# DISCOURSE, CONTESTATION, AND RESISTANCE OF THAI TRADITIONAL MEDICINE: A STUDY OF THE COMMUNITY HOSPITAL IN NAKHON PATHOM PROVINCE

**PHITSANU APHISAMACHARAYOTHIN**

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…….
Mr. Phitsanu Aphisamacharayothin
Candidate

…….
Asst. Prof. Penchan Sherer,
Ph.D. (Integrated Sciences)
Major advisor

…….
Assoc. Prof. Pimpawun Boonmongkol,
Ph.D. (Medical Anthropology)
Co-advisor

…….
Assoc. Prof. Mullika Muttiko,
Ph.D. (Medical and Health Social Sciences)
Co-advisor

…….
Prof. Banchong Mahaisavariya,
M.D., Dip. Thai Board of Orthopedics
Dean
Faculty of Graduate Studies
Mahidol University

…….
Assoc. Prof. Pimpawun Boonmongkol,
Ph.D. (Medical Anthropology)
Program Director
Doctor of Philosophy Program in
Medical and Health Social Sciences
Faculty of Social Sciences and Humanities
Mahidol University

Thesis
entitled

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for the degree of Doctor of Philosophy (Medical and Health Social Sciences)
on
January 23, 2013

…….
Mr. Phitsanu Aphisamacharayothin
Candidate

…….
Assoc. Prof. Siriwan Graisurapong,
Ph.D. (Population and Development)
Chair

…….
Asst. Prof. Penchan Sherer,
Ph.D. (Integrated Sciences)
Member

…….
Assoc. Prof. Pimpawun Boonmongkol,
Ph.D. (Medical Anthropology)
Member

…….
Assoc. Prof. Mullika Muttiko,
Ph.D. (Medical and Health Social Sciences)
Member

…….
Asst. Prof. Khongdej Leethochawalit,
M.D.,Ph.D.(Medical and Health Social Sciences)
Member

…….
Prof. Banchong Mahaisavariya,
M.D., Dip. Thai Board of Orthopedics
Dean
Faculty of Graduate Studies
Mahidol University

…….
Assoc. Prof. Wariya Chinwanno,
Ph.D. (American Studies)
Dean
Faculty of Social Sciences and Humanities
Mahidol University

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DISCOURSE, CONTESTATION, AND RESISTANCE OF THAI TRADITIONAL MEDICINE: A STUDY OF THE COMMUNITY HOSPITAL IN NAKNON PATHOM PROVINCE

PHITSANU APHISAMACHARAYOTHIN 5036904 SHMS/D

Ph.D. (MEDICAL AND HEALTH SOCIAL SCIENCES)

THESIS ADVISORY COMMITTEE: PENCHAN SHERER, Ph.D. (INTEGRATED SCIENCES), PIMPAWUN BOONMONGKOL, Ph.D. (MEDICAL ANTHROPOLOGY), MULLIKA MUTTIKO, Ph.D. (MEDICAL AND HEALTH SOCIAL SCIENCES)

ABSTRACT

The purpose of this research is to study the discourses regarding Thai traditional medicine and to explain the contestation of knowledge and resistance of Thai traditional medicine in the community hospital context. Michel Foucault's concept of power was applied as a theoretical framework.

The researcher used qualitative research methodology with five in-depth interviews among Thai traditional medicine practitioners and massage staff, and eight key informants, medical doctors, a pharmacist, nurses, and patients, together with non-participant observation in the community hospital.

The findings of this study indicate that Thai traditional medicine exists in the hospital within a variety of discourses that included biomedical science discourses, Thai traditional medicine discourses, and modern discourses. Biomedical science discourses portrayed Thai traditional medicine as having a choice of treatment, old-fashioned, Ayurvedic and non-scientific, unprofessional, and less knowledgeable. Thai traditional medicine discourses represented Thai traditional medicine in holistic health care, health promotion, natural products, safety, and the healer, while modern discourses focus on cost reduction. A contestation of these discourses was found within the setting of the hospital's services. Some Thai traditional medicine practitioners negotiated to have space in the hospital by maintaining self-subjectivity and identity, public relations, integrated and intervened knowledge, and someone resistance by denial, and refusal to serve.

The study suggests that recognition for and providing the space in decision making regarding Thai traditional medicine is important for the integration of Thai traditional medicine and biomedicine in the hospital. The knowledge of Thai traditional medicine is not only a practice of mhor nuad (Thai massage) or a use of active chemical substances in herbal medicine, but also a knowledge set for holistic treatment.

KEY WORDS: THAI TRADITIONAL MEDICINE/ BIOMEDICINE/ DISCOURSE/ CONTESTATION / RESISTANCE

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วาทกรรม การปะทะ ต่อต้าน ของการแพทย์แผนไทย: กรณีศึกษาของโรงพยาบาลชุมชนในจังหวัดนครปฐม

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พิษนุ อภิสมาจารโยธิน 5036904 SHMS/D

ปร.ด. (สังคมศาสตร์การแพทย์และสาธารณสุข)

คณะกรรมการที่ปรึกษาวิทยานิพนธ์: เพ็ญจันทร์ (ประดับมุข) เชอร์เรอร์, Ph.D. (INTEGRATED SCIENCES), พิมพวัลย์ บุญมงคล, Ph.D. (MEDICAL ANTHROPOLOGY), มัลลิกา มัติโก, Ph.D. (MEDICAL AND HEALTH SOCIAL SCIENCES)

บทคัดย่อ

การวิจัยครั้งนี้มีวัตถุประสงค์เพื่อศึกษาวาทกรรมของการแพทย์แผนไทย และอธิบายการปะทะทางความรู้ และการต่อต้านของการแพทย์แผนไทยในบริบทของโรงพยาบาลชุมชน โดยประยุกต์ใช้แนวคิดเกี่ยวกับอำนาจของมิเชล ฟูโกต์เป็นกรอบแนวคิดในการศึกษา

ผู้วิจัยใช้วิธีวิทยาของการวิจัยเชิงคุณภาพ โดยการสัมภาษณ์เชิงลึกกับนักการแพทย์แผนไทยและพนักงานนวด จำนวน 5 คน และเก็บข้อมูลสำคัญกับแพทย์แผนปัจจุบัน เภสัชกร และผู้ป่วย จำนวน 8 คน ร่วมกับการการสังเกตุแบบไม่มีส่วนร่วมในโรงพยาบาลชุมชน

ผลของการศึกษาครั้งนี้แสดงให้เห็นว่าการแพทย์แผนไทยในโรงพยาบาลดำรงอยู่ภายใต้วาทกรรมที่หลากหลายในบริบทแวดล้อมของโรงพยาบาล ซึ่งประกอบด้วย วาทกรรมวิทยาศาสตร์การแพทย์ชีวภาพ วาทกรรมการแพทย์แผนไทย และวาทกรรมสมัยใหม่ วาทกรรมวิทยาศาสตร์การแพทย์ชีวภาพได้แสดงภาพลักษณ์ของการแพทย์แผนไทยในลักษณะของการเป็นตัวเลือกในการรักษาความล้าสมัย อายุรเวชและการไม่เป็นวิทยาศาสตร์ การไม่เป็นผู้เชี่ยวชาญและมีความรู้น้อย วาทกรรมการแพทย์แผนไทยได้แสดงภาพแทนของการแพทย์แผนไทยในลักษณะของการดูแลสุขภาพองค์รวม การส่งเสริมสุขภาพ ผลิตภัณฑ์ธรรมชาติ ความปลอดภัย และการเป็นผู้ดูแลเยียวยา ขณะที่วาทกรรมสมัยใหม่มุ่งเน้นในเรื่องการลดค่าใช้จ่ายต้นทุน การปะทะช่วงชิงของวาทกรรมถูกพบภายใต้บริบทแวดล้อมของการให้บริการของโรงพยาบาล นักการแพทย์แผนไทยบางคนต่อรองเพื่อให้มีพื้นที่ในโรงพยาบาลโดยการดำรงไว้ซึ่งอัตตภาวะและอัตลักษณ์ของตน การประชาสัมพันธ์ การผสมผสานและสอดแทรกองค์ความรู้ และบางคนได้ต่อต้านด้วยการระงับการปฏิบัติและปฏิเสธที่จะให้บริการ

การศึกษาในครั้งนี้ชี้แนะว่า การยอมรับและการให้พื้นที่ในการตัดสินใจของการแพทย์แผนไทยเป็นสิ่งสำคัญสำหรับการผสมผสานระหว่างการแพทย์แผนไทยและการแพทย์ชีวภาพในโรงพยาบาล องค์ความรู้ของการแพทย์แผนไทยนั้นไม่ได้เป็นแค่เพียงการปฏิบัติของหมอนวดหรือการใช้สารประกอบสำคัญของยาสมุนไพรเท่านั้น แต่ยังเป็นชุดองค์ความรู้ของการรักษาแบบองค์รวมด้วย

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# CHAPTER I
# INTRODUCTION

## 1.1 The Justification of the Study

Traditional medicine has growth of interested both in health care sector and in popular sector (James, 1995; Lewith, *et. al*, 1996). With regard to popular sector, persons with chronic illness utilize not only mainstream medicine for their health, but also alternative forms of medical treatment such as traditional medicine and other kinds to manage their health problems such as cancer, heart disease, AIDS, stress, and others. (Jan and Anthony, 1995; Furnharm and Bread, 1995; Thienarrom, B., 2005: in Thai; Wasee, P., 2004, 2006 in Thai).

In European countries, 10–25% of the adult population reported using one or another form of alternative health care during the year while it was estimated that 40% of the adult population used traditional medicine in the United States (Aldridge, 1990; Cooper and Stoflet, 1996; Eisenberg, 1993; Lewith and Aldridge, 1991). Eisenberg et.al. (1998) studied the trends of traditional medicine used in the United States between 1990 and 1997 found that the use of at least 1 of 16 alternative therapies during the previous year increased from 33.8% in 1990 to 42.1% in 1997 and the probability of users visiting an traditional medicine practitioner increased from 36.3% in 1990 to 46.3% in 1997. He extrapolated that 47.3% of the United States population would increase in total visits to traditional medicine practitioners, from 427 million in 1990 to 629 million in 1997. Besides, the National Center for Complementary and Alternative Medicine (NCCAM) and the National Center for Health Statistics of United States released findings on Americans' use of alternative medicine in 2007 and found that approximately 38% of adults and approximately 12% of children are using traditional medicine (NCCAM, 2008).

In Thailand, (modern) biomedicine becomes the mainstream healthcare system, and Thai traditional medicine becomes a branch of nonconventional or alternative medicine. Eventually, it was well recognized that biomedicine was

probably not the answer to the good health of Thai people since a large amount of the country's healthcare expense was spent more on the treatment of diseases with high-priced sophisticated equipment and imported new drugs than on the prevention of diseases and health promotion. In addition, despite all the advancement of medical technologies and the pharmaceutical industry, they cannot successfully cure several chronic lifestyle-related diseases, which are major health problems of today's world, i.e. diabetes, hypertension, cardiovascular diseases, and various types of cancer. In order for the Thailand's healthcare system to become more self-reliance and cost-effective, Thai government then looked back at the country's heritage of wisdom of health care and acknowledged the role that Thai traditional medicine and herbal medicines can play on the health of Thai people for the treatment of common minor diseases, disease prevention and health promotion. The revival of the Thai traditional medicine began around 1978 (WHO, 2005). Thailand's Ministry of Public Health responded to the WHO's call by including such policy to promote the use of herbal in the primary health care since the 4$^{th}$ Health Development Plan (1977-1981). The government policy on the promotion of the use of Thai traditional herbal and Thai traditional medicine in the health care system has continued until today (WHO, 2005) as stated in the 5$^{th}$ to 10$^{th}$ National Economic and Social Development Plans.

The increasing popularity of using Thai traditional medicine is prominent among Thai people. Using Thai traditional medicine in Thailand has prospered with the change of health problems according to a more complicated society and economy. A number of studies found consistently that many of patients increasingly utilized Thai traditional medicine (Jiraporn, C., 2003: in Thai; Nittaya, S., 2003: in Thai; Paranee, P., 2004: in Thai; Supaporn, P., 2004: in Thai). In the study by Putipun, P. *et.al.* (2012) found that 60.9% of Thai chronic patients, such as cancer patients, used traditional medicine as an alternative medicine. About 51% of the chronic patients reported positive effects from use. The majority 58.3% of patients did not disclose their use of traditional medicine to their doctors because 65.9% of patients felt that it was not necessary for doctors to know. And, in the study of Wiwanitkit, V. (2003) found that 95% of Thai chronic patients, such as HIV-infected patients, used traditional medicine and 78% visited traditional medicine providers. Besides, in a recent study revealed that 53% of Thai population used herb and 43% of Thai

population used massage to promote and healing their health problems (Sherer, P., et.al, 2008 in Thai).

In health care sector, the Thai traditional medicine is being a part of hospital health care in Thailand. It is prevalent that both public and private hospitals including private clinic operate the Thai traditional medicine. There are 92 hospitals or 95.83% of provincial public hospitals and general hospitals providing Thai traditional medicine, 677 hospitals or 93.25% of district community hospitals providing Thai traditional medicine, 8,990 or 91.91% of community health centers providing Thai traditional medicine (Chareansak, S., 2008 in Thai) and 86% of Thai private hospitals customarily use the Thai traditional medicine such as massage, spa, aromatherapy, herb, and other kinds of Thai traditional medicine (Srijaroenjira, N., 2003 in Thai). There are various kinds of Thai traditional medicine provision in hospital including Thai-massage, Thai-herbs, herbal ball, and others kinds of Thai traditional medicine. It is imperative that the government give priority to Thai traditional medicine and not just focusing on biomedicine and the providers increase providing of Thai traditional medicine in hospital (Choengsathiensab, K. *et al*, 2007; Eawsriwong, N., 2002 in Thai). However, the traditional knowledge has influenced by the receptivity of modern medicine in the recent years (Eawsriwong, N., 2003 in Thai; Salgureo, 2007).

Thai traditional medicine is an officially recognized healing system in Thailand. Traditional medicine practitioner, as defined by the government, are those practicing the healing arts by means of knowledge gained from traditional texts or study which is not based on science. This definition stands in contradiction to biomedical doctors, whose training is based on science. When Thai traditional medicine is provided in hospital, it will be required standard and licenses. The paths to medical licensure in each of these arenas are comparable, but quite separate. Every formally Thai traditional medicine practitioner is required by the government to study a standardized, which typically includes license to become a traditional pharmacist and traditional practitioner. The arts of therapeutic massage or traditional midwifery can be taken during a standard of scientific which examined by the Ministry of Public Health, and are licensed and regulated by the national government in the same way as medical doctors, nurses, and other practitioners of biomedicine (Salgureo, 2007) but

the positioning in a hospital between Thai traditional medicine and biomedicine practitioners are different.

For the situation of traditional medicine in hospital, Srijaroenjira (2003 in Thai) studied the status of traditional medicine provided in hospitals and found that 60.0% of the hospitals provided only some types of traditional medicine such as Thai traditional medicine, massage, and natural therapy. He also found that hospital executives had influence on the growth of Thai traditional medicine in hospital health care and some of biomedicine practitioner still did not trust and did not need traditional medicine treatment. These affect to the situation of Thai traditional medicine in hospital. Although Thai traditional medicine is provided in hospital, it is a subordinate system in hospital because the ideology of Thai traditional medicine is distinctly different from biomedicine. Biomedicine depends on scientific method, but Thai traditional medicine does not emphasize on it (Choengsathiensab, K., 2004 in Thai). Although the knowledge base of each area is different in nature, it is embedded with in the bureaucratic hospital system that divides the healthcare system into sub-units of operation (Geogropoulos and Mann, 1983). The functioning in the hospital was fractured by the conflict between the beuraucratic system existing within the organization by medical doctors are in a powerful position to reject any attempt to control the practice of all medical practitioners (Amandy and Stephen, 2004). When hospital provides Thai traditional medicine, under the biomedical system, alternative medicine must follow biomedicine paradigm. To do so, everyone practicing Thai traditional medicine should be required to undergo an examination. The government needs to make the licensing in medical system uniformly (Naoki, 2007). It means that Thai traditional medicine would be subjected to scientific testing (Edzard, 1995). Biomedical practitioners who refer patients to traditional medicine generally believe that it is an appropriate alternative if there is a good reason to believe that it could do no harm (Shuval, 1999). The scientific ideology of quality standards of biomedicine that emphasize in the scientific evidence base, objectivity, and experimental data would be influence on the emerged of Thai traditional medicine under the structural context and condition of biomedical science (Capra, 1981). In the study by Shuval (2002), it was found that while small numbers of traditional medicine practitioners were practicing in a wide variety of hospital departments and in a broad of specialties,

they were in no way accepted as regular staff. And according to Daniel's study (2006), he studied patterns of professional interaction among traditional medicine and biomedicine practitioners in integrative health care settings. He found the patterns of power relation between biomedicine and traditional medicine includes the pattern of patient dominating by referrals and diagnostic tests and decision by biomedical doctor, regulating traditional medicine practitioners to a specific sphere and accepting only evidence data, and using biomedical language as the primary mode of communication.

It is clear that there is an imbalance power in the medical relationship. From the study by Rourke (1998) found that the hospital is seem as a central organization form that doctors can deliver medical services. Medical professions have the upper hand because of the status given to their knowledge and professional standing, and their position in the class structure as highly educated (Foucault, 1967, 1980). The study by Amandy, et al. (2004) found that within the global theme medical relationships, the challenged relationship between doctors and hospitals has the largest impact on the provision of service. The relationship to some extent was a symbiotic of power and controls which doctor was held over hospital control and the dominance and emerged power has a major impact upon hospital function.

Biomedicine has influenced and effected to the field of Thai traditional medicine provision in the hospital. According to Michel Foucault, modern medicine plays a pivotal role in managing and controlling all health problems in hospital field and power is a relationship that patient has become dependent on the professional doctor (Foucault, 1973). The form of power exercises through discourse and discursive practice by knowledge. Medicine knowledge and technologies employ power to determine the condition and practice by scientific techniques includes body examination and using equipment with modern technologies. When Thai traditional medicine provided in hospital, medical doctor also makes decision and influence to the delivery and position of Thai traditional medicine. And when doctors use traditional medicine or order to combine the two types of medicine, doctors necessary need to improve the quality (Naoki, 2007). If some kind of traditional medicine is found to be reasonably safe and effective, it will be accepted (Angell, *et. al.,* 1998; Wisutwet, 2007). The situation of Thai traditional medicine is influenced by the attitudes of medical professions includes the prognosis with standard treatments and

potential for harmful side effects. Biomedicine is believed to be the best medical system applying practical medically scientific knowledge and technologies and arrangement of working patterns in service organization (Foucault, 1973). The hospital transformed into a major symbolic of biomedicine. The structure of biomedicine becomes the main ideology that influence on the health system, especially in hospitals. Hospital could be viewed as core institutions of biomedicine (Judith, 2002). The scientific method includes medical discourse dominated all ideology of medical systems in hospitals. Only science was admitted as a modern material of validity and based upon the scientific information for biomedicine (Kolakowski, 1972; Steven, 1996). In biomedical model, only doctors know what is important to individual's health because of their knowledge and professional (Gibson, 2004). The doctors maintained their professional autonomy and remained the main decision in hospital (Freidson, 1988).

Regarding health care sector in Thailand, the Ministry of Public Health has developed a policy to combine modern medicine with some kinds of Thai traditional medicine since the 4$^{th}$ Health Development Plan (1977-1981). (Tantipidok, Y., 2000 in Thai). Public hospitals have become pioneers in exercising the combined effort (Choengsathiensab, K. *et al*, 2007: in Thai). In addition, the Ministry of Public Health has improved the form of law of medicine license to enable some kinds of Thai traditional medicine to operate in hospital services for a standard of care based upon the best available scientific information.

Although the government gives priority to Thai traditional medicine, it is not suggested that the Thai traditional medicine is fully integrated. Much of previous research on traditional medicine emphasized on the reasons of traditional medicine uses or provisions, the types of using, perception on the effectiveness, and frequency of using. There are very few studied on the discourse of traditional medicine in the hospital. The concept of Michel Foucault focused upon questions of how some discourse have shaped and created meaning systems that had gained the status and currency of truth. Knowledge and power always interconnected. Every embodiment of knowledge involved an increase in power (Foucalt, 1978).

However, the nature of discourse is the set of the corresponding combined with the lack of unity and stability. It came together in a variety of different

discourses. Each set of discourse is a strategy to come together different from. We had a chance to study in order to understand the system or rules of discourse from the presence of discourse directly by only study the opportunities and terms of discourse that allows us to communicate and be understood from the discursive field of the power relation which can be done through the study and the search process of the subjectivity which meaningful to the Thai traditional medicine in the hospital context. Discourse can be expressed through the statements, whether it is a verbal, text, symbols, and series of the conservative ideas, beliefs, values, and practices that are associated as well. The study of the discourse of Thai traditional medicine would help to understand the condition and position of Thai traditional medicine in hospitals. The encountering discourse has constructed subjectivity of Thai traditional medicine which involving the opinion, belief, and values to practice, so it was meaningful. This study examines the discourse, contestation of knowledge, and resistance of Thai traditional medicine in the hospital. It will provide the new knowledge and will help to indicate the existence of Thai traditional medicine in hospital.

## 1.2 Research Questions

The concentrate of this research is response on the following questions:

**Primary question:**

1.2.1 How is the discourse of Thai traditional medicine in the hospital?

**Secondary questions:**

1.2.2 How is the contestation of knowledge of Thai traditional medicine in the hospital context?

1.2.3 How is the resistance of Thai traditional medicine in the hospital?

## 1.3 Research Objectives

The purpose of this research is to study the discourse of Thai traditional medicine and to explain contestation of knowledge and resistance of Thai traditional medicine in the community hospital.

## 1.4 Scope of Study

The study focuses on the discursive practice of Thai traditional medicine in hospital by apply ideology of Michel Foucault. The informant hospital selection was a community hospital in Nakhon Pathom Province of Thailand, where provided Thai traditional medicine services more than 10 years ago. The data collection was observation and validated by in-depth interviews with Thai traditional medicine practitioners, massage staffs, medical doctors, pharmacist, nurses and patients and collected data by the observations in hospital field where Thai traditional medicine had provisioned as a discursive field which contain a number of competing and contradictory discourses that could help to understand the relationship between language, institutions, subjectivity and power of Thai traditional medicine in the community hospital context.

## 1.5 Operation Definitions

The operation definitions of this research are identifying as the followings:

**Power**: refers to a complex strategic situation in a particular society. It is in the form of discourse which based on knowledge and makes use of knowledge, power reproduces knowledge by shaping in accordance with its anonymous intentions and (re-) creates its own fields of exercise through knowledge.

**Discourse:** refers to the systems of thoughts composed of ideas, attitudes, courses of action, beliefs and practices that systematically construct the subjects and the worlds of which they speak, and systems of knowledge and belief which considered being an institutionalized way of the thinking or the possible of truth to controlling, positioning, and practices.

**Contestation:** refers to a continuous process in which is a system of dominant and appropriate representation meanings of space over the understandings and critiques of collective Thai traditional medicine existence, and over the forms of knowledge, regimes of authority, and practices of intervention that are desirable and legitimate into the realm of ideology as determine the significance.

**Resistance:** refers to a part of the power relationship between biomedicine and Thai traditional medicine which is never in a position of exteriority in relation to power and are the internally related terms of Thai traditional medicine practices to free from the conceptual of conventional paradigms.

**Thai traditional Medicine**: refers to the unconventional or mainstream medicine, commonly categorized to alternative medicine or traditional medicine, of Thai traditional knowledge about treatment include Thai massage, body massage, face massage, foot massage, herbal ball massage, herbal medicine, and others.

**Biomedicine**: refers to modern or conventional medical system which grew out of the medical traditions and is based on a biological model and technology, and depends on evidence based or scientific data.

**Alternative medicine:** refers to unconventional medicine or traditional medicine, commonly categorized with complementary based on philosophies of holistic health which provisions in hospital in the groups of Thai traditional medicine, massage, herbal medicine, structural and energetic therapies, mind and body control, and traditional treatment.

**Providers:** refers to the person who work for health curing and caring in hospital and related to alternative medicine provisions in hospital includes alternative medicine practitioners and staffs, medical doctors, pharmacist, and nurses.

**Patients:** refers to the persons who use Thai traditional medicine service for treatment, health promotion, and relaxation.

## 1.6 The Benefit of the Study

The benefit of this study is response on the following:

1.6.1 The study will help to understand the discourse, the contestation of knowledge, and the resistance of Thai traditional medicine in the hospital.

1.6.2 The result of this study can demonstrate the development of Thai traditional medicine in hospitals.

1.6.3 It will help to suggest the appropriate direction of integrated health care development.

# CHAPTER II
# LITERATURE REVIEW

This study functions on discourse of Thai traditional medicine in the hospital. The purpose of this research is to study the discourse and to explain contestations of knowledge and resistance of Thai traditional medicine in the community hospital context. The literature review divided into six topics that include:

1) The concept of alternative medicine and Thai traditional medicine
2) History of Thai traditional medicine
3) Michel Foucault's concept of power and discourse
4) Michel Foucault's concept of contestation and resistance
5) The relevant researches
6) Conceptual Framework

The concepts of literature reviews as a guideline for analyzing the data could be investigated on the following details:

## 2.1 The concept of alternative medicine and Thai traditional medicine

Thai traditional medicine is counted as one type of alternative medicine. Alternative medicine allied with a holistic health paradigm focus on the interconnectedness of body, mind, emotions, social factors, and environment in determining health status (Engel, 1977; Kleinman, 1978; Hahn, 1995; Colin, 2005; Donna. *et al*, 2002).

### 2.1.1 Concept of alternative medicine

Alternative medicine has been defined as a heterogeneous set of practices that are offered as an alternative treatment to Biomedicine for the preservation of health and the diagnosis and treatment of health-related problems (Murray and Rubel,

1992). It refers to the complete systems of knowledge, theories, concepts, and practices that exist outside Biomedicine and frequently practiced by cultures that approach healing from a holistic standpoint.

Alternative medicine was defined as the healing techniques labeled as complementary and alternative to conventional or modern medicine (James, 1995; Lewith, et. al, 1996). In the 1970s and 1980s, the ideology was mainly provided unconventional modern medicine as an alternative to conventional health care and hence became known collectively as "alternative medicine." The name "complementary medicine" developed as the two systems began to be used alongside to "complement" each other. Alternative medicine defined as the other kinds of medicine includes practices that differ from the conventional medicine. A typical definition is every available approach to healing that does not fall within the realm of Biomedicine (Bratman, 1997). Over the years, "complementary" has changed from describing this relation between unconventional healthcare disciplines and conventional care to defining the group of disciplines itself. Some authorities use the term "unconventional medicine" synonymously (Lewith, *et. al*, 1996).

Alternative medicine embraces many different forms of healing modalities (Furnham and Vincent, 2000). The National Center for Alternative medicine of United Stated classifies alternative medicine into five groups includes:

1) Whole medical systems or alternative medical systems such as Traditional Chinese medicine and Ayurveda cut across more than one of the other groups.

2) Mind-body medicine that takes a holistic approach to health that explores the interconnection between the mind, body, and spirit. They work under the premise that the mind can affect bodily functions and symptoms

3) Biologically based practices that use substances found in nature such as herbs, foods, vitamins, and other natural substances.

4) Manipulative and body-based practices that are based on the manipulation or movement of body parts, such as is done in chiropractic and osteopathic manipulation.

5) Energy medicine that is a domain that deals with putative and veritable energy fields. (Board on Health Promotion and Disease Prevention, 2005).

In social science, medical and health systems are social and cultural constructed. Medical system in Thai society is pluralistic (Choengsathiensab, K. *et al*, 2007 in Thai), multidimensional health care patterns. Choices of health care and medical services do not confine in any medical system alone but it due to social communication and cultural connection. Pluralistic medicine is the integrative health care that combines treatments from biomedicine with alternative medicine. The categories of alternative medicine in Thailand can categorize as follows:

1) Traditional Medicine that is sciences and techniques of alternative medicine that based on Thai's traditional medicine, Thai's herbal medicine, and other cultures practiced in traditional medicine such as Chinese and Indian medicine.

2) Structural and Energetic Therapies that are the techniques for structure of skeleton, muscle, and tendon that help to balance life force such as chiropractic, crania-sacral therapy, aquatic exercise, hot and cold therapy, hydro-massage, hydrotherapy, kinesiology, therapeutic massage, facial release, massage relaxing technique, solar baths, and others therapies.

3) Mind and Body Control that are focuses on relation importance of body and mind such as counseling, relaxation, psychotherapy, meditation, mental therapy, aroma therapy, art therapy, music therapy, breathing pattern technique, hypnosis, humor therapy, and guided imaginary.

4) Bio-Electromagnetic that is sciences and techniques of alternative medicine that rely on the bio-electromagnetic energy in human body to treat illnesses by application used such as bio-spectrum, and electromagnetic fields.

5) Bio Treatment that is rely on biological and organic substances such as Thai herbalist, Chinese Herbalist, Indian herbalist, anti-oxidizing agent, bio-oxidative medicine, homeopathy, and urine therapy.

6) Herb, Diet and Nutrition Lifestyle that are focus on the changes in consuming behavior, food and nutrition supplement such as diet and nutrition therapy, vitamin or megavitamin therapy, orthomolecular, juice therapy, vegetarianism, macrobiotic food and lifestyles, natural products, and detoxification (Taneerat, T., 2007 in Thai).

The differences key between mainstream medicine and alternative medicine is a matter of some debate. The critical difference between mainstream

medicine and traditional or alternative medicine is mainstream medicine strives for a standard of care that is based upon the best available scientific information, while alternative medicine practices either do not, or they uninterested and not call for the established scientific standard (Steven, 1996). Traditional medicine practices are based on unscientific belief systems or philosophies. They may incorporate spiritual, metaphysical, or religious underpinnings, untested practices, pre-modern medical traditions, or newly developed approaches to holistic healing. If an alternative medical approach, previously unproven according to orthodox scientific or regulatory methodologies, is subsequently shown to be safe and effective, it may then be adopted by conventional practitioners and no longer considered complementary and alternative (Barberis, *et.al*., 2001, Micozzi, 1996, and Chung, 1996).

### 2.1.2 Concept Thai traditional medicine

According to the Protection and Promotion of Thai Traditional Medicine Knowledge Act A.D. 1999, Thai traditional medicine is defined by law as the medical processes dealing with the examination, diagnosis, therapy, treatment, or prevention of diseases, or promotion and rehabilitation of the health of humans or animals, midwifery, Thai massage, as well as the preparation, production of Thai traditional medicines and the making of devices and instruments for medical purposes. All of these are based on the knowledge or textbooks that were passed on and developed from generation to generation. The four elements (tard* in the Thai language) of the body According to Thai traditional medicine which is based on Buddhism, the human body is composed of four elements (tard), i.e., earth, water, wind and fire. When the four elements of the body are in equilibrium, it will be healthy. In contrast, if an imbalance in these elements occurs, i.e., if there is a deficit, an excess, or disability in any of the four elements, a person will become ill. Moreover, the imbalance in the four internal elements and illness can also be due to an imbalance in the four external elements as well (Subcharoen, P., 2001 in Thai).

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* The human body is composed of four elements (or 'tard' in the Thai language), i.e., earth, water, wind and fire. The balance of the four elements leads to a person's good health. In contrast, if an imbalance of these elements occurs, e.g. under-function, over-function and malfunction in any of the four elements, a person will fall ill. In addition to such imbalance of the 4 internal elements, illness may result if the four internal elements do not correspond with the external element, i.e. environment.

The practice of Thai traditional medicine can be divided into four main areas, i.e. (Subcharoen, et.al., 2002):

1) Medical practice involving the diagnosis and treatment of diseases or symptoms.

2) Pharmacy practice involving the use of medicinal materials derived from plants, animals or minerals as traditional medicines and the art of compounding those ingredients into various dosage forms of Thai traditional medicine recipes.

3) Traditional midwifery, and

4) Nuad Thai or Traditional Thai massage.

Treatment of diseases and symptoms and health promotion using Thai traditional medicine is considered a holistic medicine. The treatment and health promotion emphasizes adjusting the balance of the body elements and various factors, e.g., tard chao ruan (dominant element of one's body), seasons, where one lives, external elements have also been taken into account in order to give appropriate treatments. Treatments prescribed for patients are based on the four fields of Thai traditional medicine practice, e.g. herbal medicine preparations, traditional Thai massage, post-partum care, mother and child care, as well as some rites and rituals, if necessary.

In addition, as a part of health service system, Thai traditional medicine services are also covered by the Universal Health Care Coverage Scheme (UCS) of the National Health Security Office (Subcharoen, et al., 2002):

1) The treatment and diagnosis with Thai traditional medicine and Applied Thai traditional medicine

2) The treatment and rehabilitation with traditional herbal medicines or traditional recipes comprising of medicinal plant materials, therapeutic massage for treatment and rehabilitation, and herbal steam bath for therapeutic purpose.

Beside, the educational systems of Thai traditional medicine can be divided into two major types based on the types of practitioners:

1) The systems producing Thai traditional medicine practitioners (original type). The education in this system can be either by apprenticeship with an authorized licensed practitioner or by studying in a Thai traditional medical institution certified by Profession Commission in the branch of Thai traditional medicine'. Under

the apprenticeship system, a person who wishes to be registered and licensed as a Thai traditional medicine practitioner must have two documents; i.e., the Apprenticeship Form showing the information and signatures of the student or apprentice and the teacher who will provide the training and pass on the knowledge and the starting date of training and Certificate of Completion of Training or Apprenticeship on the practice of Thai traditional medicine from a teacher who works in a training institution or a health service center certified by Profession Commission.

