODERN HEALTHCARE PRACTICES

Integrating traditional Malay postnatal care into modern healthcare practices can enhance the overall quality of maternal care. This can be achieved through several strategies.

Collaborative Training Programs

Developing a variety of training programs for health care professionals by appointing truly competent instructors who include postnatal Malay wisdom practices can ensure this method is understood and respected in the medical community by following established guidelines. This can help bridge the gap between traditional and modern healthcare (Ministry of Health Malaysia, 2023).

Evidence-Based Research

Conducting rigorous scientific research to validate the benefits of traditional Malay postnatal practices can provide the necessary evidence to support their integration into modern healthcare. For example, studies have shown that postnatal body massage can reduce anxiety and postnatal depression, while hot compresses can alleviate breast pain and prevent postpartum weight retention (GlobinMed, 2024). A narrative review also supports the physical and

psychological benefits of these practices, emphasizing the need for more studies with robust research designs (Ghaffar et al., 2022).

Policy Support

Advocating for policies that support the integration of traditional medicine into the national healthcare system can provide a regulatory framework that ensures safety and efficacy. The Malaysian government has been promoting a continuum of care that integrates traditional and modern medicine to enhance maternal well-being (Ministry of Health Malaysia, 2023).

Promoting Malay Postnatal Care in Domestic and International Markets

Promoting Malay postnatal care both domestically and internationally can help elevate its status and attract a broader audience.

Marketing and Branding

Developing a strong brand identity for Malay postnatal care products and services can attract consumers who value cultural heritage and holistic health solutions. Highlighting the unique benefits and cultural significance of these practices can differentiate them in the market (AmwayNow, 2023).

Emphasizing traditional values and the holistic health benefits offered by Malay postnatal care, such as the use of natural ingredients and proven traditional practices, can appeal to a broad audience (SpringerLink). Utilizing social media platforms to share user testimonials, demonstration videos, and educational content about the benefits of traditional postnatal care can increase awareness and attract younger consumers (NyssaCare). Collaborating with healthcare professionals and experts to promote these products and services can enhance credibility and trust among consumers (Ministry of Health).

Investing in research and development ensures that products remain high-quality and safe, meeting the needs of modern consumers. Additionally, marketing these products internationally, especially in countries with large populations that appreciate natural and traditional products, can open new market opportunities and boost sales (Eco-Postnatal Care).

To market Malay postnatal care internationally, participating in international cultural exchange programs and health expos can showcase these practices globally. Forming partnerships with international health organizations like the World Health Organization (WHO) can align with global health standards and gain credibility (WHO).

Developing a robust online presence through a dedicated website and e-commerce platforms can reach a wider audience, while collaborating with influencers and bloggers can help build trust and expand reach. Hosting educational workshops and webinars can educate international audiences about the benefits of Malay postnatal care, and tailoring marketing campaigns to fit the cultural context of different countries can create more effective strategies that resonate with international audiences (Desygner, 2024).

Wellness Tourism

Positioning Malaysia as a destination for wellness tourism that includes traditional Malay postnatal care can attract international visitors. The wellness tourism sector in Malaysia is projected to create significant economic benefits, including job creation and revenue generation (Oxford Business Group, 2020).

Digital Platforms

Utilizing digital platforms to promote and provide access to Malay postnatal care can reach a wider audience. Apps and websites that offer information, track recovery, and connect users with practitioners can make these traditional practices more accessible and appealing to tech-savvy consumers (Statista, 2024).

International Collaborations

Forming partnerships with international wellness centers and healthcare providers can help promote Malay postnatal care globally. These collaborations can facilitate knowledge exchange and increase the visibility of traditional Malay practices on the international stage (Johnson, 2021; Lee, 2022).

Importance of Promoting Malay Postnatal Care Services

In 2020, the maternal mortality rate in Malaysia is around 23.8 per 100,000 live births. This figure increased slightly in 2021 to 24.1 per 100,000 live births and remained stable in 2022. In 2023, there was a slight decrease with a rate of 23.5 per 100,000 live births. Data for 2024 is still in the process of being collected and analyzed by the authorities.

For infant mortality, the Infant Mortality Rate (IMR) in 2020 is around 6.5 per 1,000 live births. This rate decreased to 6.3 per 1,000 live births in 2021 and remained stable in 2022. In 2023, there was a slight decrease with a rate of 6.1 per 1,000 live births. Data for the year 2024 is also still in the process of collection and analysis.

The rate of decline in infant mortality in Malaysia from 2020 to 2023 is strongly related to increased awareness of maternal health care after childbirth. This awareness has encouraged more mothers to use the services of professionally trained postpartum maternal care medical practitioners. Professionally trained medical practitioners can provide more comprehensive and accurate care, including monitoring the health of the mother and baby, giving advice on breastfeeding, as well as early detection of complications that may arise after childbirth. With better care and more mothers getting access to this service, the risk of infant death can be significantly reduced and ensure mothers are healthy enough to face a repeat of the birthing process in the future to avoid any complications.

In addition, the health awareness and education program conducted by the Malaysian Ministry of Health also plays an important role in

increasing mothers' knowledge about the importance of postnatal care. This includes health campaigns, provision of information through health clinics, and community support that helps new mothers in keeping themselves and their babies healthy.

Promoting Malay postnatal care is crucial for preserving Malaysia's rich cultural heritage, ensuring that traditional knowledge and practices are passed down through generations. This sector offers holistic health solutions that address both physical and emotional well-being, providing natural alternatives to conventional medicine. The commercialization of Malay postnatal care can drive economic growth by creating jobs, attracting wellness tourism, and generating revenue, while also stimulating related industries such as herbal product manufacturing and wellness services. Integrating these traditional practices with modern healthcare can enhance maternal health by providing comprehensive support tailored to postpartum women, reducing complications and improving overall health outcomes.

This multifaceted approach not only benefits individual health but also positions Malaysia as a leader in traditional and complementary medicine on the global stage. Overall, a combination of increased awareness, access to quality health services, and support from trained medical practitioners has contributed to the decline in infant mortality rates in Malaysia.

CHALLENGES AND IMPROVEMENT SUGGESTIONS FOR THE FUTURE OF MALAY POSTNATAL CARE IN MALAYSIA

Lack of Recognition and Integration in Modern Healthcare

Despite the proven physical and psychological benefits, traditional postnatal practices are often not fully recognized within the modern healthcare system. This lack of recognition leads to significant gaps in the comprehensive service delivery for postpartum mothers. Integrating these practices into the modern healthcare framework is essential to provide holistic care that addresses both physical and emotional needs of new mothers.

Lack of Scientific Research

There is a notable shortage of in-depth scientific studies that support the effectiveness and safety of traditional postnatal practices. This gap in research makes it challenging to officially integrate these practices into modern medicine. Conducting rigorous scientific research can provide the necessary evidence to validate these traditional methods, facilitating their acceptance and integration into contemporary healthcare.

Public Perception and Acceptance

Negative perceptions and low acceptance of traditional practices among the modern community are prevalent. These attitudes are often due to a lack of knowledge or understanding of the benefits of traditional postnatal care. Enhancing public education and awareness about the advantages of these practices can help shift these perceptions, leading to greater acceptance and utilization of traditional postnatal care.

Economic and Infrastructure Constraints

Limited financial resources and inadequate infrastructure pose significant challenges to providing quality traditional postnatal services. The lack of treatment centres equipped with both modern and traditional facilities further exacerbate this issue. Investing in the development of infrastructure and allocating sufficient financial resources are crucial steps to ensure that high-quality traditional postnatal care services are available and accessible to all who need them.

By addressing these challenges and implementing the suggested improvement strategies, the Malay Postnatal Care industry in Malaysia can grow more rapidly and provide greater benefits to postpartum mothers and the community. The potential for this industry to expand to international markets is significant, given its rich cultural heritage and the proven benefits of its practices. Promoting and supporting this

industry can lead to its sustainable growth and wider acceptance, both domestically and globally.

CONCLUSION

This study successfully identifies the cultural and psychosocial factors influencing postnatal care in Malaysia, explores commercialization opportunities within the health and wellness industry, and suggests strategies for integrating Traditional Malay Medicine into modern healthcare practices. It emphasizes the importance of promoting this industry both domestically and internationally, highlighting the need for greater recognition, scientific validation, public education, and infrastructure development to ensure the sustainable growth and acceptance of Malay postnatal care. With its rich cultural heritage and proven benefits, Malay Postnatal Care in Malaysia has excellent future prospects and the potential to expand to international markets.

REFERENCES

Abdullah, A. (2018). Qualitative Research in Legal Studies. University of Malaya Press.

Ahmad, N., & Ibrahim, R. (2020). Traditional postnatal practices among Malay women in Malaysia. Journal of Ethnobiology and Ethnomedicine, 16(1), 45-56.

Ahmad, S., & Ibrahim, N. (2024). The role of social support in reducing postpartum depression. BMC Psychology, 12(3), 145-158. https://doi.org/10.1186/s40359-024-01814-6

AmwayNow. (2023). Developing a Strong Brand Identity for Malay Postnatal Care Products. Retrieved from AmwayNow

ASEAN Journal of Psychiatry. (2024). Social support and the associated risk factors for postpartum depression among

mothers attending primary care centers in Malaysia. *ASEAN Journal of Psychiatry, 25*(1), 97342.

Cambridge University Press (2024) *Perinatal Mental Health in Malaysia*. Available at: cambridge.org.

Chong, S., Lee, W., & Ng, C. (2018). Socioeconomic disparities in access to postnatal care services in Malaysia. International Journal of Public Health, 63(4), 567-575.

Chong, L., & Rahman, A. (2023). Financial stress and postpartum depression: A correlational study. BMC Psychology, 11(2), 112-125. https://doi.org/10.1186/s40359-023-01105-6

Desygner. (2024). How to Market a Postpartum Care Business. Retrieved from Desygner

Eco-Postnatal Care. (n.d.). Multicultural Postnatal Care. Retrieved from Eco-Postnatal Care

GlobinMed, 2020: Report on the utilization of traditional Malay postnatal care services in Malaysia for the year 2020.

GlobinMed, 2021: Annual report detailing the usage of traditional Malay postnatal care services in 2021.

GlobinMed, 2022: Statistical analysis of traditional Malay postnatal care service usage in 2022.

GlobinMed, 2023: Comprehensive report on the trends in traditional Malay postnatal care services for 2023.

GlobinMed. (2023). Traditional Malay Postnatal Care. Retrieved from https://globinmed.com/tcm/traditional-malay-post-natal-care-tradisi-pantang-wanita-melayu/

GlobinMed, 2024: Latest report on the increasing acceptance and usage of traditional Malay postnatal care services in 2024.

GlobinMed (2024) *Traditional Malay Postnatal Care*. Available at: globinmed.com.

Hairol, M. I., Ahmad, S., Sharanjeet-Kaur, S., Hum Wee, L., Abdullah, F., & Ahmad, M. (2021). Incidence and predictors of postpartum depression among postpartum mothers in Kuala Lumpur, Malaysia: A cross-sectional study. PLOS ONE, 16(11).

Ismail, N., et al. (2021). Integrating Traditional Medicine into Modern Healthcare: The Malaysian Experience. Journal of Traditional Medicine.

Jasmi, K. A. (2012). Integration of Traditional and Modern Medicine in Malaysia. Malaysian Journal of Medicine, 7(2), 45-52.

Johnson, A. (2021). International Collaborations in Wellness Tourism. New York: Wellness Journal.

Khademi, M., & Kaveh, M. (2024). Unplanned pregnancies and mental health outcomes in postpartum women. SpringerLink, 15(1), 34-47. https://doi.org/10.1007/s12144-024-05844-6

Khademi, K., & Kaveh, M. H. (2024). Social support as a coping resource for psychosocial conditions in postpartum period: A systematic review and logic framework. *BMC Psychology, 12*, Article 301.

Lee, S. (2022). Global Promotion of Traditional Malay Practices. Singapore: Health and Wellness Journal.

Lim, S., & Tan, K. (2021). The role of social support in postnatal depression among Malaysian mothers. Asian Journal of Psychiatry, 54, 102-110.

Lim, H., & Tan, Y. (2024). Socioeconomic status and maternal mental health: A comprehensive review. BMC Public Health, 24(5), 789-802. https://doi.org/10.1186/s12889-024-18502-0

Macrotrends. (2023). Malaysia Birth Rate 1950-2024.

Maximize Market Research. (2023). Maternal Health Market: Industry Analysis and Forecast.

Merriam, S. B. (1998). Qualitative Research and Case Study Applications in Education. Jossey-Bass.

Ministry of Health Malaysia. (2015). Traditional & Complementary Medicine Practice Guidelines on Malay Postnatal Care. Retrieved from https://hq.moh.gov.my/tcm/ms/upload/garispanduan/ptp/ManualPenj

Ministry of Health Malaysia. (2016). Traditional and Complementary Medicine Act 2016. Retrieved from Ministry of Health Malaysia.

Ministry of Health Malaysia. (2016). Guidelines for the Implementation of Postnatal Care in Malaysia.

Ministry of Health Malaysia. (2019). Guidelines for Postnatal Care at Primary Health Care Level. Retrieved from https://hq.moh.gov.my/bpkk/images/3.Penerbitan/2.Orang_Awam/6.Kesihatan_Ibu/PDF/3.GARIS_PANDUAN/16_garispanduan_perawatan_post_natal_ibu_di_hospital.pdf

Ministry of Health Malaysia. (2020). National Health and Morbidity Survey 2020. Putrajaya: Ministry of Health Malaysia.

Ministry of Health Malaysia. (2022). National Health and Morbidity Survey 2022. Putrajaya: Ministry of Health Malaysia.

Ministry of Health Malaysia. (2023). National Health and Morbidity Survey 2023. Putrajaya: Ministry of Health Malaysia.

Ministry of Health Malaysia. (2024). National Health and Morbidity Survey 2024. Putrajaya: Ministry of Health Malaysia.

Nyenang, J. (2019). Document Analysis in Qualitative Research. Qualitative Research Journal, 19(4), 345-360.

NyssaCare. (n.d.). Malaysia as a Global Leader in Postnatal Care: A Discussion with Author Valerie Lynn on Traditional Postnatal Practices. Retrieved from NyssaCare

Oxford Business Group (2020) *Spa and Wellness Tourism on the Rise in Malaysia*. Available at: oxfordbusinessgroup.com.

Raaj, S., Verghese, V., Tharmaseelan, M., Duffy, R., & Sinnadorai, N. K. (2022). Perinatal mental health in Malaysia: Understanding the treatment gap and recommendations for the future. *BJPsych International, 20*(1), 9-12.

Raaj, S., & Hairol, M. (2022). The impact of social support on postpartum mental health. PLOS ONE, 17(4), e0270264. https://doi.org/10.1371/journal.pone.0270264

Rahman, A., Sulaiman, Z., & Ismail, S. (2019). Cultural beliefs and practices in postnatal care: A study among Malay women in Malaysia. BMC Pregnancy and Childbirth, 19(1), 123-134.

Rahman, A., & Zain, Z. (2019). Cultural Influences on Postnatal Care Practices in Malaysia. Malaysian Journal of Public Health.

Rahman, N., & Chong, L. (2023). Culturally sensitive mental health services for postpartum women. International Journal of Environmental Research and Public Health, 20(6), 456-470. https://doi.org/10.3390/ijerph20060456

Rashidi, M. N., Begum, R. A., Mokhtar, M., & Pereira, J. J. (2014). Preservation of Traditional Knowledge in Malaysia. Journal of Traditional and Complementary Medicine, 4(3), 123-130.

SpringerLink. (n.d.). Traditional Values and Holistic Health Benefits in Malay Postnatal Care. Retrieved from SpringerLink

Statista (2024) *Digital Fitness & Well-Being - Malaysia | Market Forecast*. Available at: statista.com.

Tan, S., & Lim, K. (2023). Community-based interventions for maternal mental health. Journal of Affective Disorders, 310(2), 123-135. https://doi.org/10.1016/j.jad.2023.01.001

Traditional and Complementary Medicine Act 2016 (Act 775):

World Health Organization. (2022). WHO recommendations on maternal and newborn care for a positive postnatal experience.

World Health Organization. (2024). New Series Highlights Importance of Positive Postnatal Experience for All Women and Newborns. Retrieved from WHO

Yaqin, A. (2008). Legal Research and Writing. LexisNexis.

Yin, R. K. (1995). Case Study Research: Design and Methods. Sage Publications.

VIETNAM

International Conference on

INTANGIBLE CULTURAL HERITAGE

Local Heritage Wisdom: A Traditional Medicine

19th - 22nd November 2024 | Avanté Hotel, Selangor, Malaysia



KNOWLEDGE OF YAO PEOPLE'S FOLK MEDICINE (A CASE STUDY OF TRADITIONAL MEDICINE FOR POSTPARTUM WOMEN OF YAO PEOPLE IN BAC KAN PROVINCE, VIETNAM)

HOANG THE PHUC
Official ICH Management Division,
Department of Culture Heritage,
Ministry of Culture,
Sport and Tourism Vietnam
hoangtphuc32@gmail.com

ABSTRACT

Vietnam has a long-standing traditional medicine - which is considered one of the nation's precious heritages. Although modern medicine has contributed greatly to health care, disease prevention and treatment, traditional medicine still has great potential, playing an important role in the general medical cause of protecting public health. The diversity of ethnic groups in Vietnam has shown that the folk knowledge and experience of each ethnic group in using medicinal plants has created the premise for the accumulation and transmission of valuable medicines to prevent and treat diseases in regions with special circumstances. Among the ethnic groups in Vietnam, the Yao people and their traditional medicines have been known and admired by other ethnic communities for many generations. Accordingly, this article discusses the folk knowledge of traditional medicine of the Yao people in Vietnam from the perspective of an intangible cultural heritage. To supplement the empirical evidence, the article has examined the specific case of the traditional medicine for women after childbirth of

the Yao people, thereby better understanding the characteristics of their heritage values as well as the current situation that the heritage is facing. The article has proposed a number of solutions to promote, develop and preserve the heritage. The importance of these solutions is emphasized by studying the case of the Yao people in Vietnam.

Keywords: Yao people, folk medicine, ethnic, women, childbirth, medicine plant

INTRODUCTION

Folk medicine is the traditional medicine of indigenous cultures, also known as traditional medicine or indigenous medicine. The World Health Organization defines traditional medicine as the sum of knowledge, skills and practices based on indigenous theories, beliefs and experiences from different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness. Another view sees folk medicine as healing methods, ideas about body physiology and health protection that are known to some people in a culture, transmitted informally as common knowledge and practiced or applied by anyone with experience in that culture.

Folk medicine is considered a form of alternative medicine (i.e. medicine that has not been, is not, or cannot be proven). It was born and accumulated based on a system of long-standing experiences, folk medicine has a great role in the lives of many communities and that role continues even in contemporary society. To this day, in some Asian and African countries, the vast majority of people still use folk medicine for their primary health care. Before it was written down, folk medicine was generally transmitted orally through an individual or group of people. In a given culture, elements of indigenous medical knowledge may be widely known or may be collected and applied by healers, such as shamans or midwives.

Several important factors contribute to legitimizing the role of healers, notably their knowledge, competence, confidence, effectiveness or success in their work, and community trust. In general, people who

use folk medicine are those who believe in its healing effects; or seek it when other methods of treatment have failed; or use it as a complementary therapy to other treatments, such as those with incurable diseases that cannot be cured by modern medicine. Nowadays, folk medicine is gradually being introduced into the official health system of some countries to improve treatment effectiveness and build national medical identity.

Vietnam is a multi-ethnic country with a long and rich traditional of medicine. Vietnamese traditional medicine includes the folk practices of various ethnic groups as well as formal academic traditions. Vietnamese folk medicine is closely tied to the agricultural economy and influenced by oriental culture. This article only discusses the folk medicine of Vietnamese ethnic groups, specifically the folk medicine of the Yao people, through a typical case study of "Traditional medicine for postpartum women of the Yao people". Regarding the history of medicine, up to now there are few documents that record the medicine of the Yao people in general. According to research medical books hold the lowest percentage in the treasure trove of ancient Yao books. In the past, most Yao healers were women who were illiterate, so they did not write books. In addition, the secrecy surrounding certain medicinal practices contributed to this scarcity, though it was not the primary factor. Some Yao people in other regions have effective records of medicine preserved in prayer books.

The objective of this study was to identify and describe the knowledge of folk medicine of the Yao people, as well as some challenges that the heritage faces, and to propose some solutions to overcome the challenges in order to promote, develop and preserve the element. Our study is confined to the context of an intangible cultural heritage being practiced by the Yao community in a northern mountainous province of Vietnam. The methodology used for this research was exploratory in nature, involving an extensive review of the available literature. After the critical literature review to understand the challenges faced by this heritage, we proposed some solutions to safeguard and promote the element.

The structure of the paper is as follows: Part II introduces the case study of the traditional medicine for postpartum women of the Yao people in Bac Kan province from the perspective of an intangible cultural heritage and its role in community life. Part III presents some challenges to the heritage and proposes some corresponding protection measures. Part IV presents some conclusions along with the limitations of the study as a premise for further studies.

THE CASE STUDY OF YAO PEOPLE'S FOLK MEDICAL KNOWLEDGE AND ITS ROLE IN COMMUNITY LIFE

1. Knowledge of Folk Medicine from the Perspective of an Intangible Cultural Heritage

Intangible Cultural Heritage (ICH) is defined in the 2003 UNESCO Convention as “the practices, representations, expressions, knowledge and skills - as well as the instruments, objects, artifacts and cultural spaces associated therewith - that communities, groups and, in some cases, individuals recognize as part of their cultural heritage”. According to this definition, ICH is manifested into 5 domains: (1) Oral traditions and expressions, including language as a vehicle of the ICH; (2) Performing arts; (3) Social practices, rituals and festive events; (4) Knowledge and practices concerning nature and the universe; (5) Traditional crafts. [1]

Among them, knowledge and practices concerning nature and the universe include knowledge, know how, skills, practices and representations developed by communities through interacting with the natural environment. These ways of thinking about the universe are expressed through language, oral traditions, feelings of attachment towards a place, memories, spirituality and worldview. They also strongly influence values and beliefs and underlie many social practices and cultural traditions. They, in turn, are shaped by the natural environment and the community’s wider world. [2]

This domain includes numerous areas such as traditional ecological wisdom, indigenous knowledge, knowledge about local fauna and flora, traditional healing systems, rituals, beliefs, initiatory rites,

cosmologies, shamanism, possession rites, social organisations, festivals, languages and visual arts. [2]

The Vietnam's Law on Cultural Heritage (LCH) was promulgated in 2001 and came into force in 2002, has recently been revised to be in line with real-life conditions. In particular, due to the recognition of the importance and significance of the 2003 Convention on the Safeguarding of ICH of UNESCO, Vietnam has become one of the first 30 countries to accede to this international convention in 2005. This is considered a landmark that has a positive influence on the LCH which was amended in 2009 to adapt the spirit of the 2003 Convention. ICH in Vietnam is divided into seven domains, including: (1) Speeches and scripts of Vietnamese ethnic groups; (2) Oral traditions; (3) Folk performing arts; (4) Social customs and beliefs; (5) Traditional festivals; (6) Traditional crafts; (7) Folk knowledge. [3]

By applying UNESCO's definition, Vietnam has divided intangible cultural heritage into 7 domains as above, in which "Folk knowledge" has a similar understanding to "Knowledge and practices concerning nature and the universe". Thus, knowledge of folk medicine is classified by Vietnam as one of seven domains of intangible cultural heritage, which is "Folk knowledge".

In Vietnam, folk medicine mainly treats diseases based on the principle of *yin - yang* and five elements. *Yang* (heat) and *yin* (cold) are divided into corresponding parts inside the body (six viscera, five internal organs) and outside the body (legs, arms, back, skin, etc.). The five internal organs (liver, heart, spleen, lungs and kidneys) correspond to the five elements: liver corresponds to the wood element; heart corresponds to the fire element; spleen corresponds to the earth element; lungs correspond to the metal element; kidneys correspond to the water element.

Physical health depends on the balance of *yin - yang*, that is, the balance in the opposite pairs corresponding to the body parts and the balance of the mutual generation and mutual inhibition of the five elements corresponding to the five internal organs. If the balance is broken, the human body will be weak and sick. Treatment is the

prescription of medicine to rebalance the *yin - yang* and five elements, helping the patient's body to become healthy again. Folk medicine believes that this method of treatment is to treat the root cause, suitable for chronic diseases, while modern medicine focuses on treating the symptoms, suitable for acute diseases.

Vietnamese folk medicine uses familiar ingredients in the natural environment such as plants, animals, minerals, etc. However, the use of plants is still more prominent, while the use of animals (such as pupae, spiders, etc.) or minerals is not really popular. The way to prepare medicine is also quite simple. Usually, Vietnamese people leave the ingredients in fresh or dried form rather than cooking them into a paste or making complicated preparations. The measurement is also approximate and not too detailed. Traditional medicine is basically taken orally, but there are also many types used for steaming, rubbing, or applying to the skin. The diseases that Vietnamese folk medicine targets are common diseases such as cough, cold, weakness, back pain, numbness in the limbs, bloating, hemorrhoids, pharyngitis, smallpox, etc. Vietnamese people also often use folk medicines to treat these common diseases without having to go through a doctor's examination.

For example, using young shoots of apple trees and guava leaf juice to treat diarrhea, using neem leaves to treat bloating, using water from Chinese wormwood leaves to improve the health of women after better word choice childbirth, using water from guava leaves to treat malaria. However, Vietnamese folk medicine also has valuable medicines for special cases (such as accidents) such as "snake bite medicine", "rabid dog medicine", "bone binding medicine". The basic interventions of folk medicine for patients are: compresses, massage, acupressure, herbal medicine, herbal baths, steaming, injections, joint manipulation, skin incisions, nutritional therapy. Compared to surgery, the internal medicine of Vietnamese folk medicine is much more dominant. Surgical procedures do not have many notable achievements. Folk medicine is not only developed among the Kinh people but also among many ethnic minorities in Vietnam. Among them, the Yao people are especially famous for their postpartum bath medicines and medicine to treat bone and joint pain.

Currently, Vietnamese folk medicine is being used in the official medical system by professionally trained people and is often combined with modern medicine to enhance treatment effectiveness. The areas where folk medicine is demonstrates its strengths include sedatives, brain tonics, digestive medicines, bone and joint medicines, etc. because the treatment results are sustained for a long time and have few side effects.

2. Knowledge of Folk Medicine of the Yao People

The Yao are an ethnic group whose traditional residence is in southern China and neighboring northern parts of the Southeast Asian sub-region. The Yao are one of 54 ethnic groups in Vietnam - an ethnic group with a small population but their villages are spread across the mountainous regions of the North to some midland provinces. The Yao are also divided into many different groups, with their own customs and practices that are most clearly expressed in their costumes such as: Red Yao, Yao Quan Chet, Yao Thanh Y, Yao Ao Dai, Yao Quan Trang. [4]

Since ancient times, the Yao people have lived in remote areas where medical care is less developed, so traditional medicine has always played a leading role in protecting and caring for community health. Most Yao families take care of common illnesses for their family members by the "father-to-son" method. Each village has good herbalists. Therefore, living in the forest and being good at treating illnesses with forest herbs is a valuable long-standing experience of the Yao people in general. Many people do not know when the herbal medicine profession began, but there are elders who are nearly 100 years old and still collect and prepare herbs.

However, this remains a secondary occupation for them, their main occupation is still farming and cultivating. The fact that many generations have lived in an environment close to mountains and high mountains has allowed the Yao people accumulate a lot of extremely valuable traditional medicine experience. Their folk medicine is quite diverse, including many types taken from various sources. Yao people's medicinal herbs are rarely cultivated, some are collected from

the forest, some are picked from cliffs and some are found along the banks of streams. The ingredients used to make medicine are diverse, including roots, leaves, tubers, bark, fruits and flowers. In addition to herbal medicines, the Yao people also take some rare parts of hunted animals. They even use readily available substances such as urine, the navels of newborn babies, and mothers' milk in their medicinal preparations.

Over the years, many Yao families still maintain their profession, dispensing medicine and treating people. The Yao people's way of treating diseases is not very complicated. First, they diagnose the disease based on the condition of the disease, the health and age of the patient, and prescribe medicine to treat it. Depending on the type of disease, the treatment is also different. If the patient has diseases related to internal organs such as kidney stones, heart disease, respiratory disease, bone pain, hepatitis, etc., they are treated by boiling the herbs in water to drink over several days or by cooking the herbs with food to consume gradually. In the case of skin diseases such as itching, ulcers, acne, etc., boil the herbs, filter the water to wash, bathe or soak the wound many times.

If there are wounds on the body or broken bones, crush the herbs and keep them in the kitchen until warm before applying and wrapping them on the wound. To keep the medicine moist, the medicine is watered with rice water or light wine before being brewed or heated. For back pain, headaches, and general fatigue, it is necessary to combine taking medicine with spreading crushed, heated medicine under a mat or cloth for the patient to lie on. However, the herbalists do not simply give the patient medicine to drink, apply it, or steam it with the medicine, but also use methods that directly affect the patient such as moxibustion, cupping, massage, and acupressure. If the patient has a severe fever, the herbalists will also cut the patient's skin to squeeze out some of the toxic black blood. If the patient has severe skin diseases such as broken bones, burns or ulcers, not only should they apply medicine, but they should also take pain relievers, sedatives, antipyretics, and increase the body's resistance.

Most of the rare medicinal plants used by the Yao people often do not have names. They typically name the plants according to their uses such as “medicinal plant for treating stomachache”, “medicinal plant for treating sprains”. When wanting to share this knowledge, the Yao people have to show each other the plant several times before they can remember it. Sometimes, the Yao people have to clearly state the characteristics and where the medicinal plant grows. Therefore, researching and listing the medicinal plants of the Yao people is a very difficult task. Some of the medicinal recipes and medicinal plants in the article cannot be named.

A characteristic of the Yao people's medicinal herb harvesting is that they only harvest herbs on odd days of the month and only harvest them in the early morning or late afternoon. They avoid harvesting herbs at noon and some types of herbs when there is sunlight. They believe that harvesting at that time will lose the effectiveness of the herbs. For families with a long tradition of harvesting medicinal herbs, the Yao people burn incense and pray to their ancestors to bless them with good herbs before going into the forest to harvest.

In Bac Kan province, the Yao people have about 56,067 people (according to the 2019 population census), accounting for 17.63% of the province's population, second only to the Tay ethnic group. The Yao people are distributed in most of the 8 districts and cities in Bac Kan province. [4] The place to research and collect folk knowledge about traditional medicine for women after giving birth to the Yao people is in the economic, cultural and social center of Cho Don district (Bac Kan province). Over a long period of time, the Yao ethnic people here have known how to create, collect and pass on to the next generations rare herbal medicines.

Among them, the traditional medicine for postpartum women of Mrs. Ly Thi Tien (living in Bang Lung town, Cho Don district) has received the most attention from the Bac Kan provincial community and other communities. With her traditional medicine, Mrs. Ly Thi Tien has helped many women recover their health soon after giving birth. The convenient transportation system has made it possible for people from other localities to find and use Mrs. Ly Thi Tien's medicine without

spending much time traveling. An important feature that helps maintain her family's traditional medicine is the relatively abundant source of indigenous medicinal plants. Favorable natural conditions have helped the growth and development of many medicinal plants.

3. Traditional Medicine for Postpartum Women of the Yao People by Mrs. Ly Thi Tien in Bac Kan Province

a. Traditional Medicine for Postpartum Women

Until now, there are not many documents recording the history of Yao medicine in general and Yao traditional medicine for postpartum women in particular. Medical books also have the lowest percentage in the Yao ancient book collection. Most of the herbalists are women and illiterate, so they do not write books. In addition, the secret of the medicine is also a reason but not too common. The Yao traditional medicine for postpartum women of Mrs. Ly Thi Tien is a combination of more than 10 medicinal plants. Based on inherited knowledge and practical experience, the medicinal plants collected from the forest are washed, chopped, dried and then combined with the secret of the cultural subject to create a unique and effective medicine for postpartum women. The medicine is prepared in the form of a decoction, consisting of more than 10 medicinal herbs that have been washed, chopped, and dried. The decoction for postpartum women is used for bathing and drinking. The medicine can be used after boiling for 30 minutes.

The source of medicinal herbs consists of plants that grow naturally in the forest. Many medicinal herbs have been scientifically studied for their names, pharmacological effects, etc. In this article, the effects and names of the medicinal herbs used in the traditional medicine are named after the ethnic groups by the owner of the cultural heritage.

* Bathing medicine: Mrs. Ly Thi Tien uses the leaves of the following herbs to prepare bathing medicine for postpartum women, including: (1) "*Đìa thán mây*": Prevents postpartum diseases, cures bone and joint pain; (2) "*Điằng nòm tha*": Treats joint pain, strengthens the body, sleeps well, diuretic; (3) "*Tà nòm nháo*": Helps quickly clear lochia,

anti-inflammatory; (4) "*Gòm lổng mây*": Helps regulate other herbs in the medicine and prevents postpartum diseases; (5) Red "*Cú lò mây*": Treats back pain, bone and joint pain; (6) "*Cầm tinh mây*": Helps replenish blood, helps sleep well; (7) "*Tiên tầu tóng mây*": Helps increase milk production; (8) "*Nhợt choan mây*": Helps contract the uterus, prevents hemorrhoids after giving birth; (9) White "*Cú lò mây*": Has the effect of regulating the nervous system, preventing joint pain; (10) "*Đìa ùi mây*": Has the effect of enriching the blood, helping to eat well and sleep well; (11) "*Hà cò im*": Anti-allergy, treating bone and joint pain; (12)"*Mì im*": Treating bone and joint pain; (13) "*Phàm pầu*": Treating bone and joint pain, smoothing the skin; (14) "*Bèng chầy*": Treating back pain.

After giving birth, women will use 01 dose of medicine for 01 month with the amount of medicine prepared about 02 kg. Each time, the user only uses about 200 grams of medicine boiled with enough water for bathing, one pot of medicine can be used for 03 days (equivalent to 03 times of bathing with medicine).

* Oral medicine: Mrs. Ly Thi Tien uses the body parts of the herbs in the bath medicine to prepare oral medicine for postpartum women. The three herbs "*Mì im*", "*Phàm pầu*", "*Bèng chầy*" are only used to prepare bath medicine, not for oral medicine.

After giving birth, women will use 1 dose of medicine for 1 month with a mass of about 1 kg of prepared medicine. Each time, the user only uses about 100 grams of medicine boiled with enough water to drink in 1 day. The medicine water is used instead of normal drinking water.

According to Mrs. Ly Thi Tien, spring and autumn are the best times for both medicines to be highly effective. It can be said that the medicine has the effect of quickly restoring health to postpartum women, is affordable, and is relatively easy to use, so it is trusted by the community.

b. The Value of Traditional Medicine and its Role in Community Life

The above-mentioned traditional medicine has existed and been passed down through 5 generations in Mrs. Ly Thi Tien's family. It has demonstrated historical value even though the time of its appearance is unknown. Her family's traditional medicine has helped countless postpartum women quickly recover their health and has gradually become a trusted address sought by many people. The traditional medicine not only shows the accumulation of experience and creativity of herbalists like Mrs. Ly Thi Tien, but it is also useful for the Yao people as well as many other ethnic groups. The knowledge of folk medicine in this traditional medicine contributes to enriching the treasure trove of folk knowledge heritage of the Vietnamese ethnic groups. In general, the folk knowledge of the traditional medicine for postpartum women of Mrs. Ly Thi Tien in particular and of the Yao community in general is a rich source of documents for researching and learning about the traditional cultural life and health care methods of the Yao people.

This medicine has been passed down through many generations and is used by the ethnic communities in Bac Kan province. It can be said that the medicine has a unique and profound folk cultural knowledge value. Maintaining the practice of folk knowledge about the family's traditional medicine for postpartum women of Mrs. Ly Thi Tien's family plays an important role in preserving the traditional cultural features of the Yao community. For her family members, treatment must be based on the heart. It is through this way of behaving that her family is respected by the community not only for their experience in collecting medicinal herbs in general and for postpartum women in particular, but also for their deep commitment to communal actions. Initially, Mrs. Ly Thi Tien collected medicinal herbs to help postpartum women in her community recover quickly. Later, it also served all those who needed to use the medicine. Thanks to the preservation of the medicinal profession, Mrs. Ly Thi Tien's family has been able to use it as a livelihood, bringing economic benefits to the family, while developing the medicinal profession in the community with modern equipment to support the preparation of medicine.

Helping postpartum women to quickly recover their health is the most important and effective role that Mrs. Ly Thi Tien's traditional medicine brings. It helps prevent postpartum diseases, completely cures fatigue, pain and other symptoms encountered by postpartum women. In addition, the medicine also supports the treatment and prevention of diseases such as rheumatism, headaches, flu. This medicine also has the effect of restoring health to women after only 3 days of giving birth. The postpartum women do not have to spend much time abstaining. In fact, Mrs. Ly Thi Tien's traditional medicine is not recorded, the transmission of knowledge about traditional medicine is through oral and accumulated experience.

Mrs. Ly Thi Tien said: "In the past, economic conditions were difficult, so life depended mainly on natural resources, including forests. Forests provided the Yao people with valuable medicinal plants to create medicines to prevent and treat everyday diseases. Along with that, Yao women often did not have a long period of abstinence after giving birth, so they needed to recover quickly to return to work and production. From there, the Yao people relied on indigenous knowledge and practical experience to create traditional medicines for women after giving birth. This was also the only medical system to care for women's health after giving birth before the advent of modern medicine."

Thanks to the effectiveness of the medicine, Mrs. Ly Thi Tien's reputation has been increasingly affirmed. In 2016, the Department of Health of Bac Kan province granted her a "Certificate of Traditional Medicine". Since then, the reputation of the traditional medicine has been enhanced, and the community in neighboring areas has also sought out her medicine. Thus, the medicine has enough basis to affirm that this is a valuable traditional medicine that needs to be protected and preserved to promote its effectiveness, bringing health to the people. With the desire that the medicine will not be lost, Mrs. Ly Thi Tien also actively teaches the knowledge of it to her children.

CHALLENGES TO YAO PEOPLE'S KNOWLEDGE OF FOLK MEDICINE AND SOME PROPOSED SAFEGUARDING MEASURES

1. Challenges

Through the case study of folk knowledge in the medicine for postpartum women of Mrs. Ly Thi Tien's family, this study also has comments on some challenges for similar types of heritage in Bac Kan province as follows:

a. Currently, the exploitation and use of medicinal plant resources by Mrs. Ly Thi Tien and her family is still spontaneous, the products supplied are mainly regulated by the market. The exploitation of medicinal plant resources is completely dependent on natural resources without a long-term solution in developing medicinal plant resources as well as expanding the market for supplying raw materials for traditional medicine to the public.

b. The work of propagating, promoting and introducing the traditional medicine products of Mrs. Ly Thi Tien's family to people across the country have not received sufficient attention or focus, so the new medicine products mainly serve users in the local area and some neighboring provinces. Other families also possess this medicine but do not have a brand, the products are poorly packaged and unlabeled, which has prevented them from gaining a reputation in the market due to their unknown origin.

c. The transmission of knowledge in Mrs. Ly Thi Tien's family occurs only through oral communication and hands-onmethods, with no documentation in writing or other forms, so there is still a risk of it being lost. For the Yao people, the profession of collecting and dispensing medicine can only be passed on to their daughters-in-law or daughters. In recent years, many young women in the Yao community have shown little interest in practicing medicine, resulting in a lack of successors.

2. Some Safeguarding Measures

a. Planning and building medicinal gardens, especially family medicinal gardens:

The competent management agencies need to investigate and produce statistics on the existing medicinal plants of the Yao people in Bac Kan province, determine the distribution, ecological conditions, reserves and status of these medicinal herbs. From the investigations, assessing the difficulties and obstacles of the community in maintaining the source of medicinal materials will be the basis for prioritizing endangered species, ranked in priority protection lists that need to be studied to preserve breeds, propagate and cultivate in the community to meet the needs of use, avoiding widespread exploitation in the wild. After the investigation and research, nurseries for propagation need to be built. However, large-scale cultivation of medicinal plants to have a good source of medicine that meets quality standards must also consider aspects of ecological conditions, soil, fertilizers, cultivation regimes, and harvesting, processing and preservation.

b. Improve the quality of processing, preserving and packaging medicinal products to serve as a basis for promoting and introducing traditional medicinal products:

The community and the government of Bac Kan province need to acknowledge that the knowledge of Yao people's folk medicine is a reality that exists, has practical significance and has its own characteristics but has not received due attention. Therefore, it needs to be recognized and have appropriate safeguarding policies. The State needs to create favorable conditions and promote the Yao community in Bac Kan province so that they know how to register intellectual property for their family's traditional medicine and their community's medicine. Moreover, the publication of traditional knowledge in the form of documentation is also very important. Cultural management agencies need to support heritage owners in researching, collecting, and documenting heritage, contributing to preserving the precious source of folk knowledge of the Yao people in

Bac Kan province. Until now, most households like Mrs. Ly Thi Tien's family harvest, dry and preserve it themselves. For the stage of chopping medicinal herbs, for trees that are easy to chop and cut, people do it themselves, but for large trees, people often have to hire a chopping machine. Currently, the number of chopping machines in Cho Don district alone is limited. Improving the quality of preliminary processing and packaging of products also increases the brand value of medicinal herbs to serve as a basis for introducing and promoting products to a wider market. In addition, inter-sectoral coordination to propagate, introduce, promote and safeguard the medicinal herbs of the Yao people in Bac Kan province at large-scale programs and events is also very necessary.

c. Open classes to impart knowledge about Yao people's folk medicine and raise awareness among stakeholders:

Raising awareness will help people to properly assess the role and importance of growing medicinal plants with the right techniques, thereby choosing the right ingredients for traditional medicines. Instead of the traditional way of collecting medicines from the forest, those involved need to provide technical guidance so that people understand how to grow, exploit and process medicinal plants because exploiting them from the forest can deplete resources. On the other hand, awareness of the market, including how to approach and analyze the market also needs to be equipped for the community because it will help them to be proactive in creating livelihoods for their families and developing the community. Local leaders, farmers' associations, women's associations, etc. must also be trained in techniques to increase the value of local medicinal plant products. This is a force that has a great impact on people in many areas. Furthermore, this force is also always present in the locality, so they can promptly convey information to the people as well as promptly listen to their thoughts and aspirations to have a direction to safeguard and promote the value of the heritage.

CONCLUSIONS

The cultural heritage expressed in the traditional medicine for postpartum women is a valuable cultural asset for the Yao community. Currently, the Yao people's traditional medicine health care method is very suitable for the trend of "prevention is better than cure", using natural health care, treatment and recovery measures that are agreed upon by the community in general and medical experts in particular.

From the strength of resources, over thousands of years of history, the Yao people have discovered and accumulated a huge store of knowledge about health care in traditional medicine with rich medicinal resources and thousands of folk medicines with their own identity. Therefore, if the traditional medicine industry wants to develop, the Yao community and other communities need to join hands to protect natural resources, medicinal plants and medicinal herbs used for safe treatment.

Our study has only identified some of the challenges that heritage in the form of folk knowledge faces. To provide empirical evidence to support the research assumptions, we examined the case of the traditional medicine for postpartum women of Mrs. Ly Thi Tien’s family in Bac Kan province. This case demonstrates that knowledge of folk medicine is an intangible cultural heritage and provides evidence of the challenges that the heritage faces. Although various measures have been initiated to strengthen this heritage, due to some of the challenges mentioned above, this heritage still faces the risk of being lost.

It is inevitable that this study has limitations such as the lack of adequate statistical data. The lack of data availability has also been identified as one of the challenges detrimental to this type of heritage. Although Western medicine is now considered a great achievement of mankind, traditional medicine still maintains its position and role in medicine. Not only in Vietnam, but also in countries in Europe and America, the trend of treating diseases with nature combined with modern medicine, also known as the combination of Eastern and Western medicine, has been and is being applied.

Therefore, if traditional medicine wants to develop, the Yao community and other communities need to join hands to protect natural resources, medicinal plants, and medicinal herbs used for safe treatment.

REFERENCES

https://ich.unesco.org/en/intangible-heritage-domains-00052

https://ich.unesco.org/en/knowledge-concerning-nature-00056

Law on Cultural Heritage 2001 and Law amended and supplemented in 2009 of Vietnam.

https://vi.wikipedia.org/wiki/Ng%C6%B0%E1%BB%9Di_Yao

Decision No. 39/QD-BYT dated November 12, 2007 of the Ministry of Health on promulgating regulations on reviewing and granting "Certificate of traditional medicine".

Identity and cultural traditions of ethnic groups in Bac Kan province (2004), Various authors, Ethnic Culture Publishing House.

