

A19: An Oral Tradition of Homeostasis: A Qualitative Study of Local Wisdoms Used by Postpartum Thai Women in Lampang

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Background: Postpartum care is essential for the health of the mothers and their children. However, there is a limit number of the study how Thai people use traditional wisdom into postpartum care.

Objectives: To describe the use of traditional wisdom in post-partum care.

Methodology: Total of 15 participants of this study included 11 postpartum women who gave birth between 3-12 months, and 4 of mothers and grandmothers of the postpartum women. All participants were interviewed using unstructured in-depth interview technique. Then, data were analyzed using constant comparative analysis.

Results: There were 5 themes emerged from the data including: 1. Oral details from generation to generation including the usage with the explanation, usage without explanation, and some parts of the procedure had been loosened. 2. The homeostasis is based on the balance between heat and cold principal, wanted and unwanted smells, dried and wet foods, avoid harmful food, and the correction methods. 3. The integration between traditional wisdom and modern knowledge based on patience and understanding about their parents' suggestion, selecting useful and no harm practices for postpartum women and their children, doing as the suggestion of doctors and nurses, and using commercial products. 4. Preparedness for nurturing the baby in order to have adequate human milk and prevent children from illness. 5. Roles of the family in managing the traditional wisdom services for postpartum women and remind them to practice as the parents told.

Conclusion and Recommendation: Finding suggested the community to have the traditional wisdom bank, and a commercial product package for next generation of postpartum women.

Keywords: *post-partum women, traditional wisdom, balance, homeostasis, balance*

BACKGROUND

Local wisdom refers to knowledge, ability, and skills of the people, which have accumulated through the process of observing, learning, selecting, modifying, developing and practicing traditional methods based on belief, culture, and context. Local wisdoms represents the knowledge and culture of the ancestors, which was harmoniously passed down from one generation to the next. Local wisdom also relates to agriculture, handcraft, Thai traditional medicine (cure and care, herbal therapy, Thai massage, midwifery, postpartum care, and herbal sauna), local resources and environmental management, art, languages & literatures, philosophy, religion, tradition, foods, etc. (Ponphunga, M., 2014).

In the past, there was a saying, that for a woman who gave birth, it seemed like “going into a battle”, the woman may have a difficult birth, and some of them may even die. Thus, past generations emphasized the importance of maternal health, especially, afterbirth. Normally after childbirth, women need to prepare themselves mentally for becoming mothers, but physiologically they have to adapt to pain, breast feeding, and lochia. In past generations, there were ways of caring for pregnant women, in labor, and afterbirth, in order to protect both the mother and the baby. The woman’s family took on the key roles as caregivers by participating, transforming and transferring the knowledge, skills, and traditional methods to their offspring from previous generations until now (Thaisubbaya, P., 2007).

Postpartum care practices for women vary across the country depending upon the way of life and the context of the situation. In past generations all the women who gave birth had to sit in a dry heat sauna called “Yoo Fai”, which served the purpose of expelling dirt from the body and drying the womb. However, there were incidences of postpartum hemorrhaging, infection of perineal wounds and deaths. The people were frightened, and this diminished the popularity of the practice of traditional medicine. During the era of King Rama V, Western medicine began to spread throughout Asia, which left these practices to only be used by lay persons living in rural areas (Ministry of Public Health, 2009).

Currently, Western medicine is the main stream health care service in Thailand and the rest of the world. Western medicine is based on the principle of scientific methods, which utilizes evidence from both laboratory experiments and human trials. Medical treatment is focused on using modern medicine, advanced technology and equipment. Modern treatments are convenient for maternal and child health care services. This phenomenon leads to the neglect of local wisdom (Toppae, P., 2012) and traditional self-care behaviors of Thai people in rural areas, which tends to be diminished. It would seem as though local wisdom is not significant for maternal and child health. However, modern medicine cannot serve all the needs of patients, especially those who desire holistic care, which meets the physiological, mental, emotional, and social needs of those patients. At the same time, patients have to pay higher expenses when they go for modern treatments, which can be less of a strain on the relationship between patients and their family (Apikomolkorn, Y., 2008).

