



The Indigenous Medicines in Myanmar: Past, Present and Future

**Dr. Thin Thin Aye
Professor/Head
Department of History
University of Yangon
Myanmar**

Research Aims

- **To describe the basic elements of the Myanmar Indigenous Medicines**
- **To examine the significance the Myanmar Indigenous Medical Science**

Contents

I. Introduction

II. Historical Evolution of the Myanmar Indigenous Medicine

III. Human Resource Development

IV. National Laws and Policies

V. Future Prospects

VI. Conclusion

1. Introduction

World Health Organization (WHO) defines

Indigenous medicine refers to the knowledge, skills and practises based on the theories, beliefs and experiences indigenous to different cultures, used in the maintenance of health and in the prevention, diagnosis, improvement or treatment of physical and mental illness.

Myanmar defines

Indigenous medicine is defined as medicine for the physical well-being and longevity of people in accordance with anyone of the four nayas (subjects) of traditional medicine, namely *Bethitsa naya*, *Wissadara naya*, *Netkhata veda naya* and *Desana naya*.

➤ Myanmar Indigenous practitioners have used a combination of four methods of medical practices

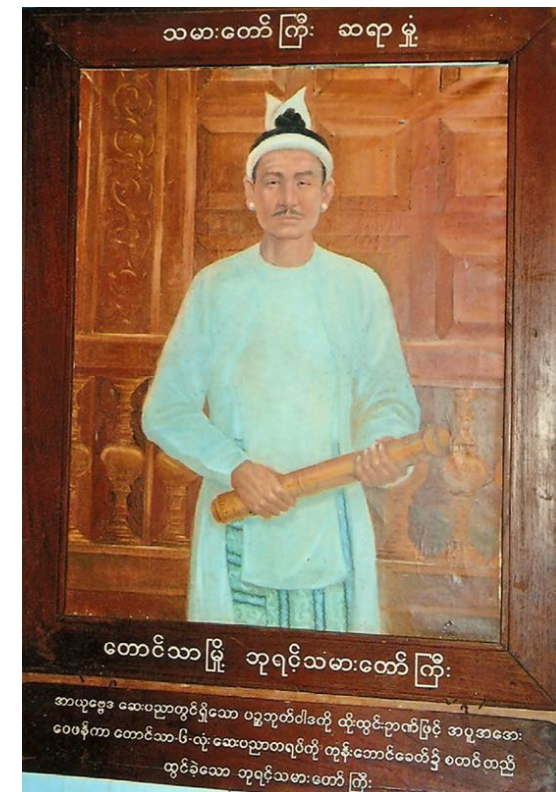
1. *Bethitsa naya* (Ayurveda)
2. *Wissadara naya* (Archery and Spirit Power)
3. *Netkhata veda naya*(Astrology)
4. *Desana naya* (Abhidhama- Buddhist philosophy)

