



Theme: Moving towards the conservation of indigenous medicine knowledge in the Mekong Basin

5-7 September 2012

Phoenix Room 5 & 6, IMPACT Exhibition and Convention Center
Nonthaburi, Thailand

Organized by

Department for Development of Thai Traditional and Alternative Medicine
Ministry of Public Health, Thailand

Supported by

Thai Traditional Medical Knowledge Fund
School of Medicine, Mahasarakarm University
Chao Phraya Abhaibhubejhr Hospital

Proceedings of The Fifth Meeting of Indigenous Medicine in the Mekong Basin





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Preface

The Fifth Meeting on Indigenous Medicine in the Mekong Basin, held during 5-7 September 2013 at the IMPACT Exhibition and Convention Center in Nonthaburi, Thailand, was a continuous effort, following the previous meetings held twice in Thailand and twice in China, to strengthen the collaboration among folk healers, academics, and the national authorities concerned to conserve valuable indigenous medicine knowledge. In preparation for the meeting, Department for the Development of Thai Traditional and Alternative Medicine (DTAM), as the host of the meeting, officially appointed the organizing committee to help organize and develop the programme of the meeting and draft the framework of collaboration of “*The Collaborative Network of Indigenous Medicine in the Mekong Basin*”.

47 invited delegates from Cambodia, China, Lao PDR, Myanmar, Thailand and Vietnam, 9 foreign observers, and 21 local observers participated in this significant event. Participants of the meeting had a chance to learn about current situation of indigenous medicine in each country through country report presentations and participated in the experience sharing during the showcase session on the second day.

Significant outputs of the Fifth Meeting on Indigenous Medicine in the Mekong Basin was the official establishment of “**The Collaborative Network of Indigenous Medicine in the Mekong Basin**” and the point of contact in each member country, and the formulation of the areas and forms of cooperation to conserve indigenous medicine knowledge and promote the sharing of experience and information.

The Proceedings compile the information about the meeting, information on country report presentations, showcases and biodata of folk healers from each country, as well as the summary report of the meeting of the Collaborative Network of Indigenous Medicine in the Mekong Basin and the framework of cooperation.

We were grateful to all participants from the six countries of the Mekong Basin for the generous sharing of their knowledge and expertise on indigenous medicine. We are grateful for Assoc. Prof. Dr. Usa Klinhom, Assoc. Prof. Dr. Panee Sirisa-ard, Dr. Suphaporn Pitiporn and her staffs, Prof. Dr. Chayan Picheansoonthon and Assist. Prof. Dr. Choosak Nithikathkul who helped interview the folk healers to obtain more information on their work experience to make the proceedings more complete. We also thanked Miss Benjama Boonterm for her hard work on the compilation of the information during and after the meeting and for the preparation of the proceedings.

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About the Meeting



The Fifth Meeting on Indigenous Medicine in the Mekong Basin

5-7 September 2012

Phoenix Room 5 & 6, IMPACT Exhibition and Convention Center
Nonthaburi, Thailand

1. BACKGROUND

Countries of the Mekong Basin; namely, Cambodia, Lao PDR, Myanmar, Thailand, Vietnam, and southern province of China, are home to many ethnic groups of people. One of the most valuable indigenous knowledge of ethnic people in this region is ethno-medicine knowledge passed down from generation to generation of folk healers constituting valuable indigenous medicine of each country. Though indigenous medicine is not integrated as a part of health service system, the role of indigenous medicine in the healthcare of ethnic people and the potential of this traditional medical knowledge for future research on new herbal medicines is well recognized by the Ministry of Health of every country.

With such awareness, attempts have therefore been made to organize the meetings of folk healers from countries of Mekong Basin as a platform to exchange their knowledge and experience on indigenous medicine practice and medicinal plants used and to form a network of folk healers from the six countries involved. The First and Second Meeting on Indigenous Medicine in Mekong Basin was initiated by the School of Traditional and Alternative Medicine, Chiangrai Rajabhat University, Chiangrai province, Thailand, while the Third and Fourth Meeting were held in Jinghong and Kunming in Yunnan Province, China, respectively.

In 2012, the Fifth Meeting was hosted by the Department for Development of Thai Traditional and Alternative Medicine (DTAM), Thailand Ministry of Public Health, in collaboration with Thai Traditional Medical Knowledge Fund, School of Medicine, Mahasarakarm University, Mahasarakarm province and Chao Phraya Abhaibhubejhr Hospital, Prachinburi province.

2. OBJECTIVES

The main objective of this Meeting was to set the stage for the network of folk healers to share their knowledge and for the government officers who are involved with the conservation of indigenous medicine and the practice of folk healers to strengthen and step up this area of collaboration to the international level.

3. ORGANIZERS

The meeting was organized with the cooperation of the following offices: -

- 1) Institute of Thai Traditional Medicine, Department for Development of Thai Traditional & Alternative Medicine (DTAM), Ministry of Public Health
- 2) Bureau of Thai Indigenous Medicine, DTAM, Ministry of Public Health
- 3) School of Medicine, Mahasarakham University, Mahasarakarm province
- 4) Chao Phraya Abhaibhubejhr Hospital, Prachinburi province

4. PARTICIPANTS

Delegates working as the government officers or folk healers from the countries of the Mekong Basin; namely, Cambodia, People's Republic of China, Lao PDR, Myanmar, Thailand, and Vietnam, were invited to participate this meeting.

5. DATE AND VENUE

The meeting was held at Phoenix Room 5&6, IMPACT Exhibition and Convention Center, Nonthaburi during 5-6 September 2012 and at DMS6 Building, Department for Development of Thai Traditional and Alternative Medicine, Ministry of Public Health, Nonthaburi on 7 September 2012.

6. ACTIVITIES

The Meeting comprised of country report presentations, showcases of selected indigenous medicine practice of participating countries, meeting to formulate network of collaboration and work plan, and the study visit. The Meeting was held in concurrence with the 9th National Herbs Exposition and the 9th Conference on Thai Traditional Medicine, Thai Indigenous Medicine and Alternative Medicine at the IMPACT Exhibition and Convention Center, Nonthaburi. Hence, participants also had an opportunity to experience the exhibition of Thai traditional medicine, Thai traditional and indigenous massage and various kinds of indigenous medicine practices shown in the exposition.

7. BUDGET AND FINANCIAL SUPPORT

The meeting was supported by Thai Traditional Medical Knowledge Fund in amount of 2,300,000 Thai Baht.

8. PROGRAMME OF THE MEETING

Tuesday 4 September 2012

09.00-18.00 hrs. Arrival of Delegates
Registration at the hotel

18.00 hrs. Working Dinner at the restaurant

Wednesday 5 September 2012

08.30-10.00 hrs. Attend the opening ceremony of **“the 9th National Conference on Thai Traditional Medicine, Indigenous Medicine and Alternative Medicine”** at the IMPACT Exhibition and Convention Center, Nonthaburi

10.00-12.00 hrs. Visit the exhibition on Thai Traditional Medicine and Thai Massage

12.00-13.30 hrs. Lunch

13.30-14.00 hrs. The opening ceremony of **“the Fifth Meeting on Indigenous Medicine in the Mekong Basin”**
- Report by Dr. Pramote Stienrut, Director, Institute of Thai Traditional Medicine
- Opening remarks by Dr. Suphan Srithamma, Director-General, Department for Development of Thai Traditional & Alternative Medicine, Ministry of Public Health
- Photo session

14.00-17.00 hrs. **Country Report Presentation** on Indigenous Medicine by Cambodia, China, Lao PDR, Myanmar, Vietnam and Thailand

18.00-20.00 hrs. Welcome dinner

Thursday 6 September 2012

- 08.30-09.00 hrs. Attending the “Bai Sri Su Kwan” ceremony (Thai traditional blessing ceremony)
- 09.00-12.00 hrs. **Showcase** of 2-3 types of on indigenous medicine by Cambodia, China and Lao PDR
- 12.00-13.00 hrs. Lunch
- 13.00-17.00 hrs. **Showcase** of 2-3 types of on indigenous medicine by Myanmar, Vietnam and Thailand
- 18.30-20.00 hrs. Dinner with Thai Puppet show (Hoon Lakorn Lek) at Ramayana Restaurant

Friday 7 September 2012

- 09.00-12.00 hrs. - **Meeting** of the Collaborative Network on Indigenous Medicine in the Mekong Basin
 - Formulation of the framework of collaboration
 - Adoption the Report of the Meeting
 - Date and venue of the 6th Meeting on Indigenous Medicine in the Mekong Basin
 - Closing of the Meeting
- 12.00-13.00 hrs. Lunch
- 13.00-17.00 hrs. Study visit at Wat Pho
(Wat Pho, also known as the Temple of the Reclining Buddha, is located near the Grand Palace and the Temple of the Emerald Buddha. It is the place where the knowledge of Thai traditional medicine, Thai traditional massage (Nuad Thai), and Ruesi Dudton (traditional stretch exercise) were recorded and displayed as inscriptions on the marble tablets, illustrations, and sculptures placed around the temple for the people to learn from. In 2011, UNESCO recognized Wat Pho with “Memory of the World” award and placed these Epigraphic Archives of Wat Phoon “the Memory of the World International Register” for being of “outstanding universal value”.
- 18.00-20.00 hrs. Farewell Dinner

Saturday 8 September 2012

- All day Departure of Delegates

Opening Session (Day 1: 5 September 2012)



Report of
DR. PRAMOTE STIENRUT
Director, Institute of Thai Traditional Medicine,
for the opening session of
The 5th Meeting on Indigenous Medicine in the Mekong Basin
5 September 2012
Phoenix Room 5-6, IMPACT Exhibition & Convention Center

Dr. Suphan Srithamma, Director General of the Department for Development of Thai Traditional and Alternative Medicine, Ministry of Public Health, Thailand

On behalf of the Distinguished Delegates of the 5th Meeting on Indigenous Medicine in the Mekong Basin, invited observers and the organizing committee, we are honored that you have graciously presided over the opening of the meeting today.

The Mekong Basin covering half of the ASEAN Member States; namely, Cambodia, Lao PDR, Myanmar, Thailand, and Vietnam, and Yunnan province in the south of China is very rich in ethnic diversity and biological diversity. Ethnic people living in this region developed their own forms of indigenous medicine that have been passed on from generation to generation using herbs and medicinal plants, different styles of manual therapy, together with rites and rituals to heal diseases or symptoms and strengthen their body and mind.

Nowadays the advancement of science and technology, the expansion of medical service to the rural areas and the problems of deforestation have become the threat to the existence and sustainability of indigenous medicines and folk healers in this region. Attempts have therefore been made to organize the meetings of folk healers from countries of the Mekong Basin as a platform to exchange their knowledge and experience on indigenous medicine practice and medicinal plants used. The First and Second Meeting on Indigenous Medicine in Mekong Basin were organized by the School of Traditional and Alternative Medicine, Chiangrai Rajabhat University, Chiangrai province, Thailand, while the Third and the Fourth Meeting were held in Jinghong and in Kunming, Yunnan Province, China with the cooperation of Hospital of Traditional Dai Medicine of Xishuang Banna, Chinese Folk Healer Association, Yunnan University and Chinese Academy of Sciences.

This year, the Department for Development of Thai Traditional and Alternative Medicine, by the Institute of Thai Traditional Medicine and Bureau of Indigenous Medicine, in collaboration with the School of Medicine, Mahasarakarm University, Chao Phraya Abhaibhubejhr Hospital, and Thai Traditional Medical Knowledge Fund organize **“the Fifth Meeting on Indigenous Medicine in the Mekong Basin”** during 5-7 September 2012 at IMPACT Exhibition and Convention Center. **In contrast to the previous meetings, the 5th Meeting is aimed to strengthen and step up the collaboration in indigenous medicine to an international level.** Therefore, a total of 53 top officials from in the national offices responsible for conservation of indigenous medicine, ethnomedicine researchers as well as experienced folk healers are invited from the 6 countries of the Mekong Basin to participate in this meeting. It is expected that the 5th Meeting will lay the ground for collaborative activities to conserve indigenous medicine knowledge and promote the sharing of experience and information among 6 member countries in the future.

The Meeting will compose of

- **Country report presentation** on “the overview of indigenous medicine” of each country,
- **Showcase** of indigenous medicine practice by invited folk healers,
- **Meeting of the Collaborative Network of Indigenous Medicine in the Mekong Basin** to formulate framework of cooperation, and
- **Study visit** of delegations at Wat Pho to learn about the history of Thai traditional medicine.

Now I would like to invite Dr. Suphan Srithamma, Director-General of the Department for Development of Thai Traditional and Alternative Medicine to please deliver his welcome remark.

**Welcome Remarks by
DR. SUPHAN SRITHAMMA
Director-General
Department for Development of Thai Traditional & Alternative Medicine
The 5th Meeting on Indigenous Medicine in the Mekong Basin
5 September 2012
IMPACT Exhibition and Convention Center**

Distinguished Delegates from Cambodia, China, Lao PDR, Myanmar, Vietnam and Thailand

Distinguished guests

Invited observers

Ladies and Gentlemen,

Good Afternoon,

It gives me great pleasure and honour to be here at the opening of **the 5th Meeting on Indigenous Medicine in the Mekong Basin** today.

On behalf of the Department for Development of Thai Traditional and Alternative Medicine, Ministry of Public Health, I have the honor to welcome all of you to **the 5th Meeting on Indigenous Medicine in the Mekong Basin**. It is a privilege and an honor for our Department, the School of Medicine, Mahasarakarm University, Chao Phraya Abhaibhubejhr Hospital to host this significant meeting during 5-7 September 2012 here in Nonthaburi, Thailand. And I would like to thank all delegates for coming to participate in this meeting.

I am most delighted to meet top officials and administrators who play a vital role in the conservation of indigenous medicine in your countries, experienced researchers in the field of ethnomedicine, and well-respected folk healers from the neighboring countries of the Mekong Basin. I wish to express my great appreciation for your cooperation and active participation in sharing information on indigenous medicine in your countries and sharing experience of your practices during showcase session in this meeting.

Distinguished delegates, ladies and gentlemen

As mentioned in the report by Dr. Pramote Stienrut, the Director of the Institute of Thai Traditional Medicine a moment ago, **this 5th Meeting is aimed to strengthen and step up the collaboration in indigenous medicine to an international level**. This is because it is known that the Mekong Basin is rich with ethnic and biological diversity. And the indigenous medicines of various ethnic groups and the tacit knowledge of folk healers on herbal medicines are very valuable traditional knowledge that urgently needs to be studied in depth and well documented. International cooperation and collaborative efforts on joint research projects, the exchange of information and experience on indigenous medicine, and human resource development will help accelerate field studies, compilation, and management of information on indigenous medicine in the region. Moreover, the transformation of tacit knowledge of folk healers to explicit knowledge will open the door for further research in the future. Only when we know well of what we have, be the traditional medical knowledge or indigenous medicinal plants, we can then formulate appropriate measures and effectively implement the plans

- to conserve our traditional medical knowledge and protect our related genetic resources from misappropriation and exploitation,

- to promote sustainable use of indigenous medicine and medicinal plants for community health care, and
- to support the existence and recognition of folk healers as valuable resource persons in the communities.

It is hoped that the *Establishment of the Collaborative Network of Indigenous Medicine in the Mekong Basin* and the *formulation of the framework of cooperation* in the meeting on September 7th will lay the ground for our future collaboration in the area of ethnomedicine that will benefit every country in the Mekong Basin. It is expected that our collaborative work will strengthen the role of our region to protect our traditional medical knowledge and genetic resources in the national and international arena.

Ladies and Gentlemen,

Once again welcome you all to the meeting and I wish the meeting a success and all the delegates for the successful outcome in the next three days and a most enjoyable stay in our country.

Thank you very much.

Country report presentation

(Day 1: 5 September 2012)





Traditional Medicine in Cambodia

Dr. Pen Sunna
Assistant Director
National Center of Traditional Medicine

Country profile



- **Population:** 14,474,644
- **Age Structure:**
 - a. 0-4yrs: 12.8%
 - b. 5-14yrs: 30.0%
 - c. 15-59yrs: 51.8%
 - d. >60yrs: 5.4%
- **Number of Household:** 2,830,000
- **Population Growth Rate:** 2.25%
- **Land Area:** 181,035 Sq.Km
- **Capital:** Phnom Penh
- **Currency :** Riel (\$1=4080R)
- **Temperature :** 18 to 40°C
- **Eco. Grow:** >6% (2011) by WB

Ethnic Group

Majority: Khmer 80%

Minority: Vietnamese 12 %, Chinese 6% and Others:

-Tai (Thai, Lao and Kula)

-Cham (are descended from the Austronesian (Malay) people of Champa, a former kingdom on the coast of central and southern present-day Vietnam)

-Khmer Loeu (highland Khmer): Samre, Phnong, Stieng, Kuy, Krung, and Tampuan, Rhade and Jarai

Religions: Theravada Buddhist 95%, other 5%

Languages: Khmer (official), French, English, Chinese, Vietnamese, and other minority languages.

Household Income: 23% of household get income \leq \$1/day

The National Center of Traditional Medicine



Vision

To help maintain and improve the health of the people of the Kingdom of Cambodia, with a focus on remote areas and the poorer segment of the population, through access to and rational use of affordable, quality, safe and effective Traditional Medicine practices and products.

Mission

To ensure that quality, safe and effective Traditional Medicine practices and products are made available to the people through the nation's health care system.

Objective

- Promote traditional medicine profession for the benefits of the health sector, society and economy
- Implement formal and non-formal trainings
- Raw materials and products:
 - Conserve and develop natural resources and biodiversities in the country to ensure potential and sustainability of the needs for raw materials and traditional medicine products;
 - Regulate the production and distribution of traditional medicine products to ensure quality, effectiveness and safety according to the standards and based on scientific basis.
- Research, information dissemination and national and international cooperation

Current Task of National center of Traditional Medicine

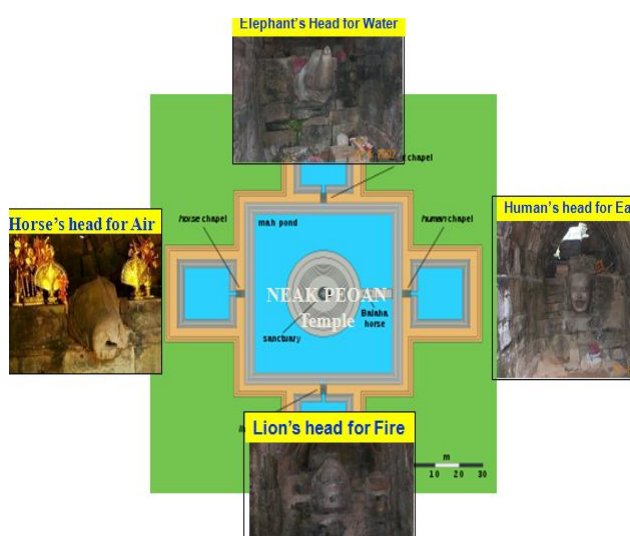
1. Strengthen and development legislation
2. Education and Training
3. Raw materials and products
4. Publishing traditional Medicine book
5. Strengthen national and International Cooperation

The Principle of Traditional Khmer Medicine



Four elements of the body:
TKM and Buddhism believed the same that the body is composed by four essential elements:

- Water = "Tek"
- Earth = "Dey"
- Fire = "Phleung"
- Air = "Kachal"



These four elements of the body must be equilibrium, if any one of these elements imbalance, the body will become unhealthy. It's also impact from the imbalance of the four external elements and spirit. The theory of four elements was one of the most powerful in the history of Angkor era.

NEAK PEOAN temple founded by the King Jayavaraman VII, showing the central island and the four small lakes symbolizing the four elements "Tek: water, Dey: earth, Phleung: fire and Kachal: air".

Brief History of Traditional Khmer Medicine DURING ANGKOR ERA

The Khmer Empire was one of the most powerful empires in Southeast Asia. The empire, which grew out of the former kingdom of Chenla, at times ruled over and/or vassalized parts of modern-day Laos, Thailand, Vietnam, Burma, and Malaysia.

Its greatest legacy is Angkor, in present-day Cambodia, which was the site of the capital city during the empire's zenith. Angkor bears testimony to the Khmer empire's immense power and wealth, as well as the variety of belief systems that it patronised over time.

The empire's official religions included Hinduism and Mahayana Buddhism, until Theravada Buddhism prevailed, even among the lower classes, after its introduction from Sri Lanka in the 13th century. Modern researches by satellites have revealed Angkor to be the largest pre-industrial urban centre in the world.



