



HEALTH CARE ACCORDING TO THE BUDDHIST WAY OF MONKS IN PHRA PHROM DISTRICT, NAKHON SI THAMMARAT PROVINCE

Phramaha Pattaradech Siripattanayan^{1*}, Direk Nunklam¹,
Kantaphon Nuthongkaew², Pairat Chimhad¹

¹Graduate School, Mahachulalongkornrajavidyalaya University, Nakhon Si Thammarat Campus,
Nakhon Si Thammarat, Thailand

²Faculty of Social Sciences, Mahamakut Buddhist University Srithammasokkaraj Campus,
Nakhon Si Thammarat, Thailand

*Corresponding author E-mail: 6503204007@mcu.ac.th

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Abstract

Background and Objectives: Buddhism is deeply ingrained in Thai society, influencing the populace's way of life and spiritual beliefs and serving as a cornerstone of cultural heritage. Temples serve as the heart of community life, encompassing roles in religion, education, and cultural preservation. Monks, as custodians of Dhamma, lead by example, demonstrating a life of sufficiency and mindfulness. Amidst rapid societal and economic transformations, the well-being of monks has been adversely affected, noticing a rise in health-related issues among this community. The health check-up results of monks in Phra Phrom District, Nakhon Si Thammarat, for the year 2023, indicate the most common diseases among monks, including Hyperlipidemia (High blood lipid levels), diabetes (High blood sugar levels), and kidney disease. This research article aims to study the health care practices according to the Buddhist way of monks in Phra Phrom District, Nakhon Si Thammarat Province, and to explore recommendations for health care practices according to the Buddhist way for monks in Phra Phrom District, Nakhon Si Thammarat Province.

Methodology: This study employed a mixed-methods approach. Qualitative research involved unstructured interviews with 27 key informants, while quantitative research used questionnaires among 126 monks in Phra Phrom District, Nakhon Si Thammarat Province. The researchers conducted an introductory conversation to the participants, then collected the questionnaires to check for accuracy to ensure the completeness of the data. The questionnaire featured closed-ended questions with multiple-choice answers. Qualitative analysis utilized descriptive techniques, and quantitative analysis employed statistical measures such as percentages, means, and standard deviations.

Main Results: The life of monks necessitated a harmonious equilibrium between physical, mental, social, and spiritual health. For physical health, monks should have been selective with their diet, focusing on nutrient-rich foods that aligned with the Vinaya discipline. Physical activity, integrated



into their daily routines, should have been promoted to complement their dietary habits and be suitable for their contemplative lifestyle. Mental well-being, integral to Buddhist practice, was fostered through the consistent study of Dhamma and the practice of meditation, nurturing serenity and mental resilience. In terms of social health, temples should have exemplified cleanliness and safety, with health education being a shared endeavor between the monks and the local community. This collaborative approach entailed monks not only gaining health knowledge but also participating actively in communal health initiatives, thus merging monks and layperson experiences. Moreover, the development of wisdom, or Paññā, was crucial for cognitive and spiritual health, equipping monks with the ability to handle life's challenges with insight and empathy. Local public health agencies played a critical role in providing comprehensive health services tailored to the monks' unique needs within their cultural setting. It was vital for healthcare workers to understand the lifestyle and ethical principles of monks in order to ensure respectful and effective continuity of care. In serving the monks' community, these healthcare professionals were part of a model that fostered holistic well-being, which had the potential to influence and inspire the wider community.

Involvement to Buddhadhamma: Adhering to Buddhist teachings emphasizes balance of body, mind, and wisdom, using these principles to foster a clear mind through meditation, proper diet for physical nourishment, and wisdom development to control defilements. This healthy lifestyle reflects religious values and promotes communal well-being. This research links doctrinal principles with sustainable living, aiming to develop a robust, healthy monks society.

Conclusions: In Buddhism, good health encompassed a strong body, peaceful mind, and sharp wisdom. Balancing diet, meditation for fully inner peace, and cultivating wisdom to comprehend suffering cessation was crucial for monks' health, making them exemplars for the community and the world.

