



The 14<sup>th</sup> National and International Conference  
"Global Goals, Local Actions: Looking Back and Moving Forward 2021"  
18 August, 2021

---

## A Study of Environment and Potential of Thai Traditional Medical Services in Thai Medicine of the Royal Thai Army Hospital, First Army Area Command

Jareerat On-aree<sup>1</sup>  
jinnyonline0596@gmail.com  
Vichai Chokevivat<sup>2</sup>  
Supalak Fakkham<sup>3</sup>  
Supachai Wasananon<sup>4</sup>  
wasananon@gmail.com  
Dolruedee Wasananon<sup>5</sup>  
dolruedee@gmail.com

<sup>1</sup>Doctor of Philosophy Student, Program in Applied Thai Traditional Medicine, Suansunandha Rajabhat University

<sup>2,3</sup>College of Allied Health Sciences, Suansunandha Rajabhat University

<sup>4</sup>Department of Mechanical Engineering, Silpakorn University

<sup>5</sup>Technical Division, Veterinary and Remount Department

### Abstract

This study aims to study the current situation and examine the environment and potential of Thai Traditional Medicine Service in terms of Thai medicine provided by Army hospitals, First Army Area Command via qualitative methods including literature review and group discussion. Thirty-six participants were purposely selected as sample study groups. Results indicated that: 1) Strengths: Being perceived as a major alternative service for hospital clients and continuous professional development, 2) Weaknesses: Staff management issues, conflicts with modern medicine services, specialized equipment lacking, and inconvenient area, 3) Opportunities: direct position recruitment, training opportunity, and IT system implementation, and 4) Threats: supporting staff insecurity, herbal medicine manufacturing supervisor lacking, and non-systematic integration with modern medicine professionals.

**Keywords:** Thai Traditional Medicine Service, Clinical Treatment, Thai army hospitals



The 14<sup>th</sup> National and International Conference  
"Global Goals, Local Actions: Looking Back and Moving Forward 2021"  
18 August, 2021

---

## Introduction

Thai Traditional Medicine is a wisdom passed on from an ancient era. Its philosophy in diagnosis examination and treatment are an intensively examination of a wholesome disease etiology including physical aspects, mental aspects, patient environment, foods, water, climate, personality, physical activities and lifestyles (Wuthithamwet, 2012). Additionally, one of the ten ideology statements of Thai basic public health service recognizes the significance of local Thai wisdom development as a guideline for the national herbal medicine utilization committee for Thai population's self-reliance (Anupongpat, et al., 2013). The Thai Royal Government is implementing the national roadmap in Thai herbal medicine development version I (2017-2021) in terms of procedures and plans in order to support the development of fundamental infrastructures for supporting the coverage public health services provided in Thai traditional medicine and alternative service clinics in government owned hospitals, for providing budgets, for researching and developing Thai Traditional Medicine Clinical Practice Guideline (CPG) for four health disorders (Tantipitaka, 2018), for strengthening professional knowledge, skills and confidence in medical diagnosis and treatment (Department of Thai Traditional and Alternative Medicine, 2015) of four common health disorders (i.e., allergy, migraine, patella degeneration, and stoke (Ministry of Public Health, 2018)). Currently, Thai traditional medicine services has been eligible for healthcare reimbursement from National Health Security Office (NHSO). Furthermore, there is a budget allocation for quality and standardized herbal medicines in order to partially replace costly expenses of modern medicine import in corresponding to governmental support policy (National Health Security Office, 2018).

According to the research gaps above, the researcher is interested in investigating settings and capacity of a Thai traditional medicine service in clinical treatment provided by Army hospitals, First Army Area Command using SWOT analysis method in order to highlight the corresponding suggestions that match objective opportunities, resolve setting limitations with creativity and innovation approaches, apply strengths to collaboratively rectify weaknesses with IT development and public relation for raising public awareness (Laksahna, 2009; Suksriwong, 2016). The study results can be used for administrative decision supports for developing operative plans as well as resource allocation and Thai traditional medicine treatment quality and for promoting the Thai traditional medicine service quality based on the Royal Thai Army's standards.



