

## THE TRADITIONAL MEDICINES OF MYANMAR: PAST, PRESENT AND FUTURE

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### Abstract

This paper attempts to study the historical background of traditional medicines in Myanmar. Myanmar traditional medicine is a heritage with historical past. There are four types of Myanmar traditional medical science. Myanmar traditional physicians have used *Abhidhama* and *Ayurveda* medical treatment methods to cure their patients. So, Myanmar traditional medicine is based on *Abhidhama* and *Ayurvedic* concepts. During the Konbaung period (1752-1885), many foreign medical treatises could be translated into Myanmar and some traditional physicians could have invented a sort of medical science based on the concepts of the *Abhidhama* and *Ayurvedic*. At that time, although Myanmar traditional physicians were not oriented by academically qualified *Ayurvedic* physicians, their traditional practice of medicine passed from one generation to another. In 1976, Myanmar Institute of traditional Medicine was opened in Mandalay to be able to produce well-qualified graduated traditional physicians. Now, with the government's encouragement for development of Myanmar traditional medicine, Myanmar traditional medicine is wide and deep. In this paper, in order to give a reasonably clear picture of the progress of traditional medical science in Myanmar, I would like to present my paper under the following four main points: (I) historical evolution of the Myanmar traditional medicine, (II) human resource development of traditional medicine, (III) National laws and policies and, (IV) future prospects of traditional Myanmar medicines.

**Keywords:** *Ayurveda*, *Abhidhama*, traditional physician, traditional medicines

### Introduction

World Health Organization (WHO) defines traditional medicine as including diverse health practices, approaches, knowledge and beliefs, incorporating plant, animal, and / or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain wellbeing as well as to treat, diagnose or prevent illnesses.<sup>3</sup> According to the Traditional Medicine Drug Law of 1996 in Myanmar, traditional 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 *Desana naya*, *Bethitsa naya*, *Netkhata veda naya*, and *Vissadara naya*.<sup>4</sup> *Desana naya* is based on natural occurrences enshrined in Buddhist Philosophy. *Bethitsa naya* is based on *Ayurveda* concepts with extensive use of herbal and mineral compounds to establish balance among three *dosas* namely *Kapha*, *Vata*, and *Pitta*. *Netkhataveda naya* is based on the calculations of zodiac of stars, planets and the time of birth and age. These calculations are linked to prescribed dietary practices. The *Vissadara naya* largely depends on meditation and practices of alchemy. The skill, know-how and techniques of the drug preparations are such that they are derived from heavy metals such as lead, mercury and poisonous substances such as arsenic and its compounds after they are converted into inert ones by means of series of chemical processes in order to obtain supernatural power.

Myanmar Traditional practitioners have used a combination of four methods of medical practices known as medicine science. Two of them, *Bethitsa naya* (*Ayurveda*) and *Vissadara*

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<sup>3</sup> WHO Traditional Medicine Strategy 2002–2005, World Health Organization Geneva, World Health Organization 2002, p-7

<sup>4</sup> The State Law and Order Restoration Council, The Traditional Drug Law (The State Law and Order Restoration Council Law No. 7/96) (25th July, 1996), Section 1(b)

*naya* (Archery and Spirit Power) have been since about 8<sup>th</sup> century<sup>1</sup>. Astrology (*Netkhataveda naya*) is also very old. By contract, *Desana naya*, (*Abhidhama*) was invented in 18<sup>th</sup> century and is the system that is still widely at present time. Myanmar traditional medicine is a heritage with high historical value. It has played an indispensable role since the time of Bagan Period. According to the traditional beliefs in Myanmar, there are 96 diseases which afflict humans. Myanmar people believed to be able to cure all of these diseases by using Myanmar traditional medicines. Today, there has been a great change in lifestyles and cooking methods in the world, many new diseases come out. But most of the Myanmar people more still rely on the traditional medicines which is cheap than western medicines. Myanmar Traditional practitioners invented a sort of medical science based on the concepts of the *Abhidhama* and *Ayurveda*. They complied various medical treaties. It had been handed down through generations. Now, on a mass scale, traditional medicines are manufactured by both the public and private sectors. Based on this understanding and using data obtained in Myanmar, this paper describes the History of Myanmar Traditional Medicine, based on sources available in English from the Internet, as well as scientific papers in English and Myanmar language newspapers reporting the recent changes. The main sources are the official website of Department of Traditional Medicine, Myanmar (<http://www.dtm.gov.mm>). This article covers Myanmar Traditional Medicine: Past, Present and Future.

### Historical Evolution of the Myanmar Traditional Medicine

There are scholarly treatises on traditional medicine and on Ayurveda medicine from which it is mainly derived, but there was no formal system of traditional medicine teaching; knowledge and skills were handed on by teacher to pupil, person-to person, by apprenticeship. According to the *Hman Nan Yazawin*, traditional medicine from India had been practiced successfully. It was recorded that during the *Bagan* Dynasty under the reign of King *Narapatisithu* (1174-1211), the names of some books on traditional medicine were firmly mentioned on *Tet Nwe Kyaung* (တက်နွယ်ကျောင်း) stone inscription.