2) The system producing Applied Thai traditional medical practitioners. This education system is by certified academic educational institutions only. The four-year curriculum includes some basic science and basic medical science knowledge, e.g. anatomy, physiology, biochemistry, pathology, pharmacology, botany and pharmacognosy as prerequisite courses, together with the lectures and clinical training of Thai traditional medicine, pharmacy, court-type Thai traditional therapeutic massage, and midwifery. Licensed applied Thai traditional medicine practitioners can therefore practice in every field of Thai traditional medicine. In addition, they are allowed to use some simple modern medical equipment, e.g. stethoscope, thermometer, sphygmomanometer, for physical examination of the patients in order to better diagnose the patients and rule out if they have serious illness that require immediate modern medical treatment. However, they can prescribe only traditional medicines and order only traditional therapeutic procedures for their patients.

In addition, Types of registered herbal medicines can classify herbal medicinal products into four categories:

1) Traditional drugs. These are Thai traditional medicines or traditional Chinese medicine of which the indication, therapeutic claims, dosage and administration are based on traditional knowledge that have been passed on from generation to generation or from traditional textbooks recognized by the ministerial regulation. The dosage forms of traditional drugs are not different from traditional dosage forms.

2) Modified traditional drugs. These are traditional medicines of which the indication, therapeutic claims, dosage and administration are based on traditional knowledge as in the first group but the dosage forms have been modified into modern dosage forms, e.g. capsules or tablets, for the ease of use and an increased compliance.

3) Modern herbal medicines or Phytopharmaceuticals. These are herbal medicinal products that are composed of active plant materials in the form of semi-purified compounds derived from scientific research and are classified as modern medicines. The indication, therapeutic claims, dosage and administration of herbal drugs are usually based on clinical trial evidence. This group of drugs is usually made of standardized herbal extracts prepared into various modern dosage forms.

4) New drugs. These are new drugs from herbs developed through complete drug development process and are in the form of purified isolated active substances of which the chemical structures were identified as new chemical entities; hence, this group of drugs is classified as the modern medicines (Subcharoen, P., et al., 2002).

According to this classification, most of Thai traditional medicines and herbal medicines fall into the first three categories of herbal medicinal products.

## 2.2 History of Thai traditional medicine

From the historical evidence on stone inscriptions, it was found that Thai massage was used to treat some illnesses from Sukhothai period in the reign of King Ramkamheang (Subcharoen, P., n.d. a). However, Thai traditional medicine, especially Thai massage, was most prosperous in Ayutthaya period in the reign of King Narai. The evidence of Lalubaire's dispatch indicated that the Siamese used Thai massage to cure some illnesses, to relieve pain or to give birth easily. Rattanakosin period, Thai traditional medicine was descended from Ayutthaya period. During the war some document and textbooks were vanished, however, a lot of folk healers still existed in the rural area, In the reign of King Rama I, 80 statues of hermit, Thai – style exercising and the inscription of Thai traditional massage were created at Wat Po (Medical School) In the reign of King Rama IV, the textbooks of Thai traditional massage and traditional medicine were reviewed and revised. After western medicine came into Thai society in the reign of King Rama VI, Thai traditional massage had been neglected from the royal palace. But folk massage had still an important role for villagers (Subcharoen, P., n.d. a).

Thai Traditional massage is a valuable and indigenous body of wisdom from our Thai ancestors (Subcharoen, P., n.d. a). It was seen that Thai massage had an important role for treatment from the past until now. It was believed that Thai massage was originated to cure themselves within the family, for example, husband giving massage to his wife, children giving massage to their parents and grandparents. They gave a massage by using parts of the body such as elbows, knees and feet to self-massage, In addition, Thai-style exercise (Rue See Dad Ton) was used to adjust anatomy by oneself easily. Due to the fact that they had the knowledge of massage within the family, they could give a massage to neighbors. Finally the clients or patients trusted that Thai massage was a popular, efficient and respectable way of curing, and it became one of the most famous occupations.

Thai people began to use herbal medicine for health promotion and the treatment of various symptoms and diseases before the Sukhothai period or before 1238 A.D. A stone inscription from King Chaivoraman of the Khmer Kingdom indicated that 102 hospitals called Arogaya Sala were built to serve people throughout Kingdom, including the northeastern part of today's Thailand. During the Ayutthaya period (1350-1767), there were a number of pharmacies or drug stores for the public as well as royal dispensary in the royal palace. During the reign of King Narai the Great (1656-1688), the doctors that served the king united to compile a textbook of King Narai's medicines or Tamra Phra Osod Phra Narai, which was the first official textbook of Thai drug recipes. After Burma destroyed Ayutthya in 1767, Thailand's new capital was established briefly in Thonburi and then in Bangkok where the Rattanakosin period began in 1782. Kings Rama I, II and III of the present Chakri Dynasty played an important role in the revival of Thai traditional medicine. Over 1,000 drug recipes and the body of knowledge of traditional medicine regarding the origin of diseases and their treatments were gathered and inscribed on marble tablets and placed on the walls of two temples, namely Wat Po and Wat Raja Oros. The marble tablet inscriptions also included the principle of Thai traditional massage and stretch exercise called Ruesi Dud Ton with explanations of the symptoms or diseases each massage spot or exercise posture could heal. The purposes of the Kings' orders were to compile collective knowledge of Thai traditional medicine that was partly lost or destroyed during the war and to give health education to the Thai people so that

they could take care of their health using Thai traditional medicine. During the reign of King Rama V (1868-1910), the first medical textbook Tumra Paetsart Sonkrau and the first Thai national formulary called Tumra Paetsart Sonkhrau Chabub Luang as well as Tumra Vejasuksa, the first Thai traditional medicine textbook for medical students, were published. They are still official textbooks of Thai traditional medicine accepted by the Thai Food and Drug Administration (FDA) for the registration of traditional medicines.

Meanwhile, the influence of western biomedicine, which was introduced into Thailand by missionaries and western biomedicine doctors starting in the reign of King Rama III, gradually increased. In 1888, Siriraj Hospital, the first western biomedicine style hospital and medical school, was officially opened. Initially, both Thai traditional medicine and modern biomedical services were provided and the medical school that taught both disciplines of medicine was established in 1889.

However, in 1916 the teaching of traditional medicine and the provision of Thai traditional medicine services at Siriraj Hospital were discontinued. The reasons were that the two principles were considered incompatible and confusing to medical students, and because the practice of Thai traditional medicine was viewed as inconsistent and variable depending on a doctor's opinion more than empirical evidence and the teaching curriculum were based on only a few classical textbooks that must be learned by heart only. The abandonment of the systematic teaching of traditional medicine in the medical school sparked the decline in Thai traditional medicine acceptance, especially among well-educated people.

The status of Thai traditional medicine practitioners in the country's health care system became worse when the "Medical Act A.D. 1923" and the "Control of the Practice of the Art of Healing Act A.D. 1936" were promulgated in 1923 and 1936 respectively. As a consequence of the laws and the misunderstanding on the part of Thai traditional medicine practitioners, the majority of Thai traditional medicine practitioners at that time became unlicensed and could not legally practice since they did not file or obtain a license for their practice. Meanwhile, the licensed Thai traditional medicine practitioners had no role at all to play in the public health service facilities since the health service system then did not provide Thai traditional medicine services because modern medicine came to replace Thai traditional medicine as

mainstream health care. They could therefore only legally practice Thai traditional medicine privately in their own clinics and their role in the provision of health care for the Thai people was therefore limited to only the poor living in rural areas where modern medicines were not easily accessible.

As a result, such an office was established in 1989, initially as the Collaborating Centre for the Development of Thai Traditional Medicine and Pharmacy under the Office of the Permanent Secretary. This Centre was later upgraded to division level in 1993 as the Institute of Thai Traditional Medicine (alternative medicine) under the Department of Medical Services. Through the years, the Institute has organized several activities to develop Thai traditional medicine in various aspects. Hence, in October 2002 as a result of the Bureaucratic Reform Act, the Department for the Development of Thai Traditional and Alternative Medicine (DTAM) was established as a new department under the Ministry, comprising Thai traditional medicine, the Division of Alternative Medicine and the Office of the Secretary. This clearly showed the intention and commitment of the government to promote Thai traditional medicine as another means of health care for Thai people.

In addition to the Ministry, non-governmental organizations (NGOs) have also played a role in the revival and development of Thai traditional medicine. In 1980, Professor Dr. Ouay Ketusingh, a renowned senior medical professor of Siriraj Hospital who appreciated the value of Thai traditional medicine for enhancing Thai people's health and for reducing the cost of health care, made an announcement on the establishment of the Foundation for the Promotion of Thai Traditional Medicine, which was officially registered in 1982. The main objectives of the Foundation were to revive Thai traditional medicine knowledge, improve educational standards and the medical practice of Thai traditional medicine and promote Thai traditional medicine education. One of the major accomplishments of the Foundation was the establishment of a college to teach applied traditional medicine called Ayurvedh Vidhayalai College in the year 1982.

In Thailand, (modern) biomedicine becomes the mainstream healthcare system, and Thai traditional medicine becomes a branch of nonconventional or alternative medicine. Eventually, it was well recognized that biomedicine was probably not the answer to the good health of Thai people since a large amount of the

country's healthcare expense was spent more on the treatment of diseases with high-priced sophisticated equipment and imported new drugs than on the prevention of diseases and health promotion. In addition, despite all the advancement of medical technologies and the pharmaceutical industry, they cannot successfully cure several chronic lifestyle-related diseases, which are major health problems of today's world, i.e. diabetes, hypertension, cardiovascular diseases, and various types of cancer. In order for the Thailand's healthcare system to become more self-reliance and cost-effective, Thai government then looked back at the country's heritage of wisdom of health care and acknowledged the role that Thai traditional medicine and herbal medicines can play on the health of Thai people for the treatment of common minor diseases, disease prevention and health promotion. The revival of the Thai traditional began around 1978 (WHO, 2005). Thailand's Ministry of Public Health responded to the WHO's call by including such policy to promote the use of medicinal plants in the primary health care since the 4$^{th}$ Health Development Plan (1977-1981). The government policy on the promotion of the use medicinal plants and Thai traditional medicine in the country's health care system has continued until today as stated in the 5$^{th}$ to 10$^{th}$ or the present 11$^{th}$ National Economic and Social Development Plans (2012-2016). The Collaborating Center for the Development of Thai Traditional Medicine and Pharmacy was later established under the Office of the Permanent Secretary of Public Health in 1989 during the 6$^{th}$ Health Development Plan as a coordinating organization to develop Thai traditional medicine. This center was later upgraded to the division level in 1993 as the Institute of Thai Traditional Medicine (ITTM) under the Department of Medical Services in 1993. Through the years the institute has organized several activities to develop Thai traditional medicine in various aspects. Hence, in October 2002 as a result of the Bureaucratic Reform Act, the Department for Development of Thai Traditional and Alternative Medicine (DTAM) was established as a new department under the Ministry of Public Health (MOPH), comprising of the Institute of Thai Traditional Medicine, Division of Alternative Medicine, and the Office of the Secretary. This clearly showed the intention and commitment of the Thai government to promote Thai traditional medicine and herbal medicine s as another means of healthcare for Thai people.

Beside, reasons for the government's revival of Thai traditional medicine could be summarized as follows (Vichai and Anchalee, 2005):

1) WHO policy on indigenous medicine and primary health care (PHC). In 1978, WHO/UNICEF issued the Alma-Ata Declaration urging member countries to formulate national policies, strategies and plans of actions to launch and sustain primary health care as a part of comprehensive national health systems in order to attain the "Health for All by the Year 2000" target. This included the promotion of the maximum level of community involvement and individual self-reliance and participation and making the fullest use of local, national and other available resources, e.g., medicinal plants, indigenous medicine and appropriate technology.

2) The high cost of modern medicine and loss of self-reliance in health care. It was estimated that the inability of modern doctors to assess the cost-effectiveness of their treatments and the non-compliance with the essential drug policy could account for the waste of tens of billions of baht per year. Moreover, most of the health-care budget was spent on diagnosis and treatment rather than on health promotion and disease prevention, which cost less. The reliance on modern medicines even for the relief of common minor symptoms that in the past could easily have been healed with herbal medicines, made the country lose its ability to rely on domestic resources when it came to health care, or its ability to control national spending on health care, as seen from the increase in medical and health expenditures from 15,167.9 million baht in 1978 to 35,973.7 million baht in 1983 and 78,423.1 million baht in 1988.

3) Awareness of the limitations of modern medicine. Even though modern medicine can successfully treat many infectious and serious diseases and increase human life expectancy, it also has some limitations, i.e., serious side effects from certain groups of drugs, the high cost of medications and technology, and the inability to cure several lifestyle-related chronic diseases, e.g., hypertension, diabetes, or cancer. Therefore, traditional medicine might be able to serve as an alternative choice for the people.

4) Problems with the quality of the alternative medical health-care system. Although modern medicine is the mainstream health system, Thai traditional medicine services are still available for people in the rural as well as some urban areas

of the country. However, owing to over 60 years of neglect, the overall quality of the alternative medical health-care system is seriously in need of major improvements to conserve local wisdom about health care and for consumer protection.

5) The potential of herbal products and the practice of Thai traditional medicine for the country's economy. After the Dietary Supplement Health and Education Act (DSHEA) took effect in 1994 in the United States, the health conscious movement towards exercise, eating well and the use of dietary supplements for health promotion spread all over the world. This global trend led to the opening up and expansion of the botanical dietary supplement market in the West worth tens of billions of dollars. Hence, the government has fully supported research and development (R&D) of new herbal products by research institutes and the production of herbal products by industry in order to satisfy this global demand. In addition, the global boom in the spa and wellness business during the past 10 years has not only kept high the demand for herbal products, but it has also created new job opportunities for Thai people to learn Thai massage and work as massage therapists at home and abroad. Hence, the training of qualified Thai traditional masseurs/masseuses using the Ministry's curricula are now conducted by many schools in order to meet the demands of the spa business.

6) The success of China and India concerning the integration of traditional medical knowledge with modern medicine in their national health systems serves as a good example of the benefit that countries and people could gain from traditional medicine. The success of these two countries has helped to boost the confidence of other countries to develop their own traditional medicines and promote their integration into mainstream health system.

It is now clear that the Thai government is now making all the effort to make Thailand as the Medical Hub of Asia" and "the Capital of Wellness of Asia (Subcharoen, P., n.d. b). The government has allocated budget for the development of Thai style holistic healthcare, research and development of herbal products, training curriculum on Thai traditional massage, Bachelor's degree curriculum on Thai traditional medicine, and the utilization of herbal products in public health service facilities. The Department for Development of Thai Traditional and Alternative Medicine was then established under the Ministry of Public Health as the government

office directly responsible for all aspects of Thai traditional and alternative medicine. Here we have knowledge center of Thai traditional medicine, training center and museum of Thai traditional medicine that tells you the history, the current situation and the future of Thai traditional medicine, Institute of Thai Traditional Medicine surrounded by medicinal plant garden. The Institute has so far developed human resource in the field of Thai traditional medicine, e.g. about 10,000 Thai traditional masseurs and masseuses who generate income of over 1,000 million bahts per year (Subcharoen, P., n.d. b). Since the beginning of the revival of Thai traditional medicine in 1978, various aspects and practices of Thai traditional medicine have been promoted for the health promotion of the Thai people and integrated into hospital. Community or provincial and general hospitals have set up their own traditional medicine section to provide Thai traditional medicine services.

## 2.3 Michel Foucault's concept of power and discourse

In social science, there are many approaches about power such as functionalist, political-economy and post-modern perspectives, etc. The functionalist perspective views power as not the property of institutions, groups or individuals but is a generalized social resource flowing through the political system. Power is thus based on legitimate authority rather than coercive, shared and accepted as just by members of a society for the rewards it brings. Functionalist approach does not see the power relation as the product of conflict. It views medical professional as a beneficent institution that performs a needed service, allowing the doctor to take control and perform the healing function successfully. In order to be excused their usual duties and to be considered not to be responsible for their condition, the sick person is expected to seek professional advice and to adhere to treatments in order to get well. Medical practitioners are empowered to sanction their temporary absence from the workforce and family duties as well as to absolve them of blame; it is incumbent upon the ill to seek the medical advice. After seeking the medical's help, the ill must attempt to follow their doctor's directions. A differential in power is therefore vital to

establish the authority of doctor and encourage compliance on the part of patient (Lupton, 2004).

For the political-economy perspective, drawing on Marxist thought, the relationship is characterized not by agreement and mutual benefit but by a conflict of interests between the doctor and the patient. The political-economy approach views medical dominance as the outcome of power struggled among a number of different interest groups which intent on achieving high status and power. Medical practitioners have power because of their professional status and autonomy over their work, which is maintained by their control over medical knowledge (Freidson, 1970; Starr, 1982; Willis, 1989). Doctors have the power to certify whether a person is physically able to work or not, and to decide when patient should return to work. Doctor-patient interaction may reinforce the definition of healthy as the ability to work for healthy person is the person who produces. The competence gap serves to support the professional's powerful position by maintaining patient dependency (Freidson, 1970; Johnson, 1972; Waitzkin and Stoeckle, 1972; Starr, 1982). Medical professions have the upper hand because of the status given to their knowledge and professional standing, their position in class structure as highly educated, wealthy and middle-class, and their control over medical credentials. Political-economists believe that this imbalance of power leads to inequities, leaving many patients unable to challenge doctors' decisions and those from disadvantaged backgrounds receiving poorer care and less choice.

For the poststructuralist and postmodern perspective on power, the Foucauldian critiques the Marxist analysis of power relations in the doctor-patient relationship as simplistic in conceiving of the doctor as like a sovereign power exercising control over patients' bodies. Medical dominance is an inappropriate term and it is neither possible nor desirable to specify who is subjecting or dominating whom (Fisher, 1991).

Power is not only repressive, but also productive, producing knowledge and subjectivity. The Foucauldian notion of medical power thus extends the medical dominance thesis of the political economists by viewing power relations in the medical encounter as even more pervasive, and even more subtle, simply because power is everywhere, enforced as much as by individuals' unconscious self-

surveillance as by authority figures. The preceding studied of traditional medicine was all about the function and role of traditional medicine in health system. There are lacks of the power concept to study the dimension of traditional medicine provision that can help to understand the relation in the medical encounter. A social constructionist influenced by Michel Foucault have examined encounters between medical and other health professionals and their patients for the use of language and practices in attempts to take control of the situation.

Michel Foucault (1929 – 1984) was a French philosopher who had introduced a new concept of power. The definition of power as a resource is based on the notion about the property of power as an object or a resource. Sociologists who perceived power with this definition include Max Weber and Talcott Parsons, or were viewed in perspectives of social relation. In this definition, power is a condition or status that determines social relations which different. Power relations may be the force, dominance, negotiation, seizing, controversy or even inferiority depending on the relationship system on which the relation is based. The sociologist viewing power in this perspective is then perceived in term of truth and knowledge that has power in the construction of truth that plays a role in regulating power relation.

Michel Foucault's concept of the power enables the study of power to separate from the conception of power in Marxist theory because power is not exclusively bound to issues concerning the social class benefits and idealism dominant (Rungpueng, A., 2005 in Thai). For further study on Michel Foucault's conception of power, it is important to understand the concept of power, discourse, discursive practice, biopower, governmentality, and medicalizes and professionalized as follows:

### 2.3.1 Power

Power is a measure of a person's ability to control the environment around them, including the behavior of other persons. Michel Foucault views knowledge links to forms of social control and power. The development of modern social and medical science is the development of sophisticated power and knowledge of social control. Michel Foucault identifies the way in which these knowledge works though professional groups of helpers and healers, established the scientific criteria by distinguish categories of people such as the sane, the insane, the disabled, the criminal

and the sick (Foucault, 1967). Michel Foucault has been hugely influential in shaping understandings of power, leading away from the analysis of actors who use power as an instrument of coercion, and even away from the discreet structures in which those actors operate, toward the idea that power is everywhere, diffused and embodied in discourse, knowledge and regimes of truth (Foucault, 1977; Rabinow, 1991). Michel Foucault challenges the idea that power is wielded by people or groups by way of episodic or sovereign acts of domination or coercion, seeing it instead as dispersed and pervasive. Power is everywhere and comes from everywhere so in this sense is neither an agency nor a structure (Foucault, 1978). Instead it is a kind of metapower or regime of truth that pervades society, and which is in constant flux and negotiation. Michel Foucault uses the term "power/knowledge" to signify that power is constituted through accepted forms of knowledge, scientific understanding and truth (Foucault, 1977). These regimes of truth are the result of scientific discourse and institutions, and are reinforced and redefined constantly through the education system, the media, and the flux of political and economic ideologies. In this sense, the battle for truth is not for some absolute truth that can be discovered and accepted, but is a battle about the rules according to which the true and false are separated and specific effects of power are attached to the true and the status of truth and economic and political role it plays (Foucault, 1977). Michel Foucault's theory of power contributes to the conceptualization of power in postmodernism. It can be seen as critical reaction against Marxist conceptualization of power, which is based on economic factors and defines power as sovereign power generated from a source, centralization and legitimacy. In Marxist view, the government uses power in forcing people to follow its regulation. By contrast, Michel Foucault viewed power as a relationship that was localized and disguised in the social system. It is not originated from the ruling class and is not directed to the people who are under that ruling power. Instead, power has its origin in specialist's knowledge in the modernity, which is dispersed throughout the society at all social levels. Power is everywhere not because it embraces everything, but because it comes from everywhere. Power is not an institution, nor a structure, nor a possession. It is the name we give to a complex strategic situation in a particular society. Power is based on knowledge and makes use of knowledge; on the other hand, power reproduces knowledge by shaping it in accordance with its

anonymous intentions. Power (re)creates its own fields of exercise through knowledge. Both power and knowledge are to be seen as de-centralized, relativistic, ubiquitous, and unstable or dynamic systemic phenomena (Foucault, 1978). Power is also a major source of social discipline and conformity. In shifting attention away from the "sovereign" and "episodic" exercise of power, traditionally centered in feudal states to coerce their subjects, Michel Foucault pointed to a new kind of "disciplinary power" that could be observed in the administrative systems and social services that were created in 18th century Europe, such as prisons, schools and mental hospitals. Their systems of surveillance and assessment no longer required force or violence, as people learned to discipline themselves and behave in expected ways.

In modern society, power is exercised through various disciplinary techniques including categorization, surveillance, and intervention from the social specialists and practice by gaze (Foucault, 1967, 1973, 1977). The doctor acquired this ability to look with a clinical gaze the doctor could diagnose problems, design solutions, and speak about all things wisely. Gaze involves in the collection of data, the provision of information and the construction of discourse of a particular subject.

Michel Foucault stated that medical gaze views a human body as a docile body. The body is perceived as a machine thus any problem occurring to the body has a solution. Doctors constantly develop and search various techniques to control people's life, from birth to death. They monitor the birth and the development from childhood to adulthood. Panopticism is an example of power utilization of this type as the technique that can discipline both individual and population. The Panoptic surveillance induces the sense of being constantly watched, thus people are unable to act against regulations. Modern states use this technique to manage and control the society. People who are under surveillance and are aware of such surveillance will learn gradually to control body and mind of themselves, to follow the regulation and, finally, become subject of self-surveillance. Likewise, patients in a hospital who are under the gaze of doctors and nurses have to control themselves to follow the regulation and norm of a hospital. The current health management tends to use panoptic technique to manage health of population; for example, physical check-up by medical professionals, self-healthcare policy and the regulation of population's health with the public health system.

### 2.3.2 Discourse

Discourse refers to the systems of thoughts composed of ideas, attitudes, courses of action, beliefs and practices that systematically construct the subjects and the worlds of which they speak (Foucault, 1972). Discourse is a group of statements that provide a language for talking about a particular topic at a particular historical moment. Discourse constructs the topic. It defines and produces the objects of our knowledge. It governs the way that a topic can be meaningful, such as hysteria, sexuality, homosexuality, romantic love in late 19th century, and nothing has any meaning outside of discourse (Foucault, 1978). Discourse is generally used to designate the forms of representation, codes, conventions and habits of language that produce specific fields of culturally and historically located meanings. According to Michel Foucault, power and knowledge are focused in an arena of discourse. Power is exercised by dictating what is true, good or moral. Michel Foucault believed that there is no real truth. Instead, truth is an outcome of truth, which is formation of discourse. Discourse, therefore, functions to stabilize the constructed truth and it is valorized to become dominant discourse through speech, writing, symbolization and the expression via various discursive practices involving the customary practice, opinion, belief, social values and social institutes. All these components are used as tools to emphasize the meaning and regulation of the constructed knowledge until it is validly embodies on people's belief that it is natural, not create, truth. Nevertheless, mechanisms and techniques for the embodiment of truth do not depend solely on the regulation of discourse but associated with the social role and status of the presenter of that truth (Foucault, 1978). As truth is derived from the construction of truth in the society, the judging of truth and non-truth occurs under the impact of power. Truth, therefore, emerge within the alignment of power; in other words, truth is power (Foucault, 1978). Power induces knowledge constructs discourse and produces social reality. Moreover, knowledge and power are always inevitably and inextricably interconnected and the extension of power is associated with an increase in knowledge. Likewise, every embodiment of knowledge involves an increase in power. Therefore, discourse is socially constructive, constituting social subjects, social relations, and systems of knowledge and belief, and the study of discourse focuses

upon its constructive ideological effects. Discourse figures in three main ways in social practices include (Norman, 1992, 2000):

1) Discourses; ways of representing, political discourses.

2) Genres; ways of (inter) acting, lecturing, interviewing.

3) Styles; ways of being identities, styles of management.

For the social sciences, discourse is considered to be an institutionalized way of thinking or possible truth. Discourses are seen to affect our views on all things. It is not possible to escape discourse. Discourse is closely linked to different theories of power. So, medical discourse is the creation of medical knowledge which influences the society to practiced, creates meaning and significances of things in societies include knowledge, reality, power, and self, and functions to stabilize the constructed truth to contained individual's health. Michel Foucault's focus is upon questions of how some discourses have shaped and created meaning systems that have gained the status and currency of truth, and dominate how we define and organize both ourselves and our social world, whilst other alternative discourses are marginalized and subjugated, yet potentially offer sites where hegemonic practices can be contested, challenged and resisted. Michel Foucault has looked specifically at the social construction of madness, punishment and sexuality. In his view, there is no fixed and definitive structuring of either social or personal identity or practices, as there is in a socially determined view in which the subject is completely socialized. Rather, both the formation of identities and practices are related to, or are a function of, historically specific discourses. An understanding of how these and other discursive constructions are formed may open the way for change and contestation. The rise of the modern hospital came in the change of an institution from one essentially of imprisonment to that of treatment or care. This treatment involved two aspects such as to confine those who were unable to work for physical reasons and to confine those who were unable to work for non-physical reasons, such that mental disorders also became the object of medicine. However, the history of the hospital is one of slow change from early religious, monastic and charity based care or that allowed by royalty to the taking over of these functions by the modern state, which also along the way incorporated certain roles, by default and design, of the family (Gary, 2009). The medical understanding of disease and contagion and its influence

on this process separating the contagious from the general population, which represented a danger even to the rich, seemed logical. This was also partly true for the actual prison system, whose modern manifestation is supposed at least in theory to provide some degree of rehabilitation and care as well as prevent contagion. But, Michel Foucault continues to refer to the same factor of confinement in the institutional equation. To the extent of the hospital is obliged to actually provide care and genuine services to the benefit of the well-being of patient.

### 2.3.3 Discursive practice

Michel Foucault (1972) concerned the terms of discursive practices to the analysis of particular institutions and the ways of establishing orders of truth, or what is accepted as reality in a given society. An established discursive practice is in fact defined by the contradictory discourses it contains and understands as a sign of stability.

Michel Foucault distances himself from an objectivist and subjectivist positioning in discourse. He proposes avoiding things, suppressing the movement of thing themselves, albeit without resorting to the linguistic analysis of significance. Discursive practice refers to a historically and culturally specific set of rules for organizing and producing different forms of knowledge. It is not a matter of external determinations being imposed on people's thought, rather it is a matter of rules which, a bit like the grammar of a language, allow certain statements to be made. It does nevertheless display a hierarchical arrangement and is understood as reinforcing certain already established identities or subjectivities such as in matters of sexuality, status, or class. The dominant discourse is understood as in turn reinforced by existing systems of law, education, and media. In the work of Michel Foucault, an entity of sequences of signs in that they are enouncements.

An enouncement or statement is not a unity of signs, but an abstract matter that enables signs to assign specific repeatable relations to objects, subjects, and other enouncements. Thus, a discourse constitutes sequences of such relations to objects, subjects, and other enouncements. A discursive practice was the regularities that produce such discourses. Michel Foucault used the concept of discursive practice

in relation to his analysis of large bodies of knowledge, such as political economy and natural history.

For Michel Foucault (1977), disciplinary and bio-power create a discursive practice or a body of knowledge and behavior that defines what is normal, acceptable, and deviant, but it is a discursive practice that is nonetheless in constant flux. Discursive practice addresses the processes by which cultural meanings are produce and understood. The key objective of a discursive practice approach is the analysis of meaningful behavior in actual situations. Discursively emphasizes linguistic, semantic, and interactional aspects of culture as well as extra-linguistic discourse modalities. It treats the full range of social forms and practices in terms of how they are discursively produced and understood. As Michel Foucault (1972) explained, as individuals and groups, have the agency to resist any particular discourse, thereby expanding, challenging, or otherwise reformulating it. The discursive practice approach is grounded in four insights concerning discourse (Michael, 1993):

1) The affirmation that realities are linguistically/discursively construct.
2) The appreciation of the context-bound nature of discourse.
3) The idea of discourse as social action.
4) The understanding that meaning is negotiated in interaction.

Michel Foucault developed the concept of the discursive field as part of his attempt to understand the relationship between language, social institutions, subjectivity and power. Discursive fields contain a number of competing and contradictory discourses with varying degrees of power to give meaning to and organize social institutions and processes. They also offer a range of modes of subjectivity which is the rationalization of a positions of agency and identity in relation to particular forms of knowledge.

The discourse makes most sense by subjecting ourselves to its meanings and regulation (Foucault, 1982). If relations of power are dispersed and fragmented throughout the social field, so must resistance to power be. The basis of a discursive practice approach is the insistence that discourse is action and not merely representation.

The analyst must attend constantly to what is being accomplished through the discourse. So with culture generally, culture is viewed as a resource that society's members have available to them, a way of creating meaning and accomplishing activities, not as a cause of members' actions or a good for all purposes representation of the world. Cultural knowledge tends to be ambiguous, flexible, and negotiable. A signature move in a discursive practice approach is to bracket such matters as mind, truth, reality, morality, and common sense, including common sense about culture itself. Instead of focusing on how things really are or should be, we attend to how truth and morality are established, negotiated, maintained, and challenged in discourse.

So, for example, the question of whether morality is absolute or culturally relative is put aside in favor of an analysis of how morality is invoked and negotiated in discourse.

For Michel Foucault, power is exercised with intention. Instead of analyzing the difficult problem of who has which intentions, he focused on what is inter-subjectively accepted knowledge about how to exercise power. Power is actions upon others' actions in order to interfere with them. Michel Foucault says that power presupposes freedom in the sense that power is not enforcement, but ways of making people by themselves behave in other ways than they else would have done. Michel Foucault's works analyze the link between power and knowledge by claims belief systems gain momentum and hence power as more people come to accept the particular views associated with that belief system as common knowledge (hegemony).

Such belief systems define their figures of authority, such as medical doctors or priests in a church. Within such a belief system or discourse ideas crystallize as to what is right and what is wrong, what is normal and what is deviant. Within a particular belief system certain views, thoughts or actions become unthinkable. These ideas, being considered undeniable truths, come to define a particular way of seeing the world, and the particular way of life associated with such truths becomes normalized.

Michel Foucault directs analysis toward the statement, which is the rules that render an expression that is a phrase, a proposition, or a speech act, discursively

meaningful. For this reason, the statement is an existence function for discursive meaning. The statement has a very special meaning in the Archaeology. It is not the expression itself, but the rules make an expression discursively meaningful. Thus, the meaning of expressions depends on the conditions in which emerge and exist within a field of discourse, the discursive meaning of an expression is reliant on the succession of statements that precede and follow it (Gutting, 1994).

The statements that Michel Foucault analyzed are not propositions, phrases, or speech acts. Rather, statements constitute a network of rules establishing which expressions are discursively meaningful, and these rules are the preconditions for signifying propositions, utterances, or speech acts to have discursive meaning.

In addition, Michel Foucault does not bracket out discursive meaning but focusing on discursive meaning. Michel Foucault did not look for a deeper meaning underneath discourse or for the source of meaning in some transcendental subject. Instead, Michel Foucault analyzes discursive practice conditions for the existence of truth and discursive meaning. Michel Foucault does not denounce truth and discursive meaning, but just that truth and discursive meaning depend on the historical discursive and practical means of truth and meaning production.

For instance, there were indeed discursive meaning, and truth. This posture allows Michel Foucault to denounce a priori concepts of the nature of the human subject and focus on the role of discursive practices in constituting subjectivity. Therefore, as a historical method, Michel Foucault refuses to examine statements outside of historical context. The meaning of a statement depends on the general rules that characterize the discursive formation to which it belongs (Jones, 1994). A discursive continually generates new statements, and some of these usher in changes in the discursive that may or may not be adopted. Therefore, to describe a discursive practice, focuses on the differences from the dominant discourse also describe it. In this way one can describe specific systems that determine which types of statements emerge.

### 2.3.4 Bio-power

Michel Foucault was fascinated by the mechanisms of prison surveillance, school discipline, systems for the administration and control of

populations, and the promotion of norms about bodily conduct, including sex. He studied psychology, medicine and criminology and their roles as bodies of knowledge that define norms of behavior and deviance. Physical bodies are subjugated and made to behave in certain ways, as a microcosm of social control of the wider population, through what he called "bio-power". Michel Foucault (1978) introduced the concept of the bio-power. He pointed out that the concept of power has changed since the seventeenth century. The transformation of power from the right to dominate over an individual's life and death to management and enhancement of an individual's well-being is the change in power exercise techniques as a result of sovereign power that oppresses people's life well-being and survival.

