

**A STUDY OF FOLK MODEL OF HEALTH CARE OF
PAH-O NATIONAL LIVING IN HO PONE TOWNSHIP,
TAUNGGYI DISTRICT, SHAN STATE**

PhD DISSERTATION

SANDAR WIN

**UNIVERSITY OF YANGON
DEPARTMENT OF ANTHROPOLOGY
MYANMAR**

APRIL, 2012

A STUDY OF FOLK MODEL OF HEALTH CARE OF
PAH-O NATIONAL LIVING IN HO-PONE TOWNSHIP,
TAUNGGYI DISTRICT, SHAN STATE

SANDAR WIN

THIS DISSERTATION IS SUBMITTED TO THE BOARD OF
EXAMINERS IN ANTHROPOLOGY, UNIVERSITY OF
YANGON FOR THE DEGREE OF DOCTOR OF PHILOSOPHY



EXTERNAL EXAMINER

Dr. Thidar Htwe Win
Professor & Head
Department of Anthropology
Yadanapon University



CHAIRPERSON & SUPERVISOR

Dr. Mya Mya Khin
Professor & Head
Department of Anthropology
University of Yangon



REFEREE

Dr. Tin Maung Chit
Visiting Lecturer
Department of Anthropology
University of Yangon



CO-SUPERVISOR

Dr. Than Tun Sein
Honorary Professor
Department of Anthropology
University of Yangon



MEMBER

Daw Nilar Tin
Lecturer
Department of Anthropology
University of Yangon



MEMBER

Dr. Saw Saw
Research Scientist
Health Systems Research Division
Department of Medical Research
(Lower Myanmar)

CONTENTS

Acknowledgements	i
Abstract	ii
List of Figures	iii
List of Abbreviations	v
Chapter	Page
1. INTRODUCTION	1
1.1 Medical Anthropological Approach to Folk Medicine	1
1.2 Traditional Medicine in Myanmar	4
1.3 Rationale	7
1.4 General and Specific Objectives	8
1.4.1 General Objective	8
1.4.2 Specific Objectives	8
1.5 Conceptual Framework	9
1.6 Definitions of Terms	10
2. LITERATURE REVIEW	11
2.1 The Concept of Traditional (Folk) Medicine	11
2.2 The Functions of Folk (Traditional) Medicine Practitioners	11
2.3 The Attribute of Folk (Traditional) Practitioner	13
2.4 Studies on Cultural Beliefs and practices of Maternal Care	13
2.5 Studies on Herbal Medicine	15
2.6 Studies on Ayurveda- Traditional Medicine of India	18
3. MATERIALS AND METHODS	21
3.1 Study Design	21
3.2 Study Sites	21
3.3 Study Population	21
3.4 Data Collection Methods	21
3.5 Duration	22
3.6 Limitation of the Study	23
3.6.1 Strength of the Study	23
3.6.2 Weakness of the Study	23
3.7 Ethical Consideration	23

Chapter		Page
4.	HISTORICAL BACKGROUND	24
4.1	The Migration of Pah-O (alias) Taungthu into Myanmar	24
4.2	The Historical Background of Ho-pone Township	26
4.3	The Historical Background of Traditional Medicine	27
4.4	Folk (Traditional) Medicine of Pah-O National	28
4.5	Pah-O Traditional Medicinal Organization (PTMO)	32
4.5.1	Historical Background of Pah-O Traditional Medicinal Organization	32
4.5.2	The Objectives and Activities of Pah-O Traditional Medicinal Organization	33
5.	THE TYPES OF FOLK MEDICINE PRACTITIONERS	36
5.1	Herbalists	36
5.2	Pah-O Maw Traditional Practitioner	38
5.2.1	Historical Background of Maw Art	38
5.2.2	Pah-O Maw Association	40
5.2.3	Categories of Maw	41
5.2.4	Summoning of a Person's Spirit	47
5.2.5	Calculation of Bodily Disintegration Process	49
5.2.6	Htwa Ban	49
5.2.7	Traditional Worship and Offering to Spirit Food	52
5.2.8	Offering to Spirit Food	53
5.2.9	Casting the Horoscope	54
5.3	Traditional Birth Attendant	56
5.3.1	Characteristics of the Traditional Birth Attendant	56
5.3.2	Recruitment and Training	57
5.3.3	Prenatal Care	58
5.3.4	Delivery	61
5.3.5	The Placenta and Umbilical Cord	63
5.3.6	Treatment of the Newborn	64
5.3.7	Postpartum Treatment of the Mother	65

Chapter		Page
6	PAH-O TRADITIONAL MEDICINE REGIME FOR COMMON DISEASES AND HEALTH PROBLEMS	69
6.1	Diabetes	70
6.2	Diarrhoea	72
6.3	Dysentery	75
6.4	Hypertension	78
6.5	Malaria	80
6.6	Tuberculosis (TB)	81
6.7	Traditional Medicine Regime for Other Health Problems	85
6.8	The Emergence of <i>Tasee Phrayton</i> in Pah-O Language (Yar Ke) Tree as a Therapeutic Utility: A Background History	86
6.8.1	<i>Tasee Pharayton</i> (or) Yar Ke Tree for Treating Opiate Addition	87
6.8.2	Symptoms of Yinhta in Pah-O Language (ωε:ω), or Opiate Craving	88
6.8.3	Uses of Yar Ke Medicinal Preparation by Pah-O Traditional Practitioners	90
6.8.4	Research Activities of Department of Traditional Medicine of the Ministry of Health on Yar Ke	92
6.9	The Value for Health held by Pah-O National	93
7.	DISCUSSION	95
8.	CONCLUSION AND RECOMMENDATIONS	106
8.1	Conclusion	106
8.2	Recommendation	107
	REFERENCES	109
	ANNEXES	
	Annex 1; Work Plan	
	Annex 2; The Migratory Trend of Pah-O	
	Annex 3; The List of Chiefs and Leading Families in Ho-pone before 1959	
	Annex 4; Map of Ho-pone Township	

ACKNOWLEDGEMENTS

Firstly, I would like to thank my Rector U Kyaw Ye Tun, East Yangon University, who gave me this opportunity to complete PhD dissertation.

My heartfelt thanks go to Dr. Mya Mya Khin, Professor and Head, Department of Anthropology, University of Yangon, Chairperson & Supervisor in the writing of this thesis, for facilitating me throughout my research work.

I would like to pay my deepest gratitude to Dr. Thidar Htwe Win, Professor and Head Department of Anthropology, Yadanapon University, my external examiner who provided valuable suggestions and skillful guidance to this thesis.

A very special thank goes to my co- supervisor, Dr. Than Tun Sein, Honorary Professor, University of Yangon, Department of Anthropology for his kind encouragement, suggestions, helpful comments and advice.

I am most grateful to Dr. Tin Maung Chit, Visiting Lecturer, Department of Anthropology, University of Yangon for motivating me to carry out this study and his persistent guidance during this study.

I am also very grateful to Dr. Saw Saw (Medical Scientist, Health Systems Research Division, Department of Medical Research, Lower Myanmar) and Daw Nilar Tin (Lecturer, Department of Anthropology, University of Yangon) who are my dissertation committee members for rendering kind and valuable for guidance and conduct.

Furthermore, I would like to express my sincerest thanks to Daw Sein Sein, U Kyaw Win, Dr. Tin Thein, Dr. Aye Kyaw, Dr. Le Le Win for their helpful advices and their valuable suggestions and encouragement.

I also wish to express my gratitude towards the members of Pah-O Literature and Culture Committee and Pah-O Traditional Medicinal Organization who contribute to data collection necessary for research. My special thanks to Saya U Thein Kywe, Nan Nwe Ni Aung, Nan Mi Swan, Nan Thuzar Tun for helpful assistance extended towards data collection. I would like to give my sincere thanks to all the persons who helped to conduct this PhD Dissertation.

Finally, I would like to put on record my heartfelt thanks to my family, without whose help and support I would not be able complete this thesis.

ABSTRACT

The objectives of the study are to explore and analyze the health beliefs, enabling resources and needs, for traditional medicine in association with Pah-O Nationals, to find out the importance of traditional medicine in Pa-O's nationals and to describe Pah-O traditional health knowledge and health care. Research area is Ho-pone Township of Shan State (South). There were nine main chapters were presented. These are Introduction, Literature Review, Methodology, Historical Background, The types of practitioners, the Use of Traditional Medicine, Pah-O Traditional Medicine Regime for Common Diseases and Health Problems, Discussion, Conclusion and Recommendations. Data collection methods include focus group interviews, participant observations, key informant interviews, In-depth interviews, library surveys, internet and taking photo graphs. This field study in Ho Pong Township was conducted with the permission of Pah-O Literature and Culture (Central) committee, Pah-O National Organization and that of Pah-O Traditional Medicine Practitioners (Central) Association. The informed consent was agreed to participate. According to the study, the Pah-O came into Myanmar in three groups. The first group came into inhabit the Mekong valley. The second group went westwards into Myanmar, via the Shweli River. The last group migrated into Myanmar, via Kutkai- Kyugok passes to Lahio. Those people got mixed with the first and second group who were already resident together at Thaton. Some moved elsewhere in nine groups, seven of them, arriving at Southern Shan State. The scope of Pah-O traditional medicine is very wide in terms of its various methods of treatment, diseases, and pharmaceuticals and herbal medicine with a variety of uses. There have been three generations of Pah-O traditional medicine practitioners. In Pah-O Special Region (6), Ho-pone has the largest number of traditional practitioners. There are three kinds of traditional medicine practitioners in Pah-O community. The Pah-O herbalists are giving treatment with formulation from Myanmar traditional medicine in combination with their medicines prepared with locally available produce and products of herbs and tubers. So this study reveals an introduction of Pah-O region's local herbs and tubers which Pah-O traditional medicine practitioners are using effectively some extent. Pah-O national, mostly all- day-long hard workers, are generally in good health. They work hard rather careless in their choice of diet. This study also states that they have poor nutrition, exhaustion from land work and get severe cold climate collectively create a condition inviting the breakout of some diseases. During this time, their first resort in such a case is to the traditional medicines handed down by their forefathers.

Key-words: Traditional practitioners, treatment, herbalist, generation and health.

LIST OF FIGURES

		Page
Figure 1.	Conceptual Framework	9
Figure 2.	A Pah-O language traditional medicine book	30
Figure 3.	A Pah-O language traditional medicine book	30
Figure 4.	A Myanmar language traditional medicine book	31
Figure 5.	A Myanmar language traditional medicine book	31
Figure 6.	A Myanmar language traditional medicine book	31
Figure 7.	Mixing ingredients to make traditional medicine	38
Figure 8.	A traditional medicine practitioner's stall at the five day market, Ho-pone	38
Figure 9.	The female clairvoyant swears the oath before the Buddha image	43
Figure 10.	Summoning the spirit of a sick child	48
Figure 11.	The 33 bamboo sticks used in Ban fortune-telling	52
Figure 12.	The Horoscope	56
Figure 13.	Chunks of earth called Lainghtaw	61
Figure 14.	Indian nightshade plants (Khayansup)	61
Figure 15.	A fireplace in the sitting room	63
Figure 16.	Kalp-feria Galanga Lin (Kun Sa Ga Mone)	70
Figure 17.	Medicinal plants used in the remedy for Diabetes	71
Figure 17.1	Drum stick (dan dalun)	71
Figure 17.2	Hsin Doun Manwe	71
Figure 17.3	Sweet Broom Weed	72
Figure 17.4	Java tea leave	72
Figure 17.5	Bitter Gourd	72
Figure 17.6	Myrobalan (hpan ga;)	72
Figure 18.	Medicinal plants used in the remedy for Diarrhoea	74
Figure 18.1	Neem	74
Figure 18.2	Eastern gooseberry (zi bju)	74
Figure 18.3	Ferula (shein gou)	74
Figure 18.4	Nutmeg	74
Figure 18.5	Myrobalan (hpan ga;)	75
Figure 18.6	Indian Trumpet	75
Figure 18.7	Sweet Flag (lin: lei)	75

Figure 18.8	Belleric myrobalan	75
Figure 19	Medicinal planets used in the remedy for Dysentery	76
Figure 19.1	Neem (tama)	76
Figure 19.2	Easten gooseberry (zi; bju)	76
Figure 19.3	Nutmeg	77
Figure 19.4	Australian Asthma Weed	77
Figure 19.5	Hsin Doun Manwe	77
Figure 19.6	Indian Trumpet	77
Figure 19.7	Pepper	77
Figure 19.8	Beal Fruit	77
Figure 20	Medicinal plants used in the remedy for Hypertension	79
Figure 20.1	Celery	79
Figure 20.2	Enhydra fluctuans Lour	79
Figure 20.3	Wild Snake Gourd	79
Figure 20.4	Moon flower (Kjan hin;)	79
Figure 21	Medicinal plants used in the remedy for Malaria	81
Figure 21.1	Betel Leave	81
Figure 21.2	Dried Catkins	81
Figure 21.3	Pepper	81
Figure 21.4	Wild Ginger	81
Figure 22	Medicinal plants used in the remedy for Tuberculosis	83
Figure 22.1	Linta-pabyin	83
Figure 22.2	Liquorice	83
Figure 22.3	Cardamom	84
Figure 22.4	Sweet Broom Weed	84
Figure 22.5	<i>Hedyehium gracile</i>	84
Figure 22.6	Cumin	84
Figure 22.7	Tapindaing Myanan	84
Figure 22.8	<i>Terminalia belerica Roxb</i>	84
Figure 22.9	Sweet flag	85
Figure 22.10	Dried Catkins	85
Figure 22.11	Cinnamon	85
Figure 22.12	<i>Desmotium triquetrum</i>	85
Figure 23	Yar Ke Tree	88

LIST OF ABBREVIATIONS

AN	=	Antenatal
BE	=	Burmese Era
cc	=	Cubic centimeter
CE	=	Christian era
FGD	=	Focus Group Discussion
HM	=	Herbal Medicine
IDI	=	In-depth Interview
KII	=	Key Informant Interview
ME	=	Myanmar Era
ORT	=	Oral Dehydration Treatment
PHC	=	Primary Health Center
PNO	=	Pah-O National Organization
PTMO	=	Pah-O Traditional Medicinal Organization
SEAR	=	South-East Asia Region
TBA	=	Traditional Birth Attendant
TM	=	Traditional Medicine
WHA	=	World Health Assembly
WHO	=	World Health Organization

CHAPTER (1)

INTRODUCTION

1.1 Medical Anthropological Approach to Folk Medicine

Medical anthropology is a subfield of social and cultural anthropology. It is a term which has been used since 1963 as a label for empirical research and theoretical production by Anthropologists into the social process and cultural representations of health, illness and the nursing/ care practices associated with these.

Anthropologists have pointed out that any society's medical system cannot be studied in isolation from other aspects of that society, especially its social, religious, political and economic organization. It is interwoven with these, and is based on the same assumptions, values and view of the world. Medical anthropologists study the socio-cultural end of the spectrum have pointed out that in all human societies beliefs and practices relating to ill-health are a central feature of the culture. Often these are linked to beliefs about the origin of a much wider range of misfortune (including accidents, interpersonal conflicts, natural disasters, crop failures, and thefts or loss), of which ill-health is only one form. In some of these societies, the whole range of these misfortunes is blamed on supernatural forces or on divine retribution, or on the malevolence of a 'witch' or 'sorcerer'. The value and customs associated with ill-health are part of the wider culture, and cannot really be studied in isolation from it. One cannot understand how people react to illness, death or other misfortune without an understanding of the type of culture they have grown up in or acquired- that is, of the 'lens' through which they are perceiving and interpreting their world.

In addition to the study of culture, it is necessary to examine the social organization of health and illness in that society (the 'health care system'), which includes the ways that people become recognized as 'ill', the ways that they present this illness to other people, the attributes of those they present this illness to, and the ways that the illness is dealt with. A group of 'healers' is found in different forms in every human society. Medical anthropologists are particularly interested in the characteristics of this special social group their selection, training, concepts, values and internal organization. They also study the way that these people fit into the social system as a whole-their rank in the social hierarchy, their economic or political power, and the division of labour between them and other members of the society,

who regularly reassert the society's values, or as agents of social control, helping to label and punish socially deviant behavior. Their focus may not be only on the ill individual, but rather on the patient's 'ill' family, community, village or tribe. It is therefore important, when studying how individuals in a particular society perceive and react to ill-health, and the types of health care that they turn to, to know something about both the cultural and the social attributes of the society in which they live. This is one of the main tasks of medical anthropology (Cecil G. Helman 1991).

Traditional (Folk) medicine exists for as long as human beings exist. In an effort to cope with an environment that was often dangerous, humans and their ancestors, began to develop ways of lessening pain and treating physical and mental problems. At first, many of the ways of treating these problems undoubtedly came through trial and error, using various plants and other methods derived from observation of how animals reacted to and treated illness and injuries. Over time, individual within family and tribal groups became more skilled at helping the sick and injured, and some of these became responsible for carrying out healing ceremonies, religious rituals, and other rites designed to ensure the safety and health of their communities.

Many of the methods for treating injuries and diseases have been passed down through families for generations, and some of these have been adopted for use by the medical profession. Those treatments not commonly believed to fit within the framework of modern medical practices are commonly identified as *folk medicine*. Illnesses whose etiologies are not recognized by Western medical practice are known as folk illness. Folk illnesses are shaped by the cultural and ethnic groups from which they emerge. They are specific to the cosmology of the cultural and ethnic group to which they belong and they have specific causative, diagnostic, preventive and healing/curing practices that may vary significantly from how they may be viewed by modern medical practitioners.

For example, liver growth (the enlargement of liver) is a folk illness found among Pennsylvania Germans. This illness is believed to occur when the liver has become attached to the ribs or some other part of the body cavity. The illness is thought to be more common among children and caused by exposure to a strong wind. It may be the result of staying outside too long or from being shaken up while traveling.

In the Southern America, the most common symptom in a child is failure to thrive. The illness is diagnosed by feeling the lower chest and seeking to find the flesh pulled inward. Treatment may involve stretching the child's arms and legs behind them to loosen the liver or by passing them through a warm horse collar, bramble bush or other similar process.

It is important to understand that some folk illness have common symptoms that are treated by Western medical practitioners, while other symptoms may not be understood by Western medicine to mean the same sort of thing. In the previous example, failure to thrive has a specific Western medical connotation and treatment approach that is different from that employed by those believing in liver growth (Bergner, P, and D, Hufford 1998).

Countries in Africa, Asia and Latin America use traditional medicine to help meet some of their primary health care needs. For example, in Africa, up to 80% of the population uses traditional medicine for primary health care. In India, the government reports that 70% of the population use Indian medicine. Elsewhere in Asia, traditional medicine has maintained its popularity in many countries, even when conventional medicine is readily available. For example, in Malaysia, Myanmar, Thailand and South East Asia countries are traditional forms of indigenous, Chinese and Indian medicine are extensively used (WHO Traditional Medicine Strategy 2002-2005).

Thai traditional medicine draws from Chinese and Indian traditions. In 1993, Thailand established the National Institute of Traditional Medicine. In 1999 Thailand TM was integrated into the facilities of 1120 health centers (WHO facts about traditional healing). In Germany, 90% of the populations have used a natural remedy at some points in their life. Between 1995 and 2000, the number of doctors who has undergone special training in natural remedy medicine had almost double to 10800. In Ghana, Nigeria and Zambia, the first line of treatment for 60% of children with high fever resulting from malaria is the use of herbal medicines at home. In China TM is fully integrated into China's health system, 95% of Chinese hospitals have units for traditional medicine. Traditional herbal preparations account for 30% - 50%of the total medicinal consumption.

World Health Organization (WHO) defines traditional medicine (folk medicine) as the health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and

exercises, applied singularly or in combination to treat, diagnose and prevent illness or maintain well-being. The WHO, However, also notes that its use is spreading in popularity in industrialized countries. It also notes, though, that "inappropriate use of traditional medicines or practices can have negative or dangerous effects" and that "further research is needed to ascertain the efficacy and safety" of several of the practices and medicinal plants used by traditional medicine systems (United Nations World Health Organization, 2003).

1.2 Traditional Medicine in Myanmar

Myanmar is a country of agro-based economy with a total population of about 57.75 millions. More than 75 percent of its population resides in the rural areas. And self-medication with traditional medicine is usually the first choice among their health seeking behaviors. Myanmar's traditional medicine has been practiced since 600 B.C and is an inherited profession. It is influenced by Buddhism, local traditions and customs, social values, geographical conditions and aquatic and terrestrial resources. Re-emergence of popularity of traditional medicine is one of the causes of its preference in self-medication. The credit goes to successive Myanmar governments who encouraged and promoted traditional medicine. In Myanmar, Department of Traditional Medicine is one of the seven departments functioning under Ministry of Health. Traditional medicine was officially introduced as a branch of health services in 1972, when it was organized as a division under the Department of Health managed by an Assistant Director. The division was responsible for the development of the service under the technical guidance of the State Traditional Medicine Council and become the focal point for all the activities related to traditional medicine. Then, the division was upgraded to a separate Department in August 1989 (Aung Myint, 2000).

A one-year course teaches basic principles of Myanmar TM. The University of Traditional Medicine was established in 2001 and confers a Bachelor's degree after four years of training and a one-year internship. TM is being integrated into the national health system and there are 250-bed TM hospitals, 12-16-bed TM hospitals, and 273 TM clinics. In an effort to integrate TM with western medicine, teaching of TM has been introduced into the curriculum of third year M.B.B.S medical course since 2003. To provide easy access to common TM drugs for minor emergency illnesses for rural areas, a Household Traditional Medicine Kit has been provided to

1144 villages in five states and divisions. The Ministry of Health has issued "Traditional Medicine Drug Law" and "Traditional medicine Council Law" for the development of production of quality drugs and systematic use of traditional medicine and treatment in health care delivery.

Myanmar has a long history of over 1,000 years with abundant religious rituals and activities. Most of the rural populations are farmers with limited formal education. When the people usually get sick, they go to see traditional healers or Buddhist monks living in the same or neighboring communities. The traditional healers generally used herbs and religious and spiritual rituals in treating the sick. People also learned the use of traditional medicines and herbs from their neighbors, and from the monasteries which were the centers of village activities. Herbs were often found in the wild or in the fields of local farmers and were used regularly in the preparation of food. Hence, laymen were able to medicate themselves with these herbs for common and simple ailments or to prevent illness.

The reliance on self-medication and traditional practitioners was predominant among people in the rural areas and among the lower socio-economic status for which the currently available modern health services were unaffordable. Moreover, health utilization in Myanmar was largely determined by the levels of availability and accessibility of the variegated health services.

Traditional Myanmar medicine is indigenous in comparison with modern (Western) medicine. The term "Traditional Myanmar Medicine" encompasses the influences of Indian and Chinese traditional medical systems as well as a strong religious component which is primarily Buddhist. After a long history of coexistence, these traditions have amalgamated with Myanmar traditions to the extent that today it is difficult to distinguish in people's management of illness any practice of traditional medicine that could be considered purely Indian, Chinese, or Buddhist. The term "traditional Myanmar medicine" seems most appropriate as the practices are those of the Myanmar people, regardless of their ancestry. Traditional Myanmar Medicine combines herbal treatment with religious faith, as in the practice of meditation. The body and mind are seen as part of a whole system to which the holistic treatment is addressed.

Herbal medicine is used in a wide variety of symptomatic condition ranging from the common cold to acute illness. Several roots and plants used as food are believed to have therapeutic value. Both herbs and foods are usually cooked (by

chopping up and boiling) and taken as soups or drinks. In this way, Myanmar people are able to treat themselves for simple ailments, and they seek help of a healer only if self-treatment does not work satisfactorily.

Indeed, traditional health services tended to be generally less expensive and more easily accessible, as stated above; more importantly, however, they were tied in with religion and the occult. In other words, traditional healers and therapies were, and are, quite integrated with the indigenous culture and ways of life. Even today, the social statuses of traditional healers are well accepted and relatively close to those of the ordinary people.

In consultations with traditional healers, patients feel free to ask questions on the ways to solve a problem or how to obtain more herbs or more remedies. Traditional healers are respected and held in high esteem in their village. Most healers are old, and they are respected for the experience that comes with age. Their fees are also low and the therapy they prescribe is associated with ritual and religion. The popularity of traditional health care in Myanmar then is due to the way that specific concept, techniques, and medicines of traditional healers merge with the familiar and reassuring lay knowledge and beliefs. The system of explaining illness is familiar and comprehensible.

The continuing popularity of traditional health services, however, is due to the similarity of culture and social contexts among health practitioners and patients. Moreover, traditional health services provide both emotional and social support in addition to an attempt to cure disease. Hence, traditional medicine remains an important health care alternative to most Myanmar people. Nevertheless, modern health care facilities are a major source of care, particularly for life-threatening cases.

Traditional health services were favored because of the low cost of treatment. This low "cost" refer to both monetary and non-monetary aspects. The monetary cost of modern health services is generally higher than that of traditional services and it includes consultation fees, cost of medicine, travelling expenses and boarding expenses. In contrast, the cost of obtaining traditional health care services at the village level is relatively low. Some traditional healers do not charge fees for services.

Neighborhood drugstores are the main suppliers of medicines used in self-medication and the only place where modern and traditional medicine meets. Drugstores, which sell both modern and traditional medicine, are run by private owners who are neither pharmacists nor trained health personnel. Druggists are often

sons or relatives of the owners. The drugstore then is the least professional source of health care. As a result, the monetary and non-monetary costs of treatment are relatively low. Medicines in drug stores are inexpensive and regarded as the most convenient to a druggist when they felt no need for professional advice. In sum, the most common trend for patients up to now is self-treatment or self-medication with medicines being bought at drugstores (Santhat Sermsri, 1988).

Medical beliefs and practices are clearly both products and integral parts of the socio-cultural systems in which they occur. Thus, it needs to study within their socio-cultural contexts to understand the traditional medical systems. This study points out healthcare of Pah-O national from traditional practitioners and/or self-medication with traditional medicines. Therefore, it is very clear that self-medication and traditional medicine still have a place in Pah-O community. Some traditional medicines can effectively help patients even where Western medicine fails. The contention now is that if traditional medicine is encouraged, it can provide Pah-O nationals with greater accessibility to health care and can help maintain or promote the quality of life to some extent. Furthermore, by understanding traditional medicine practices in greater depth, it may be possible to integrate more "modern" beliefs and methods into traditional medicine systems. Likewise, the positive psychological benefits of traditional healing on patients may also speed their recovery when modern medical techniques are used well. These possibilities or potentials motivate to study how Pah-O national are doing self-medication with traditional medicines for what diseases.

1.3 Rationale

In Myanmar, a number of traditional medicines could however, be advantageously used in organized health care. Symptomatic treatment is frequently required in primary health care and in these cases the use of traditional medicine may often be medically and economically justified. Myanmar may therefore wish to include traditional medicine in their national drug policy. It is important to evaluate the use of traditional medicine and simultaneously strength explorative and developmental research in traditional medicine.

The World Health Organization also intends to integrate traditional medicine into national health system globally. This is an opportunity for building safe, affordable and effective national health systems, especially for developing countries

rich in both medicinal plant resources and traditional knowledge. It is time governments to fund research into holistic health models.