Empire Khmer during King Jayavarman VII

Timeline of Angkor Era



Say Fong Inscription found by Georges Maspéro in 1902 along the Mekong River in front of Muong-kuk in Vientiane, Laos

- IXth century: beginning of Angkor Era
- XIIth century: peak of the Khmer Empire
- During its history, Khmer Empire has benefited from the knowledge and the practices from multiple culture (India, Chinese and more recently Western countries)
 - This reach history has influenced and nourished the Traditional Khmer Medicine
 - IXth Century: Popular Medicinal plants are represented on the oldest Khmer epigraphy : *Areca Catechue* L. (Palmae) , *Cocos nucifera* L. (Palmae), *Piper betle* L. (Piperaceae)
 - XIIth Century: The "Leprer King" is represented treated by Chaulmoogra fruits (*Hydnocarpus anthelminthicus* Pirre ex Laness.)
 - XIIth Century: Say-Fong Stele mentioned treatments used in Khmer hospital s to cure common disease s: *Calophyllum inophyllum* L. , *Azadirachta indica*

A. Juss. , *Zingiber officinal* Roscoe., *Piper nigrum* L. , *Terminalia chebula* Retz. were widely used in Khmer Medicine

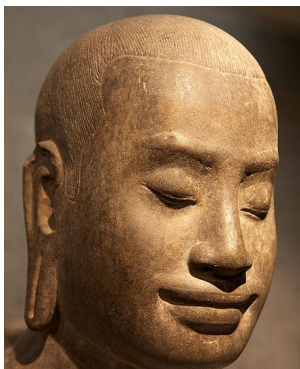


Image of Jayavarman VII

One inscription tells us:

“He suffered the illnesses of his subjects more than his own; because it is the pain of the public that is the pain of kings rather than their own pain.”

So with his strong willing to help his people, He built 102 hospitals to treat diseases of his citizens.

Jayavarman VII was a great and generous king of Cambodia. He built 102 hospitals to treat all of his citizens. The table showed the name of 15 Hospitals of 102 (and location) that was built by him.

XXXIV. — LES HÔPITAUX DE JAYAVARMAN VII.

Les emplacements de 15 des 102 hôpitaux mentionnés dans l'inscription de Tà Prohm (st. CXVII) sont connus grâce aux stèles de fondation qui y ont été trouvées. En voici la liste :

NUMÉROS			N ^o de l'ins- cription Inv. Cœdès (4)	NOM DU MONUMENT	RÉFÉRENCES BIBLIOGRAPHIQUES
de clas- sament (1)	de La- jonquière (2)	de Par- mentier (3)			
203	2		K. 11	Ān Ām	Inv. I, p. 3
	172		160	Prāsāt Khnà	* p. 240
			197 bis	435	Kôk Rokà
710		240,5	667	Prāsāt Bantây Thlén	BEFEO., XXX, p. 222, 224; BCAI, 1917-1930, p. 42
71	348		368	Sai Fong	Inv. II, p. 96
	373		375	Prāsāt Tà Mân Tôc	* p. 132
	403		386	Vât Pâk'âm	* p. 223
	422		387	K'onburi	* p. 238
	437		395	Nom Vân	* p. 265
	457		402	Vât Ku	* p. 310
745			602	Pr. à l'O. de la Porte O. d'Ankor Thom	BEFEO., XXVI, p. 512; — BCAI, 1917-30, p. 34
415	498		614	Tà Prohm Kel	Inv. III, p. 116
382		533,2	537	Tà Kév (Temple de l'Hôpital)	BCAI, 1917-30, p. 28.
			209	Prāsāt Tà Kè Poñ	Inv. III, p. 438
			912	Vât Svây	Cahiers de l'EPEO. n ^o 22, p. 8

Or, des dispositions absolument identiques se retrouvent dans les monuments suivants qui semblent être tous de date assez basse (1).

NUMÉROS		NOM DU MONUMENT	RÉFÉRENCES BIBLIOGRAPHIQUES
de classement (2)	de Lajonquière		
291	203	Prāsāt Prāptūrs	Inv. I, p. 271
302	215	Prāsāt Đon Càn	" p. 285
	357	Prāsāt Non Ku	Inv. II, p. 106 (cf. BEFEO., XXII, p. 73)
	372	Kamphèn Noi	" p. 129
	378	Prāsāt Cranien (ou Pr. Chuk)	" p. 140
	381	Prāsāt Chang Pi	" p. 142
	393	Prāsāt Ban Samo	" p. 164
	417	Prāsāt Yai	" p. 232
	420	Kut Rursi	" p. 234
	433	Prāsāt Sra Phleñ	" p. 251
	439	Prāsāt Bân Prāsāt	" p. 266
	441	Prang P'on Songk'ram	" p. 269
	445	Kut Rursi Nang Ram	" p. 275
410	519	Prāsāt Prei Prāsāt	Inv. III, p. 133
	683	Prāsāt Tà Kãm	" p. 330
593	737	Prāsāt Prei Nokor	" p. 357
43	807	Prāsāt Thnāl Dãc	" p. 385

On objectera que ces dispositions n'ont rien de remarquable, à tel point que, dans la plupart des cas, L. DE LAJONQUIÈRE décrit ces édifices en disant simplement qu'ils sont « de plan habituel » ou « de plan ordinaire ». Le nombre relativement grand de monuments présentant le même arrangement n'est pas un argument contre l'hypothèse d'après laquelle certains de ces monuments seraient des vestiges des hôpitaux fondés par Jayavarman VII, car le nombre de ces établissements, cent deux, est justement fort élevé. Et l'on ne peut échapper à ces deux constatations de fait : chaque fois qu'une stèle a été trouvée dans un monument de

Number of Doctor and staffs in each district Hospital

According to the inscription in Say Fong, it described that in each hospital there were doctor, midwife, nurse, worker, cook and other person that supported the activities of the Hospital. Total staffs are 98 persons.

— 20 —

Sthitidāyinaḥ

Médecins (<i>bhīṣajan</i>)	2
Personnel au service des médecins (un homme et deux femmes)	3
Magasiniers (<i>nidhipātan</i>)	2
Cuisiniers (<i>pācakan</i>)	2
<i>Yajñahāriṇu</i>	2
Infirmiers (<i>ūrogyacūlāsamrakṣiṇaḥ</i>)	14
Huit femmes, dont deux pileuses de riz	8
Total	33 (1)

Sthitidāḥ

(non spécifiés ni dénombrés)	[66] (2)
Total général	98 (3)

List Medicine and tools used in Hospital

The list of instruments, medicine and the quantities of each item used in the hospital was approved by the King.

Sont mentionnés à part (xxxviii) deux sacrificateurs et un astrologue, qui portent le nombre des employés à 401.

On distribuait chaque jour un boisseau de riz et les reliefs des sacrifices. Aux trois fêtes annuelles (pleine lune de Caitra, solstice d'été, obit du fondateur), on prenait dans les magasins royaux certaines denrées, principalement des médicaments, pour une distribution générale aux pensionnaires de l'hôpital. L'énumération qui en est donnée comprend sans doute la part de chaque malade :

Vêtements	7
Gobhikṣā (?).	2
Takka (?).	5 pala
Kṛṣṇā.	5 —
Flambeaux de cire	2, de 5 et 1 pala
Miel	4 prastha
Sésame	3 —
Beurre fondu	1 prastha.
Mélange : poivre en poudre, cumin, Rottleria tinctoria	2 pāda de chacun
Muscade	3 pāda
Résine d'assa fœtida.	1 pāda
Kotthajirṇa (?).	do
Camphre	5 bimba
Sucre.	2 pala
Daṇḍaṅsa (« animaux aquatiques »).	5 ākhyāta

Medicine Buddha during Angkor ERA



King of Medicine, whose name is *Bhaisajyaguru* or *Bhaiṣajyaguru-vaidūryaprabharāja*, is the buddha of healing and medicine, commonly called the *Medicine Buddha Sutra*. His name was very popular in the hospital inscription during Angkor Era.

Translation from the First paragraph of Say Fong Inscription

I. In homage to Buddha, who forms the material, natural and spirit, who surpass duality of human and non-human

II. bow in front of the Jina Bhaisajyaguruviduryaprabharaja that give peace and health to whom that obeyed his name

III.

TRADUCTION

I. Hommage au Buddha, qui a les formes de la matière, de la nature et de l'esprit ⁽¹⁾, qui dépasse la dualité de l'être et du non-être, qui personifie la non-dualité, étant toutefois impersonnel ⁽²⁾.

II. Je m'incline devant le Jina Bhaiṣajyaguruvaiḍūryaprabharāja, qui donne la paix et la santé à ceux qui entendent seulement son nom.

III. Ṣrī Sūryavairocanaṇḍarocis, Ṣrī Candravairocanarohiṇīca, qui tous deux écartent des créatures les ténèbres de la maladie, reconnaissent la supériorité de ce Meru des saints.

IV. Il était un roi, Ṣrī Jayavarmadeva, fils de Ṣrī Dharaṇīndravarmadeva, né d'une princesse de Jayādityapura : il acquit la royauté par l'onde unique [que verse] le ciel Veda ⁽³⁾.

More evident on History of Traditional Khmer Medicine



Ancient bas relief carving showing a woman receiving Khmer Massage. Wall of Bayon Temple, Angkor Thom, Siem Reap, Cambodia



An ancient Khmer bas relief carving showing a woman giving birth. Wall of Bayon Temple, Angkor Thom, Siem Reap, Cambodia.



A. Shiva and Uma at KBAL SPEAN

B. Yoni Uma at Peugn Eysey on KHULEN Mountain

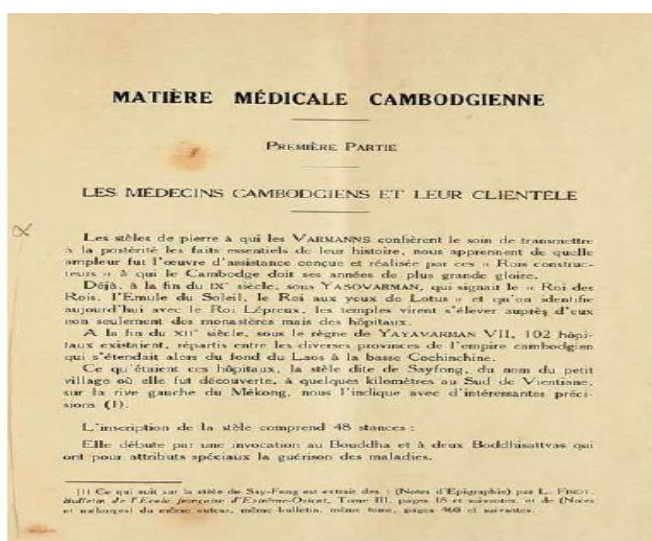
C. Shiva and Uma on their bovine mount Nandin at KBAL SPEAN

DURING FRENCH COLONIAL



French colonial involvement in Cambodia dates from 1863 to 1954, although western medicine was introduced to our people in the city and provinces but traditional medicine still played important role among Cambodia people.

Materia Medica & TM History During French Colonial Book



This book described all the TM formula used during French colonial from 1863 to 1954 and mentioned all famous TM healers during that period. It also described about history of establishment Leprosy Center in Kampong Cham province by Kru PEN during French Colonial.

DURING KHMER ROUGE



During the Khmer Rouge regime in the 1970s, when western teachings were banned, traditional remedies were the only medical care available to the population.

AFTER FALLING OF KHMER ROUGE AND PRESENT

- Following the fall of the regime in 1979, when those with knowledge of western medical practices were either dead or had fled the country, traditional medicine was formally encouraged by the Cambodian government.
- The Center of Traditional Medicine (CTM) was established in 1982 under the Ministry of Health. The role of CTM is very important at that period because the

national health system was destroyed by Pol Pot regime and TM is the only way that could reach to cure the people.

- Traditional Healers from all over Cambodia were invited to Phnom Penh in the early 1980s to share their knowledge, and each district health center had a kru Khmer (Traditional healer) with whom it would work closely.
- In 1980's with collaboration from Vietnam, Ministry of Health, We produced Traditional Medicine products and distribute to hospitals and health centers in the country.
- After finishing the collaboration with Vietnam, Ministry of Health and because of government focusing on Western medicine, Center of Traditional Medicine doesn't have many activities.
- In 1997, sub-degree 67 ANKr-BK was reestablished The National Center of Traditional Medicine (NCTM).
- On July 2004, Cambodia's Prime Minister declared that, "The Royal Government will continue to encourage the use of traditional medicines with appropriate information and control in conjunction with the use of modern medicine".

Regulation on TM products and Practices

Cambodia has not had Traditional Medicine Law yet but currently has only regulation for implementation in Traditional Medicine sector. Ministry of Health has one sub-decrees: No: 23 ANKr.BK and one declaration No: 570 ABS/AABS that related with TM practices and products:

Regulation for TM products:

In Apr 1998 Sub-decree No: 23 ANKr.BK on Production, Importation, Exportation and Trade of Traditional Medicines for Health Sector.

Article 5: Traditional medicine practitioners eligible for undertaking traditional medicine business shall fulfill the following qualifications:

- Hold Khmer nationality;
- Possess sound knowledge on the making of traditional medicine products from plant, animal or mineral material and on the traditional medicine treatment of simple illness and hold a traditional medicine practitioner certificate recognized by the Ministry of Health;
- Have never been involved in any criminal case;
- Be healthy and be able to perform the work.

Chapter 5 Trade of Traditional Medicine Products

Article 14:

- Display for sale, sale and storage of traditional medicine products shall be done in traditional medicine product selling depot, which is properly organized as per requirements of the Ministry of Health.

Article 15:

- Traditional medicine practitioner shall be present in traditional medicine product selling depot to supervise the activities in his/her establishment.
- If he/she is not available, the responsible traditional medicine practitioner shall assign an alternative traditional medicine practitioner, which is also licensed by the Ministry of Health.

Article 16:

- The following activities are prohibited:
- Sale of fake, no quality traditional medicine products;
- Sale of traditional medicine products mixed with modern medicine products;

- Sale of hazardous traditional medicine products in the list of prohibited products of the Ministry of Health;
- Undertaking of other businesses in the traditional medicine product selling depots.

In Oct 1998 Prakas (Declaration) No: 570 ABS/AABS on Procedures and Requirements for Opening, Closing or Changing the Location of Traditional Medicine Selling Establishment.

Article 2: Traditional medicine practitioners of both sexes, who are eligible for opening traditional medicine product selling depot, shall fulfill the following requirements:

- Hold Khmer nationality;
- Understand how to make traditional medicine products from plant, animal or mineral material and how to provide traditional medicine treatment for basic illnesses and possess traditional medicine practitioner certificate recognized by the Ministry of Health;
- Have never involved in any criminal cases;
- Be healthy to work.

Article 9: Traditional medicine product selling depot can display the following traditional medicine products:

- Plant, animal or mineral material of all kinds, which is raw or processed by using simple method to ensure quality of the prevention or treatment of diseases, except poisonous plants, included in the list of prohibited materials of the Ministry of Health.
- Traditional medicine products approved by or registered with the Ministry of Health.

Article 10: Traditional medicine product selling depot has the rights to:

- Do retail sale of the products stated in Article 9.
- Make some traditional medicine products following traditional medicine recipe with permission from the Ministry of Health.
- Check and treat diseases by using traditional medicine products

Article 11: The following activities are prohibited:

- Sale of fake and no quality traditional medicine products.
- Sale of traditional medicine products together with modern medicine products.
- Sale of hazardous traditional medicine products, which are in the list of the prohibited products of the Ministry of Health.
- Undertaking other businesses in the traditional medicine product depot.
- Advertisement of traditional medicine product without permission from the Ministry of Health.
- Treatment of diseases by using modern medicine products or modern medical practice.

Ethno medicine/ Traditional Medicine in Cambodia

- Ethno Medicine/ Traditional Medicine has formed an important part in prevention, promotion, and treatment aspects of health care in the Kingdom of Cambodia.
- Because of its long history, many of the population are attached to their own folklore and rely on traditional methods to meet their health care needs.
- This is especially the case for people who live in rural and remote areas who use medicines available in the localities for the prevention or cure of common diseases, disorders and conditions.

- Base on the estimation 70% to 80% of Cambodian are use traditional medicine. Traditional Medicine is the first choice of Cambodian people for their health care problems. It's more cheaper than modern medicine and easy to find in their communities. Traditional Medicine including Traditional Khmer Medicine, Traditional Chinese Medicine, Traditional Vietnamese Medicine, Ayuvedic Medicine and indigenous medicine (Cham, Khmer Loeu: They believed on "Arak" or "Nak Ta".
- Traditional healers/folk healers treat the diseases from minor to sever and chronic diseases. Those diseases are the result of imbalance of the four elements in the body or impact from external factors or spiritual.
- For treatment to the patients Traditional Healers/folk healers could be identified the diseases base on:
 1. Physical factors /external factors
 2. Imbalance of the elements (treated by herbal medicine/diet)
 3. Spiritual factors / supernatural factors:
Example: send away evil spirit inside the body, extend fate, health forecasting, supernatural/magic power, holy water bathing/spaying , praying for good luck from buddha or ancestors, Nak Ta, Arak

Ethno medicine practices/treatment

1. Spiritual Practices/treatments



Holy water bathing



Health prediction



Hot iron piece treatment



Pray for good luck



Tattoos for protection from injury



Buddha's power treatment

2. Spiritual & Physical practices



Traditional healer (kru khmer) reviewing an extremity trauma radiograph



Wooden splint made by kru khmer for fixing bone trauma

3. Physical practices/treatments



Cupping and coining to expel bad "wind" or "air" from the body



Khmer Massage

4. Dietary practices/treatment



Ancient has relief carving showing Khmer people foods/cooking. Frieze at Bayon Temple, Angkor Thom, Siem Reap, Cambodia.



5. Herbal remedies treatments





Outline of Yunnan Nationality Medicine

Zheng Jin, Zhang Chao, Chen Qinghua, Zhou Hongli

Faculty of Folk Medicine

Yunnan University of TCM

Abstract

There are 25 ethnic minorities; every nationality has its own distinctive medicine. Yunnan Nationalities medicine is the perfect combination of natural and human, a valuable wealth of Yunnan. The article put emphasis on introducing the theories and features of traditional Dai, Tibetan and Yi medicine and the developing status of the Yunnan Ethnic Medicine to make everybody comprehend Yunnan Nationality medicine.

Keyword: Yunnan; nationality; medicine; outline

Yunnan is a province with the largest ethnic groups in the territory of China, 25 ethnic minorities almost all having their own disease prevention and control experience and even medical theories, among which, 15 ethnic groups, including Dai, Bai, Hani, Wa, Lisu, Nu, Dulong, Keno etc are unique in Yunnan. With the geographical environment, climatic conditions, different traditional cultures, all ethnic groups create medical knowledge having their own national characteristics in the struggle with the disease.

Due to the imbalance of the social and historical development, the uneven development of the national medicine of Yunnan can be broadly divided into three categories: one is a relatively complete system of medicine theoretical system, such as Dai medicine, Tibetan medicine, Yi medicine; second, with some pharmaceutical experience accumulation and written records, but having not yet formed a system of Chinese medicine theoretical system, such as the Naxi Dongba medicine; the third category is the only medical experience. There is no written record, relying on the passing to next generation by oral narratives and learning by heart such as the Wa, De'ang, Hani, Pumi medicine.

The backbone of Yunnan nationality medicine is Dai medicine, Tibetan medicine and Yi medicine, Naxi, Wa, Bai, Hani and other national medicine constitute its foliage. The following is a brief introduction to the Yunnan Nationality Medicine.

DAI MEDICINE

Dai is a unique nationality in Yunnan, but also a cross-border ethnic, which is the same nation as the Thai of Thailand, Myanmar Shan, Lao in Laos, Dai and Nong in northern Vietnam. Therefore, the Dai culture and Southeast Asian cultures have the same strain features. Dai people mainly live in the flatland region (Dai called "Meng"), having a unique tropical monsoon season rain forest climate.

The special geographical environment and the brilliant national culture gave birth to the unique national characteristics of Dai medicine. Dai medicine has a long

history of 2,500 years, and its theoretical system has been deeply influenced by the ancient materialism Southern transfer of Theravada Buddhist philosophy. Dai medicine's core theories are SiTa, WuYun theories. Feature theory is "SanPan theories", "YaJie theory" and "FengBi theory".