Vietnamese medicinal plants and herbs (2006), Medical Publishing House.

KAZAKHSTAN

International Conference on

INTANGIBLE CULTURAL HERITAGE

Local Heritage Wisdom: A Traditional Medicine

19th - 22nd November 2024 | Avanté Hotel, Selangor, Malaysia



LONG-FORGOTTEN PRACTICES AND BELIEFS IN MODERN KAZAKHSTAN HEALTHCARE

RUSTAM R. MUZAFAROV
Vice Chairman,
Kazakhstan ICH National Committee,
Almaty, Kazakhstan
rrm.ichkazl@gmail.com

ABSTRACT

Traditional medicine constitutes an inseparable part of Kazakh culture and the Kazakh people have the ability to unite and adjust new elements to the tradition of their own. Arabic and Persian medical traditions, which arrived alongside the spread of Islam, played a pivotal role in shaping Kazakh medicine. Chinese and Indian influence and traditions also contributed to the traditional Kazakh medicine today, which is the amalgamation of medicine with old beliefs of Kazakhs, especially with the cult of ancestors (*arwaq*). All these beliefs and magical or religious rituals linked to them live on until today. The paper discusses the state and the role which is given to the traditional Kazakh medicine phenomenon in the social, cultural and religious life of modern Kazakhstan. Two trends are highlighted. One is some way of simplification of practices, forgetting the meaning of rituals by new generations, blurring ideas related to traditional medicine, spiritual healing, including the tradition of shamanism - the institution of *baksy.* Another trend affects the revival of interest in traditions in general and traditional folk medicine in particular in the integration of new methods, updating the tools of traditional medicine.

Keywords: traditional culture, traditional medicine, folk healer, *baksy*

The study of traditional Kazakh healing must be approached within its historical and cultural context. Arabo-Persian, Chinese, Indian, Russian/Soviet, and modern Western influences have played a crucial role in shaping and developing traditional Kazakh medicine.

HEALTHCARE IN KAZAKHSTAN IN TRANSITION PERIOD AND THE ROLE OF TRADITIONAL MEDICINE

The Central Asian region, encompassing Kazakhstan, Uzbekistan, Tajikistan, Turkmenistan, Kyrgyzstan, and more recently Afghanistan, is a fascinating yet underexplored geographic area. Its rich cultural and academic heritage dates back to the Silk Road, Mongol conquests and the expansion of the Russian Empire. The unique genetic diversity of Eurasian populations attracts the attention of public health researchers studying health risk factors. As a multiethnic and multicultural region, Central Asia presents complex challenges and opportunities for health practices (Agajanian et al., 2013).

The Central Asian region is endemic territory for various infectious diseases, including viral hepatitis, haemorrhagic fevers, nosocomial and blood-borne infections, and ongoing public health concerns affect maternal and child health, with many women of reproductive age experiencing anemia and lacking access to regular healthcare before pregnancy (Tazhibayev et al, 2014). Using the word 'also' can sound informal. Additionally, Central Asia faces significant environmental health challenges, including climate change, nuclear testing, water allocation and urbanization, making it a unique site for interdisciplinary research (Siegfried et al, 2012). With its geographical and ethnic diversity, the region also presents intriguing insights into health system infrastructure. It is transitioning from a Soviet-era central planning system to market-based healthcare approaches. While there is a network of primary healthcare providers, the system does not always utilize resources efficiently. Furthermore, the integration of evidence-based medicine into everyday medical practice is progressing slowly.

The outlined public health challenges can be identified in most developing countries. However, the problems experienced in Central Asian health systems result from the collapse of the Soviet centralized

healthcare system and the hard subsequent transition period. During the past three decades, Central Asian countries attempted to transform their centrally planned, supply-driven healthcare systems, which often exhibited wasteful treatment patterns (Health, 2002), and have implemented numerous innovative solutions (Fidler et al, 2009). For instance, Kazakhstan has undertaken major efforts to reduce hospital sector expenditures and focus on primary healthcare (Katsaga et al, 2012). Moreover, reforms in Central Asian healthcare systems must address long-standing issues that have yet to be resolved while rapidly adapting to emerging challenges as well as rapidly adapt to the newly emerging challenges.

Chronic diseases, such as cardiovascular disease and cancer, are the leading cause of mortality in Central Asia (Aringazina, 2012). The important public health challenges in Central Asia include: (1) the double burden of chronic and infectious disease; (2) the need to improve academic productivity especially in the areas of public health and biomedical research; and (3) the need to focus on healthcare reform where prevention and reducing unnecessary variation in care are priorities. However, developments from the region receive little attention worldwide, as the majority of Central Asian scholars still tend to publish their findings in local journals.

Alternative and complementary medicine has been formally recognized as a part of medical rehabilitation expertise since 1977. After Kazakhstan gained its independence in 1991, the practice of various complementary therapies rapidly expanded starting with Chinese and Korean traditional and complementary medicine.

This resulted partially because of the drastic deterioration of the state health care system, and the extremely difficult economic conditions which have made people search for cheaper treatment. In fact, government authorities were generally supportive of complementary medicine (Penkala-Gawecka, 2002). However, earlier ethnological research focused on the so-called traditional, 'exotic' medicines, investigated mainly within the domain of magic and religion (Geest v.d.S. & Whyte S.R., 1988).

Anthropological approach has revealed that medicines cannot be considered as material objects only with some ascribed curative potential. Although this aspect is substantial, it also attributes symbolic nature or 'symbolic efficacy'. Medicines, as emphasized by van der Geest, 'play their many roles at different levels of social and political organization: in international policy and funding, in national politics, in local health institutions, in consulting rooms and shops, on the street corner, in households and, ultimately, in the private lives of individual patients' (Geest van der S., 2006).

The abundance of various medicinal and healing practices became an integral part of health care and promotion. In areas with distinct ethnic and cultural identities, people are more inclined to seek out various forms of traditional medical and preventive practices. In some cases, these practices even compete with biomedicine (Vyatkina, 2018). Although medical doctors often view alternative treatments as unjustified, factors such as the ineffectiveness of hospital treatments, poor quality of medical services relative to their high cost, and family attitudes and cultural traditions drive individuals to seek traditional medical practices or folk healing.

Physicians generally remain sceptical of healers, although some methods, such as herbal medicine, are not rejected outright. Ironically, members of the medical community personally accept the use of such methods for themselves and their families, either at home or in specialized clinics.

The World Health Organization defines traditional medicine as 'the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health, as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness' (WHO, 2000). According to this definition, traditional medicine is a complex network of interaction of both ideas and practices, the study of which requires a multidisciplinary approach.

Modern physicians are trained in a rational, science-based approach to diagnosis and treatment while traditional healers provide their

patients with wholehearted commitment. Their practices often incorporate magico-religious rituals (Hehmeyer, 2012). Traditional medicine does not strictly separate the rational from the supernatural, that's why the WHO's definition specifically includes knowledge, skills and practices [...], whether explicable or not (WHO, 2000).

KAZAKHSTAN TRADITIONAL MEDICINE IN HISTORICAL RETROSPECTIVE

Eventually, folk medicine splits into two large subgroups: empirical medicine and magical medicine. Folk healing, based on various spells and incantations, and witchcraft falls into magical medicine. Empirical medicine compiles successful folk healing procedures that were gained within thousands of years of practical experience.

Traditional medicine of the Kazakh people included a variety of methods of treatment, both those that arose from the local knowledge and skills transferred from other countries and cultures. Kazakh healers (*baqsy*) made potions and herbal concoctions from different plants, animals and birds bodies, minerals and metals. In most cases, they relied on the 'inner shamanistic voice' and intuition, and positive cases contributed to their expertise and encouraged further healers (Abdiraman, 2002; Kozhalymov, 2009).

The cities of Farab, Otyrar, Yassi-Turkestan, Taraz, Merke, Sairam, Zharkent, Sauran, Syganak on the Great Silk Road were well-known medieval sites of science, education and culture before the establishment of the Kazakh Khanate. Prominent figures such as Al-Farabi, Yusuf Balasaguni, Avicenna (Ibn Sina), Mahmud Kashgari, Khoja Ahmed Yassaui, Korkyt ata, and many other great personalities of Central Asia were born were born in southern provinces of contemporary Kazakhstan. Their works in various fields of academic knowledge were written in Arabic, Persian and Turkic languages.

These distinguished scholars were known for their profound education, wisdom and analytic skills, culture, and oratory skills. During colonial and post-colonial times, some of these great names became overshadowed; however, folk history has preserved the

legacies of these esteemed ancestors. Kazakhs had preserved significant historical events, achievements and personalities through oral folklore traditions. Kazakh orientalist Veniamin Yudin named this collective oral memory of the nomads as the 'steppe historiography'. The independence promoted academic searches for the almost lost medieval manuscript copies in foreign archives, museums and foundations, as well as travelers' diaries and field records. This provides the possibilities to trace the change of paradigm of traditional healing in Kazakhstan at certain historical stages.

Hence, the appropriate studies of Kazakh folk medicine are still in the early stages. This delay is primarily due to the prevailing skepticism, which stems from a long history of insufficient specialized research. In the Soviet period, the original history, culture, traditions and customs, language and religion of the Kazakh people were clamped and hushed up. Folk healers were persecuted as other personalities who had not followed the ruling ideology. However, original folk healing and traditional medical practices continued to exist in a hidden form among the people. Treated from the beginning as a sacred phenomenon, the secrets of folk medicine have been carefully preserved and transferred from generation to generation for many centuries as a precious heritage.

The written history of Kazakh traditional medicine is closely associated with the name of Oteyboydaq Tleukabylulya notable figure from the 15th century known as the “Teacher who had no Tutor.” Recognized by Az-Zhanibek Khan, a co-founder of the Kazakh Khanate, Oteyboydak was tasked with collecting and preserving medical knowledge between 1466 and 1473 at the Khan’s headquarters. He collected and systematized on a theoretical basis the healing recipes, art and skills used for healing treatment. He included these invaluable records in the manuscript ‘Shipagerliq Bayan (The Narratives of Medicine)’. This manuscript details the symptoms and medical treatments for 1,050 different diseases, along with recipes for producing 1,108 types of remedies—comprising 858 derived from plants, 318 from animal organs, and approximately 60 from natural metals.

Oteyboydak Tleukabyluly documented more than four hundred and thirty anatomical descriptions of human body parts. This manuscript indicates the origins of folk medicine of the Kazakh steppe in ancient times, and pharmacology development already in the 15th century. Oteyboydak bequeathed this work to his descendants, instructing them to copy and preserve it for future generations. For understandable reasons, this manuscript had been hidden from other people for over five centuries. It was published at the dawn of the XXI century in Eastern Turkestan by Oteyboydaq's descendant (grandson in seventh generation).

Folk healers were divided into the following groups: *tauyp* (general practitioners, from Arabic '*tabib*'); *dariger* (knowledgeable in medical plants); *otashy* (surgeons); *synykshy* (bonesetters, traumatologists). A separate group of healers used rituals and magic procedures; they were called *baqsy* (shamans-healers). Most famous Kazakh healers learned at Bukhara and Samarkand madrasah and studied the Ibn Sina treatises (Argunbayev 2015). The title *baqsy* was used generally for Kazakh healers, and it is in use nowadays.

Kazakh *tauyps* and *darigers* healers followed four categories of medical plant remedies: (1) obstipant drugs; (2) refreshing drugs; (3) heating or warming drugs; and (4) laxative or purgative drugs. The healers knew how to prepare numerous drugs and medicines that were also knownfor medical use in that period. Such drugs include rose, ironwort (*Sideritis montana*), citvar seed (*Artemisia cina*), pomegranate (*Punica granatum*), chicory (*Cichórium íntybus)*, inula (*Inula helenium*), wormwood (*Levant wormseed*), alum, magnesium sulfate, mercury, copper sulfate, arsenic, ammonia water (ammonium chloride), nitric acid, quinine and poppy tears (*Lachryma papaveris*). In the case of intestinal diseases, various drugs were used.

If a patient complained of stomach pain, the healer prescribed the patient a rheum (*Rhabarbarum*) or poppy tears. A patient with diarrhea got a strong infusion of nutmeg tea (*Semen Myristicae, Nux Moschata*) or currants. A patient with a strong coughing received chili pepper infusion (*Capsicum annuum*) with tea or broth. In case of 'dry coughing' they prescribed licorice root (*Glycyrrhiza*) infusion. They

also used Ephedra, lady's plant or redshank and inula. In specific cases, the *dariger* may use henbanes or poison fruit (*Strýchnos nux-vómica*), and other poison plants if necessary. At the end of the 19th century, Russian medical doctor A. Kolossov reported on the healers' use of 227 remedies made of medical plants in Turkestan (Southern Kazakhstan).

Both modern healers and medical doctors continue to utilize traditional recipes that include rheum for treating gastrointestinal disorders, sweet flag or muskrat root (Acoraceae) for chronic diarrhea, and junipers for urinary system diseases.

Harmala or Adraspan (*Espand*), was used as an antispastic and sleeping pill, with antiemetic and anthelmintic effect. Some people believe that by fumigating their premises with Harmala, they get rid of damage and evil. In fact, its smoke kills germs and viruses. Dental diseases were treated with an oil mixture of henbanes (*Hyoscamus*) and sometimes dried henbanes were applied. Healers, including those known as bone painters, have used the roots of various plants, saiga horns, and other natural remedies in their practices. Ethnographers and travelers reported about the skills of Kazakh *synykshy* (bonesetters, traumatologists). The healers were capable of accurately correcting any fractures of the limbs, collarbones and even hips, as well as articular dislocations and sprains. After correction, the place of invasion was fixed with special wooden accessories (wood was used to keep warming). The treatment may differ depending on the type of fracture and the patient's age. Before matching the bones, a person was anesthetized with herbal decoctions. Wood was used as tires, it helped to maintain heat. After medical procedure, the injured place was wrapped in a felt cover. This helped to improve blood circulation.

Kazakh folk medicine actively used various types of massage. *Uzu* massage (see Figure 1) was particularly effective in treating muscle spasms, restoring proper blood circulation and lymph flow, and facilitating the passage of nerve impulses, thereby enhancing muscle nourishment. This massage could be performed as either deep or superficial, depending on the condition being addressed. Healers used

it for pathologies of the Musculo-skeletal system, vertebral hernia, ischemia and colds.

Figure 1: *Uzu* Massage by *Tayup* (Kazakh healer)



Zhanibekov (1990: 37)

There was a special *Os-Os* (‘grow-grow’) massage designed specifically for newborns and infants under one year old. Its purpose was to support proper physical development. Traditional medicine had its means and methods for treating contagious diseases. For example, tea was used as a general means to induce a patient's sweating. To prevent the spread of diseases, Leprosy patients were kept separately from healthy people. In the case of smallpox patients were served by those who had recovered from such disease. If there was at least one patient with smallpox in the settlement, then the whole village would have been closed to visitors.

Treatment of complicated diseases, such as syphilis, was simple but mostly adequate from the modern medical view. Mercury ointment was applied to the patient's skin, and the patients were advised to drink arsenic and mercury. Folk healers cauterized ulcers with copper sulfate. They knew how to treat skin diseases with ointments and powder. Ointments usually contained mercury, sulfur and other substances, which were mixed with the mutton grease (sheep fat tail). Healers used dry ground berries, ash, burnt felt and etc. for powder preparation.

Russian medical workers and ethnographers, who engaged in the Kazakh steppe at the end of the 19th century, noted *baksy* had the skills in performing complicated surgical invasions. They were able to remove stones from the urine bladder, removed cataracts, treated fractures and traumatic dislocations. Healers widely used bloodletting from the vein at the elbow bend. Plantain leaves and felt ash were used to stop bleeding at the incision. Hot wax was poured on the skin wound of patients with anthrax disease, and in some cases, deep wounds were cauterized with hot iron. For snake bites, healers would suck out the poison and apply a specific remedy made from the dried skull of the snake.

Tayups and *Otashy* used leeches to draw out 'spoiled blood' from the body. Ash was applied to wounds or a burnt piece of the felt was used to prevent bleeding. Thus, the wound was sintered and disinfected and the bleeding stopped. Medical practitioners know about the accumulation of toxic substances in the blood and lymph, so this kind of inner body cleaning triggers the processes of hematopoiesis and strengthens the immune system. Nowadays, this technique is becoming popular in Kazakhstan. It is called '*hijama'.*

Epidemics such as plague, cholera, smallpox, leprosy, typhus were well known to the Kazakh people. The people empirically knew that the contagious diseases were transmitted from a sick person to a healthy one through clothing, physical contact and the air. In response, they implemented appropriate sanitary and hygienic measures. The infected person was isolated in a separate house, and nothing was allowed to be removed from it. Food was delivered using a long stick to which the meals were tied. Relatives were not allowed to see the patients, and the entire village restricted outside visitors. A black or red flag was hoisted over the house with the patient indicating a warning sign: 'It is dangerous here, be careful'. Neighbours and relatives approached the house from the windward to inquire about the patient's condition minimizing their risk of exposure.

Folk healers practiced a form of primitive vaccination by using a long needle to pierce a smallpox vesicle on an infected person, then using the same needle to pierce the earlobe of a healthy child. Some healers

also performed piercings between the thumb and forefinger for the same purpose.

Folk healers widely used horse milk (*koumiss*), camel milk (*shubat*), herbal infusions, water bath and mud bath therapy. Horse milk was used for treatment of tuberculosis, scurvy, chlorosis or green sickness (hypochromic anemia), cardiovascular and gastrointestinal diseases.

Baqsy used hypnosis and acoustic methods for treatment. Today, a lot of people are skeptical about this type of treatment. However, nearly every aul (nomadic settlement) had its own shaman, or *baqsy*. Most of these healers believed in their sacred mission to assist patients, and there were instances where seemingly hopeless cases found a renewed chance at life.

This type of treatment is closely associated with the name of the great shaman and meditator Korkyt Ata (UNESCO 2018), who created the ancient musical instrument *kobyz* which became the inseparable instrumental tool for each *baqsy*. Korkyt Ata appears as a legendary figure and wise individual, whose words, music and expressions of wisdom relate to birth, marriage and death traditions. A musical instrument, *Kobyz* linked a healer and a patient to the other world through the sounds of nature and imitation soundscapes (such as a wolf's howl or a swan's note). The treatment resembled a spiritualistic session, accompanied with music and singing, fire flame rituals, and calling for the spirits of ancestors. Such methods were used to address conditions of the pathologies of the nervous system and epilepsy.

Ethnographers and scholars observed and studied *baqsy* knowledge and practice forthe past three centuries. The most valuable records and ideas were presented in the works of orientalists Abubakir Divaev and Chokan Valikhanov, historian and archaeologist Alkei Margulan, folklore scholars Auelbek Konyratbaev and Edyge Tursunov, musicians and composers Aleksandr Zataevich and Boris Erzakovich. The skills and knowledgeable practice of *baqsy* had been adequately reflected in the novels and poems of the famous Kazakh writers: Saken Sefullin, Magzhan Zhumabayev, Ilyas Zhansugurov, Sabit Mukanov and others.

THE ROLE OF FOLK HEALERS IN THE MODERN EVERYDAY CULTURE OF KAZAKHS

In modern Kazakhstan there are several types of healers, which can be classified by their specific treatment methods and healers' general experience. The most common type is the "*emshi*" or healer, a medical professional who treats patients using medical procedures. From the point of view of academic medicine, a healer is a therapist. As per researchers, 'healing is a sacred hereditary knowledge that is transferred from generation to generation. The healer is a tribe-oriented, educated researcher, scholar and prudent therapist' (Kozhalimov, 2016).

Researchers suggest subdividing healers into three groups: 'spiritual healers,' 'physical healers' and 'magical healers' (Yermagambetova & Atanakova 2023). Researchers associate the activities of spiritual healers (Table 1) with the Islamic religion; however, an element of ancient beliefs occupies a visible place in their activities. *Baqsy* is the main figure among the spiritual healers. The term is widespread in all Turkic-speaking peoples and Mongols, but the meaning may be different. For example, Turkmen people name *baqsy* poets-*zhyrau*; and Uyghurs name *baqsy* a knowledgeable and wise person, Qypchaks use the word *Kam*, which means 'a person who cares', and in Kazakh society *baqsy* is the person knowledgeable with the spiritual world, magic world beyond the nature and the creator of the spiritual ties with the other world.

The second group is compiled of 'Physical Healers' (see Table 2)

Table 1: Spiritual Healers

No.	Types of healers	Tools and curative approaches
1.	*Baqsy*	Treatment based on confidence, predictability, audacity, tribe ties, magic, *Baqsy* accompaniment. Main tools: wool hat, leash, hairpin, kobyz, whip.

2.	*Tauyp*	Approach based on inspiration and spiritual cleanse of a person by praying and reading the related surahs of the Holy Quran. Main tools: Quran, ribbon, tumar, medicinal plants.
3.	*Yshkirushi*	Treatment based on the reading extracts from hadiths, holy poems, harsh, spraying with water. Uses the word *'suf.'* Main tools: surahs, prayers, water, ash etc.
4.	*Sopylyq emshi*	Carries out procedures using medicinal plants, following the prescriptions of the Holy Quran, hadiths in linkage with the biomedicine experience. Main means: hadiths, medical books, medical plants, animal components etc.

Yermagambetova K.S.& Atanakova K.M (2023)

Table 2: Bodily Healers

No.	Types of healers	Tools and curative approaches
1.	*Tamyrshi*	Approach based on fixing the blood and lymphatic vessels. Healers must be well-acquainted with the location of vessels and their connections.
2.	*Synykshi*	The healer is capable of accurately correcting any fractures of the bones and limbs, collarbones and even hips, as well as articular dislocations and sprains. Main means: oil, vegetable oil, bundles, cottage cheese, wood.
3.	*Uqalaushi*	Treatment involves targeting specific points on the human body through hydration. It also includes teaching about healing and the foundational structures of the body. The healer must have a thorough understanding of human

		physiology, including the locations of nerves and blood vessels. Main means: healer's hands, vegetable and animal oil etc.
4.	*Beltartushi*	This forgotten type of treatment promotes safe childbirth for pregnant women. If the child is in an incorrect position in utero, the healer can adjust the umbilical cord to facilitate a safer delivery.
5.	*Otashy*	Specific healer's skills in making the small-scale surgical invasion. Healer is skillful in defining localization of the sickness origin without additional equipment. Main means: surgical knife, needle, fire etc.

Yermagambetova K.S., Atanakova K.M (2023)

The third group of healers comprises magical healers (see Table 3). Despite the presence of critical perspectives and diverse discourses surrounding them, this group remains widely practiced today.

Table 3: Magic Healers

No.	Types of healers	Approaches	Tools
1.	*Zhauyrynshi*	Prediction, orientation, detection, search of lost people and belongings.	Frequently use the shoulder blade of animals, mostly of sheeps
2.	*Balger*		Cards, coffee, painting, human palms, other belongings
3.	*Qumalaqshi*		*Qumalaq* (round pebbles, beans or fortune-telling reels (41 pieces)).
4.	*Koripkel*		No tolls. Healer considers the human type only.

Yermagambetova K.S., Atanakova K.M (2023).

In 1997, the law 'On the Protection of the Health of Citizens' streamlined the activities of traditional healers. According to this law, individuals with medical education and an appropriate license issued by local public health authorities are authorized to provide treatment based on traditional medicine (healing). Exceptionally, a license for treatment by traditional medicine (healing) methods can be issued to individuals without formal medical education, provided they possess a relevant certificate issued by the Committee for Control in the Provision of Medical Services. The activity of healers is controlled by the National Association of Folk Healers of Kazakhstan.

CONCLUSION

The Kazakh people and authorities have recognized the significance of folk medicine since ancient times. Traditional healing has been especially important for nomadic communities involved in cattle breeding. The Kazakh people had great riding skills and lived independently in the endless steppe. They were engaged in catling and husbandry, so they comprehend the inner essence and appreciate usefulness. The way Kazakhs monitored their health, prevented diseases, maintained cleanliness and the purity of spirit – all this demonstrated the value of a healthy lifestyle arising from everyday experience.

Historians and scientists give a fair assessment of the Kazakh folk medicine, both of healing, treatment procedures and remedies.In modern society, there are various discourses about folk healing. From the point of view of academic medicine, folk healing practice does not correspond to the modern treatment protocol and affects the emotional state of the patient only. From the point of view of Islam, a person who does not have a medical education does not have the right to engage in treatment.

However, traditional medicine should continue to develop. We should not ignore or discard the traditional methods and customs of healing that have come down to us from the depths of centuries, being transferred from generation to generation. Folk healing is a part of the cultural heritage, spiritual values, cultural code and cultural identity.

REFERENCES

Abdiraman O. (2002) *Kazaktyn dasturli halyk emshiligi* [Kazakh traditional folk medicine]. (Almaty, KAZakparat, 160p.) [in Kazakh].

Agadjanian, Victor & Dommaraju, Premchand & Nedoluzhko, Lesia. (2013). Economic fortunes, ethnic divides, and marriage and fertility in Central Asia: Kazakhstan and Kyrgyzstan compared. Journal of Population Research. 30. 10.1007/s12546-013-9112-2.

Argynbayev, Khalel and Mutanov, G.M. (ed.).) (2015) Khalel Argynbayev. Almaty, Qazaq Universiteti (Onegeli Omir, vol. 46)

Aringazina AGG, Allegrante J.P. (2012) Public health challenges and priorities for Kazakhstan. Cent Asian J Glob Health.

Fidler A, Bredenkamp C, Schlippert S. (2009) Innovations in health services delivery from transition economies in Eastern Europe and Central Asia. Health Aff (Millwood).

Geest, S. (2006). Anthropology and the Pharmaceutical Nexis. Anthropological Quarterly 79(2), 303-314. https://dx.doi.org/10.1353/anq.2006.0020.

Geest, Sjaak van der; Whyte, Susan Reynolds (Eds.) (1988): The context of medicines in developing countries. Studies in pharmaceutical anthropology. Dordrecht: Kluwer Academic Publishers.

Health care in Central Asia (2002) In: McKee M, Healy J, Falkingham J, eds. Research EOoHCS. Policy Brief: Open University Press.

Hehmeyer, Ingrid (2012): The Validity of Traditional Medicine as an Effective Tool in Issues of Human Health. In Ingrid Hehmeyer, Hannelore Schönig, Anne Regourd (Eds.): Herbal medicine in Yemen. Traditional knowledge and practice, and their value for

today's world. Leiden, Boston: Brill (Islamic history and civilization, v. 96), pp. 7–20.

Heritage of Korkyt Ata was inscribed to UNESCO Representative list in 2018 https://ich.unesco.org/en/RL/heritage-of-dede-qorqud-korkyt-ata-dede-korkut-epic-culture-folk-tales-and-music-01399

Katsaga A, Kulzhanov M, Karanikolos M, et al. (2012) Kazakhstan health system review. Health Syst Transit.

Kozhalymov Z. (2009) Shipagerlik dasturi men filosofijasy. Monografija [Traditions and philosophy of healing. Monograph]. (Almaty, «Shalkode», 225 p.) [in Kazakh].

Penkala-Gawęcka D. 2002. Korean Medicine in Kazakhstan: Ideas, Practices and Patients. Anthropology & Medicine 9,3.

Siegfried T, Bernauer T, Guiennet R, et al. (2012) Will climate change exacerbate water stress in Central Asia? Climatic Change.

Tazhibayev SDO, Yessimsiitova Z, Bazarbayeva Zh, et al. (2014) Prevalence of anaemia in non-pregnant women of reproductive age in three counties of Kazakhstan: a cross-sectional study. Eur J Public Health http://dx.doi.org/10.1093/eurpub/cku151.004

Vyatkina N.A. (2018) Tuvan folk medicine through doctors' eyes: a survey of physicians and other medical personnel in the Republic of Tuva and its environs The New Research of Tuva, 2018, no.4 [on-line] Available at: https://nit.tuva.asia/nit/article/view/807 (accessed: 25.08.2024). DOI: 10.25178/nit.2018.4.4 [in Russian]

World Health Organization. Programme on Traditional Medicine. (2000). General guidelines for methodologies on research and evaluation of traditional medicine. World Health Organization. https://iris.who.int/handle/10665/66783

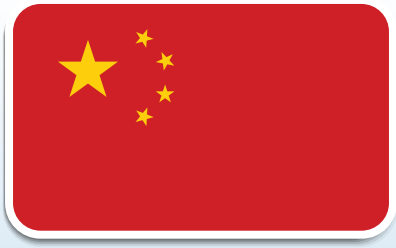
CHINA

International Conference on

INTANGIBLE CULTURAL HERITAGE

Local Heritage Wisdom: A Traditional Medicine

19th - 22nd November 2024 | Avanté Hotel, Selangor, Malaysia



TIBETAN MEDICINE'S "Lum" MEDICINAL BATHING: A HISTORICAL PERSPECTIVE

ZHEN YAN
China Institute for History of Medicine and Medical Literature,
China Academy of Chinese Medical Sciences, China
158136474@qq.com

ABSTRACT

In Sowa Rigpa—the traditional Tibetan name for Tibetan Medicine—medicinal bathing is called "Lum". Lum, a time-honored traditional therapy designed to balance one's body and mind, is an integral part of Sowa Rigpa. By bathing in natural hot springs, herbal water, or using steam, Tibetans have traditionally been able to maintain good health and prevent diseases. *The Four Medical Tantras*—a classic work of Tibetan medicine—states that "[all diseases can eventually be cured by the] five types of gypsum, five kinds of rock crystals, five categories of herbals, and five varieties of hot springs". Practitioners of traditional Tibetan medicine use diagnostic methods (such as observation, inquiry, and pulse taking) to judge the body's *rLung*, *mKhris-pa*, and *Bad-kan*, and—from a comprehensive analysis of these—choose appropriate treatments. Tibetan medicine's four main treatment methods are: diet therapy, regulating daily living activities, medication, and external therapy. Diet therapy and the regulation of day-to-day activities are prioritized, with medicines and external therapy being used only after these methods have proved ineffective. As one of the important traditional external therapy treatments in Tibetan medicine and fully reflecting the uniqueness of Tibetan medicine in its view of health and disease, medicinal bathing is considered to be a part of the regulation of daily living activities. In the meantime, it takes a leading role in pursuing the idea of eco-civilization that features harmony between humanity and nature and has promoted the development of

the healthcare service industry that expands domestic demand, creates jobs, and stimulates economic growth.

Keywords: Lum, medicinal bathing, Sowa Rigpa, Tibetan medicine

INTRODUCTION

In Sowa Rigpa—the traditional Tibetan[1] name for Tibetan Medicine—medicinal bathing is called “Lum”. Lum, a time-honored traditional therapy designed to balance one’s body and mind, is an integral part of Sowa Rigpa. By bathing in natural hot springs, herbal water, or with steam, Tibetans have traditionally been able to maintain good health and prevent diseases. As this safe, painless, and remarkably effective treatment can be used for a broad range of ailments, bathing is greatly welcomed by the Tibetan people.

The modern-day inhabitants of the Tibetan plateau and its surrounding areas have lived there ever since ancient times. Learning—long ago—from experience the importance of bathing for both physical and mental health, by combining this habit with the rites of the Bon Religion, they added a sense of ritual to it. Reflecting the importance of bathing in daily life, the rear side of the Tibetan-language Dunhuang manuscript P.T.127 details the optimal times for bathing. The harsh conditions of life on the Tibetan plateau tempered the ancestors of modern-day Tibetans, and it is of little wonder that these wise ancestors were able to not only make use of the curing effect of this habit but also develop it into a medicinal treatment. According to *The Biography of Yuthok Yonten Gonpo*, the Yungdrung Bon School mastered the therapeutic secrets of dry compresses, wet bathing, and the application of medicine.

Built on a foundation of daily life experience, the Tibetans gradually formed and developed the habit of bathing in natural hot springs. Soaking at appropriate times meant that the various minerals found in the spring water could help cleanse the body, treat diseases and even prolong one’s life. *The Four Medical Tantras*—a classic work of Tibetan

[1] Sowa Rigpa, originated in China, is the Tibetan language for Tibetan medicine.

medicine—states that "[all diseases can eventually be cured by the] five types of gypsum, five kinds of rock crystals, five categories of herbals, and five varieties of hot springs". This book also emphasizes the importance of daily routines such as bathing (particularly in hot water) for good health. On account of having the best overall effect, natural hot springs are recommended but, as they are distributed unevenly and limited in number, Tibetan apothecaries began using herbal remedies to achieve similar results.

Practitioners of traditional Tibetan medicine use diagnostic methods such as observation, inquiry, and pulse analysis to judge the body's *rLung*, *mKhris-pa*, and *Bad-kan*. Based on a comprehensive analysis of these factors, they select the most appropriate treatments. Tibetan medicine's four main treatment methods are: diet therapy, regulation of daily living activities, medication, and external therapy. Diet therapy and the regulation of day-to-day activities are prioritized, with medicines and external therapy being used only after these methods have proved ineffective. As one of the important traditional external therapy treatments in Tibetan medicine and fully reflecting the uniqueness of Tibetan medicine in its view of health and disease, medicinal bathing—especially in natural hot springs—is considered to be a part of the regulation of daily living activities.

KNOWLEDGE AND WORSHIP OF WATER AMONG THE EARLY TIBETANS

Water is a natural resource; water is the source of everything; it is a necessity of people's lives and the cradle of all human civilizations. As China's largest plateau (and the highest plateau in the world), the snow-capped Qinghai-Tibetan Plateau—with its glaciers and lakes—is sometimes referred to as Asia's "water tower" Tibet's unique natural conditions gave rise to Tibet's unique water culture, and, for Tibetans, water not only sustains their lives but also provides them with spiritual support and faith.

The ancestors of modern-day Tibetans cherished water and revered lake and water gods. Their mindset can be seen not only through how they worshiped and offered sacrifice to the gods of lakes and springs

but also in the many taboos and rules set to restrict people from excessively exploiting water resources. For example, throwing unclean things (such as feces, poultry feathers, rotting animals, or corpses) into lakes or springs is prohibited, and turning over the grass around the lake or digging into the mouth of a spring and the surrounding soil is not allowed. Taboos such as these show a moral responsibility to nature and reflect the mutually beneficial relationship that the people of the Plateau have with nature. Even now, these deeply rooted and far-reaching concepts still occupy people's minds and influence their actions. Behind this belief in deities, we can see the naturalistic spirit of the Tibetan people. They love and respect nature, and—as part of achieving harmony between humanity and nature—they practice naturalism at all times.

KARMA DOLPA STAR (VENUS) AND THE BATHING FESTIVAL

The Tibetan Bathing Festival is an eight-day event held annually starting from the sixth day of the sixth month of the Tibetan calendar. According to the Tibetan astrological calendar, this is when a star named Karma Dolpa (also known as the Qishan or Chengshui star, which refers to Venus) becomes visible to the naked eye. Legend says that water illuminated by this star will become a sweet medicinal dew that can cure diseases simply by being bathed in. Coinciding with the end of the rainy season—when the rivers and lakes become clear again—the slowly flowing water, gentle winds, bright sunshine, and pleasant climate at this time of the year are especially suitable for bathing. Historians and anthropologists are of the opinion that this distinctively ethnic kind of bathing festival has existed in Tibet for at least seven or eight hundred years.

During the Bathing Festival, people bathe in rivers and wash their hair, bodies, and bedding. While having fun playing in the water, they literally and metaphorically wash away dirt, ward off illness, and eliminate fatigue. On returning home, they will bring a small bucket of lake water to sprinkle all over the house or give to friends and relatives as a gift. The eight advantages of “holy water” from the Plateau’s natural bodies of water during festival time are said to be its sweetness, coolness, softness, lightness, clarity, fragrance, and the

fact that drinking it does not harm the throat or abdomen. Of course, at this time, all of these characteristics can also be explained by the natural environment's seasonal changes.

Making use of scientific observations made by Tibetans over thousands of years, the Tibetan Bathing Festival is based on the spiritual belief of praying to water gods for regeneration. Now one of the widely spread and representative works of the folk culture that has existed since antiquity, the modern and still evolving version of the festival integrates many different cultural factors, including worship of the heavens.

As a Tibetan folk custom, bathing—which is closely related to Tibetan medical treatment—combines people's spiritual pursuits with healthcare. Long valued by Tibetan medical scholars, their clinical experience has, in turn, further promoted the vigorous development of bathing among the common people.

FORMATION OF MEDICINAL BATHING

The Tubo Dynasty (618-842) was established by Songtsen Gampo (569-650) at the beginning of the 7th century. At the end of the 8th century, the famous Tibetan physician Yuthok Yonten Gonpo, the Elder (708-833) compiled *The Four Medical Tantras* (*rGyud bZhi*). Also including the distilled essence of other medical schools, this forms the main course of study in the Tibetan medical tradition.

After the book was written, it was not initially disseminated publicly. Trisong Detsen (742-797) took and hid the book under the pillars of Samye Monastery, where it would be discovered by Drapa Ngönshé (1012-1090) in the 11th century. Over the next century, the book changed hands many times before finally being acquired by Yuthok Yonten Gonpo the Younger (1126-1202) in the 12th century. He revised, supplemented, and annotated *The Four Medical Tantras* according to the needs of the time. The version of *The Four Medical Tantras* as it is known today was revised by many ancient scholars (including Yutok Yonten Gonpo) prior to its publication in the 16th century with the support of physician Shuka Luozuigeibu.

As the name indicates, *The Four Medical Tantras* are divided into four parts. These are the *Root Tantra*; the *Explanatory Medical Tantra*; the *Instructional Tantra*; and the *Subsequent Tantra*. The *Root Tantra* consists of six chapters and provides a general outline of the medical system, the legendary origins of Tibetan medicine, and a brief introduction to human physiology, pathology, and the principles of diagnosis and treatment. Part Two, the *Explanatory Medical Tantra,* consists of 31 chapters and introduces the anatomical structure of the human body, embryonic development, causes of disease, pathology, how viruses get into the human body, people's day-to-day activities and diet, the properties of drugs, types of medical equipment, principles of diagnosis, the treatment of some diseases and a code of ethics for doctors. At 92 chapters, the third part—the *Instructional Tantra*—can be considered the clinical part of Tibetan medicine. In addition to *rLung*, *mKhris-pa*, and *Bad-kan* ailments, it introduces the causes, symptoms, diagnosis, and treatment of various clinical diseases; and includes content on internal medicine, surgery, gynecology, pediatrics, dermatology, and sexual function. The 27-chapter *Subsequent Tantra* is the last section. It introduces pulse taking and urinalysis (Tibetan medicine's primary diagnostic methods) as well as various forms of providing medication (such as decoctions, pills, bolus, pastes, and powders) and different therapies (such as emetics, purgatives, bloodletting, and medicinal bathing). As it focuses on medicinal bathing therapy, chapter 23 of the *Subsequent Tantra*—covering the types of therapeutic baths, their efficacy, ways to bathe, indications and contraindications, and adjustments to prescriptions—will be the only part of *The Four Medical* Tantras that this book focuses on.

More than ten Tibetan-language versions of *The Four Medical Tantra* exist. The best-known include the Drathang, Dêgê, Yaowang Shan, Kumbum Monastery, and Beijing editions. In 1983, 1987, 2000, and 2012, edited versions of the book (as well as Chinese translations) were published. These versions have since been translated into Mongolian, Russian, English, German, and Japanese. In 2023, *The Four Medical Tantras* was added to the International Memory of the World Register of UNESCO.

It can be seen from *The Four Medical Tantras* that—as early as the 11th century—Tibetan doctors already had a comprehensive and rich understanding of the benefits of medicinal bathing. They are as follows:

1. The ability to prevent diseases and help people maintain good health.

According to the Daily Living Activities part of the *Explanatory Medical Tantras*, frequent bathing can increase semen production and body heat, make people appear more energetic, and eliminate itchy skin, excessive sweating, or body odor. Bathing can also prevent emaciation and—when overheated—can lower body temperature. In the Seasonal Living Activities part of the same section—to eliminate *Bad-kan* ailments—the suggestion is made to rub the body with sesame in the first month of winter, bean powder in the spring, and to take cold baths in summer.

2. The ability to treat diseases.

Tibetan medicine's external therapies can be divided into mild and drastic types, with medicinal bathing being one of the milder varieties. Tibetan doctors believe medicinal bathing to also be an effective dissipation method for treating and eliminating internal diseases. Other dissipation methods include eating less food, fasting, or taking certain medicines.

3. The ability to be used in clinical practice.

Implemented on the foundation of Tibetan medicine's fundamental theories, indications for medicinal bathing therapy include "*rLung* ailments, muscle stiffness, scrofula, festering sores, old and new wounds, swelling, hunchback, and arthritis." During the process of medicinal bathing therapy, Tibetan medicine not only follows the basic principles of the Three Causes Theory (with doctors prescribing different formulas according to the symptoms and causes), but it also integrates the Three Causes Theory throughout the process of prevention, treatment, rehabilitation, and nursing.

4. Tibetan medicinal bathing is rich in clinical experience.

According to *The Four Medical Tantras*, more than 100 kinds of medicinal plants and herbs are commonly used in medicinal bathing. *The Tantras* also provide, in detail, the pharmaceutical formulations (indications and contraindications) for various diseases' medicinal bathing therapy. In Chapter 12 of the *Instructional Tantra*, General Fever Treatments, medicinal bathing is identified as a "special treatment for dispelling and dissipating fever" that "can treat fever that has spread to the muscles, skin, veins, bones and other parts of the body." It continues by stating that applying (or soaking in) cool water can treat exterior fever symptoms, "but this method cannot be used for undeveloped fevers. Mild fever symptoms must be blocked at the source, spreading fever symptoms must be contained within the body, and extended fevers' erysipelas must be eradicated. For patients with persistent fever symptoms, doctors should look into treatments that help increase their appetite." These guiding principles show that medicinal bathing—particularly when combined with other Tibetan medical treatments—has a wealth of clinical experience.

THE PRACTICES OF THE TIBETAN LUM MEDICINAL BATHING OF SOWA RIGPA

For therapeutic purposes, both modern and traditional practices of Sowa Rigpa medicinal bathing in clinical treatment should adhere to the principle of internally matching the patient's disease, symptoms and conditions and externally matching the seasonal conditions. Before receiving any Tibetan medicinal bathing therapy, patients must first consult with a doctor who will diagnose them and provide a prescription based on the patient's overall constitution, symptoms and specific conditions, as well as the seasonal and climatic conditions.

Spring and autumn are the best seasons for undergoing Tibetan Lum medicinal bathing. Due to the relatively small temperature difference between night and day at these times of the year, treatment is more convenient and better efficacy can be achieved. However, some diseases (such as rheumatoid arthritis), are best treated with medicinal bathing according to when they flare up.

As a general rule, a course of medicinal bathing lasts from seven to 30 days. After an initial seven days of treatment have taken place, the patient rests for one to three days before starting another round of treatment. Treatments rarely go beyond a total of three 7-day rounds.

1. Preparation before Medicinal Bathing

(i) Environmental sanitation

To ensure a comfortable experience for patients, a clean bathing environment is maintained through indoor and outdoor cleaning, disinfection of the bathing pool and instruments, a clean bathing decoction regularly changed to prevent cross-contamination, and proper ventilation and appropriate room temperature and humidity control.

(ii) Physical examination

As an essential part of the Tibetan Lum medicinal bathing, a physical examination is conducted to understand the medical history of patients and measure patients' body temperature, blood pressure and heart rate.

(iii) Psychological counselling

The doctor will help build patients' confidence in the therapy by providing necessary explanations to acquaint them with the effects and important considerations of the medicinal bathing. During the treatment, the doctor must fully understand the psychological needs of patient and take meticulous precautions against and treatment for patients' mental or behavioural disorders that may occur or have occurred in patience.

(iv) Measurement of the decoction temperature

The temperature of the decoction should be appropriate. A high temperature will scald the patient and cause severe reactions, and a low one will reduce the efficacy and cause adverse reactions such as abdominal distension and diarrhea. In general, the temperature of the bathing decoction should gradually rise from 37-39℃ on the first day of treatment to 42-

43℃ on the fourth day before dropping to around 39℃ at the end of the treatment. The appropriate temperature is decided based on the specific types of diseases and conditions of patients, as the optimal temperature varies according to different indications.

(v) Points for attention

a. Medicinal bathing should be practiced at an appropriate time. Patients should not undergo bathing therapy on an empty stomach or after a meal. Bathing on an empty stomach is likely to cause hypoglycaemia and incur symptoms such as dizziness, nausea, palpitation and general fatigue. Bathing immediately after a meal can increase the burden of the heart and incur digestive dysfunction by causing vasodilatation and reducing the blood flow in digestive organs.

b. Patients who are enraged or menstruating are not recommended to undergo Tibetan Lum medicinal bathing therapy.

c. Patients should not undergo medicinal bathing therapy immediately after drinking. The vasodilation caused by drinking will be aggravated by the high temperature of medicinal bathing, which will decrease the blood pressure of patients and may incur cardiovascular and cerebrovascular diseases. Angina pectoris, myocardial infarction, apoplexy, and even mortal danger may be caused by drinking for patients with pre-existing conditions such as hypertension, coronary artery heart disease and arteriosclerosis. Patients are also prone to stumble as their mobility and balance are impaired by drinking.

d. Tibetan Lum medicinal bathing should not be provided to patients without indications.