Every Year the World Health Organization receives an increasing number of requests to provide standards, technical guidance, and informal support to Member States elaborating national policies on traditional and complementary/alternative medicine. The World Health Organization encourages and supports Member States to integrate traditional and complementary/ alternative medicine into national health care systems and to ensure their rational use. Facilitation the exchange of information between Member States through regional meetings and publication of documents, the World Health Organization assists countries in sharing and learning from one's experiences in forming national policies on traditional and complementary/alternative medicine and developing appropriate innovative approaches to integrate health care (WHO 2001, World Wide review).

Pah-O traditional Medicine had been playing an important role in health care services of their community for years. Their traditional Medicine, which formulated with natural resources such as medicinal plants, medicinal animals products and minerals has a long experience in health care, so that community still rely on traditional remedies despite the modern medicine took place in public health care. Most of countries were interested in traditional medicine, because of its fewer side effects and less toxic with safe effectiveness compared to modern medicine. Therefore, this study is necessary to study the folk model of health care of Pah-O national.

1.4 General and Specific Objectives

1.4.1 General Objective

- To explore and analyze the health beliefs, enabling resources and needs, for traditional medicine of Pah-O in association with social structure.

1.4.2 Specific Objectives

- To find out the importance of traditional medicine in Pah-O's national.
- To describe Pah-O traditional health knowledge and health-care.

1.5 Conceptual Framework

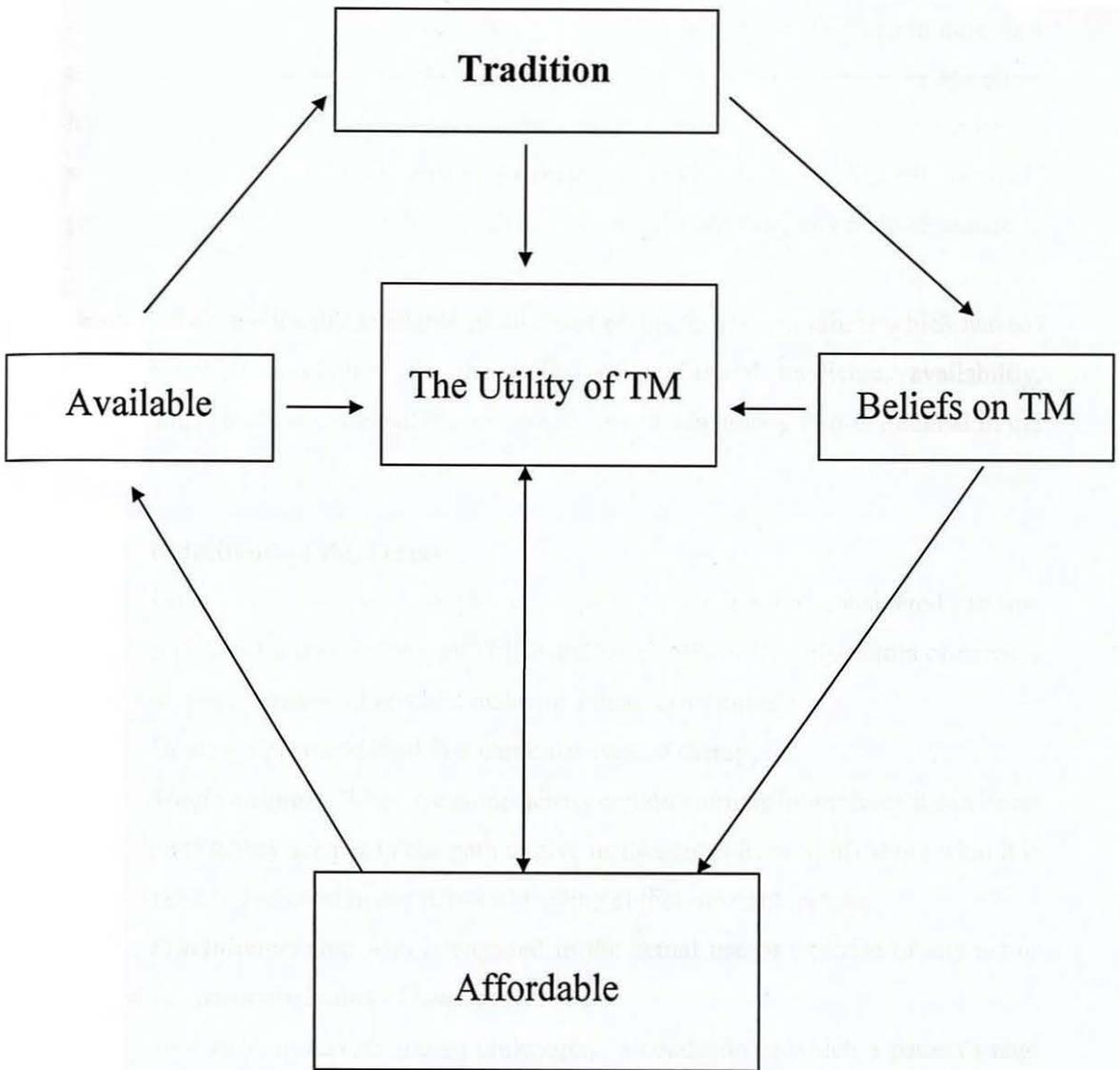


Figure 1 Conceptual Framework

Most Pah-O national in the study area, the utility of traditional medicine is first resorted to whenever which type of disease and illness strike. The background circumstances are found to faith in their traditional medicine, difficulties in making a trip to the General Hospital (because of time, distance from village to Ho-pone, language barrier and finance). Besides their shyness and fear have to receive hospital services. Most Pah-O never rushes to seek the services of a traditional medicine practitioner, but get a consult him at a five- day market. At first, any male or female in the study area is taken ill, they tend to believe in witchcraft and casting the spell. Besides, they use locally available products of plants, herbs and tubers which handed down by their forefather. So the utility of traditional medicine, availability, affordability, traditions and beliefs are closely correlated among Pah-O national in the study.

1.6 Definitions of the Terms

Folk: The common people of a society or region considered as the representatives of a traditional way of life and especially as the originators or carriers of the customs, beliefs and arts that make up a distinctive culture.

Healer: a person skilled in a particular type of therapy.

Magic animals: When we come across certain animals in our lives it can be an indication that they are put in our path to give us messages from Spirit about what it is that we need to focus on in our personal healing at that moment in time.

Practitioner: One who is engaged in the actual use or exercise of any art or profession, particularly that of law or medicine

Soul loss: In Lakota Indian philosophy, a condition in which a patient's nagi (soul) becomes detached from his or her body because of neglect, abuse, or rejection. Ceremonies are performed by a healer to find the nagi and bring it back to unite the spirit and the body.

Tradition: A ritual, belief or object passed down within a society, still maintained in the present, with origins in the past.

CHAPTER (2)

LITERATURE REVIEW

2.1 The Concept of Traditional (Folk) Medicine

It was taken up by professional anthropologists in the first half of the twenty century to demarcate between magical practices, medicine and religion and to explore the role and the significance of popular healers and their self- medicating practices. Folk (Indigenous) medicine is usually unwritten and transmitted orally until someone collects it. Within a given culture, elements of Indigenous medicine knowledge may be diffusely known by many adults, or may be gathered and applied by those in a specific role of healer, shaman, midwife, witch, or healer in herbs. In folk medicine there are three factors that legitimize the healer: the subjective reality of the healer; the objective reality based on his/ her successful cures; and the beliefs systems of the community (locally and globally influenced) which impacts on the first two. There are also three types of transmission of indigenous knowledge of medicine: the society and the community, the family, and the individual (Laguerre, M. 1987).

2.2 The Functions of Folk (Traditional) Medicine Practitioners

Folk medicine practitioners use a variety of methods to treat illness. They go by many names, including shaman, spirit medium, herbalist, native healer, medicine man, root doctor, bone- setter, midwives, clairvoyant and other related terms. Each has specific treatment approaches, which may include prayer, dancing, medical herbs, massage, sweat baths, coining (a process of rubbing the skin with a metal coin), cupping (a treatment used to draw blood to the surface of the skin by means of a small heated vessel made of horn, ceramic, or bamboo), hot and cold foods, and other practices not normally considered in modern biomedicine. Often these practitioners are the first to be consulted when a family member becomes ill. They are easy to access, tend to share the same illness causality beliefs, will come to the home day or night, and much less expensive than a clinic, hospital, or doctor's office visit. Folk medicine practitioners are also often consulted when home remedies fail. If the practitioner also fails, then consultation with the biomedical community may occur.

In addition to the medical practices employed by traditional healers, there has also evolved a profusion of folk healing practices that are not seen by either the folk

healer or modern health practitioners. These home healing practices are handed down by word of mouth and are used to treat a variety of illness, including anxiety and depression, cough and colds, burns and sunburns, bladder and kidney infection, bedwetting, bites and stings, asthma, arthritis, birthing problems, bleeding, diarrhea, fever, infertility, insomnia, skin problems, and mouth and gum disorders(Bergner, P and Itufford,D.1998).

Almost every family has some specific home remedy that has been learned and passed down by older family members, and even in the face of more modern health beliefs they will continue to use these folk remedies before seeking other biomedical treatment method. For example, an aloe leaf is used to treat a burn ointment or spray from the pharmacy in many families. Other examples of folk medical treatments include the use of American Ginseng as a sedative or tonic in the Appalachian Mountains; celery seeds to help treat rheumatism among British and German immigrants to the United States; and ginger to treat gas or nausea in New England. In addition to these historical practices, the spectrum of folk medicine in the United States has been extended by the influx of new migrant groups.

Magic animals have also been used in folk medical practices. Animal's parts and by-products are used to treat certain illnesses or conditions - bird nests are used to prevent head-aches, the tooth of a mole may be worn around the neck to prevent toothache, and fresh muskrat skin is used to prevent colds. Other animals thought to have healing properties include toads, snakes, eels, and earthworms.

Prayers are used in folk medicine in primitive societies. In Native American and Asian cultures, prayer is used to cure soul- loss or ghost sickness. Prayer has been scientifically studied to determine its effects in helping people to get well or to feel better, and there is some evidence that it does have value in the treatment of illness and disease (Huff, R and Kline, M1999).

Other folk medicine remedies have been shown to be effective. One such remedy is the eating of live-culture yogurt to reduce vaginal yeast infections. The placebo effect can however play a part in the efficacy of a treatment. A strong belief in a certain treatment can yield a positive outcome, even with a treatment that has been shown scientifically not to work. At the same time, some folk remedies, like modern medicines can have serious, and sometimes fatal, side effect. Plants gathered to treat an illness may have been prepared improperly, or the wrong plant may have been picked along with the correct, tainting the remedy. Some preparations may be

too strong for some patients, particularly infants or those weakened by serious illness. The use of herbal preparation should therefore be approached with great caution, even purchased at a health food-store or other commercial outlet. Herbal remedies are not well regulated and may be dangerous to take (Sabah G, and Somra, Z.1993).

2.3 The Attributes of Folk (Traditional) Practitioner

People can become folk healers in a number of ways, such as:

1. Inheritance- being born into a 'healing family'.
2. Position within a family, like the 'seventh son of a seven son' in Ireland.
3. Signs and portents at birth, like a birthmark or "carrying in the womb, or being born with the amniotic membrane across the face (the 'caul' in Scotland).
4. Revelation- discovering one 'has the gift' which may occur as an intense emotional experience during an illness, dream or trance. In extreme cases, as Lewis (1971) points out, the vocation may be announced by " an initially uncontrolled state of possession: a traumatic experience associated with hysteroid, ecstatic behaviour.
5. Apprenticeship to another healer- a common pattern in all parts of the world, although the apprenticeship may last for many years.
6. Acquiring a particular skill on one's own, like the Yemeni sahi or the Kenyan ' bush doctors'. (Helman, C. G. 1994)

2.4 Studies on Cultural Beliefs and Practices of Maternal Care

Aye Aye Than (2003) conducted an ethnographic study on cultural belief of a group of *Bamar* women regarding maternal care was conducted by Aye Aye Than in 2003. This ethnographic study aimed to explore the localized cultural beliefs and daily practices related to traditional maternal care among a group of *Bamar* women in 3-B block, *Mingaladon* Township, Yangon. Participant observation and open-ended interviewing with five key informants (three reproductive age group women and two traditional birth attendants) and informal group discussions among were performed. Data analysis was done by the interpretation of descriptions and actions. This study indicated that cultural beliefs and maternal care among *Bamar* women were rooted in their social, religions, political and economic backgrounds. It also revealed that some women wanted to deliver at home with traditional birth attendants for various reasons.

Then, the improper methods of the TBAs were revealed. The relation of belief about religious, other spiritual matter and the harmful practices about the maternal care practices were found. The results of this study were beneficial for health care providers to alert in cultural beliefs of maternal care have some misconceptions and malpractices.

Raven, Chen Tolhurst, and Garner (2007) undertook a qualitative study to identify on traditional beliefs and practices in the postpartum period in Fujian Province, China. The objective of this study was to explore the current status of postpartum practices from social, cultural and western medical perspectives. The interviewing techniques was used to collect the data from (36) family members and (8) health workers in Fujian Province, selecting one rural and one rapidly developing urban county. It was found that postpartum practices were commonly practiced in urban and rural families to help the mother regain her strength and protect her future health. The researchers reported that postpartum practices included; dietary precautions, such as eating more food and avoiding cold food; behavioral precautions, such as staying inside the home, avoiding housework and limiting visitors; hygiene precautions, such as restricting bathing and dental hygiene; and practices associated with infant feeding, including supplementary feeding and giving honeysuckle herb to the infant. This study also reported that the main reasons for adhering to these practices were respect for tradition, and following the advice of elders. According to the findings of this study, although a few practices are potentially harmful, including giving honeysuckle herb, and avoiding dental hygiene, categorized against Western medical standards, several postpartum practices are beneficial, including eating more, eating protein rich food, avoiding housework, and daily vulval and perineal hygiene. This study only highlighted on traditional beliefs and practices regarding postnatal care. However, this current study was identified traditional beliefs and practices regarding postnatal care. However, this current study was identified traditional beliefs and practices regarding antenatal, intra-natal and postnatal care.

Soe Paing Lin (2011) undertook a community based cross-sectional descriptive study design was used to identify cultural beliefs and caring practices of maternal care among 'Danu' women at "Pindaya" Township, Shan State (South). Cultural beliefs and practices during pregnancy, childbirth and antenatal (AN) care in terms of food especially hot are still practiced and followed by the majority of women in this area. The respondents described that they obtained information regarding

dietary precautions from their mothers, mother in law and other women in particular their sisters, aunts and even from neighbors. In fact, their beliefs regarding precautions of food during pregnancy are more or less related with well-being of a pregnant mother and her unborn baby, and coping to some physiological changes during pregnancy, Moreover, the choice of food consumed is also determined by a number of factors, including availability of natural resources, economics, religious beliefs, social status and traditional taboos. Because these factors place limits in one way or another on the intake of food, the pregnant mother will not get essential nutrients for the mother and unborn baby during pregnancy and AN care. Therefore, it was needed to provide health education regarding food nutrition for the women according to this study.

2.5 Studies on Herbal Medicine

Herbal medicine is a traditional medicinal or folk medicine practice based on the use of plants, in a wide variety of forms, for their therapeutic value. It is also known as herbalism, botanical medicine and herbology. Herb plants produce and contain a variety of chemical compounds that act upon the body and are used to prevent or treat disease or promote health and well- being.

Human, and even Neanderthals, have used plants to treat their ailments for at least tens of thousands of years; most likely even longer than that. Medicinal herbs were found in the personal effects of *Otzi the Iceman*, whose body was frozen in the Otztal Alps for more than 5,300 years. These herbs appear to have been used to treat the parasites found in her intestines. Anthropologists theorize that animals evolved a tendency to seek out bitter plants parts in response to illness. The first written accounts of the use of herbs originate in China, although all other civilizations from the ancient world were using plants as natural remedies for their ailments. Western herbal medicine dates back to ancient Greece and its famous doctors like Hippocrates and Galen. The 15th to 17th centuries were the most popular time for herbalism in Europe. Herbal remedies are still relatively popular today, mainly due to the fact that they are regarded as harmless because they are natural.

As herbal treatments have been around for so long, and in so many cultures, there are numerous ways that they are believed to work. Many explanations lie in the mystical thinking of ancient cultures. Some believed that the appearance of the plant give an indication of what it can be used to treat; this physical resemblance between

the plant and the body part to be cured is known as the “Doctrine of Signature”; a heart shaped plant would be used to treat heart problems. From the middle ages on, many practitioners have tried to classify herbal remedies by observation of their effects. This is closer to the modern scientific approach of gathering evidence. Eastern herbal medicine still adheres to the mystical approach in its theories whilst western herbalists tend to use herbs for the ingredients they contain; mixing and matching them in the way that conventional medicine dose with modern drugs. The three main branches of herbal medicine are; the Western herbal traditional based on Greek, Roman and medieval sources; The Ayurvedic tradition of India and Chinese Remedies are produced by either taking the whole plant, or just the part of the plant required, and often mixing it with other plants. They are usually boiled in water or alcohol, and made into: herbal teas; herbal decoctions, herbal syrup; herbal tincture; infused oils; salves & ointment /creams.

The World Health Organization held the Regional Meeting on 10-12 March 2009, Yangon, Myanmar. The report of this meeting was published as “The Use of Herbal Medicines in Primary Health Care”. In this report, Herbal Medicine (HM) and Traditional Medicine (TM) are widely used in countries of the South-East Asia (SEA) Region. Herbal medicine forms a substantial part of traditional medicine. According to WHO’s definition, HM includes “herbs, herbal materials, herbal preparations and finished herbal products that contain as active ingredients, parts of plants, other plant materials or combination thereof”. There is increasing demands for medicinal plants, both in developing and developing countries.

Most of traditional medicines contain medicinal plants. Ayurveda, Chinese traditional medicine, Hoepathy, Naturopathy, Unani and TM systems in Africa and Latin America use herbal medicines. In the SEA Region, all Member States have medicinal plants in their traditional systems of medicine; gSo-ba Rig- pa in Bhutan, Koryo medicine in DPR Korea, Jamu in Indonesia, Dhivehi bays in Maldives, traditional , Folk or indigenous medicines in Myanmar, Sri Lanka and Thailand contain medicinal plants. Thus, herbal medicines form a significant component in traditional systems of medicine in countries of the Region.

There have been a number of important developments in the area of traditional medicine and herbal medicine over the years. The World Health Assembly (WHA) has passed nine resolutions since 1989 relating to traditional medicine; two of these

resolutions are specifically on medicinal plants: WHA 31.33(1978) on Medicinal Plants and WHA 41.19 (1988) on Traditional Medicine and Medicinal Plants.

In 2003, the health ministers of countries in South-East Asia Region, at their twenty- first meeting, agreed that traditional systems of medicine should be included as part of national health-care system.

In 2004, the WHO Regional Committee for the South- East Asia Region at its Fifty- seventh Session recognized that traditional systems of medicine had played a vital role in contributing to health care. It urged interested governments of the Region to give adequate importance to developing traditional systems of medicine, not merely as an alternative to the modern system of medicine but in close conjunction with it so as to take advantage of the best from both systems.

In August 2007, The WHO Interregional Workshop on the Use of Traditional Medicine in Primary Health Care was held in Ulaanbaatar, Mongolia. It provided technical guidance to Member States, especially on the selection of traditional medicine in primary health care, with emphasis on ensuring efficacy, safety and quality.

In November 2008, the Beijing Declaration promulgated at the WHO Congress of Traditional Medicine expressed the need for action and cooperation by the international community, governments, and health professional workers to ensure proper use of traditional medicine as an important component contributing to the health of all people, in accordance with national capacities, priorities and relevant legislation.

In January 2009, the WHO Executive Board discussed a draft resolution on traditional medicine that would be tabled at the Sixty- second World Health Assembly (WHA) in May 2009. It urges Member States, in accordance with national capacities, priorities, relevant legislation and circumstances “to cooperate with each other to share knowledge and practices of traditional medicine and exchange training programmes on traditional medicine, consistent with national legislation and relevant international obligations “. The World Health Assembly passed resolution WHA62.13 on Traditional medicine in May 2009.

This meeting aimed specially to promote the potential of herbal medicines in national health systems in the Region. The general objective of this meeting is to promote the use of herbal medicine in countries of the South-East Asia Region. The specific objectives are: to explain the role of WHO in promoting herbal medicine in

primary health care (PHC), to share information on the use of herbal medicine among countries of the South-East Asia Region, to strength research in ensuring efficacy, safety and quality of herbal medicines, to discuss inter-country cooperation in herbal medicine and to prepare three generic frameworks; one for sharing information on the use of herbal medicine in PHC; one for research on efficacy, safety and quality of herbal medicine; one for inter-country cooperation in the use of herbal medicine in PHC (World Health Organization,2009).

2.6 Studies on Ayurveda - Traditional Medicine of India

Ayurveda, is a method of long- held traditional medicine in India. The very name Ayurveda translates as “complete knowledge for long life”. While it is a traditional medicine in India, among some parts of the world it is considered a strange and alternative medicine. The two major texts that the Ayurveda ifs first mentioned in are the Susruta Samhita and the Charaka Samhita. These were among the first medical books in all of India, specifically, Indian encyclopedias of health and medicine. The two books were collected from various sources around India after nearly a century before the two official scripts making the Ayurveda were created.

The approach that has been taken toward healing in India has not changed in thousands of years. Even in its earliest forms the Ayurveda healing principles were based off the five elements, earth, water, fire, air and sky. In traditional medicine terms for the Ayuveda, these elements are, in the same order, Prithvi, Jala, Agni, Vayu, and Akasa. The humanly elements that are worked with in the approach offered by Ayurveda are plasma, or chyle, blood, flesh, fat, bone, marrow and semen- or the female reproductive tissue. These elemental and human dimensions are used in the approach to heal and balance a healthful being during his or her various stages of being and age.

To achieve this, the approach that takes is to balance the three elemental energies. These elemental energies are solid combinations of the seven earthly elements. The combination of air and space make Wind, or Vata, Pitta is the combination of fire and water, and finally Kapha which is water and earth. According to the traditional medicine in Ayurvedic medicine, these elemental substances are to as doshas, which literally means “to deteriorate”.

These three combinations of elements are important because when they appear in body in equal proportions it will be healthy; when they are in unequal amounts, the

body will become unhealthy and even ill in multiply different ways. Findings these equal proportions can be hard to do, since each person is different and needs to seek balance in a different way. When the approach to this type of traditional medicine is balanced, the body will have a healthy metabolic rate, good digestion and proper excretion, and all those things are combined adds up to the Ayurveda way to long life and vitality. It can be studied that Myanmar Traditional Medicine particularly Pah-O Traditional Medicine is similar to Ayurvedic medicine.

Perfect balance has had a major influence on Hinduism and Buddhism, encompassing the idea of perfect balance and universal togetherness. Perfect balance is essential and teaches that suppressing natural urges that an individual has is unhealthy and even harmful. Accepting natural urges is a part of achieving perfect balance, but so is realizing that some things need moderation, such as food intake, sexual intercourse, and even sleep.

When an Ayurveda healer attempts to find a diagnosis they cover a ten steps, or ten- points, examination of the patient before they can come to conclusion on how to treat the ailing man or woman. These ten points are; 1.Constitution, 2.abnormality 3.spiritual essence, 4.mental and physical stability, 5.body measurements, 6.diet suitability, 7.psychic strength, 8.digestive capacity, 9.physical fitness and 10.age (Vyas Maulik Dr. 2011).

In addition, Chopra (2003) identifies five influential criteria for diagnosis. They are 1.origin of the disease, 2.prodrominal (precursory) symptoms, 3.typical symptoms of the fully developed disease, 4.observing the effect of therapeutic procedures and 5.the pathological process.

He analyses when healers use these five criteria to find a diagnosis they are looking at the physical, mental, and spiritual parts of the person as a single unit or personality. To do this, the healer needs to follow the ten-point exam and five criteria for a diagnosis. This will allow the heeler to see the person and all their states of being as a single whole that needs treated, not just the body, mind or spirit, but the whole. That view of healing is absolutely necessary when trying to find the perfect balance and a diagnosis that can get them on their way there. (Chopra, Ananda S. 2003).

Based on the above literature reviews, this study reveals the historical background of Pah-O Traditional Medicine; the types of Pah-O traditional Medical practitioners; the activities of Pah-O traditional Practitioners, the medical plants found

in the study area; the utility of those plants and the research done on a certain medicinal plant (Yar Ke) and the value for their traditional medicine.

CHAPTER (3)

MATERIALS AND METHODS

3.1 Study Design

Community based cross- sectional descriptive study design was used in this study.

3.2 Study Sites

Ho-pone in Taunggyi District of Southern Shan State lies between $20^{\circ} 31'$ and $21^{\circ} 27'$ north latitude and $97^{\circ} 10'$ and $97^{\circ} 25'$ east longitude, at the height of 3541 feet above sea level. It is bounded on the east by Loilem and Lecha; on the west by Taunggyi and Lawksawk; on the south by Hsi Hseng; and on the north by Mong Kung Township. There is a motor car road between Ho-pone and Taunggyi, and it takes about a 30 minute drive only. Ho-pone Township has six wards and 22 village tracts. The six wards and six village tracts of Ho-pone Township are chosen for study. The six wards are Myo Oo Ward, New Myo Oo Ward, East Ward, West Ward, South Ward and Ton Khan Ward. Although the natives from these wards have contact with Taunggyi and other cities they are using their traditional medicine. The majority of Pah-O nationals reside in these village tracts and they are now practicing their traditional medicine. According to these two facts, the researcher chose as study area. Besides there is a great benefit in using the ways of their traditional medicine because traditional medicinal plants are easy to find and cultivate in their environment.

3.3 Study Population

The community members of the Pah-O national in the study sites were the study population. But it excluded the other nationals (Shan and Myanmar) who resided at Ho-pone Township.

3.4 Data Collection Methods

The ethnographic qualitative method was used in this study. Data collection methods included focus group interviews, in-depth interviews, participant observations, key informant interviews, library surveys, surfacing internet and taking photographs.

The researcher conducted three sessions of focus group interviews with twenty patients at the villages and five-day market at Ho-pone Township. The researcher also conducted three sessions with pregnant women, mothers, and adults of the community. Focus group interviews, each session has five to seven people, who meeting the selection criteria in two village tracts and six quarters. FGIs were conducted with mothers who were pregnant at the time of data collecting or those having at least one child under five years. There are five sessions of focus group interviews was undertaken.

In-depth interviews were conducted with patients and mothers who involved in above FGIs. The researcher also undertook IDIs with six Pah-O traditional medicine practitioners. The total number of IDIs is undertaken with fifty natives.

Participant observations were carried out with traditional practitioners, clairvoyants and traditional birth attendants.

Key informants interviews were done with traditional medicine practitioners, patients, the members of Pah-O Literature and Culture Committee (Central), traditional birth attendants and elders of the community. KIIs were undertaken with women between the ages of 35-70 years. There are twenty five key informants in this study.

3.5 Duration

The duration of research is from 2008-2012. In the academic year (2008-2009), the researcher did literature review from several books, thesis and internet. And then, the researcher had recruited additional research assistants in local area. Two graduated Pah-O women were chosen for collecting the data during interviewing the natives. The field researches were carried out on opened seasons. After harvesting the crops, they finish from Taungyar work and they usually celebrate their traditional festivals.

