AROKHAYASALA, WAT KHAM PRAMONG:

Innovation in Holistic End-of-Life Care for Cancer Patients Based on Buddhist Wisdom



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The butterfly functions as a symbolic representation of healing and transition,

serving as a reminder that, regardless of the fragility life may endure, individuals retain the capacity to unfold their wings toward hope and beauty.



Preface

This report presents a study of the end-of-life cancer care approach at Arokhayasala Center, Kham Pramong Temple, Phan Na Nikhom District, Sakon Nakhon Province, which stands as a distinctive model that seamlessly integrates Thai traditional medicine wisdom, Buddhist principles, and holistic care. This place has demonstrated the potential of palliative care that aligns with Thai cultural context and comprehensively responds to patient needs.

The authors had the opportunity to travel to the site for data collection and interviews on two occasions, experiencing the atmosphere filled with warmth, compassion, and hope from everyone at Arokhayasala. The authors witnessed the work and dedication of staff and volunteers who care for patients with wholehearted commitment, and had the opportunity to observe and participate in all activities at Arokhayasala, including herbal medicine preparation, meditation sessions with patients, Dharma listening, as well as daily care and assistance for patients and relatives. These valuable experiences provided a true picture of seamlessly integrated palliative care.

The authors would like to express gratitude to all informants who generously gave their valuable time for interviews and shared their experiences. Special thanks to Wilailuck Tantitrakul, Director of Arokhayasala, staff members, volunteers, patients and relatives who provided invaluable information and experiences that form the heart of this report.

The authors would like to thank all experts who generously took time to read and provide extremely beneficial comments for improving this report, including Wilailuck Tantitrakul, Director of Arokhayasala Center, Kham Pramong Temple, Ajarn Waraporn Suwanwela, Expert at the National Health Security Office, Dr. Nonglak Yodmongkol, Assistant Secretary-General of the National Health Security Office, and Assistant Professor Dr. Janya Chimluang. Comments and suggestions from these individuals helped make this report more complete and academically valuable.

The authors sincerely hopes that this report will be beneficial for developing public health policy regarding end-of-life patient care and serve as an inspiration for developing sustainable palliative care models appropriate for the Thai context.

The Authors

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Chapter 1

Social Context and Policies Supporting the Development of the Palliative Care System

1 Social Context and Policies
Supporting the Development of the Palliative Care System

The situation where the trend of cancer patient numbers and mortality rates in Thailand continues to rise reflects the urgent need to develop an efficient and comprehensive cancer patient care system to accommodate the increasing disease burden and sustainably improve patients' quality of life.

1.1 Cancer Situation in Thailand: An Increasing Disease Burden

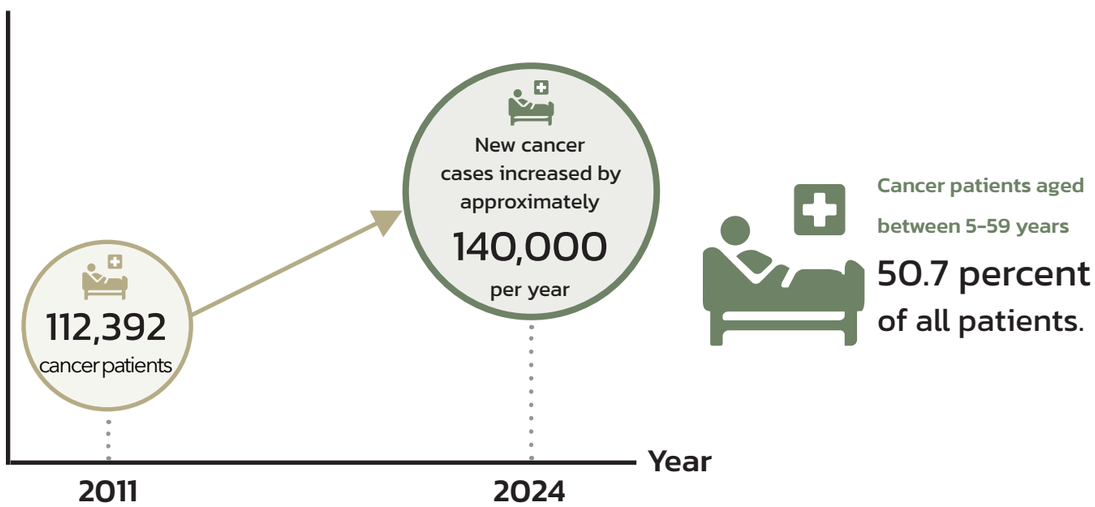
"Cancer" is a major public health problem in Thailand with severe impacts across multiple dimensions, including the **individual level** where patients face physical and psychological suffering, the **family level** which bears the burden of treatment costs and long-term care, and the **societal level** which suffers indirect costs from loss of labor productivity and the need for extensive public health resources for long-term patient care.

Statistics clearly reflect the severity of the problem. From approximately 112,392 cancer patients in 2011,[1] this number has continued to rise sharply.

In 2024, it was reported that new cancer cases increased by approximately 140,000 per year, with 84,000 deaths annually,[2] making cancer one of the leading causes of death among Thai people.

Cancer is not limited to the elderly. A study in Khon Kaen Province found that the age-standardized incidence rate (ASR) of the top 5 childhood cancers increased from 67.96 per million person-years in 2000 to 106.12 per million person-years in 2019.[3]

Additionally, the National Cancer Institute reported in 2023 that there were 3,317 new cancer patients, of which 34.5 percent were diagnosed at stage 4. Interestingly, cancer patients aged between 5-59 years numbered 1,683, or 50.7 percent of all patients.



The most common types of cancer found in new patients include colorectal cancer, followed by liver and bile duct cancer, lung cancer, breast cancer, and cervical cancer, respectively.[4] These diseases stem from various risk factors including dietary behaviors--high fat foods, alcohol consumption, and smoking--enviromental factors such as exposure to carcinogens in food, water, or air, as well as genetic factors that increase risk for certain types of cancer.[5][6] Additionally, differences in gender, age, and lifestyle also determine the prevalence and patterns of cancer in different population groups.

Therefore, the situation where the trend of cancer patient numbers and mortality rates in Thailand continues to rise reflects the urgent need to develop an efficient and comprehensive cancer patient care system to accommodate the increasing disease burden and sustainably improve patients' quality of life. Particularly, each type of cancer has specific characteristics in terms of treatment response and impact on quality of life, necessitating specialized care models that respond to patient needs at each stage of the disease, especially in the terminal stage, which is when patients often face physical pain and psychological suffering and vulnerability.

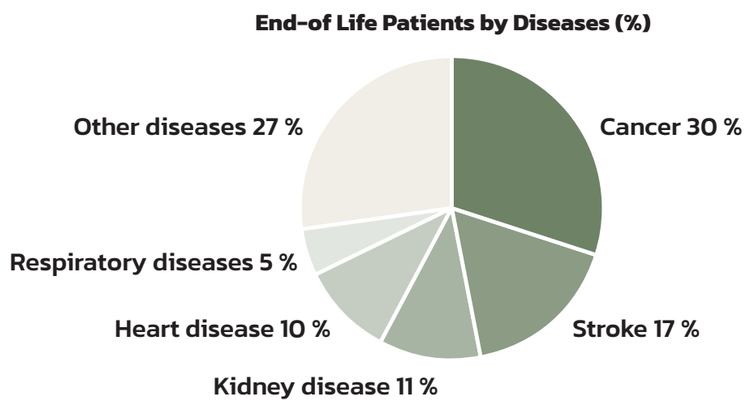
1.1.1 End-of-Life Patients: Growing Challenges

According to the Ministry of Public Health's definition, "end-of-life patients" refers to "patients diagnosed with progressive, chronic conditions or entering the final stages of disease that cannot be cured, most commonly with less than 1 year of life expectancy".[7]

For Thailand, the situation of end-of-life patients shows a continuously rising trend. According to HFocus data in 2024, Thailand had a total of 229,817 end-of-life patients. When classified by disease, cancer had the highest number of end-of-life patients at 68,945 people (30 percent), followed by stroke at 39,068 people (17 percent), kidney disease at 25,280 people (11 percent), heart disease at 22,982 people (10 percent), and respiratory diseases at 11,491 people (5 percent).[8] These figures reflect the increasingly severe burden of chronic and serious diseases and the need to systematically organize health services that can efficiently respond to specialized care needs.

Globally, it is estimated that by 2060, over 48 million people worldwide will die from serious diseases, accounting for 47 percent of all deaths.[9] This patient group should receive end-of-life care to alleviate both physical and psychological suffering, as well as to enhance patients' quality of life and dignity in their final moments.

Moreover, the diseases of end-of-life patients requiring care are not limited to cancer patients but encompass other major chronic diseases causing death, such as cardiovascular diseases, chronic obstructive pulmonary disease (COPD), kidney failure, cirrhosis, dementia, Alzheimer's, multiple sclerosis, Parkinson's, HIV/AIDS, and diabetes.[10][11] The diversity of diseases requiring this type of care reflects the necessity to develop a holistic care system covering all dimensions of life—physical, mental, social, and spiritual—to efficiently respond to the specific needs of each patient group, ensuring that end-of-life patients receive continuous care, the best possible quality of life, and can die with dignity.



1.2 Economic and Social Impact of End-of-Life Patient Care

Beyond the health burden and loss of life, the end-of-life patient situation significantly impacts the economy and society, both in terms of direct treatment costs and indirect costs from loss of labor productivity and family caregiving burden.

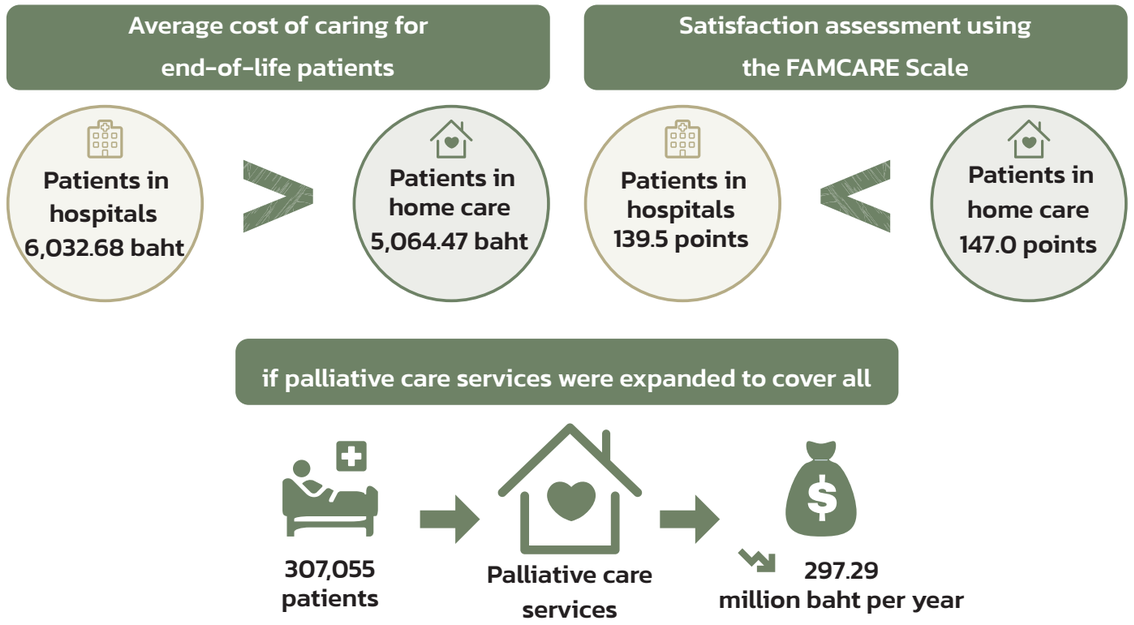
1.2.1 Financial Burden of Treatment

Treatment costs for end-of-life patients vary greatly depending on the type of care, symptoms being treated, and available healthcare system. Generally, end-of-life patient care can be expensive, depending on various factors such as hospital admission, intensive care, and disease-specific specialized treatment.

Research findings on "A Study of Health Expenditures and Health Outcomes at the End of Life from Exercising Rights under Section 12 of the National Health Act B.E. 2550" by the Health Equity Research and Monitoring Foundation found that holistic community care with palliative care enhances quality of life for patients and caregivers and significantly reduces the budget for end-of-life patient care.[12] The study compared costs of end-of-life patient care in hospitals and at home (case study in Phitsanulok and Khon Kaen provinces) and found that the average cost of caring for end-of-life patients in hospitals was 6,032.68 baht. For end-of-life patients who exercised their rights under Section 12, which is the right to make a living will not to receive public health services that only prolong death in the final stages of life or to end suffering from illness, the average cost of home care for end-of-life patients was 5,064.47 baht. This makes the cost of home care for end-of-life patients lower than hospital care by an average of 968.21 baht per case, and patient families had higher satisfaction with home care, scoring 147.0 points, higher than hospital care (139.5 points) according to satisfaction assessment using the FAMCARE Scale based on the place of death of end-of-life patients across 5 dimensions: acceptance, appropriateness, accessibility, cost, and outcomes.[12]

FAMILY CAREGIVER Satisfaction

FAMCARE Scale is a family satisfaction assessment tool that evaluates families' satisfaction with the care provided to terminally ill patients or patients receiving palliative care. It was developed to measure the quality of healthcare services from the perspective of family members or close caregivers, particularly in the context of patients experiencing critical conditions or at the end of life.



Furthermore, the research results estimated that if palliative care services were expanded to cover all 307,055 patients, the government could save up to 297.29 million baht per year, reflecting the cost-effectiveness in both economic and social terms of providing holistic community care, both in terms of reducing the healthcare system's cost burden and improving patients' quality of life at the end of life. However, there are still significant differences between urban and rural patients in terms of needs and care models. Patients living in urban areas mostly tend to choose to die in hospitals due to limitations in caregivers and lack of social networks at the community level, while most rural patients (more than 80 percent) tend to choose to die at home, receiving care from family and community health personnel.[12]

Table 1: Comparison of End-of-Life Patient Care Models

Comparison Dimension	Hospital Care	Palliative Care
Location	Hospital patient rooms	Home/temple/community
Average cost per case	6,032.68 baht	5,064.47 baht
Family satisfaction (FAMCARE Scale)	139.5 points	147.0 points
Care focus	Medical treatment	Holistic 4-dimensional care
Accessibility	Limited by visiting hours	Accessible at all times
Atmosphere	Medical	Warm, friendly
Spiritual care	Limited	Specially emphasized
Annual savings (national level)	-	297.29 million baht

Note: Data from studies in Phitsanulok and Khon Kaen provinces[12]

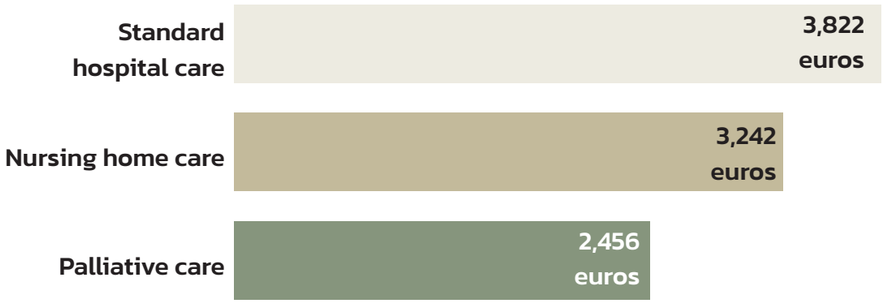
Comparison with Foreign Countries

Research findings from comparative studies on the costs of home and hospital palliative care in Thailand show trends consistent with research results from abroad, indicating that end-of-life palliative care, especially in the community or at home, is a more cost-effective approach than hospital treatment, both in terms of reducing government budget burden and improving patients' quality of life.

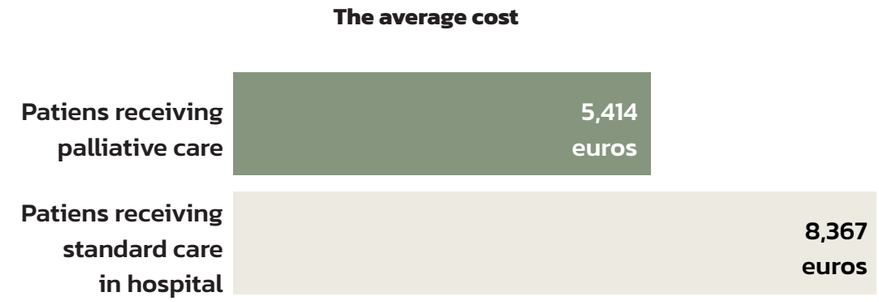
Research in several countries supports this concept. For example, a study in Belgium found that the average cost in the last month of life for patients receiving palliative care was only 2,456 euros per person, lower than nursing home care (3,243 euros) and standard hospital care (3,822 euros).[13] Similarly, a study from the Netherlands on multiple myeloma patients found that cumulative costs in the 6 months before death for patients receiving palliative care were significantly lower than standard care, with average costs of 8,367 euros compared to 5,414 euros for the reference group, or 54.5 percent higher.[14]

These research findings reflect the benefits of palliative care in terms of cost reduction, improving patients' quality of life, and increasing family satisfaction, consistent with the Thai context where research results demonstrate the potential to save budget and improve the quality of end-of-life patient care effectively.

Average cost in the last month of life for patients receiving palliative care



Cumulative costs of multiple myeloma patients in the 6 months before death





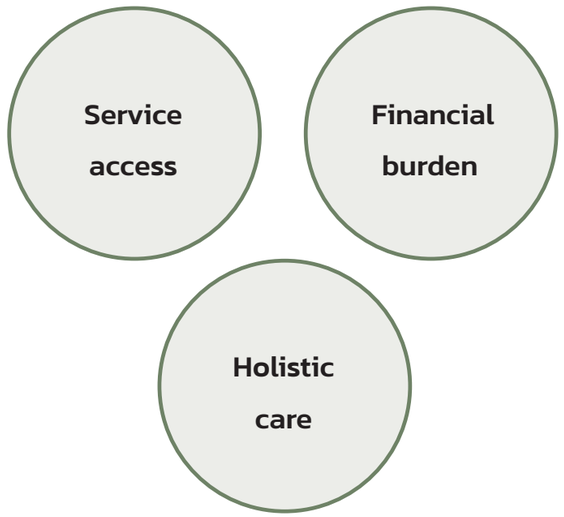
From: Freepik

1.2.2 Challenges for Thai Families

Imagine a family in rural Isan[1]. Grandpa, aged 72, has just been diagnosed with end-stage liver cancer. The doctor at the hospital says he has only a few months left. Further treatment will only be to alleviate symptoms. Treatment costs are 3,000-5,000 baht per day. Where will the family with limited income find the money? And more importantly, who will care for Grandpa's and the family's mental health during this difficult time?

This situation is not an isolated case but a reflection of reality in Thai society, especially in rural areas. Access to end-of-life palliative care services in Thailand faces several important challenges: **service access** is a major problem when most hospitals are in cities, far from rural communities, requiring patients and families to travel long distances and spend much time, and **financial burden** that families must bear is very high. On average, one family must spend more than 100,000 baht caring for end-of-life patients. Additionally, **holistic care** is still a significant gap because most health systems focus on disease treatment but lack mental and spiritual care, which are important needs for end-of-life patients. Family support also lacks a good system, causing patient relatives to be stressed and exhausted.[15]

In another dimension, social studies and medical anthropology have pointed out that Thai culture emphasizes family and community as the primary care units for end-of-life patients. Research on end-of-life elderly care culture in communities found that "treatment focuses on end-of-life elderly and families as the main focus, with respect for patient and family decisions" and must care "holistically covering body, mind, and society", [16]



1 **Isan:** refers to the large Northeastern region of Thailand.

1.3 Thai Temples: Social Capital for Healthcare

1.3.1 The Role of Temples in Thai Society

If we look back at Thai history, we find that temples have roles beyond religious sites. Temples are "the center of society, the gathering place for people's hearts." From the past to the present, temples have served as **educational institutions** providing education and moral training to the people, **welfare institutions** helping the poor and orphans, **health facilities** treating the sick with herbal medicine and local wisdom, **gathering places for the community** during important festivals and ceremonies, **accommodation for travelers** for those traveling long distances, and **counseling centers** for life problems and emotional release.[17]

The diverse roles of temples in Thai society reflect the profound connection between religion and daily life, which is not limited to being merely a place for religious ceremonies. Rather, temples are part of the social structure that promotes kindness, mutual dependence, and peaceful coexistence. They can be compared to "social spaces" or "community centers" that provide various public services, from education, healthcare, welfare for the poor, to mental health counseling.

In the context of end-of-life patient care and palliative care, temples play an extremely important role as places providing mental and spiritual healing for both patients and families, helping patients accept death peacefully, reducing anxiety, and creating mental strength for family caregivers.

1.3.2 Temple Potential in Patient Care

In an era when Thai family structure has changed from extended families to nuclear families, with children having to work in big cities, many elderly people must live alone at home. The role of temples in community care has become important again. Temples have potential to be care centers in several ways.

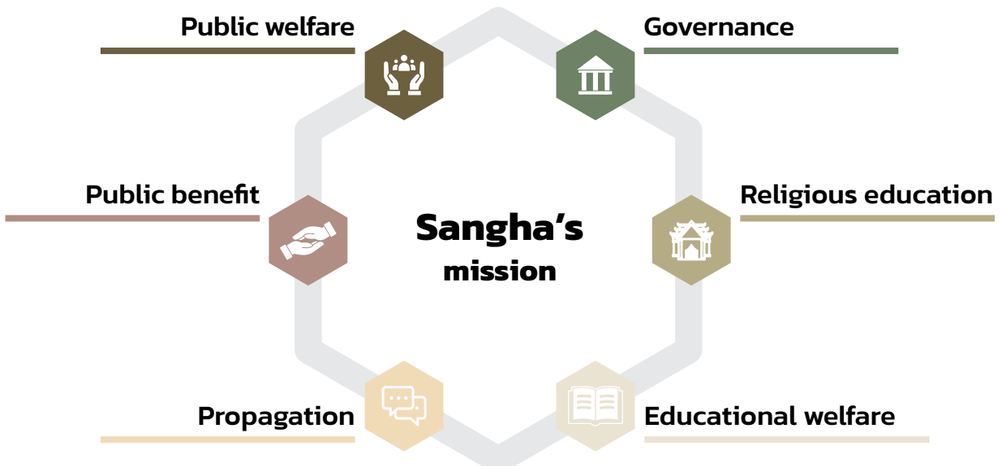
Temples have potential in several areas conducive to being centers for patient and elderly care: **nationwide distribution** - Thailand has temples distributed throughout all areas, both urban and rural, making them easily accessible to the public; **community connection** - temples have been part of communities for a long time, having credibility and receiving acceptance from the people; **facility readiness** - most temples have spacious areas that can be adapted for patient care facilities; and **volunteers** - temples have strong volunteer systems, both monks and laypeople ready to provide assistance.

1.3.3 Concepts from Policy Makers

Dr. Narong Sahamethapat, Permanent Secretary of the Ministry of Public Health, once stated, "As most Thai people are Buddhists, and have great faith in temples and monks, temples are not only places of worship but also centers of community life. Therefore, using temples as centers for caring for the elderly and end-of-life patients is appropriate for Thai cultural context and has social capital, namely temples distributed throughout the country. Utilizing this social capital to help care for the elderly in each community would certainly benefit society as a whole."

This perspective reflects policy makers' awareness of temples' potential as social capital that can be utilized in developing the healthcare system. Leveraging temples' existing structures and resources not only helps reduce the cost of developing new systems but also makes care more accessible to communities and more consistent with Thai culture.

Moreover, the concept of using temples as healthcare centers is not new in Thai society but is a revival of temples' traditional roles that have existed since ancient times. In an era when Thai society is facing challenges from the increase in chronic disease patients and end-of-life patients, bringing temples back to play a role in healthcare is an appropriate and sustainable option. Thailand has established policies for the Sangha and strategies for reforming Sangha affairs to serve as important mechanisms for directing and developing Sangha operations to align with social conditions, culture, and religious missions in each era, to make the role of Buddhism and the Sangha consistent with the dynamics of contemporary Thai society, especially adjusting monks' roles from performing religious ceremonies to becoming social forces that promote community well-being in physical, mental, and spiritual dimensions. The Office of National Buddhism has defined the Sangha's mission in 6 areas: (1) governance, (2) religious education, (3) educational welfare, (4) propagation, (5) public benefit, and (6) public welfare, which reflects the perspective of being a social institution with the duty to support society's stability through creating shared values and mechanisms for caring for life in all dimensions, especially in terms of well-being, where monks are recognized as social capital capable of creating inspiration and faith power in driving communities toward sustainable well-being.[18]





From: The Coverage (2561)

Similarly, the National Sangha Health Charter B.E. 2566 (2023) was promulgated from extending the concept of Sangha affairs reform to have integrated health dimensions, aiming to promote monks' good well-being, focusing on caring for monks' health according to Dharma-Vinaya principles, by promoting monks to have good self-well-being and supporting temples as healthcare centers. The main approach is health promotion, disease prevention and control for monks and novices, including developing health literacy and patient care. Additionally, the Charter also promotes temples and communities to participate in caring for monks' health and elevates monks' roles as leaders in creating community well-being,[19] which reflects the adjustment of monks' roles from participants in creating social well-being, not limited to the role of Dharma teachers, but as social practitioners working with communities, government agencies, and civil society to drive health creation for both monks themselves and people in society.



From: CIM Journal. (2023)

Meanwhile, in terms of policy, national policy makers, especially the Ministry of Public Health, have driven the concept of upgrading temples to be "palliative care facilities" under the "One Province One Palliative Care Facility" policy, which is one of the government's urgent strategies (Quick Win Policy) in 2023 aimed at expanding comprehensive end-of-life palliative care to communities nationwide.[20] Dr. Cholnan Srikaew, Minister of Public Health at that time, pointed out the intent of this policy, stating it was not merely establishing new facilities but creating an integrated care system with temples as the center for patient and elderly care in communities, with the state supporting in terms of service standards, budget, and personnel through the National Health Security Office (NHSO) mechanism. Similarly, Dr. Surapong Seubwonglee and Dr. Jadet Thammathatcharee both viewed this policy as collaborative learning between the state and communities that changed policy formulation from top-down to co-design, making communities and temples owners of the space and self-care process, with the state serving as facilitator and structural supporter, such as allocating elderly caregiver budgets, training personnel, and establishing palliative care facility standards consistent with the main health system.[21]

The integration of Buddhist Dharma principles, Thai traditional medical wisdom, and community assistance can create care models that comprehensively respond to patients' physical and spiritual needs, as can be seen from the example of Arokhayasala, Kham Pramong Temple, which will be discussed in the next chapter.

"Thai cultural context and has social capital namely temples distributed throughout the country. Utilizing this social capital to help care for the elderly in each community would certainly benefit society as a whole."

Driven the concept of upgrading temples to be "palliative care facilities" under the "One Province One Palliative Care Facility" stating it was not merely establishing new facilities but creating an integrated care system with temples as the center for patient and elderly care in communities.

This policy as collaborative learning between the state and communities that changed policy formulation from top-down to co-design, making communities and temples owners of the space and self-care process, with the state serving as facilitator and structural supporter

1.3.4 The Palliative Care System in Thai Society

The palliative care system emerged to respond to the need to care for end-of-life patients, the elderly, and vulnerable groups in communities under the concept of holistic care covering physical, mental, emotional, social, and spiritual dimensions to promote quality of life and peaceful death in the Thai cultural context.

The palliative care concept is rooted in integrating palliative care approaches into the health system to accommodate the increasing number of elderly and chronic patients amid limitations in resources, personnel, and budgets of families and communities. From the announcement of the Quick Win policy to promote establishing "palliative care facilities" and "Hospital at Home" to cover all provinces, in subsequent periods, the palliative care system was structurally developed to connect at three levels: palliative care centers in hospitals, palliative care centers in temples, and palliative care facilities in communities or homes, to ensure continuity of care from hospitals to communities.[22][23]



1.4 Conclusion: Thailand's Opportunities and Readiness in Developing the Palliative Care System

The cancer situation in Thailand presented in this chapter demonstrates complex and urgent challenges. The continuously rising cancer incidence rate, late-stage diagnoses as high as 60-70 percent, and the increasing number of end-of-life patients reaching over 229,000 per year create severe burdens on both the health system and patients' families.