Keywords: Health Care, Monks' Well-being, Buddhist Practices

Introduction

Buddhism has deeply influenced Thai society, influencing the way of life, values, ideals, and serving as an enduring source of spiritual guidance and cultural preservation for the Thai people. The religious institution is central to practice, organizing various activities including Buddhist rituals, local educational centers, and as a source of cultural and artistic heritage learning. Monks, as one of the Three Jewels or Triple Gems, consisting of the Buddha, the Dhamma, and the Sangha, play a significant role in Thai society by spreading the teachings of the Dhamma, fostering the religion, and perpetuating Buddhism. "The monks' community is an exemplary society of noble living, emphasizing simplicity, solitude, contentment with what one has, without hoarding material possessions" (Mahachulalongkornrajavidyalaya University, 1996). It promotes a life of learning, self-development towards liberation. The monks' way of life thus differs from the worldly lifestyle in form, method, and objectives (Mahachulalongkornrajavidyalaya University, 1996).



According to the report in 2022, Thailand has as many as 251,616 monks (National Office of Buddhism Thailand, 2022). Changes in society and the economy have impacted the health conditions of monks, with health screenings of monks and novices nationwide showing a continuous increase in health problems among them. However, the health statistics of monks may vary according to the social context. For example, in Bangkok, there is a high rate of obesity, while in the southern region, there are high levels of uric acid, kidney dysfunction, and a high risk of chronic non-communicable diseases. Since the industrial revolution, Thai society has undergone significant changes, including the use of machinery in agriculture. What used to be family-based livestock consumption has shifted to industrial production, involving chemicals in various animal husbandry processes. Similarly, the production of vegetables has seen large-scale use of chemicals, leading to food contamination, a major factor in current health issues. This impact extends to monks who rely on alms food from villagers, which comes from agriculture with chemical residues, making it impossible for monks to avoid chemical exposure, adversely affecting their health. Health screenings of monks and novices across the country in 2016, covering 122,680 individuals, is found that monks suffer from chronic diseases such as high blood pressure and diabetes, primarily due to risky behaviors like smoking, insufficient physical activity, and inappropriate diet. Addressing this issue follows the principles of the National Buddhist Monks' Health Charter B.E. 2560, promoting the health of monks at all levels and encouraging monks to lead community and societal health roles (Sangsuk News Agency, 2024).

From the mentioned statistics of ailing monks, the Sangha Council, by the resolution of the 7th Sangha Supreme Council meeting on March 20th, 2017, resolution number 191/2017, regarding the operation of monks and the development of health conditions, has mandated that temples promote health and implement a national health charter for monks across the country. This focuses on driving the resolutions of the National Health Assembly under three main issues: 1) Taking care of monks' health by adhering to the principles of Dhamma discipline; 2) Promoting communities and society to appropriately care for monks according to Dhamma discipline; and 3) The role of monks in leading good health conditions to the community and society (National Health Commission Office (NHCO), 2017). Phra Phrom District, a small district separated from Nakhon Si Thammarat's main district, is divided into 4 sub-districts and 28 villages. In this area, there is a strong faith in Buddhism among its residents. Temples are filled with devout followers, both male and female, living according to Buddhist ways, such as making merit and offering alms with pure hearts. However, the public may not be aware of the food or items they offer to monks, which could lead to various health issues for the monks later. From the integrated health check-up results of monks in Phra Phrom District, Nakhon Si Thammarat, for the year 2023, totaling 45 monks, it is found that the most common diseases among monks are high blood lipid levels, followed by high blood sugar levels, and kidney disease (Churasart, 2023). The illness of monks not only affects their health but also has an impact on the overall economy, as the government must bear the increasing medical expenses for treating sick monks every year. Most of these diseases are caused by dietary habits from offered food and limited opportunities for exercise



due to concerns about violating Dhamma discipline and a lack of guidance on appropriate and correct ways to exercise. Given the background and significance mentioned, the researcher is interested in studying the health care practices according to the Buddhist way of monks in Phra Phrom District, Nakhon Si Thammarat Province, to understand the health care practices of monks according to Buddhism and to suggest ways to improve the health of monks. The aim is to use the research findings as guidelines for better health care of monks, leading to having monks with good health who can serve as models for health care according to the Buddhist way to others.

