THE ICRC AND TRADITIONAL KHMER MEDICINE

by J. P. Hiegel

In October and November 1979 many Khmers fled from their villages and sought refuge in camps in Thailand or along the Khmer-Thai border. The ICRC and other humanitarian organizations, international or private, had to provide for the needs of a sudden influx of people uprooted from their homes, exhausted by famine, suffering, fear, sickness and the ravages of war. The first priorities in such a situation are to supply the basic hygienic facilities, adequate food, water and shelter of some sort, all indispensable for survival. But disease and death are an ever-present threat and have to be resisted. This, then, was the task of the medical teams sent out by the ICRC and the National Societies of the Red Cross, and of many other groups belonging to other organizations who came to help the refugees. An overall coordination of the medical aid was indispensable; responsibility for this was assumed by the ICRC.

The Khmers and sickness

A difficult problem was raised among the refugees by a number of people suffering from mental disorders. They were rejected by the Khmer population, whose own lives were so fraught with problems on every side that they did not tolerate the "misfits" among them. Their admission to hospitals hindered the medical teams in their work and disturbed the other patients. Some doctors considered setting up a psychiatric service in the Sakaeo camp, and the chief medical coordinator, for whom I was acting as deputy in Bangkok, had to decide on their suggestion.

My training as a psychiatrist and a previous ethnological interest in traditional medicine led me to make another proposal. I felt that people suffering from mental disorders should not be segregated from the Khmer community in the camp by isolating them in a special annexe, and that rather than using Western therapeutical methods with the potential

long-term danger of making them dependent on foreign medical aid, it would be better to call in the traditional healers, themselves refugees in the same camps, and entrust the care of such patients to them. In short, I suggested that a programme of collaboration between Western medicine and traditional medicine should be launched and developed.

Psychosis is a mental disorder and insanity is the visible manifestation of this disorder. Insanity is a form of disturbed relationship between the person concerned, the world and the other people he encounters. There is a merging of psychosis and insanity everywhere and at every time. Every society has had to find its own solutions to deal with the insanity of some of its members, and these solutions differ from one culture to another.

The insanity of some Cambodians in the camps was merely the most obvious aspect of a psychological disturbance which was in fact far more widespread than it appeared. Many of the Khmers suffered morally, without being genuinely or seriously mental patients, but the way in which they expressed their suffering was sometimes disconcerting for Westerners. Some refugees with a painful organic complaint attributed their affliction to supernatural causes, and believed themselves "possessed." Others living in stressful situations had no severe psychotic troubles, but also believed that they were possessed. A Khmer possessed has a certain type of behaviour and attitudes which may appear pathological in the light of Western psychiatric nosology. For this reason some Khmers were "schizophrenic" or suffering from "delusions" from the point of view of Western doctors, whereas in fact they were not.

How collaboration with the traditional healers began

So the ICRC's first concern was to alleviate the refugees' psychological distress and respond to the problem of mental disorder in a manner compatible with the ethnological background. It was also important not to transpose the standard formula of the psychiatric clinic to the Khmer refugee camps simply because it is so sadly familiar to the Western world.

The patients could in fact benefit by the skills of the traditional healers not only in treatment of mental ailments but also in physical medicine, for traditional Khmer therapy has its own definite logic and efficacy.

The ICRC also considered that since humanitarian aid, whilst only of limited duration, may well have long-lasting consequences it was important not to create an exclusive dependence on modern medicines.

Many of the refugees hoped to return to their own country one day, and patients there very often have to rely on traditional medicine because "the other medicine", i.e. Western medicine, is not easily accessible to the majority of the population. Furthermore the Khmers trust their own traditional medicine.

Wider co-operation with the traditional healers was likewise justified by the attitude of a substantial number of Khmers with regard to modern medicine, as shown by the following example. There was a little girl with measles in a camp where a centre of traditional medicine had not yet been established. Measles is generally a benign infection, but it can occasionally have fatal complications. Her mother did not take her to hospital. She did try to treat her, and went around the other refugees in the camp begging for the few medicaments they had, but the child died. The mother felt that her daughter was in danger, but as a Khmer woman she was even more afraid of exposing her child to the eyes of Western nurses, for according to Cambodian popular beliefs the sight of a woman during her menstrual period can endanger the life of a child with measles. In this particular case it was not scientific truth that counted, but the truth as seen by this mother. Deeply rooted beliefs such as this can be indirectly responsible for the death of people belonging to a different culture, if they are not recognized and taken into account.