The concept of bio-power is that both state and the society wish human to be brilliant, intelligent, good health and creative in order to be productive factor for economic growth. That could observe the phenomena of campaigning and promoting this idea from both state and society to support through the policies and institutions. Bio-power or the power over life and death refers to the exercise of power by managing the population's bodies to discipline each individual. The mechanism of bio-power starts from the construction of knowledge such as defining the term healthiness and giving suggestion of self-care to remain healthy as previously defined. The knowledge is then distributed to the population means to encourage their perception and awareness of self-care as suggested by the given knowledge turns one's self into a subject of their own inspection and surveillance, which is the control of the unseen power behind the knowledge. Michel Foucault stated that power would be successful if its mechanism of exercise is best concealed (Foucault, 1978). Bio-power consists in two domains as described below:

1) The first one is Anatomo-politics of human body. In this domain, bio-power focuses on the role of a human body as a machine (Foucault, 1978). Thus the body has productivity status. Effective control over a body with disciplinary power, which is widespread in family, school and workplace, become a key principle that renders the body to the system emphasizing effectiveness and socioeconomic control as it makes the body docile and utility. In medical practices, the outcome of therapeutic discipline becomes political. Individuality is constructed of symptoms, disease and lifestyle, of which the process regulation is a principal core of medical

management. Health care policing is significant in the expression of disciplinary power in politics. Individual bodies, as well as social bodies, are subjected to the practice of medical professional, who posses scientific knowledge and the power to conduct physical examination, to inquire personal history and to order self-care for the subject's health. Medical gaze is everywhere and is accepted because of its objective for the promotion of health and social discipline.

2) The other one is Bio-politics of population. This is the other domain of bio-power that the government exercises their power to control, regulate and interfere in population management. A body is a fundamental site of biological process (health problems, birth, death and long life, etc.) thus the body is directly associated with socioeconomic status and is an essential component in the productive system of the state.

For instance, an outbreak of and epidemic disease leads to a decrease in workforce; and an increase in life expansion of the population requires government extension of health care and social support for the elderly. The government's management of their citizen's health is apparent in its social policy.

As bio-power is a technology of power which is a way of managing people as a group, the distractive quality of this political technology is that it allows for the control of entire populations. It is thus essential to the emergence of the modern nation state and modern capitalism. Bio-power is literally having power over other bodies, an explosion of numerous and diverse techniques for achieving the subjugations of bodies and the control of populations. It relates to the government's concern with fostering the life of the population, and centers on the poles of disciplines and regulatory controls (Foucault, 1997).

Bio-power, for Michel Foucault, contrasts with traditional modes of power based on the threat of death from a sovereign. In an era where power must be justified rationally, bio-power is utilized by an emphasis on the protection of life rather than the threat of death, on the regulation of the body, and the production of other technologies of power, such as the notion of sexuality. Regulation of customs, habits, health, reproductive practices, family, blood, and well-being would be straight forward examples of bio-power especially in the form of medicalization that constructed body to be the medical concept of control.

### 2.3.5 Governmentality

Michel Foucault used the concept of "governmentality" that can be understood as being the way governments try to produce the citizen best suited to fulfill government's policies and the organized practices such as mentalities, rationalities, and techniques through which subjects are governed.

Michel Foucault often defines governmentality as the art of government in a wide sense with an idea of government that is not limited to state politics alone. The governmentality includes a wide range of control techniques, and that applies to a wide variety of objects, from one's control of the self to the bio-political control of populations.

In the work of Michel Foucault, this notion is indeed linked to other concepts such as bio-politics and power-knowledge. The concept of governmentality develops a new understanding of power. Michel Foucault encourages us to think of power not only in terms of hierarchical, top-down power of the state. He widens our understanding of power to also include the forms of social control in disciplinary institutions such as schools, hospitals, and psychiatric institutions as well as the forms of knowledge.

Power can manifest itself positively by producing knowledge and certain discourses that get internalized by individuals and guide the behaviors of populations. This leads to more efficient forms of social control, as knowledge enables individuals to govern themselves. The governmentality applies to a variety of historical periods and to different specific power regimes.

The notion of governmentality refers to societies where power is de-centered and its members play an active role in their own self-government. Because of the governmentality's active role, individuals need to be regulated from inside. The particularly form of governmentality is characterized by a certain form of knowledge (Foucault, 1991).

The concept of government allowed Michel Foucault to include a new element to his understanding of power. Indeed, recalcitrance thus becomes an integral part of the power relationship. Michel Foucault was interested in how power relations shifted as professions emerged in the social sciences by examining prisons and hospitals.

### 2.3.6 Medicalized and professionalized

For hospital field, it can be said that scientific medicine has been spread worldwide since the 18th century. This stemmed from industrial, capitalist and state development. Biomedicine is believed to be the best medical system applying practical medically scientific knowledge and technologies and arrangement of working patterns in service organization. According, it seems that modern medicine plays a pivotal role in managing and controlling all human's problem, which can be accounted as medicalization in two levels, meaning level and practice level. Regarding meaning level, medicine tries to manage humans from their prenatal state, birth, sickness to death. That is medical knowledge and technologies employ power to determine the conditions. And practice level, it includes, for example, body examination and using equipment and modern technologies. For the processes, doctor can involve individuals in modern medical power perfectly (Rungpueng, A. 2005 in Thai). Michel Foucault viewed medical power as a relationship that was localized and disguised the social system. The production of health care at hospitals is a joint effort between an institution, the hospital, and the members of a profession (Lupton, 1995). In the 19th century, urbanization and industrial revolution resulted in the growth of huge hospitals to house the sick, and masks the period of "hospital medicine".

The patient has become dependent on the now professional doctor, while disease becomes a problem of pathology of a specific organ, district from the whole existence of the individual (Foucault, 1973). The spawned modernity also created a metanarrative of scientific discourse that held scientists, and specifically, doctors, as sages who would, in time, solve all of humanity's problems by abolishing sickness.

For the 19th Century moderns, doctors in a way replaced the increasingly discredit medieval clergy instead of saving souls, medical professionals saved the body. This myth, according to Foucault, was part of a larger discourse of the humanist and enlightenment schools of thought that believed the human body to be the sum of a person. This biological reductionism became a powerful tool of the new sages through thorough examination or gazing of a body, a doctor deduces symptom, illness, and cause, therefore reaching an unparalleled understanding of the patient. In addition, decision-making power on delivery that uses to belong to patients has been shifted to doctor's hands. Delivery knowledge and practices with modern medical technologies

are confined in hospital context. The medical influence on dominates concepts and practices are the processes on medicalized bodies.

Medical professionalism is the result of highly advanced medical sciences and technology. The professionals have power to rule themselves or other professional which is called social authority and cultural authority. Social authority involves the control of action through the giving of commands and exercises to nurses, technicians, and other subordinates I the medical hierarchy. The other is cultural authority which is the authority to interpret signs and symptoms, to diagnose health or illness, to identify diseases, and to offer prognosis (Leethochawalit, K., 2000).

Professionalism in Thailand began in the reign of King Rama V. It was the result of development in education that in creased opportunity for both men and women to enter the profession as well as education seek. The king reformed the government in the year 1892 and there was an increase in the number of professions and special interest groups include medical doctor, nursesm teacher, and engineers. The established of Siriraj Hospital in the reign of King Rama V invited medical professionalism western style of medical care. Since then, Siriraj Hospital took on the leadership of medical education in Thailand. Even though there were other medical schools later, all of them used Siriraj Hospital's pattern of education. The medical education, which uses highly advanced western type technologies in medical schools, has both advantages and disadvantages to rural medical practice especially in the community hospitals (Leethochawalit, K., 2000).

The forms of power in modern society which are exercises through discourses, institutions and subject positions, so the provision of traditional medicine in hospital, medical doctor also decision and influence to delivery and position of traditional medicine. When doctors use traditional medicine or order to combine the types of alternative medicine, it is necessary to improve the quality of the present system (Naoki, 2007). If traditional medicine is found to be reasonably safe and effective, it will be accepted (Angell, *et. al.,* 1998). The modern medicine has a right to explain the human's health and lives by using the scientific knowledge which powerful in the society and the government also used the medical discourse to construct and manage the health system for the society. It applies the scientific knowledge to create the medical discourse and marginalize the traditional medicine.

## 2.4 Michel Foucault's concept of contestation and resistance

The exercise of power is not simply a relationship between partners, individual or collective; it is a way in which certain actions modify others. Which is to say, of course, that something called Power, with or without a capital letter, which is assumed to exist universally in a concentrated or diffused form, does not exist. Power exists only when it is put into action. In effect, what defines a relationship of power is that it is a mode of action which does not act directly and immediately on others. Instead it acts upon their actions: an action upon an action, on existing actions or on those which may arise in the present or the future. A power relationship can only be articulated on the basis of two elements which are each indispensable if it is really to be a power relationship: that "the other" (the one over whom power is exercised) be thoroughly recognized and maintained to the very end as a person who acts: and that, faced with a relationship of power, a whole field of responses, reactions, results, and possible inventions may open up (Foucault, 1982).

Power and the exercise of power include the difference between tactics and strategies, the process of subjectification, and resistance and freedom. If in fact, power relations are intelligible, this is not because they are the effect of another instance that explains them, but because they are imbued, through and through, with calculation. There is no power that is exercised without a series of aims or objectives (Foucault, 1978).

### 2.4.1 Contestation

Contestation is a continuous process in which is a system of dominant and appropriate representation meanings of space over the understandings and critiques of collective existence, and over the forms of knowledge, regimes of authority, and practices of intervention that are desirable and legitimate into the realm of ideology as determine the significance.

Michel Foucault's focus is upon questions of how some discourses have shaped and created meaning systems that have gained the status and currency of truth, and dominate how we define and organize both ourselves and our social world, whilst other alternative discourses are marginalised and subjugated, yet potentially offer sites where hegemonic practices can be contested, challenged and resisted. He has looked

specifically at the social construction of madness, punishment and sexuality. In Foucault's view, there is no fixed and definitive structuring of either identity or practices, as there is in a socially determined view in which the subject is completely socialized. Rather, both the formation of identities and practices are related to, or are a function of, historically specific discourses. An understanding of how these and other discursive constructions are formed may open the way for change and contestation.

Michel Foucault developed the concept of the 'discursive field' as part of his attempt to understand the relationship between language, social institutions, subjectivity and power. Discursive fields, such as the law or the family, contain a number of competing and contradictory discourses with varying degrees of power to give meaning to and organize social institutions and processes.

The contestation makes visible the formations of received knowledge, and thus represents a confrontation with knowledge production that promises new formulations of knowledge. Yet these formulations will not shed the dominant order. To be sure, such a confrontation offers the possibility of irritating dominant forms of order, but any new knowledge formations will emerge with the imprints of both hegemonic and heterotopic space. Foucault's mirror example demonstrates this well: the mirror is a ,sort of shadow that gives my own visibility to self, that enables to see self where absent. The reflection in the mirror is isolated from all other spaces yet related to these spaces; the reflection in the glass is absolutely real, connected with all the space that surrounds it, and absolutely unreal, since in order to be perceived it has to pass through this virtual point which is over there. The reflection reconstitutes our own visibility, presenting us an alternative view of who we are.

Michel Foucault (1984) argued that one of the privileges of the sovereign power was the right to decide life and death. This model of power was dominant through the classical age (Rabinow, et al. 2006). However, by the eighteenth century this changed. Rather than viewing the power over life and death as an absolute privilege, Foucault (1984) argued that it could only be exercised when the sovereign's existence was in jeopardy. The sovereign could only ask his subjects to give their life in defence of the state, but is not directly proposing their death. As time went on, entire populations began to wage war in the name of their own existence rather than the sovereign's existence. This death that was based on the right of sovereign is now

manifested as simply the reverse of the right of the social body to ensure, maintain, or develop its life (Foucault 1984). This transformed the idea of power, bringing it to the level of life (Rabinow et al. 2006). Thus, the idea of power as of means of taking life or letting live turned into a power that fostered life or disallowed death moving the focus of power away from death and towards life (Foucault 1984). The latter is relevant to the discussion of contestation of space. It is the idea of life and the control of life that lies at the center of political struggle. Power at this level of life made it possible to control and to modify life (Foucault 1984). Thus, biopower is viewed as a means to manage the human existence, individually and collectively. However, the idea of control and modification of life lies within biopolitics, the specific strategies that seeks to control the individual and population. Biopolitics is contestation over the understandings and critiques of collective human existence, and over the forms of knowledge, regimes of authority, and practices of intervention that are desirable, and legitimate (Rabinow et al. 2006).

Thus, there are both discourses that constrain the production of knowledge, dissent and difference and some that enable new knowledges and differences. The questions that arise within this framework, are to do with how some discourses maintain their authority, how some voices get heard whilst others are silenced, who benefits and how that is, questions addressing issues of power, empowerment, and disempowerment.

### 2.4.2 Resistance

From a modern perspective, biopolitics is the state regulation of the population; the state, as institutions of power, ensured the maintenance of production relations, the rudiments of anatomo and bio-politics (Foucault 1984). However, within biopolitics, there is resistance. For Michel Foucault, resistance comes first, and resistance remains superior to the other forces of the process; power relations are obliged to change to change with the resistance. Political struggles becomes one of life struggle, specifically, the idea of a right to life and the means to protect and maintain that life (Foucault, 1984). This resistance to state regulation is the political response to bio-power. The resistance can only exist in the strategic field of power relations. But this does not mean that they are only a reaction or rebound, forming with respect to

the basic domination an underside that is in the end always passive, doomed to perpetual defeat.

Michel Foucault's concept of resistance is an important part of the power relationship which both equally engage in to form a type of resistance. Resistance defines power and hence becomes possible through power. Without resistance, power is absent. Michel Foucault views power-resistance schema as grants individuality to people and other agencies, even if it is assumed a given agency is part of what power works in or upon. Michel Foucault often seems to deny individuals this agency, which is contrasted with sovereignty**.**

The power concepts of Michel Foucault (1978) were link between power and resistance. The concept concerns the relation between power and resistance. Where there is power, there is resistance or rather consequently. This resistance is never in a position of exteriority in relation to power. Contrary to many interpretations, Michel Foucault believed in possibilities for action and resistance. He was an active social and political commentator who saw a role for the organic intellectual. His ideas about action were concerned with our capacities to recognize and question socialized norms and constraints. To challenge power is not a matter of seeking some absolute truth which is in any case a socially produced power, but of detaching the power of truth from the forms of hegemony, social, economic, and cultural, within which it operates at the present time (Rabinow 1991).

Michel Foucault denied two crucial commonplaces of political thought: one, that there was a singular locus of power that could be contested and countered by those who were subject to specific rules of power, and two, that there were specific singular principles that organize such resistance. In his view, acts of resistance generally were not singular instances of binary oppositions or antinomies, but rather were multiple and transitory (James and Jim, 2008). For Michel Foucault, when one defines the exercise of power as a mode of action upon the actions of others (i.e. as government in the broadest sense) then one must of necessity include resistance as an exercise of freedom (Foucault, 1982). Thus, power is exercised only over free subjects, and only insofar as they are free. By this we mean individuals or collective subjects who are faced with a field of possibilities in which several ways of behaving, several reactions and diverse comportments, may be realized. While power relations

are determined within the diagram, understood as a non-unifying immanent cause, resistance arises from the fold in the outside of thought.

Michel Foucault analysis a conception of resistance in which it is the possibility of reversal within specific force relations, the contestation of specific objects and impositions of power on subjects, that is fundamental to the creative possibilities for resistance within power. The problem in this rendering of power and resistance is that resistance becomes entirely reactive in, or merely a reacting to power and not a positive action on its own terms. In this account of resistance, effective agency seems to boil down to a sort of rear-guard action, one battle against power from within power by reacting against it, by means of a kind of tactical negation, and the possibilities for such resistance from within power seem vague indeed.

Michel Foucault's concern can perhaps be summed up in how one can have a positive means of resistance which does not devolve to re-action or negation. If power functions through the structuration of a field of possible actions, resistance to power should not only be understood in terms of agonistic force relations, but in terms of a creative traversing of the field of possible action (Gaventa 2003). Thus, for Michel Foucault, power and resistance are correlative concepts. Power is correlated to free themselves from the conceptual paradigms of mainstream social theory, which has always equated power with repression.

## 2.5 The relevant researches

There are researches, studies, and documents related to the traditional medicine.

The study of Tantipidok, Y. (2000 in Thai) about the alternative health system development in Thailand recommended development of traditional medicine integrated into mainstream of health system in order to achieve comprehensive and holistic health which corresponds to Thai culture and traditional medicine or alternative health system should be supported to be other professional liked organizations and be supported for research development.

The study of Sherer, P. and et, al. (2009) explore the use of traditional or alternative medicine in term of meaning, prevalence and predictors of traditional medicine usage in four regions of Thailand found that for lay people the meanings of traditional medicine were integrated self-care, the decision of choice to care, holistic care, naturalistic care, non-western medicine, the inferior medicine, the preventive medicine and the cultural wisdom medicine. The most popular therapies are exercise, herbs, massage, natural nutrition, life-style management. And the predictive factors of traditional use that were found in this study included memberships of health group together with health status and sex. In addition, satisfaction from the effectiveness and safety were also predictors of using traditional medicine. The reason of using traditional medicine in term of ability to self-care and promotion and maintaining of health and balance were also found to be the predictors of traditional medicine use.

Besides that, the study of Thanthong, A. (1999) about role of district hospitals in Thai traditional medicine provision showed that district hospital has a real role in Thai traditional medicine issues by promote and support the recent practice of Thai traditional medicine community, including meeting and training. The role of district hospitals will focus on providing more services in the hospital and except for herbal medicine production. District hospital of Thai traditional medicine provision believe in the quality and standards of Thai Traditional medicine primarily the technical information and materialism was acceptance.

From the reviews of relevant research found that many of population used Thai traditional medicine to maintain their health. For example, from the study of Chaithum, P. (2007 in Thai) by use used the model of internal structure in local health care system of Kleinman (1980) to explore the using of Thai traditional medicine in migraine patients who came to the Out-Patient Department, Prasat Neurological Institute found that more than four-fifths of migraine patients (81.2%) used Thai traditional medicine by the most effective methods in migraine patients' perception were Lursridardton, the most frequent traditional medicine using was vitamins, and the most estimation cost of traditional medicine using was nutritional supplement.

Likewise as the study of Jiraporn, C. (2003 in Thai) in the popularity of Thai traditional medicine use among rheumatic patients indicated that a majority of patients (74.5%) consistently used Thai traditional medicine. Cost was not an

important factor in using Thai traditional medicine compared with family role and location of health care services and there were various and inter-related reasons such as maximizing the quality of life, pain relief and health promotion were found shaping the Thai traditional medicine used. Besides that, the researcher suggests that conventional doctors and nurses should appreciate the efficacy of Thai traditional medicine because it might help better understand patient's perception and better suggest future treatments and not only knowledge of Thai traditional medicine promote good doctor-patient relationship, it will assist quality of life and help patients reduce cost.

Besides that, Thienarrom, B. (2005 in Thai) studied to describe the function of Thai traditional medicine, the complementary relations of Thai traditional medicine and mainstream medicine, and the complementary relations between Thai traditional medicine and their clients in Chiangmai, Thailand found that the Thai traditional provider groups had the following characteristics in the community and the complementary relations of Thai traditional medicine were defined in two categories. First, an alternative of medicine: it is an alternative treatment that compliments the health system. The service provider has their own autonomy with an independent system of service setting, the practitioner does not have a license but they voluntarily devote time and effort to treat and support chronic illnesses, and hopeless clients. Second, an alternative in medicine, these are alternative treatments that mainstream medicine may choose for their clients, such as acupuncture, as promoted and regulated by the medical profession. Here, the relationship between the practitioner and client is that of helper and receiver which reflects an asymmetrical relationship.

In addition, Supaporn, P. (2004 in Thai) studied to explained the phenomena of consumerism by investigating the patterns of Abhaibhubejhr Herbal Products usage with users revealed that Thai society transforming towards Post-Modernism in response to characteristics occur from modern society such as the resistance to social modernization as the use of herbal product is akin to consuming nature, the growth of eclecticism which advocates the blending of good old day with human technological development such as the uses of herbal products which are in essence the consumption of Thai Traditional Wisdom, and the detachment from the meaning of existence with people addicted to the experience of consumption. Modern

ideology is still active by thus herbal product consumption means the consumption of scientific development.

For the position of Thai traditional medicine provision, Pesatcha, P. (2004 in Thai) studied to investigate the service patterns of Balavi Natural Health Center reveal that the center combines modern and alternative, natural health, medical treatments in healing patients. The service system is divided between the clinic, which is legally recognized, and the natural health center. Treatments focus on natural health therapy with little or no chemical drug use. The doctors providing treatments are modern medical doctors with a reputation in natural health therapy, contributing to acceptance of Thai traditional medicine among public.

And the studied of Srijaroenjira, N. (2003 in Thai) that focuses on the circumstances and status of Thai traditional medicine provided in private hospitals in Bangkok found that the three main types of traditional medicine used are traditional Chinese medicine, Thai traditional medicine and natural therapy. According to hospital executives, impediments to growth in alternative medicine include lack of clarity in alternative service systems, lack of ratification from academic researches and institutes, lack of specialized practitioners, complications in the production of herbal medicine and lack of patients especially in the inaugural period. According to alternative medical practitioners, obstacles include lack of solidarity amongst modern and alternative medical practitioners, as some modern practitioners are still skeptical, lack of practical uses of treatment records in management and development, opposition from the producers of modern medical pharmaceuticals and equipment.

For the studies of integrative medicine in international society, Anderson (1999) conducted an anthropological study of a virtual integrative health care setting in California. His main finding was that despite the presentation of different treatment modalities, all modalities were communicated in the language of biomedicine. Goldner (2000) conducted an ethnographic study of an integrative health care clinic and professional organization within the San Francisco. His study addresses important issues in the development of integrative health care such as developing a team approach to care, managing power differences between biomedical doctors and traditional medicine practitioners, and maintaining ideological integrity of practices.

Besides that, Shuval, Mizrachi, and Smetannikov (2002) conducted a study of solo traditional medicine practitioners working in departments in publicly funded hospitals in Israel found the power relation between biomedicine and traditional medicine practitioners. There were only a small minority of the traditional medicine practitioners were employed full time in a formal hospital position, or with a regular salary. The traditional medicine practitioners were generally not included in departmental clinical conferences or hospital rounds and certain biomedical practitioners had crossed classic biomedical boundaries by credentialing in and practicing certain traditional medicine modalities such as acupuncture and osteopathy.

In addition, Amanda and Stephen (2004) studied medical power in rural Australia found that the services of medicine have been indispensable to government and the community and in return medicine has achieved power, elitism and financial gain. Traditionally, doctors have controlled and directed medical knowledge in an absolute manner and this has been the basis of increasing power and dominance. There are, however, claims that medicine's power and dominance over the health care system is being eroded by the emergence of major social trends.

And the studied of Daniel (2006) in patterns of professional interaction among traditional medicine and biomedical practitioners in integrative health care settings in two newly established integrative health care settings in Canada revealed that biomedical practitioners enact patterns of exclusionary and demarcation closure, in addition to the use of esoteric knowledge, by dominating patient charting, referrals and diagnostic tests by regulating traditional medicine practitioners to a specific sphere of competence and using biomedical language as the primary mode of communication. The findings suggest that when attempts are made to integrate biomedicine and traditional medicine, dominant patterns of professional interaction continue to exist.

For the effected of medical discourse, Hsiao, Gery, Ronald, and Ian (2006) studied variations in provider's conceptions of integrative medicine at academic medical centers in Los Angeles found that four key domains of integrative medicine were identified at the provider level such as attitudes, knowledge, referral, and practice. Provider age, training, and practice setting also emerged as important factors in determining clinicians' orientation toward integrative medicine. Dual-

trained practitioners such as doctor acupuncturists exemplified clinicians with a greater orientation toward integrative medicine. They advocated an open-minded perspective about other healing traditions, promoting co-management with and making referrals to practitioners of other paradigms, and treating with both traditional and conventional.

In Asian region, Ayurveda, Siddha, Unani, Homeopathy, yoga, naturopathy, Tibetan medicine, Jamu medicine, Thai medicine and Koryo medicine are the prominent medical systems apart from the rich folk medical practices. It is estimated that 70-80% of the population use Traditional medicine. Compulsory registration of trained and untrained practitioners was introduced after establishing national policies in most countries.

However a large percentage of traditional practitioners remain unregistered. Unlike other regions, most countries in Asian have university level programs for Traditional medicine apart from national legislation, departments and research institutes. Non-government, self-regulatory mechanisms are relatively weak in the region. India, Myanmar, Nepal, Thailand and to some extent Sri Lanka have incorporated Traditional medicine into the public health system. While Indonesia and Maldives have not yet adopted them in their health delivery systems, Bhutan, Korea and Nepal have initiated strategies for integration (Gaitonde and Kurup 2005). In many countries due to strong presence of codified knowledge systems, folk medicine does not receive adequate support though there is high usage by public.

Beside, in the European region, comprising of 51 member states, there is a major difference in the health indicators such as life expectancy, infant and maternal mortality and morbidity patterns between the Western and Eastern parts. In Western Europe revival of traditional medicine is due to the green life style interests and new images of doctor-patient relationships, while it is suggested that in the Eastern Europe renewed interests have emerged following easing of social restrictions with the fall of communism.

In 1999, European parliament made four calls for initiatives on official recognition of various traditional medicine and setting up appropriate commissions; developing a framework for safety, efficacy and areas of applicability, and define and categorize different forms of traditional medicine; to analyze country legislations of

traditional medicine; and development of basic scientific and clinical research in traditional medicine. There is a trend towards legalizing traditional medicine practitioners and introducing regulation and licensing systems and many countries have established national departments or bodies. United Kingdom is the only country with a dedicated public sector hospital for traditional medicine, i.e. homeopathy. Self-regulatory bodies exist in more than 50% of the countries. Thus wide variations exist in education and other aspects of traditional medicine in Europe (Ong, et al., 2005).

It could be summarize that almost all regions there is a complete lack of utilization data and the available figures are rough estimates. Information about patient choice, socio-economic and demographic features of users, economics of utilization and safety reporting are also scanty.

Even as some regions such as Asia had well established university programs for traditional medicine, in other regions education is mostly informal. Similar divergence is observed in the regulatory mechanisms as well. Self-regulation seems widely prevalent in Europe though in other regions traditional medicine is government regulated. A pertinent question is how effective these self-regulatory approaches are.

In most regions, information about non-registered practitioners is completely absent. Being a key resource for primary health care in regions such as Asia, this situation is a real paradox and calls for immediate attention. Another striking feature is that in some regions there is a tendency for creating uniformity among systems and standardization is attempted through what is often criticized as biomedicalization. This is a major challenge in sustaining the diversity of traditional medicine.

Finally in all regions it is evident that one cannot deny the role and patronage of civil society and community groups in promotion and integration of traditional medicine, an aspect which needs further detailed enquiry. In addition, the increasing popularity of using traditional medicine appears to be particularly evident among people.

The findings of relevant researches show that the governmental and private sectors in Thailand were providing service of Thai traditional medicine. The

providers increase proceeding of traditional medicine provision in health care system. The patterns of Thai traditional medicine have various means from various divisions.

The international studied show that discourse and power of biomedicine influenced to the position of traditional medicine that could apply to study in Thailand. Most researches emphasize on the reasons of Thai traditional medicine uses, types of using, perception in effectiveness, and frequency of using. There are no researches emphasize on discourse, contestation, and resistance of traditional medicine.

The study of the discourse of Thai traditional medicine would help to understand the condition and position of Thai traditional medicine in hospitals. The discourse constructed subjectivity of Thai traditional medicine which involving the opinion, belief, and values to practice, so it was meaningful. This study examines the discourse, contestation, and resistance of Thai traditional medicine in the hospital. It will provide the new knowledge and will help to indicate the existence of the contestation of knowledge of Thai traditional medicine in hospital.

## 2.6 Conceptual framework

The conceptual framework of this study can summarize as follows:

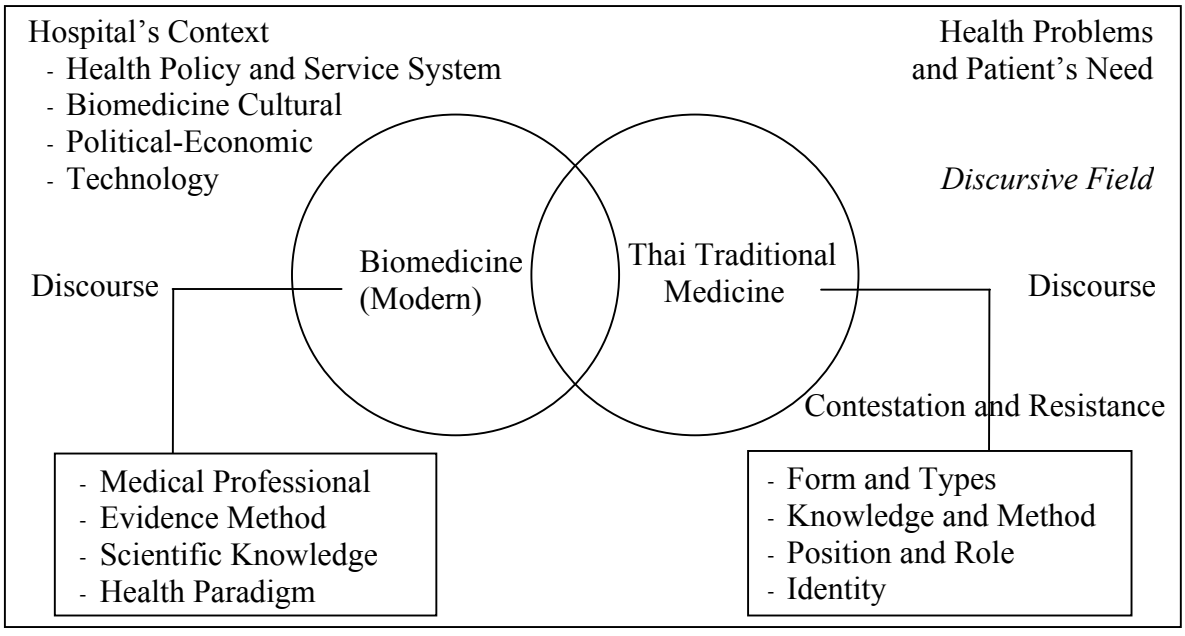


**Figure 2.1** Conceptual Framework

# CHAPTER III
# METHODOLOGY

This research is used the qualitative research methodology to explore the discourse of Thai traditional medicine, contestation, resistance of Thai traditional medicine in the hospital.

The objective of this research study is to study the discourse of Thai traditional medicine and to explain contestation of knowledge and resistance of Thai traditional medicine in the community hospital.

The ethnography approach is appropriated instrument for data collection because the qualitative research methodology will help to collecting and analyzing evidence and will help to understand the meaning of the phenomenon as an emic view.

## 3.1 Study Site

The site of this research was selected with the purposive selection. The study was performed at community hospital in Nakhon Pathom Province. The government hospitals under the Ministry of Public Health in Nakhon Pathom Province merge alternative medicine in their service based on the Public Health Policy.

The revival of Thai traditional medicine into the health care system began during the 4th Health Development Plan in 1977-1981 with the national health policy to promote the use of medicinal plants in the primary health care. In addition, the 5th – 9th Health Development Plans in 1982-2006 have continuously promoted research and development of herbal medicines.

And, the 7th - 9th Health Development Plans in 1992-2006 have also promoted the development of the knowledge of Thai traditional medicine, and other alternative medicine through researches and the improvement of Thai traditional

medicine service standards for successful integration into the health service system and for health promotion through self-care.

Thai traditional medicine and the standards and model of Thai traditional medicine service system in the health service facilities. Another policy stated in the 9th Health Development Plan was the protection of the intellectual property of the traditional wisdom of health care by implementing and enforcing the Act on the Protection and Promotion of Thai Traditional Medicine Wisdom enacted in1999.

According to the policies, Thai traditional medicine has become a part of national health policy as the government will develop, transfer, and protect the wisdom of Thai traditional medicine, indigenous medicine, alternative medicine. It was increase public access to Thai traditional medicine at the public health service facilities by increasing the number of all levels of health service facilities that provide Thai traditional medicine.

All of the public hospitals in Nakhon Pathom Province are providing Thai traditional medicine. The government hospitals managed by the Public Health Policy which merge Thai traditional medicine in their service.

Therefore, the Thai traditional medicine provisions in the hospital in Nakhon Pathom Province could reveal the reason to reveal the discourse of Thai traditional medicine and also disclose the phenomenon of condition and position of Thai traditional medicine in hospital setting.

Conditions and health contexts of the health system in Nakhon Pathom Province are rather not different from other provinces. However, most of the hospital sets were concern with the mainstream ideology of medical science which rather different from the ideology of Thai traditional medicine.

All these reasons cause Nakhon Pathom Province be an appropriate area for study as a discursive field. Besides that, this research emphasize on the community hospital because it is the major field of population health and has more role in Thai traditional medicine provisions for community. The purposive selection is the methodology used for selecting Thai traditional medicine provisioned in community hospital in Nakhon Pathom Province to be the informant as a discursive field.

The studied hospital was one the governmental community hospital in Nakhon Pathom Province. Researcher selected the sampling hospital as an

appropriated discursive field because it had Thai traditional medicine services provisioned more than 10 years until now and has had grow of the development under the management of medical doctors. The sampling hospital is a small size of governmental hospital with about 60 beds.

The informant hospital is the best practice hospital in Thai traditional medicine service in Nakhon Pathom Province. There is a *Thai Traditional Medicine Department* provides the Thai traditional medicine for patients such as Thai massage, body massage, face massage, foot massage, herbal ball massage, herbal medicine, puerperium or post-partum care* (thap mor klear or Thai clay pot with salt), and sauna.