The 14<sup>th</sup> National and International Conference  
"Global Goals, Local Actions: Looking Back and Moving Forward 2021"  
18 August, 2021

---

## Purpose

1. To study the current situation of a Thai traditional medical services in Thai medicine provided by Army hospitals, First Army Area Command
2. To examine the environment and potential of a Thai traditional medical services in Thai medicine provided by Army hospitals, First Army Area Command

## Research Scope

1. Content scope  
Qualitative methods including literature review and group discussion
2. Population and sample scope
  - 1) Current situation assessment: Document analysis as a literature review with publications dated since 2009 to 2019.
  - 2) Environment and potential analysis (SWOT): Discussion group participants means a group of nine participants in four army hospitals (36 participants as total) selected by purposive sampling method. The first, second, third and fourth group participants are from Fort Surasi Hospital, Fort Nawamintharachini Hospital, Fort Phanurangsi Hospital, and Fort Adison Hospital, respectively.
3. Location and time scope  
Multiple location study sites: in four hospitals under the supervision of Army hospitals, First Army Area Command. Study period: January-December, 2020.

## Methodology

1. Conducted a study of current Thai traditional medicine service via a series of literature review with relevant publications dated since 2009 to 2019 and conducted document analysis based on governmental documents, research articles, academic documents, textbooks (Bowen, 2009; Wiratnipawan, 2012) in chronological order. Literatures that have impacts on service quality, particularly in terms of clinical treatment in Army hospitals, First Army Area Command were selected from various sources and thoroughly reviewed from documents and relevant studies.
2. Created an interview tool with six experts to verify the correctness, completeness of the content, and the suitability of idioms to consider improvements and finding the Index of Item Objective Congruence (IOC), the Reliability value of the whole interview form was



The 14<sup>th</sup> National and International Conference  
"Global Goals, Local Actions: Looking Back and Moving Forward 2021"  
18 August, 2021

---

0.98. Then proceed to prepare a complete interview form to send to Institutional Review Board Royal Thai Army Medical Department in certify research ethics.

3. Organized four group discussion in order to examine the environment and potential of Thai traditional medicine services i.e., strengths and weaknesses as internal factors and opportunities and threats as external factors (Kenton, 2021) in Army hospitals, First Army Area Command by three steps as followed;

3.1 selected 36 discussion group participants by a purposive sampling method based on their position and responsibilities i.e., hospital director, Thai traditional medicine provider or Thai traditional medicine client representative from four Thai army hospitals in 2020 (nine participants per hospital).

3.2 coordinated and requested for each group discussion's participant meeting hours and supporting facilities from four Army hospitals i.e., Fort Surasi Hospital, Fort Nawamintharachini Hospital, Fort Phanurangsi Hospital, and Fort Adison Hospital.

3.3 conducted and recorded each group discussion in a private room and encourage participants to share their opinions and suggested solutions within two hours.

## Results and Discussion

1. The current situation of Thai traditional medicine services in terms of medical services provided by Army hospitals, First Army Area Command was listed as followed; The Thai Army supervises four different regions and each region is divided into First Army Area Command, Second Army Area Command, Third Army Area Command and Fourth Army Area Command and each Army Area Command is then divided into Military circles (Ministerial Regulations Determining Duties and Territories of the Royal Thai Army Region, 2015). There are 37 army hospitals in Thailand. Eleven hospitals located in First Army Area Command are 1) Phramongkutklao Hospital, Bangkok, 2) Ananda Mahidol Hospital, Lop Buri Province, 3) Fort Thanarat Hospital, Prachuap Khiri Khan Province, 4) Fort Chakrabongse Hospital, Prachin Buri Province, 5) Chulachomklao Royal Military Academy Hospital, Nakhon Nayok Province, 6) Fort Surasi Hospital, Kanchanaburi Province, 7) Fort Adison Hospital, Saraburi Province, 8) Fort Phanurangsi Hospital, Ratchaburi Province, 9) Fort Surasinghanart Hospital, Sa Kaeo Province, 10) Fort Nawamintharachini Hospital, Chon Buri Province, and 11) Fort Ramratchaniwet Hospital, Phetchaburi Province. All army hospitals under the supervision of the Department of Army Medicines have four strategic policy guidelines and urgent goals i.e., 1) being a high capacity organization, 2) being excellent as an on-site hospital, 3) being



The 14<sup>th</sup> National and International Conference  
"Global Goals, Local Actions: Looking Back and Moving Forward 2021"  
18 August, 2021

---

excellent as a field hospital, and 4) presenting a medical leadership role in each region (Royal Thai Army Medical Department, 2021). According to the previous study and information of Professional Division, Royal Thai Army Medical Department, all 37 army hospital representatives indicated that although Thai army hospitals are mostly rely on modern medicine treatment as it is the fast method, almost every Thai army hospitals also use Thai traditional medical services. Together with modern medicine treatment, applying Thai traditional medicine helps lessening the use of expensive modern medications. Additionally, the pre-requisite steps before conducting a massaging therapy, physical examination and risk assessment help patients feel more rapport than modern medicines alone (Tikkapanyo, 2020).