The literature review related to the caring of postpartum women found that most of the caring patterns were based on holistic care, which centers on the use of local herbs and the balance of life elements (fire element, water element, wind element and earth element) (Yupa Apikomolkorn, 2009). For first time mothers, traditional practices included postpartum diet, heat

therapy, warm water bath, and drinking warm water. These practices would help promote their health and prevent health problems in both themselves and their children (Elter, P.T., 2012). Furthermore, there were diverse traditions, beliefs, and practices in postpartum women from different geographic areas and families. In the extended family, parents and older persons took their roles as advisors for Yoo Fai, postpartum diet, and so on. At the same time, women in nuclear families did not have strict practices as in the extended families (Nanthamongkolchai, S., 2011).

However, there were limitations in the number of studies related to how the past generations transferred their local wisdom to next generation, especially how to use the local wisdom as a contemporary of Western medicine for postpartum care of women. Therefore, while Western medicine remains the main system of health care, there is a need to study how past generations pass down their local wisdom for taking care of women after they give birth. The outcomes of the study may provide basic information to health care providers, and may be beneficial to the community, and assure the continuation of local wisdom for future generations to come.

METHODS AND PROCEDURES

Participants

In this study, there were a total of 15 participants, which included 11 women who were 3 to 12 months postpartum, two mothers and two grandmothers, all of which had used traditional therapies for taking care of themselves, their daughters or their granddaughters. All participants volunteered to participate in the study. They could speak Thai and lived in Lampang Province.

Data Collection

After the informed consent process, the authors started to collect data from the participants using an unstructured in-depth interview technique. One of the authors interviewed the participants one by one, and two of the authors were responsible for note taking and tape recording the interviews. After the interview, the authors discussed with the participants the accuracy of the data, then finished the interview. It took 30-40 minutes for interviewing each participant.

The authors were the instrument of this study and were trained how to interview participants by an expert. An unstructured in-depth interview technique was used to obtain the data from participants.

Data Analysis

Data were analyzed using constant comparative analysis technique. The authors looked for key words from the data and arranged into categories depending upon the similarity. Then, compared each category for similarities and differences, and then each category was cross-referenced, in order to find the relationship between each category, which allowed the discovery of emerging themes.

RESEARCH ETHICS APPROVAL

The research proposal was submitted to the Ethics Committee for Human Research at Boromarajonani College of Nursing, Nakhon Lampang. After the ethics committee approved the proposal, the authors contacted the participants to get informed consent.

FINDING AND DISCUSSION

After the data were analyzed, the authors divided the results into two parts: the participant's information and five themes from the qualitative results.

Participants' Information

Participants included 11 postpartum women, two mothers, and two grandmothers of the postpartum women. Therefore, there were 15 participants (three generations) in this study. For participant's rights protection, the authors assigned artificial names to all of the participants. The 1st and 2nd generation of participants (Grandmothers and mothers).

The first generation, there were two grandmothers who participated in this study, aged 63 years and 70 years and had eight children. The grandmothers had traditional midwife take care of them when they had their at home child births.

In the second generation, there were two mothers in this study, their ages were 55 and 43 years, and had one child each. All mothers in the second generation had traditional midwife deliver their babies.

And the 3rd generation (the postpartum women) there were 11 postpartum women who participated in this study. Their ages were between 21 and 43 years. All of the postpartum women had children in the hospital and had no complications after birth. Seven of the 11 postpartum women were first-time mothers.

Qualitative results

The authors had analyzed qualitative data using constant comparative analysis technique. There were five themes that emerged: An oral tradition from generation to generation, Homeostasis, Integration of local wisdom and modern medicine, Preparedness in taking care of the newborn, and the role of the family in providing care for the postpartum women.