Objectives

This research article aims to study the health care practices according to the Buddhist way of monks in Phra Phrom District, Nakhon Si Thammarat Province, and to explore recommendations for health care practices according to the Buddhist way for monks in Phra Phrom District, Nakhon Si Thammarat Province.

Methodology

The researcher had defined the research design as Mixed Methods, characterized by the integration of both qualitative and quantitative data collection that was direct and consistent with the research findings accurately and clearly. The chosen research methods included qualitative research through in-depth interviews from key informants, using an interview format that the researcher had developed, and quantitative research through the distribution of questionnaires (Survey Research), which the researcher had also created, to be distributed to the sample population.

1. Conduct of Research: The research on the health care of monks according to Buddhist practices in Phra Phrom District, Nakhon Si Thammarat Province, had defined the population, sample group, and key informants as follows. The population and sample group were the monks in the Phra Phrom District area, from the database of the Buddhist Lent in the year 2023 (Phra Phrom District Chief Monk's Office, 2023), totaling 126 monks. The key informants were experts with knowledge and understanding of the health care of monks according to Buddhist practices, totaling seven groups. Through in-depth interviews with 27 key informants/specifically selected individuals, categorized as follows: ten monks from the administrative group in Phra Phrom District; six monks with illnesses in Phra Phrom District; one District Chief of Phra Phrom; three public health academics in Phra Phrom District; two health promotion hospital officers in Phra Phrom District; four public health volunteers in Phra Phrom District; and one Thai traditional doctor in Phra Phrom District.

2. Research Tools: Qualitative research involved in-depth interviews, while quantitative research used questionnaires with a reliability value of 0.866, which the researcher had developed into two parts. Part 1 consisted of a questionnaire about the basic information of the respondents, including residence, age, number of rains retreat (A term used to denote years of monkhood), secular education level, Dhamma education level, Pali education level, chronic diseases, and treatment methods. Part 2 consisted of a questionnaire about the health care practices according



to the Buddhist way of life for monks in Phra Phrom District, Nakhon Si Thammarat Province. It featured closed-ended questions with multiple-choice answers covering 6 aspects: 1) Physical health condition; 2) Mental health condition; 3) Social health condition; 4) Spiritual (Wisdom) health condition; 5) Organizational aspect of health care according to the Buddhist way for monks; and 6) Personnel involved in health care according to the way of monks. Each aspect contained five questions, totaling 30 questions altogether, characterized by a Numerical Rating Scale with five levels of health care according to the Buddhist way. The researchers tested the research tools for reliability by trying out the improved questionnaire with monks in the Cha-Uat District. They were the population outside the research conducting area and had characteristics similar to those of the research population, totaling 30 individuals. The test aimed to find the reliability value by calculating the Alpha coefficient according to Cronbach's method.

3. Data Collection: The researcher created a questionnaire and requested permission to collect data from Mahachulalongkornrajavidyalaya University, Nakhon Si Thammarat Campus, to the District Chief Monk of Phra Phrom and the Public Health Office of Phra Phrom. They distributed 30 complete sets of the questionnaire to the sample group. Before proceeding, they conducted an introductory conversation to familiarize, state the objectives, and explain the reasons to the participants, then collected the questionnaires back personally and checked them for accuracy to ensure the completeness of the data as required. The researcher personally collected all 126 questionnaires, which accounted for 100 percent.

4. Data Analysis: Qualitative research collected answers and information through in-depth interviews from key informants to analyze, synthesize content, and organize it into a coherent, concise, and easily understandable format, separating it into different aspects sequentially. Quantitative research gathered data from questionnaires, which researchers then systematically verified for accuracy and analyzed using computers with specialized software to calculate various basic statistical values such as frequency, mean, and percentage, in data related to basic information including residence, age, number of years as a monk, secular education level, Dhamma education level, Pali education level, chronic diseases, and treatment methods. The content was organized to be coherent, concise, easily understood, and separated into different aspects according to the objectives.

