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Original Article

Traditional Medical Knowledge of the Phu Tai Ethnic Group in Northeastern Thailand: Part 1 Methodology and Samples of Healers

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Abstract

This qualitative study was carried out during the period 2005-2006, with the aims of compiling the perception of diseases/ illness among the Phu Tai ethnic group, to describe the health conditions treated and treatment methods, and to identify the herbs used in their treatment. A list of 461 Phu Thai traditional healers was retrieved from four of the group's most populated provincial public health offices, Kalasin, Sakon Nakhon, Nakhon Phanom, and Mukdahan. Two hundred and sixty-three of these healers were randomly sampled for general interviews, and six inclusion criteria were proposed for selection of these traditional healers for further in-depth studies. Finally, 20 healers (10 herbalists, 6 "blowing" healers, and 4 "Yao" healers) were included in this study. Profile interview, socio-demographic interview, free-lists, health condition logs, observation and unstructured interviews, treatment method interviews, participatory observation and specimen collection were the methodologies applied to gain information. This report is the first part of this research, dealing with methodology, inclusion criteria of the Phu Tai healers studied, and the healers selected for this study. The results on the health conditions treated and methods of treatments, their role as health practitioners, uses of materia medica, relationship between healers and local natural resources, and effect of socio-demographic factors on materia medica knowledge will be discussed in forthcoming papers.

Key words: **traditional medical knowledge, the Phu Tai ethnic group, northeastern Thailand, research methodology, sampled healers**

Introduction

The northeastern region of Thailand is considered the largest part of the country, consisting of many racial groups. All of these ethnic groups have their own history, culture, beliefs, and traditions.[1] The Phu Tai comprise one of the many Thai-Lao racial groups living in Southeast Asia. The Phu Tai were originally from northern Laos, but had slowly migrated to the northeastern part of Thailand during the period 1844-1878. Most of the Phu Tai living in Thailand migrated from Khammuan district in Laos[2]. The Phu Tai settled in certain areas of Kalasin, Sakon Nakhon, Nakhon Phanom, Mukdahan, Amnat Charoen, Yasothon, Roi Et, Ubonratchathani, Udon Thani, and Nongkhai provinces, but they are concentrated in four provinces: Kalasin, Sakon Nakhon, Nakhon Phanom, and Mukdahan.[2]

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The Phu Tai still retain their own unique culture and beliefs, and health-care system, which is still strictly practiced in most settlements. Because of this, the ethnomedicine and herbs used among the Phu Tai have high potential for contributing toward the knowledge of Thai traditional medicine. In the past, studies of traditional medical knowledge of the Phu Tai focused mainly on their spiritual ceremony, or "Yao" (เหยา)[3], and on herbal uses in particular provinces of the Northeast.[4-6]

Five major aspects of ethnomedicine include the system of treatment, health condition and treatment range among healers, preparation methods, materia medica, and the defining characteristics and socio-demographic characteristics of the healers.[3] By focusing the research on these topics, it is possible to build a comprehensive study of the Phu Tai traditional medical system.

This paper is the first part of a report on traditional medical knowledge of the Phu Tai in northeastern Thailand and will be focused on the research methodology applied in this research and on the population of sampled healers.

Objectives

The purposes of this research are (1) to define the health conditions treated, and treatment methods, (2) to identify the herbs or remedies used in their treatments, including the methods of preparing them, (3) to examine the relationship between traditional healers and local natural resources, and (4) to determine the effect of socio-demographic factors on materia medica knowledge. However, the objectives of the work reported in this paper are (1) to discuss the general research methodoloy applied in this research, and (2) to select the healers who will represent the Phu Tai healers in northeastern Thailand for the in-depth study.