In each academic year, the regular and credit seminars were given. Moreover, the literature reviews of the books, thesis and other reliable data were collected. After field surveys were completed, the researcher wrote the field reports and analyzes the data with supervisors. In the last academic year, the researcher finalized the writing field reports and to defense the thesis for the degree. See Annex 1 for the work plan showing the implementation schedule of the study.

3.6 Limitations of the Study

3.6.1 Strength of the Study

The Pah-O traditional medicine practitioners at the study area speak Pah-O language as well as Myanmar language which could be able to conduct direct interview and there was no need for an interpreter's help. Most traditional medicine practitioners operate out of their homes or stalls opened at the five-day-markets in Taunggyi and Ho-pone, so firsthand observation was made possible at their workplace. Moreover the environs of Ho-pone are home to many medicinal plants and materials, making them easily available to those people in need.

3.6.2 Weakness of the Study

In Myanmar, the Pah-O nationals are widespread, to the south, the middle and in the mountains. As Ho-pone and surroundings had mainly been study area in this research cannot be deemed a generalized one.

3.7 Ethical Consideration

This field study in Ho-pone Township was conducted with the permission of Pah-O Literature and Culture (Central) committee, Pah-O National Organization and that of Pah-O Traditional Medicine Practitioners (Central) Association. The informed consent was obtained from the participants.

CHAPTER (4)

HISTORICAL BACKGROUND

4.1 The Migration of Pah-O (alias) Taungthu into Myanmar

Shan State (South) has Shans as its majority, to be followed next by Pah-Os. Hsi Hseng has most Pah-Os, and Ho-pone the second most of them. Since ancient, historians and other ethnic groups had called the Pah-Os by several names-Taungthu, Pa-U, Pah-O Taungthu, or Pa-U Taungthu. The Sasana History of Thuwunnabhumi was found to use the term “Pah-O Taungthu”, while Laymyethma Phaya Inscription (alias) Minnandathu Inscription, done in 585 ME, has in line 43 the word “Pah-O”. Zeyaput Pagoda Inscription at Ashe Pwasaw Village of Bagan, which was dated 5 waning- moon day of Tagu, 638 ME, contains the phrase: Nga Pyinyi Thar, Nga Kadu 1, Nga Sakya 1, Nga Taungthu 1. The essence of this is At Nga Pyinyi’s home, a Bamar, a Kadu, A Kayin and a Taungthu lived together. All these inscriptions show that an ethnic group known as Pah-O, or Taungthu, existed in Bagan.

In 1948, a mass meeting of Pah-Os was convened at the compound of Yegyaw Monastery in Theingon Ward, Thaton Township, by the Pah-O National Organization under the leadership of ‘Thaton’ U Hla Pe. Its purpose was to promote Pah-O name only for general use. At that meeting a resolution was passed to call those nationals Pah-O only, not Taungthu. That resolution was endorsed by the State. Moreover in 1952, Universities Pah-O Culture Promotion Committee passed a resolution to call the namesake nationals Pah-O, and not Taungthu. Pah-O comes “Pah= to crack” and “O= to peel off”. Therefore, the Pah-Os are the ethnic people born of a cracked egg after, being peeled off the inside of it. This is the legend accepted by the Pah-O.

The Pah-Os migrated south from Mongolia plateau along the Ayeyawady, Thanlwin and Mekong rivers. The Pah-O came into Myanmar in three groups. The first group came to inhabit the Mekong valley, thence to the Mekong delta to settle down. But the Thais who followed Pah-Os into that delta forced them to move to the sea coast lying southwards, thence again to the valleys of Pinang and Nam Pai rivers lying westwards. Some Pah-Os out of the first group are known to have migrated to Cambodia and Vietnam, via Thailand. Again some of those Pah-Os came, via Thailand, came to Myanmar’s Kayin State, Kawkareik, Hpa An and Thaton for settlement. Then the capital Thuwunnabhumi (Thaton) was founded.

The second group of Pah-Os went westwards into Myanmar, via the Shweli River. Eventually they reached Tagaung in the middle part of Ayeyawady valley to settle down. More migrating races forced them to cross Bago Yoma [mountain ranges] to reach the valleys of the Thanlwin and Sittaung Rivers. Some historians believe that those of the first group had already founded the city-state of Thuwunnabhumi (Thaton).

The last group of Pah-Os migrated into Myanmar, via Kutkai-Kyugok passes to Lashio, thence to Loilem and Taunggyi regions in Southern Shan State and settled there. Some of the Pah-Os of this group reached Pinlaung, Mawmai and Loikaw, thence moved southwards to the Thanlwin and Sittaung valleys for settlement. Those people again got mixed with Pah-Os of the first and second groups who were already resident together at the capital Thuwunnabhumi (Thaton). Thus Pah-O dynasties, up to 158 kings, reigned at Thuwunnabhumi (Thaton) in succession. The 158th Pah-O King took a Mon woman as his queen, to be succeeded by Pah-O_Mon Kings, numbering 18, it is said. The last king of Thuwunnabhumi (Thaton), Manuha, was also of mixed parentage (Pah-O father and Mon mother). Since ancient times Pah-O Kings or those of mixed parentage had ruled their kingdom on an independent basis of country, race or dynastic king. But in 419 B.E (1057 A.D) King Anawrata of Bagan invaded and seized Thaton, and its king Manuha was taken to Bagan. Accompanying King Manuha to Bagan were learned abbots, holding the Buddhist- texts of Three Pitakas. The phrase "Pah-O or Htein" found on the stone inscription done by the wife of Anadathu shows that Pah-O nationals were in evidence at Bagan. In the 11th and 12th centuries Pah-Os were still in existence in Thguwunnabhumi (Thaton), but some moved elsewhere in nine groups. Seven of them, arriving at Southern Shan State, inhabited Mawchi, Mong Pai, Hsi Hseng and Pinlaung, and up to Mong Kung. One of the two remaining groups, led by sermonizer Maw Htaw Hpa went to establish a new settlement on the west of Pakokku. To date those settlers are known as Taungthas, who regard Pah-Os their kinsmen. The last remaining group migrated to Sittaung valley, Shan State, and areas bordering on Thailand. Still some other Pah-Os moved to Inlay Region in Nyaung Shwe Township for settlement (Myint Myint Aye, Zin Mar Latt 2003).

In about 2112 B.E, some Pah-O abbots in Shan State, known as Mong Pyo abbot, Candi abbot and Inpawkhon abbot, went to King Anawrahta in Bagan to

repossess the manuscripts in Pah-O language. For the next 15 years those Pah-O abbots made efforts to disseminate the said literature in Pah-O language, for whose reason the Pah-O language and literature remains to date. Those literary works are the original heritage of Pah-O nationals.

4.2 Historical Background of the Ho-pone Township

Ho-pone with its dependency Hai Long was originally included in the Nawng Wawn State. It was separated and become a distinct State in 1145 B.E (1783 A.D). The capital of the State was at first at Tang Hkan, a village west of the present Wying, from which it was moved to the present site in 1169 B.E (1807 A,D). The succession of Ho-pone Chiefs had been: Hkun Kya, who held the title of Ngwe- Kun- Hmu and in whose tithe the large Mwedaw pagoda at Ho-pone was built, in 1171 B.E (1809 A.D); Hkun Sin, 1180 B.E (1818 A.D); Hkun Nun, 1195 B.E (1833 A.D); Hkun Lin, 1207 B.E (1845 A.D); Hkun Ti, 1213 B.E (1851 A.D); and Myook (Township Officer) Maung Nyo, 1220 B.E (1858 A.D). In 1237 B.E (1875 A.D) the State came into the possession of the Mong Pu and Mong Hsat Sawbwa (Shan Chief). They were followed by Hkun Wara, 1247 B.E (1885 A.D), and Hkun Tse, 1893 A.D. Hkun Wara was the first titular Myoza. In the disturbances at the time of Limbin confederacy, Ho-pone suffered very severely, lying as it does directly in the path between the two hostile powers of Mong Nai and Yawng Hwe. The town was burnt on four separate occasions, and at the beginning of 1887 there was not a single house standing in the dependency of Hai Long.

The above list (See Annex 3) is supplied by Ho-pone itself, but the succession was very much more disturbed than would appear from its items. Hkun Nun on his death was succeeded by his brother Hkun La, and his successors were mostly non-resident. The Myook Maung Nyo really only held charge for six years. The so-called Sawbwa of Mong Pu and Mong Hsat, Hsuriya, had also been Myook of Keng Tawng, and was a man who gave satisfaction nowhere, and yet had Court influence enough to get perpetual new appointments. He held Ho-pone from 1874 to 1885, and was then expelled by the people, who accused him of drinking and other bad habits. At the same time his son, whom he had put in charge of Hai Long, was expelled for similar reasons. Hsuriya was succeeded by Hkun Hseng, a son of Hkun Nun, but he was almost immediately expelled. He killed two men and was said to be mad. He was succeeded by Hkun O, a son of Hkun La. Hkun O remained in power only six months

and then fled to Yawng Hwe, before the attacks of the Linbin confederacy. The Limbin Prince then nominated Hkun Wara and gave him the title of amat (Count Official), and he retained that title under the short administrations of Hkun Hseng and Hkun O. He early made his submission to the British Government and was confirmed in charge of the State, which he managed very well and rapidly restored to comparative prosperity. The Myoza (One granted the revenues of a town by the king) who succeeded him on his death was his son.

In default of history, the Ho-pone people tell the following story. In the year 1113 B.E (1751 A.D) a Taungthu (present Pah-O) named Nga Paw Aung, with his younger brother Nga Paw Mon Hkam, came to a place densely covered with pom, kaing or elephant grass, and they settled there with their families. Before long the younger brother, Paw Mon Hkan, moved on to a palace called the Ho Nam Bwet HU and settled there. Both brothers prospered and attracted numerous followers, and the place eventually become known as Ho-pone, which in Shan means, densely covered with kaing grass (The Upper Burma Gazetteer Shan State, Part 2, Vol.1).

In 1298 B.E (1946 A.D), Hkun Law, Myoza of Ho-pone, had his title changed to Sawbwa. Ho-pone has become township since 29 April 1959, when feudal Sawbwas gave up their power. It has been an officially recognized Township since 1-7-1972. Order no 208 of Myanmar Naingngam Gazette (Ho-pone Township Peace and Development Council 2003.

4.3 Historical Background of Traditional Medicine

In Myanmar, Traditional Medicine probably arose with the appearance of mankind. Consecutive eras like Tagaung, Sriksetra, Bagan and Pinya had come and gone with the use of traditional medicine.

After World War II there appeared different sects in the traditional medicine field of Myanmar. Especially Theinbyu monastery Abbot Nagathein was a teacher of Ayurvedic system of medicine. He also founded a number of traditional medicine hospitals, contributing much to this indigenous practice.

After Myanmar had gained its Independence a preparatory committee on traditional medicine headed by Dr. U Maung Galay was formed in 1952 with the aim to implement the Traditional Medicine Enquiry Committee's Report of pre- war days. In 1953 Traditional medicine Promotion Office opened free dispensaries of traditional

medicine, nine each in Mandalay and Yangon. Traditional Medicine Practitioners Association Act and its Rules were enacted in 1955. Afterwards interim Traditional Medicine Practitioners Committee headed by Dr. Wunna was formed, which had traditional medicine practitioners registered according to six divisions. There were 22583 registered traditional medicine practitioners by 1962.

The traditional medicine practitioners Act was amended with the advent of Revolutionary Council government in 1962, and Traditional Medicine Practitioners Committee with six members was formed on 11-3- 1962, to be reconstituted in June 1968 and again in March 1972. In 1964 the Advisory Committee on Production of Traditional Medicines was formed.

There had been no proper qualifying examinations for traditional medicine practitioners. To correct this, existing registrations were annulled, 11 traditional medical texts were prescribed, and candidates were required to sit for an examination in three nayas (methods)- Desana Naya, Bhesijja Naya, and Netkhatta Naya (Astrological Method). Those Methods are based on Ayurvedic medicine. Opening the Institute for Traditional Medicine took place on 3 January 1976, which was followed by that of People's Hospital (Traditional Medicine) on October 4 of the same year. Moreover a training hospital and a factory to produce traditional medicine were opened such in Yangon and Mandalay.

4.4 Folk (Traditional) Medicine of Pah-O National

Pah-O Traditional Medicine has been in existence since ancient times. Also Pah-O Traditional Medicine has been playing an important role in provision of health care as a national and cultural heritage. The scope of Traditional Medicine is very wide in terms of its various methods of treatment, diseases, and pharmaceuticals and herbal medicines with a variety of uses. In the study area, the utilization of Traditional Medicine is promoted by conserving old palm-leaf manuscripts regarding Traditional Medicine which have been translated into Pah-O language and Myanmar language. In the study area, those Traditional Medicine manuscripts in Pah-O language have been conserved by Pah-O Traditional Medicine practitioners and at the library of Pah-O Literary and Culture Committee, Pah-O National Organization in Taunggyi. Most such Traditional Medicine practitioners know Pah-O language well thanks to the language classes run by Pah-O Literary and Culture Committee. Some traditional

medicine texts in Myanmar language have been translated into that of Pah-O, such a text in Pah-O language, the Matra, is used in the medical treatment of infants.

Most Pah-O Traditional Medicine practitioners in the study areas are aged 40-75. They claim that there have been three generations of Pah-O Traditional Medicine practitioners. The first generation, all since deceased, are Pah-O Buddhist monks. Endowed with the powers of truth and religion concentration, those Pah-O monks are claimed to be capable of inferring a diagnosis just after hearing the sounds made by a patient, according to Pah-O Traditional Medicine Practitioners. The second generation now has a member only- a 75-year-old Traditional Medicine practitioner. His medicinal knowledge is being transferred to his pupils and descendants. He himself has received, since age 26, the Traditional Medicine knowledge taught by monks and senior Traditional Medicine practitioners. A Pah-O traditional Medicine Practitioner does his practice on his own only after doing a 4-or 5- year practical work with his teacher. All Pah-O Traditional Medicine Practitioners are males though that knowledge is accessible to both male and female. Pah-O Traditional Medicine Practitioners are required to abide by the five Buddhist precepts and take up religious meditation because they believe such practice makes for a successful vocation as a Traditional Medicine practitioner. Pah-O Traditional Medicine practitioners from around Ho-pone while coming to the five-day market in town for marketing purposes, are consulted by patients at the market. Most of them keep shops at Ho-pone Myoma Market so that they are available for consultation until the business hour is over. Also, they go to Taunggyi markets to open such shops for consultation.

The Traditional Medicine Practitioners active in the study area are members of Pah-O Traditional Medicinal Organization (Central). They were one-time fellow pupils under the same senior Traditional Medicine Practitioners. When PTMO tries to help out at events auspicious or otherwise, the Traditional Medicine Practitioners in the village altogether open a temporary treatment centre by way of community work. By participating in social activities, it can be found that Traditional Medicine Practitioners in the study area can co-operate more in unity and solidarity.

According to the Pah-O traditional Medicine practitioners it can be found that the system of Pah-O Traditional Medicine is only likely on Myanmar Traditional Medicine. It has four main components;

1. The Desana system. It is based on natural phenomena such as hot and cold. This concept largely depends on Buddha's teaching with the therapeutic use of herbal and mineral compounds and diet.
2. The Bhethiza system. This system is based on Ayurvedic concepts with extensive use of herbal and mineral compounds
3. The Astrological system. It is based on calculations of zodiac stars, plants and the time of birth and age. These calculations are linked to prescribed dietary practices.
4. The Vezzadara system. This system is largely dependent on meditation and practice of alchemy.

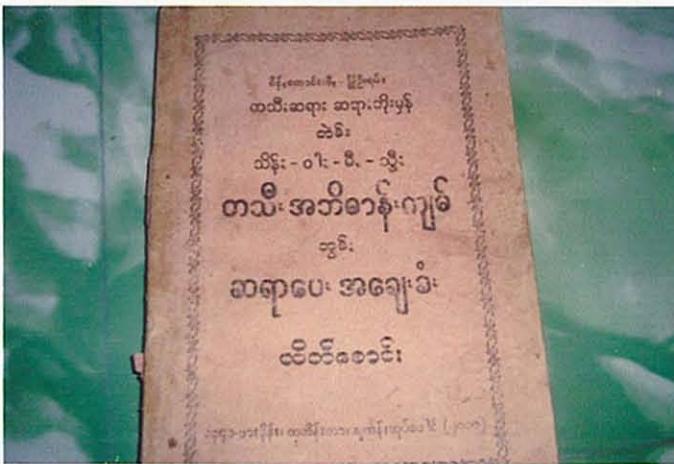


Figure 2. A Pah-O language traditional medicine book



Figure 3. A Pah-O language traditional medicine book

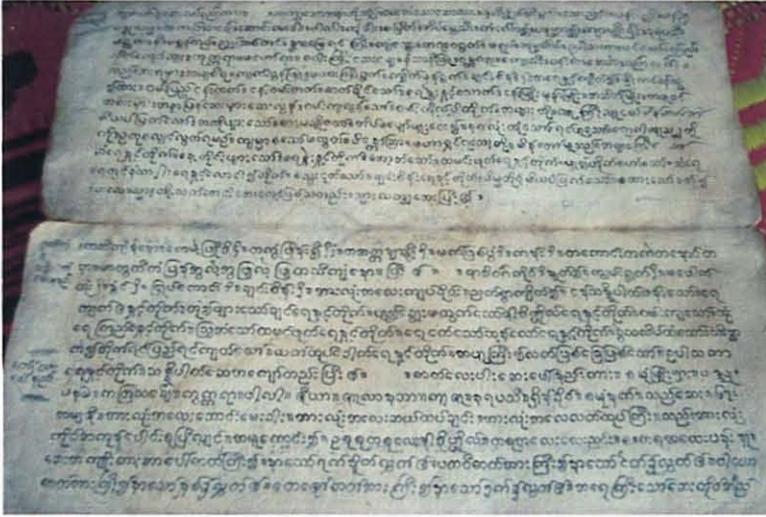


Figure 4. A Myanmar-Language traditional medicine book



Figure 5. A Myanmar-Language traditional medicine book



Figure 6. A Myanmar-Language traditional medicine book

4.5 Pah-O Traditional Medicinal Organization (PTMO)

4.5.1 Historical Background of Pah-O Traditional Medicinal Organization

Pah-O Literature and Culture (Central) Organization was recognized under Organizational Permission No. 1795, dated 22 March 1996, by Secretary of Central Organizational Permission and Supervision Committee of Ministry of Home Affairs (Pah-O National Organization 1995).

At the first meeting of Pah-O Literature and Culture (Central) Organization held in August 1997 at the village monastery of Pharmon, Taunggyi Township, 21-item future work programme was adopted. Accordingly a get-together and paper-reading session of Pah-O traditional practitioners attended by Pah-O National Organization (PNO) chairman U Aung Kham Hti, was held and a resolution was adopted, namely: Traditional Medicine, a genuine heritage of forefathers, will be put back into practice region-wise and nation-wise.

On 10 March 1998, an organizing committee was formed with chairman U Maung Hein (Ho-pone) and secretary U Kyaw San, to organize and establish Pah-O Traditional Medicinal Organization. On 26 June 1998 an event for talks and discussions by Pah-O traditional practitioners took place at Pahtama Taungkyauunggyitaik, Taunggyi. A resolution was adopted for the organization to comprise 15 Central Patrons, 1 Chairman, 2 Vice-chairmen, 2 Secretaries, and 15 Central Executive Committee members.

According to the organization's rules and procedures with the permission of Township, District and State Peace and Development Council and Pah-O National Organization (PNO) an application for registration was submitted to Ministry of Home Affairs. Moreover a 5-item future work programme was set down, namely (1) Organization; (2) Education; (3) Health; (4) Research; and (5) Information.

Beliefs on the part of Pah-O traditional practitioners are natural because they not only have their own literature and culture but also possessed ancient parabaiks and palm-leaf manuscripts relating to their traditional medicine. The organizing committee believed that, the Pah-O's traditional medicine, when practised in cooperation with the medical science of today, could benefit their nationals, the State and mankind in general.

4.5.2 The Objectives and Activities of Pah-O Traditional Medicinal Organization

The objectives of Pah-O Traditional Medicinal Organization (PTMO) are:

- (a) for the Pah-O's traditional medicine, their true heritage, to flourish and endure for a long time;
- (b) to systematically transfer the national's traditional medicinal practice to following generation;
- (c) to participate in the ongoing traditional medicine activities of the State; and
- (d) to contribute to the regional development in the field of medical care under the direction of PNO chairman U Aung Kham Hti.

PTMO has a penal of patrons (members of the Sangha and laypersons); Township Pah-O Traditional Medicinal Organization; Village tract Pah-O Traditional Medicinal Organization. Organizing efforts of U Khun Kyaw San and Khun Min Kyaw have borne results. Recently, there are 10 townships-level and 85 villages-tract-level Pah-O Traditional Medicinal Organizations in Pah-O Special Region (6). From 1998-2008 there were 5885 traditional medicinal practitioners, and among the townships Ho-pone Township had the largest number of them.

As for medicinal education sector, township-wise senior traditional practitioners translated the subjects, and treatises prescribed by Department of Traditional Medicine into Pah-O and taught them to Pah-O medicine men-to-be. The aims of the activity are:

- to impart all- round skills to Pah-O medicine men in line with the saying- from quantity to quality
- to train them in a formal and systematic manner
- to organize would-be Pah-O medicine men of coming generations; and
- for them to understand the well-meaning efforts of State leaders.

Implementation of these aims would be some contribution to health care of the public in the region. During 2009 the government's Department of Traditional Medicine distributed boxes of traditional medicines to more than 5,000 villages by way of educative efforts and giving practical value to traditional medicine.

Moreover PTMO is holding the daylong course on traditional medicine for those who are interested in it, and is also organizing them to take up studies for Diploma in Tradition Medicine Course or 5 year training at the University of Traditional Medicine. It is common for research papers to present at Diploma in

Traditional Medicine Courses. Such papers which had already presented are concerned with the study of medicinal herbs and plants in their region, and traditional medical treatment of paralysis, tumours and malaria.

In health sector, PTMO often conducts, using its own funds, free consultancy services with a dispensary at basic traditional medicinal courses or donation ceremonies. Moreover the organization has set down rules of conduct for those medicine men who give treatment to illness brought about by witchcraft so that they might concentrate on curing the illness, to not ask the patient. For example, blunt questions like: What's your name? Where do you live? What do you earn for a living? etc. One important rule is that: they must not set up various sects among themselves because of their ethics. Every township in Pah-O Special Region (6) would likely have a traditional medicinal clinic. The treatment of miscellaneous diseases will make use of medicines and therapies prescribed by the Department of Traditional Medicine as well as Pah-O traditional medicinal practice.

As for research sector, to the conference on Traditional Medicine held in 1999 at Pathein, 12 Pah-O traditional medicine men were invited as delegates. There three papers were read out by them and accepted by the conference. The papers were concerned with three kinds of medicinal plants, namely, တသီးဖြေတနံ(ယာဂဲ) for getting rid of the habit of eating or smoking opium, (တသီးခါးငွေ့)for curing stomachache, and (ကောရင်ခါး)for curing hepatitis. No research has been done yet in regard of curing stomachache and curing hepatitis.

A yearly conference of Traditional Medicine Practitioners was attended by five Pah-O traditional medicinal practitioners and they had submitted proposals to it. At the garden of medicinal herbs and plants near Taunggyi Hotel, Taunggyi, Pah-O delegates planted 100 medicinal plants together with the personnel from Department of Traditional Medicine. Similarly they helped planting 50 medicinal plants in the compound of Hospital of Traditional Medicine at Ayethaya Myothit, Taunggyi in 1988. In 2003 a conference of traditional practitioners was held at City Hall in Taunggyi. At the conference 226 traditional practitioners from Ho-pone Township attended and the papers on traditional medicine were read out while 111 medicinal herbs and plants were exhibited. To try out the traditional method of curing opium addiction by way of research three opium addicts were cured of it in three days while

temporarily hospitalized at Anti- narcotic Ward of Sao San Htun Hospital, Taunggyi. In 2004, they planted another 50 medicinal plants at Ayethaya Myothit, Taunggyi.

As for information sector an office has been opened in Kyautalone Street, Sawsi Village, Kyaunggyisu Ward, Area 14, Taunggyi. This location has been selected because a large number of Pah-O live together hereabouts and Taunggyi has good communications with various parts of Shan State.

CHAPTER (5)

THE PAH-O TRADITIONAL PRACTITIONERS (HEALERS)

Kleinman (1978) has suggested that, in looking at any complex society, one can identify three overlapping sectors of health care: the *popular* sector, the *folk* sector, and the *professional* sector. Each sector has its own ways of explaining and treating ill-health, defining who is the healer and who is the patient, and specifying how healer and patient should interact in their therapeutic encounter.

In folk sector, which is especially large in non-Western societies, certain individuals specialize in forms of healing which are either *sacred* or *secular*, or a mixture of the two. These healers are not part of the 'official' medical system, and occupy an intermediate position between the popular and professional sectors. There is a wide variation in the types of folk healer like bone-setters, midwives, tooth extractors or herbalists, to spiritual healers, clairvoyants and shamans. Folk healers form a heterogeneous group, with much individual variation in style and outlook, but sometimes they are organized into associations of healers, with rules of entry, codes of conduct, and the sharing of information.

There are three traditional medicine practitioners in Pah-O community. They are herbalists, Pah-O Maw and traditional birth attendant.

5.1 Herbalists

The Pah-O traditional medicine practitioners in the study area mainly use indigenous medicinal plants, fruits, leaves and tubers in their practice. But some traditional medicine practitioners and local people are found to be planting needed medicinal plants on their hillside farms on a commercial basis, in addition to their purchase of medicinal tubers and bulbs from travelling merchants. Sometimes they make purchases from five pharmacies for indigenous medicinal ingredients in Ho-pone. Traditional medicine practitioners of Ho-pone after go to five day markets in Taunggyi on business so they also buy indigenous medicinal ingredients from traditional medicine pharmacies there. In the open season veteran traditional medicine practitioners themselves wander on nearby mountains in search of medicinal plants, tubers and bulbs. These raw materials are dried in sunshine and pounded into power at home. Sometimes they go to the milling factories in Taunggyi for that purpose.

Traditional medicines used by Pah-O traditional medicine practitioners in study area are mostly in the form of powder. Sometimes their medicines are in the form of three-inch rods made by hand; those in the form of balls are rarely found. Modern-day machines for producing medicinal pills or capsules are not found in the study area.