Results and Discussion

It was found that most of the respondents were monks residing in temples, totaling 103 individuals, accounting for 81.75 percent. The rest of the respondents resided in monks' residences. The total sum of respondents consisted of 126 individuals. There were 52 individuals aged between 20-40 years, representing 41.27 percent. There were 47 individuals with less than five years of ordination, accounting for 37.30 percent. There were 91 individuals with an education level below a bachelor's degree, representing 72.22 percent. There were 47 individuals with the education level of Nak Tham Tri (Dhamma Scholar, Elementary Level), accounting for 37.30 percent. There were 115 individuals who had not studied Pali, representing 91.27 percent. There

were 62 individuals without chronic diseases, accounting for 49.21 percent. And 75 individuals chose to seek medical treatment from hospitals, representing 59.52 percent, as depicted in Figure 1.

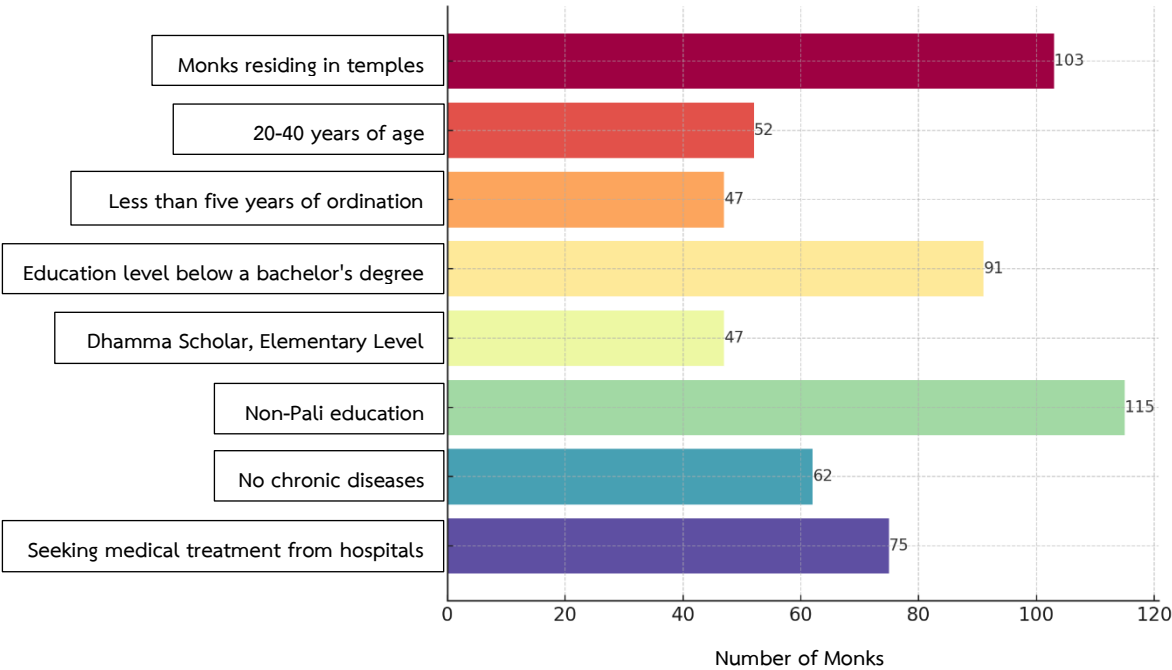


Figure 1 Basic information of most respondents, in 126 monks

Table 1 Health care according to the Buddhist way of monks (N = 126)

