

An Ethnography of Thai Folk Healing in Patients Suffering from Lomammapart, a Stroke-like Condition

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Abstract: This paper reports on an ethnographic study using Spradley's method, that explored the treatment and outcomes of treatment for patients with *lomammapart* who were cared for by traditional folk healers in Southern Thailand. *Lomammapart* is the Thai Folk Medicine term for stroke. Many patients with *lomammapart* in Thailand choose treatment by traditional folk healers. Data generation involved participant observation and in-depth interviews with key informants, ten folk healers who had experience in treating patients with *lomammapart* as well as general informants, eight patients with the condition. Treatment outcomes for patients with *lomammapart* were measured using the Barthel Index to assess activities of daily living at baseline and after three months.

The findings revealed that the healing methods of *lomammapart*, based on folk medicine, consisted of Jubsen massage, herbal medicine, ritual, and advice. *Jubsen massage* was performed to expel the wind in the bodylines from the upper to the lower parts of body. Herbs that were prepared as hot beverages were used to expel wind in the bodylines and intestinal system and to eliminate the toxicity from the body to the excretory system. Rituals were performed to heal the spiritual self. In addition, the perceptions of success or otherwise of the efficacy of the treatments provided and the associated treatment outcomes were reported by folk healers and patients. Measurement of activities of daily living indicated that treatment resulted in the patients having better movement, and in sleeping, feeding, excretion, functioning of the body organs, living in society, and normal sensations. The findings of this study will help nurses' to understand the health practices of folk healers based on beliefs and culture regarding care of such patients, so that they can try to integrate this knowledge with modern health care services to support patient needs. The rich findings also contribute to understandings of cultural knowledge of care and treatment in Thailand.

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Background

Stroke is one of the leading causes of mortality and long term disability worldwide including Thailand.¹⁻² Although there has been rapid advancement of medical technologies, there remains a lack of success in curing chronic diseases such as stroke. There are many countries where complementary and alternative medicines (CAM) are used in the management of

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stroke (cerebrovascular accident – CVA).³⁻⁵ A previous study at two university hospitals in Korea found that most people who had experienced a stroke utilised CAM within three months following the CVA and 57% of the users reported the treatment modalities were effective.⁶

In Thai Folk Medicine (TFM), stroke is referred to as *lomammapart* because these conditions have similarities of some causes and symptoms.⁷ *Lomammapart* results from wind illness that occurs when the direction of the flow of the wind from the upper to the lower body is disrupted.⁷ When the bodylines become obstructed, toxic wind causes obstructive blood circulation. This then impacts on the heart's capacity to push blood to the upper part of the body, especially into the brain, thus the symptoms of *lomammapart* occur.⁸

TFM is a health care system in Thailand developed by local cultures and underpinned by traditional knowledge, beliefs, and practices of ordinary people thus approaches vary from region to region. Thailand has a long history of utilizing folk medicine to treat *lomammapart*, although there is a dearth of evidence on the treatment modalities and the efficacy of these interventions. Currently, many patients with *lomammapart* choose traditional folk medicine because they trust the providers and the treatment regimes offered.⁹ TFM is also a treatment of choice for patients with *lomammapart* who have been treated post-stroke by conventional western medicine following discharge from hospital.¹⁰

Several benefits of TFM therapies in the management of *lomammapart* have been reported. For example, the methods of massage on blood vessels, nerves, ligaments, and tendons improve functioning and arrangement that facilitates elimination and prevention of obstructive circulation.¹¹ A study that investigated a folk healer's practice in Phattalung Province Thailand found that patients with *lomammapart* were treated using daily massage with herbal oil for

2–3 hours. The health of patients improved if they were treated regularly.¹² Similarly Rakdee (2003) reported that patients who received continual massage and herbal medicine following *lomammapart* improved significantly within two weeks of commencing treatment.¹³ Another study¹⁰ showed that two of five patients who were treated by traditional folk healers, on discharge from hospital were significantly improved in motor skills and locomotion. Some of the patients in this study reported that post-stroke recovery was slow but complete and they did not experience any recurrent CVAs. Hatthakit (1999) claimed patients with *lomammapart* chose traditional folk treatment rather than conventional Western medicine because folk medicine was considered to be more effective in treating wind disease. While these studies have added to the body of knowledge on traditional folk healing they involved only small numbers of participants and did not consider the role of conventional community health services.