2. Points of Attention During the Medicinal Bathing

(i) Proper guide for patients during the medicinal bathing
Patients should be guided to bathe in the correct posture. After adapting to the bath, patients should submerge their shoulders and hands in the decoction and keep their heads and chests above the surface. This would reduce the cardiopulmonary burden of patients and avoid symptoms such as palpitation, panting, and oppression in the chest.

(ii) Proper bathing time
Patients should maintain a regular routine during the course of medicinal bathing treatment. The initial bathing duration should be between 15-30 minutes and adjustments made based on the patient's tolerance. The process of medicinal bathing should not be prolonged and patients should replenish body fluids and energy during the treatment, as perspiration, loss of body fluid, telangiectasia, and increase of blood flow on the body surface during the medicinal bathing may incur head ischemia and further cause vertigo and syncope.

(iii) Prompt and proper treatment of patients' reactions.
The condition of patients such as complexion, facial expressions, consciousness, skin color and luster, and body temperature should be meticulously observed. In the event of dizziness, nausea, palpitation and other symptoms, patients should slowly step out of the bath and repose for a while. The medicinal bathing therapy must be discontinued when severe reactions last for a long time, as it indicates that the patient is not suitable for this therapy. Tumble and prostration of children, senile patients and patients with hemiplegia should be carefully prevented.

(iv) Other points for attention

a. The use of body wash or shampoo should be avoided in case of chemical reactions with the decoction to reduce the efficacy.

b. Sweating should be slight or minor on the forehead. Patients should avoid being drenched in sweat.

c. Bathing and fumigation therapy is used to ease the principal constitutional symptoms on patients with severe constitutional symptoms and minor local symptoms. Fumigation and bathing therapy is used to mitigate the principal local symptoms on those with severe local symptoms and minor constitutional ones.

d. Patients should step out of the bath slowly to avoid vertigo caused by postural hypotension.

3. Self-Care After the Medicinal Bathing

(i) Stay well hydrated
Patients should be properly hydrated at an appropriate time after the medicinal bathing because of the loss of body fluid during the treatment. Juice, sugar and salt water are recommended for patients while cold drinks should be avoided. Patients should also avoid drinking boiled water immediately after the treatment.

(ii) Nutrition care
Patients are recommended to have more fresh vegetables, fruits and digestible foods and less cold, spicy, greasy, raw or other pungent foods. Patients with dermatosis must not have alcohol, or pungent foods such as fish, prawns, crabs, pork and spicy foods. Patients with gout are recommended to have non-purine or low-purine foods, limit the total intake of calories, and avoid foods that stimulate the nervous system. Patients with rheumatoid arthritis are recommended to have a light diet and high-protein, high-vitamin, and digestible foods to replenish nutrients and enhance their immunity.

(iii) Other points for attention
Patients should keep warm and avoid exposure to wind and coldness after the medicinal bathing. Hair washing and

showering should also be avoided in a short time. Patients with rheumatism, rheumatoid arthritis and sciatica should especially avoid dampness, exertion and catching a cold.

THE SCIENTIFIC EXPLANATIONS FOR TIBETAN LUM MEDICINAL BATHING OF SOWA RIGPA

1. A Traditional Perspective

(i) Adjusting the Three Factors

In the theory of Tibetan medicine, the three factors of *rLung*, *mKhris-pa*, and *Bad-kan* are simultaneously the energizing forces that constitute human life activities and the types of causes of disease. Under normal physiological conditions, each of the three has a certain amount and location in the body. As balanced interdependent factors they sustain human life and ensure people's health, however, an excess or deficiency of one or more of them (no matter what the reason) disrupts the balance and leads to the pathological condition which form disease. At this time, *rLung*, *mKhris-pa*, and *Bad-kan* will become pathological substances. As a way of restoring the excess or lack of any one factor to the appropriate amount, Tibetan medicinal bathing therapy plays a moderate role in the rebalancing of the three factors.

(ii) Adjusting Cold and Hot

From the perspective of Tibetan medicine, the human body's diseases can be roughly divided into "hot" or "cold". Cold diseases are often incurred by the increase of the cool- and heavy-natured *Bad-kan* factor. Leading to its accumulation in the lower part of the body and causing sensations of heaviness, inertia, and cold, an increase in *Bad-kan* disrupts the balance of the three factors. Hot diseases, on the other hand, are caused by an excess of the hot-natured of *mKhris-pa* factor. As *Bad-kan* acts mostly on the lower part of the body, *mKhris-pa* generally causes symptoms in the upper part. Influencing the body's excessive heat or excessive cold, the temperature of the bathing decoction is cold or hot and, through contact between

the body and the decoction will lead to redistribution and rebalancing. In a certain sense, we can even say that medicinal bathing adjusts the balance of *mKhris-pa* and *Bad-kan*.

2. A Modern Scientific Perspective

The efficacy of both natural hot-spring bathing and the later-developed Tibetan Lum medicinal bathing of Sowa Rigpa can be practically experienced. Therefore, from the perspective of modern science, it can also be analyzed.

(i) Transdermal Absorption

After patients' conditions have been diagnosed and they have been given— based on their specific conditions—a prescription for medicines in various concentrations, the therapeutic efficacy of the Tibetan Lum medicinal bathing of Sowa Rigpa is achieved by a direct absorption of medicines into patients' meridians and blood vessels through their skin and acupuncture points, such that the medicine is able to either act upon the infection's focal points or distributed throughout the body.

a. Promoting Circulation and Relieving Blood Stasis

Many of the formulas of the Tibetan Lum medicinal bathing of Sowa Rigpa contain medications that promote blood circulation, relieve blood stasis, and unblock and enhance the body's qi and blood channels. According to modern pharmacological research, it is likely that these formulas and their ingredients serve as peripheral vasodilators promoting the circulation of blood in organs, reducing edema, relieving pain, and regulating the blood's components.

b. Relieving Heat with Diaphoresis

Diaphoresis, or artificially induced sweating, is a way of relieving internal heat by bringing about peripheral vasodilation, promoting microcirculation, and stimulating sweat glands. With modern pharmacological research

indicating that the active ingredients of many of the fragrant and pungent drugs often found in Tibetan Lum medicinal bathing formulas are capable of increasing sweating, it is of little wonder that these formularies are said to be able to activate qi flows and promote blood circulation.

c. Clearing Heat and Reducing Edema

One of the important things handled by the formulas of Tibetan Lum medicinal bathing is effecting a cure for febrile skin diseases (such as abscesses, sores, and hives). This is why the formulas often include medicines with effects such as clearing heat, resolving masses, removing toxicity, and reducing edema. Modern pharmacological experiments and research into the pharmacology of the Tibetan medicinal pharmacopoeia have shown that the medicines considered to be “heat-clearing” can—to various degrees—kill or inhibit bacteria, fungi, viruses, and protozoa and that most of them can help with acute inflammatory reactions and bacterial endotoxins. For example, Sophorae flavescentis radix can inhibit different dermatophytes, and Juniperus chinensis is used to cure issues such as eczema, tinea, and ringworm.

d. Eliminating Necrosis and Promoting Tissue Growth

Another type of active ingredient found in the herbals that make up Tibetan Lum formularies are those that help with eliminating necrotic or putrid tissue and those that promote tissue growth. As with other plants that have been the subject of modern-type medical research, they have been shown capable of enhancing the blood circulation and metabolism near the surface of a wound and—by increasing the number and permeability of capillaries and enhancing local disease resistance—promoting the healing of wounds.

(ii) Stimulation Effect

According to the scientific method, the stimuli exerted on certain parts of the body's surface during medicinal bathing will be transmitted throughout the body via a feedback mechanism. This is part and parcel of bathing's therapeutic efficacy. During a session of Tibetan Lum medicinal bathing, a patient's body surface and acupoints will receive either warm or cold stimuli from the bathwater and the decoction. By dilating capillaries and promoting the circulation of blood and lymph fluid, warm stimuli are conducive to alleviating symptoms and eliminating the locus of infection. On the other hand, cold stimuli—such as cold compresses—can ease pain by locally reducing metabolism, promoting vasoconstriction, and mitigating inflammatory reactions. Furthermore, Tibetan medicine's compress therapy can exert chemical and mechanical-physical stimuli on the body. A good example of this would be how patient's diseases are cured and health maintained via the physical stimulus of hydrostatic pressure or the chemical stimuli of the tiny amount of inorganic salt in the water as it is transmitted to areas with issues by way of the body's channels and acupoints.

DEVELOPING LUM MEDICINAL BATHING OF SOWA RIGPA

Over the years, the Lum medicinal bathing of Sowa Rigpa has been used not only for the treatment of conventional disease but also for keeping fit. Now, it is used to help prevent aging, for weight loss, for skin care, as an anti-oxidant, to enhance immunity, to eliminate physical fatigue, to control bodily functions, and to recover from sub-optimum health. The industry has witnessed rapid development, especially after it was added to the UNESCO Intangible Cultural Heritage List. Nowadays, in addition to being used privately by families of Tibetan descent, it is widely used in hot spring bathing centers, Tibetan hospitals, and private clinics.

In Tibet, Qinghai, Sichuan, Gansu, and Yunnan, most Tibetan hospitals offer some form of Lum medicinal bathing. This treatment is also included in some localities' medical insurance schemes.
The traditional manual preparation process has some limitations (such as long preparation time, limited production scale, and high labor costs), as well as a challenging nature with regard to quality control. Additionally, the prepared liquid then needs to be manually delivered to a patient's room. During the process of bathing, heating—which consumes a fair amount of manpower and resources—is also required to maintain the liquid's temperature.

Some hospitals have actively sought to bring in advanced technology and equipment to mechanize and automate the preparation process of the medicinal liquid. This change not only saves significant manpower, it keeps the original vital fermentation process and optimizes the utilization of medicinal materials. The finished liquid can be delivered to each ward through a series of pipes, and heat control systems can maintain the temperature, thus improving efficiency and ensuring the treatment effects. Innovations on the basis of the traditions for the Lum medicinal bathing of Sowa Rigpa show a pioneering spirit keeping pace with the times.

In terms of medical services, so that patients can receive safe and effective treatment, all Tibetan hospitals around the country routinely screen patients for infectious diseases prior to giving them medicinal bathing in the hospital.

The application of Lum medicinal bathing of Sowa Rigpa has been gradually expanding. Apart from Tibetan hospitals, some Tibetan pharmaceutical enterprises have also set up Tibetan medicinal bathing clubs with the expectation of promoting Tibetan medicine.

CONCLUSION

On November 28, 2018, "Lum Medicinal Bathing of Sowa Rigpa, knowledge and practices concerning life, health, and illness prevention and treatment among the Tibetan people in China" was inscribed on UNESCO's Representative List of the Intangible Cultural Heritage of

Humanity. The decision was announced during the 13th session of the UNESCO Intergovernmental Committee for the Safeguarding of Intangible Cultural Heritage. In the resolution, the Committee pointed out that the Tibetan medicinal bathing project "highlights the importance of traditional knowledge about nature and the universe and provides a positive example of the sustainable relationship between humanity and the environment." This comment best embodies the core of Tibetan medicinal bathing.

Tibetan medicine is a knowledge system focused on "nurturing and maintaining health." Paying more attention to people than disease emphasizes the interrelationships between humans, nature, and the universe; and seeks to achieve harmonious coexistence between people and themselves, people and other people, people and society, and people and all of nature's living things. The *Jungwa-nga* (five elements) of Tibetan medical theory are Earth, Water, Fire, Wind, and Space; and the "Three Factors" of *rLung*, *mKhris-pa*, and *Bad-kan* are the basis of Tibetan medicinal bathing.

Tibetan medicine uses the relationships between the five elements (which mutually nurture, evolve, and develop) to explain the formation of the human body, the causes of diseases, the properties of medicines, and the relationship between the human body, diseases, and drugs. The three factors of *rLung*, *mKhris-pa*, and *Bad-kan* are both the three energies that power the body's activities and the three factors that cause disease.

Tibetan medicine believes that human diseases are caused by various factors, such as inappropriate dietary practices and day-to-day habits and the mind's "five poisons" (greed, anger, ignorance, pride, and doubt), which can lead to changes in a person's personality; can indirectly cause physiological dysfunction in the body; and can result in chronic illness and worsening diseases. Therefore, in Tibetan medicine, the treatment of disease pays equal attention to both physical and psychological therapy, intending to achieve harmony between humanity and nature and cultivate both the mind and the body. Using the spiritual water that nourishes all things and natural Tibetan medicinal herbs to clean the body, treat diseases, and wash

away the "five poisons" in people's minds, Tibetan medicinal bathing therapy allows the body and mind to truly return to a natural state of harmony between humanity and nature and to achieve the goal of healthy longevity.

Using the natural resources available to them, it can be said that Tibetan medicinal bathing—as a kind of local knowledge and folk wisdom that adapts to local culture, environment, and climate—is a traditional practice of the Tibetan people to deal with common, frequently occurring, and endemic diseases found in high-altitude and hypoxic living conditions.

ACKNOWLEDGEMENT

Funded by the Project for International Cooperation in Traditional Chinese Medicine from National Administration of Traditional Chinese Medicine. During the writing, I was deeply indebted to Hu Kaimin, Shi Huamin and Liu Dong for their valuable suggestions, together with the help of the Foreign Languages Press, I would like to thank all those offering their useful suggestions.

REFERENCES

Byams pa 'phrin las. *Zhong guo de zang yi (Tibetan Medicine of China)* (Chinese). Beijing: China Press of Tibetology. 1996.

Cai, Jingfeng; Hong, Wuli. *Si bu yi dian kao yuan (Textual Research on the Origin of rGyud bZhi)*. Zhengzhou: Elephant Press. 1999.

Chen, Guansheng; An Caidan. *Dictionary of Common Tibetan Personal and Place Names*. Beijing: Foreign Languages Press. 2004.

Darmo smanpa Blo bzang chos grags. *Gyu thog yon tan mgon po rnying ma rnam thar (Biography of the Elder Gyu thog)* (Tibetan). Beijing: The Ethnic Publishing House. 1982.

Gyu thog yon tan mgon po. *Si bu yi dian (The Four Medical Tantras)* (Chinese trans. Li Yongnian). Beijing: People's Medical Publishing House. 1983.

Luo, Bingfen. *Dun huang ben tu bo yi xue wen xian jing yao (Essentials of Medical Literature of Tubo Dynasty Unearthed in Dunhuang)* (Chinese). Beijing: The Ethnic Publishing House. 2002.

Ngag dbang blo zang rgya mtsho (Rgyal dbang lnga ba chen po). Bod kyi theb ther dpyid kyi rgyal bo'i glu dbangs (Tibetan). Beijing: The Ethnic Publishing House. 1981.

Sde srid sangs rgyas rgya mtsho. *Lan liu li (Baidurya sngon po [Blue Beryl])* (Chinese trans. Mao, Jizu, et al.). Shanghai: Shanghai Scientific and Technical Publishers. 2012.

Wang, Furen. *Zang zu shi yao (Essentials of History of Tibetan Ethnic Group)* (Chinese). Chengdu: Sichuan Ethnic Publishing House. 1980.

Wang, Yao. Tu bo wen hua (Culture of Tubo Dynasty) (Chinese). Changchun: Jilin Education Press. 1989.

Zhen, Yan; Cai, Jingfeng. China's Tibetan Medicine. Beijing: Foreign Languages Press. 2005.

Zhen,Yan; Cai, Jingfeng. A General History of Traditional Tibetan Medicine. Ulm: Fabri Verlag. 2019.

THAILAND

International Conference on

INTANGIBLE CULTURAL HERITAGE

Local Heritage Wisdom: A Traditional Medicine

19th - 22nd November 2024 | Avanté Hotel, Selangor, Malaysia



NUAD THAI: CORE VALUES, PRACTICES AND CHALLENGES IN MODERN SOCIETY

YONGSAK TANTIPIDOKE
Development of Traditional Thai Medicine Foundation,
Bangkok, Thailand
yskpidok@gmail.com

ABSTRACT

Nuad Thai (traditional Thai massage) has been inscribed as a representative list of intangible cultural heritage for humankind by UNESCO since 2019. The knowledge and practices of Nuad Thai from generation to generation have been passed down, adapted, and transformed to gain its social and legal recognition for centuries. The core values that Nuad Thai healers hold nowadays are based on the beliefs in its origin of knowledge and practices, the rituals to pay respect to the healer teachers, the willingness to help others in Thai culture, and its role in primary health care during the revival period. In modern Thai society, Nuad Thai has been practiced in three pillars: community and family, health care setting, and health business. The challenges for concerned parties who involve Nuad Thai include how to balance its growth across these three areas for the common good, and how to safeguard its core values and ensure its existence in the modern world.The challenging targets in terms of knowledge development are the approach of knowledge management to reconstruct the underlying theories of Nuad Thai that could underpin the practices today, and the new clinical research design that is more sensitive to the principles of treatment in traditional medicine.

Keywords: Nuad Thai, traditional Thai massage, belief, practice, challenge

INTRODUCTION

Nuad Thai, which is traditional Thai massage, is one branch of traditional Thai medicine and has been a common practice among the people in the area that is now Thailand. In ancient times, before the Siam Kingdom period, there is some historical evidence of massage practice, for example, a lintel at Prasat Phum Pon in Si Sa Ket province showing a reclining Phra Narai being massaged by Phra Lakshmi and Phra Bhumi Devi. During the Siam Kingdom (Ayutthaya and Bangkok) period, Nuad Thai served as a department that provided medical care for the royal court (National Library of Thailand, 1972). The role of Nuad Thai also permeated in the lives of common people as described by French envoy Simon de la Loubère in his account of Siam while visiting the kingdom in 1687-1688.

> "When any person is sick at Siam, he begins with causing his whole body to be moulded by one who is skillful herein, who gets upon the body of the sick person and tramples him under his feet. This likewise reported that great belly women do thus cause themselves to be trodden under foot by a child to procure themselves to be delivered with less pain" (de La Loubère, 1690)

In the 1910s, Nuad Thai lost its status in the royal court and formal medical service when Siam had improved the country to a modernized state. In 1923, the Medical Act 2466 B.E. was promulgated and became the country's first medical law. It included massage practice in the definition of the practice of the art of healing (Royal Gazette, 1923). After the law implementation, there were 295 registered traditional practitioners in the field of massage (Pichan, 1966: 34). However, the second medical law, the Act for the Control of the Practice of the Art of Healing B.E. 2479, promulgated in 1936, deprived Nuad Thai of legal status. This caused traditional massage healers to suddenly be at risk of being arrested and charged with being quacks when they practiced their profession. After Nuad Thai lost its status in the modernized Thai state, its practices were still alive under the

patronage of some Buddhist temples, where Nuad Thai learning for new students took place (Yongsak, 2016).

In 1985, the emergence of the Thai Massage Revival Project (TMR), initiated by Thai civil society organizations in collaboration with the Office of Primary Health Care, the Ministry of Public Health, and some traditional Thai medicine associations, caused the role of Nuad Thai to change to a new position. Nuad Thai had been promoted as a substitute for painkillers complementing the campaign for proper medicine utilization. The advantage of Nuad Thai, which was safer and focused on self-reliant practice, was announced under the umbrella of primary healthcare policy. Training programs of Nuad Thai in primary healthcare settings were arranged throughout the country. Many local healthcare settings responded to this project actively. During the 1990s, TMR managed to set up research projects in healthcare settings to prove the benefits of relieving muscle aches and joint pains. Nuad Thai then gradually gained recognition from many district hospitals in rural areas where villagers were often accustomed to this traditional practice (Yongsak, 2016).

In 2001, Nuad Thai was officially recognized as a part of Traditional Thai Medicine (TTM) practices under the Practice of the Art of Healing Act B.E. 2542. This legal recognition was the result of a previous social movement and increased demands for Nuad Thai services in many hospitals. According to this law, practitioners of Nuad Thai for therapeutic purposes must attend the courses as described in the Nuad Thai professional curriculum at an approved educational institution by the professional committee of traditional Thai medicine and pass the national licensing examination.

Nuad Thai has made significant progress in the healthcare system. In 2007, Nuad Thai practices were included in the healthcare benefit package of the Universal Coverage Scheme (UCS). Health care settings that provide Nuad Thai services for therapeutic and rehabilitative purposes and postpartum care will receive additional funding from UCS. Nuad Thai has also garnered a lot of attention from the health service business. Nuad Thai services for relaxation, in the same way as the spa business, have been announced as national

policy by many Thai governments and are considered a soft power of the nation (Yongsak, 2016). The evidence that supports the significance of Nuad Thai as Thai wisdom and identity is the ministerial regulation issued in 2020 to regulate Nuad Thai as occupations that are strictly forbidden for foreigners (Royal Gazette, 2020).

As described before, Nuad Thai as a cultural heritage of Thai society has historically shaped its roles according to social and legal recognition from ancient kingdom to modern state. In 2023, four regional forums, a forum for health business operators, and a public forum were arranged for the concerned parties. They exchanged their ideas, opinions, provided suggestions, and were informed about the progression of safeguarding Nuad Thai as an intangible cultural heritage. These forums reaffirmed the significance of common beliefs among participants and inspired the author to reconsider the key challenging questions and targets described previously in the nomination form. This article is the result of this process.

CORE VALUES

Nuad Thai is regarded as one field of traditional Thai medicine, a non-medicinal remedy, and a manual therapy. Healers practice Nuad Thai as part of the art and ancient science, with a spirit based on Thai culture. As a traditional medical modality, it emphasizes body manipulation in which the healer helps rebalance the patients' body, energy, and structure to treat illnesses caused by obstructing energy flow along sen, or lines. This manipulation also aims to normalize *dhatu* or the four body elements, namely, *pathavi* (earth), *apo* (water), *vayo* (wind), and *Techo* (fire). As the art of healing, Nuad Thai healers are expected to provide personalized therapy suitable to the physical and emotional status of the clients, as well as their illness severity. As a healing practice based on Thai culture, Nuad Thai healers are also expected to treat patients with compassion, encouraging to lift physical constitution and morale.

The origin of knowledge and practices of traditional Thai medicine, including Nuad Thai, can be traced back to ancient masters such as Jivaka Kumar Bhaccha, the personal physician of the Buddha, the

revered Buddhist monk Tamyae, and several hermits. As this medical tradition developed in the kingdom surrounded by subsistence agricultural communities, local healer teachers and local beliefs were also assimilated into this Buddhist-ascetic medical tradition.

This medical tradition places value on applying knowledge to alleviate others' suffering, not for financial gain. Usually, no compensation or reward is requested beyond *kha khru* (the teacher fee), a small sum of money given as a sign of respect to the healer teacher. Nevertheless, patients will willingly give healers money, gifts or additional labor. Both healers and patients share the same belief that any benefit resulting from the treatment comes from the healer teachers, who are sources of knowledge and virtue. Healers and clients who recover from illness are expected to express their gratitude to the healer teachers, both in daily rituals and in the annual ceremony to pay homage to the teachers.

The core values that Nuad Thai healers hold nowadays always circle these legendary accounts and rituals. From the perspective of Nuad Thai healers, "*Khru mo*" (the spirit of healer teachers) is considered a sacred entity rather than the spirit of a single teacher. The annual ceremony to pay homage to the healer teachers (*phithi wai khru*) is the important event for healers to reflect on the ethics and teachings of their teachers, who emphasized that healers should treat patients to the best of their ability and conduct themselves in a morally upright manner. The rituals to pay respect to healer teachers are also essential elements in the tradition of passing on the knowledge and providing new healers with moral guidance for their professional attitude and code of conduct (Department of Cultural Promotion, 2018a).

As described before, during the movement of revival, Nuad Thai was promoted in primary health care to substitute the overutilization of painkillers. Training courses on Nuad Thai for self-care brought about in several localities. Nuad Thai healers have been revived and respected as local healers who hold local wisdom and practice self-reliant community health care.

In addition to promoting self-reliance, practicing Nuad Thai within the household and community is a way to show love by caring for others, promoting social unity, and embodying loving-kindness. These qualities are inspiring and represent the caring nature of Thai society.

In summary, the essential values held by Nuad Thai healers and recipients can be described as: compassion, care, self-reliance, ritual, sacredness, and gratitude.

KNOWLEDGE AND PRACTICES

The knowledge of Nuad Thai contains codified and non-codified knowledge. The codified medical knowledge in the field of Nuad Thai has been found belonging to the royal court, temples, and individuals. The major Nuad Thai scripture is found at Wat Phra Chaetuphon (Wat Pho), Bangkok. The inscriptions of Nuad Thai diagrams, created in 1832 during the reign of King Rama III, contain 60 illustrations—30 frontal and back views each—of the human body with massage points. These picture diagrams illustrate the routes of ten principal lines, and the lines and points associated with illness based on each principal line and the four *dhatu* abnormalities. Another important scripture is Khamphi Phaen Nuad (The Scripture of Nuad Thai Diagrams) Volume 1 and 2 in The Royal Textbook of Medicine of King Rama V, compiled in 1871, contains 29 illustrations (21 frontal and 8 back views) and descriptions of ten principal lines and the conditions caused by stagnant wind in each of them (Department of Cultural Promotion, 2018a). There are local Nuad Thai knowledge records found belonging to local healers in each part of the country. These records are evidence of local knowledge that has been practiced through many generations.

For non-codified knowledge, Nuad Thai contains tacit knowledge that cannot be translated into texts. It involves the arrangement of the postures of the healer and client, body examination, illness diagnosis, massage techniques, etc. This kind of knowledge also refers to skills and abilities the healer gains through experience that is often difficult to put into words. Another source of knowledge about the practice of Nuad Thai can be said to come from divinely inspired insights. This has caused Nuad Thai to have a variety of schools today.

Typically, Nuad Thai healers perform a combination of pressing, kneading, squeezing, pounding, chopping, bending, stretching, etc. using their hands, elbows, knees, and feet, as well as self-massaging tools, and herbal hot compresses to reduce inflammation and relax affected muscles.

Formally, Nuad Thai practice is classified into two main types: Nuad Thai therapy and Nuad Thai for health promotion (Department of Cultural Promotion, 2018a). However, in some situations, they are not easily distinguishable.

In the real world, Nuad Thai knowledge and practices are dynamically adapting to changing socio-economic contexts. Advances in information and communications technology have made cross-cultural learning and knowledge sharing more possible than ever before. This affects knowledge and practices of Nuad Thai to some extent that further study is needed. However, it is said that the knowledge of Nuad Thai can be considered as knowledge gained from various learning methods, such as learning from teachers, reading traditional medical texts, practicing by oneself or under the guidance of teachers, practicing by oneself and with real patients, exchanging knowledge with other massage therapists, and from other traditional medical practitioners (Department of Cultural Promotion, 2018a).

APPLICATIONS IN MODERN SOCIETY

After Nuad Thai had regained social and legal recognition, some local health service settings initiated Nuad Thai therapy in the TTM section. This initiation was then supported by the Department of Thai Traditional Medicine and Alternative Medicine, Ministry of Public Health. This movement led to the extension of Nuad Thai services in the national health service and health business.

National Health Service

As mentioned earlier, since 2007, Nuad Thai therapy has been vigorously promoted under the Universal Coverage Scheme (UCS), which benefits 75% of the country's population. A quality assurance

program was prepared for the National Board of UCS's approval, including standards of care, units of care, participating TTM services facilities, and Nuad Thai clinical practice guidelines for paresis, paralysis, and pain relief. This was possible partly due to the commitment of National Health Security Office (NHSO) executives, some of whom were previously involved in the action research projects undertaken twenty years earlier by TMR and several district hospitals to encourage the integration of Nuad Thai into the district-level health system.

To encourage the provision of TTM services, NHSO established the Fund for TTM services to provide public health facilities with additional funding for services including Nuad Thai, herbal hot compression, and herbal steam bath for therapeutic and rehabilitative purposes, postpartum care, and prescription of herbal medicinal products from the National List of Essential Drugs. The fund increased from 287 million baht in 2011 to 525 million baht in 2016 (Department of Cultural Promotion, 2018a).

As a result, the use of TTM services under UCS has expanded dramatically. The number of Nuad Thai users increased from 313,352 in 2009 to 1,282,170 in 2012, a four-fold increase. A NHSO report in 2016 shows that there were 6,272 public health facilities providing Nuad Thai and hot herbal compression, with a total number of 1,857,430 users and 4,648,944 visits (Department of Cultural Promotion, 2018a).

In 2022, the TTM services under UHC include therapeutic treatment, rehabilitation for patients and children with disabilities, postpartum care, and health promotion for people in general. The number of Nuad Thai users was 1,533,830 with 3,081,637 visits, a decrease from the year before the ICH inscription because of the COVID-19 pandemic (Department of Cultural Promotion, 2023).

Health Business

Nuad Thai has become increasingly popular among both Thais and foreigners. Nuad Thai for health promotion in the health business

sector has been considered as one of the most promising businesses. The enactment of the Health Establishment Act B.E. 2559 in 2016 clearly showed that the Thai state aimed to promote the health massage service business as it had done for health spas. According to the implementation of this law, there are two curricula for Nuad Thai: an 80-hour Nuad Thai for health training course and a 150-hour Nuad Thai for health training course. These courses are designed for massage service providers in the health business who must undergo training and pass an examination from the authorized body (Department of Cultural Promotion, 2018a).

The Ministry of Labor has established national skill standards for Nuad Thai providers in order to standardize massage skills. These standards are divided into 3 levels: Level 1 is for those qualified to practice massage for relaxation or foot massage for health, Level 2 is for those qualified to practice massage for relaxation, foot massage for health, and massage therapy for at least 10 common ailments, and Level 3 is for those qualified to practice Thai massage for treatment and diagnosis of diseases according to TTM theories (Department of Cultural Promotion, 2018a).

CHALLENGES

On 12 December 2019, the Intergovernmental Committee for the Safeguarding of the Intangible Cultural Heritage inscribed Nuad Thai on the Representative List of the Intangible Cultural Heritage (ICH) of Humanity in Bogotá, Republic of Colombia. The inscription will significantly contribute to the international recognition of Nuad Thai's values and importance as the intangible cultural heritage of healthcare, and promote the learning, access, development, and safeguarding of Nuad Thai for the next generations. In the nomination form, five safeguarding measures have been proposed: knowledge development, human resource development, policy and regulations, budget allocation, and implementing mechanisms. (See Annex I). Among these measures, the most challenging issues raised by concerned parties in the process of preparing the report on the status of elements inscribed on the representative list are as follows:

Balance of Growth

Nowadays, Nuad Thai has been practiced in three pillars: community and family, health care setting, and health business. Over the past two decades, the government's focus has shifted towards promoting the business aspects rather than supporting the community and the profession. Nuad Thai in the health care setting is supported by the health security system which has been influenced by Thai civil society organizations. For community and family, it depends on the policy of local administration organizations, local health settings, local temples, or interested groups in the community. The questions of concerned parties in this issue are: how to balance the growth of Nuad Thai among its three pillars for the common good? How to safeguard the core values of Nuad Thai that our ancestors handed down through generations and ensure their existence in the modern world?

The rapid growth of Nuad Thai business has raises concerns about over-commercialization and improper practices that could affect its hard-earned reputation. Providing massage services that are disguised as sex trafficking businesses, which create a negative image and stigma attached to Thai women working in the service sector, affects women who honestly provide Nuad Thai services. This chronic problem is a challenge for government agencies that must enforce the law rigorously. In addition, the overgrowth of Nuad Thai businesses has led to a serious shortage of massage providers who are Thai nationals. The recruitment of immigrant workers, which is prohibited by law, has been used as a solution by many entrepreneurs, without cultivating the core values of Nuad Thai and providing inadequate training in Nuad Thai skills. This could adversely impact the identity of Nuad Thai in the long run.

This problem raises challenging questions: Is it possible to enforce the law that defines Nuad Thai as a reserved occupation for Thais? If it is necessary to hire foreign workers to work as Nuad Thai providers in the health business, what specific measures are necessary so that Nuad Thai in the health business can maintain its core values?

According to Nuad Thai trainers, following the 2019 ICH inscription, there has been an increase in the number of applicants for Nuad Thai training during the post-COVID period. The aims of attending training courses were mainly to apply for self-care within households and to work in Nuad Thai shops, which are in high demand for masseurs domestically and overseas as the practice has become worldwide recognized. Notably, members of younger generations, who mostly held a negative view of massage associations with prostitution, have been increasingly interested in Nuad Thai training. This presents a challenge for those who believe in community-based businesses: how to support these small business entrepreneurs in communities to innovate a new model of a health resort that preserves local identity and creates new jobs for local people.

More parents of disabled children, most of whom are women, have been trained to use Nuad Thai to rehabilitate their children with cerebral palsy, down syndrome, and autism. They have established a mutual assistance network and ten service centers, which are currently receiving support from the NHS. Some group members have enrolled in training programs on professional Nuad Thai for competency development. This leads to a new challenge: The long endeavor of Thai parents of disabled children shows the possibility of using Nuad Thai to improve both children's and parents' well-being and competency to deal with their lives and illnesses. The proposal for this is that more research to develop Nuad Thai for rehabilitative purposes should be arranged and supported with a new research approach that includes the well-being and competency of both children and their surrounding family members.

Knowledge Development

As a healing tradition that has its underlying theories, in the knowledge transmission process of Nuad Thai practices, it is often referred to the medical scriptures to some extent so that the learners can trace the origin of knowledge. For those who are really interested in delving deeper to apply theory to solve certain illness problems that typical therapy could not get a satisfying response, studying medical scriptures is always an alternative. Knowledge management of

medical scriptures involving Nuad Thai, therefore, is a proposed measure in the nomination file (Department of Cultural Promotion, 2018b):

> "High priority will be placed on research and knowledge management (KM) of Nuad Thai, which is in serious need of sustained systemic support, especially for transliteration, translation, and education of traditional texts and manuscripts in local or regional scripts. Urgent efforts, therefore, should be made to extend greater support for knowledge management and research to preserve knowledge at risk of being lost, through collection and documentation of knowledge, practices, and experiences of Nuad Thai masters, and to encourage more research initiatives to study the therapeutic effects of Nuad Thai".

Knowledge management of Nuad Thai in the past four decades mainly involves transliteration, translation, and exploration of traditional texts and manuscripts in the central region. The analysis of the medical scriptures has faced difficulties in understanding the meanings of old texts. The reconstruction of the body of knowledge is still an unfinished project. The clear underlying theories that could support today's practices are currently underdeveloped.

This has been a long-standing challenge for scholars in this field. The support of the community of practice in Nuad Thai might be a solution as proposed in some previous studies (Yongsak, 2021). However, the concerned organizations have made little effort to try out this proposal. This might be the result of the improper structure of the traditional medicine research unit that seems to imitate the modern medicine research institute. In addition, experts and scholars in this field have their own interpretations, and there are still rare proper knowledge exchange approaches that are in line with the nature of these individuals.

Another proposed measure in the nomination file is "to encourage more research initiatives to study the therapeutic effects of Nuad

Thai". This measure is based on present experiences when Nuad Thai therapeutic has been proposed to treat certain diseases, the empirical evidence is always needed to support the proposal. Practically, some issues have been raised, such as the difference in assessment of clinical outcomes between modern medicine and traditional medicine, improper use of medical parameters developed based on biomedical theory, and the nature of the therapeutic effect of traditional medicine that often results from the synergistic effects of a modalities package, avoiding risky behaviors, and engaging in health-promoting behaviors. This therapeutic approach, in the view of conventional research design, could not avoid confounding factors, so the result might be far from validity. This problem of paradigmatic alignment in research approaches calls for a new research design that is more sensitive to the principles of traditional medicine. This is not only a challenge for Thailand but also the debate of the global traditional medicine academic forum.

CONCLUSION

Nuad Thai is considered a significant cultural heritage due to its ability to preserve and adapt its main values through generations, allowing it to fulfill appropriate roles over time. The challenging questions associated with its core values and practices are raised when Nuad Thai becomes commercialized. The challenging targets to solve the problem of paradigmatic alignment are pointed out when Nuad Thai is applied in the Thai health service system dominated by biomedicine. These major challenges are still the topics of discussion among concerned parties. More efforts and collaborations should be taken to overcome these challenges.

REFERENCES

De La Loubère, S. (1693). A New Historical Relation of the Kingdom of Siam. Translated by A.P. Gen. R. S.S. London: Royal Exchange.

Department of Cultural Promotion. (2018a). Nuad Thai: Traditional Thai Massage. Bangkok: The War Veterans Organization of Thailand.

Department of Cultural Promotion. (2018b). Nomination file No. 01384 for inscription in 2019 on the Representative List of the Intangible Cultural Heritage of Humanity.

Department of Cultural Promotion. (2023). (draft) Status of elements inscribed on the Representative List.

National Library of Thailand. (1972). The Three Seals Law, Reprint, Bangkok: Kurusapa Business Organization.

Pichan Pattana. (1966). History of Medicine in Thailand, Bangkok: Odeon Store.

Royal Gazette. (1923). Vol. 40, 136-152, The Medicine Act B.E. 2466.

Royal Gazette. (2020). Vol. 137, 14, Notification of the Ministry of Labour RE: Prescription of the Prohibited Occupations for Foreigners.

Yongsak Tantipidoke. (2016). Textbook of Thai Massage Volume 1, 5th Revised Edition, Bangkok: Health & Development Foundation.

Yongsak Tantipidoke. (2021). Commission report on development of traditional Thai medicine manpower. Proposed to Department of Thai Traditional and Complementary Medicine.

ANNEX I

Safeguarding Measures Proposed [1]

To promote and safeguard Nuad Thai against loss, degradation, distortion and abuse, Thailand has planned to implement the following measures to enhance and build on existing programs.

1. Knowledge Development

High priority will be placed on research and knowledge management (KM) of Nuad Thai, which is in serious need of sustained systemic support, especially for transliteration, translation and education of traditional texts and manuscripts in local or regional scripts. Urgent efforts therefore should be made to extend greater support for KM and research to preserve knowledge at risk of being lost through collection and documentation of knowledge, practices and experiences of Nuad Thai masters, and to encourage more research initiatives to study the therapeutic effects of Nuad Thai. Other proposed measures include seminars and conferences on Nuad Thai to be held on a regular basis minimally annually to provide forums for research and knowledge exchange; development of best standards and benchmarks with which are domestically and internationally concurred; and creation of an information system to provide accurate and reliable information about Nuad Thai which is user-friendly, and accessible to the public.

2. Human Resource Development

Today, Nuad Thai education and training have become more available at community and institutional levels, and there have been continuous efforts to upgrade the competencies and standards of practitioners at all levels. Priority should also be given to the capacity development of practitioner groups and NGOs that have provided stewardship of Nuad Thai in order to strengthen its surveillance against derogatory activities tarnishing its reputation. Increased recognition should be accorded to

[1] Extracted from the Nomination file No. 01384 for inscription in 2019 on the Representative List of the Intangible Cultural Heritage of Humanity.

Nuad Thai masters and practitioners who demonstrate exemplary professional conduct so as to promote and preserve the tradition of respecting teachers.

New proposed measures include the introduction of training on traditional healers' ethics as part of the annual gratitude ceremony, the introduction of an oath-taking ceremony for new professional practitioners, and a campaign to educate youths on Nuad Thai and encourage their participation in carrying on the tradition in their own communities. At the global level, the Department of Thai Traditional and Alternative Medicine (DTAM) in collaboration with WHO to develop "WHO Benchmark for training in Nuad Thai" to set up the international standard of professional Nuad Thai curriculum, continuous joint efforts will be made in 2016-2018 to develop "WHO Benchmark for practice in Nuad Thai".

3. Policy and Regulations

Thailand already has a well-developed national strategic plan for traditional knowledge development and integration in the health service system, but its success hinges on actual implementation and active participation of all parties concerned. In response to the health service needs of an aging society, the Ministry of Public Health will continuously promote the use of Nuad Thai for home healthcare services particularly aimed at palliative care of the elderly and the disabled. In addition, a number of established laws and regulations already in place, e.g., Protection and Promotion of Thai Traditional Medical Knowledge Act B.E. 2542 (1999), will be utilized for future regulatory measures to (i) promote Nuad Thai that need to be taken full advantage of in order to push forward plans to protect traditional knowledge of Nuad Thai inscribed in local texts and manuscripts; (ii) and to develop standards for establishments offering Nuad Thai to maximize its health benefits and minimize the risk. However, regulations should also be reviewed and amended in response to the changing situation with inputs from all parties concerned.

4. Budget Allocation

The development of traditional Thai medical knowledge including Nuad Thai has gained greater recognition in recent years. However, most of the budget has been channeled to state agencies rather than to people directly responsible. It is important that a greater proportion of resources be designated to support professional, community and civil society organizations in due course.

5. Implementing Mechanisms

Even though promoting and safeguarding mechanisms exist from the national level down to the communities, there is a fragmentation of responsibilities and a lack of coordination among them, almost all of which are in the state sector. Some of the measures proposed to improve this situation are (i) to strengthen professional, private and non-governmental organizations, and (ii) to facilitate coordination and collaboration of all mechanisms in building a nationwide safeguarding network, especially through the network of the National Health Assembly.

INDIA

International Conference on

INTANGIBLE CULTURAL HERITAGE

Local Heritage Wisdom: A Traditional Medicine

19th - 22nd November 2024 | Avanté Hotel, Selangor, Malaysia



SPIRITUAL ROOTS AND HEALING PRACTICES: THE BELIEF SYSTEMS OF TRIBAL COMMUNITIES IN INDIA

V. JAYARAJAN
Chairman
Folkland – International Centre for
Folklore and Culture, India
folkland.india@gmail.com

ABSTRACT

The indigenous medicinal knowledge among tribal communities in India, such as the Koragas, Kanis, Mavilans, Vettuvans, Adiyans, and Kurumbas, reflects a deep understanding of their natural environment and holistic health practices. These tribes utilize local medicinal plants to treat a variety of ailments in humans and animals, including specific remedies for conditions like jaundice, urinary infections, and stomach problems. Their medical practices are intertwined with spiritual beliefs, often attributing diseases to the influence of spirits and gods and performing rituals to appease these entities. They also possess knowledge about their social and political environments, adapting to external influences while preserving their cultural heritage.

Their agricultural expertise includes traditional cultivation methods, seed preservation, natural manure, and organic insecticides. Tribal healers diagnose illnesses holistically, combining herbal treatments with spiritual rituals. The meticulous preparation of these medicines is passed down through generations, ensuring the continuity of their medicinal heritage. Overall, these tribes offer valuable insights into sustainable living and the potential for natural remedies in modern healthcare.

Keywords: Ethnobotany, koraga, Kasaragod

INTRODUCTION

The tribal communities of India represent an important social category of the Indian social structure. The tribals are said to be the original inhabitants of India. India is a country of multiracial stock. Different types of groups occupy different parts of India having their own cultural characteristics and levels of development. A number of groups are still referred to as tribals, primitives, *Adivasis* and so on. The tribal population in India according to the 1991 census was 67.76 million. This was almost equal to the population of Briton, at present, India has the second largest tribal population in the world next only to Africa. Tribes in India spread over the length and breadth of the country.

Tribes in Indian context are generally referred to in the language of Indian constitution as 'schedule tribes'. It was Dr. B.R. Ambedkar, the Chairman of the drafting committee of the constitution, who preferred the concept of scheduled tribe to Adivasis (C.N. Shankar Rao 2004 Pp 342) for it enumerates the tribes and hence has a specific meaning.

The scheduled tribes constitute the second largest group of the backward classes that come under what is known as the 'unprivileged' section of the populace (ibid) According to the 1991 census report, the 'scheduled tribes' constitute 8.8% of the total population of India. The tribal people or the Adivasis, who are considered the earliest inhabitants have survived here with their unchanging ways of life and culture for centuries. Many of them are still in a primitive stage and are far from the impact of modern civilization.

The introduction of Western Ghats and their herbal medicines' Usage of herbs (Pushpangadan & Atal, 1984), Ethnomedical and to manage diseases dates back to the beginning of mankind. For many centuries, man has Ethnobotanical investigations among some scheduled on the earth totally dependent on green plants for caste communities of Travancore, Kerala, his day (Pushpangadan & Atal, 1986), 'Folk plants of food, to day needs, especially for health. India has a medicine, adornment, and repellent used by the long history of the use of medicinal plants for various Paniyar community in north Kerala' (Nazarudeen et ilments).

