Vanishing into the Hills of Burma: Traditional Karen Medicine

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Clockwise from left: Dr. Seyaing, far right, and wife, second from left, with neighbors from their village. Dr. Seyaing brought his wife to this refugee health clinic to be treated for chronic liver disease resulting from untreated hepatitis. When we asked the doctor why he had not been able to treat her himself, he told us that the situation in Burma is so that he no longer has the time to collect and prepare the jungle medicines needed to treat his own family.

A birthing remedy: Burmese offering donated to traditional spirits, or Nats, at the time of delivery to ensure a safe and healthy delivery. Offering includes: 3 pieces of betel nut and tobacco, wrapped in a betel leaf. 3 symbolizes Buddha, Justice, and the Monk. After the baby has been safely delivered and washed, the doctor offers the baby up to Nats three times for a happy and healthy life.

Dr. Seyaing’s journal: As quoted in the essay “he takes out a journal of notes and starts elaborating on exquisite remedies for treating menstruation, menopause, tuberculosis, fever, and headaches, and he mentions his mastery of Burmese astrology as well. He is indeed a medicine man.” All photos courtesy of Cora Neumann, M.P.H.

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We awake at 7:00 AM for breakfast and our morning walk to the refugee health clinic, just on the Thai side of the tightly patrolled Thailand–Burma (renamed Myanmar by the ruling government) border. A monsoon-like rain the night before has flooded the fields but the sky is clear and the Burmese mountains look beautiful in the distance. For 2 weeks now, we have been interviewing patients at this border clinic about their knowledge and use of traditional Burmese medicine. Our project, led by the Global Initiatives for Traditional Systems of Health (GIFTS), Oxford University, United Kingdom, is exploring the role traditional medicine plays in refugees' health and well-being.

Once at the clinic, we decide to start in interviewing the young mothers about their traditional medicine use. We are finding that the majority of our respondents use traditional medicine before they visit the clinic and many are able to give us the names, preparations, and efficacy of each medicine. This morning, one woman guides us outside to show us the leaves used in a poultice to reduce fever. As we nonchalantly ask if anyone else in the ward knows anything about traditional medicine, we are directed to an old man squatting in the shade out back, smoking a cheroot and taking a break from almost a week of accompanying his wife, who is being treated for liver failure. He is wearing a long red longyi (a Burmese-style sarong) and his hair is tied in a bun on the top front part of his head.

His wife, children, and neighbors, all who have traveled to the clinic together, are strikingly beautiful. They have sharp cheekbones, piercing eyes, strong thin bodies, and long dark or grey hair. They are all wearing traditional dress the women themselves made and possess a look of strength and pride, like they have been fighting for many years, through many seasons. They are part of the Karen ethnic minority group, one of the many ethnic groups engaged in conflict with the Myanmar’s military government and, indeed, they have grown tired and sick from the long, hard years. They are happy to tell us of where they come from and gather around as I begin asking questions.

Yes, this man knows something about traditional Burmese, or rather, Karen medicine. He takes out a journal of notes and starts elaborating on exquisite remedies for treating menstruation, menopause, tuberculosis, fever, and headaches, and he mentions his mastery of Burmese astrology as well. He is indeed a medicine man. After some time, he tells us of a very rare and potent oil from a distinct species of Asian tree. One drop to one jar of honey is strong enough to cure illnesses that involve coughing up blood. This is a very powerful and famous medicine, he reiterates many times, and must be used wisely, as this it is also a poison used by hunters on the ends of their arrows.

His father, he tells us, was a famous traditional healer in his village and, when he died, he donated his medical texts to the local monks. The son now has these texts and, if we will be here for a while, he will cross the border to his village to get the books and return to show us all he can in the short time we are here.

I am speechless.

That night, we discuss this proposition. Are we prepared to receive this valuable knowledge? Refugee and migrant populations are highly mobile and the decision to gather this knowledge could allow us to establish an important connection to this healer, as well as beginning a more indepth look into traditional Karen medicine, before this opportunity—and this relationship—moves on, possibly without a trace.