The economic impact of caring for end-of-life patients cannot be overlooked. The high cost of hospital treatment, family financial burdens, and lack of holistic care are all problems requiring systematic solutions. Studies have shown that home or community care has lower costs than hospital care and better quality of life outcomes, especially for rural patients where more than 80 percent choose to die at home.

The concept of "Home-Temple-Hospital" or "HTH" is a social framework that reflects the holistic health care structure of Thai communities. All three institutions support each other in caring for patients and vulnerable groups in physical, mental, and social dimensions. Temples are spiritual and cultural centers that promote virtue and spiritual healing. Homes are the basic units of care, compassion, and building social capital through family relationships, while hospitals are centers of modern medicine providing systematic treatment and health rehabilitation. The integration of all three institutions under the "HTH" concept connects the power between religion, community, and the state to create a sustainable health care system, reduce service access gaps, and promote quality of life for patients and vulnerable groups in a balanced manner across all dimensions of contemporary Thai life.



Thailand has valuable social capital in temples, which are distributed throughout the country and have long played a role in caring for communities. Temples are not only religious places but have been and continue to be centers for diverse public services, including healthcare, able to be supplementary or alternative services to the main service units, welfare for the poor, and mental health counseling. In an era when Thai family structures have changed, the role of temples in caring for patients and the elderly has become important again. The concept of palliative care facilities by religious organizations resulted from expanding the scope of the health service system under the National Health Security Act B.E. 2545 (2002) Section 3, which defines service units to include non-governmental organizations or service facilities that can provide public health services according to standards set by the National Health Security Office (NHSO). This includes religious organizations with potential and intent to provide health care services to the public in forms consistent with the moral and spiritual principles of each religion, opening opportunities for temples or religious organizations to register as palliative care facilities if they have readiness in facilities, personnel, and service systems certified by government agencies, providing care for end-of-life patients, dependent elderly, or those needing spiritual care under palliative care principles to enhance quality of life in the final stages, rather than prolonging life through medical processes alone. Therefore, temples or religious organizations registered as palliative care facilities serve as both alternative health service facilities and spiritual centers of communities.[24]

The combination of urgent problems, cost-effective solutions, and ready-to-use social resources creates important opportunities to develop an end-of-life cancer patient care system appropriate for the Thai context. Palliative care that integrates Thai traditional medicine for basic physical care, Buddhist Dharma principles emphasizing mental and spiritual care with the principles of "Dharma leads the world" and "consistent with the principles of Dharma-Vinaya" refers to principles based on health needs, covering comprehensive physical, mental, and social health and holistic care, which is a model consistent with Thai culture and responds to patients' needs both physically and spiritually, building upon temples' existing experience in caring for sick patients or vulnerable groups in communities.

However, developing such a system to succeed requires more than just social capital; it also needs clear policies, appropriate support mechanisms, and models demonstrating feasibility and effectiveness. **Arokhayasala, Kham Pramong Temple** in Sakon Nakhon Province is an outstanding example of bringing this concept into actual practice and has received recognition from patients, families, and government agencies.

The next chapter will present the history and care approach of Arokhayasala, Kham Pramong Temple, which has developed a unique integrated care model for end-of-life cancer patients combining herbal medicine, meditation therapy, and spiritual care. Studying this care approach will help reveal the potential of using social capital in developing the healthcare system, as well as lessons and recommendations for expanding to other areas throughout the country.



From: The Coverage (2024)

Chapter 2

Arokhayasala at Kham Pramong Temple – History and Integrated Approach to Cancer Patient Care

2 Arokhayasala at Kham Pramong Temple: History and Integrated Approach to Cancer Patient Care

Arokhayasala's growth is not measured only by patient numbers or physical structures but includes care system development, network building, and most importantly, **receiving official recognition from relevant agencies until it has truly become part of the national health system.**

2.1 Introduction

In an era when Thai society is transitioning into a complete aged society and the rate of cancer patients continues to rise, there is one place that stands out in presenting an approach to end-stage cancer patient care that differs from the conventional medical system: Arokhayasala at Kham Pramong Temple. This facility is located in the peaceful area of Sawang Subdistrict, Phanna Nikhom District, Sakon Nakhon Province, approximately 40 kilometers from Sakon Nakhon city center.

This temple is not only a spiritual center for the community but has also become a symbol of hope and healing for cancer patients from across the country, featuring an integration of Buddhist principles, Thai traditional medicine, and holistic care concepts that focus on body, mind, and spirit. This chapter will present the history of Kham Pramong Temple and Arokhayasala, including the unique integrated approach to treating cancer patients.



2.2 History and Establishment of Kham Pramong Temple

2.2.1 Origin and Establishment of Kham Pramong Temple

Kham Pramong Temple originated in early 1986 from the wishes of Kham Pramong villagers in Sawang Subdistrict, Phanna Nikhom District, Sakon Nakhon Province, who wanted a temple for their village. The villagers collectively donated land to build a temple for Phra[1] Khru Santivoranyan (Luang Pu Sim Buddhajaro), who later received a monastic title promotion to Phra Yanasitthajarn and has since passed away.[25]

The government approved the temple construction, with the Ministry of Education announcing on January 30, 1987, the name "Kham Pramong Temple" with a total temple area of 48 rai.[25] On June 19, 1987, the Provincial Ecclesiastical Governor of Sakon Nakhon (Dhamayuti) appointed Phra Bhikkhu Panlop Bhibanpaknithi (currently Phra Paponpatchara Jiradhammo), as a student of Luang Pu Sim Buddhajaro, to be the abbot of Kham Pramong Temple.[25]



1 **Phra:** A versatile term meaning holy, divine, or royal, used as a title for monks



From: National Health Security Office (2024)

2.2.2
Phra Paponpatchara Jiradhammo or Luang Ta[1]:
From Engineer to Healing Monk

Early Life and Education

Young Panlop Phibalsak was born in Kanchanaburi Province, Tha Lo Subdistrict, Tha Muang District. His father was Police Lieutenant Colonel Tri Phibalsak, who married Praphasi Satasthian from Nonthaburi. However, they separated when he was very young, so he was raised by Usa Phibalsak (adoptive mother).(26)

Because his father was a police officer who had to suppress bandits in many areas, his life was transient. His father therefore enrolled him as a boarding student at Daruna Ratchaburi School, a Christian school with strict Italian Brothers, which instilled a systematic and disciplined life from a young age.(26)

Education and Civil Service Period

After completing secondary education, Panlop entered the Pak Kret Irrigation School as a technical student in the 28th cohort during the 1972-1973 academic year, and later continued his studies at Kasetsart University.(26) After graduation, he entered civil service in the Royal Irrigation Department. During his work in the Royal Irrigation Department, he was assigned to work at the Nam Oon Dam Project in Sakon Nakhon Province in 1976.(26)

A significant moment occurred when Her Royal Highness Princess Srinagarindra the Princess Mother and His Majesty the King stayed for several months to work helping people in the Northeast. He was assigned to coordinate with officials from various government departments and received praise for his agile and polite demeanor.(26)

Ordination and Dharma Studies

With devotion to Buddhism that arose from encountering and discussing Dharma with virtuous monks at the Nam Oon Project area, Panlop decided to resign from civil service to be ordained as a monk and dedicate himself to monastic life, intending to seriously study and practice Dharma and live according to Buddhist teachings.(26)

He was ordained in 1979 at the ordination hall of Santisangharam Temple, Ban Bua, Sawang Subdistrict, Phanna Nikhom District, Sakon Nakhon Province, with Phra Khru Boriban Sangkhakij (Oon Uthamo) as preceptor, and the venerable Luang Pu Sim Buddhajaro (Phra Yanasitthajarn) of Tham Pha Plong Temple, Chiang Dao District, Chiang Mai Province, as his first teacher.(26)

After ordination, Phra Paponpatchara studied and practiced Dharma with Phra Khru Santivoranyan (Luang Pu Sim Buddhajaro) at Tham Pha Plong Monastery, Chiang Dao District, Chiang Mai Province, for a full 5 years between 1979 and 1984, which was a crucial period for establishing the spiritual and wisdom foundation that would be used in future patient care.(26)

1 **Luang Ta:** A respectful Thai term for a senior monk, literally "venerable grandfather," denoting deep respect for elder monastics.

2.2.3 Temple Development

Physical Characteristics and Development Planning

The general temple grounds have various trees of different sizes growing naturally throughout, creating a secluded, peaceful atmosphere with shade, suitable for Dharma practice.[28] When Phra Paponpatchara became abbot, having been ordained for 10 years at that time, he seriously and systematically planned the development of the temple and surrounding areas, applying his engineering knowledge and experience from his civil service in the Royal Irrigation Department.

Major Public Utility Development Projects

Temple development consisted of three major sequential projects.[27]

First: Contacting government agencies to help develop transportation routes to Kham Pramong village and Kham Pramong Temple to be properly usable for shared use between the village and temple.

Second: Planning water resource development to provide water for agricultural areas in Kham Pramong village that lacked water. Phra Paponpatchara decided to write a royal petition to His Majesty the King requesting a reservoir, which was graciously granted as a royal initiative project.[3] This involved building an earth dam blocking a small stream not far from the temple, creating a reservoir with a capacity of approximately 450,000 cubic meters, along with a small canal to agricultural areas of about 400 rai. The reservoir has been full every year since late 1988, providing water for year-round cultivation.[27]



Third: Construction of the ordination hall. Since Kham Pramong Temple was newly established with few buildings, plans were made to construct a reinforced concrete ordination hall measuring 7 meters wide and 15 meters long. Songsak Tawecharoen, an expert architect from the Royal Irrigation Department, designed the architectural form to harmonize with the natural environment and local Northeastern culture. Construction was completed in 1993.[27]

Royal Visit by Her Royal Highness Princess Maha Chakri Sirindhorn

A most auspicious event occurred when Her Royal Highness Princess Maha Chakri Sirindhorn graciously visited Kham Pramong Temple twice. The first visit was to preside over the casting of the principal Buddha image for the ordination hall, a Buddha image in the posture protected by the Naga, with a lap width of 39 inches, in November 1990. The second visit, after the ordination hall construction was completed, was to cut the vine for the Sima stone boundary marker ceremony in November 1993.[27]

Each time, people who revered Phra Paponpatchara traveled to gather for merit-making in large numbers, estimated at no less than ten thousand people.[27] These royal visits affirmed the importance of Kham Pramong Temple as a spiritual center for the community and the Northeast region.

2.3 Origin and Establishment of Arokhayasala

2.3.1 Meaning and Origin of the Name "Arokhayasala"

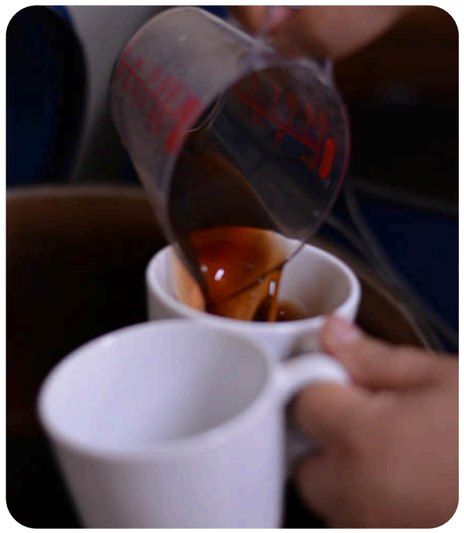


The word "Arokhayasala" has deep meaning and connects to Buddhist concepts and Thai traditional medicine. The word "Arokha" comes from the Pali word "Arokhaya," meaning "free from disease" or "good health." The word "sala" means "place" or "dwelling." Therefore, "Arokhayasala" means "a place free from disease" or "a place of good health."[25]

This name reflects the philosophy of Buddhist care that focuses not only on treating disease but on creating complete well-being in all dimensions of life: physical, mental, and spiritual. The use of the name "Arokhayasala" thus connects to the medical wisdom and health care of ancestors in the Southeast Asian region.[25]

2.3.2 From Personal Illness Experience

Having dedicated his life to Buddhism without much attention to his own health, Phra Paponpatchara fell ill with nasopharyngeal cancer. After receiving conventional medical treatment at Chulalongkorn Hospital and still experiencing side effects from the treatment, he subsequently treated himself with various herbal medicines of his own creation, resulting in the "Cancer Top Medicine" formula discovered through studying ancient texts called "Phet Nam Nueng" Combined with meditation and Vipassana practice, he recovered from his illness and regained his health.[25]



Phra Paponpatchara recounted his experience of discovering the medicine formula: "After treatment at the hospital, the bleeding still wouldn't stop. I tried everything, and finally sat in meditation and brought out a thick medicine manual to study. I analyzed that at that time I couldn't eat, couldn't breathe comfortably. After entering meditation for 3 hours continuously, it felt like a flash, when the mind withdrew and contemplated the bodily elements, then contemplated the herbal medicine formula for cancer top medicine, which is the medicine being prepared for patients to consume every day. After Luang Ta consumed it, the next morning I could eat, breathe comfortably with energy. When I finished consuming 5 pots of medicine, the bleeding decreased significantly. Both meditation and herbs were effective."[25]

This experience was a crucial turning point that led to the establishment of Arokhayasala.

2.3.3 Beginning of Patient Assistance

From his own experience, Phra Paponpatchara developed compassion, loving-kindness, and sympathy for cancer patients who suffered tremendously both physically and mentally. He therefore began helping patients who came seeking consultation and treatment, starting with villagers coming for treatment from 1996-1997. As the number of people receiving care increased continuously, he tried to get friends to help and assisted in building Arokhayasala, resulting in "Arokhayasala at Kham Pramong Temple," which grew steadily into what is seen today.[25]

From 2004 to the present (2025), approximately 6,800 patients have received therapeutic treatment. Patients who came for treatment came from all regions of Thailand, including foreign patients.[28] This continuous expansion reflects the trust and needs of patients and families seeking alternatives in holistic care.

2.3.4 Objectives and Goals of Arokhayasala

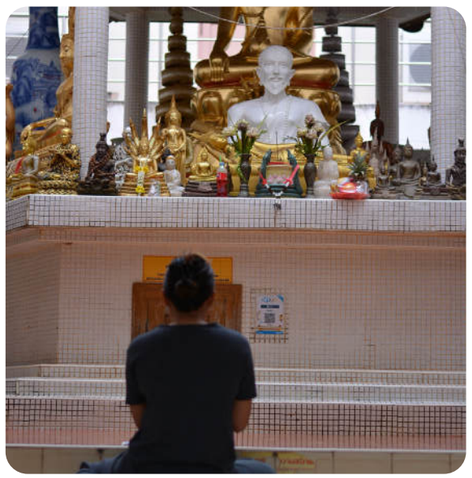
Main Treatment Objectives

The treatment objectives at Arokhayasala are not only to cure or alleviate the disease, but to respond to patients' natural needs for understanding life and having happiness during illness. If they must die, they die peacefully, or as Phra Paponpatchara stated, "die with a smile," which is based on following religious principles and medical science.[28]

Vision for the Future

Arokhayasala at Kham Pramong Temple has a vision to continue developing as a research and development institute for Thai traditional medicine and alternative medicine, divided into two parts: the spiritual aspect, which is the construction of "Phra Nakarat Bothisakamahatathu," and the physical aspect, which is the construction of "Yanasitthidham Osot Bamrud Institute," for integrating the treatment of cancer patients and spiritual development harmoniously.[28]





2.4 Philosophy and Treatment Principles

2.4.1 Holistic Treatment Philosophy

The care of cancer patients at Arokhayasala is based on a philosophy different from mainstream medicine. Phra Ajarn Paponpatchara Jiradhammo explained the main concept: "The treatment here is about natural therapy. In theory, no one knows how cancer cells arise, but actually everything has causes and conditions. It's just that the occurrence in each person is different."[25] This philosophy reflects viewing cancer not as an enemy to be destroyed, but as a signal from the body calling for a new balance.

Dr. Siriroj Kittisarapong, a volunteer doctor who came to help care for patients, provides an academic explanation: "People who recover are those who can take good care of themselves, not just using medicine until recovery, because cancer arises from the patient's personal behavior as the doer. Therefore, if you want to recover, you must find ways to take care of yourself."[25] Looking at disease in this dimension makes treatment not just about using anti-cancer drugs, but about strengthening patients' ability to care for themselves.

Four Principles of Treatment Philosophy

Care at Arokhayasala is based on four important philosophical principles:

1. **Acceptance of Present Reality:**
   Patients must start by accepting that they have cancer, without avoiding or denying the truth. A study by Suwannapong and colleagues found that cancer acceptance in Thai Buddhist patients has special characteristics different from other cultures.[29] As Luang Ta stated in a commemorative book, "When you realize you have cancer, most people think their life won't be long. When realizing this, it causes life changes, creating life power."[25]

2. **Reconstruction of Hope:**
   Even though it is end-stage disease, Arokhayasala views each day of life as a golden opportunity for learning and spiritual growth. Hope is not in survival but in living a meaningful life.

3. **Knowledge Integration:**
   Bringing knowledge from Thai traditional medicine, conventional medicine, and alternative medicine together in balance through comprehensive patient assessment.

4. **Quality of Life Focus:**
   The goal is not just living long, but living with quality and happiness in every remaining day.

The outcomes of holistic treatment are clearly evident: patients whom doctors predicted would have only a few months left can live with quality of life for as long as 5-10 years, reflecting both the power of faith and the deep connection with physical recovery. This is exemplified by Luang Ta's experience after receiving medicine, saying "I can breathe, I can eat breakfast in the morning".[25] Moreover, research by Dr. Narongsak Theerawong found that 60 percent of patients showed improved symptoms, and 70-75 percent were no longer afraid of cancer.[25] This demonstrates the success of holistic care in both physical and mental dimensions.

2.4.2 ArokhaDHITA Model: Four-Dimensional Care Knowledge

Patient care at Arokhayasala, Kham Pramong Temple, is not merely disease treatment but an integration of knowledge from multiple fields under the "ArokhaDHITA Model" framework. DHITA comes from the words Dharma, Herbal, Integrating, Therapeutic, Approach, consisting of 4 knowledge dimensions that reinforce each other: (1) Nature Therapy (2) Dharma Therapy (3) Herbal Medicine Therapy and (4) Integrative Care. This model reflects holistic care philosophy that considers all dimensions including body, mind, society, and spirit, with the ultimate goal of enabling patients to "live comfortably, die peacefully, without being a burden."[28]

Dharma

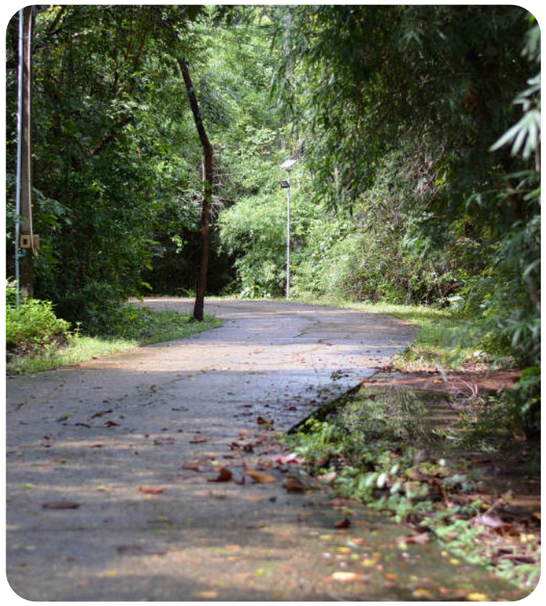
Herbal

Integrating

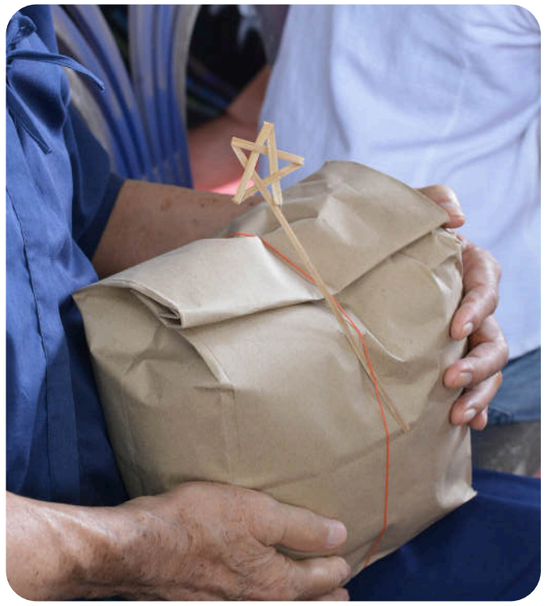
Therapeutic

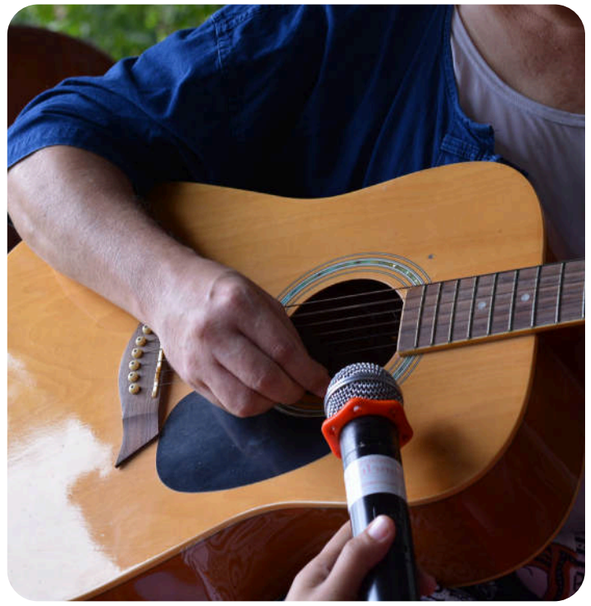
Approach











2.4.2.1 Dimension 1: Nature Therapy

Integrated medicine at Kham Pramong Temple is "holistic medicine that occurs naturally, is natural therapy, not done according to principles or regulations obtained only from research or textbooks, not intervening in the body with unnatural things," as explained by Dr. Siriroj Kittisarapong.[25]

Phra Paponpatchara, or "Luang Ta," is the pioneer who established Arokhayasala open to all ideas beneficial to patients that can be applied, using meditation therapy as the core of therapeutic healing care by considering all dimensions of patients simultaneously including physical, emotional, social, and spiritual aspects. Therefore, it is appropriate to apply treatment methods specifically for each individual patient, with patients having the right to choose whether to receive care or not.[25]

Treatment with the Power of Nature

The environment at Arokhayasala is designed to promote natural healing, with over 48 rai of green space surrounded by large trees, herbal gardens, and exercise walking areas. Research over the past decade has proven that access to nature has positive impacts on cancer patients in all dimensions: physical, mental, social, and spiritual.[30][31]

A scoping review that compiled 12 research studies from more than 2,786 cancer patients found that access to nature helps reduce anxiety, depression, sleep problems, stress, confusion, fatigue, and pain. Importantly, patients reported that nature is "the most important resource" in coping with cancer.[30] This study concluded that nature benefits cancer patients both during diagnosis and treatment, and should be used as part of safe care to support overall health and well-being.



Healing Spaces and Nature Therapy Activities

Arokhayasala provides various forms of nature therapy activities according to each patient's ability, including:

1. **Garden Walking Exercise:** Patients who have the strength to walk exercise along shaded walking paths through flower gardens and herbal gardens. A study by Kim and colleagues (2018) found that forest therapy helps improve sleep quality in gastrointestinal cancer patients.[30]

2. **Peaceful Rest Areas:** There are pavilions and shaded seating areas for patients to rest surrounded by nature. Being in this peaceful environment helps calm the mind and naturally reduce stress.

3. **Planting and Caring for Medicinal Plants:** Patients and relatives can participate in planting and caring for medicinal plants, which serves as both therapeutic activity and creates a sense of value. Studies have found that gardening helps cancer patients feel calm and happy.[31]

4. **Greenhouse for Growing Medicinal Plants:** Arokhayasala has developed a greenhouse for growing rare medicinal plants, especially Hua Roi Ru (ant plant), which is a main plant in the medicine formula. This greenhouse is designed to optimally control temperature and humidity, and includes raising special ant species that have a symbiotic relationship with this plant type.[28]

Scientific Principles

Nature therapy is based on several scientific theories:

Attention Restoration Theory (ART) explains that nature helps restore depleted cognitive capacity from excessive attention use.[31][32]

Stress Reduction Theory (SRT) explains that viewing nature stimulates the parasympathetic nervous system, causing the body to enter a resting state, reducing stress and anxiety.[33]

Phytoncide Effect: Volatile substances from trees (phytoncides) help increase the function of natural killer cells (NK cells), which play an important role in the immune system. Regular exposure to forests helps strengthen immunity, which is especially important for cancer patients.[33]

Additionally, a 2020 study found that participating in a nature-based intervention program for 10 weeks significantly improved cardiopulmonary fitness and reduced fatigue in cancer patients.[31]



2.4.2.2 Dimension 2: Dharma Therapy

Buddhist Foundation

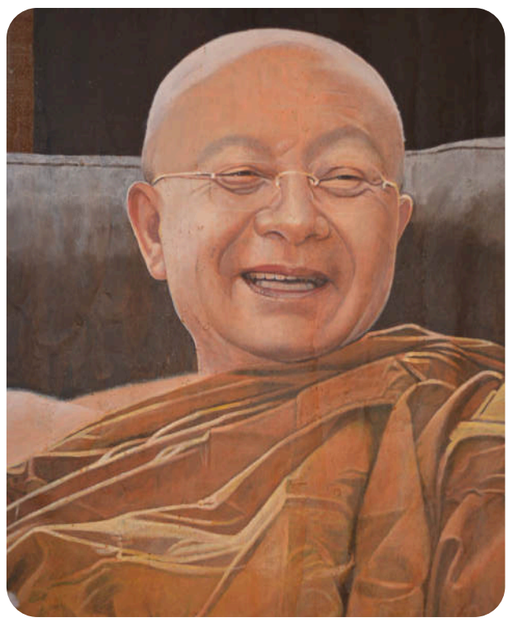
Dharma therapy is the core of care at Arokhayasala, reflecting the Buddhist philosophy that illness and suffering are part of life. Understanding and accepting this reality helps patients live their remaining time happily and peacefully.

Luang Ta once said, "We are not here to cure illness, but to respond to patients' natural needs for understanding life and having happiness."[25] Care therefore focuses on preparing mental and spiritual readiness rather than fighting the disease.

Kirimananda Sutta: The Heart of Mental Therapy

Luang Ta uses the "Kirimananda Sutta" as the main scripture for teaching patients. This sutta is a sermon the Buddha delivered to Phra Kirimananda, who was seriously ill and unable to come for an audience. This sutta teaches contemplation of body and mental formations. When Phra Kirimananda focused his mind according to the sermon's principles, he attained the path and fruition, and his illness and pain disappeared.[25]

Luang Ta explains: "When we use our mind to do this repeatedly, the mind will withdraw from pain. Even though the body is still ill, the mind will not suffer."[25]



Dharma Therapy Activities

1 Chanting Therapy and Meditation Practice

Chanting is an important tool for mind control. Luang Ta explains: "When we use chanting or meditation to help calm the mind, we open our mind to receive abundant power to heal ourselves. The calmer we are, the more power we can receive, causing the body to achieve balance in all 4 elements: earth, water, fire, wind."[25]

Luang Ta often teaches patients to meditate and contemplate the last 9 minutes of life frequently, as recorded in the document: "Using chanting therapy or meditation therapy, patients must have faith and practice meditation together. When the mind becomes calm, energy will arise to cover the body and balance the elements. This is called Samatha meditation, a mind guided by mindfulness."[28]

Additionally, Vipassana helps patients use wisdom to contemplate elements and bodily formations in detail, emphasizing the use of wisdom to examine the 4 elements and 5 aggregates in detail, under the guidance of the Three Characteristics: impermanence, suffering, non-self, or arising, existing, ceasing of the body, until withdrawing from clinging to his body, our body, according to the four foundations of mindfulness (Mahasatipatthana).[28]

This is the main activity held daily from 07:00-08:00 and 18:00-19:00. Patients and relatives chant and practice meditation together. Studies have found that meditation practice helps reduce anxiety and depression in end-stage cancer patients.[29][34]

Meditation practice at Arokhayasala is an important practical tool for managing both physical and mental pain. As Luang Ta teaches in the Arokhayasala study document: "Meditation is equally important. It is to see that everything that arises can cease. Cancer that arises can cease. Nothing that arises cannot cease."[25]

Additionally, Luang Ta shared his personal experience in using meditation to manage pain in the Arokhayasala introduction book: "When reaching this state of reality, illness has almost no meaning. Cancer has no meaning. If it's cured, it's cured. If not cured, never mind. His mind is very joyful."[25] This mental transformation is the most important result of meditation practice: reducing attachment to the body and emotional suffering.