1. An oral tradition from generation to generation

Postpartum women received knowledge from their mothers about traditional therapies they could use by themselves after childbirth. Their mothers received these traditional therapies from their mothers (grandmothers of the postpartum women) who had experience using traditional therapies for taking care of themselves after childbirth. The traditional therapies had been transferred orally from generation to generation. Some women used traditional therapies for taking care of themselves and some of the women had their families provide the traditional therapy for them. All the women, even though they did not really believe, intended to have the traditional therapies, because it was suggested to them by an older generation. For the local wisdoms, the *how* and

why some traditional therapies worked could be explained, but some of them could not and some practices had disappeared altogether.

1.1 Traditional practices with rationale

Post-partum women used traditional therapies as per the local wisdom, according to the older persons or experienced persons who used the practices with good outcomes, had no negative outcomes for women and their newborns, and gave the rationale to confirm that the practices were trusted and that the postpartum women should follow them. For examples:

"They said that applying turmeric to the skin of the newborn could prevent skin rash and itching" Lantom

"Using the clothes as belly bandage could have a flat belly" Feungfha

"My mother said that whatever you eat you have to be aware, because it may cause diarrhea in your child" Daorueng

"I could not have a juice, or greasy food, because the former generation said that the womb would not dry" Jumpa

"The older person said that an herbal bath could reduce pain and prevent acne and freckles" Pin

1.2 Traditional practices without rationale

Postpartum women intended to have traditional therapies event though there was no reason to support it. For examples: drinking herbal juice or feeding the newborn with blended rice after birth.

"They told me to drink the boiled water of Fang, I drank it even though I did not know the benefit. But I did that for my grandmother's comfort" "...Daeng

"My grandmother told me to feed blended rice to the baby, but I did not know the reasons" ... Lantom

2. Homeostasis

During the postpartum period, there were physiological changes in the women. To reset the homeostasis, the postpartum women used traditional therapies to keep the balance between physiological hot and cold and the balance of desirable and undesirable odors. The methods used to correct the physiological imbalances were to avoid injurious food and eat dried or wet foods.

2.1 Physiological Changes during the postpartum period

During the postpartum period, the women had traditional therapies such as Yoo Deaun or Yoo Fai that lasted 20-30 days depending upon the sex of the newborn. The practices were for physiological adaptation as before pregnancy.

"The older persons said, that for the one who had the baby boy, they should do this practice for 30 days, and 21 days for the baby girl. The practice is for physiological convalescence and rest". Chaba

"I had the traditional therapy for 30 days" Lantom

"The last three days I did Kao Sao" Chuanchom

2.2 Balancing between hot and cold

Postpartum women keep their bodies balanced between hot and cold by using Yoo Deaun or Yoo Fai, an herbal bath which included Sompoy (*Acacia concinna*), turmeric, and phlai (*Zassumunar ginger*), drinking warm water, and having an herbal sauna. They believed that these traditional practices helped with detoxification, made them feel comfortable, promoted healthy skin, promoted physiological function, and prevented physiological declination.

"My mother added turmeric into herbal water for bathing, she believed that turmeric would help promote healthy skin, I took the herbal bath twice a day, in the morning and in the evening, when I went to bed I used hot compress on my belly, stayed in my room, put on long sleeves, a hat, and socks" Pin

"I had herbal saunas at a public health center in the village, I felt comfortable, it seemed like the herb went into my body, then I began to sweat and waste came out of my body, and the bad odor disappeared.." Bautong

"My grandmother told me not to drink cold water it would make me Pid Deaun (not correct for Yoo Deaun practices)" Rose

2.3 Balance of wanted and unwanted odors

2.3.1 Wanted odor

Wanted odors came from herbs that the postpartum women could smell, such as Phlai

".. We put Plai herb into the herbal boiled water, Plai gave a fragrant smell,.. " Lantom

2.3.2 Unwanted odor

Unwanted odor is the smell that the postpartum women should not receive and had to avoid such as, a concentration of fragrant odors, bad odors, and food odors. The postpartum women should stay in the room, close the windows, don't leave the room, don't have contact with the odors, otherwise the odors would stimulate the women and give them Pid Deaun (incorrect for the traditional practices) such as headache, dizziness, vertigo, and anger.

