

Chapter 1

Introduction

1.1 Background

The health system in Thailand

Health expenditure in Thailand increased from 3.82% of Gross Domestic Product (GDP) in 1980 to 6.21% in 1998. During this period the health expenditure per capita increased from 544.90 Baht in 1980 to 4662.83 Baht in 1998 (Wibulpolprasert, 2000). To provide for 20 million Thai low-income citizens unable to afford private health insurance, the Thai government introduced a form of health insurance called the health insurance card scheme in 1983 (Supakankunti, 2000). This was replaced by a universal coverage policy or “gold card” launched on 26th February, 2001, and called the 30 Baht Health Policy (Srethaputra, 2001, Ministry of Public Health, 2001). The first phase was established on 1st April 2001 in six pilot provinces - Nakhonsawan, Phayao, Patum Thane, Samut Sakhon, Yasothron and Yala, and has now been extended to all 76 provinces.

However, there is concern about the economic sustainability of the gold card scheme. The fact that hospitals catering to gold card patients cover their care from government subsidy makes them vulnerable to funding gaps due to delays in payment (Ingram, 2002).

Massage as an alternative to drugs

Nowadays, Thai people tend to overindulge in analgesic drugs. Many analgesic drugs

are used widely and inappropriately. Some drugs can cause adverse side effects, such as stomach pain, bone problems and bleeding. Also patients pay a lot of money for drugs that may not be necessary (Subcharoen, 2003).

In Thailand Thai Traditional Massage is spreading widely in almost every province. The Ministry of Public Health support and has become too integrated into hospitals in order to promote the idea of Thai Traditional Massage into a form of a self-reliant health care system (Ministry of Public Health, 2001). Using Thai Traditional Massage can save money from buying high-priced drugs from western companies. It is an alternative choice of treatment and also can be used in combination with drugs as complementary medicine where drugs cannot be avoided.

Complementary and alternative medicine (CAM) has increased in popularity in many countries of the world. Utilization of massage is rising. The estimated number of American visits to CAM practitioners increased from 427 million in 1990 to 629 million in 1997 (Eisenberg et al, 1998). A recent survey of 714 patients attending university hospitals in Eastern Turkey (Tan et al, 2004) reported that 70% used CAM, with 87% of subjects indicating that they were satisfied.

Thai Traditional Massage falls into the CAM classification. It is one of the four disciplines of Thai Traditional Medicine, the others being herbalism, meditation and dietary control (bangkoktonight, 2004). Massage techniques have been passed on from generation to generation by word of mouth to both sons and daughters in the family. The basic principle of Thai Traditional Massage involves the concept of 10 invisible energy lines flowing through the body, known as "Saen Sib". By massaging these points, it is believed that diseases are cured and pain eradicated. The ultimate goal of Thai Traditional Massage is for both the giver and the receiver to reach a state of

enlightenment. On a mundane level, this massage exists to heal a person not only physically and emotionally but also spiritually (Townley, 2002).

Thai Traditional Massage is an important aspect of the Primary Health Care System in Thailand. The foundation of the Primary Health Care System emphasizes the role of the individual and his responsibility for his health. By utilizing Thai Traditional Massage as a means of preventive and curative care, the Thai community can inexpensively and actively take responsibility for their own health. Thai Traditional Medicine is an effective treatment for many different ailments used both alone and in conjunction with other treatments (Tou, 2004).

The utilization of Thai Traditional Massage has several aspects, including soft tissue massage to improve range of motion, reduce pain and improve function in people with shoulder pain (Paul et al, 2003). Massage therapy can reduce chronic lower back pain and increase range of motion (Hernandez-Reif et al, 2001), improve immune function in HIV-positive adolescents (Diego et al, 2001), and also increase insulin absorption for people with diabetes (Ezzo et al, 2001). In addition, massage could reduce cancer patients' pain and stress (Boonsawad, 2001) and reduce pain from headache (Udomphittayasan, 1999). Thai Traditional Massage and paracetamol reduce the level and duration of pain in a group of patients who got headaches from stress. It has been reported that Thai massage can reduce headache pain better than paracetamol (Meechana, 2001).