Methodology

The framework of this study is based on the principles of ethnobotany, ethnopharmacology, and ethnomedicine.[7,8] Social science methods were used to determine a population and sample which well represent the diversity of the Phu Tai traditional healers. A variety of research tools were used to generate data on the perceptual framework of the diseases/illnesses and health conditions treated, and the methods of treatment. These tools include profile interview, socio-demographic interview, free-lists, health condition logs, observation and unstructured interviews, treatment method interviews, participatory observation and specimen collection.[9,10]

Population and sample of healers

Since most of the Phu Tais live in four northeastern provinces of Thailand: Kalasin, Sakon Nakhon, Nakhon Phanom, and Mukdahan, list of the Phu Tai traditional healers from these provinces was retrieved from the databases compiled by the provincial public health offices. The sample size of the healers included in this research was calculated using the following formula:[11]

$$\text{sample size (n)} = \frac{Z^2\alpha/2\ P\ (1\text{-}P)}{d^2}$$

Purposive sampling or judgement sampling, as described by Bernard,[12] was developed for further selection of the limited sample of healers for in-depth studies according to established criteria.

Profile interviews

A structured interview was used to collect data; it was used to determine whether the healers passed the established criteria to enter the final sample group for in-depth studies.

Socio-demographic interviews[13,14]

The socio-demographic interviews were applied in this study to record variables on the process used in obtaining and passing on knowledge, treatment activities among healers, birthplace and ethnicity, sex and age, number of years of practice, multiple treatment skills, languages and literacy, household wealth, family size, population of village, ethnicity of village, and distance to district center and health clinic. The interviews were conducted among two groups of people. Among the leaders of the village, socio-demographic interviews were conducted as structured

interviews at the same time that the introduction letter and informed consent form were distributed. Among each healer and healer's family, socio-demographic interviews were conducted as semi-structured interviews. Demographic interview questions with the healers were spread out through the course of the study, or toward the end of the study period when the rapport with the healer was stronger.

Free-listing[12,15-16]

In this study, free-lists were used in sync with the profile interview to generate baseline data on health conditions that the healer could treat. After listing some frequently treated diseases/illness, the healers were asked to elaborate on the symptoms, methods of treatment, and remedies used. Free-lists provided a rough estimate of the healers' treatment capability, and helped to determine whether the healers were appropriate for the study. For healers who were included in the study, free-lists provided a starting point for the collection of data.

Health condition logs[17]

Health calendars were used successfully by Scott[13] with five ethnic groups in Miami to record the ways that families handled their health problems. A similar method was modified in this study to focus on the treatment behavior among the Phu Tai healers. Each time a healer was visited, retrospective treatment logs were collected by asking the healers to provide information on health conditions that they had treated prior to our field visit. Specifying time parameters, such as within the last month, week or few days was necessary in order to generate information. Health condition logs were used to gauge the activity of the healers, stimulate new data on the treatment practices and medicinal plants used, and verify the collected data.

Observation and unstructured interviews

Observation and unstructured interviews with healers were conducted throughout our field study in order to record data on treatment methods and their role in healing. This method was especially valuable for studying the treatment methods used by spirit mediums. Data generated from these methods were documented and used to identify distinctive characteristics among the healer types, which were tested on the following field trips with the healers.

Interviews on treatment methods

These interviews were developed mostly from observations and unstructured interviews with the healers. This method relied heavily on the diversity of healers, the large number of healers sampled, and multiple visits with healers in order to generate the topics. Distinctive treatment characteristics were identified and developed into an outline of variables specific to each type of healer. The topics in the outline were covered with each healer, so that standardized data were collected with the healers.

Participatory observation[18]

This technique requires the researcher to participate in tasks with the community being studied and to observe interactions among community members and daily life. Data were collected by recording observations and asking questions. This technique was used to generate, collect, and confirm data on treatment methods among all the types of healers.

Specimen collection

Plant samples were collected, some from the healers' private collections, and some collected during field excursions with healers. Herbarium specimens were prepared from collected plant samples, and flowers and/or fruits were collected. Copies of these herbarium specimens were identified and deposited at the herbarium of the Faculty of Pharmaceutical Sciences, Khon Kaen University and the Bangkok Forest Herbarium (BKF). Crude drugs were also collected and identified. The crude drug samples were deposited at the Crude Drug Collection of the Faculty of Pharmaceutical Sciences.