Meditation Therapy Process in Practice

Meditation therapy practice at Arokhayasala has 3 main steps:

1. **Mindfulness of Breathing:** Patients learn to use breath as an anchor for the mind, practicing to establish mindfulness with breathing in and out, especially using the mantra "Buddho" together with breathing. As explained in the document, this practice can significantly reduce pain medication use.[35]
2. **Loving-kindness Meditation (Metta):** Sending love and kindness to oneself, relatives, and all beings, creating positive energy and reducing mental turmoil. Many patients report that loving-kindness practice helps reduce feelings of anger and bitterness.
3. **Letting Go Practice:** Training to accept the present condition without resistance, reducing stress and mental pain. This principle is consistent with holistic end-stage patient care concepts that emphasize acceptance and adaptation.[36]



2 Dharma Listening and Discussion

Luang Ta teaches basic Dharma principles, especially the Three Characteristics (impermanence, suffering, non-self) and body contemplation. A qualitative study in Thai end-stage cancer patients found that Buddhist death acceptance helps patients have peace and better plan their remaining life.[34]

3 Medicine Boiling Ceremony

This is a special ceremony held on Buddhist holy days for new patients. This ceremony is not just ordinary medicine boiling but a ritual with chanting, setting intentions, and blessings from Luang Ta. Many patients say, "Just doing the medicine boiling ceremony, half the illness is gone," because the mind receives strength and confidence in treatment.[25]

4 Practice of Seven Qualities of a Good Person (Sappurisa Dharma 7)

Patients and relatives are taught to practice according to the seven principles of Sappurisa Dharma: (1) knowing Dharma, (2) knowing the meaning of Dharma, (3) knowing oneself, (4) knowing moderation, (5) knowing time, (6) knowing the community, (7) knowing persons. These principles help patients and relatives live together more happily and understand each other better.







2.4.2.3 Dimension 3: Herbal Medicine Therapy

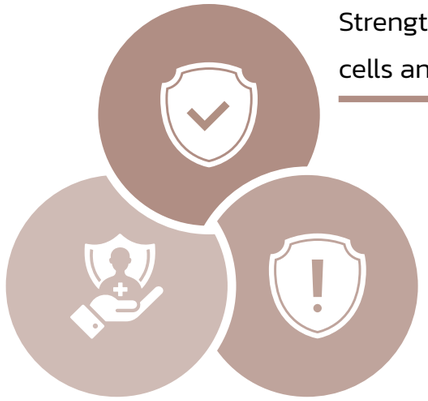
The heart of treatment at Arokhayasala is "Cancer Top Medicine" (Yod Ya Kae Mareng), an herbal formula that Luang Ta discovered through meditation and studying ancient texts. The story of discovering this medicine formula is a significant turning point in Arokhayasala's history.

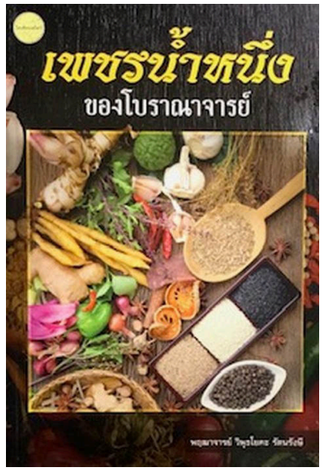
This medicine formula has unique characteristics that Luang Ta compared to an army in the Arokhayasala introduction book: "Like an army that must have both defense forces, offensive forces, and support forces, which reinforce each other in treating cancer symptoms."[28] The classification of herbal functions in this formula includes:

Defense forces
Strengthen the immunity of blood cells and lymph to be strong

Support forces
Create balance for body systems to work in coordination

Offensive forces
Affect the atrophy of cancer cells





Wisdom from the "Phet Nam Nueng" Textbook

Herbal therapy at Arokhayasala is rooted in the ancient Thai medical textbook "Phet Nam Nueng" which has been passed down from ancestors. Luang Ta researched and refined medicine formulas from this text through direct experience from treating himself from end-stage nasopharyngeal cancer.[28]

Cancer Top Medicine: Main Medicine Formula

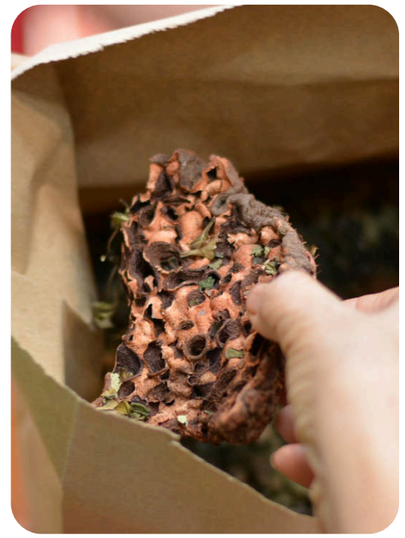
The main medicine formula used at Arokhayasala is called "Cancer Top Medicine" (Yod Ya Kae Mareng), consisting of the main herb:

1. **Hua Roi Ru (Ant Plant or Myrmecodia):** A rare plant that has a symbiotic relationship with special ant species. Its distinctive feature is a stem with many cavities that serve as ant habitats. These ants release formic acid and other substances that cause the plant to produce active compounds with anti-cancer properties.[4]

2. **Supplementary Herbs:** In addition to Hua Roi Ru, the medicine formula also contains several other herbs, such as Fah Talai Jone (Andrographis paniculata), Khamin Chan (Curcuma comosa), and herbs with properties to nourish the body and strengthen immunity.

Thai Herbs Specifically for Anti-Cancer

1.	Hua Roi Ru: Hydnophytum formicarum Jack	50 gm.
2.	Mai Sak Hin: Cordia globifera W.W. Smith	50 gm.
3.	Khao Yen Nuea: Premna herbacea Roxb	200 gm.
4.	Khao Yen Tai: Smilax glabra Wall. ex Roxb.	200 gm.
5.	Kot Chula: Eupatorium capillifolium Small (use whole plant)	50 gm.
6.	Kot Chiang: Livisticum officinale Koch.	50 gm.
7.	Kamphaeng Chet Chan: Salacia chinensis L.	50 gm.
8.	Thong Phan Chang: Rhinacanthus nasutus (use whole plant)	200 gm.
9.	Ngueak Pla Mo: Acanthus ebracteatus Wall.	200 gm.
10.	Ya Nuat Maeo: Orthosiphon aristatus Mig.	200 gm.
11.	Phi Mop: Polyalthia cerasoides	100 gm.



Medicine Preparation and Usage Process

Medicine boiling at Arokhayasala is not just combining herbs together but is a ritual with spiritual dimensions. As stated in the Arokhayasala study document, Luang Ta emphasizes: "Medicine boiling must be boiled for the right time. When taking medicine, one must chant to build strong mental power."[28] Chanting while boiling and drinking medicine is considered part of treatment, because of the belief that positive mental power will help increase medicine effectiveness.

According to Thai traditional medicine tradition, auspicious times for boiling medicine are designated during both waxing and waning moon phases according to the lunar calendar, which relates to the patient's body pulse.[28] This is usually held on Buddhist holy days, with Luang Ta determining the medicine boiling date each time.

Herbal Medicine Boiling Process

1. Mental Preparation and Pre-Boiling Ritual

Before beginning the process, the medicine preparer lights one pair of candles and three incense sticks to commemorate the Triple Gem: the Buddha, the Dharma, and the Sangha. Then sit in meditation, focusing the mind on recalling the grace of Phra Phaisatchayakuru Waiduriyaprapha (the Buddha of Medicine) and Chiwaka Komaraphat, who is the model of ancient medicine. Recite the Sakkatvagatha verse four times to invoke the virtues and power of enlightened wisdom to abide in the medicine preparation process. This is considered creating concentration, determination, and harmonizing the power of body, mind, and sacred things to align in healing.

2. Medicine Boiling Steps

Put all herbs in a large earthenware pot. Add rainwater to the pot, as rainwater is considered the purest water in Thai traditional medicine beliefs. Let the herbs soak in water for approximately 10 minutes. Then place the pot on a low wood fire.

First time: Boil for approximately 15 minutes, then strain only the liquid and keep it in an enamel pot.

Second time: Add rainwater in the same amount to the earthenware pot, boil for another 15 minutes, then mix with the first batch of medicine liquid in the same enamel pot.

Third time: Repeat once more in the same manner, then combine all medicine liquid together in one enamel pot.

Keep all 3 batches of herbal liquid at room temperature. Store in clean containers and warm to boiling every morning and evening.





Supplementary Medicines for Specific Symptoms

In addition to Cancer Top Medicine, Arokhayasala also has other herbal formulas according to the type of cancer such as:

- Ya Samanchan for colon cancer
- Ya Nam Saban for liver cancer

Additionally, Arokhayasala has incorporated medical cannabis as part of symptom relief, especially for reducing pain and stimulating appetite, which is consistent with modern medical approaches to using cannabis for treatment. [37]



Herbal Production and Quality Control Process

Growing and Harvesting Herbs: Arokhayasala grows most herbs themselves on temple grounds using organic farming principles without chemicals. Harvesting is done at appropriate times according to Thai traditional medicine principles.

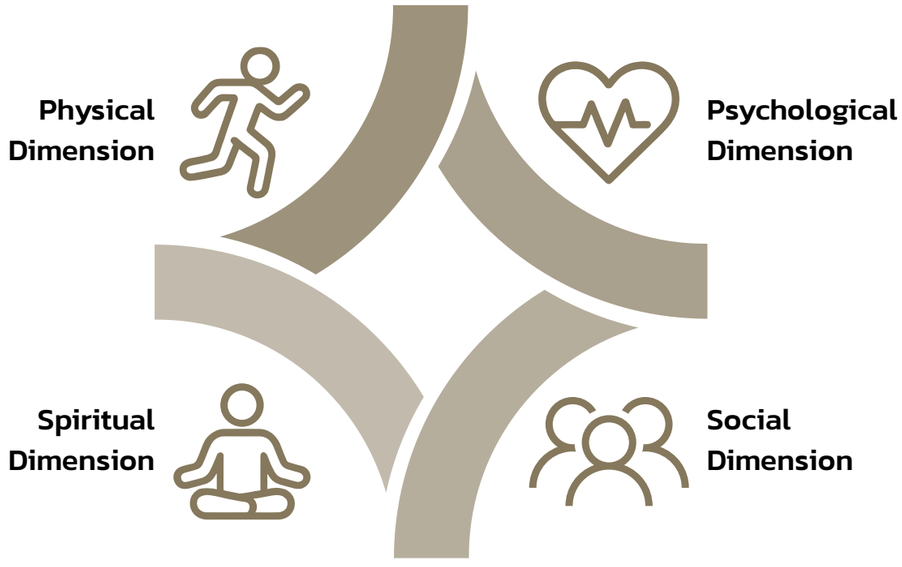
Quality Control: Padnee, an herbal expert who has worked with Luang Ta for over 20 years, plays an important role in herbal quality control, from selecting raw materials, checking cleanliness, boiling medicine to standards, and storage.[38]

Scientific Principles

The herbal treatment approach at Arokhayasala is consistent with Thai traditional medicine principles that emphasize "balancing body and mind" rather than "killing cancer cells." Dr. Pornlert Chatkaew, an anesthesiologist from Chulalongkorn University, explains: "Killing cancer cells inevitably affects good cells. Spiritually, there will be a retaliatory reaction from those being killed as well. Balancing body and mind with Thai traditional medicine is natural therapy, having slow effects on body changes. Spiritually, it will be peaceful coexistence of the patient's body and cancer, creating mutual satisfaction."[25]

2.4.2.4 Dimension 4: Integrative Care

Cancer patient care at Arokhayasala, Kham Pramong Temple, proceeds according to a 4-dimensional care model that is interconnected, reflecting holistic care philosophy that not only focuses on treating physical symptoms but covers all dimensions of being human, including: Physical Dimension, Psychological Dimension, Social Dimension, and Spiritual Dimension. It consists of 4 main interconnected components:



Meditation and Dharma Therapy for Pain Management

Using meditation as the core instead of relying on medication is an important innovation of Arokhayasala. Contemplation of the last 9 minutes of life that Luang Ta teaches helps patients prepare mentally and reduce fear of death. Using both Samatha and Vipassana meditation helps patients effectively manage both physical and mental pain.[28]

Nutrition Therapy: Food Revolution

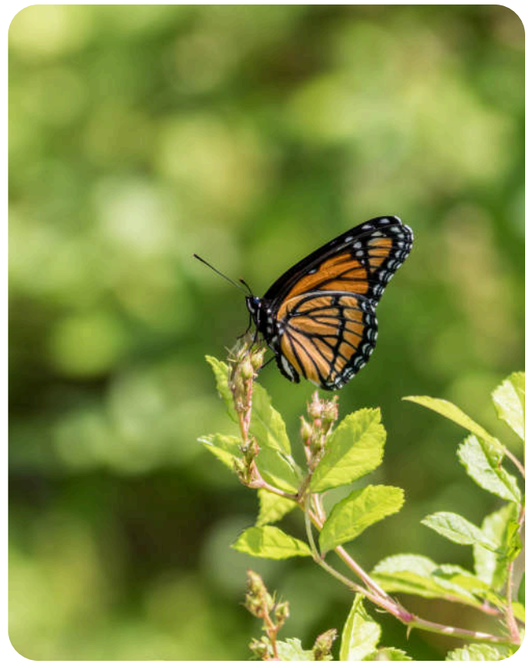
Changing eating behavior is an important part of treatment. Patients receive advice to abstain from animal meat, cow's milk, soy milk, fermented milk, egg yolk, fatty foods, processed foods, food flavoring additives, very sweet foods and fruits, and avoid cultivated mushrooms. Emphasis is on vegetables and fruits and cooking without oil.[39]

Activity Therapy and Healing Community

Arokhayasala is like a "small village" where everyone participates in daily activities such as vegetable gardening, food preparation, cleaning, and exercise such as yoga, Qigong, and Chi Dynamics. There are also therapeutic activities by various volunteer groups such as art therapy and music therapy to create a sense of being part of the community and reduce feelings of loneliness. Joint Dharma practice includes teaching patients to practice meditation, chant, walking meditation, and teaching patients to regularly practice death recollection (maranasati) to understand and accept life changes including birth, aging, illness, and death, which helps patients suffer less and live with the disease with a wholesome mind.[39] A study by Helgeson and colleagues found that social support groups significantly affect mental adjustment and quality of life in cancer patients.[40]

Preparing for the Final Moment: "Good Death"

The concept of "good death" is part of the unique care at Arokhayasala, which focuses on enabling patients to prepare for their final moment peacefully surrounded by relatives and community members chanting in a circle, allowing patients to pass away peacefully and with dignity. A study by Kongsuwan and colleagues found that "death acceptance" is an important process that helps patients and families face the final moment peacefully and meaningfully, especially when such care is based on Buddhist understanding such as mindfulness of impermanence (anicca) and letting go of attachment, which helps reduce mental suffering and leads to inner peace. In the context of Thai culture, death acceptance is preparing to die in the Buddhist way that affects the peace of patients and families.[41] Such preparation is not merely a physical process but is a "spiritual practice" that makes death become part of living a complete life.



From: Freepik

In the social science dimension, "death acceptance" is not only an internal experience of individuals but is a social process that occurs within networks of family, community, and religion. Qualitative evidence by Upasen and Thanasilp found that end-stage cancer patients who receive care in temple contexts or Buddhist medical centers can accept death better than those in general hospital systems. Patients have peace, reduce attachment to possessions and worldly relationships, and can mindfully plan their passing, such as determining funeral ceremonies, expressing gratitude to family, or dedicating merit before death. These things reflect "good death" in the Thai socio-cultural meaning that connects death, religion, and community relationships.[34]

The concept of "good death" is therefore not merely the end of life but is an "awakening process" that reflects deep understanding between life, suffering, and letting go in the Thai cultural context. Caring for patients to die well is not only the duty of medical personnel but is a joint mission of family, community, and religion that merge to make "death" truly become part of "the peaceful beauty of life."

Multidisciplinary Team

Care at Arokhayasala is an integration of Thai traditional medicine, conventional medicine, and alternative medicine, with a multidisciplinary team working together, consisting of:

1. **Luang Ta and Dharma Experts:** Provide mental and spiritual care
2. **Thai Traditional Medicine Practitioners and Herbal Experts:** Responsible for herbal treatment and Thai massage
3. **Volunteer Conventional Medical Doctors:** Provide medical consultation and help assess symptoms
4. **Nurses and Volunteers:** Care for patients in daily life, assist with activities, and provide encouragement
5. **Volunteers from Various Professional Fields:** Including engineers, scientists, teachers, and people with various knowledge and abilities who come to help according to their expertise

Research in 2024 on the integration of palliative care and oncology found that interprofessional collaboration is important for developing individualized care plans. Training and education are necessary to enhance provider capacity to support comprehensive care.[42]

Integration Between Medical Systems

Treatment at Arokhayasala does not conflict with conventional medicine but rather enhances patients' capacity to receive treatment. Patients who still benefit from conventional treatment can continue receiving it alongside herbal treatment. Dr. Siriroj explains his role: "Initial examination of what type of cancer it is, what the biopsy results are, what stage, how much radiation or chemotherapy treatment has been received. Conventional treatment will be given first, including blood tests and IV fluids. Once stable, herbal treatment will begin."[25] This reflects the concept of "integrative medicine" that balances modern science with Thai wisdom to enhance patients' capacity for sustainable self-healing. In the early period when Dr. Siriroj came as a volunteer in 2007-2008, conventional treatment approaches were used to supplement herbal treatment from the beginning.



A 2024 study on the integration of rehabilitation and palliative care in cancer patients found that this integration is important for improving patients' overall quality of life because: (1) Rehabilitation helps improve physical function while palliative care helps manage symptoms and provide emotional support, (2) Interprofessional collaboration helps develop individualized care plans, (3) Early care helps identify and manage problems before they become severe.[42][43]

Patient-Centered Care

Patient and Family Participation: Arokhayasala emphasizes patient and family participation in treatment decisions. Relatives are not merely visitors but are part of the treatment team.

Family Training: Relatives receive training on "Dharma Broom and Rag," which emphasizes doing ordinary housework with mindfulness, and learning the seven qualities of a good person (Sappurisa Dharma 7) to be able to care for patients effectively and happily.



Flexibility in Care: Treatment plans can be adjusted according to each patient's condition and needs. No single method is enforced.

Integration of Modern Technology

Despite emphasizing traditional wisdom, Arokhayasala does not reject useful modern technology, such as:

- Darkfield Microscope for live blood analysis to assess patients' blood condition and circulation
- Patient Data Management System to track symptoms and evaluate treatment results
- Controlled Cultivation Greenhouse for growing rare medicinal plants with consistent quality

Role of Volunteers

Volunteers are an important force at Arokhayasala. Dr. Pornlert explains: "Luang Ta's work is natural, the power of one person who is firmly established in goodness, able to inspire the goodness of many people."[25]

Volunteers work with hearts full of compassion and faith, expecting no compensation, making the quality of care different from general hospitals. Dr. Pornlert says: "Both Holistic Health Care and Humanized Health Care already exist naturally at Arokhayasala, because the work is not done with the hearts of ordinary laypeople alone, but with the hearts of monks who practice well and correctly."[25]

Treatment Results for Patients and Relatives

A 2020-2023 study of 150 end-stage cancer patients found that integrated care covering pain management, psychological support, and family participation significantly improved patients' quality of life, especially in physical, emotional, and social functioning.[44]

During treatment, patients and relatives/caregivers feel relaxed because the environment is arranged to be close to home, with peaceful nature and home-like living conditions, which differs from hospital atmosphere. Additionally, they benefit from exchanging illness experiences between patients and relatives, and receive spiritual care such as learning about suffering, letting go of suffering, and keeping the mind bright, including opportunities to practice according to their religion's guidelines, such as making merit through alms-giving and transferring merit for Buddhism, to practice accepting and facing death peacefully.

Qualitative research by Upasen and Thanasilp (2020) in Thai end-stage cancer patients who are Buddhists found that death acceptance from a Buddhist perspective helps patients: (1) see death as a natural part of life, (2) understand that death cannot be controlled, (3) think peacefully about death, (4) let go of everything before death, and (5) practice Dharma to die peacefully. Additionally, it was found that patients who accept death well

often make merit regularly and do good deeds to improve their karma.[34]

A 2022 study also found that death acceptance in Thai Buddhist patients is at a high level, and age and disease stage affect the level of death acceptance. Nursing interventions should assess patients' level of death acceptance or propose care plans to help patients and families live peacefully and die peacefully.[29]

When patients are near death, the most important thing is to give patients and relatives the opportunity to say goodbye and ask for forgiveness from each other, accompanied by the chanting of Itipiso by various related groups, to help the patient's mind be in the calmest and most peaceful state, ready to go to a good new realm.

After death, when patients pass away peacefully, the result is that patients have "died well" according to Buddhist religious concepts, and care in this manner naturally makes relatives/caregivers feel the warmth and spiritual safety provided to patients for the last time.[39]

Table 2: ArokhaDHITA Model – Four-Dimensional Care System at Arokhayasala

Dimension	Care Methods	Expected Outcome
1. Nature Therapy	• Walking meditation in natural gardens • Natural mineral bathing • Breathing fresh air • Sitting and listening to nature sound	• Reduce stress • Increase immunity
2. Dharma Therapy	• Chanting and meditation • Listening to sermons • Dharma discussions • Contemplation of the last 9 minutes of life	• Peace of mind • Accept reality • Reduce fear of death
3. Herbal Medicine	• Cancer Top Medicine • Herbal formulas according to the type of cancer • Controlled herbal cultivation • Quality control system	• Reduce physical symptoms • Strengthen immunity • Reduce medication side effects
4. Integrative Care	• Nutrition therapy • Physical therapy • Multidisciplinary team • Preparing for "good death"	• Overall improved quality of life • Family participation • Die peacefully with dignity

Note: All 4 dimensions work together systematically for the best outcomes.

2.5 Care Process from Admission to Follow-up

2.5.1 Admission Phase: Building Understanding and Preparation

Arokhayasala, Kham Pramong Temple welcomes patients of all genders, ages, ethnicities, and religions who wish to receive care according to Arokhayasala's approach. The process of admitting patients into the care system begins with creating clear understanding among patients, relatives, and the team regarding the Thai palliative care approach, using Thai traditional medicine and integrative medicine to heal end-stage cancer patients so they can live with the disease with good quality of life.[39]

The team explains the care approach from the beginning, emphasizing that "we are not here to cure the disease or just reduce symptoms, but rather to respond to patients' natural needs for understanding life and having happiness".[25] This explanation is extremely important in managing the expectations of patients and relatives. The team explains that the main goal of care is to enhance quality of life, alleviate suffering, and prepare mentally, rather than solely hoping for treatment outcomes that cure the disease.

Sometimes patients and relatives are not yet able to accept the illness, but coming to stay at Arokhayasala means they must learn to accept and face the reality of life, view cancer as normal, be able to live peacefully with cancer, and see illness and death as natural.[45]

For admission, patients must have supporting medical documentation, such as treatment history, X-ray results, and diagnostic results[45] to help plan appropriate care according to the disease characteristics. They must also prepare necessities for living at Arokhayasala, such as pots for boiling medicine, rice cookers, personal items, and food for the patient.[39] Additionally, patients receiving care at Arokhayasala, Kham Pramong Temple are advised to stay at Arokhayasala for at least 14 days and must stay through the medicine boiling ceremony before returning home to continue self-care.

Every patient must have at least one relative stay with them to help with daily living, learn how to boil and warm medicine, and prepare appropriate food for the patient, so they can return home and continue caring for the patient. Moreover, relatives who come to stay at Arokhayasala benefit from experiencing the atmosphere at Arokhayasala, hearing teachings from Luang Ta, and having opportunities to talk and exchange experiences with other patients' relatives, which helps in the process of accepting the patient's illness.

The team explains the living rules and regulations, which are designed to create an atmosphere conducive to recovery of both body and mind. Patients and relatives are informed about daily activity schedules, maintaining cleanliness, abstaining from vices, and participating in joint activities. These rules are not mandatory but are guidelines designed to promote patient care.[39]



2.5.2 Assessment and Planning: Integrative Care

Care for patients at Arokhayasala is an approach that enhances treatment capacity without conflicting with conventional medicine. After learning the treatment history, blood tests are performed and saline solution is administered as necessary, then herbal treatment begins according to the appropriateness of each individual patient.

Symptom observation is not limited to only physical symptoms but includes mental state, understanding about the disease, and attitudes toward treatment. The team assesses pain levels, ability to carry out daily activities, and readiness to change lifestyle. This holistic assessment is the foundation for planning care appropriate to each individual.[39]

2.5.3 Planning Care with Relatives: Creating a Healing Team

One of the important distinguishing features of care at Arokhayasala is the importance given to the role of patients' relatives. Relatives are not viewed as merely companions but as part of the care team with an important role in creating a healing environment.

Preparing relatives is an important step that begins from the first day the patient comes to receive care. Luang Ta has emphasized that "relatives who come must be trained on what they need to do in the evening".[25] This training is not limited to only teaching physical care techniques but covers mental development and adjusting attitudes toward illness and suffering.

A unique activity at Arokhayasala is "Dharma Broom and Rag," which combines practical action with learning Dharma principles. Luang Ta teaches that "in the morning you hold a broom and a rag, walk along the path sweeping, sweeping suffering out of your heart, sweeping away disease and danger".[35]

This simple activity has several significant meanings:

1. **Creating mindfulness in daily life:**
Sweeping the floor or wiping becomes moving meditation practice. Relatives learn to establish mindfulness in present actions, not getting lost in worries about the future or regrets about the past.