The word of SiTa (wind, fire, water, soil) derived from the Buddhist "four great elements". Wind (Talon) stands for body's function, and which is the driving force of human life activity. Fire (Taffin) for heat can mature all; Water (tower furans) on behalf of the body material storage, water tower divide into the water, blood, water homologous blood, it's an important material for life-sustaining activities; earth (Talin) stands for the body organs, tissues and organs; The four elements depend on each other cannot be separated to maintain the body's normal life activities. The WuYun (External shape, Ability to judge, Thinking ability, Sensitivity and tolerance, Move and change) on behalf of human life activities and spiritual activities. The SiTa-WuYun theory is that the world outlook and methodology of Dai medicine understanding of the nature of variation of the human body and nature of all things, explaining the origin of life, growth and development process, and the physiological and pathological changes to guide the theory of the disease in prevention, diagnosis and treatment.

YaJie (antidote) theory is the distinctive theory of the characteristics of Dai medicine. Its core thought is that "treat before disease occurs and "after the first detoxification treatment of diseases", which means firstly taking the antidote to relieve the body of toxins when the disease has not yet occurred to maintain the balance and coordination of the SiTa, WuYun function to prevent the occurrence of the disease. "After the first detoxification treatment of diseases" means firstly taking the antidote and then to treat when diseases emerges, in order to get rid of various risk factors and wrong treatment, inappropriate medication or side effects of drugs used, and finally prescribe the right medicine, which can play a good therapeutic effect. "Detoxification before the disease occurs" is an important part of Dai Medicine, and also the characteristic of Preventive Medicine. In the region Dai people, the antidote is widely used, every household equipped with different antidotes to health and disease prevention.

Hung-Ya (fumigating therapy), Nuan-Ya (sleep-drug therapy), Fen-Ya drug therapy (grinding), A-Ya (wash drug therapy), Nan-Ya (suppository therapy), Sang-Ya (the thorn drug therapy), Guo-Ya (package drug therapy), Guo (cupping Therapy), Zai-Ya (Cayao therapy), Bi (massage therapy) is the most characteristics of Dai medicine treatment, a natural therapy areas. Such therapy to adjust and restore the body's own gasification, accessible natural healing, thereby enhancing resistance to disease, improve health, to achieve cure of disease preventing and fitness of purpose. Their characteristic is to have treating functional and non-toxic side effects.

Special rainforest climate gives Dai people rich natural resources, the area famous as "animal and plant kingdom", "NanYao town". According to statistics, Dai medicine having various products, there are 228 families, 372 genera, and 1300 kinds, 1858 of common plant medicine species, 300 kinds of rare and endangered species in Xishuangbanna Dai folk medicine. Dai medical is good at using fresh Drugs to treat diseases, covering gynecological, orthopedics, digestive and Urinary system disease. Using antidote is the characteristics Dai medicine.

Dai medicine knowledge is recorded in pattra-leaf scriptures, pattra-leaf scriptures along with the Buddhism introduced into the Dai area. Pattra-leaf scriptures of the Dai nationality are the encyclopedia. Dai medicine classic including:

The “Gaya Shan Haya”, the earliest medical interpretation work about human body. It is said that the attainment of sakyamuni disciple Allendating to around 924 BC according to ancient scriptures of medical knowledge; “WeiSuTiMaYa describes Dai medical human physiology and comprehensive ancient literature of SiTa-WuYun theory, and it was introduced into Islamic Lanka by southern Buddhism. By the second century B.C, JueYin translated into pali Sanskrit classic, then translated as “QingJingDaoLlun” by YeJun; “GaBi DiSha DiNiBa”, collected many Dai traditional medical and secret recipe, involving Internal Medicine, Gynecological, Pediatrics and Surgical Diseases, also miscellaneous disease; “DanHaYaLong ”, a set of books reflecting traditional medicine known as the Dai nationality comprehensive book. These Dai medical classic has been translated into Chinese.

TIBETAN MEDICINE

Tibetans, mainly located in Diqing Tibetan Autonomous Prefecture in Northwest Yunnan, with a population of 124 000. The area is an Interchange with Yunnan, Tibet, Sichuan, having always been a hub for the exchange of political, economic, cultural, and Tibetan medicine and pharmacology. British writer James Hilton's novel “Lost Horizon” called Shangri-La as the hometown of pure fantasy, in this land, man and nature, human beings live in harmony, creating the only heaven, a comparable earthly paradise, which makes millions of people attracted to aspire to Shangri-La, Diqing Tibetan Autonomous Prefecture, where Yunnan Tibetan medicine is rooted.

Tibetan medicine has a complete theoretical system with Tibetan characteristics, broad absorption in medicine, the essence of the traditional medicine of ancient India, Nepal, Sri Lanka and other countries, combined with the Tibetan alpine natural environment, long-term clinical practical work, and gradually formed and evolved. "Because of the doctrine of" the core theory, embryonic doctrine is the unique theory.

Triple pathogens doctrine means Long (gas), Tripa (bile), "Bacon" (water and soil), Lung (wind or gas), the main breathing, blood running, physical activity, five senses, food delivery of decomposition; Tripa (bile or fire) to generate heat to maintain body temperature, color, and enhance the function of the stomach, courage, and Wisdom; Bacon (water and earth) ground food, increase the gastric juice to aid digestion, in charge of the taste for human nutrition, transportation and water and solutions. Balance and coordination of these three, the body in the normal physiological functioning, these three appear to lose balance and coordination, it will become pathogenic factors. Tibetan medicine will be harmful to human lung lesions after Tripa, Bacon called the "evil", it is called the doctrine of the three because of the three evil doctrine.

Urinary diagnosis is the most distinctive Tibetan diagnostic methods. Tibetan medicine has a very detailed description of the urinary diagnosis to illustrate the principle of urine attending the formation of the digestive process of dietary compounds, and the digestion and absorption of dietary compounds is directly related to urine color, gas, texture, Tibetan medicine on urine clinic before going to do a very detailed description of specific requirements for the environment of the urinary diagnosis. Urinary diagnosis, including the observation of urine, urine steam, odors, floating debris, floating skin, urine and stirred with a bamboo pole to see if the urine bubbles change.

Embryonic doctrine is an important part of the Tibetan medical theory, the rich content of embryology records as early as the 8th century AD, in the Tibetan medical

classic "Four Medical Classics", describing the characteristics of pregnancy physiology, pathology and embryology, the form of a map, vividly depicting the shape of the weeks of embryonic development, which is very close to modern medicine about embryology.

Tibetan medicine has distinctive characteristics for applying medicine, selected little-known minerals and precious animal drugs, as well as growth in the alpine Tibetan natural herbal medicines, and having a unique preparation process and extraction methods, which makes Tibetan medicine treatment of bone fractures, bruises, injured, high blood pressure, heart disease, gastroenteritis, rheumatoid arthritis, stroke and other diseases have a significant effect. Dumaer·Danzeng, a very famous Tibetan medicine scholar in Diqing, Yunnan province, written "Jin Zhu Ben Cao". The book is Tibetan herb' classic work, detailed the medication way and distinctness, so it's regarded as Tibetan's "Compendium of Materia Medica"

YI MEDICINE

Yi people, Yunnan's most widely distributed and most populous nation, with 502.8 million, accounting for 10.94 percent of Yunnan's total population, are mainly distributed in Yunnan Chuxiong Yi Autonomous Prefecture, Honghe Hani and Yi Autonomous Prefecture and other places. Yi has a long history and splendid national culture, the world famous "October solar calendar, the calendar created by Yi people, so Yi people have been known as the" sun nation.

Yi medicine has a long history, since ancient times, a proverb going as "Yi medicine has more than thousand and even 10 thousand years". Yi medicine is based such core and specialty medicine as theory, "Qi -blood theory" and "pneumatic theory".

Lucid and turbid refers to the "yin and yang", lucid air belonging to yang and turbid belonging to yin, the two, fundamental of all things. Yi Medicine clarifies the formation and activities of life by the two elements, and they feed (yin and yang) to illustrate the material basis of the activities of life changes.

Qi and blood are essential for life, the basic material to maintain life activities. Organs gasification water generation and six gases delivered to the facial features orifices, interior and exterior, up and down, four limbs and bones, to play the role of nourishing. The blood and qi can be transformed mutually.

The gas line is a human lucid and turbid movements, blood circulation channel and path, and it is coherent organs to accessibility features orifices, interior and exterior, up and down, a total of six lucid and turbid path. According to Yi Medical ancient records, contact the clear air three pathways the chest, abdominal visceral organization; an aggregate of three pathways connecting with the organization of the muscular form, through the line of the body front and one week, and each other through three pathways with clear air. Clear three-way and three muddy paths inside and outside the human body above and below the organic integration, so that the human body to form a whole.

Yi medicine is expert in using animal, the medication involving bark, hair, bone, horn, tendon, blood and organ, occupying 92.8% in Yi medicine classics. Yi medicine using animal drugs and forming its own unique drug characteristics: First, cold to cold treatment, such as the treatment of spleen and stomach, not uses antler, tripe, etc. Warming drugs, with the bitter cold sheep bile, this cold governance cold is different from the traditional Chinese medicine "Treatise on Febrile Diseases " Baitong plus pig bile soup, but also rebellious in the "cold heat" rule of Dafa; meat product with meat rule, Yi cures meat stagnation, in addition to use herbal medicine,

it also uses meat drugs, such as the bacon of many years decocting with fried Charred rice. Yi medicine is also good at the wine used in medicine for the treatment of many diseases.

Yi medicine owns many ancient classics, "Yi medical books in Ming Dynasty" (also known as "Shuangbai Yi medical books") is the most precious, known as "the first in the study of the history of the Yi medicine is an important discovery". Book written in Jiajing (AD 1566), forty-five years with a strong regional drug characteristic recorded common 59 kinds of disease, 231 kind of ethno-drug and Yi Medical prescription of 226, a treasure in Yi medicine treasure house.

OTHER NATIONAL MEDICINE

Naxi is a unique nationality in Yunnan; the vast Dongba scriptures recorded the resplendent nation culture. Naxi Dongba medicine is the jewel in the Naxi ethnic culture. Lu SE (yin and yang) theory, "Jing Wei Wu Xing" and the "Golden Frog Eight Diagrams" is the philosophical foundation of Naxi Dongba medicine. LuSe (yin and yang) theory expound the two sex co-genesis created all things, and yin and yang is fundamental to everything the formation changes. Jing Wei Wu Xing theory uses wood, fire, iron, water and soil as a tool to look to analyze things and change. The "Golden Frog Eight Diagrams" is the understanding obtained from the nature of a variety of summarized, abstract, unified on frogs, constitute a comprehensive diagram of the Naxi ancient culture and philosophical understanding. The most representative works is "Yulong Bencao", written by He-JieShan in the Qing Dynasty Guangxu 10 years (AD 1830). "Yulong Bencao" is the first Naxi pharmacy works, but now lost the whole book. Professor Zeng Yulin had study residues page codification of the "Yulong Bencao" and compiled "Yulong Bencao Biao BenTuYing" in 1958.

Other ethnic medicine such as Miao, Lahu, Jino, Wa, Nu, Pumi, Lisu family, although there is no literals, relying on the mouth to mouth inheritance, but has a wealth of experience in the medical and drug characteristics, such as the Miao's medicated bath, etc., these are an important part of the national medicine and a valuable asset in Yunnan ethno-medicine.

THE DEVELOPMENT STATUS OF YUNNAN ETHNIC MEDICINE

Yunnan has such a variety of national medical culture, its heritage and development wins great emphasis and support from the countries and government departments of Yunnan Province.

In the literature, no literal of the national medicine, on the basis of maintaining the national culture it increased the mining, rearrangement and research to rescue and protect national the culture; Dai, Tibetan, Yi Medicine with a complete theoretical system of medicine based on the collection and collation, we carry out the deep-level exploration of the theoretical meaning, research of standardization and promotion screening of appropriate technologies. For heritage and promoting the Yunnan ethnic medicinal cultural, Yunnan Provincial Bureau of Health projects to build a museum of Yunnan Traditional Chinese Medicine and ethnic medicine, Yunnan Provincial Party Committee Propaganda Department to establish "the Yunnan Ethnic Medicine protection and industrial development research base" in Yunnan university of Traditional Chinese Medicine; Yunnan Dai medicine, Tibetan medicine, Yi medicine officially included in the Yunnan Province intangible cultural heritage protection projects.

In scientific research, strengthening excavation of famous recipe and drug power, research and development of new fuchsin of ethnodrug, ethnodrug criterion

formulation. Yunnan Baiyao, pseudo-ginseng, Gastrodis Tuber, Erigeron breviscapus product have been researched and developed; Formulated criterion for 50 Yi nationality drugs and 54 Dai nationality drugs. The nationality medicine has become a new economic growth point in Yunnan province.

In personnel training, as the only one Chinese medicine universities in Yunnan, Yunnan university of TCM began to recruit Chinese professional national medical research graduate in the last century. In 2005, China's State Administration of TCM practitioner qualification examination of Dai medicine was listed into the formal syllabus; since 2006, the Yunnan University of TCM opened its doors to the direction of the Chinese medicine profession Dai medicine full-time undergraduate students; China's Dai medicine undergraduate education planning materials – “the basic theory of Dai medicine”, “Dai medical diagnostics”, “Dai Medicinal Formulae”, “Dai medical clinic”, “Dai pharmacy”, “classic Readings of Dai medicine”, “Dai history of medicine” has published in 2007, becoming reference book of specialist teaching and Dai medical practitioner qualification examination. Yunnan University of TCM began to recruit a graduate of the National Medical licentiate in 2008; in 2012, Yunnan University of TCM and Beijing University of Traditional Chinese Medicine have formally joined forces to recruit graduate of the National M.D.

In the discipline construction, Yunnan University of TCM successfully applied to the provincial key disciplines "national medicine" in 2006, declaring the success of the key disciplines of the State Administration of Traditional Chinese Medicine "Dai Medicine in 2010 ; in 2011, Yunnan University of TCM was formally established national medicine Institute to promote leap-forward development of the national medicine of Yunnan Province in teaching, research and clinical.

In the national pharmaceutical industry, with the progress of national pharmaceutical research and development, based on the Standard of Yunnan Chinese Herbal Medicine and the Standard of Yunnan Chinese Herbal Decoction Pieces which was issued by Yunnan Provincial Administration of Food and Drug, formally promulgated standard for 50 Yi medicine and 54 Dai medicine, which laid an important foundation for the development of national medicine industry, and promoted the development of national pharmaceutical industry. As the representative of the nationality medicine in Yunnan, Yi medicine, Miao medicine, Dai medicine have become a new economic point of growth in pharmaceutical industry. Only in the first half year of 2010, 80 kinds of national drugs have been made and sold, and got 400 million yuan, which was a breakthrough for national pharmaceutical industry's development.

NATIONAL GOVERNMENT POLICIES AND MEASURES

Governments at all levels attach importance to support national medicine's development, in the “Eleventh Five-Year Plan of National Minority Affairs”, the minority medicine's development project was emphasized as a key project. In 2007, the State Administration of Traditional Chinese Medicine, Ministry of Education together with other 11 ministries jointly issued “Guidance for Strengthening National Medicine's Development” proposed that: increase more support and encourage some higher university to build up various level of national medicine educational institutions and programs, formulate special encouraging measures for the students in the border area who want to apply to study national medicine, develop graduate education of national medicine actively, perfect the national medicine personnel's training system gradually, improve national medical doctors' quality and enhance the research of national drugs and its industrialization.

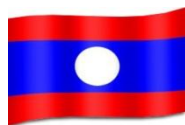
In the National Outline of Long-Term Plan for Human Resource Development (2010-2020) proposed that cultivate scarce and urgently needed special personnels in economic and social development areas, and support programs for outlying poverty-stricken areas, national boarder areas and old revolutionary base areas. State Administration of TCM listed the Dai medicine as key discipline in 2009, the affiliated hospital of Dai medicine of Yunnan University of TCM chosen to be the first group of key national medicine hospital supported by the state. And more financial support has been invested to improve the service of Dai medicine hospital.

The Twelfth Five-Year Plan of Yunnan proposed to accelerate the development of national education, improve the basic education, secondary vocational education and higher education in ethnic minority areas, and cultivate scarce and urgently needed personnel in key areas and personnel of ethnic minorities.

Yunnan Provincial Bureau of Health together with other 9 bureaus in Yunnan province jointly formulated the Implementation Opinions on Strengthening the Development of Nationality Medicine in Yunnan in 2009, which demand that ethnic group autonomous country should set up 1 nationality medicine hospital, more than 60% township health centers should establish nationality medicine section or department with at least 1 national medical doctor. If there is no independent national medical institution in the county, a nationality medicine section or department should be set up in the TCM hospital or the comprehensive hospital of the county. A nationality medicine section or department should be established in community health service center in minority areas. More than 50% of the village health room should equip with at least 1 rural doctor who can provide national medical diagnosis and treatment service.

Yunnan provincial government put forward the Implementation Opinions on Supporting and Promoting the Development of TCM in 2010, it emphasized that supporting the development of nationality medicine with great efforts, accelerating the cultivation of nationality medicine personnel, creating conditions for cultivation a group of high level and special personnel specializing in Dai medicine and Yi medicine, and cultivating urgently needed nationality medicine personnel in various ways. Focused on the establishment of special treatment to special disease, the diagnosis and treatment standard and technical norms of nationality medicine. In addition, improving the service of national medicine hospital and meeting the needs of local people.

Yunnan nationality medicine is the perfect combination of natural and human, it is a valuable wealth of Yunnan, an important component of Chinese culture. We will continue to strengthen the inheritance and development of the national medicine to keep it moving forward.



Country Report of Lao PDR

Dr. Khamchanh Phonlavong

Deputy Director

Institute of Traditional Medicine

Ministry of Health, Vientiane Lao People's Democratic Republic

I. Background

The Lao people's Democratic (Lao PDR) is located in the middle of the Indochinese Peninsula, sharing a 50 km border with the PR of China to the North, 435 km of border with the kingdom of Cambodia to the south, 2,069 km of eastern border with the SR of Vietnam, 1,835 km western border with the Kingdom of Thailand and a 236 km border with Myanmar to the north west.

Traditional medicine is a part of Lao culture since time immemorial. Lao people have their own traditional healing system which was handed down from generation by various approaches.

Since the edification of the Lao people's Democratic Republic the integration of Traditional Medicine and western Medicine in the treatment of diseases is a continuing policy of the Lao PDR government. The government has recognized the value of Traditional Medicine and has widely encouraged its application, both in public and private sectors. Since the Government budget is limited and communications in the country are very difficult, the utilization of traditional as well as herbal medicine become a necessary element of solving the problem of drug supply as well as less access to health care service of the people living in remote mountain area. Theoretically, within Lao country, there are roughly ten thousand traditional practitioners of many ethnic. They have different level of knowledge on traditional medicine. Those healers did not train in any school; they learnt and practiced from their forefathers by narrating from mouth to mouth.

In order to upgrade healers' knowledge and service, this ITM has set up an incentive policy in spreading the traditional network throughout out the country. Many traditional medicine stations at provincial level were also established.

II. Medicinal plants of Laos

Laos is rich in natural resources that include plants and other forest resources. The total area of the country is 23, 680,000 ha, which 47% (roughly one million hectares) is covered by forest. The abundance of forest also provides an environment favorable to animal survival and reproduction, and thus to a high biodiversity. The Lao forest resources have provided an appropriate materia medica whose effectiveness in the prevention and treatment of diseases was discovered by our ancestors.

In general, the healers collected plant material for the preparation of their remedies from available wild plants. That is why sometimes they faced difficulties in accomplishing their remedies, because ecological patterns in many regions have changed due to slash and burn cultivation by ethnic farmers living in mountainous area.

Lao PDR has a long history on the use of Traditional Medicine, traditional medicine continues to provide tools for treating diseases. Government support the use of Medicinal plant and Traditional Medicine in Health care system, Encourage both public and private sectors to contribute to the development of the MP&TM sector

III. Policy, Law and Regulation

- National Drug Policy Program on Traditional Medicine (TTM is one of the 13 components) (1993 and 2003)
- Ministerial Degree on Traditional Medicine 1996
- Law on Drug and Medical products (2000)
- Prime ministerial Decree no. 115 (2003) on the promotion the use and preservation of medicinal natural recourses.

