Journal of The Siam Society

THAILAND'S BARE-HEADED DOCTORS : THAI MONKS IN RURAL HEALTH CARE

Sickness, aggravated by malnutrition, continues to be one of the major causes of large-scale rural poverty. When set against a background of dependencies between countryside, town, Metropolis and international relationships with their inbuilt structural injustices, sickness becomes even more debilitating, and facilitates a situation in which western pharmaceutical companies can export inappropriate medicines to developing countries at exorbitant prices. Remedies must be implemented at various levels of which a major long term strategy must be the establishment of self-reliant communities which rely on a combination of indigenous and inexpensive modern medicines. In Thailand, with its resilient Buddhist culture, such communities are best created and maintained by Buddhist monks, whose unbroken historical continuity provides them with an ideal opportunity for transforming Thai society from within. While many of the principles set out in what follows may be valid outside Thailand and among non-Buddhist Thai minorities (Catholics, Protestants and Muslims), there appears to be a uniqueness about the potential role of the Thai Sangha as a vehicle of social change.

In recent years there have been a number of imaginative programmes combining so-called modern and traditional health care systems. This article reviews one such attempt in Thailand, where Buddhist monks are currently being trained in preventative medicine, primary health care, and procedures for the diagnosis and treatment of illness based on a combination of modern and indigenous techniques.

The research is divided into two parts. In August 1983 interviews were conducted with about a dozen monks who had taken part in the *Maw Phra* (หมอพระ, Doctor-Monk) training schemes based on the Wat Samphraya and the Wat Benjamabopitr in Bangkok. These two wats (temples) offer five day courses

for groups of up to fifty monks recruited from Central and Northern Thailand. The monks were interviewed at their home wats in order to ascertain what practical difference the course had made to them. Invariably they mentioned the ability to diagnose accurately, the importance of prevention rather than cure, and the use of a combination of indigenous herbal and inexpensive modern medicines. Some brandished shining clinical instruments donated during the course though few seemed to use them on a day-to-day basis.[1]

The second phase of the research was a detailed questionnaire investigation into the attitudes of young scholar monks at Mahachulalongkorn Buddhist University to the role of the *Maw Phra* in the context of Thai rural life and Buddhist beliefs and practices. The questionnaire was designed in the light of the earlier interviews – thus anthropology shaped sociology.[2] The investigation was conducted during visits to Thailand in December 1983 and 1984 and the data was analysed on the University of Hull's ICL-1904-S computer.

The focus of the investigation was the monks' own understanding of the potential role of the *Maw Phra* in relation to both contemporary social needs in rural Thailand and how "appropriate" *(mo som,* เหมาะสม) or otherwise certain activities are from the point of view of Buddhist orthodoxy. It is not possible, for example, to understand why a monk who is willing to give an injection to a man (especially another monk) may none-the-less feel it totally inappropriate to do the same for a woman, without recognizing the importance of the *Vinaya,* rules of conduct which are binding on members of the Sangha.[3] Thus, as in previous research, social analysis and history are closely interwoven.

The *Maw Phra* programme is important not only on account of its culturally sensitive fusion of tradition and modernity, but also because of its potential as a means of creating long-term self-reliance among communities hitherto undermined by rural-urban and ultimately international patterns of dependency. In *Bitter Pills* Dianna Melrose has provided ample evidence of the mechanisms whereby inappropriate pharmaceuticals are exported to developing countries with disastrous consequences for many people.[4] While national and international legislation to curb the activities of the drug multinationals may be important, the only long-term solution is to create vigorous self-reliant indigenous communities which are no longer obliged to satisfy their medical and other basic needs within a context of dependency.

I. Rural Health Care

The "medical geography" of rural Thailand is a complex mix of Government health care and traditional practice. The former is divided into four levels of which the first three are Government financed and the fourth, though Government sponsored, is voluntary. Tertiary medical care is highly specialised and based on large hospitals such as Siriraj and Mahidol. Dr. Prawase Wasi, who originated the *Maw Phra* programme, is Director of the Siriraj Hospital and Vice-Rector of Mahidol Medical University, both of which are located in the Metropolis (Bangkok-Thonburi).

Secondary medical care is based on provincial (changwat) hospitals of which there are rather more than the seventy-one provinces in the country. At the district (amphur) level less than half the total of 661 districts possessed hospitals a few years ago, and of these only 80 had more than 30 beds.[5] Primary health care tends to be based on the tambol (village administrative unit) rather than the amphur; a typical amphur with a population of 50,000 may be made up of 18 tambols, each of which may contain, say, 12 moo-baan (hamlets). The basic components of primary health care are nutrition, health education, water, immunisation, basic treatment, essential medicines, maternal and child health and sanitation. Voluntary health care occurs at tambol and moo-baan level.