## 3.2 Informant and Selection Criteria

The informant of data collection recruited by in-depth interview and observation was the comprised of informants from 3 groups:

3.2.1 Biomedicine practitioners includes:

1) Medical doctors selected by criteria of the medical doctors who worked in the hospital at least 5 years work.

2) Nurses (nursing science) who did not work in Thai traditional medicine department selected by criteria of at least 5 years worked.

3) Pharmacists are selected to be the informants selected by criteria of the medical doctors who worked in the hospital at least 5 years work.

3.2.2 Thai traditional medicine practitioners includes:

1) Thai traditional medicine practitioners are selected to be the informants including an applied Thai traditional medicine are selected to be the informants by criteria of at least 5 years worked.

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* The puerperium care or post-partum or thap mor klear (in Thai) is a Thai clay pot with salt treatment that is a mean of one type of health care that has come a long postpartum mothers. It will help drive the amniotic fluid to flow easily. Helps the uterus to normal faster. The heat will help burn belly fat and relieve body aches. It also stimulates blood circulation. Mothers with normal birth can use on the 7th day after birth. And, the mothers who gave birth with the cesarean section can use after 1 month. The period of use is about 1 day, 1 week, or 2 months.

2) Massage staffs are selected to be the informants selected by criteria of at least 5 years worked in the field of Thai traditional medicine medicine provision.

3) Nurses (nursing science) who work in Thai traditional medicine department is selected by criteria of at least 5 years worked.

3.2.3 Patients or customers who used Thai traditional medicine in the informant hospital with the age more than 20 years old, who used Thai traditional medicine service more than 6 months ago as the informants.

To answer the questions, the in-depth interviews were carried out with 13 informants include 3 Thai traditional medicine practitioners and 2 massage staffs, 2 medical doctors, 1 pharmacist, 2 nurses and 3 patients and observations in hospital.

## 3.3 Reflexivity

Reflexivity is the awareness of the many ways by which the different levels of research can be affected by the researcher's background and position. I am myself is an educated man who actually be the educationist in the health service and health education field. This fact brings me to alternative position of an insider and an outsider to participants that complies both advantage and disadvantage for my fieldwork. I'm a 32-year-old educated man. Because of my education background is "medical and health social science" so my standing point is pluralistic concept of medical systems.

I am participated as the volunteer staff who considered as one of "us" and participants feel free to talk to me as a friend or same level person. The power relation between my participants as the researched and me as the researcher is equal. I do not give them a moral lecture and do not expect advice from them, either. The position as an insider helps me to get into very personal and sensitive experiences of participants. In reality, I found that I do have many things in common with my participants that make me really understand were talking about and what they mean by certain "terms" and "catch" their ideas. This is important to the research since I will

interpret and give meaning to their sentence, includes the data from observation, in next step of analysis.

Because my participants are difference includes medical doctors, Thai traditional medicine practitioners, nurses, staffs, and clients who were difference in level and relation, sometime I was and insider and outsider that it is hard to distinguish and even to myself as my identities are mixed up and cannot be separated. So, I just want to say that I accept the fact that I am both insider and outsider at the same time trying to go in between to get as much real information as possible. The data from participant should be seen individually in time and space that specific context. Before coming to the fieldwork, I have prepared the guideline for semi-structure interviews. However, when I worked with participants, I did not strictly follow that guideline. I kept in my mind research questions that I need to give answers, and the conceptual framework, and then let the flow of conversation guided my question. It is this loose structure that allows narratives to yield rich data. The conceptual framework is reflective but flexible in my interviews, while the guideline is revised all the time depending on participants and their information. And I also get unexpected information which actually important to the research objectives. I had to spend a lot of time with participants and sometimes had to use direct questions to drive the flow to conversations closer to my research questions. In addition, I used both the methods of note taking and recording as means for data collection. I took notes of all my information talks with participants and observations while recorder was used in the formal interviews. The formal interviews then were transcribed word by word in format of question and answer of conversational. I also created a summary of the participants' background and the hospital context that I can use for reference in the next step of the data analysis.

## 3.4 Intersubjectivity

In qualitative research the explicit recognition of the way in which the researcher's subjectivity influences the research process, the outcome and the reporting. However, it is not researcher to impose own subjectivity on participants.

Rather, research is a process where researcher and participants can exchange their subjectivities to find empathy from each other.

Sometimes, I found myself thinking in the same way with my participants. Sometimes, I suddenly got helpful ideas from them that I personally enjoyed. Sometimes I shared my experience and points of view with them; some time I gave questions as an outsider to ask them to explain meaning of their words. Sometimes I was a researcher driving them to the "concepts" that I am interested in. I am trying to be open-minded to both participants and I, so that our conversations have space for new things while still follow the conceptual framework.

Actually, there is no research finding without bias, where the interviewer can share own experience or reveal own personal identity. The sharing of knowledge and information by the interviewer provides some benefits to an encounter which otherwise could be highly extractive.

## 3.5 Trustworthiness

Researcher needs to spend a lot of time and energy to build trust with the interviewees in order to understand and ensure the validity of data. My background helped me build the trust relationship quickly because I worked in the medical school, educated in medical and health social science, adjustment skill, and interested in Thai traditional medicine; these help me easy to understand the context. Furthermore, this background made me quickly built a trust relationship with informants include Thai traditional medicine practitioners, massage staffs, medical doctors, pharmacist, nurses, and patients. Besides that, triangulation for some questions is used in the study using three data collection methods. These are interpretation, in-depth interviews, and observation.

The information such as pattern, domination, resistance, and autonomy, and existence of complementary discursive practice of discourse of Thai traditional medicine in forms and types of decision, knowledge and methods, position and role, and rationality, come from not only interviews but also several informants, cross-checking data from multiple sources and their behavior, and hospital setting through

my observations. The questions are liked “How is the background of provision?”, “How is the role of Thai traditional medicine in hospital?”, “How is the deliver and curing process?”, “What kind of patient?”, “What are the reason of providing Thai traditional medicine?”, “What are the types of Thai traditional medicine and how to choose?”, “Who is manage these department?”, “How are roles of each professionals?”, “How do hospital management of Thai traditional medicine provision?”, “How are the attitude toward the provision?” and so forth.

To guaranteeing the reliability and validity of the data in this study, I include ongoing analysis of data from the continuing field notes. I used several information to capture the complexity of hospital and informants context and I providing historical background. I critically reflected on my own motivations, values, assumption, and stereotype to examine how affect the research process.

## 3.6 Data Collection

The research’s process and data collection will spend for several months. The duration of the study was from May 2011 to April 2012. The time spent could be divided according to the process of the study include the proposal completed and ethics in human research approval, the process of demonstrates in understanding of the Protection of Human Research Subjects of Mahidol University Institutional Review Board, actually data collection, and ongoing analyze and conceptualize for completed the research. This study collected data by use methodological triangulation involves using more than one method to gather data include interviews and observations and cross-checking data from multiple sources to search for regularities data as follows:

3.6.1 In-depth interviews to collected data for analyze in hospital field. Researcher used in-depth interview about 60-90 minutes with informants includes Thai traditional medicine practitioners, massage staffs, medical doctors, pharmacist, nurses, and patients to study and analyze context of hospital and discourse that pertaining to Thai traditional medicine in hospital, the existence and contestation of knowledge and resistance of Thai traditional medicine in the hospital context. To

analyze the contents in this study, not only in-depth interview but also observations in Thai Traditional Medicine Department were applied.

3.6.2 The observations were carried from the field of Thai traditional medicine provisions in hospital by and observed the context of hospital as a discursive field to study the existence of Thai traditional medicine, discourse, and contestation of knowledge and resistance of Thai traditional medicine in the hospital context. Observations were made in the discursive field of Thai Traditional Medicine Department to emphasize the space and position of services and management structure of Thai traditional medicine. Another observation was in the health care sections in each departments of the informant hospital to study, confirm, and analyze the discourse of Thai traditional medicine.

## 3.7 Data Analysis

Qualitative data analysis was applied in this study. The study focused on context of hospital where Thai traditional medicine provisioning and focused on discourse that are reflect and influence to Thai traditional medicine in hospital.

The data analyzed by uses the content analysis that includes understanding the meaning of text that depend on data and content analysis from in-depth interviews and observations in the topic of the research's objectives by applied the ideology and concept of Michel Foucault. Data analysis was done though content analysis such as the discourse of Thai traditional medicine, the contestation of knowledge and the resistance of Thai traditional medicine in the hospital context.

## 3.8 Ethical Consideration

This study demonstrates in the understanding of the Protection of Human Research Subjects of Mahidol University's Institutional Review Board (as show in appendix A).

The process was approved by the Committee for Research Ethics (Social Science) which in full compliance with international guidelines of human research

protection* such as declaration of Helsinki, the Belmont report, CIOMS guidelines and the International Conference on Harmonization in Good Clinical Practice (ICH-GCP).

The informants' rights were considered consciously in this study, Researcher informed all of the informants include Thai traditional medicine practitioners, massage staffs, medical doctors, pharmacist, nurses, and patients should know in order that they could make decision whether they would participate or not. The information included:

3.8.1 Informed consent by permission for collected data with the informant hospital by give introduction all information about the research and methodology by complete in written informed consent documentary form with the adult informants.

3.8.2 The researcher informed the participants on the objective and scope of the research study. The nature of research project informed explicitly that the project was involved in research and name of research and researcher were also given.

3.8.3 Confidentiality in the processes of the study by asked for data collection methods and type of recording during interviews and the informants were assured of full confidentially.

3.8.4 The privacy assurances that the participation in the research is voluntary and they could quiet anytime and had rights to address nothing or even stopped the interviewing process anytime they wanted.

3.8.5 The protection of confidentiality that the participants' answers in this research would be kept in privacy and confidentiality was protected.

3.8.6 The result of this research would be presented only on academic purpose and the participants' name would not be presented.

*Researcher had attended the required classes on "Ethics in Human Research for International Students" of the Faculty of Graduate Studies, Mahidol University on 6th March 2009.

# CHAPTER IV
# DISCOURSE OF THAI TRADITIONAL MEIDICINE

The purpose of this research is to study the discourse of Thai traditional medicine and to explain contestation of knowledge and resistance of Thai traditional medicine in the community hospital. To answer the questions, the in-depth interview were carried out with 13 key informants included 3 traditional medicine practitioners and 2 massage staffs, 2 medical doctors, 1 pharmacist, 2 nurses and 3 patients and were used observations in the hospital.

The corresponding combined of discourse came together in a variety of different discourse in different from. To study in order to understand the discourse of Thai traditional medicine in the hospital, it could study the presence by only study the opportunities and terms of discourse that allows and be understood from the discursive field of the discourse which can be done through the process of the subjectivity which meaningful to the Thai traditional medicine in the hospital context. Discourse can be expressed through the statements, whether it is a verbal text, symbols and series of the conservative ideas, beliefs, values and practices that are associated as well. The results could be presented as follows:

## 4.1 The context of the hospital

The hospital is located in Nakhon Pathom Province, the province nearly Bangkok. The hospital was established since 1973. It is a governmental hospital under the administration of the Ministry of Public Health and the Nakhon Pathom Provincial Health Office. The hospital is a small size community or community hospital with about 60 beds. It was a center to service in primary care and secondary care unit for community includes 12 areas of Health Promotion Hospital – HPH

(Rongphayabarn Songserm Sukkaphap Tambon)*. The hospital provides the general health care service, dental care, (applied) Thai traditional medicine, emergency service, out-patient, and in-patient.

**Hospital's structure**

The hospital had totally 208 personals on 2011 (as in the appendix B) included 1 chief executive that was a hospital director (medical doctor). There were 174 staffs in clinical practice services and 34 staffs in supporting services.

The hierarchy of organization structure in the hospital has conformed with the function and strategy context. There were two categories includes:

*1) Health service group*

The health service group includes the department of family clinical practice and community, the department of clinical nursing, the department of dental health, the department of pharmacy and technical service, and the department of rehabilitation and Thai traditional medicine.

*2) Supporting group*

The supporting group includes the department of development and service support and the department of general management. Besides that, there is the department of clinical medicine and specialist physician (as in the appendix C).

The hospital's organization structure had administrated by medical doctors, nurses, pharmacist, and public heath technical officers. In the hospital, there were required licensed for medical doctor, nurse, dentist, pharmacist, and also Thai traditional medicine practitioner. The organization structure was the form of the normalizing and disciplinary of power to control the system in the hospital.

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*Health Promotion Hospital (HPH) or Rongphayabarn Songserm Sukkaphap Tambon (in Thai) is the community hospitals under the Ministry of Public Health and the local governments. It has been cited as a health station of a primary care capability. In the past it was called as the Community Health Center or Sathani Anamai (in Thai). The new form was established from the government policy of the coalition of Prime Minister Abhisit Vejjajiva at the allocated budget for the year 2009 under the Healthy Thailand Action Plan to improve health, community health center, and a community hospital health promotion.

The roles of doctors were involved with the treatment and prevention of disease. The others personnel were supported in the same direction with biomedical system by the managing of medical doctor.

Nurses formed in to the largest group in the hospital. They might also supervise licensed practical nurses and assistants. Most of their roles were provided bedside care and carry out the medical regimen prescribed by doctors.

From staff positions in hospitals, nurses could be promoted to increasingly responsible jobs, many of which could be obtained through experience and good performance. Nurses who chose a career in management could advance to a position as assistant or head. From these, advancement to the head of the Thai traditional medicine section in the performance hospital was administrative by nurse.

In addition, pharmacists in hospital dispense medications and advice the medical staff, includes in the Thai traditional medicine section, on the selection and side effects of drugs. They made sterile solutions, bought medicine supplies, and performed administrative duties.

The other personal such as public heath technical officer, medical technician, and others were supported the treatment process of medical doctor and health promotion. Although there were many types of medical professions, the doctor had the primary role in diagnosing and formulating a treatment for the patient.

There was only a small number of the Thai traditional medicine practitioners employed full time in a formal position. There were 33 personals in the department of Thai traditional medicine (from totally 208 personals) includes 1 nurse (head), 3 Thai traditional medicine practitioners, 22 massage staffs, and 7 other staffs.

Thai traditional medicine was one section in the department of rehabilitation and Thai traditional medicine, altogether with the physical therapy section. The major role of Thai traditional medicine was for health promotion and natural treatment choice for patient. They were support treatment process of medical doctor and health promotion.

**Hospital's space**

Space was a mechanism of power which regulated the organization of space (architecture etc.), time (timetable), and activity (medical health care). The

location of all departments in the hospital was located in 10 major buildings of the hospital as show in the figure 4.1.

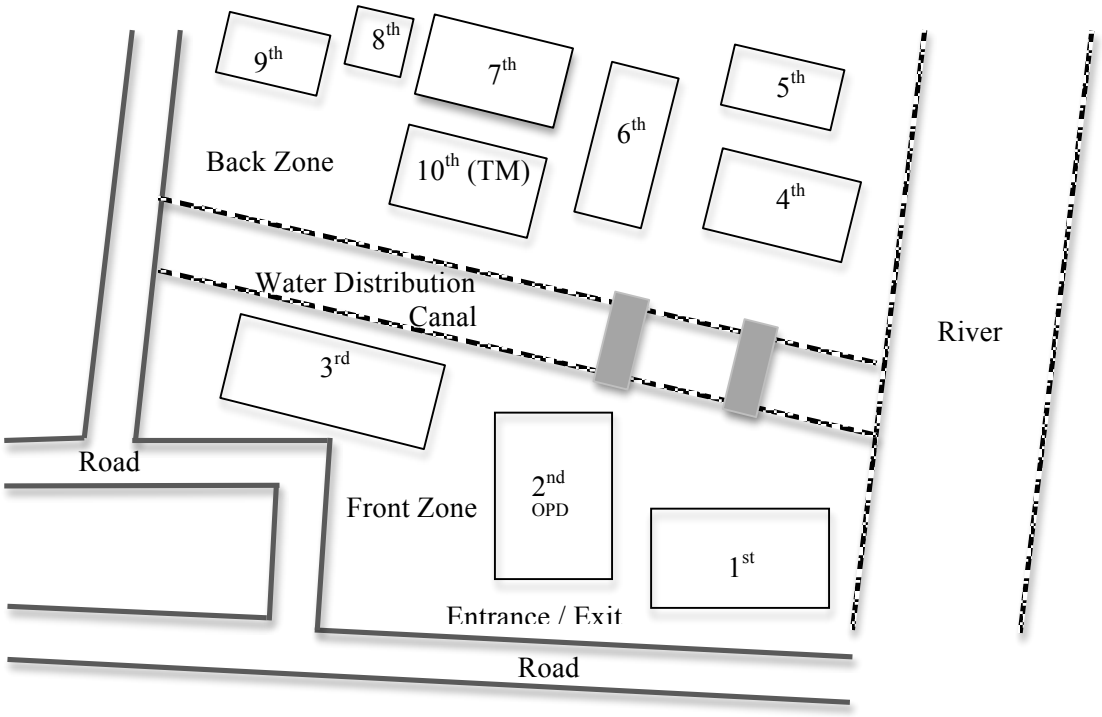


**Figure 4.1** The hospital map

From the figure, the 1st building was an in-patient section building. The 2nd building was the OPD building with out-patient department (OPD), emergency room (ER), labor room (LR), operating room (OR), X-ray Lab, pharmacy, and the location of physician rooms, strategy office, consult section, and library. The 3rd building was the special rooms of in-patient and the location of the hospital director room, management section, conference rooms, and savings cooperative office. The 4th building was the department of dental health building. The 5th building was the anti-aging clinic and the diabetes mellitus clinic. The 6th building was included nutrition room, the central unit, cleaning unit, electricity unit, and was conference room.

The 7th building was the location of physical therapy section and gym, and the office of the department of family clinical practice and community. The 8th

building was the special room service. And the 9th building was the technical building of the maintenance, the inventory medical supplies, and the informational technology office.

The 10th building was the Thai traditional department. It had two floors. The first floor was the location of Thai traditional medicine section. The second floor was the conference room. It used for the conference, seminar, and Thai traditional training.

**Hospital's capabilities**

The hospital had capabilities to provided primary and secondary service in level 2.1* which provided general health care, 24 hours emergency, dental health, Thai traditional medicine, physical therapy, rehabilitation, and health promotion for the population in responsibility areas include 12 health promoting hospitals (HPH).

The population pyramid chart in the hospital area was contracting age distribution (as in the appendix D). There were about 48,844 populations on 2010 in hospital's responsibility area. The most fall in the adult age between 30-49 years and trend of elder age between 50-60 years that they were the major group of Thai traditional medicine used.

With regard to population, persons with chronic illness utilize not only mainstream medicine for their health, but also alternative forms of Thai traditional medicine to manage their health problems. To understand this, it could understand the health problems in the informant area (as in the appendix E). The major groups of health problems or diseases of the population in the informant hospital responsibility area majorly were coronary artery disease includes hypertension, diabetes, stroke, and cerebrovascular accident. The hospital had promoted patient's health by the health promotion strategy such as the supporting to community health promotion club, family health care empowerment, and Thai traditional medicine service.

* Secondary level care unit level 2.1 is a general hospital or health care services, both public and private health care units with patient bed and patient care. It was a mission in health care include in-patients department (IPD), common problem based treatment. The criteria was depended on the average distance from the center to the district does not exceed 45 miles or travel up to 1 hour, or other criteria. As appropriate with the general practices, family care, preventive medicine, occupational medicine and epidemiology.

## 4.2 The context of Thai traditional medicine services

The integrated of Thai traditional medicine into biomedicine services in the hospital was for completely the reforms of ministry of public health's policy. Thai health care system has gone through many reforms. Prior to the provision of modern medicine, Thai people relied on traditional medicine. After 1828, Western medicine came in and gradually replaced traditional medicine. In 1952, the Ministry of Public Health was fully established and responsible for the provision of health services throughout the country. Since then, the Thai health policy has been developed in accordance with the National Economic and Social Development Plan. The present 9th Plan was end in September 2006 and the 10th Plan will start in October 2006. Now, was the 11th Plan which start in October 2011. The health development health plan involved to combined modern medicine with some kinds of Thai traditional or alternative medicine to operate in hospital services. In the hospital, since, the 7th National Economy and Social Plan for 1992–1996 stated that the promotion of people's health entails the efforts to develop traditional wisdom in health care, to integrate it into the modern health service system. Further, the interested of last director of the hospital had forced the provision of Thai traditional department in the hospital. The reasons were for provide choice for patient and to decrease drug used:

> "The Ministry of Public Health had the policy of provided alternative medicine in the hospital and the last (past) director supported me to study Thai traditional medicine. And my work was developed. Until now, Thai traditional medicine and massage was integrated in the services and the hospital was popular."
>
> (TTM practitioner C, female – 49 years old)

> "The ministry of public health provided policy of providing Thai traditional medicine in the hospital to provide choice for patient and to decrease drug used. If modern medicine had side effected, patient could use herbal medicine."
>
> (Medical doctor D, male – 52 years old)

> "The ministry of Public Health provided the national health development plan to punished Thai traditional medicine serviced in hospital and the last (past) hospital director was implemented by originated this idea and concentrated on herbal medicine together with biomedicine treatment. The integrated treatment emphasized on patient. It was the benefit from Thai traditional medicine. Until it was popular, the hospital was provided this department and added Thai massage to the department."
>
> (Nurse G, female – 36 years old)

To implemented, the last hospital director had sent some hospital officers such as nurses and public health officers to learned about Thai traditional medicine at Wat Pho* or Wat Phra Chetuphon Vimonl Mang Klararm and came back to develop Thai traditional medicine services in the hospital:

> "Thai traditional medicine came from the interested in Chinese and Thai traditional medicine of last (past) director. He had sent the officers to trained at Wat Pho. When they came back, the hospital had provided the massage for patients to relief their pain of legs and arms and it developed until now."
>
> (Nurse F, female – 47 years old)

Thai traditional medicine services were provided in the department of rehabilitation and Thai traditional medicine. There were more than 10 years provided Thai traditional services in the hospital. The purpose was to provide the Thai traditional treatment and training center. Thai traditional medicine department was the part of the department of rehabilitation and Thai traditional medicine. It was in the

* Wat Phra Chetuphon Vimonl Mang Klararm is a Buddhist temple in Phra Nakhon district, Bangkok, Thailand. Wat Pho is considered the first public university of Thailand, teaching students in the fields of religion, science and literature through murals and sculptures. In 1962 a school for traditional medicine and massage was established. The temple is home to one of the earliest Thai massage schools.

same department with the physical therapy. The hospital provided Thai traditional medicine services 7 days per week around 08.30 am to 08.30 pm on Monday – Friday and around 08.30 am to 04.30 pm on Saturday – Sunday included Thai massage, body massage, face massage, foot massage, herbal ball massage, herbal medicine, puerperium or post-partum care*, sauna, community services, counseling, and also cooperated round ward with medical doctor and provided in training of 372 hours Thai massage course.

**Structure of Thai traditional medicine department**

The structure of the department of Thai traditional medicine headed by a nurse. There were 2 practitioners of applied Thai traditional medicine and 1 qualified public health official who was trained in Thai traditional medicine from Ministry of Public Health and about 22 massage staffs as in the figure 4.2.

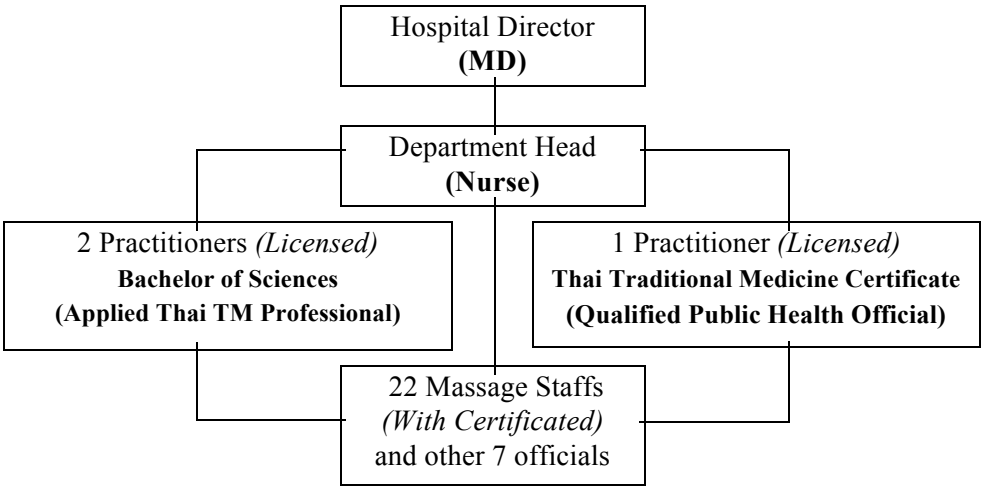


**Figure 4.2** Thai traditional medicine department structure.

The structure setting in the department was the form of the disciplinary of power in order to operating doclie under scientific discourse which is the inclusion

* The puerperium or post-partum care or thap mor kear (in Thai) is a Thai clay pot with salt treatment that is a mean of one type of health care that has come a long postpartum mothers. It will help drive the amniotic fluid to flow easily. Helps the uterus to normal faster. The heat will help burn belly fat and relieve body aches. It also stimulates blood circulation. Mothers with normal birth can use on the 7th day after birth. And, the mothers who gave birth with the cesarean section can use after 1 month.

of discourse and discourse and hierarchy as a form of governmentality. From the figure, there were 33 personals in department. Thai traditional medicine service was control by medical doctor who was the hospital director through the head of department who was a nurse.

In the department of Thai traditional medicine, there were about 22 massage staffs or "mhor nuad". The 18 massage staffs were trained in Thai massage 372 hours training (9,000 Baht) course from this department. The other 4 staffs were trained in Thai massage 800 hours training course. Thai massage staffs would get their salary by depended on working time (they got 60% form service fee).

In the past, Thai Traditional medicine practitioner was called as "Thai traditional medicine doctor" or "mhor/phat phan Thai" but now was changed, by the Ministry of Public Health's policy, to be "(applied) Thai traditional medicine practitioner" or "nak karn phat phan Thai pra yuk" that was one from of discursive practice of discourse through the identified language to control the position of Thai traditional medicine by reduce to be the supporting professional.

**Thai traditional medicine practitioners**

The practitioners of Thai traditional medicine can be divided into 2 categories, i.e. applied Thai traditional medicine and Thai traditional medicine. First was graduated with bachelor degree in sciences of applied Thai traditional medicine* (4 years studied). Second was the qualified public health official who trained in Thai traditional medicine (2 years) and get certificate from the Ministry of Public Health. The arts and practice of Thai traditional medicine practitioner could be divided into:

1) Medical practice involving the diagnosis and treatment
2) Pharmacy practice involving the use of herbal medicine
3) Traditional midwifery involving mother care

* Thai traditional medicine is one branch of health care practitioner. It was the concept of Dr. Uai Ketsing (M.D.) who permitted to develop and to promote Thai traditional medicine with the scientific and modern technical. Half of the body of knowledge was studied under the principles of Thai traditional medicine combined with (western) biomedicine knowledge. Thai traditional medicine can use the tool and equipment of biomedicine for diagnosed. And, on the process of treatment was maintaining with Thai traditional medicine treatments such as herbal medicine, massage, and others. Thai traditional medicine practitioner usually graduate in applied Thai traditional only and is required for licenses before work in a hospital.

4) Thai traditional massage

5) The application of Buddhism and ritual for mental or meditation

Under the Practice of the Art of Healing Act B.E. 1999, the professional committees, namely the Thai traditional medicine Committee and the Applied Thai traditional medicine Committee are responsible for the registration and issuing or revoking the license of Thai traditional medicine and applied Thai traditional medicine practitioners, respectively. The Division of Medical Registration, Department of Medical Service Support serves as the secretariat office of the two committees. In addition, the committees are also responsible for the control of professional practice by setting up the standards of professional practice, reviewing and approving the teaching curricula of academic institutions, and considering professional misconduct of practitioners and appropriate measure of punishment. In order to become a licensed practitioner, a person may take a licensing examination given once a year by the committees in the field that they were trained for. So, the staffs was required the license or certificated except financial officer, counter officer, and maid.

**Massage staffs**

Meanwhile Thai massage for health or relaxation, not meant for therapeutic purpose, is allowed and is not under the regulation of the above-mentioned notification.

In this case, massage service providers are under the control of another Ministry of Public Health Notification issued on 2004. They must be over the age of 18 and passed massage-training courses offered by public or private certified institutions or have at least one year of experience on massage for health or relaxation service as well as passed the test of massage knowledge and experience offered by an established central committee.

The situation of massage staff in the hospital was regulated by the Minister of Public Health which allowed to practices Thai traditional medicine or applied Thai traditional medicine in the health service facilities.

These massage staff included persons who passed the training in the fields of Thai traditional medicine using the curriculum approved by the Ministry of Public Health. The massage staffs were allowed to:

1) Give massage, herbal steam bath, sauna, hot herbal compress services

2) Give advice to the patients on Thai-styled stretch exercise

3) Stressed-induced headache, body ache, pain at the neck, back, shoulder, joint, and waist that is not the result of serious broken bone or dislocation but is due to muscle and tendon fatigue or bruise

4) Massage for physical to the elderly

However, the practice of massage staffs who passed the Thai traditional medicine training courses must be under the supervision of a licensed practitioner.

In the case of public healthcare facilities, the practice must be under the supervision of a licensed Thai traditional medicine practitioner or a licensed medical doctor and according to the responsibility assigned by the hospital director.

**Space of Thai traditional medicine**

Thai traditional medicine department was divided to located at two floors building in the back part of the hospital. The services were on the first floor of the building. The second floor provided for seminar, conference, and training. The space of department was divided in to 4 major zones as in the figure 4.3.

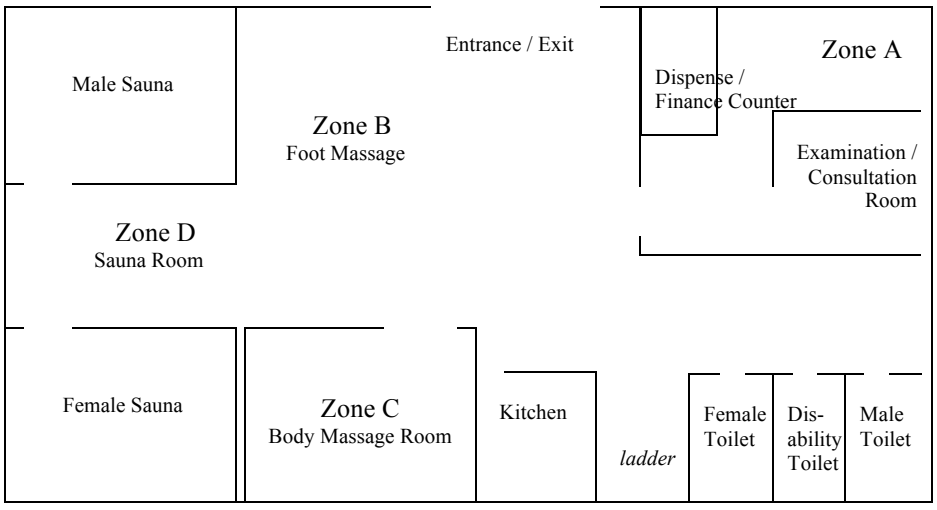


**Figure 4.3** Thai traditional medicine department map.

The space of Thai traditional medicine regulated the activities that were done by regulating the organization of space (architecture etc.), of time (timetables) and activity (movement).

From the figure, zone A of Thai traditional medicine department was the examination and consultation room and the finance counter.

Patients would come to this zone before treatment for blood pressure checked and after treatment for blood pressure rechecked and paid the services fee.

The services of treatment were in zone B, C, and D that included foot massage, Thai massage, body massage, herbal ball massage, sauna, and puerperium or post-partum care.

Space of Thai traditional medicine was according to the rules. The form of identity of Thai traditional medicine was exercising from moving outside fixed boundaries of biomedicine culture that was the quality system of services.

The environment of Thai traditional medicine department setting is like the spa. It has a smell of herbal and the uniform of massage staff is a Thai traditional style (one day a week such as on every Wednesday or Thursday us the timetable of each month).

The treatment and service rooms are named in Thai herbal's name such as "Phu Thong", "Phu Ngarn", and others.

There is a doorman wear Thai style who open the door and greeting for patient. The environment in the department of Thai traditional medicine is relaxed.

**Technology of Thai traditional medicine**

Thai traditional medicine could use the tool and equipment of biomedicine for diagnosed.

And, on the process of treatment was maintaining with Thai traditional medicine treatments such as herbal medicine, body massage, foot massage, and others.

Thai traditional medicine department had used the same system with biomedicine such as information system, documentary system, treatment process system, and technology.

For example, they had OPD card, history files, health information files and cabinets, stethoscope, thermometer, and blood pressure monitor meter, etc., as show in the figure 4.4.

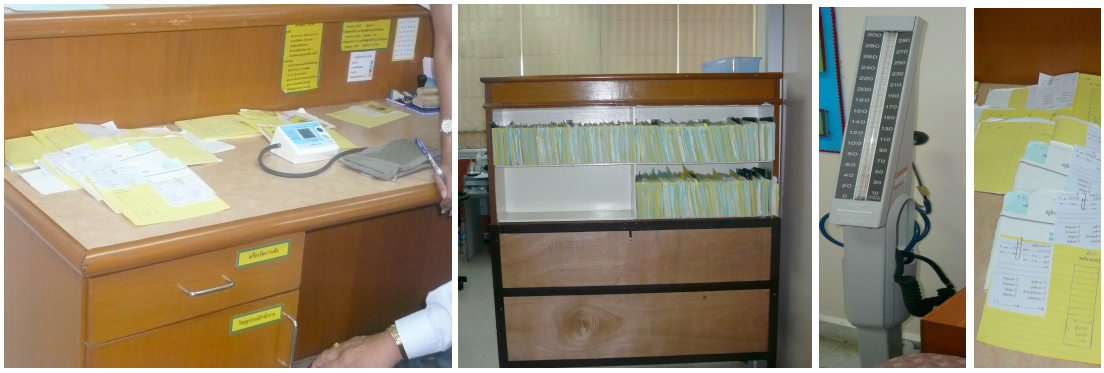

**Figure 4.4** Thai traditional medicine technology

The biomedicalization of Thai traditional medicine was involving the incorporation and used of biomedical language and technology by traditional medical practitioners. There was also new technology generated in Thai traditional medicine with a mix of contemporary scientific knowledge.