Indigenous medicinal systems like Ayurveda, Siddha, Unani, and Naturopathy are mainly al. (1996) and 'Ethnobotany of Kurichya tribes based on plants and plant compounds. In addition, Kannur district' (Rajith & Ramachandran, 2010) are important works carried out. These folk remedies for various ailments also exist among Indigenous people (Jain 1991). Unfortunately, the tribal community of Koragas is seen mostly in rural areas of Kasargod district of Kerala and Southern, this vast reserve of knowledge are often not written but is in districts of Karnataka.

Due to their unhygienic way of transferring from generation to generation orally. Here comes the importance of Ethnobotany life, all other communities used to observe, collect and document traditional untouchability with Koragas. In earlier days, they used Knowledge (Pushpangadan 1992, Puspangadan & Pradeep, 2008) to remove carcasses and ate the decaying flesh of dead animals. The Koragas speak a language of their own, "Glimpses of Indian ethnobotany" (Jain, 1981), with a resemblance to Tulu and Kannada. They have one among very little interaction with other communities.

The pioneer work dealing with Indian Ethnobotany Koragas who live in plain areas is called Kuntu. Coming to the State of Kerala, 'An Ethnobotanical Koraga' and those found in forests are named as Sappu investigation of some primitive tribes. The investigation and analysis of indigenous knowledge of local medicinal curing systems may have practical implications for discovering and sustainable development of new medicines. Ethnobotany also encourages an awareness of the link between biodiversity and cultural diversity, as well as a sophisticated understanding of the mutual influence of plants and human beings. The present study highlights the traditional curing art of the Koraga tribal community of Kasaragod district for various ailments. which are being used in traditional medicine and it gives details of botanical identity, local names, part of the plant used, mode of preparation and dosage.

Traditional and Folk Practices Volume 01, No.1, 2013 Koraga. In earlier days, Sappu Koragas wore leaves of various plants, hereas

Kuntu wore clothes. But nowadays, all wear cloth garments. In Kerala, only Kuntu Koragas are seen and the Sappu Koragas are found in Karnataka State. The Kuntu Koraga covers two sections of Koragas viz, Badiyadika group and Pulikoor Group. Out of the 111 Koraga families living in Pavoor colony, a major portion is following Christianity and is known as Christian Koraga. A large fraction of the Koragas is engaged with basket making. In olden days, a few were engaged in scavenging.

DEFINITION OF 'TRIBE'

The term "scheduled tribe" has been explained in many ways. To ordinary people, the word suggests simple folk living in the hills and forests, for others, it signifies a colorful people famous for their dance and song, to an administrator, it means a group of citizens who are the special responsibilities of the President of India, to an anthropologist, it indicated a special field for study as social phenomenon. Article 366 (25) of the Indian Constitution says that Scheduled tribes are the tribes or tribal communities or parts of or groups within such tribes or tribal communities that the Indian President may specify by public notification under Article 342(1). Some definitions are:

"A tribe is a collection of families bearing a common name, members of which occupy the same territory, speak the same language and observe certain taboos regarding marriage, profession or occupation and have developed a well assessed system of reciprocity and mutuality of obligation"- D.N. Majumdar'

"A tribe is a collection of families bearing a common name, speaking a common dialect, occupying or professing to occupy a common territory and is not usually endogamous, though originally it might have been so" - Imperial Gazetteer of India.

"Tribe is an ethnic category, defined by real or putative descent and characterized by a corporate identity and a wide range of commonly shared traits of culture"- S.C. Dube'

The above-mentioned definitions as well as other definitions show the characteristics of tribe such as:

1. Common territory
2. Collection of families
3. Common name
4. Common language (dialect)
5. Common ancestor
6. Common religion
7. Feeling of unity
8. Common economic organization
9. Organization of Clans
10. Endogamous group
11. Common culture

The above features are matching to Koragas, an ethnic tribe in south India. The Koraga community of Karnataka and Kerala states of southern parts of India (Udupi and Dakshin Kannada Districts of Karnataka and Kasargod District of Kerala) is considered one of the most primitive communities of India. Koragas fall under the category of tribe. The etymological meaning of the word is not clear. However, the scholars have observed that Koraga may be a corrupt form of the word Kuruvar (Hill Man). Scholars also opined that the name indicates sun worship. It may be noted that the cultural heritage also throws some light in this direction. According to the 1981 census, the population of Koraga was 15,146. They speak Koraga dialect.

This primitive tribe's territory is the old Tulu Nadu (Tulu speaking area), which is located in the present-day states of Kerala and Karnataka in India. Koragas fall under the proto Dravidian sect of Coastal Karnataka, having unique folk dances and unique drum beatings which is very magical and charming, and their powerful belief that drumming (*kaddayi*) sounds can eradicate any evil force. The drum beating drives away the bad spirits, safeguards the forest ecology, and promotes abundant crops. Koraga's drums and music are empowered with special shamanic healing power and are more powerful than the hymns of greater tradition.

The Koraga tribes have their own language. According to Unesco's Atlas of Worlds, one of the languages in danger or at risk of extinction is **Koraga**.

The world body has listed a total of 196 Indian languages as endangered, including eight in South India, of which five are from Karnataka. UNESCO treats all these languages as "vulnerable". The Koraga's population is restricted to west coast region, to be more precise, it is from Kundapur (Karnataka) to Kasargod (Kerala) There is a fort at Shankarnarayan in Kundapur that is identified as *'Korara koote'* means the fort of the Koraga's. It shows the power of the Koraga community in the society in the olden days. It is also believed that they ruled the region with their dynasty.

KORAGAS, MAVILANS, VETTUVANS, ADIYANS KURUMBAS, KANIS AND THEIR KNOWLEDGE ON DISEASE.

Koragas are eminent in their drum beating. The drum *'kaddayi'* is used for percussion to protect the community from evil spirits which bring diseases and deaths. It also performs during the occasional rituals and dances in connection with the festivals. Koragas believe that the cause of the disease is evil spirits. When anybody in the community dares to do any acts that harm the spirits, it may cause diseases in the community. To find out the causes of the diseases spread in the community, they will consult with the tribal astrologers for that purpose.

A group of 8 to 16 dancers beat the drum and dance to its different rhythms, which are controlled and directed by a leader with a wind instrument like a flute named 'oonte', another adds cymbals named 'keisaala' moving in different directions, small drum is used and known as 'chende' or 'karande'. Tribal use of raw hide to cover the drums on both sides is considered very auspicious and they are very skeptical about using natural drums.

Beats and rhythms are fascinating to the viewer with the effect of sounds and simple choreography built by the tribal genius. The drummer's foot moves clockwise and front and back, there is no fixed choreography to these performers and sometimes drum music itself

become more powerful than dance. The dance part becomes less because the drums are heavy and also hung on the shoulder, frequently use slow beats and fast rhythms, alternate and group weaves varied patterns.

The costumes are simple. Sometimes, a cap made of areca sheath known as 'muttale' is worn, decorated with colorful beads around the shoulder and neck. The upper part of the body is left bare, and sometimes simple cloths are used for the lower part, along with a traditional 'dhooti'. It is also important to note that when epidemics reach the colony, they prefer to beat the drums to ward off the evil spirits, which they believe to be the main factor of the disease.

Koragas are divided into a number of exogamous clans or sects. The clan is known as *bali.* There are 17 *bali*s found among Koragas. The Korags are basically agriculturists and eke out their livelihood depending on the forest produce such as bamboo, cane, creepers for basketry. Koragas sing songs and perform folkdances, rituals and magics to appease their deity for bountiful crops and eradicate epidemics.

Koragas are deft in making baskets using creepers, canes and bamboos by splitting and weaving them artistically. Basketry is the main source of income for the Koraga tribal community as the scavenger and orderly profession have already been prohibited by the government. The skill of making baskets is transferred from one generation to the next. Even the babies used to weave baskets. Baskets are used to keep agricultural products. Nowadays, those baskets have come to the drawing rooms of middle- and upper-class people of the society.

The other tribes such as Kanis, Mavilans, Vettuvans, Adiyans, and Kurumbas also have similar medicinal knowledge coherent with the environment where they occupy. Almost all tribes believe that the epidemics and diseases are the result of the influence of evil spirits, the wrath of natural gods, the destruction of the serenity of the environment and also due to the evil eyes and black magic.

KORAGAS AND OTHER TRIBES WITH THEIR INDIGENOUS KNOWLEDGE

Being the earliest inhabitants, they have acquired the indigenous knowledge related to the environment, forest, agriculture, medicine, animal husbandry, etc. It can be summed up as follows:

1. Environmental Knowledge

1.1 Knowledge of the natural environment

(Ex: plants, animals and eco-systems)

1.2 Knowledge of Anthropogenic Mythology.

1.3 Knowledge of the social and political environment (Neighboring groups, structures of the dominant groups, development projects).

2. Agricultural Knowledge

2.1 Knowledge on cultivation, seeds, manure, insecticides, harvesting, and warehousing the grains.

3. Medical Knowledge

3.1 Diagnosis and curative system

3.2 Preparation of medicines.

4. Indigenous Technical Knowledge (ITK)

4.1 Construction of huts, cattle sheds, agricultural implements, hunting implements etc.

5. Organization and Management Including Knowledge on Dispute Management (Legal Knowledge)

5.1 Resolving disputes among members of the tribe.

5.2 Resolving disputes between tribe members and those from outside the tribe.

6. Knowledge of Personal Relationships within the Society

Indigenous knowledge is also an intangible cultural heritage and an important natural resource that can facilitate the development process in a cost-effective, participatory and sustainable way. The foundation of any country's knowledge system is its indigenous knowledge. It encompasses the skills, experiences and insights of its people, applied to improve their livelihood and indigenous medical practices. Since indigenous knowledge is essential to development, it is often suggested that it must be gathered and documented coherently and systematically (Brokenshaw, 1980; Warren, 1995).

METHODOLOGY

An extensive field survey in different remote areas of Kasragod, Wynad and Thiruvananthapuram districts districts. Ethnomedicinal information was gathered from herbal medicine practitioners, magic practitioners and elders of the tribal community, through personal interviews and group discussions, with the aid of a questionnaire. Workshops with herbal practitioners and exhibition of herbs were also conducted in different places to obtain correct information. The local names of herbs and diseases, medicinal uses, mode of preparation, dosage, and combination of other plants used as ingredients were also collected. The plant specimens were identified with the help of standard flora (Ansari, 1985) and Herbaria.

Study Area

Kasaragod, the northernmost district of Kerala, is located at 12.5°N and 75.0°E, with an average elevation of 19 meters (62 feet). To the south lies Kannur district, while to the north is the Dakshina Kannada district of Karnataka. The district is bordered to the east by the Western Ghats and to the west by the Arabian Sea, with the port town of Kasaragod serving as the headquarters.

Covering an area of approximately 1,992 km², Kasaragod had a population of 1,203,342 according to the 2001 census. Like other districts in Kerala, it boasts a high literacy rate of around 85.17%. The Malayalam spoken here is influenced by Tulu, Kannada, Urdu, and Konkani. Nearby districts include Kannur and Wayanad, while Thiruvananthapuram is located at the southernmost tip of the state.

1. Adhatoda Vasica Nees (Acanthaceae)

Local name : Aadalodakom
Part used : Leaves
Medicinal use : Fresh leaves roasted with pepper and cumin, powdered and taken one teaspoon orally, 2-3 times to get relief from Cough.

2. Aegle Marmelos (L.) Corr. (Rutaceae)

Local name : Bilwapathram
Part used : Leaves
Medicinal use : Take fresh leaves (2 nos. per day) directly for Diabetes. The tender leaves are made into a paste and mixed with hot water taken orally for getting relief from Vomiting.

3. Aerva Lanata (L.) Juss. exSchultes (Amaranthaceae)

Local name : Cheroola
Part used : Whole plant
Medicinal use : Fresh whole plant is ground and the expressed juice mixed with water taken 10 ml once daily for Easy delivery. Decoction of fresh plant with cumin is taken orally, once daily for 42 days against urinary calculi.

4. Aloe Vera L. (Liliaceae)

Local name : Nolidara, Kumari
Part used : Leaves
Medicinal use : Expressed juice from the leaf is expressed juice of leaves mixed with sufficient quantity of cow milk taken twice a day to cure diarrhea.

5. Cissus Quadrangularis L. (Vitaceae)

Local name : Santhuvalli
Part used : Stem
Medicinal use : The tender stem is slightly heated in the flame and the expressed juice is dripped in near for getting relief from Earache. A paste made from stem with cow milk taken at night for curing leucorrhea. Sliced stem cooked with rice and made in the form of gruel is taken twice a day for pacifying joint pain.

6. Cocculus Hirsutus (L.) Diels (Menispermaceae)

Local name : Pathalagaruda
Part used : Root
Medicinal use : Paste of fresh root is applied externally on the affected portion against snake poison.

7. Clerodendrum Inerme (L.) Gaertner (Verbenaceae)

Local name : Peruvalam
Part used : Leaves
Medicinal use : Water boiled with sliced leaves is used for bathing against Skin diseases.

8. Cymbopogon Flexuosus (Nees ex Steudel) Watson (Poaceae)

Local name : Chayappullu
Part used : Whole plant
Medicinal use : A decoction prepared from the whole plant is taken 10 ml thrice daily against fever.

9. Dioscorea Alata L. (Dioscoreaceae)

Local name : Kachil
Part used : Leaves
Medicinal use : A paste prepared from fresh leaves are applied externally.

10. (Acanthaceae)

Local name : Chulli
Part used : Whole plant

Medicinal use : Decoction prepared from sliced whole plant is taken 10-15 ml orally, 3 times daily against sprain.

11. Ixora Coccinea L. (Rubiaceae)

Local name : Chokki
Part used : Flower bud
Medicinal use : 10 buds chewed with a pinch of salt against oral ulcer.

12. Jasminum Malabaricum Wight (Oleaceae)

Local name : Ethirvalli
Part used : Tender stem
Medicinal use : Fresh stem is crushed and expressed juice is collected. 2 drops of juice applied in each eye against red eye and other eye diseases.

13. Lawsonia Inermis L. (Lythraceae)

Local name : Madhurangi (Fnchi)
Part used : Leaves
Medicinal use : The leaves boiled in water taken half glass, once daily for 3-4 days for curing Body pain. The leaf paste is applied externally for curing whitlow.

14. Leucas Aspera (Willd.) Link (Lamiaceae)

Local name : Thumpa
Part used : Leaves
Medicinal use : 10 ml expressed juice taken twice daily against Chest congestion for babies. Pouring 2 drops in each nostril twice daily for 7 days cure headache.

15. Maranta Arundinacea L. (Marantaceae)

Local name : Koovai
Part used : Rhizome
Medicinal use : Dried rhizome powder boiled with water, with sugar is taken at night, against osteoporosis. Paste with one teaspoon ghee are applied externally twice a day against abscess.

16. Murraya Koenigii (L.) Sprengel (Rutaceae)

Local name : Kaivevu
Part used : Leaves
Medicinal use : Fresh leaves are taken directly to getting relief from diabetes.

17. Naregamia Alata Wight & Arn. (Meliaceae)

Local name : Nilakanchi
Part used : Whole plant
Medicinal use : Whole plant made into a paste with Allium sativum L. and a little salt is taken 2 times a day to get relief from gas trouble.

18. Naravelia Zeylanica (L.) DC. (Ranunculaceae)

Local name : Soodravalli
Part used : Tender leaves
Medicinal use : Apply one or two drops of expressed juice in nose, single application, for getting relief from migraine.

19. Neolamarckia Cadamba (Roxb.) Bosser (Rubiaceae)

Local name : Kadambu
Part used : Stem bark
Medicinal use : Decoction prepared from fresh stem bark is taken 10 ml in one glass of cow milk orally, twice a day to get relief from joint pain.

20. Nicotiana Tabacum L. (Solanaceae)

Local name : Pokayila
Part used : Dried leaves
Medicinal use : The dried leaves are ground partially and applied externally for getting relief from whitlow.

21. Oxalis Corniculata L. (Oxalidaceae)

Local name : Pullam purache (Puliyarila)
Part used : Whole plant

Medicinal use : A paste made of the whole plant mixed with sufficient quantity of curd is taken along with meals.

Part used : Seeds
Medicinal use : A paste made from seeds is applied externally over the body to get relief from muscular, chest and body pain.

22. Rotula Aquatica Lour. (Boraginaceae)
Local name : Pashanabhedi
Part used : Root
Medicinal use : A decoction prepared from root is taken 15 ml twice a day for 7 days against urinary calculi.

23. Scoparia Dulcis L. (Scrophulariaceae)
Local name : Kallurukki
Part used : Whole plant
Medicinal use : A decoction made from whole plant added with cow's milk is taken once daily in empty stomach for 7 days for curing urinary calculi.

24. Tamarindus Indica L. (Fabaceae- Caesalpinioideae)
Local name : Puli
Part used : Seeds
Medicinal use : Seeds soaked in water for few hours and taken as such after removing the outer skin, once daily for 1 month, against urinary calculi.

25. Tribulus Terrestris L. (Zygophyllaceae)
Local name : Negginamullu, (Njerinjil)
Part used : Whole plant
Medicinal use : Decoction made from dried whole plant taken 10ml, 3 times for 10 days orally, against swelling.

26. Ziziphus Mauritiana Lam. (Rhamnaceae)
Local name : Boggiri
Part used : Stem bark

Medicinal use : A decoction of stem bark taken one ounce daily, for curing mouth ulcer.
Local name : Kaadu saasive, Kattukaduku

27. Ziziphus Rugosa Lam. (Rhamnaceae)
Local name : Kottamullu
Part used : Stem bark
Medicinal use : Expressed juice from the stem bark added with a pinch of salt is gargled, thrice daily, to get relief from Mouth ulcer.

Study Area

Kasaragod, the northernmost district of Kerala, is situated at 12.5°N latitude and 75.0°E longitude, with an average elevation of 19 meters (62 feet). It is home to tribes such as the Koragas, Mavilan, and Vettuvan. In other districts, tribal communities include the Kurumbas in Wynad and the Kani in Thiruvananthapuram. The district is flanked by the Western Ghats to the east and bordered by the Arabian Sea to the west, a geographical feature shared by all Kerala districts except Wynad.

Spiritual and Magic Practices

There are spiritual and magic practices prevalent among the tribes of Kerala state and other states of India. We can see the reasons for spiritual and magic practices among tribes and the methods of curing diseases.

1. Influence of Evil Spirits.
2. Wrath of Natural Gods.
3. Actions of human beings against nature.
4. Evil eyes /curses of others.
5. Influence of black magic.
6. Influence of hand poison.

The diseases caused by spirits can be cured by appeasing the evil spirits. There are several magic practices to appease evil spirits and

thereby cure diseases. Sacrificing the animals and the blood of chickens and goats are worshiped to appease the evil spirits.

Natural gods can be appeased by conserving nature such as water, trees, earth, hills, and mountains.

Felling of sacred trees, contaminating the sacred water, and destroying the hills are considered as actions against nature. By stopping those actions leads to the curing of diseases or eliminating epidemics.

Evil eyes of certain people cause disabilities or diseases. This can be cured using magic practices.

There are black magic practices to cause disability or diseases to others. This can be cured by practicing certain types of remedial magic measures.

Hand poison is another black magic through food. This can be diffused by practicing remedial magics through food.

REFERENCES

Ansari, R. Studies on the flora of Kasaragod division, Cannanore district. Ph.D Thesis (Madras University, Tamilnadu, India) 1985.

Jain, S. K. Glimpses of Ethnobotany. (Oxford & IBH, New Delhi) 1981.

Jain, S. K. Dictionary of Folk Medicines and Ethnobotany. (Deep Publication, New Delhi) 1991.

Nazarudeen A., S. Seeni, K. C. Koshy and P. Pushpangadan 1996. Folk plants of food, medicine, adornment and repellent used by the Pnaiyar community in north Kerala. J. Econ. Taxon. Bot. Addl. Ser. 12, Scientific Publishers, Jodhpur, India. Pp 229-305.

Pushpangadan P. 1992. Status of Ethnobiology Research in India- An Over-view. III Int. Congress on Ethnobiology, Mexico. P 136.

Puspangadan P. & P. R. J. Pradeep, A Glimpse at Tribal India, An Ethnobiological Enquiry. (Amity Institute for Herbal & Biotech Products Development, Thiruvanathapuram) 2008.

Pushpangadan P. & C. K. Atal 1984. Ethno-medico-botanical investigations in Kerala. 1. Some primitive tribals of Western Ghat and their herbal medicine. J. Ethnopharmacol. 11:59-77.

Pushpangadan P. & C. K. Atal 1986. Ethnomedical and Ethnobotanical investigations among some scheduled caste communities of Travancore, Kerala, India. J. Ethnopharmacol. 16 (2-3): 175-190.

Rajith N. P. & V. S. Ramachandran 2010. Ethnomedicines of Kurichyas, Kannur district, Western Ghats, Kerala. Indian Journal of Natural Products and Resources, Vol I (2): 249-253.

Dr V. Jayarajan, Chairman, Folkland, Elambachi, PO, Kasargod dist, Kerala, India 671311, Phone- + 91 467 2210699, Mob-9847305699, Email. folkland@rediffmail.com

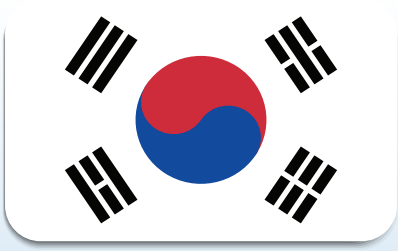
KOREA

International Conference on

INTANGIBLE CULTURAL HERITAGE

Local Heritage Wisdom: A Traditional Medicine

19th - 22nd November 2024 | Avanté Hotel, Selangor, Malaysia



DEVELOPMENT OF KOREAN GINSENG FROM TRADITIONAL MEDICINE TO CULTURE

HWE JAE JANG
Team Leader,
The Korea Ginseng Association
Sejong City, Republic of Korea
insam3111@daum.net

ABSTRACT

Korean ginseng, a prominent traditional medicine in Korea, boasts a rich history. This paper will explore the origins and historical significance of Korean ginseng, the transformations it has undergone due to advancements in processing technology, its potential to solidify its status as a key element of medicinal culture, and the plans to register it as a UNESCO Intangible Cultural Heritage of Humanity.

Keywords: origins and history of Korean Ginseng, Korean Ginseng processing technology, Red Ginseng, Ginseng culture, National Intangible Heritage, UNESCO Intangible Cultural Heritage of Humanity

INTRODUCTION

Korean ginseng has long been considered an important national treasure and royal medicine. After being made available to the public, it has been used as a remedy for various diseases. Its efficacy has been recognized since the Three Kingdoms period, and it has been a crucial trade commodity in diplomacy with neighboring countries such as China and Japan. The official scientific name of Korean ginseng, 'Panax ginseng C.A. Meyer,' was registered at the World Botanical Society in 1843. The term 'Panax' originates from the Greek word for 'panacea.'In the book "Principles and Practice of Eastern Medicine"

written by Heo Jun (1539-1615), a royal physician during the Joseon Dynasty, Korean ginseng's efficacy and utilization are discussed.

It is noted that ginseng is primarily used when there is a deficiency in the five intestines. Additionally, ginseng soup is prescribed to stabilize psychiatric conditions, improve vision, alleviate vomiting and hiccups, and treat lung atrophy. Even today, ginseng continues to be a prominent medicine in oriental medicine.

The term "ginseng" originally referred to wild ginseng. However, wild ginseng became extremely rare in the late Joseon Dynasty, leading to the establishment of cultivation methods in the private sector. This resulted in the current method of cultivating ginseng by sowing seeds in fields. Korean ginseng requires continuous management and effort as it has a cultivation period of 4 to 6 years, depending on its use. To protect and promote ginseng as a special product, the Ginseng Industry Act has been enacted in Korea.

There are various types of ginseng, such as white ginseng[1], taegeuk ginseng[2], and red ginseng, which are processed differently.

One of them is red ginseng, which is steamed with steam and then dried for the purpose of storing ginseng for a long time. Red ginseng is widely recognized for its effectiveness, and it is the most preferred ginseng product in Korea.

Today, ginseng has become easily accessible to all citizens, whereas in the past it was only available through the state. Previously, the focus was on its medicinal properties, but now ginseng culture has transitioned into everyday life through its incorporation into popular and modern food items.

[1] It is dried naturally in the sun or by using hot air after peeling off the skin of ginseng slightly

[2] Ginseng is cooked with water or dried by other means

Table 1: Consumption of Ginseng in 2022

Kind	Output (ton)	Ratio (%)
Fresh Ginseng	4,025	18.1
Red Ginseng	17,451	78.7
Taegeuk Ginseng	2	0
White Ginseng	700	3.2

2022 Ginseng Statistics Data Collection
(Ministry of Agriculture, Food and Rural Affairs), 2023

HISTORY OF KOREAN GINSENG AND DEVELOPMENT FROM TRADITIONAL MEDICINE TO CULTURE

1. The Value of Korean Ginseng

The origin of Korean ginseng differs from literature to scholars, so I would like to deal only with the history of ginseng left as a record, not covered in this paper. The oldest literature on ginseng is the Sinnong Bonchogyeo, written by Chinese scholar Do Hong-gyeong (456-536), and it is recorded that ginseng is classified as the best medicine and promotes longevity when taken over an extended period.

Before cultivation was activated, Korean ginseng was a symbol of national diplomacy. According to the Samguk Sagi[3], written by Kim Bu-sik, a scholar of the Goryeo Dynasty, King Muryeong of Baekje sent ginseng to emperor of the Yang Dynasty in 513, and it was recorded that ginseng was sent as a diplomatic product six times during the 27th year of King Seong's reign (549). It also includes the fact that since King Jinpyeong of Silla in 627, he has sent ginseng to the Tang Dynasty more than 80 times.

Even during the Goryeo and Joseon Dynasty, the government collected ginseng as gifts for diplomacy and medical use by

[3] History of the Three Kingdoms Period (1145), compiled under the order of the King of the Goryeo Dynasty

pharmaceutical institutions. According to Goryeosa[4], it is also recorded that during the period of King Chungryeol (1274-1308), ginseng and pine nuts were also forced to be collected in areas where they were not produced, and the people suffered.

In addition, according to Sejong Silokjiri[5], it is mentioned that 112 out of 329 county and county prefectures nationwide produce ginseng and use it as medicine or as a tribute. It is understood that the total amount of ginseng received throughout the country in the early Joseon Dynasty ranged from as little as 600 to as much as 1,140 kg a year.

A representative example of the value of Korean ginseng was also found in Japan. At the Tokyo Bank Monetary Museum in Japan, there was currency called "Ginseng Great Goeun" on displayed, made of silver with a length of 10 cm, weight of 210 grams, and has purity of 80% . This currency was specifically made for trading ginseng, which was a popular product in East Asia at the time. In the second half of the 17th century, it is said that it was necessary to buy 120 pieces of ginseng.

Figure 1: Ginseng Great Goeun



[4] History of the Goryeo Dynasty (1451) compiled by Kim Jong-seo and others of the Joseon Dynasty under the order of King Sejong

[5] National Geography (1454) compiled by Byeon Gye-ryang during the Joseon Dynasty

Since the early the early 17th century, ginseng has been introduced to Europe. In the Netherlands, there is a record that 'ginseng was so precious that it was sold for 25 florins per pound'[6]. In addition, ginseng was classified as a trade product among the British East India Company.

In Vietnam, there is a traditional health liquor known as "Minh Mạng liquor," named after the second emperor of the Ungwuen Dynasty in Vietnam, Minh Mạng, who had 142 children and ruled the largest empire in Vietnamese history. Legend has it that the "Minh Mạng liquor" enjoyed by Emperor Minh Mạng was considered the finest liquor due to the addition of Korean ginseng and various medicinal herbs.

As such, it can be confirmed that Korean ginseng was used as a diplomatic means of the state as a valuable medicine in the past, both in the East and the West.

Figure 2: 'Minh Mạng liquor' sold in Vietnam



[6] George Henry Loskiel, History of the Mission of the United Brethren among the Indians in North America, trans. Christian Ignatius La Trobe (London, 1794), p.117.

2. Korean Ginseng Evolution with Advancements in Processing Technology

The cultivation of ginseng began in earnest around 1800. Seo Yoo-gu (1764-1845), a scholar of the late Joseon Dynasty, mentioned ginseng cultivation, including sowing and seedling of ginseng, in the 'Rural Economic Journal.' Various documents have recorded and passed on ginseng cultivation methods so far.

Figure 3: Traditional ginseng fields



Figure 4: Modern ginseng field



Studies on long-term storage of ginseng, whose production has increased, have begun with the spread of cultivation technology. The oldest record of ginseng processing can be found in the Goryeo Do-gyeong[7] written by Seo Geung, who came as an envoy to the Song Dynasty in the Goryeo Dynasty (1123), and it is recorded that "There are two types of ginseng: raw ginseng and boiled ginseng, and the taste is intact when put into medicine because the light is white and empty, but it eats after summer, so it is not as good as being able to steam and cook it for a long time." Here, it can be assumed that ginseng was processed in the form of 'boiled ginseng' for storage.

The pinnacle of ginseng processing technology is red ginseng. As mentioned in the introduction, red ginseng is made by steaming ginseng and then drying it and processing it so that the moisture content is less than 15%. The name red ginseng comes from the color change caused by the browning reaction of ginseng during the manufacturing process. Red ginseng did not simply extend the storage period of ginseng. The epidermis of ginseng contains a lot of saponin, which is known to boost the body's immunity. Red ginseng is made by steaming ginseng with its skin on, so it contains a large amount of saponin, and the heat makes the starch more stable, allowing for long-term preservation. Additionally, during the process of steaming ginseng, new saponins unique to red ginseng that are beneficial to the human body are formed. The type of saponin contained in ginseng and red ginseng is called ‘ginsenoside’, and various research on its components is still being conducted today.

The quality of red ginseng is classified into grades such as Cheonsam, Jisam, and Yangsam. The classification criteria are based on the morphological aspect of perfect harmony between the head, torso, and legs, and the primary selection criteria are the external color of the red ginseng. Next, the density of the internal tissue is applied to select. The proportion of Cheonsam, the highest grade among all red ginseng, is about 1-2%, making it a rare product.

[7] A travel report written with pictures about the experience and experiences of a month-long trip to Gaegyeong during the Goryeo Dynasty

In this way, Korean ginseng is positioned as an example of cultivation and processing techniques that have been inherited and developed through the wisdom and efforts of our ancestors.

Figure 5: Korean Ginseng (Fresh ginseng)

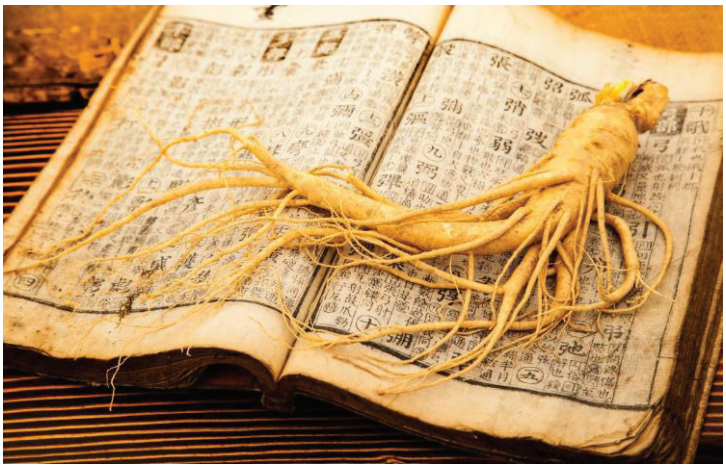


Figure 6: Korean Ginseng (Red ginseng)



3. Korean Ginseng as a Culture

In 2020, the National Heritage Administration designated ‘Ginseng Cultivation and Medicinal Culture’ as a national intangible cultural heritage in Korea. This is the first case of traditional knowledge in the agricultural field being designated as intangible cultural heritage since the traditional knowledge field was included, and the reasons for the designation are as follows:

The fact that it has a long history and has been passed down throughout the Korean peninsula.
Records related to cultivation are confirmed in various ancient documents.
Research in related fields including Oriental medicine is active and there is high potential for research in various fields including agricultural economy.
The fact that related cultures such as food, rituals, and folk tales are being passed down.
The medicinal properties and quality of ginseng are excellent, and it has played an important role in international trade throughout history.
There are numerous communities and related groups centered around farming households.
The fact that experiential agricultural knowledge is maintained through intergenerational transmission.

In this way, it can be seen that ginseng is recognized not only as a simple medicinal herb or crop but also as a culture.

In the past, Korean ginseng was a precious medicinal herb, so its use by the public was limited. Before modern society, ginseng was mainly used in dried form as powder, boiled to make a herbal medicine, or made into tea. However, today, ginseng is recognized as a more familiar ingredient in daily life than before as its production has increased and its price has decreased as a result of the increase in production as one of the representative medicinal foods.

‘Samgyetang’ is one of the representative dishes using ginseng, and the culture of eating it to nourish the body during the hot summer season of Sambok (the hottest season in traditional Korea) has taken root. (Figure 7)

In addition, ginseng was called the herb of immortality or the herb of all diseases in the hope of longevity and health in relation to food, clothing, and shelter, and various patterns symbolizing ginseng were used. (Figure 8, 9)

Ginseng cultural communities are often based on ginseng cultivation areas. The representative way for these communities to enjoy ginseng culture is through the ‘ginseng festival’, which is held every year in the fall (September to October) during the ginseng harvest season, and it plays a role in instilling pride in ginseng farmers, strengthening solidarity, and informing the general public about ginseng. (Figure 10)

Korean ginseng and ginseng culture are now aiming to be registered as UNESCO Intangible Cultural Heritage. The National Heritage Administration highly values the fact that the act of giving and receiving ginseng to prevent diseases and promote health is an important heritage that shows the family (community) culture, a traditional value of Korean society, and has selected ‘ginseng culture’ as the next UNESCO Intangible Cultural Heritage application target (application scheduled for 2026).

We believe that the registration of ‘ginseng culture’ as UNESCO’s Intangible Cultural Heritage of Humanity will provide an opportunity for Korean ginseng to become a medium that can gift health to precious people not only in Korea but also around the world.

Figure 7: Samgyetang



Figure 8: Ginseng Patterned Tablecloth



Figure 9: Ginseng Patterned Table



Figure 10: Ginseng Festival (Paju)



CONCLUSION

In the past, Korean ginseng was a medicinal herb with important diplomatic value at the national level. As its cultivation became more active and processing technology developed, the class that enjoyed it expanded, and today, it has become familiar to everyone. In the future, Korean ginseng will go beyond its material image as a simple medicinal herb and a cultural medium that promotes health and well-being for all.

REFERENCES

National Heritage Administration (2019). Ginseng Cultivation and Cultural Intangible Cultural Property Designation Value Investigation Report.

HyeSim Seol (2020). World History of Ginseng. Humanist. SoonJong Ok (2016). The Secret and Great Ginseng Story. Leegaseo publishing.

KiTaek Jung (2024). The New History of Korean Ginseng. Choonyangsa.

Cultural Heritage Foundation of Korea (2021). Intangible Cultural Property Designated as a Category: Ginseng Cultivation and Medicinal Culture. Moonyewon.

BANGLADESH

International Conference on

INTANGIBLE CULTURAL HERITAGE

Local Heritage Wisdom: A Traditional Medicine

19th - 22nd November 2024 | Avanté Hotel, Selangor, Malaysia



HERITAGE, ETHNO-MEDICINE AND TRADITIONAL MEDICAL PRACTICES IN BANGLADESH: AN ANTHROPOLOGICAL STUDY

SAIFUR RASHID[1]
Department of Anthropology, University of Dhaka
Dhaka, Bangladesh
saifur@du.ac.bd

ABSTRACT

Bangladesh and a significant part of South Asia possess a vibrant and thriving 'medical pluralism' which has been turned into an intrinsic feature of its medical system in historical and contemporary contexts. Multiple medical systems such as Biomedicine, Ayurvedic, Yoga, Unani, Siddha and Homoeopathy (AYUSH), Naturopathy, *Kaviraji* (Folk healing) and other folk traditions are widely practiced in this region to meet the needs of healthcare. The emergence and arrival of different medical systems, their acculturation into various communities, and the ways of their integration with the traditions are also quite unique to the medical and cultural history of Bangladesh. Traditional medical practices involving the use of different medicinal plants greatly vary from place to place, region to region and community to community as they are influenced by factors such as economy, culture, religion, education, communication, medical service facilities and environment. Most of the intangible cultural properties associated with health, illness and medicine produced and possessed by the rural and ethnic communities of Bangladesh are based on a complete knowledge system with its own concepts of epistemology and logical validity. Various studies in the discipline of ethno-botany in Bangladesh

[1] Professor Dr. Saifur Rashid, Department of Anthropology, University of Dhaka, Bangladesh, Email: saifur@du.ac.bd

confirm the significant contribution of natural and plant-based folk medicine in curing diseases and prolonging lives. But except for some ethno-botanical studies, there is hardly any medical anthropological study on the traditional medical practices of Bangladesh.

The present anthropological study, conducted in three different locations, primarily focuses on understanding the socio-economic background of traditional medical users, the cultural and religious aspects related to their health seeking behavior and the process of treatment. In this study, the researcher intends to understand the direct effects of culture, society and ecology on physiology and biological process, to know how local practitioners use their traditional knowledge to address their health problems, and to learn about various cultural concepts that exist in different regions about health, health care and expression of illness. Finally, the study wants to elucidate the status of traditional medical practices, the use of medicine and the prevalence of folk healers among the communities living in a remote hill area, remote village and in a peri-urban location close to the city center.

Keywords: medical pluralism, ethno-botany, folk healing, traditional medical practices, herbal medicine and cultural heritage

INTRODUCTION

Bangladesh is home to a rich tradition of medical pluralism (Sujatha & Abraham, 2012), a defining feature of the region's medical landscape both historically and today (Misra, 2010; Leslie, 1980; Banerjee, 1981; Sujatha, 2003; Sujatha & Abraham, 2009). In this region, multiple medical systems—Biomedicine (allopathic medicine), Ayurveda, Yoga, Unani, Siddha, Homoeopathy (AYUSH), Naturopathy, *Kaviraji* (Folk healing), and various folk traditions—coexist and are widely practiced to meet diverse healthcare needs. The emergence and integration of these systems within different communities' underscore Bangladesh's unique medical and cultural history. Traditional medical practices (TMPs), especially those involving medicinal plants, vary significantly across regions and communities and are shaped by

factors such as economy, culture, religion, education, communication, medical services, and the environment (McElroy & Townsend, 1989).

Spiritual beliefs also play a crucial role in health perceptions among many rural and ethnic communities in Bangladesh, where illnesses are often viewed as the result of possession by evil spirits. Visits to shrines or shamans—individuals believed to mediate between the natural and supernatural worlds—for folk healing methods remain common. Research indicates that, regardless of education or economic status, some people still rely on folk medicine for certain ailments.

The intangible cultural properties associated with health, illness, and medicine in Bangladesh's rural and ethnic communities are grounded in comprehensive knowledge systems with distinct epistemological and logical foundations. Indigenous medical knowledge—including inherited, acquired, and prophetic knowledge—is central to these cultural properties. This traditional knowledge (TK), passed down through generations, is a vital and dynamic component of a community's intangible cultural heritage (ICH), deeply intertwined with their way of life, cultural values, and spiritual beliefs. TK significantly influences traditional medical practices (TMPs), providing the foundation for their knowledge, skills, beliefs, and practices (Winkelman, 2009; Banerjee, 1981; Sujatha, 2003; Sujatha & Abraham, 2009; Mishra, 2010; Nichter et al., 2002; Pool & Wenzel, 2005; Singer & Erickson, 2011; Singer & Baer, 2007; Young & Garro, 1981).

TMPs are deeply rooted in a community's traditional knowledge, incorporating the use of plants, animals, and minerals, alongside spiritual therapies, manual techniques, and exercises. These elements may be used individually or in combination to treat, diagnose, and prevent illnesses while also considering mental, social, spiritual, physical, and ecological dimensions as essential for health and well-being. Many scholars argue that heritage is primarily defined by the cultural work, knowledge, beliefs, rituals, and practices of ordinary people, with Indigenous or traditional medical practices being a critical part (Laurajane, 2006; Susie, 2010). Heritage is seen as the product of ongoing interactions among people, forming "chains of connectivity"

that keep the past alive in the present and for future generations through transmission (Harrison, 2013).

Since ancient times, plants and their derivatives have been used to treat various ailments, particularly among the rural poor and ethnic or Indigenous communities in many developing countries. Bangladesh is particularly rich in medicinal plants, benefiting from its favorable agro-climatic conditions and seasonal diversity. Approximately 5,000 plant species grow in the country's forests, wetlands, farms, and even along roadsides, either as indigenous, naturally occurring, or cultivated plants. Of these, more than a thousand are recognized for their medicinal or curative properties (Haque, 2004).

METHODS AND MATERIALS

This paper is based on an anthropological study conducted in three villages across different ecological settings in Bangladesh. The study primarily focuses on the socio-economic backgrounds of traditional medicine users, the cultural and religious aspects influencing their health-seeking behaviors, and the processes involved in the use and preparation of traditional medicines. The primary objective of the study was to inventory the traditional medicines used by one ethnic, one rural, and one peri-urban community in Bangladesh.

The study areas included a tribal community from a remote hill location, a peri-urban community close to modern health facilities, and a rural community from a very remote area where modern medical services are scarce. Data collection was carried out by using semi-structured questionnaires, informal discussion, case study, and observation methods. To gather insights into traditional use of medicine and health-seeking behavior, interviews were done with a total of 60 users (20 randomly selected from each area). The interviews aimed to assess the participants' knowledge, attitudes, and practices regarding traditional medicine, as well as their level of satisfaction with these practices. This approach provided a more nuanced understanding of the preference for traditional medicine among these communities.

The three communities selected for this study are as follows:

1. **Remote Village (Hindu and Muslim community)**
   The village of Surjapur (a pseudonym), located in the Sadar Upazila of Narail District, lies approximately 18 kilometers from Narail City (see Map 1). With a population of 6,357, this predominantly agricultural village relies on homestead gardens and small community forest reserves to grow vegetables, fruits, and medicinal plants. These locally sourced ingredients are used in the preparation of folk medicines. Table 1.2 provides a list of local plants and herbs used by the villagers for various ailments.



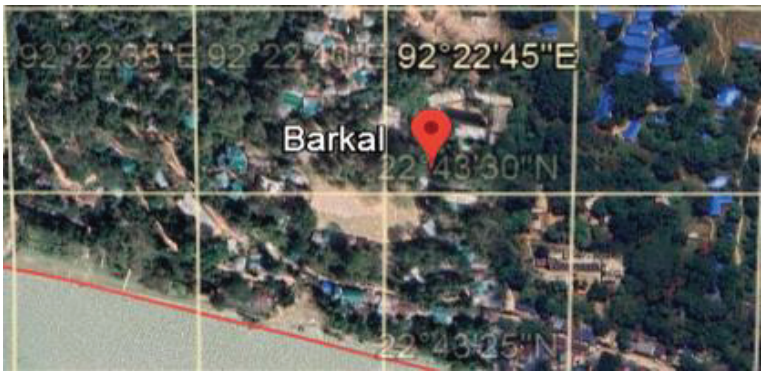
Map 1: Study Area-1 (Source: Google Earth)

2. **Peri-Urban Community (Hindu and Muslim)**
   Hemontopur (a pseudonym), a peri-urban area in Ashulia, is situated in the Savar Upazila of Dhaka District, about 24 kilometers from Dhaka City, the capital of Bangladesh (see Map 2). This rapidly growing industrial area has seen an influx of rural migrants seeking employment, primarily in the garment industry. Numerous Kaviraj Ghars (Folk Healer shops) cater to the low- and middle-income residents of the area. The practice of using traditional medicines, known locally as *Vesoj Chikitsya* (Herbal Treatment), is common. Table 1.3 lists the plants and herbs used by the local population for various health conditions.



Map 2: Study Area - 2 (Source: Google Earth)

3. **Remote Hill Communities (Ethnic Community belonging to Buddhist and Christian Religion)**
   Barkal Upazila, located in the Rangamati District of the Chittagong Hill Tracts (CHTs) in southeastern Bangladesh, is home to a population of approximately 29,000 people (Census 1991), most of whom belong to ethnic communities such as Chakma, Marma, Tanchangya, and Rakhain. A Bengali community also resides here. Due to the region's ecological characteristics, the residents of Barkal Upazila depend heavily on the Karnaphuli River and the surrounding forests for their livelihoods. Many use locally available plants, vegetables, fish, animals, and birds as medicines, employing indigenous methods passed down through generations. Folk healers in these communities continue to utilize ancestral knowledge in preparing medicines and treating ailments. Table 1.4 provides a list of local plants and herbs used by these communities for various diseases.