A typical amphur hospital may be staffed by three doctors, five nurses, three midwives, a sanitarian and a dentist. There may be two or three health clinics under its jurisdiction (plus that of the amphur health officers), each run by a sanitarian and a midwife. Sanitarians and midwives train for approximately a year at changwat hospital schools. It is important to distinguish Government midwives *(phadungkhan,* ผดุงครรภ์) from traditional village midwives *(maw tamjee,* หมอตำแย). The former fulfil a much broader role than the delivery of babies, and can also function as "injection doctors" *(maw chiid jaa,* หมอฉีดยา).[6]

Much more could be said about the various levels of official health care. But it is at the village (tambol and moo-baan) level that the modern and traditional medical systems intermesh and at which the *Maw Phra* is able to fulfil an important role. Riley and Sermsri list just under fifty types of *maw* which they encountered in fieldwork conducted in Nakhon Ratchasima (Northeast Thailand) in 1973-74.[7]

The most frequently encountered traditional practitioner was the *maw boraan* (หมอโบราณ), whose range of functions both complements and overlaps those of Government personnel at the tambol clinic (except that babies are always delivered by the midwife). The following example illustrates the kind of role

fulfilled by a typical *maw boraan:*

> Khun Panpikul is *maw boraan* at Bang Pa In. He is also known as *maw suk (suksala),* which suggests that he holds an official medical position, but is neither well-qualified nor well paid. He is seventy-eight years old and learned most of his skills from a monk who died twenty years ago. About sixty people visit him a month, on average two or three per day. Diagnosis and treatment are either free or cost, at most, two or three baht (US$1=27 baht). Villagers and town people recognize his ability to treat diarrhoea, fevers in general (post-menstrual fever was mentioned – probably *puerperal)* and minor illnesses. He knows how to diagnose appendicitis, but would refer the patient immediately to the changwat hospital, a mere ten minutes' ride by samlor. He does not believe that illness is caused by a bad spirit *(winyām)* and does not use spells. His Buddhist beliefs have been strongly influenced by progressive monks such as Putatāt and Paññānanta Pikkhu.(8)
>
> Khun Panpikul has a reputation for curing children's illnesses. A three year old child was brought to him by her mother. She had been sick for a week with a fever and no appetite. Her mother had not taken her to a clinic or to the hospital but had dosed her every day with *Wosing,* powdered aspirin sold at every store for 50 stang per packet (1 baht = 100 stang). This brought the fever down temporarily but it quickly rose again. Khun Panpikul explained that the child had gastro-enteritis which would be aggravated by the acid content of aspirin even though the fever might be reduced. He prescribed *Ya Khiaw,* a herbal medicine which he grew himself.

Khun Panpikul's use of herbal medicines *(samun prai,* สมุนไพร) is one of the most characteristic features of a *maw boraan* and is central to the *Maw Phra* programme. Such indigenously prepared medicines not only cost much less than their imported counterparts, but often produce fewer side effects. Khun Panpikul's medicine chest included cummin oil and *Borapet (Tinospora Tuberculata Beumee,* the stem is used to treat fever).(9)

The role of the *maw saiyasat* (magic doctor, หมอไสยศาสตร์) seemed to be diminishing. Only one *saiyasat* monk was encountered in the Northeast; a lay *saiyasat* practitioner interviewed in Doi Saket (Chiang Mai Changwat) had learned his arts as a novice at the nearby wat:

Khun Sook Samorn is *maw saiyasat* in Moo-baan Luang Tai (Tambol: Cherngdoi, Amphur: Doi Saket), a farming community containing about 280 families. There are three health clinics in the area plus a *maw boraan;* the monk at the nearby Wat Rangsi Sutawat also practices medicine. He learned his skills partly from monks at the Wat and partly from a *maw saiyasat* who came to treat his wife when she was sick.

Khun Sook daily treats two or three people suffering from small wounds, internal swellings, food poisoning, stomach ache and eye diseases; he is particularly noted for his ability to cure children with swellings around the throat *(kangtum).* Treatment involves secret words in Pali, a magic stone found in a rice field, and water, which he spits into peoples' faces to exorcise spirits. He uses neither modern medicines nor *samun prai* (except occasionally a leaf with a sacred word). Poor people are treated free of charge.

Exorcisms are carried out by means of magic words and sacred water. *Phii Phop* (or *Phii Mot*) is a bad spirit who often stays with families; if he is not fed he causes trouble. *Phii Taihong* comes from a person who dies accidentally.

Khun Sook earns his living as a farmer and is well known and trusted in the local community. Since his wife died he has lived alone. He enjoys watching television in the evenings.

Saiyasat activities were seldom mentioned in the Northeast, and there is evidence that their role in village life is diminishing. Jane Bunnag reports that "in Ayutthaya at least, very few monks were *saiyasat.*"[10] Phra Khru Sakorn Sangvorakij, the influential Abbot of the Wat Yokkrabut in Samut Sakorn and a close associate of Dr. Prawase Wasi, maintained that local villagers dislike *saiyasat* practitioners.

Unofficial doctors range from ex-Military personnel who have been trained reasonably well to *maw tuen* ("wild" doctors, หมอเถื่อน) and "Imposters who just manage to escape the criminal courts and the gaols."[11] Benja Yoddumnern has published a detailed account of the full range of traditional *maws.*[12] It is important to note that in any given locality they tend to be recognized for particular skills. Howard Kaufman reports from Bangkhuad on the activities of two *maw boraans,* one of whom is also a head teacher, plus a woman *shaman:* "Each specializes in one

aspect of healing and they do not actually compete with each other."[13]

Village headmen *(puyaiban)* and school teachers *(khru)* may function in either traditional or modern medical sectors. It would not be particularly unusual in the Northeast to find a headman who is both a Government health volunteer and a *maw khwan* (the lay officiant at *khwan* rites).

II. General Characteristics of the Respondents

Mahachulalongkorn University is one of Thailand's two universities exclusively for monks. Its history began in 1890 when King Chulalongkorn moved the monastic school at the Chapel of the Emerald Buddha to the Wat Mahathat. It was accorded university status in 1947. In any given year between 350 and 450 monks may be enrolled for the four year B.A. degree.