Impact of the laws and regulations

- Inclusion of 21 medicines derived from medicinal plants in to Essential Drug List.
- Establishment of Medicinal Plant Preserves
- Number of traditional medicines increased
- Number of registered traditional medicines increased
 - 55 items (domestic products)
 - 80 items (imported products) and
 - 6 items (domestic health products)

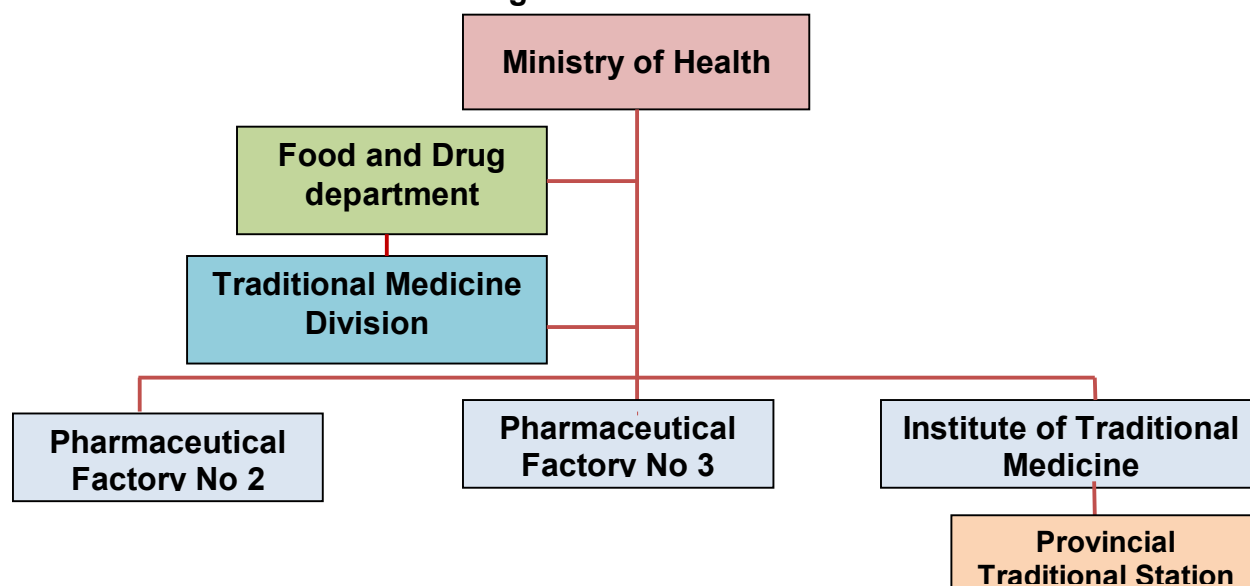
IV. Institute of Traditional Medicine

Institute of Traditional Medicine (ITM) as a focal point of the network of traditional medicine should be strengthened in order to implement the policy of Lao Government regarding the use traditional medicine. At the same time, strategies for harmonization and integration with conventional medicine and traditional medicine should be developed in the near future.

ITM has 6 Divisions:

- Administrative Bureau
- Pharmacognosy Division
- Research and Development Center
- Cultivation of Medicinal plant Center
- Development Traditional Medicine
- Traditional Medicine Treatment Center

Organization chart

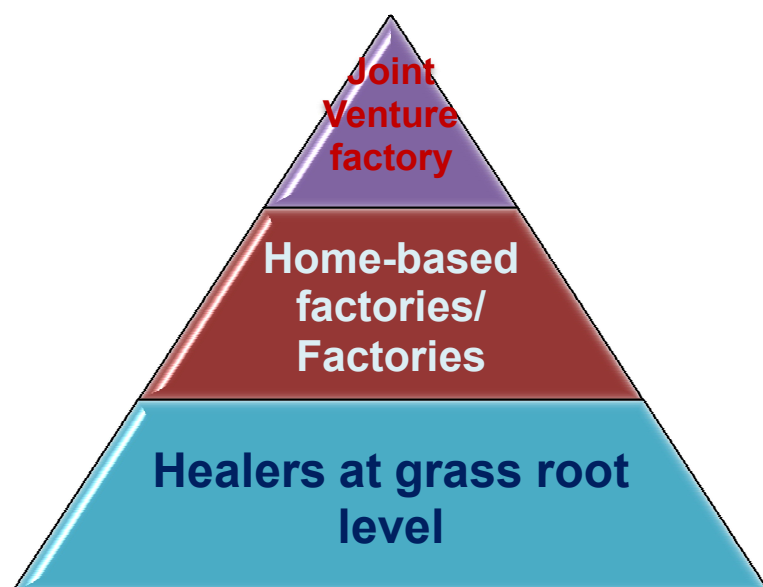


ITM Objectives

- To collect Traditional Medicine knowledge of Lao ethnic groups
- To carry out survey of Medicinal plant for the establishment of database
- To analyze active ingredients and chemical compounds of Medicinal plants
- To produce herbal medicinal products
- To provide treatment services to out-patients
- To contribute to the conservation of Medicinal plants
- To provide technical support to the Traditional Medicine Station in the provincial
- To disseminate knowledge on the use of Medicinal Plants and Traditional Medicine.

V. Governmental Institution

1. Institute of Traditional Medicine (ITM)
2. Pharmaceutical Development Center (PDC) # 3
3. Pharmaceutical Factory # 2



Joint ventures:

1. Codupharm
2. CBF

Private sectors:

1. Phayanack (NaGa brand)
2. Kanoukham (Golden Mouse brand)
3. Kaseua Nungto (one Tiger brand)

VI. Documents and Publications

- Hand book of Traditional Remedies: 3 volumes, containing 1,313 valuable remedies, 642 remedies under study (not published)
- Bulletins of Lao Traditional Medicine: 8 editions
- Hand book of Lao Traditional Theory
- Some Lao Traditional Remedies for the Elderly
- The Medicine in your garden
- The Medicinal plant
- The Medicinal plants Used for common Diseases in community
- Technique of the preparation of Lao Traditional Medicine
- Medicinal Herbs and plants of Laos: 1 vol., 108 species (English version)
- And many more. . .

VII. ITM survey of Medicinal plants and Herbarium



▪ Survey of Medicinal plants

Survey has been implemented in 17 provinces throughout the country 1,508 medicinal plant species belonging to 156 botanical families have been collected and identified.

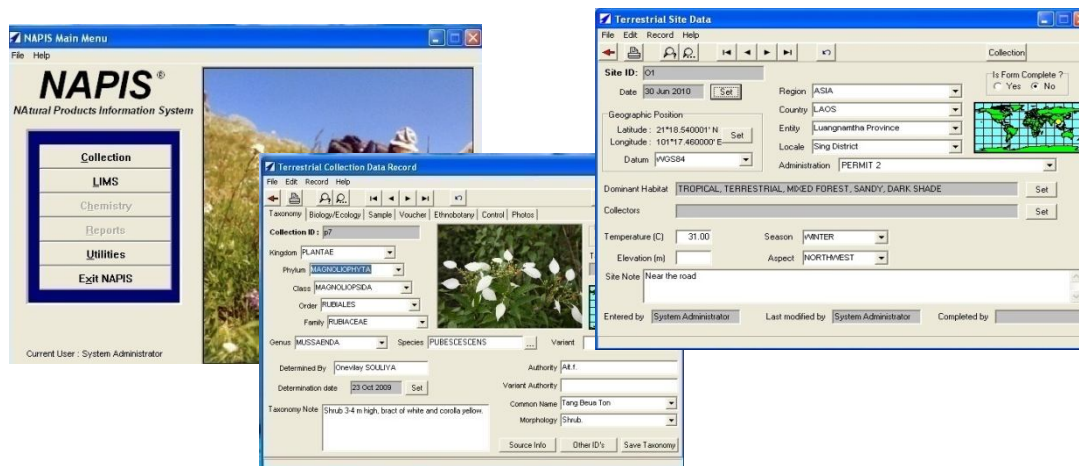
▪ Survey of Herbarium

3,034 herbarium specimens of 978 medicinal plant species have been documented.



Natural Products Information System

From the Year 2000, Natural Products Information System (NAPIS) was established 1, 651 species recorded to NAPIS Database in ITM.



VIII. Searching Traditional Medicine knowledge in communities and temple

- Interviewing traditional medicine healers and monk
- Translating Bali, Sanskrit, and Tham dialects to a common language (Lao)



IX. Conclusion

- The use of medicinal plants and Traditional medicine is still in important Lao people Democratic Republic.
- Institute of Traditional Medicine has:
 - Inventoried 1,600 species of medicinal plants (510 families)
 - Collected 5,261 herbarium specimens
 - Created a database of more than 1,200 medicinal plant species of the Lao PDR.
- Established one ex-situ and seven in-situ medicinal plant gardens.



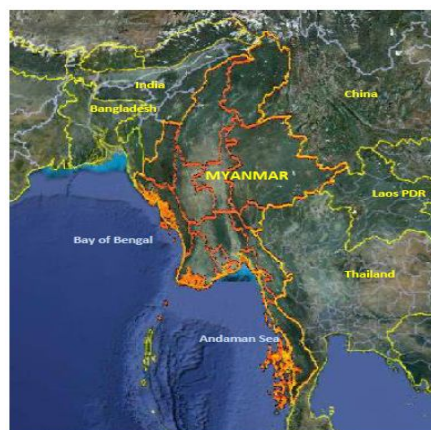
COUNTRY PROFILE

Dr. Than Maung
Rector

University of Traditional Medicine

1. Location

Myanmar, the largest country in mainland South-East Asia with a total land area of 676,578 square kilometers, stretches 2200 kilometers from north to south and 925 kilometers from east-west at its widest point. It is approximately the size of France and England combined. It is bounded on the north and north-east by the People's Republic of China, on the east and south-east by the Lao People's Democratic Republic and the Kingdom of Thailand, on the west and south by the Bay of Bengal and Andaman Sea, on the west by the People's Republic of Bangladesh and the Republic of India. It lies between 09°32' N and 28°31' N latitudes and 92°10' E and 101°11' E longitudes.



2. Geography

The country is divided administratively, into (14) States and Regions. It consists of 69 districts, 330 townships, 82 sub-townships, 396 Towns, 3045 wards, 13267 village tracts and 67285 villages.

Myanmar falls into three well marked natural divisions, the western hills, the central belt and the Shan plateau on the east, with a continuation of this high land in the Tanintharyi. Three parallel chains of mountain ranges from north to south divide the country into three river systems, the Ayeyarwady, Sittaung and Thanlwin. Myanmar has abundant natural resources including land, water, forest, coal, mineral and marine resources, and natural gas and petroleum. Great diversity exists between the regions due to the rugged terrain in the hilly north which makes communication extremely difficult. In the southern plains and swampy marshlands there are numerous rivers and tributaries of these rivers criss-cross the land in many places.

3. Climate

Myanmar enjoys a tropical climate with three distinct seasons, the rainy, the cold and the hot season. The rainy season comes with the southwest monsoon, which lasts from mid-May to mid-October. Then the cold season follows from mid-October to mid-February. The hot season precedes rainy season and lasts from mid-February to mid-May.

During the 10 years period covering 1999-2008, the average rainfall in the coastal area of the Rakhine and Tanintharyi was over 5000 mm annually. The

Ayeyarwady delta had a rainfall of around 3000 mm, the mountains in the extreme north had over 2000 mm and the hills of the east over 1300 mm. The dry zone had between 700 and 1500 mm due to the Rakhine Yomas (hills) cutting off the monsoon. The average temperature experienced in the delta ranged between 22°C to 33°C, while in the dry zone, it was between 20°C and 34°C. The temperature was between 17°C and 30°C in hilly regions and even lower in Chin state ranging between 10°C and 24°C.

4. Demography

The population of Myanmar in 2010-2011 is estimated at 59.78 million with the growth rate of 1.1 percent. About 70 percent of the population resides in the rural areas, whereas the remaining are urban dwellers. The population density for the whole country is 88 per square kilometers.

Estimates of population and its structure

(in million)

Population Structure	1980-81		1990-91		2000-01		2009-10		2010-11	
	Estimate	%	Estimate	%	Estimate	%	Estimate	%	Estimate	%
0-14 years	13.03	38.77	14.70	36.05	16.43	32.77	18.84	31.86	17.60	29.44
15-59 years	18.44	54.86	23.47	57.55	29.72	59.29	35.06	59.29	36.94	61.79
60 years and above	2.14	6.37	2.61	6.4	3.98	7.94	5.23	8.85	5.24	8.77
Total	33.61	100	40.78	100	50.13	100	59.13	100	59.78	100
Female	16.93	50.37	20.57	50.28	25.22	50.31	29.73	50.28	30.06	50.28
Male	16.68	49.63	20.21	49.72	24.91	49.69	29.40	49.72	29.72	49.72
Sex Ratio (M/100F)	98.52		98.25		98.77		98.89		98.87	

Source: Population Department, Ministry of Immigration and Population, 2012

5. People and Religion

The Republic of the Union of Myanmar is made up of (135) national races speaking over 100 languages and dialects. The major ethnic groups are Kachin, Kayah, Kayin, Chin, Bamar, Mon, Rakhine, Shan and there are 12, 9, 11, 53, 9, 1, 7, 33 races respectively in each group. About 89.4% of the population mainly Bamar, Shan, Mon, Rakhine and some Kayin are Buddhists. The rest are Christians, Muslims, Hindus and Animists.

6. Economy

Myanmar is a country with a large land area rich in natural and human resources. Cognizant of the fact that the agricultural sector can contribute to overall economic growth of the country the government has accorded top priority to agricultural development as the base for all round development of the economy as well. Following the adoption of market oriented economy from centralized economy the government has carried out liberal economic reforms to ensure participation of private sector in every sphere of economic activities. The country comes into the

new era for building a modern and developed democratic nation and the nation is on the threshold of new system and new era. Priority is to be given to progress of agriculture sector for sufficiency of people in food and clothing sectors. Agriculture sector is to be modernized to establish agricultural production syndicates with the shares through manual production. Utmost efforts are to be made for boosting production of agricultural produce with the use of modern machinery and technology. With expanding job opportunities in the market economy system and every citizen being able to work, increasing individual income will contribute to the growth of GDP.

7. Social Development

Development of social sector has kept pace with economic development. Expansion of schools and institutes of higher education has been considerable especially in the Regions and States. Expenditures for health and education have raised considerably, equity and access to education and health and social services have been ensured all over the country. With prevalence of tranquility, law and order in the border regions, social sector development can be expanded throughout the country. Twenty four special development regions have been designated in the whole country where health and education facilities are developed or upgraded along with other development activities. Some towns or villages in these regions have also been upgraded to sub-township level with development of infrastructure to ensure proper execution of administrative, economic and social functions.

Gross Domestic Product (Kyat in millions)

GDP	2004-05	2005-06	2006-07	2007-08	2008-09	2009-2010 [▲]
Current Prices	9,078,928	12,286,765	16,852,758	23,336,113	29,165,117	33,760,900
Constant Producers' Prices	4,116,635 [▲]	4,675,220 [▲]	13,893,395 [▲]	15,559,413 [▲]	17,136,590 [▲]	18,942,800 [▲]
Growth (%)	13.6	13.6	13.1	12.0	10.1	10.5

Source: Ministry of National Planning and Economic Development

- ▲ Provisional actual
- ▲ 2000-01 Constant Producers' Prices
- ▲ 2005-06 Constant Producers' Prices

8. Department of Traditional Medicine

Myanmar Traditional Medicine is truly an inherited profession whose development has interrelations with the natural and climate conditions, thoughts, convictions and the sociocultural system in Myanmar. Traditional Medicine has been practiced in Myanmar since time immemorial. Over 2000 years ago Myanmar has possessed and nurtured a civilization, high enough to set up city states and Traditional medicine had flourished significantly by a major part of Myanmar culture. It was chronicled that Myanmar traditional medicine has been considered to be prestigious in the earliest history of Myanmar such as Tagaung, Srikittra and Bagan periods which was about 600 BC. Myanmar Traditional Medicine is a broad, deep

and delicate branch of science covering various basic medical knowledge, different treaties, a diverse array of therapies and potent medicines.

Traditional Medicine promotion office was established under the Department of Health in 1953. It was organized as a division in 1972 managed by an Assistant Director who was responsible for the development of the services under the technical guidance of the State Traditional Medicine Council. It became the focal point for all the activities related to traditional medicine. The Government upgraded the division to a separate Department in August 1989. It was reorganized and expanded in 1998, to provide comprehensive traditional medicine services through existing health care system in line with the National Health Plan. The other objectives of the department are to review and explore means to develop safe and efficacious new therapeutic agents and medicine and to produce competent traditional medicine practitioners.



9. Human Resource Development in Traditional Medicine



Before 1976, the knowledge of Myanmar Traditional Medicine was handed down from one generation to another. In 1976, with the aim to improve the qualification of traditional medicine practitioners, the Institute of Traditional Medicine was established and systematic training programmes were introduced to train and produce competent Traditional Medicine Practitioners. A three year course including one year internship was conducted and

Diploma in Traditional Medicine was conferred to successful candidates. The yearly intake of students is about 100. The institute had already produced (2187) diploma holders.

The University of Traditional Medicine was established in 2001. The curriculum was jointly developed by Myanmar Traditional Medicine Practitioners and medical educationists. It is a five year course including one year internship covering all four major systems (Nayas) of Traditional Medicine, basic sciences and basic medical sciences of western medicine. The degree conferred is Bachelor of Myanmar Traditional Medicine (B.M.T.M). The yearly intake is about



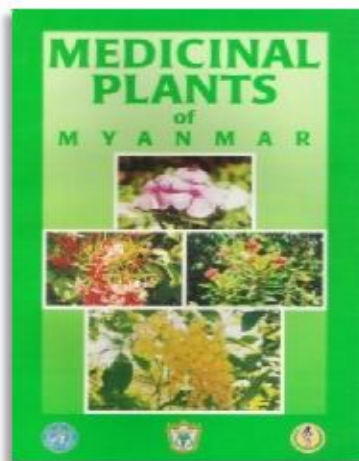
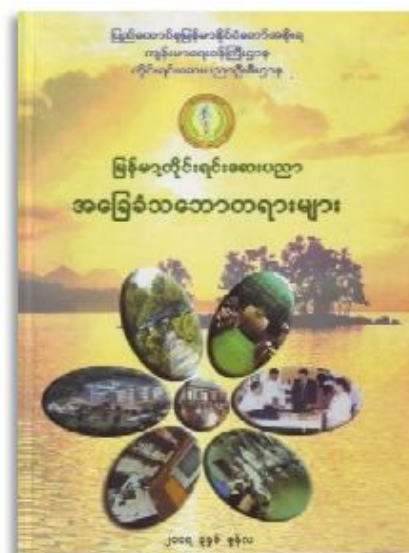
100 candidates. The University had already produced (921) graduates. In the year 2012, the University opened Master of Myanmar Traditional Medicine course and Bachelor of Myanmar Traditional Medicine bridge course.

Basic concepts of Myanmar Traditional Medicine have been introduced to the curriculum of 3rd year M.B.,B.S medical students since 2003. A module, comprising 36 hours of teaching and learning sessions of traditional medicine was developed and assessment is done after completion of the course. A certificate was presented to all successful candidates and the main aim of the course is to familiarize medical students with Myanmar Traditional Medicine. This is the first of its kind where traditional medicine is integrated into western medicine teaching programme in the world. It gives opportunities for medical students to explore the concepts of traditional medicine and paves a venue for interested student to venture into the realms of Myanmar Traditional Medicine at a deeper level.

10. Research in Traditional Medicine

In 1980, Myanmar Traditional Medicine National Formulary (MTMNF) has been compiled and published. It consisted of 57 numbers of traditional medicine formulations; each monograph included formulary, therapeutic uses, cautions and dosage. These traditional medicines were standardized botanically and physico-chemically. These were also evaluated toxicologically and pharmacologically during 1984-1989. This project has been funded and technically supported by UNDP and WHO. Five volumes of MTMNF had been published in English and are being used as references and guidelines for quality control system, for health education and for production of TM drugs in primary health care.

Twelve volumes of "Commonly Used Herbal Plants" had been published in series during 1997 to 2010. The department also published Myanmar Traditional Medicine Handbook in Myanmar and English languages with the support of JICA. Moreover, Myanmar and English versions of A Manual of Myanmar Traditional Medicine for Primary Health Workers had been published with the assistance of WHO.



Two volumes of monographs covering 120 Myanmar medicinal plants had been successfully published in English during 2000-2006. These volumes provide valuable information about Myanmar medicinal plants to national and international scholars.

At the end of the year 2011, 20 medicinal plants were standardized botanically and phytochemically, for the development of Myanmar herbal pharmacopoeia volume (1). Moreover, a research project on "Assessing the effectiveness of Sapium insigne (Yar-Ke) in the detoxification of opiate addicts by Traditional Medicine Approach" has been conducted successfully, with promising results.

11. TRADITIONAL MEDICINE

With the aim to extend the scope of health care services by traditional medicine, two 50 bedded Traditional Medicine hospitals in Yangon and Mandalay have been upgraded to 100 bedded hospitals and 16 bedded Monywa Traditional Medicine hospital has been upgraded to 50 bedded in 2012.

Provision of Traditional Medicine Kits for Emergency Use

This is one of the special achievements of traditional medicine in Primary Health Care. There are two objectives: one is to make essential traditional medicines easily accessible for rural people especially in hard to reach areas and two is to minimize the cost of treatment for minor illnesses.