Pah-O traditional medicine practitioners in the study area usually feel the pulse of a patient before treating him/her. They feel the pulse on the left wrist of a female patient and on the right wrist in case of a male patient. In doing so, they divide the pulsation into three kinds-pulsation led by internal gas (air), that led by bile, and that led by phlegm. The pulsation led by air is quick, and resembles the zigzag track of a snake's movement; it is the cause for dizziness, numbness, and irritated throat. This condition of pulsation is treated through oral medicines which taste sweet, sour, or salty. Moreover, the patient may well eat slices of pineapple, sprinkled with a little salt and lime juice. The pulsation led by bile is hot and brisk, and resembles the movement of crows or frogs, that is, it proceeds in jerks. A patient with such a condition is given traditional medicines which taste sweet, rich- flavoured, astringent, or bitter. It is cause for suffering of running a temperature, hot eyes, dry cracked tongue, abscess, and tonsillitis. Such a patient is required to drink, twice a day, a sweetened plain- teacupful of extract obtained by processing papaya leaves, *Hydrocotyle asiatica* leaves and guava leaves. The pulsation led by phlegm is slow, heavy, and cool. Resembling the slow movement of pigeons or ducks, this condition of pulsation usually leads to feeling of heaviness in head and limbs, feeling nauseated, cold feet, and distended stomach and upset bowels. So, according to local traditional medicine practitioners the patient is given medicines tasting hot, bitter, or astringent. Especially he/she is required to drink, twice a day, warm water containing tamarind- seed- size amount of powdered mixture of ginger, betel leaf, cloves and nutmeg; also, to drink, twice a day, a plain-teacupful of liquid obtained by boiling those ingredients.

Besides these formulations, Myanmar finished traditional medicine formulations, each appropriate to the kind of pulsation concerned, are prepared and given to the patient. However, those medicines are basically prepared with ground ingredients such as plants, tubers and bulbs found in the locality.



Figure 7. Mixing ingredients to make traditional medicine



Figure 8. A traditional medicine practitioner's stall at the five day market, Ho-pon

5.2 Pah-O Maw Traditional Practitioner

5.2.1 Historical Background of Maw Art

Pah-O nationals believe in Theravada Buddhism, so their traditions and customs are based on Theravada teaching. Their socio-religious affairs cannot do without Buddha Dhamma. Pah-O literature is mostly composed of Buddhist literature.

Pah-O history usually says thus: A famous king of Suvannabhumi (Thaton), Suriyacanda, and his subjects became Buddhists since the moment he got a chance to personally pay respects to the Buddha in his lifetime. In Suvannabhumi (Thaton) dynasty, a son of King Dhammapala became Ven. Dhammaghosa. At the same time of Third Buddhist Council he went to central India and outstandingly learned the Buddhist Scriptures. After the passing away of the Buddha, a king of Suvannabhumi together with Ven. Dhammaghosa went to Ceylon and brought home Pitaka texts already scrutinized and approved at the Fourth Buddhist Council. The Pitaka literature contributes to long survival of Buddha Sasana and the sangha's learning of it is endlessly beneficial. It has been recognized that, after the sangha followed by Pah-O Maws (masters of oratory which is often religious) who contribute to the perpetuation of Buddha Sasana.

Even in the Buddha's lifetime, there were lay religious orators. Among males, Citta the rich man won the Etadagga title bestowed by the Buddha himself for his outstanding religious talks.

Myanmar rajawans say evidentially that in Sasana Era 1681, or 419 ME (CE 1057) King Anawwrahta of Bagan, Arimaddanapura, won a military victory over King Manuha of Thaton (Suvannabhumi), then he brought home 30 sets of Tipitakas placed on the back of 32 white elephants, along with Manuha, his queen, monks, learned persons and skilled workers. Since Thaton did not have its king, sangha and learned men Pah-O people residing there left for other homelands. Reaching another homeland north of Thaton they were also known as Taungthas (Southerners).

Among the migrating groups one led by Mawhtawpha settled in Pakokku. He knew the arts and crafts. According to historical evidences, there have been orators known as 'Maws' who were committed to propagation of Buddha Sasana. 'Pokokku' is derived from Pah-O words Pah-O + Khamku, meaning borderland of Pah-O country. Scriptural learning method of Pakokku has remained famous to this day in Pariyatti field of Myanmar. Mawbi (now Hmawbi) in Yangon division which was formerly called Ukkalapa, Asitancana, Pokkharavati country, or Tiramba Dagon, is said to have been home to famous lay orator/missionary 'Mawbi'. Based on these historical evidences, Pah-O Maw is found to have had a long history. Monk elders in the history of Buddhism often exulted that the spread of it in Myanmar from the south to Bagan, Pokokku area and Shan Plateau is the 'going upriver' of the Sasana.

The Pah-O Maw (orator) plays a significant role in religious and social affairs of Pah-O nationals, propagating Buddhism at the same time. He teaches them to be cultured and well-behaved and benefits their circumstances in their afterlife.

5.2.2 Pah-O Maw Association

Though numerous in their region, Pah-O maws were not united in an association. Having resided for many years in Pah-O region as a Buddhist missionary monk, the abbot of Pahtama Taungkyangyi Sarthintaik advised with foresight the establishment of an association of lay dhamma-teaching maws. The Yangon University Pah-O Literature and Culture Magazine 1973-1974 carries an article by Chantha (Lwetup) on Pah-O maw, and it also called for establishment of a Pah-O maw Association.

On the full-moon day of Tabaung, 1339 ME (23 March 1978) Pah-O National Day celebration was held with a lot of activities at Naungyarsai, Naunggkha Village Tract, Taunggyi. It was attended by about 300,000 people, including 886 members of the sangha, 136 Pah-O Maws and many university students.

On this occasion 11 points on nationalities, Sasana and culture, 11 economic points, and 5 points on Pah-O fine arts were discussed. And the points on Pah-O fine arts were concerned with perpetuation and propagation of Pah-O crafts and verbal skills, ie Maw oratory art. So it could be said that the ideas to a established Pah-O Maw Association and to maintain Pah-O literature and arts originated in that Pah-O National Day celebration held on the full-moon day of Tabaung, 1339 ME.

Then on 10 April 1991 the Pah-O National Organization (PNO) entered the peace agreement through a ceasefire between it and State Peace and Development Council. Since then, Pah-O area, now designated Special Area (6) has been seeing development activities. Among the regional development activities is an item calling for the government assistance in obtaining a registration for Central Pah-O Literature and Culture Association.

The Central Committee for Permission and Supervision of organizations, Ministry of Home Affairs, Government of Union of Myanmar granted on 22 March 1996 permission to Pah-O Literature and Culture Association situated at No-98, Merchant Street, Zaypaing Ward, Taunggyi under Registration No.1795. After that Central Pah-O Literature and Culture Committee convened a central level meeting from August 1-2-1997 at Pharmon Monastery, Pharmon Village Tract, Taunggyi

Township. To this meeting convened by Central Pah-O Literature and Culture Committee was attended many members of Pah-O Literature and Culture committee of townships. Among the future programme adopted there was a resolution to establish a Pah-O Maw (orator) association.

During the period from 27 November -10 December 1999 members of Central Pah-O Literature and Culture Committee- U Sinkhonla, U Khun Min Kyaw, Phyamaw Nantalu(Taunggyi), Phyamaw Pe(Htihaw) and Widhura Khun Htun (Taunggyi) on their organizational tour to five stations, namely Myinmokhanm (West), Myinmokhanm (East), Thuriyakham, Khunphyaswarkham and Santar-khanm, successfully organized 319 Pah-O Maws.

Thus on the full moon of Pyatho,Thursday,1361ME after obtaining the consensus of 41 Pah-O Maw leading committee members and 319 Maw members a Pah-O Maw Association was successfully established. Among the three patrons of Pah-O Maw Association was the chairman of Pah-O (central) Committee on Literature and Culture. Pah-O Maw Association has been executive committee members including Chairman, Secretary and other members, and is unitedly carrying out its ethnicity and religious matters in accordance with the organizational rules of Pah-O Maw Association.

5.2.3 Categories of Maw

The Pah-O Maw has three categories, namely:

- (a) The Maw-Orator at religious ceremonies
- (b) The Clairvoyant Maw, and
- (c) Tara Maw

(a) The Maw- orator at religious ceremonies

The maw of the first category plays a leading role in the religious sector of Pah-O nationals. There is no age limit for him but he is often elderly and gives his service as long as he is capable of oratory work. They usually know three languages- Pali, Myanmar Language and Pah-O Language- because they are to be trained in scriptures in Myanmar Language and Pah-O Language (translated from the former). Pah-O researchers of Buddhist scriptures are mostly male, and Maw-orators are male for that matter. A female is deemed unworthy of standing before a crowd to give an oration. A

Maw-orator might give a talk while standing, or sitting when has to read out Scriptural passages.

Maw-orators usually give their talks with their own kind of hat in hand. This behaviour is deemed. The subjects they touch on that work are Attributes of the Three Gems of Buddha, Dhamma and the Sangha, Tipitakas, 550 jatakas from Pah-O language parabaiks, meditation methods, circular diagram of paticcasamuppada and vinaya suttas. Maw-teachers do not give a talk at wedding receptions, but only at donation ceremonies, funeral ceremonies or donations of meals to the sangha within a week of a person's death. At a funeral ceremony the Maw- teacher usually preaches twice, on Buddhist teachings to realize nibbana and how to meditate on a corpse. But he must be the one who has been requested by the family concerned. He gives a talk soon after a person's death, or of his death at night-time of the day and on the day when the family offer meals to the sangha within a week of the person's death. The Maw-teacher is offered a cash donation which the family can afford.

(b) The Clairvoyant Maw

The second category – Clairvoyant Maw deals with the treatment of a patient or a person's social problems. To be endowed with Maw art, a would-be Maw has to try hard to improve his conduct. They approach different orders, all Buddhist to learn how to prick the skin and put in medicines (for example, Suarasvati medicine), to win fruition of Maw through drinks prepared with the use of cabalistic diagrams, to medicate and to tell one's beads. Maw is not for everybody; only industrious persons with talent (or) predestined ones can achieve Maw. Male or female, a person of middle age begins to be trained in Maw, while keeping the five precepts and shunning the consumption of beef. If a would-be Maw follows the disciplinary rules required, he could consider himself already protected by a master spirit. Paying homage to the five Boundless Benefactors - the Buddha, the Dhamma, the Sangha, Parents and Teachers-before a Buddha image, the Maw-teacher testifies to the illness and proceeds to cure it. Similarly he does fortune-telling through clairvoyance. This category of Maw does not give religious talks. Some clairvoyant Maws have become so for their own talent, without joining any order.

Another method goes: the Maw-teacher firstly entrusts his patients in case of the Buddha and his sect-masters. Then, making a mental resolution, the Maw- teacher carefully investigates the causes of illness, to know whether it is other person's disturbance or one of 96 kinds of illness. Afterwards he gives treatment to the patient himself, not a photograph of the patient. While conducting the treatment, the Maw-teacher relies on his strong sense of conduct and mental power but does not give his patient potion or occultist drinks or a beating. Sometimes he might light a candle and make vows so as to render it "medicinal" or follow an astrological advice so as to avert impending disaster.



Figure 9. The female clairvoyant swears the oath before the Buddha image

(c) Tara Maw (or) Medical Maw

The Tara Maw acts only as a physician, dispensing with Buddhist preaching or clairvoyant fortune-telling. He belongs to a disciplinary sect and follows its rule. Believing in beneficence of the Three Gems, the Maw-practitioner has to be well trained in his practice such as therapies, pricking the skin and putting in medicine, achievement of medical properties, and drawing of cabalistic signs or arrangement of Myanmar letters of alphabet Ca, Dha, Ba, Va. He must not pronounce an illness or a disturbance of others. He must treat a patient, rich or poor, with love and kindness. The Tara Maw must teach all he knows to his pupil. While respecting fellow-practitioners, he must

give due regard to those who are professionally superior in status. Other disciplinary rules include; not to expect gains in treatment of a patient; to keep in high regard of the order's therapies, medicines and cabalistic signs. The Tara Maw is also required to obey State laws and not to act or say in contravention of the Sasana.

A Maw-practitioner must rightly ascertain the cause of an illness; and never pronounce it a disturbance of a witch or Nat-spirit carelessly in order to seek one's own gains. If he did, he would go to hell because his act belonged in twenty-five factors of dangers (water, fire etc.).

If a Maw-practitioner steadfastly follows his sectarian precepts, his treatment of an illness, others' disturbance usually proves successful. But some Maw practitioners, gaining success after success, might become conceited and greedy, and demand money, prolong the treatment, or charge a lot while deceitfully claiming that it is a very serious case. If so, his master-spirits and spirits of his medicines and cabalistic signs would desert him, making his treatment useless. If a Maw-practitioner tries to cure a patient with loving-kindness and takes what money the later gives, the illness will likely disappear soon. His master -spirits and medicinal spirits like such a behaviour, rendering his therapies effective. Deceit is out of the question in a medical law.

The problems often handled by Tara Maws are acts of witchcraft, snakebite, rabies, *asarpin* (foreign things insinuated into the baby via food, through witchcraft), scorpion-bite, and poisoning.

Before conducting a test on the patient the medical Maw pays homage to the Buddha with lights and takes precepts. Also concentrating on sasana-protector- Nats and Svarasvati, he invokes the presence of his master- spirits. His test goes thus: He stirs his index finger clockwise five times in a bowl of water; then, ordering for a correct revelation he places his wet index finger near the patient's nose to smell. An odour might appear, like that of raw flesh, pleasant smell, or that of burning paper. If the material insinuated into the patient is food, its original odour is sensed by him/ her, like the smell of pickled tea, or pork, etc. After the cause of illness has been correctly ascertained the Maw supplicates clean and clear (holy) water. He supplicates the master- spirits (four sasana- protector- nats and Svarasvati) after invoking them, thus:

"To cure this weekday-born of a patient of his/ her illness, psychological disorder, foreign blocking material inside, or tumour, May I have the holy water to render them disintegrating completely".

If the patient has eye disorder, the Maw gives him/ her eye-drops of holy water. The eyes might smart at first, but sprinkling of holy of water on the eyes should continue until the smarting disappears. To remove the foreign substance from the patient's body via the anus downwards, the Medical Maw dips his index finger deeper in the bowl of water while stirring it. To remove the blocking material via the patient's mouth, he stirs his index finger in circles up and down in the bowl of water. Then the holy water is given to the patient to drink, but only a sip the size of Eastern gooseberry at a time. If the water is acceptable to the patient, its amount can be increased, leading to curing of the illness.

As to the foreign piece insinuated into the patient's womb through witchcraft it should be moved quickly from right to left through the Maw's direct order, mentally given, or by the patient's hand empowered by the Maw. If this proves impossible, it is believed that the patient is incurable. Another treatment of witchcraft- inspired illness goes: Before the home altar are offered lights and a receptacle containing hands of banana and coconut. While reciting mantras of victory, Sa-Ma characters are written on a piece of Parchment (Maingkaing) paper, which then is burnt up and the ashes put in a glass of pure water is given to the patient to drink Holy water, over which mantras have been recited, may also be used. In a few moments the patient begins to defecate, or vomit. If the vomit contains blood the perpetrator of illness is assumed to which for the patient's death. If the vomit contains strands of hair he/she means to cause worries for the patient. If the vomit contains small bug (*Ekoke* in Pah-O language) worms it reminds the patient of witchcraft power. If the patient remains obvious to being acted upon by witchcraft those worms will grow to a large size in the womb, and he himself becomes capable of witchcraft. But this ability will disappear if the bug (*Ekoke* in Pah-O language) worms are vomited. The vomit has to be thrown away immediately by anybody because it is an unlucky sign. A witch or sorcerer can cause a person's illness, economic ruin, or death. A bewitched one suffers from a fever, coughs, hot muscles, fever-like illness though the

patient's temperature does not show a febrile condition, stomachache, cramps, or an unhealthy desire to eat things with the smell of raw flesh. The media of witchcraft supposedly comprise pickled tea, drinking water, betel things and plain tea.

As for snakebite, the Maw-practitioner makes the patient lie down face up and asks him the spot where the snake has bitten. If another person has come in his/her stead the Maw asks him questions as to the patient's behaviour and makes conjectures. If a definite, particular sensation, hotness of muscles for example, is obtained the patient is considered to be curable even if his muscles are twitching. If he feels like a corpse his snakebite is incurable. If the patient could be asked to make one's hand remove the poison from one spot to another spot of one's desire, that hand wetted with holy water should lie on the spot for a few moments where the snake's fang has been left behind. Very soon a maggot- sized thing is found to be pushing up from that spot. Supposedly the snake's fang, it is picked out.

One bitten by a mad dog is given pure water, stirred by the Maw-practitioner's index finger, to drink. Then hand- stirred water is poured on him from the head down. This patient is tapped repeatedly on the back by the Maw-practitioner who gives his command at the same time. He also takes care that he is not bitten by the patient. If the patient has been bitten by an ordinary dog the open wound is wetted with clear and clean water and given a thorough massage.

To treat 96 kinds of diseases, water, sesamum oil, salt, betel leaf and honey are used in proportion to the disease intensity. Clear and clean water is used as eye-drops to treat smarting eyes, and is given to drink in case of loose bowels or constipation. Fever after suddenly ceased perspiration, ordinary fever and malaria are usually treated by giving the patient a medical potion to drink. That drink is made thus: Firstly two lines of mantra in Pah-O language as follows are etched on betel leaf:

“Om Kama Kamase” “Om taka takase” “ꠊ ꠋꠌ ꠋꠌꠌꠌ” “ꠊ တက
တကꠌꠌꠌ” .

Then a bit of the leaf's stalk is cut off. This together with a piece of jaggery and a little salt and water are brought to the boil for long in a new pot.

Those suffering from any muscles stiffness and dumbness are to drink a spoonful of honey, over which

"Om kama kamase, Om taka takase" “၂၂ ကာမ ကာမသေ ” “၂၂ တကာ တကာသေ ” .

This mantra has been recited 37 times, each on the morning and night, and the malady disappears soon. For illness caused by inopportune bathing a piece of jaggery, or brown slab- sugar, in dedication to the guardian- spirit of water, water is rubbed down the body and then thrown backwards to the place of bathing without turning one's head. Also, this illness could be cured by propitiating the naga-serpent, guardian-spirit of water, with popcorn, three white flowers, three little balls of rice and some milk at the place of bathing.

The Tara Maw can teach anyone his practice as it is a trained discipline. As if washing the teacher's hands in decoction of Tayaw bark and soap acacia fruit, the trainee willingly offers the Maw-practitioner some money. Depending on the trainee's talent it takes him from at least two years to five years at most to learn this traditional practice. The art of Tara Maw are summoning of a person's spirit and bodily disintegration process, both with reference to a person's well-being.

5.2.4 Summoning of a Person's Spirit

The Pah-O nationals like to summon their spirit when they have a troubled mind, fear or nightmares (like a snakebite, or being bitten by a dog), or lack of appetite. This performance is considered to have something to do with one's health. It is usually conducted by a clairvoyant (male or female), a member of Carana order, or a veteran of such performance, and they can reckon whether there is a spirit in the patient's body. The subject of the performance holds his/her personal item of current use, like a hat, jackets etc in both hands while the spirit has been supposedly restored. If it becomes cold the subject is considered at risk of life. The spirit-summoning, mostly done in the morning, takes places before the family altar or a Buddha image. Some families traditionally hold that performance near the receptable with offerings of hands of banana and coconut. The spirit-summoning performance usually starts with a middle-aged man or woman. Before it begins the weekday where on the

subject was born is to be ascertained. The mantra (gatha) in Pah-O Language used goes:

“Om tankali oimmewalahhet” “ဥတန်ကလိ အုမ်းမေလာဟဲ့”

This is recited seven times. After this recitation the spirit summoned has to be continued. The gatha of containment goes:

“Om buddhako dhammachoke, dhammako sanghachoke, sanghako buddhacoke, choke-choke” ဥ ဗုဒ္ဓကို ဓမ္မချုပ်၊ ဓမ္မကို သံဃာချုပ်၊ သံဃာကို ဗုဒ္ဓချုပ်၊ ချုပ်ဆွာချုပ်”

This is also recited seven times. Reckoning to know of the presence of the spirit goes: current age of subject, multiplied by 3, is divided by 9. If the remainder is (0, 3 or 6), it is decided that there is no spirit. The clairvoyant, male or female, concentrates on the personal item in subject's hands mentally vows and recites a prayer to summon the spirit back into it from whatever place it has wandered to. This mental recitation is done three times. Again he/ she makes a vow in mind that he/she has contained the spirit therein and" returns" the personal item to the patient is cured of any disorder quickly. Once the spirit is restored in the patient's body the medicines he/ she has habitually taken become supposedly potent again.



Figure 10. Summoning the spirit of a sick child

5.2.5 Calculation of Bodily Disintegration Process

The bodily disintegration process of a patient can be rightly calculated by clairvoyant depending on his/ her power of practice. A patient in bodily disintegration process cannot be easily cured. He/ she often suffer from illness, stomach disorders such as stomachache and cramps, and backache. The calculation goes: current age of the patient, added by the number of the planet of his /her birth, is multiplied by 3 and then divided by 9. If the remainder is (0, 3, 6, or 7) he / she is assumed to be in bodily disintegration process. Such a person is to be treated thus: the sect masters draw up a cabalistic diagram of his/her body, which is offered with lights; an image of his/ her is made and this together with clippings of his/her fingernails and toenails and hairs are buried in ground or floated on downstream. Moreover he/she builds, by way of following up on astrological advice, a bridge as a donation usually in a place favourable for him/her. The bodily disintegration process is calculated only by clairvoyant Maw- practitioners of Carana order.

5.2.6 Htwa Ban

Htwa Ban plays a part in the health care of Pah-Os. In Pah-O Language, “**Htwa**” ၵၵ: means “ to view or have a look” and “**Ban**” ၵနံ, “to foretell” when one is in declining health, or is often taken ill, the Pa- O do “**Ban Kyi**” ၵနံကြည့် to know why it is so, whether ones illness is due to being bewitched, or natural causes, to the Pah-O, there are five kinds of Ban, namely:1) 33-stick ban; 2) Ban atit;3) Ban mansa (manja or “ hman-sa” in Myanmar Language);4) Ban thoung laa (Ban Leaf); and 5) Ban ket (Ban Chit). To date, the 33- stick Ban remains the most popular among the Pah-O. The deed of “Ban Kyi” covers not only one's health, but also social occasions such as giving in charity, selection of a lot of land to build a house, loss of things, travel, and wedding. Generally the Ban fortuneteller is the Pah-O traditional medicine practitioner Maw Saya or Maw practitioner could be one endowed with extrasensory perception; and Maw teachings show how to do Ban foretelling. This knowledge is open to all, making for its practice as when and where is necessary. Ban 33 (alias) Bamboo-stick fortune-telling, the most popular in the Study Area, is in use at almost every Pah-O village to date Pah-Os say it is easy to learn Ban 33, while other kinds of fortune-telling are known only to a few. Ban 33 is also called the Thief’s Ban because it can find out, in a theft of property like jewellery etc, who the perpetration

is. To do “Ban Kyi”, 33 small bamboo sticks are needed. Each is about six inches long, the size of a ball-point pen. The Ban practitioner usually keeps a 33-piece bunch of sticks, made of the kind of bamboo to his liking. The Ban practitioner aspires to have a special one among his 33 sticks: be it a porcupine quill, or a stick made of bamboo that had passed across a road even to touch the ground on the other side, or of bamboo that came from a stand to support the remains of a dead monk, or of bamboo that came from a flat ladle taken stealthily from a widow’s home, or of bamboo that came from a prop which is not tied up in any way. They aspire so because such a special stick makes for more accurate foretelling. The bunch of sticks including a special one cannot be of the same size overall. A Ban practice on a trip of his own business might be approached for his services, where on he do Ban kyì with sticks he has gathered from nearby sources of convenience.

The Ban practitioner/traditional medicine practitioner first makes a solemn resolution as to the matter of foretelling requested by the customer. In Ban foretelling, the practitioner’s morality, and expertise, make for the quality or accuracy of his predictions, it is believed.

In actual practice, 33 bamboo sticks are taken by hand, brushing against one another between the practitioner’s two palms. The bunch is divided into three piles, out of which two sticks each are taken and the remainder is put in a separate pile. This action is repeated three times. The number of remaining bamboo sticks is key, suitable to make a prediction as prescribed. If the consulter is an ill person, the practice checks if he/she is under an evil spell, and where the spirit food is to be offered, and after offering it, whether he/she still is in mortal danger. After performing “Ban Kyi”, the traditional medicine practitioner arranges the offering of spirit food so that this might avert coming disasters, if any, on the consulter’s part. Meanwhile, the practitioner, making a resolution, utters in Pah-O language some words like:

“Don’t deceive me like an ant; don’t lie to me like a gold smith; be accurate”.

In checking the accuracy of foretelling of a Ban practice, one already skilled in Ban, stealthily gripping something in his hand, requests the foretelling. If that something is accurately identified, the Ban skill is considered to good enough for use. It is generally believed that a Ban foreteller who usually predicts correctly brings ill luck upon himself, and does not have economic success. In reality, a successful Ban foreteller remains in ill luck unsuccessful economically because he has got his

consultancy hours and business hours mixed up. However, Ban foretellers usually receive an honorarium for their services, dependent on the generosity of the consulter.

A Pah-O folk tale concerned with Htwa Ban goes thus: Once a young man and his sister live at a village. They have been orphans since their adolescence. Their house is in a deep forest with big trees and thickets of bamboo, which is also a habitat of wildlife including fierce animals. Some wild animals come close to the village, but its people are not afraid of them because of familiarity. Smaller animals, being afraid of big game, stay very close to villagers and graze. They even come closer or run into the village for safety when chased by lions or tigers. Every day the brother and sister go north of the village to do taungya (farm work) often seeing lions and tigers on their way. On every morning those beasts are found to be scratching the ground with their claws. One day the brother hides himself up in the tree, his container of drinking water slung across a branch, and awaits the appearance of a lion. In due course a lion comes along and looks at something which seemingly foretells; There is an enemy up in the tree, under water and above ground. Dissatisfied, the lion goes for fortunetelling three times; but the prediction stays the same. The Lion leaves his Ban-thing to wander off, saying “this useless Ban does not show me where my preys are; it deceives me.”

After the lion has left, the young man climbs down the tree and checks the site of the lion’s Ban foretelling. He comes to know for himself how the lion did its “Ban Kyi” to house the needed foretelling. He prepares himself some small strips of bamboo and does “Ban Kyi” as the lion did, and the resulting foretelling is found his to be accurate. Thus, from his experience was Htwa Ban-Ban viewing for foretelling-born, the Pah-Os claim. Sometimes Pah-O nationals call this Ban 33 or the lion’s way of Ban-viewing.



Figure 11. The 33 bamboo sticks used in Ban fortune-telling

5.2.7 Traditional Worship and Offering to Spirit

The Pah-Os in study Area follow their traditional worship of the custodian-spirit of Sasana and the guardian-spirit of the village. According to the belief of their forefathers the custodian-spirit of Sasana looks after the Buddhist religion and the guardian-spirit of the village is the caretaker of it. Every village has a spirit shrine, but devoid of any images. The two kinds of spirits, taken together, are held in reverence and offered flowers, oil lamps, fragrances and alms-food. A spirit shrine usually has a watchman ---- mostly an aged man who keeps the Five Precepts. On the full moon, new moon, and 8th waxing moon or waning moon days every household in the village sends cooked rice and curries and delicacies to that watch man's home, as much and varied as they can afford. Then those things are officially offered by him to the guardian-spirit on the villager's behalf. This is also accompanied by offering of lights, joss sticks, and pickled tea, while the watchman prays for security of the village and well-being of the villagers. If a household holds a donation ceremony, the custodian-spirit of Sasana is invited to witness the sharing of merits gained.