"Staying in our house ...not being able to go out of our room until late in the morning, the older persons did not allow me to go out of the room, they worried that I may receive bad odors, in the past there were no medical treatments if we had discomforts .." Grandmother Dum

"Protect us from bad odors, not allow us to go out of our room, we could open the windows but we had to close the windows when someone cooked the food. If we received the bad odors, we would get a headache or vertigo in the next two or more years. Incorrect odors were worse than incorrect eating or foods." Jumpa

2.4 Injurious foods

In traditional medicine postpartum women should avoid injurious foods, which include: Fermented foods, fermented bamboo shoots, cat fish, winter melon, squash, cha-om (acacia pennata), beer and alcohol. The older generation believed that the injurious foods would make the postpartum women and their babies feel discomfort, with abnormal signs such as; muscle pain, physiological pain, and if transmitted through breast milk, the newborn would have flatulence.

"The older persons told me not to have the injurious foods such as; fermented food, fermented shoots, fermented fruits or sour foods. Whatever we would eat would be transmitted through the breast milk, and the babies would have flatulence. Also, they did not allow us to drink alcohol or beer, because the women would get physiological discomforts in the future" Chaba

2.5 Dried and wet foods

Dried food refers to foods that have been put through the process of dehydration. Wet food refers to the foods that have water as a component. Postpartum women had to have dried foods in the early period after childbirth but were not allowed to have wet foods. If the postpartum women did not eat the correct foods as the older generation advised, they would have physiological discomforts such as vertigo or delay of wound healing.

"I had only sticky rice, roasted pork, roasted pork skin, and black pepper paste.." Jeungtha

"I had roasted rice for 15 days, then I had rice and black pepper paste with garlic, boiled banana blossom without roasted pork for another 15 days "...Grandmother Daeng

2.6 Correcting the imbalance

When imbalances occurred, a typical rehabilitation would include physiological corrections and compensation in order to restore balance. For example, when the postpartum women had colic, they had their mothers prepare a particular herbal remedy. In order to correct the Pid Deaun therapy, the older generation gave the postpartum women a boiled herbal drink which included: Phang, rice, Phlai, and cotton seed.

"After I had crab chili paste, it seemed like I had colic, my mom made herbal remedy for me and told me that it was detoxing"... Bautong.

2.7 Physiological rehabilitation

Physiological rehabilitation is a method to correct imbalances, as well as, to promote physiological functions such as, using clothes as belly bandages to promote a flat belly, avoid

lifting heavy objects, in order to prevent a prolapsed uterus, and using an herbal sauna to help drain lochia.

"... using the cloth as a belly bandage, this could help with flat belly..." Feungfha

"They did not allow me to lift heavy objects, after the belly operation I used a waist stay" ... Lantom

3. Integration of local wisdom with modern medical practices

Using the local wisdom to take care of postpartum women needs to be integrated with modern medical practices. Postpartum women had to be patient to understand their older generation's advice, and then, select the most beneficial practice that would cause no harm. At the same time, the postpartum women had to follow the advices of the physician and nurses. Furthermore, there were many innovative products which were created from local wisdom for promoting the health of women and their newborns.

3.1 Understanding and patience of the older generation's advices

During the postpartum period, the women had to understand and be patient as they followed the suggestions of their parents and older generations by using traditional therapies such as: do not work hard, do not lift heavy objects, and eating injurious foods.