Utilising both traditional folk medicine and western medicines to treat patients with *lomammapart* is a reality in Thailand, therefore collaboration between health care providers, modern and traditional, is advocated. A study reporting on the barriers to cooperation between folk healers and conventional western health carers identified that the folk healers resisted collaboration. Their opposition to collaboration was related to mistrust and feelings that traditional folk treatments were not valued by western medicine partly due to the lack of a scientific evidence base and that they were not a regulated profession.¹⁴ In addition, studies have found that some patients conceal that they use CAM for fear of retribution.^{6,15,16} Frenkel & Borkan (2003) argued that supporting the rights of patients to access health care of their choice and for their safety, CAM must be integrated into primary care services.¹⁵

Thai massage, polyherbal formulations, and spiritual therapies are major methods that Thai folk

healers use to treat patients who have experienced *lomammapart* treatment. However, in each part of Thailand, there are different beliefs and cultures influencing the practices of folk healers resulting in different treatment regimes. Currently, there is limited information relating to traditional folk medicines in patients with *lomammapart*. This study used ethnographic methods to explore the folk healers' views on *lomammapart* and its major treatments. The in-depth understanding of the ideology and practice of folk healers is important in promoting the use of folk treatment more appropriately and congruently with the needs of patients with *lomammapart*.

The Research Objectives

1. Explore theories and concepts related to TFM and modalities used in treating patients with *lomammapart*
2. Explore the major treatments used by folk healers and the treatment outcomes in treating patients with *lomammapart* in southern Thailand

Method

Design: Spradley's ethnographic method¹⁷ was employed in this exploratory study to learn and understand southern Thai folk healers' experiences and cultural ways of treating patients with *lomammapart*. This enabled analysis and explanation of Thai folk healers' viewpoints, beliefs, cultures, social behavior, practices, and meaning of the recognition of the

complexity of health and illness related to *lomammapart* treatment under TFM context. The Barthel Index was also used to assess patient activities of daily living.

Setting: The study was conducted in ten communities in seven rural districts in Songkhla Province where the folk healers were located. Every community had similar health resources such as a public health center and a district hospital. The workplaces of folk healers were clinics in their houses.

Ethical considerations: Prior to data collection, this study was approved by the Institutional Research Board Committee of the first researcher's university. Informed consent was obtained from all informants after all aspects of the study were explained, including research objectives, assurance of confidentiality and anonymity, and their right to refuse to enter or to withdraw from the study at any time.

Participants: A list of folk healers in Songkhla Province was obtained from the Songkhla Provincial Public Health Office, folk healer networks, and also from literature reviews. The snowball sampling technique to recruit participants was used.¹⁹ Key informants were Thai folk healers residing in southern Thailand who had experience in treating patients with *lomammapart* for over 10 years. The general informants were patients with *lomammapart* who received treatment from the folk healers. The number of key and general informants was finalized after data saturation.²⁰ Eventually, in this study there were ten folk healers and eight patients with *lomammapart* (see **Tables 1 and 2**).

Table 1 Demographic characteristic of key informants – healers (n = 10)

Information	Informant 1	Informant 2	Informant 3	Informant 4	Informant 5
Gender	male	male	male	male	male
Age	59	74	76	75	52
Religion	Buddhist	Buddhist	Buddhist	Buddhist	Buddhist
Marital status	married	married	married	married	married
Highest level of education	primary school	primary school	primary school	primary school	high school
Fields of expertise	massage, herbs	massage, herbs	massage, black magic and others.	massage, herbs	massage, herbs
Primary occupation	rubber tree farmer	rubber tree farmer	rice farmer	rubber tree farmer	fruit farmer
Experiences (years)	25	30	41	45	34
Average income/month (Baht)	15,000	10,000	9,000	8,000	8,000
Hours of work	7.00 am–6.00 pm Tuesday–Saturday	5.00 am–12.00 am Monday–Friday excepted Thursday	7.00 am–no limit except for Buddhist holy days	all the time everyday	7.00 am–12.00 am everyday

Information	Informant 6	Informant 7	Informant 8	Informant 9	Informant 10
Gender	male	male	male	female	male
Age (years old)	65	67	49	58	56
Religion	Buddhist	Buddhist	Buddhist	Buddhist	Buddhist
Marital status	married	married	married	married	married
Highest level of education	high school	high school	high school	primary school	primary school
Field of expert	massage, black magic	massage, herbs	massage	massage, herbs	massage
Primary occupation	fruit farmer	fruit farmer	employee	employee	agriculturist
Experiences (years)	37	42	12	32	24
Average income/ month (Baht)	10,000	10,000	9,000	8,000	10,000
Hours of work	8.00 am– no limit except for Buddhist holy days	7.00 am–6.00 pm everyday	7.00 am–6.00 pm everyday	7.00 am–6.00 pm except Thursdays	8.00 am–6.00 pm everyday

Table 2 Demographic characteristics of general informants – patients (n = 8)

General characteristics	Total
Male	5
Female	3
Age in years	
41–50	1
51–60	3
> 60	4
Marital status	
Married	6
Widowed	2
Highest level of education	
Primary school	3
High school	4
Bachelor degree	1
Occupation	
Government employee	1
Private employee	1
Shopkeeper	2
Agriculturist	4

Data collection: This ethnographic study used various methods for data collection during 2009, including: in-depth interviews; participant observations; field-notes; and audio-recording during field visits. Data were collected and analyzed by using the 12 steps of Spradley’s ethnographic method.¹⁷