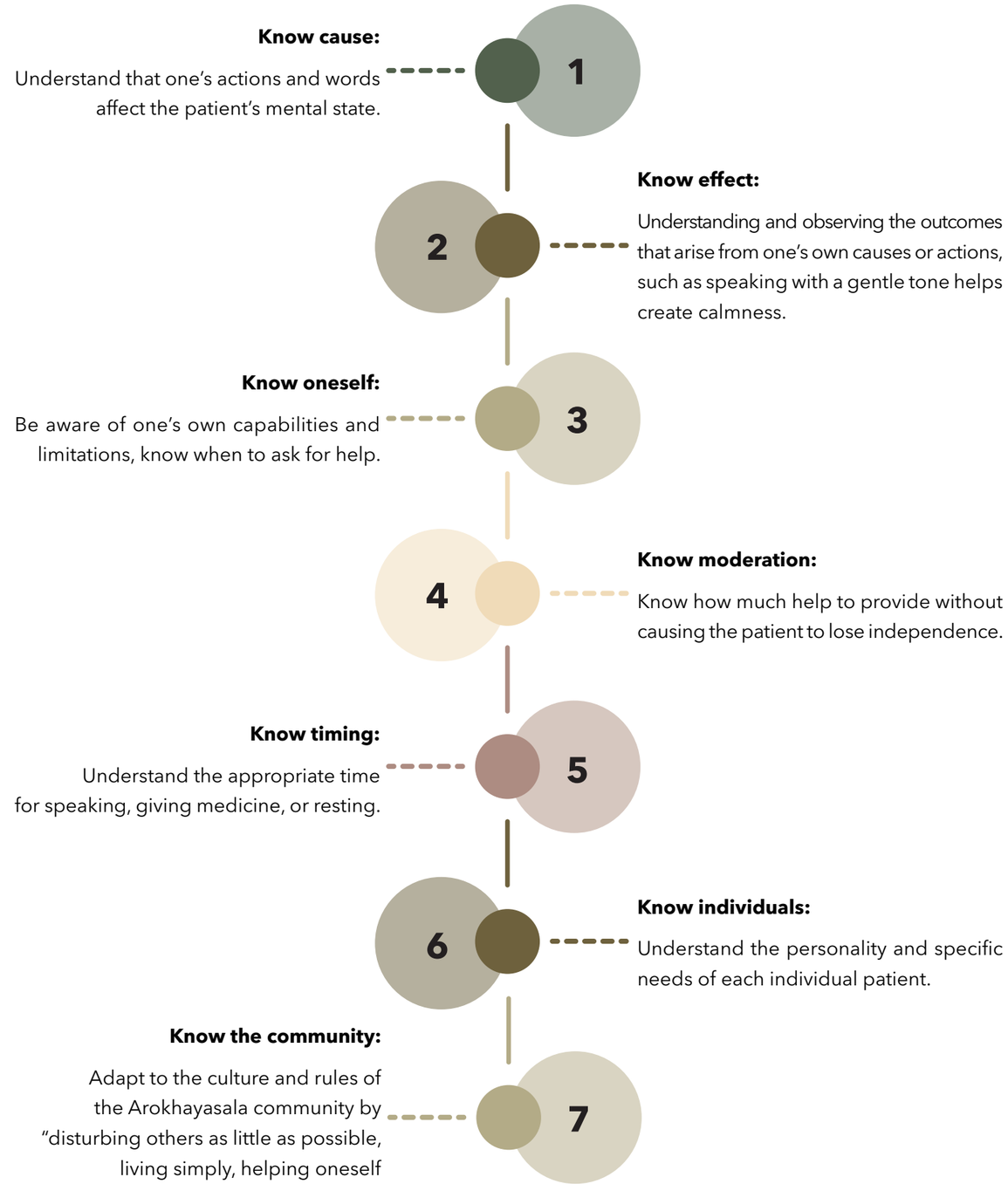
2. **Letting go of attachments:**
Simple housework helps relatives let go of attachment to social status. Doctors, executives, or highly educated people all sweep the floor and clean together equally.

3. **Participating in environmental care:**
Relatives feel they are part of the Arokhayasala community, not just service recipients but co-creators of a good environment.

4. **Symbol of purification:**
Sweeping and wiping are not merely physical cleaning but symbols of purifying defilements and suffering within the mind.

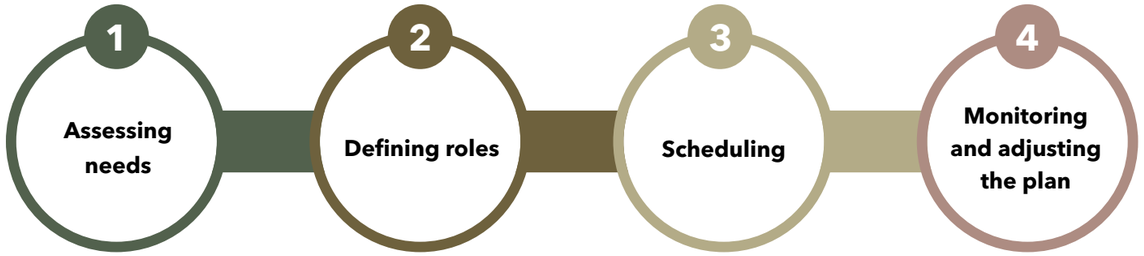
Applying the Seven Qualities of a Good Person (Sappurisa Dharma 7) in Daily Life

Beyond learning the Seven Qualities of a Good Person, relatives and volunteers must practice applying these Dharma principles in real situations[35]



Creating a Joint Care Plan

After relatives have been prepared, the next step is planning care together with the multidisciplinary team:



Luang Ta, doctors, nurses, and volunteers jointly assess the patient's condition and family needs.

Clearly divide responsibilities, such as who will handle food, cleaning, and medication.

Plan rotation of care so that no single relative becomes overly exhausted.

Hold team meetings periodically to evaluate results and adjust the plan according to changing situations.

Outcomes of Relatives' Participation

Having relatives play an important role in the care team has several benefits:

- **Reduce anxiety:** Relatives feel empowered and involved rather than feeling helpless.
- **Improve care quality:** Relatives understand the patient best and can notice small changes that others might miss.
- **Build bonds:** Time spent together caring becomes valuable and meaningful time.
- **Prepare for farewell:** Caring together helps relatives fully express love and say goodbye, reducing later regret.

Creating a healing team at Arokhayasala is therefore not merely dividing work but a process that transforms relatives into caregivers who are knowledgeable, compassionate, and mindful, ready to care for patients effectively and happily.



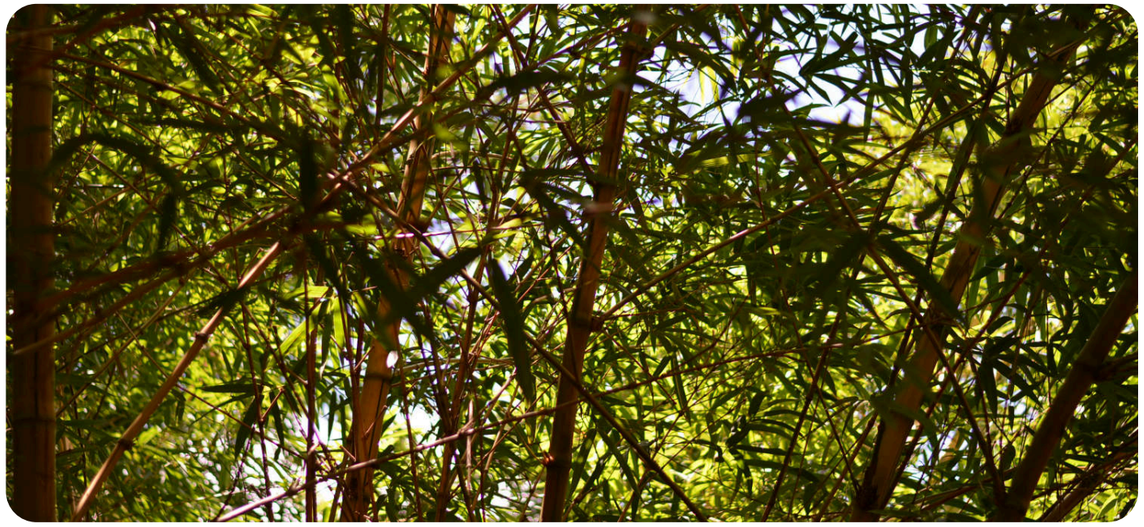
From: Freepik

2.5.4 Daily Care Cycle

The daily activity schedule is designed to create a life rhythm conducive to recovery, consisting of two main parts: **self-practice** and **meditation practice**.

Self-practice emphasizes lifestyle changes for self-care and healing, including adjusting food intake, exercising, participating in various therapeutic activities such as music therapy and laughter therapy, and receiving herbal medicine.

Meditation practice emphasizes spiritual development through Dharma practices such as sitting meditation, listening to sermons, and chanting, to help control emotions, accept illness and death, and manage illness caused by disease.



The atmosphere inside Arokhayasala is shady, quiet, and cool, with trees and ponds that create a relaxing feeling, conducive to self-care both physically and mentally. The residential buildings provide a feeling of closeness to nature and being at home. There is a pyramid building constructed according to Luang Ta's concept, inspired by meditating under pyramids in India. It is believed that the pyramid shape helps gather cosmic energy to heal patients and help the mind relax, making it one of the important places at Arokhayasala for Dharma practice and physical and mental recovery.

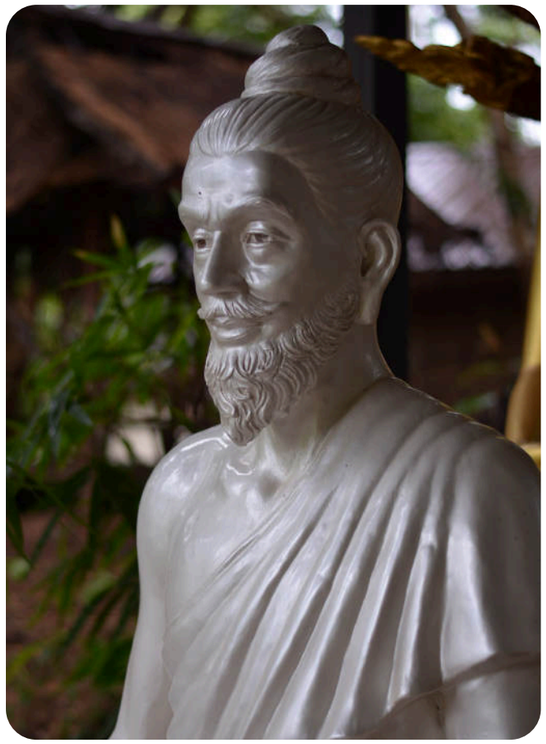
Daily routines for patients and relatives include listening to sermons and Dharma teachings, chanting, and receiving medicine in the morning; cooking and jointly caring for and cleaning common areas; participating in therapeutic activities and exercising according to the daily schedule; and chanting and receiving medicine in the early evening.

The care process for mind, spirit, and body emphasizes using diverse and flexible approaches as appropriate, focusing on the patient, and being able to adjust care plans according to patient conditions. Patients whose physical and mental conditions are strong may help take on duties caring for other patients, but if patients' physical conditions are not favorable and they cannot participate in activities, they will receive individual care.[39]

The 14-day period of living at Arokhayasala is considered the most important time. It is the period when the body adjusts to herbal medicine, the mind begins to become familiar with the holistic care approach, and patients begin building relationships with the Arokhayasala community. This period often determines how well patients can adapt and benefit from the care.[39]

Another extremely important process at Arokhayasala, Kham Pramong Temple is the medicine boiling ceremony. Medicine is boiled on auspicious days so that patients and relatives can see the medicine boiling process and understand what steps are involved before getting one pot of medicine. When patients take medicine, they see its value and have faith, which is an important part of taking herbal medicine.

In the medicine boiling ceremony, relatives and patients see and understand the medicine boiling process so that when they return home they can boil medicine themselves. Additionally, there is a process to help patients release things weighing on their hearts, reduce feelings of discomfort, and heal patients' spirits. Patients write confessions of sins or feelings of guilt in their hearts, then Bangsukun chanting is performed to release lingering feelings from the heart.[39]







2.5.5 Follow-up Phase: Continuous Care

Follow-up care at Arokhayasala is comprehensive and continuous. The team regularly records these symptoms to adjust the care plan appropriately. Follow-up care is not limited to only checking physical symptoms such as observing tumor size, pain levels, ability to eat, and excretory system function.[28] It also includes monitoring mental state, which is no less important than monitoring physical symptoms. The team observes emotions, thoughts, attitudes toward disease, and fear of death. Mental changes are often important indicators of care success. When patients begin to "not fear death and accept it," this shows that spiritual care is beginning to show results.[28]

Additionally, understanding of Dharma is another dimension that must be closely monitored. The team observes whether patients can apply Dharma principles to manage pain and anxiety. When patients can use meditation therapy to reduce pain or can see illness as an opportunity for learning, this is considered an important success of patient care.[39]

At the same time, family adaptation is part of the follow-up. The team observes whether relatives can appropriately care for the patient, whether they are overly stressed, and whether they understand preparation for the patient's passing. Supporting relatives to have good mental health is an important part of holistic care.[39]



When patients return home, the temple continues to provide lifelong care by sending medicine by mail free of charge so patients can boil and take medicine themselves. There is also symptom monitoring through various channels including telephone, Line groups, and teleconference telenursing systems that help with sending medicine, providing consultation, and following up with patients. If patients return home and their condition deteriorates, they can call for consultation at any time. The team explains various options, such as what they will encounter if they go to the hospital, so patients can make the most informed decisions possible.[45]

2.6 Operations and Team

As Arokhayasala developed and grew from its beginning into a holistic care institution, its success increasingly depended on dedicated individuals who could continuously implement Luang Ta's vision. Among these individuals, the role and work of Wilailuck Tantitrakul stands out especially.



2.6.1

Wilailuck Tantitrakul:

Journey from Kham Pramong Temple Volunteer to Director of the Palliative Care Facility

The life journey of Ajarn[1] Wilailuck Tantitrakul, or Ajarn Oat, is a journey that began from a hospital ward at Ratchaburi Hospital to the temple grounds surrounded by Dharma sounds and the peaceful forest of Arokhayasala, Kham Pramong Temple, Sakon Nakhon Province. Ajarn Oat's transition from the world of medical equipment to the space of spiritual healing did not happen by accident but arose from questioning her own heart: "Are we treating disease or healing people?"

Throughout over 20 years in the conventional hospital system, Ajarn Oat saw many people struggling with pain, both physical and mental. She saw patients whose bodies improved but whose minds were still not at peace, and families who, despite having medical technology supporting them in every way, still cried with fear of loss. These experiences made Ajarn Oat begin to see the gap in healing that could not be filled by medicine alone.

The turning point in her life occurred when Ajarn Oat came to study at Arokhayasala while conducting master's degree research. At this place, Ajarn Oat encountered a completely different care atmosphere. Cancer patients who should have been sad were instead full of smiles, laughter, and small joys that occurred each day. Ajarn Oat saw patients singing Mor Lam folk songs, helping each other boil medicine, and participating in Dharma activities without feeling they were ill. These images made Ajarn Oat feel a new meaning of the word "life" and realize that happiness need not disappear along with disease.

From that day, Ajarn Oat began returning to Arokhayasala more frequently—from a researcher who came to study, to a volunteer who helped in all aspects. Eventually, Ajarn Oat decided to resign from the hospital to fully dedicate herself to holistic patient care at Arokhayasala, Kham Pramong Temple. When working full-time, Ajarn Oat expanded her role from nurse caring for patients to being an administrator, lecturer, researcher, and leader of the medicine boiling ceremony, which is considered the heart of spiritual healing at Kham Pramong Temple. The medicine boiling ceremony is not only herbal treatment but also a process of restoring patients' spiritual strength through forgiveness, acceptance, and releasing suffering deeply buried in the heart.

1 **Ajarn:** A Thai honorific title for teachers or respected instructors, similar to the Japanese "sensei"



Ajarn Oat often says that working at Arokhayasala has taught her to “reduce ego” and understand that “true healing occurs when humans understand humans.” This concept was inspired by the teachings of Luang Ta, founder of Arokhayasala, Kham Pramong Temple, who once told Ajarn Oat, “Don’t be a nurse who walks around like a boss in the temple.” That teaching became a principle for life and work, helping Ajarn Oat return to simplicity, humility, and compassion in every interaction.

Throughout over 17 years of knowing Arokhayasala and 11 years of full-time work, Ajarn Oat has stepped into a leadership role in healing as Director of Arokhayasala Palliative Care Facility. She has developed a care approach that integrates Thai wisdom, conventional medicine, and spiritual therapy together under the concepts of “good death” and “lifelong healing.” Ajarn Oat believes that patient care should aim to help people live with value and peace, not merely extend life. True healing therefore does not come only from doctors or medicine but must come from a caring community where everyone participates with hearts of love and faith.

For Ajarn Oat, “Arokhayasala” is not merely a place to care for patients but a space for learning about life where patients, relatives, and caregivers all heal together. Ajarn Oat views it as “when patients smile, we are healed as well,” and in every day of work, being among people who love and understand is “the truest healing of life”.[46]

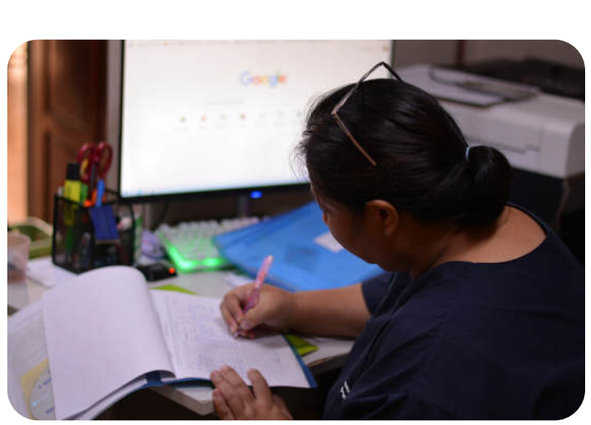


2.6.2 Team and Volunteers

Arokhayasala, Kham Pramong Temple operates continuously through staff and support from volunteers from multiple professional disciplines who sacrifice their time and abilities without expecting any compensation whatsoever. The team consists of doctors, nurses, public health personnel, psychotherapists, nutritional therapists, general volunteers, as well as many patients and relatives who previously received treatment at Arokhayasala and made a vow to return to help.[47] The diversity of the team helps make care comprehensive in all dimensions.

The main duties of volunteers cover many areas, including visiting and encouraging patients, cleaning buildings and facilities, organizing books and the library, registering volunteers, growing organic vegetables and maintaining vegetable plots, watering plants, answering phones, helping with research by calling to follow up with patients, helping the kitchen prepare food, helping with various activities such as seasonal blood donation, and document/administrative work and other tasks.[48] Volunteer work must proceed with peace of mind, without stress, without quarreling with anyone, helping and forgiving each other if there are conflicts. Volunteers must be restrained in body, speech, and mind, and behave as good people by using the Seven Qualities of a Good Person (Sappurisa Dharma 7): know cause, effect, oneself, moderation, timing, individuals, and community. They try to disturb others as little as possible, live simply, and help themselves as much as possible without expecting anything in return. This is work that does not use money as the priority.[45][48]





2.6.3 Technology and Innovation

Although Arokhayasala emphasizes the use of traditional wisdom, it does not reject the appropriate use of modern technology. With guidance and support from the Department of Alternative Medicine, Ministry of Public Health, Darkfield Microscopes have been introduced for Live Blood Analysis, which is an important innovation that allows direct observation of blood cell changes and blood quality.[49] This enables analysis and tracking of progress in care and improvement, and increases the efficiency of patient care.[50]

Additionally, other modern technologies are appropriately used, such as patient data management systems through LINE Official Account for communication with patients and volunteers, and website development for disseminating knowledge and recruiting volunteers.[51] The integration between traditional wisdom and modern technology demonstrates the flexibility and progressiveness of Arokhayasala.

2.7 Evolution, Growth, and Recognition of Arokhayasala

The development of Arokhayasala, Kham Pramong Temple over more than 20 years reflects the evolution of holistic end-stage cancer patient care concepts in the Thai context. The journey from a simple beginning with the compassion of a single monk, through countless challenges and learning experiences, has become a model healthcare facility recognized by the government and wider society. Arokhayasala's growth is not measured only by patient numbers or physical structures but includes care system development, network building, and most importantly, receiving official recognition from relevant agencies until it has truly become part of the national health system.





From: Green Globe Institute

2.7.1 Period of Laying Foundations and Learning (2004-2009)

Beginning and Inspiration

The year 2004 marked the official beginning of Arokhayasala as a cancer patient healthcare facility with only 23 beds.[25] At a time when Thai society still viewed herbal cancer treatment as merely a marginal alternative lacking credibility. After Phra Paponpatchara Jiradhammo, who was formerly an irrigation engineer before ordination, recovered from stage 3 nasal cavity cancer using herbs and Dharma practice, his recovery became the starting point of a great mission to help cancer patients who had lost hope from conventional treatment.

Sirirot Thepmangkorn, an irrigation engineer who had worked together with Phra Paponpatchara in the Irrigation Department, shared memories: "At that time, friends who were irrigation technical school students from class 28 came to help build the Phra Kring Phuttphaitsatchayakuru Waiduriya Praphat Tathagata in my class's name. After that, they continued helping him throughout".[25] Support from these former colleagues became an important force in laying Arokhayasala's foundation.



Early Growth and Challenges

Within the first year, 151 patients received treatment (87 men, 64 women).[25] These numbers clearly reflect society's need for alternative cancer treatment options. Even at a time when Arokhayasala was not yet widely known, patients who had lost hope from conventional treatment began searching for new alternatives. Word-of-mouth sharing from patients and families who received care caused the number seeking services to increase rapidly.

The year 2006 was an important turning point when systematic integrative medicine began to be used, with volunteer doctors, especially Dr. Sirirot Kittisarapong and Dr. Pornlert Chatkaew, continuously helping care for patients. Having doctors join the work made care more comprehensive and safer. Patient numbers increased to 245 (135 men, 109 women, and 1 transgender person).[25] Having conventional doctors join the work helped build confidence for patients and families while concretely bridging Thai traditional medicine and conventional medicine.

Statistical data this year shows patient diversity, with an average stay of 12 days and some patients staying as long as 126 days. Patients had an average age of 55 years, with the oldest patient being 83 years and the youngest 11 years.[25] This diversity reflects that cancer does not discriminate by age, and everyone seeks solutions appropriate for themselves.

In 2007, patient numbers remained steady at 236 (134 men, 102 women). Although numbers decreased slightly from the previous year, complexity of care increased, with average stay increasing to 14.31 days and some patients staying as long as 143 days.[25] These numbers reflect that Arokhayasala began receiving patients with greater severity who needed long-term care.

Recognition from Community and Local Agencies

During this period, doctors and nurses from local hospitals began showing interest and sending patients for supplementary care, especially patients who had exhausted treatment options in conventional medicine. However, Arokhayasala had not yet received official recognition from government agencies. Dr. Preeda Taearaksa, Director of the National Health Security Office, Sakon Nakhon Area Branch, spoke about the early period: "The form of care and assistance for cancer patients at Kham Pramong Temple is both science and art, and is a practice approach that Luang Ta Paponpatchara and the team established as holistic alternative medicine from continuous trial practice over a period of time, arising from the trust and faith of patients and relatives who came for treatment or services and experienced satisfactory results, but may not yet follow the practice guidelines of conventional medicine".[25]

The main challenge during this period was the lack of clear frameworks for integrating Thai traditional medicine with the mainstream public health system, including legal and regulatory limitations that did not support holistic care models that combined Dharma principles with treatment. However, these challenges became driving forces for Arokhayasala to develop quality work systems that could concretely demonstrate results.

Creating a Healing Community

An important success of this period was creating a "healing community" where patients, relatives, and volunteers could warmly help and support each other. The atmosphere like a large family made patients feel valued and not abandoned, different from the atmosphere in general hospitals that might make end-stage patients feel isolated.

Padnee, a staff member who has worked at the temple since 2004, shared: "I've worked for over 20 years, learning directly from Luang Ta. Daily duties cover planting, preparing, and delivering herbs, especially for cancer patients, along with providing advice about medicine use and having a good attitude toward treatment. I've found great happiness in seeing patients improve and consider the work merit-making".[38]

Aunt Sri, a volunteer who joined since 2006, starting from when her husband was ill with cancer and came for treatment at this temple, shared: "One day they saw Luang Ta on TV, which felt like seeing a light and decided to come to this temple together, even though at that time the temple had just opened and wasn't well known." After her husband passed away, she decided to ordain as a nun for 3 months and has stayed to help until the present.[52] Stories like this reflect that Arokhayasala is not merely a healthcare facility but a community where people transform from recipients of help to givers of help.

Recognition from the Medical Community

The year 2006 was an important turning point when Dr. Sirirot Kittisarapong organized a seminar on "End-of-Life Patient Care Approaches" at Dusit Hotel, Sakon Nakhon, inviting Phra Ajarn Paponpatchara to lecture together with doctors from Chulalongkorn Hospital.[25] This seminar marked the beginning of cooperation between Arokhayasala and various medical institutions and elevated the credibility of the holistic care approach.

Dr. Pornlert Chatkaew, a medical professor from the Faculty of Medicine, Chulalongkorn University, stated: "End-of-life patient care must be holistic, considering all dimensions of patients simultaneously—physical, emotional, social, and spiritual. Therefore, it's appropriate to apply care treatment methods to specific cases for each individual patient, considering the impacts that will occur".[25] Receiving recognition from expert physicians in mainstream medicine helped open doors to even broader cooperation.

In 2009, herbal medicine production began to meet increasing demand. Producing herbal medicine in-house helped better control medicine quality, reduce costs, and guarantee continuous production standards. This was an important step in developing toward becoming a more ready and stable institution.



2.7.2 Period of Development and Integration (2010-2017)

System and Structural Development

The second period was one of serious system development and integration. This approximately 8-year period was an era when Arokhayasala began developing from a simple care model toward a more complex and efficient system, with systematic integration of knowledge from multiple sources.

The year 2011 marked the beginning of training courses on end-of-life patient care for health personnel. Knowledge and experience transfer was an important step in scaling up and creating sustainability for the holistic care approach. Ajarn Nok, a nursing instructor from Chulalongkorn University, began bringing master's degree students to practice at Kham Pramong Temple this year to learn palliative care and end-of-life patient care.[53]



Ajarn Nok observed that patients here could openly and straightforwardly state what type of cancer they had, unlike patients in many places where she had experience where patients could not accept that they had cancer, or relatives would ask health personnel to withhold information from patients. Most patients died peacefully, remaining with wholesome minds and their own breath.[53] This openness and acceptance of truth about illness and death created an atmosphere of transparency and trust, different from the culture of concealment often found in general hospitals.

This observation reflects a fundamental difference in care approach. Arokhayasala emphasizes accepting reality and living with quality in the remaining time rather than fighting disease by every means without considering the suffering patients must face.

Dr. Sirirot Kittisarapong, Deputy Director for Medical Affairs at Raksakon Hospital, commented: "Luang Ta is the pioneer founder of Arokhayasala who is open to all ideas that benefit patients. Using meditation therapy as the core of care, treatment, and healing. He does this with the highest loving-kindness".[25]

The continuous arrival of volunteer doctors helped build credibility and bridge alternative treatment with conventional medicine, allowing patients to safely access both treatment approaches. This cooperation did not arise from compulsion or regulations but from mutual trust and respect among practitioners.

Recognition as a Thai Traditional Medicine Hospital (2014)

The most significant turning point of this period was 2014 when Arokhayasala received recognition as "Sakon Nakhon Thai Traditional Medicine and Integrative Medicine Hospital for Cancer, Arokhayasala, Kham Pramong Temple" from the Department of Thai Traditional and Alternative Medicine Development, Ministry of Public Health.[54] This recognition has significance in several dimensions.

First, it is government acknowledgment that Arokhayasala's care approach has sufficient standards and quality to be part of the public health system. Not merely "folk healer" treatment outside the framework, but alternative medicine with clear principles and work systems.

Second, it helps build confidence for patients and relatives who are still hesitant about choosing to use services. Having a stamp from the Ministry of Public Health confirms that coming for treatment here is not taking a gamble or blind belief, but a legal choice recognized by the directly responsible agency.

Third, it opens opportunities for Arokhayasala to access more government support, both in terms of personnel, budget, and academic cooperation, which are important factors in continuously developing service quality.

Expansion and Infrastructure Development

During this period, Arokhayasala expanded bed numbers from 23 beds in the early period to 60 beds to accommodate continuously increasing patients.[28] This expansion came with development of utilities and various facilities, including organizing more efficient management systems.



From: National Health Security Office (2024)

In 2017, information technology systems were introduced for patient data management, helping make treatment follow-up and management more efficient. Systematic data management enabled continuous analysis of results and improvement of care approaches.

Infrastructure development did not mean only buildings but also included work systems, personnel training, and creating service standards. All of this was preparation for fully becoming part of the national health system.

2.7.3 Period of Recognition and Entering the Mainstream (2018-Present)

Registration as a Palliative Care Facility (2024)

The third period is one of widespread recognition and entering the mainstream of Thailand's health system. The distinctive feature of this period is development from a marginal alternative to part of an officially recognized system.

The most significant turning point occurred in 2024 when Arokhayasala received official registration as a "Palliative Care Facility" under the National Health Security Act of 2002, Section 3.[55] This recognition has several significant meanings.

First, it is official government acknowledgment that palliative care facilities are part of the health service system, providing end-of-life patient care, long-term care, and palliative care. It emphasizes caring for patients with severe symptoms who cannot help themselves and does not aim for disease cure.