This actual instance showed that there must be a place in the Khmer refugee camps where their own traditions, customs and beliefs would be respected. It is conceivable that the mother would have taken her little daughter to a traditional medicine centre if one had been available, and that we could then have arranged for the necessary treatment at home by a male doctor and nurse after being informed of the problem. The traditional healers working in collaboration with the ICRC have often persuaded a patient to accept an indispensable modern surgical intervention or form of treatment which they had previously categorically rejected.

Once the principle of co-operation between traditional healers and the ICRC was accepted, traditional medical centres were opened in four refugee camps. They in turn had to be kept supplied with the traditional Khmer pharmaceutical products, which meant that a special dispensary had to be established. In order to do so we selected about 250 substances, derived from plants and other sources, which are used to prepare traditional medicaments in Cambodia and in Thailand.

The traditional medicine centres now have an acknowledged part to play in the camps and the traditional healers are popular among the

Western helpers. Co-operation with the *krou* Khmers and its potential benefits did not get off to a flying start, however; many doctors and nurses condemned it without trial. Had it not been for the support, the caution and authority of the ICRC, the inception and development of this experiment would never have been possible. Its success—and indeed its very origin—is due to the personal qualities, the motivation and courage of those who have participated from the start. Most of the Westerners subsequently overcame their resistance to the idea, for traditional medicine was practised in the centres in broad daylight, and they could see for themselves what it was. The absence of accidents, despite the great number of patients treated every day, also helped it to be accepted. In addition the traditional healers themselves made a distinctly favourable impression upon the Westerners who came in contact with them.

The traditional Khmer healers

In the Cambodian language the term *krou*, which is a phonetic adaptation of the Sanskrit word *guru*, is a general designation for any person who is endowed with a form of knowledge. Thus the traditional Khmer healers are called *krou*. The term does not imply their healing capacity, but shows that the person thus referred to possesses some form of knowledge, and it simultaneously carries an inference of respect. An adjective can be added to the original term *krou*, qualifying his special kind of knowledge.

Thus the *krou thnam* treats his patients using medicaments prepared by mixing various products, mostly derived from plants. Each *krou thnam* is specialized in the treatment of a particular complaint. The *krou bângbât* determines the cause of the complaint and gives treatment by meditation. For talismans and tattooing which offer protection from dangers of natural or supernatural origin the *krou lbien* is consulted. The *krou thmop* specializes in magical therapy; his intervention is required when someone is a victim of black magic or the suffering is caused by an offended spirit. The *krou snê* is an expert at making magic charms. A lover would call on his services, for instance, to obtain the affection of his beloved.

A *krou* acquires his knowledge from a master who transmits his learning and ethics to him. This master can be either an esteemed traditional healer in the village, or a monk, for the pagodas are also places of instruction.

The traditional medicine centres in the camps

In each traditional medicine centre there are about fifty Khmers, traditional healers, assistants, secretaries, interpreters, all refugees, working as one group. This is a new situation for the *krou*, accustomed as they are to practising as individuals. They have agreed not to guard their knowledge jealously for themselves, but to pool it. The group within the centres has a hierarchical structure patterned on traditional Khmer society. The assistants form the basis of the pyramid. They are responsible for keeping the building in order, tending the garden where they grow a few medicinal plants, preparing the plants brought to the centre for use by chopping them coarsely or finely according to custom, or grinding them into powder in a mortar, and looking after the fires on which the mixtures are prepared. Some assistants are simultaneously learning the art of traditional medicine.

The *krou* in the centres are divided into several sub-groups corresponding with the various therapeutical methods applied: medicaments, pulverisation, rubefaction, massage, etc. Each sub-group is headed by one person, chosen by his peers from among the *krou* most experienced in that particular domain and responsible for supervising and checking the work of those with less experience. At the top of the hierarchy there is a chief appointed by the members of the group.

Consultations are given by three or four experienced *krou*. After being registered by the secretaries, the patient speaks to the consultant of his choice, but the others are seated nearby and intervene if there is any doubt as to the nature or gravity of his complaint. The consultant enters the name of the prescribed medicine in the patient's file, and indicates one or several other forms of therapy if he feels they are required. The patient then goes to the different specialists to receive the appropriate treatment.

It must be noted that these patients are not first examined by a Western doctor or nurse. This is justified. Traditional treatment and Western medical treatment are given in separate places. A patient who goes to a centre of traditional medicine is expressing a very clear desire to see a *krou* and not a Western doctor. We have to respect his desire, for his refugee status does not give us any rights over him. He remains free to choose and responsible for his choice.