Analysis of socio-demographic data

Data obtained from the socio-demographic interview with head of the villages, profile interviews

Table 1 Population of healers by provincial distribution, calculated sample of healers (number of healers visited), and number of healers selected for in-depth study

Province	Total Phu Tai healers[1]	Number of healers visited and interviewed[2]	Number of healers selected for in-depth study[3]
Kalasin	98	56	3
Sakon Nakhon	112	64	5
Nakhon Phanom	95	53	3
Mukdahan	156	90	9
Total	**461**	**263**	**20**

[1] Names and addresses of these healers were recorded in the databases of the Provincial Health Office.
[2] Calculated sample size.
[3] Purposive sample size based on healer survey and profile interviews using inclusion criteria in Table 2.

Table 2 Number of Phu Tai traditional healers (persons) by provincial location and type of healer

Type if healer	Kalasin	Sakon Nakhon	Nakhon Phanom	Mukdahan	Total
1. Herbalist (หมอยาสมุนไพร)	23	31	26	38	118
2. "Sanding" healer (หมอยาฝน)	5	6	6	10	27
3. "Blowing" healer (หมอเป่า)	7	8	5	5	25
4. "Yao" healer (หมอเหยา)	4	5	3	8	20
5. *Moh Dhamma* (หมอธรรม)	3	3	4	7	17
6. *Moh Nam-montra* (หมอน้ำมนต์)	7	4	3	8	22
7. *Moh Su-khuan* (หมอสู่ขวัญ)	5	3	4	6	18
8. Midwife (หมอตำแย)	2	4	2	8	16
Total	**56**	**64**	**53**	**90**	**263**

and socio-demographic interviews with the healers, the treatment methods, and health condition logs were used to analyze the socio-demographic charateristics of the healers. One-way ANOVA was used to measure variance and significant among different fators by using Statgraphics and STATA solfware.

Result

1. Population and sample of healers

From databases of the Thailand's Provincial Health Offices in Kalasin, Sakon Nakhon, Nakhon Phanom, and Mukdahan provinces, 461 healers were listed (as of May 2005). The sample size of the healers included in this research was calculated to be 263. The population of healers by provincial distribution is given in Table 1.

Among the 263 Phu Tai healers randomly selected for profile and socio-demographic interview and participatory observation, eight types of healers were specified by the healers themselves, by patients or villagers, and, in some cases, by our research team. The types of healer are classified mainly by their methods of treatment. Data on these eight types of healer are shown in Table 2.

2. Inclusion criteria and healers selected for in-depth study

After taking a profile survey of 263 Phu Tai healers, inclusion criteria were developed to select the healers for the in-depth study. The criteria and method of verification are shown in Table 3. Based on the

Table 3 Criteria for inclusion in the study group.

Criteria	Method of determination
1. The healer is ethnically Phu Tai.	The healer has parents who are ethnically Phu Tai and speak Phu Tai.
2. The healing capability of the healer is respected among local people.*	Triangulation method: based on community members' opinion of their local healers.
3. The healer is willing to share information and participate in this study.	Healer will be asked a direct question.
4. The knowledge of the healer has been handed down from ancestors.	Healer gained main body of knowledge from a teacher of the Phu Tai ethnic group, or spirits.
5. The healer is an active healer.	Healer treats at least one patient a month.
6. The healer has at least 10 years of experience in medical practice as a herbalist, or "blowing" healer, or a "Yao" healer.	Healer will be asked a direct question.

Note: The symbol* marks the only criterion that was verified from the data generated during the healer surveys in the community in contrast to profile interviews, which were used to determine the remaining criteria.

criteria, 20 Phu Tai healers were selected for the in-depth study; their provincial distribution is shown in the last column of Table 1.

In the profile interviews, the healers identified themselves as "a specified healer," a herbalist (หมอสมุนไพร), a "Yao" healer (หมอเหยา), a "sanding" herbalist (หมอยาฝน), a "blowing" healer (หมอเป่า), midwife (หมอตำแย), and a "*Dhamma*" healer (หมอธรรม). However, only two types of these specified healers, namely a herbalist (including a "sanding" herbalist), and a "blowing" herbalist, are included in this study.