During the monarchical days, Myanmar traditional physician was called *Themardaw* သမားတော်.<sup>2</sup> The persons who are competent in medical science and earn their living through it are called *Themar* သမား. The physicians who treated the kings, the members of their families and servants were termed as *Themartaw* (သမားတော်) by suffixing the term *Themartaw* (သမားတော်) with *taw* (တော်). The *Themar* (သမား) who were fully equipped with virtues of good physician and comprehensive knowledge of Myanmar traditional medical science were appointed royal physicians. To formalize appointment, their qualities were examined and recommended. It was not an easy task to be recognized by the government of ancient times as a physician. To be able to become a royal physician, he must not only be endowed with the following qualities but also undergo a very severe and difficult examination. He must be a descendant of the lineage of physicians. He could manifestly display his theoretical and practical medical knowledge in the presence of a patient. He must be able to pass the examination conducted by a board of royal physicians<sup>3</sup>.

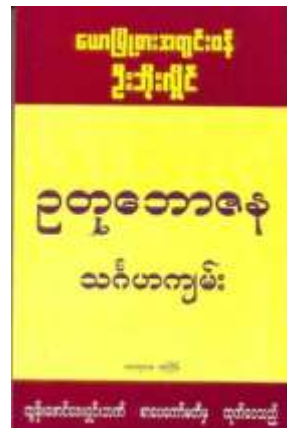
<sup>1</sup> U Win Ko, *A Drop of Rain in Asia; A Brief Introduction to Traditional Burmese Medicine*, Lulu.com, 2013, p-8 ISBN-978-1-291-50026-4 ( Hereafter cited as Win Ko, Brief Introduction)

<sup>2</sup> U Ba Than, သမားဂုဏ်ရည်ကျမ်း (*Treatise on Qualities of Physicians*), Yangon, Pitaka Press, 1972, p. 44 (Hereafter cited as Ba Than, Qualities of Physicians)

<sup>3</sup> Venerable Nagasin, အကြောပြင်သွေးစမ်းကျမ်း (*Treatise on Adjusting Veins and Checking Pulses*), Yangon, Mingalardon Press, 1971, pp. 36-37

Only the physicians who had passed this very difficult examination were entitled to suffix their names with *taw* (တော်) and dress themselves in the apparels according to their ranks and positions to distinguish themselves from other commoners. They were permitted to dress themselves in a grander way than ordinary physicians. They had to wear rolled headbands and to do their hair knots obviously. They also had to wear white long-sleeved (*engyis*) and nether garments (*longyis*) with protruding flap. They were also granted free access to the presence of the King. Therefore, the royal physicians could be recognized easily just at a single glance due to the distinctive ways of their dressing. With regard to way of dressing, they were offered privileges. In 1857, during the reign of King Mindon (1853-1878), they were provided with salary as honorarium. They received salary of 53 kyats per month.<sup>1</sup>

*Taung Pheelar Sayadaw*, *Shwe U Min Sayadaw*, *Sayadaw Khingyipyaw*, *Maungtaung Sayadaw*, Minister *Satuyingabala*, Minister *Mahadhama Raza Thingyan*, had written books on Myanmar traditional medicine. During the King Mindon (1853-1878) Minister *U Pho Hlaing* compiled and wrote *Kaya Noppathana Kyan* (ကာယနုပညာကျမ်း) and *Utu Bawzana Thingaha Kyan* (ဥတုဘောဇနသင်္ဂဟကျမ်း) which were the significant textbooks of Myanmar Traditional Medicine. Many treaties of Ayurveda medical science could be translated to Myanmar.



**Figure 1.** Minister *U Pho Hlaing* and *Utu Bawzana Thingaha Kyan* (ဥတုဘောဇနသင်္ဂဟကျမ်း)

In the Late Konbaung period (1819-1885), Myanmar traditional medical physician *Saya Hment* invented six diagnostic systems called *Taungthar Chauk-lone-kauk* (တောင်သာခြောက်လုံးကောင်ဆေးပညာ) Medicine Science on the basis of the concepts of the *Ahidhamma*. It was called *Ahidhamma* medical science. He described 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 (အကာသ).<sup>2</sup> In the *Abhidhamma Taungthar Chauk-lone-kauk* medical science, cold-inducing disease are cured with sour, hot and bitter tasted medicine and diet while heat inducing diseases with sweet, creamery and cool-tasted medicine and diet.