Data collection commenced following initial discussions with the participants and their subsequent interviews. All interviews were audio-recorded and subsequently transcribed verbatim for data analysis. The interviews commenced with the first researcher asking general questions and inviting the participants to share their experiences about their work. Structural and contrast questions were asked to generate more specific information for example, “What are all the parts of the bodyline that are appropriate to massage when treating *lomammapart*?”. The data were collected simultaneously with data analysis. In making an ethnographic record, the researcher also photographed important events such as the treatment process of giving massage or herbal prescriptions. The ADL scores were

collected and evaluated by the researcher two times using the Barthel Index¹⁸ to assess the effectiveness of treatments; firstly before the patients were treated by folk healer, and secondly after the patients had received treatment for 3 months. The possible range of scores varied from 0 to 100. A maximum score of 100 means that the patient could be continent; dress, feed, and bath him/herself; walk and ascend and descend stairs independently.

Data analysis: Data collection and analysis were conducted simultaneously to gain understanding as the research progressed during fieldwork. Data analysis using Spradley’s method comprised 4 steps: domain analysis, taxonomic analysis, componential analysis, and thematic analysis.¹⁷ A domain is a collection of categories that have similar kinds of relationships, and analysis of this kind was undertaken by exploring the transcripts to find terms or names that fitted into cover term. Taxonomic analysis was used to make a taxonomy of included terms and to show the relationship among these included terms in

a whole picture within a domain. Componential analysis was used to search for the differences among folk terms in a domain. Componential analysis helped the researcher to understand more of the differences such as the perceptions of treatment outcomes between two groups of informants. Thematic analysis was used to link the relationships among domains and summarize the overview of the cultural scene of the study.

Establishing Trustworthiness: Trustworthiness was established using four criteria: credibility, transferability, dependability and confirmability.²⁰ To achieve credibility, there was prolonged engagement in the field, continuous observations, data triangulation, peer debriefing, and member checking. To achieve transferability, thick descriptions and verbatim quotations of the phenomenon were developed. To achieve dependability, enough information was provided by the first researcher so that other research team members were able to reach similar conclusions by using raw data, and analytical evidence. To achieve confirmability, the data was analyzed, discussed, and checked for the accuracy with the members of research team and the informants.

Results

The key informants

The ten folk healers were local people who lived with their extended families. Most were born into middle class agricultural families who had a family history of being folk healers. Nine healers were male and one female. Most of them had studied up to the fourth year of primary school, while the rest had finished various levels of high school education. All healers were older adults who had trained since they were young. All were Buddhist and were experts in massage, especially *Jubsen* massage, the main technique of massage to investigate and treat the bodylines. Their incomes basically came from donations for the services they provided.

Healers' views on *lomammapart*

The folk healers had similar viewpoints on *lomammapart* as described below.

Characteristics and Causes of the Disease

Lomammapart was defined as the wind illness that is a severe condition with a sudden onset of symptoms. The patients were usually taken to a folk healer with an alternation of consciousness, weakness of half of the body parts and shoulder dislocation.

Deficiency of the wind element was a major cause of the disease because of insufficient power to mobilize the blood circulation. Normally, the wind element flows through the bodylines to supply the energy throughout the body. If there is a deficiency of the element for a long time, it will cause the disruption of bodylines and wind obstruction. All of the healers defined bodylines as tendons, rather than other parts such as flesh, fascia, nerves or blood vessels.

There are five hundred large tendons and five thousand small ones. The human body consists of tendons all over. Many body parts such as bone, flesh, and fascia are all connected by tendons that are actually the bodylines. (K7)

There were three main forms; atrophy, embedded and tight bodylines that consequently affected the flow of the wind element within the bodylines. Patients with *lomammapart* usually had many obstructions along the bodylines resulting in paralysis of the muscles supplied by the bodylines. Most healers linked wind obstruction to circulation disruption. The weakness of the body could be a result of the disruption of wind and blood circulation. Thus many explanations relating to causes of the disease, symptoms, investigations and treatments often involved bodylines and blood circulation.

Risk factors

The risk factors perceived as causing *lomammapart* were exposure to cold weather and poor quality of daily

life including eating unhealthy foods. Most healers (n = 7) said that exposure to cold weather caused coldness of the bodylines that led to wind and blood circulation obstruction.

Lomammapleuk or lomammapart and every kind of bodyline disease is defeated by coldness. We should not let our body get cold and it should be always kept warm. The colder the weather, the more the wind is obstructed. (K1)

Additionally, unhealthy foods such as food contaminated with chemical substances, and fatty and salty foods, were believed to make people prone to lomammapart.

Many people enjoy eating salty, fatty and sweet food as well as pig and cow entrails. If they do not control their nutrition and continue eating what they like, it may lead them to lomammapart when they get older. (K7)

Major folk treatments for patients with lomammapart

There were three main folk treatments used to treat lomammapart namely massage, herbal medicine, and spiritual treatment. Additionally, advice during treatment was also important.