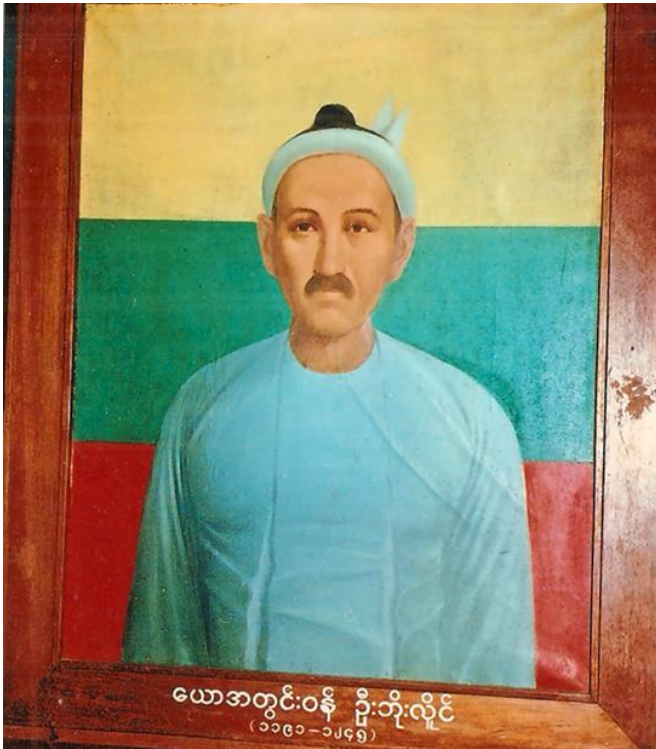
➤ handed down through generations

II. Historical Evolution of the Myanmar Indigenous Medicines

- Indigenous medicine practiced since the Bagan period.
- *Tet Nwe Kyaung* (တက်နွယ်ကျောင်း) stone inscription
- Indigenous physician was called *Themardaw သမားတော်* (သမား+ တော်)
- The persons who are competent in medical science and earn their living through it are called Themar- သမား.
- The physicians who treated the kings, as well as members of the royal family and court servants, were known as Themartaw (သမားတော်), with the suffix taw (တော်) denoting royal service.

- a descendant of the lineage of physicians
- manifestly display his theoretical and practical medical knowledge in the presence of patient
- strict examination system
- pass the examination conducted by a board of royal physicians
- wear rolled head-bands
- do their hair knots
- wear white long-sleeved (engyis) and nether garments (longyis) with protruding flap
- offered privileges
- The King provided royal salary as honorarium
- They received salary of 53 kyats per month.



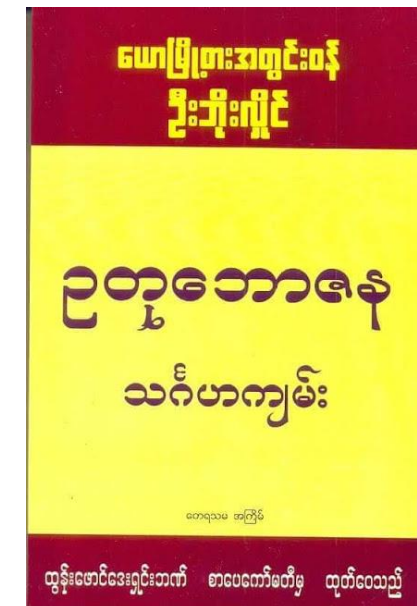
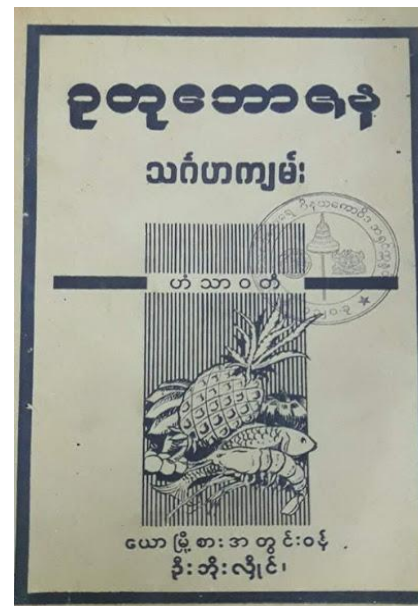


Early medical texts

Minister U Pho Hlaing compiled and wrote :

-*Kaya Noppathana Kyan* (ကာယနုပဿကာကျမ်း)

- *Utu Bawzana Thingaha Kyan* (ဥတုဘောဇနသဂဟကျမ်း)



Late Konbaung Period (1819-1885)

- *Saya Hment* invented six diagnostic systems
- *Taungthar Chauk-lone-kauk* (တောင်သာခြောက်လုံးကောက်) Medical Science.
- It was called *Ahidhamma* medical science.
- a sort of medical science with the perspective that all disease fall within the contexts of six kinds of disease, three kinds caused by extreme heat and three kinds by extreme cold
- based on five major elements such as earth (ပထဝီ), heat (တေဇော), water (အာပေါ), air (ဝါယော) and space (အာကာသ)



(*Taungthar Chauk-lone-kauk* –
တောင်သာခြောက်လုံးကောက်စိတ်ကျမ်း)



Saya Hment

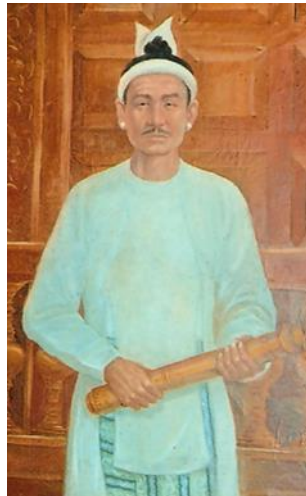
- branched out different into types:
 - တောင်သာဆေးပညာ(*Taungthar Chauk-lone-kauk* medical science)
 - သဘာဝဓမ္မဆေးပညာ (*Thabawa Dhama* medical science)
 - ပရမတ္ထအလင်းပြဆေးပညာ (*Paramatta* medical science)
- They continue to thrive up to the present.