Details about Bangkok's two Buddhist universities can be obtained elsewhere.[14] Mahachulalongkorn caters for Maha Nikai monks whereas Mahamakut, its smaller sister institution based on the prestigious Wat Bovornives, is Dhammayut. Education at both is free, funds being derived from the Government, the Sangha and private sources. Monks attend classes in the afternoons and early evening, returning to their wats in Bangkok-Thonburi to sleep.

Mahachulalongkorn describes its main aim as being to provide monks and novices with a level of education commensurate with the tasks of understanding and preaching the Dhamma in contemporary situations. The curriculum is designed "to present the fundamental Buddhist prineiples and doctrines in terms understandable to modern man and in the manner applicable to modern living, both individual and social." The first two years of the B.A. are spent in the Faculty of Buddhism after which candidates can either remain in the same faculty or opt for Education or Humanities and Social Welfare.

All students are expected to meditate regularly and to participate in development programmes. These latter involve practical activities such as the construction of roads, bridges, wells, water pumps, sanitary facilities, power lines, schools and wats, and it is against the background of these programmes that the *Maw Phra* scheme should be set. William Klausner has described the involvement of the Sangha in such activities in the Northeast of Thailand.[15]

Practical development programmes raise major questions as to the "appropriateness" of certain actions for monks. According to the 227 precepts of the *Pātimokkha* a monk must not dig the earth or damage plants. This rules out the

chopping down of trees, but doesn't mean that a monk can't saw a log if somebody else has felled the tree (or it has fallen). It is not "appropriate" for a monk to propel himself in a vehicle because insects and small creatures may die, but he may paddle a canoe, and nowadays may ride on a bus travelling at breakneck speed!

The *Pātimokkha* is particularly important in Thailand because the reforms of King Mongkut, from which the Dhammayut order (or "sect" – neither word is particularly satisfactory) originated, were largely based on it. But the notion of "appropriateness" also contains a significant psychological dimension derived from the values and mores of Thai society. Thus, for example, although a novice is subject only to ten precepts, it is not "appropriate" for him, say, to drive a tractor or pilot a helicopter!

Exceptions to certain activities appear to be made when it is clear that they carry forward the basic purposes or principles of Buddhism. Thus the success of Phra Chamrun, Abbot of the Wat Tham Krabok near Saraburi, in curing heroin addiction, is generally held to justify such traditionally inappropriate activities as clearing up lay people's vomit, building and operating sauna baths, and administering a large community of volatile young men and women. Similarly the desire of a community of more conservative Dhammayut monks near Chiang Mai to preach the Dhamma to the inhabitants of a small adjacent township required the construction and operation of an electric cable car across a dangerous river.[16]

It will be clear from what has been said that medical activities on the part of a monk need careful evaluation before they can be regarded as appropriate. Can a monk take a layperson's temperature, administer medicine, or give an injection? And even granted that he may give an injection to a man, are there any circumstances under which he may ignore the *Pātimokkha*'s strictures in order to give an injection to a woman?

Virtually all monks at the Buddhist universities have migrated to the Capital from the provinces, especially the Northeast which is the poorest part of the country. It is important to distinguish in general terms between monks who ordain at an early age in order to secure a good education and those who ordain for a short time often for specific reasons such as the bestowal of merit *(bun)*. The latter tend to be drawn from the urban commercial "bourgeoisie" and the professional and administrative white collar sections of society, and may disrobe after a few weeks.

Examples of the various routes whereby young men from poor provincial families ordain as novices and migrate to the Capital have been given elsewhere.[17]

Typically a boy may have completed compulsory primary education by the age of thirteen, obtaining the highest grade (*prathom* seven). He could then ordain to the noviciate at a wat near his home and pursue traditional *pariyattitham* studies based on Pali language and texts. To take the higher Pali *parian* examinations he would probably have to move to a provincial capital where he might ordain as a monk in his early twenties, moving eventually to Bangkok where he might enrol for the B.A. at Mahachulalongkorn or Mahamakut.

This, however, is something of an oversimplified picture, and there is a wide spread of possible options. Monks increasingly choose secular educational routes because these equip them for a broader range of jobs if and when they disrobe.[18] By the time they reach the Buddhist universities they may be in their late twenties or thirties. It is not appropriate, incidentally, for a monk to study at a secular university because this would bring him into an unacceptable level of contact with women. (It would also cost too much.)

The questionnaire used at Mahachulalongkorn is reproduced in English in Annex A. The first six questions cover the monks' biographies, qualifications and educational routes. Three hundred and forty of the 400 who received questionnaires returned them. Of these 41% came from the Northeast and 19%, 18% and 19% were born in the North, Central and Southern Thailand respectively. Two respondents came from the Metropolis and six from outside Thailand, notably Indonesia and Nepal. The questionnaires, incidentally, were distributed and collected during class periods by Phra Maha Narong Cittasobhano, the much respected Dean of the University, which meant that they were completed very carefully by the respondents. (It is otherwise not at all "appropriate" for a foreign visitor to give questionnaires to monks, even with the approval of the Thai National Research Council!)

The provinces (changwats) of origin of the Northeastern monks are listed in Figure 1.