Map 3: Study Area 3 (Source: Google Earth)

RESULTS

In-depth case studies, informal discussions with key informants, and close observations of traditional medicine users reveal that attitudes towards disease and medicine among people from different regions and diverse ethnic, religious, and occupational backgrounds are largely shaped by cultural factors. The study shows that regardless of education level, income, or access to modern healthcare services, many people continue to rely on folk medicine for specific ailments. However, higher education, increased earnings, and the availability of modern healthcare services have somewhat reduced the use of traditional medicine in the areas studied.

The findings further indicate that traditional medicine remains popular for treating common ailments, with 62% rural households initially seeking treatment from elderly family members (typically mothers or grandmothers) or from local traditional medical practitioners. In contrast, people in peri-urban areas are more likely to consult biomedical practitioners than those in hill or remote rural areas, where access to biomedical doctors and health facilities is more limited. The use of traditional medicines for primary healthcare is notably higher in the remote hill regions (90%) and remote rural areas (50%) compared to peri-urban areas (25%).

For the purpose of the present study, the researcher has chosen 10 common diseases to learn about the health seeking behavior of people living in three different locations in different tiers where the availability of medical facilities is different. The study reveals that people prefer different types of medication for different types of disease and their areas of living where medical facilities also vary (see table 1.1).

Table: 1.1

Medical Disease	Rural	Peri-Urban	Extreme Hilly Area
Epilepsy	Religious Healing, Homeopathy	Religious Healing, Homeopathy, Medical Treatment	Homemade Medicine, Traditional Healer, Herbal Medicine, Homeopathy
Jaundice	Religious Healing, Traditional Healer, Homeopathy	Religious Healing, Traditional Healer, Homeopathy	Herbal Medicine
Diarrhea	Homemade Medicine, Herbal Medicine	Homemade Medicine, Herbal Medicine	Homemade Medicine, Herbal Medicine, Medical Treatment
Arthritis	Traditional Healer, Homeopathy	Oral Medicine	Traditional Healer, Herbal Medicine
Hypertension	Tamarind, Herbal, Homeopathy	Tamarind, Herbal, Homeopathy, Oral Medicine, Medical Treatment	Herbal Medicine, Homeopathy
Diabetes	Herbal Medicine	Medical Treatment	Herbal Medicine, Traditional Healer
Infertility	Traditional Healer, Religious Healing	Traditional Healer, Religious Healing, Medical Treatment	Traditional Healer, Religious Healing
Asthma	Religious Healing	Religious Healing, Medical Treatment	Herbal Medicine, Homeopathy, Traditional Healer

Dementia	Religious Healing	Religious Healing, Medical Treatment	Herbal Medicine
Snake Bite	Traditional Healer	Medical Treatment	Herbal Medicine, Traditional Healer

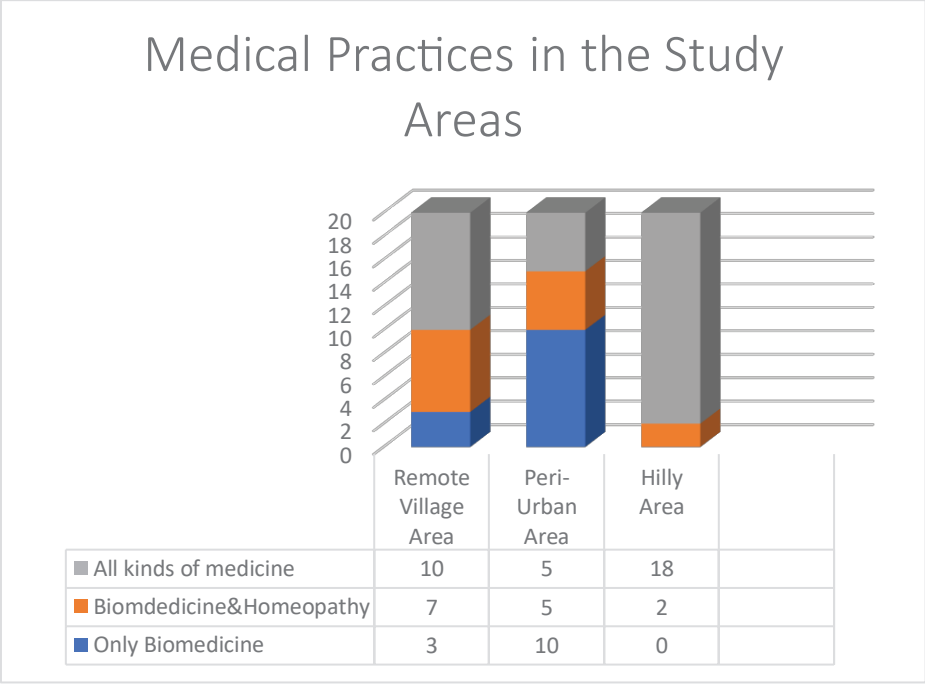
[2]The study also highlights that over 50% (51%) households with low incomes (earning less than 10,000 taka per month) prefer to first try home remedies or consult a *kaviraj* (folk healer) due to the lower cost, even for serious health issues. Women and children in hill and remote rural areas, who frequently suffer from ailments such as fever, pain, common colds, anemia, malnutrition, eye infections, and dental or ear problems, often resort to home remedies before seeking treatment from traditional medical practitioners.

The study found that the primary reasons for using traditional medicine and consulting with traditional practitioners include the proximity of service providers, low cost, prompt service, lack of side effects, and easy access to practitioners. A significant finding is that 25% of people across the three study areas who rely on all kinds of medicine (biomedicine, homeopathic, herbal medicine, religious medicine and traditional medicine) for primary healthcare are from illiterate or less-educated groups (Class 0-V). Many long-term users of traditional medicine expressed satisfaction, with 81% of clients reporting that they have never experienced any side effects from using traditional remedies.

In terms of the use of medicine in three different areas, we have found that people in the rural and extreme hill areas are mostly taking all kinds of medication (biomedicine, homeopathic, herbal medicine, religious medicine and traditional medicine) depending on the types of diseases. A total of 13 out of 60 respondents in three study areas use biomedicine only and 76.92 % of them are living in the peri-urban area.

[2] All kinds of medicine: Biomedicine, homeopathic, herbal medicine, religious medicine and traditional medicine.

Chart 1.1



The below mentioned tables are showing what types of plants and herbs are used as traditional or herbal medicines to get cure from some common ailments.

Study Area 1: Remote Village Area: Narail Sadar, Sub-District of Narail District

Table: 1.2

Local name	Scientific Name	Using Part	Disease/Ailment	Mode of Use
Ada	*Zingiber Officinale*	Rhizome	Allergy	Taken Juice.
Basaka	*Justicia Adhatoda*	Leaves	Cold and cough	Leaves' juice with honey is an organic medicine for cold and cough.

Bichuti	*Tragia Involvucrata*	Leaves	Cold and cough	Bichuti leaves mixed with mustard oil are. massaged on the chest, throat, hands, legs and feet.
Thankuni	*Centella Asiatica*	Leaves	Dyspepsia	Leaves juice.
Pathorkuchi	*Bryophyllum pinnatum*	Leaves	Dyspepsia	Leaves juice.
Thankuni	*Centella Asiatica*	Leaves	Stomach pain	Thankuni leaf juice with garlic paste, onion paste.
Neem	*Azadirachta Indica*	Leaves	Itching	Neem leaves and dry turmeric paste are used.
Durba Ghash	*Cynodon Dactylon Pers*	Whole Plant	Cut injury	Plant`s juice with calcium oxide, Mikania micrantha leaves, soil and small amount of sputum is given on normal cut injury.
Akanda	*Calotropis Gigantea*	Leaves	Chest pain and Back pain	Akanda leaves` juice with old butter, Garlic & mustard oil massaged on chest and back pain.
Telakucha	*Coccinea Grandis*	Whole plant, fruit, leaves, roots & stem	Asthma and Aphrodisiac	taken whole plant juice. Applied fresh juice of leaves, stem and root, also taken

				paste both fruit and leaves.
Kaubuti	*cochinchinense (Lour.) Kurj.*	Leaves, fruit, root and whole plant	Opthalmia, tetanus and miscarriage	Taken leaf juice, also applied fruit and root decoction, whole plant and root juice.
Gheekorolla	*Momordica dioica*	Root	Bleeding piles, urinary complaints, Sedative and fever	Taken toasted root, also taken root Paste.
Banchichinga	*Trichosanthes Cucumerina L.*	Root, seed, fruit and leaves	Bronchitis, headaches, boils, cooling and liver disease	Applied root paste, also applied seed juice.
Nayan tara	*Catharanthus Roseus L.*	Flower	Diabetes	Flower juice from Nayan tara is mixed with leaf juice of *Coccinia grandis* and taken daily (half glass) in the morning orally.
Akarkara	*Anacyclus pyrethrum*	Root	Headache	Root paste used in headaches. Seeds are used in toothache.
Fanas	*Artocarpus Heterophyllus*	Root and Leaves	Asthma, diarrhea and skin diseases	Roots used in asthma, diarrhea and toothache. Leaves are used in wound healing and skin diseases.
Char	*Buchanania Lanzan*	Bark	Snake bite & Cut injury	Bark is used for snake bites, also

				in cuts, wounds and skin diseases.

Study Area 2: Ashulia: A Peri-Urban Location of Savar Sub-District of Dhaka District

Table: 1.3

Local name	Scientific Name	Using Part	Disease/Ailment	Mode of Use
Bashok	*Adhatoda Zeylanica* Medikus	Leaves	Cough, flue	Taken leaf juice.
Haigako	*Aegle Marmelos* (L.) Corr.	Fruits	Dysentery, stomachache	Taken green and ripe fruits.
Taragota	*Ammomum Aromaticum* Roxb	Seed	Fever	Taken seed juice.
Kamranga	*Averrhoa Carambola* L.	Leaves and Fruits (Both)	Blood Pressure	Applied both leaves and fruit juice.
Kakra lata	*Achyranthes Aspera* L	Root	Jaundice	Taken Root juice.
Singadare	*Aegle Marmelose* Corr.	Fruits	Laxative urinary diseases	Taken both green and ripe fruits.
Chatinidare	*Alstonia Scholaris* L.	Bark	Aphrodisiac, Impotence	Taken bark juice.

Shasho	*Anacardium Occidentale* L.	Fruits	Mump, antiseptic	Taken fruit juice.
Neemdare	*Azadirachta Indica* A. Juss	Leaves	Fever, malaria, lesion and abscess	Taken leaves juice.
Kaiphal	*Carica Papaya* L.	Fruits	Ring worm	Applied latex of green fruits.
Akanda	*Calotropis Procera* (Ait.) R. Br	Leaves	Asclepiadaceae L Abscess	Applied leaf juice.
Daruchini	*Cinnamomum tamala* Nees & Aberm.	Bark	Headache	Chewing bark.
Jambura	*C. maxima* (Burm.) Merr	Fruit	Headache	Fruit juice taken.
Bhait	*Clerodendrum Viscosum* Vent.	Leaves	Stomachache and toothache	Taken leaves juice with sugar, also taken juice of young leaves.
Kachu	*Colocasia Esculenta* L. Schott	Stem	Insects bite and cut injury	Applied stem juice.
Durba	*Cynodon Dactylon* (L.) Pers	Whole Plants	Cut injury	Applied juice of whole plants.
Dutura	*Datura Metel* L.	Leaves	Toothache and Abscess	Applied leaf juice with ghee/butter.
Tokma	*Hyptis Suaveolens* (L.) Poit	Bark	Appetizer	Seed mixed with the juice of the bark of *Sterculia foetida.*

Dhandakolosh	*Leucas Lavandulaefolia* Smith	Leaves	Lactation	Taken as fried leaves.
Goraneem	*Melia Azedarach* L.	Leaves	Fever and anthelmintics	Leaves juice taken.
Tulsi	*O. Sanctum* L.	Leaves and Root	Flue, cough and ring warm	Taken as leaf juice, also applied leaves paste with salt.

Study Area 3: Barkal Upazila: A Remote Hill Area

Table: 1.4

Tribal Name	**Bengali Name**	**Scientific Name**	**Using part**	**Disease/ Ailment**	**Mode of use**
Filung	Ashok	*Saraca Ashoca*.	Leaf, bark and root	Diabetes. Pregnant woman for safe child birth	Drink juice for 15 days for pregnant woman to safe birth of child.
Beg	Vat	*Cleredendrum visasum*	Root	Diarrhea	Make juice from the root and drink it with hot water for stomach pain and diarrhea.
Boiddonath	Dheki Sak	*Pteris Species*	Whole plant	Gastric	Drink juice for gastric.
Katapul Tree	Bob Papaiya	*Trevesia Palmata*	Root	Headache & Waist pain	Make juice from the roots and drink it to get relief from high pressure and waist pain.
Lota Lelom	Premna	*Premna Esculenta*	Leaf and Fruit	stop bleeding	Boil the stems and drink the boiling water to stop bleeding after delivery.

Neem	Neem	Azadirachta Indica A. Juss.	Leaf	Allergy, eczema, skin diseases and diabetes	Leaves are dried, powdered and taken every morning for allergies, eczema, skin diseases and diabetes.
Kiang Petta	Bob Ada (Wild Ginger)	*Amomum Species*	Root	Used for various diseases	Used for various diseases.
Kalasuna	Kesuti-Kesraj	*Eclipta alba* (L.)	Whole plant	Bleeding from nose and mouth	Leaf juice is given orally and as a drop in the nostril; 1 or 2 drops and 1 tablespoon, 2-3 times a day for 1 or 2 days.
Bolungbay	Lal Shapla	*Haemanthus Multiflorus*	Bulb	Fever	Juice of the bulb is given orally; 1 tablespoon, thrice daily for 3 days.
Simakrangki	Ekbir	*Helminthostachys Zeylanica*	Root	Jaundice	Root juice with other ingredients given orally; 1 teaspoon, twice daily for 10 days.
Fulgamari	Latikarum	*Hymenodictyon excelsum*	Root	Stiffness of belly	Root juice is given orally and hot poultice of bark is applied on the belly for 2-3 days.
Moriccha Lodi	Bishalla or Nilnishinda	*Justicia Gendarusa* L.	Leaf	Red eyes (Red cataract)	Leaf juice is used as a drop; 2 drops, twice daily till cure.
Bhojoraphul	Chandumula	*Kaempferia Galanga* L. (Zingiberaceae)	Rhizome	Headache, paralysis of arms and legs	Rhizome paste is given as poultice in headache and as a rub in

					paralysis, twice daily.
Kalahalood	Cepaimba	*Kaempferia Parviflora*	Rhizome	Diarrhea along with vomiting	Rhizome juice is given orally; 1 teaspoon, 2-3 times a day for 3 days.
Rockkia	Patharkuchi	*Kalanchoe Pinnata*	Leaf	Cough and asthma of children	Leaf juice dipped in red iron is given orally; 2 teaspoons, thrice daily for a week.
Hashkura	Kukur Jiwa	*Leea Indica*	Leaf	Sore, leprosy, eczema, itching, bone fractures and sprains	Leaf paste is used topically, 2-3 times a day for a week. For fractures and sprains, paste is applied as a poultice.
Baggach	Dholsamudra	*Leea Macrophylla*	Leaf	Boil and arthritis	Leaf juice is rubbed on the affected area and heated with a warm cloth. Leaf paste is applied on the boil to burst.
Sarakao	Kusha	*Leucas Zeylanica*	Leaf	Burning urination	Leaf paste is given orally; 1 tablespoon, once a day.
Surja gach	Kukurchita	*Litsea Glutinosa*	Leaf	Boil, sore and itching	Leaf paste applied topically; twice daily.
Medri		*Measa Montana*	Bark	Arthritis and boil	Paste of the bark is applied as a poultice for arthritis, twice daily for 5 days.

					Applied on boil and kept whole day to hasten suppuration.
Kakobai		*Micromelum Minutum*	Fruit	Dog bite	Fruit paste is applied to the bite area.
Asamlata		*Mikania Cordata*	Leaf	Bleeding	Leaf paste is applied in the cut area to stop bleeding.

DISCUSSION

Bangladesh is predominantly a rural country with 87,310 villages, where 71.9% of its population resides (BBS, 2011). The religious demographic includes 89.35% Muslims, 9.64% Hindus, 0.57% Buddhists, 0.27% Christians, and 0.17% others. Administratively, Bangladesh is divided into 7 divisions, 64 districts, and 492 sub-districts, with villages being the smallest unit under the Union Council, located at the grassroots of society. Most villages are in remote areas, including hills, coastlines, and floodplains, with 28% of the population living in urban areas (Bangladesh Demographic Profile, 2012).

As a rural society, many Bangladeshis rely on traditional practitioners and medicinal plants for primary healthcare. Ethnobotanical studies, including this one, show that people in different ecological settings use various plants to treat ailments, often with unique preparations as they are not interconnected and do not follow standardized instructions (Hassan & Khan, 1986, 1996; Mia & Huq, 1988; Khan et al., 2002; Uddin & Hassan, 2004; Chowdhury et al., 1996; Alam et al., 1996; Uddin et al., 2001, 2004, 2006, 2008, 2012).

Bangladesh is also home to about 50 ethnic communities, constituting about 1% of the total population. These communities, following various religions (Buddhism, Hinduism, Christianity, and Islam), are mainly found in the Rajshahi, Chittagong, Sylhet, and Mymensingh regions.

They differ from the majority Bengali population in culture, language, physical appearance, religion, dress, farming methods, and medical practices.

The study found that traditional medical treatments are primarily administered by mothers and grandmothers as home remedies, commonly referred to in rural Bangladesh as 'mothers and grandmothers' remedies' (*Ma o Nani-Dadir Chikitsya*) (See, Rashid, 2017). These family and household remedies (*barir chikitsya*) involve non-prescribed medicines to manage minor ailments such as toothache, fever, cough, headache, mild diarrhea, cold symptoms, stomach upset, burning urination, bee stings, and occasional pain. These remedies often use ingredients readily available in the home, like plants, herbs, roots, spices, vegetables, and other natural items.

In villages with strong joint or extended family structures, grandmothers play a crucial role in healthcare decisions, especially for women and children. They have authority due to their knowledge, inherited from ancestors, and their age and position in the family. These home remedies may be supplemented by faith-based rituals or holy verses (*mantras* or *doas*).

The practice of *purdah* (the tradition of covering the body to maintain modesty) limits rural women's access to modern healthcare, often making them reluctant to consult with male doctors. When home remedies fail, patients are typically taken to village folk healers known as *Kaviraj* or *Vaidya*, trusted figures within the community. These *Kavirajes* play a significant role in the primary healthcare system, with almost every village having one or more practicing *Kavirajes* (Shaheen et al., 2010).

A survey found that 39% of rural community members possess knowledge about medicinal plants, and 13% use herbs to treat simple ailments (Khan & Chowdhury, 2010). *Kavirajes* primarily rely on medicinal herbs, using various parts of plants like leaves (35%), fruits (22.20%), roots and seeds (13.30% each), stems (11.10%), and whole plants (8.90%). These herbs are sourced from wild areas (60%), cultivated (13%), and domestic (7%) environments.

The *Kavirajes'* methods are informed by centuries of accumulated knowledge, passed down through generations within families. Each healer's approach is unique, with their medicinal practices being closely guarded within the family (Jahan et al., 2011). Despite the lack of written records and standardized methods, *Kavirajes* enjoy considerable trust and support from rural and ethnic communities, largely due to their holistic approach to treatment (Biswas et al., 2011). Their legitimacy is reinforced by their beliefs, the community's beliefs, and the success of their treatments (Laguerre, 1987), highlighting the importance of herbal medicine in Bangladesh's healthcare system.

The study further shows that people with lower levels of education and income, especially those living in remote hill and remote village areas, mostly seek religious (*Kalami, Bhandani, Sacred/Spiritual)* and non-religious (*sorcery, kabiraji, herbal*) traditional medication compared to the peri-urban people. It further shows that people's health seeking behavior is also closely associated with their educational background as well as their locations in terms of the availability of different types of medical facilities.

Chart 1.2

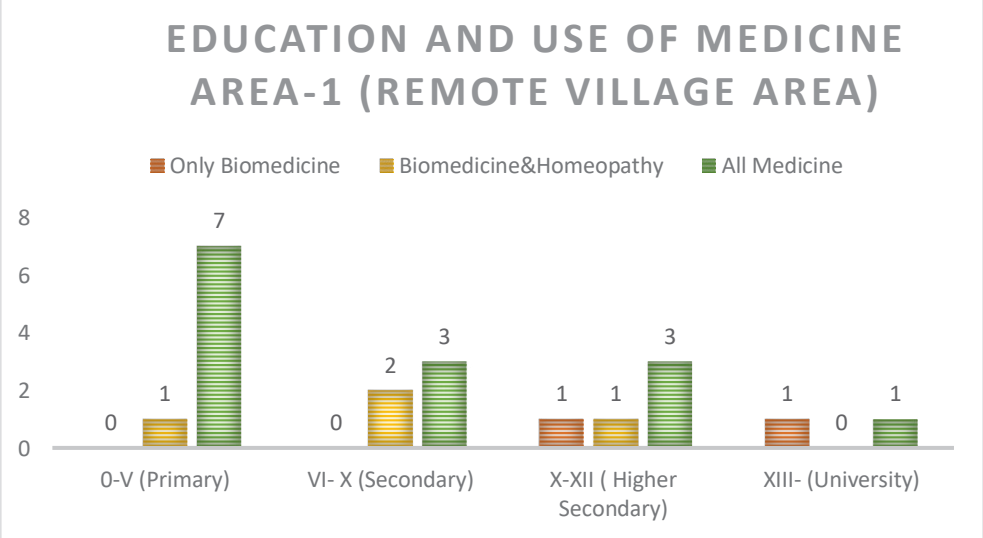


Chart 1.3

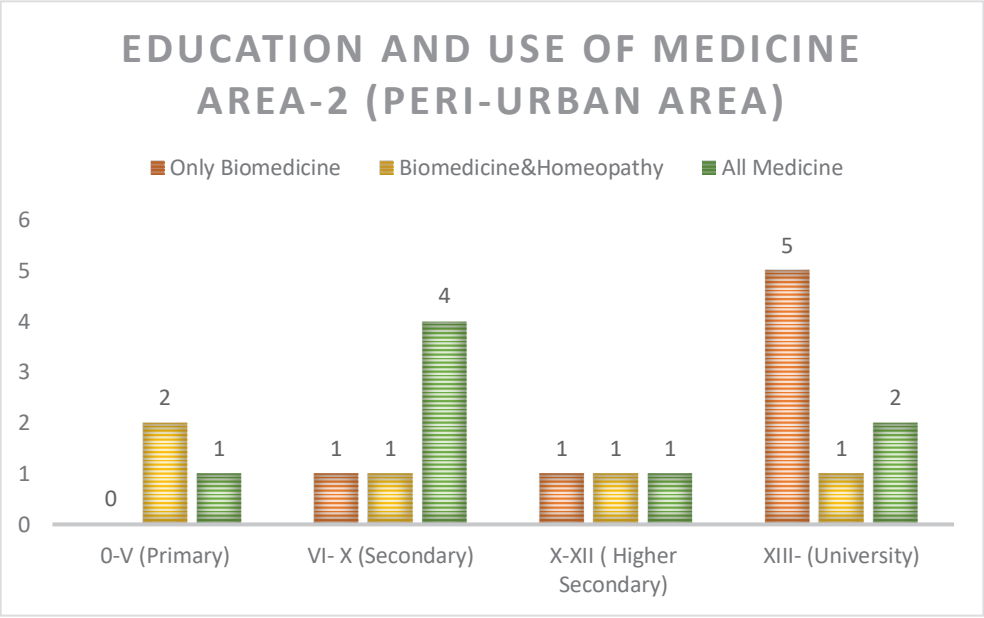
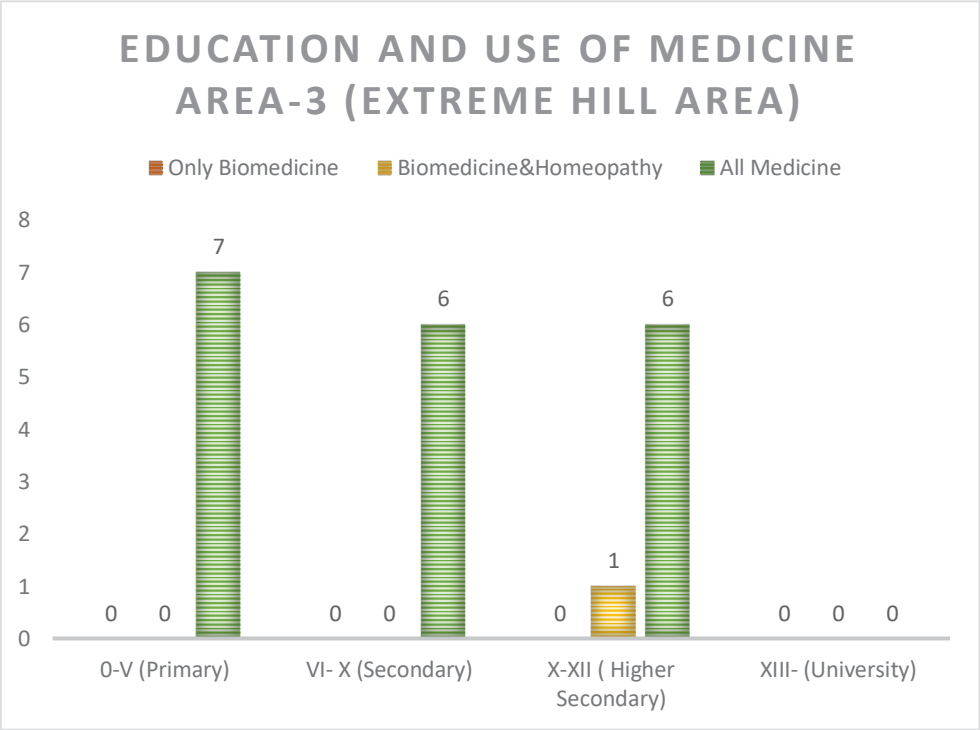

EDUCATION AND USE OF MEDICINE
AREA-2 (PERI-URBAN AREA)
Only Biomedicine
Biomedicine&Homeopathy
All Medicine
6
5
4
3
2
1
0
0
2
1
1
1
4
1
1
1
5
1
2
0-V (Primary)
VI- X (Secondary)
X-XII (Higher Secondary)
XIII- (University)

Chart 1.4



CONCLUSION

Traditional medicine and practices in Bangladesh hold immense cultural, social, economic, and religious significance. Rural and ethnic communities often prefer *Kaviraji* treatments due to their affordability, lack of side effects, and local availability. Some people mistrust conventional medicine and find comfort in using folk or non-conventional treatments as alternatives or complements to modern healthcare.

However, the knowledge underlying these traditional practices is often undocumented, passed orally through generations, with much of it held by illiterate practitioners. The increasing commercialization of local herbal remedies and the exploitation of indigenous knowledge without formal consent are serious threats to the survival of these

intangible cultural assets. Many of these practices are not officially recognized and face challenges regarding validation and standardization.

Given the historical and cultural value of indigenous medical knowledge, it is crucial to protect, safeguard, and promote these practices. Immediate action is needed to secure the recognition of traditional medical practices, potentially even by UNESCO as the Intangible Cultural Heritage of Humanity (Posey, 1990). This recognition would encourage the involvement of local folk medical practitioners and help to preserve the medicinal plants, herbs, and roots used in these practices.

In medically pluralistic societies, the process of selecting a healer is shaped by a complex interplay of factors. These include the severity of the illness, perceived health risks, accessibility to healthcare, financial considerations, transportation availability, patient gender, and attitudes toward different medical systems. Additionally, past experiences with treatment, perceptions of illness, and beliefs about the origins of disease further influence the decision-making process. Similar to many developing nations, Bangladesh exhibits medical pluralism, where multiple therapeutic systems coexist within the same cultural framework, significantly impacting healthcare practices.

To ensure the sustainability of these traditions, an integrated plan is necessary. This should include preserving cultural properties—such as beliefs, rituals, wisdom, and physical practices like yoga and meditation—associated with traditional medicine. Funding should be allocated to recognize and support individual practitioners, train successors with necessary scientific modifications, and enhance the performance of local practitioners.

Moreover, there is an urgent need to address the illegal and unsustainable collection of medicinal plants by drug traders, which threatens the depletion of rare local species in areas like Sundarbans, Chittagong Hill Tracts (CHTs), Madhupur, and Sylhet. Immediate conservation strategies are required to protect naturally growing ethno-medicinal plants, making these practices eco-friendly.

Further research is needed to understand the socio-economic background of traditional medical practitioners and users, assess the efficacy and safety of traditional medicines, and explore the processes involved. In-depth studies will be crucial to safeguarding the cultural properties associated with traditional medical practices, ensuring their low-cost, accessible, and less harmful use for the people of Bangladesh.

ACKNOWLEDGEMENT

The author of the paper acknowledges the valuable suggestions given by Professor Md. Zashim Uddin of the Department of Botany, University of Dhaka. The author is also thankful to Tanveer, Rashed and Sazzad for their help in collecting information and data for the purpose of the study.

REFERENCES

Alam, M.K. 1992. Medical ethnobotany of Marma tribe of Bangladesh. *Economic Botany* 46 (3): 330-335.

Alam M.K., Chowdhury, J. and Hassan, M.A. 1996. Some folk formularies from Bangladesh J. Life Sci. 8(1): 49-63

Baer et al. (2003). *Medical anthropology and the world system.* London: Bergin & Garvey

Bangladesh Bureau of Statistics (BBS), National Census, 2011

Bangladesh Demographic Profile, 2012

Biswas KR, Khan T, Monalisa MN, Swarna A, Ishika T, Rahman M et al. Medicinal plants used by folk medicinal practitioners of four adjoining villages of Narail and Jessore districts, *Bangladesh. American-Eurasian Journal of Sustainable Agriculture* 2011; 5(1):23-33.

Brown, P. J. (eds) (1998). *Understanding and applying medical anthropology*. London: Mayfield Publishing Company.

Chowdhury, J., Alam, M.K. and Hassan, M.A. 1996. Some folk formularies against dysentery and diarrhoea in Bangladesh. J. Econ. Taxon. Bot. Additional series 12, Scientific Publishers Jodhpur (India), Pp. 20-23.

Ernst, W. (eds) (2002). *Plural medicine, tradition and modernity.* London: Routledge.

Hassan, M.A. and Khan, M.S. 1986. Ethnobotanical record in Bangladesh-1. Plant used for healing fractured bones. J. Asiatic Society, Bangladesh (Sci.) 12(IA2): 33-39.

Ghani A 1998. Medicinal plants of Bangladesh: Chemical constituents and uses. Asiat. Soc. Bangladesh, Dhaka.

Hossain MS, Hanif A, Khan M, Bari S, Jahan R, Rahmatullah M. Ethnobotanical survey of the Tripura tribe of Bangladesh. *American Eurasian Journal of Sustainable Agriculture* 2009; 3:253-261.

Haque, M.M. (2004) Inventory and documentation of medicinal plants in Bangladesh In: Medicinal Plants Research in Asia, Volume1: The Framework and Project Work plans (Eds. P.A. Batugal, J. Kanniah, L.S. Young, & J.T. Oliver). International Plant Genetic Resources Institute-Regional Office for Asia, the Pacific and Oceania (IPGRIAPO), Serdang, Selangor DE, Malaysia, pp. 45-47.

Islam F, Farhana IJ, Seraj S, Malek I, Sadat AFMN, Bhuiyan MSA et al. Variations in disease and medicinal plant selection among folk medicinal practitioners: a case study in Jessore district, Bangladesh. *American-Eurasian Journal of Sustainable Agriculture* 2011; 5(2):282-291.

Janzen, J. M. (2002). *The social fabric of health*. Boston: McGraw Hill.

Janzen, J. M. (1978). The Quest for therapy in Lower Zaire Khan MA, Chowdhury SK. Traditional medicine in Bangladesh. In: Traditional Medicine in Asia. World Health Organization, SEARO Regional Publications No. 30, New Delhi, 2002, 275-278.

Khan, M.S., Hassan, M.A. and Uddin, M.Z. 2002. Ethnobotanical survey in Rema-Kalenga Wildlife Sanctuary (Habiganj) in Bangladesh. Bangladesh J. Plant Taxon. 9(1): 51-60.

Hassan, M.A. and Khan, M.S. 1986. Ethnobotanical record of Bangladesh - 1: Plants used for healing fractured bones. J. Asiatic Soc. Bangladesh (Sci.). 12(1&2): 33-39.

Hassan, M.A. and Khan, M.S. 1996. Ethnobotanical record of Bangladesh - 2. Plants used for healing cuts and wounds. Bangladesh J. Plant Taxon. 3(2): 49-52.

Khan MA & Chowdhury SK. 2002. Traditional medicine in Bangladesh. In: *Traditional Medicine in Asia*. World Health Organization, SEARO Regional Publications No. 30, New Delhi, 2002, 275-278.

Leslie, Charles. 1980. Medical Pluralism in World Perspective. *Social Science and Medicine*, 148: 191-95

Mishra, Arima (ed.) (2010). *Health, Illness and Medicine: Ethnographic Readings*. New Delhi: Orient BlackSwan.

Hossan MS, Hanif A, Khan M, Bari S, Jahan R, Rahmatullah M. Ethnobotanical survey of the Tripura tribe of Bangladesh. *American Eurasian Journal of Sustainable Agriculture* 2009; 3:253-261.

McElroy, A. & Townsend, P. K. (1989). *Medical anthropology in ecological perspective*. San Francisco: Westview Press.

Mia, M.M.K. and Huq. A.M, 1988. A preliminary ethnobotanical survey in the Jointiapure, Tamabil and Jafflong area, Sylhet, *Bangladesh National Habarium Bull*. 3, pp.1-10.

Mia MMK, Kadir MF, Hossan MS, Rahmatullah M. Medicinal plants of the Garo tribe inhabiting the Madhupur forest region of Bangladesh. *American Eurasian Journal of Sustainable Agriculture* 2009; 3:165171.

Nawaz AH, Hossain MM, Karim M, Khan M, Jahan R, Rahmatullah M. An ethnobotanical survey of Rajshahi district in Rajshahi division, Bangladesh. *American Eurasian Journal of Sustainable Agriculture* 2009; 3:143150.

Nichter, M. and Lock, M. (eds.) (2002). *New horizons in medical anthropology*. London: Routledge

Posey, Darrell. 1990. "Intellectual Property Rights: And Just Compensation for Indigenous Knowledge" Anthropology Today 13 (1990) Pool, Robert & Wenzel Geissler (2005). *Medical Anthropology*. USA: Open University Press

Rashid, Saifur (May, 2017): "Kaviraji treatment: Saving a long tradition from oblivion", Published in the *Financial Express*, 12 May, 2017. Link:http://www.thefinancialexpress-bd.com/2017/05/12/70128/Saving-a-long-tradition-from oblivion/print

Rashid, Saifur (2017): 'Folk Medicine and Traditional Medical Practices in Bangladesh', Published in the *Financial Express*, 8 April, 2017. Link:http://www.thefinancialexpress-bd.com/2017/04/07/66225/Folk-medicine-and-traditional-medical-practices-in-Bangladesh/print

Rashid, Saifur (2017): 'Heritage, Folk Medicine and *Kaviraji* Treatment in Bangladesh', in Evind Falk (ed.) *Traditional Medicine: Sharing Experiences from the Field,* published by ICHCAP, HeritageAlive, South Korea

Rashid, Saifur (2002): 'Traditional Medicine and Medical Practices in Bangladesh: An Anthropological Overview', Paper presented in the 5th International Congress on Traditional Asian Medicine, held in Halle (Saale), Germany from 18.-24 August, 2002, Link: http://www.suedasien.uni-halle.de/ICTAM/ictamabs.pdf

Sarker S, Seraj S, Sattar MM, Haq WM, Chowdhury MH, Ahmad I et al. Medicinal plants used by folk medicinal practitioners of six villages in Thakurgaon district, Bangladesh. *American-Eurasian Journal of Sustainable Agriculture* 2011; 5(3):332-343.

Shaheen MEK, Syef MA, Saha SS, Islam MS, Hossain MDA, Sujan MAI et al. Medicinal plants used by the folk and tribal medicinal practitioners in two villages of Khakiachora and Khasia Palli in Sylhet district, Bangladesh. Advances in Natural and Applied Sciences 2010; 5(1):9-19.

Sujatha, V. 2003. *Health by the People*. Delhi: Rewat Publications.

Sujatha, V & Leena Abraham (ed.) (2012). *Medical Pluralism in Contemporary India.* New Delhi: Orient BlackSwan

Laguerre MS. Afro-Caribbean folk medicine. Bergin & Garvey, New York, 1987.

Singer, M. and Baer, H. (2007). *Introducing medical anthropology: A discipline in action.* New York: Rowman & Littlefield.

Singer, M. and Erickson, P.I. (eds) (2011). *A companion to medical anthropology*. Malden: Wiley-Blackwell.

Scheper-Hugher, N. *Death without Weeping*. California: California University Press

Tumpa, Shanjida Islam, Hossain, Md. Iqbal and Ishika, Tasneema, "Ethnomedicinal uses of herbs by indigenous medicine practitioners of Jhenaidah district, Bangladesh", *Journal of Pharmacognosy and Phytochemistry,* 2014; 3 (2):23-33

Tumpa, Shanjida Islam, Hossain, Md. Iqbal and Ishika, Tasneema, "Ethnomedicinal uses of herbs by indigenous medicine practitioners of Jhenaidah district, Bangladesh", *Journal of Pharmacognosy and Phytochemistry,* 2014; 3 (2):23-33

Tyler, V.E. (2000) Herbal medicine: From the past to the future. *Public Health Nutrition*., 3, 447–452

Uddin MZ, MS Khan and MA Hassan 2001. Ethno medical plants records of Kalenga forest range (Habiganj), Bangladesh for malaria, jaundice, diarrhea and dysentery. *Bangladesh Journal of Plant Taxonomy*. 8(1): 101-104.

UDDIN et al. Asiatic Society of Bangladesh 2003. *Banglapedia* (Ed. Sirajul Ialam and Sajahan Mia), 8: 73-74.

Uddin MZ and MA Hassan 2004. Flora of Rema-Kalenga Wildlife Sanctuary. IUCN Bangladesh Country Office, Dhaka, Bangladesh. 120 pp.

Uddin MZ, MA Hassan and M Sultana 2006. Ethnobotanical. survey of medicinal plants in Phulbari Upazila of Dinajpur District, Bangladesh. *Bangladesh Journal of Plant Taxonomy.* 12(1): 63-68.

Uddin, M.Z., Roy, S., Hassan, M.A. and Rahman, M.M. 2008. Medicobotanical report on the Chakma people of Bangladesh. *Bangladesh Journal of Plant Taxonomy.* 15(1): 67-72.

Uddin, M.Z., Hassan, M.A., Rahman, M.M., and Arefin, M.K. 2012. Ethno-medico-botanical study in Lawachara National Park, Bangladesh. *Bangladesh Journal of Botany.* 41(1): 97-104.

Winkelman, M.2000. *Shamanism. The Neural Ecology of Consciousness and Healing.* Westport: Bergin and Garvey

Young, J. C. and Garro, L. C. (1981). *Medical choice in a Mexican village.* Illinois: Waveland Press, INC.

SRI LANKA

International Conference on

INTANGIBLE CULTURAL HERITAGE

Local Heritage Wisdom: A Traditional Medicine

19th - 22nd November 2024 | Avanté Hotel, Selangor, Malaysia



LORE OF SRI LANKAN TRADITION OF INDIGENOUS MEDICINE

DANISTER L. PERERA
Chairman
Traditional Knowledge Expert Committee,
Sri Lanka
danisterp@gmail.com

Indigenous System of Medicine (ISM) as an ethno-science is an exclusive tradition of knowledgebase that historically evolved within Sri Lankan biocultural context and prevailed independently for the last 7000 years. Sri Lankan ISM has historically marked an exclusive tradition of ancestral civilization that evidently shows the physical remains of an organized healthcare system that prevailed in the ancient era and demonstrates the establishment of medical knowledge of indigenous culture. Sri Lanka boasts a clearly documented history of ancient civilization, founded on the indigenous knowledge and innovative technologies of its native people. Archaeologically, there are visible artifacts to reveal the story of ancestral wisdom and cultural repository gathered throughout the history that goes back to millennia.

Sri Lankan chronicles and other literary sources give a comprehensive and versatile description of the material culture of ancient people which is a very important resource for anthropological studies. ISM is one of the ethnosciences that prevailed in the past, thrived under the royal patronage and was rooted into layman's cultural traits and social implements. The anthropological, archeological, sociological and historical background of the Indigenous Systems of Medicine (ISM) is a subject spread over a wide range and being an intangible cultural heritage of the country for centuries. Sri Lanka is a country that is proud to have illustrated legendary sources and folk literature on historical events as its intangible cultural heritage which dates back to the Vedic era and possibly even the pre-Vedic period.

Surprisingly, these mythological periods are analogous and homogenous with Vedic chronology which reflects millennia of history written in Vedic texts and other ancient literature. According to the folklore ISM of Sri Lanka, enriched with the legend of Rāvana, depicting a proud heritage of a highly developed civilization is a great cultural tradition of a dignified nation that was believed to be represented by Irshi Pulasti at the Bharatha Irshi Congress and shines with solemnity. As the legend describes, Rāvana was the most powerful emperor in the region, who ruled over all, from human earth to heaven with the boon granted by God Śiva after his devotions to the Lord Śiva. Some scholars believe that Rāvana's kingdom could be the most famous merged territory of Atlantis which is thought to have achieved technological climax in the ancient world and some admit that Asuramaya was a pupil of Surya or a worshipper of the Solar cult, lived there. He is the husband of Hema and the foster father of Mandodari, the beautiful wife of Rāvana, King of Lanka, according to Ramayana.

It is also believed that Atlantis, as mentioned in the Hindu Purāṇas, is the birthplace of Asuramāya, "as great a magician as he was an Astrologer and an Astronomer." According to the author of the Rājavaliya, Rāvana Kotte, along with twenty-five palaces and four hundred thousand streets, were submerged by ocean waters. The book Kada Im (Boundaries) states that ocean waters flowed into the land to a breadth of 58 leagues during the reign of the Great Sinhala (Hela) King Rāvana (2554-2537 BC), which is believed to be the period in question. The "White Island" is a symbolic name for the place where Asuramâya is said to have lived in Romaka-pura, located to the west of Lanka. According to Siddhanta Siromani, when the sun rises in Lanka, it is midnight in Romaka-pura.

The knowledge and practices in healthcare and medicine of Sri Lankan society in their day-to-day life had been observed and recorded by several Western writers (Da Orata, 1563; Knox, 1681; Rebeiro, 1685, Davy, 1821; Charles, 1850; Geiger, 1960). There is a dearth of archaeological material pertaining to the hospitals mentioned in the Mahavamsa, which states that there were eighteen hospitals during the time of Dutthagamani (161-137 B.C). It also notes the

construction of hospitals during the reigns of Buddhadasa (337- 365 A.D), Upatissa I (365-406 A.D.), Mahanana (406-428 A.D.), Dhatusena (455-473 A.D.), Udaya I (797-801 A.D.), Sena I (833-853 A.D.), Sena II (853-887 A.D.), Kashyapa IV (898-914 A.D.), Kashyapa V (914-923 A.D.), Mahinda IV (956-972 A.D.) and Parakramabahu I (1153-1186 A.D).

There is no doubt that the living standards and sanitary facilities available to the general public with optimum healthcare in the capital cities were well organized, as demonstrated by the remains of the ancient cities of Anuradhapura, Sigiriya, and Polonnaruwa (Siriweera, 2003).

The technological and scientific base behind these establishments is rather explicit than the anthropological analysis which requires more elaborate cultural insights with linguistic and ethnological data. The native traditions of knowledge systems should be understood in the context of the contemporary social history of the country, based on reliable evidence derived from various sources. The reign of King Sirimeghavanna (303-331 AD) started with good foreign relations with the Samudragupta empire and brought tooth relics from Kalinga (MV XXXVII: 92). The country was also politically and socially stable due to his wise regime which was based on good governance according to Buddhist principles, as elaborated in chronicles. The Chinese writer Wang-hiuente refers to an ambassador being sent to his court by King Meghavarna of Sri Lanka, who had requested his permission to build a Buddhist monastery at Bodh Gaya for the monks traveling from Sri Lanka.