Dr. Nonglak Yodmongkol, Assistant Secretary-General of the National Health Security Office, explained: "Palliative care facilities provide hospice care, long-term care, and palliative care, emphasizing end-of-life patient care, which does not aim to cure disease but emphasizes caring for patients with severe symptoms who cannot help themselves. Temples provide additional spiritual care".[56]

Orajit Bamrungsukulsawat, former Director of the Partner Participation Support Bureau, National Health Security Office, stated: "Cancer patient care and assistance without any charges at Kham Pramong Temple by Luang Ta Popanpat is considered great compassion that gives patients who may have lost hope in treatment through other means choices and hope to receive continued care and assistance, including helping care for patients and relatives simultaneously in mental aspects, which is very important for end-of-life patients".[25]

Second, it opens opportunities for patients to use their gold card rights to receive services without charge. For cases requiring additional medical services at Phra Ajarn Fan Ajaro Hospital or Raksakon Hospital, patients can use their rights immediately in emergencies and can coordinate with hospitals to register for services in normal cases.[57]

Third, it elevates care standards by establishing clearer practice guidelines, systematic patient record-keeping, and quality inspection from relevant agencies, which helps Arokhayasala become more credible and accepted.

Support from the Ministry of Public Health

Dr. Narong Sahamethapat, Permanent Secretary of the Ministry of Public Health, commented on temples' role in the health system: "Temples in Thai society are important as sources of spiritual encouragement, appropriate places for bedridden patient care and elderly people requiring long-term care in the Thai social context."

Support from the Ministry of Public Health's highest executive level reflects an important attitude change—from viewing alternative medicine as "outside the system" to accepting it as a valuable part of the national health system, especially in end-of-life care dimensions that integrate spiritual care often missing in general healthcare facilities.

Challenges and Opportunities Following Recognition

Despite receiving official recognition, Arokhayasala still faces challenges in adapting to National Health Security Office requirements. As Ajarn Oat stated: "Being a palliative care facility has many requirements, such as record-keeping and result reporting, which take time to adapt to without destroying the spirit of service that emphasizes compassion and volunteerism".[46]

This challenge reflects tension between the need to comply with government regulations and maintaining the spirit of volunteer work. Finding balance between these two things requires effort and understanding from all sides.

However, receiving this recognition opens many new opportunities, including: receiving more stable financial support, accessing resources and training from government agencies, being a model for developing other palliative care facilities nationwide, and participating in determining national end-of-life patient care policy.



2.7.4 Care Outcomes and Policy Impact

Patient Quality of Life and Satisfaction

To date, Arokhayasala has cared for more than 6,800 patients. Statistical analysis of patients by cancer type found liver cancer ranked first (24.27 percent), followed by bile duct cancer (16.59 percent) and breast cancer (5.07 percent).[25] This distribution is consistent with National Cancer Institute statistics, showing that Arokhayasala receives patients representative of the overall population, not limited to only certain groups or types of cancer.

Approximately 90-95 percent of patients coming to Arokhayasala are end-stage cancer patients that conventional doctors assess as "untreatable".[46] Interesting outcomes are that although survival rate is approximately 12 percent, when considering quality of life and peace in the final period of life, most patients have high satisfaction.

Recent data shows that patients with significantly improved symptoms reach 52 percent, and some patients can continue living much longer than doctors predicted. Between 80-91 percent of patients and families report satisfaction with the care received.[58]

Currently, there are patients who continue receiving herbal medicine from Arokhayasala continuously. These patients have returned home to care for themselves but still need herbal medicine to control symptoms and maintain quality of life. Patients being able to return home to live shows care effectiveness and teaching families to continue caring themselves.[25]

Health Economics Impact

End-of-life patient care at Arokhayasala has health economics significance. Although there is no official study directly comparing costs, from interviews with many patients and relatives, families do not have to bear heavy financial burdens during already difficult times.

Ajarn Ple shared: "Here there are no charges at all, not even material costs or medicine parcel delivery fees, reflecting Luang Ta's compassion".[59] This care model is consistent with the philosophy "live happily, die peacefully, not be a burden" that Arokhayasala upholds.[25]

Studies found that costs for end-of-life patient care at Arokhayasala are 80 percent lower than in hospitals but provide better quality of life.[60] Reducing this financial burden not only helps patient families but also helps reduce overall health system burden, especially in an era when Thailand is facing an aging society problem and continuously increasing cancer patient numbers.

Being a Model for National Policy Development

Arokhayasala's experience and success has inspired development of Thailand's end-of-life patient care policy in several dimensions.

First, it shows that holistic care integrating physical, mental, social, and spiritual dimensions can provide better results than medical treatment alone, especially in quality of life and patient and family satisfaction.[61][62]

Second, proving that quality care can be provided without charges for patients through mobilizing resources from society and volunteer work, which significantly reduces public health system cost burden.[60]

Third, being a model for integrating Thai wisdom with modern medicine, especially using Thai herbs alongside medical care and integrating Buddhist Dharma principles into treatment processes.[63][64][65]



From: Hfocus.org (2024)

Role in Developing Palliative Care Facilities in Thailand

Arokhayasala has become a learning source for various agencies interested in developing end-of-life patient care services. Since 2006 onward, medical students, nurses, and public health personnel from various institutions have continuously come to study. Receiving recognition in various forms such as receiving plaques of honor from many agencies, being ranked as an outstanding organization in social welfare work,[66] and receiving an honorary doctorate in community public health from a university for Phra Ajarn Paponpatchara,[25][28] confirms the value of the work done.

Currently, many provinces are interested in adapting Arokhayasala's approach, especially using temples as bases for caring for end-of-life patients and elderly people requiring long-term care, which is consistent with Thailand's social and cultural context where temples are community centers.

National health policy development has been influenced by Arokhayasala's experience on many issues. **First,** flexibility of Thai public health policy in accommodating diversity of care models by creating legal and regulatory frameworks that enable palliative care facilities to operate legally while maintaining the spirit of service emphasizing compassion and volunteerism.[67][68]

Second, potential of Thai approaches to healthcare that integrate local wisdom, religious Dharma principles, and modern medicine together, which can provide good results in quality of life, patient and family satisfaction, and cost efficiency.[69][70][71][72]

Arokhayasala's experience shows that creating change in the public health system requires both practitioner commitment, community support, policymaker open-mindedness, and empirical evidence showing good outcomes. Receiving recognition and certification from government agencies is not an ending but the beginning of a new role in being part of the national health system and being a model for developing end-of-life patient care services consistent with Thai social and cultural context.

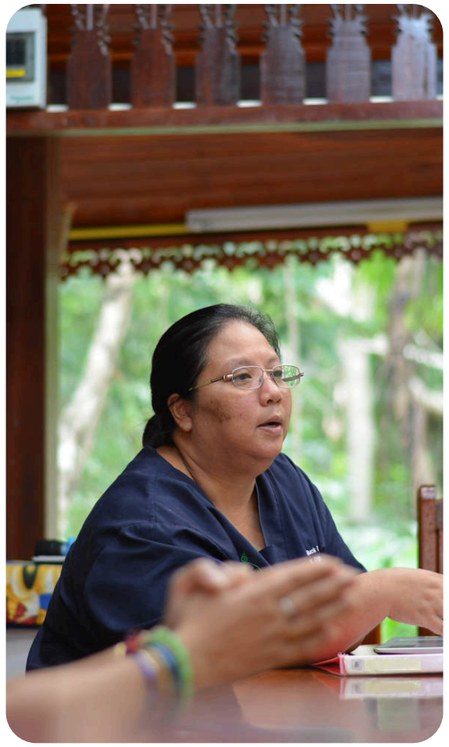
2.7.5 Management and Sustainability

Transparent Financial Structure

Arokhayasala's operations rest on foundations of transparency and sustainability. Ajarn Oat, Director of Arokhayasala, explained: "All operating expenses are approximately 500,000 baht per month. The main funding source comes from donations from faithful people. Arokhayasala upholds the principle of not charging any fees from patients and relatives at all, from establishment until the present".[46]

Q, IT staff, confirmed: "The temple has transparent fund management with detailed income-expense recording, so even though it mainly depends on donations, it has operated continuously for over 20 years without ever stopping".[51]

This transparent management creates confidence for donors and brings in resources continuously. Currently, Arokhayasala has no outstanding debt obligations whatsoever throughout its operating period.[51] This success results from efficient management and administrators' honesty and integrity.



Service Philosophy

Ajarn Oat explained the work philosophy: "Treatment outcomes here aim to reduce suffering for patients, which may not necessarily require complete recovery from disease, but so patients can live with their disease happily without suffering. Patients who come here receive care with love and mental support, including meditation, chanting, and appropriately prepared herbal medicine".[46]

This philosophy reflects true understanding of palliative care that does not focus on prolonging life without considering quality of life but focuses on making patients have the best quality of life in the remaining time. Accepting the reality of illness and death alongside providing full care with compassion.

Volunteer Network and Cooperation

One important factor enabling Arokhayasala to operate continuously is the volunteer network that continuously comes to help. Phra Ajarn Paponpatchara shared: "Volunteers came first–Irrigation Department people like Dr. Sirirot came first. That point connected, so it continued connecting. At first in 2005, no one else was doing it alone until late 2005 when Dr. Sirirot invited Luang Ta to lecture at Raksakon Hospital and doctors from Chulalongkorn Hospital came to lecture together".[73]

Ajarn Worawit Tongsiri from Sakon Nakhon Technical College, a volunteer for morale-building activities, said: "At Kham Pramong Temple there are end-stage patients or various cancer stages, but most are almost final stage when they come here. I started coming more behind the scenes, seeing Luang Ta working very hard, so we discussed what anyone could help with at Arokhayasala. If we practice Dharma but don't know how to help others or society, why do we have the word compassion? When we have compassion, it's buried deep in our minds–we see anything and want to help. Have little, do little; have much, do much".[73]

This volunteer network is not limited to only doctors and nurses but also includes experts from various fields such as nutritionists, psychologists, social workers, and people with various skills useful to patients. Volunteer work helps reduce costs and creates an atmosphere of compassion and sacrifice that positively affects patients both physically and mentally.

2.8 Conclusion: A Holistic Care Model Appropriate for the Thai Context

Arokhayasala, Kham Pramong Temple has developed into an important model of holistic end-stage cancer patient care appropriate for the Thai cultural context. Arokhayasala's success can be summarized in several important dimensions, each reflecting well-integrated knowledge and wisdom, while demonstrating the potential of holistic healthcare based on Thai society's cultural and spiritual foundations.

The integration of Buddhist Dharma principles, Thai traditional medicine, and modern medicine is an important distinguishing feature of this care approach. Harmoniously integrating knowledge and wisdom from these three sources makes care comprehensive in physical, mental, social, and spiritual dimensions. Patients not only receive treatment with herbal medicine that has a scientific evidence base but also receive mental care through Dharma practice and meditation, creating balance that helps patients face suffering with dignity.

Success in creating a healing community is another outstanding achievement. The ability of patients, relatives, volunteers, and medical personnel to work together harmoniously, creating an atmosphere of love, compassion, and mutual help, is an important factor affecting patients' quality of life. This healing community is not merely a place to treat disease but a space where patients and families can grow spiritually, learn acceptance, and prepare for the next step in life.

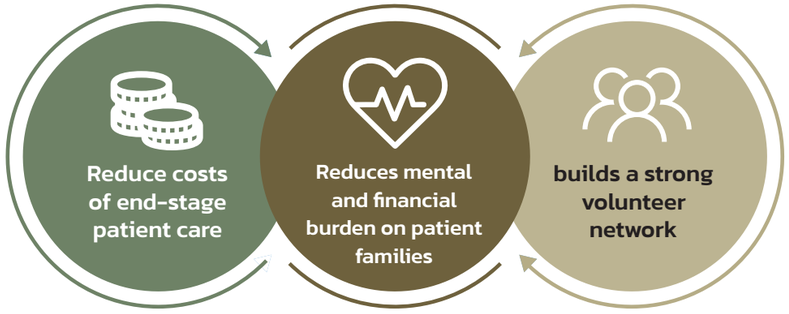
Recognition from government agencies and the medical community demonstrates the value and credibility of the care approach. Receiving recognition as the country's first Thai traditional medicine and integrative medicine hospital in 2014 and registration as a palliative care facility under the National Health Security System is official certification of service quality and standards. This represents an important step in creating legitimacy for alternative medicine in the country's health system.

Tangible outcomes from over 20 years of operations—from service utilization data to the present, more than 6,800 patients have received care since 2004, with 95 percent being end-stage cancer patients. Most patients have reduced pain, mental peace and happiness, and can face death with dignity.





Positive impacts on the health system and society appear clearly in several dimensions. Palliative care at home or in the community helps reduce costs of end-stage patient care, reduces mental and financial burden on patient families, and builds a strong volunteer network—all benefits to wider society.



Conservation and development of Thai traditional medicine wisdom is another important value. Herbal medicine formulas and treatment methods have been recorded and passed on, preventing this wisdom from being lost over time. Research and development of Kham Pramong Temple's anticancer medicine formula studied systematically elevates local wisdom into scientific processes, building confidence and opening opportunities for wider use.

Network building and scaling up—Arokhayasala has become the center of a volunteer network nationwide. Volunteers who have worked here have become ambassadors of holistic care, spreading out to work in various areas and helping scale up holistic care concepts to other communities. Being a training source for medical students, nurses, and medical personnel from institutions throughout the country also helps create understanding and acceptance of holistic care approaches in the wider medical community.

Chapter 3

Experiences and Impacts of Palliative Care: Voices from Patients, Families, and Practitioners

3 Experiences and Impacts of Palliative Care: Voices from Patients, Families, and Practitioners

Arokhayasala has created a unique healing community. Patients live together as "small village" where they share experiences and encourage one another. Receiving encouragement from other patients whose conditions have improved **creates hope and confidence that "we've come to the right place."**

3.1 Introduction: Voices from the Field When Lives Transform at Arokhayasala

One morning at Arokhayasala, Kham Pramong Temple, the sound of chanting blended with the aroma of herbal medicine being brewed. Jo, a patient with end-stage nasopharyngeal cancer whom doctors had said "would not survive," was sitting and encouraging a new patient with a smile. Not far away, Supaporn was telling other patients' relatives how her husband, who used to be terrified of death, now "lets go of everything, whatever will happen will happen" and has become much more peaceful. Ajarn Nok, a former nursing instructor from Chulalongkorn University who used to "oppose the use of herbal medicine," was carefully examining patients after seeing the actual results and deciding to change her life path to become part of the team here.[53][74][75]

These scenes have been repeated countless times at Arokhayasala over the past 20 years. This place is not merely a "hospital" in the traditional sense that focuses on curing disease, but a "healing community" where patients, relatives, medical personnel, and volunteers together create a space of care that emphasizes quality of life, peace of mind, and preparation for all possibilities of life.

This chapter presents an in-depth analysis of experiences and impacts from palliative care at Arokhayasala through the voices of patients, families, and practitioners who were interviewed in-depth. This chapter will take readers to experience the outcomes of care in various dimensions and analyze the transformation processes that occurred among those involved, and finally the impacts on the broader system and society.



3.2 Care Outcomes in Various Dimensions

3.2.1 Physical Health Outcomes and Symptom Management of Patients

Natural Pain Management

Pain management is one of the greatest challenges in caring for end-stage cancer patients. At Arokhayasala, Kham Pramong Temple, the pain management approach has unique characteristics that combine the use of herbal medicine, meditation therapy, and medical cannabis. Research by Thieme and colleagues supports that meditation therapy can significantly reduce pain in cancer patients without causing side effects.[76]

Jo, an end-stage nasopharyngeal cancer patient, shared his experience with pain management: "I encountered excruciating pain so severe I wanted to die, but I got through it by adhering to Dharma principles, chanting, meditation, and accepting".[74] This experience reflects that although in some periods he still needed to use pain medication every 2-3 hours, the combination of meditation therapy and herbal medicine helped significantly reduce reliance on strong pain medications.

The use of medical cannabis is another innovation that Arokhayasala has adopted, which aligns with research by Häuser and colleagues who found that medical cannabis can help relieve pain in cancer patients without causing constipation like morphine use.[77] The combination of meditation therapy, herbal medicine, and medical cannabis enables patients to manage pain effectively without relying solely on strong medications.

Luang Ta shared his personal experience of using meditation to manage pain from chemotherapy: "If anyone has ever had chemotherapy, they'll know. When the first injection goes in, the pain rushes through immediately. I mean, meditation has to go straight to the heart. Buddho to the extreme. Don't talk to anyone, just close your eyes and chant Buddho".[39] These words reflect the seriousness and effectiveness of using meditation in situations of severe pain.

Developing Coping Methods for Illness

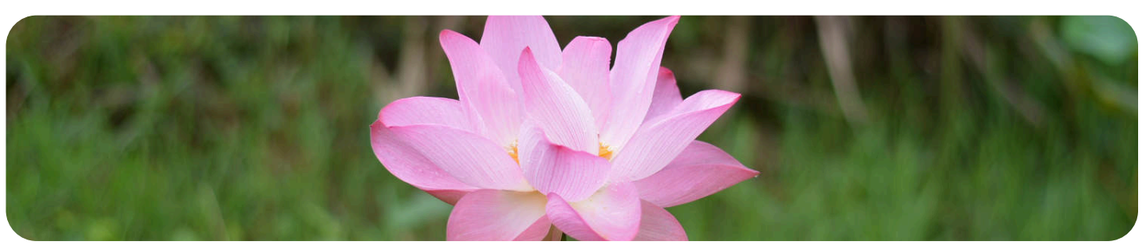
Patients at Arokhayasala developed various coping mechanisms. The use of meditation therapy, Dharma practice, and community participation all help patients better manage pain and anxiety.

Ek explained his coping method: "Using Dharma, chanting, sitting in meditation as a mental anchor, and trying not to let myself be quiet to avoid mental wandering".[78] Practicing these techniques not only helps manage physical pain but also strengthens mental resilience. Having meaningful activities and keeping the mind in the present are important strategies for managing anxiety about the future.

Improving Quality of Life and Living with Disease

The most impressive outcome is that patients whom doctors estimated would live only a few more months were able to live with quality for as long as 5-10 years. Research by Ng and colleagues studying end-stage cancer patients in Asia found that focusing on quality of life rather than extending lifespan can yield better long-term outcomes.[79]

Currently, Jo's health has improved remarkably. "The cancer has reduced significantly. The doctor was still amazed that I survived without receiving conventional treatment".[74] He has become an example that inspires other patients. The fact that he continues to stay at the temple and help new patients demonstrates a tremendous improvement in quality of life. The transformation from care receiver to caregiver reflects the restoration of life force and the discovery of new meaning in existence.



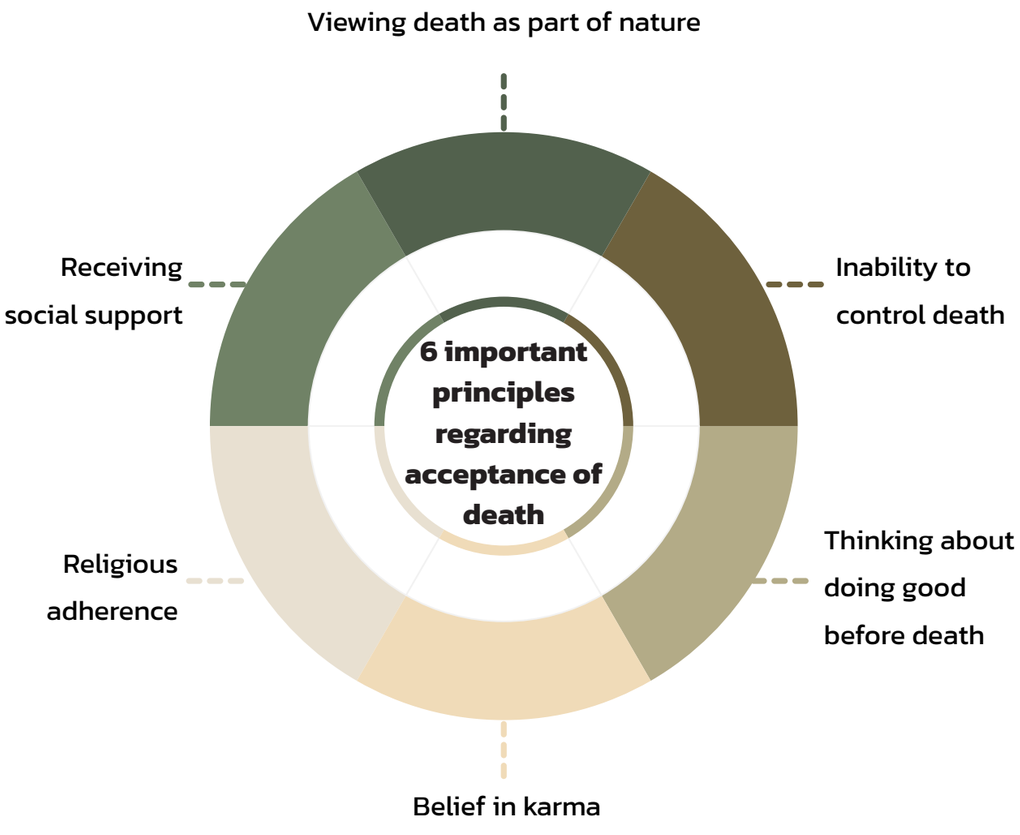
3.2.2 Mental and Emotional Outcomes: From Results to Transformation Process

Spiritual Outcomes and Acceptance of Death

Patients at Arokhayasala learn to view "having cancer as a point that makes one see Dharma." Changing the perspective on death from fear to accepting it as a natural process. Research by Upasen and Thanasilp on Thai Buddhist end-stage cancer patients found 6 important principles regarding acceptance of death: viewing death as part of nature, inability to control death, thinking about doing good before death, belief in karma, religious adherence, and receiving social support.[34] This kind of death acceptance helps patients "die peacefully, able to smile before death" as Luang Ta set as a goal.

Ajarn Nok, a former nursing instructor from Chulalongkorn University, observed that "patients can openly state what kind of cancer they have, unlike in hospitals where relatives often ask to conceal it" and "most patients die peacefully, with a wholesome mind and their own breath".[53] This openness and acceptance of the truth about illness and death creates an atmosphere of transparency and trust, which differs from the culture of concealment commonly found in general hospitals.

The preparation and care system for patients near death demonstrates the community's maturity in dealing with the reality of death. "There is good preparation for caring for dying patients. Relatives and other patients will chant together." This process not only helps patients die peacefully but also serves as learning for other patients in accepting and preparing for the reality of death.[75]



Case Study 1:

The Experience of Transformation from Despair to Discovering New Value

Jo, an end-stage nasopharyngeal cancer patient, tells his life story filled with hope and profound transformation:

> I have end-stage nasopharyngeal cancer. The doctor said surgery wasn't possible. I discovered Kham Pramong Temple from YouTube. In the early period of taking herbal medicine, my body deteriorated significantly because the medicine expelled toxins. But I had faith in the treatment. One day, the tumor mass and cancer roots came out from my nasal cavity and eye by themselves. The pain disappeared. My health improved miraculously. Today, I'm no longer afraid of death. I've learned about letting go, giving, and caring for people around me. Life has more value and usefulness because I can be a source of encouragement for other patients. I'm grateful to cancer for allowing me to meet Luang Ta and learn about life in a new way[74]

Jo's words reflect transformation that encompasses physical, mental, and spiritual aspects. His ability to say "thank you to cancer" demonstrates the discovery of new meaning in a painful experience, which aligns with the concept of post-traumatic growth that Tedeschi and Calhoun explained as psychological growth that occurs after challenging life experiences.[80]

Creating Meaning in Life

Participation in various activities–performances, singing, exercise, regular Dharma practice and chanting, and being part of a community with love and understanding–helps patients create new meaning in their lives. Research by Park and colleagues found that meaning-making is an important process that helps cancer patients adapt and have better quality of life.[81][82]

Ek explained the new meaning he discovered: "Being a volunteer and giving encouragement to other patients makes him feel valuable and meaningful in life," and teaching other patients to "know how to encourage and care, the mind should be the master in living one's life and one's own treatment". [78]



Case Study 2:

Transformation from Receiver to Giver

Ek, a liver cancer patient, talked about the transformation in his perspective on life and death:

> I had advanced liver cancer. The doctor said I had 3 months left.
> I came to Kham Pramong Temple with hopelessness.
> But spending 14 days here changed my life. I learned about letting go from Luang Ta.
> The tumor in my liver decreased. The cancer in my lungs disappeared.
> Now I'm no longer afraid of death.

Ek sees that "death has become ordinary, and I don't feel afraid in advance because I live each day the best I can." The shift in life goals from "praying for the disease to be cured" to "asking to be with family happily and without suffering" demonstrates spiritual growth. This adjustment in expectations is not surrender, but rather acceptance of reality and focusing on what can be controlled—the quality of life in each remaining day. "Now I come as a volunteer at the temple to provide emotional support and useful advice to other cancer patients, to help them have a positive attitude and be self-reliant".[78]

This transformation from receiver to giver reflects the discovery of profound new meaning. Ek said, "Life has more value and usefulness because I can be a source of encouragement for other patients".[78] This change not only benefits new patients who receive encouragement, but also creates a sense of value and new purpose for patients who once felt hopeless.

3.2.3 Social Outcomes and Creating a Healing Community

Creating a Community of Healing

Arokhayasala has created a unique healing community. Patients live together as a "small village" where they share experiences and encourage one another. Receiving encouragement from other patients whose conditions have improved creates hope and confidence that "we've come to the right place." Research by Helgeson and colleagues found that social support groups significantly affect the psychological adjustment and quality of life of cancer patients.[83]

Uncle Porn, a patient's relative, shared his experience about the community at Arokhayasala: "There are fellow patients, which makes us not feel lonely, and we can exchange ideas with each other. Each patient helps one another, shares snacks and food. There's no conflict or factionalism".[84] The atmosphere of caring and participation in various activities makes patients feel part of a large family.

Patients and relatives helping each other in daily routines—from preparing food, cleaning, to encouraging each other during discouraging times—creates a sense of shared ownership and responsibility toward the community. This participation not only helps lighten the staff's burden but also makes patients and relatives feel valuable and have an important role in the community.

Equal Access to Treatment

Providing services free of charge, including travel expenses for patients lacking resources, is an important principle of Arokhayasala. World Health Organization research points out that medical expenses are a significant barrier to cancer patients' access to treatment in developing countries.[85] Not discriminating based on race, religion, and social status, providing comprehensive care from treatment to sending patients home, ensures that all patients receive equal opportunities to access holistic treatment.

Providing services free of charge, including travel expenses for patients lacking resources, is an important principle that creates equality in accessing services. Ek, a liver cancer patient who recovered and became a volunteer, spoke about the free service: "Providing health and mental services to patients without cost. The leadership group here has had confidence and faith in helping people for over 20 years".[78]

This equal access creates a sense of fairness and respect for human dignity. Regardless of patients' backgrounds, everyone receives care with equal attention. The fact that patients don't have to worry about expenses allows them to fully focus on health recovery and mental preparation.

Development of Emotional Support System

Sharing experiences among patients creates peer support learning, which has more power to create hope and encouragement than telling by medical personnel. Research on peer support in chronic disease patient care found that receiving support from those who have gone through similar experiences significantly affects adjustment and quality of life.[86]

The naturally occurring peer support system is one of the strengths of the Arokhayasala community. Pim gave an example: "The case of a woman with breast cancer who came alone and cried with feelings of loneliness, having no one. So I went to encourage her, which made the patient look more refreshed. From crying, she became in good spirits and could sing".[87]

The system of learning from each other's experiences, especially from Jo's case—an end-stage nasopharyngeal cancer patient who recovered miraculously—has become an important inspiration. Pim observed: "Jo's case, a patient whose condition was so severely deteriorated that we thought he wouldn't survive, but he recovered and his condition improved surprisingly. He can talk and remember people, and has become much stronger, which is an inspiration to other patients and relatives".[87]

Currently, Jo still stays at the temple and "volunteers to help care for other patients at the temple". This role transformation from care receiver to caregiver reflects a complete healing cycle. He said, "Life has more value and usefulness because I can be a source of encouragement for other patients"[74]

These emotional support activities are extremely important for patients' mental recovery. Having friends who understand and have gone through similar experiences helps reduce feelings of loneliness and increases hope. Research on social support in cancer patients found that receiving support from those with similar experiences affects the reduction of depression and anxiety.[83]

The community at Arokhayasala has created an emotionally safe environment where patients can openly express feelings—whether fear, anger, or sadness—without being judged. Having this space of acceptance helps patients cope better with negative emotions.[88]



3.3 Transformation of Those Involved

3.3.1 Transformation of Family Members and Caregivers

A family member's illness is a significant turning point for the entire family system. The case of Aunt Sri, a caregiver for a stage 4 cancer patient, demonstrates the decision to "completely switch to herbal treatment at a temple, stopping all conventional medicine" when the doctor informed her that her husband "had only three months left".[89]

The decision to move to live at the temple to care for the patient demonstrates a change in life priorities—from focusing on career and social activities to prioritizing closeness and caring for loved ones. This transformation reflects a restructuring of family values and the meaning of life. Spending time together during the final period of life becomes more valuable than anything else in the world.