Eighteen per cent of the sample (25 monks) were born in Nakhon Ratchasima (Korat), which is not surprising since it contains the largest population in the Northeast. Khon Kaen, with 11% of the sample from a population two-thirds of the size, is equally predictable. But Surin (12%), Si Sa Ket (10%), and Roi Et (9%) are unexpected in comparison with, say, Udon Thani, which has a larger population than Khon Kaen (or at any rate had in 1976), and yet accounted for only 1.4% of the sample. Ubon Ratchathani, with 4.3% of the sample coming from a

comparatively very large population, is probably atypical in that its population decreased between 1970 and 1976.

It is difficult to attribute standards of living to populations whose individual incomes and assets may vary considerably, but it seems reasonable to conclude that the poorest regions of the Northeast produce the largest proportion of monks who gravitate to Mahachulalongkorn. They are, of course, exceptionally talented in comparison with their peers, many if not most of whom never succeed in migrating outside their home province.

III. The *Maw Phra* in Village Context

Respondents were asked to specify who, in their home villages, performs specific functions. Seventy one per cent stated that most babies were delivered by the traditional midwife *(maw tamjee),* 16% specified the Government midwife *(phadungkhan),* 11% gave the amphur hospital, and 2% a local health volunteer (Question 8). Clearly traditional midwives are very much in demand in spite of the fact that their Government equivalents also perform other roles such as giving medicines and injections:

> Khun Charuni is *phadungkhan* at Nong Cha Health Clinic (Amphur: Ban Fang; Changwat: Khon Kaen), which serves approximately 240 farming families. The Clinic also contains a sanitarian and there are three local health volunteers, one of which is deputy *puyaiban.* Charuni has been at the Clinic for three years during which time she has delivered 200 babies, of which just under a third arrived during the first six months of the current year. Does this mean that there has been a baby boom or that people recently lost confidence in the *maw tamjee?* No, the reason is simply that Charuni recently acquired a Honda motorcycle which gives her a head start on the *maw tamjee,* who is very old and travels on foot.

Forty nine per cent of the sample said that the sanitarian gave most injections, 17% specified the amphur hospital, 12% mentioned unofficial doctors, and 11% each specified a private clinic or the Government midwife (Question 9). The question: Which of the following is best for curing sickness? scored 78% for a combination of both western medicine and medicinal herbs. Twenty per cent indicated western medicine alone, and 2% specified *samun prai* (Question 12). It was clear that the monks understand the legitimate role of modern medical science.

Figure 2 indicates the first choice of medical assistance for specific health

problems in the monks' home villages (Question 7 – the responses are not mutually exclusive and the category "other" has been removed from the percentages). The unofficial doctors, who in practice give a sizeable proportion of injections (12%), are ranked consistently low. The *maw saiyasat* only comes into his own with psychological problems (28%), and, surprisingly, severe stomach pains (15%). The *maw boraan* scores higher on severe stomach pains (39%), which is not very satisfactory because the Thai (*puatongyangrunraeng,* ปวดท้องอย่างรุนแรง) indicates the possibility of appendicitis. Perhaps he, like the health clinic, is consulted only for preliminary advice.

Fever, which is unlikely to be particularly serious initially, is handled effectively by the health clinic (41%), but malaria is much more appropriately dealt with at the amphur hospital (39% as compared with 12% for fever). A rabid dog bite should be directed to either the clinic (42%) or hospital (36%) for the necessary injections, though some respondents thought that the *maw boraan* could be of assistance. It is interesting to note, in passing, how monks viewed the problem of rabid dogs running wild. Some buried their Buddhist scruples and said that they would kill them with their own hands. Others would direct the villagers either to kill it, or to tie it to a tree and let it die. All agreed that it must at all costs be prevented from biting people!

So far the category monk has scored quite low for the various ailments (9-15%). But for psychological problems he comes into his own (40%). Similarly an amphur hospital, presumably with specialists on hand, is better equipped than a health clinic (32% as compared with 12%), though the *maw saiyasat* does surprisingly well (28%). This must be on account of the belief that spirits are responsible for mental ill health. But the presumed role of the monk as the person to whom one should go first with psychological problems is interesting and important.

Figure 3 lists a series of possible functions for a *Maw Phra.* In each case respondents were asked to state whether or not, in their personal opinion, a particular role is appropriate. (Question 10 – the responses have been ranked in order of popularity.)

Eighty seven per cent of the 340 respondents endorsed the view that the curing of psychological illness is a legitimate role for a *Maw Phra.* This is not surprising in view of what has already been noted. But it is interesting that the curing of fever (89%), teaching of sanitation (98%), and giving of herbal medicines

(88%) rank even higher. Many monks teach sanitation during their regular sermons and grow their own *samun prai* in wat compounds.

Diabetes (Thai: "sweet urine sickness") is presumably stabilised rather than cured (81%), and stomach pains are likely to be treated with *samun prai* (80%). But the difference between the appropriateness of giving an injection to a layman (75%) and to a woman (15%) is enormous, and clearly reflects the strictures of the *Pātimokkha* (which is part of the more comprehensive *Vinaya*).