1.2 Objective

In view of the two considerations

(a) Thailand's new health system places heavier demands on the economy; and

(b) CAM could provide a cheaper means of improving the health of sick people, we decided to investigate the feasibility of Thai Traditional Massage as an alternative medicine therapy. Our study involved collecting data and interviewing patients from a clinic in Khokpho district of Pattani province in southern Thailand.

Khokpho Hospital Massage Clinic

Khokpho Hospital is located in Khokpho District, one of the 12 districts of Pattani province, which is located in the deep south of Thailand. While 80% of the people in Pattani Province are Muslims, Khokpho District is approximately evenly divided between Muslim and Buddhist residents (54% Muslim, 46% Buddhist). Each district outside Pattani city has a professional Thai Traditional Massage service, but Khokpho is the only one that is accessible by public transport. For this reason, and also because Khokpho Hospital is the only hospital that has herbal drugs available, we selected it for our study.

Research Questions

1. What are the demographic characteristics and health problems of patients using professional Thai Traditional Massage in Hospital Clinics?
2. How frequently do patients visit Thai Traditional Massage in Hospital Clinics, and how much do these visits cost?
3. What are the demographic characteristics and other measurable determinants of the frequency of visits to Thai Traditional Massage clinics in Hospitals?

1.3 Definitions of Terms

Health problem refers to any sickness of the body such as chronic disease, diabetes, hypertension, musculo-skeletal pain, back pain, anxiety and joint pain.

Thai Traditional Medicine refers to the medicinal procedures concerned with examination, diagnosis, therapy, treatment or prevention of, or promotion and rehabilitation of the health of humans or animals, obstetrics, Thai Traditional Massage, and also includes the production of traditional Thai drugs and the invention of medical devices, on the basis of knowledge or text that has been passed on from generation to generation.

Thai Traditional Massage refers to using rhythmic movement from fingers, hands and elbows to relaxed sequences of pressing, stretching, twisting, kneeling and massaging movements, where tight muscles are released, stiff joints relaxed and the subject's body is balanced imparting a sense of well-being and renewed spirit. It includes two main types: Royal massage and Folk massage.

Traditional Medicine Clinic refers to the department of massage, compress and sauna service in a hospital.

Local hospital refers to the hospital in the district. The number of beds for patients usually ranges from 30 to 60.

Number of Visits refers to the number of separate days when respondents come to use Thai Traditional Massage.

1.4 Concept and Theory of Thai Traditional Massage (Naud Bo'Rarn)

What is Naud Bo'Rarn?

Thai Traditional Massage is referred to as Nuad Bo'Rarn in Thai.

Nuad Bo'Rarn is a word combined from Nuad which means massage, and Bo'Rarn which means Traditional. From the combination of these two words, came the pleasant sounding Nuad Bo'Rarn. The effects of this massage style have recently made the

medical profession around the world take notice and recognize it as a medical technique. By controlling the state of the body by stimulating the energy lines running through the body, remarkable results have been reported.

Energy Lines

Thai Traditional Massage or Nuad Bo'Rarn is founded upon the concept of energy lines running through the body. These lines of course are not visible, so are impossible to be admitted from an anatomical perspective. However these energy lines exist in Indian medicine (Ayurveda), and it is clear to see that Nuad Bo'Rarn is influenced by yoga which originated in India.

The Story of Nuad Bo'Rarn

Human beings are balanced by universal energy, which maintains our physical and spiritual wellbeing. The air that we breathe, and the food we consume is converted into life energy once in the body (prana), and supplies the entire body through the energy lines. In other words, the energy lines play the role of the bridge connecting the self to the universal energy. There are over 72,000 energy lines in total, with "the second skin" and "the second body" forming the total human body. (Subcharoen, 2003). When we are feeling unwell, it is considered the supply of life energy is blocked and insufficient. By stimulating these energy lines with massage, the flow of life energy is returned to normal.

Nuad Bo'Rarn is the technique in which the 10 most vital energy lines within the body are stimulated. Because these 10 lines are concentrated in the legs and feet, normally the Nuad Bo'Rarn massages starts at the feet. By comparison to other massages, this is a characteristic of Thai massage as the ratios of lines are centered more here than in the top half of the body.