2. The SWOT analysis of environment and potential of Thai traditional medicine services in terms of Thai medicine provided by Army hospitals, First Army Area Command was listed as followed;

Strengths:1) Thai traditional medicine has become a fundamental alternative treatment for hospital clients because nowadays, they have grown their focus into self-healing and holistic approaches on which Thai traditional medicine has emphasized. Moreover, providing Thai traditional medicine services has proven to help generating significance amount of revenue based on the number of its clients, and 2) most hospitals have continuously strengthened their Thai traditional medicine services. Being perceived as a major alternative service for hospital clients and continuous professional development correspond with three reports. First, Nuntapichai (2011)'s article described Thai traditional medicine is a specific disciplinary and unique service. Second, Chinnaphan (2017) indicated that Thai traditional medicine services (i.e., Thai medical therapy, Thai pharmacology, midwifery and Thai massage) cover all aspects of public health i.e., health promotion, disease prevention, treatment and rehabilitation. Additionally, Portella, et al. (2020) specified that vernacular treatment, alternative medicine and integrative medicine e.g., physical and mental therapy can be used to heal and revitalize both somatic and psychological symptoms.

Weaknesses: 1) Staff management issues i.e., no guarantee secure position policy resulting in the lack of staff's job security and inconsistent available hands in some working-hour shifts, 2) disbelief in Thai traditional medicine's efficacy and efficiency by modern medicine professionals and lack of proper and continuous treatment integration due to inapprehensive conflicts, 3) specialized equipment lacking due to a sole emphasis on



The 14<sup>th</sup> National and International Conference  
"Global Goals, Local Actions: Looking Back and Moving Forward 2021"  
18 August, 2021

---

purchasing herbal products in a finished goods format, and 4) Inconvenient service area i.e., a hidden upper-level Thai traditional medicine clinic location, distant changing room and shower room or using only a cloth curtain as changing area instead of a more private changing room have inhibited the number of herbal sauna service clients due to the inconvenience obstacles. Staff management issues, conflicts with modern medicine services, specialized equipment lacking, and inconvenient area correspond with three reports. First, Khumpo, et al. (2016) revealed the lack of staff numbers and operating budget for Thai traditional medicine services. Second, Kongchanmitkul and Kasanit (2019) indicated that 45.28% of Thai traditional medicine service departments located in a sample province and a specific private service area for clients and 45.16% have their own chain of command as a separate division. Incidentally, Ajala, et al. (2019) conducted a SWOT analysis regarding the ancient Nigerian medicine guideline procedures and found that the weaknesses of ancient medicine in Nigeria were insufficient scientific evidential supports and difficulties in treatment efficacy verification, ancient medicine providers' lacking of necessary skills for severe disease diagnosis and lack of physical examination equipment.

Opportunities: 1) More direct application opening for more advance governmental ranking positions, 2) paid leave days for a fully paid academic and professional training and seminar opportunity, and 3) more efficient IT system implementation i.e., computer programs, paperless system, automatic appointment, paperless payment via an Electronic Data Capture. Direct position recruitment, training opportunity, and IT system implementation correspond with three reports. First, Boonruksa (2019) suggested that policy makers, particularly hospital administrative team should emphasis on strategic management. Second, Song and Choi (2010) conducted a research study about the trend of ancient medicine worldwide and Korean conventional medicine's research and development suggested that a standard criteria for information technology development for prescribing herbal medicines, the development and utilization of herbal medication and their physical effects on clients data, and data repository banks for herbal active ingredients as well as manufacturing technology should be promoted in order to have a better efficacy data support. Moreover, Pattarachachai (2017) recommended the opportunities in up-scaling and sustaining Thai massage product and service development in Mahasarakam province to be a more internationalized massaging business were to have additional survey and research studies in terms of in-depth strategic details i.e., a support for massaging therapists' lifelong learning, an innovation development assembly in terms of both process and product



The 14<sup>th</sup> National and International Conference  
"Global Goals, Local Actions: Looking Back and Moving Forward 2021"  
18 August, 2021

---

development that matched actual client needs, organizational and networking development strengthening.

