

SHORT REPORT

Traditional beliefs and practices relating to chest symptoms among Shan people in a rural area of PyinOoLwin Township

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Health care providers treating people from other cultures should understand what their patients' belief that can cause them to be ill and what kind of curing methods they consider effective. Explanations of illness as well as the methods considered effective for curing illness vary from culture to culture. These differences can be broadly categorized into two: naturalistic and personalistic [1]. A naturalistic explanation of illness is the basis for western way of treatment. Among the non-western world, including Myanmar, a personalistic explanation for illness is traditionally accepted.

In Myanmar, tuberculosis (TB) is one of the national priority communicable diseases [2]. National TB control programme has been trying to improve the case detection rate at the community level. Therefore, it would be beneficial to the control programme if we can elicit the traditional beliefs and practices on chest symptoms among people residing in rural areas, especially among Shan ethnic group in Myanmar.

This study was performed with the objectives of identifying traditional beliefs on chest symptoms and to elicit traditional practices relating to these symptoms among Shan ethnic group in Inn-gyi village, PyinOoLwin Township.

An exploratory study using focus group discussion (FGD) was done on 2nd June, 2009 at Inn-gyi village which is situated on a mountain, about fifteen kilometers away from south of Mandalay-Lashio highway

and is inhabited by Shan people. A total of four FGD sessions comprising of two male and two female sessions were conducted with over 40-year-old native Shan people.

Majority said that there has been no serious health problem relating to chest symptoms in their community. A few respondents recalled the issue of whooping cough which was a serious problem over ten years ago, but no more today. Some participants identified sneezing, sore throat, dry cough and cough with difficulty in breathing as common chest symptoms. Respondents defined prolonged cough if coughing lasts more than four days. It could be associated with expectoration and blood-stained sputum. It might also be accompanied by fever, aches and pains. Prolonged cough due to *Pannaryinkyat* (ပန်းနာရင်ကြပ်), referring to bronchial asthma is difficult to be cured and may need more medication.

The interviewees said that chest symptoms occur due to sudden changes between "heat" and "cold". This was referred to as *Apu shurt* (အပူရှပ်) meaning the heat passing over the body. In their narrations they pointed out that the following events might result in sudden changes between "heat" and "cold":

- Weather changes from rainy season to cold season;
- While working in the farm where the upper part of body is dry (due to sunshine) while feet are wet (due to being in the mud);

- Bathing immediately after exposure to sunlight; and
- Bathing immediately after staying nearby fire, or vice versa.

Some participants said that chest symptoms might occur just after getting wet with rain or washing feet or hands. One interesting information elicited was that chest symptoms appear due to *Warnkyawlwae* (ဝမ်းကြောလွဲ), meaning displacement of some abdominal muscles. Some female interviewees also expressed their beliefs that it is due to eating some fruits which they recognized as “cold-diet” such as guava, jack fruit, cucumber, mango, lychee and peach. Some women also indicated that smoking local-made cheroots (ရှမ်းဆေးလိပ်) can cause chest symptoms.

The interviewees said chest symptoms are more likely to occur among very young infants and older people over 40 years because of their age-related weaknesses. In contrast, some female interviewees said that chest symptoms are mainly caused by sudden weather changes therefore working age group (12-50 years) are more likely to suffer from chest symptoms. One interesting view was chest symptoms could occur in lactating babies because of feeding warm breast-milk of a mother just returned from sunshine. Regarding gender, they considered both male and female can get chest symptoms more or less equally.

They believe that coughing and sneezing are related to bathing practices. Majority of native people are farmers, so they work the whole day in the farm and usually bathe in the late evening. If they bathe in the morning or afternoon, they are likely to get coughing and sneezing. However, non-native persons like teachers and health staffs hardly get chest symptoms even taking bath in daytime.

Common chest symptoms are usually treated with traditional remedies. Most of them are traditional cough remedies and

yetsar (လျက်ဆား) available in the market such as *Motesoekyaw* (မုဆိုးကျော်), *Kwan-ywetpon* (ကွမ်းရွက်ပုံ), *Settitparsay* (ဆယ့်တစ်ဝါးဆေး), *Asotpon* (အဆုပ်ပုံ), *Mahachaung-soepyauksay* (မဟာချောင်းဆိုးပျောက်ဆေး) and *Payokyetsar* (ပရုပ်လျက်ဆား) ect. They also try with western medicines, which could be bought from local shops, for relieving chest symptoms. If the symptoms persist, they take treatment from a monk, a traditional healer, a quack or the midwife assigned at their village. They also rub some balms to chest and throat to relieve the chest symptoms. They also apply kerosene or diesel to soles. They inhale turmeric fumes. Moreover, they keep ginger, green tea and betel-leaf with *yetsar* in the mouth to ease the symptoms.

A traditional practice called *shot-pann-in-tot* in Shan language is still a common practice to relieve chest symptoms. *Shot-pann-in-tot* is a Shan traditional procedure to realign the displaced abdominal muscles (*Warnkyawlwae*). A short candle (about three centimeters) is lit on a coil. Then the coil is placed on the umbilicus. The candle is covered with a glass or a tin-can. The candle light will cease gradually. In the meantime, the glass or the tin-can sucks the abdomen. People believe that this procedure realigns the displaced abdominal muscles to normal position and it relieves the chest symptoms. This is a preliminary report of the findings of our pre-test. A study will be performed in additional Shan villages in near future. In this, FGD sessions will also be reinforced with other qualitative data collection methods like key-informant-interviews and in-depth-interviews.

REFERENCES

1. Dennis O'Neil. Medical anthropology: how illness is traditionally perceived and cured around the world. [Cited on 8 June 2009]. http://anthro.palomar.edu/medical/med_1.htm
2. Ministry of Health. *Health in Myanmar*. Nay Pyi Taw, Myanmar. 2009;72.