Health care according to the Buddhist way of monks	Level of maintenance		
	μ	σ	Level
1. Physical well-being	3.96	0.37	Good
2. Mental well-being	4.49	0.50	Good
3. Social well-being	4.02	0.73	Good
4. Spiritual or cognitive well-being (Wisdom)	4.06	0.63	Good
5. Organizations that maintain health according to the Buddhist way of monks	3.83	0.44	Good
6. Personnel who take care of health according to the Buddhist way of monks	3.81	0.59	Good
Total	4.03	0.27	Good

From Table 1, it was found that the level of health care according to the Buddhist way for monks in Phra Phrom District, Nakhon Si Thammarat Province, overall, was at a high level. Upon examining each aspect, it was found that the level of health care in terms of mental health had the highest level of care ($\mu = 4.49$), followed by spiritual or cognitive health (wisdom) ($\mu = 4.06$), social health ($\mu = 4.02$), physical health ($\mu = 3.96$), and the organizational aspect of health care according to the Buddhist way for monks ($\mu = 3.83$). The aspect of personnel involved in health care according to the Buddhist way for monks had the lowest level of care ($\mu = 3.81$). This was due to the following aspects.

Physical health aspect: Good nutrition that was healthy and toxin-free, eating in a balanced amount, combined with exercising according to natural principles and the Buddhist way



of practice, would have helped promote good physical and mental health for monks. This enabled them to perform religious duties efficiently and serve as good examples for society. This aligned with the research by Thanathornstit et al. (2024), who studied the health conditions of monks in Ubon Ratchathani Province. The research found that the most common health issues among monks were chronic diseases such as high cholesterol, high blood pressure, and diabetes. Therefore, it was necessary to promote regular exercise among monks to reduce the risk of obesity, encourage annual health check-ups, campaign for monks to quit smoking and reduce excessive tea or coffee consumption daily, and promote the consumption of nutritious food while avoiding high-fat foods. This was also in line with the research by Wen et al. (2024), which indicated that the risk of atherosclerotic cardiovascular disease would have increased by 11% for every 200 g increase in coffee intake, by 10% for every cup increase, and by 21% for every 300 mg increase in caffeine intake after adjusting with age, gender, BMI, smoke, drink, glycosylated hemoglobin A1C, total cholesterol, and hypertension. In addition, the risk of heart attack arose along with the increase of coffee or caffeine intake. Moreover, this corresponded with the research of Sorhaying et al. (2020), which indicated that monks' nutrition behavior was quite good because they learned the effects of some Buddhists offering extremely salty, greasy, or oversweet foods, which became the factors for monks' illnesses. Therefore, extremely salty food could have caused hypertension. Oversweet foods could have caused diabetes in monks with genetic diabetes, which was a sensitive factor of diabetes. In addition, greasy foods could have caused Hyperlipidemia (High blood lipid levels) and Atherosclerosis (Arterial Plaque).

Mental Health Aspect: For monks, mental health was of utmost importance as they were practitioners and disseminators of Dhamma teachings. Having good mental health enabled monks to practice Dhamma effectively, reach the essence of the teachings, and correctly and appropriately convey these teachings to others. This aligned with the research of Phrakrupalad Sampipatthanathirachan Kittiched Siri wattago et al. (2024), who had studied the Application of Development of Mental Health for Practitioners through Online Dhamma Gita. The research results found that principles and concepts about mental health and mental health development were emphasized in promoting mental health in the community and systematically taking care of mental and physical health, such as exercise, meditation, and contact with nature. It had a positive effect on both mental and physical health. Comprehensive health care, both mental and physical, was an important thing that humans should have paid attention to and followed regularly. Because if the mental health of monks was suffering or not strong, as a result, they were unable to teach others to follow the teachings. This aspect also corresponded with the research of Nakawaro (2020), who had studied and found that Buddhism emphasized mind development and practices in life improvement, which was Insight Meditation. The man always suffered in his mind. It did not matter if he was a billionaire, actor, singer, or prime minister. He also naturally suffered because it was the nature of his mind that he adhered to emotion, was stuck on, and was plunged into thought if he could not have released the suffering that occurred in his mind. Every time suffering occurred, it would have burnt oneself and destroyed one's



physical health. Some people sought happiness higher than their pleasure, which was the supreme happiness of humanity, from reaching Nibbāna through meditation. Therefore, Vipassana was a valuable instrument for humanity to develop the soul in the present.