This implies that bilateral relations were strong enough to enhance knowledge exchange between the two countries. King Jettatissa II (331-340 AD) was a talented craftsman of ivory carvings (dantasippamhi kōvido) and maintained a school to teach the general public (sippāyatana mētan so sikkhāpēsi bahūjanē) in order to disseminate the knowledge to apprentices (MV XXXVII: 101). This knowledge transmission model must have been practiced in all the other craftsmanship and knowledge systems including medicine. King Buddhadasa3 (340-368 AD), the historically iconic physician of Sri

Lankan tradition of indigenous medicine, is the son of Jettatissa II, who is the son of Sirimeghavanna's brother.

He is not only an eminent practitioner in both medicine and surgery but also a scholar who contributed to the codified medical lore. The famous Chinese pilgrim Fa Hien came to Ceylon during the reign of Buddhadasa (Rahula, 1956). He built hospitals in every village and employed physicians to provide services, paying wages for their maintenance and for the care of the blind. He also offered curd, bee honey, sesame, ghee, salt, betel leaves, turmeric, green leaves for monks who perform Arayavansa Pratipada (E.Z. III: 170).

Pūjavaliya stated that the makes statues from ivory, sandalwood and rosewood. According to Rājāvaliya he used sandalwood for carvings and the title Buda dasa (Buddhadāsa) was used in later periods. He appointed physicians for the army as well as for the veterinary care of elephants and horses (MV XXXVII: 148-149). According to the chronicles, he took surgical instruments with him while traveling for emergency treatments to treat suffering laymen (sāţakantaratō katvā sattha vattin mahādayo dittē dittē pamōcēsi dukkhamahā dukkhitē janē) (MV XXXVII: 150). His character is praised and elevated to a super quality human with a trove of values (gunānan ākarō sabba ratanānanca sāgarō) and served to the people in all beneficial manners to reach the prosperity of the country (MV XXXVII: 105-6). The legendary allegories used to praise his qualities are interestingly associated with Bodhisattva which are ideally suited for a humanistic value-based medical profession. The king not only committed himself but also directed the state patronage to ensure the facilities at the grassroots level by appointing a physician for every ten villages and granted funds for their wages.

According to literary sources, he notably paid attention to holistic approach of health by incorporating social, cultural and spiritual dimensions of healthcare, the healthcare system was strengthened by granting financial support for poor people and improving livelihood standards (punna manoratha) to maintain the social determinants of health. Therefore, he is the first king in history to implement an integrated health plan with a consolidated state stewardship for

poverty alleviation and establishment of island-wide preventive and curative services for conquering ill-health (MV XXXVII: 110 - 11).

As chronicles praise the principle behind this successful statesmanship is to implant the Buddhist practices into his good governance that may lead to good health outcomes in social life. According to Mahavamsa, it seems to have two levels of healthcare service operated under the state patronage with appointed physicians at the service centers in all villages and another type of physician for each ten villages. The King must have administered the healthcare system under a divisional network operated as clusters of ten villages supervised by a physician. Also, he had made a special revenue provision for ensuring the sustainability of physicians' salaries that was funded through one twentieth of income from paddy fields.

This period is an ideal model of for welfare state, as illustrated in (Pañña puññagunūpatō visuddha karunalayō - tathā dasahi rājūnaṇ dhammēhi samupāgato Cattassō agatī hitvā kārayantō vinicchayaṇ - janaṇ sangahavatthūhi sangahēsi catūhi pi (MV XXXVII: 107-8) Hitatthaṇ dīpavāsīnaṇ gāme gāme mahīpati - kāretvā vejjasālāyō vejjē tattha niyōjayi (MV XXXVII: 145 and Yōjesi vejja mekekaṇ rājā gāma dvipancakē (MV XXXVII: 146) Adā visaddha khetthānaṇ vejjānapupajīvanaṇ (MV XXXVII: 147). Bana kiyna pandita keneku (Pūjāvaliya) denotes that these preachers are not monks to an optimum Niccamssosi saddhamaṇ sakkatvā dhammabhānake - dhammabhānakavattaṇca pttapēsi tahiṇ tahiṇ (MV XXXVII: 149) Rakhamālakamandan'ca puran vessavanō dhani In Sri Lankan history, where the state stewardship of the healthcare system was highly strengthened to an optimum level of mutual benefit sharing (MV XXVII: 106).

According to Prematilaka and Aluvihare (1995), the discovery of probes, forceps, scissors, scalpels and a lance at the Polonnaruva hospital complex datable to the twelfth century has been made out of bronze or iron with a small percentage of steel. Six medicinal troughs (Behet Oruva) are found in archaeological sites, which is an exclusive example of the technology used in the medical practices of ancient Sri Lanka (Uragoda, 1987). The Annual Report of the Archaeological

Survey of Ceylon (ARASC) (1596) on the medicinal trough found in ruins of Mahavihara monastery has given the measurements compared with ancient medical texts. The question I always had about Mahavihara, in contrast to Abhyagiriya, related to the knowledge heritage and cultural influence made on the Sri Lankan medical and other worldly craftsmanship associated with social life.

We have found many ruins of medical establishments that were attached to the monasteries but not public services. Therefore, my assumption is more ethnocentric to find the anthropological base of indigenous medicine practiced in the laymen society with the assistance of village practitioners. With the invasions of foreign rulers, our knowledge system was threatened and sometimes the physical sources were exploited. Therefore, some of the technologies applied by indigenous medicine are not well documented because most of the knowledge is inherited in oral tradition which is hardly transmitted to outsiders or non-relatives. Siriweera (2003) lists few studies published in the history of indigenous medicine that provide good information on archeological findings related to ancient medical systems and quotes Paranavitana's reputed article on "Medicine and Hygiene as practiced in Ancient Ceylon" (The Ceylon Historical Journal, Vol.3, No.2, 1953, pp. 123-125).

Some scholars give an illustrative analysis on immersion therapy and the technology applied in medicinal trough with comparative inputs from ancient textbooks on indigenous medicine. Uragoda (1987) compiles an evident base of literature on the history of technology and knowledge applied in indigenous medicine from the earliest time. Prematilake and Aluvihare (1995) describe the knowledge behind the surgical instruments recovered from excavations in ancient hospital sites. Traditional healers in Sri Lanka preserve from the earliest medical knowledge, which is passed on from a teacher and is based on the tradition of palm leaf manuscripts. However, the relationships between traditional healers and their patients, along with the medicine prescribed, not only preserve medical knowledge but also safeguard knowledge and wisdom of a cosmological nature.

The Sri Lankan system of traditional medicine has been influenced and reinforced, especially by the North system of Ayurveda, from ancient times as our most socio-cultural heritages. But history and tradition have explicitly revealed that the existence of our own system of knowledge inherited by the people originated in this territory. Sri Lankan tradition of indigenous medicine consisting of well-preserved literary sources with some great texts and personal manuscripts is an invaluable national treasure trove of knowledge. The non-formal knowledge base in traditional medicine in Sri Lanka is called Pāramparika Vedakama or Dēshiya Cikitsā, which is an inherited indigenous knowledge system in the country. Over thousands of years, this knowledge system had thrived within the territory of Sri Lanka, nurtured by various cultural values and norms. Indigenous literature on the topic of Indigenous medicine emphasizes the ties to land, language, and culture while the natural environment shapes the medical expertise and practices employed by the native community. Since ISM is firmly grounded in holistic beliefs and practices, any research must have a multidisciplinary focus that is essentially incorporated with subjects like anthropology and epistemology.

From an anthropological perspective, the knowledge, attitudes and practices of indigenous medicine is mostly a cultural repertory embedded in belief system that had been influenced by Indian Ayurveda in later period as a medical science. In indigenous medical literature, this influence is reflected in many ways and Ayurvedic fundamentals and basic theories are included into Sri Lankan tradition. Findings of this study show that the Vedic mythology has a direct influence on indigenous medical lore in description of primordial serpent venom, origin of celestial serpents, effect of venom, classification of cobra, mythical recites, rituals, beliefs etc. Ethos related to deities and divine powers administered in snake venom treatment processes are also acculturated from Vedic legends.

Epistemology and cultural traits of Vedic mythologies reflected in indigenous medical literature can be found in community belief systems as well. Since most textual sources and local literary scripts are deviated from the original version and therefore problematic to trace correct words or terms. Especially in rituals and rites, there are

certain words and terms that should be carefully scrutinized and analyzed to illustrate their origins.

Therefore, the etymology of most words is often unclear, and there is a weak linguistic connection between the original source and the current version. The same mantra or rite is dissimilarly worded in different textual sources due to minor language mistakes of handwriting which can substantially lead to unsolvable technical errors as well. When this process takes place for a long time possibly centuries, the available version inevitably contains many uncertain, incorrect and inappropriate textual forms, descriptions and wordings that cannot be compared with the original. Therefore, the interpretation of such words and textual sources requires more linguistic inputs and anthropological knowledge to find the roots of the native tradition of our medical lore. This may not totally uncover the knowledgebase of ancient Sinhalese tradition but it will shed a light on our path to lead us to a critical area of research. The lost manuscripts and literary sources are another very critical area to be investigated by scholars to find the roots of our own treasure trove of indigenous wisdom. Within the education system and scholarly pedagogy that prevailed in the mainstream Buddhist sector under the authority of Mahavihara which generally resisted the Tantric tradition and Non-Theravadic teachings inside the knowledge system. Mahayanic doctrines were spreading from India to China and Tibet during these centuries, the active relationship between Sri Lanka and China was very conducive to exchange of religious and classical knowledge too. In 515 AD, 523 AD, 527 AD, 531 AD, 607 AD, 705 AD, 710 AD, 711 AD, 718 AD, 742 AD and 746 AD there were recorded missions which could presumably have significant impact on the disseminating Tantric practices and knowledge among Sri Lankan scholarly society.

According to the chronicles, the historical introduction of Tantrism, Vajrayana, Guhya dharma and Esoteric Buddhism originated with the spread of the Vaitulya dahamadhatu in Sri Lanka (MV XL: 39). The term Dhammadatu (dharmadhatu) is referred to be the Dharmakaya in Suvarnaprabhasa sutra (412-466 AD), and in Tibetan tradition, the Purnima Vrata is known as Dharmadhatu Vrata which is performed to worship Svayambhu, the great stupa of the Kathmandu Valley. The

concept of Trikaya is connected with the context of Tantric cosmology which refers to Sattva, Rajas and Tamas, as the Sattva attribute represents the Dharmakaya (Holt, 1991).

According to the 17th chapter of Suvarnaprabhasa sutra, a great and well-informed man in all the branches of Ayurveda taught Astanga Ayurveda to his son and the discussion between them exposed some very interesting and valuable information about medicine. Four different seasons (rainy season, autumn, winter, and summer) and four different types of disorders (vatika, paittka, kaphaja).

The pacification of these disorders is also given in the text. If the doctrine of Dharmadhatu came to Sri Lanka through this Suvarnaprabhasa sutra medical knowledge also could have been transferred as well. Nandi (620-690 AD), who travelled widely in both India and China and took 1,500 Buddhist texts to China and brought emperor exotic drugs collected from the Indies and Cambodia. At the beginning of the period, Tien-Pao (742 CE) sent the king of Sri Lanka, Silamegha, an ambassador twice with presents that included pearls, filigreed gold, ivory and gems for necklaces. It is reported he travelled China in 635 AD after visiting Sri Lanka a year after emperor shipped him off to collect medicinal plants and returned in 633 AD.6 During the Tang dynasty (618-907 AD) traditional Chinese medicine was also very interested in the benefits of officially classifying all of the medicines used in pharmacology. In 657, Emperor Gaozong of Tang (649-683 AD) commissioned the literary project of publishing an official materia medica, complete with text and illustrated drawings for 833 different medicinal substances taken from different stones, minerals, metals, plants, herbs, animals, vegetables, fruits, and cereal crops. Su Jing and others compiled this work, titled Newly Revised Materia Medica.

Subhakarasimha (637-735 AD), an eminent Indian Tantric master, arrived in the capital Chang'an in 716 and translated the Vairocanabhi-SambodhiTantra, better known as the MahaVairocanaSutra, or Great Sun Buddha Scripture. Four years later another master, Vajrabodhi (670- 741 AD), and his pupil, Amoghavajra (705-775 AD), arrived and proceeded to translate other scriptures, thus establishing a second, though not rival, Mantrayana (Chen-Yen, or Zhen-Yan) lineage. After

Vajrabodhi died in 732 AD, and at his wish, Amoghavajra went on a pilgrimage in search of esoteric or tantric writings, visiting Ceylon, Southeast Asia and India. During this voyage, he apparently met Nāgabodhi, master of Vajrabodhi, and studied the Tattvasamgraha system at length.

The most important 8th century scholarly event occurred in the Tang Dynasty (618-907 CE), when the monk Amoghavajra (704-774 CE) arrived in China, bringing with him 500 key tantra texts from Anuradhapura. He returned to China in 746 AD, bringing back with him a large number of texts obtained in Ceylon with the help of the king, and of which more than eighty were translated under his supervision before his death in 774 AD. His main influence was from the Abhayagiri monastery in Sri Lanka, here he spent more time searching for knowledge and among five hundred volumes, and there could have been medical texts also. The five hundred key Yoga Tantra texts Amoghavajra collected from Sri Lanka for the use of the imperial Chinese court helped him and his preceptor.

Both Vajrabodhi and Amoghavajra were very influential in the most important seat of power in the world, where they ministered to Chinese emperors, and other members of Chinese royalty, politicians, and generals. Realization of the Great Vehicle of All the Tathāgatas; more commonly known as Vajradhātu-khaṇḍa “Adamantine Realm” section of this voluminous work. Giebel’s assumption seems to be correct that Amoghavajra studied specific Tantric practices elaborated in the Sarvatathāgatatattvasaṃgraha in Sri Lanka and not from India or elsewhere. Therefore, Tattvasaṃgrahatantra mentioned in the Nikāyasaṃgrahaya, must be the Sarvatathāgatatattvasaṃgraha, which is considered as one of the three most important Tantric works belonging to Vajrayāna. In the Sūtra itself, it is described as a well-expounded Sarvatathāghata Guḥya Mahāyānābhisaṃgraha, which belonged to the Vajrayāna. The Sarvatatāgatatattvasaṃgraha mainly describes various maṇḍalas and extensively explains the rituals and practices, which should be performed accordingly.

The religious practices and social epistemology that evolved during this period mainly under the influence of Mahayanism and tantric

traditions based on esoteric Buddhism. Nevertheless, its religious impact on Theravada tradition brought about a revolutionary change in the context of indigenous knowledge systems and cultural practices related to secular sciences. Most of the ritualistic practices have absorbed many tantric elements from esoteric Buddhism which became more popular and powerful during this era. The mantra, mudra, mandala, dharani, sadhana, sandhya, nyasa, japa, siddhi, abhicara and homa used in medicine, astrology and rituals are originally derived from Vedic sources or Tantric tradition which had been transmitted from India from time to time.

With the influence of Mahayāna on political thoughts, the Kings were keen on expanding Bodhisattva concept into their spiritual objects and practices. But most of other subjects nurtured through the influence of Mahayāna are neglected over history and as a result, some classical dimensions of knowledge exchanges and developments are deleteriously suppressed by religious factors. This anthropological review will open a platform for further contextual analysis on illustrating, interpreting and redefining the linguistic and anthropological connection between Vedic literature and indigenous medical lore.

This became a baseline for more detailed and specific analyses of cultural semantics of ritualistic practices and belief systems that emerged from such sources. Significant cultural appropriation and linguistic compatibility could be observed when Indian Vedic traditions are incorporated into Sri Lankan medical lore. Language was the most effective tool for translating and transcribing Vedic concepts in a comprehensive manner, which can be used by local practitioners within their domestic biocultural paradigm. The ideological context of the post-Buddhist era allowed the society to liberate their knowledge system from Brahmanism and Sanskritization.

However, the influence of Vedic mythological concepts in native medical literature is traceable and explicable with literary justifications from an anthropological perspective. The colonial term used for Sri Lanka, 'Ceylon,' derives from Seilen that derives from Pali “Siṃhaladīpa” or Sanskrit “Siṃhaladvīpa”. The island was known by

the Romans as Serendivis and by Arabs as Serandib and by the Persians as Serendip while the Greeks called the island Sielen Diva. From the word Sielen, many European forms were derived: Seelan (Latin), Ceilão (Portuguese), Ceilán (Spanish), Selon and Ceylan (French), Zeilan, Ceilan and Seylon (Dutch), and Ceylon (English). Ptolemy called the Island Salike, and the inhabitants Salai. Siṃhala is attested as a Sanskrit name of the island of Ceylon (Sri Lanka) in the Bhagavata Purāna and Rājatarangini.

The 1815 treaty between the English and the `Adigars' of the Kandyian kingdom used the name Sinhalé therein. The name Tambapanni originated from the legend of Prince Vijaya and was adopted into Greek as Taprobana, as mentioned by Megasthenes in the 4th century BC and many historical source including the Mahavamsa and the Deepavamsa, the word Thambapanni has been referred to the entire island. According to some informal sources, an 'Asura' king named Siva of the Sinhaladipa in 11003 BC was deified after his death and worshiped as Śiva. The literary sources also mention the use of the name Siva by royalty as Girikanda Siva (MV X: 29) Mutasiva (MV XI: 1) etc. and some scholars claim that Sigiriya ('Siva' + 'giri' > Sivagiri > Sigiri) is also an example for the existence of Śiva worship in Sri Lanka.

Therefore, there is an assumption that Śiva worship and the Śiva dynasty originated and Sun worship as well as Śiva worship spread to the world from Sri Lanka. The Pandukabhaya legend of the Mahavamsa refers to the construction of a building known by the term Sivikasala which is according to the Vamsatthappakasini, the commentary of the Mahavamsa, either a hall where a Śiva Linga had been placed or a maternity home. The name of Lord Śiva occurs in 69 inscriptions and also in its feminine form 'devi' in another four epigraphs. The female deities mentioned in the Mahavamsa such as Vadavamukhi (M. VX 86) and Pacchimarajini (MV X: 89) are likely to be the forms of Parvati consort of Śiva.

There is also a solitary reference to 'Sivanagara' (meaning the town of Śiva) in these epigraphs (796a) and word 'Kailasa' is mentioned in Indicopleustes, Cosmas; McCrindle, J. W. (2010). The Christian

Topography of Cosmas, an Egyptian monk, translated from the Greek edited with notes and an introduction by University Press, refers to ‘Kelasa’ (1025) indicating the prevalence of the tradition of Śiva’s mountain abode as Kailasa. It is interesting to note that Śivalinga is also depicted on the reverse of the Laksmi coins of Sri Lanka and few coins with the name of Śiva have also been reported from Southern Sri Lanka. Even Devanampiya Tissa’s father, Mutasiva Dhatuvarhsa, says that the ruling princes of Kalyani and Seru (Seruvila), dating back to the time of Kakavanna Tissa (2nd BC) had the name Siva. In Mahavamsha, the epi thet ‘Mahesa’ of Śiva which means the ‘great god’ is linked to the Yakṣa Maheja, as the sounds 'sa' and 'ja' are linguistically interchangeable.Most likely this is a reference to a Śiva temple by the name of ‘Puradēva’ that occurs for the first time during the reign of Dutthagamani (161 -137 BC) as the guardian deity of Anuradhapura (MV XXV: 87).

The word Visadeva that is found in three epigraphs is also probably used for Śiva. Worship of ‘Vyadhadēva’ in a palmyrah tree in the western gate of the city during Pandukabhaya's reign (MV X: 89) denotes epithet Rudra or Siva, according to Parker (1909), reference to the hill god of the aborigines of South India. Malalasekara (1928) preferred to interpret this as ‘Vyādhidēva’ which is probably connected to healing god who is again related to Rudra. If the meaning of Vyādhidēva mentioned above is taken as the ‘lord of diseases’, it again could be a reference to the ‘Vaidyanātha’ form of Śiva which means ‘the lord who cures the diseases’. In Samtakuta, the original mountain deity could be identified with Śiva although Paranavitana had lately equated him with Kala (Yama) who is also referred to as Kāla / Mahākāla in Vedic literature. Lord Śiva or Rudra is the symbol of mountain cult and represents the Asura tradition of medicine who is specially worshipped by the Yakkha clan of Sri Lanka from the past in the form of Kande Yakā where in Sanskrit Rudra is called Girisa (mountain abided).

In the historical context, the Yakṣa clan was highly recognized in the pre-Buddhist era and Pandukabhaya is said to have settled the Yakṣa Kāla Vēla on the east side of the city and the Yakṣa Cittarāja at the lower end of the Abhaya tank (MV X:84 88). As their names suggest

these two leaders of Yakṣa clan represented the two aspects of Śiva tradition where esoteric meanings give us a clue to further investigations. The performances of sacrifices are also indicated by phrases such as 'Bata-Yaga dataha' (92) and 'Parumaka Yaka dataha' (1171) and also alluded to during the time of Pandukabhaya (MVX: 90) which are probably connected with Asura tradition. Yakṣas are phallic worshippers and they had shrines where the sacred trees were designated as phallic totems in natural groves.

They are sometimes sylvan deities associated with sacred groves as guardian forces. Similarly, the Nāga clan was serpent worshippers where the serpent is also a phallic symbol. Both clans belonged to the Asura tradition originated by the cult of Rudra or Śiva. According to the Shatapatha Brahmana, circular mounds (resembling the phallus) were erected over the remains of dead Asuras and these were the prototypes of Stupas. Asura clans lived in ancient Sri Lanka were known as Siv Hela viz; Yakṣa, Raksha, Nāga and Dēva out of which Yakṣa was more talented in healing with rituals and sacrificial practices.

This tradition still prevails as Yakṣa Vedakama which is lesser known to the native communities and uncommonly practiced among currently available indigenous medical lore. Historical and anthropological evidence clearly suggests the indigenous clans like Yakksha and Nāga existed on the ancient island of Sihaladvipa and possessed a rich repository of knowledge embedded in a civilized culture. As Somadeva had shown Yakṣa people were intellectually advanced to understand Buddhist philosophy before the Mahindagamanaya as indicated by the word "yaga sha" in a pre-Buddhist epigraph. In ancient chronicle literature, the words Yakkhasthana and Yakkayatana are found where the Yakṣas are worshipped or the shrines belonged to Yakṣas.

The monograph titled "Yakṣas" published in two volumes by Ananda Coomarashwamy (1928), is an excellent source of literary evidence that reveals the true meaning of the word Yakṣa in ancient literature. Another valuable source is "Yakṣa Cult and Iconography" published by Ram Nath Misra (1981) for investigating further into the term Yakṣa in literary sources. The basic meaning of 'Yakṣa' in the Vedas may be

‘apparition’ or ‘opposite’ to ‘worship with offering’ and ‘honour,’ and Sayana, while commenting upon the Vedic yakṣa, consistently explained yakṣa as ‘sacrificial offering’.

The yakṣa is ‘worshipful deity’ (RV. X.88.13; VII.88.6) and the etymology of the word Yakṣa is “to honour,’’ deriving it sometimes from the root yaksh. The word ‘yakṣa’, (RV. I.132.5; II. 5.1; III.7.1 or I.62.6) is made by etymology from ‘yajati’ which may also be described in the later Pali commentary Vimati Vinodani Attakatha, also derived from with the same meaning like “yajaii tatha upaharanti ti yakkha” (224) and “pujaniya bhavato yakkho ti vucchati” (333). The majority of scholars however, agree to etymological meanings of yakṣa as ‘worshipful deity’ or ‘with magical power’ or ‘mysterious’ or ‘wonderful’. In Rig Veda words, the term yakhadrish conveys meanings related to theYakṣa aspect (VII.56.16) and Yakṣa Sadhana (IV.3.13) which should be carefully analyzed.

If the word Yakṣa is examined based on Vedic ramifications, the prevalent use of the word is as an appellative or honorific and in the scriptural tradition, as virtually synonymous or rather coincident with Brahma, Varuna, Indra, Marut, Manas, Mrityu, Agni, Atman and Purusha. In the Suttanipata, the phrase yakkassa suddhi denotes the purification of self where yakka is used for philosophical meaning of inner self. In later periods, the word 'Yakṣa' became an opposite meaning of benevolent and gives a malevolent expression as “invisible enemy”.

Yakṣa Vīrabhadra, Mānibhadra, and Pūrnabhadra are considered incarnations of Śiva. In the Niddesha, among the list of theistic cults, Manibhaddadēva is mentioned alongside Pūrnabhadda-dēva and Yakkhas in general.There is one text book cited in Bhēsajja Manjusā under the name of “Manibhadde” which denotes a medical manuscript written by a scholar named Manibhadra who had created some classical formulas. Manibhadra also known as Manichara, Manivara, Manimat is described in the Mahabharata (5.192.44) as the chief attendant of Kubera, the Yakṣarāja and some scholars prefer to interpret Manibhadra as Manik-rudra. Another important name found

in Yōgaratnākara is Sinha Muni who is believed to be a progeny of indigenous medicine.

The name Pujyapāda, a Jaina medical scholar who lived in the 5th century AD and was an expert in Salakya as mentioned in the medical text titled Kalyanakara, and also appears in indigenous medical texts (Varayōgasāraya XXV). This evidence shows the relationship between Jaina tradition of medical knowledge and indigenous medicine which may have been holding antiquity) centuries from Pandukabhaya's period (MV XXXIII: 44). In Vedic literature, Yakṣas are primarily regarded as, vegetation spirits, guardians of the vegetative source of life (rasa - sap in trees: soma - amrta), and thus, closely connected with the waters (RV VII.65.2; 88.6) and therefore the medical lore of Yakṣas are mainly based on plants and water.

Tree spirit is a very famous and dominant concept in Yakṣa medicine and therefore it worships nature as prototype of anima that provides the healing power to the medicine coming from trees. This is the nature of healing water in the Asura tradition which belonged to Rudra as the primitive healer as mentioned in the Vedas. The water cosmology is very explicit in Brihadranyaka (5.5) that says "in the beginning this world was just water and (3.6.i) "this entire world is woven, warp and woof, on water. The same argument related to medicine is raised by Vāryovida in Caraka Samhita by reasoning that all diseases are caused by water as the essence of life being water (rasa). The waters divine do thou pour full of sweetness to avert diseases from men, from their place let arise plants with fair leaves (YV IV.1.2).

The ideology of water cosmology is that primeval waters or rasa arose in the plants, from plants, all other beings, in particular the gods, men, and cattle. Rasa, as an essence of the waters, or as sap in trees, is variously identified with soma, amurta, semen, milk, rain, honey, mead (madhu) and liquor (sura), there is a cycle in which the vital energy passes from heaven through the waters, plants, cattle and other typically virile or productive animals, and man, thence ultimately returning to the waters. "May I become born again, like kine; may I be glorious like a mithuna; mine be the rasa in the waters, and the forms of the plants (osadhaya rupah)".

Varuna as a noble asura (RV VII.65.2) was originally the root of the Tree of Life, the source of all creation (RV I.24.7), and it is presumably still Varuna who is called the Unborn in RV I.24.7, Unborn and "the Recumbent" (uttanapad, with legs outstretched) in RV X.72.2 and 3 and a great Yakṣa reclining in tapas upon the back of the waters in AV X.7.38, where the tree springs from his navel; though this formula is soon inherited by Prajapati (YV V.6. 4).

The forests, trees, hills, and groves are inhabited by Yakṣas, as they are always associated with nature and natural habitats where they can easily access their food and medicine. Their healing rituals are mainly based on Agni which originated in the Skambha concept or pillar worship reflected in Gammadu ceremony where the phallic symbol of Jwala Lingam is present. These two universal forces, Soma and Agni are representing Ida and Piṅgalā in human body which represents the lunar and solar energy in macrocosmic aspect. Kohomba Kankaraiya is the first healing ritual performed for Panduvasadeva to expel dividosa caused by Kuweni's curse and to invoke the blessings of twelve deities viz; Kohomba Yakka, Irugal Bandara, Kande.

Bandara, Viramunda Yakka, Meleyi Yakka, Vadi Yakka, Kadavara Yakka, Vali Yakka, Kadu Guru, Maha Guru, Ambarapati and Kalu Kumara. Vedic sources have explicitly described the plants as the essence of all healing forces blessed by divine spirits and auspicious natural resources. "In the waters, O Agni is thy seat, thou enterest the plants" (YV IV.2, 3). This gives an idea behind the lunar and solar energy hidden in plants.

The Nāga community was one of four major clans of Sivhela and their historical existence is affirmed by the Lord Budhha's first journey to the island. They also had had anthropological relations with South Indian clans that shared similar cultural values and political notions. According to the legend, the Nāga community had been planning fora long time to seek revenge on the king and decided to kill him by inducing venom. In another folk story, the king had stolen the magical costume of a Nāga virgin who had come to the royal garden, which led to her community feeling morally insulted. In another story found in a

manuscript at the British Museum gives a different incident where the king had a romantic relationship with Nāga girl for twelve years and prompting the Nāga leader to seek revenge for this. Fortunately, the king was cured successfully after being exposed to cobra venom twice because he received treatments from a dexterous indigenous snakebite physician called Kapurunāda, who was also appointed as the royal physician who was also appointed as the royal physician. Indigenous medical lore has a special treatment for fatal cases caused by snake venom to be kept in a medicinal trough called Kapurunāda behet oruva. Finally, Nāgas had to change the strategy and one Naga came to learn the venom treatments and got the secret knowledge of fatal trigger points as well as time cycle from Kapurunāda.

First, they killed Kapurunāda and then attacked the king at the right moment and at the precise point, which could suddenly caused a fatal condition. The significance of Nāgas in early India is that Nāgas were considered creatures of great magical power and were often conscripted into the service of Buddhism in Buddhist legends. This story also sheds light on the hidden history as well as the technical capacity of indigenous medicine. According to Vedic lore, Virocana (son of Prahlāda and father of Bali) is the forefather of “Sarvavisha Vinōdaya” attributed to two indigenous medical toxicologists named Vadiganatha and Kapurunada, printed in 1876, Sabbe mahiddhika naga (D.V. II:5(D.V. II:5), a body-centered Asura doctrine that elaborates on the Atman as the material entity which is the basic concept of Sura-Asura philosophical dichotomy.

Dadhichi is a well-known Vedic rishi from whose backbone Visvakarma created the Vajrayudha and the first one who left the Daksha’s Yagna when he realized the Śiva had not been invited for the same. His father is Sage Atharvan and Aśvinis learned Madhu-Vidyā from Dadhichi, who learned from his father Sage Atharvan, a name for Sage Bhrigu. Brihadaranyaka Upanishad (II.V.1-19) illustrates Madhu-Vidyā with its salient features including the essence of the Madhu-Vidyā as the cosmic contemplation of the reality of Prāna within and Vayu outside, and the correlation with the Universal Consciousness. Bhrigu seems to have learned it from Yama who received it from Ekarishi. This Ekarishi had learned it from Viprachitti, an Asura king of Danavas, the

brother of Puloman who was killed by Indra and married Holika who was the sister of Hiranyakashipu who was the grandfather of Virochana. In Samyutta Nikaya, there are two Suttas viz; Vepacitti sutta and Verocana Asurinda sutta and several other suttas refer to the name Vepacitti. In the Maya sutta, Sakra (Indra) requested Vepacitti to teach Sambari maya which seems to be an indrajala (sāmbarīm indrajalām vā māyām etena vārayet: RV 4.23.1) that belonged to the Asura tradition and was wanted by Indra for his knowledge.

The essence of the Asura tradition is very materialistic but at a subtle level, it accepts the vibrational energy of particles according to the duality of the universe, based on Śiva and Śakti. Asura medicines are made using this theory by embodying cosmic vibrations from the material world. It is very interesting that in Pahārāda Sutta where the Asura king Pahārāda (Prahlāda) is describes the eight wonders of the ocean (A. N. ii.47. Pahārāda Sutta). These are the eight: 1. The Great Ocean, slopes away gradually, falls gradually, inclines gradually, and not in an abrupt way like a precipice.

The Great Ocean is stable and does not overflow its boundaries. The Great Ocean does not tolerate a dead body, a corpse. If there is a dead body in it, the Great Ocean will quickly carry it to the shore and cast it on to the land. When these mighty rivers, like the Ganga, the Yamuna, the Aciravati and the Sarabhu etc. reach the Great Ocean, they lose their former names and designations, and are reckoned just as the Great Ocean. Though all the streams of the world flow into the Great Ocean and rain falls into it from the sky, yet there appears neither a decrease nor an increase in the Great Ocean. The Great Ocean has only one taste, that of salt. In the Great Ocean there are many and variegated precious things: There are pearls, gems, lapis, lazuli, shells, quartz, corals, silver, gold, rubies and cats-eyes.

The Great Ocean is the abode of vast creatures, the timi, the timingala, the timira Piṅgalā, Asuras, Nāgas and Gandhabba. In the Great Ocean, there are beings that are one hundred yojanas long, as well as those that are two, three, four, or five hundred yojanas long.This discourse shows the eco-oriented wisdom of Asuras and the biophysical sphere based world view. Also according to this Sutta

Asuras are more fascinated by the ocean and dwelling there. According to Kūrma Purāna, the word named Vitala which belongs to the underworld (Patala), is the place where Prahlada lives.
In Vajrayāna, Patala is considered a destination of knowledge of immortality which is known to Asuras and Vidyādharas try to enter there by chanting mantras and performing mudras. These mantras are mentioned in a Kriyatantra text called Kaṇikrodha-vajrakumāra-bodhisattvasādhana-vidhi which was introduced by Amoghavajra, who came with Vajrabodhi with tantric texts from Sri Lanka. Prahlāda in the root mantra of Vajrakumāra is: namo ratnatrayāya namaś caṇḍa vajra pāṇaye mahāyakṣasenāpataye tadyathā oṃ kaṇi hūṃ phaṭ svāhā. Furthermore, there is a second root mantra specifically to open up the palace of the Asuras: namo ratnatrayāya namaś caṇḍa vajra pāṇaye mahāyakṣasenāpataye tadyathā oṃ dhuna vidhuna kaṇi krodha sarva [?]yantraṇi hūṃ Vedic literature is the father of Virocana who is the father of Bali. According to the myth, Indra is having a discussion with Bali who attempts to explain to Indra the significance of time and of prosperity centered on all things that are transitory and materialistic possessions, such as jewels, as well as possessions such as armies, are all subject to time.

The discussion continues with Bali describing his understanding of life and death as such: “Death is the end of creatures as the ocean is for rivers”. According to the Ṣiva Purāna, the first Asura was born when Mahadēva sent the fire from his third eye into the ocean and this Asura was called Jalandhara. His childhood was full of wonders and he grew up to be a handsome man was later made the emperor of the Asuras by their guru, Sukra was later made the emperor of the Asuras by their guru, Sukra. Jalandhara was exceedingly powerful and is considered to be one of the mightiest asuras of all time.

He married Vrinda, the daughter of the Asura Kalanemi, who is the uncle of Rāvana. Sage Bhrigu narrated the tales of Hiranyakashipu and Virochana and told him how Vishnu severed Rahu’s head, as well as the story of the Samudra Manthan. He believed that the Dēvas had treacherously taken his father Varuna’s treasures. He sent one of his messengers, Ghasmar, to Indra to ask him to return his father’s treasures but Indra refused. A fierce battle took place between the

Dēvas and Asuras where many warriors were killed on both sides. Shukra revived the Asuras using his Mritsanjīvanī Vidyā while Brihaspati revived the dead Dēvas by using the medicinal herbs from the Dronagiri mountain. Shukra then ordered Jalandhara to submerge the mountain so that Brihaspati could no longer use the medicinal herbs to revive the Dēvas. Finally, Jalandhara won the battle and claimed Indra's treasure. This Dronagiri mountain is believed to be the same place from which Lord Hanuman brought the Sanjīvanī herb for Lakshmana during the Rama-Ravana battle.

The medical lore known as Sinhalese medicine prevailed until the colonial rule, after which it either disappeared or purposely eradicated by removing its supporting cultural and natural roots that was replaced with an exotic system. The scholarly efforts should be extensively focused on exploring the indigenous roots and recovering the native identities behind our traditional knowledge systems. Colonial governments introduced the European medical system as a soft power tool that could control society and propagate their new religion throughout the country. The local medicine was regarded as tribal knowledge that was embedded in primitive society that prevailed during the witch hunts of Early Modern Europe. Nevertheless, while it may sometimes lead to improvements and help preserve the dynamic features of an ethnoscience, we must not forget the harmful and destructive impact made throughout the colonial period in all aspects. In this detailed and critical review, aim to open up some research avenues for investigating a lost tradition and highlight lesser known features of legend, culture, and heritage of Sri Lankan indigenous medical lore. This is not a compendium but rather a source of ideas that can open up more new vistas into search for roots of indigenous cultural wisdom and native tradition of medical lore.

Sri Lankan system of traditional medicine has been influenced and reinforced specially by the North Indian system of Ayurveda, from ancient as our most socio-cultural heritages. However, history and people originated in Sri Lankan territory and is referred to as ISM which pertains to healthcare. As scholars explore how ethnoscience reflects the uniqueness of place and thus, indigenous knowledge of traditional medicine would inherently be tied to land and expressed through

language and culture. Also, it is very important to note that the source of knowledge is the base of ISM which is streamlined through generations in different categories. The epistemological paradigm of indigenous medical lore is reflected by various aspects that are correlated and interconnected with each other in a synergistic manner. The main categories resemble public, collective (family lineage-based and tradition-based) and individual models of knowledge systems.

This knowledge is considered the wisdom of a tradition which is sometimes claimed to be having a supra-mundane and para-human origin. It is common to any oriental tradition to entertain celestial sources of their own sciences, arts, literature, religion and etc. This creates the sacredness that ensures acceptability and respectability through authenticity, validity, authority and legitimacy of the derivation. The erudite and sagacious intellectuals called Rishi who secularized this divine discourse, were the linkage between extraterrestrial authors and earthly acquirers. All the holders of this kind of knowledge are treated as greater persons or leaders of the community as they are perceived to be useful and powerful. Also, they traditionally live in morally good conducts, reputed by the society. Therefore, the learner or the student is expected to have moral qualities accepted by the teacher or the holder of wisdom. In the process of acquisition of knowledge, this learner becomes an acolyte while the teacher holds his guardianship. Mostly, this knowledge transmission is acceptable only through a socially recognized channel like family-lineage from generation to generation.

The concept behind this mode of knowledge transmission is called GuruKula System or System of Master's Family where the pupil becomes a member of the master's family. Traditionally, the individuals of wisdom bearers or veteran practitioners in indigenous knowledge are referred to as "old folks" who were clan leaders and they had to earn the respect of others and maintain a good reputation. Within the practice of traditional medicine and healers, elders are practitioners, often serving as "psychologists, spiritual leaders or counselors" who are parts of a living, evolving belief system. It would be safe to suggest the concepts are evolving, while the characteristics remain steeped in cultural principles, values and beliefs. The goal of native medicine and

the role of the healers and elders are to care for the mind, body and spirit of the people within their biocultural sphere associated with natural habitats. Since the needs of the people have changed over time, the challenge is adapting the concepts to fit new and different circumstances which made a dynamic nature of traditional wisdom as an intangible cultural heritage. Healer, Elder and medicine may not always remain solely attached to tradition since they were the drivers of innovation and cultural progression that led to the transmission of new knowledge to the next generation. The diversity of healers and elders not only emerges from their cultural diversity, but also from their colonial history and location; urban, rural and remote Indigenous communities have very different expectations and approaches in identifying and accessing elders and healers.hat is called the theory of Macrocosm and Microcosm in which the universe represents the human and the human represents the universe. It expands the hypothetical correlation between cosmomorphism of human biology and anthropomorphism of nature. Traditional system of Indigenous medicine is neither merely a system of medicine nor a system of healthcare. Since it covers a broader area of life, it can be called a system of living or a way of life rather thana system of medicine. It is not confined only for diseases, ailments, illnesses, maladies, impairments, disorders, dysfunctions of the body or mind and curing them. It is broadly dealing with religion, culture, rituals, environment, culinary, agriculture, customs, norms, values, ethics, morals, ideologies and etc.

This ranges from the inner seed of the soul to the outer boundary of the universe that covers the whole biocultural scope of human life in terms of ontology, gnoseology and epistemology. As social rules become more oppressive, cultural beliefs become more consolidated and more resistant to change the science of medicine as ancestral wisdom could keep the dynamic cultural characters. Societies that respect the integrity of their subcultures facilitate acculturation and benefit from shared idiosyncratic wisdom. There is ample evidence in medical anthropology research to indicate that biocultural beliefs are a significant variable in the modulation of health and illness.

REFERENCES

Coomaraswamy, A.K. (1928) Yaksas. Washington: The Smithsonian Institution

Da Orata, G. (1563) Colloquies on the simples and drugs of India. London: H. Sotheran and Co.

Davy, J. (1821) (1913) An Account of the Interior of Ceylon, and of Its Inhabitants: With Travels in that Island. London: Printed for Longman, Hurst, Rees, Orme and Brown

Geiger, W. (1960) Culture of Ceylon in Mediaeval Times. Otto Wiesbaden: Harrassowitz

Holt, J. C. (1991) Buddha in the Crown: Avalokiteivara in the Buddhist Traditions of Sri Lanka. New York: Oxford University Press.

Malalasekara, G.P. (1928) The Pali Literature of Ceylon, London: Buddhist Pali Society

Parker, H. (1909). Ancient Ceylon. London: Luzac & Co.

Prematilaka L. and Aluvihare, A. (1995) Ancient Hospital Systems of Sri Lanka. in: L.K.Sirinivasan and S. Nagaraju (eds.) Sri Nagabhinandanam, Dr. M.S. Nagaraja Rao Festschrift, Bangalore, pp.765-781.

Ram Nath Misra (1981). Yakṣa Cult and Iconography: Munshiram Manoharlal

Robert, K. (1681) An historical relation of the island Ceylon, in the East Indies. R. Chiswell

Siriweera, W. I. (2003). Pre-colonial Sri Lanka's Maritime Commerce with Special Reference toits Ports, Sri Lanka and the Silk Road of the Sea, Bandaranayake, S., Dewaraja, Lorna.,

Silva,Roland., Wimalarathne, K.D.G. (ed), Central Cultural Fund,

Uragoda, C.G. (1987) A History of Medicine in Sri Lanka from Earliest Times to 1948, Colombo: Middleway Limited.

BRUNEI

International Conference on

INTANGIBLE CULTURAL HERITAGE

Local Heritage Wisdom: A Traditional Medicine

19th - 22nd November 2024 | Avanté Hotel, Selangor, Malaysia



SAFEGUARDING TRADITIONAL MEDICINE PRACTICE THROUGH MEDICINAL PLANTS' RESEARCH & EDUCATION: BRUNEI'S PERSPECTIVE

NUROLAINI KIFLI*, MAY POH YIK GOH
PAP Rashidah Saádatul Bolkiah Institute of Health Sciences,
Universiti Brunei Darussalam
nurolaini.kifli@ubd.edu.bn

ABSTRACT

Herbal plants represent a vital component of traditional medicine as they are often used as key ingredients in many ethnomedicinal treatments and remedies. The conservation of herbal plants and the re-establishment of their medicinal values through evidence-based research are therefore crucial in our efforts to safeguard and sustain our traditional medicinal knowledge. Since 2018, Universiti Brunei Darussalam has set up the Herbal Research Group (HRG) to promote research on the biological and pharmacological activities of local and regional medicinal plants. HRG has secured grants and funding for necessary upgrades, equipment, resources and capacity building which have resulted in an uptrend in herbal-related publications and research outcomes in the university. Researchers often collaborate with traditional herbalists or practitioners to document their knowledge and expertise. Current advancements such as artificial intelligence and machine learning approaches are also being incorporated as an innovative way to screen for herbal medicine efficacy. Additional efforts include multidisciplinary collaboration, setting up of a herbal garden, integration of herbal knowledge into the curriculum and conducting events to raise awareness on herbal research. As a nation, a number of departments and agencies are involved in the conservation of the

local forests and biodiversity which are crucial to avoiding the extinction of important medicinal plants and maintaining a diverse pool of plant species for research. Furthermore, preservation of traditional markets and promotional events for local products in the country also play integral roles in maintaining the sustainability of traditional medicine as they provide a platform for the dissemination of medicinal herbs. This is often accompanied by the exchange or sharing of knowledge on the medicinal properties of the herbs between the vendors and consumers. The importation and sales of traditional medicines are also regulated by the Department of Pharmaceutical Services at the Ministry of Health to ensure the quality, safety and, in some cases, efficacy of the product. Overall, it is evident that the joint efforts of various sectors are necessary to safeguard and sustain the traditional medicinal practices of our community. (328 words)

Keywords: herbal plants, conservation, knowledge, traditional medicine practices, Brunei

INTRODUCTION

In many countries across the globe, including Brunei Darussalam, herbal plants have always been central to traditional medical systems as they form vital components of various ethnomedicines. Traditional medicine has deep cultural roots in Brunei and is still important in the health and wellness of the people (Department of Agriculture, 2000; Goh et al., 2022). Nonetheless, modernity poses an existential threat to this knowledge in addition to a potential loss of biodiversity. To mitigate these challenges, herbal plants need to be conserved and their medicinal values restored through rigorous scientific study. This paper explores how Universiti Brunei Darussalam (UBD) and the nation at large have sought to protect traditional medicine practices by highlighting the role of medicinal plant research and education.