Stethoscopes and sphygmomanometers (for testing blood pressure) were introduced to monks who attended *Maw Phra* courses supervised by Dr. Prawasi Wasi. As has been explained elsewhere, the measurement of blood pressure is an essential part of Thai traditional medical practice:

> A Buddhist monk with a stethoscope may appear at first sight as an eye-catching demonstration of the way the past can serve the needs of the present. Mechai Viravaidya, the irrepressible advocate of family planning, has attempted to further his cause by canvassing photographs of monks blessing cheerfully coloured condoms.
>
> The *Maw Phra* Programme is not... a marriage of convenience between ancient and modern medicine, but the refinement of a traditional approach which, though deficient in some respects, is in advance of prevailing modern methods in others. Individual and social history, recognition of the psychological dimension of sickness, supportive intimacy between doctor and patient – in general, a degree of holism now agreed by many to be lacking in modern western medical practice – are part and parcel of the Thai system. Though undoubtedly photogenic, a monk with a sphygmomanometer is merely measuring blood pressure, which has long been recognized by generations of *maws* as an indicator of health and fitness.[19]

Sixty-six per cent of the respondents thought it appropriate for a monk to use a stethoscope and test blood pressure. Sixty-two per cent approved of the teaching of family planning, and 56% thought that a monk should try to cure sickness by *samadhi* (a less specific term for meditaion than *vipassanā*).

The fact that 30% of the sample thought it appropriate for a member of the Sangha to attempt to cure venereal diseases reflects the frankness and pragmatism of Thai monks in dealing with what elsewhere are often regarded as "moral" issues. A young Government official visiting the Wat Pa Dhammada in Buayai Amphur

(Changwat: Nakhon Ratchasima) explained to the Abbot, Ajan Banyat, that he had contracted gonorrhoea while "visiting" Khon Kaen. He went to the amphur hospital where he was given a dose of antibiotics and told to return later for further tests. The symptoms disappeared, but he did not return. The monk explained why he should have paid a second visit, adding that although he had been wise to take the antibiotics, there were herbal remedies for both gonorrhoea and syphilis in the wat compound. These technicalities were all carefully translated from Thai into English by a young woman doctor.

Twenty-eight per cent of the sample believed that a monk could exorcise a bad *winyān,* 24% thought that he could cast a spell to remove sickness (which amounts to much the same thing), 15% approved of giving an injection to a woman, and 5% thought it appropriate for a monk to deliver babies. This last is not only inappropriate on account of the degree of contact with a woman presupposed, but it is unnecessary because it is the legitimate role of both kinds of village midwife.

Annex B contains an alphabetical list of all the medicinal plants listed in question 11 and also independently photographed and identified during field work. Dr. Prawase Wasi has made an impressive series of recommendations as to how such a major resource could be utilized on a large scale.[20]

IV. Postscript

The terms of reference of the foregoing sociological investigation based on Mahachulalongkorn University were set by anthropological studies of rural monks primarily in the Northeast of Thailand from where the majority of student monks had originally migrated. Thus, in line with Milton Jacobs' methodological adaptation of Redfield's research in Central America, "small-scale anthropological studies" shaped "sociological concern for quantification"[21]

Considered together, these anthropological and sociological studies demonstrate that the *Maw Phra* scheme has an enormous potential for preventing and alleviating rural health problems, and doing so in a manner which circumvents the misuse of expensive imported medicines (since the monks are taught to administer an admixture of cheap modern drugs and indigenous *samun prai).* From the point of view of historical Buddhism the *Maw Phra* represents not so much an adaptation as the rediscovery of an ancient role (thereby giving the Sangha a stronger sense of identity both in the eyes of its members and the general public). It therefore constitutes a powerful example of Tambiah's "continuities and transformations" between the past and the present, between the anthropology and the history of religion.[22]

It is important to recognize that the effectiveness of the *Maw Phra* is due to the fact that it interprets the concerns of the past and of the present in such a culturally potent manner, and that no amount of external funding, training and effort could ever hope to achieve the same. In a country which has not been subjected to western colonial domination – and perhaps in some which have – the indigenous culture is the only true context for significant social change. Religion *(sasanā)*, in harmony with the other two overarching Thai institutions, the Nation and the Monarchy, is the primary vehicle for social transformation.

In the long run there is only one solution to the stultifying dependencies which drain the lifeblood from rural and poor urban populations everywhere, and this is the creation of self-reliant communities which utilize a combination of traditional and modern expertise, the main criterion for which being its appropriateness in a given situation as determined by the people themselves. And in Thailand the Buddhist monks are playing a crucial role in bringing such communities into being.

Acknowledgments

I wish to express my gratitude to the Thai National Research Council for permission to carry out this research and to the British Academy for a grant to fund it. Also to my research advisors, Dr. Prawase Wasi and Phra Maha Narong Cittasobhano, for their constant advice and encouragement. I also received assistance from Mr. Sulak Sivaraksa, Dr. W.J. Klausner, Dr. Surakiat Achananuparp, Ajan Netnapa Kumtong, and, of course, from the 340 scholar monks at Mahachulalongkorn University who so conscientiously completed my questionnaire.