There was a tendency for creating uniformity among systems and standardization of Thai traditional medicine in hospital. It was attempted through what was often criticized as biomedicalization. This was a major challenge in sustaining of Thai traditional medicine.

**The believe system**

Thai traditional medicine is regarded as the traditional philosophies, bodies of knowledge, and modes of practice to care for the health that are congruent with the Thai culture and way of life. At first I came to the department, I had found the worship shelf of *Jivaka Kumar Bhacca*[*], the father of Thai traditional medicine doctor, and images of Buddha on the top of examination room door as in figure 4.5.

[*] Jivaka Kumar Bhaccha, he was a contemporary of the Buddha and personal physician to the Magadha King Bimbisara over 2,500 years ago. Jivaka Kumar Bhaccha1 was also the physician of the Sangha, the order of Buddhist monks and nuns. He is mentioned in the Pali Canon, the scriptures of Theravada Buddhism, which is practiced today mainly in Sri Lanka, Burma, Laos, Cambodia and Thailand. And even today he is respected and honoured by, many Thais as the 'Father of Medicine'. Religiousceremonies (called Pujas in Pali and bucha in Thai) are conducted to remember him. A prayer in Pali language is chanted on these occasions: "Om namo Jivaka"—Jivaka, symbol of Cosmic Unity.

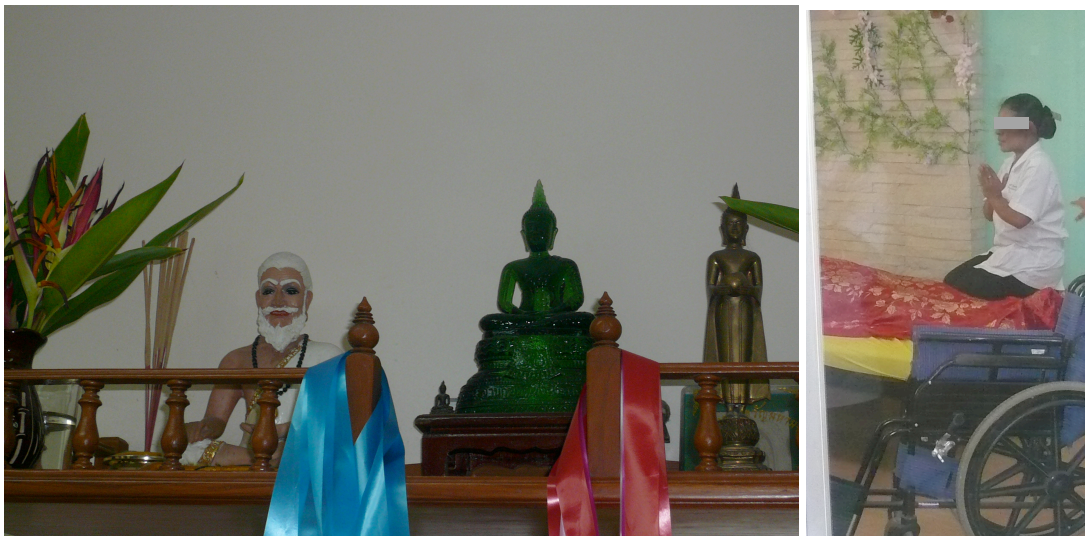

**Figure 4.5** Shelf of Jivaka Kumar Bhacca

The giving of massage was understood to be a physical application and devoted masseurs or massage staff still work in such a spirit. They performed their art in a meditative mood by started with a meditative prayer to fully center themselves on the work and worked with full awareness, mindfulness and concentration. Beside, all patients must pass this way and I had seen many time they had pray before went to inside. It was the form of believe and unscientific that difference from the scientific method in hospital.

**Process of Thai traditional medicine service**

The use of Thai traditional medicine in the hospital was increasing in numbers of patients that lead to the development of services. From the service process, medical doctor could determine refer patient to use or not use Thai traditional medicine with out the opinion of Thai traditional practitioner. And patients could choose or select services themselves. The service processing could summarizes:

1. Patients request to use Thai traditional medicine and delivers by medical doctor. When patients go to see a doctor, they may want to use Thai traditional medicine for relax or decrease their pain. They will request to use it and ask medical doctor for deliver them. If medical doctors confident that it had no side effect, they will order and sent their patients to Thai traditional medicine department. Patients

can use some kinds of Thai traditional medicine such as Thai massage, body massage, foot massage, and/or sauna to maintain their health by agreement from medical doctor.

2. Patients determine to use by themselves along with the suggestion of Thai traditional medicine practitioner. In this type, patients will select the services by themselves and they will order the services from Thai traditional medicine practitioners. When Thai traditional medicine practitioners have examination by the blood pressure result, they will apportion patients to massage staffs, or, if patients have high blood pressure, Thai traditional medicine practitioners will suggest patient spend a few time massage. The biomedical discourse influenced to the meaningful behavior in actual situation of Thai traditional medicine process. There are 4 steps in the Thai traditional medicine service process. First, new patients registered at the OPD building in front of the hospital and get the OPD card. Their OPD card would be kept in the Thai traditional medicine department. They could go to Thai traditional medicine department directly next time. Second, the patients went to the examination room. They would get blood pressure examined and would meet Thai traditional medicine practitioner for consulting. In this step, Thai traditional medicine professional would use medical devices as same as biomedicine such as stethoscope, thermometer, and blood pressure monitor meter. Thai traditional medicine practitioner would ask them to use any kinds of Thai traditional medicine. Patients could choose by themselves along with the suggestion and diagnosis (if had higher or lower blood pressure from standard). They could ask to get some herbal medicine from the professional in this step. Next, Thai traditional medicine practitioner would refer patients to massage staffs. The patients would use Thai traditional medicine as their want and come back to see Thai traditional medical practitioner again to check the result and blood pressure. And Thai traditional medical practitioner would evaluate by pain scale checking sheet. After that, the patients would pay for the services fee and herbal medicine at dispense and financial counter. The herbal medicines in department were depended on the List of Herbal Medical Products A.D. 2006 of the Thai National Drug Committee* and it must be control by Thai Food and Drug Administration too.

* There are 19 items of herbal medicinal products listed in the National List of Essential Drugs (A.D. 2006) B.E. 2549. Of those 19 items, 11 are herbal medicines of which their use is based on traditional knowledge, while 8 items are single herbal medicines that have been scientifically developed.

**Patients of Thai traditional medicine**

There were many patients used Thai traditional medicine services in Thai traditional department of the hospital. There were 18,527 patients and 19,844 patients used Thai traditional medicine in the hospital on 2008 and 2009 in ordered. There were 19,436 patients or about 39.79% of population in the hospital's responsibility area (totally 48,844 persons) used Thai traditional medicine in hospital on 2010. The hospital had received income 5,819,446 baht from Thai traditional medicine services on 2010. The numbers of 87.74% of Thai traditional medicine patients were caused by musculoskeletal diseases such as muscle strain, myalgia, osteoarthritis of the knee (OA-knee), back pain, and 12.26% of Thai traditional medicine patients were caused by tension headache, peptic ulcer (PU), high-density lipoprotein (HL), upper respiratory tract infection (URI), and cerebrovascular accident (CVA) as in figure 4.6.

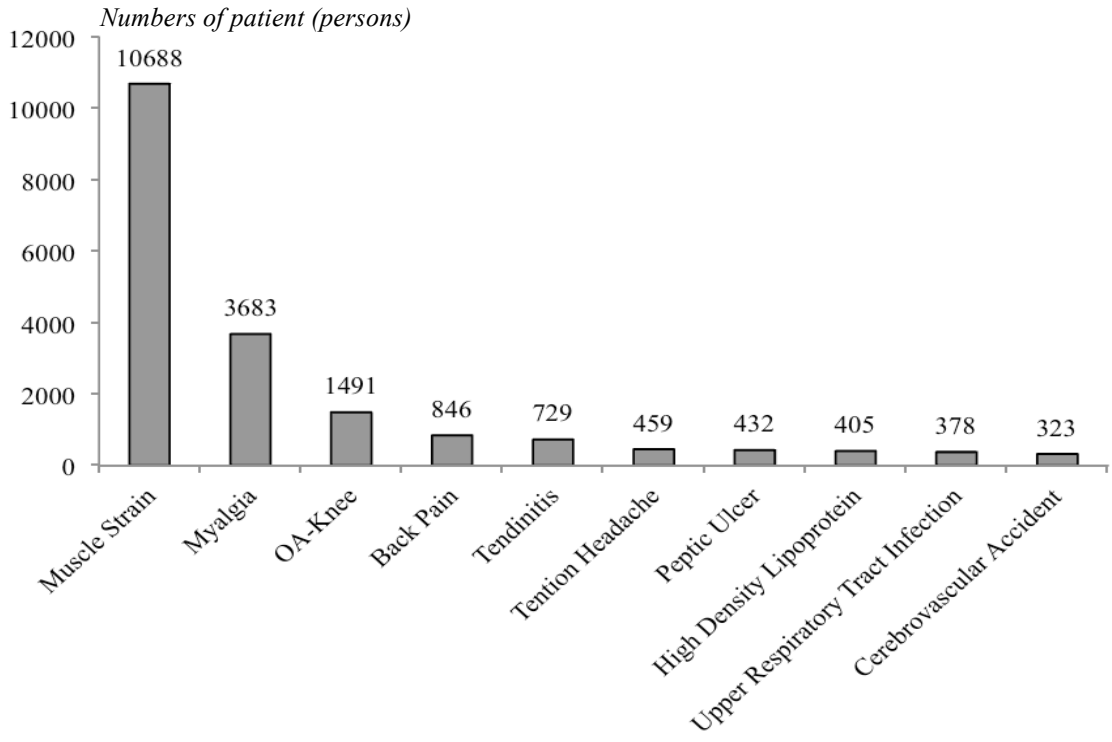


**Figure 4.6** Thai traditional medicine patients.

From the figure, the major cause of patient used Thai traditional medicine in the hospital was muscle strain disease. There were 10,688 patients with muscle strain used Thai traditional medicine. They used Thai traditional medicine to

many reason such as to release pain, to health promotion, to relax, and to use their health insurance right. The other major causes were myalgia as 3,683 patients, osteoarthritis of the knee (OA-knee) as 1,491 patients, back pain as 846 patients, tendinitis as 729 patients, tension headache as 459 patients, peptic ulcer (PU) as 432 patients, high-density lipoprotein (HL) as 405 patients, upper respiratory tract infection (URI) as 378 patients, and cerebrovascular accident (CVA) as 323 patients. The major treatment services that patients used in the hospital had 7 types. Sometime patients used more than one types. For example, patient might use body massage and foot massage, use herbal ball massage and herbal medicine, etc., that could summarize as show in the figure 4.7.

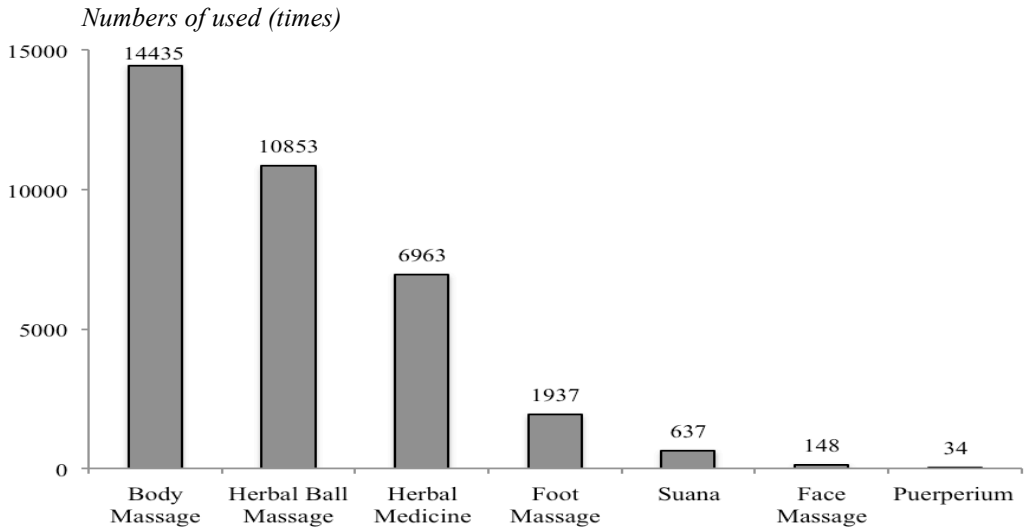


**Figure 4.7** Types of Thai traditional medicine used.

The finding could represent the limitation of Thai traditional medicine services in hospital that had reduced in to only types of massage and some of Herbal medicine.

From the figure, the major type of use was body massage. There were 14,435 times of used on 2010. The minor type of use was herbal ball massage as 10,853 times, herbal medicine as 6,963 times, foot massage as 1,937 times, sauna as 637 times, face massage as 148 times, and puerperium or post-partum as 34 times.

**Herbal medicine service**

For herbal medicine, the hospital provided herbal medicine from in-sources and out-sources. The in-sources herbal medicines had 2 types included herbal medicine product such as wormwood capsules and herbal cosmetic such as lemon grass spray. But, the most of herbal medicines in the department were provided from out-sources. The major groups of herbal medicine could summarize as follows:

1. Digestive system disease such as stomach problem, patients were used "ka min chan" or "turmeric" (*Curcuma longa L.*)[*].

2. Respiratory system disease such as flu, cough, and sore throat were used "faa ta laai jone" or "kariyat" (*Andrographis paniculata Wall. Ex Nees.*), and "ma waeng khreua" or "cultivated nightshade" (*Solanum trilobatum Linn.*)[**].

3. Patients with high cholesterol were used "gra tiam" or "garlic" (*Alliaceae sativum Linn.*)[***].

For the process of treating, patients were suggested to used by Thai traditional medicine practitioner. Sometime they ordered to use and buy themselves because the herbal medicine products in the hospital was approved in the List of Herbal Medical Products A.D.2006 of Thai National Drug Committee. So, it could safety enough. Sometime, medical doctor would agree and order patient to use some types of medicine (most were "kariyat" for the common cold, cough, and sore throat):

> "Medical doctor was only allowed patient to use the kariyat that it had research supported. They ordered patient to use for the flu. They wanted to save patient's and hospital's money."
>
> (TTM practitioner A, female - 27 year olds)

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[*] The health benefits of turmeric come from its active ingredient curcumin, which also gives it its yellowy-orange coloring and pungent taste and smell. Curcumin has powerful antioxidant, anti-inflammatory and anti-bacterial properties and it is a great addition to diet.

[**] Kariyat is used as a wonder drug in traditional Ayurvedic systems of medicine as well as in tribal medicine in India and some other countries for multiple clinical applications. Its therapeutic value is due to its mechanism of action which is perhaps by enzyme induction. In traditional, it is an important cold property herb, used to rid the body of heat, as in fevers, and to dispel toxins.

[***]Garlic is use like this: cholesterol lower, blood pressure reducer, blood sugar balancer, cancer combatant, fungus fighter, bronchitis soother, cold curer, wart remover, and immune system toner.

> "I had ever ordered faa ta laai jone (kariyat) for patients. It was safety and could use for simple case of common cold."
>
> (Medical doctor E, female – 41 year olds)

## 4.3 Discourse of Thai Traditional medicine

Discourse was producing meaning that shaped the characterized by the definition of a legitimate perspective for the agent of knowledge (Foucault, 1977) it defined what was normal and acceptable. The term discourse of Thai traditional medicine was a culturally specific set of rules for organizing and producing different forms of knowledge in the hospital. It is not a matter of external determinations being imposed on the informant's thought, rather it is a matter of rules which, a bit like the grammar of a language, allow certain statements to be made experience, activity, idea and cultural form which could be analyzed as events or series of events. Michel Foucault (1978) concerned event or experience as an interrelation between knowledge, types of normativity and subjectivity in a particular culture at a particular time that are constructed stories about the real and the discipline depends on the idea of a series.

The discourse of Thai traditional medicine based on knowledge and maked use of knowledge. Discourse reproduced knowledge by shaped and created its own fields of exercise through knowledge. The discourse of Thai traditional medicine was a group of statements which provide a language for talking about socially constructive, constituting social subjects, social relations, and systems of knowledge and belief which considered being an institutionalized way of thinking or possible truth to controlling, positioning, and productive capacities of normally practices. It governs the meaningful topic of Thai traditional medicine provision in the hospital. The concepts of the discourse of Thai traditional medicine were the relationship between knowledge, biomedicine institutions, subjectivity and power. The key objective of a discourse was the analysis of meaningful behavior in actual situations of Thai traditional medicine in hospital. However, the encounter between knowledge had influenced to the Thai traditional medicine position in the hospital. To concern about this, it should be studied about the series or statements that constructed the meaning of

truth about the Thai traditional medicine. According to the data, it could be classified discourse of Thai traditional medicine in hospital into series as follows:

***Holistic health care:***

The *holistic health care* was looked as the main concept of Thai traditional medicine. The discourse of holistic health care brought about to the providing of traditional medicine as alternative for reducing the risk of adverse interactions or gaps in health care.

Thai traditional medicine practitioners and patients were shared the same value as well as believed in holistic treatment that the interconnectedness of mind, body, and spirit was critical to helping patient.

For example, during massage, patients could talk with massage staffs and express their stress, their idea and had friends. It was much more directed toward maintaining health of an internal and external balance. Biomedicine did not provide holistic care.

A holistic health care discourse was one of the main ways Thai traditional medicine distinguished from biomedicine. Thai traditional medicine worked to share this holistic approach to health with their patients as well as individual responsibility and self-care because patient could determine or choose their services themself. Thai traditional medicine practitioners viewed that it not only helped for body relaxed but also mind and emotion, that was the form of holistic care:

> "To provided Thai traditional medicine in the hospital, it looked better. It was not just only body treatment but also emotion therapy and relaxation. It had important role to fulfill the treatment for holistic health care."
>
> (TTM practitioner C, female – 49 years old)

> "Thai traditional medicine not only helped for body relaxed but also mind and emotion too. During massage, patients could talk with massage staffs and express their stress, their idea and had friends. The elder patients were lonely because

> they stay alone so Thai traditional medicine could help them to had holistic care."
>
> (TTM practitioner B, male – 31 years old)

From the study, the discourse of holistic health constructed knowledge and subjectivity that influenced to the opinion, belief and meaningful values. Although, Thai traditional medicine was not more sciences, it could help promote holistic health care.

The holistic health care was the idea that medicine needed to emphasize on physically, spiritually, mentally, and socially. The general belief was that it was impossible not to treat the whole as body, mentally, physically, emotionally, and spiritually.

For example, massage staffs were viewing and treating clients as whole beings with the interaction communication. They were working on a whole people:

> "There was some patients said that the true measure of result was not only their body but in their mind and in their emotions. I still knew the body was integrated within itself and I tried to take care of everything as well to provide the best treatment possible and taking care of the body and the emotional and the spiritual. So, the services in this Thai traditional medicine department was not only just did by action as one way communicated treatment, but also two way included the exchanged knowledge and talking between patients and staffs. That was useful because patients could talk. Many patients were elders. They were lonely and needed to have social."
>
> (TTM practitioner A, female – 27 years old)

In the concepts of biomedical practitioners, Thai traditional medicine could take a holistic approach to maintenance health and wellness for promoted holistic health care in the hospital:

> "Patient could take a holistic care to their health that was the interconnection between the mind, body, and spirit. It worked under the premise that the mind can affect bodily functions and symptoms".
>
> (Medical doctor E, female – 41 years old)

> "Thai traditional medicine would be holistic health care. We would also examine the traditional medicine for the health maintenance and for wellness. Whether it was massage and herbal medicine, our aim was to give you holistic care."
>
> (Pharmacist H, male – 33 years old)

> "Trend of holistic health was important to provided Thai traditional medicine in the hospital because we believed that it could promote holistic health care in the hospital."
>
> (Nurse G, female – 36 years old)

A constellation of attitudes encouraged people to make their determination about which types of therapies were suitable for their problems. The patient was expressing a commonly hold belief of Thai traditional medicine that was a good health care might be based on a holistic viewed of the connection between physical, mental, social and spiritual well-being. Patient viewed Thai traditional medicine that it could help to promote their holistic health not only body care but also mind and emotion therapies:

> "In the present, we always saw from television that traditional medicine could help to promote holistic health. I used Thai traditional medicine for relaxed. It could help me not only body therapy but also mind therapy. I felt happy, relax, and cleared my emotion."
>
> (Patient M, female – 35 years old)

> "Although Thai traditional medicine was not more sciences, it had own knowledge. It could help to promote health not only body, but also mind. I had social here. I could talk and got my conversation. This made me relaxed."
>
> (Patient L, female – 28 years old)

As the hospital encouraged the body innate tendency for healing, the hospital endeavored to expand the holistic health care to include mental, emotional and holistic aspects. Thai traditional medicine offered patients to treat in by not only the symptoms but also had helped for mental and emotional.

The discourse of holistic health care had influenced to the paradigm to interested in Thai traditional medicine. The hospital tried to provide Thai traditional medicine to fulfill the holistic medical health care. Discourse of holistic health care influenced to the reasoning of the provision of Thai traditional medicine in the hospital.

There was a feeling among Thai traditional medicine practitioner that biomedicine was holding integration to allowed Thai traditional medicine in hospital Thai traditional medicine was willing to work with biomedicine for the good of both patient and the hospital. This viewed as legitimate and gave rightful to Thai traditional medicine as holistic health care provider who completely in help patient.

***Health promotion:***

After patients received treatment from biomedicine professional, they went to Thai traditional medicine to evaluate their treatment because they believed that it could useful for their health promotion. The professionals health care of biomedicine was the organization for patients activated their health care by deciding for the consult and switch to the Thai traditional medical treatment. The decision to used service depended on the various factors such as body pains, stress, and muscle and skeleton problems.

The different illness symptoms require different sources of service providers. Patient with disease would mainly go to biomedicine. They went to Thai traditional medicine when they want to promote their health. It included the

experiences and beliefs of individuals. When the health conditions were not fulfilled, then patient would ask to use Thai traditional medicine such as massage for relaxation and for reduce symptoms of their pain. That was a from of pluralistic health care for health promoetion. Pluralistic medicine is the form of integrative health care.

The discourse of *health promotion* of Thai traditional medicine was on the threshold of exciting developments in health and health care of the hospital. Health promotion was at a pivotal point of an expanding public health movement. The Thai traditional medicine appeared to be integrated and to be gained credibility within biomedical health promotion in the hospital.

With health promotion, Thai traditional medicine redefined its boundaries and established its place. Health promotion was involvement by some form of Thai traditional medicine. In the concepts of Thai traditional medicine practitioners, there were not only biomedicine but also the combination of Thai traditional medicine integrated for health promotion. Thai traditional medicine could help the hospital to develop health promotion for their patients:

> "There was not only biomedicine. Thai traditional medicine could be practiced jointly in a kind of integrative. It also would work for health promotion. The Thai traditional medicine development system in Thailand recommended for integrated in order to achieve comprehensive of health promotion."
>
> (TTM practitioner A, female – 27 years old)

> "The department of Thai traditional medicine was integrated for the health promotion. It combined biomedicine with traditional treatments such as herbal medicine, massage, and stress reduction techniques in the effort to health promotion."
>
> (TTM practitioner B, male – 31 years old)

> "The providing of Thai traditional medicine in hospital was a form of integrated. Integrative medicine was healing-oriented

> medicine that took for health promotion. It emphasizes the therapeutic relationship and makes use of both biomedicine and traditional medicine for health promotion."
>
> (TTM practitioner C, female – 49 years old)

Not only the concept of Thai traditional medicine practitioner but also the concept of biomedicine practitioner believed that Thai traditional medicine could be integrated for health promotion in the hospital. Integrative provided an innovative approach to the hospital health system by integrated biomedical modality and Thai traditional medicine modality.

It was also a medical paradigm that focuses on health promotion for the hospital health system. The needed of providing Thai traditional medicine was for health promotion. In the concepts of biomedical practitioners, Thai traditional medicine was a use of traditional knowledge to promote and prevention. It could use integrated with biomedicine to support the health promotion in the hospital:

> "Thai traditional medicine was about the health promotion and basic health care. The used of Thai traditional medicine was for health promotion."
>
> (Medical Doctor E, female – 41 years old)

> "We believed that Thai traditional medicine could integrated for health promotion. It helped to promoted the standard health care."
>
> (Medical Doctor D, male – 52 years old)

> "There were a concepts of the providing Thai traditional medicine which seem to be entirely in underlying concepts and principles of health promotion. It could useful for the implementation of health promotion in the hospital."
>
> (Nurse G, female – 36 years old)

The decision to use service depended on the various factors such as belief. In patient's point of view, discourse of Thai traditional medicine was a health promotion and prevention.

For example, in this hospital, patient would use herbal medicine because they believed that it was useful. They know this knowledge from their friend and from their parent. Some of them used massage for coping or relaxing. And, also used for promoted health. They believed that Thai traditional medicine could help them lived longer than used modern medicine:

> "I would use Thai traditional medicine if I wanted to relax and health promotion. My family and my friend suggested me to use Thai traditional medicine for promoting health. They used herbal medicine for health promotion."
>
> (Patient L, female – 28 years old)

> "Thai traditional medicine could use for long time and alive longer. I liked to massage. If had 10 scores, I would give 10 scores. I ate herbal medicine form hospital and yaa moh* (herbal clay pot boiling). I was a traditional guy. Modern medicine could use only a few day. It meant that you would gone (die) shortly."
>
> (Patient K, male – 70 years old)

> "As we known, Thai traditional medicine could help for health promotion and used for chronic illness, I believed that Thai traditional medicine could use together with biomedicine. If I got a cold or needed modern treatment, I would go to use biomedicine. But, only biomedicine could not enough for health promotion. It should integrate with "
>
> (Patient M, female – 35 years old)

Patient would use Thai traditional medicine such as herbal medicine and massage to integrated with biomedicine for maintaining their health promotion. They believed that Thai traditional could help to relax, prevention, health promotion, and could use for long time and live longer. This could represent the discourse of Thai traditional medicine for health promotion.

***Natural and safety:***

The discourse of the *naturalistic and safety* of Thai traditional medicine produced meaning of health that emphasized on safety and naturalistic care and also produced knowledge and subjectivity involving the opinion, belief, and values to practice Thai traditional medicine in the hospital. Thai traditional medicine practitioners viewed that Thai traditional medicine was included natural techniques of patient treating that were based on practiced that considered to be natural treatments:

> "Thai traditional medicine took the entire or whole person into account when finding the correct path for one wellness in order to heal a body, the body must be treated with natural forms of medicine. In other words, patient needed to be kept balanced by using herbs and natural products."
>
> (TTM practitioner A, female – 27 years old)

> "Thai traditional medicine was involved with natural care. Actually, it was very ancient knowledge of natural care."
>
> (TTM practitioner B, male – 31 years old)

> "Umm, Thai traditional medicine had more accepted in our voices more than in the past. Most accepted were the knowledge of herbal, naturally and safety."
>
> (TTM practitioner C, female – 49 years old)

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* Yaa Moh of herbal boiling pot is a community tradtional herbal medicine containing herbal plants, animal bones, and other drugs cooking in the clay pot, mixs until the water is so therapeutic. It was a traditional knowledge involved with believe or praying and herbal efficiency.

Thai traditional medicine could support the natural healing. Biomedicine practitioners believed in the naturalistic of some types of Thai traditional medicine that had evidence information to support the safety:

> "We believed in some Thai traditional medicine with a natural products whenever possible safety. We believed in the natural health maintenance of Thai traditional medicine. Minimized exposure to toxic chemicals was the key to healthy. So we also offered some types of herbal medicine as well as non-toxic supplies. It was all about safety when healing."
>
> (Medical doctor D, male – 52 years old)

> "Patient had used Thai traditional medicine in the hope of finding safety. However, a number of patients were also ideologically predisposed to try Thai traditional therapies. They had concerns about side-effects, or convinced in natural treatments."
>
> (Medical doctor E, female – 41 years old)

> "The reasons for people chose Thai traditional medicine was include the believing in the positive value which concerned about the side-effects"
>
> (Nurse F, female – 47 years old)

> "Natural product of herbal medicine could help patient although it might be placebo, it could help patient to health care together with their belief and needs."
>
> (Pharmacist H, male – 33 years old)

Because of ideology about the naturalistic of Thai traditional medicine, it was believed that it concerned about safety and minimizing risk. The discourse of natural and safety of Thai traditional medicine caused the providing in hospital because of biomedicine had less believed in natural approach to health care.

In the views of patients, Thai traditional medicine was a natural treatment and natural product that was safety and without side effect:

> "Traditional knowledge of Thai traditional medicine was accumulated for long time especially in herbal medicine. It came from natural. The natural was clean and safety."
>
> (Patient M, male – 35 years old)

> "Thai traditional medicine was beneficial for me because I did not want to have side effects from chemical drug. Some herbal medicine had no side effects because it had more natural."
>
> (Patient L, female – 28 years old)

> "Thai traditional medicine was the knowledge about the natural treatment included herbal medicines and natural products for treatment. Like every body known, more natural, more safety."
>
> (Patient M, female – 35 years old)

There also could be no doubt that the natural treatment and the healing of Thai traditional medicine was used in hospital. It would request to prove or testing for safety and effectiveness.

Some types of Thai traditional medicine's herbal products had found their place into the medical practice standard in the hospital. In keeping mind that the hospital establishment in Thai traditional medicine department had lose many types of herbal medicine that had no evidence results of the safety.

***The healer:***

Thai traditional medicine had an aspect in common which was that to treat the patient as a whole person rather than treating a specific symptom. It did by treating the life force of the patient at their physical, mental and emotional levels.

Thai traditional medicine practitioners, especially massage staffs, were divided to the healers. Massage staffs might perceive the term *healer* as putting in the position of healing somebody. But they wanted patient worked together with their massage staffs. Patient could wear their cloth and did not change in to the hospital uniform. And, They could talk and clear mind or relaxed with the communication:

> "I did myself as a healer. Customer was not just a person, still a human being, so I was trying to accept that and I could help them to relax and I had talked with them as they wanted."
>
> (TTM practitioner A, female – 27 years old)

> "The difference between Thai traditional medicine and biomedicine was traditional therapists focused on healing."
>
> (TTM practitioner B, male – 31 years old)

Thai traditional medicine practitioners focused on helping people while biomedicine was to fix or cure. Thai traditional medicine constructed themselves as equal to patients whom they were helping:

> "I could express my opinion about one of my treatment. If I wanted to used body massage together with foot massage, or, anything, I could request it. And, I could express my needed to Thai traditional medicine practitioner if I thought that some herbal medicines could use for my health. If I went to biomedical doctor, I could not do like this. I though, the name of modern medicine drug was in English. And, doctor always made me felt liked dependent."
>
> (Patient L, female – 28 years old)

The power of Thai traditional medicine was constructed from the acceptant and need of patient. Thai traditional medicine clearly explained the importance and efficacy of looking patients as incorporating from the physical to the

spiritual. There was interconnectedness between bodies, personalities, experiences, and emotional:

> "Thai traditional medicine services were good. They took care me as liked as the VIP customer. Customer could relax because we could talk and chose services by ourselves. If we used biomedicine, we must obey medical doctor. Patients would have more power here."
>
> (Patient K, male – 70 years old)

There was also a language shift from patients to customer that really showed the differences between how biomedical and Thai traditional medicine practitioners view people under their care. Biomedicine deals with people as patients. Thai traditional medicine called them as customers rather than patients. Thai traditional medicine attempted to empower their patients.

> "Thai traditional medicine practitioners and Thai massage staffs were friendly. They made me relaxed. Thai traditional medicine services were liked a spa outside. It was the relation of customer not patient or sick person. It was not as same as medical doctor that called me as patient. I felt liked I had more power here."
>
> (Patient M, female – 35 years old)

For Thai traditional medicine, the importance on what their clients felt which also enabled the customer to actively participated and had a voice in their own care. The empowerment aspect can help their patient felt better.

***Cost reduction:***

In the integration in biomedicine's point of view, discourse of the hospital *cost reduction* of Thai traditional medicine was for helping the hospital to

achieve cost decreasing because health care costs continue to increase. It might be a better time than ever to encourage the traditional medicine in to hospital health care.

From this study, Thai traditional medicine practitioner tended to view that Thai traditional medicine could provide benefit. Benefit of Thai traditional medicine was intended to include a cost decreasing:

> "For me, I thought we could use integrated medicine between Thai traditional medicine and biomedicine that it could help to decrease cost for the hospital. Some case of stress patients, they could use herbal medicine and massage instead of drug used."
>
> (TTM practitioner A, female – 27 years old)

> "The integrative of Thai traditional medicine could help to support cost saving of the hospital. And, it also helped to gain profit to the hospital. The savings were primarily from reduced medication use and consequently reduced cost."
>
> (TTM practitioner B, male – 31 years old)

> "We know that Thai traditional medicine could decrease cost for the hospital. Thai traditional medicine was increasing profit too. The intervention of Thai traditional medicine provision was cost-effective."
>
> (TTM practitioner C, female – 49 years old)

In the views of biomedicine practitioners, Thai traditional medicine might decrease or reduce hospital cost especially in drug cost and reduced services cost for patient. It not only decreased cost of medicine but also provided profit for the hospital:

> "The cost of hospital continued to increase. The systematic provided Thai traditional medicine to managed health care

> might reduce overall health care costs of the hospital especially in drug cost."
>
> (Medical Doctor D, male – 52 years old)

> "Thai traditional medicine might help decreased health care spending. Thai traditional medicine could decrease costs by decreasing the utilization of conventional services. This interventions could reducing per-patient provider time"
>
> (Medical Doctor E, female – 41 years old)

> "Thai traditional medicine was an integrated medicine that useful for the hospital because it could help to decrease drug cost of the hospital."
>
> (Pharmacist H, male – 33 years old)

> "The integrated between biomedicine and Thai traditional medicine might help hospital gained benefit. Not only decreased cost of drug but also provided profit for the hospital."
>
> (Nurse G, female – 36 years old)

The discourse of Thai traditional medicine through integrative approaches achieved through lower utilization of expensive medical interventions such as pharmaceuticals and medical visits and the fact that many of these interventions reducing hospital cost.

