

Ola

Traditional Concepts of Health and Healing

Malcolm Nāea Chun

Ka Wana Series



Pihana Nā Mamo



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Curriculum Research & Development Group
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University of Hawai'i
1776 University Avenue
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E-mail: crdg@hawaii.edu
Web: www.hawaii.edu/crdg

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health together with extensive research into the historical record to provide an overall perspective on Native Hawaiian health issues and on maintaining a state of good health. The information in this book comes from Chun's many years of service in the Hawai'i Department of Health and at the Queen Lili'uokalani Children's Center and from a wealth of written material, mostly from Hawaiian language sources. The findings in *Ola* should help us be much more aware of the importance cultural attitudes and practices have in health care for Native Hawaiians today.

This book is part of the Ka Wana Series, a set of publications developed through Pihana Nā Mamo and designed to assist parents, teachers, students, and staff in their study and modern-day application of Hawaiian customs and traditions.

Pihana Nā Mamo is a joint project of CRDG and the Hawai'i Department of Education, and production of the Ka Wana series represents the work of many collaborators. Mahalo to the many who have assisted in the production of *Ola*: reviewer Dr. Marjorie Mau for her reading and comments; Project Co-Directors Gloria S. Kishi and Hugh H. Dunn; the Pihana Nā Mamo 'ohana of the Hawai'i Department of Education and the Curriculum Research & Development Group, College of Education, University of Hawai'i at Mānoa, and the U.S. Department of Education, which provided the funding for Pihana Nā Mamo.

Morris K. Lai, Principal Investigator
Pihana Nā Mamo

‘Ōlelo Ha‘i Mua

Preface

Do you believe I’m wearing a kukui lei?
It’s Hawaiian in looks—it’s plastic made in Hong Kong.
That’s what became of a lot of our beliefs.
I wore this on purpose. I wanted you to know this is kukui nut.
It’s not kukui nut, but it’s Hawaiian, but it’s Hawaiian made in
Hong Kong of plastic, and that’s the way a lot of our beliefs
and customs have become.
attributed to Mary Kawena Pukui



Cultural revival and identification have gone beyond academic and intellectual arguments to a reality in communities and families and are now part of the political landscape of the islands. In asking the question “Who are we?” people are really asking how they see the world differently from others and how this affects the way they make decisions. These are questions about a people’s world view—how they see the world around them, and ultimately, how they see themselves.


In the 1960s, social workers at the Queen Lili‘uokalani Children’s Center, a trust created to benefit orphaned and destitute Native Hawaiian children, began to notice behaviors of their children and families that were quite different from the textbook cases they had studied in school. In response, the center initiated a project to identify Hawaiian cultural and social practices and behaviors, and to study them as they contrasted

with their Western counterparts. The impact and influence of the resulting books, entitled *Nānā I Ke Kumu*, are still felt in Native Hawaiian communities, where the books are now a standard reference.

By 1992 *Nānā I Ke Kumu* was considered historical information, and as the cultural specialist for the Queen Lili‘uokalani Children’s Center, I became involved in a project to update it. We were still seeing cases that involved Hawaiian cultural practices and behaviors foreign to both Hawaiian and non-Hawaiian workers that needed to be considered in any programs designed to help. We were having to re-adapt traditional healing practices like ho‘oponopono to accommodate changes such as family schedules, misunderstanding or not knowing Hawaiian language and concepts, and having non-Hawaiian family members. We realized that there was, once again, a great need for a series that would examine, in depth, key concepts and values for Native Hawaiians to understand and practice today.

This series is intended to fill that need. Each title is supported by historical and cultural examples taken from our oral and written literature, in most cases directly from primary sources that recorded how Hawaiians acted, reacted, responded, and behaved in different situations. Our goal is to make this knowledge more accessible to teachers, parents, and students.

Knowing how our ancestors behaved begs the question of whether we are doing the same. If we are practicing our culture in a way similar to how they did, then we know that Hawaiian culture is very much alive today. If we do things differently, we have to ask if those changes have been to our benefit, and whether we can reclaim what has been forgotten, lost, or suppressed.



Ua ola loko i ke aloha.
Love gives life within.
(Traditional proverb)

E ola, ola ka lani
Ola ka honua, ola ka mauna
Ola ka moana, ola ke [a]lii
Ola ka moana, ola ke [a]lii
Ola ke kahuna, ola ke kilo
Ola na makaainana
Ola ka ai, ola ka i'a
Hoola i na mea ulu o ka aina
Amama, amama, ua noa, lele wale.