David L. Gosling
Director of Church & Society
World Council of Churches

Figure 1: Province of Origin of Northeastern Respondents at Mahachulalongkorn University

Province (Changwat)	Proportion of Sample %	Population of Province (1976) Thousands
Nakhon Ratchasima	17.9	1778
Surin	12.1	940
Khon Kaen	11.4	1239
Si Sa Ket	10.0	1002
Roi Et	9.3	1007
Buriram	7.9	1025
Nakhon Phanom	7.1	703
Maha Sarakham	5.7	713
Kalasin	4.3	707
Ubon Ratchathani	4.3	1428
Nong Khai	2.9	576
Sakon Nakhon	2.9	724
Loei	1.4	404
Udon Thani	1.4	1331
Chaiyaphum	0.7	786

Figure 2: First Choice of Medical Assistance for Specific Ailments

	Severe Stomach Pains %	Fever %	Malaria %	Rabid Dog Bite %	Psychological Problems %
Monk	15	12	10	9.4	40
Health Clinic	40	41	42	42	12
Amphur Hospital	19	12	39	36	32
Maw Boraan	39	29	18	25	14
Unofficial Doctor	3.8	4.1	5.3	1.5	1.2
Maw Saiyasat	15	9.1	8.2	6.8	28

Figure 3: The Monks' Estimation of Appropriate Roles for the 'Maw Phra' (หมอพระ)

Function of 'Maw Phra' (หมอพระ)	**Whether appropriate (%)**
Teach sanitation แนะนำชาวบ้านเรื่องสุขาภิบาล	98
Cure a fever รักษาอาการไข้ตัวร้อน	89
Give *samun prai* จ่ายยาสมุนไพร	88
Treat psychological illness รักษาโรคจิตโรคประสาท	87
Cure diabetes รักษาโรคเบาหวาน	81
Cure stomach pains รักษาอาการปวดท้องกระเพาะอาหาร	80
Give injection to layman ฉีดยาให้คนไข้ชาย	75
Use stethoscope and test blood pressure วัดความดันโลหิต	66
Teach family planning แนะนำเรื่องการวางแผนครอบครัว	62
Cure sickness through meditation รักษาอาการโรคทุกอย่างโดยการทำสมาธิ	56
Cure venereal diseases รักษากามโรค	30
Remove a bad *winyān* ขับไล่วิญญาณร้าย	28
Cast a spell to remove sickness เสกมนต์ คาถา ขับไล่อาการป่วย	24
Give an injection to a woman ฉีดยาให้คนไข้หญิง	15
Deliver babies คลอดบุตร	5

References

1. David Gosling, "Thailand's Bare-headed Doctors", in *Modern Asian Studies,* 19,2, 1985, p 357
2. Milton Jacobs, "The Alliance of Anthropological and Sociological Concepts and Methodologies in Field Research in Thailand" in *The Journal of the Siam Society,* Vol.62, Part 1, 1974, p 35
3. David Gosling, "Redefining the Sangha's Role in Northern Thailand: An Investigation of Monastic Careers at Five Chiang Mai Wats", in the *Journal of the Siam Society,* Vol.71, Parts 1&2, 1983, p 75; same author. "New Directions in Thai Buddhism", in *Modern Asian Studies,* 14,3, 1980, p 411
4. Dianna Melrose, *Bitter Pills,* Oxfam, 1982
5. Prawase Wasi, "Health Services and Medical Education in Thailand", *Research Report,* Mahidol University, 1978
6. Riley and Sermsri claim that Thai Government health officers invariably practice medicine one level above their formal competence. See James N. Riley and Santhat Sermsri, "The Variegated Thai Medical System as a Context for Birth Control Services", *Working Paper No. 6,* Mahidol University, 1974
7. *Ibid.,* Annex
8. David Gosling, "The Scientific and Religious Beliefs of Thai Scientists and their Inter-relationship" in the *Southeast Asian Journal of Social Science,* Vol.4, No.1, 1976, same author, "Thai Buddhism in Transition", in Religion, Vol.7, 1977
9. The Thai names of medicinal plants were obtained from the practitioners. Photographs were taken, and both were checked by botanists from Mahidol and Chulalongkorn Universities
10. Jane Bunnag, *Buddhist Monk, Buddhist Layman,* Cambridge University Press, 1973, pp 59, 22, 74, 149
11. Far Eastern Association of Tropical Medicine, *Siam: General and Medical Features,* Bangkok Times Press, 1930, p 237
12. Benja Yoddumnern, "The Role of Thai Traditional Doctors", *Research Report,* Institute for Population and Social Research, Mahidol University, 1974
13. Howard K. Kaufman, *Bangkhuad: A Community Study in Thailand,* Monographs of the Association for Asian Studies, No.10, Charles E. Tuttle, 1976, p 35
14. Both universities publish their syllabi annually in Thai. For summaries in English see Stanley J. Tambiah, *World Conqueror and World Renouncer,* Cambridge University Press, 1976, Part 2
15. William J. Klausner, *Reflections in a Log Pond,* Suksit Siam, 1972
16. David Gosling, "Thai Monks in Rural Development" in the *Southeast Asian Journal of Social Science,* Vol.9, Nos.1-2, 1981, p 74
17. Stanley J. Tambiah, *Op.cit* (14), Part 2
18. David Gosling, *Op.cit* (3), both articles
19. David Gosling, *Op.cit* (1), p 385
20. David Gosling *Ibid.,* p 391
21. Milton Jacobs, *Op.cit* (2), p 35
22. Stanley J. Tambiah, *Buddhism and the Spirit Cults in North-east Thailand,* Cambridge University Press, 1970, p.374

ANNEX A: QUESTIONNAIRE

The purpose of this investigation is to study the role of the monk as a 'bareheaded doctor'. Please mark answers you agree with using a tick.

