

Chapter I

Introduction

1.1 Background

"In this rapidly changing world of ours where a technological breakthrough is out dated in one month, the branch of traditional medicine has stood its ground and is increasingly gaining in popularity" (Paul, G., 1996). Many developed countries have seriously questioned the current state of Western medicine which can not cure all illnesses and health problems. The expenditure for health care has rapidly increased. The Alma-Ata Declaration states that primary health care should be based on practical benefit to individual and families in the community with a low cost, self-reliance, and locally-available health care. These are the important reasons for the trend to alternative or complementary medicine such as the popularity of traditional medicine (Claxton, M., 1996, Leander, B., 1996, Paul, G., 1996).

The crisis of expenditure for health care is now becoming the main problem of both the economy and society (Wasi, P., 1995). The high cost, and high technology of modern medicine, is not accessible to all people, and can not heal and medicate every disease especially the chronic diseases. (Onchomchant, T., 1998). This means that the trend to use alternative medicine and complementary medicine is increasing in popularity.

In 1996, UNESCO/WHO initiated The United Nation World Decade for Cultural Development, with a focus on "Culture and Health" to be developed in mutually supportive manner which will be of benefit to all people in all countries. (Taoprasert, Y., and Polioudakis, M., 1996)

Herbal and traditional medicines are historically part of alternative medicine of every ethnic culture. We can say that human, herbs and traditional medicine were born together with the support of their ethnic culture. Every country has used herbal medicine in daily life. Accordingly WHO has defined its role in traditional medicine and

complementary alternative medicine by developing a strategy to address issues of policy, safety, efficacy, quality, access and rational use of traditional, complementary and alternative medicine.

During 1997-2002, Thailand has promoted traditional medicine for sufficient and sustainable economy and in health care reform. Some laws were corrected and opened for traditional herbal medicine to be used in the way of life and can become products on a level with community economy.

Chiang Rai province is in upper Northern Thailand. Most of the people still practice "Lanna" culture as their way of life. They have "Lanna" traditional medicine, the indigenous knowledge of health care. Since 1974 health personnel who are interested in herbal medicine have promoted herbal medicine in primary health care and as a complement in some hospitals. Herbal medicinal products were used by doctors and health personnel for treatment and support in many districts, such as Phaya Mengrai, Thoeng, Pa Daet, Wiang Pa Pao, Mae Suai, Mae Chan, Muang, Khun Tan, Wiang Kaen, and Chiang Khong.

Regarding the government health care policy, the constant campaign by health care personnel in Chiang Rai province promoted herbal medicine for primary health care and community economy. This policy created the study "The Use of Herbal Medicine by "Lanna" Healers in Chiang Rai province". The research questions are: What are the conditions of process of traditional herbal medicine production, and how can they be developed to appropriate the quality of raw material or dosage form of drugs which are simple and convenient to use, economical, safe, self-reliant with sustainable effectiveness of drug in the indigenous knowledge.

1.2 Objectives

1. General objective

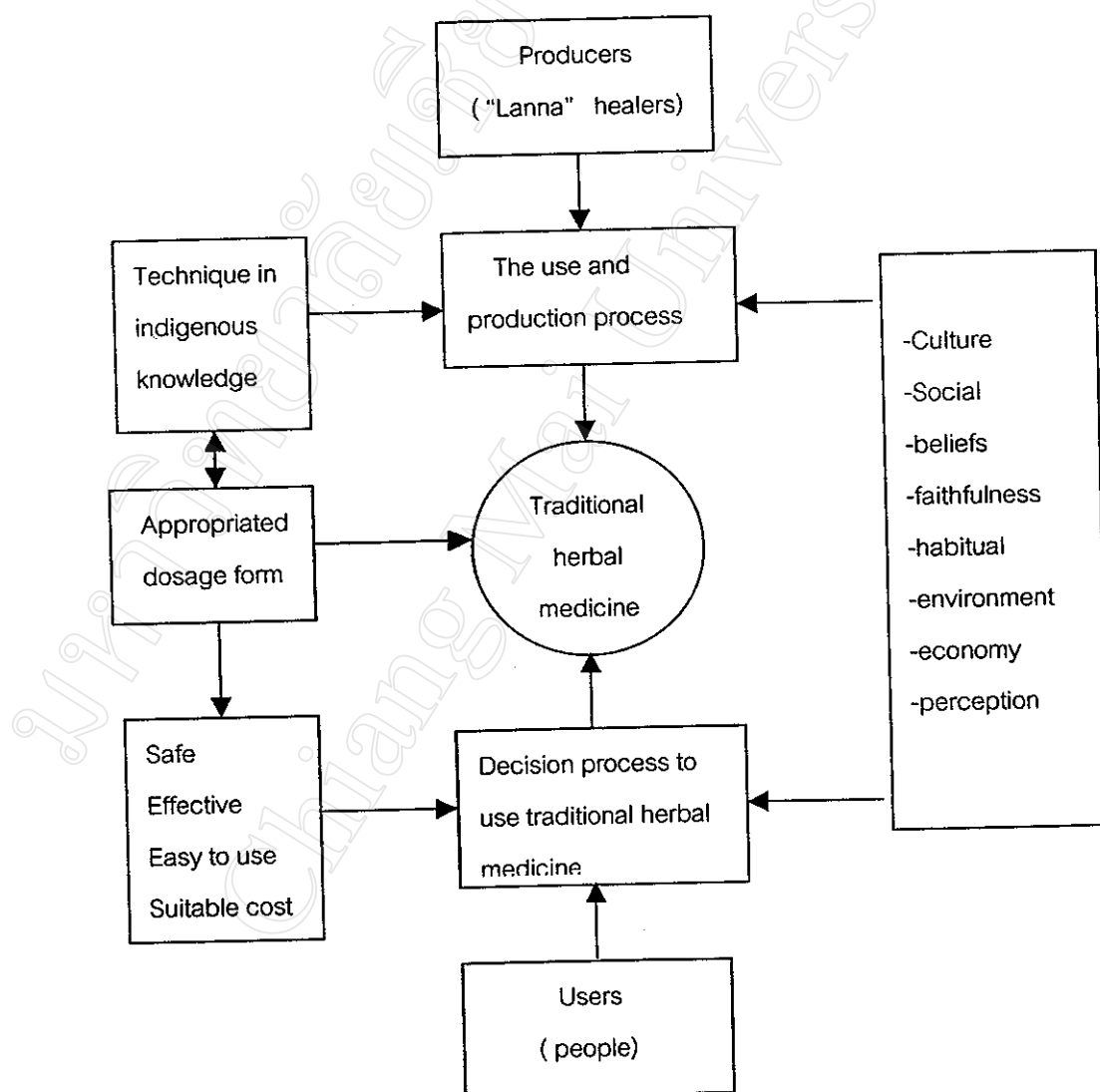
- To develop the production process and the use of traditional herbal medicine with good management and variable standards for self-reliance in community.
- To promote herbal medicines in primary health care.