Massage

All healers used massage in order to release the wind obstruction by pressing on certain points on the bodylines. The massage points are scattered on the bodylines throughout the body. The massage is applied to stimulate the bodylines by a technique called “Jubsen”. The wind within the bodylines then circulates well on its path if the massage is performed properly. On the first visit, a short massage was performed for every new patient to balance adjustment of the bodylines. On later visits, the duration of the massage was gradually increased until it reached an appropriate duration and remained thus. The duration of massage therapy differed among the folk healers from ten

minutes to 2 hours for each treatment. Every healer used massage oil with massage treatment. Various herbal concoctions and massage oils were used according to the need of properties for treatment. The massage oil must be blessed by reciting an incantation before being applied to patients to render the massage oil effective and able to heal the bodylines.

After the bodylines were adjusted, the healers made appointments for the patients to be massaged regularly, twice every three days or every other day until full recovery. There were two primary reasons for using Jubsen massage: rearranging the bodylines, and propelling the wind element and eliminating the toxic wind.

1. Rearranging the bodylines

The healers provided Jubsen massage in order to release the atrophy, embedded, and tight bodylines to reduce overlapping and loosen them to their normal positions. This massage helped to release the obstructed wind and resume the flow of the wind element.

The atrophy, embedded, and tight bodylines were pulled back up and loosened by light massage. Massage does not require much strength but only applying the pressure to the right bodylines and right spots is required. The bodylines will be loosened and return to their original location. So the bodylines would have a clear path and the obstructed wind would be able to get through. (K2)

2. Propelling the wind element and eliminating the toxic wind

Every massage was followed by propelling the wind in order to facilitate it to flow downward along the bodylines from head to toe. If the congested wind was not released, it could cause toxic wind that was harmful to the body of patients' and could cause edema of the related parts of the body. Patients feel pain when receiving Jubsen massage at the congested wind areas. Therefore, propelling the wind helps to release toxic

wind, to recover from edema, and patients would be without pain, which was a sign of better circulation of the wind in that area. When the wind flowed from the upper to the lower part becomes normal, then, the wind flowing from the lower part will flow automatically to the upper part.

Simultaneously, opening the wind gate was conducted by applying pressure at a point of wind gate on the bodylines. The main wind gate which was the center of all bodylines was located around the navel. It was treated to allow the flow of the wind element throughout the whole body together with other wind gates such as the elbow, wrist, groin, ankle, and beneath the knee groove.

Herbal medicine

Six healers used herbal medicine complementarily with massage until the patients recovered, while some of them only prescribed herbal medicine to the patients with severe symptoms. Herbal regimens for *lomammapart* varied but only 1–2 effective regimens were chosen to heal patients. Each regimen contained different herbs with different amounts/weights and properties depending on the symptoms of illness, but were mainly hot to the taste to expel wind and to counteract the effect of the coldness. These polyherbal medicines can be divided according to their therapeutic actions into eleven properties: herbs for excreting toxins, purifying blood and lymph, dissolving clotted blood and activating blood circulation, nourishing the blood, expelling wind, nourishing the bodylines, reducing contusions or inflammations, nourishing the four elements and strengthening the body, nourishing the heart, reducing edema and blood pressure, and excreting urine, and nourishing the brain.

Rituals

Most folk healers employed rituals and belief in supernatural powers as a part of the diagnosis and treatment. Incantation was an important component and essence of the healing process. Healers often

recited incantations in order to prevent bad things happening to themselves and patients, to ensure an effective massage and to encourage recovery from the illness easily. Different incantations of calling for the bodylines was usually used prior to massage in different areas and symptoms, so healers needed to concentrate on the treatment while massaging.

Incantation is used at all times when doing massage starting from the very moment my hands touching the patients. Each patient would be massaged differently depending on his or her symptoms and area of the problem. Magic words must be recited while massaging. The ancient letters in an incantation would be changed to another one right after an embedded bodyline is found in one certain area. While healing, my mind must be stable, concentrated and cannot think about other things because wrong letters may be used. (K6)

A few folk healers used magical methods because they believed that there was a mystery which controlled the effectiveness of treatments and that they acted as intermediaries in healing patients. One of the participants wrote an incantation on his hands prior to treatment, because he believed that the massage would be more effective. Another folk healer looked intently at betel leaf for diagnosis and used a pen to drag along the bodylines together with reciting incantation to loosen the bodylines resulting in a clearer pathway of the wind.

Using incantations in lomammapart helps loosen the bodylines, promote circulation and link the tendons, blood vessels and muscles all together. I always massage while reciting an incantation. I do Jubsen massage to stimulate the bodylines. I just recite an incantation, pull the bodylines and use Jubsen massage, thus aches and numbness all disappear. (K3)

Advice during treatment

Advice was another important component of the folk healers' treatment during the healing process. The most common advice was about exercise, prohibited foods, and herbal medicine. Several foods and drinks were prohibited, for example, alcoholic beverages such as liquor, beer as well as fermented foods, high fatty foods, four-legged animal meat such as beef and pork, animal entrails, and very salty or sweet food. Folk healers often advised the patients to take enough rest, and avoid staying in cold places such as air conditioned rooms. Dharma practice was also recommended because it was believed that the merit gained from the practice might help heal the illness. Additionally, the good relationship between patients and healers and trust in the healers could result in more effective treatment and better advice for patients.