<sup>1</sup> U Tin, မြန်မာမင်းအုပ်ချုပ်စာတမ်းနှင့်ဘိုးတော်ဘုရား၏ရာဇသတ်ခေါ်သောအမိန့်တော်ထမ်းကြီး (Treatises on Administration of Myanmar), Vol. III, Yangon, Yangon Central Press, 1970, p. 81

<sup>2</sup> Taungthar Gun-Yee Thukhami Saya Kyi, ကိုလိုနီခေတ်မြန်မာဆေးဝါးဥပဒေများနှင့် အမျိုးသားဆေးပညာလှုပ်ရှားမှုမှတ်တိုင်များ (Myanmar Drug Laws in the Colonial Period and Mile-stones of National Movements on Medical Science), Yangon, Hlaing Yadana Press, 1995, pp. 293-94 (Hereafter cited as Saya Kyi, Myanmar Drug Laws in the Colonial Period)

*Abhidhamma Taungthar Chauk-lone-kauk* medical science was included five times in the eleven texts prescribed for the traditional examinations held by the Revolutionary Government (1962-1974). It's branched out into different types, namely, တောင်သာဆေးပညာ (*Taungthar Chauk-lone-kauk* medical science), သဘာဝဓမ္မဆေးပညာ (*Thabawa Dhama* medical science), ပရမတ္ထအလင်းပြဆေးပညာ (*Paramatta* medical science). They continue to thrive up to the present. *Saya Hment* died in 1877, having passed on his knowledge of *Taungthar* system to his follower: *U Hmont*, *U Phan Tha*, *U Poe Min*, *U Ka*, *U Chan Tha*, *U R Sara* ( a monk) and others.



**Figure .2**  
(*Taungthar Chauk-lone-kauk* တောင်သာခြောက်လုံးကောက်ဆေးကျမ်း)



**Figure 3. *Saya Hment***

In the colonial period (1885-1947), although western medicine was introduced into the Myanmar, Myanmar traditional practitioners maintained their practices and continuing the flourishes of the traditional medicine. The well-known traditional medical physicians were *Taung Khwin Sayadaw* (who compiled *Authada Sanghaha*- သုသဓာဂီဟ), *Saya Hmet* (who compiled *Explanation of Thaungtha System*- တောင်သာဆေးနည်းအကျယ်) , *Thonese U Panthar* (who compiled *Dhadu Winisaya Rupakana*- ဓါတုဝိနယဉ္စယဂူပကဏ္ဍ),<sup>1</sup> *U Chantha* ( who compiled *Truths signs of Taungtha System*- တောင်သာအဖြေကျမ်း), *U Poe Min*( who compiled *Abhidhamma Dat Kyan* - အဘိဓမ္မာဓါတုကျမ်း) , *Galon Saya San* (who compiled *Laukhanuzu*- လက္ခဏာဇုနကျမ်း) , *Ledai Sayadaw* (who compiled *Rugandaradipani*- ရောဂန္တရဒီပနီကျမ်း), monk *U Eindriya* (who compiled *Thabawadhama Dhadyraza*- သဘာဝဓမ္မဓါတုရာဇာ) .



**Figure 4.**  
(*Laukhanuzu*- လက္ခဏာဇုနကျမ်း)



**Figure 5.**  
(*Dhadu Winisaya Rupakana*- ဓါတုဝိနယဉ္စယဂူပကဏ္ဍ)

<sup>1</sup> It was included three times in the texts of *Abhidhamma* (*Desannaya*) subject for the physician-qualifying examination.

The British developed their interest in traditional medicine, especially herbal therapeutics, as practiced by local physicians of Myanmar. Myanmar traditional medical physicians are commonly referred to as “*Bamar Saysaya*” (ဗမာဆေးဆရာ- Bamar Doctor), or, more officially, *Taiyin Saysaya* (တိုင်းရင်းဆေးဆရာ- traditional physician). A *Bamar Saysaya* (ဗမာဆေးဆရာ) treats using traditional medicines. A *Taiyin Saysaya* is also someone who generally treats people only with traditional medicines. In 1930, the British organized a committee of inquiry into traditional medical system. According to the committee report, it recommended that *Abidhamma* (*Thaungtha* system), *Ayurveda*, Astrology and Alchemy should be taught in the traditional medical training schools. But this could not be done because the Second World War come into Myanmar. During the Second World War, the people had to rely more on the Myanmar traditional medicine due to the western medicines were scarce.<sup>1</sup> Mi Mi Khaing (1996) describes how her parents attended her during times of sickness using only herbal remedies as no Western medicines were kept at home<sup>2</sup>. The healing powers of religion are also evident in Mi Mi Khaing’s description of her words of encouragement to her children: “Drink it as the medicine of the Three Gems, ‘(ဘုရားဆေး၊ တရားဆေး၊ သင်္ဂါဆေး) *Paya-say, taya-say, thanga-say.*’<sup>3</sup> (“Physic of the Buddha, of the Law, of the Clergy”)

During the Japanese occupation, *Thabawa Dhama* (သဘာဝဓမ္မ)<sup>®</sup> Central Medical Federation was formed with Myanmar national leaders and many scholars. *Paramatta* Treatment (ပရမတ္ထအလင်းပြဆေးပညာ) was introduced to Myanmar traditional medicine. A Buddhist monk named *Thabawa Dhama Sayardaw U Indriya* promoted *Thaung Thar Chauk Lone Kauk* treatment to *Thabawa Dhama* treatment (သဘာဝဓမ္မဆေးနည်း).<sup>4</sup>

In addition to *Ayurveda* and *Abhidhamma* treatment methods and pragmatic treatment methods which had been employed throughout the history, the Myanmar also used efficacious homely remedies concocted from readily available materials. These Myanmar homely remedies play an important role in the treatment of Myanmar traditional medical science.<sup>5</sup> For example, tamarind<sup>6</sup> (မန်ကျည်းသီး) is also very useful in compounding Myanmar traditional medicine. Tamarind is a wholesome and cleansing fruit that improves digestion, relieves gas, soothes sore throats, and acts as a mild laxative. In Ayurvedic medicine, it is given to improve the appetite and to strengthen the stomach. It is also use to relieve constipation.