The kit contains seven different kinds of traditional medicines for minor illnesses, methylated spirit, traditional tincture, cotton wool and bandages for wound cleaning and dressing, and it also contains an instruction leaflet and one concise handbook. Pilot project started in August 2007 in Nay Pyi Taw. At the end of August 2012, 9796 Traditional Medicine Kits were distributed to all States & Regions. According to the data and reports from the township level, provision of traditional medicine kits are effective and beneficial to the rural dwellers. It also supports and uplifts the health status of the people of Myanmar in context of primary health care.



12. Herbal Gardens and Traditional Medicine Museums



nearly 500 different species are grown and nurtured, and commonly used and valuable herbs according to regional habitat can also be studied.



With the aims of perpetuation of medicinal plant species, sustainable development of herbal medicines and provision of quality raw materials for public and private pharmaceutical factories, the department developed eight herbal gardens around the country. The largest one which is designated as the National Herbal Park is situated in Nay Pyi Taw covering 196.4 acres of land since its inception on 4th January 2008. Thousands of medicinal plants of

There are three TM museums run by the department: one in University of Traditional Medicine, Mandalay and two in National Herbal Park, Nay Pyi Taw. People from all walks of lives can study the roots and current situation of Myanmar Traditional Medicine at one sitting. The raw materials from animal, plant, mineral and aquatic sources used in TM drug formulations are

also displayed colorfully. Hundreds of herbarium sheets are also prepared to disseminate the knowledge of medicinal plants.

13. Manufacturing of Traditional Medicine

The government is giving impetus to develop Traditional Medicine systematically up to international standard and to manufacture potent and efficacious Traditional Medicines based on scientific evidences and practices.

Traditional Medicines have been manufactured by both public and private sectors. The Department of Traditional Medicine is responsible for manufacturing in the public sector and owns two pharmaceutical factories. Medicines are produced according to the national formulary and Good Manufacturing Practice (GMP) standards. These two factories manufacture twenty one kinds of Traditional Medicine powders which are provided free of charge to be dispensed in public Traditional Medicine facilities, and the factories also produce 12 kinds of Traditional Medicine drugs in tablet form for commercial purpose.



The private Traditional Medicine industry is also developing and undertaking mass production of potent and registered medicines according to the GMP standard. Some private industries are now exporting traditional medicines to neighboring countries. Due to the encouragement and assistance of the government and the manufacturing of standardized traditional medicine under GMP, public trust and consumption of TM have greatly been enhanced. There is a progressive increase in demand for traditional medicine in both rural and urban areas.

14. Traditional Medicine Laws

Traditional Medicine Council Law – The Myanmar Indigenous Medicine Act was enacted in 1953. The State Traditional Medicine Council, a leading body responsible for all the matters relating to traditional medicine, was formed according to that law.

In the year 2000, the Myanmar Indigenous Medicine Act was replaced by the Traditional Medicine Council Law. One of the objectives of the law is "to supervise traditional medicine practitioners for abidance by the rule of conduct and discipline". At present there are 6752 registered traditional medicine practitioners under the Traditional Medicine Council Law.

Traditional Medicine Drug Law – The Government has promulgated the Traditional Medicine Drug Law in 1996, in order to supervise systematically the production and sale of traditional medicine in the country. One of the objectives of the law is "to enable the public to consume genuine quality, safe and efficacious traditional drugs". According to the law, all the traditional medicine drugs produced in the country have to be registered and the manufacturers must have license to produce their products. There are more than 10,000 registered TM drugs and the license for production is issued to more than 2000 manufacturers.

Manufacturing of traditional medicine drugs must follow the good manufacturing practice. The department also supervises and monitors the advertisement of traditional medicine drugs.

15. Myanmar Traditional Medicine Practitioners Association

Myanmar Traditional Medicine Practitioners Association has been established in 2002 after unification of various TM groups of different disciplines. The objectives of the association are to: provide consolidated efforts and contribution of TM practitioners in implementation of National Health Plan; provide community health care through TM approaches; do research and strive for the development of TM; conserve the endangered species of medicinal plants and animals while revitalizing the almost extinct TM textbooks and therapies and uplift of the dignity of TM profession and practitioners. The most important missions are to conduct continuing TM education programs, to provide quality services and to encourage the development of evidence based TM through systematic research.

16. Traditional Medicine Practitioners Conference

In order to promote the development of Myanmar Traditional Medicine, Myanmar Traditional Medicine Practitioners Conferences has been held annually since the year 2000. Traditional medicine practitioners from various parts of the country gathered and exchanged their knowledge at the conference, new policies and objectives are proposed, discussed and also reiterated the unity of TM healers for perpetuation and propagation of Myanmar Traditional Medicine.



Indigenous Medicine in Vietnam and Usage Experience in Ethnic Communities

Prof. Dr. Nguyen Duy THUAN

Deputy Director

Viet Nam of University of Traditional Medicine

Natural advantages and conditions



Geography, Area and Population

- Vietnam is located in South-East Asia with the area of 331,211.6 km². It has a coastline of about 3,200 km.
- The North of Vietnam borders on China while the west of it borders on Laos and Cambodia. The East Sea or “South China Sea” lies to the East and the South of Vietnam.
- Three-quarters of the country is hilly or mountainous.
- Population: 85 millions

Situation on Indigenous Medicine in Viet Nam

- Vietnam has long history of TM, a precious heritage of Viet Nam
- 54 ethnic groups live in Vietnam. The Viet (also known as the Kinh) accounts for 88 percent of the country’s population.
- In contrast, most of the other ethnic minority peoples (about 5.5 millions) live mainly in the mountainous areas where there are potential in biodiversity of medicinal plants (especially Ethnical plants) and traditional knowledge systems.
- The experience on indigenous medicine has been handed down from generation to generation, not only within families but also transmitted to the community. Moreover, it has become the folk medicine knowledge (traditional knowledge) of other ethnic groups in the South of Vietnam and is considered as one of the elements of national culture.
- Medicinal Plants ethnic and local knowledge play a very important role in health care for ethnic minorities, especially those in remote communities and remote areas, where the access to health services of the state is still low.
- We want to continue contributing to preserving, intensify the research, conservation and development of traditional medicine and combine traditional medicine with modern medicine in caring and protecting people's health.
- Many projects on conservation of medicinal plants and indigenous knowledge have been implemented.
- Experimental studies have been conducted on selected medicinal plant remedies. Many plants have been identified as object orientation for Medical Research and Pharmacology.

Research on Indigenous Medicine in Viet Name

Investigation of medicinal plants sources in a number of ethnic people living in the northern mountainous provinces of Vietnam and the experience of local people in the use of indigenous medicinal plants for health care has been organized.

Objectives:

1) To investigate and classify the medicinal plants resources in some communities of ethnic minority in provinces like: Lao Cai, Son La, Ha Giang, Hoa Binh, Lang Son.

2) To investigate the experience in the use of indigenous medicinal plants for health care of the ethnic minority.

Methods of the research

- Investigation of knowledge and utilization experience on the medicinal plant is carried out under plants research method of ethnology, assessing the rural, participated by community and collecting and using the native knowledge [Anon, 1996; Gary J. Martin, 1995]

- Content determination and method of preservation bases on the instruction documents suggested by WHO, IUCN and WWF

Results and discussion

*** Investigating, collecting, and materializing the knowledge and utilization experience of ethnic minority people.**

❖ Table1:Species of medicinal plants which are used in community popularly

Investigational location	The number of taxon	
	Species	Families
<i>Community of The Dao, Ban Khoang, Lao Cai</i>	345	86
<i>Community of The Hmong Sa Pa Commune Lao Cai</i>	256	81
<i>Community of The black H'mong, Ban Khoang commune, Sa Pa, Lao Cai province</i>	214	76
<i>Community of The Tay, Viet Lam commune, Vi Xuyen district, Ha Giang province</i>	385	106
<i>Community of The Mường, Chieng Yen commune, Moc Chau, Son La province</i>	165	69
<i>Community of The Dao Tien, Chieng Yen commune, Moc Chau, Son La</i>	189	74
<i>Community of The Tay, Trang Dinh district, Lang Son province</i>	276	89
<i>Community of The Thai, Na Ot commune, Mai Chau, Son La</i>	135	72
<i>Community of The Dao, Trang Dinh district, Lang Son province</i>	261	84

Investigation of Medicinal plants and indigenous knowledge



❖ Table 2: Result of collection the experience remedy in some communities

Investigational location	Quantity of collected remedies	
	Quantity	Quantity of experience remedies under the disease group
<i>Community of The Dao BanKhoang</i>	85	Hemostatic: 7, bone-joint: 9, digestion: 6, cutaneuos: 12, urinary organ: 5, female disease: 16
<i>Community of The Hmong hoa commune, Lao Cai</i>	72	<i>Bone-joint diseases: 8, female disease: 12, digestion: 10, urinary organ: 11, respiratory tract: 3</i>
<i>Community of The Tay Viet Lam commune, Vi Xuyen district, Ha Giang province</i>	51	Digestion: 12, respiratory tract: 7, female disease: 7, cutaneuos: 8, ill-temperature: 3
<i>Community of The Kho mu, BanVang commune, Dien Bien.</i>	16	<i>Hemostatic: 3, cutaneuos: 4, digestion: 4, urinary organ: 1</i>
<i>Community of The Tay Kim Dong commune, Trang Dinh, Lang Son</i>	15	Urinary organ: 2, Bone-joint: 3, female disease: 4, liver: 2, female disease: 4

Medicinal plants in need of conservation



Drynaria bonii Christ



Paris hainanensis



Gynostemma pentaphyllum (Thunb.) Makino



Rauvolfia yunnanensis Tsiang



Stephania dielsiana C. Y. Wu



Fibraurea recisa Pierre

Constructing models of preservation and development for the several species in community

- Propose two types of model:
 - + Forest garden
 - + Household garden
- Form a harmonious combination between the purpose for conservation of biological diversity and the benefit of the people participating in conservation activities
- Many Species have been selected to be grown in those models.
- ❖ In Sapa, we selected 51 species of ethnic medicinal plants, most of these species has been listed in Vietnam Red Book (1986)

❖ Table 3: Some precious Species have been conserved in household garden

No	Scientific name
1	<i>Panax bipinnatifidus</i> Seem.
2	<i>Tetrapanax papyriferus</i> (Hook.)
3	<i>Berberis wallichiana</i> DC.
4	<i>Codonopsis javanica</i> (Blume) Hook. F.
5	<i>Stephania brachyandra</i> Diels.
6	<i>Coptis chinensis</i> Franch.
7	<i>Valeriana jatamansi</i> Jones
8	<i>Anoectochilus roxburghii</i> (Wall.) Wall. Ex Lindl
9	<i>Paris spp.</i> (Trilliaceae)
10	<i>Nervilia sp.</i> (Orchidaeeceae)

Raising public awareness and training of staff working on conservation

❖ Table 4: Training workshops in the community

Places	Number of sessions	Number of participants
<i>Ban Khoang commune, Lao Cai</i>	2	86
<i>Sapa commune, Lao Cai</i>	2	84
<i>Vi Xuyen area, Ha Giang province</i>	1	28
<i>Na Ot commune, Mai Chau, Son La</i>	2	95
<i>Kim Dong communes, Trang Dinh, Lang Son</i>	1	42

Research on Indigenous Medicine in Viet Nam (cont.)

Some indigenous drugs have been studied:

- Hé mọ: treatment of acute and chronic colitis (traditional medicine hospital national)
- Supportive treatment of poisonous snake bites (traditional medicine hospital in Phu Yen province)
- Support for long life for cancer patients (military hospital 103)
- Support for patients with advanced state of HIV / AIDS

Training and development on conservation of medicinal plants



Some pictures of medicinal plants resources



Challenges and Opportunities

Challenges

- Vietnam has 54 ethnic groups: each group has different medicinal concept and knowledge
- Number of people with local knowledge are diminishing, without new successor
- People prefer to use modern medicine for effective treatment in a short time
- Resources of medicinal plants is getting exhausted by deforestation and uncontrolled harvest
- Not enough attention to develop drug-growing areas
- The folk remedies lack scientific evidence and research

Proposed Research for International Cooperation on Indigenous Medicine

- International cooperation with countries in the Mekong river basin
- Organize annual conferences and seminars to share information, research and findings on indigenous medicine in different countries in the region
- Share documents on policy, management and information on conferences in each country



Thailand's Indigenous Medicine: An overview

Mrs. Saowanee Kulsomboon

Director

Bureau of Thai Indigenous Medicine

Department for Development of Thai Traditional and Alternative Medicine

Ministry of Public Health

Content

1. Introduction: Thai Indigenous Medicine Wisdom
2. Development of Folk Medicine: Current situation
3. Future Direction
4. Conclusion and Suggestions

1. Introduction: Thai Indigenous Medicine Wisdom

Health wisdom in Thai indigenous medicine has been developed and used in many aspects with folk healers having an important role in using their knowledge and skills to respond with health of people in the community as well as find the cures for common community health issues. Traditional indigenous medicine varies in different areas and among different ethnic groups. The knowledge that has been developed and passed on for a long period of time has resulted in various local health wisdoms such as Lanna Indigenous Medicine, Esarn Indigenous Medicine, Southern Indigenous Medicine, Muslim Indigenous Medicine, and indigenous medicine of other ethnic groups, for example, Hmong, Yao/Mien, Lisu, Akha, Karen, Lua, Khmu, Tai Yai, Tai Lu, Tai Dam, Tai Esarn, Phu Thai, Khmer, and Sakai. Indigenous medicine consists of health care for both physical and mental illnesses with various treatments such as a massage for paresis/paralysis treatment by healers' foot having stepped on hot iron in Central Thai folk healer, Ma Muad practice in Thai-Khmer ethnic group, or abdominal massage for pregnant women by Muslim midwives.

Currently, there are 50,591 registered folk healers, according to the data from the Central Registration Office, Department for Development of Thai Traditional and Alternative Medicine (DTAM) under the Ministry of Public Health. These healers are categorized according to their specialties into six groups: ritual, herbalist, healers/massage physical therapist/massager, midwives, bone setters, and others. Among them, 16,000 have had more than 20 years of experience in community health practice.

The DTAM is a government agency responsible for the support and protection of Thai traditional medicine and herbal wisdom. According to The Protection and Promotion of Thai Traditional Medicine Wisdom Act B.E. 2542 (1999), the department is tasked with

- Carrying out operations to protect and promote education and training, conducting research and developing Thai traditional medicine wisdom and herbs,

and overseeing administrative and academic work of the Committee for the Protection and Promotion of Thai Traditional Medicine

- The General Director of DTAM shall be the Head Registrar and the Head of Provincial Public Health Office shall be Provincial Registrars with responsibilities to collect information related to herbal and traditional medicine wisdom.

- Compiling Thai medicine formula and Thai traditional medicine textbooks/manuals for the development of a Thai traditional medicine database

2. Development of Folk Medicine: Current situation

World Health Organization (WHO) has called for its members to include traditional medicine in their primary health care (PHC) system, establishing practitioners of traditional medicine as public health personnel. The support for the use of herb in primary health care as well as the initiative to officially reinstate local health care wisdom into the country's health care system have brought about an important change: the management of health care system has opened up a space for traditional health care wisdom. It allows traditional medicine, although not classified as medical science or biomedicine, to have its role in Thailand's public health care.

2.1 Studies and research

Support and development by the Ministry of Public Health and Non-governmental organizations in more than two decades has brought about academic movement such as research and development for utilization of traditional medicine in health care system. In the first decade (1982 – 1992) there were 70 – 80 research papers while there were 115 research papers in the following decade (1993 -2003) with topics in social sciences, humanities, and traditional health wisdom in the following fields:

- (1) Indigenous system of health/wellness which is aimed at supporting people to healthily carry on their normal life with balance

- (2) Indigenous self care which is health maintenance within the family or among relatives in the communities such as treatment for women after childbirth by lying near an open fire

- (3) Indigenous medicine which is healthcare performed by folk healers who treat both physical and mental illnesses

With academic movements from many organizations to support community health care and establish a learning system for self-reliant communities, studies are conducted in the form of community-based action research. Especially in the study of local wisdom and folk medicine, the villagers or community folk healers themselves were the researchers.

A pioneer research for studies of folk medicine in the last ten years was a project titled "*An Analysis of Traditional Medical Theory and Practice in the Upper North of Thailand (2002 -2004)*". This work has had influence in policy making. It also had a major impact on academic works as well as health care system. Several research on traditional medicine textbooks/manuals have been conducted: 1) *A Study on Thai Traditional Medicine Textbooks by Venerable Luangpu Suk of Wat Makhamtow in Chainat Province.* 2) *Southern Wisdom in Local Medicine from Traditional Manuscripts.* 3) *The Survey and Compilation of Traditional Medicine textbooks in Phang Nga Province.*

The Bureau of Thai Indigenous Medicine under DTAM has conducted studies, organised a knowledge base of local health wisdom, and developed co-operations in Thailand's health system with its network organizations in the following issues:

1. Indigenous medicine for mother and child care and Muslim midwives
2. Community health care with local herb and food
3. Indigenous bone-setters specialized in treatment of broken bones
4. Folk healers specialized in treatment of snake bites and other venomous animal bites
5. Indigenous medicine for the care of diabetes patients
6. Indigenous medicine for the care of cancer patients
7. Indigenous medicine for the care of paresis/paralysis patients

2.2 Utilization in Thailand's health system

Thai indigenous medicine is related to Thai traditional medicine. However, Thai indigenous medicine is still in its beginning period compared to Thai traditional medicine which has been systematically developed and is carried out under occupational standards. There is also a law to oversee, regulate, and support Thai traditional medicine. Currently, 25 government health service providers (general hospitals, community hospitals, district hospitals) from 24 provinces have included folk healers' herbal medicine with good therapeutic results in their List of Thai Traditional Medicine for Hospitals and Public Health Service Units. These hospitals have also developed a joint healthcare system where they work with indigenous healers with specialties such as treatment of broken bones, post-natal care, antivenom treatment for snake bites, treatment of chronic illnesses/paresis/paralysis, frozen shoulder, psoriasis and cirrhosis.

The work to support the utilization of folk medicine in the public health system has resulted from the co-operation with both government and private organizations such as:

(1) The support and development of Thai traditional medicine and Thai indigenous medicine services in primary health care units. The DTAM has carried out the project to establish district hospitals specializing in Thai Traditional Medicine since the year 2010. This is the opportunity to combine Thai traditional medicine in the community health care, foster understanding, create learning opportunities, and develop co-operation in public health care with folk healers. The project aims to operate in 230 target areas. It currently has 190 operations due to lack of Thai traditional medicine personnel.

(2) The establishment of Thai Traditional Medicine Fund by the financial support from the National Health Security Office (NHSO). The fund supports health service units in providing Thai traditional medicine services. It also set up District Health Security Fund project. This co-operation is aimed at providing better access for the public. It encourages the development of community health care system with indigenous healers for chronic illnesses such as paresis and paralysis.

(3) The organization of activities to encourage the use of local wisdom and herb. For example, *Health Promotion by Thai Traditional Medicine, Thai Alternative Medicine, and Thai Indigenous Medicine Fair* is held every year in four regions by the department and the Provincial Public Health Offices. Another example is *National Herb Expo* held yearly by partners of the departments under The Ministry of Public Health. The fairs promote the use of herb as well as provide opportunity for learning and sharing information on Thai traditional medicine, indigenous medicine and alternative medicine. The event provides educational activities, exhibitions, treatment services, shops and other activities from network of folk healers in the provinces.

2.3 Legal Activities

The laws related to the reform of health service system and administration with clauses on decentralization, folk healer certification, and protection of intellectual property and herb resources are:

(1) The Protection and Promotion of Traditional Thai Medicine Wisdom Act B.E. 2542 (1999). The law stipulates that the DTAM, Ministry of Public Health, is responsible for the protection of and support for Thai local wisdom, education and training, studies/research and development of local knowledge, and compilation of information and registration of knowledge in Thai Traditional Medicine and herb.

(2) The Practice of the Art of Healing Act B.E. 2542 (1999) article 33(1)(3). The law allows the evaluation of folk healers in order for them to be granted permission to practice the art of healing. Currently, there are 161 granted practitioners.

(3) The National Health Security Act B.E. 2545 (2002) article 18 (8). The law supports government's local administration offices' work to operate and manage local health security system through the District Health Fund.

(4) The National Health Act B.E. 2550 (2007) in accord with section 7 of the National Health Charter. The legislation supports the utilization and development of health related local wisdom through Thai traditional medicine, indigenous medicine and alternative medicine.