1. Approaches Undertaken at University Level

1.1.0 Establishment of Herbal Research Group

Since its establishment in 2018, the Herbal Research Group (HRG) has been promoting and facilitating biological and pharmacological studies on local and regional plants (Herbal Research Group, 2018). From an academic standpoint, the formation of HRG represented a significant step towards institutionalizing the research and conservation of traditional medicine. HRG acts as a platform to bridge the gap between traditional knowledge and modern science, ensuring that traditional knowledge does not become obsolete by fostering a deeper understanding of the pharmacological properties of native herbs and those around the region.

1.1.1 Laboratory Renovation Works

To support the research initiatives of HRG, significant investments have been made in laboratory renovations. Modernizing these facilities ensures that researchers have access to state-of-the-art environments conducive to conducting high-quality research. These upgrades include but are not limited to the installation of new epoxy countertops on the laboratory workbenches, acquisition of a complete line of equipment for preparing plant specimens and extracts, refrigeration and freezer units, incubators, autoclave, laminar flow cabinets and updated safety protocols for handling various equipment and biological samples (Herbal Research Group, 2018). By providing a modern research infrastructure, UBD enhances the capacity of HRG to conduct cutting-edge studies and attract talented researchers and students.

1.1.2 Acquisition of Equipment, Consumables and other Resources

Securing grants and funding has enabled HRG to acquire the necessary equipment and resources to conduct various herbal research projects. High-performance liquid chromatography (HPLC), microwave extractors, rotary evaporators, laminar flow cabinets, VA analysers, incubators, autoclaves and other advanced analytical tools have been purchased to extract and analyze the chemical compounds and bioactivities of medicinal plants (Herbal Research Group, 2018). Consumables such as reagents, glassware, and other laboratory essentials have also been procured to ensure uninterrupted research

activities. These acquisitions are important for conducting comprehensive phytochemical analyses and pharmacological studies on plants, which are fundamental to validating traditional medicinal practices. As a result, about 100 under- and postgraduate projects have been conducted on 70 plants, under or in association with HRG, thus far (Herbal Research Group, 2018). These projects have generated about 50 publications in multiple reputable peer-reviewed journals, some of which are still in preparation or under review.

1.1.3 Capacity Building

Capacity building is another crucial area of focus for HRG. The group has organized numerous workshops, training sessions, and seminars to enhance the skills and knowledge of researchers, students, and staff. These activities cover various aspects of herbal research, from plant processing, extraction and experimental techniques to advanced data analysis and manuscript writing. HRG also hosts regular online webinars on herbal-related topics with renowned researchers from countries all over the world including the United Kingdom, Australia, Morocco, Singapore, Malaysia and locally from Brunei (Herbal Research Group, 2018). Furthermore, interdisciplinary collaboration is encouraged to maintain a constant exchange of ideas and perspectives. By fostering a culture of continuous learning and professional development, HRG aims to ensure that its members are well-equipped to contribute to the growing body of knowledge in medicinal plant research.

1.2.0 Collaboration with Traditional Herbalist/Practitioners

Interactions with traditional herbalist and practitioners are key approaches to facilitating documentation of indigenous medicinal practices. To enhance their understanding of the medicinal plants in the area, researchers from HRG would consult these experts on the local plants, preparation and uses of the plants and other related applications. These interactions also make the research more holistic and meaningful as researchers work on confirming the efficacy of these practices based on empirical data. The integration of the

traditional customs and beliefs into mainstream science helps humanize this field and fosters an appreciation of both or respect.

1.3 Incorporation of Advanced Technologies

Herbal medicine research has benefited from new technologies like the use of artificial intelligence (AI) and machine learning (ML). Currently, HRG has integrated the concept of AI and ML to examine the effectiveness of herbal medicine, estimate drug-herb interaction, and discover new therapeutic molecules (Moshawih et al., 2022). These technologies allow for high-throughput analysis and offer information that were unable to be obtained before. For instance, they can quickly examine large amounts of data to find out relationships essential for the discovery of new medicines and improve the research's efficiency.

1.4 Multidisciplinary Collaboration

HRG is built on a culture that prioritizes multidisciplinary teamwork (Herbal Research Group, 2018). This makes the research on medicinal plants more informative and correlated as it involves experts from other subjects like medicinal chemist, cell biologist, immunologist, pharmacologist, and even social scientists. Such partnerships can result in innovative solutions and strategies that improve the quality of the research studies. For instance, working with a medicinal chemist allows one to determine the molecular formula of a bioactive compound while working with a pharmacologist will help to establish related mechanisms of action as well as therapeutic potentials of the compound.

1.5 Setting up of Botanical Garden

In pursuit of research and education a botanical garden called the Botanical Research Centre (BRC) has been developed by the Institute for Biodiversity and Environmental Research (IBER), UBD (Botanical Research Centre, 2024). The garden serves as a living repository for numerous plants including medicinal herbs. The garden is also involved in the conservation of rare and endangered plant species.

With a wide range of medicinal plants cultivated in the garden, the garden provides a hands-on learning environment for students as well as a resource for researchers while enhancing public awareness about the importance of plant biodiversity. It has also become a tourist hub for the public to visit the garden.

1.6 Integration of Herbal Knowledge into Curriculum and University Events

The incorporation of herbal knowledge into the health-related curriculum is essential to create awareness on the use of traditional medicine amongst the future generation as well as future healthcare professionals. For e.g. In the BHSc (Pharmacy) undergraduate programme at UBD, “Traditional Medicine Research and Knowledge” has been incorporated in one of the modules in Year 4. In Master of Medicine, a “Hot Topic” module was also offered which incorporated the Traditional Medicine Knowledge and Practices to be introduced to medical doctors in training. Other universities, such as Universiti Teknologi Brunei and Universiti Islam Sultan Sharif Ali are also actively conducting health-related research work, which also contributes to promoting the benefits of herbal medicines as a whole (Samad et al., 2024; Hamid et al., 2024; Kasah et al., 2024).

In addition to research work on herbal plants, HRG is also dedicated to conducting seminars, exhibitions, and workshops to ensure that the community at large is engaged and informed on the current trends and findings in the field of herbs. With these initiatives, it is hoped that students and the public can have a better understanding of traditional medicinal knowledge so they can take on a role and contribute to the advancement of this knowledge.

Nationwide Efforts

1.7 Conservation of Forests and Biodiversity

National efforts to conserve forests and other forms of biodiversity remain closely related to the protection of medicinal plants. Various departments and agencies in the Bruneian government are involved in

such conservational activities. The conservation of natural resources includes establishing protected areas and reforestation projects to restore degraded landscapes (Biodiversity Research and Innovation Centre, 2015). These efforts aim to maintain a diverse pool of plant species for research and traditional medicinal use. Other policies relating to the prevention of illegal logging, sustainable land use practices, and the community-based conservation approaches are also being upheld in support of the preservation of the local forest and biodiversity.

1.8 Preservation of Traditional Markets

Traditional markets are a crucial component for sustaining traditional practices as they serve as a means of exchange of medicinal herbs and knowledge between vendors and consumers. In Brunei, local authorities have undertaken remarkable actions to preserve such markets - one of the most notable actions being the upgrading of infrastructures and amenities to provide a safe and comfortable environment for the vendors to trade. Apart from being an avenue for the dissemination of herbal products, it also entails elements of education and community participation in traditional medicine. By maintaining vibrant traditional markets, Brunei ensures that traditional medicinal practices remain accessible and relevant to the public.

1.9 Promotional Events and Fairs

Promotional events and fairs are held to highlight the role of traditional medicine and medicinal plants. These events help to create a nexus of researchers, customers, vendors, and the general public, who participate to share knowledge and experiences, showcase their products and discuss the latest advancements in herbal studies. Such gatherings bring people together, fostering a sense of community, which ultimately, would help promote traditional medicinal practices. Recently this year, our University (UBD) has organised a “Research Open Day” whereby our team has set-up mini herbal experiments for the public, especially catering to the children to excite them on science and technology. Networking, research partnerships, and knowledge

sharing are also made possible on these platforms to ensure that the field of herbal medicine continues to develop further.

1.10 Regulatory Bodies for Traditional Medicine

Despite the efforts to preserve traditional medicine and its practices, it is recognised that close regulation of the products is essential in order to standardize their quality, safety, and effectiveness. In Brunei, the Department of Pharmaceutical Services under the Ministry of Health is responsible for overseeing the importation and sales of traditional medicines. The department aims to maintain high standards and, most importantly, protect consumers from substandard or harmful products (Ministry of Health, 2019; Ministry of Health, 2020). Regulatory measures are in the form of stringent testing and approval, labeling, and post-market surveillance to monitor adverse effects and ensure compliance to safety standards.

2. Current Trend in the Country

There is an emerging trend in the use of herbal plants and their research within and around Brunei. The studies conducted by HRG and other institutions have undoubtedly increased the number of herbal-related publications and research outcomes. The public is also becoming aware of the positive attributes of traditional medicines and many are incorporating the use of herbs in their daily lives. Also, a gradual shift is observed from using traditional practices alone to using a combination of modern science practices and traditional practices to treat diseases, which brings a lot of credibility to traditional medicine. This trend depicts a global movement that seeks to embrace holistic and integrative healthcare models.

CONCLUSION

The conservation and development of traditional medicinal knowledge through medicinal plant research and education is critical for maintaining the continued viability of cultural heritage and improving healthcare. In this effort, Universiti Brunei Darussalam has made considerable efforts by advancing research development, partnership,

and bridging the gap between traditional wisdom and contemporary scientific practice. National strategies, including biodiversity conservation, preservation of traditional markets, and regulatory measures, are also necessary to complement these academic initiatives. Together, these strategies ensure that traditional medicinal practices in Brunei are safeguarded for future generations, while contributing to a sustainable and holistic approach to health and wellness. The collaborative efforts of various sectors underscore the importance of a multifaceted approach to preserving traditional medicine, ensuring its relevance and efficacy in the modern world.

ACKNOWLEDGEMENT

UBD Herbal Research Group Team 2018 – 2024. Fundings provided by MOTAC & UNESCO (ICHCAP) to present this paper.

REFERENCES

Biodiversity Research and Innovation Centre. (2015). *National Biological Resources (Biodiversity) Policy and Strategic Plan of Action* https://faolex.fao.org/docs/pdf/bru170415.pdf

Botanical Research Centre. (2024). *UBD Botanical Research Centre*. Ubd.edu.bn. https://brc.iber.ubd.edu.bn/

Department of Agriculture. (2000). *Medicinal plants of Brunei Darussalam* (Revised edition). Ministry of Industry and Primary Resources.

Goh, M. P. Y., Kamaluddin, A. F., Tan, T. J. L., Yasin, H., Taha, H., Jama, A., & Ahmad, N. (2022). An evaluation of the phytochemical composition, antioxidant and cytotoxicity of the leaves of Litsea elliptica Blume–An ethnomedicinal plant from Brunei Darussalam. *Saudi Journal of Biological Sciences*, *29*(1), 304-317.

Hamid, H. A., Navaranjan, N., Sulaiman, Z., & Maryam, A. (2024). Application of Three of Selected Medicinal Plant Extracts in

Brunei Darussalam to Improve Shelf Life of Poultry Product. *ASEAN Journal on Science and Technology for Development*, *40*(2). https://doi.org/10.61931/2224-9028.1533

Herbal Research Group. (2018). *UBD Herbal Research Group*. Ubd.edu.bn. https://herbal.ubd.edu.bn/

Kasah, R.., Shahlehi, S., Petalcorin, M. I., Najim, M. M., Ahmed, O. H., Kim Choo, L. N. L., & Sekot, S. (2024). Potential anthelminthic properties of selected medicinal plants in Brunei Darussalam: a phytochemical review. *Journal of Wildlife and Biodiversity*, *8*(3), 88–110. https://doi.org/10.5281/zenodo.11181258

Ministry of Health. (2019). *Ministry of Health - Traditional and Complementary Medicine* https://www.moh.gov.bn/SitePages/Traditional%20and%20Complementary%20Medicine.aspx

Ministry of Health. (2020). *Guideline for Application for Importation And/Or Sale Of Traditional Medicine And Health Supplement.* https://www.moh.gov.bn/Shared%20Documents/Traditional%20Medicines/1.1%20Guideline%20for%20Importation%20andor%20sale%20of%20TMHS.pdf

Moshawih, S., Goh, H. P., Kifli, N., Idris, A. C., Yassin, H., Kotra, V., Goh, K. W., Liew, K. B., & Long, C. M. (2022). Synergy between machine learning and natural products cheminformatics: Application to the lead discovery of anthraquinone derivatives. *Chemical Biology & Drug Design*, *100*(2), 185–217. https://doi.org/10.1111/cbdd.14062

Samad, N. A., Mazalan, H. B., Sharifulazar, H., Basri, A. M., & Arai, M. (2024). Unveiling the Antioxidant Properties of Stenochlaena Palustris and Diplazium Esculentum through Time-Dependent Analysis. *ASEAN Journal on Science & Technology for Development*, *40*(3). https://doi.org/10.61931/2224-9028.1546

SINGAPORE

International Conference on

INTANGIBLE CULTURAL HERITAGE

Local Heritage Wisdom: A Traditional Medicine

19th - 22nd November 2024 | Avanté Hotel, Selangor, Malaysia



MAKING *JAMU* EXCITING AGAIN – A CASE FOR SAFEGUARDING *JAMU* TRADITION IN SINGAPORE

SURYAKENCHANA OMAR
Javanese Association of Singapore
Society of Malay Heritage Medicine,
Singapore
suryakenchana@gmail.com

ABSTRACT

Jamu, or traditional herbal remedies from present-day Indonesia presumably came with the Javanese and other settlers from the region to Singapore. Through the sharing of a personal project that began in 2006 to invigorate the *jamu* ecosystem, this paper will provide examples of attempts to safeguard *jamu* tradition in Singapore and propose a possible approach to grow the *jamu* ecosystem. Consumption of *jamu* appears to be growing based on indicators such as new entrants into *jamu*-related businesses.

Keywords: *jamu*, Javanese diaspora, traditional malay medicine, intangible cultural heritage

INTRODUCTION

Jamu has been understood to be herbal remedies originating from the island of Java in present-day Indonesia. As with any other cultural heritage of the Javanese, it was brought to other parts of the region and the world, with the migration of the Javanese.

Today, *jamu* would be considered part of Traditional Malay Medicine (TMM) in Singapore. Much of this would be due to the way the resident population of Singapore has been categorised into four main racial groups – Chinese, Malay, Indian and Others. Javanese has been

considered as part of the Malay racial group. Hence, much of the traditional medicinal practices of any groups affiliated to the Malays would be part of TMM.

To date, there have not been many papers on *jamu* in Singapore. A recent search revealed more than 700 papers on *jamu worldwide* but less than 10 papers on *jamu* in Singapore. Currently, based on my limited search, there would be four papers, beginning with Tuschinsky (1995, p. 1587) that explored *jamu* as Malay phytopharmaceuticals with an anthropological study to examine the “cultural and social aspects of *jamu* within the three spheres of production, trade and consumption”.

Thereafter, Lim, et al (2005) investigated the prevalence of use of the Complementary and Alternative Medicine (CAM) among a sample size of 468 respondents from 255 households at a housing estate in Singapore. From the responses, 8% cited use of TMM with specific reference to *jamu*. Almost 20 years later, Tan, et al (2023) conducted a similar survey on CAM use and based on 2004 responses, 8% of responses used *jamu*. These two studies, almost two decades apart, suggested a relatively low use of *jamu.*

Taking a different approach, Zakaria & Zainal (2017, p. 128) examined the “vexed construction of cultural hegemony” through situating TMM in contrast to the “hegemony of biomedicine” in Singapore. Through a historical account, the challenges to TMM practice were discussed, revealing strategies of adaptations to ensure that TMM remained relevant.

These studies presented a situation that could explain the peripheral nature of TMM practice as compared to mainstream health care. While Tuschinsky (1995) suggested the incompatibility of *jamu* to standardised pharmaceutical, Zakaria & Zainal (2017) explained that *jamu*, as part of TMM, has been further alienated due to state policies that has not treated all other forms of traditional ethnic medicine equally. The findings of these two papers could explain the relatively lower prevalence of use of TMM among the sample group surveyed

by Lim, et al (2005) and Tan, et al (2023). The future of TMM, and particularly of *jamu*, appeared bleak.

According to Zakaria & Zainal (2017), several TMM businesses were affected with the redevelopment of Geylang Serai and a shift towards a tourism-based agenda. Businesses were affected due to alienation of the community that used to support them. However, there were no details as to the specific nature of the TMM businesses to ascertain the effect on *jamu*-related businesses.

Despite the challenges faced by TMM practitioners, recent observations suggested that there has been a growing number of *jamu*-related businesses. Much of this can be discerned from their social media presence. A preliminary survey based on a search on Facebook and Instagram showed that there could be at least nine businesses promoting their *jamu* products. There could be more, as mentioned above, TMM businesses rely on their own social networks (Zakaria & Zainal, 2017).

This paper would not be about the prevalence of use of *jamu* or the state of *jamu* related businesses. It would be about the safeguarding of the *jamu* tradition, that goes beyond use and continuity of related businesses. While these two considerations related to the demand and supply of *jamu* products, it would not adequately reveal the extent in which a *jamu* tradition – the practice and body of knowledge about *jamu* – would continue to exist in a community or society. In presenting a case for the safeguarding of *jamu* tradition in Singapore, my discussion here focusses on the *jamu* tradition from Javanese cultural heritage.

THE *JAMU* TRADITION

For convenience, I defer to Graburn (2000) in establishing the nature of 'tradition'. Citing Horner (1990), Graburn (2000, p.6) referred to 'tradition' as both the process and "something, custom or thought process" that continues from one generation to another. Based on this understanding, 'tradition' sounded like the idea of heritage, that refers to something that is passed on.

In *A Theory of Cultural Heritage*, Munoz-Vinaz (2023) extensively explored the discourses about 'cultural heritage' and showed that there could be four broad ontological categories – objects, datasets, mindsets and performances. When we consider *jamu* as "local heritage wisdom" and "a traditional medicine", I believe that we would be considering *jamu* in terms of more than its product or practices.

In fact, the *jamu tradition* should include the three concerns of *WHO Traditional Medicine Strategy (2014-2023)* – products, practices and practitioners. Hence, the existence of *jamu* products alone would be inadequate. There must be some form of practice derived from inherited traditions and a community of practitioners who possess extensive knowledge about *jamu*. In interfacing the two perspectives, we have a possible framework for the *jamu* tradition (see Table 1).

Table 1: Framework for *jamu* tradition.

<table>
<tr><td rowspan="4">4-Ontology Cultural Heritage Model</td><td>Performances</td><td rowspan="3">Practices</td><td rowspan="3">Practitioners</td><td rowspan="4">WHO Traditional Medicine Strategy</td></tr>
<tr><td>Mindsets</td></tr>
<tr><td>Datasets</td></tr>
<tr><td>Objects</td><td colspan="2">Products</td></tr>
</table>

In terms of the performances, the approaches and methods of preparation and prescription would form the practices as well as the way the practitioner engages. The mindset for practice would likely be the philosophy, and for practitioners, their beliefs and ethics. The datasets would include documentations, manuscripts, recipes and local knowledge of practitioners with respect to the population and flora of the location. Objects would refer to the *jamu* products as well as the tools used to make the *jamu*.

Tania (2019) revealed that, in practice, there would be at least five different forms of *jamu* – (1) *jamu segar* (fresh *jamu* squeezed or

pressed), (2) *jamu godogan* (decoction of fresh ingredients), (3) *jamu seduhan* (steeping and mixture of powdered ingredients), (4) *jamu olesan* (made into a poultice) (5) *jamu* pill/ tablet/capsule and (6) other fresh *jamu*.

Elfahmi, et al (2014, p. 56) reported that there have been guidelines and regulations with respect to the preparation and storage of *jamu* in Indonesia. However, *jamu gendong*, that has been referred to as the "original *jamu*" are decoctions of *jamu* ingredients made mostly by ladies carrying (*gendong*) *jamu* on their backs (Elfahmi, et al, 2014).

These ladies tend to adopt traditional methods of making *jamu* that may differ from one practitioner to another. Even so, citing Pramono (2002) and Beers (2001), Elfahmi, et al (2014) reported then that the *jamu* industry in Indonesia has had an annual growth of 25-30% with 810 companies producing *jamu*.

Jamu practitioners in Singapore would likely be more like the *jamu gendong* in Indonesia as most of the *jamu* would be imported (Tuskinsky,1995, p. 1588). While there may be a variety of *jamu* products in Singapore, there seems to be not as many practitioners and that the practice may be at risk of discontinuity. In safeguarding the *jamu* tradition, there must be efforts to ensure the continuity of the practice in making *jamu* as well as a growth in the number of practitioners.

BACKGROUND TO THE PROJECT

In presenting on the *jamu* tradition in Singapore, I speak and write from the standpoint of a relatively new practitioner who began developing curiosities about *jamu* beyond that of a consumer. My mother, who lived a fruitful life until a day after my birthday in November 2014, was a sort of healer. I would prefer to refer to her as a traditional healer, and at times – when I am comfortable with it –, a shaman or *dukun*. Somehow, the labelling she received as a *bomoh* (medicine man/woman), presented a stigma we choose to avoid.

I was fed with some form of *jamu* since very young. We were given *cekok* – a bitter tasting concoction with *lempuyang* (*Zingiber zerumbet*) – when we misbehaved, and even when we did not, as it was a *jamu* remedy for strengthening the gut and clearing any worms that could be of concern.

My consumption of *jamu* increased when my mother made me *beras kencur* for being active in sports and choosing to play rugby at Junior College. *Beras k*encur, made from two main ingredients, *beras* (uncooked rice) and *kencur* (or *cekur*, *Kaempferia galanga*), was known to help boost energy and invigorate the body. I was skeptical at first, but soon found that I had more energy and recovered more quickly after each day of practice or game. I was told of its benefits at the start. For me, it was simply a case of doing something I was told. I began to know of *beras kencur* as an energy drink simply because it had the effect on me.

Many years later, in 2006, while I was completing my Masters by research, I visited a travelling exhibition on *jamu* and Singapore was its third stop, before moving to Indonesia. I was puzzled to see that there was limited or no representation of the *jamu* tradition in Singapore. Instead, Traditional Chinese Medicine (TCM) represented Singapore. As my field work was in Solo, and my mother was living in Yogyakarta at that time, I sought her help to get samples of the most basic ingredients for *jamu*. I returned home to be amazed with close to twenty different types of plants. Beyond the common turmeric, ginger and the familiar *kencur*, I was not familiar with the variety before me.

Two years later, in 2008, when I was teaching at Republic Polytechnic, I noticed that there was limited mention of TMM or *jamu* in the Complementary and Alternative Medicine module offered by the School of Applied Science. I approached the school and later worked on a lesson to minimally introduce the idea of *jamu* as part of TMM in Singapore.

In 2013, I was invited to speak at the seminar on “Traditional Medicine in the 21st Century”, hosted by the Malay Heritage Centre (MHC). It

was part of the MHC's exhibition on *Ilham Alam: Nature and Healing in the Malay World*. I shared the panel with a representative from Eu Yan Sang, a public company offering TCM and the Ayurveda Association of Singapore.

It was clear to me then, that not much was known about TMM in Singapore given that a practitioner was not readily identified to represent at this seminar. I was then mainly a consumer who appreciated the benefits of the *jamu* tradition as practiced by my mother. There was not much that I could offer during then, but a recount of my mother's practice, as observed by me. My sister joined me that year to conduct a workshop on traditional Javanese pre/post-natal care as well as wellness for women. This was the first time we shared our inherited knowledge on *jamu* and massage therapy.

Based on my experience as described briefly above, I pledged to work on improving the ecosystem to safeguard the *jamu* tradition in Singapore, in honour of my mother's legacy. A guiding principle for my work has been to make *jamu* exciting again, not only for the Malay community, but to everyone in Singapore.

MAKING *JAMU* EXCITING AGAIN

The project was not formally conceptualised but evolved over the years with the aim of mapping the ecosystem from 2015. The effort to introduce *jamu* to first, the Malay community and thereafter, the larger Singapore society, found opportunities through three possibilities – (1) as a micro business offering culture and heritage education; (2) as a community-based non-governmental group dedicated to the safeguarding Javanese cultural heritage in Singapore; and (3) as an individual committed to safeguarding *jamu* tradition.

In using the integrated framework in Table 1, the most immediate efforts would be to promote and transmit the knowledge about *jamu*. With greater awareness and appreciation, the demand for *jamu* products would grow and possibly motivate more practitioners to continue their practice to meet these increased demands. One possible indicator for a growing *jamu* practice would be the opening of

a third stall at the Geylang Serai Market where for many years, there were only two stalls selling *jamu* ingredients.[1]

Community Arts, Culture and Heritage Education

In 2011, I founded By Definition Pte Ltd with two business partners, to offer arts, culture and heritage education to schools. We focus mainly in Malay and Javanese arts, culture and heritage. Most of our workshops focussed on the STEM aspects of culture and heritage. For example, in our workshops on *batik*, we would focus on engaging students with the science and technology advancements that contributed to the *batik* industry.

In 2017, we offered the first workshop to introduce *jamu*, based on the idea of the traditional Malay or Javanese kitchen as a "pharmacy" – *Dapur Sebagai Farmasi* (Kitchen as Pharmacy) (see Fig. 1).[2] In the inaugural workshop to students, we introduced the *ulaman* (traditional Malay salad) and *jamu.* The purpose of this workshop has been to introduce to students the benefits of a traditional Malay diet that included the consumption of raw vegetables in the *ulaman* and *jamu*, using ingredients readily available such as turmeric, ginger and tamarind (often used in Malay dishes).

Over the years, there was more demand for *jamu* related workshops, and we included a practical segment – making of *jamu kunyit asam* (concoction of turmeric and tamarind) and *lulur* (body scrub).

[1] Geylang Serai Market in Singapore has had a comparatively higher number of stalls and shops that trade in goods and services sought by the Malay community.

[2] I presented this idea of the kitchen as a "pharmacy" in 2013, at the Traditional Medicine in the 21st Century seminar held at the Malay Heritage Centre.

Figure 1: Conducting the *Dapur Sebagai Farmasi* workshop for students, 4 April 2019.



Public Education

Figure 2: The *jamu* booth at Javanese Fiesta 2015.



Public education about *jamu* began as part of the booths on Javanese culture and heritage (see Fig. 2). From 2013 to 2022, the administrators of the Javanese Singaporeans (JS) Facebook group have actively organised and hosted booths whenever we were invited to share about the Javanese cultural heritage in Singapore.[3] Most of the invitations would come from MHC.

[3] The Javanese Singaporeans (JS) Facebook group was formed some time in 2008 for the purpose of providing information about our Javanese culture and heritage. In Singapore, our identity cards included a “Race” category. Singaporeans of Javanese

As By Definition has been active with culture and heritage education, we have been invited to share about *jamu* in community events, such as at the launch of the Malay Language Month and at the *Raikan Ilmu* (Celebrating Knowledge) event of MENDAKI in 2019 (see Fig. 3).

Figure 3: Sharing about *jamu* at the *Raikan Ilmu* event organised by a community organisation, MENDAKI, 6 October 2019.



From 2020, we have been invited by the National Heritage Board (NHB) to offer workshops on *jamu*. We conducted "Introduction to *Jamu*" at Geylang Serai Heritage Gallery and Our Tampines Hub (see Fig. 4). When the pandemic movement restrictions were enforced, we moved our workshops to a virtual platform. For the run in 2021, I reconceptualised the workshop to become a four-part series entitled "Scents, Senses and Sensibilities – A Javanese Approach to Wellness". This new version aimed to situate *jamu* within a comprehensive tradition of wellness that included the *mandi bunga* (flower bath) and incense burning.

ancestry can be classified as Malay or Others, depending on the way their situation has been assessed by the Immigration and Checkpoints Authority. Part of the reason for forming JS has been to help Singaporeans who have been designated "Javanese" as their *Race,* to learn and make sense of their cultural heritage. In 2014, JS connected with other similar Facebook groups around the world to form the Javanese Diaspora Network.

As the workshops were commissioned by NHB, it helped to extend the audience to outside the Malay community. In all the workshops conducted, at least three quarters were non-Malay participants. While involvement in community-based events like the Malay Language Month provided a platform to share more about *jamu* to the Malay community, the events with MHC and NHB, which are offered in English, become accessible to non-Malay participants.

Figure 4: Introducing *jamu* and its tradition for the National Heritage Board at Our Tampines Hub, 19 January 2020.



Other than workshops for public participation, another approach to public education would be through the media. It could be in the form of live broadcast of a talk via social media platforms, featured in a documentary or part of a magazine show. I have been invited to share about *jamu* at an event hosted at MHC which was being broadcasted live on social media platform like Facebook; at a magazine show, *Manja*; for a video series on community heritage of Singapore Heritage Festival 2021 (see Fig. 5); and for an episode of a documentary on Malay cultural heritage – *Hilang* (Lost), Season 2 (see Fig. 6).

Figure 5: Filming for a video on *jamu* with demonstration on making two types of *jamu* drink, for Singapore Heritage Festival 2021.



Courtesy of Jamal Mohamad.

Figure 6: Filming for an episode of Season 2 of the documentary, *Hilang*, which features cultural heritage that is at risk of being lost, 26 June 2022.



Courtesy of Elements Pictures

COMMUNITY OF PRACTICE

Towards the end of 2023, friends began to request for opportunities to learn more about *jamu*. The responsiveness and outcome for the first 2-hour workshop held on 16 Sep 2023 motivated the expansion of the workshop into a 4-part series or 8-hour workshop. Figure 7 is a group photo of the second workshop. As participants for this first workshop

were added to a chat group for administrative convenience, the group soon turned into a community of practice.

Figure 7: Every participant of the *jamu* making workshop becomes part of the *Jamu* Makers Collective



According to Wegner & Snyder (2000), a community of practice can be any informal group of people bound by shared expertise and passion for a common cause. Members of the community of practice would share their knowledge and experiences readily. They asserted that a community of practices "can drive strategy, generate new lines of business, solve problems, promote the spread of best practices, develop people's professional skills, and help companies recruit and retain talent". Such benefits would help ensure that the *jamu* ecosystem would continue to grow, specifically in the number of practitioners.

Partnerships and Collaboration

Despite all the work that has been done to promote awareness and educate about *jamu*, the continuity of the tradition would need something more sustainable. Since first reading the Third Renaissance City Plan (MICA, 2008), I have been captivated by the idea of an arts and culture ecosystem:

> "The arts and culture ecosystem is the sum total of all parties that play a role in delivering content to the audience. These include not just the content creators – artists, writers, curators, arts groups, museums – but also the arts businesses and specialised arts services –…" (MICA, 2008, p. 22)

Applying a similar idea to my work on the Javanese cultural heritage ecosystem led me to map the various practitioners. Mapping the Javanese cultural heritage that exists in Singapore with a corresponding list of practitioners helped us identify the individuals or groups to be invited as partners or collaborators for our various projects. It took three years, from 2013 to 2016, to form a team with the necessary connections and an ecosystem to co-organise the *Pusåkå – Heritage and Culture of the Javanese in Singapore* exhibition with MHC. By then, the Javanese Association of Singapore (JAS) was founded and became the entity from which we continued our work. Correspondingly, the administrators of JS formed the core of the ManagementCommittee of JAS.

Due to the effectiveness of this approach, a similar *jamu* ecosystem could be the solution to ensuring the continuity of the *jamu* tradition. As part of growing the ecosystem, partnerships and/or collaborations were sought. For example, I made the conscious decision not to make and sell *jamu* products.

Instead, I purchased *jamu* drinks from From Nature to offer as samples for the workshops we conducted. In forming the ecosystem, the clarity of roles and contributions to the overall effort in safeguarding *jamu* tradition would be key to ensuring adequate motivations for collaborations.

Work on getting more *jamu* related businesses to join the ecosystem has been a challenge. In a recent call for *jamu* makers or sellers to collaborate, very few came forward. Currently, the collaboration with From Nature and the supplier of fresh *jamu* ingredients, Siti Flower Power, has been adequate to promote and educate the public about *jamu*. To grow the ecosystem, current efforts now include reaching out to *jamu* related organisations and groups in the region.

Figure 8: Generic publicity image for the exhibition.



Courtesy of the Malay Heritage Centre.

This effort led to the idea of an Indonesia-Malaysia-Singapore *jamu* ecosystem that could ensure the continuity of the *jamu* tradition in the region, which can then be replicated globally.

SAFEGUARDING THE *JAMU* TRADITION

UNESCO (2003) defined "safeguarding" as "measures aimed at ensuring the viability of the intangible cultural heritage, including the identification, documentation, research, preservation, protection, promotion, enhancement, transmission, particularly through formal and non-formal education, as well as the revitalization of the various aspects of such heritage".

So far, much of the efforts in Singapore has been to identify, document, preserve, protect, promote, transmit and revitalise the *jamu* tradition. The efforts shared above mainly facilitated the documentation (via video recordings), preservation, promotion and transmission of knowledge and practice about *jamu* with the hope that it would revitalise the tradition. A key task in working on the ecosystem would be to identify the practitioners, their practice and products.

Among the identifiable practitioners would be *jamu* sellers who make their own products. These practitioners would likely be managing a micro business, adopting either traditional methods or newer technology to make their *jamu* products.

Micro Businesses in Safeguarding *Jamu*

One of the businesses promoting *jamu* products is From Nature. Established in 2017, its founder started committing to the *jamu* business "to help those in need of natural healing…with the benefits of *jamu*" (see Fig. 9). In 2019, we featured From Nature in our mini exhibition about the Javanese in Singapore, as part of the 4th Javanese Diaspora Event, held in the city of Solo, Central Java, Indonesia.[4] In an attempt to identify the *jamu* practitioners, social media platforms like *Facebook* and *Instagram* were searched for '*jamu'*. Another

[4] The Javanese Diaspora Event began in 2014, when Facebook groups related to Javanese communities outside Java and Indonesia decided to meet in Java for a gathering. It started as an intent to be an annual event but became a biannual event from 2015. Today, the coordinating committee, as formed with a WhatsApp chat group, has representatives from more than 10 countries. The main representations come from Indonesia, Malaysia, Netherlands, New Caledonia, Singapore and Suriname.

method used was to make a call for *jamu* makers to be recommended in a social media post. The search and call resulted in a total of nine identified *jamu* sellers, including From Nature (see Table 2)

Figure 9: Poster of From Nature, as part of Singapore representation at the exhibition accompanying the Javanese Diaspora Event, 2019.



Table 2: Non-exhaustive list of *jamu* related businesses in Singapore.

No.	Name of Business/Brand	Social Media Presence	*Jamu* Products
1.	From Nature (SFA Certified Kitchen) with e-commerce site	Facebook Instagram	*Kunyit Asam* *Maharani* *Arjuna* *Temukunci Sirih* *Beras Kencur*
2.	Nadia's Kitchen	Facebook	*Kunyit Asam*
3.	Nek Zainah Kitchen (SFA Certified Kitchen)	Facebook Instagram	*Jamu Kunyit*
4.	*Jamu* by Dania Safia with e-commerce site	Facebook Instagram	For Gentlemen For Women For Fertility Glu-Shot
5.	*Jamu* by Mbasantik	Facebook Instagram	*Kunyit Asam* *Beras Kencur* *Sehat Wanita* *Temulawak* *Gula Asem*
6.	Seri Cooks	Facebook	*Kunyit Asam*
7.	Spice Train *Jamu* Juice with e-commerce site	Facebook Instagram	Zhinger Range of cold-pressed juices with *jamu* shot
8.	The *Jamu* Apothecary with e-commerce site	Facebook	*Asam Kunyit*
9.	Tradishot with e-commerce site	Instagram	Detox

Compared to the hundreds of *jamu* companies in Indonesia, the number of practitioners in Singapore who sell their *jamu* products would appear miniscule. Yet, it would be useful to note that most of them started their

business less than ten years ago. They were also least likely to be factored in the studies that were done, with the last paper published in 2017. Micro businesses rely on a consistent demand to ensure the continuity of their business. Their continued presence in social media served as an indicator that there has been adequate demand.

The prevalence of an increasing number of *jamu* related businesses provide assurance that there would be adequate products and practitioners. With efforts in transmitting knowledge through workshops in schools, public education, media coverage and forming a community of practice there would be much hope that the practice would continue.

CONCLUSION

The discussion so far has taken the perspective of the WHO Traditional Medicine Strategy and has not adequately addressed the entirety of safeguarding the *jamu* tradition. The ecosystem approach and four ontological categories of cultural heritage would demand a much wider involvement of products, practices and practitioners that will adequately safeguard the objects, datasets, mindsets and performances that accompany the *jamu* tradition.

For this purpose, the next phase of the project would call for more partnerships and collaborations. In recent months, efforts have been made to reach out to groups and institutions in the region that could grow the ecosystem along four pathways or strategic directions – (1) primary production; (2) research and development; (3) manufacturing for scale; and (4) business models for equitable distribution.

The approach to be taken would be along cultural affiliation that the *jamu* tradition has with the Javanese diaspora to be found in many countries within and outside the region such as in the Netherlands and Suriname. As I end this paper, we have been working towards forming an International Workgroup for Safeguarding *Jamu* Tradition.

ACKNOWLEDGEMENT

It has been a privilege to be invited by the National Heritage Board to represent Singapore for this conference and for the organiser to provide support for travel and accommodation. In addition, this paper would not have been possible without the access to James Cook University's library resources.

REFERENCES

Elfahmi, Woerdenbag, H. J., & Kayser, O. (2014). Jamu: Indonesian traditional herbal medicine towards rational phytopharmacological use. *Journal of Herbal Medicine*, *4*(2), 51–73. https://doi.org/10.1016/j.hermed.2014.01.002

Graburn, N. H. H. (2000). What is Tradition? *Museum Anthropology*, *24*(2–3), 6–11. https://doi.org/10.1525/mua.2000.24.2-3.6

Homer, Alice E. 1990 The Assumption of Tradition: Creating, Collecting, and Conserving Cultural Artifacts in the Cameroon Grassfields (West Africa). Ph.D. dissertation in anthropology, University of California, Berkeley.

Lim, M. K., Sadarangani, P., Chan, H. L., & Heng, J. Y. (2005). Complementary and Alternative Medicine Use in Multiracial Singapore. *Complementary Therapies in Medicine*, 13(1), 16–24. https://doi.org/10.1016/j.ctim.2004.11.002

Ministry of Information, Communication and the Arts (MICA) (2008), *Renaissance City Plan III*. https://www.nac.gov.sg/docs/default-source/resources-files/arts-masterplan/arts-and-culture-strategic-review-(2012)/renaissance-city-report-3-(rcp3).pdf

Muñoz-Viñas, S. (2023). *A Theory of Cultural Heritage: Beyond the Intangible* (1st ed.). Routledge. https://doi.org/10.4324/9781003288121

Tan, S., Guo, H., & Chow, A. (2023). Complementary and Alternative Medicine (CAM) Use and its Association with Antibiotic Asage Practices: A nationally representative population study. *International Journal of Antimicrobial Agents*, 61(6), 106796–106796. https://doi.org/10.1016/j.ijantimicag.2023.106796

Tania, Inggrid (2019). "The Role of Jamu Gendong and Its Philosophy for Healthy Ageing." International Conference on Traditional and Complementary Medicine di One World Hotel, Selangor, Malaysia, 3 – 5 August.

Tania, Inggrid (2019). "The Philosophy of Traditional Indonesian Medicine: Holistic Concept and Basic Characteristics." International Conference

on Ayurveda and Traditional Healthcare in Southeast Asia di Universitas Hindu Indonesia, Bali, Indonesia, 30 November - 1 December.

Tuschinsky, C. (1995). Balancing Hot and Cold—Balancing Power and Weakness: Social and Cultural Aspects of Malay Jamu in Singapore. *Social Science & Medicine (1982)*, 41(11), 1587–1595. https://doi.org/10.1016/0277-9536(95)00225-V

UNESCO. (2003). Text of the convention for the safeguarding of the Intangible Cultural Heritage, https://ich.unesco.org/en/convention

Wardani, R. S., Schellack, N., Govender, T., Dhulap, A. N., Utami, P., Malve, V., & Wong, Y. C. (2023). Treatment of the Common Cold with Herbs Used in Ayurveda and Jamu: Monograph Review and the Science of Ginger, Liquorice, Turmeric and Peppermint. *Drugs in Context*, 12, 1–10. https://doi.org/10.7573/dic.2023-2-12

Wenger, Etienne C. & Snyder, William M. (2000). Communities of Practice: The Organizational Frontier. *Harvard Business Review*. https://hbr.org/2000/01/communities-of-practice-the-organizational-frontier

WHO (2013). WHO traditional medicine strategy: 2014-2023. https://www.who.int/publications/i/item/9789241506096

Zainal, H. B. (2012). Reviving Singaporean-Malay Cultural Identity through Health Tourism: A Case Study of Traditional Malay Medical Practitioners in Singapore's Geylang Serai. *International Journal of Arts & Sciences*, *5*(6), 241-257.

Zakaria, F., & Zainal, H. (2017). Traditional Malay Medicine in Singapore: A Gramscian Perspective. *Indonesia and the Malay World*, 45(131), 127–144. https://doi.org/10.1080/13639811.2017.1275156

THAILAND

International Conference on

INTANGIBLE CULTURAL HERITAGE

Local Heritage Wisdom: A Traditional Medicine

19th - 22nd November 2024 | Avanté Hotel, Selangor, Malaysia



LESSONS LEARNED ON SAFEGUARDING AND SUSTAINABILITY OF TRADITIONAL MEDICINE IN THAILAND

SIRIRAK ARATRAKORN
Department of Thai Traditional and Alternative Medicine,
Ministry of Public Health, Thailand
aratrakorntip@gmail.com

ABSTRACT

This paper offers a comprehensive analysis of the legislation and outcomes associated with preserving and promoting traditional medicine practices in Thailand. Traditional medicine, which encompasses a diverse array of practices including herbal remedies, folk healing, and indigenous treatments, is deeply embedded in Thai culture and history. However, its preservation faces significant challenges due to rapid modernization, shifting health priorities, and regulatory complexities. This presentation reviews key lessons learned from various initiatives aimed at safeguarding traditional medicine, highlighting both successful strategies and areas for improvement.

The analysis explores the development of robust regulatory frameworks that can protect traditional medicine from potential exploitation and ensure its safe use, covering effective approaches to documenting and standardizing traditional practices, ensuring that these valuable methods are accurately recorded and can be reliably used. It examines the integration of traditional medicine within the contemporary healthcare system, emphasizing the importance of aligning traditional practices with modern medical standards while respecting their cultural roots.

The paper reveals effective practices and policies that have contributed to the long-term preservation and relevance of traditional medicine in Thailand's dynamic healthcare landscape. Moreover, the role of local authorities is crucial in the sustainability of traditional medicine. Engaging local communities in the preservation and promotion of their own practices helps maintain cultural continuity and fosters local expertise. Interdisciplinary collaboration, involving traditional practitioners, healthcare professionals, and policymakers, is essential for creating effective and inclusive health strategies.

Keywords: legislation, safeguarding, traditional medicine, interdisciplinary collaboration

INTRODUCTION

According to Sobhanasiri (2012), traditional medicine in Thailand has a rich history, tracing its roots to practices used by royalty before the 13th-century Sukhothai period. This tradition, influenced by Brahmanism, Buddhism, Chinese medicine, and Western medicine, evolved through interactions with the Chinese-influenced Kingdom of Funan, the Indian-influenced Khmer civilization, and Tai ethnic healing traditions.

Thai Traditional Medicine (TTM) dates back to the Sukhothai dynasty (1238-1377) and operated alongside other medical systems into the twentieth century. (Sobhanasiri, 2012). King Chulalongkorn (Rama V, reign: 1853-1910) was instrumental in modernizing Thailand's healthcare system. He introduced a comprehensive medical training program and expanded the development of modern hospitals to improve healthcare accessibility and quality. His public health initiatives focused on disease prevention and sanitation improvements, significantly advancing public health. Much of this progress was driven by his son, Prince Mahidol, who furthered these reforms by establishing Thailand's first medical school and integrating Western medical practices. Together, their efforts transformed Thailand's medical landscape, blending traditional and modern practices and laying the foundation for future advancements in healthcare (Muangman, 1987).