"The older persons did not allow me to lift heavy objects, they believed that I may cause a prolapsed uterus in the future" Feungfha

"They did not allow me to work hard, they wanted me to rest, if I did not believe them, I would have discomforts, and would be unhealthy in the following years" Grandmother White.

"They advised me not to expose myself to the rain, I had to put on the hat and always keep my body warm, even though it was Summer" Grandmother White

3.2 Selecting a beneficial therapy that will not cause harm to the mothers and their newborns

During the postpartum period, women selected therapies, because they knew the benefits, and knew that no harm would come to them or their newborns. They understood that eating healthy food, using herbs after childbirth, and selecting innovative products from the Internet that were based on local wisdom would benefit them and their babies.

"I had a concern about the food, especially the cleanliness. What I eat would affect my baby's health, because it would be transmitted with the breast milk" Feungfha

"I like going to the Internet to look for nutritious

3.3 Recommended therapies by the physician and nurse

The postpartum women intended to do the traditional therapies as suggested by health care providers' in order to prevent complications after childbirth.

"I had traditional therapies as the older generation advised me, except avoiding certain foods, I followed the doctors' and nurses' advice such as, not drinking alcohol and beer, no smoking, not doing activities that made me too tired. Koson

"... After childbirth, I used to have ginger juice twice a day, the physician said that the ginger could help promote breast milk, and I found that that worked." Chaba

3.4 Commercial products based on local wisdom

The postpartum women selected commercial products, which were based on local wisdom, and adjusted so they would be more convenient for consumer use.

"I bought the herbal compression balls from my aunt and had a sauna at my home, because I could not go to the sauna place frequently" Feaungfha

"I used Fenugreek seeds to promote breast milk production, they were ground up and put into capsules" Cheunchom

3.5 Integrating the objectives of local wisdom for added value

The postpartum women had integrated the benefit of different kinds of wisdom and used them together.

"In my family, we ground Phlai with turmeric, then mixed with rice-soak water and used this water to bath our baby. By doing this, our baby did not have as bad of a rash or itching" Mali

"My mom told me that she did not have breast milk, so she boiled ginger with banana blossom and xantolis, and had it as a hot drink; then she had breast milk" Rose

4. Readiness for taking care of the baby

Being a healthy mother would be a benefit for the baby's growth, development, adaptation, and well-being. Therefore, it is essential for mothers to prepare themselves to take care of the baby.

4.1 Adequate Breast milk

Pregnant women and postpartum women had the same or different ways to promote breast milk for their babies such as, drinking herbal juice, soy milk, or warm water until they had enough breast milk for their babies.

"... Mostly, I had soy milk, and banana blossom curry or soup to help promote the production of breast milk" Pin

"I drink ginger juice, at least 1 glass for 2-3 days, I started drinking immediately after birth, then I had breast milk. However, I had ginger only 2-3 days, I did not really like it, I preferred hot water" Rose



4.2 The baby had no sickness

In taking care of the baby, postpartum women had to be aware of the babies safety and that the baby wasn't getting sick during the use of traditional therapies like, using rice-soaked water to bath the baby, in order to prevent skin rash; selecting certain foods for eating, focusing on dry foods and avoiding sour foods, which can induce diarrhea in the baby.

"I used rice-soaked water for bathing the baby in order to prevent skin rash, I avoided some kinds of foods, and was concerned about cleanliness, because it may affect the child's health" Lantom

"The curries that had tamarind or citrus in the recipes, I could not have especially, Tom yum; I was worried that the baby would have diarrhea". Doareung

5. The role of the family as a provider for the women

After childbirth, postpartum women had a lot of pain, and their abilities to work were lower than before. Therefore, the family members had significant roles in taking care of the postpartum women and their babies. They assisted the women in preparedness, and reminded the women to follow the advice of their elders.

5.1 Reminders to do therapy

The family members reminded the postpartum women to have traditional therapy as advised by the elders such as, herbal sauna or Yoo Deaun.

