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Worlding Traditional Medicine

A Case from Thailand

by Iris Dzudzek

presentation given at the virtual conference

**“Locating and Timing Matters:
Significance and Agency of STS in Emerging Worlds”**

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Abstract

In my research project on “worlding medicine” I follow the genesis, enactment, and circulation of scientific facts in the field of traditional medicine in Thailand. Therefore, I set out for the multiple trajectories and mundane practices of diverse actors.

STS scholars focus on how biomedical technologies and standards travel globally. Feminist and postcolonial STS scholars argue, that these often circulate along the route of globalization understood as universalizing western knowledge, neoliberalism, neo-colonialism and humanitarian reason structured by epistemic and physical violence. Drawing on fieldwork in Thailand, I argue that in contrast to mainstream medical discourses the making of scientific facts in traditional medicine is more than a simple translation of traditional knowledge into biomedical facts.

I introduce worlding as a way of ethnographic theorizing in order to open an alternative perspective that contrasts this hegemonic understanding of globalizing health as unidirectional distribution of technological and political health standards. It allows to enter into dialog with actors about their world-making practices, how they unequally live and share their bodies, infrastructures, technologies, and (scientific) evidences in order to understand the global entanglements of traditional medicine.

In my talk I show how actors in the field of traditional medicine in Thailand enact a medicine that diffracts the taxonomies of the seemingly separate worlds of hard bioscience and traditional belief systems in their scientific world-making practices. Mapping these diffractions enables me to tell a story about the making of scientific facts and worlds that crisscross global space and to decentre the geopolitics of biomedical knowledge.

Iris Dzudzek (PhD) is Assistant Professor in Human Geography at the University in Münster, Germany, with an interest in the geographies of STS. In her research she engages with the worldings of Thai Traditional Medicine. For her work on the governmentalities and power effects of the globally circulating creative policy script she was awarded the prize for the best PhD thesis in German Human Geography.

Introduction

In my on-going research project on “worlding medicine” I follow the genesis, enactment, and circulation of scientific facts in the field of traditional medicine in Thailand. In my multi-sited ethnography, I observe how scientific knowledge is made *in situ*. Therefore, I went to forests with traditional healers and ethnobotanists. They documented plants and notated their local names. They exchanged stories about recipes, fields of application and modes of action. I followed the plants on their way to botanical gardens or to scientific herbariums, where they were dried and provided with scientific names. It takes a number of further steps until a safe and effective medicine will be available in the market. In the end, I reconstructed a comprehensible trace of scientific references from forest over labs to market.

Traditional or Biomedical Knowledge?

But what kind of scientific fact is it that develops here? Is it traditional medical knowledge? Or is this biomedical knowledge? The questions that I want to answer here are: How is traditional medicine transformed into scientific facts? How are scientific categories transgressed in this process?

Research Design

The research I present today is based on months of fieldwork in Thailand, where I did participatory observation and interviews with experts who engage in the production of knowledge on traditional medicine.

Following the famous medical anthropologist Joao Biehl, I call my research strategy “worlding as ethnographic theorizing”. “Ethnographic theory emerges from and in conversation with people and world-making practices, with various ways of knowing and relating. It is a way of staying connected to open-ended social processes and unknowns – a way of counterbalancing the generation of certainties and foreclosures by other disciplines” (Biehl 2016: 136).

Worlding means drawing together stories from different contexts, different places and different scales in order to destabilize a “narrative of globalization” (Biehl 2016: 132) that grants biomedicine a gold standard.

Traditional Medicine in Thailand

Traditional Medicine in Thailand is heterogeneous and has roots in China, Burma, Laos and Cambodia. It is influenced by Ayurveda, Traditional Chinese Medicine, Khmer traditions and locally diverse folk medicines.

In the early 20th century, modern biomedicine became the dominant medical paradigm in Thailand. Practicing traditional medicine was finally prohibited. During the last 40 years, traditional medicine has experienced a renaissance and become a political project. The reasons therefore are complex.

- Pharmaceutical companies have an increasing interest in traditional medical herbs, since in the 1990ies international free-trade agreements such as TRIPS have paved the way to internationally enforce intellectual property rights.
- Some civil society groups criticize insufficient access to modern pharmaceuticals due to WTO agreements and patent laws. They call for greater independence from transnational pharmaceutical companies.
- The state has passed a law to protect traditional medical wisdom.
- The king promotes a ‘sufficiency economy’. The promotion of traditional medicine has become part of this strategy.

“Traditional Thai Medicine” – as it is taught at Thai universities today – is much more homogeneous than the mundane traditional ways of healing 40 years ago.

Scholars from anthropology as well as history show that neither traditional nor biomedicine are stable entities. Traditional medicine was invented with the birth of the institutionalization of modern biomedicine. It is only since modern biomedicine gained momentum as standardized, analytic and universal that traditional medicine was constituted as holistic, individual and contextual.

The difference between traditional and biomedicine is powerful in every day life, because it reiterates in policies, standards, curricula, scientific research and myriad healing practices every day.

In the remaining minutes I want to show how world-making practices in traditional medicine diffract the taxonomies of the seemingly separate worlds of hard bioscience and traditional belief systems.