Collaboration between Western doctors and *Krou* Khmers

The Western nurses or doctors do not make a systematic examination of patients after they have consulted the *krou*, for this would demonstrate a lack of confidence in them, and mutual confidence and trust is essential

for the patient's sense of security. The experienced *krou* are equally aware of their possibilities and their limitations. They do not hesitate to ask for our opinion when they feel there is a risk involved in the case they are treating. Sometimes they themselves decide that the patient should be sent to hospital. Occasionally a case is discussed. It may well happen that we then decide to try out a traditional form of treatment, under supervision.

Decisions are always taken together with the patient's traditional doctor. This does not present any problems. The *krou* know that we trust them and want to prove that this trust is merited. They do not take any risks on their own, and they do not make their patients take any either. Thus the patient's safety and sense of security depends on the acknowledgement and acceptance of shared responsibility. It is interesting to note that ethically and by tradition the *krou* feel morally obliged to care for anyone who consults them. Yet in the camps they do occasionally refuse to treat a patient, and have sometimes even succeeded in persuading such patients to accept modern therapy. This link between the two medical systems can also act in reverse, for the hospital admissions service often sends patients to the *krou*. The *krou* themselves are sometimes called in for consultation at the hospital when a patient shows signs of psychological disturbance, or when he refuses to enter hospital or receive modern treatment.

This collaboration between traditional and Western medicine is a new and original experience, both for the ICRC and its medical teams and for the traditional healers. There are now nearly 200 of them, including their assistants, working in the four ICRC centres. It did not go without saying from the beginning that they would agree to participate, particularly since we were extremely demanding with regard to the quality of the co-operation itself. For that matter the high standards set applied equally to the Khmers and to the members of the ICRC working in the centres.

The traditional medicine centres are very dynamic. Our co-operation is motivated by psychological, sociological and ethnological considerations. We shall try to define some of these considerations.

From the very start we tried to understand and respect the spirit of traditional medicine as far as possible. We had to allow for the Khmer mentality, for their way of life and rhythm of work. An ethnocentric approach would have been pointless, for these centres could not possibly be organized on Western lines. On the other hand we were not working as ethnologists, for our duties were not confined to observing and studying traditional Khmer medicine. The purpose we had set ourselves was to build up genuine co-operation. For this certain prerequisite conditions

had to be recognized and accepted, namely that the two medical systems are complementary and not competitive. Any attempt to prove that one is superior to the other would be vain and not without danger for the patients. The culture, training, knowledge and techniques of the Western practitioners and the traditional practitioners are different, but all have the same purpose, namely to alleviate human suffering. To achieve this aim it is enough to choose by common agreement the best means of doing so. It would be a denial of these basic conditions for co-operation to have the *krou* constantly supervised by Western doctors.

A *krou* is traditionally respected in his own country. He is respected by the refugees as well. It goes without saying that genuine co-operation serving a real purpose could only be based on a relationship of mutual esteem, trust, respect and understanding. A relationship of this kind is natural and spontaneous when there is more than a purely intellectual acceptance of the prerequisite conditions and attitudes described above.

The traditional healers were uneasy in the beginning and hesitant to join in the project. They realized that there were certain risks involved in practising their medicine in broad daylight among the many Western doctors and nurses present in the camps. We told them that we were convinced of the value of their medicine, that Westerners in general were not familiar with it and would judge by what they saw. It was therefore important for all the *krou* to uphold the reputation of traditional Khmer medicine, their own reputation and that of the centres. They willingly accepted this idea. In the meantime their anxieties have been dispelled, but the idea of a mission to fulfil remains. It was thus easy to justify the limits we set without the *krou* feeling these limits as a lack of confidence in them. They saw that our concern was not only for the patients, but for them as well. These limits were readily acceptable, because they were reassuring for the *krou* themselves.

A genuine *krou* does not ask his patient for payment. The patient himself offers something in accordance with his means, as a token of confidence or gratitude. In the camps the majority of refugees have no means of following this tradition. So the ICRC does so on behalf of all the patients, making a weekly offering to all the Khmers working in the camps. The amount offered is intentionally very small, which largely helps to preserve the ideal inherent in the services of the *krou*. We felt that it was useful for the Khmers working in the camps to have an ideal, for refugees are people who are dependent, receiving aid, and are therefore in a humiliating and demoralising situation. In the centres they feel that they are working to help other refugees, to preserve part of their cultural heritage and safeguard the good reputation of their medicine.