Social Health Aspect: Creating a conducive environment for the health of monks required cooperation from all parties, including monks, laypeople, and related organizations, to foster an environment that allowed monks to perform religious duties efficiently, maintain good physical and mental health, and assist others to the best of their abilities. This aligned with the research of Phramaha Nopphon Abhibandho (2024), who had studied Social Teaching with Integration Model of Learning Management According to Suppāya 4. The study found that the school's atmosphere and environment often influenced students' minds. A school with a shady environment, pleasant to learn in, and a clean building, even orderly and beautiful, could have easily molded students' behavior to create determination in a good way.

The aspect of spiritual or cognitive health (Wisdom): The cultivation of wisdom was of great importance for the life of monks themselves and for the dissemination of Buddhism to society. The development of wisdom in monks could have been achieved in daily life, such as through practicing Dhamma, Vipassana meditation, studying the Dhamma, mindful daily routines, teaching and sharing Dhamma, and training the mind to be free from defilements. Monks who consistently cultivated wisdom could have understood and conveyed the Dhamma correctly and appropriately, benefiting Buddhists by allowing them to live valuable lives in accordance with the Dhamma. This aspect aligned with Buddhism, which determined humans to be the center of development. Buddhism emphasized that humans must have acted by training to develop qualities within themselves, including physical, moral, mental, and intellectual qualities that could have had such effects outside of themselves. It was a development in terms of human resources. Therefore, the principles of Buddhism had been integrated to be used as components in development, and most of them emphasized the matters of body, speech, and mind. The principles that were applied in human resource management included Sikkhā (The Threefold Training), Brahmavihāra (The Four Sublime States of Mind), Saṅgahavattu (The Four Bases of Social Solidarity), and Sappurisa-dhamma (The Seven Virtues of a Gentleman), which were considered essential principles for human resource development (Phrakrupalad Somkit Woradhammo, 2021)

Organizational Aspect of Health Care According to the Buddhist Way for Monks: It was crucial in promoting good health, helping monks to lead a holistic life both personally and socially. The approach should have integrated modern medicine with natural healing principles, such as meditation and herbal use, in collaboration with local health agencies for comprehensive and effective care. Training in health and promoting knowledge on diet and balanced lifestyle were essential for the health restoration of monks. The collaboration of all parties would have ensured that the health of monks was appropriately and efficiently cared for. It was in line with the data from the National Office of Buddhism in 2020, which found that there were five diseases among monks, including Hypertension, Hyperlipidemia, diabetes, seasonal influenza, and



Periodontitis. This problem was caused by the food consumption behavior of monks who could not have chosen to eat like the general public. The food comes from alms, 90 percent of which included set meals, such as green curry, fried foods, oily foods, and sweet pineapple juice, resulting in chronic non-communicable diseases. Monks could not have refused or avoided risks according to the monastic disciplines. There were also restrictions on exercise. They received fewer opportunities to serve as a health care provider and less health promotion than other groups of people, which increased the risks of illness with chronic non-communicable diseases. Therefore, knowledge and practices of health care should have been promoted to monks and provided knowledge to laypeople regarding offering appropriate foods (Hongphokhapham, 2024).