Case Study 3:

Family Transformation

Aunt Sri, a patient's wife, shared:

> "At first, I came because my husband was sick with cancer.
> But after he passed away, I decided to ordain as a nun and stay on.
> Those three months taught me about letting go. And when I disrobed, I took on the role of temple cook, caring for patients and Luang Ta. This place isn't just a treatment facility, but my true home. Every morning I wake up with the feeling that there are people waiting for my care. I feel my life has more meaning than before I came here"[52]

The transformation from being a patient's relative to becoming part of the care team reflects the discovery of new meaning through giving and service. Ordaining as a nun was a period of mourning and healing the mind, but choosing to return to work at the temple after disrobing demonstrates deep attachment and the discovery of new purpose in life.

Developing New Perspectives on Death

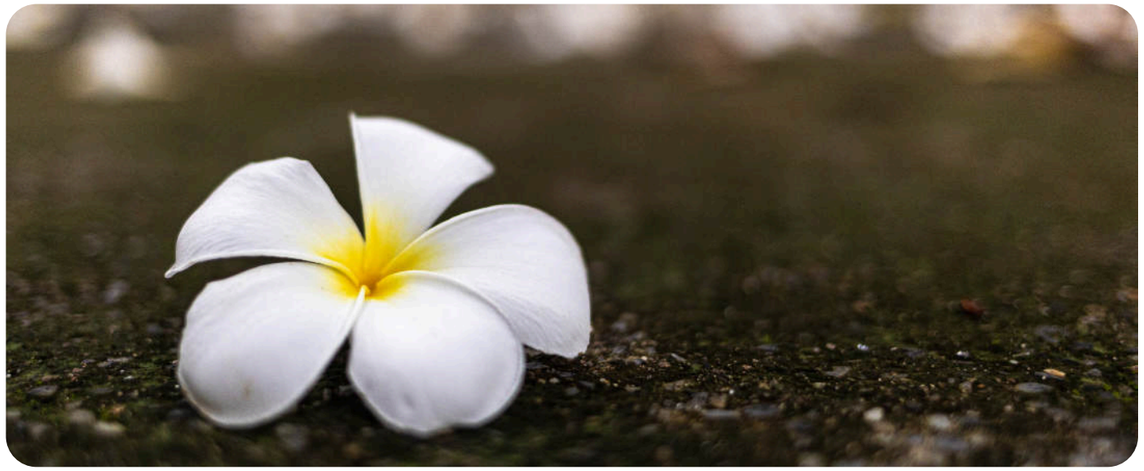
The experience at Kham Pramong Temple allows families to learn new perspectives on the process of illness and death. This transformation results in "relatives themselves having peaceful minds and viewing death not as something dismal, but as something beautiful," which aligns with research by Kongsuwan and colleagues who found that preparing for death in a Buddhist context helps reduce suffering for both patients and families.[90] Accepting death as part of the life cycle helps families participate in the final period of the patient's life with quality and without feelings of guilt or regret.

Supaporn, wife of an end-stage cancer patient, shared about her husband's transformation:

"Today, he has come to this Arokhayasala and let go of everything. Whatever will happen will happen. It's better than having a sick person die in pain, unable to talk at all. But here, if he dies, he'll die with consciousness and Dharma in his mind, which is beautiful".[75]

This statement reflects profound acceptance—not surrender to disease, but rather a shift in goals from fighting for life to living the remaining life with quality and preparing for a peaceful departure.

Q, who brought his father with stage 4 prostate cancer for care at Arokhayasala, shared about the changing perspectives on life for his family and those around them: "Initially, the family had diverse opinions. Most still clung to conventional treatment, including my father himself. It took my father years to decide to come for treatment at the temple after chemotherapy didn't respond. But the experience at the temple made my father change remarkably both physically and mentally after just a few days at the temple." When he returned home, his father wanted to come back again. His father's mindset and behavior became more flexible after returning home. Both his father and Q gained more understanding and acceptance of death after treatment at the temple. Q emphasizes that patient relatives should be mindful and provide important encouragement to patients.[51]



From: Freepik

Impact on Long-term Health Behaviors

The changes that occur in families have continuing effects long after the treatment period. Ajarn Ple said, "My mother's change in eating behavior made me change along with her, emphasizing healthier food more".[59] The spread of new health behaviors to other family members demonstrates positive impacts that expand widely. Learning about maintaining body balance through eating, exercise, and mental care becomes a legacy that families can continue to use even after the patient has passed away.

3.3.3 Healthcare Personnel - Volunteers - Human Resource Development

Creating Volunteers and Human Resources

Arokhayasala, Kham Pramong Temple, has become a center that attracts personnel from various professions to participate with motivations different from typical work systems—not because of compensation or material benefits, but because they have discovered what is missing in the current medical system: the true meaning of helping fellow human beings. Research on health volunteer motivation found that the desire to help others and searching for meaning in life are important driving forces, more than personal benefits.[91]

Padnee, an herbal medicine staff member who has devoted herself for over 20 years, is an example of dedication without expecting reward. She shared about starting work at the temple: "I had no prior basic knowledge about patient care, which made work difficult in the early period. But as I worked for a long time, I learned from experience and from seniors with more experience".[38] This growth through practical learning and mentorship-style knowledge transfer is a distinctive characteristic of personnel development at Arokhayasala.

The fact that some nurse assistants grew up with the temple and chose to stay on to care for patients, even without financial security guarantees, reflects motivations deeper than money. Fasai, a patient care staff member, shared about the challenges of working: "There are not many patient care staff when compared to the number of patients, which creates difficulty in providing comprehensive care".[92] But these challenges did not discourage her; instead, they became a driving force to learn and develop herself more.

The participation of engineers who brought telemedicine technology and helped construct herbal plant houses demonstrates that even technology experts can have a role in helping patients. Q, after bringing his father to the temple, received caring experiences done with compassionate hearts. He was greatly impressed by the care and volunteer spirit of the temple team, which led Q to volunteer his work according to his knowledge and abilities. He came as an information technology volunteer planning to help "develop the temple's website system in the future, after helping develop the LINE Official Account system and assisting with the National Herbal Medicine work".[51] This convergence of personnel from various fields has made the temple a center for integrated health human resource development.





Case Study 4:

Dedication in Emergency Times

When the clock struck 3, the phone rang. "Nong Pim! The patient in room 7 is in critical condition." No hesitation, no complaints. The nurse assistant got up from bed, changed clothes, and rushed to Arokhayasala. Even though tired from working all day, the face of the patient needing help made the fatigue disappear. This is the real workload of being a volunteer at Arokhayasala. No work hours, no days off—only hearts ready to give.

The opinions of volunteers and medical personnel reflect that working at Arokhayasala is not merely working for income, but discovering new meaning in being a caregiver.

Developing a Mentorship System and Knowledge Transfer

Padnee shared about the knowledge transfer system: Knowledge transfer at Arokhayasala is characterized by learning through actual practice and observation from experienced people.[38] Fasai said she "learned from experience and from seniors with more experience".[92] Although this learning model is highly effective, it may lack systematic structure and continuity.

Establishing a formal mentoring training system, where experienced people systematically mentor and teach newcomers, will help increase knowledge transfer efficiency and reduce the gap between required skills and existing skills. Padnee also suggested regarding welfare that "having appropriate welfare for volunteers working in this system, especially when they grow old, will help create sustainability".[38] Caring for caregivers is important for system sustainability.

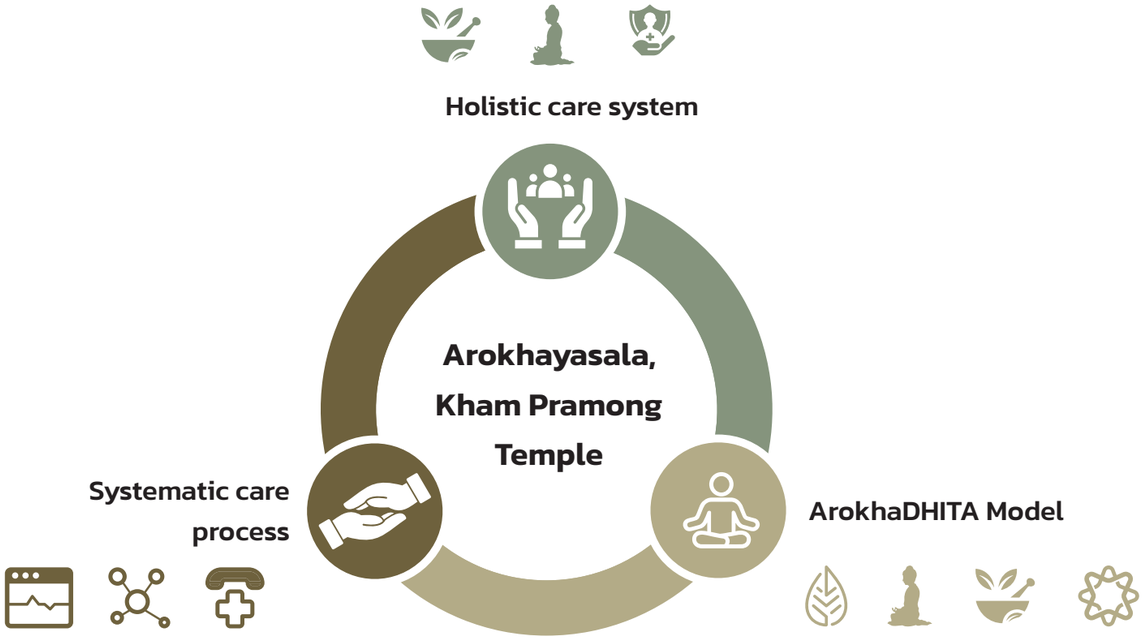
Challenges in Creating and Retaining Personnel

Despite strong motivation, retaining personnel for long-term work remains a challenge. Fasai pointed out "the number of patient care staff compared to the number of patients" and "heavy workload and frequent overtime, especially when there are many patients".[92] These challenges reflect the need to create balance between relying on volunteer sacrifice and building a sustainable work system.

Aunt Sri, a senior volunteer, expressed concern about the future: "In the future, will there be new generations coming to continue the work?".[52] This concern reflects the challenge of creating operational continuity, especially in an era where society increasingly emphasizes personal benefits and financial security.

Q reflected on technology challenges: "Although I know the temple already has a database system, I'm not sure whether that system is being used to full efficiency".[51] Q has used his existing knowledge and abilities to volunteer to develop the temple's technology system to be more efficient.

3.4 Conclusion: From Vision to Reality



Arokhayasala, Kham Pramong Temple, has evolved from a simple desire to help end-stage cancer patients into a uniquely distinctive holistic care system. The integration of three main components—herbal medicine, Buddhist Dharma principles, and holistic care—has created a care model that not only alleviates physical symptoms but also provides profound mental and spiritual healing.

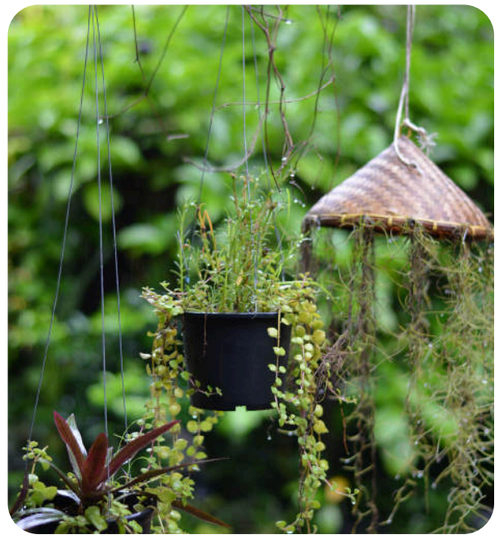
The ArokhaDHITA Model approach, consisting of 4 dimensions—nature therapy, Dharma therapy, herbal therapy, and integrated care—demonstrates a truly patient-centered care philosophy. Arokhayasala's success is not measured by the number of patients cured from disease, but by the quality of life and peace of mind patients receive during the final period of their lives.

The systematic care process—from admission, assessment, planning together with relatives, to continuous follow-up—reflects attention to detail and respect for patient dignity. The team composed of multidisciplinary professionals and dedicated volunteers has become the crucial heart that makes this system alive and functioning efficiently.

The evolution from being a "refuge for hopeless patients" to becoming an officially certified palliative care facility reflects acceptance from society and the broader health system. Arokhayasala has proven that caring for end-stage cancer patients can be done through methods that emphasize humanity, compassion, and respect for human dignity—an approach suitable for the Thai cultural context and capable of serving as a model for developing end-stage patient care systems in Thailand and the Southeast Asian region.







Chapter 4

Academic and Public Health Recognition

4 Academic and Public Health Recognition

Arokhayasala reflects that the holistic cancer patient care approach integrating traditional Thai medicine wisdom, Buddhism, and modern medicine is not merely one option for patients, but **is also a model with academic value worthy of study, research, and further development for the benefit of Thailand's public health system in the future.**

4.1 Introduction

What happened at Kham Pramong Temple has become a phenomenon that cannot be overlooked in Thai medical circles. Various voices from medical personnel, university lecturers, and government officials who visited and experienced it firsthand have become witnesses to a significant transformation in perspectives toward end-stage cancer patient care.

Among the visitors who returned and shared their experiences, there was a testimony from Ajarn Ple, a former nursing lecturer from Chulalongkorn University, who said that "Kham Pramong Temple" is "the happiest hospital in the world" and felt fortunate to have discovered this place. These voices are not merely praise, but recognition of the value of the approach pioneered by Phra Paponpatchara Jiradhammo.[59]

This chapter presents an analysis of recognition from educational institutions, government agencies, and academic communities that reflects a significant paradigm shift in Thai medicine. It covers empirical evidence from research, official recognition, changes in the attitudes of medical personnel, and challenges in expanding this approach into national policy.



4.2 Recognition from Academic Institutions and Research

Recognition from academic institutions represents a crucial turning point that confirms the credibility and effectiveness of the palliative care approach at Arokhayasala. This recognition comes with empirical evidence from research, official endorsement, and becoming a learning resource for academics and students both domestically and internationally.

4.2.1 Receipt of Honorary Degrees and Recognition from Educational Institutions

A significant event reflecting formal academic recognition was when Phra Ajarn Paponpatchara Jiradhammo received the Honorary Doctorate of Science from Rajabhat Sakon Nakhon University in 2008, and subsequently in 2016, the University Council of Thammasat University conferred upon him the Honorary Doctorate of Philosophy in Applied Thai Traditional Medicine, in acknowledgment of his outstanding work in community health development and end-of-life care for terminal cancer patients that has greatly benefited society.

Dr. Marasri Klangpraphan, Dean of the Faculty of Education at Rajabhat Sakon Nakhon University, spoke of Phra Ajarn Popanaphat's inspiration: "I learned that he had cancer and recovered. When he established the Arokhayasala for cancer patients, I thought it was a profound act of compassion to help people escape the pain and suffering he had once experienced himself. He had suffering, overcame it by himself, and then brought what he had accomplished to help others overcome their suffering as well. I deeply respect his kindness."[25]

These two conferrals of honorary degrees not only recognized Phra Ajarn Paponpatchara's achievements but also validated the holistic care approach that integrates Thai wisdom with modern scientific principles. This demonstrates that leading educational institutions in Thailand have begun to recognize the value of alternative medicine and palliative care rooted in local culture, thereby establishing concrete academic legitimacy for the work of Arokhayasala.

4.2.2 Arokhayasala as an Academic Learning Resource

Arokhayasala has become an important learning site for students from various fields, particularly medicine, nursing, pharmacy, and public health. Several leading universities have brought students to study and observe in order to learn about holistic care approaches and the integration of Thai wisdom with modern medicine.

The fact that these educational institutions chose Arokhayasala as a learning resource reflects recognition that the care approach here has academic value and can serve as a model for developing Thailand's health system in the future. Students who come to study gain direct experience in seeing patients who receive dignified care, are happy, and have good quality of life even in the final period of their lives.

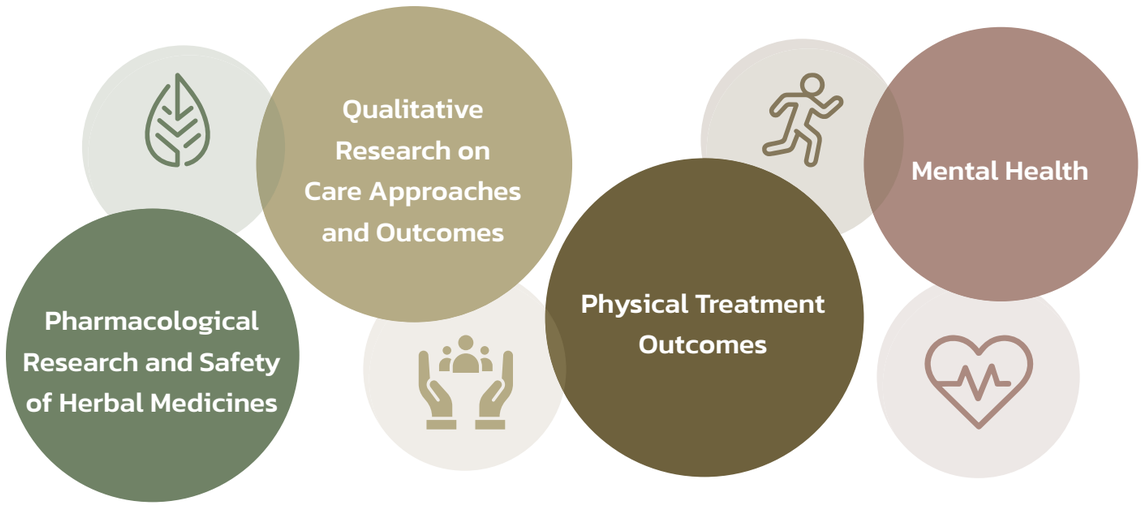
Educational institutions that have continuously visited for study and research include Chulalongkorn University, Khon Kaen University, Sakon Nakhon Rajabhat University, Ramathibodi School of Nursing, Mahidol University, Chiang Mai University, Thammasat University, and international universities from the United States and the United Kingdom.[25]

Assistant Professor Dr. Jitpinan Srijakrakot from Khon Kaen University shared her experience bringing 90 students to study: "We saw activities that Luang Ta Popanapat organized for patients and relatives, which included the dimension of mental care, which is a grand and beautiful picture of nourishing the human spirit. Physical care, social dimension, and spiritual dimension were harmoniously integrated".[25]



4.2.3 Empirical Evidence from Research Studies

The credibility of Arokhayasala has been supported by research conducted by scholars and leading educational institutions both domestically and internationally. These research studies cover pharmacological studies of herbal medicines, care outcome studies, and qualitative studies on the experiences of patients and families. From the summary of research work based at Kham Pramong Temple from 2008 to 2017, there were a total of 41 research studies, averaging 4 studies per year, consisting of 2 bachelor's degree theses, 19 master's degree theses, 7 doctoral dissertations, and 14 research projects from various institutions both domestically and internationally.[93]



Pharmacological Research and Safety of Herbal Medicines

Research by Professor Dr. Somporn Promsakha Na Ayutthaya and colleagues from the Faculty of Pharmacy, Mahidol University, systematically studied the pharmacological properties of medicine formulas used at Arokhayasala. The study evaluated the effects of Kham Pramong Temple's anticancer formula, including both cytotoxic effects and anti-proliferative effects on various types of cultured cancer cells, as well as anti-tumor growth stimulation effects in experimental animals.

The study results showed that the formula extracts had inhibitory effects on the growth of various types of cancer cells and could significantly inhibit chemically-induced tumor formation in experimental animals. Additionally, the extracts passed safety inspections with no contamination of microorganisms, heavy metals, or aflatoxin found.[94]

Beyond studying the main formulas, there were also detailed studies of individual herbs that are important components. Research by Professor Dr. Arunporn Itharat and colleagues from the Faculty of Medicine, Thammasat University, studied the effects of each herb, particularly Murdannia loriformis, which was found to have anticancer effects against several types of cancer cells, antibacterial effects, anti-inflammatory effects, and antioxidant effects.[95]

Qualitative Research on Care Approaches and Outcomes

In addition to pharmacological research, qualitative studies on care outcomes at Kham Pramong Temple have received significant attention from researchers both domestically and internationally. A study by Poonthananiwatkul and colleagues (2015) on herbal medicine use by cancer patients in Thailand, published in the Journal of Ethnopharmacology, found that most patients reported benefits from using herbal medicine with commonly found symptoms decreasing statistically significantly after receiving care.[63]

Another important study was research on death acceptance from a Thai Buddhist perspective. A study by Upasen and Thanasilp (2020) used a qualitative research approach to understand death acceptance among end-stage cancer patients by interviewing 12 patients who received care at the Palliative Care Center at Kham Pramong Temple. The study found 6 important themes regarding death acceptance, which reflected that patients who received care through a Buddhist approach could accept death better and had peace of mind in the final period of their lives.[34]

This finding was consistent with a further study by Suwannapong and colleagues (2022) who developed a measurement tool for death acceptance according to Buddhist principles (Buddhist Death Acceptance Scale - BDAS) and tested it on 363 Thai cancer patients who were Buddhists. They found that patients had a high level of death acceptance, which was influenced by Buddhist beliefs, Buddhist teachings, and receiving services based on Buddhist principles.[29]

Another interesting study was research by Narongsak Teerawong and colleagues who closely followed up on treatment outcomes by sending questionnaires to 177 patients who had returned home. The study results showed impressive achievements in multiple dimensions.[96]

- **Physical Treatment Outcomes:** For patients who left Arokhayasala long ago, 35 percent were still alive and almost all were still undergoing treatment, with symptoms improving significantly in as many as 12 percent. These figures are significant when considering that most patients came to receive care in the final stage when modern physicians gave a prognosis of 2-4 months remaining, but many were able to live for 2-3 years.

  For patients who recently left Arokhayasala, 52 percent had improved symptoms, 35 percent did not improve, and 12 percent died. These outcomes reflect that even though most patients were in the stage where the disease had already spread, holistic care could still help improve their physical condition by more than half.

- **Mental Health:** Study results showed outstanding success. Patients and relatives who left Arokhayasala long ago who were satisfied and very satisfied with the treatment combined reached 81percent, while patients and relatives who recently left Arokhayasala had satisfaction as high as 91 percent. More importantly, the study found that 80 percent of patients who were afraid of cancer before coming to Arokhayasala were able to change their mindset and were no longer afraid. Arokhayasala played an important role in emphasizing to patients the truth of life and having strong mental health in fighting cancer.

These research studies created a solid foundation for academic recognition and confirmed that the approach used at Arokhayasala is not merely belief or psychological therapy, but has empirically measurable outcomes, especially in the dimensions of mental health and death acceptance that are unique characteristics of holistic care in the Thai Buddhist context.

These research works are not just statistical numbers but reflect the open attitude of Arokhayasala that welcomes researchers and educational institutions to come study, examine, and neutrally evaluate operational results. This transparency and openness to feedback demonstrates confidence in the value of the work and readiness to continuously develop and improve.

This approach should be promoted to occur more widely by creating research networks that connect educational institutions, hospitals, and holistic patient care facilities. The exchange of data, research results, and lessons learned will help elevate the overall quality of care.

4.3 Recognition from Government Agencies and Public Health Policy

Recognition from the government represents a significant turning point demonstrating the transformation of Thai public health policy that is beginning to prioritize palliative care and alternative medicine. The collaboration between Arokhayasala and government agencies reflects the integration of local wisdom with the national health system.

4.3.1 Collaboration with the National Health Security Office

The most important collaboration is that the National Health Security Office (NHSO) began providing support and developing palliative care facility policies, with Arokhayasala at Kham Pramong Temple as one of the important models. This support is not only financial funding but also includes developing care standards and creating a network of palliative care facilities nationwide.

In 2024, Arokhayasala was officially registered as a palliative care facility, which is considered the most important progress in the history of this establishment. This registration shows that the government has acknowledged the role and importance of Arokhayasala as part of the national health system and opens opportunities for patients to access services under the universal health coverage system.

The NHSO's support for palliative care facility policy reflects awareness of the importance of palliative care and recognition that end-stage patient care requires more than medical treatment alone. This support helps reduce the cost burden on patients and families and opens opportunities for poor patients to access quality care.

4.3.2 Support from the Ministry of Public Health and Related Agencies

The Ministry of Public Health has integrated palliative care into the service plan and promoted the development of palliative care facilities at the community level throughout the country. The fact that various universities bring students to study and observe, and that many government agencies send personnel for training, shows that this approach is gaining wider recognition.

Additionally, the Ministry of Public Health has supported the development of end-stage patient care standards and training of medical personnel to have knowledge and skills in palliative care. This support helps elevate the quality of care and builds public confidence in choosing to use the services.

However, government support still has limitations and challenges that must be faced, which will be discussed in the topic on challenges and limitations in policy expansion below.



From: National Health Security Office (2024)

4.4 Changes in Attitudes of Medical Personnel

The most important change may not be changes in policy or structure, but rather changes in the thinking and attitudes of medical personnel who have had the opportunity to experience the care approach at Arokhayasala.

4.4.1 From Doubt to Acceptance

The most interesting change is the story of medical personnel who once had doubts or opposed Arokhayasala's approach, but after experiencing it firsthand, changed their attitudes. Ajarn Ple, a former nursing lecturer from Chulalongkorn University, shared her own experience that from being "a nurse who opposed the use of herbs, viewing them as dangerous," she changed her mind when she brought her mother, who was a breast cancer patient, to receive care at Kham Pramong Temple.[59] Direct exposure to tangible treatment outcomes made her realize that "the treatment at Kham Pramong Temple works, patients are happy, and there are no severe side effects like chemotherapy".[59]



Ajarn Ple's transformation did not stop at mere acceptance, but extended to understanding the holistic care concept at an even deeper level. She discovered that "the most important thing is talking with them and checking their health, their elements of earth, water, wind, and fire, and educating them. This is very important because really, just adjusting behavior by 70-80%, if they can adjust it, balance returns".[59] This finding is consistent with public health concepts that emphasize the importance of social and behavioral factors on health.[97]

Ajarn Nok, another former nursing lecturer from Chulalongkorn University who has been involved with Arokhayasala for more than 14 years, observed that "patients can openly state what kind of cancer they have, contrary to hospitals where relatives often ask to conceal it" and "most patients die peacefully, with a wholesome mind and their own breath".[53] These observations made medical personnel begin to realize that good care is not measured by curing the disease alone, but also includes helping patients have good quality of life and be able to pass away peacefully with dignity.

Ajarn Nok demonstrated an even deeper level of commitment. She decided to study traditional Thai medicine and is about to open her own clinic to apply the holistic care approach widely.[53] This significant career change reflects the discovery of new value in patient care that emphasizes holistic treatment.