When we return to the clinic the next day we speak with the traditional healer (his name is Dr. Seyaing) about our concerns. The crossing is dangerous: Burmese refugees and migrants are often stopped by Thai police and Myanmar border-guards and forced to pay bribes, or more seriously, are harassed and even jailed. He tells us he has made this crossing safely in the past and is eager to share his knowledge with us and that he would like to make the journey. We give him what he needs for crossing: our contact information in case of an emergency and agree to meet again at the clinic in three days.

In 2001, GIFTS, together with the Burma Refugee Care Project and this clinic, coordinated traditional medicine practitioners like Dr. Seyaing to train clinic staff in safe and effective traditional medicine practices, including how to identify and prepare locally
available medicinal plants. This training also included the backpack health worker team, a group of young medics who carry medicines across the border into Burma to treat their severely underserved population. Often, their supplies are confiscated or destroyed by the military, and learning to collect and prepare medicinal plants has been reported to play a vital role in their ability to continue care. The clinic is entirely staffed by Burmese refugees, so these trainings also ensure that valuable traditional knowledge continues to be documented and passed on to future generations of Burmese health practitioners.

The training had been postponed and we now hoped to rebuild the program. During Dr. Seyaing’s absence, we begin discussing his possible involvement in restarting the program. One of the hardest things about this work is seeing extremely knowledgable healers and doctors who have come to the clinic just because they no longer have time to heal themselves or their families. Most of these refugees and migrants are farmers who have fled the fighting and no longer own land, or if they remain on their land are forced to give at least half of their production to the government for no compensation, so they must work day and night to survive. Dr. Seyaing is an example—we were told by the clinic that his wife’s liver is severely damaged from chronic hepatitis and that she may die soon. When we had asked him about treating his wife with traditional medicine, his face drew up into a pained expression and he replied that he had been so busy in the fields he was not able go out to collect the jungle ingredients, make the medicines, and treat her thoroughly himself. Teaching in the training course could allow Dr. Seyaing the time and revenue to heal his own people before they end up as severe cases in Western clinics.

After 3 days of anticipation, we return to the clinic to learn of traditional Karen medicine. We don’t find Dr. Seyaing in the main clinic areas and begin to ask around. After a number of clues, we hear that he had come, stayed 1 day and night, decided we were not coming back, and headed back to Burma. There must have been some misunderstanding. We were devastated. He was such a wonderful man, perhaps one of the most knowledgable we had met.

in our 2 years of work in this region. In a matter of moments he had disappeared, back into the hills of Burma, and we had no idea how or if we would ever see him again.

All of the patients in the ward began describing the bags full of books, robes, plants, roots, branches, oils, and powders Dr. Seyaing had brought with him. That he had come and waited. And, then, just that morning, 1 short hour before we arrived eager to see him, he vanished.

As the word circulated that we were searching for Dr. Seyaing, it was revealed that his uncle and cousin were actually staying elsewhere in the clinic and, before long, it was agreed that the cousin would cross the border and fetch this traditional doctor back for one more visit. It was a 3-day round-trip to the village but everyone agrees it is worth it and, that evening, the cousin departs.

On the third night, we sit anxiously at our guesthouse awaiting a message, any news of Dr. Seyaing’s return. Each border crossing holds so many dangers; if too much more time passes, we will need to develop yet another plan. As we sit and discuss this, our research assistant bursts through the door: Dr. Seyaing is back! The clinic has just called to say that the doctor has arrived. We rush down, collect some rickety old bikes from the staff at our guesthouse, and away we ride. It’s the first really cold night of the season and the moon is almost full. The road to the clinic passes through the rice paddy fields on the edge of town and they glow in the moonlight. We can almost see our breath and, by the time we arrive, our skins are damp from the early dew of these cool, tropical nights.