1. *Status*
   1. ☐ Monk 2. ☐ Novice
2. *Home background*
   Year of birth
   Tambol of birth ..... Amphur ..... Changwat .....
   Number of brothers and sisters .....
   Have you been a luksit? 1. ☐ Yes 2. ☐ No
   Which year? ..... How many years? .....
   Amphur ..... Changwat .....
3. *Ordination as a Novice*
   Year of Ordination .....
   Amphur of Wat where ordained ..... Changwat .....
4. *Ordination as a Monk*
   Year of Ordination .....
   Amphur of Wat where ordained ..... Changwat .....
   Wats at which you have resided since ordination:
   Tambol ..... Amphur ..... Changwat .....
   Name of Wat at which you are now resident ..... Amphur .....
   How many years have you been at your present Wat? .....
5. *Educational Qualifications*
   1. ☐ Compulsory primary Education Level obtained .....
   2. ☐ Secondary Education Level obtained .....
   3. ☐ Adult Education Level obtained .....
   4. ☐ Naktham Level obtained .....
   5. ☐ Pali Level obtained .....
   6. ☐ Buddhist University Level obtained .....
   7. ☐ Other (specify) Level obtained .....
6. *Present Education*
   Institution .....
   Course ..... Year of course .....

7. In your home village, where do most people go first for medical assistance for the following illnesses?

a) Severe stomach pains

1. Monk ☐
2. Health Clinic ☐
3. Amphur Hospital ☐
4. Maw Boraan ☐
5. Unofficial Doctor (e.g. ex-Military) ☐
6. Maw Saiyasat ☐
7. Other (specify) ..... ☐

b) Fever

1. Monk ☐
2. Health Clinic ☐
3. Amphur Hospital ☐
4. Maw Boraan ☐
5. Unofficial Doctor (e.g.ex-Military) ☐
6. Maw Saiyasat ☐
7. Other (specify) ..... ☐

c) Malaria

1. Monk ☐
2. Health Clinic ☐
3. Amphur Hospital ☐
4. Maw Boraan ☐
5. Unofficial Doctor (e.g. ex-Military) ☐
6. Maw Saiyasat ☐
7. Other (specify) ..... ☐

d) Rabid dog bite

1. Monk ☐
2. Health Clinic ☐
3. Amphur Hospital ☐
4. Maw Boraan ☐
5. Unofficial Doctor (e.g. ex-Military) ☐
6. Maw Saiyasat ☐
7. Other (specify) ..... ☐

e) Psychological problems

1. Monk ☐
2. Health Clinic ☐
3. Amphur Hospital ☐
4. Maw Boraan ☐
5. Unofficial Doctor (e.g. ex-Military) ☐
6. Maw Saiyasat ☐
7. Other (specify) ..... ☐

8. In your home village, who delivers most of the babies?
   1. ☐ Government Midwife
   2. ☐ Amphur Hospital

3. ☐ Traditional Midwife
4. ☐ Health Volunteer

9. In your home village, who gives most injections?
   1. ☐ Midwife
   2. ☐ Sanitarian
   3. ☐ Unofficial Doctor
   4. ☐ Amphur Hospital
   5. ☐ Private Clinic

10. In your opinion, which of the following is appropriate for a 'bareheaded doctor'?

1. Cure a fever	☐ Yes	☐ No
2. Cure stomach pains	☐ Yes	☐ No
3. Teach sanitation	☐ Yes	☐ No
4. Deliver babies	☐ Yes	☐ No
5. Teach family planning	☐ Yes	☐ No
6. Use a stethoscope and test blood pressure	☐ Yes	☐ No
7. Remove a bad 'winyān'	☐ Yes	☐ No
8. Give 'samun prai'	☐ Yes	☐ No
9. Give an injection to a layman	☐ Yes	☐ No
10. Give an injection to a woman	☐ Yes	☐ No
11. Treat psychological illness	☐ Yes	☐ No
12. Cast a spell to remove sickness	☐ Yes	☐ No
13. Cure venereal diseases	☐ Yes	☐ No
14. Cure diabetes	☐ Yes	☐ No
15. Cure sickness through meditation ('samadhi')	☐ Yes	☐ No

11. Give the names of *'samun prai'* which you have used or seen used in your village:

	Name	*Sickness to be treated*
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

12. Which of the following is best for curing sickness?
    1. ☐ Western medicine (e.g. antibiotics)
    2. ☐ *'Samun prai'*
    3. ☐ Both

ANNEX B: MEDICINAL

Thai	English	Latin	Family	Parts used	Uses	Reference
1. Borapet	Cactus	Tinospora Tuberculata	Menispermani	Stem	Fever	No.83, p.23
2. Eucalyp	Blue Gum	Eucalyptus Globulus Labill	Myrtaceae	Leaf	Antiseptic, anti-flatulent	No.385, p.62
3. Fang	Sappan	Caesalpinia Sappan Linn.	Caesalpiniaceae	Wooden stem	Menstrual problems, diarrahoea	No.118, p.27
4. Fin Ton	Coral Plant	Jatropha Multifida	Euphorbiaceae	Latex from stem	Laxative	No.279, p.47
5. Harroynang					Toxification	
6. Hanukmankopsap					Toxification	
7. Hunaman Nangten					Wounds	
8. Hanuman Prasanguy		Schefflera Venulosa Harms	Araliaceae	Young leaf	Asthma, haemostasis	No.400 p.64
9. Keelek	Siamese Cassia	Cassia Siamea Lamk.	Caesalpiniaceae	Flower, young leaf	Laxative, appetiser, sedative	No.125, p.28
10. Keetun					Gonorrhoea	
11. Khae (Khae, Khaw, Khae Daeng)	Cork Wood Tree	Sesbania Grandiflora Pers.	Papilioanceae	Bark	Diarrhoea	No.179, p.35
12. Kha Jurt					Travel sickness	
13. Khamin Khaw					Menstrual disorders, blood disease	
14. Khamin Oi	Zedoray	Curcuma Zedoaria Rosc.	Zingiberaceae	Rhizome (root)	Anti-flatulent	No.68, p.9
15. Khem Daeng		Ixora Coccinea Linn.	Rubiaceae	Root, flower	Fever, diarrhoea	No.554, 86
16. Khem Khaw		Ghasalia Curviflora	Rubiaceae		Gonorrhoea	
17. Khing	Ginger	Zingiber Officianale Rosc.	Zingiberaceae	Rhizome	Carminative, skin problems	No.73, p.10
18. Khinghengplakang					Menstrual disorders,	