2. Specific objectives

-To survey and study the use of herbal medicines by "Lanna" Healers in Phaya Mengrai district, Chiang Rai province in the indigenous conceptual system.

- To experiment with the improvisation or development of the appropriate dosage form of herbal medicine and raw plant material.

1.3 Conceptual Frame-work



Traditional herbal medicine was used and produced by "Lanna" healers in the indigenous knowledge. The processes of use were dependent on several factors such as culture, social, belief, faithfulness, habitual, environment, economy and perception.

At the present time people or users want to use herbal medicine in an appropriate dosage form which is safe, effective, easy to use and at a suitable cost. Hence, the participatory action research technique (PAR) was used with Lanna healers to develop the traditional herbal medicine into the appropriate dosage form. It will encourage people to use traditional herbal medicine for self-reliance.

1.4 Educational Advantage

1. Traditional herbal medicines were improved and developed for appropriate use for self-reliance which relates to the culture and social community.
2. The appropriate form of traditional herbal medicine will be a choice for promotion to use in the community.
3. The result of this study will be useful for the National Health Care Reform policy.

1.5 Research Design and Scope

1.5.1 Research Design

1.5.1.1 This study was a descriptive and experimental study in herbal medicine by "Lanna" healers in Chiang Rai province.

1.5.1.2 Populations were :

- The "Lanna" healers in Chiang Rai province who still use traditional herbal medicine in their way of life and were registered with the Assembly of Chiang Rai- Pha Yao Traditional Healers; about 30 persons. (There are 205 persons, but there are only 30 persons, who used traditional herbal medicine)

- The traditional herbal medicine which were used in the way of life in the community. It did not improve dosage form and popularly use in Phaya Mengrai district. Then select 3 processes which can be developed for experiment.

1.5.1.3 The experimental quality were evaluated by using the standardization of Good Manufacturing Practice (GMP) and Quality Control (QC) at the primary care level for monitoring.

1.5.2 Scope and Limitation

This study was confined to the process and the use of traditional herbal medicine by "Lanna" healers in Chiang Rai province which people use in their lives. The research questions was how we can develop the indigenous process to an appropriate process while still in the indigenous conceptual system.

The limitation of effective evaluation in pharmacology were physical evaluation for compound herbal medicine and identification of the active ingredient of herb by chromatographic finger print for a single herbal medicine.

1.5.3 Location of research experiment and data collection

Data collection and experiment were done at Phaya Mengrai district, Chiang Rai province.

1.5.4 Duration

August 2000 – November 2001

1.5.5 Definitions

1. Holistic care

2. **Traditional medicine** is the way of protecting and restoring health that existed before the arrival of modern medicine. As the term implies, this approach to health belongs to the traditions of each country, and has been handed down from generation to generation. (WHO home page <http://www.who.ch/>)

3. **Healer or traditional practitioner** is the one who uses knowledge of traditional medicine from their forefathers and uses local resources to heal people in the community with herbs and natural therapy for self-reliance.

4. **"Lanna" (ล้านนา)** is the name for upper Northern Thailand composed of 8 provinces namely Chiang Mai, Chiang Rai, Nan, Prae, Lumpang, Lumphun, Pha Yao and Mae Hong Son. They have their own culture and call themselves "Khon Muang" (คนเมือง), and dialogue with "Kum Muang" (คำเมือง) and "Tua Muang" (ตัวเมือง)

5. **"Lanna" traditional medicine** is the traditional medicine in "Lanna" culture which uses indigenous conceptual system in "Lanna" knowledge.

6. **"Lanna" healer** is healers who live in Lanna

7. **Traditional herbal medicine** is the medicinal plants or natural products which are used by healers. It may be single or compound formulation in many dosage forms.

8. **Renovation** is the development process by reviewed and analyze the indigenous knowledge for selection to renovate the old model to new model which is comfortable at this time but still in the root of indigenous conceptual system. (Collin Cobuild English Language Dictionary,1987, conversation with Taoprasert T.2000)

9. **Improvisation** is the development process which review and analyzes the indigenous knowledge for selection to change made or to improve the old model to a new model which is better. (Collin Cobuild English Language Dictionary,1987, conversation with Taoprasert T.2000)