Let it live, the sky exists
The earth exists, the mountains exist
The sea exists, the chief lives on
The sea exists, the chief lives on
The priest lives on, the observer [of the stars] lives on
The people live on
The crops flourish, the sea life flourish
The living things on the land flourish
Ended, ended, freed, depart.

(Ending to “A Prayer for Healing” taught by the priest
Naluho‘omana to the chiefs taken from *The History of Kanalu*)



The word ola has come to be understood as health and to refer to a state of well-being. But the meaning of ola is so much more. It is life. It is to be alive. We are only now beginning to rediscover the importance of the concept of ola and all that it means.

Ola as Health

The earliest recorded information about Native Hawaiian health comes from the descriptions of the physical features and appearance of Native Hawaiians as seen by Haole (American or European) explorers and adventurers. Some of these included observations about the general state of health in Hawai'i. Captain King of the *Discovery*, sister ship to Cook's *Resolution* on his third and final voyage in 1779, wrote, "They seem to have few native diseases among them," (Barrow 429) and in 1818 Russian explorer Captain Vasilli Mikahailovich Golovnin on the *Kamchatka* re-confirmed that observation. "The climate of the Sandwich Islands is hot but very healthy; epidemics and infections are unknown to the inhabitants" (Golovnin 219).

Nineteenth-century Native Hawaiian historian Samuel Manaiakalani Kamakau concurred with them.

In very ancient times many people observed the rules of the art of healing (*'oibana kahuna lapa'au*), but in later times most of them abandoned medical practices because there was not much sickness within the race. Foreigners (*malihini*) had not yet come from other lands; there were no fatal diseases (*luku*), no epidemics (*ahulau*), no contagious diseases (*ma'i lele*), no diseases that eat away the body (*ma'i 'a'ai*), no venereal diseases (*ma'i pala a me ke kaokao*). (1964, 109)

And he adds,

It was a common thing to see old men and women of a hundred years and over, wrinkled and flabby-skinned, with eyelids hanging shut. One does not see such people today. (1992, 172)

Native accounts about health became more frequent with the introduction of literacy and also, tragically, of foreign diseases. Davida Malo writes that there had been a great illness, an ahulau or epidemic, in early Hawaiian traditions during the reign of the chief Waia, who was the son of Hāloa. This illness was called ikipuahola, and it was followed by another illness called hailepo. Then in 1804 an epidemic of devastating proportions appeared as predicted a year before by a traditional practitioner named Kama and told to his son, Kūa'ua'u, a practitioner for Kamehameha. Malo preserved the dialogue between father and son.

“I am dying. Do you know of the great illness that is coming? You will become exhausted treating [for this illness], because it is the [same] illness that came during the time of Waia. This illness is the ikipuahola that wiped out Hawai'i leaving only twenty six survivors.” (296)

Kamakau gives this description of the epidemic.

It was a very virulent pestilence, and those who contracted it died quickly. A person on the highway would die before he could reach home. One might go for food and water and die so suddenly that those at home did not know what had happened. The body turned black at death. A few died a lingering death, but never longer than twenty-four hours; if they were able to hold out for a day they had a fair chance to live. Those who lived generally lost their hair, hence the illness was called “Head stripped bare” (Po'o-kole).^{*[1]} Kamehameha contracted the disease, but managed to live through it. His counselors all died, and many of the chiefs and their families. (1992, 189)

So great was the impact of this epidemic upon Hawaiian society that it was decided that even the chiefs needed to know what to do. A “method of training promising members of the court as medical kahunas” was commenced “because of the great death rate among chiefs and commoners in the year 1806, perhaps

owing to the terrible *ʻokuʻu* disease [. . .]” (Ii 46). “Among [the] other chiefs trained [. . .] were Ka-lani-moku and Boki Kamaʻuleʻule. Others were educated in the art of healing chronic diseases” (Kamakau, 1992, 179).

The high chief Boki, who was governor of the island of Oʻahu, would follow up this training many years later by convening a gathering of prominent traditional practitioners when he “returned and lived at his place at Beretania [in Honolulu] and devoted himself to medicine, in which he was proficient, and all those joined him who were skilled in placing pebbles [in diagnosis], such [as] Kaa, Kuauau, Kinopu, Kahiolo, Nahinu, Kekaha, Hewahewa, and their followers and other kahunas besides” (Kamakau, 1992, 291).