*Thanaka*<sup>7</sup> (သနပ်ခဲ) has a long traditional medicine in Myanmar . It is very useful for Myanmar people especially women. *Thanaka* (သနပ်ခဲ) can be used for a variety of purposes. It’s leaves and fruits can be used as medical herbs. Leaves are compounded in the medicine to treat epilepsy. Leprosy can be treated by taking a bath with boiled water of *Thanaka* (သနပ်ခဲ) leaves.

<sup>1</sup> Journal Kyaw Ma Ma Lay, မြန်မာ့ဆေးပညာ (*Myanmar Medical Science*), Yangon, Journal Kyaw Ma Ma Lay Press, 1967, p-132

<sup>2</sup> Mi Mi Khaing, *Burmese Family*, Bangkok: Ava Publishing House, 1996, p-37 (Hereafter cited as Mi Mi Khaing, Family)  
-Western medicines were particularly scarce during World War II and the use of indigenous medicine increased during this time.

<sup>3</sup> Mi Mi Khaing, Family, p-38

<sup>4</sup> Committee of Designing Curriculum, History of Myanmar Indigenous Medical Science, p. 124

<sup>5</sup> Ashin Ngathein, ပုံပြဆေးအဘိဓာန် (*Pictorial Medical Dictionary*), Vol. IV, Yangon, Kyaw Win Swe Press, 1973, pp. 156-158

<sup>6</sup> Family Name: Fabaceae, Botanical name: Tamarindus indica

<sup>7</sup> Family Name: Rutaceae, Botanical name: Limonia Acidissima L and Hesperethusa crenulata Roem



Drinking the boiled water of *Thanaka* (သနပ်ခဲ) leaves, several with salt, is a good treatment to fever. *Thanaka* (သနပ်ခဲ) bark is mainly used as cosmetics. The bark, root, and wood of the *Thanaka* (သနပ်ခဲ) tree is ground on a small, wet circular stone called a *kyauk pyin* (ကျောက်ပြင်). The liquid paste is then applied to the person's face to provide protection from the sun. Moreover *Thanaka* (သနပ်ခဲ) can be used for skin cooling and lightening. Despite the ready-made products are produced, the Myanmar women still demand the traditional *Thanaka* bark.



**Figure 6.** *kyauk pyin* (ကျောက်ပြင်) and *Thanaka* (သနပ်ခဲ) bark

Four years after Myanmar's independence in 1948, the Myanmar Traditional Medical Committee was formed in 1952. The Committee drafted the Traditional Myanmar Medical Practitioners Board Act 74. It was passed in 1953.<sup>1</sup> When the Revolutionary Council Government was formed in 1962, aiming to develop traditional medicine systematically, the 1953 Act was amended and the organization for traditional medicine practitioners was formed on 11 March 1962.<sup>2</sup> It set up examination to test the qualification of Physicians in December 1962. Formally registered traditional medicine practitioners were cancelled on 19 March 1962. The government had taken measures to bring out registered traditional physicians so that they could give safe medical treatment to the patients. Eleven traditional medicine textbooks were prescribed for examinations. Only the candidates who had completed minimum age of twenty-five years with three-year medical service were admitted to sit examinations. The candidates who had completed the age of fifty years were given exemption from taking the examination.<sup>3</sup> Successful candidates were allowed to register. The registration of physicians was undertaken between 1955 and 1962 and resulted in 22583 physicians being legally registered.<sup>4</sup> But giving licenses to the physicians was not systematically carried out. There were thousands of local healers unregistered at a village level. It was widely recognized that there were a number of unlicensed illegal and so-called traditional physicians.

Free dispensaries for traditional medicine were opened in Yangon and Mandalay in 1963. The Advisory Committee of Manufacturing of Myanmar traditional medicine was formed in 1964. It gave advice to the Burma Pharmaceutical Industry (BPI) to manufacture and distribute potent and updated traditional medicine. Accordingly, fifty-seven kinds of traditional medicine were first manufactured and distributed. To prevent the traditional valid treatments from being

<sup>1</sup> It was amended in 1955, 1962, and 1987.