Therefore, I will tell two narratives about how traditional medicine became a scientific fact in Thailand.

First Narrative

Traditionally, recipes for herbal medicines contain about 30 to 40 ingredients that are individually composed for the needs of the patient. The problem is, traditional doctors are only permitted use, prescribe, buy or sell these traditional herbal medicines, if their safety and efficacy is biomedically proven.

I learned from specialist in ethnopharmacy from Prachin Bury that “it is impossible to biomedically proof the safety and efficacy of recipes with so many ingredients. A further problem with the biomedical proof – but also the advantage of traditional medicine – is that these ingredients all interact with each other” (Interview with the Head of the International Relations Office of Abhaibhubejhr Hospital, Prachin Buri, February 2017).

This is way traditional recipes are reduced to a maximum of 5 components. Mostly, they are reduced to one. During this process a new traditional medicine emerges that misses core qualities:

- Only plant components are tested. Metals and animal components are excluded due to regulations.
- The individualization for one person gets lost.
- The interactions of ingredients are neglected.

- The medicine loses its magic. The spiritual part of healing is excluded.

At the same time, the proof of safety and efficacy provides the opportunity to patent an innovation. Currently, traditional medicine is heavily subsidized and marketed.

The literature calls this process the “biomedicalization” of traditional medicine (Ijaz and Boon 2018). Through labs, national and international biomedical standards, the Food and Drug Administration, Good Manufacturing Practices, international free trade agreements and national law traditional medicine becomes part of globalized biomedicine:

But, there are always two sides to every story and this is why I will reverse my argument now.

Second Narrative

Numerous research institutions in Thailand test the efficacy of traditional medicine with biomedical research methods. They range from smaller clinical trials to the biomedical gold standard: the randomized controlled trial.

I met the Head of the “Department of Developmental and Alternative Medicine”, a research department of the Ministry of Public Health in Bangkok. Surprisingly, in her view there is no lacking of evidence-based biomedical research on traditional medicine in Thailand. She and her team analyzed hundred-sixty academic studies that explore the impact of traditional medicine on human beings.

“We found, none of the studies has been a study that starts from the diagnosis in traditional medicines” (Interview with the Head of the “Department of Developmental and Alternative Medicine” of the Ministry of Public Health, Bangkok, February 2017, Par. 71).

What she stresses is that the current “biomedical research does not achieve the standards of traditional medicine” (ibid., Par. 50).

I want to illustrate this with an example. A clinical trial has tested the efficacy of a traditional medicine for COPD. COPD stands for chronic obstructive pulmonary disease. It is characterized by long-term breathing problems and poor airflow. Until today COPD is incurable. Biomedical treatment can only alleviate symptoms.

Traditional medicine in Thailand conceives of health as balance between the four elements earth (din), water

(nahm), wind (lom) and fire (fi). Illness is caused by imbalance. The wind element controls the energy flow within the body and regulates blood and pulmonary circulation. In traditional medicine the aforementioned treatment is applied to balance the earth-element.

But how can you test the efficacy of a traditional treatment for curing COPD, if it is originally designed to treat “wind-disorder”? What the reference system of biomedicine labels a “disease”, is a “symptom” in traditional medicine. So, whose diagnostic and scientific categories are suitable for the clinical trial?

“You cannot jump directly to the intervention and try to prove the intervention itself. First, you have to see where these kinds of things come from and what is their traditional or cultural value [...]” the Head of the “Department of Developmental and Alternative Medicine” argues (ibid.).

“The parameter that you measure and the intervention must be reciprocal: In conventional medicine for the fever, you use the thermometer, that's why. But for the traditional one, what do you measure? That you need to think.” (ibid.).

That means, instead of testing the efficacy of wind-disorder-treatment against COPD, a trial tests the efficacy of wind-disorder-treatment against wind-disorder first. And second, it investigates the interrelation between traditional wind-disorder and COPD.

Why do I tell this story in such great detail? What I find striking is, that during this process wind-disorder becomes a category of biomedicine.

On the one hand, traditional medicine transforms into biomedicine as I have shown in the first part of the talk. But on the other hand, traditional medicine also transforms biomedical classifications.

The concept of „diffraction“ seems suitable for explaining what happens here. Donna Haraway describes it as „interpenetration of boundaries between problematic selves and unexpected others and [...] the exploration of possible worlds in a context structured by transnational technoscience“ (Haraway 2004, 70).

In my case, diffraction characterizes the reconfiguration of traditional medicine through biomedical gold standards as well as the inscription of categories from traditional medicine into the biomedical mainstream.

Conclusion: Worlding Traditional Medicine

To conclude: The medical anthropologist Mei Zhan reminds us that worlding is “not a replacement for globalization, but [...] a heuristic device to think through the multiple spatiotemporalities in and of knowledge production” (Zhan 2009, 23 f.).

Drawing on the concept of „worlding as ethnographic theorizing“ I have shown how actors in the field of traditional medicine in Thailand enact medicine in their scientific world-making practices. This enactment diffracts the classifications of the seemingly separate worlds of hard bioscience and traditional belief systems.

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