Table 4 Socio-demographic profile of 20 healers selected for study

Profile	Number (persons)	Percentage
1. Age range (years old)		
60-69	12	60
79-79	5	25
80-89	3	15
2. Sex		
Male	18	90
Female	2	10
3. Education level		
Lower than grade 4	3	15
Grade 4, or higher	17	85
4. Monkhood		
No experience in monkhood	4	20
Experience in monkhood	16	80
5. Profession		
Farmer	17	85
Others	3	15
6. "Specified" type of healer		
Herbalists	10	50
"Blowing" healers	6	30
"Yao" healers	4	20

3. Socio-demographic profile

Socio-demographic profile of the 20 sampled healers is shown in Table 4. Age range, sex, educational level, experience in monkhood, and professions of these healers are given.

Discussion

In this study, two populations were studied. The first population consisted of 263 Phu Tai healers from the four provinces with a large population of Phu Tai: Kalasin, Sakon Nakhon, Nakhon Phanom and Mukdahan. These healers were interviewed using the profile interview technique. During the process of recording and documenting the data, the inclusion criteria were established and applied. The second population of 20 qualified healers was included in the in-depth study.

All healers identified by villagers as traditional healers were considered to have healing capabilities that were respected among the local people (criterion 2 in Table 3.). Healers who were triangulated by village residents (identified by more than one villager) were considered as having met this criterion.

It was not always a straightforward process to determine if the healers met the criteria (Table 3). Criterion 1 was challenged when healers stated that they had only one Phu Tai parent. In this case, we considered the healers as having met this criterion if the healers had a Phu Tai mother, and had been brought up in the Phu Tai community. According to the Phu Tai tradition, marriages are often matrilineal and matrilocal. Therefore, the ethnicity of the mother, rather than that of the father, was ued to determine the ethnicity of their child.

Criterion 4 (Table 3) was challenged when healers reported that they had learned their body of medical knowledge from Buddhist monks or spirits. Healers who learned from monks were not included in this study, because Buddhist temples often represent a unique traditional medical system which may be different from that of surrounding ethnomedicines. However, healers who learned from spirits were included in the study because, as ethnic Phu Tais, they were assumed to have leared from spirits the originate in the Phu Tai culture.

Multi-talented healers were another challenge in the sampling process, To overcome this, the healers' main area of expertise was determined by weighing the perceptions of the healer using three different sources: other community members, the healer, and the research team. In this way most healers could be categorized into one type of healer.

During the process of recording and documenting data under the framework of the established inclusion criteria, the sample healers were whittled down to 20 healers according to the following criteria: personal rapport with the healers, logistical criteria, and supplemental criteria specific to the healer type. Logistical criteria included growing reluctant to share their knowledge with the research team, time conflicts that made them unavailable, and quotes of exorbitant fees to share their knowledge. The supplemental criteria were developed during the interview process to increase the quality of the data generated among the healers by identifying the most talented and knowledgeable healers. These criteria were based on basic definitions of the types of healer; they were developed as the sample selection progressed.

Herbalists were defined in this study as healers who are able to specify medical plant name, origins, parts use, uses, and methods of preparation, including health conditions. Among the herbalists, supplemental criteria included the following: (1) healers who treated more than 15 health conditions, and (2) healers with the ability to diagnose and prescribe herbal remedies. "Blowing" healers were defined as healers who rely on a blowing technique and incantation to treat patients who are afflicted with acute physical injuries and health conditions caused by spirits. "Yao" healers were defined as healers who have the ability to mediate and communicate with spirits (a spirit medium) and treat patients by performing the "Yao" ceremony.

Conclusion

This paper is the first part of a report on qualitative research on traditional medical knowledge of the Phu Tai ethnic group in Thailand, dealing with

research methodology and the sampled healers. The 461 Phu Tai traditional healers reside in the four provinces most heavily populated by the Phu Tai ethnic group in northeastern Thailand: Kalasin, Sakon Nakhon, Nakhon Phanom, and Mukdahan. Their names were obtained from the databases compiled by the Provincial Health Office. The sample size of the Phu Tai healers in these four provinces for profile interviews was calculated to be 263 healers. During research visits, inclusion criteria were developed and 20 healers were included in the study. Among the healers selected, 10 were herbalists (หมอยาสมุนไพร), six "blowing" healers (หมอเป่า), and four "Yao" healers (หมอเหยา). Various research tools were applied to generate the information on healer selection, including profile interviews, socio-demographic interviews, observation and unstructured interviews, and participatory observation.

