

Traditional Medicine of Karen, Nepali, and Iraqi Refugees

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Karen Refugees

Background:

Among indigenous groups in Burma (or Myanmar, the name proposed by the ruling junta in 1989), Karen is the largest one, with Burmese being the major ethnic group. Other indigenous groups include Shan, Chin, Mon, Rakhine, and Katchin. Karens' origins are thought to be Tibet and Yun-Nan, China, and Karen actually consists of different Tibetan-Central Asian ethnic groups that speak at least 12 mutually unintelligible languages, 85% of which belong to S'ghaw or Pwo language branches. However, most Karens also speak some Burmese, the language of the ruling junta. As of 2006, it was estimated that there were at least 6 million Karens living in Burma and 400,000 in Thailand. In the Thai refugee camps, 70% are S'ghaw Karen, 7% are Pwo Karen, and 13% are Karenni. Sixty-five percent of Karen refugees are Christians, with the remainder practicing traditional animism, Buddhism, and Islam. The religious, ethnic, and political differences often result in tensions among Burmese ethnic groups.

Karen Culture and Traditional Medicine:

The different religious beliefs have acculturated themselves with Karen values and practices. Specifically, Karens incorporate much of Indian Ayurvedic medicine and Chinese medicine, while they retain traditional animist beliefs of omnipresence of spirits. For example, Karens believe that each person has 37 kla. Some kla live in the body and some live in the environment. Karens believe that loosing kla makes one ill, and they try ways to keep kla around. Kla can be kept by tying a string around the wrist by an elder/shaman (when an infant is born, a string is tied around the infant's wrist to keep his kla). However, kla still can become detached from the body during vulnerable times (e.g., sleep or contact with a dead body), or when a person is attacked by one of the spiritual powers.

With respect to the human body, Karen people traditionally believe that the head is the highest and most respectful part of the body. It should not be touched by another person. They see the abdomen as the seat of passions and diseases, which should be especially protected. Along with the belief that bodily conditions are a result of interplay of wind, fire, and water (wind is associated with pride, ambition, and evil desires, etc.; fire is associated with envy, hatred, and revenge, etc.; water is associated with peace, love, and patience, etc.), Karens place great emphasis on using diet and herbal

remedies for health purposes. As one Karen proverb puts it, "food is medicine, and medicine is food."

For Karens, therefore, health and illness are considered in spiritual categories, and they are to be preferably treated by natural means. For example, health is associated with harmony among body, mind/soul/spirit, and the universe. As one's health is understood in terms of hot and cold, he would require treatment with food or medicine in the "cold" categories when he suffers fever—the "hotness." Another good example is that a postpartum woman should rest for one month, without touching cold water or eating anything cold. They should eat only rice and soup, hot and spicy. Because diet plays such an important role in regulating the human body in harmony with the world, adjusting levels of tastes (i.e., sour, sweet, bitter, salty, cold, and hot) in the diet are also used to treat a given illness or to serve as a preventive measure (i.e., especially bitter and sour foods).

Karen Environmental Social Action Network (KESAN) has published at least three references on Karen Traditional Herbal Medicine in Karen and Burmese languages. In a study on Karen's attitude toward their healthcare experience in the U.S., Dr. Oleson summarizes several commonly used traditional medicines among Karen refugees, including common household items (turmeric, ginger, garlic, honey, table vegetables, and sesame oil.), plant-based items (roots, herbs, leaves, fruits, flowers, trees, and mixtures-tulsi), and animal-based items (snake gallbladder, bear gallbladder, hen-fat, and the bone, horn, and tongue of white goats). The interview reports also reveal that even Christian Karens resort to praying to spirits for healing, and that Karens sometimes use both traditional medicine and Western medicine to ensure complete healing.

Challenges:

Although Karens who have had exposure to Western medicine in refugee camps do not usually oppose visiting doctors, some Karens still may be embarrassed and hesitant to talk to their American doctors. For example, having a vaginal exam in front of male staff might be a reason that keeps a pregnant lady away from the hospital.

Karens sometimes see vitamins as medicine and use them while taking traditional remedies. An interviewee from Dr. Oleson's study said that many pregnant women take more prenatal vitamins than necessary because they think one tablet a day is not enough. Combining this with traditional medicine, most pregnant women suffer from many side effects.

Because much of the Karen diet consists of rice and hot chili peppers, likely secondary to their traditional medicinal beliefs, gastric ulcers are common. Their use of turmeric (a spice in the ginger family) on babies sometimes is mistaken for jaundice.

Nepali (Lhotshampas) Refugees

Background:

Ninety-seven percent of Nepali refugees are actually Nepali-speaking Bhutanese (aka. Lhotshampas, People of the South, living in southern Bhutan; they are ethnically Nepalis) who fled from Bhutan to stay in the seven refugee camps in eastern Nepal since the 1990s. The remaining non-Nepalis are the Sharchop, Drukpa, Urow, and Khenpga. Although Lhotshampas have been living in Bhutan since the 17th century and make up 35% of the Bhutan population, the Bhutanization policy imposed in the mid 1980s subsequently forced many Lhotshampas to flee to Nepal, where some refugees sought asylum in Western countries, and some determined to fight for the right to return to their own country.

Most Lhotshampas speak Bhutanese and Nepali, and those who have attended schools, especially the younger Lhotshampas in the refugee camps, speak English (35%, as estimated by UNHCR). Because of the refugee camps' proximity to India, Indian culture/influences are also seen among Lhotshampas. About 60% of Nepali refugees are Hindus. Other religious groups include Buddhists, Kirats (traditional animism), and Christians. Religion and caste status play an important role among these groups in the refugee camps.