(5) DTAM's regulations regarding the issuance of certificate for folk healers (2010). This allows the screening and certifying of folk healers in each area to encourage their participation in community health care.

3. Future Direction

(1) Research and development

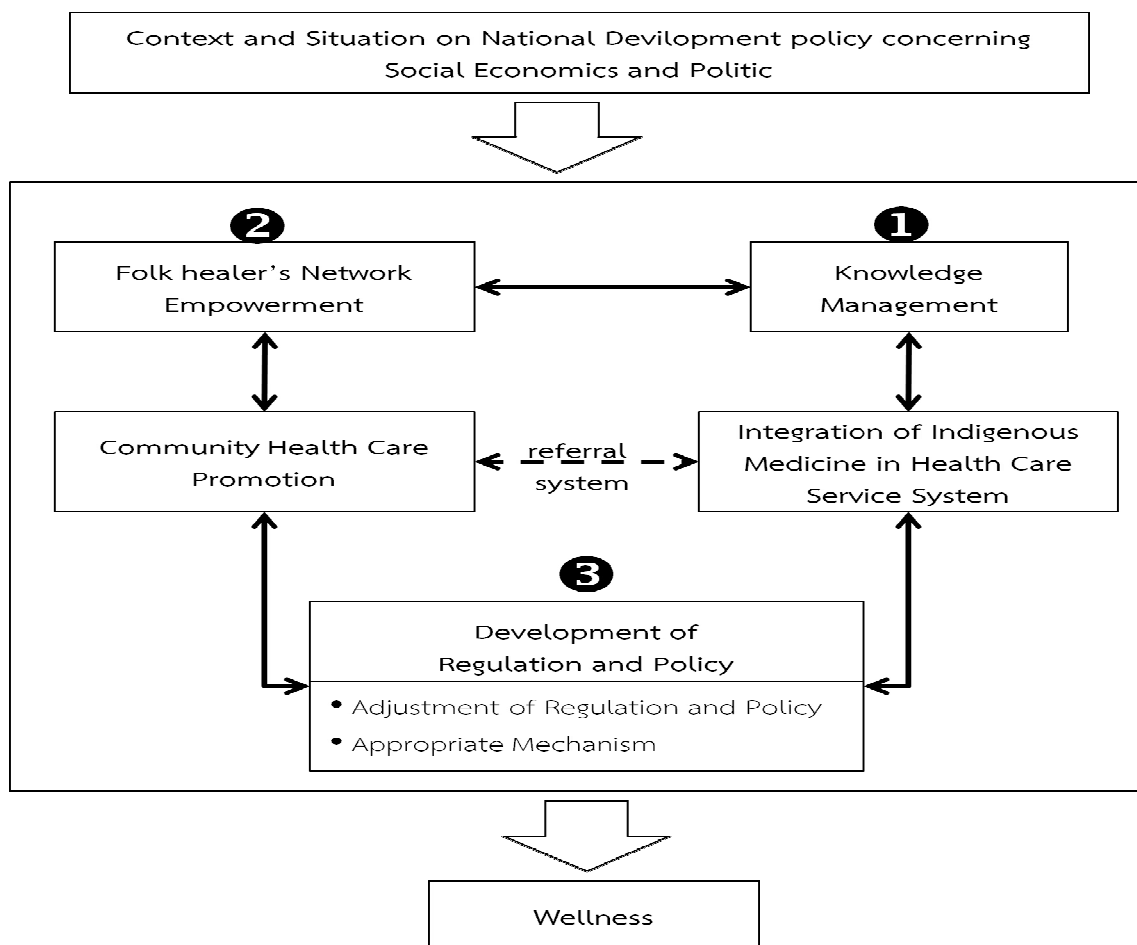
The wisdom of indigenous medicine is multi-dimensional and most of it is not written down. It lies in the tacit knowledge of folk healers, most of whom are elderly persons. So the conservation and protection of Thai Traditional Medicine wisdom needs more than survey and registration. A plan for support and development should be promptly in place. Research and development should focus on the process of building a learning ground and a place to share direct experience from their practices. In order to effectively establish a knowledge base for the people, the development of knowledge beneficial to health should be multidisciplinary. Integrated studies with more than one discipline in the learning of indigenous medicine will help clarify the knowledge as well as open a new dimension in knowledge development.

(2) Policy that responds to ASEAN and the World

Thailand has been prepared to answer the health promotion need of ASEAN as well as the world in the revival of primary health care, as suggested by the World Health Organization (WHO). Thailand has drafted a strategy framework for health development through Thai traditional medicine to accommodate its participation in ASEAN Community. Thailand also signed on to the inclusion of traditional medicine in the primary health care system and the employment of Thai traditional medicine practitioners in district health promotion hospitals. This is to encourage the utilization of traditional medicine in family and community health care as well as develop a transfer system linking that to the primary health care system.

(3) Thai indigenous medicine development plan

The Subcommittee for the Development of Thai Indigenous Medicine has drafted up development strategies between the year 2012 and 2016 to set a direction and framework to support the development of Thai indigenous medicine. The development plan for Thai indigenous medicine consists of the following main points: 1) Knowledge management and establishment of knowledge management network. 2) Empowering groups and networks of indigenous healers, and 3) Drafting of relevant regulations as well as the mechanism to support the development of indigenous medicine. This includes fostering co-operation between public and private sectors in the work to develop indigenous medicine according to the following framework



4. Conclusion and Suggestions

Indigenous medicine is part of the health care system for the people. It is still based on the knowledge accumulated through experience. Holistic care is the heart and strength of Indigenous medicine. It can be incorporated into daily life as it is easy to access and cost saving. Therefore, promotion and development of indigenous medicine is important for Thai health care system. The importance can be defined as follows:

- 4.1 Development of Thai Indigenous Medicine data base
- 4.2 Promote Knowledge Management
- 4.3 Empowerment of the people and folk healers network
- 4.4 Development of rules and policies

Experience sharing and Showcase of Folk Healers in the Mekong Basin (6 September 2012)



1. CAMBODIA

1.1 Venerable Daung Sopheareach



Hometown: Snam Prampey Village

Ethnic group represented: Cambodia

Years of practice: since 2005

Area of expertise: Sprain, twist or strain muscle, general headache, gastro and abdominal pain, arthritis, momentarily deaf (tinnitus)

Previous award or recognition received: 1. Community recognition 2008 2. A few interviews about treatment by supernatural powers in Dara Magazine and Popular Magazine (2008 & 2009)



Work experiences: With more than 10-year experience, Venerable Daung Sopheareach, a folk healer who is an expert in Dhamma therapy, has used non-pharmacological approach for his treatment procedure. He treats his patients by sending meditation power to the patient who sits face to face 4-5 meters away. From past to present, he has treated his patients suffering from various diseases, except serious and chronic diseases like cancer, which he has never treated before.

Showcase summary: Venerable Daung Sopheareach used mind powers gained from meditation and saying Buddhist prayers to treat patients who had mild or moderate sprained, twisted muscle and general headache.

1.2 Venerable Meng Chanra



Hometown: Phnom Penh

Ethnic group represented: Khmer

Years of practice: since 1990

Area of expertise: Psoriasis, Use hot piece of iron to treat some disease (arthritis, blood circulation obstacle, sprain muscle), kidney stones, venomous animal bite (snake, scorpion, spider), hemorrhoid, liver disease, women's diseases (prolapsed of the uterus; post-partum illnesses: low or no energy, poor memory, impaired concentration, carelessness, dry skin, sadness, and loss of appetite).

Previous award or recognition received: 1. Recognition by district and commune chief and villagers (Toul Sala Commune, Bor Seth District, Kampong Speu Province) during 2000's



Showcase summary: Venerable Meng Chanra put his foot in the tray of herbal mixture comprising of powdered *Zingiber cassumunar* rhizome (Plai in Thai), red lime, and rice whiskey. He then placed his herb-covering foot on a piece of heated iron plate placed over the stove for a short period of time before using his warm foot to massage on the affected areas of the patient's body to treat sprain muscle.

1.3 Mr. Ky Bouhang



Hometown: Tek Thla Sangkat (Commune)

Ethnic group represented: Khmer

Years of practice: since 1996

Area of expertise: Leucorrhoea, stomach and abdominal pain, syphilis, gonorrhoea, food intoxication, prolapsed uterus, a particular kind of very painful swelling of the whole body or any body part (for example fingertips), post-partum illnesses.

Previous award or recognition received: 1). Certificate of recognition by Association of Khmer Angkor Development (1997) 2). Certificate of Recognition issued by National Center of Traditional Medicine (2002) 3). Certificate of Khmer Traditional Practitioner issued by Ministry of Health (2011)

Educational background and work experiences: Mr. Ky Bouhang learned Traditional Medicine (TM) from several elder healers since 1980's. He took several short courses on TM and got many certificates, for example, Certificate of Healer's accreditation supported by WHO in 2001, and Certificate of Khmer Traditional Practitioner issued by Ministry of Health in 2011.

He became a folk healer since 1996 by accident due to the request of his neighbor's patients who asked him to treat their diseases such as infection, blister, hemorrhoid, rhinitis, gastroenteritis, venereal disease, and leucorrhoea, etc. As a result, he decided to be the folk healer to serve people in the community.

Since 2001 to present, he has been working at the National Center of Traditional Medicine as a medicinal plants researcher and as a staff to prepare 4 volumes of Cambodia medicinal plants books. Moreover, not only being a lecturer on medicinal plants at the National Center of Traditional Medicine, he also provides training and field practice for the pharmacy students. Since 2011, he has become the Chairman of Cambodia Traditional Healers Association.



Showcase summary: Mr. Ky Bouhang kindly narrated the way he usually diagnoses and treats his patients with leucorrhoea. He also introduced the proper prevention and herbal medicine formula for leucorrhoea treatment.



2. CHINA

2.1 Mrs. Zhang Li Hua



Hometown: Hongta District, Yuxi, Yunnan

Ethnic group represented: Bai

Years of practice: 45 years

Area of expertise: Orthopedics of TCM, cervical spondylosis, lumbar vertebrae, diseases and traumatic injury

Previous award or recognition received: 1. Awarded outstanding contribution on Chinese Orthopedics by Chinese Bone Setting Association, Branch Association of Orthopedics of National Traditional Treatment Association and Chinese Manipulation Research Association.

2. Awarded as Famous Teacher of Chinese Orthopedics and Manipulation Master of TCM by Branch Association of Orthopedics Talent of Chinese Talent Research Association and World Association of Orthopedics Experts.

Educational background and work experiences:

Mrs. Zhang Li Hua graduated from the Faculty of Medicine in China. She used to work as a modern and traditional Chinese medicine doctor in her community, and treated the patients the same way as her ancestors had previously done. After retirement, she opened a clinic where about 20 patients come to see her every day. She usually gives her patients some useful advice on how to take care of themselves at home.



Knowledge transfer: She trained her students by the apprenticeship system. So far she has trained about 50 students and her daughter is her successor.

Guru worship: The ancestor worship ceremony is held once every year, while Chinese gods worship ceremony is held on the 1st and the 15th of every month.

Professional attitude: She is proud of her profession and always feels wonderful to see her bed-ridden patients be able to move and walk again.



Showcase summary: Mrs. Zhang Li Hua showed the repositioning manipulation of shoulder and elbow joint. After that, she introduced HA XIU MI DE electric heating medicine bag which was once awarded Golden Prize of American Einstein International Invention, Excellent Invention Prize and the third prize of Scientific Invention of Yunnan, the third prize of Beijing International

Invention, and the second prize of scientific-technical progress of Yuxi with State invention patent, for dredging collaterals.

2.2 Mr. ShenShao Lin



Hometown: Kaihua Town, Wenshan, Yunnan

Ethnic group represented: Zhuan

Years of practice: 40 years

Area of expertise: Treating patients with cerebral infarction, paresis with acupuncture, cupping, tuina, massage, chakra healing, drug fumigation, and Chinese herbal medicine remedies.

Previous award or recognition received: 1). Awarded as the special technician on cardiovascular and cerebrovascular diseases by Wenshan Municipal Bureau of Health in 2005.

2). The paper of 114 examples of apoplexy, cardiovascular and cerebrovascular diseases presented at the 2nd International Academic Exchange Conference of Characteristics of TCM Diagnosis and Treatment in Beijing was awarded as the famous doctor with outstanding characteristics of TCM by China International Physicians Network.

He was also honored as an expert of the Committee of Experts in China International Physicians Network 3. The Paper on clinical experience of 152 examples of apoplexy hemiplegia's recovery on Exchange of National Health Care was awarded as TCM Special Talent.



Educational background & work experiences:

Mr. Shen Shao Lin graduated from Yunnan University in botany. In 1982, he opened his clinic in Lijiang and there are about 20-30 patients per day.

Knowledge transfer: He was trained by his ancestors. His diagnosis technique includes manual physical examination, taking patient's medical history and conditions, meditation, and examining the patient's face.

Guru worship: Once a year

Professional attitude: He is very proud to be able to treat his patients at low cost of health care.

Showcase summary: Mr. Shen Shao Lin demonstrated the treatment of cardiovascular and cerebrovascular diseases by acupuncture and moxibustion, cupping, tuina, massage, point percussion therapy, fuming and steaming with medicine and prescribing Chinese herbal medicine remedies.



2.3 Mr. Yang Shang Xing



Hometown: Lijiang, Yunnan

Ethnic group represented: Naxi

Years of practice: 40 years

Area of expertise: Rheumatoid bone diseases, tuberculosis

Previous award or recognition received: Awarded special diagnosis and treatment expert certificate in 2007; awarded as outstanding worker by Yunnan national medicine

Educational background and work experiences: Although his highest education is high school, he worked hard on studying herbal medicine; therefore, he finally opened a clinic which provides both western and eastern herbal medicine (but in fact western herbal medicine is rarely used). His clinic welcomes 20 patients per day and according to his policy, the poor patients or the elders over 80 years old will get free service. Not only working as a doctor, he also does some research on medicinal plants, especially those growing in the mountainous areas.

Knowledge transfer: He learned traditional medicine knowledge 60% from his mother and 40% by self-study.

Treatment process: After diagnosing his patients with TCM diagnostic technique and looking the x-ray films, he treats his patients by acupuncture, massage, or herbal medicine. To follow up after the treatment, he calls his patients by phone and gives them some useful advice such as the kind of food they should avoid.

Guru worship: He usually pays respect to the god of medicine regularly and makes a sacrifice to gods and his ancestors three times a month.

Professional attitude: He is always proud and happy when his patients recover and become healthy again.

Showcase summary: He showed the unique YANG's Diagnosis and Treatment Methods with the theory, the results of modern biomedicine and over 40 years clinical practice.



3. LAO PDR

3.1 Mr. Khamphio Savangphalikhanh



Hometown: Donxay Village, Vientiane Province

Ethnic group represented: Khamou

Years of practice: 10 years

Area of expertise: Physical examination, diagnose and prescribe traditional herbal medicine

Previous award or recognition received: He was awarded for his work by local and by Provincial Public Health Office, Provincial Government, and Prime Minister

Educational background and work experiences: Mr. Khamphio graduated from Faculty of Arts, Vietnam. He then studied the use of Traditional Chinese Medicine from TCM doctors for 4 years because he prefers traditional medicine to western medicine. After that, he opened his traditional medicine clinic in Donxay Village, Vientiane. He is renowned for his

traditional medicine practice, so even the patients from the neighbor country like Thailand come for check up and get the treatment from him. Every day, there are many patients going to his clinic to get both physical and mental treatment.



Knowledge transfer: He learned the indigenous medicine knowledge from his ancestors and TCM knowledge from TCM doctors. He wishes to transfer everything that he learnt to his students.

Guru worship: -

Treatment process: First he will check up patient's body to diagnose health problem. For example, for a diabetic patient, he will check the color of his/her tongue to see if it turns white or not as such disorder usually occurs in patients suffering from diabetes for a long time. Then he

will prescribe herbal medicine for the patient. In case of other diseases, some patients may stay at the clinic to get the treatment, massage, or sauna. Lastly, he will suggest how to behave healthy at home. He will continue his treatment until the patient gets well.

Professional attitude: He is happy to see his patients become healthy again.

Showcase summary: He demonstrated how to examine the patients with joint pain, diabetes mellitus, and insomnia. He also prescribed herbal medicine remedies for the patients.



4. MYANMAR

4.1 Mr. (U) Ba Thein



Hometown: Mandalay

Ethnic group represented: Myanmar

Years of practice: 52 years

Area of expertise: “Vissadara Naya” Traditional Medicine on cardiovascular disease, neurological disease, and respiratory system

Previous award or recognition received: -

Work experiences: U Ba Thein, 75, is a traditional medicine practitioner who accumulated his experience and skill on traditional medicine for more than 50 years. He

used to treat 100 patients per day. Nowadays, he has to lower the number of patients due to his age. U Ba Thien was also invited by many top-level officials of other counties to treat the patients outside Myanmar.

Knowledge transfer: He learned traditional Myanmar medicine knowledge from his grandfather and the monks. His daughter is the successor to his traditional medicine clinic.

Treatment process: The instruments for physical examination and diagnosis consist of knife, horn, wand, and medicinal root. He uses these instruments to diagnose and examine each part of patient’s body to find the health problems and to treat the patient at the same time. When he touches the body part that has health problem with the instrument, the patient will feel heat and pain and this feeling will continue at every further touch. After continuing treatment with the instrument, patient will find the intensity decreasing and their health problems will be fixed.

The treatment evaluation will be taken from questioning the patient how he/she feels, and observing their pain reaction shown towards his touch. The patients will be advised to refrain from taking a bath for 1 day and they can get the continuing treatment after 3 days pass.

Professional attitude: He’s very proud to be a folk healer.

Showcase summary: Based on Vissadara Naya, U Ba Thein gave the treatment to the patients by using his instruments (knife, horn, wand, and medicinal root) to touch their various parts of body to find which part of their body had health problem. Then, he used his magic knife to take away the root of disease. The patients felt great pain at first but that feeling later subsided.



4.2 Mr. Lahar Khaung Lwun



Hometown: Kachin State

Ethnic group represented: Kachin

Years of practice: 20 years

Area of expertise: Gastritis, ureterolithiasis, generalized diseases

Educational background and work experience: He studied traditional medicine from Ministry of Health, Myanmar, for 1 year, and received the practitioner certificate. Also, he learned about traditional medicine/herbal medicine from his grandfather. He opens his own clinic in his house and works as a traditional medicine practitioner. He usually treats 6 patients per day.

Treatment process:

1. Body examination and diagnosis by taking the pulse and observing the patient's symptoms.
2. Oral herbal medication (hot, cool)
3. Treatment evaluation by observing the symptoms and questioning the patient
4. Giving advice

Guru worship: Christian way

Professional attitude: He's very proud of his profession, to be a folk healer.

4.3 Mr. Khun Kyaw San (or Kyaw Win)



Hometown: Shan State

Ethnic group represented: Pao

Years of practice: 20 years

Area of expertise: Gastritis, menorrhagia, fever, and generalized diseases

Educational background and work experience: He studied traditional medicine from Ministry of Health, Myanmar, for 1 year, and received the practitioner certificate. Also, he learned about traditional medicine/herbal medicine from his grandfather (the same as Mr. Lahar Khaung Lwun). He has his own clinic and treats about 10 patients per day.

Treatment process:

1. Body and pulse examination and diagnosis
2. Oral medication, massage, and giving do-and-don't do advice
3. Treatment evaluation by observing the symptoms and questioning the patient
4. Giving the advice for self-healthcare

Guru worship: Buddha worship

Professional attitude: He's very proud to be a folk healer.

5. VIET NAM

5.1 Mr. Quach Tuan VINH



Hometown: Hanoi

Ethnic group represented: Kinh

Years of practice: 33 years

Area of expertise: Acupuncture point micro-implantation technology

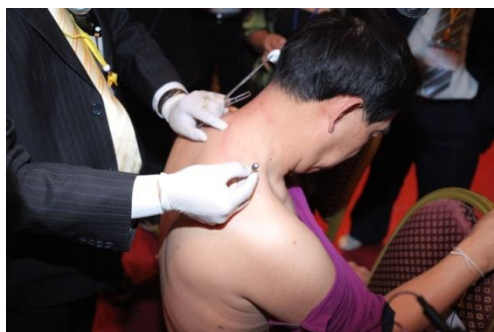
Previous award or recognition received: Has been awarded with the “ASEAN Famous Trademark” Award, 2012: Transplant micro technology “Identity of Viet” method Doctor Quach Tuan Vinh

Educational background and work experience: He was trained in traditional medicine and functional rehabilitation in the army. Since being a student at the Military Medical Institute, he has known the acupuncture

point implantation technology. He highly appreciated the technology and sought to learn about it. Finally he can adapt the acupuncture point implantation to replace the traditional acupuncture in health care. In 2007, after retirement, he established Minh Quang Acupuncture Point Micro-implantation - Rehabilitation Center specializing in research, development and application of acupuncture point micro-implantation technology. So far, his Center has successfully treated & rehabilitated 250 diseases/symptoms of 18 different pathological categories.