***Choice and alternative:***

Some discourse of Thai traditional had constructed the lower position of Thai traditional medicine in the hospital. The professional concepts toward Thai traditional medicine seem to claim to legitimize features of biomedical knowledge. This leaded to moving between standard images of a health care professional and an

innovative vision of what an Thai traditional medicine could be that made Thai traditional medicine had lower positioned.

The discourse of Thai traditional medicine was influenced by the statement series of *choice and alternative*. It was refer to the subordination position of Thai traditional medicine that reduced true value to be as a choice of patient and used as an alternative to biomedicine. This discourse was not only occurred in the hospital but also in the government policies.

Michel Foucault (1977) identifies the way knowledge works though professional groups established the scientific criteria that included hospital field. This discourse had transformation to dominated and managed Thai traditional medicine service that was supported through the policies and institutions of hospital.

The provision of Thai traditional medicine in hospital was related to the rationalities that fulfilled government's policies. The policy provided by the Ministry of Public Health and informed in the National Health Development Plan as its objective for increased choice for patients and could be as the alternative treatment. This was the construction of discourse through the rationality of professional group. It had been hugely influential in shaping understandings of Thai traditional medicine toward the idea that it was a choice and alternative in the hospital and embodied in knowledge in both providers and patients. Because of this discourse, Thai traditional medicine raised a number in terms of used. Patient might choose it as alternative treatments from conventional or biomedical services. It was moving toward a more choice-based healthcare system.

In the receptions of Thai traditional medicine practitioner, the concept of Thai traditional medicine, Thai traditional medicine was could be a choice and also an alternative. In their opinions, this discourse made patients and biomedical practitioners felt that Thai traditional medicine had less power than biomedicine in the hospital although this discourse might regard Thai traditional medicine be as a part of a hospital health care.

The concept of choice was dominated and influenced to the value of Thai traditional medicine:

> "Although, Thai traditional medicine was popular and had developed but also called as alternative. Patients were mainly chose towards alternative therapies because of they believed that Thai traditional medicine was a choice of health care."
>
> (TTM practitioner B, male – 31 years old)

> "Thai traditional medicine was an alternative. The words of alternative looked like Thai traditional medicine was only a choice and alternative. Biomedicine thought that we could provide choice for patients. It surely that Thai traditional medicine had less power than biomedicine in this concept. They did not fully accept us because we were only alternative."
>
> (TTM practitioner A, female – 27 years old)

Thai traditional medicine was a term used to delineate forms of health care that are separate and distinct from conventional biomedicine. The knowledge and concept of choice and alternative provided through the discourse by professionalize as for preventing or treating illness, promoting health and well-being, and complement to mainstream or biomedicine.

Thai traditional medicine in hospital was utilized as a personal health care choice. It might be applied to support as an alternative option.

Thai traditional practitioners in this hospital were graduated from (bio)medical school. They were applied Thai traditional medicine who hold bachelor of sciences. Their education background had shaped their paradigm that Thai traditional medicine was a choice and an alternative:

> "I had learned when I studied in my faculty in the medical school that Thai traditional medicine was a kind of alternative medicine that could be a choice for the health system. It was a traditional knowledge that had developed until now."
>
> (TTM practitioner B, male – 31 years old)

For the concepts of biomedicine, Thai traditional medicine could be the alternative to biomedicine.

It could be the hospital services choice for patient and also could promote the quality of the hospital too. So, Thai traditional medicine was liked as an option that was a beneficial choice:

> "Thai traditional medicine could be a choice for patients. If they wanted to use massage for relax, I could refer them to Thai traditional medicine department. That was an alternative for patient. The choices were include massage and herbal medicine that could be the options for patient."
>
> (Medical doctor E, female – 41 years old)

> "To had Thai traditional medicine, it could help the hospital to provided choice for patient. It was an alternative service optioned to support hospital health system. It could help to promote the quality of the hospital."
>
> (Nurse F, female – 47 years old)

> "An increasing number of patients were used Thai traditional medicine as an alternative. They were visiting massage therapists in addition to their health. It could be a choice."
>
> (Nurse G, female – 36 years old)

In addition, patients mentioned Thai traditional medicine as the reason for their choice:

> "Thai traditional medicine was an alternative that could help to relieve depression symptoms. It was an option which include the choice to used alone or in combination traditional therapies with biomedicine."
>
> (Patient M, female – 35 years old)

The findings partially support concepts of the discourse of choice and alternative of Thai traditional medicine in the hospital. Community hospital had promoted and supported Thai traditional medicine to be a choice and alternative to biomedicine. The role of community hospital would accept for some of herbal medicine and massages to service as well as choices for patient.

***Old-fashioned:***

Thai traditional medicine subjected to traditional knowledge that was *old-fashioned*. In this discourse, the professional concepts toward Thai traditional medicine seem to claim to legitimize features of biomedicine which still wanted to be seen as modern.

The discourse of old-fashioned created the ambiguities with the positions of practitioner. This leaded to moving between standard images of a health care professional and an innovative vision of what Thai traditional medicine professional could be.

In the concept of Thai traditional medicine practitioner, biomedicine viewed that Thai traditional medicine had seen as old-fashioned and it was called as out of date although it was popular and had developed:

> "Biomedicine looked Thai traditional medicine liked we were traditional. Although we were applied, the services of Thai traditional medicine had seen as old-fashioned medicine. And, it also called as out of date."
>
> (TTM practitioner B, male – 31 years old)

Beside that, biomedical doctor in the hospital did not understand the traditional language of Thai traditional medicine.

It was the result of knowledge of biomedicine shapes medical doctor in the different way of Thai traditional medicine. Some medical doctor did not believe in the knowledge of traditional medicine that was old-fashioned, traditional medicine, and out of date:

> "The biomedical doctor did not understand Thai traditional medicine, especially in language, because it had no course for them. They thought that we were an old-fashion and had an ancient knowledge. Some biomedicine practitioners did not believe that traditional knowledge could use. So, there were many problems such as language. Some languages of traditional medicine were ancient language. For example, word *pitham* was meant *agni* (fire)[*]. Although we said *agni* they did not understand also. The communications were took 3 times. But, some medical doctor still did not believe it."
>
> (TTM practitioner A, female – 27 years old)

Beside that, the concept of Thai traditional medicine from patients was an old-fashioned medicine too. Thai traditional medicine had a lower value than biomedicine in patient's point of view and could not compare to biomedicine:

> "The attitude towards Thai traditional medicine was an old-fashioned and a traditionally. It could not compare to be the modern treatment as liked as biomedicine. Biomedicine had modern knowledge than Thai traditional medicine. I would trust in biomedicine more than Thai traditional medicine."
>
> (Patient M, female – 35 years old)

Certainly, in this point, it constructed the biomedicine accepted as the modern medicine so the traditional medicine was constructed to old-fashioned and should be developed in the same way as biomedicine.

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[*] Ayurveda traditional medicine believed that the five basic elements of nature include earth, water, fire, air, and space were the raw material that constituted all matter, living or non-living. The *Tridosha* Theory involves 1) Air and Space together form *Vatham* 2) Fire is present as *Pitham* 3) Earth and Water form *Kapham,* if these three components are present in the right proportion, a person is said to be physically healthy. But a fine balance is difficult to achieve and illness results.

***Ayurveda and non-scientific:***

The discourse of *Ayurveda*[*] *and non-scientific* had allowed mainstream biomedicine gained a monopoly. The modern involved practitioners and organizations and standards to follow, governing and practices of Thai traditional medicine. It looked through the concept of modernity that constructed the position domination of Thai traditional medicine.

The traditional knowledge and language that different from biomedical knowledge was denied and unbelievable. In this hospital, Thai traditional medicine also viewed as unbelievable, and non-scientific. Biomedical practitioner's concept about Thai traditional medicine had influenced to the way of belief:

> "In fact, I had not more contact with Thai traditional medicine. But, I quiet known that it could use for patients. Thai traditional medicine personnel had some level of knowledge but no deep. They knew only own knowledge that was different. It looked like superstition. Magic was different from sciences. It was about human, not *Ayurveda*. The staffs that had learned massage had unequal education background. Different! Someone knew private knowledge that was quite more in superstition. So, when round ward in my hospital, I would not agree to use *Ayurveda.* And, massage staffs had so much idea in believe. Sometime, I did not get their topic when talked with them."
>
> (Medical doctor D, male – 52 years old)

> "There were many person thought that Thai traditional medicine was unbelievable. It was an ancient knowledge that was a non-scientific knowledge."
>
> (Nurse F, female – 47 years old)

[*] Ayurveda is a Hindu system of traditional medicine native to India. It is made up of two Sanskrit words: *Ayu* which means life and *Veda* which means the knowledge of. To know about life is Ayurveda.

***Low-education and less of knowledge:***

Thai traditional medicine subjected to the lower education and less knowledge than biomedicine. On the contrary, in the viewed of medical doctor, the concept of Thai traditional medicine was related to knowledge. It was influenced by the discourse of *low-education and less of knowledge* of Thai traditional medicine.

In the viewed of medical doctor, Thai traditional medicine had not enough knowledge because they had passed knowledge from the ancient that made Thai traditional medicine had lower positioned:

> "Thai traditional medicine had passed on knowledge from the ancient. Someone did not have high education especially massage staffs. Although the ministry had good policy, they should emphasize on education of Thai tradition medicine staffs. I looked this as an important point. They had not enough knowledge in scientific."
>
> (Medical Doctor D, male – 52 years old)

> "Thai traditional medicine had less scientific knowledge. The hospital should use modern medicine more than traditional medicine."
>
> (Medical Doctor E, female – 41 years old)

> "Hmm! How should I say? For example, in the past, traditional knowledge of disease said that it could use some herb that could get well. It could not accept from medical sciences knowledge. Thai traditional medicine education was not widely accepted. They had less scientific knowledge. Many of their knowledge could not approve in evidence research. If compare with biomedicine, it was still less accepted."
>
> (Pharmacist H, male – 33 years old)

Thai traditional medicine was based on unscientific belief philosophies. They might incorporate spiritual, metaphysical, or religious underpinnings, untested practices, and medical traditions. The differences knowledge between biomedicine and Thai traditional medicine was a matter of some debate, for example, biomedicine strives for a standard of care that was based upon the best available scientific information, while Thai traditional medicine practices either did not, or uninterested and not call for established scientific standard. The concepts of Thai traditional medicine practitioners and patients were represented the different knowledge:

> "Many staffs in the hospital believed that traditional medicine had less scientific knowledge than biomedicine. Biomedicine still had more power than traditional medicine because it was long time fostered the scientific knowledge. Our massage staffs had low education and was looked down by the other staffs."
>
> (TTM practitioner B, male – 31 years old)

> "Although Thai traditional medicine had provided with biomedicine, it was looked as a lower education because it had only traditional knowledge."
>
> (TTM practitioner C, female – 49 years old)

> "We had known that medical doctor also had higher knowledge. Biomedicine had more acceptant than Thai traditional medicine. If emphasized on the role between Thai traditional medicine and biomedicine, surely, it was unequal. Everybody known it was unequal. The reason was the education level."
>
> (Patient M, female – 35 years old)

In general, the popular medical system was included beliefs in health care. Thai traditional medicine was held a rank between popular and professional sectors. It required non-professional specialists. There is no organization and the

practice might be illegal or might be medical practices stemming from local culture, folk doctors, and midwives or shamans. When it was provided in professional sector in the hospital, it would be influenced by the professional sector which believed base on scientific knowledge. So, in the hospital, it was a universal system and could be applied to all section or department. There was only one pattern of biomedical used in the hospital and medical doctors had a higher education status and also regulated to authority.

***Representative of mhor nuad and unprofessional:***

In the patient's views, Thai traditional medicine could be referred as *mhor nuad* (massager/masseur) that was the meaning as *unprofessional*. People viewed that Thai traditional massage staffs was liked as mhor nuad.

Although Thai traditional medicine was provided in the hospital, it was also unprofessional in the meaning. Social constructed the meaning of Thai traditional medicine and reduced it from whole traditional treatment to only massage type of mhor nuad which humbleness. Someone looked down massage staff and did not understand true value.

In the views of Thai traditional medicine practitioner, her worked had influence by this discourse:

> "At first, I started my work in the hospital. My boyfriend was asked form his friend that what was your girlfriends worked? He answered that I worked as mhor nuad in hospital. It looked very strange. Thai traditional medicine in hospital also called as mhor nuad. They looked down my job."
>
> (TTM practitioner C, female – 49 years old)

> "Biomedicine looked better than traditional medicine. Many staffs of biomedicine looked more prominent than us. Some people thought that we were mhor nuad. Someone said mhor nuad was humbleness."
>
> (Massage staff I, female – 42 years old)

Medical doctor had concept of massage staff as mhor nuad too. It shaped the terms of massage for constructing an unprofessional identity. In his opinion, mhor nuad had less in quality and should be developed:

> "The development of Thai tradition medicine was for massage staffs. They were mhor nuad. Patients spent more time with them. It was ok that they always talked. I understood. When the worked and also talked, it made both patients and staffs had relation. By the way, they should have quality standard."
>
> (Medical doctor D, male – 52 years old)

In the viewed of patient, the meaning of Thai traditional medicine was related to their villager language and attitude toward Thai traditional medicine. This statement had influenced to the position of Thai traditional medicine in the hospital. It might be represented that social had attitude toward Thai traditional medicine as a type of mhor nuad as liked as the villager language:

> "The villager language was called Thai traditional medicine as mhor nuad. It had lower value. If you asked people that what would you do after graduated in Thai traditional medicine? They would say that you would be a mhor nuad."
>
> (Patient M, female – 35 years old)

Beside that, mhor nuad become to involve the image as in sexual industry. The historically, massage therapy has been marginalized because it had been associated with sexual. The discourse of mhor nuad had seen to be the sexual connotations when the words mhor nuad or masseur came to exist. So, I think that because of the massage ideology in prostitute business since 19$^{th}$ century in Thailand had constructed the mhor nuad meaning as a sexual job. It had a really belief system about touch. It could be the stimulation of sexual felling. It was hard to differentiate

between what is sensual and sexual when touching. Sensual meaning pertaining to the senses liked touch but it often equated that to sexuality:

> "Customers called me as mhor nuad. They would not understand us. If my head did not told me that the customer was a god, I would hit many customers. For them, mhor nuad was as like as a women service for men as prostitute."
>
> (Massage staff J, female – 56 years old)

> "Some customers looked down mhor nuad. We were not prostitute. They should not molest us."
>
> (Massage staff I, female – 42 years old)

There was still a widespread perception that massage therapy is a female job due to the sexual innuendos that have come to be associated with massage and to gender stereotypes. It link women with emotion and sensitivity. There was only one male massage staff in the hospital. A man who was massage staff might face a type of gay which was often called and refers to man who act outside of woman norms or standards of gender. Male massage therapists might also be perceived as threatening by potential female clients who feared a strange man touching them while they were vulnerable lying down.

The discourse of mhor nuad and humbleness had increased boundaries between professional and nonprofessional. The massage staffs were aware to the stereotypes and negative perceptions about sexual. The creation of a scandal where it came to be public knowledge that many massage establishment were associated with prostitution. This seems to be where the sexual connotations of the words masseur or mhor nuad came to exist. Beside that, the constructed of nonprofessional of their status had influence to the viewed of biomedicine as less of quality.

However, massage staffs wanted to take pride in being health care practitioners. They tried to replace the sexual image with one showing massage as healing and healthy by using techniques of professionalism by developed professional status for their practiced.

# CHAPTER V
# CONTESTATION AND RESISTANCE

In particular in the context of its relations with power, knowledge and the subject, it is something that happens and is produced by various techniques rather than something that already exists and is simply waiting to be discovered. Michel Foucault further notes that he is not interested in telling the truth rather he is interested in inviting people to have a particular experience for themselves. Michel Foucault focus is upon questions of how some discourses have shaped and created meaning systems that have gained the status and currency of truth, and dominate how we define, while other alternative discourses are marginalized and subjugated, yet potentially offer sites where hegemonic practices can be contested, challenged and resisted. An understanding of how these and other discursive constructions are formed may open the way for change and contestation.

## 5.1 Contestation of knowledge

According to the data, it could be emphasized on the contestation of knowledge in the action that influenced to Thai traditional medicine in the hospital. Contestation is not effort to deny existence. It is gesture that brings to the limitation of Thai traditional medicine. The hospital was a space of experience of form that contested the application of norms that regulated.

***Integrated services to biomedicine:***

The hospital provided Thai traditional medicine included Thai massage, body massage, face massage, foot massage, herbal ball massage, herbal medicine, and others. The integrated between Thai traditional medicine and biomedical services was interesting. Trend of growing was the result of the discourse of Thai tradtional

medicine include holistic health car, health promotion, natural and safety, healer, and cost reduction. The hospital wanted to develop the health care services of the hospital:

> "The trend of popular was the result of the health promotion. And also the hospital wanted to have more treatment services for chronic illness patients. In the past, there were only a few patients. Thai traditional medicine department had only 3-4 beds on that time. In the present, it had about 20 beds for massage. Thai traditional medicine service was established power because the need of patients. "
>
> (TTM practitioner B, male – 31 years old)

In addition, the way of organized practices of Thai traditional medicine was related to rationalities and techniques of economic and financial. The hospital would gain the efficiency and the profit from herbal medicine products and massage services:

> "The hospital supported Thai traditional medicine by established the Thai traditional medicine department which could gain profit for hospital."
>
> (Medical doctor D, male – 52 years old)

> "The hospital had provided Thai traditional medicine now. Thai traditional medicine would help to gain the profit and to promote our hospital famously."
>
> (Medical Doctor E, female – 41 years old)

> "The integrated together between biomedicine and Thai traditional medicine could use together by concentrate on decrease cost and hospital could gain money from Thai traditional medicine services."
>
> (Nurse G, female – 36 years old)

When Thai traditional medicine was provided in the hospital, it would provide the services standard and also prevention so the hospital had provided Thai traditional medicine for supported heath care and provide the standard for the services for patient:

> "The hospital had dispensed both modern medicine and herbal medicine services. When Thai traditional medicine had provided in hospital, it would be better. So, we had Thai traditional medicine services in hospital now."
>
> (Pharmacist H, male – 33 years old)

> "Thai traditional medicine in the hospital was different from outside. Thai traditional medicine practitioners had examination before massage. Thai traditional medicine could provide more standard and quality than outside"
>
> (Patient M, female – 35 years old)

> "The service out side was only massage but in the hospital they were examining before massage. Thai traditional medicine in this hospital was better and trusted."
>
> (Patient K, male – 70 years old)

In the views of Thai traditional medicine practitioner, the established of Thai traditional medicine services in biomedicine's hospital had increased the credit of Thai traditional medicine:

> "I felt good that Thai traditional medicine was provided in the hospital because it helped to increase credit. In the outside, Thai traditional medicines were only for cosmetic treatment more than therapy. Thai traditional medicine in the hospital looked different than outside."
>
> (TTM practitioner A, female – 27 years old)

Various aspects and practices of Thai traditional medicine had been promoted for the health services integrated in the hospital. The hospitals had set up their own Thai traditional medicine department to provide services.

***Limitation and positions management:***

Although the government gives priority to Thai traditional medicine, it is not suggested that Thai traditional medicine is fully integrated. Michel Foucault (1991) identifies the way knowledge works though professional groups established the scientific criteria. In the hospital, Thai traditional medicine was the branch of medical personnel. The idea of using in hospital would need to rapidly develop the capacity of traditional knowledge that was a scientific and technical support of biomedicine to explain. Thai traditional medicine provided in hospital was not the pure traditional knowledge but it was an applied sciences. Thai traditional medicine practitioner must be licensed before worked in the hospital or providing services to patients. The role of Thai traditional medicine was limited in treatment to diseases. It was the result of the discourse of Thai traditional medicine involved choice and alternative, old-fashioned, Ayurveda and non-scientific, low-education and less of knowledge:

> "Thai traditional medicine was used for caring and promoting, not used for disease treatment and rehabilitation in hospital."
>
> (TTM practitioner B, male – 31 years old)

> "That traditional medicine services had not covered the treatment of disease, just for promotion or for prevention. Thai traditional medicine in the hospital was limited."
>
> (Medical Doctor E, female – 41 years old)

> "Thai traditional medicine could only used for health promotion and also it could not use for diseases treatment. The hardly care diseases usually used biomedicine for treatment such as appendicitis surgery which should use modern (bio)medicine more than traditional medicine."
>
> (Medical Doctor D, male – 52 years old)

In the hospital system, there was a systematic rejection of other perspectives and an insistence that biomedicine was the chief force that had led to the huge improvements in public health. As modern bureaucratic institution hospital had formed. Forms of Thai traditional medicine had struggled to be seen as legitimate. This struggle had mainly occurred through the professionalization. Some forms of Thai traditional medicine occurred through struggles against the dominant of what medicine was supposed to be.

The bureaucratic system of the hospital had fostered a position of Thai traditional medicine. Doctors were involved with the treatment and prevention of disease. The others personnel were supported in the same direction with biomedical system by the controlling of medical doctor. Thai traditional medicine practitioners were support the treatment process of medical doctor and health promotion by medical doctor had the primary role in diagnosing and formulating a treatment for the patient:

> "In this point, role of Thai traditional medicine was fairly. They had activities both inside and outside hospital. They had community work and, they had training center. It was fairly ok. But, they should have more case consulted with biomedicine. If they had more consulted with medical doctor, it would be better. Thai traditional medicine should go together with biomedicine. And in addition, in the named of hospital, although you (Thai traditional medicine) were wrong in order or in treatment errors, the person who controlled you was a hospital director who was a biomedical doctor. So, you should develop. And, hmm, the effective result of their treatment quite low in percentile."
>
> (Medical doctor D, male – 52 years old)

Thai traditional medicine services were selected by scientific methodology and concept of reasonable which depended on biomedical knowledge. It also used for therapy such as relaxation, pain relief, and health promotion.

The different knowledge from scientific knowledge made traditional knowledge did not approve to provide in the hospital. So, Thai traditional medicine in hospital was reduced to only massage and related types:

> "Most of patients were physical treatment. The reason of brought we together with physical therapy section because both were rehabilitation and orthopedics. But we had divided and separated works clearly. Most of patients come here for relax more than treatment. There needed to consult. They thought we were therapy more than treatment."
>
> (TTM practitioner C, female – 49 years old)

In the hospital field, biomedicine was believed to be the best medical system applied scientific knowledge and arrangement of working patterns in service. It played a pivotal role in managing and controlling the position of Thai traditional medicine. That was the form of power relation.

Since biomedicine identity was dominant, it had shaped the terms of massage therapy for constructing Thai traditional medicine department's identity:

> "Thai traditional medicine in the hospital was known as massage section. Major group of patients of the Thai traditional medicine department were painful from work and weary. Patient used massage for painful relief."
>
> (Nurse F, female – 47 years old)

> "The service of Thai traditional medicine was massage for relaxation. For example, the delivery knowledge of traditional medicine could not match to use because they had no enough knowledge about it. The services of Thai traditional medicine were provided in massage and some herbal medicine. But, the prominent was a massage."
>
> (Nurse G, female – 36 years old)

Thai traditional medicine of the hospital was provided only categories of herbal and massage such as Thai massage, body massage, face massage, foot massage, herbal ball massage, herbal medicine, and sauna. That could categorized all as a type of massage and herbal medicine:

> "Before I came here, I thought Thai traditional medicine practitioners would do more than this. But, they only checked my blood pressure and my body. They had no traditional treatment of disease here. They had only massage and sauna. I hoped that they could suggest me to used herbal medicine for treatment more than this. And, I hoped they could treatment when I was sick liked as a medical doctor. Because, I think, nobody wanted to go to hospital if they had no sickness. So, it should have more services, not only massages. It was good if Thai traditional medicine could give more treatment."
>
> (Patient L, female – 28 years old)

The scientific knowledge had influence to the acceptant of some types of Thai traditional medicine and some herbal medicine products which had evidence based research supported the efficiency and safety:

> "The services you had seen here were selected already. If it was unaccepted, it could not provide. Look, in the foreign country, they could use under water delivery but it could not provide here. We could not do. For example, during before delivery, I had studied that it had the attending between waiting times before delivery. It could help to reduce contract pain of mother's waist and hip. But, it had no research supported so it could not use."
>
> (TTM practitioner A, female – 27 years old)

Not only the limitation of Thai traditional medicine services in the hospital, but also the position management of Thai traditional medicine practitioners and staffs. Although Thai traditional medicine became more popular, the specialized knowledge of the medical doctor established the boundary of authority. The boundaries of biomedicine and their licensor established what Thai traditional medicine practitioners and staffs were and were not allowed to do or said as professionals. It meant that, if Thai traditional medicine practitioners wanted to be professional, they must do what biomedicine did.

There were unequal powers between two systems. In this hospital, Thai traditional medicine had lower power than biomedicine. Biomedicine's scientific knowledge was accepted as a higher education and had influenced to the position of Thai traditional medicine in the hospital.

For example, the position's name of Thai traditional medicine practitioner was only "a practitioner" not " a doctor", made the meaning of lower ability than medical doctor. So, they had lower acceptant to made the determinant.

Thai traditional medicine service was control by medical doctor who was the hospital director through the head of department who was a nurse.

In the past, Thai Traditional medicine practitioner was called as "Thai traditional medicine doctor" or "mhor/phat phan Thai" but now was changed, by the Ministry of Public Health's decided, to be "(applied) Thai traditional medicine practitioner" or "nak karn phat phan Thai pra yuk" that was one from of dominate through the identified language to control the position of Thai traditional medicine by reduce from traditional doctor to one of supporting professional:

> "Thai traditional medicine practitioner had lower status than nurses, pharmacists, and others. We would be very different lower. Liked our position name, it was changed to a practitioner not a doctor as in the past. It influenced to our power and position."
>
> (TTM practitioner A, female – 27 years old)

From staff positions in hospitals, medical doctor had highest position. The head of the Thai traditional medicine department in the hospital was administrative by nurse. The organization structure had managed by medical doctors, nurses, pharmacist, and public health specialists. There were no Thai traditional medicine practitioners that worked as administrative:

> "In the hospital, there were required for professions that were licensed. There was only a small number of the Thai traditional medicine practitioners employed full time in a hospital position. And, did you know? Thai massage staffs would get their salary by depended on working time. They had no salary. They got 60% form service fee as their reward."
>
> (TTM practitioner A, female – 27 years old)

> "It had the different and unequal between both systems. It was hard to improve. All knowledge had their good point of views depend on our way of viewing. But this hospital was biomedical space, not the traditional as in the community. Thai traditional medicine had not standing on high level of position."
>
> (Nurse F, female – 47 years old)

> "It was very different. Thai traditional medicine practitioner had no chance to position in administrative level. They were only practitioner without position filling in the bureaucrat and level."
>
> (Nurse G, female – 36 years old)

From information, the scientific knowledge had influence to the limited of power of Thai traditional in the hospital.

Although Thai traditional medicine had own knowledge, the scientific knowledge of biomedicine had influenced to the position of Thai traditional medicine in the hospital through professional group of medical doctors who had more power in the hospital field.

***Modified Practices***

A problem with integration was seen to be a characterized. The study showed that biomedical doctors tried to take over and control Thai traditional medicine. The effort of established medicine to contain the threat of Thai traditional medicine had shifted to provide in the same way as biomedicine. Beside that, I had found Thai traditional medicine department had used the same system with biomedicine such as information system, documentary system, treatment process system, and technology:

> "Our services started by patients registered at the OPD building in front of the hospital and get the OPD card. After that, the patients went to the examination room. They would get blood pressure examined and would meet Thai traditional medicine practitioner for consulting. We would use medical devices as same as biomedicine such as stethoscope, thermometer, and blood pressure monitor meter. And would ask them to use any kinds of Thai traditional medicine. Patients could choose by themselves along with the suggestion and diagnosis. And, We would refer patients to the massage staffs. Patients would use Thai traditional medicine as their want and come back to see Thai traditional medical practitioner again to check the result and blood pressure. And, we would evaluate by pain scale checking sheet. After that, the patients would pay for the services fee and herbal medicine at dispense and financial counter at the entrance of Thai traditional medicine department"
>
> (TTM practitioner A, female – 27 years old)

There was a use of scientific knowledge to discipline a services modifying. Medical doctor tried to manage the process of Thai traditional medicine's practices in the hospital as liked as in the same way as biomedicine:

> "Biomedical systems had dominated the changing in many things. For example, Thai traditional medicine must measure blood pressure before gave services as in the same way as biomedicine. If patients had high blood pressure, could not use massage because they would have higher temperature."
>
> (TTM practitioner B, male – 31 years old)

Beside that, all modalities of Thai traditional medicine were communicated in language of biomedicine. Thai traditional medicine in hospital had tried to change in to the same way as a unity to biomedicine system and using biomedical language as the primary mode of communication:

> "Some of Thai traditional medicine knowledge I had studied was lost because I could not use for long time. The Ministry of Public Health should specify ancient words or names of Thai traditional medicine for using in the hospital, such as *pid-ta* (fire) and *wa-ta* (water), and other. But, some hospital did not agreed to use it formally. They controlled to use as same as biomedical language."
>
> (TTM practitioner A, female – 27 years old)

The knowledge was required by biomedical paradigm to learn the technical basis of combination and tried to use the same way of document system:

> "We had the process of OPD card registered and document file of physical examination liked biomedical system. We had to ask history, symptom, and reported on file. Major groups were the elder and working age. Patients with diabetes came

> to used foot massage for sensual. They always had pains and aches. We could check from their files of history data."
>
> (TTM practitioner B, male – 31 years old)

Biomedical knowledge had dominated and changed the ways of traditional knowledge in hospital. Medical doctor tried to manage process of Thai traditional medicine in many things such as the using of biomedical instrument although some of instrument was not usually for Thai traditional medicine. Medicine knowledge and technologies employ power to determine the condition and practice by scientific techniques includes body examination and using equipment with modern technologies:

> "When Thai traditional medicine was brought into sciences, It was integrated the standard technology. Some technology could use to help such as blood pressure monitor. But, something did not useful such as thermometer because if patient got a cold, they would go to see medical doctor, not came here. So, we did not use it. Almost patients came here with the muscle pain."
>
> (TTM practitioner A, female – 27 years old)

> "The scientific technology was important to develop Thai traditional medicine especially in the production. In the past, they would use sunlight for dehydrated. But now, they had technology to control the temperature and humidity completely. It would help to prevent moldy."
>
> (Pharmacist H, male – 33 years old)

***Unaccepted, and unequal:***

In the hospital, biomedical knowledge had accepted more than Thai traditional medicine knowledge. The different knowledge influenced to the different power.

The scientific knowledge of biomedicine had influenced to the power and position of Thai traditional medicine in the hospital. At the same time, the different power or the different knowledge had influenced to determinant critiqued between Thai traditional practitioner and medical doctor:

> "Some medical doctors and nurses looked anti traditional medicine. They thought they know more than me. For example, medical doctor critiqued that this case should not use herbal ball massage, did not use massage, or it should use only sauna although we thought that it usually used herbal ball massage."
>
> (TTM practitioner C, female – 49 years old)

It was the result of scientific knowledge that disciplined the surrendered of a lower status of Thai traditional medicine in the hospital because, in the views of some professional and patient, they had not enough knowledge and unacceptable:

> "In the hospital, some medical doctor did not accepted Thai traditional medicine. Nurses had more accepted than the past. Most accepted were nurses who had ever used. For other nurses, sometime they had both intended and not to look down. They often asked about supported researches. Someone thought that Thai traditional medicine should not provide."
>
> (TTM practitioner A, female – 27 years old)

> "Some patients did not belief what I suggested them about the treatment. They still belief medical doctor more than me. They thought that we were only a massage center."
>
> (TTM practitioner B, male – 31 years old)

> "It still had some nurses did not accept as. The old medical doctors were accepted but the new medical doctors were not accepted as because they have less experience with Thai

> traditional medicine. When I started work here, I had found the disdainfully from eyesight. Many professionals quiet did not believe in Thai traditional medicine knowledge."
>
> (TTM practitioner C, female – 49 years old)

Thai traditional medicine practitioners had a lower role in the treatment decision. When Thai traditional medicine was provided in the hospital, medical doctor also makes decision and influence to the delivery of Thai traditional medicine. And when doctors use Thai traditional medicine or order their patients to combine the two types of medicine, medical doctors necessary needed to improve the quality:

> "For unaccepted was the traditional medical products. It had no statistic supported. And, it could not accept traditional medicine knowledge about the delivery too. It was a critical topic between medical doctor and traditional practitioner. The critique was about the risk of miscarry. I accepted massage. Some doctors ever used it. The massage was easy to practice and more safety. Thai massage had the data pointed the quality. It had long time of knowledge development and people could access easily. "
>
> (Medical Doctor E, female – 41 years old)

If some kind of Thai traditional medicine such as massage, was found to be reasonably safe and effective, it would be accepted. This was a result of scientific method to discipline all ideology in the hospitals.

Only science was admitted as a modern material of validity and based upon the best available scientific information. So, it was unequal between biomedine practitioner and Thai traditional medicine practitioner in the hospital.