Nepali (Lhotshampas) Culture and Traditional Medicine:

The majority of Lhotshampas still retain their traditional Nepali practices while living in Bhutan. The Lhotshampas who practice traditional medicine see sickness as imbalance of human passions and/or evil spiritual influences. Heavily influenced by Hindu Ayurvedic medicine, Lhotshampas regard wind, gall, and mucus as three important humors whose disequilibrium causes disease. The idea of harmony also comes from Chinese, Buddhist, and Tibetan traditions. The animist element is found in the practices of some traditional shamans (dhami-jakhri) who focus on re-establishing these balances.

The concept of health and disease has much to do with karma and a person's relation with his universe. For example, spirit(s) can inflict harms on a person. The diet and environment also affect one's health. To give strength to babies, for example, they massage a crawling infant with mustard oil and place him under the sun. In

a study about the Bhutanese perception of malaria, Lhotshampas are among those who thought malaria is caused by bad air and by staying in the rain and sunshine. Therefore, Lhotshampas place great emphasis on food choice and harmony with the environment.

Western medicine is acceptable among this population, but it is often put to use after the traditional remedies fail to achieve the desired results. Common home remedies, which Lhotshampas are reluctant to reveal to their American doctors, include basil for treating coughs and colds, garlic, turmeric, ginger, and cardamom for stomach aches, and heated mustard oil for massage to relieve muscular pains.

Challenges:

While less prevalent among the younger generation, the belief of caste system still has some impact among the elderly, affecting the roles and arrangement in the household. Distinct gender roles sometimes do not allow women to have equal decision-making authority in the family/community. Women may also be hesitant to discuss their own health; they often express their concerns for their spouses and/or children. Because topics on sex are treated as taboo in traditional Lhotshampa society, many refugees have not been exposed to sex education or health related topics.

Lhotshampas also lack the concept of preventive care, such as routine well child checks or gynecological exams. They often wait to seek modern medical help until they fail to respond to home remedies and become really sick.

Iraqi Refugees

Background:

Decades of wars and conflicts have caused more than 4.7 million Iraqis to resettle in other countries, including Syria, Jordan, Egypt, Iran, Lebanon, Turkey, and other western countries. Because there were Iraqi immigrants to the U.S. prior to the war, some Iraqi refugees actually have relatives in the U.S.

Iraqis consist of Arabs, Kurds, and other minorities, including Armenians, Assyrians, and Turkomen. The majority practice different traditions of the Islamic religion (i.e., Shiite, Sunni, Kurds). Shiite Muslims are the majority, but Sunni Muslims take positions in politics and military. Although only 3% of Iraqis are Christians, they make up a large portion of the refugee population relative to the size of their population. For example, more than 20% of the Iraqi refugees who fled to Jordan are Christians.

Major groups among Iraqi refugees include political dissidents and/or surrendering-deserting members of Saddam Hussein's army, Shiite Muslims, and

Turkomens. Religious persecution is another reason for Iraqi refugees seeking asylum. Common among these Iraqi refugees is the fact that they are generally knowledgeable about the West, often well-educated, and experienced in the professional workforce.

Iraqi Culture and Traditional Medicine:

Before the war and the rise of fundamentalist Islamic groups, Iraq was considered a relatively secular state. During the 1970s and 1980s, many great modern medical care services and doctors could be found in Iraq. However, since the Iran-Iraq war and subsequent conflicts, medicine in Iraq started deteriorating, and many physicians were lost due to these conflicts.

Iraqi women are well integrated in the workforce with positions of prestige such as judges, scientists, or teachers, and there are a few Iraqi elites who no longer observe their religious practices, but the influence of Islam still exists. For example, among Iraqi refugees who are more conservative Muslims, some may refuse to take medications or treatment during the daylight hours of Ramadan.

Several traditional Iraqi practices include using cumin and egg yolk heated in water, dipped onto a rag and placed on forehead to treat fever. Dental pain is treated by putting on the gums a powder made of cumin, ninia seed, and shabak seed. Other topical treatments include a burn treatment, which involves applying barley mixed with butter onto the skin as a dressing for 48 hours. Inflammatory symptoms in tonsillitis are treated by having an adult/elder insert their fingers into the mouth to push/squeeze the tonsils to alleviate inflammation. Conjunctivitis is treated by placing a cloth boiled in tea over the eye. A heated brick covered with a cloth, on which a person sits, is sometimes used to treat diarrhea. Joint dislocation is treated with application of ninia and churned butter mix. Application of flour dough mixed with sugar is used as a treatment for cysts, splinters, and pimples.

Some Iraqi women use Henna dye to dye their hair for migraine headaches. Circular tattoos over the temple regions are also used to treat migraines. The dye and tattoos with words, like Allah or Ali, are considered protection from evil spirits.

Iraqis make many home remedy juices for medical treatment. Cumin powder dissolved in water or green tea is used for abdominal pain. Other options for abdominal pain include Karawya, an herb boiled in water, which is used for abdominal pain, diarrhea, or constipation. For diarrhea, lemon juice and plain rice may also be used as alternative treatment. To alleviate flank pain, some Iraqis drink juice made from handel (a kind of bitter fruit). Honey/lemon/orange juice is given for treating coughs, and anise seed boiled in water is given to treat sore throat/laryngitis.

Challenges:

While the Iraqi refugees are generally very receptive to Western medicine, more conservative Muslims view preventive healthcare as in conflict with their belief of divine predestination. That is, God has already appointed a destiny for mankind, and it is not appropriate to alter this destiny with human intervention.

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