There were several epidemics that followed: from 1824 to 1826 there were “epidemics of cough” that killed thousands; in 1832 there was whooping cough that again claimed thousands of lives; in 1840 the first case of leprosy was reported; from 1845 to 1849 there were epidemics of diarrhea, influenza, measles, and whooping cough that killed over ten thousand (Blaisdell, 1982, 2).

The first smallpox epidemic appeared in 1853 and killed close to one-tenth of the native population. Kamakau’s eyewitness account is a very different picture of native health than what King and Golovnin had seen, and this situation became particularly difficult because the government, by then under mission and foreign counsel, could do very little to intervene.

The smallpox came, and dead bodies lay stacked like kindling wood, red as singed hogs. Shame upon those who brought the disease and upon the foreign doctors who allowed their landing! [. . .] Everywhere there was mourning and lamentation.

[...] A hundred were stricken in a day; scarcely one out of ten lived. The writer went into the hospital and saw for himself how fatal the disease was, even under foreign doctors. [...] The writer himself saved over a hundred persons [...], and some are living today whom he treated at Kipahulu where the government could not care for patients. [...]

From the last week in June until September the disease raged in Honolulu. The dead fell like dried *kukui* twigs tossed down by the wind. Day by day from morning till night horse-drawn carts went about from street to street of the town, and the dead were stacked up like a load of wood, some in coffins, but most of them just piled in, wrapped in cloth with heads and legs sticking out. (1992, 416–417)

Native Hawaiians struggled to comprehend what had happened and was happening. In response to this tragedy, they once again looked back, as the generation before had done, to largely forgotten traditions. A group of eight Native Hawaiians on the island of Maui founded an association to investigate what could be done to intervene and stem the tide of depopulation and diseases. They met on December 20, 1866 in Wailuku and began a series of meetings that would attempt to determine “if traditional Native medicines, which would be cheaper and [more] abundant, were the answer to their problems” (Chun, 1994, iii) and to develop an action plan to present to the government’s Board of Health.

One of the conclusions reached by their President J. W. H. Kauwahi would be considered quite naïve in light of what we now know of infectious diseases, but at that time it certainly reflected the immense bewilderment Native Hawaiians faced in trying to rationalize the devastation from foreign things.

Our fashions today are very different and people have been completely won over to this different way of living. If one slightly changes and succumbs to ignorance, then it is likely that he or she will get sick and eventually die, and that is

the case for foreign foods, like bread, tea and other foods; because those who were accustomed to the more traditional ways of dressing and eating would rest upon couches and beds and they would take care of themselves when they were feverish and perspiring. They would not undress and they would go on bathing or swimming just for fun while they were still sick. But, the Hawaiian people have mixed the new and old ways together and in doing so they have become more susceptible to those illnesses familiar and new to them. Therefore, the mixing of these two types of illnesses internally has developed into a hybrid, that is [one made up of] the traditional illnesses contracted due to their way of living and the food they ate, and the introduced illnesses which are contracted due to the change of clothing and improper health care. These type [sic] of illnesses have mixed and become deadly because there are no doctors or traditional practitioners who know the medicines to treat these hybrid illnesses. [. . .] I have reached this conclusion after having observed the habits of our people and their reactions. (Chun, 1994, xxxii)

The members of the association were educated at the mission high school, and none of them were traditional healers, so they decided to investigate which traditional healing practices could be the answer to their problem. Incredibly for that time, they began, on their own, a systematic oral history, interviewing at least twenty-two living traditional practitioners, many of whom were the students of Kūa‘ua‘u and others of the previous generation. Those interviews were conducted in Hawaiian and were recorded in the field, and then each report was sent to the recording secretary of the association at Wailuku and finally written into a ledger book. The association did this to prevent any allegations of fraud, quackery, and abuse towards traditional healing practices and to overcome a skepticism and prejudice in a Christian era suspicious of back-sliding to former pagan ways, because as Davida Malo had explained earlier about traditional

healing practices, “Healing the sick was done through worshiping the god [religious activities]” (207).

In 1865, perhaps due to the work of this association, for several of their members were also members of parliament, a law was passed, over the objections of the professional medical community, to allow for the licensing of traditional healers. And in 1886, King Kalākaua broadened the licensing process with the creation of a “‘Hawaiian Board of Health’ consisting of five kahunas, appointed by the king with the power to issue certificates to native kahunas to practice ‘native medicine’” (Alexander in Chun, 1989 *Ka Mo’olelo Laikini La’au Lapa’au*, 5).



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