<sup>2</sup> မြန်မာ့တိုင်းရင်းဆေးပညာသမိုင်း (History of Myanmar Indigenous Medical Science), Indigenous Medical Science, Curriculum Designing Committee, Ministry of Health, Union of Myanmar, Yangon, 1978, p. 120 (Hereafter cited as HMIMS)

<sup>3</sup> Ma Sein Mi, *History of Myanmar Indigenous Medicine*, PhD (Dissertation) , History Department, University of Yangon, 2013,p-112

<sup>4</sup> U Win Ko, *A Drop of Rain in Asia: A Brief Introduction to Traditional Burmese Medicine*, (ISBN-978-1-291 50026-4) Lu Lu .com, 2013, p-7

forgotten and to achieve the unity between Myanmar traditional medicine practitioners, the first seminar on traditional medicine was held in the Convocation Hall in Yangon University on 5-6 April 1965 and the second from 5-7 July 1972 at the Kyaikkasan ground, Yangon.<sup>1</sup>

Based on the seminars result, the Burma Socialist Programme Party (B.S.P.P) government encouraged promotion of the standardization medical science and unification of traditional physicians. In addition, Myanmar traditional physicians were sent on expeditions to India, Sri Lanka, China and Japan to study their traditional medical sciences.<sup>2</sup> The Health and Civil Service Personnel Committee adopted policies and objectives on health, one of which was "The standard of traditional medical science must be higher as it thrived." With the aim to improve the qualification of traditional medicine practitioners, the Institute of Traditional Medicine was opened in Mandalay on 31 January 1976. To support the institute and hospital, a traditional medicine production department, a library, a museum and an herbal garden were also opened.<sup>3</sup> The number of the traditional medical clinics came to 89 and that of the hospitals to 2 in 1979. A preliminary research hospital of traditional medicine with 16 beds was opened in *Bogyoke Aung San* Road in 1980 and transferred to the present place in *Ngar Htat Kyee* Road in August 1982.

### Human Resource Development of Traditional Medicine

Before 1976, they are non- institutionally qualified practitioners, who have only a general practical knowledge which is handed down from generation to generation. They are not oriented by academically qualified Ayurvedic practitioners. They gained this knowledge either by their family traditions or by working as assistants to the traditional physicians for a period of 10 to 15 years or more. They gained a practicing experience without academic base and only with a little knowledge regarding the human anatomy, physiology and modern laboratory investigation techniques.

After the Institute of Traditional Medicine was established in 1976, systematic training programme were introduced to train and produce competent traditional medicine practitioners.<sup>4</sup> A three-year course including one year internship was conducted and Diploma in Traditional Medicine was conferred to successful candidates. The Institute of Traditional Medicine was renamed to the University of Traditional Medicine in 2001. The people who had already passed the matriculation examination at least were admitted to this institute. The curricula were systematically designed and drawn by a board comprising scholars from the Ministry of Health and the Ministry of Education and then they were implemented. 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.<sup>5</sup>

At the end of their apprenticeship, they are to be conferred 'Bachelor of Myanmar Traditional Medicine' (B.M.T.M). It is found that those who graduated from the University of Traditional Medicine Mandalay served the traditional hospitals opened by the university. University of Traditional Medicine Mandalay, the traditional medical hospital and private clinics were collectively formed into the Department of Traditional Medicine under the Ministry of Health on 3 August 1989. This Department houses more than 4000 ancient palm-leaf and parchment writings and books on traditional medicine. In addition to academic and treatment

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<sup>1</sup> HMIMS, p-141

<sup>2</sup> Ibid, p. 142

<sup>3</sup> Health Policy Mapping Myanmar 2014, p-53

<sup>4</sup> Legal Status of Traditional Medicine, p-139.

<sup>5</sup> Health in Myanmar 2014, Ministry of Health, P-131

tasks, the University of Traditional Medicine Mandalay endeavoured to manufacture medicine systematically. Over 500 species of herbal plants were grown in the garden of the University of Traditional Medicine.



**Figure 7.** University of Traditional Medicine, Mandalay

Basic concepts of Myanmar Traditional medicine have been introduced to the curriculum of third 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. 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. Since 2001, it is going to produce 250 candidates yearly. This manpower production has fulfilled the requirement of traditional medicine practitioner in terms of quality as well as quantity. In 2012, the University opened Master of Myanmar Traditional Medicine course and Bachelor of Myanmar Traditional Medicine bridge course. The University also conducts a one-year course in primary health care for traditional medicine practitioners who have no certificate or license to treat patients. Those who are successful in the course receive a licence to practise traditional medicine. The physicians who had obtained the passing certificates of 3 or 4 traditional medical subjects could apply for the registration of traditional physicians. Only after they had been granted registration, they were permitted legally to give medical treatment according to the law of the Traditional Medical Council.

Private traditional medical schools could be opened since 1960s. *Saya U Soe Maung* (Myanmar Soe) imparted their medical knowledge to their students. His teaching of medical science was just for the physicians who wanted to learn it from him personally. So, *Saya U Soe Maung* compiled a medical treatise named ‘*Sariravana Sore Treatment Kyan.*’ (သရီရဝဏ အနာပေါက်ကျမ်း) in order that the physicians who were too busy to learn from him personally could treat the patients and the people outside the physician families could cure themselves of sores without difficulty.<sup>1</sup>

At the instruction of Chairman of *Taungthar* Medical Association, *Saya Kyi* compiled the curriculum of *Abhidhamma Taungthar* Medical University. While serving as General-Secretary,

<sup>1</sup> *Saya U Soe Maung* (Myanmar Soe), (သတ်ဗိန္ဒော အနာပေါက်ကုသ်ကျမ်း) (*Dhat Beikdaw Treatise on Treatment of Sores*), Yangon, Min Min Zaw Press, 1996, pp. Ka, Kha, Ga (Hereafter cited as Soe Maung, *Dhat Beikdaw Treatise on Treatment of Sores*)



he compiled *Padethar Alin Pya Kyan* (ပဒေသာအလင်းပြကျမ်း) in 1977. He was promoted to vice-chairman in May, 1978. On the death of chairman U Tun Tin, he continued to take the office of chairman and has been serving in this capacity up to today. As chairman, he could confirm the curriculum for *Taungthar Medical University* in 1982.