4.4.2 Creating Inspiration for Medical and Nursing Students

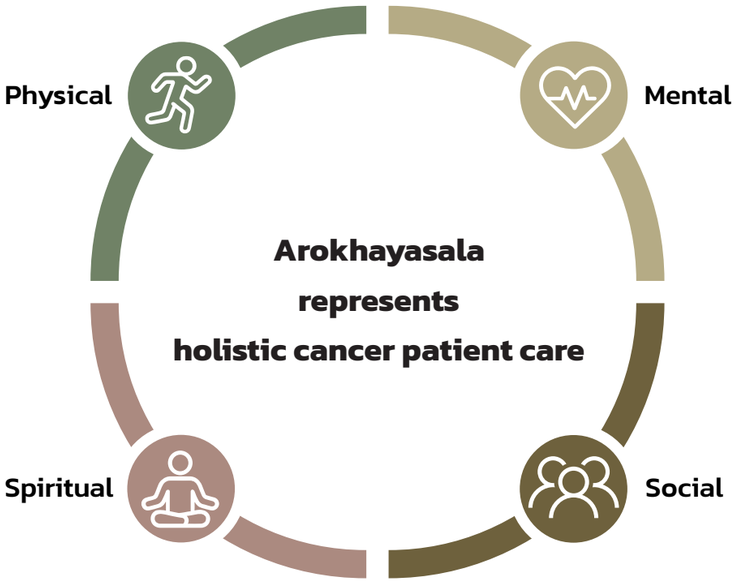
For medical and nursing students who have had the opportunity to study and observe at Arokhayasala, this experience often becomes a significant turning point in their working lives. Seeing patients who, despite being in the final stage of life, still have happiness, smiles, and peace of mind is a powerful lesson that cannot be learned from textbooks or classrooms.

This change in perspective has far-reaching effects. When these medical personnel return to work in various places, they bring and spread new ideas and approaches, gradually creating a wave of change in Thai medical circles.

The Faculty of Nursing at Chulalongkorn University organized a volunteer project "to give students the opportunity to study holistic patient care that integrates both traditional Thai medicine and modern medicine, and to volunteer directly with patients".[98] Opening opportunities for students to experience this reality affects the development of attitudes and perspectives of new generation medical personnel.

Associate Professor Dr. Sureeporn Thanasilp from the Faculty of Nursing, Chulalongkorn University, evaluated the care at Arokhayasala: "Arokhayasala represents holistic cancer patient care, including physical, mental, spiritual, and social aspects. It is considered integrated care using concrete complementary medicine, which is suitable for end-stage patient care".[98]

The fact that Arokhayasala has become an academic learning resource recognized by leading educational institutions both domestically and internationally reflects that the holistic cancer patient care approach integrating traditional Thai medicine wisdom, Buddhism, and modern medicine is not merely one option for patients, but is also a model with academic value worthy of study, research, and further development for the benefit of Thailand's public health system in the future.



4.5 International Recognition and Expanding Influence

Beyond receiving recognition domestically, Arokhayasala has also gained attention from the international community, including researchers, patients, and foreign media. This international recognition reflects the universality of a care approach that can meet human needs across different cultures.

4.5.1 From a Place of Desperation to a Destination for Patients Worldwide

Arokhayasala has become a destination for cancer patients from many countries around the world, particularly from Southeast Asian countries, Japan, Korea, China, and even from Europe and America. These patients travel with hope of receiving care different from what they received in their own countries' modern medical systems.

The fact that foreign patients choose to come to Arokhayasala demonstrates credibility and reputation that has spread through word-of-mouth and online social media. Many people discovered Kham Pramong Temple through YouTube and other online media where experiences of patients and families are shared. These success stories have become inspiration and hope for cancer patients worldwide.

Having patients from diverse cultures also creates an atmosphere of diversity and mutual learning. Patients and families from abroad learn about Thai culture and Buddhist principles, while also bringing their own perspectives and experiences to share with the temple community.

4.5.2 Changing the Definition of "Hospital" and "Treatment"

The success of Arokhayasala at the international level has challenged and expanded the meaning of "hospital" and "treatment" in a global context. This place demonstrates that treatment does not necessarily have to occur in concrete buildings filled with modern medical equipment, but can occur in an environment that is natural, peaceful, and filled with compassion.



The concept of "the happiest hospital in the world" that Ajarn Ple mentioned has become an idea that challenges the modern medical paradigm that often focuses solely on treating disease and extending lifespan, neglecting patients' quality of life and happiness. Arokhayasala has shown the world that it is possible to create a healing space where patients feel happy, have dignity, and have hope even in the final period of their lives.

This redefinition has influenced the development of medical policy and practice in many countries. Health agencies and scholars from abroad have come to study Arokhayasala's care approach to apply it in their own contexts, which shows that this approach has potential to be a model for developing end-stage patient care systems at a global level.

4.6 Conclusion: The Quiet Revolution in the Public Health System

Arokhayasala's journey from being controversial and opposed in the early stages to gaining recognition from educational institutions, government agencies, and the medical community reflects a "quiet revolution" occurring in Thailand's public health system.

This transformation is not a replacement of modern medicine, but an expansion of the scope of medicine to cover dimensions of care that go beyond treating disease. The fact that a holistic care approach emphasizing body, mind, and spirit has gained widespread recognition points to a paradigm shift in medicine from "treating disease" to "caring for people."

The success of Arokhayasala shows that in an era when modern medicine has advanced technology, patients still need warm and meaningful care. The integration of Thai wisdom with modern medicine is not a step backward but a step forward toward more complete medicine.

As Dr. Sirirot's words reflect a significant change in medical philosophy: "Whether cured or deceased is not as important as the happiness the patient receives." This is the turning point that Arokhayasala has pioneered and created inspiration for Thai medical reform in the 21st century.

The recognition that Arokhayasala has received is not merely recognition of one place, but recognition of a new concept of medicine with humanity and compassion at its center. This is the most important legacy that Arokhayasala has left for Thai and global medicine.

4.6.1 Changes in Professional Perspectives

For medical personnel who have had the opportunity to experience the holistic care approach, many have opened new perspectives on the meaning of being a caregiver. Seeing that patients who are "untreatable" according to modern medical standards can have good quality of life and happiness in their remaining time has raised questions about the definition of "success" in treatment.

Ajarn Nok reflected on her own transformation: "From thinking that treatment success is curing the patient, today I understand that true success is giving patients quality of life, whether long or short, and importantly, helping patients be able to pass away peacefully, with dignity, and without unfinished business in their hearts".(53)

This change in perspective affects these personnel's practice in their regular workplaces. Many have applied certain concepts and techniques in patient care, such as spending more time listening to patients, teaching relaxation techniques, and opening space for the spiritual dimension.

4.6.2 Impact on System and Policy

At the system level, Arokhayasala's success has created momentum for public health policy development. The fact that the National Health Security Office has begun to support and develop palliative care facility policy, that the Ministry of Public Health has integrated palliative care into the service plan, and that various universities bring students to study and observe shows that this approach is gaining wider recognition.

However, expansion still faces several challenges, from a shortage of personnel with knowledge and volunteers sufficient for the demand, problems in procuring quality herbs, and financial limitations. Solving these problems requires cooperation from all sectors, including government, private sector, educational institutions, and communities.







Chapter 5

Lessons for Public Health Policy Formulation

5 Lessons for Public Health Policy Formulation

Arokhayasala's efforts to develop a herbal production and procurement system have become a valuable model for developing the traditional Thai medicine system at the national level. The experience and knowledge accumulated over more than 20 years can be applied to creating a quality herbal production network, supporting small-scale farmers, and creating long-term stability for the traditional Thai medicine system.

5.1 Policy Guidelines from Arokhayasala Kham Pramong Temple Experience toward National Palliative Care System Development

> When patients have lost hope from treatment through other means, they have options and hope to receive care and assistance at Kham Pramong Temple without having to worry much about financial burden. There is also simultaneous care and support for both patients and relatives in terms of mental well-being, which is very important for end-of-life patients.

The words of Ms. Wilailuck Tantitrakul, Director of Arokhayasala Center at Kham Pramong Temple, reflect a significant turning point in the evolution of Thailand's public health system.[46] The official recognition of the palliative care approach that Arokhayasala Kham Pramong Temple has developed did not arise from a radical medical revolution, but rather resulted from a gradual process of learning and adaptation within the public health system.

This chapter will present important lessons from the experience of developing and recognizing the palliative care approach at Arokhayasala Kham Pramong Temple to serve as guidelines for future public health policy formulation. This is especially relevant for creating policy frameworks that are conducive to developing holistic end-of-life patient care systems and sustainably integrating traditional Thai medicine into the mainstream public health system.



5.2 Lessons from the Current Financial System and Solutions

5.2.1 Financial Structure Problems

Despite receiving widespread recognition, Arokhayasala still faces financial challenges that reflect the limitations of public health policy in supporting integrated medicine. Arokhayasala has monthly expenses of approximately 500,000 baht, with medicine costs around 200,000 baht. However, support from the health insurance system remains limited. Only about 3-4 people out of 40-50 can use the 30-baht universal coverage scheme because of overlaps with other hospitals.[46]

Most expenses still come from donations from faithful supporters, which creates uncertainty in long-term operations. If donations decrease or there is no continuous support, this may affect the care of patients who require lifelong continuous care.[46]

This problem arises from inconsistencies between the operating characteristics of palliative care facilities and the regulatory framework of the National Health Security Office (NHSO), which was designed for conventional hospitals. Measuring success through quality of life and patient happiness rather than just survival rates still lacks appropriate indicators in the system.[99]

Furthermore, the budget that NHSO allocates to palliative care facilities is only a "system supplementary budget" covering only public health service expenses arising from individual care plans, and therefore does not include infrastructure costs or other social burdens. Comprehensive and sustainable operations require supplementary budgets from other government agencies, such as the Ministry of Public Health for supporting standards and service system development, collaboration with local administrative organizations through local health insurance funds for end-of-life patient care activities, or social welfare budgets from the Ministry of Social Development and Human Security. Additionally, palliative care facilities in temples or religious organizations rely on donations and civil society for expenses beyond the scope that NHSO supports.

Therefore, the financial system for palliative care facilities in Thailand is an integrated model that must combine budgets from multiple sources to ensure quality and sustainable end-of-life patient care.

5.2.2 Financial System Reform Guidelines

From interviews with relevant persons, three important recommendations were found:



1. Development of Specific Benefit Packages: Creating specific benefit packages for palliative care that cover physical, mental, and spiritual treatment, not limited to only medical treatment.

2. Flexible Budget Mechanisms: Creating specific budget mechanisms for palliative care facilities that meet standard criteria to reduce dependence on donations and create operational sustainability. This may use the principle of "cost-sharing" among government, private sector, and community.

3. New Cost-Effectiveness Evaluation: Developing a cost-effectiveness evaluation system that considers social outcomes, such as reducing family burden, reducing emergency service use, and improving quality of life at the end of life.

5.3 Lessons from Personnel Development and Network Building

5.3.1 Importance of Holistic Personnel Development

Experience from Arokhayasala demonstrates that the success of the palliative care system does not depend solely on technology or medicine, but on the quality of personnel who have a "volunteer spirit" and understanding of holistic care principles. The fact that cancer patients from Arokhayasala "accept death better than patients in general hospitals" according to studies by Upasen and Thanasilp and Suwannapong[34][29] reflects the success of developing personnel who can provide care in all four dimensions: physical, psychological, social, and spiritual care.

Volunteer Spirit: The Heart of the Care System

The volunteer spirit is a key distinctive feature that makes Arokhayasala different from general medical facilities. The volunteer spirit is a spirit that does not remain indifferent to society or people's suffering, and desires to help, not by giving donations or money, but by dedicating time, contributing effort to help, and with a spirit that is happy to help others.

The work of volunteers who care for and assist patients voluntarily, willingly, with compassion as a foundation, and who see value in their work, makes the care truly come from the caregivers' hearts. It is not merely performing duties, following prescribed roles, or seeking any benefits. Many volunteers come to help with Arokhayasala's work according to their abilities, potential, and aptitudes, including doctors, nurses, teachers, traditional Thai medicine practitioners, students from various fields, and people from diverse professions.



Luang Ta Paponpatchara Jiradhammo, who is a true model of a "giver," creates awareness of working with a volunteer spirit by doing it for others to see, being an example. The actions of Luang Ta, who dedicates himself to caring for patients without expecting any benefits, give rise to something truly beautiful: the development and elevation of the spiritual level of patients, relatives, and volunteers themselves, from being "receivers" to becoming "givers." Many patients and relatives have become volunteers helping to heal cancer patients.

"Large organizations also accept us, and all of this has its origins. They see Luang Ta's commitment to work and see that he does it without any hidden benefits, and the patients are truly happy to be here. They come to see and have faith, so they intend to come help in whatever way each person can help."[46]

The "Branching Out" Mechanism of Volunteers

In addition to Luang Ta who serves as a volunteer role model, the work of senior volunteers can also inspire successive generations of volunteers to come work as well. This branching pattern of volunteer work is equivalent to work that expands broadly, helping volunteer work to expand both in terms of quantity and quality for maximum benefit.

This can be seen from interviews with traditional Thai medicine students who became volunteers because they heard from their teachers about volunteer work, became inspired, and had teachers as role models for volunteer work, causing continuous expansion from generation to generation. This is an important mechanism for creating sustainability in the volunteer system.



Role of Educational Institutions

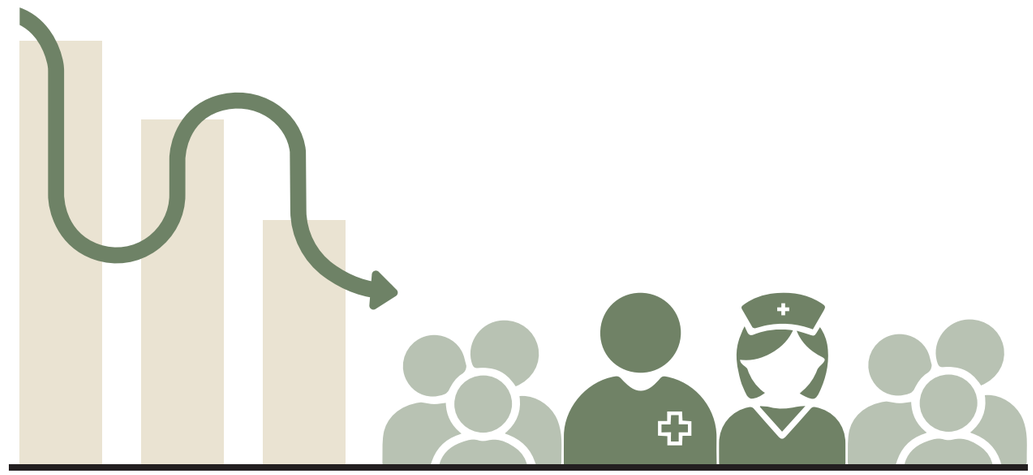
The participation of educational institutions not only helps lighten the care burden but is also an important mechanism for creating and transferring knowledge, conducting research, creating knowledge bodies to further expand to the public, resulting in systematic knowledge base development. According to data, memorandums of understanding (MOUs) have been signed with several educational institutions, such as the Faculty of Nursing at Chulalongkorn University, Rajamangala University of Technology Isan, Faculty of Medicine at Khon Kaen University, and Faculty of Medicine at Thammasat University.

Particularly, the collaboration with Rajamangala University of Technology Isan, Sakon Nakhon Campus, which has had traditional Thai medicine students gain practical experience as volunteers in treating and helping care for patients from 2008 to the present, is a good example of integrating education with actual practice.

Personnel Challenges

Despite having a strong volunteer mechanism, Arokhayasala still has limitations regarding the continuity of volunteers who are medical personnel rotating in to help care for patients. Dr. Sopon Wanwaitayachit said, "Currently there are nurses from various hospitals alternating to help almost every day, but it's not continuous, not like permanent nurses. They come to help only with wound cleaning, but there's no continuity in the management system, which mainly still relies on Luang Ta's team."

This challenge reflects the need to develop a clear workforce framework and increased personnel support from government agencies. As the Director of Arokhayasala Center stated, "The lack of personnel is the main issue. Money is not as concerning as personnel. Nurses are lacking. If we want sustainability, we must have additional personnel to reduce the workload."



5.3.2 Building Collaborative Networks

Building collaborative networks from multiple sectors (multi-sectoral collaboration) is extremely important in driving palliative care facilities toward success and sustainability, especially under the framework of Section 3 of the National Health Security Act, which allows non-mainstream public health agencies to participate as part of the system. The approach to building collaborative networks consists of important mechanisms as follows:

1. **Developing collaborative networks between educational institutions and Arokhayasala** is an important example of creating sustainability. As Assistant Professor Eamporn Thongkrachai stated, there is a policy to "continue and cooperate with Luang Ta Paponpatchara in terms of having teachers and students at bachelor's, master's, and doctoral levels participate as volunteers".[25]

   The participation of educational institutions not only helps lighten the care burden but is also an important mechanism for creating and transferring knowledge, conducting research, creating knowledge bodies to further expand to the public, resulting in systematic knowledge base development.

2. **Collaborative Network with Government Sector:** Arokhayasala has received support from several government agencies, including the Sakon Nakhon Provincial Public Health Office, hospitals in the province, and the National Health Security Office. This collaboration helps create legitimacy and increases credibility for operations.

3. **Network with Private Sector and Civil Society Organizations:** Support from private sector and civil society organizations, in the form of donations, knowledge sharing, and other support, helps strengthen the system.

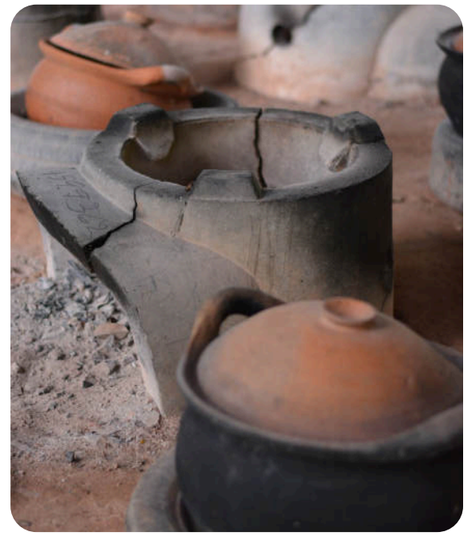
4. **Volunteer Network:** The volunteer network distributed throughout the country, many of whom have had experience at Arokhayasala and have taken knowledge to expand in their own areas, is an important mechanism for spreading the concepts and practices of palliative care.

The success of this collaborative network lies in creating good relationships among all sectors, with a shared goal of providing the best care to end-of-life patients, not merely working separately or competing with each other, but complementing each other for the ultimate benefit of patients and families.



5.4 Lessons in Herbal Medicine Production and Procurement

Another important problem is procuring quality herbs with continuity, especially rare herbs or those that must be imported from abroad. The lack of a standardized herbal production system and research for domestic cultivation is an obstacle to expansion to other areas[46]



The cancer cure formula for all types of cancer that Arokhayasala uses as the main medicine consists of 11 herbs: Thongphanchang, Nguakplahmor, Khao Yen Tai, Khao Yen Nuea, Phimop, Hua Roy Ru, Mai Sakhin, Kothachulalampha, Kothachiang, Kamphaengchetchen, and Yanuatmaew.[46][94] Each year, Arokhayasala must use approximately 3,000-4,000 pots of herbal medicine, averaging about 200-300 pots per month.[46] These figures reflect the tremendous challenge in procuring and managing herbs sufficiently and continuously.

Ajarn Oat points out this challenge: "Challenges in herbal procurement and research and development, obstacles in procuring rare herbs and research for domestic cultivation",[46] especially rare herbs or those that must be imported from abroad, such as Hua Roy Ru, which is an epiphytic plant on large trees and is difficult to find nowadays, and Kothachiang, which must be imported from neighboring countries.

5.4.1 Hua Roy Ru: A Case Study of Challenges and Innovation

Hua Roy Ru (Hydnophytum formicarum Jack) is an extremely important herb in the cancer formula. According to scientific data, extracts from Hua Roy Ru have inhibitory effects on the growth of cervical cancer and lung cancer cells in test tubes, and flavonoid derivative compounds extracted have mechanisms that cause breast cancer cells to die through apoptosis.[99] However, the problem is that Hua Roy Ru is an epiphytic plant that grows slowly, is expensive, and is becoming extinct.



To solve this problem, Arokhayasala has collaborated with Thammasat University and researchers in studying and developing Hua Roy Ru cultivation, including studying the most effective strains and tissue culture.[94] These efforts are not only to have sufficient raw materials for Arokhayasala but also to conserve rare herbal species for the future.

5.4.2 Innovation in Planting and Producing Herbs within the Temple: Steps toward Sustainability

To reduce dependence on external sources and create security in medicine procurement, Arokhayasala has developed its own herbal production systems in several forms:

1. **Soilless Plant Cultivation Greenhouse (Hydroponics):** Arokhayasala has built a soilless plant cultivation greenhouse within the temple grounds, with healthy patients, staff, and volunteers helping to care for it. This system helps provide a source of pesticide-free kitchen vegetables and certain herbs for patients to consume without cost.[46] Besides being a food source, it is also a therapeutic activity that allows patients and relatives to participate in planting vegetables in vacant areas.
1. **Specialized Herbal Planting Areas:** Within the temple grounds, areas are allocated for planting herbs used in the main medicine formula, such as Thongphanchang, Yanuatmaew, and Nguakplahmor, which are not difficult to grow and propagate well. Having one's own planting source helps reduce costs and directly control quality.[38][53]
1. **Research and Development Projects with Universities:** Arokhayasala has collaborated with the Faculty of Medicine at Thammasat University and other research units in studying the cultivation and propagation of rare herbs, especially the research project of Professor Dr. Arunporn Itharat, who received funding from the National Research Council to study cultivation, tissue culture, and the most effective strains of several herbs, including both types of Khao Yen and Hua Roy Ru.[95]

These research projects not only help Arokhayasala have a stable source of raw materials but also create scientific knowledge that can be transferred to herbal enterprises and farmers nationwide.

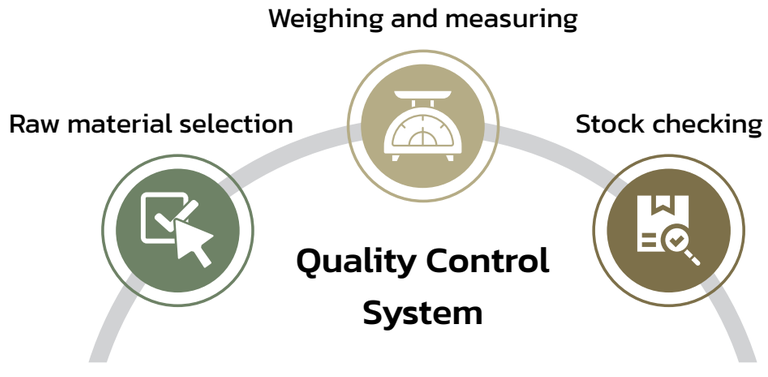
5.4.3 Quality Control System: From Planting Source to Medicine Pot

Despite challenges in herbal procurement, Arokhayasala remains strictly committed to quality standards. Luang Ta Paponpatchara has emphasized the importance of quality: "For Arokhayasala's medicine, we will test first, weigh and measure everything systematically and accurately. Every package must meet standards".[46]

The quality control process consists of:

- **Raw material selection:** Choosing fresh, clean medicine without mold
- **Weighing and measuring:** Using a standard system to accurately measure the quantity of each herb
- **Stock checking:** Regularly inspecting medicine stock to prevent shortages and ensure continuous availability

1. Additionally, there is research to develop standards for herbal raw materials according to pharmacopoeia requirements, including checking for microbial contamination, pesticide residues, and heavy metals, to ensure patients receive safe and effective medicine.[94]



5.4.4 Hope for the Future: From Model to System

Despite many challenges, Arokhayasala's efforts to develop a herbal production and procurement system have become a valuable model for developing the traditional Thai medicine system at the national level. The experience and knowledge accumulated over more than 20 years can be applied to creating a quality herbal production network, supporting small-scale farmers, and creating long-term stability for the traditional Thai medicine system.

Solving Arokhayasala's herbal procurement problems is therefore not merely addressing immediate issues but creating sustainable innovation and systems, blending traditional wisdom, modern scientific research, and community participation, so that patients can continuously access quality treatment for free.

5.5 Developing Knowledge Base and Empirical Evidence

Although holistic patient care at Kham Pramong Temple has been recognized from actual experience, expansion to the national level still requires developing a stronger scientific evidence base.

Progress and Future Research Directions

The progress that has occurred over the past two decades is impressive. There have been systematic research studies in both pharmacology and clinical outcomes, including the development of measurement tools appropriate to the Thai context. These research projects not only provide scientific legitimacy to the holistic care approach but also open opportunities for development and expansion to other areas.

Evidence showing that patients receiving care at Kham Pramong Temple have better acceptance of death, greater peace of mind, and better quality of life at the end of life is important information supporting the concept of palliative care that focuses not only on physical treatment but also includes mental and spiritual care. The integration of traditional Thai medical wisdom, Buddhist principles, and modern healthcare at Kham Pramong Temple has demonstrated the potential of a holistic care approach suitable for Thai social and cultural contexts.

For research to produce concrete results, support is needed in several areas:

- **Adequate and continuous research funding** from government and private sector agencies, especially integrative research funding covering clinical, pharmacological, and social science dimensions.
- **Researcher capacity development** with understanding of both modern medicine and traditional Thai medicine, able to design research appropriate to the context of holistic care.
- **Creating mechanisms for research utilization**, not just publishing in academic journals, but transferring to actual practice and leading to public health policy improvements.



Good research does not end with publication but must lead to policy and practice changes. A strong empirical evidence base from Arokhayasala and other holistic patient care facilities will be key to opening doors to recognition and support from the mainstream public health system.

When there is clear evidence that holistic care can reduce patient suffering, extend quality lifespan, reduce family financial burden, and help patients die peacefully, policymakers will have greater confidence in allocating supporting resources, and holistic care will no longer be an option but will become part of the public health system that everyone can access.

Promoting research and development is therefore not merely about academic progress but an investment in the future of Thailand's health system that balances technology and humanity, between treating disease and caring for people.

5.6 Challenges in Expansion and System Development

Although Arokhayasala has achieved outstanding success, expansion to other areas and development into a national-level system still faces several challenges that need systematic solutions.

Personnel Challenges

The shortage of personnel with knowledge, capabilities, and true volunteer spirit is a significant obstacle. Developing quality personnel requires time and complex processes that cannot occur in a short period. Training only in technical care aspects is insufficient; there must be cultivation of awareness and values in providing service with compassion and true volunteer spirit.

The need for personnel who truly have a heart for caring for cancer patients, not focusing on business, is an important challenge, as developing quality volunteers requires time and complex processes.

Social Acceptance Challenges

Although acceptance of death is an important part of Buddhist culture, in the context of modern Thai society there is still a need for education about accepting death to prepare society for the concept of palliative care.

From expert interviews, it is suggested that teaching about accepting death and preparing for death should begin from school age, especially from upper secondary school, which is an age when people begin to understand life and enter adolescence, so they can take care of themselves and cope with life, including family members, not limited to only medical or nursing fields.

This challenge reflects that expanding palliative care facilities is not only about establishing places and service systems, but must also involve changing society's attitudes and understanding toward death and end-of-life care.

Financial Sustainability Challenges

Financial sustainability is an important issue in system development that affects expansion. If donations decrease or there is no continuous support, it will impact operations. Therefore, creating systematic financial mechanisms from multiple sources is an important challenge.

5.7 Policy Impact Assessment and Recommendations

5.7.1 Impact on the Overall Health System

Experience from Arokhayasala Kham Pramong Temple has demonstrated positive impacts on the health system in multiple dimensions, which can be used as evidence for national-level policy formulation.

Impact on Cost Reduction in Health Service System

Palliative care helps reduce the use of conventional high-cost medical treatment services, especially reducing emergency room visits and hospital admissions. The principle of "live comfortably, die peacefully, budget not wasted" has worked in practice, although there has not yet been systematic quantitative measurement.

Impact on Quality of Life Enhancement

Studies by Upasen and Thanasilp found that cancer patients receiving care through Buddhist approaches tend to accept death more and have peace of mind at the end of life[34][29] reflecting the success of spiritual dimension care that is often overlooked in the current medical system.

Impact on Social Network Building

The fact that Arokhayasala has become "the happiest hospital in the world" as mentioned by many interviewees reflects the creation of strong social capital and support networks, which are important factors in creating health system sustainability.



5.8 Conclusion

The experience of Arokhayasala Kham Pramong Temple in developing a palliative care system for end-stage cancer patients and the transition from the status of an uncertified private service facility to becoming "the first traditional Thai medicine and integrative medicine hospital for cancer" provides valuable lessons for formulating Thailand's public health policy in the 21st century.