These energy lines have not been, and cannot be anatomically admitted as they are not a physical line. However it seems that recent studies made clearly show the proof that Nuad Bo'Rarn is extremely effective for the physical body and inner organs. Nuad Bo Rarn is a technique in which the ten most important energy lines of the body are stimulated within these ten lines (Thai Traditional Massage Association International, 2004).

1.5 Literature Review

Eisenberg et al (1998) investigated document trends in alternative medicine use in the United State between 1990 and 1997. Random household telephone surveys were used to compare key questions. A total of 1539 adults in 1991 and 2055 in 1997 participated. The results found that use of at least one of 16 alternative therapies during the previous year increased from 33.8% in 1990 to 42.1% in 1997. The third of the therapies increasing was massage. The probability of users visiting an alternative medicine practitioner increased from 36.3% to 46.3%. In both surveys alternative therapies were used most frequently for chronic conditions, including back problems, anxiety, depression and headaches.

Tou (2004) investigated the current situation of Thai Traditional Massage service and related factors influencing the utilization of Thai Traditional Massage among clients. In this study 400 sampled individuals were interviewed with a structured questionnaire from January 7 to February 10, 2004 at The Institute of Thai Traditional Medicine, Department for Development of Thai Traditional and Alternative Medicine, Ministry of Public Health in Thailand. The mean age of the respondents was 43.6 years. The majority of the respondents had an illness in the musculo-skeletal system. Most (92.5%) expressed a high level of satisfaction in utilizing Thai Traditional Massage service, and

48.6% of the respondents had been using Thai Traditional Massage two or more than two times per month.

Kongtapan (2002) investigated Thai Traditional Medicine utilization among Thai rural people in Saraburi province. In four villages in Cha-oum Subdistrict in Khaeng Khoi District from January 21 to 27, 2002, 200 rural respondents were randomly selected and interviewed using a structured questionnaire. It was found that most respondents were female, aged 30 to 39 years old, working as labourers with primary school education, with sufficient income for living. Two factors were associated with the utilization of Thai Traditional Medicine, namely chronic disease and social support.

Taylor et al (2003) investigated the effects of adjunctive Swedish massage and vibration therapy on short term postoperative outcome at the University of Virginia hospital surgical units. This study was a prospective, randomized controlled trial. The treatment groups were (1) usual postoperative care (UC), (2) UC plus massage therapy, and (3) UC plus vibration therapy, for 105 women who underwent an abdominal laparotomy for removal of suspected cancerous lesions. All patients received UC with analgesic medication. In addition, the massage group received standardized 45-minute sessions of gentle Swedish massage on three consecutive evenings after surgery, and the vibration group received 20-minute sessions of inaudible vibration therapy (physio tones) on three consecutive evenings after surgery, as well as additional sessions as desired. The results indicated that on the day of surgery, massage was more effective than UC for affective and sensory pain, and better than vibration for affective pain. On postoperative day 2, massage was more effective than UC for distress, and better than vibration for sensory pain.

Hernandez-Reif et al (2000) investigated high blood pressure and associated symptoms. Thirty adults with controlled hypertension (for at least the last six months) were randomly assigned to either a massage therapy group or a progressive relaxation group. Adults received twice-weekly 30-minute massage sessions for five weeks or they were given progressive muscle relaxation instructions (control group). Only the massage therapy group reported less depression and hostility and showed decreased urinary and salivary stress hormone levels (cortisol). Massage therapy may be effective in reducing diastolic blood pressure and symptoms associated with hypertension.

King (1999) investigated massage toward cancer patients' pain and anxiety. For this study, 52 cancer patients receiving treatment at the James Cancer Hospital in Columbus, Ohio, were randomly placed into either an experimental group or a control group. On the first day of the two-day study patients in both groups had a volunteer simply sit with them for 15 minutes, but had no physical contact. On the second day patients in the experimental group received petrissage on the hands, feet, shoulders and back of the neck for 15 minutes. Patients in the control group again sat with a volunteer for 15 minutes, but had no physical contact. Pain levels were measured by a Visual Analogue Scale. Anxiety was measured using the Spilberger STAIT-TRAIT questionnaire. The results indicated that the massage had a statistically relevant impact on pain and anxiety of patients in the experimental group.