**Figure 8.** *Saya Kyi*

Moreover, he succeeded in compiling the curriculum of *Taungthar Medical University* for the basic level in 1988. He could also prescribe the Treatise on Comprehensive Medical Treatment as part of the curriculum in 1990. Again, he finished writing the Treatise on Answers to *Chauk-Lone-Kauk* (ခြောက်လုံးကောက်အဖြေကျမ်း) and the *Kalarni Medical Treatise* (ကလျာဏီကျမ်း) in 1993 and prescribed them as parts of the curriculum. Thus he could successfully prescribe the Six-subject Treatise as the curriculum of *Taungthar Medical University* in 1995.<sup>1</sup> *Saya U Tun Kyi* cured the patients of malaria with *Kukko* (Albizzin Lebbek ) leaves and many were totally cured of. Therefore, he became known as physician of *Kukko* leaves. He established the *Abhidhamma Taungthar Medical University* in Ein-daing Ywa-ma Hlegu Township. He also built a hospital, a medical training school, a dispensary, and wards for outside patients and kept them under the care of in -charge physicians.

The Department of Traditional Medicine was established on 3 August 1989. Mandalay Institute of Traditional Medicine, the traditional medical hospital and private clinics which were previously kept as a branch of Traditional medicine under the Department of Health, the Ministry of Health were collectively formed into the Department of Traditional Medicine.<sup>2</sup> Research unit under the Department of Traditional Medicine is also conducting studies to assess safety, efficacy and quality of Traditional Medicine. In collaboration with Medical Research Departments, research activities to explore new traditional medicine to treat six common diseases namely diarrhoea, dysentery, malaria, tuberculosis, hypertension and diabetes mellitus are also being conducted.<sup>3</sup> Three drugs including production technology was transferred to Myanmar

<sup>1</sup> Saya Kyi, Myanmar Drug Laws in the Colonial Period, pp. 21-22

<sup>2</sup> Lectures on Indigenous Medical Course, p. 8

<sup>3</sup> HealthinMyanmar2008, Ministry of Health, p-86

Pharmaceutical Factory for mass production.<sup>1</sup> Traditional Medicine Research as carried out in Myanmar does not study the principles and practice of Traditional Medicine (which is mostly based on Ayurvedic Medicine from India and perhaps also on the Unani system of Medicine). It mostly studies traditional herbal remedies and formulations used in Myanmar.<sup>2</sup> It houses more than 4000 ancient palm-leaf and books on traditional Myanmar medicine. Added to the 57 varieties of medicines produced by state-run traditional pharmaceutical firms are thousands of types of medicines manufactured by the private pharmaceutical industry. Judging from the numbers, it is clear that traditional medicine in Myanmar is alive and well.

### National Laws and Policies

The State enacted the Myanmar National Drug Law in 1992 to regulate production and to ensure safe consumption of traditional medicine by the public. According to this act drugs can only be produced by government owned factories to ensure quality and reduce health risks. This was followed by a series of notifications concerning registration and licensing, labeling and advertising to promote traditional medicine and drugs. The formation of the Board of Authority and its duties and functions also are laid down in the law. There are 10518 traditional drugs registered, and 1985 manufacturing licenses for production have been issued to traditional medicine manufacturers across Myanmar.<sup>3</sup>

In 1997, the World Health Organization (WHO) drafted the Declaration on Health Development in the South-East Asia Region in the 21st Century (the Declaration), in which member states laid out their proposals for health reform.<sup>4</sup> As part of this initiative, the Myanmar Ministry of Industry and the Myanmar Food and Drug Administration (MFDA) actively promote policies that are advantageous to private pharmaceutical companies in the manufacture of high quality traditional medicine. One company that has benefited from such policies is FAME Pharmaceutical Company. In line with the government's desire to promote traditional medicine, in 2002 Fame started production of traditional medicine as a substitute for expensive imported medicine. The company's high-quality, low-cost products earned it a good reputation and the Fame brand became very popular. The company is now the leading manufacturer of traditional medicine in Myanmar and also enjoys a profitable export business.

With Myanmar's minimum daily wage set at US\$ 2.50, and many people living on less, traditional medicine makes its strongest impact at the household level. Myanmar traditional medicines are kept at every Myanmar house. It is widely used for Myanmar people. Among the Myanmar traditional medicines, တွန်းရွှေဝါ (Tun Shwe War), Great Wall are well known for pain relief. There are ကွမ်းရွှေတံ (Kun Ywet Pon ) ရှိပျို (Yoke Pyo ) and for cough. The ပိုးခွဲလေး (Po Kwar Lay) is a good remedy for toothache.