Knowledge transfer: He was descended from a family of medical career: his grandfathers and parents were healers or medical staff. He, therefore, has absorbed indigenous medicine from his family and relatives since childhood.



Treatment process: After the pulse diagnosis, the treatment he applied will depend on the type of diseases. Usually, the acupuncture point micro-implantation technology is used for the most part. He found that when treating the same disease, comparing with the conventional acupuncture, the acupuncture point micro-implantation technology is able to shorten the period of treatment with more effective results. After the treatment, he will evaluate his patient's condition by the pulse diagnosis. The follow-up is always done. His technique was also supported by the government.

Guru worship:-



Professional attitude: He is very proud of his profession. He opened his non-profit center/clinic to treat any patients, even though they have a life-threatening condition. Patients' ability to pay for service is never taken into consideration. He has treated and rehabilitated around 10,000 patients a year.

Showcase summary: He introduced the application of acupuncture point micro-implantation technology to the audiences and demonstrated the use of micro-implantation in the acupuncture points.

5.2 Ms. Dinh Thi PHIEN



Hometown: Hoa Binh Province

Ethnic group represented: Mường

Years of practice: 40 years

Area of expertise: Traditional/indigenous medicine, herbal medicine, and the application of medicinal plants

Previous award or recognition received: Meritorious Doctor

Educational background and work experience: She was trained to become a general physician. So far over 40 years of service; she worked in different traditional medicine clinics and the association of traditional medicine. At present, she is the Standing Member of Vietnam Traditional Medicine Association, the Chairman of Hoa Binh Traditional Medicine Association as well as the Chairman of Administration Council-Director. She is also serving as the Director

of Traditional Medicine Joint Stock Company in Hoa Binh province. She actively participates in the preservation of indigenous plants which have healing effects, with a physician team trained professionally from National School. Furthermore, she has done a research on the toxicity of herbal medicine, supported by the government, and studied on the quality of herbal medicine in collaboration with Japan and USA.

Knowledge transfer: She inherited the knowledge of indigenous medicine, herbal medicine, and medicinal plants from her mother.

Treatment process: She uses the pulse diagnosis before and after the treatment.

Guru worship:-

Professional attitude: She devoted herself to helping her community and she is pleased to be helpful.

Showcase summary: Ms. Dinh Thi Phien narrated her background and experiences towards the herbal/indigenous medicine, and her role as a physician in the community. She also showed the examples of medicinal plants used in Vietnam, and described their indications, and the preparation for compounding medicine. Moreover, as her patients are from everywhere in Vietnam and other countries, her herbal medicines are made into products for convenient use. CAO UT3, for example, is used for liver diseases, and liver detoxification.



5.3 Mr. Nguyen Tan TUOC



Hometown: Tiền Giang Province

Ethnic group represented: Kinh

Years of practice: 35 years

Area of expertise: Acupuncture

Previous award or recognition received: -

Educational background and work experience: When he was 18 years old, he learned about medicines and how to feel the pulse at His Nam Buddha, His Tho City. He also started practicing "Qi Gong", learned about Vietnamese acupuncture, and massage when he was 25. Since then he has practiced medical acupuncture. He accumulated a lot of useful experience of medical acupuncture for more than 30 years. He has treated and rehabilitated about 7,000-8,000 patients a year.

Knowledge transfer: He learned the treatment methods from the ancestors and Buddha's teaching. Traditionally, this traditional medicine knowledge was supposed to be taught only within the family; however, an interested person can get the training for free if he/she passed the examination and was selected by the doctor.

Treatment process:

1. Feel the pulse and transmit one less "Qi Gong" for patients during feeling the pulse.
2. Bloodletting (extract and squeeze the blood) in pain scores (in appropriate circumstances)
3. Acupuncture needles on the head with many different levels. Acupuncture needles on the "feel" between Herbalist and patients.
4. "To dry in the moxa" around the needles for 20-30 minutes.
5. Can be combined with electrical stimulation and infrared phototherapy.
6. Take off the needles, massage around the pain.
7. Guiding the patients during treatment and after the treatment process:

- Instruct patient to abstain from some types of foods while having soreness, e.g., beef, chicken, shrimp, etc.

- Ask the patient to adhere to the do-and-don't principles, e.g. Do not attend the "funeral". Do not have sex during the treatment and convalescence. Drink at least 2 liters of water per day. Eat at least 500 g of fruit and vegetables a day. Be outside to see the sun every morning for 30 minutes to combine with nature while practicing deep breathing.

Guru worship:-

Professional attitude: Actually, he is very proud and pleased to serve the community as a folk healer.

Showcase summary: Mr. Nguyen Tan Tuoc introduced himself about his background and experiences in medical acupuncture, and described about his treatment process with acupuncture.



6. THAILAND

6.1 Mrs. Nahae Sukruanthong



Hometown: Mae Hong Son Province

Ethnic group represented: Lahu

Years of practice: more than 30 years

Area of expertise: Abdominal massage for the treatment of infertility in woman, massage for the treatment of partial paralysis, paralysis, muscle sprain & pain, and joint pain, and post natal care

Previous award or recognition received: -

Educational background and work experience: Although Mrs. Nahae, a 77-year-old folk healer from Lahu ethnic group, is well-known for her abdominal massage for the treatment of infertility in woman; she actually makes a living as an agriculturist. She usually gives the treatment to the patients in her community after or before her routine work.



Knowledge transfer: When she was young, she had a problem in conceiving a baby, so she asked for the treatment from her ancestors. Since then, she learned the abdominal massage by observing and remembering the movement of hands and body during the treatment provided by her ancestors.

Treatment process:

1. Taking patient's history by questioning about the patient's background.
2. Body examination by touching the uterus of the patient to investigate the problem of the uterus. For example, the uterus may be bending or in the lower position.
3. Abdominal massage to straighten or displace the uterus for 1.30-2 hours. The number of treatments depends on the condition of each patient.
4. Make an appointment with the patient to follow up regularly. Her advice for her patient is not to lift any heavy things.



Related rite/ritual: Patient who successfully gets pregnant will offer the traditional costume of Lahu ethnic group to Mom Nahae as thank-you gift.

Professional attitude: To help people to have a baby is her happiness. It is like performing the good deeds.

Showcase summary: Mom Nahae demonstrated the abdominal massage to the patient whose uterus was bending.



6.2 Mr. Sombat Wongkhum



Hometown: Lob Buri Province

Ethnic group represented: Thai

Years of practice: 30 years

Area of expertise: bone setting, bone fracture healing, the treatment of paraplegia, paralysis, and shoulder and neck pain, and bone disease.

Previous award or recognition received: Registered and licensed as practitioner of the art of healing in the branch of Thai traditional medicine (B.E.2553)

Educational background and work experience:-

Knowledge transfer: He learned the iron patting and massage for treating broken bones, paraplegia, paralysis, and the treatment of shoulder and neck pain, and bone diseases from Master Meng, the famous folk healer. At the age of 78, he has

two successors; one of them is his son-in-law who usually comes to help him at clinic on the weekends.



Treatment process:

First, the folk healer will diagnose a health problem in the patient by questioning, body examination, or observing the physical appearance of the patient. In case of paraplegia or paralysis, he will start massaging from the lower part to the upper part of body in order to open the wind gate and release the muscle tension. After that, he will say a prayer, spit the magical water on the patient, then pat the hot iron

on the stove, use the heat from his hands to massage around the pain or paralyzed area. Lastly, the hot herbal compress will be applied to the affected areas of the body. The massage duration depends on the case; the treatment of normal case will take about 1 hour, but the paraplegia or paralysis case will be 2 hours. He also has the herbal medicine as oral medication. According to his advice, the patient with paraplegia or paralysis should avoid all fermented food.



Related rite/ritual: After recovering for 3 days, the patient must offer “Kwan Khao” to the folk healer. Kwan Khao comprises of money (1.50 baht), 2 pieces of Chinese moon cake, 3 white flowers, joss sticks and candle; or else. It is believed that if the patient does not perform this ritual, bad thing will happen to him/her. Similarly, it is considered bad for folk healer to keep Kwan Khao for himself. It is a custom for the folk healer to offer Kwan Khao received to the monk.



Professional attitude: He is very proud to be able to reduce people’s suffering.

Showcase summary: He demonstrated the treatment of paraplegia due to the high blood pressure. First he started massaging from the legs upwards to open the wind gate. After finishing this step, he said the prayer, patted the hot iron on the stove and then gave the massage to the paralyzed area.

6.3 Mrs. Prae Pirakhun



Hometown: Nakorn Sawan Province

Ethnic group represented: Thai

Years of practice: 34 years

Area of expertise: Post-partum care and soil-burying treatment for the treatment of paresis or paralysis

Previous award or recognition received: Registered and licensed as practitioner of the art of healing in the branch of Thai traditional medicine (B.E.2554)

Educational background and work experience:-

Knowledge transfer: She learned soil-burying treatment from her great grandmother, grandmother, and aunt. Her daughter and granddaughter are her successors. She also passed on this traditional wisdom to over 50 interested persons.



Treatment process: There are five steps for the treatment of paresis and paralysis, namely:-

- 1. Soil burying:** If the patient cannot walk, put the soil on the cloth and Siamese cassia leaves on top, then lay the patient's affected arms or legs on the leaves and cover again with the leaves and soil. After 15-20 minutes, remove the arm/leg from the coverage. If the patient can walk, dig a hole large and deep enough for patient's legs, line the hole with Siamese cassia leaves, and cover the legs with the leaves followed by the soil. Leave for 15-20 minutes then remove the legs from the hole. After resting for a while, practice walking for 3-5 minutes.



- 2. Thai massage:** Start massaging from the normal part of body to the paralyzed part, applying the herbal oil as well.

- 3. Hot herbal compress:** Hot herbal compress is usually applied after massage, focusing on the joints, palm and sole of the affected side of the body. Thai

herbal compress ball consisting of fresh chopped herbs is applied in this process.

- 4. Herbal steam bath:** Many kinds of fresh herbs are boiled in a pot, placed under the bed in the tent for herbal steam treatment. The patient will lie on the bed and stay in the tent for 15-20 minutes.

- 5. Herbal medicine:** Two types of her own herbal remedies are used; i.e., herbal pills and laxative solution.

Related rite / ritual: Before the treatment, it is a ritual for a patient to show respect to the god of medicine by offering five objects and 99 Thai baht.

Professional attitude: She is very proud of her profession and the knowledge inherited from her ancestors enabling her to be able to help others.

Showcase summary: She demonstrated procedures to treat paresis & paralysis; i.e., soil burying, Thai massage or Nuad Thai, and hot herbal compress. Lastly, she introduced the herbal medicines she used for her treatment.



The Meeting of the Collaborative Network on Indigenous Medicine in the Mekong Basin (Day 3: 7 September 2012)



Meeting Agenda^{*}
of
The Collaborative Network of Indigenous Medicine
in the Mekong Basin
7 September 2012

Meeting Room 1, DMS6 Building
Department for Development of Thai Traditional and Alternative Medicine
Ministry of Public Health
Nonthaburi, Thailand

- Agenda 1** Election of Chairperson and Co-chairperson and appointment of rapporteurs
- Agenda 2** Adoption of the agenda
- Agenda 3** Business arrangement
- Agenda 4** Official establishment of “The Collaborative Network of Indigenous Medicine in the Mekong Basin”
- Agenda 5** Formulation of the framework of cooperation
- Agenda 6** Formulation of the follow-up plan
- Agenda 7** Date and venue of the 6th Meeting on Indigenous Medicine in the Mekong basin
- Agenda 8** Consideration and adoption of the report of the meeting
- Closing**

* Annex 2 of Summary Report page 67

SUMMARY REPORT

OF THE MEETING OF THE COLLABORATIVE NETWORK ON INDIGENOUS MEDICINE IN THE MEKONG BASIN

7 September 2012

Nonthaburi, Thailand

INTRODUCTION

1. **The Meeting of the Collaborative Network on Indigenous Medicine in the Mekong Basin** was held on 7 September 2012 at the Department for Development of Thai Traditional and Alternative Medicine (DTAM), Ministry of Public Health, Thailand. The Meeting was a part of the activities of **the Fifth Meeting on Indigenous Medicine in the Mekong Basin** organized by DTAM in collaboration with the Faculty of Medicine, Mahasarakham Province, Mahasarakham Province, Chao Phraya Abhaibhubejhr Hospital held during 5-7 September 2012 in Nonthaburi, Thailand. The Meeting was attended by delegates from the Kingdom of Cambodia, the People's Republic of China, the Lao People's Democratic Republic, the Republic of the Union of Myanmar, the Socialist Republic of Vietnam, and the Kingdom of Thailand. The list of delegates and observers is attached as ANNEX 1[†].

AGENDA ITEM 1: ELECTION OF CHAIRPERSON, CO-CHAIRPERSON AND APPOINTMENT OF RAPPORTEUR

2. Dr. Pramote Stienrut, Director of the Institute of Thai Traditional Medicine (ITTM), DTAM was elected as the chairperson of the meeting, while Professor Zheng Jin, Secretary of Yunnan Administration of TCM was elected as the co-chairperson and Dr. Anchalee Chutaputti, Deputy Director of ITTM, was appointed the rapporteur.

AGENDA ITEM 2: ADOPTION OF THE MEETING AGENDA

3. The Meeting adopted the proposed agenda, which appears as ANNEX 2[‡].

AGENDA ITEM 3: BUSINESS ARRANGEMENT

4. The rapporteur provided information on business arrangement for the meeting.

AGENDA ITEM 4: THE OFFICIAL ESTABLISHMENT OF "THE COLLABORATIVE NETWORK OF INDIGENOUS MEDICINE IN THE MEKONG RIVER BASIN"

5. The Meeting agreed on the benefit of forming a network comprising of 6 countries of the Mekong Basin; namely, Cambodia, China, Lao PDR, Myanmar, Thailand, and Vietnam to collaborate in the area of indigenous medicine. The Meeting therefore agreed upon the official establishment of "**The Collaborative Network of Indigenous Medicine in the Mekong Basin**".

6. It was suggested by China that the government office of each country should play a role to organize the meeting and form the platform for the folk healers to exchange their

[†] Annex 1 shown on page 74 of the Proceedings

[‡] Annex 2 shown on page 66 of the Proceedings

experience and document their knowledge. In addition, each country that holds the meeting should also organize the exposition and exhibition of traditional knowledge and medicinal plants used by folk healers. Member countries should help with fund raising for organizing the Network activities including biannual meeting, research, and capacity building.

7. In order to facilitate the cooperation and communication of the Collaborative Network Member countries therefore designated the following government offices to be the “**Point of Contact**” in their countries; namely: -

7.1 **The Kingdom of Cambodia** –National Center of Traditional Medicine, Ministry of Health

7.2 **The People’s Republic of China** – Yunnan Provincial Administration for Traditional Chinese Medicine

7.3 **The Lao’s People Democratic Republic** – Food and Drug Department, Ministry of Health

7.4 **The Republic of the Union of Myanmar** –Department of Traditional Medicine, Ministry of Health

7.5 **The Kingdom of Thailand** –Department for Development of Thai Traditional and Alternative Medicine, Ministry of Public Health

7.6 **The Socialist Republic of Vietnam** –Department of Traditional Medicine, Ministry of Health

8. Members of the Collaborative Network of Indigenous Medicine in the Mekong Basin should comprise of the head of delegates and focal point/point of contact from each member country, and chairperson of the Academic Committee of the Network and Chairperson of the Core Committee on the Protection of Traditional Medical Knowledge and Medicinal Genetic Resources. The chair of the Collaborative Network is the host of the next meeting.

AGENDA ITEM 5: FORMULATION OF THE FRAMEWOR OF COLLABORATION

9. The Meeting discussed on the draft framework of cooperation and made some suggestions and amendments on the areas and forms of cooperation and agreed upon the following areas of indigenous medicine development and activities under each area of cooperation; namely: -

9.1 Exchange of information and experience on indigenous medicine

Action 1 – Organize biannual meeting of the Collaborative Network, the host country shall be rotated among member countries. However, meeting on particular issue of interest may be organized in between and any country interested will be encouraged to participate.

Action 2 – Prepare document on regulatory measures that each country utilizes to recognize the value of indigenous medicine and to promote the role of folk healers in community health care. Regarding this activity, each country will provide information on the regulatory measures in their country report to be compiled in the Proceedings of the Meeting.

9.2 Joint research in indigenous medicine

Action 1 – “**Academic Committee of the Network**” should be set up to carry out fund raising for research proposals from domestic and international funding agencies and set up research groups on specific topics

Action 2 – Jointly formulate research proposal and conduct joint research project in the area of indigenous medicine of communities along the Mekong River

Action 3 – Facilitate the exchange and collaboration of experts in the areas of ethnomedicine, ethnobotany, ethnopharmacology, medical anthropology among member countries

9.3 Protection of traditional medical knowledge and medicinal genetic resources

Action 1 – Set up “***Core Committee on the Protection of Traditional Medical Knowledge and Medicinal Genetic Resources***”

Action 2 – Hold the Meeting of the Core Committee to discuss and formulate action plans and to prepare and implement the Protection Guideline for member countries

Action 3 – Encourage member countries to establish herbal garden of medicinal plants for ethnomedicine in every member country for conservation and exchange of knowledge as well as propagation of medicinal plants for sustainable use of indigenous medicine

9.4 Human resource development

Action 1 – Organize training courses for researchers on particular issues related to traditional medical knowledge, e.g., Rapid Ethnobotany Appraisal

Action 2 – Organize technical visit, training and capacity building for folk healers to exchange knowledge and experience

10. The Meeting agreed to establish “**The Academic Committee of the Network**” which should comprise of 3 persons from each country representing government authority, folk healer/representative from TM or indigenous medicine Association, and researchers in the areas of medicinal plants and folk medicine. The names will be proposed by each country to rapporteur in one month.

11. The Meeting also agreed to establish “**The Core Committee on the Protection of Traditional Medical Knowledge and Medicinal Genetic Resources**” which should comprise of three persons from each country representing government authority, an expert in folk medicine and an expert in medicinal plants. The names will be proposed by each country to rapporteur in one month.

12. Regarding the issue of the resource for funding of the collaborative activities, the Meeting acknowledged the information from Thailand that there are several international organizations; e.g. People and Plant Network of UNESCO, WHO, WWF, the Ford Foundation, and IUCN, that are interested in funding the projects involving the study of indigenous medicine and related genetic resources in the Southeast Asia. Hence, such organizations should be potential sources of funding for the activities of the Network. The Academic Committee of the Network should prepare the grant proposal to submit to such organizations to cover the expense of the Network.

AGENDA ITEM 6: FORMULATION OF THE FOLLOW-UP PLAN

13. China as the head of the Collaborative Network should prepare the follow-up plan and the Logo of the network for consideration in the next meeting next year in China.

14. The finalized document on the Official Establishment of “**the Collaborative Network of Indigenous Medicine in the Mekong Basin**” and Framework of Cooperation is attached as ANNEX 3[§].

AGENDA ITEM 7: DATE AND VENUE OF THE 6TH MEETING ON INDIGENOUS MEDICINE IN THE MEKONG BASIN

15. Co-Chairperson informed the Meeting that the People’s Republic of China will host the 6th Meeting on Indigenous Medicine in the Mekong Basin in Lijiang or Wenshan, Yunnan Province around the month of August 2013. He invited delegates from the member countries to participate in the next meeting in China.

AGENDA ITEM 8: CONSIDERATION AND ADOPTION OF THE REPORT OF THE MEETING

16. The Meeting considered and agreed to the Summary Report of the 5th Meeting on Indigenous Medicine in the Mekong Basin.

CLOSING REMARKS

17. In his closing remarks, Dr. Suphan Srithamma, Director-General of the Department for Development of Thai Traditional and Alternative Medicine, expressed his sincere appreciation to all top and senior health officials, researchers and experienced folk healers from member countries of the Mekong Basin for helping officially establish “**the Collaborative Network on Indigenous Medicine in the Mekong Basin**”. He also thanked the delegates for making the discussions meaningful for the formulation of the framework and the areas of cooperation and collaborative activities in indigenous medicine development in the Mekong Basin. He hoped that the point of contact in each country will jointly follow up on the activities agreed upon in this meeting. He expressed his confidence that all steps taken would bring the countries of the Mekong Basin closer and ensured that our indigenous medicine, traditional medical knowledge and indigenous medicinal plants in this region will be conserved and further developed so that indigenous medicine and folk healers will continuously contribute to the good health of the people in the Mekong Basin.