Everyone is getting ready for sleep and each bed in the ward is draped with a different color mosquito net. It looks beautiful from afar, like a series of thin, delicately veiled canopies. We spot Dr. Seyaing right away; he is bundled up and waiting on the bank where we had our first interview. I have never been to the clinic at night; it is strangely quiet compared to its busy daytime pace and feels like a peaceful campground.

Without speaking, we find a table and a few chairs, Dr. Seyaing brings out his bags and bundles of ingredients, and we set about logging
in information about each. After many missed meetings and even more journeys, we are thrilled to finally begin our work together.

As we are going through the leaves, branches, roots, and oils, a group of interested men and women crowd around. I cannot help feeling like we are conducting some midnight gem trade, exchanging and discussing in hushed tones. But the mood is sweet, and everyone seems excited to see how much we really do care to learn about their traditions. Dr. Seyaing had spent 4 days in the jungle collecting these ingredients for us and was happy to finally, successfully pass them on. He had brought us at least a half a cup of the potent tree oil he had told us so much about, and I tell him I feel it is too valuable to give up, that we would only need the smallest amount to begin a traditional medicine catalog and display for the training. No, he says, please take it all, it is extremely effective, please use it to cure people... a reminder to turn research into action.

At last, he takes out the medical texts passed from his father to the monks, from the monks to him. They are crumbling around the edges and some pages are barely legible. The amount of knowledge is almost overwhelming but I remember our future partnership and begin to ask the basic questions about the sources of traditional Burmese medicine: Does it stem from Indian medicine (Ayurveda) as so many researchers cite? How exactly do you diagnose and what is the treatment process? Do you advise on diet, lifestyle, spiritual health? And how do you incorporate astrology into your care? His answers are clear and simple: His medicine is based in ethnic Karen tradition, not just general Burmese medicine, so, for his medicine, the relation to Ayurveda is weak. For diagnosis, he checks vein and artery pulses in the wrist and examines the face and eyes. Most illness is caused by heat in the body and most of these ingredients are effective for releasing heat. There are also ingredients for too much cold in the body because cold causes disease as well. Hot or cold illnesses are often caused by eating the wrong foods for one’s body type, if one’s system is generally cool one must eat warming foods, and vice versa. This pulse diagnosis and hot/cold system are indeed strikingly similar to Ayurveda and Chinese medical, and even Greek humoral theories, which reconfirms how universal some health concepts are.

We ask about the basic principles of astrology and he tells us that an astrologer is blind to a patient’s needs until he or she reads the patient’s numbers, unlike a traditional medicine doctor who can see and feel an illness right away. An astrologer deals with external health and well-being, a doctor works with internal health. After calculating a patient’s future, he advises the patient on where to go, what to eat, and gives certain warnings on health and destiny. Most importantly, once a patient seeks out this advice, he/she must assume the advice to be true and follow it accordingly. When we asked about astrology in our first meeting, he promptly read all of our numbers. I think back to my reading and remind myself to follow through on his words.

Finally, we propose the partnership with the clinic and ask if he would like to teach part of the clinic’s training program. He agrees, with much enthusiasm, and we begin to discuss some of the details. The revenue from the training would allow him the time and resources to resume treating his family and community and the opportunity to teach young Burmese medics would ensure that his knowledge is passed on to future generations.

So often, in refugee settings, Western medicine dominates and traditional knowledge is neglected—resulting in the rapid deterioration and even extinction of valuable traditions. In our month-long survey of patients’ knowledge and use of traditional medicine, we find that networks of traditional practitioners, such as Dr. Seyaing, exist within refugee populations; that refugees want access to these practitioners; and that such access is intimately linked to community health and well-being. Building partnerships with doctors like Dr. Seyaing has the potential of perpetuating valuable traditions, and maybe even more importantly, of improving refugees’ health and lives.

Time passes quickly and, before we know it, it is time for Dr. Seyaing to leave again; he must return to his wife as soon as possible. We exchange our contact information once more, including my address in New York although he has never even heard of America, agree to meet
again in the Spring, say a warm goodbye, and he rides off into the sunrise, back across the border into Burma. Only this time, he leaves us with a trace.

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