"My mom told me to do Yoo Deaun" Doareung

"They told me to do Yoo Deaun, then to have an herbal sauna" Koson

"I did Yoo Deaun because the elders told me to do it." Feaungfha

"In the past generation they had to take a bath with the boiled Plao water, I followed the traditional practice" Chon

5.2 Preparing

"When taking care of postpartum women and their babies, you need to have family members or close-friends to assist them in preparing raw herbs and herbal juice for drinking and bathing; this makes the preparations easy to use and more convenient.

"When I came back from the hospital, my mom prepared boiled-Fhang herb for me to drink" Grandmother Deang

"My mom also prepared boiled-water for a bath" Grandmother Deang"

"The elders prepared boiled-herbs for me" Khoson

"My mom went to buy dried herbs at the health care center for me, because we did not have time to prepare them" Chaba

DISCUSSION

The authors would like to discuss the following:

1. Narrative of traditional practices from generation to generations

Currently, the way of life has been changing. Many of the women have to work outside their homes, and this limits their time. After childbirth, the women face a lot of challenges such as, psychosocial and physiological changes. They have to take care of themselves and their newborns. They use traditional practices, which they received from older generations as an oral transmission of knowledge. Some of the *how* and *why* of local wisdom, in the form of traditional therapies, could be explained. However, some of them could not be explained. Some of the practices had been adjusted for convenience, in order to correspond with contemporary life styles. Therefore, some practices had been changed and the narration of those practices was passed down more recently. Some aspects of the practices have disappeared.

2. Homeostasis

Some postpartum women had blood loss during childbirth, this produced a physiological imbalance. The women had to practice Yoo Fai or Yoo Deaun for 20-30 days in order to adjust their physiological balance. Those practices included taking an herbal bath and dry heat sauna, drinking warm water, avoiding unwanted doors, selecting certain foods and using a belly bandage. Furthermore, they had to exercise, avoid heavy work, and rest to maintain the homeostasis. The practices of the women were considered as holistic forms of traditional medicine, emphasizes adjusting the balance of the body elements using the health promotion approach (Chokevivat, V. & Chuthaputh, A., 2005)

3. Integration of local wisdom with modern medical practices

From the study results, it shows that postpartum women took care of themselves and their newborns by integrating local wisdom (that was suggested by an elder, usually a family member) with the modern medical practices (which were suggested by physicians and nurses), and the women also searched the Internet for information on traditional therapies. For example, the women selected dried foods for wound healing, as the elders' advised. They had to have enough nutritional foods as the doctors and nurses suggested, in order to promote the production of breast milk and energy. The postpartum women had to practice patience in trying to understand the advice of the older generations. They then, selected the most beneficial and least harmful therapy. Furthermore, the postpartum women ordered innovative products based on local wisdom for themselves and their newborns from the Internet. Sometimes they bought products such as; ginger tea, herbal ball, and dried herb sauna packages from hospitals running health promotions. These practices may be promoted by doctors and nurses, as well as, community leaders for the conservation of local wisdom and for the benefit of women and their babies.



4. Preparedness for taking care of the babies

From the results of the study, there were two aspects related to preparedness in taking care of the babies: physiological preparedness for breast feeding, and physiological preparedness for the prevention of illness of the babies. Physiological preparedness for breast feeding constituted the fact that, postpartum women knew that breast milk had a lot of nutrients that could help promote physiological development, growth, and IQ. The babies would be healthy, as a result of the breast milk, which helps stimulate the baby's immune system, therefore, avoiding frequent illness. Therefore, postpartum women had to promote the production of their breast milk by using herbs such as; ginger, banana blossom, and xantolis. At the same time, breast feeding helped reduce expenses related to baby care, baby formula, and formula maker.