Threats: 1) Supporting staff's job insecurity, 2) lack of specialized herbal medicine manufacturing supervisor, and 3) non-systematic integration with modern medicine professionals. Supporting staff insecurity, herbal medicine manufacturing supervisor lacking, and non-systematic integration with modern medicine professionals correspond with four reports. Liu, Xu and Zhang (2010) conducted a SWOT analysis regarding a competitiveness capacity of Chinese's herbal medicine industry for international trading and found that threats included higher standards, more restrictions and trading barriers. Additionally, Korea and Japan were a strong competitor, particularly in terms of modern technology and strong marketing against Chinese manufactured medicines and scarcity in obtaining some herbal medicine materials due to heavy users of Chinese herbs. Incidentally, at least three studies focused on the efficacy of Thai herbal medicines. First, Chamnongsri (2020) found a lot of Thai herbal formularies have a high potential for further clinical studies. Second, Phumthum and Balslev (2020) found that Karen, a mountain tribe in the North of Thailand used non-clinical approved 127 plant species in 59 genres for treating infection. Moreover, Baqui, et al. (2019) indicated ancient medicines, particularly herbel medicatios were widely used among Rangamarian tribe who resided on the South of Bangladesh.

At least seven groups of scientific scholars studied the vermicular medicine of each country for Covid-19 treatment. First, Ren, et al. (2021) indicated that the mechanism of Chinese medicines in antiviral, anti-inflammatory, immune-stimulating and organ damage preventive effects could be applied for lessening the severity of the pandemic. Second, An, et al. (2021) also described that Chinese medicines can limit the modern medicine's adverse reactions and inhibits viral replication. Third, Deng, et al. (2020) showed that Chinese medicine has evidential efficacy support in relieving patient symptoms and studies regarding the benefits of using Chinese medicine in terms of Covid-19 prevention and control should be further investigated via an intensive analysis and screening the possibilities of viral targets including mechanical pathways of antivirals based by pharmacological network combined with antiviral food product development. Forth, Ahmad, et al. (2021) studied the review of India's AYUSH formula, herbal ingredients, and other common herbal recipes used by Indian population. Fifth, Lee, et al. (2020) indicated Korea government has used vermicular medications and announced the recommendation guidelines for its national health insurance coverage to included approved herbal preparations for SARS-Covi-2 prevention,



The 14<sup>th</sup> National and International Conference  
"Global Goals, Local Actions: Looking Back and Moving Forward 2021"  
18 August, 2021

---

SARS-Covi-2 exposure patients, and mild Covid-19 cases. Sixth, Khadka, et al. (2021) found that herbal medication usage has a relationship with social and demographics variables, different herbal species are vary depending on social factors, and some species can be used to treat Covid-19 patients. Moreover, Ang, et al. (2020) studied the comorbidities in Covid-19 infected children in Taiwan and found that the three systematic recommended guidelines utilized herbal treatment revealed the good efficacy in reducing most children's clinical symptoms.

## References

- Ajala, A. O., et al. (2019). Traditional Medicine Practices in Nigeria: A SWOT Analysis. *International Journal of Mechanical Engineering and Technology*, 10(2), 117-126.
- Ahmad, S., et al. (2021). The direct evidence and mechanism of traditional Chinese medicine treatment of COVID-19. *Frontiers in Pharmacology*, 11, 1-34.
- Ang, L., et al. (2020). *Herbal medicine for treatment of children diagnosed with COVID-19: A review of guidelines*. *Complementary Therapies in Clinical Practice*. 39. Retrieved June 14, 2021, from <https://doi.org/10.1016/j.ctcp.2020.101174>.
- Anupongpat, N., et al. (2013). *The timeline: A path in the history of health*. Bangkok: Suksala.
- An, X., et al. (2021). The direct evidence and mechanism of traditional Chinese medicine treatment of COVID-19. *Biomedicine and Pharmacotherapy*, 137, 1-17.
- Baqi, Q. B. O. F., et al. (2019). Prevalence and Associated Factors of Traditional Medicine Use Among the Tribal People of Rangamati, Bangladesh. *International Journal of Pharma Sciences and Research*, 10(4), 116-119.
- Boonruksa, W. (2019). *Causal Relationship Model of Factors Influencing an Effectiveness of Thai Traditional Medicine Health Services of the Community Hospitals in the Upper Northeast*. Doctor of Philosophy Degree in Development Administration at Sakon Nakhon Rajabhat University.
- Bowen, G.A. (2009). Document Analysis as a Qualitative Research Method. *Qualitative Research Journal*, 9(2), 27-40.
- Chamnongsri, N. (2020). Ontology Development for Thai Herbal Medicine Recorded in Ancient Documents. *Journal of Information Science*, 37(4), 17-43.
- Chinnaphan, N. (2017). *The model of traditional Thai medicine in community hospitals : a case study of Songkhla province*. Master of Science Program in Health System Management Graduated School of Songkla University.