Treatment outcomes in the perceptions of folk healers and patients with lomammapart

The data on health outcomes of the treatment in this study were collected from both the healers and the patients with lomammapart and the ADL score. The perceptions of treatment outcomes is compared between the folk healers and patients with lomammapart in Table 3. From the treatment experiences of healers, a crooked mouth would disappear and patients would be able to speak if the points and bodylines were massaged correctly and regularly. However, in treating patients, such traces of disorder as crooked mouth or swaying remained high in most cases. Only a few patients did not have the leftover symptoms. Although some patients have a normal appearance, a feeling of numbness and inadequate circulation remained.

Table 3 Comparison of the perceptions of treatment outcomes between the folk healers and patients with lomammapart

Activity	Positive treatment outcomes in the perceptions of folk healers	Positive treatment outcomes in the perceptions of patients
Ability of movement	<ul style="list-style-type: none"> - being able to balance oneself, sit, stand, and walk - being to help oneself - being able to perform daily routines 	<ul style="list-style-type: none"> - being able to help themselves without assistance from others - being able to perform daily routines
Sleeping	<ul style="list-style-type: none"> - being able to sleep 	<ul style="list-style-type: none"> - being able to sleep
Function of body's organs	<ul style="list-style-type: none"> - Their hands and feet were able to function - crooked mouth is disappear 	-
Feeding	<ul style="list-style-type: none"> - being able to eat 	<ul style="list-style-type: none"> - being able to eat
Excretion	<ul style="list-style-type: none"> - no constipation 	-
Sensation	<ul style="list-style-type: none"> - being able to speak, hear and see 	<ul style="list-style-type: none"> - being able to speak, hear and see as usual
Living in society	<ul style="list-style-type: none"> - being able to work 	<ul style="list-style-type: none"> - enable to return to work normally

Treatment outcomes using Bathel Index

During the initial consultations with the folk healers, the ADL scores of patients varied from 0 to 40. Following treatment from the folk healers for 3 months, the treatment outcomes could be divided into three groups. Firstly, when patients were treated by folk healers from the duration of onset to 3 months after, patients' recovery in two out of three cases resulted in an ADL score of 70–80. Secondly, of the patients who saw a folk healer after three months and up to until 2 years following a *lomammapart*, one in three achieved an ADL score of 55. Lastly, the Bathel Index scores did not increase in two patients who saw a folk healer after two years or longer following *lomammapart*.

Negative outcomes were also reported, such as patients could not move their arms or legs, and could not walk due to very severe symptoms, because they came for the treatment quite late. However, the patient's recovery was depending on three main factors: the expertise of the healers; the spirit of patients and caretakers; and financial support for long-term treatment. Therefore, once they could help themselves, they did not come for treatment any longer because they concerned about expenses.

Discussion

Most of the folk healers in this study defined *lomammapart* as a wind illness, because the cause is related to the deficiency of the wind element. This was congruent with Traditional Chinese Medicine (TCM) that describes the illness as having a rapid onset and change, and many symptoms such as facial palsy, hardly to move on the affected side, usually caused by wind element.²¹ According to the Chawadarn textbook of Traditional Thai Medicine⁷ an abnormality of wind element causes the wind illness. Exposure to cold weather and taking unhealthy foods are risk factors of *lomammapart* that were congruent with findings in the literature.^{7, 22, 23}

The wind element normally flows up and down in the human body between head and toes. *Lomammapart* is possibly a result of an abnormal flow of the wind element within the bodylines against the original direction leading to a turbulent flow of the wind element. When it cannot flow as usual, the bodylines become distorted. Thus, the wind might be obstructed at any part of the disrupted bodylines. This leads to a lack of energy to blow the wind element along its bodylines as well as to block the blood circulation. Currently, there is no study explaining how the wind channel and blood circulation are linked. However, a previous study examining Thai massage found that blood circulation could be elevated for a moment by opening a wind gate.²⁴ Research relating to TCM supported the thesis that blood circulation could be increased by acupuncture.^{25, 26} In comparison, there are many points on the bodylines similar to the meridians of TCM. According to the *Theory of Ten Major Lines*, the bodylines are connected throughout the body.²⁷ This is similar to the blood vessels that link together in the circulatory system. Thus, the bodylines may lie close to the blood vessels and link together by nerve.²⁸ There is invisible energy supplying the human body through the wind element.²⁹ It means that the bodylines may supply the energy to the blood vessels that are located nearby. If any point of the bodylines is obstructed it can have an effect on blood vessels proximal to this area, thus eventually affecting blood circulation in the body. Consequently, the obstruction of the wind element and the blood circulation leads to a loss of motor functions of the related areas supplied by the wind element and blood vessels.