Postpartum women knew that they had to be aware of what they were eating, in order to be physiologically prepared for the prevention of illness of their babies. Some of the nutrients or toxic substances could transmit into the babies through the breast milk. Therefore, postpartum women had to observe themselves, being cautious about whatever they ate, and how the foods would affect their babies. Some foods may cause an upset stomach or diarrhea in babies. From the study, it was found that postpartum women had to have tried foods, and avoid having foods that had a sour taste or hot taste such as hot chili and sour soup, papaya salad, or sour curry. Furthermore, the women focused on hygiene, taking care of the babies, and bathing the babies with rice-soaked water to prevent skin rash and itching. Therefore, the women had prepared themselves to be ready to take care of their babies.

5. Roles of the family in providing care for postpartum women

After childbirth, the women were fatigued, and felt like they did not have enough energy to support themselves. They needed to rest, and they spent most of their time taking care of their babies and for physiological rehabilitation. Therefore, the family members had the major roles of supporting and living together with the postpartum women. The family members could assist with daily activities, prepare the herbs, take care of the babies, give advices and remind the women to follow the traditional practices from past generations.

CONCLUSION AND RECOMMENDATIONS

1. The knowledge of using local wisdom in taking care of postpartum women and their newborns may be integrated into the teaching and learning process of courses that are related to postpartum care.
2. Health care centers may provide services using local wisdom to take care of women and their babies, and may include the co-operation of health care volunteers and community leaders.
3. There may be audio or video recording or data collection based on the written use of local wisdom in taking care of the postpartum women and their babies.

REFERENCES

- Apikomkorn, Y., (2008). Traditional postpartum care in northern thailand: A case study from Bann Hua Suea, Tambon Hua Suea, Mae Tha District, Lampang Province. *Journal of Thai traditional & alternative Medicine*, 6(2), 148-157

- Chokevivat, V. & Chuthaputti, A., (2005). The role of Thai traditional medicine in health promotion. *The 6th Global Conference on Health Promotion, 7-11 August 2005 Bangkok, Thailand*. Retrieved March 5, 2018, from <http://www.who.int/healthpromotion/conferences/6gchp/en/index.html>
- Elter, P.T., Kennedy, H.K., Catherine A., Chesla, & Yimyam, S., (2014). Spiritual healing practices among rural postpartum Thai women, *Journal of Transcultural Nursing*, 1-7, Reprints and permissions: sagepub.com/journalsPermissions.nav, DOI: 10.1177/1043659614553515
- Jamjan, L., Khantarakwong, S., Hongthong, S., & Jampates, N., (2014). Thai traditional medicine for postnatal mother in the community of central region, *Journal of The Royal Thai Army Nurses*, 15(2), 195-202.
- Namane, A., (2013). The enhancement of the mother and children's health care: the perspectives from the Thai medication and the modern medication, *Thammasat Medical Journal*, 13(1), 79-88.
- Nanthamongkolchai, S., Pinprateep, R., Chaumpreak, R., Poanrai, A., & Chooaprapawan, J., (2004). *Tradition and Beliefs related to Birth and Postpartum practices of Postpartum Women in 4 regions of Thailand: A research report of the 1st phase of long-term study in Thai Children*. 12. 1-65.
- Ponphunga, M., (2004). *Situation and problems related to using local wisdoms in the school curriculum*, Office of Primary School, Mahasarakham Province. Thailand. Ministry of Public Health (2009). *History of the Development of Thai traditional medicine, local medicine, and alternative medicine in Thailand (2009-2010)*. Bangkok, the Ministry of Public Health, Thailand.
- Sae-Lim, J., Tanthai, K., Kharinworaphong, S. & Anantasaran, J., (2013). The co-application of thai medical practices and medical sciences in pregnancy cares: A case study of Moo Baan Thato, Amphoe Sadoa, Songkhla, *The 4th Research Conference of Hadyai: Research for Thai Society Development*, 10, 22-30.
- Subbaya, P., (2007). Holistic Care. Access on March 5, 2018. From: www.yesspathailand.com/thaimassage/subbaya.html