The 14<sup>th</sup> National and International Conference  
"Global Goals, Local Actions: Looking Back and Moving Forward 2021"  
18 August, 2021

---

- Deng, J. G., et al. (2020). Carry forward advantages of traditional medicines in prevention and control of outbreak of COVID-19 pandemic. *Chinese Herbal Medicines*, 12, 207-213.
- Department of Thai Traditional and Alternative Medicine. (2015). *Handbook of Thai Traditional Medicine, Thai Traditional Medicine and Alternative Medicine*. Bangkok: Agricultural Cooperative Federation of Thailand Limited.
- Kenton, W. (2021, March 30). *Strength, Weakness, Opportunity, and Threat (SWOT) Analysis*. Investopedia. Retrieved June 14, 2021, from <https://www.investopedia.com/terms/s/swot.asp>.
- Khadka, D., et al. (2021). The use of medicinal plants to prevent COVID-19 in Nepal. *J Ethnobiol Ethnomed*, 17(1), 26.
- Khumpo, S., et al. (2016). Readiness of Thai Traditional Medicine Services in Tumbon Health Promoting Hospitals in Lopburi Province. *Journal of Thai Traditional & Alternative Medicine*, 4(3), 296-312.
- Kongchanmitkul, W. & Kasanit, K. (2019). The Situation of Thai Traditional Medicine Services in Nakhon Ratchasima Province. *Journal of Health Research and Development Nakhon Ratchasima Provincial Public Health Office*, 5(2), 296-312.
- Laksahna, S. (2009). *Development of work efficiency*. Bangkok: Pheimthraphy Printing.
- Lee, BJ, et al. (2020). A consensus guideline of herbal medicine for coronavirus disease 2019. *Integrative Medicine Research*, 9(3), 1-4.
- Liu, Y., Xu, C. & Zhang, Y. (2010). An Analysis on the International Competitiveness of China's Traditional Medicine Industry Based on the SWOT Model. *International Journal of Business and Management*, 5(7), 225-229.
- Ministerial Regulations Determining Duties and Territories of the Royal Thai Army Region, 2015. (2015, September 8). *Ratchakittha*. pages 111-115.
- Ministry of Public Health. (2018). *Guide to Thai Traditional Medicine Practice Guidelines*. Nakhonsawan: Thai Traditional Medicine and Alternative Medicine, Health Area 3.
- National Health Security Office. (2018). *National Health Security Fund Management Manual, 2018*. Bangkok: National Health Security Office.
- Nuntapichai, S. (2011). *Knowledge Organization System Framework for Thai Traditional Medicine*. Doctor of philosophy Program in Information Studies Graduate School of Khonkaen University.



The 14<sup>th</sup> National and International Conference  
 "Global Goals, Local Actions: Looking Back and Moving Forward 2021"  
 18 August, 2021

---

- Pattarachachai, W. (2017). *Project for product development of Thai traditional massage services for the continuation of Thai cultural heritage to the international level of Thai traditional massage business in Mahasarakham Province*. In Project Summary one faculty one art and culture. Mahasarakham: Mahasarakham University.
- Phumthum, M. & Balslev, H. (2020). Anti-Infectious Plants of the Thai Karen: A Meta-Analysis. *Antibiotics*, 9(6), 1-11.
- Portella, C. F. S., et al. (2020). Evidence map on the contributions of traditional, complementary and integrative medicines for health care in times of COVID-19. *Integrative Medicine Research*, 9(3), 1-7.
- Ren, W., et al. (2021). Research progress of traditional Chinese medicine against COVID-19. *Biomedicine & Pharmacotherapy*, 137, 1-15.
- Royal Thai Army Medical Department. (2021). *4 Strategies, Royal Thai Army Medical Department*. Royal Thai Army Medical Department. Retrieved June 15, 2021, from <https://amed.rta.mi.th/main>.
- Song, Sung-Hwan & Choi, Ji-Ae. (2010). A Study on the Trend of World Traditional Medicine and Key Area of Traditional Korean Medicine (TKM) R&D. *Korean Journal of Oriental Medicine*, 16(1), 101-109.
- Suksriwong, S. (2016). *Management: from the executive's viewpoint*. Bangkok: G.P. Cyberprint.
- Tantipitaka, Y. (2018). *Textbook of Fundamentals of Thai Traditional Medicine, Volume 1: Philosophy and Fundamentals of Thai Traditional Medicine*. Nonthaburi: Thai Traditional Pharmacy Academic Group Institute of Thai Traditional Medicine.
- Tikkapanyo, C. Chief of the Medical Department. (2020, November 26). Interview.
- Wiratnipawan, W. (2012). *Management administration and strategic administration of the state agencies*. Bangkok: Prophet.
- Wuthithamwet, W. (2012). *Handbook of Thai Medicine*. Bangkok: Thammawet Thai Traditional Medicine Clinic.