The folk treatment for *lomammapart* emphasizes curing the peripheral body to stimulate the flowing of wind element that activated blood circulation. This treatment is holistic and consists of massage, herbal medicine, and spiritual rituals. A Thai massage, herbal medicines, and physical therapies can aid recovery and the return of functionality from *lomammapart* as measured by Bathel ADL Index and also improve

mood, reduce pain, and enhance sleep status of patients.³⁰ *Jubsen* massage was performed by the folk healers to expel the wind in the bodylines by massaging in the direction from the upper to the lower part of the body. Folk healers usually massage in one direction from head to toe to expel wind as it is believed that massaging in mixed directions (up and down) can lead to variations in blood pressure.³¹ In addition, massage is performed to rehabilitate patients, stimulate the wind and blood circulation to the brain, loosen the bodylines, soften the stiffness of joints, and reduce the suffering of stiff muscles.³² Herbs are used to expel wind both in the bodylines and intestinal organs, to stimulate the blood circulation, to eliminate toxic wind through defecation, and to prevent constipation. Wing (1998) argued that foods, medicine, and illnesses have hot and cold properties that impact on how they should be used.³³ Wind illness is a cold disease that should be treated with hot herbs to affect the body heat. Most herbal recipes are composed of various herbs that have different properties to manage the symptoms. Most herbalists prescribed herbal medicine which has many ingredients in different proportions especially hot taste to correct the wind element problems.³⁴ Since most patients with *lomammapart* suffer constipation, herbs are also used to remove the waste and toxins in the body to the elimination system. In addition, this prescription has ingredients to encourage urination in order to reduce high blood pressure.³² There were three main beliefs that influenced the attitudes and practices of the folk healers in this study, namely, beliefs in Buddhism, Brahmanism, and supernatural powers. Brahmanism has beliefs of rituals and supernatural powers.³⁵ However, the philosophy, theories, and concepts was possibly influenced by Buddhism in that life is made up of body and mind or five aggregates.³⁶ This principle is closer to the meaning of health in the holistic perspective. In addition, Brahmanism emphasizes the performance of rituals as a way to please God.³⁷ Spiritual performances give spiritual power to folk healers to have confidence in treating

patients. A previous study found that the rituals were also a way for spiritual healing, allowing patients to have confidence, to protect them, and to guard them from disease.³⁸ Another study also stated that the folk healers always give treatment such as massage and herbs along with specific incantations or supernatural beliefs.²²

Both the folk healers and the patients perceived that TFM successfully treated *lomammapart*. Those patients who received treatment by the folk healers within 3 months after the onset, were found to have a higher Barthel Index score. A previous study also found that patients who saw folk healers within 3 months of having a *lomammapart* and who continued treatments for 3–6 months, had a better chance of recovery than patients who did not follow this treatment plan.³¹ Other research found that rehabilitation in the early stage should last for 6–12 weeks or until functional improvement is produced.³⁹ Accessing intermittent treatment has been related to negative outcomes for patients who have experienced a *lomammapart*.³¹

The strengths of TFM in treating *lomammapart* were related to the effectiveness in the rehabilitation phase. The treatment modalities were not harmful to patients and congruent with the patients' beliefs and cultures. Spiritual performance and rites were an important component of TFM that helped unite body and mind and contributed spiritual power of the patients to the positive outcomes of the treatment.

Limitations and recommendations

The study participants were from one geographical area and limited to direct experiences of southern Thai folk healers. The generalizability of the findings to other parts of Thailand may not be possible. Also, the language barrier was an obstacle to describe the content in the report, and it is recommended that this be addressed in similar studies in future. Some folk terms relating to TFM are more difficult to be translated into English.

It is common that TFM treatments are not integrated into medical systems because of concern about the efficacy of these treatments. It is therefore recommended that clinical trials be undertaken to evaluate the therapeutic value of these interventions. Future studies need to consider health outcomes of folk medical therapy in other areas. TFM requires further examination of its effectiveness using the scientific methods such as applying some physiological tests to see the efficiency of massage.

Implications for Nursing Practice and Research

A collaborative practice model should be developed and implemented that supports the links between the health care system and the range of TFM approaches. Knowledge of TFM is useful for nurses if they are to understand the implications for patients who use folk healing as well as contemporary western medical approaches.