Colonial and Post-Colonial Periods

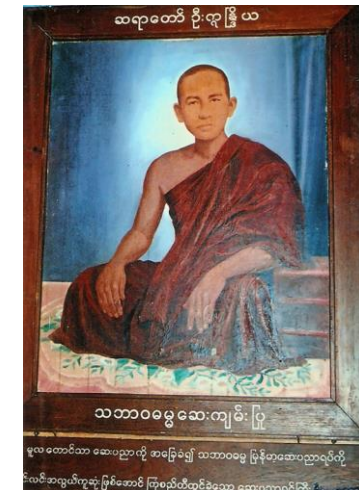
- Despite Western medicine, Indigenous medicines continued.
- WWII increased reliance on Indigenous medicines.
- *Taung Khwin Sayadaw* (who complied *Authada Sanghaha*)
- *Saya Hmet* (who complied Explanation of *Thaungtha* System)
- *Ledai Sayadaw* (who complied *Rugandaradipani*)
- *U Eindriya* (who complied *Thabawadhama Dhadyraza*)
- ဗမာဆေးဆရာ (Bamar Doctor)
- တိုင်းရင်းဆေးဆရာ (Indigenous Physician)



Taung Khwin Sayadaw



Saya Hmet



U Eindriya

Myanmar After 1948

- Myanmar Indigenous Medicine Committee (1952)
- Indigenous Myanmar Medical Practitioners Board Act of 1953
- Amendment in 1955, 1962, and 1987
- Indigenous Medicine Practitioners Association (on 11 March 1962)
- Government reforms and examinations for indigenous physicians.
- Successful candidates were allowed to register (2253 Practitioners in 1962)
- Private traditional medical schools could be opened since 1960s.
- The Advisory Committee of Manufacturing of Myanmar indigenous medicine
- Burma Pharmaceutical Industry (BPI) in 1964



Myanmar After 1974

- Myanmar indigenous medicine practitioners Conference
- Myanmar indigenous practitioners were sent on expeditions to India, Sri Lanka, China and Japan to study their indigenous medical science.
- Institute of Traditional Medicine was opened in Mandalay (31 January 1976)
- Hospitals of Traditional Medicine



III. Human Resource Development

- **Institute of Traditional Medicine (in 1976)**
 - a three-year course including one year internship
 - Diploma in Traditional Medicine

- **University of Traditional Medicine (in 2001)**
 - passed the matriculation examination
 - a five-year course including one year internship (indigenous medicine, basic sciences and basic medical sciences of western medicine)
 - Bachelor of Myanmar Traditional Medicine (B.M.T.M)
 - Master of Myanmar Traditional Medicine (2012)



University of Traditional Medicine,
Mandalay

IV. National Laws and Policies

- 1992: Myanmar National Drug Law
- 1996: Traditional Medicine Drug Law
- 2000: Traditional Medical Council Law
- 2015: Shan State Traditional Medicine Law
 - Ethnic medicine: Kachin, Shan, and others

- 75% of Myanmar people still use traditional medicine.
- 7493 officially recognized and registered indigenous medical practitioners in 2023.
- 40 Traditional Medical hospitals
- 237 dispensaries
- 1,985 manufacturing licenses

FAME Pharmaceutical Company: Leading traditional medicine producer in Myanmar.

FAME Pharmaceutical Factory



➤ Export to (Malaysia, Singapore, Thailand, Taiwan, South Korea , Germany and Japan)

V. Future Prospects



- Continued trust and reliance on indigenous medicine.
- Government policies to integrate indigenous medicine into universal health coverage.
- Annual Traditional Medicine Drugs Exhibition and conferences.
- International cooperation

23th Myanmar Traditional Medicine Practitioners' Conference
(23-11-2024)

VII. Conclusion

- Myanmar traditional medicine is a valuable cultural heritage.
- Need for scientific standardization.
- Limited research funding and documentation.
- Must conserve herbal resources and ensure quality control.
- Encourage collaboration between traditional and western practitioners.



Thank You