18. Dr. Suphan Srithamma expressed his hope to meet all colleagues of the Mekong Basin again at the next meeting in 2013 in Lijiang or Wenshan in Yunnan province and congratulated the People’s Republic of China as upcoming host.

[§] Annex 3 shown on page 71 of the Proceedings

THE OFFICIAL ESTABLISHMENT OF
**“THE COLLABORATIVE NETWORK OF INDIGENOUS MEDICINE
 IN THE MEKONG BASIN”**

AND FRAMEWORK OF COOPERATION^{**}

Introduction

The Mekong Basin, covering Cambodia, China, Lao PDR, Myanmar, Thailand, and Vietnam is rich in ethnic and biological diversity. One of the most valuable indigenous knowledge of ethnic people in Mekong Basin is indigenous medicine which still plays an important role in the health care of people in the rural communities in this region.

Attempts have been made to organize the meetings of folk healers from countries of the Mekong Basin as a platform to exchange their knowledge and experience on indigenous medicine practice and medicinal plants used and to eventually form a network of folk healers from the six countries involved. The First and Second Meeting on Indigenous Medicine in Mekong Basin was initiated by the School of Traditional and Alternative Medicine, Chiangrai Rajabhat University, Chiangrai province, Thailand. The Third Meeting was held in Jinghong, Yunnan Province, China with the cooperation of Hospital of Traditional Dai Medicine of Xishuang Bannavzand Chinese Folk Healer Association, while the Fourth Meeting was organized last year in Kunming in collaboration with Yunnan University of TCM, and Yunnan Association for Sciences and Technologies.

In 2012, the Fifth Meeting on Indigenous Medicine in the Mekong Basin was organized by the Department for Development of Thai Traditional and Alternative Medicine, Thailand Ministry of Public Health, in collaboration with School of Medicine, Mahasarakarm University, Mahasarakarm province and Chao Phraya Abhaibhubejhr Hospital, Prachinburi province. **In contrast to the previous meetings, the 5th Meeting was aimed to strengthen and step up the collaboration in indigenous medicine to an international level;** hence, top officials from in the national offices responsible for the conservation of indigenous medicine and the practice of folk healers were invited to participate in the meeting.

As a result of the Fifth Meeting on Indigenous Medicine in the Mekong Basin, six member countries; namely, Cambodia, China, Lao PDR, Myanmar, Thailand, and Vietnam, agreed to officially establish **“The Collaborative Network of Indigenous Medicine in the Mekong Basin”** to conserve indigenous medicine knowledge and promote the sharing of experience and information and other forms of cooperation among member countries.

General Objectives

This document notifies the official establishment of **“The Collaborative Network in Indigenous Medicine in the Mekong Basin”** and identifies point of contact in each member country. This document also provides the framework of

^{**} Annex 3 of Summary Report page 67

cooperation of The Collaborative Network in Indigenous Medicine in the Mekong Basin.

Structure of the Collaborative Network

“**The Collaborative Network of Indigenous Medicine in the Mekong Basin**” constitutes the following points of contact; namely: -

1. **The Kingdom of Cambodia**–National Center of Traditional Medicine, Ministry of Health
2. **The People’s Republic of China**–Yunnan Provincial Administration for Traditional Chinese Medicine
3. **The Lao’s People Democratic Republic**– Food and Drug Department, Ministry of Health
4. **The Republic of the Union of Myanmar**–Department of Traditional Medicine, Ministry of Health
5. **The Kingdom of Thailand**–Department for Development of Thai Traditional and Alternative Medicine, Ministry of Public Health
6. **The Socialist Republic of Vietnam**– Department of Traditional Medicine, Ministry of Health

Members of “**The Collaborative Network of Indigenous Medicine in the Mekong Basin**” will comprise of head of delegates and focal point/point of contact from each member country and Chairperson of the Academic Committee of the Network and Chairperson of the Core Committee on the Protection of Traditional Medical Knowledge and Medicinal Genetic Resources. The Chair of the Collaborative Network is the host of the upcoming meeting.

Areas and Forms of Cooperation

The Collaborative Network of Indigenous Medicine in the Mekong Basin shall cooperate in the following areas of indigenous medicine development: -

1. Exchange of information and experience on indigenous medicine

Action 1 – Organize biannual meeting of the Collaborative Network, the host country shall be rotated among member countries. However, meeting on particular issue of interest may be organized in between and any country interested will be encouraged to participate.

Action 2 – Prepare document on regulatory measures that each country utilizes to recognize the value of indigenous medicine and to promote the role of folk healers in community health care

2. Joint research in indigenous medicine

Action 1 – “**Academic Committee of the Network**” should be set up to carry out fund raising for research proposals from domestic and international funding agencies and set up research groups on specific topics

Action 2 – Jointly formulate research proposal and conduct joint research project in the area of indigenous medicine of communities along the Mekong River

Action 3 – Facilitate the exchange and collaboration of experts in the areas of ethnomedicine, ethnobotany, ethnopharmacology, medical anthropology among member countries

3. Protection of traditional medical knowledge and genetic resources

Action 1 – Set up “***Core Committee on the Protection of Traditional Medical Knowledge and Medicinal Genetic Resources***”

Action 2 – Hold the Meeting of the Core Committee to discuss and formulate action plans and to prepare and implement Protection Guideline for member countries

Action 3 – Encourage member countries to establish herbal garden of medicinal plants for ethnomedicine in every member country for conservation and exchange of knowledge as well as propagation of medicinal plants for sustainable use of indigenous medicine

4. Human resource development

Action 1 – Organize training courses for researchers on particular issues related to traditional medical knowledge, e.g., Rapid Ethnobotany Appraisal

Action 2 – Organize technical visit, training and capacity building for folk healers to exchange knowledge and experience

Structure of the Academic Committee of the Network

Academic Committee of the Network should comprise of 3 persons from each country representing the government authority, folk healer/representative from TM or Indigenous Medicine Association, and researcher in the area of medicinal plants and folk medicine.

Structure of the Core Committee on the Protection of Traditional Medical Knowledge and Medicinal Genetic Resources

Core Committee on the Protection of Traditional Medical Knowledge and Medicinal Genetic Resources should comprise of three persons from each country representing the government authority, an expert in folk medicine, and an expert in medicinal plants.

Resource

In order to implement the above action plans, Academic Committee of the Network should seek long-term funding (3-5 years) from governmental and non-governmental funding agencies to cover all the expenses and prepare the grant proposal.

List of delegates^{††}



^{††} Annex 1 of Summary Report page 67

Cambodia



Dr. Phou Leang

Deputy Director General for Health
Ministry of Health
No.151-153
Kampuchea Krom Avenue
Phnom Penh, Cambodia
Tel: +855 2372 2933
Fax: +855 2342 6034
E-mail: phouleang@gmail.com

Dr. Hieng Punley

Director
National Center of Traditional Medicine
No.4, Street 118
Sangkat Mittapheap, Khan 7 Makara
Phnom Penh, Cambodia
Tel: +855 2342 7596
Mobile: +855 1288 8801
E-mail: hieng_punley@yahoo.com

Dr. Chhay Siphon

Deputy Director
National Center of Traditional Medicine
No.4, Street 118
Sangkat Mittapheap, Khan 7 Makara
Phnom Penh, Cambodia
Tel: +855 2342 7596
Mobile: +855 1289 7269
E-mail: chhay.siphon@gmail.com

Dr. Pen Sunna

Assistant Director
National Center of Traditional Medicine
No.4, Street 118
Sangkat Mittapheap, Khan 7 Makara
Phnom Penh, Cambodia
Tel: +855 2342 7596
Mobile: +855 1760 0066
E-mail: pensunna@gmail.com

Mr. Thay Tek Srun

Researcher for Traditional Medicine Knowledge
National Center of Traditional Medicine
No.4, Street 118
Sangkat Mittapheap, Khan 7 Makara
Phnom Penh, Cambodia
Tel: +855 2342 7596
Mobile: +855 1268 7475
E-mail: thayteksrun1947@gmail.com

Venerable Daung Sopheareach

Head of the pagoda
Kiri Osoth Tekchub Pagoda
Village Snam Prampey
Commune Mak Prang
District Tek Chhou
Province Kampot, Cambodia
Mob: +855 1281 8256

Venerable Meng Chanra

Monk
Wat Unalom pagoda
Building 36, Wat Unalom
Phnom Penh, Cambodia
Mob: +855 1622 1313

Mr. Ky Bouhang

President
Cambodia Traditional Healers Association
No.4, Street 118
Sangkat Mittapheap, Khan 7 Makara
Phnom Penh, Cambodia
Mob: +855 1687 4461/ +855 9033 3685
E-mail: ky.bouhang@gmail.com

P.R. China



Prof. Zheng Jin

Director General

Yunnan Administration of TCM
Yunnan Provincial Bureau of Health
Zhengwong Building
85# Guomao Road
Kunming, Yunnan, China
Tel: +86 871 7195109
Fax: +86 871 7195272
E-mail: zhengjinyinkm@126.com

Prof. Zhang Chao

Dean

Faculty of Folk Medicine
Yunnan University of Traditional Chinese
Medicine
1076, Yuhua Road
Chenggong District
Kunming, Yunnan, China
Tel/Fax: +86 871 5918041
E-mail: zsquamethyst@163.com

Prof. Ye Jianzhou

Vice Dean

Faculty of Clinical Medicine
Yunnan University of Traditional Chinese
Medicine
1076, Yuhua Road
Chenggong District
Kunming, Yunnan, China
Tel/Fax: +86 871 5918041
E-mail: zsquamethyst@163.com

Mr. Chen Qinghua

Director

The Teaching and Research Section
Faculty of folk Medicine
Yunnan University of Traditional Chinese
Medicine
1076, Yuhua Road
Chenggong District
Kunming, Yunnan, China

Tel/Fax: +86 871 5918041

E-mail: zsquamethyst@163.com

Mr. Zhao Shaoqin

Staff

International Exchange and Cooperation
Department
Yunnan University of Traditional Chinese
Medicine
1076, Yuhua Road
Chenggong District
Kunming, Yunnan, China
Tel/Fax: +86 871 5918041
E-mail: zsquamethyst@163.com

Prof. Kang Yunshan

Secretary General

Yunnan Association of National and Folk
Medicine
1076 Yuhua Road
Chenggong, Kunming
China, 650500
Tel: +86 871 4180993
Fax: +86 871 4152882
E-mail: ynmzyyxh@126.com

Prof. Liu Yun

Deputy Director

Department of Society Affairs
Yunnan Association for Science & Technology
No.26 Huguo Road
Kunming, China, 650021
Tel/fax: +86 871 3103736
E-mail: ynkxxhb@163.com

Prof. Li Jianchuan

Clinical Associate Dean

Yunnan University of Traditional Chinese
Medicine

Lao PDR

**Dr. Khamchanh Phonlavong***Deputy Director*Institute of Traditional Medicine
Ministry of Health

Tel: +856-21-315693

Fax: +856-21-315693

Mob: +856-20-22247805

E-mail: phonlavong@hotmail.com**Dr. Bounleuane Douangdeuane***Deputy Chief*The Traditional Medicine Division
Food and Drug Department
Ministry of Health

Simeuang Road

Vientiane Capital, Lao PDR

Tel: +856-21-214013-4

Fax: +856-21-214015, +856-21-213496

Mob: +856-20-55527969

E-mail: bounleuane.dd@gmail.com**Dr. Sivixay Sayasane***Head of Food and Drug section*

Public Health of Champasal Province

Tel: +856-31-212186

Fax: +856-31-212186

Mob: +856-20-55667866

E-mail: sengvilat99@yahoo.com**Mr. Vongtakoune Somsamouth***Technical staff*Traditional Medicine Division
Food and Drug Department
Ministry of Health

Simeuang Road, Vientiane Capital

Lao PDR

Tel: +856-21-214013-4

Fax: +856-21-214015, +856-21-213496

Mob: +856-20-22240147

E-

mail: vongtakoune@yahoo.com, somsamouth@hotmail.com**Mr. Onevilay Souliya***Technical staff*Institute of Traditional Medicine
Ministry of Health

Tel: +856-21-315693

Fax: +856-21-315693

Mob: +856-20-55829452

E-mail: onevilay@gmail.com**Ms. Souphab Sivilay***Technical staff*Institute of Traditional Medicine
Ministry of Health

Tel: +856-21-315693

Fax: +856-21-315693

Mob: +856-20-55607226

Dr. Sichanh Khamkong*Head of Traditional Medicine & Physiotherapy*

Mahosot Hospital

Tel: +856-21-214018

Fax: +856-21-214020

Mob: +856-20-22204745

Mr. Khamphio Savangphalikhanh*Healer*

Donxay Village

Phonhong District

Vientiane Province

Tel: +856-20-55011989, 55400195

Myanmar



Dr. Than Maung

Rector

University of Traditional Medicine
Mandalay
Republic of the Union of Myanmar
Tel: +95-2-75108
Fax: +95-2-66104
Mob: +95-9-2005739
E-mail: dr.thanmaung@gmail.com

Mr. Thein Win

Regional Traditional Medical Officer, Yangon
Department of Traditional Medicine
Ministry of Health
Regional Traditional Medical Office
No. 100 Nga-Htat-Kyi Pagoda Road Bahan
Township, Yangon
Republic of the Union of Myanmar
Tel: +95-1-551826
Fax: +95-1-551826
Mob: +95-9-422443845, +95-9-8551338

Ms. Myint Myint Than

Assistant Director
Department of Traditional Medicine
Ministry of Health
Office No. 47, NayPyiTaw
Republic of the Union of Myanmar
Tel: +95-67-431090, +095-67-431334
Fax: +95-67-431089
Mob: +95-9-49344358
E-mail: r.mmthan@gmail.com

Mr. Kyaw Than Win (a) Win Ko

Member

Myanmar Traditional Medicine Council
Traditional Medicine Council
No. 124, 42nd Street
Between 83rd & 84th Street
Mandalay
Republic of the Union of Myanmar
Tel: +95-2-72313
Mob: +95-9-91052863
E-mail: uwinko.mm@gmail.com

Mr. Ba Thein

Folk Healer

Mandalay
Republic of the Union of Myanmar

Mr. Lahar Khaung Lwun

Folk Healer

273, Inn-Gan-Don (North)
Tat-Kone Quarter, Myitkyina
Kachin State
Republic of the Union of Myanmar

Mr. Khun Kyaw San (or Kyaw Win)

Folk Healer

31/1006 (C), Shwe, Gu Street, Zone-2
Nyaung-Phyu-Sa-Khan Quarter
Taunggyi, Shan State
Republic of the Union of Myanmar

Vietnam



Prof. Dr. Pham Vu KHANH

Director General
 Department Traditional Medicine
 Ministry of Health
 138A, Giang Vo, Ba Dinh
 Ha Noi, Viet Nam
 Tel: +84 6 2732105
 Fax: +84 6 2732131
 Mob: +84 913 563 042
 E-mail: bsyphamvukhanh@yahoo.com

Dr. Doan Thi Tuyet MAI

Official
 Department Traditional Medicine
 Ministry of Health
 138A, Giang Vo, Ba Dinh
 Ha Noi, Viet Nam
 Tel: +84 6 2732131
 Fax: +84 6 2732131
 Mob: +84 912 642 279
 E-mail: bsmaiyh@yahoo.com.vn

Prof. Dr. Nguyen Duy THUAN

Deputy Director
 Viet Nam of University of Traditional Medicine
 No 2 Tran Phú Str. Ha Dong
 Ha Noi, Viet Nam
 Tel: +84 4 33560694
 Fax: +84 3 3824929
 Mob: +84 913 328031
 E-mail: thuanhvyd@gmail.com

Prof. Dr. Vu NAM

Deputy Director
 National hospital of Traditional medicine

No 29 Nguyen Binh Khiem
 Ha Noi, Viet Nam
 Tel: +84 4 3944 9695
 Fax: +84 4 3822 9353
 Mob: +84 978 163 646
 E-mail: vunamyhct@yahoo.com.vn

Dr. Trinh Van THANG

Director
 Market and Social Joint Stock Company
 No 9, lane 318, Bui Xuong Trach street
 Khuong Dinh ward, Thanh Xuan district Hanoi,
 Vietnam
 Mob: +84 979 330 234
 Email: trinhthang03@yahoo.com

Ms. Dinh Thi PHIEN

Folk Healer
 Hoa Binh Traditional Medicine Joint Stock
 Company

Mr. Nguyen Tan TUOC

Folk Healer
 Therapy clinics of Traditional Medicine
 No 273, Phạm Đăng Hưng Str.
 Vĩnh Bình Commune, Gò Công Tây District,
 Tiền Giang Province, Viet Nam

Mr. Quach Tuan VINH

Folk Healer
 Hà Nội Oriental Medicine Association
 386 No, Tran Hung Dao Stress
 Hoa Binh City
 Hoa Binh Province, Viet Nam

Thailand



Dr. Pramote Stienrut

Director

Institute of Thai Traditional Medicine
Department for Development of Thai
Traditional & Alternative Medicine
Ministry of Public Health
Tiwanont Rd, Muang, Nonthaburi
Thailand 11000
Tel: +662 590 2611
Fax: +662 591 2500
Mob: +668 1175 5917
E-mail: stienrut@gmail.com,
stienrut@hotmail.com

Mrs. Saowanee Kulsomboon

Director

Bureau of Indigenous Medicine
Department for Development of Thai
Traditional & Alternative Medicine
Ministry of Public Health
Tiwanont Rd, Muang, Nonthaburi
Thailand 11000
Tel: +662 951 0389 #318, 319
Fax: +662 591 7808
Mob: +668 1372 7660
E-mail: saowanee.kku@gmail.com

Dr. Anchalee Chuthaputti

*Deputy Director (International
Cooperation)*

Institute of Thai Traditional Medicine
Department for Development of Thai
Traditional & Alternative Medicine
Ministry of Public Health
Tiwanont Rd, Muang, Nonthaburi
Thailand 11000
Tel: +662 591 4409, +662 590 2609
Fax: +662 591 4409
Mob: +668 5485 6700
E-mail: anchaleeuan@gmail.com,
aseantradmed@gmail.com

Dr. Chayan Picheansoonthon

Deputy Dean for Administrative Affairs

Faculty of Medicine
Mahasarakham University
Khamriang Sub-District
Kantarawichai District
Maha Sarakham 44150 Thailand
Tel: +6643 754 333 #6304
Fax: +6643 712 991
Mob: +668 1846 3890

Dr. Panee Sirisa-ard

Associate Professor

Department of Pharmaceutical Science
Faculty of Pharmacy
Chiang Mai University
**239 Huay Kaew Road, Muang District
Chiang Mai, Thailand, 50200**
Tel: +6653 944 310/ 944 356
Fax: +6653 222 741
E-mail: panees@pharmacy.cmu.ac.th

Mrs. Prae Pirakhun

Folk Healer of Nakorn Sawan

No.526, Moo.7
Phaisalee Sub-district, Phaisalee District
Nakorn Sawan, Thailand

Mrs. Nahae Sukruanthong

Folk Healer of Mae Hong Son

No.47 Banluk-kwao-lam, Moo.9
Pangmapha Sub-district
Pangmapha District
Mae Hong Son, Thailand

Mr. Sombat Wongkhum

Folk Healer of Lob Buri

No.24, Moo.12
Ngew-rai Sub-district
Muang District
Lob Buri, Thailand

List of observers

Mrs. Zhang Li Hua

Folk Healer (showcase)
Hongta District,
Yuxi, Yunnan
China

Mr. Shen Shao Lin

Folk Healer (showcase)
Kaihua Town,
Wenshan, Yunnan, China

Mr. Yang Shang Xing

Folk Healer (showcase)
Dongba Clinic, Lijian
Yunnan, Naxi, China

Mr. He Lisheng

Folk Healer
No. 26 Huguo Road
Kunming, Yunnan, China

Mr. Lu Ying Zhu

Folk Healer
Zhongling Residential Quarter
Kaihua Town
Wenshan, Yunnan, China

Mrs. Zhu Lan Fen

Folk Healer
Kunming, Yunnan, China

Ms. Khin Po PoThein

Folk Healer/ follower
Myanmar

Dr. Nguyen Bich Phuong

Folk Healer/ follower
TienGiang Health Service
No 04, Hung Vuongstreet, My Tho city
TienGiang province, Viet Nam

Mr. Tatsuki Nakajima

Manager International Program Department
The Nippon Foundation
Japan