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References

1. WHO. Stroke Statistics.[online]2008. [cited 2012 Dec 30]. Available from: <http://www.who.int/mediacentre/factsheets/fs310/en/>.
2. Bureau of Health Policy and Strategy. Number of Deaths and Death Rates per 100,000 Population by Leading Causes of Death, 2007–2011. Health Information Unit, the Ministry of Public Health. [online]2011. [cited 2012 Dec 30]. Available from: <http://bps.ops.moph.go.th/Healthinformation/topten54.pdf>.
3. Kim YS, Wang J, Mann D, Gaylord S, Lee HJ, Lee M. Korean oriental medicine in stroke care. *Complementary Health Practice Review*. 2005, 10(2): 105–117.
4. Shan SH, Engelhardt R, Ovbiagele B. Patterns of complementary and alternative medicine use among United States stroke survivors. *Journal of the Neurological Sciences*. 2008, 271: 180–185.
5. Liao CC, Lin JG, Tsai CC, Lane HL, Su TC, Wang HH, et al. An investigation of the use of Traditional Chinese Medicine in stroke patients in Taiwan. *Evidence-Based Complementary and Alternative Medicine*. 2012, 2012: 387164.
6. Shin YII, Yang CY, Joo MC, Lee SG, Kim JH, Lee MS. Patterns of using complementary and alternative medicine by stroke patients at two university hospitals in Korea. *eCAM*. 2007, April 23: 1–5.
7. Paetsart Sonkhrao textbook: conservative version. *Textbooks of Thai Traditional Medicine*. Bangkok, Sarm Charoen Panich; 1992 [Thai].
8. Sangpunha A, Suriyachaiyakorn J. Thai traditional therapy: unit 14. Health science, Sukhothai Thammathirat University; 2007 [Thai].
9. Suwankhong D, Liamputtong P, Rumbold B. Existing roles of traditional healers (*morbaan*) in southern Thailand. *Journal of Community health*. 2011, 36: 438–445.
10. Hatthakit U. Family-oriented self-care: An ethnographic study of stroke patients in Thailand. Dissertation of Doctor of Philosophy of School of Nursing at the Curtin University of Technology, Australia; 1999.
11. Chinwanitcharoen S, Thiyaworanunt S, Lithisorntanoo P, Thongsangworn D. Study of indigenous knowledge of Thai folk healer: A case study of Mr. Fua Khayankarn. The Thai Traditional Medicine Institute, the Ministry of Public Health; 2002 [Thai].
12. Nhootim P, Sittikraipong C, Pukanadd P, Thangsukleuthai P. The study of Thai wisdom: case study of Mr. Phaa Raknui, Phattalung Province. The Thai Traditional Medicine Institute, Department for Development of Thai Traditional and Alternative Medicine, the Ministry of Public Health; 2007 [Thai].
13. Rakdee A. Health seeking behavior of patients using Thai traditional medicine in Changwat Pattani. Master of Education Thesis in Community Development Education, Prince of Songkla University; 2003 [Thai].

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14. Suwankhong D, Liamputtong P, Rumbold B. Traditional healers (morpheunbaan) in southern Thailand: the barriers for cooperation with modern health care delivery. *Journal of Community health*. 2011, 36: 431-437.
15. Frenkel MA, Borkan JM. An approach for integrating complementary-alternative medicine into primary care. *Family Practice*. 2003, 20(3): 324-332.
16. Narayanasamy A, Narayanasamy M. Ayurvedic medicine: an introduction for nurses. *British Journal of Nursing*. 2006, 15(21): 1185-1190.
17. Spradley JP. *The ethnographic interview*. New York: Holt, Rinehart and Winston; 1979.
18. Mahoney FI, Barthel DW. Functional evaluation: The Barthel Index. *Maryland State Medical Journal*. 1965, 14: 56-61.
19. Holloway I, Wheeler S. *Qualitative research in nursing*. 2nd ed. Blackwell Science Ltd, a Blackwell Publishing Company, Osney Mead Oxford OX2, UK; 2002.
20. Lincoln YS, Guba EG. *Naturalistic inquiry*. California: Sage Publication Inc.; 1985.
21. Wannawiboon P. *Ammapleuk/ ammapart* and treatment of Traditionl Chinese Medicine. *Mhor Chao Ban*. 2004, 26(306): 44-47 [Thai].
22. Golomb L. *An anthropology of curing in multiethnic Thailand*. Urbana: University of Illinois Press; 1985.
23. Chokevivat V. The role of Thai traditional medicine in health promotion. 6 GCHP Bangkok Thailand 2005, Department for the Development of Thai Traditional and Alternative Medicine, Ministry of Public Health; 2005.
24. Eungpinichpong W, Kongnaka T. Effects of femoral artery temporarily occlusion on skin blood flow of foot. *Journal of Medical Technology and Physical Therapy*. 2002, 14(2): 151-159 [Thai].
25. Kuo TC, Lin CW, Ho FM. The soreness and numbness effect of acupuncture on skin blood flow. *The American Journal of Chinese Medicine*. 2004, 32(1): 117-129.
26. Hsiu H, Huang SM, Chen CT, Hsu CL, Hsu WC. Acupuncture stimulation causes bilaterally different microcirculatory effects in stroke patients. *Microvascular Research*. 2011, 81: 289-294.
27. Subcharoen P. The line, point and disease in theory of massage. The national of Thai traditional practitioner and herbal medicine assembly: a first time. The Institute of Thai Traditional Medicine, the Ministry of Public Health; 1997 [Thai].
28. Health and Development Foundation. *Textbook of Thai massage 1: The third edition*. Health and Development Foundation (H&DF) and Development of Tradition Thai Medicine Foundation (DTMF); 2007 [Thai].
29. Ryan C, Keiwkarnka B, Khan MI. Traditional Thai Massage: unveiling the misconceptions and revealing the health benefits. *Journal of Public Health and Development*. 2003, 1(2): 69-75.
30. Sibbritt D, van der Riet P, Dedkhard S, Srithong K. Rehabilitation of stroke patients using traditional Thai massage, herbal treatments and physical therapies. *Journal of Chinese Integrative Medicine*. 2012, 10(7): 743-750.
31. The editorial department. *Massage therapy for ammapleuk/ ammapart*. *Herb for Health*. 2007, 7(77): 34-35 [Thai].
32. Tangchitcharoen S. *Ammapleuk/ ammapart* with caring of Thai Traditionl Medicine. *Herb for health*. 2006, 6(62): 97-99 [Thai].
33. Wing DM. A comparison of traditional folk healing concepts with contemporary healing concepts. *Journal of Community Health Nursing*. 1998, 15(3): 143-154.
34. Salguero CP. A Thai Ayurveda. *Journal of the American herbalists guild*. 2006, 6(2): 28-31.
35. Chokevivat V. Policies and Directions for the Development of Thai Traditional Medicine and Alternative Medicine in Thailand. Bangkok: War Veterans Administration Printing; 2003. p. 41-74 [Thai].
36. Paonil W, Sringermyuang L. Buddhist perspectives on health and healing. *The Chulalongkorn Journal of Buddhist Studies*. 2002, 1(2): 93-105.
37. Dokbuar F. *Religious comparison*. 3rd ed. Silapabannakarn publishing, Bangkok; 2006 [Thai].
38. Kulsomboon S, Adthasit R. Status and direction of research on indigenous wisdom for health. *Journal of Thai Traditional & Alternative Medicine*. 2007, 5(1): 50-61 [Thai].
39. Mckevitt C, Redfern J, Mold F, Wolfe C. Qualitative studies of stroke: A systematic review. *Stroke*. 2004, June: 1499-1505.