In ancient times, Pah-O households individually used to worship those two Nat-spirits, but later, some negligent households were found to house suffered disasters and illnesses so the village-wise worship of those Nat-spirits house become a custom, a spirits-shrine watch man rays.

As regards the village guardian-spirit the Pah-O hold in the cold season a communal offering of cooked rice and curries (chicken and fish) before noon, in the hopes that all villagers would enjoy good health as a result.

5.2.8 Offering to Spirit Food

Any Pah-O male or female in the Study Area holds offering to spirits, or Ywasacha, when he/she is ill. They tend to believe in witchcraft, casting spells, and the like. When taken ill in ordinary or exotic manner, or if the illness persists despite medication, witchcraft or casting of spell is held to be suspect, and offering of spirit food is carried out. As an illness is supposedly caused by a dissatisfied witch, he/she has to be placated. Hence several foods are offered so that he/she can make a choice. One who personally is to offer spirit food may be of any age, or gender. But, as it is often required to offer spirit food outside of the village at night it could be scary for a woman to do so; hence a man is usually employed for that job. That man, usually a Maw practitioner, gives his services, accompanied by his friends.

The spirit-food container is a square cup made of banana leaf the edge all around of which is fixed in place with short thin strips of bamboo, and has a cover of that leaf. This cup containing freshly cooked rice, some meat raw or cooked, and fried or cooked chicken accompanied by alcoholic drinks are offered as spirit food outside of the village. Firstly Tara Maw (practice of Tara maw) had the patient sitting with his legs stretched straight towards the house door; then the spirit-food container, not touching his head, is brushed against his body from top to end down wards. For a bedridden patient the spirit food container is moved downwards along his legs. The place for dropping the spirit-food is chosen through the performance of Ban-kyi (or Ban scratching). When a suitable place has been found, the spirit-food container is dropped just after watering some words in Pah-O language, namely,

“This patient named Maung / Ma ----- has been taken ill, please make him well again by way of taking this spirit food.”

On the following day, if the said site shows no sign of spirit food, offering of it is repeated for three more consecutive days. A person who has had the experience of offering spirit food remarks that there usually is no trace of left-over spirit-food on the day following the offering of spirit-food. The Pah-O believe that a witchcraft is manifested if the domestic chickens fly across the path of a would be spirit-food dropper, Maw Tara, who is about to leave the patient’s home to carry out his services, or domestic cats start meowing, or the dog follow him.

Some Maw teachings on offering spirit-food dictate that if a round bamboo tray that is sent rolling at the spirit-food offering site falls upside down, the witch is assumed to be still dissatisfied; so more offering of spirit food is in order. If the round

bamboo tray lies facing up wards, the witch is assumed to have been satisfied, and no more spirit food needs to be offered. The Pah-O believe that if the round bamboo tray that is sent rolling falls upside down again and again, the patient is in mortal danger. Sometimes the spirit food to be offered has been poisoned in the hopes that the perpetrator of witchcraft would be killed. The offering of spirit food does not in any way depend on the birthday and traditional reckoning of the patient's name. Those customs and traditions do not match up to Theravada Buddhist teachings but they still persist to date in every Pah-O village in study area.

Moreover, patients under 12 in study area are treated according to the directions carried in Matra treatises in Pah-O language written by U Hkun Htun Hlaing and published in 1936. For example, a treatise has it that "If an infant falls ill 4 days, 4 months, or 4 years, he is presumably cast under the spell of the foetus-protecting spirit. Symptoms on his heading south-east are feeling hot in the back, vomiting, and feeling coldness in feet. To overcome them, a Khawpan basket, containing an agre-figure, 4 flat cakes, 4 slices of fish, 4 flowers, and 4 fistfuls of cooked rice, is to be conveyed to the south-east corner at the time of his birth". So these measures to make charms are strictly followed. The same procedure goes for infants born in one day, one month, 12 days, or 12 months (a year), as shown in the Matra treatise.

5.2.9 Casting the Horoscope

The Pah-O national in study area usually have male elders (or) traditional medicine practitioners do lethmat (handwritten record or sign)/yethmat (recorded date writing) for their new-born children. That is essentially recording date and hour of birth of a child. This preparation of a writing of record is accompanied by formally giving a name to the child. But this activity is carried out at a time of convenience and there is specified time to do so, sometime it is realized two or three months after the child's birth. If there is no man skilled in the preparation of yethmat (recorded date writing), the villagers have it done by a traditional medicine practitioner at the every-five-day market at Ho-pone. All Pah-Os usually manage to get yethmat for a child under aged 20, and then cast horoscope on its becoming aged over 20.

A yethmat made of 4 inch palm-leaf normally has it in Pah-O or Myanmar language thus:

“Maung (Mr) / Ma (Ms) ----- was born at ----- am/pm on the date of ----- in the year-----”; may he/she live up to age 120”.

Some Pah-Os have their horoscope cast even as a young child. A horoscope made of palm-leaf is about eight inches long, and has its writing done through the use of a stylus. A material like palm-leaf, of a considerable thickness, makes for easy writing and is durable. The horoscope lying in a shell or crafted with thin strips of bamboo is put in a resin-coated casket or a small safe and is left only on the household altar or some high place. If a horoscope gets ruined for some reason, its subject is deemed unfortunate, and a new one is to be obtained through the services of a Pah-O man skilled in casting of horoscopes. When a Pah-O dies, his yethmat (or) horoscope is to be put in his coffin, or discarded at a pagoda, or buried in the ground.

Mostly, those who are able to do yethmat or cast horoscope, (or) traditional medicine practitioners, have learnt that skill under the tutorship of Buddhist abbots. As a inheritance from generation to generation, the horoscope shows how the person concerned has been born under what star and planet, those skilled performers of yethmat claim. It is deemed unfortunate in one whose business is failing, so a fortune-telling is in order by showing his/her horoscope to a fortune-teller. When in times of misfortune, a Pah-O person invites about seven aged persons of the village for a free meal. They give that supposedly unfortunate person some cash and a piece of thread as amulet. The thread is not wound around that person's hand but wound around the horoscope in the hopes of avoiding harm on his part. If one is forced to travel towards a destination which has been astrologically found most inappropriate, he will take along his horoscope on that trip. When one is supposedly in times of ill luck, an astrologer's advice is followed to correct it thus: at the top of the house post as high as a man's height, some scantlings are fixed to accommodate a flower vase. Such an occult practice will enhance his fortune, it is believed. An honorarium at one's discretion is offered to the man who casts the horoscope, or prepares the lethmat. If a horoscope's subject is poor or found to have been born under an unfortunate planet position, the honorarium is returned to him out of pity. The Pah-Os usually have their horoscope cast since infancy because they believe that, if they have been negligent to do so, they will be unaware of an imminent illness all along their life, or will have a failure in all their endeavours to make progress.

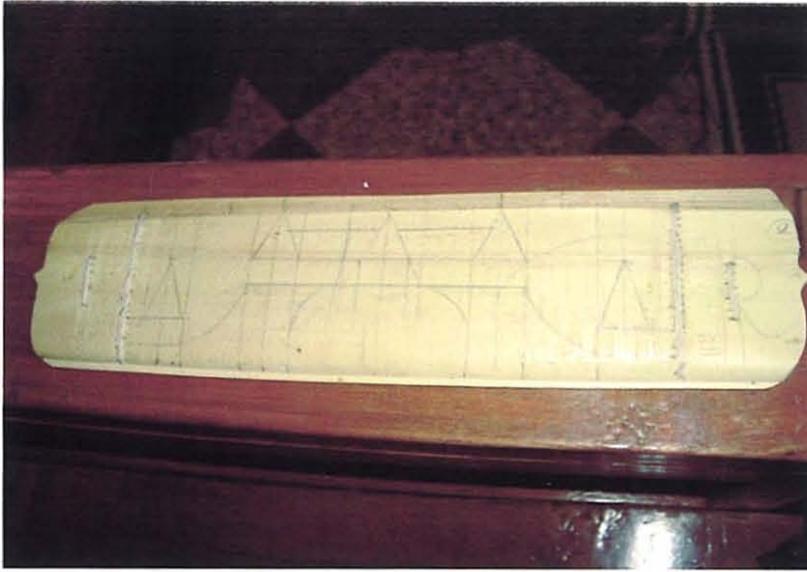


Figure 12. The Horoscope

5.3 Traditional Birth Attendant

5.3.1 Characteristics of the Traditional Birth Attendant

The traditional birth attendant is called “Mawmu” in Pah-O language. Maw means “knowledge; skill”, and mu means “woman”. So Mawmu means a “woman versed in gynecological knowledge”. In study area most traditional birth attendants are middle-aged to elderly women, are illiterate due to lack of formal education. Although the traditional birth attendant has often started her practice at a younger age, she is free to assume midwifery responsibilities when she is post menopausal. Age and experiences usually confer respect on her and status. The formally trained midwife, on the other hand, is often younger, unmarried or childless, and is put in a supervisory position over the traditional birth attendant. Where age confers respect, this can create potential conflict. It can also undermine the value put on age and the respect shown to the elderly by the community. The traditional birth attendant is usually a member of the local community, familiar with her client and their family. She speaks their language, and shares the local system of health beliefs and behaviour. She is usually more readily available and accessible. She occupies a respected position within the community.

The relationship between the traditional birth attendant and her client is usually personalized, informal, supportive and holistic. In Pah-O community, the woman is not isolated from her family but has the support of other family members. The husband is required to assist.

The holistic characteristics of the traditional birth attendant-client relationship are manifested not only in the consistency of care but also the ways in which the traditional birth attendant's role relates to the larger socio-cultural context. The traditional birth attendant sometimes helps with the household chores of the new mother and washes the blood-stained clothes when her husband is away. She may have godparent or kinship ties with her client. She is often a sacred specialist as well as an obstetrical one and performs various rituals and prayers throughout the birth process. Childbirth is frequently regarded as a dangerous period, with both mother and infant susceptible to physical and spiritual harm. Protective rituals, some performed by the traditional birth attendant, may include prayers, lighting candles, burning incense, herbal baths and eating special foods.

5.3.2 Recruitment and Training

The reasons for becoming a traditional birth attendant include inheritance from a female relative especially her mother or her grandmother. Inheritance is the most commonly reported path of recruitment in Pah-O community.

Apprenticeship to another traditional birth attendant, often a relative, is the most common pattern of training. The traditional birth attendant learns informally by watching and imitation. While acquiring skills, she also picks up a good knowledge of herbs and other medicines. When the traditional birth attendant claims to have received her knowledge from personal views, she has often assisted another traditional birth attendant. Sometimes the traditional birth attendant has learned from watching her own births. In some cases, she has begun practising by being called to an emergency birth when no one else was available. Because of her successful delivery, others then began to request her services.

Accountability is often believed to be to in the hands of supernatural force. That is, the traditional birth attendant may believe that the outcome of the birth is in hands and that she is only of. However, she is also accountable to the community. As a member of the community, she is exposed to various social pressures and sanctions. Her reputation, and consequently the number of her clients, will be influenced by her manner and treatment of them as well as by the number of her successful deliveries.

In 1998 at Ho-pone, a 3-month "Voluntary Health Worker Course" was opened by the Ministry of Health in cooperation with UNICEF for the traditional birth attendants from that town and surrounding villages. After completion of the course

the trainees were issued certificates to practise midwifery. At the course Pah-O midwives in government service taught in Pah-O language the theory and practice of midwifery to the traditional birth attendants, who were then issued disposable clinical gloves, razor blades and other paraphernalia. In the past, a traditional birth attendant usually cuts off with a bamboo strip, but now she uses a pair of scissors which has been put in boiling water. Later on the course on a yearly basis was discontinued. But traditional birth attendants seeking obstetric knowledge are given a 3- months training at Ho-pone General Hospital, then issued recommendation letters to practice midwifery.

5.3.3 Prenatal Care

Prenatal care also known as antennal care refers to the medical and nursing care recommended for women before and during pregnancy (Wikipedia, the free encyclopedia en-wikipedia.org/wiki/Prenatal-care). A Pah-O wife usually considers herself one month pregnant if her menstrual cycle does not begin one month after the start of the last cycle. Such knowledge is common to Pah-O wives in Ho-pone as well as in the countryside. A pregnant Ho-pone national usually entrusts her prenatal care, including ministering to the belly, to the traditional birth attendant. But a pregnant Pah-O woman in the countryside still works as much as she can on the farm till the last stages of her pregnancy, only calling in the traditional birth assistant when her labour begins. However, when the traditional birth attendant cannot help, a Pah-O woman in labour resorts to an official midwife or to Ho-pone General Hospital.

In the beginning part of her pregnancy, a Pah-O woman does not take any medicine or seek clinical help for her vomiting and giddiness. Her loss of appetite is considered transient which will be automatically relieved towards the later term of her pregnancy. This condition is called "*baikkyeena*" in Myanmar language, or affliction of pregnancy; in Pah-O language it is called "*aw-ee-nong-long*". A pregnant Pah-O woman suffers "*baikkyeena*" for her first pregnancy only, but some remain a victim for every pregnancy.

A pregnant Pah-O woman often craves for certain kinds of foods, especially chunks of earth called "*hlainghtaw*". The fragrant *hlainghtaw* is chewed by sufferers of giddiness on a car ride. When an infant suffers rashes on its thighs a paste gotten by rubbing the wet *hlainghtaw* on a stone slab is rubbed on the afflicted area for relief. The *hlainghtaw* is found about 20 cubits underground, around Menae Mountain (in

Ho-pone Township), and has to be dug up. Locals claim these chunks of earth are enjoyed for their fragrance. Eating too much of *hlainghtaw* can make one anaemic or suffer from strangury. The *hlainghtaw* is often available at five-day markets in Ho-pone.

Once a Pah-O woman becomes pregnant, she forgoes eating of vegetables like “khayansup” or “plantain bud”. The Pah-Os believe that consumption of “khayansup” makes the placenta hard to come off; consumption of plantain bud will make the placenta look like that vegetable, and on its coming out, it will remain shaking for its life. Moreover, the woman in labour becomes very weak and unable to have a smooth childbirth. A Pah-O woman, pregnant wife or single, forgoes eating of pineapple, sweetsop, or jackfruit while menstruating for fear that, otherwise, she would have spots on her skin like those fruits.

After five or six months of pregnancy, the Pah-O woman entrusts once or twice ministering to and care of her womb to the traditional birth attendant, who carries out her services at her home or the client's. She also gives advice on the pregnant woman's diet and living style. The ministering to and care of the womb makes for wellbeing of the expectant mother and her foetus, and smooth childbirth, in addition to knowing whether the foetal position is correct or not. If the foetal position is abnormal, the expectant mother is directed to Ho-pone Hospital for her delivery. After four months of pregnancy, she is advised against wearing shorts for underwear. In labour, a pregnant should have flexible buttocks; if not the newborn would have a shrunken head. It is believed that a pregnant woman should sleep only a little at midday; otherwise the placenta could not come off easily at childbirth, it is said. She is asked to avoid lifting heavy loads. She is advised to consume Indian nightshade as this habit makes for smooth childbirth, and a normal, not oversize, placenta. An oversize or small placenta could cause the woman in labour no harm. But an enlarged placenta takes a long time to come out, consequently making the labour long.

Close to labour, an expectant Pah-O woman consumes only food and castor oil for smooth childbirth. For first-time childbirth, she drinks half a cup of castor oil beforehand. If an expectant mother consumes acidity-inducing food or refrigerant food like pickled tea, egg-plant, cucumber, bitter gourd, or cabbage, she is likely to suffer from flatulence, heartburn, or difficulty in breathing. Moreover, it is believed that the newborn would suffer from the rising of gas in its abdomen.

During the time she is ministering to the pregnant woman's belly, the traditional birth attendant can say whether the foetus is male or female: male if the shape felt is longish and lies to the left of the womb; female if the shape felt is spherical and lies to the right of the womb. The traditional birth attendant, without the use of edible oil, castor oil, or mustard oil, gently massages and ministers to the pregnant woman's womb for at least half an hour. She is respectfully given from Ks 1000-Ks1500 for her services. Pah-Os believe that after the care-giving is over, the hands of the traditional birth attendant is given a washing with a backhanded movement. This custom contributes to an easy childbirth, it is said. While feeling the navel of a pregnant woman's, the traditional birth attendant will say the foetus is healthy if its breathing rate equals that of the expectant mother. If it is slower, the newborn is likely to be taken ill.

The traditional birth attendant usually gives a blood tonic, called "*Tasothweeti*" in Pah-O language to an expectant mother, from four months of frequency onwards. This traditional medicine is easily available at Ho-poné's traditional medicine shops or from traditional medicine practitioners offering their services at five-day markets. Some traditional medicine practitioners in Ho-poné prepared that blood tonic, the use of which makes an expectant mother have her blood and internal gas functioning well, and enjoy an easy childbirth. The dose is two-tamarind-seed size, to be taken once a day. Dried and ground to powder, the medicine has as its ingredients the boaster cedar, Indian sarsaparilla, five kinds of water-lily, stamen of kantkaw (*Mesua ferrea*), sandalwood and red sandalwood. Another version of this medicine is a four-cornered sticks the size of the middle finger.

A pregnant Pah-O woman must not to go out in the late afternoon. She should not visit a house with funeral proceedings, lest she be possessed by evil spirits. Her husband may join a funeral procession but not shoulder the bier. He, however, may enjoy eatables offered at the house having funeral proceedings. A pregnant woman should not visit other's house early in the morning. If she did, ill luck would befall the host. Moreover, if she buys something without bargaining with the seller over its price, the seller will cease to enjoy good luck all day long. Then, if she, as the first buyer, buys something without bargaining over its price, the seller will enjoy good business all day long.



Figure 13. Chunks of earth called *laingtaw*

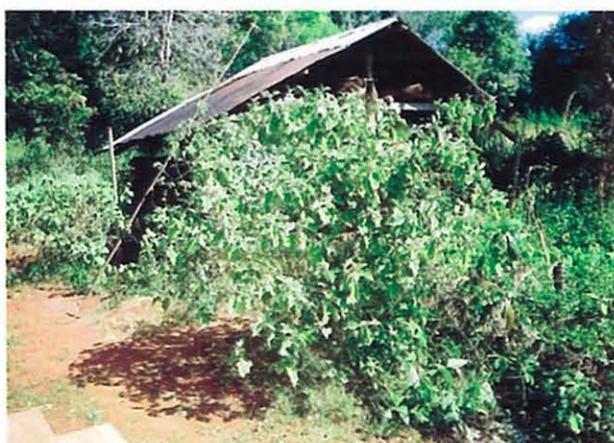


Figure 14. Indian nightshade plants

5.3.4 Delivery

The pregnant Pah-O women from the villages in the study area think it is embarrassing to go to a hospital for their labour because the birth process will be seen by several people. Therefore they usually invite home the traditional birth attendant for their labour. When the pregnant woman thinks her labour is near she informs the traditional birth attendant as such. The traditional birth attendant also gets herself ready to give help at any time. At the client's house a place can be used for childbirth except for the frontal area of the home shrine. It could be the bedroom or a place near the kitchen which is considerably cleaned. From the time the expectant mother goes into labour, she is given a medicinal potion prepared with the gall of a bear or boa constrictor. As the latter is available more after it is used just as often. Cramps in the

pregnant woman's belly first happens every hour, then every half-an-hour, then every fifteen minutes, then 3-4 times every fifteen minutes, and finally about every minute. The traditional birth attendant checks to see whether the foetal position is correct, and as soon as the amniotic sac has burst she asks the client to force out the foetal head. In the meantime the vagina is rubbed with mustard oil or castor oil. For her to squeeze out the infant at one stroke, her mother and relatives are speaking to her encouraging words. All doors of the house are left open when her labour is in progress. The pregnant woman in labour not cry lest her. The delivery quarter is open to no men except for the husband. Water from the shrine vases or water sanctified by incantations is sprinkled all over inside the house to create omens of safety. Moreover the traditional birth attendant prayerfully appeals to the Buddha to give a safe, easy childbirth for her client.

If the mother-to-be in labour loses consciousness a woman keeps pulling her hair while a male member climbs atop the roof of the house and summons the pregnant woman's spirit by calling out her name. The Pah-O people believe that only this occult means can make her conscious again. In case of a hemorrhage ("*thweelan*" in Pah-O language) or menorrhagia ("*thwehtauk*" in Pah-O language) the mother-to-be is given a medicinal solution containing two-tamarind-seed amount of Pah-O traditional blood controller and a matchstick head amount of blood corrector ("*ram*" in Pah-O language). The medicines are to be picked up by a middle finger wetted with the pregnant woman's blood. The response on her part will be her consciousness, according to one traditional birth experience. It is said that in stirring the medicinal potion, if the index finger is used to stir it clockwise it could result in more giddiness on the client's part. To enhance the medicine's efficaciousness more, the potion must be stirred by the middle finger moving right and left repeatedly.

If a newborn dies at birth, it is buried at the village cemetery forthwith. If the first child's death is followed by the second's, its body is to be accompanied with seven roasted beans of different kinds at the burial. The aim is to cut off this tendency. If a Pah-O woman dies in labour her corpse is to be kept for three days before burial at the cemetery, where three shots must be fired with a percussion lock firearm or a catapult before performing the burial. Then, her husband, having taken off his clothes, must run home. Midway on his return, he is made to wear fresh clothes by a relative. This act is performed to recognize the fact that man and wife are now lives apart from one another. The gunshot material is ground for powder and prepared only at home.

After childbirth, the client honours the traditional birth attendant, at her direction, with an honorarium amounting to from Ks 10,000-Ks 15,000. Then her hands are washed with “tayaw-bark” shampoo mixed with roasted “soap acacia nuts”, with a backhanded movement. If this washing is not done, the locals customarily believe that the traditional birth attendant would suffer from poor eyesight later on.



Figure 15. A fireplace in the sitting room

5.3.5 The Placenta and Umbilical Cord

At delivery, as the baby’s body eases out it is to be accompanied by the placenta so it is gently shaken with hand. The umbilical cord is to be cut off only after checking whether the whole placenta has come out or not. The Pah-Os believe that both baby and placenta, just out of the new mother’s womb, are alive. At that moment, if the baby does not start breathing, the placenta is turned up and back again repeatedly while being rubbed with hand. Then the placenta will be found to be shaking, while the baby would start breathing. The baby could have difficulty in breathing if the umbilical cord lies under the weight of the placenta. So the latter has to be turned around from its original position. When the whole placenta is out it is to be buried forthwith. If it is not done so, the placenta will take a long while to come out in the next and following childbirths. The husband usually buries the placenta. He has been carrying out sundry tasks at home and caring for his wife closely, instead of going to work on hill-side farmland, since her labour started. If the husband is away on business another household member may bury the placenta. The burying place may lie inside or outside of the house compound but its direction is dictated by the

birth day. This knowledge has been handed down to the traditional birth attendant by her mother, or grandmother. So she gives instructions or how to bury the placenta: Sunday-born and Monday-born, to the south; Wednesday-born, to the southeast; Thursday-born, to the east; Friday-born, to the north; Saturday-born, to the west; and Tuesday-born, to the south. The burying of the placenta is done properly and securely.

Since ancient times the traditional birth attendants have mainly made use of bamboo to cut off the umbilical cord. They do not come to the house of the woman in labour with a ready-made bamboo piece. Close to the mother-to-be labour, a household member goes out to obtain a green piece of bamboo, any kind of which is permissible. A thin strip of bamboo is made. With the use of it, the umbilical cord, put on a piece of charcoal, is cut off so as to prevent an infection. In former times no medicine was used to prevent an infection but later on, methyl alcohol has been used for that purpose.

In cutting off the umbilical cord, if any air goes into it, the child might suffer from flatulence, and a protuberant navel. In binding up the umbilical cord, a thick sewing thread was used in former times. To make it secure, it is wound up with two rounds of the thread, in two places-towards the placenta and the baby. Nowadays, the traditional birth attendant may, for the sake of caring for a child-birth, obtain disposable gloves, razor blades, piece of string for winding up the umbilical cord, and methyl alcohol, at Ho-pone Hospital. They have been taught modern-day techniques so they no longer used bamboo pieces to cut off the umbilical cord that instead they use a pair of scissors which has been put in hot boiling water.

The Pah-O often keeps the umbilical cord left behind in childbirth for medicinal purposes. They believe that a girl, taken ill, may drink water in which a dried umbilical cord of a baby boy has been immersed for some time, or vice versa, to be cured of the illness. Stricken with malaria, one would be cured of it if he drinks liquor in which a dried umbilical cord has been immersed for some time.

5.3.6 Treatment of the Newborn

A Pah-O newborn is not given a bath forthwith on his birth, but its face, mouth and nose are cleaned with a cloth which has been soaked in warm, boiled water. The Pah-O believe that if the traditional birth attendant rubs with the tip of her middle finger, which has been dipped in gingery water, that part around the infant's mouth, it would not have mucus arising in it. They also believe that an infant would not suffer

from jaundice if its whole body is rubbed with mustard oil, and is often kept in the mother's bosom. Infantile jaundice was not found in earlier times, but few and far between cases have taken place since about a decade ago, according to traditional birth attendants. This disease is often treated by way of rubbing with mustard oil, being exposed to the sun for a while, and traditional heat treatment. Ho-pone natives or the rural people given much travelling buy cloth in advance for use as diapers. Other rural people usually make use of the husband's old longyis for diapers.

From delivery onwards the mother's breast milk only is fed to the baby. When it is one month old the mother returns to the hill-side farming, carrying along the infant. Since that time also, pulpy cooked rice, gotten by the mother's mastication of it, is fed to the baby. Most of the Ho-pone-native mothers with a poor secretion of breast milk use Dumex powdered milk now.

If a baby is born with a natural mask on its face, it has to be removed carefully. That material, often taken off and stealthily kept by a household member as a charm, could bring him/her economic success, the Pah-Os believe. Twins are considered lucky. But in case of a Saturday-last born, its father has to step over the baby shouldering a sword. A Saturday-born is entrusted off the house with the current traditional birth attendant or a relative, and then taken back home, according to the Pah-O's custom.

5.3.7 Postpartum Treatment of the Mother

In the study area, the Pah-O husband gives his wife close prenatal and postpartum care, up to her customary induction of perspiration. He personally cleans out the waste material resulting from his wife's delivery. Only then is he considered a dutiful husband, a Pah-O wife says. The newborn is fed with the colostrums when it starts crying, after 1-2 hours after its birth. The mother is given, to have a quick flow of breast milk, boiled with *meikthalin rhizomes* or ginger to drink. The former sweetens the breast milk, it is believed. The new mother inhales roasted black cumin or turpentine fumes to prevent dizzying and sickening. She is mainly fed with beef or chicken soup, eggs, and banded snakehead, dried or otherwise for her nutrition. She mainly feeds on boiled egg, or its steamed contents in a small bowl, roasted banded-snake, and ginger soup up to about two months after the childbirth. Eggs are identified as nutritious, while the thin peppery soup of ginger makes for the secretion of breast milk, excretion of waste matter, etc. the new Pah-O mother consumes ginger or thin

peppery soup of ginger, up to 3-4 months after her delivery so at least from 1-2 viss of ginger has to be used for every child-birth. The ginger is the Pah-O's homegrown vegetable. They start collecting it from the late term of pregnancy onward. Indeed the Pah-O women boast about how much ginger they used for a childbirth, as if in rivalry.