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บทคัดย่อ

ภูมิปัญญาด้านการแพทย์ของกลุ่มชาติพันธุ์ผู้ไทยในภาคตะวันออกเฉียงเหนือของประเทศไทย ตอนที่ ๑ ระเบียบวิธีวิจัยและกลุ่มตัวอย่างหมอพื้นบ้าน

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การวิจัยเชิงคุณภาพนี้ดำเนินการระหว่างพุทธศักราช ๒๕๔๘-๒๕๔๙ โดยมีวัตถุประสงค์เพื่อประมวลแนวคิดและองค์ความรู้ของหมอพื้นบ้านกลุ่มชาติพันธุ์ผู้ไทยเกี่ยวกับการเกิดโรค, โรคและความเจ็บป่วยต่าง ๆ ที่บำบัด, ตลอดจนวิธีการบำบัด, และเพื่อจัดทำรายการสมุนไพรที่ใช้ในการบำบัด. ในการศึกษานี้คณะผู้วิจัยได้รวบรวมรายชื่อหมอพื้นบ้านกลุ่มชาติพันธุ์ผู้ไทยในเขตจังหวัดภาคตะวันออกเฉียงเหนือ ซึ่งมีกลุ่มชาติพันธุ์ผู้ไทยอาศัยอยู่หนาแน่นที่สุด คือ กาฬสินธุ์, สกลนคร, นครพนม และมุกดาหาร ได้ ๔๖๑ คน. ในจำนวนนี้ผู้วิจัยสุ่มได้ตัวอย่างหมอพื้นบ้านผู้ไทยจำนวน ๒๖๓ คน จากเกณฑ์การสัมภาษณ์ ในการคัดเลือกหมอพื้นบ้านผู้ไทยเข้าร่วมโครงการวิจัยเชิงลึกกำหนด ๖ ข้อ. ผลการศึกษากลุ่มตัวอย่างพบว่ามีหมอพื้นบ้านที่มีคุณสมบัติตามเกณฑ์รวม ๒๐ คน (เป็นหมอยาสมุนไพร ๑๐ คน, หมอเป่า ๖ คน และหมอเหยา ๔ คน). ระเบียบวิธีวิจัยที่ใช้ในการวิจัยนี้ ได้แก่ การซักประวัติ, การสัมภาษณ์เชิงสังคมและสถิติประชากร, ฟรีลิสต์, แบบบันทึกประวัติผู้ป่วย, การสังเกตการณ์และการสัมภาษณ์แบบไม่มีโครงสร้าง, การสัมภาษณ์วิธีการบำบัดรักษา, การสังเกตการณ์แบบมีส่วนร่วม และการเก็บตัวอย่างสมุนไพร. รายงานการวิจัยนี้เป็นตอนแรก ซึ่งว่าด้วยระเบียบวิธีวิจัยที่ประยุกต์ใช้ในการวิจัย และกลุ่มหมอพื้นบ้านที่คัดเลือกเข้าร่วมโครงการวิจัย. ส่วนผลการประมวลแนวคิดเกี่ยวกับโรคและวิธีการบำบัดรักษา, สมุนไพร ตำรับยาที่ใช้ และวิธีการเตรียมยา, ความสัมพันธ์ระหว่างหมอพื้นบ้านผู้ไทยกับทรัพยากรธรรมชาติในสิ่งแวดล้อมชุมชนอาศัย ตลอดจนผลของสังคมและสถิติประชากรต่อการเลือกใช้ทรัพยากรเหล่านั้น จะได้รายงานในลำดับต่อ ๆ ไป.

คำสำคัญ : **ภูมิปัญญาด้านการแพทย์, กลุ่มชาติพันธุ์ผู้ไทย, หมอพื้นบ้าน, ระเบียบวิธีวิจัย, กลุ่มตัวอย่าง**