การวิจัยชาติพันธุ์วรรณนาในการเยียวยาด้วยการแพทย์พื้นบ้านไทยในผู้ป่วยโรคลมอัมพาตหรือสโตรค

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บทคัดย่อ: การศึกษานี้เป็นรายงานการวิจัยเชิงชาติพันธุ์วรรณนาโดยใช้วิธีของ Spradley เพื่อศึกษากระบวนการรักษาและผลการรักษาในผู้ป่วยโรคลมอัมพาตโดยวิธีการทางการแพทย์พื้นบ้านไทยภาคใต้ ซึ่งลมอัมพาตเป็นชื่อโรคที่การแพทย์พื้นบ้านไทยใช้เรียกแทนโรคหลอดเลือดสมอง ผู้ป่วยโรคลมอัมพาตจำนวนหนึ่งเลือกรับการรักษาที่หมอฟันบ้าน ซึ่งในการวิจัยนี้ใช้วิธีการเก็บข้อมูลโดยการสังเกตแบบมีส่วนร่วมร่วมกับการสัมภาษณ์แบบเจาะลึก ผู้ให้ข้อมูลหลักคือหมอฟันบ้านจำนวน 10 คน ซึ่งมีประสบการณ์การรักษานักผู้ป่วยโรคลมอัมพาต และผู้ให้ข้อมูลทั่วไปคือผู้ป่วยโรคลมอัมพาตจำนวน 8 คน

ผลการศึกษาพบว่า การแพทย์พื้นบ้านมีวิธีการรักษาโรคลมอัมพาตที่ประกอบด้วย การนวดแบบจับเส้น การให้ยาสมุนไพร การประกอบพิธีกรรม และการให้คำแนะนำในการปฏิบัติตนต่อผู้ป่วย การนวดจับเส้นเป็นการนวดไล่ลมไปตามแนวเส้นในแนวจากส่วนบนลงสู่ส่วนล่างของร่างกาย สมุนไพรที่ใช้ในการรักษาส่วนใหญ่มีรสร้อนเพื่อขับลมในเส้นและในลำไส้รวมทั้งขับพิษจากร่างกายออกทางระบบขับถ่าย ส่วนการประกอบพิธีกรรมถือเป็นการรักษาทางจิตวิญญาณ ผลการรักษาโรคลมอัมพาตประเมินโดยการวัดคะแนน ความสามารถในการกระทำกิจวัตรประจำวัน รวมทั้งการรับรู้ของหมอฟันบ้านและผู้ป่วยที่เข้ารับการรักษาซึ่งเห็นว่าผลสำเร็จของการรักษานั้นผู้ป่วยต้องมีความสามารถในการเคลื่อนไหวนอนหลับได้ รับประทานอาหารได้เอง สามารถขับถ่ายได้ อวัยวะต่างๆ ทำหน้าที่ได้ตามปกติ ใช้ชีวิตอยู่ในสังคมได้ และมีประสาทสัมผัสที่เป็นปกติ

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