The new Pah-O mother avoids the consumption of chilies and edible oil up to two months after the childbirth. The former caused stomach-ache in both mother and child, while the latter causes congestion in the chest of the child, it is believed. Refrigerant food (pork, for example) also is shunned for about a year. The Pah-O believe that bitter vegetables (bitter gourd, the Indian trumpet, maezali leaves and flower buds, and the neem leaves and flower buds, etc) could course drying up of breast milk. But the new mother is required to consume hot, stinging vegetables like ginger or pepper in small amounts. She is to avoid, up to the consumption of fermented bamboo shoots and mushrooms up to three years after childbirth. The traditional medicine practitioners also urge her to avoid living quarters which is too cool, and usually prescribes medicines which make for the emission of unhealthy vapours from the body.

The new mother starts taking a bath on the third day after her delivery. Her water is spiked with a Pah-O medicine called "*mom*" (Yay Cho Say in Myanmar). If it is not available, water boiled with meikthalin herb is used. The "*mom*" is prepared as follows. Three earthen pots, each one foot across and eight inches deep, are filled with water and added with *mom* and brought to a boil. This bath is to be used daily for three consecutive days. The bath-medicine, compounded by the Pah-O traditional medicine practitioner himself, has as its ingredients cloves, a species of land lily, zartee, Himalayan gentian, lemon grass, panchoke, nyaungpan leaves, and thetyingyi (*croton oblongtifolius*). These medicinal ingredients, in equal amounts, are dried before compounding them. However, this traditional medicine is available at the traditional medicine shops or at-five-day markets in Ho-pon.

The Pah-O nationals of the study area grow groundnut, maize, garlic, chilies, ginger and other vegetables and sell the produce at five-day markets or permanent markets in Ho-pon. They come to town on foot, riding motorcycles or motorized trailers. On such trips they would buy medicines in town. Traditional medicine practitioners usually open shops for consultancy or sell medicines they themselves have prepared at the five-day markets.

On the fourth day, after three consecutive days of taking a bath spiked with traditional bath-medicine, the new mother is made to inhale fumes of a distillate coming out of boiled water spiked with “paungkhan medicine “or “mom”, which has the same ingredients as the bath-medicine. The same above mentioned three earthen pots are used. The new mother, wrapped in blankets, inhales the distillable-fumes from one pot after another until all fumes are exhausted. Afterwards she takes a bath with the remaining water in the pots. A new mother, much weakened for her labour, tends to be anemic so she would not have an induction of perspiration. But she would have one if she has stood the inhalation of distillate-fumes. A new mother could find difficulty in breathing, or even suffer unconsciousness when she, still in delicate health, is made to inhale medical fumes while being wrapped in blankets, the traditional birth attendant says. An adult watches over the proceedings when she is having an induction of perspiration, which removes the unhealthy perspiration and impure blood from her body. Afterwards she feels sprightly, having a good circulation of blood and internal gases. Without an induction of perspiration, she will be lethargic. The new mother’s inhalation of medicinal fumes, coming out of a pipeline of hollow “wabo” bamboos running from the kitchen to the delivery quarters, is continued until the child is 4-months-old.

If the new mother’s breast milk is not secreted even 2-3 days after childbirth, she is given a mug of medicinal liquid to drink. It is prepared thus: branch pieces of the Katut-fig tree (katulet in Pah-O language) are boiled in water until one third of the original water remains. When the breast milk dries up for having eaten bitter food items, the new mother is made to drink a soup cooked with the chaste (*Vitex trifolia*) leaves and bullock’s tail. When her milk glands are blocked, her breast is rubbed with a paste of beaten-up green meikthalin (maethaman in Pah-O language) rhizomes. Moreover, the milk-gland openings are indeed to work by gentle squeezing of her breast with a paste gotten by rubbing the wetted mud cells of wasps on a stone slab.

Ho-pone and its environs in the study area have a cold climate so some houses in the rural areas have a fireplace at the centre of the living-room. The woman in confinement for delivery warms herself at that fireplace or at a fire in her delivery room. Her firewood must burn well and not produce much smoke. Her traditional heat treatment will go on for more than two months so the firewood for that purpose must be collected in advance. The local people say if that firewood comes from the banyan tree, the new mother would turn mad.

In prenatal and postpartum periods the Pah-O woman consumes turmeric powder, or that in the form of balls prepared with honey or surplus water from rice-cooking so that unexcreted waste matter might be expelled. But she does not rub her body with wetted turmeric powder.

Two months after delivery, the new mother can shampoo her hair. If she did so earlier, she would suffer from postnatal headache. And, if she often sits cross-legged she would become post-bellied for allowing gases to enter her womb. Carbolic soap is prescribed for her use. Two months after her delivery she may use ordinary soap bars, but detergent powder is entirely out of bounds. A traditional birth attendant, still in service after a 24-year practice, claims that if the mother in early postpartum period and delicate health used soap, she would suffer from the numbness in her limbs in later life.

As soon as her delivery is over, the Pah-O woman has her torso, from the upper part of the hypogastric region up to the chest is tightly bound with ½-yard-wide and 5-yard-long white cloth or a torn nether garment of her husband's. The aim for this is to prevent lowering of her uterus, its extension or being pot-bellied. The one who carries out the cloth-binding may be the current traditional birth attendant, the new mother's mother, or an experienced elder woman. For the first-time child-birth, the new mother and child are given care at home for seven days by the visiting traditional birth attendant. For the next and other childbirths she will come over for two or three days only.

CHAPTER (6)

PAH-O TRADITIONAL MEDICINE REGIME FOR COMMON DISEASES AND HEALTH PROBLEMS

The livelihood of the Pah-O nationals in the study area mainly depends on hillside cultivation. They grow paddy, the sebesten tree for its leaves, maize, potato, garlic, horse gram, green pea and vegetables. Since 2007 the Pah-O nationals in the study area have been growing the Himalayan silver for and *Kaempferia Galanga Linn* plant on a commercial scale. Some Pah-O traditional medicine practitioners themselves do on their hillside plots. An acre of *Kaempferia Galanga Linn* Plant yields about 1000 viss of the product, which fetched a price of 2000 kyats per viss in 2010. Merchants from Taunggyi and Aungban are usual customers. This herb can use many benefits in the economy and is medicinal. Livestock breeding, commercial or on self- manageable basis, is virtually nil because it goes against the Buddhist Five Precepts, the daily aspiration of the Pah-Os. During the cultivation season they go out and set up dwellings on their farms. Their diet is mainly made up of vegetables, to near exclusion of meat and fish. They tend to consume vegetables such as pumpkin, rootstock of the taro, potato, fermented soy-bean, Myinkhwa penniwort, root of *Allium tuberosum* herb, green pea, pickled bamboo shoots, and mustard. To the Pah-Os the fermented soy-bean is a versatile additive to their dishes. At their traditional dinner table warm oily curries of vegetables are usually accompanied by a pounded mixture of fermented soy-bean and chili. They have a very good appetite for always having hard farming work to do. Family members of a Pah-O family, often up to three generations, toil hard on their hillside farmland in the sunshine from dawn to dusk, enjoying a cool climate. Their hillside agricultural plots are never level; so they are to be worked by human energy only. Therefore their lifestyles and vulnerability to certain diseases are similar.

Most Pah-Os resort to their traditional medicine on being taken ill. If the illness persists, bewitching is suspected and propitiating the evil spirits is carried out. Moreover a sick Pah-O never rushes to seek the services of a traditional medicine practitioner, but gets to consult him only at the five-day market. Therefore some illnesses have already become invulnerable to traditional medicine treatment and

serious by the time the patient gets to Ho-pone General Hospital, often leading to his death.

The Pah-O traditional medicine practitioners are giving treatment to their patients with formulation from Myanmar traditional medicine in combination with their medicines prepared with locally available produce and products of herbs and tubers. The State also encourages the development of traditional medicine formulations through the use of local produce and products, especially in the fight against major global diseases like diabetes, diarrhea, dysentery, hypertension, malaria and tuberculosis. So in this study tries to make an introduction of Pah-O region's local herbs and tubers which Pah-O traditional medicine practitioners are using effectively to some extent.



Figure 16. Kalmp-feria Galanga Lin (Kun Sa Ga Mone)

6.1 Diabetes

Though diabetes is common in current times it is known only to Pah-O traditional medicine practitioners, Ho-pone natives and those who have frequent contacts with big towns. A patient is usually judged to be a diabetic if he shows such symptoms as profuse urination, many times of urination at night, much drinking of water, oversleeping, itching, excessive appetite, obesity, and a cool body temperature. Another symptom: the spot where a patient has urinated is found to be attracting ants.

Now he should consume bitter foods while shunning sweet and rich foods, sweet fruits, and delicacies containing jiggery or sugar. The Pah-Os tend to say that diabetes is hereditary, and incurable. Common to 25-40 age group, diabetes makes the patient's body aching all over. Herbs and plants usually found in the study area and recommended for the patient's consumption are: bitter gourd, *Dregea volublils* leaves, king of bitter, *Luffa pertandra* gourd, bitter white gound, Mukkha medicine concocted from. Aloes pulp, the Indian trumpet, heart leaved moon seed, and Sulanapha plant. Even in the parts of a bitter plant, the bark, the creeper and the root are deemed mast potent. Most Pah-O traditional medicine practitioners determine the condition of a diabetic after seeing the color of his urine which has been boiled with a medicinal liquid. The patient is advised to do physical exercise and to eat properly.

It is said that a diabetic could relieve his condition consuming a broth made with 5-6 crushed Java-tea leaves, or eating it at his meal as an accompaniment dipped in fish sauce. Or he may well drink water which has been boiled together with Linta Pabyin plant, done so by reducing it to one third of the original volume of water used.



17.1 Drum Stick (dan.dalun)



17.2 Hsin Doun Manwe

Figure 17. Medicinal plants used in the remedy for Diabetes



17.3 Sweet Broom weed



17.4 Java-tea leaf



17.5 Bitter Gourd



17.6 Myrobalan (hpan ga:)

6.2 Diarrhoea

Diarrhoea, a common disease in the study area of the highlands, is due to scarcity of potable water, poor personal hygiene and cold climate. To the Pah-Os in the study area, traditional medicine is first resorted to whenever a disease strikes. Remaining unrelieved, the patient goes to hospital by the time of which the disease has already become serious and could often prove fatal. So the background circumstances are found to be their faith in traditional medicine, difficulties in making

a trip to the General Hospital in Ho-pone, and their shyness and fear to receive hospital services. All these could lead to a patient's death because his disease has reached an advanced stage by that time. Moreover, in case of diarrhoea the patient is much weakened already. However, medications by Pah-O traditional medicine practitioners sometimes prove effective so the loyalty of those nationals remains.

Diarrhoea is caused by the breakdown of the digestive function of Tejo (the element of fire) in the body. The Pah-Os believe that the rasa (Chyle, lymph and bodily fluids) in the body has been corrupted discharge along with the faeces. There are two kinds: diarrhea due to irritating food, and which of a 'cool' nature. Symptoms incumbent on the former are feeling hot in the belly; incessant liquid defecation; exhaustion in a short time; insomnia with tiredness; thirst and desire to drink often cool water; and increased illness by noontime. The symptoms of the latter are: incessant urination and defecation; running a temperature; dryness of skin; being easily frightened; and increased illness at night or when the temperature is low.

Recommended plants and plant products for the patient's use are: Indian trumpet, beal fruit, neem, Indian gooseberry, Medicine terminalia, inknut tree, belleric myrobalan, sweet flag, nutmeg, cutch, and asafetida. The usual mode of consumption is to drink a broth, reduced to one third of original volume of water boiled. Diarrhoea has hypolyce-mic action so the patient is required to consume a drink containing a mixture of herbal blood tonic (thwaysay) and sugar twice a day. That medicine in the form of little balls are made from a dried equal-amount mixture of plants and plant products, namely, Anneslea fragrans, gingerwort, Kunsa Gamon, cloves, cumin, and heartwood of the eaglewood tree- foods to be shunned by the patient are those not easily digested, like, glutinous rice and winged- bean tubers, and overripe fruits and homemade pickles as they tend to cause loose bowels. The patient is given rice broth or soups, and made to rest in quiet after taking a bath- a cool bath in case of diarrhea due to irritating food, and a warm bath in case of 'cool' diarrhea. Moreover, he should drink warm water or water that has been sterilized by boiling only. To relieve his weakened, tired state and dehydration, he is made to drink coconut milk which is spiked with sugar and a little salt.



18.1 Neem (tama)



18.2 Eastern gooseberry(zi: bju)



18.3 Ferula (shein:gou)



18.4 Nutmeg



18.5 Myrobalan (hpan ga:)



18.6 Indian Trumpet



18.7 Sweet flag (lin: lei)



18.8 Belleric myrobalan

Figure 18. Medicinal plants used in the remedy for Diarrhoea

6.3 Dysentery

To the Pah-O traditional medicine practitioner, dysentery means frequent defecation accompanied by gripping pain in the stomach due to the breakdown of the digestive faculty. It has two kinds: dysentery due to having taken irritating food and that with a cool nature. Symptoms of the former are: defecation accompanied by a little blood and slime, feeling hot in the stomach, feeling hot in mouth and throat, and thirstiness. Symptoms of dysentery with a cool nature are: loose bowels accompanied

by a gripping pain in the stomach, a small amount of faeces expelled, whitish excrement containing some slime, and very foul smell of the excrement. The remedy to cure this illness is to drink, three times a day, a plain- teacupful of the broth made with the resin of Kywekyang-min tree, neem, Eastern gooseberry, ink nuts, Baleric myrobalan, five kinds of aniseed, sweet flag, resin of red silk cotton tree, nutmeg, catch, magic nuts, officinal leadwort, pepper, *Tinospora Cordifolia Miers* Plant, and Nwamyeyin plant to be collected in entirety or as many species as possible.

Traditional medications used are: Kantchok (leadwort) Padetha, Jatilavanga, Devaosadha, Thwaydula, and Apunyeinsay (that to bring down high temperature). Like in Myanmar traditional medicine, powdered products off tubers and bulbs are used in creating a set of medicines required.

A dysentery sufferer should eat digestible foods, and avoid hard- to-digest ones like glutinous rice, fritters, homemade pickles, and hot-flavored eatables. Moreover, he should drink, twice a day, a mixture of spoonful each of sour lime and sesame oil; and eat Phigyan plantains. Pah-O traditional medicine practitioners claim that dysentery could be cured if the patient takes a tamarind-seed amount of the paste made by rubbing a mango seed on a stone slab together with a little sugar, at 12 a.m and at bedtime for several days.



19.1 Neem (tama)



19.2 Eastern gooseberry(zi: bju)



19.3 Nutmeg



19.4 Australian Asthma Weed



19.5 Hsin Doun Manwe



19.6 Indian Trumpet



19.7 Pepper



19.8 Beal Fruit

Figure 19. Medicinal plants used in the remedy for Dysentery

6.4 Hypertension

Pah-O traditional medicine practitioners determine a patient suffering from hypertension by finding out whether the pulse rate is higher than normal; they feel the pulse on the left wrist of a female and on the right wrist in case of a male. They think that hypertension is caused by being too active on the part of gas in the body and the blood. The symptoms shown by such a patient are: suffering stiffness in the neck; headache; constant giddiness; constipation; thirst; heartburn; shortness of temper; loss of appetite; insomnia; being arthritic; and a wobbly gait. They believe that a patient suffers from hypertension because he has been exposed to too hot or too cold surroundings, and consuming too much of foods which increase heat in one's system or those which induce a cooling effect. In order is the shunning of cold dietary items such as park, flesh of paddy-field rat or frog, land crab, pickled bamboo-shoot, *Acacia intsia* leaves, Khayansat brinjal, djenkol bean, coconut, toddy-palm fruit, *Tricosonthe cucumerina* fruit, sponge gourd, and avocado pear. Foods not easy to digest, such as freshly picked green vegetables and glutinous rice, are to be avoided also. Now that mental control on the patient's part is paramount, he is advised to develop mental concentration and insight meditation. Like Myanmar counterparts, the Pah-O traditional medicine practitioners believe that an illness happens due to lack of equilibrium in the four causes-Kamma, consciousness, climate and nutriment. Their directions to a patient are: proper exercise, calm of the mind, religious meditation, telling ones beads, wearing warm clothes in cold weather, taking care not to catch a cold nor suffer from sunstroke. Patients are well advised to remember a common saying: what you eat should end in enough defecation; what you drink should end in enough urination. Moreover, the directions given to the patient are: To drink some water after meals or snacks; to drink a mug of water which has been sterilized by boiling; to take care to defecate once or twice a day, and to urinate every two hours. Once a patient is able to exercise mind control, even if he had suffered hypertension in the past, he can suspend it now. Back to normal without stiffness in the neck and headache a patient with hypertension has been relieved to some extent, Pah-O traditional medicine practitioners believe. The patient is required to drink, thrice a day, a teacup-ful of broth made with some herbs and peants, individually or all mixed up. They are: Indian cork tree, garlic, wild saffron, sour lime, Chinese celery, Indian mulberry, Lemon, Trailing *Eclipta*, Khantat, herb *Enhydra fluctans*, ivy gourd, cumin, Ranmin, Seitphu, ginger, neem tree, siris tree, moonflower, Indian nightshade, and

lemon grass. The above-mentioned plants are found to be readily available in the study area. The Pah-O treatment regimen consists of Department of Traditional Medicine-approved medicines such as Cakkhupala (for hypertension), Thwaysayni (red blood tonic), 10 kinds of Akin, Moatke, and bile tonic in prescribed Proportions added with the directions of Pah-O traditional medicine practitioners, then to be altogether given in batches. If Indian gooseberry broth, reduced by boiling to one third of the original, is taken at 6 am and 6 pm for at least three days hypertension usually goes away. Again, if a drink made of bitter turmeric and horseradish root ground together is taken three times a day, the hypertension should go away in just 1-2 days, it is believed.



20.1 Celery



20.2 *Enhydra fluctuans* Lour



20.3 Wild Snake Gourd



20.4 Moon Flower(Kjan hin;)

Figure 20. Medicinal plants used in the remedy for Hypertension

6.5 Malaria

Malaria is the most common disease in the study area, attacking to any adult, male or female. According to Pah-O traditional medicine practitioners, the causes for its incidence are: a prospective patient, with heat (the element of fire) going strong in his body, gets to consume cold foods like pork, pumpkin, tangerine, bottle gourd, homemade pickles, ripe Shwe Ni plantain, or fish while living in a cold climate; drinks stream water; gets bitten by mosquitoes; very tired due to hard work; suffers dehydration of the body; has constipation; and does not drink water despite his profuse perspiration. Symptoms of the patient are whole-body aching accompanied by a fever, a shaky faltering manner, having bluish lips, a high body temperature accompanied by jerks of the chin. Bodily resistance differs from patient to patient. When the body temperature rises especially towards midday he becomes very thirsty, yet begins to vomit after taking a glass of water. Malaria usually begins to strike in the cold season, and is never cured completely. It is said to be not hereditary.

Like the Myanmar counterpart, Pah-O traditional medicine prescribed the formulations like Pithaya, Mattuthaya, and Ngansay (to relieve fever with attendant delirium) which are to be taken together with dried betel leaf- boiled water. The Pah-O tradition has it that malaria could be cured through the consumption of liquor in which the placenta from a child-birth has been steeped. Moreover, the Pah-O style red- colored Ngansay is prescribed. It is ground- into- powder form with ingredients such as *Mesua ferrea* stamens, edible gingerwort, orris root, Khus Khus grass, and Katpho and Katma barks. The dosage: a tamarind-seed-size amount of the powder is to be taken with a little water, three times a day. Common fever could be made to subside by taking the red- colored Ngansayni (Name of the traditional medicine made with several herbs or plants by Pah-O traditional medicine practitioners). Medications which can make one's system lose warm vapor are suitable for curing malaria; so are the consumable items which are hot and stinging, and bitter. At bedtime the patient may well take a laxative prepared the Myanmar traditional medicine way.

The directions usually given to the patient are: (1) to avoid taking a bath in the evening; (2) to drink a mugful of warm water every time he feels thirsty; (3) to avoid drinking cool water after taking Nanthapu (Shwe Ni) plantain or two as it is sweet and likely to induce a cool effect;(4) munch jaggery after a meal so as to avoid an infection;(5) to keep to hygienic practices;(6)not to work too hard; (7) avoid draughty places, especially taking a car ride or riding a motorbike which results in a rush of air

against the rider; (8) to use a bed net for sleep; (9) to take a bath only after drinking water which has been sterilized by boiling as much as one desires, and (10) to drink warm water after a bath; and to have normal urination. A patient malarial illness might turn into typhoid on whose incidence the patient should consume thin rice gruel only, while shunning a normal meal. This diet could help get rid of malaria as well as piles, which he might be suffering. To be cured of malaria completely depends on how strong his digestive faculty is. The traditional medicine practitioners believed that a strong or not- so- strong digestive faculty is the result of one's deeds in the previous lives. Malaria re-appears often in a patient with weak body defenses.



21.1 Betel Leave



21.2 Dried Catkins



21.3 Pepper



21.4 Wild Ginger

Figure 21 Medicinal plants used in the remedy for Malaria

6.6 Tuberculosis (TB)

There are seven basic (root) parts in the human body, namely: rasa (chyle, lymph and body fluids); nervous tissue and bone marrow; and generative tissue (semen). When a patient have them drying up and wasting away, he is suffering from

tuberculosis (TB), Pah-O traditional medicine practitioners believe. Firstly the threefold dosa in a person disintegrates thanks to long exposure to sunshine, exposure to a burning fireplace, working hard, too much intercourse, suffering from fever, ulcers, worry, and smoking, etc. Then the fire element (heat) and the element of air (volatility) reign supreme, while solidity and fluidity lessen and begin to dry up, inviting the tubercle bacillus to raise its head. The symptoms are: loss of appetite, thinning of the body, high body temperature and perspiration at night, incessant coughing, traces of blood in the matter coughed out, tiring tightness in respiratory tract and breathlessness, and heaviness felt in the lower parts of the body. The Pah-Os believe TB is hereditary and contagious. If an expectant mother suffers from TB her offspring might do so as well. Some traditional medicine practitioners suggest that people should not sit down for dinner at the same table with a TB patient while others, especially in the study area, make no such recommendation.

TB is common to some extent in the study area. There, Pah-O nationals' lifestyle is found to contain factors which are the same as those contributing to the incidence of TB. They have to carry out the tiring work of hillside cultivation from dawn to dusk. Their houses have very few windows, while a burning fireplace is found always at the living rooms centre. This smoky atmosphere is hard on human lungs and breathing, and invites the development of TB in family members.

Plant and plant products used in the fight against TB are : liquorice, dried catkins, cardamom, cinnamon, hogweed, *Cyperus scariosus* grass, neem, Eastern gooseberry, ink-nut fruit, belleric myrobalan, cumin, *Adhatoda vasica* herb, sweet broom weed, *Desmodium triquetrum* plant, *Hedychium gracile* herb, sweet flag, and Tapindaing Myansn. All of these, or as many as possible of these are collected and turned into a broth, a teacup-ful of which is to be taken by the patient thrice a day. Especially a broth of Tapindaing Myanan, reduced to one third of the original amount of water used, is thought to be efficacious in bringing relief to the TB patient. Moreover he needs to drink at least a mug of warm water or water that has been sterilized by boiling every time after having a meal or a snack. Similarly in Myanmar Traditional Medicine, the medicaments prepared by Pah-O Traditional Medicine practitioners are Apunyein Thwaysay (blood tonic to bring down high temperature), Mate myinmokon, Thayhmaputi-ka expectorant, Nwaicho-ke (strong on liquorice), Sidula & Thwaydula, and the Ten-Akin.

heavily salted for curing, and hard-to-digest bamboo shoots and glutinous rice. Hot-flavored vegetables and fruits like pepper, ginger, beal fruit, Indian trumpet, and *Croton oblongifolius* tree are also to be avoided.

Pah-O traditional medicine practitioners usually suggest a healthy lifestyle for their patient, like, to breathe in fresh air, to have an attitude to live in happiness with peace of mind, to use hygienic quarters neither too warm nor too cold, and to eat digestible and nutritious foods which are cool, sweet and rich so as to acquire physical energy.

According to a local Pah-O traditional medicine practitioner aged about 50, a TB patient is considered to have been cured if his condition does not worsen, contrary to TB nature, on the cool night; or remain as such despite the consumption of hot-flavored medicines and foods, after his root cause of heat (the element of fire) has run its course; he regains good appetite; and he ceases to perspire and have a fever at night.



22.1 Linta-pabyin



22.2 Liquorice (new giou)



22.3 Cardamom (hpa la)



22.4 Sweet Broom weed



22.5 *Hedyehium gracile*(bade:go:)



22.6 Cumin (zi ja)



22.7 Tapindaing Myanan



22.8 *Terminalia belerica* Roxb



22.9 Sweet flag (lin: lei)



22.10 Dried Catkins



22.11 Cinnamon (thi gji bou:)



22.12 *Desmotium triquetrum*(lauk thei)

Figure 22. Medicinal plants used in the remedy for Tuberculosis

6.7 Traditional Medicine Regime for other Health Problems

The Pah-O nationals in the study area, living in a cold climate, are vulnerable to several diseases, the treatment of which usually goes as follows: *Fever with strong heat in the patient's system*; *influenza* - Consuming Pah-O style Ngansay with betel leaf –boiled water, three times a day.

Headache - To inhale the smell gotten by rubbing lime against camphor bark

Vomiting and belching - Ant-hill earth is burnt and put in hot water. This bark when cooled is taken by the patient

Common cough - A drink made from water boiled with Kadat bark and jiggery, reduced by boiling to one third of water used, is to be taken three times a day.

Cut and abrasion - Extract of wetted *Kaempferia Galonga Linn* plant is brushed on affected parts of body. Powder gotten by pounding its dried- up tuber can be pressed against the affected part.

Bite by poisonous creatures - The affected part is brushed with the extract of Kanpalaing leaves, or with the extract of garlic.

Asthma - To drink a mixture of one spoonful of Linta- pabyin (a common plant in the study area) extract and one spoonful of honey.

6.8 The Emergence of *Tasee Phrayton* in Pah-O Language (Yar Ke) Tree as a Therapeutic Utility: A Background History

Drug elimination is usually given priority here and abroad because drug use makes for loss of human resources, let alone economic and social degradation. Coming on its heels is another major endeavour-rehabilitation of the drug addict.

There are numerous methodologies and techniques for the treatment of drug addiction, and Pah-O nationals in Southern Shan State have found a medicinal tree.

The Pah-O Traditional Medicine Organization (PTMO), functioning at Taunggyi, Shan State (South), has for its objectives: to partly contribute, however small it may be, to the health care of the country; and to relieve the illness of the public with herbal preparations produced naturally at home. Moreover, U Aung Kham Ti, chairman of Pah-O National Organization (PNO), has directed that on uplift be given to traditional medicine, and traditional medicine practitioners make progress in a proper methodological manner.