In the aspect of personnel taking care of the health according to the Buddhist way for monks: Developing health personnel for monks was crucial as a foundation for promoting good health among monks. The development of personnel should have focused on both knowledge and skills, emphasizing the integration of modern medicine with the principles of Dhamma discipline and natural healing methods, so that personnel in all sectors could have comprehensively and effectively taken care of the health of monks. The personnel development should have emphasized the integration of traditional and contemporary medical treatments with the addition of Buddhist ways, which included meditation sessions, chanting, walking meditation, yoga practice, and using medical herbs according to natural treatment. In the case of medical treatment for temples in remote areas, remote medical treatment technology should have been used to treat the illness of monks. The formulation of medical treatment programs or sending the health care personnel to visit patients periodically could have assisted monks in remote areas in receiving health care equally and extensively. In addition, promoting knowledge sharing in health care and training self-caring skills were considered the methods that strengthened the health care system for monks in such temples. Therefore, the state should have been involved in contributing medical treatment to monks with illness, in which extensive and accessible services would have contributed conveniences to monks with illness with more physical comfort, mental comfort, and confidence in medical treatment. This corresponded with the research of Malisorn et al. (2023), the results of the study found that there was a belief in Thai society in attending the Watch Night Service on New Year's Eve. Most of them prayed for the blessings of their family as the priority. Praying inspired happiness, comfort, and mental health more than those who did not pray. The more ones joined the prayer, the more opportunities there were for them to be happy, comfortable, and have better mental health. Watch Night Service on New Year's Eve was an optional activity for people to receive a blessing instead of going to parties, which tended to include alcoholic beverages and intoxicants during New Year's Eve.

Originality and Body of Knowledge



Figure 2 The synthesized knowledge from the research (TOMBIC)

From Figure 2, the synthesized body of knowledge from the research can be explained as follows: From the study on health care according to the Buddhist way for monks in Phra Phrom District, Nakhon Si Thammarat Province, it is found that the health care according to the Buddhist way for monks is conducted under the National Buddhist Monks' Health Charter B.E. 2560 to address health problems in monks, reduce health risk factors, and promote the health of monks at all levels, in order for monks to be leaders in health in the community. The components of health care according to the Buddhist way include six components: 1) Maintaining physical and mental health to be strong, cheerful, and bright; 2) Training the mind to have concentration and compassion; 3) Building good relationships with others and acting correctly to principles of the Dhamma discipline and the Secular law; 4) Developing wisdom and understanding about the principles of morality in Buddhism; 5) Managing organizations and creating an environment consistent with health care according to the Buddhist way; and 6) Training and developing knowledge and skills in health care according to the Buddhist way to personnel. The aspects of health care according to the Buddhist way for monks include the six aspects: 1) Physical health; 2) Mental health; 3) Social health; 4) Spiritual health or wisdom; 5) Organizational aspects of health care according to the Buddhist way for monks; and 6) Personnel aspects of health care according to the Buddhist way for monks. The process of health care according to the Buddhist way for monks integrates with current science to further develop comprehensive quality care.



Conclusions and Recommendations

The health care of monks according to Buddhist practices encompassed six main aspects: 1) Physical health, including exercise, nutritious eating, and disease prevention; 2) Mental health, focusing on stress management, meditation practice, and maintaining a peaceful mind; 3) Social health, involving building good relationships and community participation; 4) Spiritual and intellectual health, connecting with Buddhist teachings and developing life understanding; 5) Organizational aspect, developing institutions that supported monk health care, promoting appropriate lifestyles and health care methods; and 6) Personnel development, training health care professionals who understood the health care needs of monks, using technology for health monitoring and research to develop health care methods that integrated Dhamma principles and science, and building a social network that understood and respected monks were crucial for promoting good and sustainable health for monks. Policy recommendations included integrating health care knowledge into the educational curriculum for monks to enable them to take care of their own health and advise laypeople; modernizing monk health policies by integrating naturopathy with contemporary medicine and training health personnel in Buddhist ways; and establishing comprehensive health centers for monks covering care, prevention, treatment, and rehabilitation with continuous support from agencies or organizations. Practical suggestions included promoting physical exercise among monks, such as allocating exercise areas and providing suitable equipment; developing cooperation with communities to support monk health, such as organizing health-related activities or offering appropriate food; and for future research, studying the impact of meditation on mental and physical health by analyzing how Dhamma practice and meditation affected monks' mental and physical health and how it could have been used to prevent or treat diseases, and analyzing the effects of exercise according to Buddhist principles, such as examining how walking meditation or yoga affected monks' health, to create appropriate health care guidelines for monks' lifestyles.

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