In December 1999, a basic course on traditional medicine production was conducted and the trainees were taught in theory and practice for the private traditional medicine manufacturers to be able to manufacture with the use of modern technology in Yangon and Mandalay and sell

<sup>1</sup> Aung Than Batu, *Further Development of Medical Research in Myanmar (1987-2011)*, Ministry of Health, Department of Medical Research (Lower Myanmar), Ministry of Health, Department of Medical Research (Lower Myanmar), p-33 ( Here after cited as Aung Than Btu, Medical Research)

<sup>2</sup> Aung Than Btu, Medical Research, p-331

<sup>3</sup> Traditional Medicine in Union of Myanmar ([http://www.searo.who.int/entity/medicines/topics/traditional\\_medicine\\_in\\_Union\\_of\\_Myanmar\\_pdf](http://www.searo.who.int/entity/medicines/topics/traditional_medicine_in_Union_of_Myanmar_pdf))

<sup>4</sup> Declaration on Health Development in the South-East Asia Region in the 21<sup>st</sup> Century: Review of Progress 21<sup>st</sup> Meeting of Ministers of Health New Delhi, India, 8-9 September 2003, WORLD HEALTH ORGANIZATION, REGIONAL OFFICE FOR SOUTH-EAST ASIA, SEA/HMM/Meet.21/3 28 July 2003

private traditional medicine. There have been over 8000 traditional medical practitioners registered by the Traditional Medical Council all over the country up to 2000. But when the Medical Council checked the registered practitioners systematically, only about 4000 physicians were found already registered. In line with the traditional medical laws proclaimed on 25 July 1996, permission was granted to over 4500 varieties of traditional medicine to apply for registration. A total of 3962 medicinal items have been registered and 632 manufacturers have been issued production licences.<sup>1</sup> The Central Traditional Medical Supervisory Committee scrutinized them and issued temporary registrations and licenses to manufacture medicine.<sup>2</sup>

The Ministry of Health updated and revised the Traditional Myanmar Practitioners Board Amendment Act and renamed it the Traditional Medical Council Law of 2000. This Law is the leading law responsible for all matters relating to the traditional medicine and traditional practitioners in Myanmar. It regulates the training, issuance of diplomas in traditional medicine, or Bachelor of Myanmar Traditional Medicine, and registration of qualified traditional practitioners. The law also sets out the duties and powers of the traditional Medical Council in ensuring the abidance of rules and regulations by all traditional practitioners in Myanmar. The Council also is responsible to oversee and conduct research with the hope of modernizing traditional medicine to be in conformity with scientific methods. The council also is responsible for ensuring that nobody practices without a license and to withdraw or cancel the licenses of any medical practitioners who have breached the law. A new feature of the law is the insertion of a new clause that states that the Medical Council would be an independent organization. However, the fact that two-thirds of its 65 positions in the Medical Council would be filled by government officials challenges its claim of being independent. There are more than 6000 traditional medicine practitioners registered under the law. It is now in the process of receiving State approval.

The Myanmar Traditional Physicians Association was formed in 2002 with the objectives of promoting the potency and effectiveness of Myanmar traditional medicine. During the regime of State Peace and Development Council (SPDC), more varieties of traditional medicine are manufactured by both the private and the public sectors. The Department of Traditional Medicine takes the responsibility of producing medicine by the public sector with two department-owned factories. Yearly production of each factory is 10,000 kg and the medicines are produced according to the national formula. The varieties produced by these factories in the form of powder have totalled twenty-one. They are distributed to the patients of public traditional medical facilities free of charge. In addition to the medicine in powder, the factories also produce twelve kinds of drugs in the form of tablet for the commercial purpose.<sup>3</sup>

In 2013, the WHO Traditional Medicine Strategy 2014–2023 was developed and launched in response to the World Health Assembly resolution on traditional medicine. The strategy aims to support Member States in developing proactive policies and implementing action plans that will strengthen the role traditional medicine plays in keeping populations healthy.<sup>4</sup> The strategic objectives are to build the knowledge base for active management of traditional medicines through appropriate national policies, to strengthen the quality assurance, safety, proper use and effectiveness of traditional medicines by regulating products, practices and practitioners and to promote universal health coverage by integrating traditional medicines services into health care service delivery and self-health care.

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<sup>1</sup> Legal Status of Traditional Medicine and Complementary/Alternative Medicine: A Worldwide Review, p-136

<sup>2</sup> Kyaw Thein Htay, Development of Myanmar Traditional Medicine, p. 23

<sup>3</sup> Manual of Basic Indigenous Medical Science, pp. 10-11

<sup>4</sup> WHO traditional medicine strategy: 2014-2023. December 2013, ISBN: 978 92 4 150609 0

The private traditional medical sector is developing and conducting the mass- production of potent medicine according to the set standard. With the assistance and encouragement of the government, the manufacturing of the standardized traditional medicine could have enhanced the public confidence and reliability in traditional drugs. So, the manufacturing of the traditional medical private sector had achieved success. Although there were no laws, act and regulation regarding traditional medicine in the past, the government issued the Traditional Drug Law in 1996. Accordingly, production of traditional medicine can be controlled systematically. The Department of Traditional Medicine permits the traditional medicine manufacturers to register and issue licenses to be able to produce them legally. As the manufacturers flourish after they have registered legally, the number of the manufacturers increased to 2793 in 2018.<sup>1</sup> A total of 13,000 registered products are produced and distributed freely in the market by them but the advertisements of these products are controlled by the Department of Traditional Medicine. Now in Myanmar, there are 26 Traditional Medical hospitals<sup>2</sup>, 237 dispensaries, over 900 drug production firms. In addition, total registered traditional practitioners are 7262 in which 1556 have degree from the private Institutions<sup>3</sup>.