The future work programme shown in the organization of the PTMO are: (a) organizational effort, (b) education, (c) health education, (d) research, and (e) information. Out of these five, research is too big an endeavour to be tackled by the organization alone so State participation has been solicited. Then, the Ministry of Health-MOH, holding the Conference of Traditional Medicine Practitioners in each of States and Regions, has called for “finding a single medicinal plant/tree for treatment of a single particular disease”. For the PTMO to suggest such a herbal medicine, responsible personnel went around the environs of Taunggyi to seek out almost all Pah-O traditional medicine practitioners for advice. Chairman of PTMO was approached for his advice on a single medicinal plant/tree to cure a single particular disease which, at the same time, should not be a plant/tree of public favour but of little

renown. The result was *Tasee Phayton* (in Pah-O language), also known as Yar Ke medicinal tree. Thus, at 1999 Conference of Traditional Medicine Practitioners held at Pathein a paper titled “How to effectively try for control of opiate withdrawal symptoms, yinhtha (in Pah-O language), through the use of *Tasee Pharayton* (Yar Ke tree)” was presented. Consequently, to know about the efficiency of this tree, its samples were sent to Research and Development Division of Traditional Medicine Department for research. Afterwards, under leadership of Ministry of Health and Traditional Medicine Department a research team comprising two research doctors and some personnel from PTMO conducted research. Pah-O traditional medicine practitioners did practical work by way of how to administer the Yar Ke preparation, what to extract and how to process it.

6.8.1 *Tasee Pharayton* (or) Yar Ke Tree for Treating Opiate Addition

The *Sapium insigned* tree, of the family of *Euphorbiaceae*, is called *Tasee Pharayton* in Pah-O language and Yar Ke in Shan language. *Tasee* = medicine; *Pharay* = detoxiciate; and Tan = great, so it altogether means the great detoxicant. The Yar Ke is a tall-stemmed tree with branches growing towards its top. The smaller branches have knobs all over. The bark is rough and has a wavy surface. The bark is hard and can withstand the elements. The bark, as thick as the Indian Coral (*Kathit*) bark, has mainly two parts-the outer bark and the inner one. The former, having no resin, is useless. The useful inner bark has a sticky, while resin. In taste, the resin is bitter, or rich and astringent, and is possessed of a strong smell. It could make one have a dizzying feeling. The leaves, shafted like those of *Ficus nervosa* fig tree (*Nyaung Paine*), are bush and green. The tree bears fruit, about the size of coffee berry and green in colour, in bunches towards early Tabaung (in Myanmar month). The dried fruit can make for seedlings, which can be produced out of a branch as well.

Parts of the tree used for medicinal purposes are leaves and the inner bark of its stem. It mostly grows in rocky soil close to gorges and slopes in the mountains, 3000'-4000' high, of Southern Shan State. It is indigenous to Ho-pone Township, and Htitakhu and Naungde villages in Ho-pone Township of Special Region 6, Shan state. It can also be found in central region of the country.



Figure 23. Yar Ke Tree

6.8.2 Symptoms of Yinhta (ωĕ:∞) in Pah-O Language, or Opiate Craving

Opium is a potent poison and a refrigerant with a strong smell, and possessed of an ability to induce constipation. In a human body, it makes blood circulation sluggish and the digestive faculty slower. With a weakened 'element of air', blood and gas circulations grow slower. An opiate smoker has poison spread all over several internal organs-heart, liver, veins and bone marrow-and stationed there, making the complexion dark and bluish. A confirmed user has his fingernails and toe nails which are lusterless and yellowish or brownish hued. His bodily movements become sluggish, accompanied by a strong-accented articulation. With eyes coloured dark and yellowish, he suffers from a constant outflow of the semisolid discharge from the eyes. When opiate use is cut off cold turkey, the user, suffers from severe withdrawal symptoms, let alone mental distress for his obsession.

Two or three days after the user dropped use of opiate he begins to suffer from diarrhea, defecation, hotness in the belly, dysentery, gripes, vomiting, loose bowels, dry mouth, itchy throat, yawning, reddened eyes, dodderly manner, and tending to vomit after eating or drinking. This syndrome is considered “poisoning of opiate (or) Bein Yinhta (ဘိန်းဝင်းထ) ” by Pah-O nationals.

The acuteness of suffering differs from patient to patient, to be referred to as yingyi [big one] (ဝင်းကြီး) and yinggai [small one] (ဝင်းငယ်). For example, every opiate addict going for detoxification suffer, for up to the fourth day after its commencement, from dysentery, diarrhea, loose bowels, yawning and insomnia.

Again, the rate of consumption, duration of use, and the daily amount consumed, play a significant role of explain the differences in opiate addicts’ innate tolerance of the substance and their suffering.

Opium is bitter and astringent in taste and makes an addict, on his dropping the habit of eating or smoking it, lose his faculty to feel that taste. Traditional medicine usually teaches that a equilibrium of four elements in the human body is the major sign of good health. So a sudden reduction in the bitter/astringent element in a addict’s body leads to illness and yinhta (ဝင်းထ) syndrome (stiffness in muscles, aching, a running nose, shedding tears, short temper, and sullenness). Therefore, a traditional medicine practitioner with some experience claimed that restoring the faculty for bitter/astringent taste in the body can make for a cure or relief to yinhta illness.

But, freely indulging the bitter taste faculty leads to the drying up of semen (sex hormone) so a decreased *libibo* is observed. Again, much indulging the astringent faculty can cause sluggishness, lying still, and movements with a stagger. The astringent flavor can induce limited activity in one’s urination, bowel motions and circulation of the ‘air element’, which in turn is favourable to the wellbeing of the opiate addict. The absence of the bitter/astringent flavor can make for increased urination, loose bowels and increased activity of gases, the condition of which could prove fatal to him. A saying goes: increased renal activity and bowel looseness mean the death of an opiate addict, so such persons mostly die of profuse defecation.

6.8.3 Uses of YarKe Medicinal Preparation by Pah-O Traditional Practitioners

Yinhta condition could be somewhat relieved when Yar Ke leaf, thinly sliced, dried and in the form of a cheroot, is smoked. This smoking is to be done whenever the yinhta illness arises until it does so less and less and goes away. The smoking is stopped with the disappearance of the yinhta syndrome. The patient is made to drink the medicinal essence, which is obtained by boiling off the Yar Ke inner bark in water until one part out of nine parts original is left. The ordinary yinhta has a syndrome such as aching, unstable bodily temperature, unstable inclination to move about or lie down, perspiration on the forehead, and yawning. The dosage to be given is about one gramme. If not effective yet, another dosage of one gramme is given after an intermission of one hour.

Yingyi condition has a syndrome such as acute aching, tossing about in discomfort, vomiting, diarrhea, watery defecation, and loss of appetite. For this condition, the patient is given two grammes of the medicine added with a little water to swallow. His loose bowels should stop in a little time. If it does not, another dosage of two grammes is to be repeated. In Yingyi, the dosage depends on the patient's resistance and digestive faculty. For example, a patient with strong resistance and digestive faculty could be given a dosage of four grammes all at once. The dosage is gradually lessened as and when the defecation decreases. But a complete stoppage of loose bowels, is not called for, lest it leads to the ache's becoming more acute. If the constipation is acute, the patient is given two grammes weight of this traditional medicine, added with plenty of cool drinking water, to drink, at the same time guarding against his having frequent motions of the bowels.

In case of *ahtethlan aukshaw* (a type of diarrhea) (အထက်လှန်အောက်လျှော) the patient should avoid rough food like left-over cooked rice. He is given rice gruel, soup, and sweet drinks. Care is taken in prescribing a dosage which is just enough to maintain the patient's resistance.

Such a time calls for good nutrition of the patient, so he is to be given easily digestible grains, vegetables and proteins. By so doing, the four elements equilibrium in his body can be restored in a short period.

Under treatment for detoxification from opiates, the patient without a fever could take a bath. In the cold season, he should bathe himself at a proper daytime

hour. A patient with good appetite and resistance could bathe twice a day. His physical activity will help his treatment.

Some drugs to treat opiate addiction could contain an ingredient which has a little narcotic effect, so over time the patient could become addicted to that substitute narcotic. But the Yar Ke (*Tasee Phrayton* in Pah-O language) for dextoxification from opiates is not addictive. It is not meant for temporary relief from opiate addiction. True to its name 'great detoxifying medicine', the Yar Ke preparation can handle addition to other kinds of opiates as well. Absence of opiate poison in the patient's body means non-recurrence of the poisoning syndrome, leading to complete detoxification, without untoward side effects. When yinhta illness is underway, traditional tonics for heart and bile health and 'Rassayana' (ရသာယန) tonic preparation should be given to the patient, in addition to administering the Yar Ke (*Tasee Phrayton*) traditional medicine. As the patient had been opiate addicted for long, his diet and behavior is now being corrected, complemented by the use of traditional tonics. The Yar Ke preparation can overwhelm the properties of other medicines; e.g. a modern medicine with a strong aroma, put in a cup, can lose the aroma at once when added with a little Yar Ke (*Tasee Phrayton*) preparation. So, taking a dosage of a modern medicine should not be followed by the use of Yar Ke preparation, which goes better with the use of traditional tonic preparations like Catumadu (စတုမတူ) or Rassayatana (ရသာယန).

When a patient begins to suffer from Yinhta illness, Yar Ke preparation is administered to him to help it calm down, leading to no desire for opiates, sound sleep, and lessened bodily aches.

Yar Ke branches can be processed in several ways: rubbing a wet piece against a stone slab to have a paste; boiling it in water; or producing a distillate. A watery paste is given to the patient in an emergency. In another way, a spoonful of Yar Ke, put in half in viss of water is put to the boil and then is ready for the patient to drink. The dosage for one time is half a small cup of Yar Ke-boiled water. Three visses of water is used in the distillation process. Dosage for one time is 200 cc- 4000 cc of the distillate.

6.8.4 Research Activities of Department of Traditional Medicine of the Ministry of Health on Yar Ke

The researchers from the Department of Traditional Medicine have extracted and identified several chemicals from Yar Ke and they have been found to have “anti-narcotic activities” based on the ability to counter the effect of morphine on nociception (pain perception) during tail-pinch test in mice. Since Yar Ke extract has been found to reverse effect of morphine in mice, this suggests that Yar Ke has opiate antagonist properties. However, the role of opiate antagonists in management of opiate is limited to its use in treating opiate overdose and as an adjunct to buprenorphine in opiate maintenance therapy.

According to a study in Taunggyi (2008-2009), three patients given Yar Ke were found to be relieved from toxic action of opiate addiction with 3 to 4 days while the 2 under rational treatment were still suffering from withdrawal symptoms. At the same time, follow up observation for three successive months showed that the above mentioned three patients could stop the use of opium.

The withdrawal symptoms addressed by Yar Ke in the research are the two most distressing ones, namely pain and anxiety. These two symptoms are the main reasons patients fail to complete their detoxification if they become unbearable. Yar Ke has been known to allay these symptoms according to the reports of traditional medicine practitioners who have used it to detox about 50 patients in the mid 1990s.

Yar Ke seems to help patients endure and pass the first 3 days by having analgesic and sedating effects during these initial stages of detoxification. If this study shows that patients can be detoxed without undue pain and anxiety and that they can pass the first three days and reach Day 4 with a certain level of comfort, then the detox process will be completed with a very short period compared with the two or three weeks needed in the conventional detox regime. This will definitely reduce the number of days of suffering from withdrawal symptom; while at the same time, cost less and make the patient enter the workforce within a short time.

There was a Regional Meeting on the Use of Herbal Medicines in Primary Health Care recently held in Yangon from 10-12 March 2009. Participants from SEAR (South East Asian Regional) countries agreed that as far as traditional medicine

research is concerned, observational study for efficacy with close observation of safety is generally accepted with testing product in normal human volunteers.

So, this study was an observational study for clinical efficacy and institutional ethical clearance document. It included 20 patients each for control group and two trial groups. Total 60 patients at drug treatment unit, Aye Thar Yar Traditional Medicine Hospital, Taunggyi and Drug Treatment Unit, Sao San Tun General Hospital, Taunggyi in Shan State (South). This research is to integrate western and traditional medicine in terms of transforming indigenous medicine to evidence-based medicine in the future.

6.9 The Value for Health held by Pah-O National

Every village tract that has been study area has a Basic Education Primary School, while there exists a Basic Education High only at Ho-pone. Children who have had primary schooling go to Ho-pone for further study but they are a minority who stay there has borders or daily come to school from village tracts. Most Pah-O nationals terminate their children's schooling after they have passed Basic Education Primary level so that they can be used in their farming. Familiar with farm work since childhood on their parents' farms, Primary-passed children have a considerable knowledge of farm work. As those children have to dusk and their education is only primary level they sometimes meet with untimely death.

However villagers from the six villages under study area were found to appreciate the value of health. A 25- year- old Pah-O man said they took care of their health because doing so enabled them to take of their economic activities and that they had to follow proper habits inclusive of consumption of food because of their locality's very cold climate. Pah-Os have self-care in that every household keeps traditional medicine *Ngansay* at the ready in case a family member has a fever. Moreover, a 63- year-old Pah-O man said that in regard of self-care thus:

“One will begin to prosper only in good health. If taken ill, you cannot go to work hillside farms. So we have Ngansay and Thwesay always ready at home.”

The Pah-Os dwelling in Ho-pone make their children be schooled at the Basic Education High School after passing the primary level thence again at the universities. Health care of those town- dwellers consists of both traditional medicines and Western medicines. But they claim the former can cure an illness completely while the latter provide temporary relief only.

The Pah-O traditional medicine practitioners in the study area often conduct free consultancy services with a dispensary at the basic traditional medicinal courses or donations ceremonies. Now they are undertaking researches with the Department of Traditional Medicine so they can get some experiences on several diseases. The Pah-O Literature and Culture Association at Taunggyi keep in maintenance systematically ancient parabaiks and palm leaf manuscripts, relating to their traditional medicine. With the leadership of Pah-O National Organization, Pah-O Traditional Medicine as a genuine heritage of forefathers, will be put back into practice region-wise and nation- wise.

CHAPTER (7)

DISCUSSION

Traditional (folk) medicine has been inherited not only from generation but also from belonging to the tradition and culture of each ethnic group. Everyone has their own perception and reasons to use folk medicine arising from the past experiences and the culture of their society. Traditional (folk) medicine refers to ways of promoting, protecting and restoring human's health. It has existed before the arrival of modern medicine. Whereas modern medicine has been developed in most societies for several hundred years, many nations and communities in developing regions around the world are still continuing to rely on folk (traditional) medicine as a part of primary health care and in some countries; it is used as major drugs for medical treatment.

Pah-O traditional medicine had been playing an important role in health care services of their community for years. Their traditional medicine, which formulated with natural resources such as medicinal plants, medicinal animals products and minerals has a long experiences in health care, so that community still rely on traditional remedies despite the modern took place in public health care. Most of the countries were interested in traditional medicine, because of its fewer side effects and less toxic with sale effectiveness compared to modern medicine.

Traditional African medicine is a holistic discipline involving indigenous herbalism and African spirituality, typically involving diviners, midwives, and herbalists. Practitioners of traditional African medicine claim to be able to cure various and diverse conditions such as cancers, psychiatric disorders, high blood pressure, cholera, most venereal diseases, epilepsy, asthma, eczema, fever, anxiety, depression, benign prostatic hyperplasia, urinary tract infections, gout, and healing of wounds and burns.

Diagnosis is reached through spiritual means and a treatment is prescribed, usually consisting of an herbal remedy that has not only healing abilities, but symbolic and spiritual significances. Traditional African medicine, with its belief that illness is not derived from chance occurrences, but through spiritual or social imbalance, differs greatly from Western medicine, which is technically and analytically based. In the 21st century, modern pharmaceuticals and medical

procedures remain inaccessible to large numbers of African people due to their relatively high cost and concentration of health centers in urban centers. In recent years, African medical practitioners have acknowledged that they have much to learn from traditional medical practice (Helwig, David 2010).

Traditional Korean medicine developed with the influence of traditional Chinese medicine. Its techniques in treatment and diagnosis are both similar and unique to other traditional Chinese medicine. Korean medicine was originated in ancient and prehistoric times and can be traced back as far as 3000B.C, when stone and bone needles were found in North Hamgyong Province, now in present-day North Korea. This is the oldest archeological implement associated with acupuncture found. In the period of the Three Kingdoms, the traditional Korean medicine was being influenced by other traditional medicines such as Chinese Medicine. In the Goryeo dynasty with the influence of others like Chinese medicine, more intense investigation of domestic herbs took place, and the result was the publication of numerous books on domestic herbs.

Moreover Shankar PR(2010) pointed out that the Ayurvedic medicine was inherent to in Nepal and was strongly encouraged in the medieval period for her history. However, due to the population pressure and unplanned development, the hills and mountains are getting denuded of shrubs and plants with healing properties and also the practitioners are becoming old and dying, raising questions about the future of Ayurvedic practice. Nepalese history and the history of health development can be divided into the ancient (first century to 879 AD), medieval(879 AD to control of the Kathmandu valley by King Prithvi narayan Shah-1768 AD) and the modern period from 1769 onwards. The Lichhavi kings in the fourth to seventh century had established ayurvedic hospitals or aarogyashalas. The Malla kings of the Kathmandu valley during the medieval period also supported the development of ayurveda. King Pratap Malla (1641-1674 AD) established in an ayurvedic dispensary at the Royal palace in Kathmandu. The current Singha Durbar baidyakhana or traditional medicines manufacturing plant is the continuation of the dispensary. King Tribhuvan in 1952 issued a royal order to provide medicines to the common public at production cost. The baidyakhana has been functioning under the Ministry of Health since that time. Around two dozen private companies are also successfully manufacturing herbal drugs.

The first educational institution to be developed in the history of the health sector in Nepal was the Ayurveda College. The college was functioning under Tribhuvan University. Several institutions are functioning under the Mahendra Sanskrit University and are producing Ayurvedic health assistants. The Naradevi Ayurvedic hospital is the oldest in the country, Nepal has an ayurvedic hospital with 100 beds in Kathmandu, a hospital in the western region with beds, 14 zonal, 55 district ayurvedic aushadhalayas and 216 dispensaries throughout the country. Ayurvedic medical colleges have also been started in other cities in Nepal.

The Types of Traditional Practitioners

This study can be found that there are three traditional practitioners in Pah-O community. They are Pah-O Maw, herbalists and traditional birth attendants. In the United Kingdom, as in other Western societies, folk (traditional) sector is small ill-defined. While local faith healers, gipsy fortune tellers, clairvoyants, herbalists, and ‘wise women’ still exist in many rural areas, the forms of diagnosis and healing characteristic of the folk sector are more likely to be found in urban areas, especially in ‘alternative’ or ‘complementary’ medicine. In 1987, a study estimated that 13% of the British population seeks help from a complementary practitioner every year. As in non-Western societies, many of them aim at a holistic view of the patient, which includes psychological, social, moral and physical dimensions as well as an emphasis on health as balance.

Traditional practitioners in Nepal can be divided into a) *dhami-jhankri* b) *pandit-lama-gubhaju-pujari* and c) *vyotishi*. *Dhami-jhankri* are shamans, *pandit-lama-gubhaju-pujari* are the priests of the different ethnic and religious groups in Nepal while *vyotishi* are astrologers. *Dhami-jhankris* act as mediators between the spirit world and the material world of today to day life. Attacks by different types of spirit are believed to be common causes of illness in Nepal. The *dhami* must diagnose the type of spirit and either make an offering and placate the spirit or suck the offending spirit from the patient’s body using a spirit bone usually the human femur.

According to the findings, it was found that Pah-O Traditional Medicine Practitioners are required to abide by the five Buddhist precepts and take up religious meditation because they believe such practice makes for a successful vocation as a Traditional Medicine Practitioner. Kaja Finkler has studied the practices of healers in Spiritalist Temples in Mexico. The deities involved in Spiritalist teachings and religious services are those of the Christian religion generally, i.e. God, and Jesus

Christ, along with Mother Mary and also Father Elias, the supposed founder of the movement. This founder reputedly added twelve further commandments to the Ten Commandments of the Bible. Services are called irradiations, at which mediums in trance speak God's word directly to the congregation (Strathern, Andrew and J.Stewart Pamela 1999).

The activities of Pah-O Maw

(1) Summoning of the Spirit

In this study, the Pah-O nationals like to summon their spirit when they have a troubled mind, fear or nightmares (like a snakebite, or being bitten by a dog) or lack of appetite. This performance is considered to have something to do with one's health. It is usually conducted (male or female), a member of Carana order, or a veteran of such performance, and they can reckon whether there is a spirit in the patient's body. This finding is usually similar to the practice of Wa nationals in Myanmar. Daw Tin Yee (1999) stated that Wa nationals usually hold the summoning of a sick person's spirit the method of summoning differs from village to village. If a person has a fever, his spirit tends to flutter away, so it is necessary to summon it back. The elders are invited at home to do prayers for the child while a propitiation comprising a boiled chicken egg, a chicken and a cup of rice is performed inside the house. This is an event for a group of patients, but they must be of the same sex. So there must be a separate event each for males and females, they could come to harm, it is believed. The boiled chicken egg used can be eaten by the sick person only. Otherwise, the summoning of the spirit is to be taken as a failure.

(2) Htwa Ban (A type of Fortune Telling)

Htwa Ban plays a part in the health-care of Pah-O nationals. The deed of "Ban" covers not only one's health, but also social occasions such as giving in charity, selection of a lot of land to build a house, loss of things, travel, and wedding. Generally, the Ban fortuneteller is the Pah-O traditional medicine practitioners Maw Saya or Maw Practitioner could be one endowed with extrasensory perception, and Maw teachings show how to do Ban foretelling. This knowledge is open to all, making for its practice as when and where is necessary. This practice coincided with the practice of Kayaw nationals in Myanmar by Moe Moe (1999).The Kayaws nationals believe strongly in fortune telling. They consult the fortune teller before doing anything. So before starting a business venture or going out on a journey or before going down to work in their taungya, they read their fortune. They also consult

it in times of sickness and danger and for social affairs of the family. The methods most used are to break the bamboo strip or to use the chicken bones to find out whether their plans are good or bad.

Health-care given by Traditional Birth Attendant

According to the finding of the current study, the majority of Pah-O pregnant women usually consult with Traditional birth attendant. Once a Pah-O woman becomes pregnant, she forgoes eating of vegetables like “khayansup” (a kind of egg plant) and “plantain bud”. The Pah-O believes that consumption of “khayansup” makes the placenta hard to come off; consumption of plantain bud will make the placenta look like that vegetable, and on its coming out, it will remain shaking for its life. Moreover, the woman in labour becomes very weak and unable to have a smooth childbirth. According to the finding of Laderman (1984), women in many South East Asian (SEA) cultures are advised to be cautious about food stuffs during pregnancy. Since when a woman became pregnant, she was advised to be cautious about her daily diet. Another study found by Bowman and Jennifer (1995) stated that many SEA women perceived on two main categories of food; “hot” and “cold” during pregnancy, and generally “cold” foods are advised to take where as “hot” ones are not suitable for mother and unborn baby. Based on findings in the current study, cultural beliefs and practices during pregnancy in terms of food especially hot and spicy are still practiced and followed by the majority of Pah-O women in the study area. In fact, their beliefs regarding precautions of food during pregnancy are more or less related with well-being of a pregnant mother and her unborn baby and copying to some physiological changes during pregnancy. Moreover, the choice of food consumed is also determined by a number of factors, including availability of natural resources, economics, religious beliefs, social status and traditional taboos. Because these factors place limits in one way or another on the intake of food, the pregnant mother will not get essential nutrients for the mother and unborn baby during pregnancy. Therefore, it was needed to provide health education regarding food nutrition for the Pah-O women in this study.

In this study, regarding the prenatal care, a pregnant woman must not to go out in the afternoon. She should not visit a house with funeral proceedings, lest she be possessed by evil spirits. Her husband may join a funeral procession but not shoulder the bier. He, however, may enjoy eatables offered at the house having funeral proceeding. Similarly, this finding was coincided with study done by Soe Paing Lin

(2011) in Myanmar. It was shown that Danu women should not go to the funeral or ceremony during pregnancy and the husbands of the pregnant women should not carry a coffin on their shoulder through and were prohibited to take part in the funeral procession. They believed that the pregnant women might face difficulty during confinement if they go to the funeral or cemetery.

Then, nearly most of the pregnant women in the study area think it is embarrassing to go to a hospital for their labour because the proceeding will be seen by several people. Therefore they usually invite home the traditional birth attendant for their labour. When the pregnant woman thinks her labour is near she informs the traditional birth attendant as such. The traditional birth attendant also gets herself ready to give help any time. At the client's house, a place can be used for childbirth expect for the front area of the home shrine. It could be the bedroom or a place near the kitchen which is considerably cleaned. Then Ho-pone and its environs in the study area have a cold climate so some houses in the rural areas have a fireplace at the center of the living room. The woman in confinement for delivery warms herself at the fireplace or at a fire in her delivery room. Her firewood must burn well and not produce much smoke. Her traditional heat treatment will go on for more than two months so the firewood for that purpose must be collect in advance. In Myanmar, most of the women are still following for confining the room for delivery and traditional heat treatment at home especially in rural area. As a research study in 2009, (61%) of women gave birth to the child at home and they used the confinement room for delivery and traditional home treatment (Khin Maung Lwin, 2010). Therefore, the confinement room should be cleaned, properly ventilated and warm for the health of mother and newborn to prevent any infections.

Moreover, in Myanmar study, TBA and other attendants cut the umbilical cord with unclean strip and put turmeric to the baby's umbilicus in order to cut the edge quickly (Chit Ko Ko, 2003). In Indian study, Khairwars women are conducted with the help of TBA or elderly ladies for delivery but the cord is cut by the TBA only. The cord is tied with white thread, before cutting. Then unsterilized sickle is widely used for cutting the umbilical cord, though some use old/ new blade, whichever is readily available (Roy, Saha& Abbad, 2010). Likewise since ancient times the Pah-O traditional birth attendants have mainly made use of bamboo to cut off the umbilical cord. They do not come to the house of the woman in labour with a ready-made bamboo piece. Close to the mother -to-be labour, a household member goes out to

obtain a green piece of bamboo, any kind of which is permissible. A thin strip of bamboo is made. With the use of it, the umbilical cord, put on a piece of charcoal, is cut off so as to prevent an infection. In former times no medicine was used to prevent an infection but later on, methyl alcohol has been used for this purpose.

For the nutrition, the new Pah-O mother is fed with beef or chicken soup, eggs, and banded snakehead, dried or otherwise. She mainly feeds on boiled eggs, or its steamed contents in a small bowl, roasted banded snake and ginger soup up to about two months after the childbirth. Eggs are nutritious, while the thin peppery soup of ginger makes for the secretion of breast milk, excretion of waste matter, etc. The new Pah-O mother consumes ginger or thin peppery soup of ginger, up to 3-4 months after her delivery so at least from 1-2 viss of ginger has to be used for every childbirth. The ginger is the Pah-O's homegrown vegetable. They start collecting it from the last term of pregnancy onward. Cold food (pork, for example) is also shunned for about a year. It was found that all family members acknowledge that meat and eggs were regarded as "hot" foods. This food, which is also viewed as full of protein, was thought to enrich the blood, help the mother's recovery, encourage expulsion of lochia and stimulate production of breast milk. Adequate protein intake aids proper wound healing and helps lactating women. This practice is consistent with WHO guidelines which recommend an increase of 10 to 20% protein intake throughout lactation (WHO, 1998). Thus, some practices that are probably beneficial from a health and social perspective were eating protein rich food and vegetable soup for producing of breast milk.