Besides, the situation of Thai traditional medicine was influenced by the attitudes of medical professions includes the prognosis with standard treatments and potential for harmful side effects of herbal medicine:

> "In the past, to made medical doctor accepted was very hard. Until now, Thai traditional medicine still was not much accepted. I used my own experience to concern this. Thai traditional medicine was used for therapy. It was the parallel comparing. The other nurses were not open mind so they did not accept. Someone was bias. Thai traditional medicine usually had the scientific information to support for their acceptant, especially in the efficiency of herbal medicine."
>
> (Nurse F, female – 47 years old)

In biomedical system of this hospital, only doctors knew what was important to patients because of their knowledge and professional positioned. The doctors maintained their professional autonomy and remained the main decision makers in hospital practice:

> "When compare Thai traditional medicine with biomedicine, it was different. And, It was unequal. We could not make a decision in many cases. Some case we must wait for the order from medical doctor. Beside that, it was under the controlled of medical doctor. I felt lower than medical doctor in the ability."
>
> (TTM practitioner B, male – 31 years old)

While small numbers of Thai traditional practitioners were practicing in a hospital and in a broad spectrum of specialties, example, massage staffs were in a regulated position to a specific sphere with different type of work that was lower prominent:

> "Massage staffs could not do the prominent worked but would do the works that nobody want to do, such as cleaning and washing. But, the showpiece works would go to biomedicine

> practitioners and the needless jobs would come to Thai traditional medicine and massage staffs."
>
> (Massage staff J, female – 56 years old)

> "I could feel an unequal between modern (bio)medicine and Thai traditional medicine. I remembered that the first time I came here, Thai traditional medicine doctor tried to help me and she took me to OPD building for registered hospital OPD card. I had seen that the officers did not see her like as a doctor. She looked her like a simple staff. I felt like they had lower position officer. I saw Thai traditional medicine was placed in a different section in a back zone. Liked the other and unequal power."
>
> (Patient L, female – 28 years old)

It was clear that there was an imbalance power. From the studied, the hospital was as a central organization form where medical doctors could be a major deliver in medical services. Medical professions had the upper hand because of the status given to their knowledge and professional standing, and their position in the structure as highly educated.

From the studied, within the hospital relationships, the challenged relationship between medical doctors and hospitals has the largest impact on the provision of Thai traditional medicine services with the holding over a hospital control and the domination which impacted upon Thai traditional medicine function.

***Standard and quality controlled:***

In the hospital, biomedical was accepted as the best way of health system. Medical doctors had controlled and used medical knowledge to manage the practices of Thai traditional medicine. The scientific knowledge was accepted and influenced to Thai traditional medicine by develop with the paradigm of scientific methods involved the standard, quality, and technology:

> "In this hospital, medical doctor had a concept of scientific knowledge to develop Thai traditional medicine services in the hospital. It means that Thai traditional medicine had less scientific knowledge than biomedicine so it had standard and quality control."
>
> (TTM practitioner A, female – 27 years old)

The scientific knowledge and methodology had influenced to the position of Thai traditional medicine in this hospital. In medical doctor viewed, Thai traditional medicine should develop in scientific knowledge and should have evidenced base researches to support their efficiency and effective and should develop the methodology especially in the herbal medicine production:

> "The hospital was only allowed to dispense some drugs such as the kariyat that it already had evidence research supported. Thai herbal usually had any research supported before to be a standard. But, in my opinion, although Thai traditional medicine had research supported, it might be also unaccepted. They always afraid side effected."
>
> (TTM practitioner A, female – 27 years old)

> "Thai traditional medicine tried to nominate herbal medicine to contain in the National list of essential medicine but it was rejected. We had the controlling from Ministry of Public Health. They provided standard controlled include services, and quality. And, the Department of Medical Sciences would test our herbal medicine products every year."
>
> (TTM practitioner B, male – 31 years old)

Traditionally, medical doctors had controlled and directed medical knowledge in an absolute manner. There were medicine's power and dominance over the health care system.

The modern medicine applied the scientific knowledge to marginalize Thai traditional medicine in the hospital. It was the creation of medical knowledge which influenced the practiced of Thai traditional medicine in hospital. In the views of medical doctor and pharmacist, Thai traditional medicine was questioned about the scientific knowledge and practical. Their concepts reproduced the domination of biomedical discourse to Thai traditional medicine in hospital:

> "Thai traditional medicine should have more academic knowledge. When it had to nominate the list of herbal medicine to the administration for approval, it should have researches to support the efficiency of herbal medicine. So, if it did not have scientific information to support, we would not suggest to the patients."
>
> (Medical doctor D, male – 52 years old)

> "Thai traditional medicine was depended on the effectiveness. If herbal medicine had more efficiency in safety treatment and evidence enough, it might be accepted."
>
> (Medical doctor E, female – 41 years old)

> "I studied in sciences. If Thai traditional medicine's herbal products had not the quality approved, I would not believe in it. For example, we had known the origin of the turmeric product in the hospital, so we trust it. But, if it was a herbal with unknown original and unapproved plants, it was very hard to believe in use."
>
> (Nurse G, female – 36 years old)

Herbal medicine could use in hospital if it had evidence information as in the same way of biomedical; data to support the quality and standard. And, transformed into a production liked as modern medicine (drug). Pharmacists in hospital dispense medications and advice. They emphasized sterile solutions and

compounds includes in the alternative medical's herb medicine, on the selection and side effects:

> "I think herbal medicine should develop the education for standard. For example, some herb had it specific time for harvest and the steps of growing because it was related to the chemical compounds. The faa ta laai jone (kariyat) was an example. It had highest chemical compounds during flowery. We did not sure the farmer had known or not. Another example, we could produce100 mg of Paracetamol compounds but it hard to produced by calculated liked this in herbal medicine."
>
> (Pharmacist H, male – 33 years old)

Because of the scientific standard, the herbal medicines in the department were depended on the List of Herbal Medical Products A.D.2006 of Thai National Drug Committee. Thai traditional medicine department could not provide herbal medicine with out from the list of Herbal Medical Products A.D.2006 of Thai National Drug Committee and it must be control by Thai Food and Drug Administration too. Beside that, the herbal products in the hospital were controlled the quality in the same way as biomedical drug. Some product was guaranteed from One Tambon (district) One Product or OTOP*. And all products were controlled and approved from the Department of Medical Sciences of the Ministry of Public Health. They would evaluate and verify by the scientific method every one or two years. If the product did not pass the evidence base test, it would not provide in the hospital. The paradigm of scientific was influenced to Thai traditional medicine services in the hospital such as quality control, risk control, examination, and also treatment. It always evaluated quality and verify standard every year. It was the quality control of

* The OTOP program encourages village communities to improve the local products' quality and marketing, selecting one superior product from each tambon (district) to receive formal branding as its *starred OTOP product*. It provides both a local and national stage to promote these products.

Thai traditional medicine services in the governmental public health facilities from Department of Development of Thai Traditional and Thai traditional medicine.

***Less decision power:***

As Michel Foucault (1978) viewed, the power as a relationship was localized and disguised in the hospital system. It is not originated from the ruling class and is not directed to the people who are under that power.

Power has its origin in specialist's knowledge. Power is based on knowledge and makes use of knowledge. The patterns of professional interaction among Thai traditional and biomedical practitioners in integrative health care settings were included the pattern of patient dominating by referrals and diagnostic tests and the decision of biomedical doctor. Although Thai traditional medicine had their own knowledge about *Ayurveda,* they could not decision to treat or use in the hospital:

> "Patients with disease must approve from medical doctor before used Thai traditional medicine. For example, patients who used non-steroidal anti-inflammatory drug for long times, medical doctor would refer them to traditional medicine. They usually had agreement from medical doctor before."
>
> (Nurse G, female – 36 years old)

> "If patient had wound infection or lymphoma, we would not massage for treatment. We only massaged for relaxation. They should consult with medical doctor, not us. And the important, some services, such as Thai massage and herbal medicine, could reimbursable from the insurance. But, it usually signed by medical doctor."
>
> (TTM practitioner C, female – 49 years old)

Biomedicine played a pivotal role in managed and decision all health problems in hospital field which depended on the professional doctor. So, the

positioning between Thai traditional medicine and biomedicine practitioners in the hospital was different, especially in decision power:

> "I had ever seen that there were many cases of the opposing between biomedical doctor and Thai traditional medicine practitioner. Biomedical doctor said that it should do like this, did like that was not corrected. But for all, they always had more decision power than Thai traditional medicine practitioner. And, white hat (nurse) was my head just this!"
>
> (Massage staff J, female – 56 years old)

From the study, although Thai traditional medicine practitioner had their decision in the services, medical doctor always had more decision power:

> "Some cases biomedical doctor could order and refer patient to use Thai traditional medicine without the acknowledge by traditional medicine practitioner. And the important, Thai traditional medicine practitioners could not determine or order in-patients patients to use Thai traditional medicine because, as in this case, only medical doctor could decision."
>
> (Medical doctor E, female – 41 years old)

> "Thai traditional medicine's personnel usually had efficiency work. But, how to be approved was the problem. Their decision was limited. Surely, the scientific knowledge was accepted. Thai traditional medicine should develop a lot of academic. The different was a work system. They must try to increase further development for more knowledge."
>
> (Medical Doctor D, male – 52 years old)

Thai traditional medicine practitioner had a lower decision power than medicine doctor because they had not enough knowledge in biomedicine point of

view. The decision power had been shifted to doctor's hands in many times. Medical doctor had a decision and influenced to a lower position of Thai traditional medicine.

***Unrespect:***

As, Thai traditional medicine was reduced in to a type of mhor nuad as the villager language although it was provided in the hospital. These groups of statement provided a constructive knowledge and belief that governed the way of thinking and the relation to controlling, positioning, and practicing which meaningful.

It was quite clear from my interviews that the sexual connotation attached to massage therapy and it had posed problems for massage staffs. The massage environment in the healing space was warm and might use beds and lotions that was a specific essential oil that could motivate a sexual environment as opposed to a healing environment.

I found that massage staffs had pointed out the relation between them and their patients that represent the contestation of unrespect and molest. It could represent the lower power of massage staff because of attached from economic and political role:

> "I had found the problem of fast hand molest. Many male customers used their hand touch my body, my hip, and my hand. They were not respected to my job. I did not even have to do anything because I must do my duty completely."
>
> (Massage staff I, female – 42 years old)

> "Some customer said he wanted me to be his wife and tried to phone me many times. He said he stay alone at home. I angry so I said I was not available because my husband was a fiercer. Ha! (laugh). Sometime his brother (penis) was stand up during massage but I still continue work because it was my duty. How could I do if customer required me."
>
> (Massage staff J, female – 56 years old)

Power relation between patient and massage staff was influence by the attitude towards the identity of massager. The result had effected to the ideology of patient to the viewing of massage staff. This influenced by reduced the value and molest.

Some patient associated with male clients, especially wife or girlfriend, might become jealous when another woman was touching her man. It could represent these themes through a story about the woman who jealous her husband:

> "Many time I had found the case of a wife jealous her husband. Sometime, I felt anger so I had to go out and walked into the toilet and screamed by without sound."
>
> (Massage staff J, female – 56 years old)

Massage staffs wanted to change the myth of a sexual practice as mhor nuad because they wanted to take pride in being health care practitioners. According to massage staffs, all massages had therapeutic qualities.

> "Massage staffs had more professional. I got knowledge from my school. Mhor nuad as they thought did not go to the school or get their licenses but they work in closed room!"
>
> (Massage staff I, female – 42 years old)

The profession of massage therapy had developed around the therapist beliefs of what health care should be as their vision of professional although their condition was unrespect from patient. The concepts of mhor nuad increased boundaries between professional and nonprofessional. It seems to be as sexual connotations of the words masseur or mhor nuad came to exist.

Beside, I had found the position of male massage staff in which away from the concepts of female massage, as the words masseur, but also attached to sexual connotation too. In this point, it could be represent the unrespect to massage job. For example, many times, male massage rejected by his patient because of his

gender. Female patients did not want other man tough her body and also male patients did not want a gay stereotyped guy tough his body too:

> "I shy and felt strange if male massage staff tough my body. It was not suitable. I think, other female customers would be thought like this too. And, also in the case of male customers, I think, they might dislike a gay tough their body too. Mhor nuad job was matched to female more than male."
>
> (Patient L, female – 28 years old)

## 5.2 Resistance of Thai traditional medicine

The concept of resistance was an important part of the power relationship between biomedicine and Thai traditional medicine. To concern about of Thai traditional medicine in the hospital, it should concentrate on space and time. I attended to explore how truth and morality were established, resistance, and challenged in terms of a creative traversing of the field of possible action.

***Developed self-subjectivity:***

To challenge power was not a matter of seeking some absolute truth in which it was the possibility of reversal within force relations and impositions of power on subjects that was fundamental to the creative possibilities for resistance within power. This would clarified what how practices and forms of subjectivity are intertwined and how self-transformative practices of self-subjectivity are.

In this study, I had found that the actions of Thai traditional medicine were concerned with capacities to development and the effective in serviced. The concepts of Thai traditional medicine practitioners had represented that statement:

> "In the past we were only center but now we could be the training source. It made us develop. I needed to use my knowledge from my studied to work. The theory framework

> that I had learned was good too. When patients used and got better, it was ok. Not only patients with pain problems but also severe disease such as last period cancers patients. They needed mental therapy and medical doctor would send them here. These patients would have helped. They wanted to die peacefully."
>
> (TTM practitioner A, female – 27 years old)

> "In fact, as everybody needed, I wanted to had free style in thinking and doing without limited frame. The hospital should not force but should support. When we wanted to do anything, they should not disagree. Why must have research supported?"
>
> (TTM practitioner B, male – 31 years old)

> "Thai traditional medicine was being to be a modern trend and stronger. Thai traditional medicine knowledge was being to improve and being more accept than the past. The major group of acceptant was patients. If medical doctor accepted, it would be easier. But the heart of the matter variable was the nurse. Nurses were a large group who would suggest to their patients. If nurse still hesitated, it would effect to this chance."
>
> (TTM practitioner C, female – 49 years old)

As the result of space and time, Thai traditional medicine was provisioned in the biomedicine hospital.

It was in the position under the power and controlling of hospital bureaucracy. So, it was influenced to the limitation of the resistance actions, so, Thai traditional medicine had transformed resistance to become entirely reactive in development of self-subjectivity.

***Identities maintaining:***

In the hospital, biomedicine was believed to be the best medical system applying practical medically scientific knowledge and technologies and arrangement of working patterns in service organization. Culture of biomedical science was denied the traditional belief system and superstition and also depended on positivist and evident. Although Thai traditional medicine had provided and influenced by biomedical field, they still had maintained their traditional identities in the hospital that included believe and pray and also the sacrifice.

Identity was the relation each thing bears just to itself. Thai traditional medicine also had their identity in the hospital. I had found the worship shelf of *Jivaka Kumar Bhacca*'s graven image, the father of Thai traditional medicine doctor, and the image of Buddha on the top of the door in front of examination room. All patients must pass this way. And, I had seen many time that patients and Thai traditional medicine staffs had respected acting and prayed before went to inside. It was the form of believe and unscientific in the hospital. It was one of the from of the resistance to the scientific paradigm:

> "In the hospital, there was many biomedicine personals did not believe in praying. But, we believed. So, we had provided the shelf in this room and always pray before worked. This was a shelf of *Jivaka Kumar Bhacca*'s graven image in the hospital. We provided and wanted to make a respect to our god teacher. That was our identity."
>
> (TTM practitioner A, female – 27 years old)

> "*Dr.Jivaka Kumar Bhaccha* was a distinguished medical doctor, contemporary to the Buddha. He was being honor as the father of Thai traditional medicine and herbal therapy, massage, and many more. He was became thus the Teacher. We provide his image's shelf for praying and remembering our identity."
>
> (TTM practitioner B, male – 31 years old)

The other identity of Thai traditional was the traditional name of their space. Liked we had knew that all modalities in hospital were communicated in the language of biomedicine that included the English name of services room such as OPD, OR, ICU, and others.

Thai traditional medicine department did not use the name liked as biomedicine. They still used the name of herbal plants and lucky words such as *phu ngern* (silver betel)*, phu horm* (fragrant betel)*, phu thong* (golden betel) and others herbal plant's names and lucky words:

> "We gave the name of herbal and luckily to all rooms in the department. For example is *ngern* (silver) and *thong* (golden). It was different from biomedicine. It could represent ourselves that different from other sections. Our identity was a traditional knowledge that involved the believe about lucky and Thai traditional words for communicate our selves."
>
> (TTM practitioner A, female – 27 years old)

The resistance by identities maintaining of Thai traditional medicine in the hospital would represent the ways of its holding position and space in the hospital. Thai traditional medicine tried to keep their identities in biomedical science hospital.

***Public Relation:***

Thai traditional medicine had provided the sustainable that constructed by patient's need and public relation. Thai traditional medicine practitioner tended to define the resistance in the positive action towards biomedicine by public relation the good side of the integration:

> "Biomedicine always ready to dominate Thai traditional medicine. So, we should emphasize on responsible to patients need. And tried to public relation what we had done. I thought it could be sustainable. Because the sustainable was depend on patients. It could fulfill the treatment. It did not true to

> chose only one type of treatment for patient. I wanted to say that there were different in good sides and could integrate together."
>
> (TTM practitioner A, female – 27 years old)

To resistance to the discourse of domination, Thai traditional medicine would be empowerment by promoted and presented as more known. Now, Thai traditional medicine in the hospital had more recognized than in the past and got more needs from patient, especially in herbal medicine. So, there were some herbal medicine product stocked at the pharmacy part of biomedical space:

> "As now, my head tried to promoted and presented our worked. She wanted to empowerment Thai traditional medicine to be more known. Until patients had more wanted to use traditional medicine, especially in herbal medicine. So, the hospital had herbal medicines stocked in the pharmacy room of the OPD building for supported the comfortable of patients."
>
> (TTM practitioner B, male – 21 years old)

The Thai traditional medicine practitioners in hospital tried to provide social's positive reception by public relation to resist the domination discourse such as old-fashion, low education, and others. They emphasized on patients need that could help to provide the sustainable position in the hospital. They wanted to be integrated more than only choice or alternative.

***Integrated knowledge with biomedicine:***

The influence of biomedical science discourses had impacted to the position of Thai traditional medicine. In this point, Thai traditional medicine practitioners tried to learn about biomedicine to provide their power and up graded their position in the hospital. In this study, the others form of resistance of Thai

traditional medicine was in the form of integrated knowledge as in the mentions of Thai traditional medicine practitioner:

> "To learn about biomedicine was good. Learned and integrated was good. We could use technology with the examination process. It would help to diagnose such as blood pressure that could help to harm to the side effect. And it also helped us to support the positive results of our treatment. Biomedicine and Thai traditional medicine could learn together. It should be integrated knowledge more than used one side to be dominated all. We should fulfill each other. Now, we were in the same hospital and our objective was for the patient health, as the same. Although it made us looked more science, the old knowledge was always better in my opinion. But, if some knowledge had not accepted, it could not use. If Thai traditional medicine would like to go on, we should provide our efficiency by integrate knowledge. However, if compared, Thai traditional medicine in hospital had more standard than out side."
>
> (TTM practitioner A, female – 27 years old)

> "Biomedical doctor did not try to learn about Thai traditional medicine. There was Thai traditional medicine usually to learn them. And, biomedicine tried to change the language for the treatment. In reality, biomedicine and traditional medicine usually tried to learn both of knowledge together."
>
> (TTM practitioner B, male – 31 years old)

Thai traditional medicine practitioners worked at the micro level in hospital to boost their image and their form by pulled professionalizing from general traditional practices and from biomedicine. They also pulled from alternative belief systems which balancing to construct practiced as professional health care.

***Intervened traditional knowledge with biomedicine:***

Thai traditional medicine had transfer traditional knowledge with biomedicine practitioners to resisted power of biomedical knowledge. At the same time, the result of the resistance between traditional medicine knowledge and biomedicine knowledge had influenced to the position of biomedicine practitioners in the hospital too.

Now, Thai traditional medicine was stand in the biomedical field as an important role in patient care. In this study, this form of resistance of Thai traditional medicine was constructed through the transfer of traditional medicine knowledge to practitioners of biomedicine. It could represent as Thai traditional medicine practitioner mentioned:

> "Thai traditional medicine practitioners had tried to transfer traditional knowledge to other section such as nurses and other biomedicine practitioners. Nurses had lower ego than medical doctors and others, so, they might be more accept in Thai traditional medicine knowledge to be a part of their worked."
>
> (TTM practitioner A, female – 27 years old)

I had found this point from the concepts that nurses in this hospital had mentioned. They had worked with Thai traditional medicine to their patient and they had received the knowledge from Thai traditional medicine:

> "If we knew only biomedicine, when our hospital had Thai traditional medicine, we would learn from them. When patients asked, we could answer them. If we could not, we would loss our image. For example, we could suggest what herbal used for diabetes. And could introduce them used herbal medicine that hospital produced. If we did not know about the answer of the questions that our patients asked, we

> would ask from Thai traditional practitioners or searched from internet."
>
> (Nurse G, female – 36 years old)

> "At first, Thai traditional medicine was not accepted by nurse. I worked in biomedicine. I had seen the traditional medicine at home before and found that it had no more things. Until the administration broad wanted to use Thai traditional medicine for patients, we could use Thai traditional medicine services too. I thought it was quiet good. Now, it was the part of our work."
>
> (Nurse F, female – 47 years old)

The form of knowledge was transferred and integrated involve both sides of Thai traditional medicine practitioners and biomedical practitioners. Biomedical practitioners, especially were nurses, had accepted and tried to learn about Thai traditional medicine knowledge because Thai traditional medicine would involved in to their work. There was not only Thai traditional medicine influenced by biomedical discourse but also biomedicine influenced by Thai traditional medicine knowledge.

***Deny in actions:***

Many times, Thai traditional medicine practitioners were forced with the critical from the different knowledge between biomedical practitioners and Thai traditional medicine practitioners. It was the encounter between different powers of knowledge. Power relations might be the force and negotiation depending on the relationship system on which the relation was based. There were the results of domination discourse, especially the low education that made Thai traditional medicine in the hospital looked like the simple thing that had less knowledge. So, many of biomedicine practitioners used their knowledge to critique and used their standing point to rejection. By this point, Thai traditional medicine practitioners would use their knowledge to force biomedicine practitioners and tried to deny in actions:

> "There were many times that the nurses came here and wanted to got herbal medicine. If they wanted to get herbal medicine but had no health problem, I would not give to them. They said that they had known the symptom. They said they were fined but just wanted to get some herbal medicine. They thought they knew all. They had knowledge enough and I should give it to them. But I still did not give because it was unusually."
>
> (TTM practitioner A, female – 27 years old)

> "If I found nurses or medical doctors tried to point out in the different concepts from my Thai traditional medicine knowledge background, I would present them for the truth that supported by my knowledge (Thai traditional medicine). And, sometime I could not accept and did not do as they thought if I had sure that they did not true in which depend on my Thai traditional medicine knowledge."
>
> (TTM practitioner B, male – 31 years old)

Thai traditional medicine was not only increasingly popular and frequently used but also growing in scientific field. Thai traditional medicine was fighting hard against their provision in mainstream medical care in the hospital.

However, the interactions were the discussions between biomedical practitioners and Thai traditional medicine practitioners about the treatments. Despite differential knowledge of Thai traditional medicine treatments, biomedicine practitioners made recommendations that based on their scientific knowledge.

But, many times, Thai traditional medicine practitioners would deny this different and tried to do as they thought that was useful which depend on their knowledge too. This was the form of resistance that depended on the standing point based on knowledge. However, it was not every time that Thai traditional medicine could deny and used their standing point in the hospital.

***Refusal to service:***

As, the construction of the subject to Thai traditional medicine service was reduced from whole traditional knowledge to be only a massage type of mhor nuad as the villager language meaning. It transformed the meaning of mhor nuad to the problem of molest. In this point, the resistance of this unrespect was happened in Thai traditional medicine services. The massage staffs had resisted by refused to give any service for the customers who had ever molested them. Sometime massage staff had climbed out through the window or hided form their patient. It was the result of the unhelpful of their head. So, they resisted and refused to provide service and avoided to face to face with their patients:

> "I had three customers who were molested me. They had ever molested me many times in both of speech and action. I had ever climbed out through the window and avoid to service many times. I would not service to some customers who were the rudely guys. You see! Nobody wanted to be molested."
>
> (Massage staff I, female – 42 years old)

> "I could not do anything if I was molested. Although I had found the heavy molest, I could not endure. When I told my head, she said that I should take care myself. The customer was as like as a god. If I had seen that he came, I could only walk out. I would not work for the man like that. My work was used knowledge and professional not others."
>
> (Massage staff J, female – 56 years old)

Since the discourse of mhor nuad was dominated to the position of massage staffs, it shaped the terms of massage staffs with the constructing a sexual identity. Massage staffs wanted to take pride in being health care practitioners. They tried to replace the sexual image with the showing that massage was the healing that using the techniques of professionalism and tried to developed professional status for their Thai traditional medicine practiced.

# CHAPTER VI
# CONCLUSION, DISCUSSION, AND RECOMMENDATION

This research focuses on the discourse of Thai traditional medicine in the hospital. The objective of this research is to study the discourse of Thai traditional medicine and to explain contestation of knowledge and resistance of Thai traditional medicine in the community hospital. The study would help to understand the discourse, contestation of knowledge, and resistance of Thai traditional medicine in the community hospital context. The result of this study could demonstrate the development of Thai traditional medicine in hospitals and it would help to suggest the appropriate direction of integrated health care development. The results of this research can be conclusion, discussion, and recommendation as the follows:

## 6.1 Conclusion

The concentrate of this research is response on the following questions: (1) How is the discourse of Thai traditional medicine in the hospital? (2) How is the contestation of knowledge of Thai traditional medicine in the hospital context? and (3) How is the resistance of Thai traditional medicine in the hospital? The results have leaded me to understand discourse of Thai traditional medicine in hospital.

There were many discourses encountered as pluralistic in community hospital (discursive field). The finding of this study indicated that Thai traditional medicine in the hospital was influenced by many discourses include holistic health care, health promotion, natural and safety, the healer, and cost reduction; and the discourse of Thai tradtional medicine such as choice and alternative, old-fashioned, Ayurveda and non-scientific, low-education and less of knowledge, mhor nuad and unprofessional that could summarize as follows:

6.1.1 The hierarchy of organization structure in the hospital has conformed the function and strategy context. Thai traditional medicine is in the part of

the hospital health service group which administrated by medical doctor and nurse. The major role of Thai traditional medicine is health promotion and supporting in treatment. It was subordination because it was a service under the direct authority of biomedical doctor and nurse.

Thai Traditional medicine practitioner's position name had changed from Thai traditional medicine doctor to (applied) Thai traditional medicine practitioner. It was one from of discursive practice of discourse through the identified language to control the position of Thai traditional medicine by reduce from traditional doctor to one of supporting professional.

There was also new technology generated in Thai traditional medicine with a mix of contemporary scientific knowledge involving the diagnosis process, information system, technology, and used of biomedical language in identified symptom.

There was a tendency for creating uniformity among systems and standardization of Thai traditional medicine in hospital. It was attempted through what was often criticized as biomedicalization. The limitation of Thai traditional medicine services in the hospital had reduced in to only types of massage and some of Herbal medicine. From the figure, the major type of use was body massage, herbal ball massage, herbal medicine, foot massage, and others.

6.1.2 The discourse of Thai traditional medicine in hospital was based on knowledge and maked use of knowledge. The concepts of the discourse of Thai traditional medicine were the relationship between knowledge, biomedicine institutions, subjectivity and power. It could be classified discourse of Thai traditional medicine in hospital include holistic health car, health promotion, natural and safety, healer, and cost reduction. The others discourse of Thai traditional medicine involved choice and alternative, old-fashioned, Ayurveda and non-scientific, low-education and less of knowledge, and the representative of mhor nuad and unprofessional were constructed the lower position of Thai traditional medicine in the hospital.

The holistic health care was the main concept of Thai traditional medicine. It influenced to the reasoning of the provision of Thai traditional medicine in the hospital. The holistic health care was the idea that the professionals needed to emphasize on physically, spiritually, mentally, and socially. It constructed knowledge

and subjectivity that influenced to the opinion, belief and meaningful values. And, patient viewed Thai traditional medicine that it could help to promote their holistic health not only body care but also mind and emotion therapies.

The discourse of health promotion of Thai traditional medicine was on the threshold of exciting developments in health and health care of the hospital. Health promotion was a pivotal point of an expanding public health movement. The professionals believed that Thai traditional medicine could help the hospital to develop health promotion for their patients. Patient would use Thai traditional medicine such as herbal medicine and massage for relaxing and for promoted health. They believed that it could help them lived longer than used modern medicine.

The discourse of the naturalistic and safety of Thai traditional medicine produced meaning of health that emphasized on safety and naturalistic care. These were based on traditional practiced that considered to be natural therapy treatments. Biomedicine practitioners believed in the naturalistic of some types of Thai traditional medicine that had evidence information to support the safety and efficiency. Patients viewed that Thai traditional medicine was a natural treatment and natural product that was safety and without side effect.

The used of Thai traditional medicine in hospital would request to prove or testing for safety and effectiveness. Some types of Thai traditional medicine had found their place into the medical practice standard in the hospital. So, many knowledge of Thai traditional medicine was lost and disappeared in the hospital.

The power of Thai traditional medicine was constructed from the acceptant and need of patient. Thai traditional medicine constructed themselves as equal to patients whom they were helping. There was also a language shift from patients to customer that really showed the differences between how biomedical and Thai traditional medicine practitioners view people under their care.

Biomedicine deals with people as patients while Thai traditional medicine called them as customers rather than patients that attempted to empowerment for the patients. Thai traditional medicine practitioners were divided to the healers. Massage staffs might perceive the term healer as putting in the position of healing somebody. But they wanted patient worked together with their massage staffs

by decision. Thai traditional medicine constructed themselves as equal to those whom they were helping.

Beside, The discourse of Thai traditional medicine through integrative approaches achieved through lower utilization of expensive medical interventions such as pharmaceuticals and medical visits and the fact that many of these interventions reducing hospital cost.

The discourse of choice and alternative of Thai traditional medicine was influenced to the subordination position of Thai traditional medicine that reduced true value. This discourse was not only occurred in the hospital but also in the government policies. The provision of Thai traditional medicine in hospital was related to the rationalities and government's policies for increased choice and it could be an alternative treatment to decreased side effects for patient.

Thai traditional medicine subjected to traditional knowledge that was old-fashioned. The professional concepts toward Thai traditional medicine seem to claim to legitimize features of biomedical knowledge that it was still to be seen as modern.

Modernize involved practitioners and organizations and standards to follow, governing and practices. In this discourse leaded to the moving between standard images of a health care professional and an innovative vision of what Thai traditional medicine professional could be. Biomedical doctor did not understand the traditional language of Thai traditional medicine and some medical doctor did not believe in the knowledge of traditional medicine that was old-fashioned medicine, out of date, and should be developed in the same way as biomedicine.

The discourse of Ayurveda and non-scientific had allowed mainstream biomedicine gained a monopoly. Thai traditional medicine also viewed as unbelievable, and non-scientific. In the viewed of medical doctor, the concept of Thai traditional medicine was related to knowledge. It was influenced by the discourse of low-education and less of knowledge of Thai traditional medicine. Biomedicine strives for a standard of care that was based upon the best available scientific information.

Beside, Thai traditional medicine was referred as mhor nuad (massager/masseur) that was the meaning as unprofessional. Although Thai traditional

medicine was provided in the hospital, patient viewed that Thai traditional massage staffs was liked as mhor nuad. It was also unprofessional in the meaning. Someone looked down massage staff. The historically of massage therapy has been marginalized as associated with unprofessional. It had seen to be the sexual connotations of the words mhor nuad or masseur that it had come to exist in an action of unrespect behaviors. Patient viewed that Thai traditional medicine's massage staffs was liked as mhor nuad who were unprofessional.

Social constructed the meaning of Thai traditional medicine and reduced it from whole traditional treatment to only massage type of mhor nuad which humbleness. Someone looked down massage staff and did not understand true value. The discourse of mhor nuad and humbleness had increased boundaries between professional and nonprofessional.

Beside that, the influenced from the massage ideology in prostitute business since 19$^{th}$ century in Thailand had constructed the mhor nuad as a sexual job. That made some massage staffs were molested by their patients because they are dealing with sexualized parts of body.

However, the constructed of nonprofessional of their status had influence to the viewed of biomedicine as they had less quality. Massage staffs wanted to take pride in being health care practitioners. They tried to replace the unprofessional and sexual image with the showing of massage as the type of healing and the healthy by using techniques of professionalism to developed professional status for their practiced.

6.1.3 The contestation of knowledge of Thai traditional medicine in hospital was in the form of integrated. The integrated between Thai traditional medicine and biomedical services was interesting. Trend of growing was the result of the discourse of Thai tradtional medicine include holistic health car, health promotion, natural and safety, healer, and cost reduction. The hospital wanted to develop the health care services of the hospital. The way of organized practices of Thai traditional medicine was related to rationalities and techniques of economic and financial. The hospital would gain the profit from herbal medicine products and massage services and the efficiency.

When Thai traditional medicine was provided in the hospital, it would provide the services standard for the hospital. Thai traditional medicine practitioner believed that the established of Thai traditional medicine services in biomedicine's hospital would increased the credit of Thai traditional medicine.

Although the government gives priority to Thai traditional medicine, it is not suggested that the Thai traditional medicine is fully integrated. The idea of using in hospital would need to rapidly develop the capacity of traditional knowledge that was a scientific and technical support of biomedicine to explain.

Thai traditional medicine provided in hospital was not the original traditional knowledge but it was an applied sciences. Thai traditional medicine practitioner must be licensed before worked in the hospital or providing services to patients. The role of Thai traditional medicine was limited in treatment to diseases. It was the result of the discourse of Thai tradtional medicine involved choice and alternative, old-fashioned, Ayurveda and non-scientific, low-education and less of knowledge, and the representative of mhor nuad and unprofessional.