Therein lies their commitment to co-operation with the ICRC. Experience has shown that they are very sensitive to this aspect, for it gives them a means of affirming their personal merits, which in turn helps them to endure their situation. An ideal can easily be lost. The personal qualities of the ICRC members present in the centres, their attitude and motivation play a very important part in sustaining this ideal, or restoring it when it is gradually fading.

Khmer therapy

Traditional Khmer medicine is very elaborate and complex, and we can only give an outline of it here. Some of the methods used by the *krou* may seem strange, but there was no reason to reject them outright. We had to judge whether they were acceptable in a refugee camp and in co-operation with a humanitarian organization. The *krou* tell us about each new therapy they consider using, and provide us with all the information we desire. We then evaluate the situation from two points of view before agreeing or refusing, namely the patients' safety and medical ethics. We may then set certain limitations, but always take care to justify them. After a period of observation these limitations can often be relaxed, but some always remain, because certain patients are more inclined to accept Western medicine. We have to avoid identifying ourselves too fully with traditional healers, so that we can keep the distance needed to preserve our own capacity of judgement.

We can distinguish between five forms of treatment: medication, therapeutical burning, rubefaction, massage and treatment by magic.

The traditional stock of drugs consists of a wide variety of products, mostly of vegetable origin. The medicinal properties are found in certain specific parts of trees or plants, such as the roots, bulbs, rhizomes, the bark, leaves, flowers, fruit, branches or trunk. Some constituents are of animal origin, such as bones from elephants or horses. Minerals such as sulphur or alum are also used.

The centres obtain their supplies from four sources. The *krou* can gather the plants they need in the forests around the camps; some species are cultivated in nearby gardens; certain fresh components are bought at local markets; the remainder is provided from the traditional pharmaceutical stocks of the ICRC, which can have products brought from further away if necessary.

Treatment consists of a variable number of elements. Decoctions are prepared by boiling a substance in water until the liquid is reduced by two thirds. Each patient drinks three to four litres per day of these infusions throughout the whole course of treatment. Certain medicines

are presented in dry form. Powders are taken stirred into a glass of 30° rice alcohol or water. Pills or tablets can be obtained by blending powders with honey or palm sugar. The *doh thmâ* technique is very special: the solid constituents of the medicine are rubbed against a moist stone, producing a very fine blend when a small amount of liquid is added. The *thnam sdâh* is another medicine with a very special form of application. The *krou* chews one or two vegetable substances such as betel leaf or arek nut and sprays the juice on the lesion requiring treatment, for example in the case of some skin diseases. The other medicines for external use are in the form of liquid blends, ointments or pastes. To treat infections of the nose and throat, the traditional healers prescribe "dry inhalations" in certain cases: the substances smouldering slowly in a long bamboo pipe give off smoke which is breathed in by the patient. "Moist inhalations" are also used: the patient then breathes in the vapour from a mixture previously brought to the boil.

There is not sufficient space here to examine the diagnostic methods of the *krou*, their ideas concerning the causes of illness, the affections they identify, the theoretical basis for their medical concepts, etc. Traditional Khmer medicine is coherently elaborated. In some cases its logic is immediately perceptible for a modern doctor. For example, the *krou* distinguish between three kinds of haemorrhoids, namely an internal haemorrhoid combined or not with a small external haemorrhoid; an external haemorrhoid localised on one varicose vein; and a haemorrhoid affecting several veins and producing varices of a greater or lesser extent. They treat them according to type by local applications of ointment (there are several kinds with different effects), by cauterization or by hip-baths. In every case a decoction is prescribed, to be taken once the haemorrhoid has disappeared.

Therapeutic burns are performed by using a small cigar of vegetable fibres or a small piece of glowing bark of a tree. Sometimes the burn is made by a small pellet lit on the skin. The *krou* do not apply any septic products upon these burns, which are superficial except in certain very specific cases where the burn is slightly deeper. In India and Nepal, in contrast, cases of tetanus have been observed following this therapy, due to the application of cattle dung on the burn. This the Khmers do not do. This therapeutic burning was very widely practised in the camps at the patient's home, before the traditional medicine centres were established. It was better to accept it openly and be able to keep it under supervision, rather than reject it and have it practised in secret.