In addition to the Bamar traditional medicines, there are traditional medicines of other ethnic groups in Myanmar. The Republic of the Union of Myanmar has over 100 officially recognized ethnic groups. Multi-ethnicities and cultures lead to various kinds of belief in traditional medicine and treatment seeking behaviors. Among them, Kachin and Shan traditional medicines and their treatment are more popular than other ethnic groups. That is why, in 2015, the Shan State Parliament passed the law for traditional medicine practitioners and traditional medicine producers in Shan States.<sup>4</sup> One of the objectives of this law is to supervise traditional medicine practitioners for abidance of rule of conduct and disciplines. According to the law, all the traditional medicine drugs produced in the state have to be registered and the manufacturers must have license to produce their products. It includes articles on committee formation and its duties, registration as the traditional medicine practitioner and registration of traditional drugs, practitioners' rule of conduct, prohibitions, offences and penalties.

### **Future Prospects of Traditional Myanmar Medicines**

Today, both urban and rural people across the Union of Myanmar place trust and reliance on Myanmar traditional medicine. The usage of traditional medicine is expanded with advertisements in the media. More than 90 percent of Myanmar people still believe in and use traditional medicine as their first treatment for their illnesses, particularly if they perceive the illness to be a minor one.

The Traditional Medicine Drugs Exhibition, a conference of traditional medicinal practitioners, has been held annually by government in Nay Pyi Daw, aimed to improve the quality of Myanmar traditional medicine. This was done by providing the public with herbal medicinal knowledge from the traditional practitioners. Myanmar government has formed the National Health Committee for Health Development, stating in its National Health Policy that it aims to reinforce the service and research activities of traditional medicine to international level and to involve such practices in community healthcare activities. Knowledge sharing is also crucial not only between the local practitioners but also between local policy makers, so that efforts can be initiated to conserve and sustain valuable medicinal species.

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<sup>1</sup> Department of Traditional Medicine Report (5-9-2018)

<sup>2</sup> Three 100 bed traditional medicine hospitals, nine 50 bed traditional medicine hospital, six 25 bed traditional medicine hospitals, eight 16 bed traditional medicine hospitals.

<sup>3</sup> Department of Traditional Medicine Report (5-9-2018)

<sup>4</sup> Law for Traditional Medicine Practitioners and Traditional Medicine Producers, Shan State (2015/No.3)

Though it has come to be influenced by western research and techniques, Myanmar traditional medicine is still popular. Myanmar traditional medicines continues to have a very important role in public health-care system in the country. But it can be found that Myanmar traditional medicines cannot be prevented the Covid 19. The State has issued a new plan for the development of traditional medicine in healthcare, which includes not only disease treatment but also nourishment, disease prevention, rehabilitation, health and cultural enterprises, and health tourism. This is a unique opportunity for Traditional medicine development in Myanmar.

The State is implementing national health plans it has laid down systematically to provide health care to the entire people. In addition, the State works out in community health care program such as prevention and control of diseases, giving educative talks and conducting training courses, research and development, and distribution of potent traditional medicines with such Asian Nations as China, India, Korea and Japan, Southeast Asian countries that are members of World Health Organization, ASEAN member countries, and BIMST EC member countries. The more Myanmar cooperates with other countries, the more Myanmar traditional medicine will improve and better healthcare with traditional medicine can be provided to the people. So, traditional medicine must be used systematically and scientifically. Traditional medical practitioners must learn from Western doctors. They must combine tradition and modern techniques.

### **Conclusion**

Myanmar traditional medicine is a heritage with high historical value. So, it is needed to maintain methods of compounding effective traditional medicines and to conserve the sources of herbs and medicinal components. And those responsible are to conserve the traditional Myanmar medicine and nature the youth for greater development of human resources for ensuring flourishing of traditional Myanmar medicines.

Some countries such as Germany, Japan and the Republic of Korea have recognized the effectiveness of traditional Myanmar medicines. Therefore, traditional Myanmar medicines will establish a foothold in the international drug market if traditional Myanmar medicines, a legacy left by our forefathers, are produced with modern methods of the international standards. Thus, upgrading the sector of traditional medicines can be of great benefit to the country and the people. So it is necessary to maintain the usual potency and characteristics of Myanmar traditional medicines. It is also required to promote Myanmar traditional medicine to reach international standard. With the government's encouragement for development of Myanmar traditional medicine, the practitioners have to work hard for further development of Myanmar traditional medicine.

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