19. Khlu		Pluchia Indica (L.) Less.	Compositae	Whole plant, bakr, leaf, root, sap	Diuretic, sinus disorders	No.596, p.92
20. Kiajiab Priaw (Kajiab Daeng)	Red Sorrel (Roxella)	Hibiscus Sabdariffa Linn.	Malvaceae	Calyx	Hypertension, urinary bladder stones	No.227, p.40
21. Krachai Daeng					Menstrual disorders, blood disease	
22. Ling Dam					Toxification	
23. Maduachumporn		Ficus Glomerate	Urticaceae	Root	Fever	
24. Mahajakaphart					Diarrhoea	
25. Mahamek (Wan Mahamek)		Curcuma Aeruginosa	Zingiberaceae		Diarrhoea	
26. Matum (Mapin)	Elephant's Apple	Aegle Marmelos Coor.	Rutaceae	Young fruit, leaf, ripe fruit	Diarrhoea, chest problems	No.314, p.52
27. Naam Klet					Kidney disease	
28. Nguaplaamor					Kaemorrhoids	
29. Noinaa	Sweet Apple, Custard Apple	Annona Squamosa Linn.	Annoaceae	Seed, unripe fruit, root	Purgative, skin diseases, lice	No.54, p.19
30. Nok Hongyok					Gonorrhoea	
31. Pengpuay Falang		Cantharanthus Roseus			Leukaemia	
32. Petsangkhat (Sam Roi Tor, Khan Khor)		Cissus Quadrangularis Linn.	Vitaceae	Sap, root, young leaf	Removing "yellow blood" from ear, nosebleeding, dressing wounds & broken bones, menstrual problems	No.358, p.59
33. Phak Kachet		Neptunia Oleracea Lour.	Mimosaceae	Whole plant	Toxification (stomach)	No.145, p.30

Thai	English	Latin	Family	Parts used	Uses	Reference
34. Phayaa Sataban (Tin Pet Jet Ngam)	Dita or White Cheese Wood	Alstonia Scholaris (L.) R.Br.	Apocynaceae	Bark, latex, young leaf, seed	Fever, malaria, diarrhoea, stomach "heat" menstrual disorders	No.429, p.68
35. Phlap Phlung (or Phlap Phlung Dok Daeng, Phlap Phlung Salap Khaw)		Crinum Amabile Dorn.	Amaryllidaceae	Bulb, leaf	Emetic (bulb), joint pains (leaf)	No.50, p.7
36. Phrai Dam		Zingiber Ottensii Valeton	Zingiberaceae	Rhizome, leaf	Diarrhoea, sedative	No.74, p.10
37. Phyagarsak					Diabetes	
38. Sabu Luat (Hang Yai Khlayhin)					Toxification	
39. Sabu Luat (Thaw)					Toxification	
40. Sadow India	Neem Tree (Margosa)	Azadirachta Indica (L.) Juss.	Meliaceae	Bark, leaf, seed	Diarrhoea, prevention of malaria	No.304, p.50
				Wood, leaf, bark, flowers	Diuretic, worms, sore throat, menstrual problems, diabetes	No.495, p.78
42. Salao (Salao Khaw)	Lagerstroemia	Lythraceae Tomentosa Presl.		Bark	Diarrhoea	No.368, p.60
43. Salehpangporn		L.Clinacanthus Nutans	Acanthaceae	Leaf	Animal bites	
44. Tam Lung Tua Phu		Melothria Heterophylla	Cucurbitaceae		Skin rash	
45. Wan Garb Hoy (Wan Hoy Khreng)	Boat Lily	Rhoeo Discolor Hanse	Commelinaceae	Leaf	Sore throat, cough, internal haemorrhage, anaemia	No.33, p.5
46. Wan Singhamora (Phak Nam Farang)		Cyrtosperma Johnsonii N.E. Br.	Araceae	Leaf, flower, whole plant Rhizome	Asthma, menstrual problems Indigestion, headache,	No.24, p.4
47. Warn Nam	Sweet Flag	Acorus Calamus Linn.	Araceae		stroke	No.20, p.3

	Thai	English	Latin	Family			
48.	Ya Khiaw (Rangchut)	Blue Thunbergia or Laurel Clock-vine.	Thunbergia Laurifolia Lindl.	Thunbergiaceae	Leaf	Fever, wounds	No.545, p.85

Reference numbers from Ratdawan Boonratanakornkit and Thanomchit Supawita, *Names of Herbs and their Uses*, Chulalongkorn University, n.d.