King Vajiravudh (Rama VI, reign: 1910-1925), who succeeded King Chulalongkorn, furthered the modernization of Thailand's medical and cultural landscape by continuing the engagement with Western practices. His reign was marked by a deepened interest in Western culture, which he utilized not only to advance Thailand's modernization efforts but also to foster a sense of Siamese nationalism (Baker & Phongpaichit, 2005; Cohen, 1991; Mulder, 1973). Both kings took a proactive approach in modernizing Siam by sending many members of the royal and noble families to study in Europe and North America. This international education was part of a broader effort to assimilate Western knowledge and practices into Siamese society. In a parallel move, the government enacted legal restrictions that significantly affected the medical field. These regulation included imposing limitations on medical practice and explicitly banning the inclusion of traditional medicine in the curriculum of public medical schools (Sobhanasiri, 2012).

Traditional medicine, which had previously been fundamental to the royal medical system, and folk medicine, which was widely practiced in local communities, were demoted to second class. Despite governmental limits on medical practices and the banning of traditional medicine from official medical institutions, many folk healers continued to provide healthcare services. They stayed involved in their communities, especially in rural places where access to sophisticated biomedical treatments was limited (Sobhanasiri, 2012).

After World War II, the Thai government was forced to turn to traditional medicine because of a shortage of medicinal products, which brought about a change in the situation (Sobhansiri, 2012). Once more, traditional medicine information was printed and disseminated in textbooks during World War II (Sobhansiri, 2012). Other privately owned institutions appeared in the north, south, and center regions of the country after the establishment of the Traditional Medical School of Thailand in Wat Phra Chetuphon (Wat Pho) (Sobhansiri, 2012).

A significant shift occurred after World War II in 1978 when the World Health Organization, through the Alma Ata Declaration and its

international gatherings, endorsed the integration of traditional medicine into diverse healthcare systems (WHO, 1978a, 1978b). In response, the Thai government established a dedicated agency within the Ministry of Public Health, now known as the Department of Thai Traditional and Alternative Medicine (founded in 2002). Additionally, new and updated legislation, such as *The Practice of the Art of Healing Act B.E.2542 (1999 A.D.)*, was introduced to support this approach.

The Practice of Art of Healing Act B.E.2542 (1999 A.D.)[1] provided three avenues for individuals to get a traditional medical practice license: 1) passing a test after studying or training with traditional practitioners in an institution or sanatoria, 2) passing the test after graduating from a university with a qualification in Thai traditional medicine or applied Thai traditional medicine, and 3) being certified by a government office and passing the evaluation of a Thai traditional medicine committee. The first two avenues allow anyone to pursue a degree in Thai traditional medicine from a recognized school or university. The learning tradition has been limited by these channels to students' official registration. The last channel provides a way for folk healers who have learned from spiritual guidance or apprenticeship under a healer to become licensed practitioners.

The announcement of the Protection and Promotion of Thai Traditional Medical Knowledge Act B.E. 2542 (1999 A.D.)[2] in 1999, which came into effect on May 27, 2000, marked a pivotal moment in the evolution of Thai traditional medicine. This legislation represents a proactive and innovative approach to safeguarding Thailand's rich medical heritage and its natural resources. The Act was carefully crafted as a forward-thinking measure to address the potential challenges of preserving traditional knowledge and biodiversity. The major purpose of the act is to safeguard Thai traditional medical knowledge and Thai herbs from biopiracy and misuse. As a result, traditional medical knowledge recorded in specific classical texts, certain traditional medicine formulas, valuable Thai herbs, and their natural habitats are now being protected. Nonetheless, the act has significantly impacted the development and promotion of Thai traditional medicine in both

[1] The Practice of Art of Healing Act B.E.2542 (1999 A.D.), in Government Gazette, volume 116, title 39 kor, 18 May 1999, page 28-48.

structural development and financial support.

By implementing these legal safeguards before the ratification of the Convention on Biological Diversity (CBD), Thailand demonstrated its commitment to protecting its unique cultural and natural assets from exploitation and loss. This forward-looking strategy has played a crucial role in ensuring that traditional medical practices are respected, preserved, and integrated into the modern healthcare framework, reflecting a deep appreciation for the country's historical and ecological wealth.[2]

In this paper, I review the key lessons learned from various efforts to protect traditional medicine, highlighting both successful methods and areas needing improvement. This review covers effective strategies for documenting and standardizing traditional practices to ensure that this valuable knowledge is accurately recorded and reliably utilized. The analysis is based on legislation data and in-depth interviews, illustrating the activities that have emerged following the implementation of the mentioned Acts.

1. THE PROTECTION AND PROMOTION OF THAI TRADITIONAL MEDICAL KNOWLEDGE ACT B.E.2542 (1999 A.D.)

The Protection and Promotion of Thai Traditional Medical Knowledge Act B.E.2542 (1999 A.D.) has had a profound influence on the advancement of Thai traditional medicine promotion in Thailand. The provisions of this law require the establishment of a committee to oversee promotion and protection efforts, the creation of a responsible agency, and the formation of a fund supported by the state budget to finance various projects that advance its implementation. These measures have significantly contributed to the rapid development of Thai traditional medicine, leading to the establishment of the Department of Thai Traditional and Alternative Medicine, which recently plays a key role in driving the ongoing advancement of Thai traditional medicine.

[2] The Protection and Promotion of Thai Traditional Medical Knowledge Act B.E.2542 (1999 A.D.), in Government Gazette, volume 116, title 120 kor, 29 November 1999, page 49-69.

1.1 STRUCTURAL DEVELOPMENT IN PUBLIC SECTOR

In Chapter I of the Act, it is stipulated that the Protection and Promotion of Thai Traditional Medical Knowledge Committee must be established. The committee members include the Directors-General of various departments that could potentially be stakeholders in the use of Thai traditional medicine. They are chosen from a pool of medical practitioners and individuals with expertise, skills, or experience in Thai traditional medicine, and those involved in its production, distribution, or the cultivation and processing of herbs.

This committee plays a vital role in advancing Thai traditional medicine by overseeing the approval of orders to revoke registrations of rights related to Thai traditional medical knowledge. Furthermore, it is instrumental in promoting and enhancing the use of Thai traditional medical knowledge and herbs, as well as issuing rules regarding the submission and consideration of appeals, the creation of a register of Thai traditional medical knowledge, the management, earning, and spending of the fund, and the performance of works related to the protection and promotion of Thai traditional medical knowledge and herbs.

According to Chapter I, section 12, this act also requires the establishment of a government authority within the Ministry of Public Health. This authority will have the power and responsibility to undertake any action related to protecting and promoting education, training, research, and development in Thai traditional medical knowledge and herbs. Furthermore, this authority will serve as the secretariat and technical support for the committee. Initially established within the Department of Medicine, the Institute of Thai Traditional Medicine was then formally recognized and subsequently evolved into the Department of Thai Traditional and Alternative Medicine (DTAM) on October 2002.[3]

DTAM's mission is to develop the academic field and services of Thai traditional and alternative medicine. This includes promoting and developing research, knowledge management systems, and the

[3] Data from https://www.dtam.moph.go.th/history-and-emblem/

production of traditional medicinal resources and products. Additionally, it aims to protect, conserve, and promote the wisdom of Thai traditional medicine and indigenous medicine. The department also works to enhance the quality and standards of related services for integration into the healthcare system, ensuring that they are high-quality, safe, and accessible to the public. DTAM's policies and strategies have been the driving force behind the remarkable progress made in Thai traditional medicine and complementary medicine.

Moreover, The Act underscores the principle of decentralization in Chapter I, Section 13, designating the Director-General of the Department for Development of Thai Traditional and Alternative Medicine shall serve as the Central Registrar, while the Chief of the Public Health Office in each province shall be the Registrar for that province. The Act has led to a decentralized approach, with general managers being hired using financial support from
the Thai Traditional Medical Wisdom Fund to work in provincial public health offices. Presently, these general managers have been appointed as government employees of the Ministry of Public Health, assigned to provincial public health offices. Their salaries are then funded by the Ministry's budget.

These general managers, as representatives of the provincial registrars, are responsible for implementing the Act at the local level. The personnel in this group are responsible for implementing policies and acting as nodes in the field for various related operations. This includes gathering and recording data into the database system, which encompasses information on traditional knowledge, different types of personnel (such as growers, producers and processors, distributors, traditional healers, and others). They are an important workforce for the works on Thai traditional wisdom creating a large volume of databases on personnel[4] and wisdom[5] in Thai traditional medicine.

[4] The TTM personnel are classified into 6 categories: folk healer, scholar, NGO, grower and processor, producer and distributor, and practitioner.

[5] The TTM wisdom is classified into 2 group: TTM formula, and TTM treatise.

1.2 THE RIGHTS ON THAI TRADITIONAL MEDICAL WISDOM

Chapter II of the Act addresses the protection of Thai traditional medical knowledge, including traditional medical formulas or recipes and traditional medical treatises or textbooks. The Act categorizes the protection rights into three types: national, general, and personal. The level of protection for each type varies in detail as follows:

1) National Thai Traditional Medicine (TTM) formulas or treatises with significant medical or public health value are identified based on specific criteria:

   - They must be TTM formulas or treatises compiled, developed, or refined by government or public agencies, with documented references of their origins.

   - They should represent national heritage worthy of preservation, be valuable for research, impact the country's economy, or have potential for new drug development to address medical or public health issues.

   - They must not be protected under existing laws related to the protection and promotion of TTM knowledge.

   The act also states the permission requirement, fee payment, and benefit sharing in case of using national formulas or treatise for commercial benefit as written in the section 19 as follow:

   > *"Section 19. Whoever desires to apply a national formula of Thai traditional medicine for medicinal formula registration and for drug production license under the law on drugs, or to conduct study and research with a view to improve or develop the new formula of drug for commercial benefit, or to conduct study on national treatise on Thai traditional medicine with a view to improve or develop the new Thai traditional medical knowledge for commercial benefit, shall submit an application for license thereto and pay fee as well as consideration for utilization thereof to the licensor".*

A Ministerial Regulation will govern the application process for permissions, restrictions, and compensation related to the commercial use and protection of these National TTM Formulas or Treatises. Thus, the national traditional medical formulas and treatises are protected by these legislations. As of March 2022, there are 48,159 TTM formulas from 612 treatises and 536 stone inscription recognized as National TTM Formulas or Treatises. Some of the formulas and treatises are donated by folk healers and Thai traditional medical practitioners who have no one to inherit their knowledge.

2) General TTM formulas or textbooks are widely used and have been declared by the Ministry of Public Health as traditional household remedies under drug laws or for primary health care. These include formulas or textbooks compiled, developed, or improved by public agencies or deemed safe and effective for treating diseases.

3) Personal TTM formulas or textbooks refer to those associated with individuals who Invent or develop TTM formulas or textbooks, improve or refine existing TTM formulas or textbooks, or inherit TTM formulas or textbooks. As of 2023, 51 formulas have been registered as personal TTM formulas. The major obstacle to registering personal TTM formulas and textbooks is the incompleteness of applications, particularly those submitted directly by folk healers or individuals. However, many successful applications have been submitted by a public organization, The Biodiversity-based Economy Development Office (BEDO), which hires professional scholars to work with folk healers to collect data and act as representatives in applying for personal right registration. Additionally, the personal TTM formulas or textbook can be converted to general ones if it is expired. The rights to a personal Thai Traditional Medicine (TTM) formula or textbook are valid for the lifetime of the rights holder. If there are no heirs, the rights remain valid for up to fifty years following the death of the rights holder. After this period, the formula or textbook will be notified in the government gazette to be a general formula or treatise of Thai traditional medicine.

1.3 THE PROTECTION OF TTM HERBS AND NATURAL RESOURCES

The implementation of the Convention on Biological Diversity (CBD) and the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from Their Utilization is governed by the 36 articles outlined in the Protocol. These regulations encompass genetic resources, culturally transmitted knowledge related to these resources, and the benefits derived from their use. They adhere to the principles of biodiversity conservation and sustainable use, in alignment with the objectives of the CBD.

The Department of Thai Traditional and Alternative Medicine (DTAM) actively participates in preparatory meetings for the World Intellectual Property Organization (WIPO) Intergovernmental Committee (IGC) and provides input to enhance the protection of genetic resources, traditional knowledge, and cultural expressions. Their goal is to advocate for a legally binding agreement that supports the principle of access and benefit sharing, to be adopted by 182 member countries globally.

DTAM plays a crucial role in the biological diversity conservation and utilization committee, as mandated by Section 19 of the Protection and Promotion of Thai Traditional Medicine Wisdom Act B.E. 2542 (1999A.D.). This section governs the application, permission, and utilization of National Thai Traditional Medicine (TTM) formulas and treatises. The Ministerial Regulation of B.E.2558 (2015A.D.) on applications, permissions, and the remuneration from the use of these national TTM resources stipulates that a portion of the benefits must be reinvested.

Under the Act, the Ministry of Public Health has the authority to declare any herb that is at risk of extinction, has educational or research value, or is economically significant as a controlled herb, with the aim of conserving and promoting its sustainable use. These legislations control the quantity of medicinal plants, require declarations to the Central Registrar (DTAM or its authorized representatives). In 2006, there are five plant species listed in the Ministry of Public Health's

announcement on controlled herbs which are *Pueraria candollei* Graham & Benth. var. *mirifica*, *Pueraria candollei* Graham & Benth. var. *candollei*, *Butea superba* Roxb., and *Mucuna macrocarpa* Wall. Lately in 2022, cannabis or cannabis extracts, belonging to the Cannabis genus, are classified as controlled herbs under the Ministerial Announcement on Controlled Herb (Cannabis) 2565B.E. (2022A.D.)[6].

Moreover, the Act also points to the protection of the natural resource of medicinal plants, encouraging to establishment designated protected areas or natural resources related to Thai traditional medicine. As per Chapter 3, Section 57 of the Act, the Ministry of Public Health, in consultation with the Committee, shall formulate a herbs protection management plan to safeguard medicinal plants and their natural habitats. This plan will focus on areas that are ecologically sensitive or face threats from human activities within designated conservation zones. Due to the complex legal requirements for establishing land without ownership, no indigenous medicinal plant conservation areas had been officially recognized until recently.

Recently, in 2024, the Department of Thai Traditional and Alternative Medicine piloted the first model area for designating a protected medicinal plant zone: Nong Pan Forest. This area spans approximately 44 hectares within the Wang Yao Public Commons Animal Grazing Area, Nong Pan, Wang Chumphu Subdistrict, Phro Charoen District, Bueng Kan Province. It is designated as a protected medicinal plant zone under Section 61 of the Thai Traditional Medicine Protection and Promotion Act B.E. 2542 and is currently undergoing the official designation process for publication in the government gazette, with a management plan already in place.

1.4 FUTURE DIRECTION OF THE PROTECTION AND PROMOTION OF TRADITIONAL MEDICINE IN THAILAND

[6] Ministerial Announcement on Controlled Herb (Cannabis), in Government Gazette, volume 139, special title 137 ngor, 16 June 2022, page 9.

Since then, the Protection and Promotion of Thai Traditional Medical Knowledge Act B.E.2542 (1999 A.D.) has been used or more than twenty years. In 2017, the Department of Thai Traditional and Alternative Medicine proposed a new act that would replace the present one. The revised content includes updates to align with current circumstances, expanding protection to cover community traditional medical knowledge, improving measures to protect and promote Thai traditional wisdom more effectively, adding criminal penalties for violations of the provisions regarding the use of traditional knowledge, and adjusting the fees to be more appropriate for the present day. The Act was approved in principle on 4 April 2017, but due to subsequent amendments, a public consultation was held again in 2018. However, even now, the new Act has yet to be enacted as a result of the current political climate within the nation's parliament.

2. THE ESTABLISHMENT OF THAI TRADITIONAL MEDICAL KNOWLEDGE FUND

On 31 March 2005, The Thai Traditional Medical Knowledge Fund was established with a budget allocated by the government starting from the fiscal year. This follows the provisions of the Protection and Promotion of Thai Traditional Medical Knowledge Act B.E. 2542, Section 76, which mandates the creation of the Thai Traditional Medical Knowledge Fund within the Department of Thai Traditional and Alternative Medicine. The fund serves as a revolving fund to support activities related to the protection and promotion of Thai traditional medical knowledge. It is managed by a sub-committee chaired by the Director-General of the Department of Thai Traditional and Alternative Medicine. In 2024, 26 projects are being funded[7].

The TTM Knowledge Fund has authority and responsibilities as outlined in the Regulations of the Committee for the Protection and Promotion of Thai Traditional Medical Knowledge on the Administration, Benefit Procurement, and Expenditure of the Thai Traditional Medical Knowledge Fund B.E.2560 (2017A.D.), Section 3, Article 19. This part includes establishing a fund administration office

[7] Ministerial Announcement on Controlled Herb (Cannabis), in Government Gazette, volume 139, special title 137 ngor, 16 June 2022, page 9.

within the Department of Thai Traditional and Alternative Medicine, which acts as the secretariat responsible for administrative tasks and supporting the operations of the fund's executive sub-committee.

The Thai Traditional Medical Knowledge Fund plays a pivotal role in the preservation and advancement of Thailand's rich heritage in traditional medicine. Established to safeguard and promote this invaluable knowledge, the Fund's mission and strategic objectives are designed to ensure that Thai traditional medicine, including medicinal recipes, traditional practices, and herbal medicine, are maintained and enhanced for future generations.

The primary mission of the Thai Traditional Medical Knowledge Fund is to protect and promote the wealth of knowledge associated with Thai traditional medicine. This encompasses various aspects such as Thai medicinal recipes, traditional medical practices, and the use of herbal medicine. By focusing on these elements, the Fund aims to preserve the cultural and medicinal traditions that have been passed down through generations. The mission reflects a commitment to ensuring that this knowledge is not only safeguarded but also advanced in ways that benefit contemporary society.

To fulfill its mission, the Fund has established several strategic objectives. First and foremost, it aims to protect Thai traditional medicine knowledge and herbal medicine from loss or degradation. This involves implementing measures to ensure that traditional practices are preserved and respected. Second, the Fund seeks to study and develop the existing knowledge base, aiming to enhance and advance Thai traditional medicine and herbal practices. This includes research and development initiatives that push the boundaries of current understanding and application. The third objective is to promote and expand the utilization of Thai traditional medicine knowledge and herbal medicine. By encouraging broader use and appreciation, the Fund helps integrate traditional practices into modern contexts. Fourth, effective management of the Fund’s resources is crucial. This objective focuses on ensuring that the Fund operates efficiently and effectively, with robust systems in place for managing and allocating resources. Finally, the Fund supports urgent

policies related to Thai traditional medicine knowledge, working in alignment with the Committee for the Protection and Promotion of Thai Traditional Medical Knowledge and the Department of Thai Traditional and Alternative Medicine. [8]

To achieve these strategic objectives, the Fund employs a variety of strategies. It supports initiatives that aim to protect and promote Thai traditional medicine and herbal medicine, ensuring that these practices are preserved for future generations. This support includes both financial assistance and organizational backing for relevant projects. Additionally, the Fund emphasizes research and development to advance Thai traditional medicine and herbal knowledge. This involves funding studies and projects that seek to expand and refine existing knowledge. Another key strategy is the enhancement of mechanisms for the protection of Thai traditional medicine and herbal knowledge. The Fund works to develop and improve systems across government, private, and community sectors, ensuring a comprehensive approach to safeguarding these traditions. Effective management and evaluation systems are also a priority, with the Fund focusing on maintaining high standards in its operations. Finally, the Fund actively supports urgent policies that address the needs and challenges related to Thai traditional medicine knowledge, ensuring that these policies align with broader objectives set by relevant committees and departments.

3. THAI MASSAGE: A UNESCO INTANGIBLE CULTURAL HERITAGE OF HUMANITY

Thai massage, or "Nuad Thai," is a deeply rooted element of Thailand’s cultural heritage. Distinctive in its approach, Thai massage employs the therapist's hands, elbows, knees, and feet to apply pressure, stretch muscles, and balance the body's energy. This holistic therapy aims to enhance flexibility, relieve tension, and promote overall well-being. The origins of Thai massage are traced back over

[8] Data from the Thai Traditional Medical Knowledge Fund, website: https://fund.dtam.moph.go.th/dtam/index.php

2,500 years, influenced by ancient Indian medicine and practices introduced to Thailand. Over time, it absorbed elements from Chinese medicine and Buddhist teachings, evolving into a unique therapeutic tradition.

December 2019, in the 14th session of the Intergovernmental Committee for the Safeguarding of the Intangible Cultural Heritage, Thai massage was officially recognized by UNESCO under the Representative List of the Intangible Cultural Heritage of Humanity, marking a significant milestone in the preservation and global appreciation of this traditional practice. This designation highlights the profound cultural and historical significance of Thai massage, a therapeutic practice that combines ancient medical wisdom with unique massage techniques.

The journey toward UNESCO recognition began with Thailand's proposal, supported by comprehensive documentation detailing the practice's cultural importance and traditional methods. The recognition was granted during the 14th session of the Intergovernmental Committee for the Safeguarding of the Intangible Cultural Heritage in Bogota, Colombia. This accolade not only acknowledges Thai massage as a cultural treasure but also underscores its value as a living tradition passed down through generations.

The recognition of Thai massage by UNESCO has significantly boosted Thailand's cultural economy, en-hancing tourism and generating global interest in this traditional practice. As travelers seek genuine Thai experiences, Thai massage has emerged as a[9] major attraction, driving both economic growth and cultural exchange. This international acclaim has spurred the creation of Thai massage schools and training programs worldwide, expanding the appreciation of Thai heritage. Within Thailand, the recognition has increased awareness and led to the establishment of the Thai Massage Museum

[9] The news published by the Bureau of International Cooperation, Ministry of Education, THAILAND, website: https://bic.moe.go.th/index.php/twi-pakee-menu/asia-menu/item/2097-43

at Wat Pho, inaugurated by Her Royal Highness Princess Maha Chakri Sirindhorn, underscoring the royal family's dedication to preserving this esteemed tradition.

The UNESCO designation has far-reaching implications for Thai massage. Globally, it has raised awareness and appreciation of the practice, leading to enhanced efforts to preserve and promote it. In response to its UNESCO status, significant changes have rapidly occurred in its development. Thailand has reinforced its commitment to preserving Thai massage through the Department of Thai Traditional and Alternative Medicine. This agency is tasked with overseeing the conservation of traditional practices, including Thai massage, and integrating these practices with modern healthcare approaches. Currently, Nuad Thai, or Thai massage, is included in the list of reimbursable treatments under the National Health Security Office (NHSO) and is available at all public hospitals and approximately 1,000 primary healthcare units across the country.

The department also facilitates training programs and cultural exchanges to promote Thai massage both domestically and internationally. From the initial efforts to promote Thai massage training, the Department of Thai Traditional and Alternative Medicine has actively supported the establishment of Thai traditional medical education in various institutions. Up until now, Thailand has 24 institutions offering degree or diploma programs in Thai Traditional Medicine, accredited by the Thai Traditional Medicine Council under the Traditional Medicine Profession Act, B.E. 2556 (2013). Additionally, there are 13 institutions offering degree or diploma programs in Applied Thai Traditional Medicine, also accredited by the Thai Traditional Medicine Council under the same act.

Furthermore, 83 institutions or healthcare facilities have been authorized to provide training in Thai traditional medicine and Thai massage according to the Traditional Medicine Profession Act, B.E. 2566 (2023). The Department of Thai Medicine and Alternative Medicine also operates 19 regional training centers for Thai traditional medicine and alternative medicine, distributed across 13 health regions.

Moreover, new standards for Thai massage curricula have been established, and traditional practices unique to different regions of Thailand have been promoted. These include Northern Thai "Nuad Tok Sen" (Line-hammering Massage), Central Thai "Nuad Yieb Lek Daeng" (Hot-Iron Foot Massage), Northeastern Thai "Nuad Khid Sen" (Line aligning Massage), and Southern Thai "Nuad Lanka Suka" (Lanka-Suka Oil Massage). These four regional massage styles have been developed into training courses accredited by the Council of Thai Traditional Medicine. Although widespread implementation is still pending due to the transition of the Thai Traditional Medicine Professional Council, the Department of Thai Traditional and Alternative Medicine has begun offering training courses based on these curricula to individuals who have completed training in Thai traditional massage and to practitioners of Thai traditional medicine.

CONCLUSION

Thailand has embarked on the development of Thai traditional medicine through efforts to safeguard and structurally enhance this practice, leading to significant advancements in the field. Today, Thai traditional medicine has successfully integrated into the mainstream health system, accessible through public health facilities at all levels.

A key factor in this progress is the enactment of the "Protection and Promotion of Thai Traditional Medical Knowledge Act B.E. 2542 (1999 A.D.)." This legislation led to the establishment of the Department of Thai Traditional and Alternative Medicine (DTAM), which has been playing crucial roles in integrating traditional medicine into the mainstream healthcare system and promoting Thai traditional medicine preservation.

Additionally, the Act has enabled comprehensive advancements by creating a structured framework that includes a dedicated committee, a centralized authority, and decentralized provincial registrars. It also established the Thai Traditional Medical Knowledge Fund in 2005 to support the preservation and development of traditional medicine. The fund plays a significant role in providing financial support for Thai

traditional medicine projects at both the central and regional levels.

Furthermore, Thai massage received UNESCO recognition as an Intangible Cultural Heritage of Humanity in December 2019. This accolade highlights its historical and cultural significance, further boosting its global profile and integrating it into public health services. Training programs for Thai massage have expanded across numerous institutions, supporting both local and international appreciation. Moreover, the Thai massage curricula have been expanded to include regional styles like Nuad Tok Sen and Nuad Yieb Lek Daeng, which are now included in accredited training courses by the Council of Thai Traditional Medicine.

Overall, the successful integration and preservation of Thai traditional medicine and Thai massage reflect Thailand's commitment to balancing cultural heritage with modern healthcare needs. The continued implementation of reforms and support from institutions like DTAM and the Thai Traditional Medical Knowledge Fund are vital for maintaining and advancing the traditional medicine in Thailand.

ACKNOWLEDGEMENT

I would like to extend my sincere gratitude to the team at the Protection of Thai Traditional Medical Wisdom Group, Division of Protection and Promotion of Thai Traditional and Indigenous Medicine, Department of Thai Traditional and Alternative Medicine, Ministry of Public Health of Thailand, for their invaluable assistance and information.

REFERENCES

Baker, C. J., & Phongpaichit, P. (2005). *A history of Thailand*. New York; Port Melbourne, Vic., Australia; Cambridge University Press.

Cohen, E. (1991). Thai society in comparative perspective: Collected essays.

Muangman, D. (1987). Prince Mahidol—father of public health and modern medicine in Thailand. *Asia Pacific Journal of Public Health, 1*(4), 72-75.

Mulder, N. (1973). *Monks, merit, and motivation: Buddhism and national development in Thailand* (2d rev. ed. Vol. no. 1.). Detroit, USA: Northern Illinois University, Center for Southeast Asian Studies; [distribution by Cellar Book Shop, Detroit].

Sobhanasiri, S. (2012). History of the development of Thai traditional medicine, indigenous medicine and alternative medicine (N. Tima, Trans.). In V. Chokevivat, S. Wibulpolprasert, & P. Petrakard (Eds.), *Thai traditional and alternative health profile: Thai traditional medicine, indigenous medicine and alternative medicine 2009-2010* (1st ed., pp. 1-67). Bangkok: Technical Service Bureau, Department for Development of Thai Traditional and Alternative Medicine, Ministry of Public Health, and Health Information System Development Office.

WHO. (1978a). *Declaration of Alma-Ata*. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/347879/WHO-EURO-1978-3938- 43697-61471-eng.pdf?sequence=1

WHO. (1978b). *The promotion and development of traditional medicine. Report of a WHO meeting*: Geneva, Switzerland.

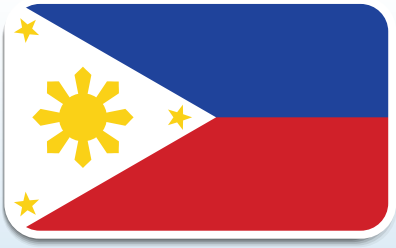
PHILIPPINES

International Conference on

INTANGIBLE CULTURAL HERITAGE

Local Heritage Wisdom: A Traditional Medicine

19th - 22nd November 2024 | Avanté Hotel, Selangor, Malaysia



SAFEGUARDING THE PAST, SECURING THE FUTURE: CHALLENGES AND OPPORTUNITIES IN PHILIPPINE'S TRADITIONAL MEDICINE

***MA. TERESA M. TORRES**
Research and Development Division,
Philippine Institute of Traditional and Alternative Health Care,
Department of Health, Philippines
research@pitahc.gov.ph;
materesa.torres@pitahc.gov.ph

ABSTRACT

This article examines the challenges and opportunities associated with preserving the Philippine's Traditional Medicine (PTM). The paper highlights the importance of documenting and transferring PTM knowledge, addressing intellectual property concerns, integrating PTM with modern medicine, and ensuring the sustainability of medicinal plant resources. It proposes solutions, such as community-based documentation projects, fair trade agreements, research collaborations, and sustainable harvesting practices, to safeguard PTM for future generations. By fostering a collaborative environment between traditional and modern medicine, the Philippines can ensure the continued contribution of PTM to healthcare and cultural heritage.

Keywords: Philippine's Traditional Medicine, documentation, traditional knowledge

INTRODUCTION

The Philippines boasts a rich tapestry of traditional medicine (PTM) practices, passed down through generations. There are around one hundred ten (110) indigenous communities in the country with more than one hundred eighty-five (185) unique ethno-linguistic groups. From the use of medicinal plants by the indigenous communities to the folk healing practices of the lowlands, PTM offers a unique and valuable approach to healthcare.

Philippine traditional medicine is considered a holistic approach to healing, emphasizing the harmonious balance between the human body and mind, environment, as well as social relationships within the community of the 48,513 profiled traditional and alternative health care practitioners in the Philippines, 66.4 to 94.6% of them practice Philippine Traditional Medicine (de Los Reyes, *et. al 2024*), with some iterations, due to the cultural and ethnolinguistic diversity. Despite the practice being not regulated and integrated into mainstream health care, it is still strongly considered a form of primary health care, especially in the underserved areas of the country. Safeguarding and ensuring the sustainability of Philippine Traditional Medicine requires a multi-faceted approach.

CHALLENGES IN PHILIPPINE TRADITIONAL MEDICINE (PTM)

Documentation of Traditional Knowledge and Practices in Health

The documentation of Philippine's traditional medicine is fraught with several challenges such as oral tradition, lack of written records, regional differences, and cultural sensitivity, factors which are due mainly to its geography. The majority of these indigenous cultural communities/indigenous peoples (ICCs/IPs) inhabit mainly the major island of Mindanao (63%), followed by Luzon (34%), and a few in Visayas (3%) (NCIP 2016, Dapar 2020).

Traditional knowledge and practices in health, like in many countries, is transmitted orally. Oral traditions, passed down through

generations, can lead to the loss or distortion of information over time. Additionally, the absence of written records makes it difficult to trace the origins, evolution, and effectiveness of traditional practices.

Regional differences in Philippine traditional medicine further complicate the documentation process, as practices and beliefs vary significantly from one region to another. Finally, cultural sensitivity is crucial in documenting traditional medicine, as it requires respect for the beliefs, practices, and values of the communities involved.

Figure 1: Ethnographic Map of the Philippines (Dapar, 2020)



The loss of knowledge poses a significant challenge to the documentation of Philippine traditional medicine (Abe and Ohtani, 2013; Rubio and Naive, 2018; Picot and Demayo, 2021). When traditional healers pass away without sharing their expertise with younger generations, valuable information and practices can be lost forever. This can be attributed to factors such as lack of succession plans, the increasing influence of Western medicine, cultural changes, deforestation, and stigma associated with traditional practices. Such losses hinder the documentation process and limit the potential for research and development of traditional medicine.

Limited Scientific Research and Integration into Mainstream Health Care System

The World Health Organization, through the WHO Traditional Medicine Strategy 2014-2023, recognizes the importance of traditional medicine in keeping populations healthy. In underserved areas of the country, PTM is the most accessible form of primary health care. The WHO noted also in the report, that the key to its integration into the mainstream health care system is building a strong knowledge base that will:

a. **Provide evidence-based support:** Scientific research could validate the effectiveness of traditional remedies, making it easier to integrate them into mainstream healthcare systems;

b. **Identify potential risks:** Research could identify any adverse effects or contraindications associated with traditional medicine, ensuring its safe use;

c. **Improve quality:** By understanding the factors that influence the quality of traditional medicine products and practices, the WHO could promote standards and guidelines to ensure their safety and efficacy; and

d. **Inform policy development:** A strong knowledge base could inform the development of evidence-based policies and

guidelines for the regulation and integration of traditional medicine into healthcare systems.

The Philippine Institute of Traditional and Alternative Health Care is a government-owned and controlled corporation that is mandated to encourage research and development in traditional and alternative health. Since 2009, it has funded and managed only fifteen (15) researches in relation to the documentation of PTM, including similar researches such as ethnobotany and ethnopharmacology.

On the other hand, the Philippine Council for Health Research (PCHRD) and Development's Health Research and Development Information Network (HERDIN) recorded a total of fourteen (14) researches and sixty-nine (69) local journals on PTM.

As government effort and capacities are limited, agencies have partnered with state colleges and universities to implement/conduct such PTM research. Without rigorous scientific studies, it is difficult to establish the efficacy and safety of traditional remedies, making it challenging to integrate them into mainstream healthcare systems.

Additionally, lack of scientific understanding can lead to the spread of misinformation about traditional medicine, potentially causing harm if remedies are used incorrectly. This can also contribute to the stigmatization of traditional medicine, leading to discrimination against traditional healers and practitioners.

Peace and Order Situations that Limit Documentation

Certain ICCs/IPs have few to no documentation of its traditional knowledge and practices due to the peace and order situation of the local. Communist insurgence and clan feuds affect the safety of the ICCs/IPs, many times leading to delay or discontinuation of the study.

BENEFIT SHARING AND INTELLECTUAL PROPERTY

Benefit Sharing. The Philippines is a member of the Convention on Biological Diversity, that supports the implementation of the Nagoya Protocol on *Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization (ABS) to the Convention on Biological Diversity*. Prior to the Nagoya Protocol, the country already has in place a Joint Administrative Order No. 1 series 2005 *"Guidelines for Bioprospecting Activities in the Philippines"* between the Department of Environment and Natural Resources (DENR), Department of Agriculture, Palawan Council for Sustainable Development, and the National Commission on Indigenous Peoples (NCIP) that outlines the guidelines for bioprospecting activities in the Philippines. It establishes a framework to regulate the exploration, collection, and utilization of biological resources, ensuring their sustainable use and equitable benefit-sharing.

Most recently, the DENR- Biodiversity Management Bureau undertook ***Implementing the National Framework on Access and Benefit Sharing of Genetic Resources and Associated Traditional Knowledge in the Philippines Project (ABS Project)***, which sought to increase economic opportunity and biodiversity conservation for indigenous peoples and local communities in the Philippines through fair and equitable sharing of biodiversity benefits. Funded by the Global Environment (GEF) and the United Nations Development Programme, the ABS Project is the Philippines' initiative to strengthen compliance with the Nagoya Protocol, an international agreement that seeks to provide a transparent legal framework to implement the fair and equitable sharing of benefits arising from the utilization of genetic resources.

Intellectual Property. Traditional knowledge, which is often passed down orally, does not fit neatly into the Western framework of intellectual property rights, making it difficult to protect. Protecting traditional knowledge through IPRs can sometimes conflict with cultural beliefs and practices, as it may require formal documentation and ownership claims, to which many ICCs/IPs are not fully equipped or well-informed.

OPPORTUNITIES IN PHILIPPINE TRADITIONAL MEDICINE (PTM)

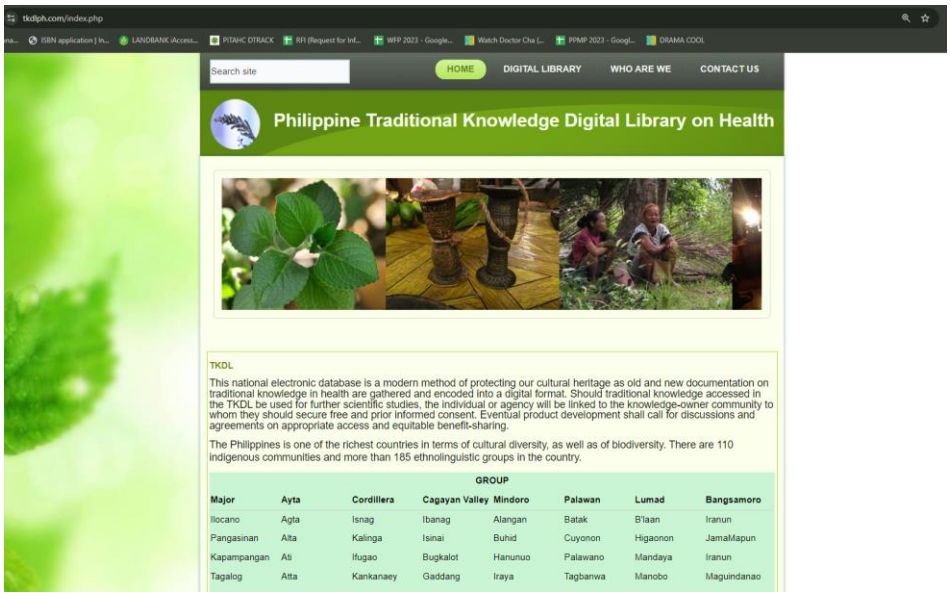
Integrating PTM Into PHC: Keeping the Culture Alive

Integrating PTM whilst keeping the culture alive is the true measure of success of integration. As a country with a diverse population, the use of PTM is both a health need and a belief system. When the COVID-19 pandemic struck the country and the hospitals were full, Filipinos looked towards the old customs of healing. Interest towards PTM was rekindled as herbal remedies, steam *"suob"* or *"tuob"* (inhalation therapy), and *hilot* became the primary health care method for the Filipino household.

A culture-sensitive PTM is important for it to be accepted. It should be tailor-fitted to the community. It is still, however, more beneficial, for PTM to be evidence-based. Conducting researches on a practice's or remedy's effectiveness and safety, will not only yield better patient care, but also recognition and trust, from a physician's point of view. The WHO recommends that researches and innovations should be accompanied by a focus on knowledge management, including intellectual protection rights. Knowledge-based policies, especially regarding possible mechanisms for its integration at different levels of care should also be undertaken.

The University of the Philippines - Manila, in collaboration with PITAHC and PCHRD, created the Philippine Traditional Knowledge Digital Library on Health. It serves as the database for ICCs/IPs traditional knowledge on health. It includes a materia medica, researches conducted, and health practices used by our ICCs/IPs. There is much that can be improved with the database including accessibility and availability to research institutions, to get a much clearer status of PTM research activities in the country.

Figure 2: Philippine Traditional Knowledge Digital Library on Health



Further, the Department of Health, through the Bureau of Local Health Systems Development, with the NCIP, and the Department of the Interior and Local Government (DILG), developed the IP Health Strategic Plan. The plan seeks to enhance the quality and accessibility of healthcare services for IPs, promote culturally appropriate health interventions, and strengthen the capacity of IPs to participate in their own healthcare decisions. Ultimately, the goal is to achieve health equity for IPs and improve their overall quality of life.

ECONOMIC POTENTIALS OF PHILIPPINE TRADITIONAL MEDICINE (PTM)

PTM offers significant potential for economic development. Some unique ways include:

1. **Export Market**: The Philippines boasts a diverse array of medicinal plants and traditional practices that are unique to the region. These can be developed into unique products for export, such as herbal supplements, essential oils, and beauty products.

2. **Demand for Natural Remedies**: There's a growing global demand for natural and organic products, especially in health and wellness sectors. Philippine traditional medicine can tap into this market.

3. **Domestic Tourism**: The country can promote health and wellness tourism by offering traditional medicine retreats, spas, and healing centers. This can attract both domestic and international visitors. Cultural experiences where traditional medicine practices often involve cultural rituals and ceremonies,can be incorporated into tourism experiences, providing visitors with a unique and authentic cultural immersion.

4. **Job Creation**: The cultivation of medicinal plants and the production of traditional medicine products can create jobs in agriculture, manufacturing, and related industries.

5. **Healthcare and Tourism**: The growth of traditional medicine tourism can also lead to job creation in the healthcare sector, hospitality industry, and related services.

6. **Intellectual Property Rights**: Protecting traditional knowledge through patents and copyrights can help prevent biopiracy and ensure that the benefits of traditional medicine are shared fairly. Licensing and commercialization of patented traditional medicine products can generate revenue for the country.

7. **Rural Development**: PTM can be integrated into community-based development programs, providing opportunities for rural communities to participate in the economy and improve their livelihoods.

By strategically harnessing the potential of Philippine traditional medicine, the country can contribute to economic growth, create jobs, and promote cultural heritage. However, it is essential to ensure that

the development of traditional medicine is done sustainably and with respect for indigenous knowledge and practices.

CONCLUSION

The Philippines' rich culture of traditional medicine (PTM) offers a valuable approach to healthcare, especially in geographically isolated and disadvantaged areas. Despite its widespread use, PTM faces numerous challenges, including limited documentation, insufficient scientific research, and peace and order issues.

To address these challenges and ensure the sustainability of PTM, several strategies are necessary: (1) implementing comprehensive documentation efforts, including digital databases and oral history preservation, can safeguard traditional knowledge; (2)investing in rigorous scientific research can validate the efficacy and safety of traditional remedies, facilitating their integration into mainstream healthcare systems; (3) creating supportive policies that recognize and regulate PTM can ensure its safe and ethical practice; (4) Fostering collaboration between traditional healers, healthcare professionals, and communities can promote mutual understanding and respect; and (5) leveraging PTM's economic potential through export markets, tourism, and job creation can contribute to sustainable development.

By addressing these challenges and implementing appropriate strategies, the Philippines can harness the full potential of traditional medicine, promoting cultural heritage, improving healthcare access, and contributing to economic growth.

REFERENCES

Abe, R., & Ohtani, K. (2013). An ethnobotanical study of medicinal plants and traditional therapies on Batan Island, the Philippines. *Journal of ethnopharmacology*, *145*(2), 554-565.

Dapar, M. L. G., & Alejandro, G. J. D. (2020). Ethnobotanical studies on indigenous communities in the Philippines: current status, challenges, recommendations and future

perspectives. *Journal of Complementary Medicine Research*, *11*(1), 432-446.

De los Reyes, C.S., Crisostomo, M. E., Labina, C. S., Imperial, R. H., Hernandez, L. I., Maminta, G.C., Maminta, O.A. (2024) Profiling survey of traditional and alternative health care (TAHC) practitioners in the Philippines - Phase I and Phase II. Philippine Institute of Traditional and Alternative Health Care, Quezon City.

Department of Environment and Natural Resources, Department of Agriculture, Palawan Council for Sustainable Development, and the National Commission on Indigenous Peoples. 2005. Joint Administrative Order No. 1. Guidelines for bioprospecting activities in the Philippines.

Department of the Interior and Local Government. Indigenous Peoples' Strategic Plan for Health 2018-2022.

Pucot, J. R., & Demayo, C. G. (2021). Ethnomedicinal documentation of polyherbal formulations and other folk medicines in Aurora, Zamboanga del Sur, Philippines. *Biodiversitas: Journal of Biological Diversity*, *22*(12).

Rubio, M. M., & Naïve, M. A. K. (2018). Ethnomedicinal plants used by traditional healers in North Cotabato, Mindanao, Philippines. *J Biodivers Environ Sci*, *13*(6), 74-82. NCIP (2016). Indigenous Peoples Master Plan (2012–2016). National Commission on Indigenous Peoples, Quezon City, Philippines

World Health Organization**.** (2013). *WHO traditional medicine strategy: 2014-2023*. https://iris.who.int/handle/10665/92455

ACKNOWLEDGEMENT

The Ministry of Tourism, Arts and Culture expresses its deepest appreciation and thanks to all those who are involved and provide support to make the International Conference on Intangible Cultural Heritage 2024 a success.

MINISTRY OF TOURISM,
ARTS AND CULTURE

WARISAN

unesco
Centre
Under the auspices
of UNESCO

ichcap
International Information and Networking Centre
for Intangible Cultural Heritage in the Asia-Pacific Region
under the auspices of UNESCO
유네스코 아태무형유산센터



Department of National Heritage
Ministry of Tourism, Arts and Culture

Mezzanine & 15th-20th Floor
Menara Permodalan Nasional Berhad (PNB)
No 201-A, Jalan Tun Razak
50400, Kuala Lumpur, Malaysia

Jabatanwarisannegara JWNinfo HERITAGE TV

www.heritage.gov.my