Insofar as this form of treatment as practised by the *krou* does not present any real danger, we have tried to make the Western doctors

understand that they should accept it. They might very well find it disputable, but they should not oppose it in the camps, for it is very deeply rooted in the Khmer customs and culture. The medical teams were often shocked and scandalized when they arrived in the camps and saw the resultant scars of this treatment. Yet their attitude was an even greater potential danger than the burn itself, for it gave the patient a sense of rejection and guilt. Mild colic attacks, for instance, are one of the symptoms for which this treatment is applied. But colic can have various causes and may, for example, indicate an abdominal syndrome calling for an operation. It would be dangerous for a patient or his family or friends to delay in consulting the Western doctors if his condition deteriorates, simply because he has first tried this traditional treatment and fears their reaction.

Rubefaction is another therapeutical method. A temporary congestion of the skin is caused by pinching or rubbing with a coin dipped in paraffin or camphorated ointment. A variation of this therapy consists of repeatedly pinching the skin at the same places, concentrating on the thorax, the back, the neck and the front of the arms. It is indicated when the patient complains of feeling generally unwell, with a dull ache all over, difficulty in breathing, raised temperature, in other words all the symptoms of influenza. It can be compared with the cupping glasses still used in some European countries, though not as widely as in the past.

Traditional Khmer massage is centred on the veins and not the muscles, because the Cambodians regard the veins as the source of the pain. The massage is very strong, following the course of the superficial and deeper veins in the arms and legs, between the ribs and in the abdomen. For headaches the massage is concentrated on the temporal and frontal veins. This has a very clear effect in an incipient migraine attack and stops the pain. Treatment by massage is habitually combined with stretching or manipulating the joints.

Magic also has therapeutic effects for the Khmers. For them the world is populated with myriad spirits. Not all of them are systematically hostile—so the Cambodian do not have to live in a permanent persecution climate—but they can cause suffering if they are offended.

When a child is born with a prolapsed cord—with the umbilical cord encircling the body or the neck, its *krou kâmneut* is offended. A special offering must be made to this spirit, which inhabits the child even before its birth. The child will suffer from headaches or be *chkuot,* which means deranged, if this precaution is not taken. Several children have been taken to traditional medicine centres by parents sometimes on the verge of abandoning them because of the gravity of their behavioural disturbances.

They were unstable and aggressive, or morose and depressive. When this condition can be attributed to the offended *krou kâmneut*, the traditional healer makes a *sla thor*. He uses the upper stem of a young banana tree, candles and incense sticks, and then wraps several loops of white thread around it all. This offering is an evident symbol of the child's body and the umbilical cord, and always has a lasting and spectacular effect upon the child. It is easy to understand how it works. The family, influenced by a very strong sense of cultural determinism, expected the child to be deranged because the appropriate offering was not made, whatever the reason for this omission. Such cases have occurred frequently in Cambodia in recent years, due to the authorities' attitude towards religious and magic rites. A child tends to behave as the family expects it to behave. So such children acted as though they were deranged, although they were not in fact suffering from any serious psychotic disturbance. After the *sla thor* was made, the cultural determinism had the reverse effect—the children were expected to recover normal health, they were no longer compelled to play a part, and could be themselves.

A Western doctor might be inclined to ascribe the child's problems to cerebral damage caused by foetal anoxia. It may be tempting to believe that the brain was harmed by a lack of oxygen during delivery because of the umbilical cord constricting the infant's neck, particularly if resuscitation was necessary after birth. Such an organological approach would result in several sedatives being prescribed, but would not really come to grips with the problem.

A forbidden desire can give rise to a conflit situation with all its associated psychological suffering. Some Khmer attribute the origin of such a desire to black magic. Magical treatment enables people thus afflicted to speak about the conflict within them, for it is generally accepted that the spirit inhabiting them speaks through their mouth. The patient himself feels that the desire is wrong, but the belief in magic reduces or prevents the development of a guilt complex, for since the patient has been magically induced by someone unknown to experience this desire, he is not responsible himself, but is on the contrary the victim of outside force. Some Western doctors have made psychiatric diagnoses such as hysterical neurosis or psychosis after observing the behaviour and speech of people thus possessed. Yet this belief in possession serves to express and solve certain situations of psychological conflict for people whom the Khmer do not regard as *chkuot*. The Khmer themselves can easily distinguish between people who are possessed and those who really are deranged.

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To sum up, the traditional medicine centres established by the ICRC in the Khmer refugee camps have satisfied a definite need, clearly confirmed by the number of patients who consult them each day. In addition, the experiment has given food for thought to many doctors and nurses, who have thus acquired a greater understanding of the part played by certain cultural phenomena in pathological symptomatology. The ICRC's official recognition of the value of co-operation with the *krou* has furthermore shown the importance accorded to respect of the culture, customs and traditional heritage of those in need of humanitarian aid.

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