Ecological Approach to Medical Anthropology

An ecological approach to medical Anthropology emphasizes that the total environment of the human species includes the products of large-scale human activity as well as "natural" phenomena and that health is affected by all aspects of human ecology. "Medical ecology" has been used to describe this approach as the interaction of culture, disease ecology, and medicine in the study of medical issues (McElroy and Townsend 1996). This approach can be further distinguished by two levels of analysis, At the microlevel, cultural ecology examines how cultural beliefs and practices shape human behavior, such as sexuality and residence patterns, which in turn alter the ecological relationship between host and pathogen. At the macrolevel, political ecology examines the historical interactions of human groups and the effects of political conflicts, migration, and global resource inequality on disease ecology

(Brown, Inhorn, and Smith 1996). Many ecological approaches to medical anthropology include some aspects of both cultural and political ecology. They can be used malaria to explain these approaches. Malaria has a long and sordid history in many societies, and it continues to be a major cause of human morbidity and mortality today (Brown 1997).

At a cultural-ecological level, adaptations to malaria includes the highland Vietnamese building practices, in which stilled houses allowed people to live above the 10-foot mosquito flight ceiling (May 1958). Although malaria has since been eradicated on the southern Itslian island of Sordinia, Brown, Peter (1981) discovered that, although perhaps unintended, many of the cultural practices that functioned to reduce contact with malaria-carrying mosquitoes continue today. These include settlement and land use patterns, in which nucleated villages are located in highland areas and flocks of sheep are taken to the lowlands in the winter, thus, minimizing contact with the mosquitoes during malaria season.

The Pah-O nationals' lifestyle is found to contain factors which are the same as those contributing to the incidence of some diseases. They have to carry out the tiring work of hillside cultivation from dawn to dusk. Their houses have very few windows, while a burning fireplace is found always at the living rooms center. This smoky atmosphere is had on human lungs and breathing, and invites the development of Tuberculosis in family members. Besides, diarrhea is a common disease in the study area of highlands, is due to scarcity of potable water, poor personal hygiene and cold climate. They first resorts traditional medicine to whenever a disease strikes. Remaining unrelieved, the patient goes to hospital by the time of which the disease has already become serious and could often prove fatal. So the background circumstances are found to be their faith in traditional medicine, difficulties in making a trip to the General Hospital in Ho-pone, and their shyness and fear to receive modern hospital services. All these could lead to a patient's death because his disease has reached an advanced stage by that time.

The Utilization of Herbal Medicine

It is learnt that for thousands of years, cultures in every area of the world have used herbs for medical purposes. In fact, people once consumed entire plants, sensing that they had health benefits. More recently, scientists have identified the active substances in plants, and have extracted and concentrated them into the herbal products that are now widely available. In the United States, herbs are gaining

newfound respectability, even though they were commonly found on the shelves of most pharmacies until at least fifty years ago. When the first antibiotics were introduced, heralding the beginning of the modern drug age, many herbal remedies were brushed aside by Americans in favor of potent prescription medications. Nevertheless, in a sense, herbs never really left center stage, since about 25 percent of today's conventional drugs actually have their origins in plants. Morphine, for example, it derived from poppies, digitalis, the heart medication, comes from foxglove, and taxol, which is used in cancer therapy, is obtained from the Pacific yew tree. Today, researched at many pharmaceutical companies are looking to plant life-particularly those plants in rain forest-as the richest source of future drugs. Despite their recent resurgence in America, herbs are still more popular in many other countries than they are in the United States (Ulene Art. Dr 2000).

Similarly, aromatic plants have been of great interest to mankind from the beginning of human civilization. Aromatic plants and their products, particularly the essential oils, are now becoming one of the more important export items from many developing countries in Asia. The main reasons for such an upswing are the raising of standard of living of the people throughout the world and the technological advances in the production and processing of these essential oils.

Unlike other economic crops, medicinal and aromatic plants, with few exceptions, continue to be cultivated in the same way as they were grown thousands of years ago. Very little has been done with respect to genetic improvement of these crops inspite of the long history of domestication. A large proportion, however, comprises still wild or semi-wild plants, or primitive cultivars which have not acquired genes for high productivity under cultivation. There is great potential to improve the yield and quality of these plants, either by mere selection of existing spices or varieties or through plant breeding or other novel methods of plants improvement. A few examples may be cited to testify to the above statement.

The discovery of reserpine from *Rauwolfia serpentine* in 1952 as a cure for high blood pressure and certain forms of insanity made headlines in the world's newspapers but the steady decline of supplies of *Rauwolfia* roots from Thailand, India and other Asian countries has obliged western pharmaceutical firms to explore alternative supply sources elsewhere. This led to the discovery of *R.vomitorea* in central Africa which contains richer sources of reserpine. For example, the total

alkaloid content in samples collected from Senegal, Uganda, and Congo was as high as 3% instead of less than 2% in *R. serpentina* of Asian origin.

The discovery of the use of cortisone for rheumatoid arthritis in 1949 led to a world-wide search for plants containing cortisone or similar compounds. The search led to the finding that *Dioscorea composita* from Mexico and *D. floribunda* from Central America contain cortico-steroids. Since *Dioscorea* spp are also native to Asia, a similar hunt in India found *D. deltoidea* and *D. prazeri* as very rich sources of diosgenin. This same compound was found in another unrelated plant, *Costus speciosus*. Several clones of this species were also found by a group of Thai scientists to possess more than 2% of diosgenin.

Mentha arvensis var. *piperascens*, which can be found a wide range of menthol content in the oil extracted from several varieties of different origin. The maximum of 92% was recorded in one variety obtained from Japan. However, the same variety yielded not more than 85% of menthol in its native habitat.

The above example illustrate the importance of selection as well as the need for collection and conservation of germplasm, the basis for industrial development of pharmaceutical products and essential oils (Chomchalow, 1980). Similarly, it can be studied that plants such as celery, nutmeg, neem, clove, cumin, cinnamon, cardaman and liquorice are widely used in the Pah-O traditional medicine.

Traditional medicine has been used in Myanmar people since many years ago. In National Health Policy one of the statements mentioned that “to encourage Myanmar Traditional Medicine from experience-based to evidence-based therapeutic utility”. Also Myanmar possess many patent medicinal plants which are grown in naturally at different geographically area. In which one of the medicinal plant in Shan State is a very interesting to prove scientifically for its effectiveness on the detoxification of opiate addicts. This plant namely Yar Ke which was scientifically studied for botanical, chemical and pharmacological aspects.

In Myanmar, the role of Traditional Medicine is very important in health care system. It is learnt that the development of a scientifically proven traditional medicine preparation for the treatment of detoxification of opiate addicts will definitely contribute the development of health and economic status of that region and consequently the country.

The utility of Yar Ke is pursued since the current detoxification regime uses tincture opium which is a highly controlled narcotic and is outside the reach of

traditional medicine practitioners. In addition, since Yar Ke has been earmarked for detoxing drug users who live in remote rural villages and who are currently unable to access the drug treatment services due to geographical, economical and convince barriers, among others. Traditional medicine practitioners who live in these remote areas and are providing basic health care services are in a good position to provide opiate detoxification if they have a traditional medicine which they are allowed to use and which can be obtained easily in their vicinity. Furthermore, since Yar Ke has been used quite expensively to treat a number of ailments which the indigenous people consider as due to the effects of toxins. Yar Ke is not a new discovery or a new “medicine” for the people and thus easily accepted by them.

The specific utility of Yar Ke then, is its potential to make opiate detoxification become easily accessible, be treated with a familiar “practitioner” who speaks the same language, share the some culture, and it also affordable. There is also a chance of being able to self-detox at home with a “medicine” which can be obtained in their villages.

CHAPTER (8)

CONCLUSION AND RECOMMENDATIONS

8.1 Conclusion

Pah-O traditional (Folk) medicine has been playing an important role in provision of health care as a national and cultural heritage. Since the scope of their traditional medicine is wide in terms of its various methods of treating diseases and pharmaceuticals and herbal medicines with a variety of uses. It can be studied Pah-O traditional medicine is based on Ayurvedic concepts and influenced by Buddha's teachings.

It was found that most of the Pah-O traditional practitioners (Maw Saya) who use and believed in their folk medical practices and their knowledge have been acquired from learning and their generation who used the treatments. Most of the Pah-O nationals have come to rely almost entirely on folk medicine. They have maintained their beliefs and practices as a coherent system, rather than a seemingly unrelated collection of remedies, cures and preventives. They play the leading role in their religious activities and medical treatment.

Pah-O Traditional Medicinal Organization (PTMO) is carrying out its future work program. Organizing efforts of its secretaries, Ho-pone has the largest number of traditional medicinal practitioners in Shan State (South). In education sector, there are many graduates from University of Traditional Medicine. In health sector, every township in Pah-O Special Region (6) would likely have a traditional medicinal clinic. By doing research on traditional medicinal plant, it can be found that the medicine could treat for getting the rid of the habit of eating or smoking opium. It also can be found that the positive psychological benefits of traditional healing on patients may also speed their recovery when modern medical techniques are used well. The possibilities or potentials motivate to study how Pah-O nationals are self-medication with traditional medicines for what diseases. It can explore and analyze the health beliefs, enabling resources and needs for traditional medicine in association with demographic and social structure characteristics.

Pah-O nationals, mostly all-day-long hard workers, are generally in good health. They work hard rather careless in their choice of diet. Poor nutrition, exhaustion from land work and cold climate collectively create a condition inviting

the breakout of some diseases. Their first resort in such a case is to the traditional medicine practices handed down by their forefathers.

Pah-O tradition medicine practitioners in the study area are found to be holding medical views different from Western medicine. In fact, they are compelled to resort the traditional medicine as their habit mostly lies in far-flung village tract. Ho-Pong natives often receive the State help in the form of insecticides treated bed nets and Oral Rehydration Treatment (ORT) packets which are still relatively unknown to Pah-O nationals in the country side. That is the reason why some major diseases often proved fatal to them. However, they still get benefit from the use of medicinal plants easily available to their hillside farms and house compounds. But medicinal plants, bulbs and tubers growing in the wild in the mountains, raw materials for traditional medicine can go extinct if exploited to the full.

8.2 Recommendations

- (1) The Pah-O nationals in the study area should keep in maintenance systematically the traditional medicinal books and parabaiks used by Pah-O traditional medicine practitioner. These books and parabaiks should be needed to translate into Myanmar language and Pah-O language.
- (2) Moreover, it also needed to have the medicinal concoctions of Pah-O Traditional Medicine practitioners produced by employing modern manufacturing techniques. They should prescribe measures to monitor the quality standards of their traditional medicine, raw materials, processing and marketing, which will be available to general public.
- (3) There should be implemented educational programmes for Pah-O housewives in the study area to make them more knowledgeable about childbirth, childcare and family health care. Traditional birth attendant also should be provided for advance knowledge and skills in maternal care training and refresher courses. Moreover, Pah-O traditional Birth Attendants of the study area have contacts with Public Hospitals of the government so that they may acquire childbirth instruments and materials donated by the government and Non-Government Organizations (NGO) to make for safe deliveries.
- (4) The needed medicinal plants used by traditional practitioners should be grown in hillside farms and house compounds of local natives, thereby contributing to their economy to some extent.

- (5) Local degree and diploma- holders of Traditional Medicine University should be researches on traditional medicines in co-operation with Pah-O Traditional Medicine Practitioners.
- (6) Health education programmes regarding endemic diseases should be provided to local Pah-O national.
- (7) Finally by undertaking similar studies in different ethnic groups it can get more information about Myanmar Traditional Medicine.

REFERENCES (IN ENGLISH)

- Anderson, Robert (1996) *Magic, Science and Health, The Aims and Achievements of Medical Anthropology*. Forth Worth Harcourt.
- Aung Myint (200) *Self-medication among Myanmar villagers*, A thesis submitted to the Faculty of Public Health, Mahidol University, Bangkok, Thailand for the degree of M.Sc.P.H.
- Aye Aye Than (2003) *Cultural Beliefs of Bamar Woman Regarding Maternal Care* (Thesis Submitted for Master of Nursing Science at Latrobe University).
- Bergner, P and Hufford D (1998) *Folk Remedies: Healing Wisdom*. Lincolnwood, IL: Publications International, Ltd.
- Bowman and Jennifer (1995) *Asian and Pacific Islanders America Health Manual* Michigan: University of Michigo.
- Brown, Peter (1998) *Cultural Adaptation to Endemic Malaria in Sardinia "Medical Anthropology."*
- Chit Ko Ko, (2003) *Cultural meanings and practice regarding pregnancy and childbirth and role of women: A community study in Myanmar* (Thesis submitted for the degree of Arts (Health Social Sciences at Mahido University)
- Chomachalow, Narong (1980) *Medical and Aromatic plants Germplasm conservation and Utilization in Asia*.
- Chopra, Ananda S. (2003). "Ayurveda. In Selin, Helaine. *Medicine Across Culture: History and Practice of Medicine in Non-Western Cultures*. Norwell, MA: Kluwer Academic Publishers
- Helmen, C.G (1994) *Culture, Health and Illness; An Introduction for Health Professionals*, (2nd ed). Oxford and Boston: Butter-Worth-Mann.
- Helwig, David (2010) "Traditional African Medicine" "Encyclopedia of Alternative Medicine."
- Huff, R and Kline, M (1999). *Promoting Health in Multi-cultural Populations: A Handbook for Practitioners*: Thousand Oaks, CA: Sage Publications, Inc.
- Jean, Sang-Woon (1998). *A History of Sciences in Korea*. Seoul: Jimoon daerg.
- Khin Mg Lwin (2010) *The Care of Maternal and Child during post natal period*. The New Light of Myanmar.

- Kleinman, A, Eisenberg, L and Good, B (1978) *Culture, Illness and Care: clinical lesson from anthropologic and cross-cultural research.*
- Laderman (1984) *Wives and Midwives* London University of California Press.
- Laguerre, M (1987) *Afro-Caribbean folk medicine* Bergin and Garvey Publishers Inc. Maassachusetts, USA.
- Lewis, I.M. (1971) *Ecstatic Religion.* Harmondsworth:Penguin
- May, J. M (1998) *The Ecology of Human Disease* New York MD Publications.
- McElroy and Townsend (1996) *Medical Anthropology in Ecological Perspective.* Boulder, Co: West view.
- Ministry of Health (2007) *A Study on knowledge, attitudes and pactices of Myanmar People on Traditional Medicine.*
- Moe Moe (1999) *Social Organization of Kayaw (Bre) Nationals of Hoya Village Tract, Phruso Township, Kayah State. (Thesis submitted for Master Degree),* Yangon University.
- Raven, Chen Tolhurst and Gorner (2007) *A qualitative study on traditional beliefs and practices in the postpartum period in Fuljian Province in China.*
- Roy, Sana & Abbad (2010) *Some Aspects of Maternal and Child care among Khairwa of Modhya Pradesh, Journal of Ethno Medical.*
- Sabah, G and Samra, Z (1993) “Bateral Vaginosis in Pregoancy Treated with Yoghurt” *Act Obstet Gynecol Scand* 72 (1): 17:19.
- Santhat Samsari (1988) *Utilization of Traditional and Modern Health Care Services in Thailand; The triumph of practicality,* Institute of Southeast Asian Studies.
- Scott, J.G (1900) *The Upper Burma Gazettier. Shan State Part 2, Vol.1.*
- Shankar P.R (2010) *Healing Traditions in Nepal* Manipal College of Medical Sciences. Pokkara, Nepal.
- Soe Paing Lin (2011) *Cultural Beliefs and Practices of Maternal Core Amond Danu Women and Pindaya Township, Southern Shan State. Military Institute of Nursing and Para medical Science. Mingaladon.*
- Strathern, Andrew and J.Stewart,Pamela (1999) *Curingggg and Healing* Carolina Academic Press 700 kent Street Durham, North Carolina 27701
- Tin Yee (Daw) (1999) *The Socio-economic Life of the Wah National, National Centre for Human Resources Development, Ministry of Education, Myanmar.*
- Ulene Art. Dr (2000) *Complete Guide to Vitamins, mineral printed in the United State of America and Herbs.*

Vyas Maulik Dr (2011) Ayurveda: Traditional Medicine of India Spice Flair-Discover Indian Culture , Privacy Policy Terms& Conditions

World Health Organization (1998) Postpartum care of the mother and newborn: A practical guide: Geneva WHO.

World Health Organization (2003) United Nation Fact Sheet no.134.

World Health Organization (2009). The Use of Herbal Medicines in Primary Health Care: Report of the Regional Meeting. New Delhi: Regional Office For South-East-Asia.

World Health Organization 2001.

World Health Organization Traditional Medicine Strategy 2002-2005 (WHO, Geneva, 2002).

REFERENCES (IN MYANMAR SAR)

တိုင်းရင်းဆေးပညာဦးစီးဌာန (၂၀၀၇ ခုနှစ်)၊ မြန်မာတိုင်းရင်းဆေးပညာ အခြေခံသဘောတရားများ။

ပြည်ထောင်စုအမျိုးသားပအိုဝ်းအဖွဲ့ချုပ် (၁၉၉၅) ပြည်ထောင်စုထဲကပအိုဝ်း။

မြင့်မြင့်အေး၊ ဇင်မာလတ် (ဒေါ်) (၂၀၀၃ခုနှစ်)၊ သထုံမြို့နယ်ရှိ ပအိုဝ်းတိုင်းရင်းသားများ၏ လူမှုစီးပွားရေး ဘဝသုတေသနစာတမ်း၊ ဒဂုံတက္ကသိုလ်။

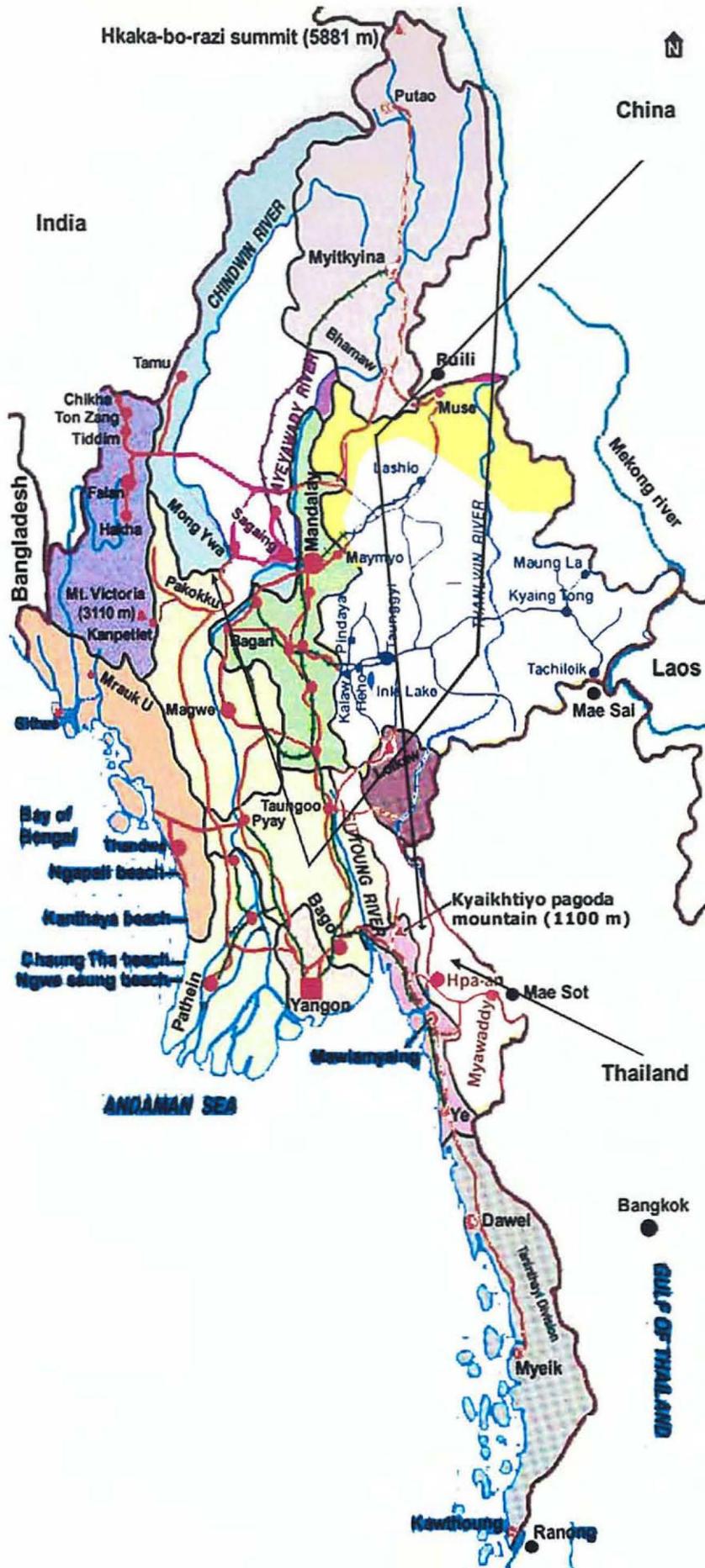
မြို့နယ်အေးချမ်းသာယာရေးနှင့်ဖွံ့ဖြိုးရေးကောင်စီ၊ဟိုပန်းမြို့နယ်(၂၀၀၃ခုနှစ်)ဒေသဆိုင်ရာအချက် အလက်များ။

REFERENCES ON (Internet Access)

1. (http://www.en_wiki/pedia_org/wiki/Herbalism 2.12.2010)
2. (http://www.en_wikipedia.org/wiki/Prenatal-care 4.2.2011)

Annex. 1**Work Plan**

Year	Month	Activities for thesis
2008	6,7,8	Reviewing literature, Library surveys and Internet
	9,10	Writing materials analysis
	11	Discussion with supervisor
	12	Preliminary field research
2009	1,2,3,4	Data analysis
	5-11	Regular seminar and credit seminar chapters (1,2,3) (Introduction) Literature Review and Methodology
	12	Field Research
2010	1	Writing for regular seminar (for second year)
	2	Submit for seminar
	3,4	Data analysis
	5	Writing for credit seminar (for second year)
	6	Discussion with supervisor
	7,8,9	Book research, Library surveys & internet
	10,11	Data analysis
	12	Field research
2011	1	Data analysis
	2,3,4,5	Submit for regular seminar and credit seminar (for third year)
	6	Discussion with supervisor
	7,8,9,10,11	Data analysis
	12	Preparation for regular seminar (for fourth year)
2012	1	Internet and library survey
	2	Submit for regular seminar
	3	Submit for credit seminar
	4	Final seminar

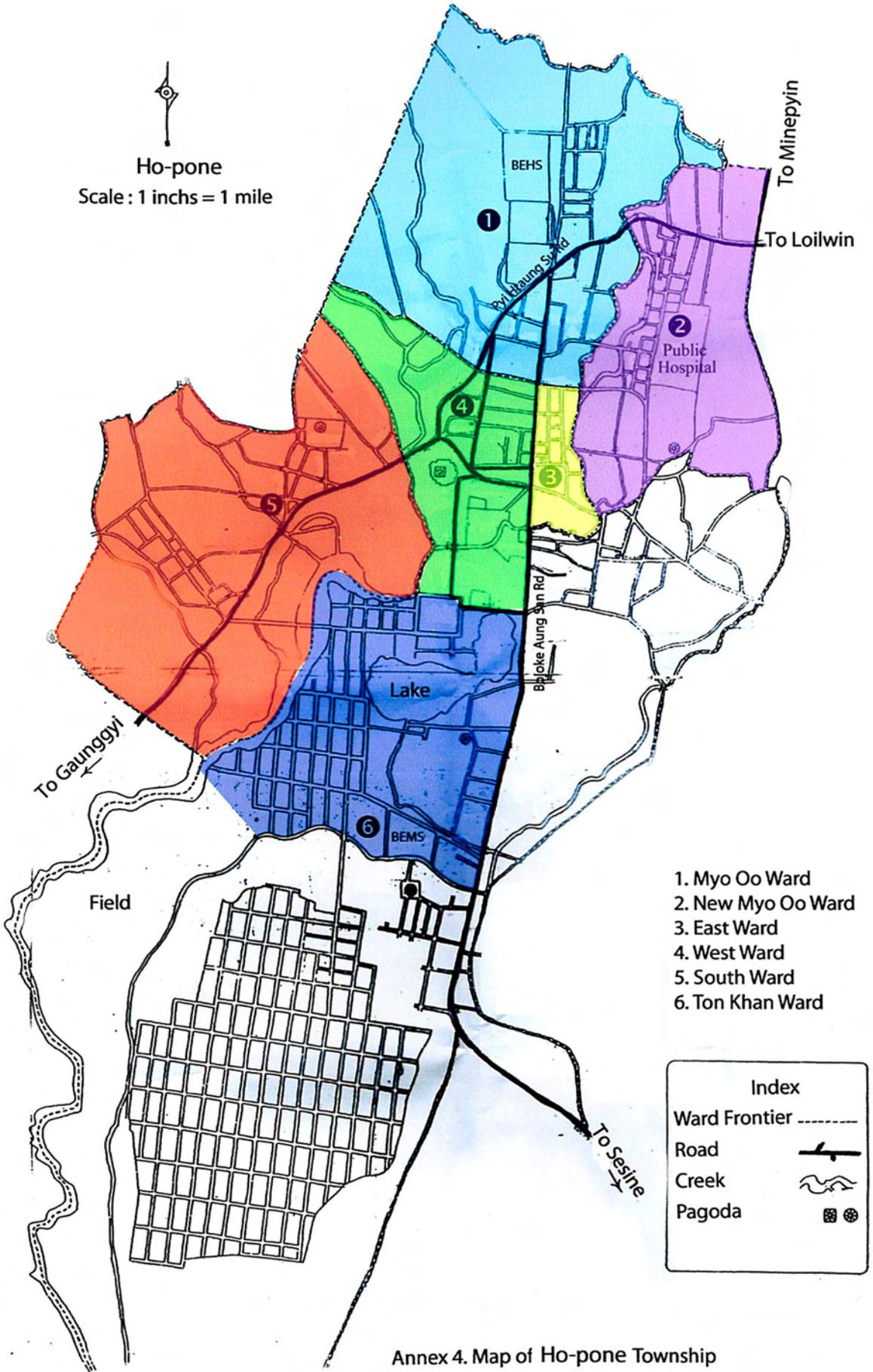


Anex 2. The Migratory Trend of Pah-O National

Annex.3

The List of Chiefs and Leading Families in Ho-pone before 1959

No.	Name	Year
1.	Hkun Kya	1809-1818
2.	Hkun Sin	1818-1833
3.	Hkun Nun	1833-1845
4.	Hkun La	1845
5.	Hkun Lin	1845-1851
6.	Hkun Hte	1851-1858
7.	Myook Maung Nyo	1858-1874
8.	Hsuriya	1874-1885
9.	Hkun Hseng	1885
10.	Hkun O	1885
11.	Hkun Wara	1885-1893
12.	Hkun Se	1893-1900
13.	Hkun Tun	1900-1902
14.	Saw Nan Kyaing Khan	1902-1917
15.	Court Officials	1917-1918
16.	Saw Hkun Law	1918-1959



Annex 4. Map of Ho-pone Township