The contestation of knowledge of Thai traditional medicine in hospital was gesture the limitation of Thai traditional medicine. The hospital was a space of experience of form that contested the application of norms that regulated. The hospital provided Thai traditional medicine included Thai massage, body massage, face massage, foot massage, herbal ball massage, herbal medicine, and others.

There was a systematic rejection of other perspectives and an insistence that biomedicine was the chief force that had led to the huge improvements in public health. Thai traditional medicine services were selected by scientific methodology and concept of reasonable which depended on biomedical knowledge. It also used for therapy such as relaxation, pain relief, and health promotion. The different knowledge from scientific knowledge made traditional knowledge did not approve to provide in the hospital.

In the hospital field, biomedicine was believed to be the best medical system applied scientific knowledge and arrangement of working patterns in service. It played a pivotal role in managing and controlling the position of Thai traditional medicine. That was the form of power relation. Since biomedicine identity was

dominant, it had shaped the terms of massage therapy for constructing Thai traditional medicine department's identity.

The scientific knowledge had influence to the acceptant of some types of Thai traditional medicine and some herbal medicine products which had evidence based research supported the efficiency and safety. The boundaries of biomedicine and their licensor established what Thai traditional medicine practitioners and staffs were and were not allowed to do or said as professionals. It meant that, if Thai traditional medicine practitioners wanted to be professional, they must do what biomedicine did.

Thai traditional medicine had lower power than biomedicine. Biomedicine's scientific knowledge was accepted as a higher education and had influenced to the position of Thai traditional medicine in the hospital. For example, the position's name of Thai traditional medicine practitioner was only a practitioner not a doctor, made the meaning of lower ability than medical doctor. So, they had lower acceptant to made the determinant.

A problem with integration was seen to be a characterized. Biomedical doctors tried to take over and control Thai traditional medicine. Thai traditional medicine department had used the same system with biomedicine such as information system, documentary system, treatment process system, and technology. There was a use of scientific knowledge to discipline a services modifying.

Medical doctor tried to manage the process of Thai traditional medicine's practices in the hospital as liked as in the same way as biomedicine. Beside that, all modalities of Thai traditional medicine were communicated in language of biomedicine. Thai traditional medicine in hospital had tried to change in to the same way as a unity to biomedicine system and using biomedical language as the primary mode of communication.

In the hospital, biomedical knowledge had accepted more than Thai traditional medicine knowledge. The different knowledge influenced to the different power. Thai traditional medicine practitioners had a lower role in the treatment decision.

When Thai traditional medicine was provided in the hospital, medical doctor also makes decision and influence to the delivery of Thai traditional medicine.

If some kind of Thai traditional medicine such as massage, was found to be reasonably safe and effective, it would be accepted. This was a result of scientific method to discipline all ideology in the hospitals. Only science was admitted as a modern material of validity and based upon the best available scientific information.

It was clear that there was an imbalance power. The hospital was as a central organization form where medical doctors could be a major deliver in medical services. In the hospital, biomedical was accepted as the best way of health system. Medical doctors had controlled and used medical knowledge to manage the practices of Thai traditional medicine.

Biomedicine played a pivotal role in managed and decision all health problems in hospital field which depended on the professional doctor. Thai traditional medicine practitioner had a lower decision power than medicine doctor because they had not enough knowledge in biomedicine point of view. The decision power had been shifted to doctor's hands in many times. Medical doctor had a decision and influenced to a lower position of Thai traditional medicine in hospital.

Beside, the sexual connotation attached to massage therapy and it had posed problems for massage staffs. The massage environment in the healing space was warm and might use beds and lotions that was a specific essential oil that could motivate a sexual environment as opposed to a healing environment.

Massage staffs had pointed out the relation between them and their patients that represent the contestation of unrespect and molest. The lower power of massage staff because of attached from economic and political role.

6.1.4 The resistance of Thai traditional medicine in the hospital challenged in terms of a creative traversing of the field of possible action. The actions of Thai traditional medicine were concerned with capacities to development and the effective in serviced.

Although Thai traditional medicine had provided in biomedical field, they still had maintained their traditional identities in the hospital that included believe and pray and also the sacrifice. Thai traditional medicine also had their identity in the hospital such as worship shelf of Jivaka Kumar Bhacca's graven image, the father of Thai traditional medicine doctor, and the image of Buddha in the department. It was

the forms of believe and unscientific in the hospital. It was one of from of the resistance to the scientific paradigm.

The other identity of Thai traditional was the traditional name of their space. Thai traditional medicine department did not use the name liked as biomedicine. They still used the name of herbal plants and lucky words such as phu ngern (silver betel), phu horm (fragrant betel), phu thong (golden betel) and others. The resistance by identities maintaining of Thai traditional medicine in the hospital would represent the ways of its holding position and space in the hospital.

Thai traditional medicine had provided the sustainable that constructed by patient's need and public relation. Thai traditional medicine practitioner tended to define the resistance in the positive action towards biomedicine by public relation the good side of the integration.

To resistance to the discourse of domination, Thai traditional medicine would be empowerment by promoted and presented as more known. Now, Thai traditional medicine in the hospital had more recognized than in the past and got more needs from patient, especially in herbal medicine. So, there were some herbal medicine products stocked at the pharmacy part of biomedical space.

The influence of discourse of biomedical science had impacted to the position of Thai traditional medicine. In this point, Thai traditional medicine practitioners tried to learn about biomedicine to provide their power and up graded their position in the hospital. In this study, the others form of resistance of Thai traditional medicine was in the form of integrated knowledge. They also pulled from alternative belief systems which balancing to construct practiced as legitimated and professional health care.

Besides, Thai traditional medicine had transfer traditional knowledge to biomedicine practitioners to resisted power of biomedical knowledge. Now, Thai traditional medicine was stand in the biomedical field as an important role in patient care. This form of resistance of Thai traditional medicine was constructed through the transfer of Thai traditional knowledge to the practitioners of biomedicine. The form of knowledge was transferred and integrated involve both sides of Thai traditional medicine practitioners and biomedical practitioners.

Biomedical practitioners, especially were nurses, had accepted and tried to learn about Thai traditional medicine knowledge because Thai traditional medicine services would involve in to their work. It meant that, there was not only Thai traditional medicine had influenced by discourse of biomedicine but also biomedicine had influenced by Thai traditional medicine knowledge too.

However, Thai traditional medicine practitioners were forced with the critical from the different knowledge between biomedical practitioners and Thai traditional medicine practitioners. It was the encounter between different powers of knowledge.

There were the results of domination discourse, especially the low education that made Thai traditional medicine in the hospital looked like the simple thing that had less knowledge. So, many of biomedicine practitioners used their knowledge to critique and used their standing point to rejection. But, Thai traditional medicine practitioners would use their knowledge to force biomedicine practitioners and tried to deny in actions.

However, the interactions were the discussions between biomedical practitioners and Thai traditional medicine practitioners about the treatments. Thai traditional medicine practitioners would deny this different and tried to do as they thought that was useful which depend on their knowledge too. This was the form of resistance that depended on the standing point based on knowledge.

In addition, the construction of the subject to Thai traditional medicine service transformed the meaning of mhor nuad to the problem of molest. The resistance of this unrespect was happened in Thai traditional medicine services. The massage staffs had resisted by refused to give any service for the customers who had ever molested them.

Since the discourse of mhor nuad was dominated to the position of massage staffs, it shaped the terms of massage staffs with the constructing a sexual identity. Massage staffs wanted to take pride in being health care practitioners. They tried to replace the sexual image with the showing that massage was the healing that using the techniques of professionalism and tried to developed professional status for their Thai traditional medicine practiced.

## 6.2 Discussion

Community hospitals are located in the district level to serve the local population. It is the front line of medical and health care services of to introduce equitable modern medical care in rural areas (Leethochawalit, K., 2000). Thailand has had a long and successful history of health development. Most hospitals in Thailand operated by the Ministry of Public Health. The majority of health care service in Thailand is delivered by the public sector. The community hospitals are usually limited to providing primary care, while referring patients in need of more advanced or special care to general or regional hospitals.

The hospital is seen as a central organization form that doctors can deliver medical services. Medical professions have the upper hand because of the status given to their knowledge and professional standing, and their position as highly educated. Although Thai traditional medicine is provided in hospital, it is a subordinate system in hospital because the ideology of Thai traditional medicine is distinctly different from biomedicine. There is an imbalance power in the hospital relationship. As Choengsathiensab, K. (2004 in Thai) concerned, biomedicine depends on scientific method but Thai traditional medicine does not emphasize on it. So, the scientific ideology of quality standards of biomedicine that emphasize in the scientific evidence base, objectivity, and experimental data would be influence on the emerged of Thai traditional medicine under the structural context and condition of the hospital.

**Binary opposition between powers of knowledge**

Discourse creates regulatory spaces in which Thai traditional medicine identities are formed, reinforced and reproduced. These discourse comparable to an omnipresent disciplinary regime that employed as a means to maintain control over conceptions and practices in Thai traditional medicine identification to guarantee that identities are normativity.

A binary opposition or binary system is a pair of related terms or concepts that are opposite in knowledge between Thai traditional medicine and biomedicine. Binary opposition is the system by which in language, thought, methodology, and practice. The opposite of knowledge of biomedicine is strictly against to Thai traditional medicine knowledge.

There were unequal powers between two systems. In this hospital, Thai traditional medicine had lower power than biomedicine. Biomedical scientific knowledge was accepted as a higher education and had influenced to the position of Thai traditional medicine in the hospital. Thai traditional medicine was not fully accepted. Biomedicine had more acceptant than Thai traditional medicine.

Although Thai traditional medicine had provided, it could not fully integrate and could not use their knowledge to treatment the disease in the hospital. The different knowledge between Thai traditional medicine and biomedicine was a binary opposition. There are a large number of biomedical practitioners who question the reliability of Thai traditional medicine, for example, biomedicine had consistently viewed Thai traditional medicine practitioners as unscientific, unprofessionally, and unreliable as far as biomedical practitional standards are concerned as Shuval (1999) had cited:

> "Biomedical practitioners who refer patients to traditional medicine generally believe that it is an appropriate alternative if there is a good reason to believe that it could do no harm."
>
> (Shuval, 1999)

It was clear that there was an imbalance power in the medical relationship. Knowledge had governed the way of Thai traditional medicine provision in the hospital. Knowledge and power always interconnected. Every embodiment of knowledge involved an increase in power (Foucalt, 1978). The domination provided a constructive of knowledge and the way of thinking and the relation to controlling, positioning, and practicing which meaningful. It constructs the topic and defines and produces the objects. It governs the way that a topic can be meaningful.

In the hospital, the different knowledge had influenced to the different power. The scientific knowledge of biomedicine had influenced to the power and position of Thai traditional medicine in the hospital. It was the result of dominated discourse in attempted to determined view of Thai traditional medicine that was different from the biomedicine level.

Thai traditional medicine had a lower status than biomedicine because, in social viewed, they had not enough knowledge. The form of power is exercised and practiced through medical knowledge. When Thai traditional medicine was provided in the hospital, medical doctor also makes decision and influence to the delivery of Thai traditional medicine. Thai traditional medicine practitioners had a very lower role in the treatment decision. And when doctors use Thai traditional medicine or order their patients to combine the two types of medicine, medical doctors necessary needed to improve the quality.

From the study, discourse of scientific knowledge and methodology of biomedicine had influenced to the position of Thai traditional medicine in this hospital. In biomedicine viewed, Thai traditional medicine should develop in scientific knowledge and should have evidenced base researches to support their efficiency and effective and should develop their methodology especially in herbal medicine production.

So, There were only some herbal medicine produced in the hospital such as wormwood capsules and herbal cosmetic such as lemon grass shampoo. And, the hospital was approved only herbal medicine in the List of Herbal Medical Products A.D.2006 of Thai National Drug Committee to provide in the hospital. However, encounter between Thai traditional medicine and biomedicine influenced to the limited of Thai traditional medicine service and position in the hospital.

However, the integration of alternative practitioners into the biomedical fortress has become possible after economic condition and competition have created an environment in which collaboration between biomedical and Thai traditional medicine practitioners could take place as Nissim (2005) mentioned:

> “They had used such alternative therapies as nutritional supplements, herbals and natural body compounds, massage, mind and body treatments, meditation, and relaxation therapy. Some got these treatment through their regular doctors or an traditional medicine”.
>
> (Nissim, *et. al*, 2005)

There is a feeling among Thai traditional medicine that biomedicine is holding integration back with its refusal to allow Thai traditional medicine in the hospital. They still want to be viewed as legitimate and given their rightful place as equal as the health care providers in the hospital.

**Governmentality and normalizing**

Besides constructing the discourse of Thai traditional medicine thus associating knowledge with power, the normalizing judgment also operates the hospital's norm regulation. In the hospital, as Michel Foucault put it, the disciplinary apparatuses hierarchized the good and bad subjects in relation to hospital management. The concept of provided Thai traditional medicine in hospital was related to governmentality to produced rationalities and mentalities that fulfilled government's policies as its objective for the promotion of health and was exercised by produced the rationalities and mentalities of increase choice and decrease side effect for patient health and organized practices through the techniques of economic and financial to gained profit and benefit for hospital.

Power of biomedicine is no means restricted to the Thai traditional medicine in hospital although the hospital is very often implicated in power relations. Thai traditional medicine in hospital was influenced by the power of many discourses. It was a form of power that based on knowledge and maked use of knowledge. Power of biomedical knowledge had shaped and created its own fields of exercise through Thai traditional medicine knowledge.

The hospital was the key resource and center of the practice of power. Hospital not only delivered primary patient care but also known as a large employer of health workers with various medical conditions requiring diagnosis and treatment. Patients were most likely to see in their own community and to go to if they have health problems. While Thai traditional medicine had entrance into the biomedical fortress in hospital, they did not provide adequate conditions for a thorough epistemelogical integration of the two medical systems, or even over the doctrine of biomedicine in the hospital setting. Scientific medicine continued to exercising its power through professional field. Doctors had controled and directed medical

knowledge to determind resources and services control. They maintained a position and used their power to control over the hospital.

Michel Foucault focused upon questions of how some discourses have shaped and created meaning systems that had gained the status and currency of truth, and dominate. From the study, Thai traditional medicine was subordination under the direct authority of biomedical doctor and nurse. Although it managed by nurse as a head of department, the paradigm and biomedical discourses had influence to the point of view and the management. The various forms of knowledge are present in a hospital, included biomedical and other non-biomedical knowledge involved in the hospital's bureaucratic in many levels such as administrative, legal, technical and so on, as Geogropoulos and Mann (1983) mentioned:

> "Although the knowledge base of each area is different in nature, it is embedded with in the bureaucratic hospital system that divides the healthcare system into sub-units of operation."
>
> (Geogropoulos and Mann, 1983)

The discourse of integration and holistic health care were influenced to the paradigm of the interested in Thai traditional medicine. From the study, the power of Thai traditional medicine in hospital was related to the knowledge of health promotion that leaded to the acceptant and need liked the study of Tantipidok, Y. (2000 in Thai) that recommended development of Thai traditional medicine integrated in order to achieve comprehensive and holistic health which should be supported to be other professional liked organizations and be supported for research development.

Power of biomedicine has seen the rise of disciplinary power which operates through techniques such as hierarchical in the hospital, normalizing scientific management, and quality control to Thai traditional medicine in the hospital as Amandy and Stephen (2004) mentioned:

> "The functioning in the hospital was fractured by the conflict between the beuraucratic system existing within the

> organization by medical doctors are in a powerful position to reject any attempt to control the practice of all medical practitioners".
>
> (Amandy and Stephen, 2004)

From the study, biomedicine was believed to be applied scientific knowledge and arrangement of working patterns in services. It played a pivotal role in managing and controlling the position of Thai traditional medicine. This was the form of power relation. Thai traditional medicine also viewed as unaccepted, looked like superstition, and had unequal education background. Power is based on knowledge and makes use of knowledge to construct the truth for control (Foucault, 1978) that made medical doctor had power to controlled and limited the Thai traditional medicine in the hospital.

The patterns of professional interaction among Thai traditional medicine and biomedical practitioners in integrative health care settings was included the pattern of referrals and diagnostic tests and decision by biomedical doctor, regulating Thai traditional medicine practitioners to a specific sphere and accepting only evidence data, and using biomedical language as the primary mode of communication.

The determination of what constitutes medical harm remains exclusively within the domain of biomedicine. This attitude is shaped to a great extent by the nature of the doctors' knowledge about the scientific knowledge base and practice of the traditional medicine (Nissim *et. al*, 2005). Doctors who favor collaboration with Thai traditional medicine practitioners express cautious recognition of the possible positive effects of alternative treatment, but always exclude the knowledge base from their discussion.

**Emancipation of Thai traditional medicine in hospital**

Emancipation has gained the enabling Thai traditional medicine to take control of and to free themselves from the structures of dominated.

From the study, Thai traditional medicine in the hospital was reduced to only the herbal medicine and massage services and decreased in to type of massager or mhor nuad, as the villager language, although it was provided in the hospital. It had

influenced to the power relation between biomedicine personnel and Thai traditional medicine staff, and also between Thai traditional medicine staffs and their patients.

Massage staff has found a gap, stemming from the perceived problems of the biomedical system. In order to compete and grow as a profession, massage staffs have professionalized and asserted a new form of competence that distinguishes their emancipation from the dominant discourse. The profession of massage staff has developed around therapists' beliefs of what health care should be, their vision of professionalism (Mychel, 2009).

In the hospital, massage staffs would be unprofessional to their clients if the discourse of mhor nuad was involved in the meaning. The sexualized myths about massage staff should to change. It is up to massage staffs to destabilize these myths by presenting to the public a very professional style of massage and by insisting that they want to be seen as professionals. It is quite clear from my interviews that the sexual connotation attached to massage staff poses problems for massage staffs as Mychel (2009) concerned:

> "If massage therapists were separated from the sexualization both sex workers and massage therapists would have the sexualized myths about massage staffs are going to change slowly. It is up to massage therapists to destabilize these myths by presenting to the public a very professional style of massage and by insisting that they want to be seen as professionals. It is quite clear that the sexual connotation attached to massage therapists poses problems for massage staffs. If massage therapists were separated from the sexualization, both sex workers and massage therapists would have more legitimacy and safety and would not have to deal with gray areas or blurred lines of who is willing to do what."
>
> (Mychel, 2009)

The used of biomedicine knowledge in order to specific practices in the hospital and define their boundaries in accordance with standards of biomedical

professionalism as a legitimizing technique with the biomedical model also helps Thai traditional medicine, especially massage staff, solidify their identity as health care practitioners. Besides, Thai traditional medicine tried to resistance to the domination by mentioned to biomedicalized and provided the positive actions by the acceptant of patients and public relation, negotiation, refusal, integrated knowledge, identities maintaining, and intervened the traditional knowledge to biomedicine. It could be said that Thai traditional medicine worked at the micro level in hospital to boost the image of themselves and their form of Thai traditional medicine to biomedicine. They did this by pulled professionalizing from general traditional practices and from biomedicine. They also pulled from Thai traditional medicine belief systems which balancing to construct practiced as legitimated and alternative professional health care (Mychel, 2009). However, resistance defines power and hence becomes possible through power. Without resistance, power was absent. Michel Foucault (1978) viewed power-resistance as grants individuality to agencies in the part of power worked. Where there was power, there was resistance. The variety of forms and practices taking place in the hospital arena is viewed by Michel Foucault as part of the discourse, which is constituted through its rules of formation, its condition of emergence and its correlation with other practices (Prior, 1988).

Power of Thai traditional medicine practiced through the discourse of the holistic health which producing meaning of health care that emphasized on the decision of choice, holistic and naturalistic care, health promotion and focus on the interconnectedness of body, mind, emotions, social, and spirit. It was conformed to the study of Sherer, P. and et, al. (2009) that explored the meanings of Thai traditional medicine were integrated self-care, the decision of choice to care, holistic care, naturalistic care, non-western medicine, the inferior medicine, the preventive medicine and the cultural wisdom medicine. The reason of using Thai traditional medicine in term of ability to self-care and promotion and maintaining of health and balance to health were also found to be the predictors of Thai traditional medicine use.

The discoursed and constructed subjectivity of Thai traditional medicine which involving the opinion, belief, and values to practice, so it was meaningful. It could say that discourse governed the way that a topic of Thai traditional medicine provision in the hospital was meaningful.

## 6.3 Recommendation

***Recommendation from the research:***

6.3.1 Although government gives priorities to Thai traditional medicine by provided health policy and implemented, it is not suggested that Thai traditional medicine is fully integrated. The providing of Thai traditional medicine in hospital should be fully integrated more than provide some types of treatment to be a choice or only alternative. And, should more accept in the different between knowledge such as language, identity, and epistemology. This will help to develop health care services in hospital and management knowledge between traditional and modern for the sustainable of holistic health care in the hospital.

6.3.2 Government should improve the policy of Thai traditional medicine provision in hospital by emphasize on the discourse of Thai traditional medicine and the influences of many discourses to the position of Thai traditional medicine and traditional knowledge. Not only emphasize on political-economy, but also focus on holistic health care that depend on integrated between knowledge and should use the scientific paradigm to cooperate applied more than uses to controlling.

6.3.3 The hospital should help to support and promote the image and meaning of Thai traditional medicine in hospital to be one of medical knowledge that has power more than reduced values of Thai traditional medicine to be only some type of massages. Thai traditional medicine has more than massage, sauna, and some herbal medicine. It should be provided the traditional treatment in the hospital by empower between traditional knowledge and scientific methodology to apply in the integrated views from both side, not only the determinant from one side of biomedicine. Beside that, the hospital should try to transform the meaning of massage staffs to be one of medical professional more than only mhor nuad.

***Recommendation for future research:***

6.3.4 The political-economy concepts of herbal medicine products should be analysis.

6.3.5 The sexual harassment to massage staff should be studied.

6.3.6 The gender related topic (female, male, and gay, et al.) of massage staff should be researched.

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# APPENDICES

# APPENDIX A
# DOCUMENTARY PROOF OF RESEARCH ETHICS

COA.No.2011/100.1905

## Documentary Proof of The Committee for Research Ethics (Social Sciences)

**Title of Project:** Power and Discursive Practice of Alternative Medicine in Hospital: A Case Study of District Hospital in Nakhon Pathom Province
(Thesis for Ph.D.)

**Principal Investigator:** Mr. Phitsanu Aphisamacharayothin

**Name of Institution:** Faculty of Social Sciences and Humanities, Mahidol University

**Approval includes:**
1) MU-SSIRB Submission form version received date 12 May 2011
2) Participant Information sheet for Facilitator date 12 May 2011
3) Participant Information sheet for Customer version date 12 May 2011
4) Informed Consent form version date 7 March 2011
5) Interview Guideline version received date 12 May 2011
6) Observation Guideline version received date 12 May 2011

The Committee for Research Ethics (Social Sciences) is in full compliance with International Guidelines of Human Research Protection such as Declaration of Helsinki, The Belmont Report, CIOMS Guidelines and the International Conference on Harmonization in Good Clinical Practice (ICH-GCP)

**Date of Approval:** 19 May 2011
**Date of Expiration:** 18 May 2012

**Signature of Chairman:** .....

(Emeritus Professor Santhat Sermsri)

**Signature of Head of the Institute:** .....

(Assoc. Prof. Dr.Wariya Chinwanno)
Dean of Faculty of Social Sciences and Humanities

Office of The Committee for Research Ethics (Social Sciences), Faculty of Social Sciences and Humanities,
Mahidol University, Phuttamonthon 4 Rd., Salaya, Phuttamonthon District, Nakhon Pathom 73170. Tel.(662) 441 9080 Fax.(662) 441 9081

# APPENDIX B

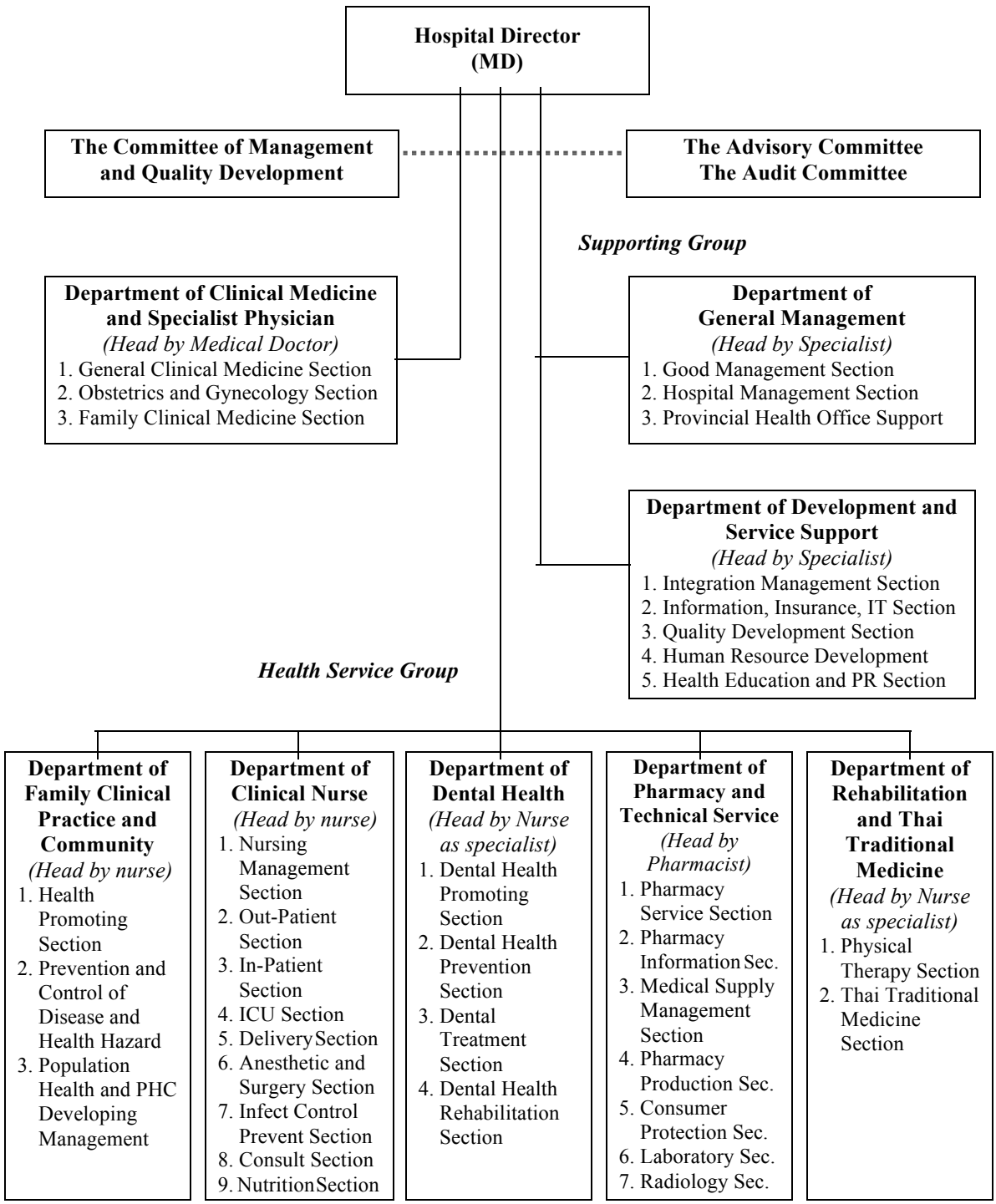
# CLASSIFICATION OF THE HOSPITAL'S PERSONNEL

| POSITION | NUMBERS (year 2011) |
|---|---|
| Medical Doctor | 5 |
| Dentist | 4 |
| Pharmacist | 3 |
| Nurse | 66 |
| Public Health Specialist | 2 |
| Medical Technician | 1 |
| Medical Radiation | 1 |
| Technical Nursing | 1 |
| Community Health Official | 2 |
| Dental Health Official | 4 |
| Pharmacy Official | 2 |
| Medical Statistic Staff | 1 |
| Thai Traditional Medicine Practitioner | 3 |
| Administration Staff | 3 |
| Financial and Accounting Staff | 2 |
| Procurement Staff | 1 |
| Nutrition Staff | 1 |
| Massage staff | 22 |
| Thai Traditional Medicine Staff | 7 |
| Others (Biomedical Staff) | 77 |
| TOTAL | 208 |

(From: Hospital's Annual Reports 2010-2011)

# APPENDIX C

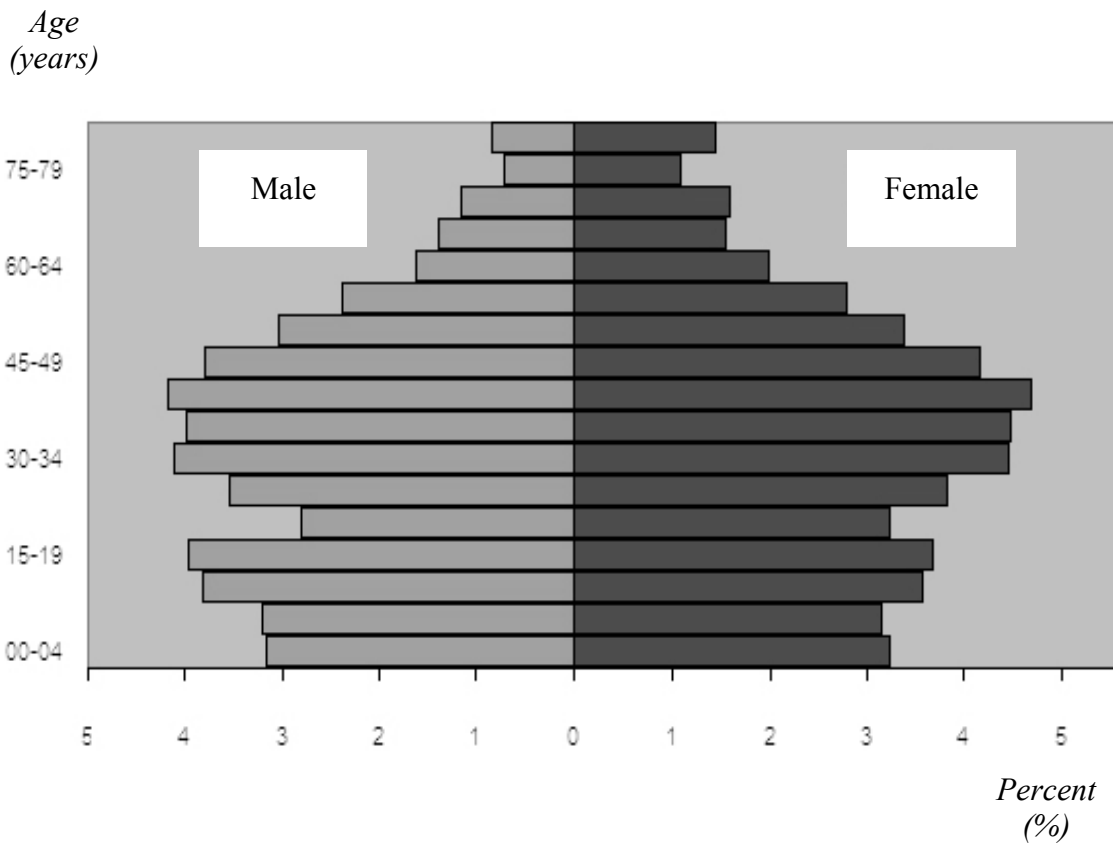
# THE HOSPITAL'S ORGANIZATION STRUCTURE



# APPENDIX D

# THE POPULATION PYRAMID CHART OF THE HOSPITAL

POPULATION IN YEAR 2010




Total number of population is 48,844 persons

(From: Hospital's Annual Report 2010-2011)

# APPENDIX E
# THE MAJOR HEALTH PROBLEMS IN THE HOSPITAL AREAS

| ORDER | DISEASES / HEALTH PROBLEMS | GROUP |
|---|---|---|
| 1 | Hypertension | Coronary Artery Disease |
| 2 | Diabetes | Coronary Artery Disease |
| 3 | Stroke and Cerebrovascular Accident | Coronary Artery Disease |
| 4 | Dental Disease | Dental Disease/Problem |
| 5 | Mothers and Infants | Mean Corpuscular Hemoglobin |
| 6 | Dengue | Emerging-Re Emerging Disease |
| 7 | Influenza | Emerging-Re Emerging Disease |
| 8 | Tuberculosis Disease | Chronic Obstructive Pulmonary |
| 9 | Asthma | Chronic Obstructive Pulmonary |
| 10 | Human Immunodeficiency Virus (HIV) | Sexual Transmitted Disease |

(From: Hospital's Annual Report 2010-2011)

# BIOGRAPHY

| | |
|---|---|
| **NAME** | Mr. PHITSANU APHISAMACHARAYOTHIN |
| **DATE OF BIRTH** | 23rd April 1980 |
| **PLACE OF BIRTH** | Nakhon Pathom Province, Thailand |
| **SCHOLARSHIP** | THE 60th YEAR SUPREME REIGN OF HIS MAJESTY KING BHUMIBOL ADULYDEJ<br>Faculty of Graduate Studies, Mahidol University |
| **INSTITUTIONS ATTEND** | Mahidol University:<br>Doctor of Philosophy (Ph.D.)<br>(Medical and Health Social Sciences)<br>Silpakorn University:<br>Master of Education (M.Ed.)<br>(Development Education)<br>College of Medicine, SWU University:<br>Doctor of Medicine (M.D.)<br>Sukhothai Thammathirat University:<br>Bachelor of Public Health (B.P.H.)<br>Bachelor of Communication Arts (B.Com.Arts) |
| **OTHER COURSES** | School of Medicine, Jiaotong (交通大学) University:<br>Medical Terminology & Human Anatomy<br>International School, Jiaotong (交通大学) University:<br>Basic Chinese Language & Chinese Study<br>Saint John University:<br>English International Communication (66 credits)<br>Huachiew Chalermprakiet University:<br>English (68 credits) |
| **HOME ADDRESS** | Nakhon Pathom Province, Thailand |
| **LAST OFFICE** | Siriraj Medical School, Siriraj Hospital |