5.8.1 Success of Integration

The care system that emerged from the combination of Thai wisdom, Buddhist principles, and medical advancement, which has been recognized by the government system, reflects the potential for developing social innovation arising from Thai cultural foundations.

Support from the National Health Security Office and collaboration between palliative care facilities and hospitals in the system is an important example of constructive integration that does not replace the existing system but strengthens the advantages of each side.

Success factors consist of 4 main dimensions:



Human/Personnel Factors

- Leaders who have strong determination, profound knowledge and education, perseverance, and compassion
- Caregivers who are considerate, compassionate, understanding, have the heart of humanity, are self-sacrificing, and have public spirit
- Service recipients have faith in the healers and treatment methods
- Supporting personnel from other areas, such as volunteers, academics, government and private sector networks

Management Factors

- Family-like organizational management, adhering to good governance principles
- Frameless, independent, flexible work without rigid patterns
- Strong volunteer processes
- Holistic care, caring with the heart of humanity

Partner and Network Factors

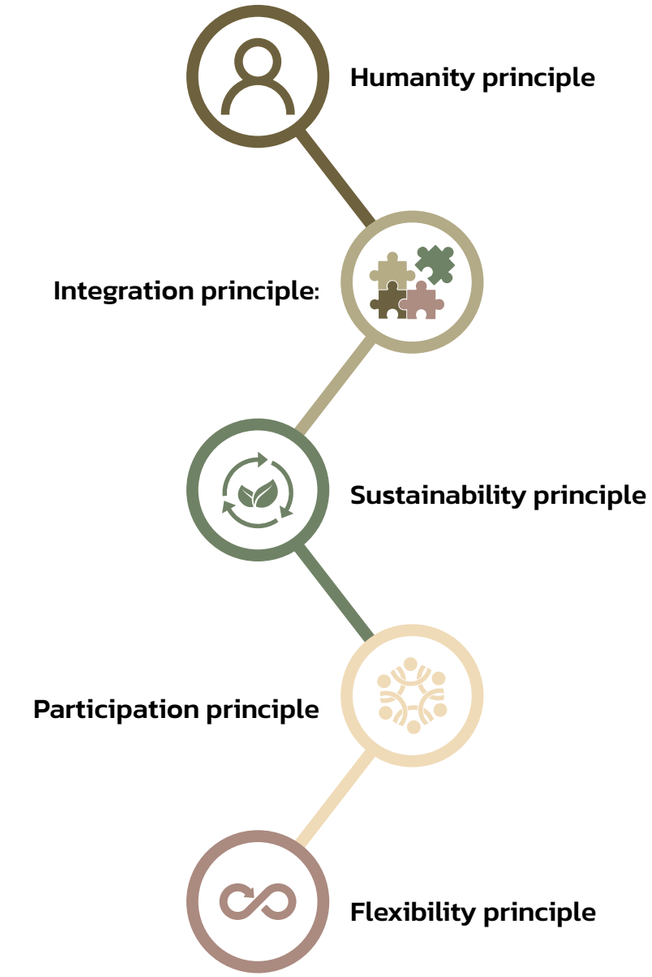
- Provincial Public Health Office, hospitals, and various agencies provide support and allocate personnel to rotate in working as volunteers
- Memorandums of understanding signed with many educational institutions
- Various agencies both domestic and international come to study and observe, including sending students for practical experience and volunteer training at Arokhayasala, which is continuously increasing
- Private sector networks and care networks coordinate continuous patient care

Capital/Policy Factors

- Free of charge, truly being a refuge for the people
- Government policy driving palliative care and private sector social assistance policies

5.8.2 Important Principles for Policy

From analyzing Arokhayasala's operations, five important principles for policy formulation can be extracted:



1. **Humanity Principle:** Prioritizing patient dignity and quality of life. Viewing patients as complete human beings, not merely diseased bodies. Care must cover physical, mental, social, and spiritual aspects. As Luang Ta Paponpatchara said, treatment does not aim only to "cure" but hopes for patients to have "peaceful minds."
2. **Integration Principle:** Harmoniously blending traditional wisdom and modern knowledge, not separation or mutual cancellation, but complementing each other to become more complete. Arokhayasala's ability to seamlessly integrate traditional Thai medicine, modern medicine, and Buddhist principles is a good example of this principle.
3. **Sustainability Principle:** Creating a system that can continue without excessive dependence on external factors, which requires community participation, continuous personnel development, and appropriate financial mechanisms. Although there are currently financial sustainability challenges, having a strong volunteer network and receiving support from multiple sectors helps create a certain level of stability.
4. **Participation Principle:** Opening opportunities for all sectors to participate in system development, including patients, relatives, volunteers, educational institutions, government and private sector agencies. Arokhayasala's success comes from everyone feeling ownership and participating in development, not merely receiving services.
5. **Flexibility Principle:** Adapting to local contexts and societal changes, not excessively adhering to rigid rules and patterns, while maintaining care standards and quality. As Dr. Sirirot stated, "Integrative medicine at Kham Pramong Temple is holistic medicine that occurs naturally, natural therapy, not following only principles or rules from research or textbooks."

5.8.3 Vision for the Future

Developing Thailand to be a "model country for palliative care" at the international level will not only help elevate the quality of healthcare for Thai people but also create economic and social added value, as well as preserve and develop Thai wisdom to be sustainable and beneficial to humanity in the modern world.

As Luang Ta Paponpatchara Jiradhammo said, treatment does not aim only to "cure" but hopes for patients to have "peaceful minds." Future public health policy development should therefore aim to create a system that allows Thai people to "live with value and pass away peacefully" with care full of compassion and wisdom. Arokhayasala Kham Pramong Temple has proven that blending Thai wisdom, Buddhist principles, and medical advancement can create an effective care model appropriate to the Thai context. The lessons and experience gained should be used as an important foundation for formulating public health policies that will help all end-stage cancer patients and bedridden patients live their final period with dignity, happiness, and pass away peacefully.







Chapter 6

Future Trends and Policy Recommendations

6 Future Trends and Policy Recommendations

Arokhayasala, Kham Pramong Temple, has proven that combining Thai wisdom, Buddhist principles, and medical advancement can truly create an effective care model suitable for the Thai context. The lessons and experiences gained should be used as an important foundation for determining public health policies that will help all terminal cancer patients live their final period with dignity, happiness, and depart peacefully.

6.1 Introduction

The care of terminal cancer patients using herbal medicine and Dharma in the context of Arokhayasala, Kham Pramong Temple, has demonstrated the potential to serve as a model for palliative care that aligns with Thai cultural context. From the lessons learned in previous chapters, including the analysis of social context, review of government policies, history and care approaches of Arokhayasala, experiences of patients and families, qualitative impacts, acceptance within the public health system, as well as lessons for policy and challenges encountered, this chapter synthesizes all knowledge to present future trends and policy recommendations that will help this care model expand and create benefits for cancer patients in a comprehensive and sustainable manner.

The United Nations Conference on Trade and Development (UNCTAD) has emphasized the importance of developing health systems that are flexible and responsive to population needs, particularly in the context of recovery from global health crises.[100] Simultaneously, the World Health Organization (WHO) has proposed the Strategic Framework for Traditional, Complementary and Integrative Medicine (2025-2034), which emphasizes systematic integration and the creation of empirical evidence to ensure everyone can access quality holistic healthcare.[101]



6.2 Development of Framework for Scale-up

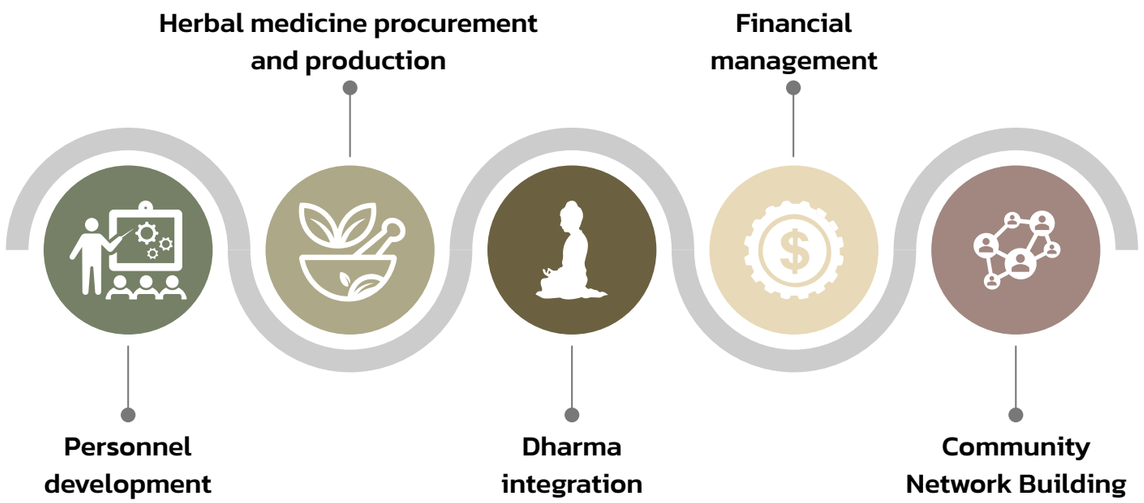
6.2.1 Sustainable Scale-up Model

This study found that the care of cancer patients using herbal medicine and Dharma has several important factors necessary for success. The operation "should have personnel who genuinely love caring for cancer patients, not focused on business," as revealed from interviews with field practitioners.[38] Scale-up must therefore begin with building understanding of the care philosophy that emphasizes humanitarianism and non-profit service provision.

The framework for scale-up should consist of five main components:

1. **Personnel Development:** Building multidisciplinary teams with comprehensive knowledge covering traditional Thai medicine, modern medicine, and spiritual care, with emphasis on developing both appropriate knowledge and attitudes.
2. **Herbal Medicine Procurement and Production:** Creating standardized and continuous herbal medicine production systems, including research for cultivating rare herbs domestically, as Ajarn Chub, an expert in traditional Thai herbal medicine, emphasized the necessity of developing domestic herbal production.[25]
3. **Dharma Integration:** Developing curricula and practice guidelines for integrating Buddhist principles into patient care, while considering the religious and cultural diversity of Thai society.
4. **Financial Management:** Developing sustainable financial systems, which include government support through the National Health Security Office, fundraising from the private sector, and developing appropriate social enterprise models.
5. **Community Network Building:** Developing collaborative networks among communities, hospitals, educational institutions, and civil society organizations to create strong and comprehensive support systems.

The development of scale-up models must consider the diversity of contexts in different areas. Appropriate models may vary, ranging from establishing full-scale care centers in government hospitals, developing small community-based service units, to integration with existing health systems.[90] Flexibility in implementation will be key to success, particularly in adapting to urban and rural contexts that have different needs and resources.



6.2.2 Service Quality Standards Development

Setting quality standards is essential to ensure that scale-up has high credibility and safety. Standards should cover herbal medicine quality, patient care processes, and systematic treatment outcome evaluation,[102][103] utilizing internationally standardized evaluation frameworks such as the CDC's Program Evaluation Framework that emphasizes relevance, reliability, equity, and concrete utilization of evaluation results.[104] Standard development requires collaboration among herbal medicine experts, public health academics, and field practitioners.

Quality assurance systems should have regular and continuous monitoring and evaluation, possibly using external expert peer review or inspection by neutral agencies. Creating a central data system to track treatment outcomes will enable continuous and efficient service quality improvement.[105]

The development of patient assessment tools is critically important. Ajarn Ple suggested that "there should be development of assessment tools to help determine which patients are suitable for which treatment approaches, considering various factors such as age, underlying diseases, and ability to care for oneself".[59] Such tools will significantly enhance the efficiency and safety of patient selection.

6.3 Recommendations for Improving Laws and Regulations

6.3.1 Development of More Comprehensive Supportive Legal Framework

Although the Ministry of Public Health has the Department for Development of Thai Traditional and Alternative Medicine as the main agency for promoting traditional Thai medicine, and integration of palliative care with traditional Thai medicine has been implemented in several hospitals, including the establishment of palliative care units/wards and Hospice models, the use of herbal medicine in terminal cancer patient care in an integrative manner such as at Kham Pramong Temple still requires additional clear legal frameworks.[106]

The case of Arokhayasala, Kham Pramong Temple, which was registered as Thailand's first traditional Thai medicine and integrative medicine cancer hospital in 2014, demonstrates that a legal framework already exists but may need improvement to accommodate more diverse care models, particularly in creating clarity regarding the use of herbal medicine in palliative care, establishing qualification standards for treatment practitioners, and systematically regulating service quality.[107]

The Ministry of Public Health's regulations concerning the preparation and distribution of herbal products should be improved to fully support their use in medical facilities, particularly the production of fresh herbs and preparation of medicines according to each facility's formulas.[108] The experience of Arokhayasala, Kham Pramong Temple, which has been recognized by government agencies and academic institutions to the point of becoming a study site and research source for medical personnel, traditional Thai medicine students from multiple universities, and being registered as the first traditional Thai medicine and integrative medicine cancer hospital, demonstrates that specialized registration mechanisms for cancer patient care facilities are feasible and serve as a good model for further development.

6.3.2 Clinical Practice Standards Development



The development of clinical practice guidelines for cancer patient care using herbal medicine and Dharma is extremely necessary. Practice guidelines should cover patient assessment, herbal medicine selection, treatment outcome monitoring, and systematic complication management.[109][110] The development of practice guidelines must rely on empirical evidence and expert consensus, consistent with quality palliative care clinical practice guidelines established by the National Coalition for Hospice and Palliative Care, 4th edition.[103]

The adverse event reporting system for herbal medicine use should be developed to be more efficient by linking with the country's Pharmacovigilance system.[111] Systematic collection and analysis of safety data will help improve herbal medicine use to be safer and more effective.

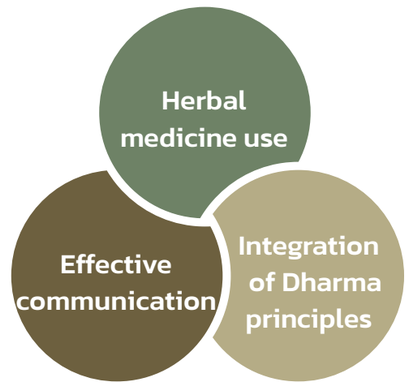
Setting continuing education standards for personnel working in this field is essential. The Continuing Medical Education (CME) and Continuing Nursing Education (CNE) systems should include content on palliative care with herbal medicine and Dharma integration,[112] as seen from the experience of medical and nursing students who came to study at Arokhayasala and received concrete knowledge and skills development.

6.4 Personnel Development and Capacity Building Strategy

6.4.1 Medical Personnel Training Curriculum Development

Personnel development is a critical foundation for successful scale-up. As Ajarn Ple stated, "The existing curriculum that focuses on curative treatment should continue, but detailed and comprehensive information about palliative care approaches should be added, including advantages, disadvantages, and possible side effects".[59] Therefore, integrating knowledge about palliative care into medical and nursing education curricula is extremely necessary.

Short-term training courses for practicing physicians and nurses should be systematically developed, emphasizing practical skills in herbal medicine use, effective communication with patients and relatives, and integration of Dharma principles in care.[113][114] Courses should include both theoretical components and practical training in real settings to provide trainees with complete and fulfilling experiences, as seen from Ajarn Nok's experience, whose perspective and attitude completely changed after experiencing actual work at Arokhayasala.



Creating preceptorship and mentorship systems will help make knowledge and experience transfer highly effective by having experienced experts serve as mentors to new personnel in close contact.[115] This system will help make personnel development continuous and sustainable in the long term.

6.4.2 Expert Network Development

Establishing a network of experts in cancer patient care using herbal medicine and Dharma is extremely necessary. The network should consist of physicians, nurses, pharmacists, herbal medicine academics, and Dharma experts.[113] Knowledge and experience exchange through the network will help elevate overall service quality and strengthen the care system.

Telemedicine and teleconsultation systems should be developed for efficient remote consultation, particularly for remote areas lacking experts.[116] Using technology will help patients in all areas access quality care comprehensively, as Q, an information technology volunteer at Kham Pramong Temple, planned to develop a website and LINE Official Account system to enhance communication efficiency and service accessibility.

Academic conferences and online training will help make knowledge exchange convenient, fast, and cost-effective. A quality learning management system will help make continuous learning efficient and comprehensive.[117]

6.4.3 Support Staff Development

Holistic cancer patient care requires various types of support staff, from volunteers and social workers to nutrition and herbal medicine management personnel. Developing the capacity of these personnel is as important as medical personnel, as shown from the experience of Padnee, a caregiver at Kham Pramong Temple, who suggested having "training and knowledge, having training programs or knowledge exchange about patient care and medicine preparation can help colleagues communicate and work more efficiently".[38]

Volunteer training curricula should cover basic knowledge about cancer, appropriate communication with patients, emotional care, and correct Dharma principles in helping others.[114] Training must emphasize both knowledge and attitude adjustment to enable volunteers to work appropriately and with quality.

Creating welfare systems and volunteer care is important and must be prioritized. As Padnee suggested, "there needs to be appropriate welfare for volunteers working in this system, especially as they age".[38] Caring for caregivers will help make work sustainable and keep personnel motivated to continue working.



6.5 Financial System and Support Development

6.5.1 Budget Allocation Approaches and Government Support

Financial sustainability is a crucial factor for genuine scale-up. While Kham Pramong Temple has been able to operate primarily through public donations, national-level scale-up requires systematic and continuous government support.[46] Budget allocation should adequately cover operating expenses, personnel development, and research and development, as seen in the National Health Security Office's palliative care facility policy.

6.5.2 Sustainable Business Model Development

Developing sustainable business models for palliative care facilities should combine government support, private sector fundraising, and appropriate service revenue. The social enterprise concept that emphasizes creating social impact alongside financial sustainability is an interesting option.[118]

Creating shared value through developing quality herbal products for sale to generate revenue supporting operations while simultaneously promoting widespread use of Thai herbs is a strategy that can be applied.[118] Model development must consider maintaining the principle of not profiting from terminal patients while being able to generate income from other channels for sustainability.

Crowdfunding mechanisms through online platforms are another interesting option for supporting specific projects.[119] Creating transparency in management and operational reporting will help build confidence from donors and increase opportunities for continuous support.

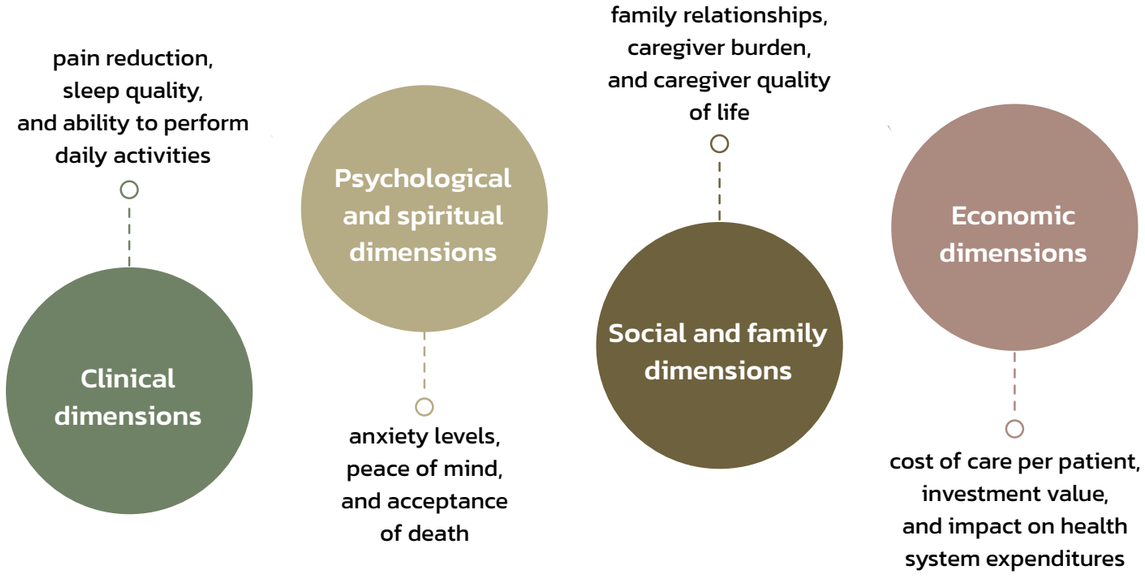
6.6 Treatment Quality Evaluation and Monitoring Framework

6.6.1 Success Indicator Development

Performance evaluation requires indicators covering patient quality of life, family satisfaction, resource use efficiency, and overall health system impact.[120] Using standardized quality of life assessment tools such as EORTC QLQ-C30 for cancer patients will enable comparison of outcomes with international standards.[121]

Indicators should cover multiple dimensions: clinical dimensions such as pain reduction, sleep quality, and ability to perform daily activities; psychological and spiritual dimensions such as anxiety levels, peace of mind, and acceptance of death; social and family dimensions such as family relationships, caregiver burden, and caregiver quality of life; and economic dimensions such as cost of care per patient, investment value, and impact on health system expenditures.

Patient and family participation in evaluation is important.[122] Listening to service recipients' voices will help understand true impacts and enable service improvements that precisely respond to needs.



6.6.2 Monitoring and Reporting System

The monitoring and reporting system should be systematic and continuous. Developing an electronic data recording system that can link with the main health system will help make patient monitoring and evaluation more efficient.[116] Using business intelligence for decision-making and data analytics will help make data analysis deep and able to accurately predict trends.[123]

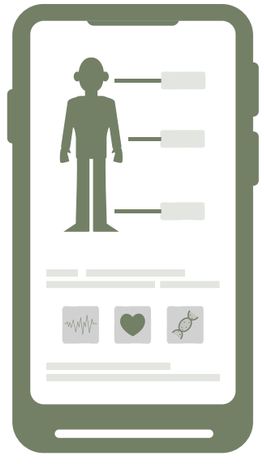
Establishing a monitoring and evaluation committee consisting of experts from multiple fields will help make evaluation neutral and comprehensive across all dimensions. The committee should include representatives from patients and relatives to provide perspectives from direct service recipients and reflect true needs.[124]

6.7 Future Trends and Challenges

6.7.1 Digital Technology Integration

The trend of using digital technology in healthcare will certainly play an important role in the future. Developing applications for symptom monitoring, providing guidance, and connecting with care teams will help enhance care efficiency and patient convenience,[125] as Q, a volunteer at Kham Pramong Temple, planned "to help develop the temple's website system in the future, after helping develop the LINE Official Account system and National Herbal work".[51]

Artificial Intelligence and Machine Learning (AI and Machine Learning) will be able to assist in analyzing patient data, predicting treatment outcomes, and fine-tuning care to suit each individual accurately.[126] Using AI to analyze interactions between different herbs and predict side effects will significantly enhance treatment safety.



Internet of Things (IoT) technology can be applied for continuous patient vital sign monitoring, herbal medicine quality control during storage, and appropriate environmental management in patient care areas.[127] Integration of these technologies will help elevate care quality to meet international standards and comprehensively respond to patient needs.

6.7.2 Monitoring and Reporting System

Research and development are key to sustainable progress. Randomized controlled trial clinical studies for herbs used in cancer patient care should be fully supported to create strong and reliable empirical evidence.[128] Research should comprehensively cover symptom relief effectiveness, safety, and economic value.

Developing extraction methods and herbal medicine improvement to enhance effectiveness will help make treatment even more beneficial. Using nanotechnology to deliver herbal medicine to target cells accurately is a high-potential innovation.[129] Collaboration with international research institutions will help technology development progress rapidly and stay modern.

Psychosocial research to understand the impact of Dharma integration in cancer patient care is important and deserves attention, as shown in Ajarn Ple's research on "Promoting spiritual well-being in terminal cancer patients" published in a Q1 international journal.[59] Further studies will help understand working mechanisms deeply and enable most effective Dharma

6.7.3 Scale-up Challenges

Scaling up cancer patient care using herbal medicine and Dharma faces several challenges that must be seriously addressed. The shortage of knowledgeable and experienced personnel is a significant obstacle, as Aunt Sri reflected on the uncertainty of "whether new generation people will come to continue the work in the future".[52] Creating appropriate incentives and welfare is therefore important and must be urgently implemented.

Contextual differences in each area are significant challenges in scale-up. Patient care in urban areas may differ greatly from rural areas in terms of needs, beliefs, and available resources.[130] Adapting care models to suit local contexts is therefore extremely necessary. Most urban patients choose to die in hospitals, while most rural patients choose to die at home.

Misunderstanding and bias toward herbal medicine use remain significant obstacles. Creating correct understanding through providing scientific information and creating empirical evidence will effectively reduce these biases.[131] The participation of modern medical experts in developing and certifying standards will help build confidence in broader society, as seen in the case of Dr. Sirirot Kittisarapong, who participated and fully recognized the care approach at Arokhayasala.

6.8 Conclusion and Recommendations

Cancer patient care using herbal medicine and Dharma in the form of Arokhayasala, Kham Pramong Temple, has demonstrated the potential to be a valuable alternative for terminal cancer patients. If this care model is to be scaled up and create widespread benefits, systematic and continuous implementation in multiple dimensions is necessary.

6.8.1 Success Factors

The success of scale-up depends on five main factors:

1. **Leadership with vision and commitment**, as seen from the role of Luang Ta Paponpatchara Jiradhammo, who was the key driving force of Arokhayasala. Scale-up requires leaders with similar commitment and clear vision.
2. **Participation of all sectors in society**. Strong integration of cooperation among government, private sector, educational institutions, religious organizations, and local communities.
3. **Continuity of government support** in terms of budget, policy, and clear and supportive regulations.
4. **Continuous personnel development**. Personnel training and development must be ongoing, emphasizing both technical aspects and moral and ethical development. Medical volunteerism requires regular learning and practice. Experience has found that caregivers who are compassionate, merciful, understanding, have the heart of humanity, are self-sacrificing, and have public consciousness are critically important factors for success.
5. **Creating linkages with the main system**. Experience working with hospitals in the system demonstrates the importance of building connecting bridges rather than separating from the main system. The fact that Arokhayasala can work smoothly with hospitals in the network, with a clear patient referral system, is an important factor that enables patients to receive maximum benefits.



6.8.2 Ecosystem Development

Creating an ecosystem conducive to palliative care development requires integrated cooperation from all sectors. A complete ecosystem should consist of:

The education sector that produces personnel with appropriate knowledge and attitudes toward holistic care by systematically integrating palliative care knowledge into medical, nursing, and other health profession curricula.

The service sector that has main hospitals, palliative care facilities, and an efficient referral system capable of providing continuous services from diagnosis to end-of-life care and bereavement care.

The research and development sector that continuously creates empirical evidence and develops new innovations, including developing herbal medicine formulas, production technology, and more effective care methods.

The policy and legal sector that supports and promotes integrated care development with clear legal frameworks, appropriate standards, and sustainable financial systems.

The community and social sector that understands and accepts palliative care, ready to provide support in terms of both human resources and finance, including being a strong volunteer network.

Systematically connecting all components together will create synergy that can drive change sustainably and effectively.

6.8.3 Final Thoughts

Arokhayasala, Kham Pramong Temple, has proven that combining Thai wisdom, Buddhist principles, and medical advancement can truly create an effective care model suitable for the Thai context. The lessons and experiences gained should be used as an important foundation for determining public health policies that will help all terminal cancer patients live their final period with dignity, happiness, and depart peacefully.

Developing palliative care systems is not merely adding treatment options, but elevating the country's healthcare standards to cover physical, mental, social, and spiritual dimensions, which aligns with the holistic health concept promoted by the World Health Organization.

Ultimately, the success of scale-up will not be measured solely by the increased number of palliative care facilities, but by the number of patients and families who receive dignified care, have the opportunity to spend their remaining time valuably, and are prepared to face death peacefully and with understanding. This is the ultimate goal that the country's health system should strive toward.

> As Luang Ta Paponpatchara Jiradhammo stated,
> treatment does not aim only to "cure," but hopes for patients to "have peaceful minds."
>
> Future public health policy development should therefore aim toward creating a system that enables Thai people to "live valuably and depart peacefully"
> with care filled with compassion and wisdom, which will be a priceless legacy
> we will pass on to future generations.

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