

The provision of *hanbang* herbal medicine in the Korean community in Australia: entrepreneurial or caring for fellow Koreans?

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Abstract

This study explores the underlying factors that sustain the practice of herbal medicine in a non-English speaking background (Korean) community in Australia. Qualitative study was undertaken of 8 herbal doctors' practice of herbal medicine, their understanding of Korean immigrants' life and work involvement, and the use of herbal medicine, using semi-structured interview schedules.

The demand for herbal medicine is linked to Korean immigrants' involvement in manual work or long working hours irrespective of their qualifications. Hanbang tonic medicine is a way to maintain their health – that is, a capacity to work. Although hanbang doctors claim that hanbang medicine differs from biomedicine, they share more similarities than differences under the current economic environment. The increasing interest in complementary therapies has ramifications on people's health and health care industry. Government and professional regulations on complementary therapies could be developed in close consultation with relevant stakeholders. Health care practice in the migrant community is an area to be approached with caution.

Background

Korean immigrants make up one of the rapidly increasing Asian ethnic groups in Australia. It is estimated that there are currently about 33,868 Koreans in Australia (ABS Census 1996). More than 80% are residing in the Sydney metropolitan area, the rest having settled in Melbourne, Brisbane, and Perth. The major Korean migration to Australia started with the coming of about 500 Koreans in the early 1970s. They worked in the battlefields of the Vietnam War (Han 1994). The majority of them were drawn from low socio-economic backgrounds in Korea. Most Korean immigrants who arrived in Australia in the 1980s were from middle class backgrounds, and those in the 1990s from small entrepreneurial class (Coughlan 1995; Han 1996a).

When coming to Australia, Korean immigrants brought Korean traditional medicine with them. It is called *hanbang*, originated in China and indigenised in Korea. It usually refers to *hanbang* herbal medicine and acupuncture (Han 1997). This paper concentrates on the former and aims to show the way in which *hanbang*, a form of holistic/complementary and preventive medicine, has been commodified within the prevailing economic system. The first *hanbang* clinic was opened in the Korean community in 1980. Since then, Korean *hanbang* medicine has been in great demand and its service has continually expanded in the Korean community in Sydney along with the proliferation of the State-subsidised biomedicine.

The central interest of this paper is to explore the socio-economic factors that sustain the practice of herbal medicine in the context of an immigrant community. A major problem of most research on the use of complementary therapies among immigrants is that the use of them is largely reduced to a mere cultural phenomenon, largely neglecting relevant political economic aspects (e.g., Bhopal 1986; Brainard and Zaharlick 1989). That is, the decontextualisation of complementary health care prevents many medical social scientists from understanding it fully. This is a general problem of most research on ethnomedicine (Heggenhougen 1979; Mathews 1979; Nichter 1991).

A political economy perspective puts health and medicine in a more fruitful context. This view essentially examines the social origins of illness and the allocation of health resources in the context of unhealthy working conditions, the nature of production relations, social relations and social reality (Chavez 1986; Doyal 1979; Engels 1968; Frankenberg 1980; Waitzkin 1981). Following this political economy view, I intend to investigate *hanbang* doctors' understanding of the popular use of *hanbang* herbal medicine and its relationship to the practice of herbal medicine which makes a profession in a disadvantaged immigrant community (Han 1999).

Method

Sampling

This paper derived from the author's broader project, which involved interviewing 120 Korean immigrants from diverse socio-economic backgrounds in 1995, including various health practitioners in Sydney. The data for this paper is largely drawn from 8 Korean *hanbang* herbal doctors and other informants.

In most studies of traditional medicine amongst immigrants, the socio-economic context of traditional health care and the practitioners' views are not incorporated with the exception of Pang's (1989) study. I attempted to cover as many providers of *hanbang* medicine as possible. A convenience sample was taken of practitioners and health service users introduced to the author through local networks until data saturation was achieved (cf. Mays and Pope 2000). However, I made sure that the sample was not all from the suburb of Campsie, where a large number of Korean owned businesses are located. The names of interview respondents in this study are fictitious.

Data collection

The author had already done some empirical work on a related project in the Sydney Korean community (Han 1994) and had a considerable knowledge about this study's aims and appropriate methods. The author, who did not live in the Sydney area, aimed throughout the study to take a 'native-as-stranger' approach (Minichiello, Aroni et al. 1990). Informal interviews were often possible as a result of being invited to stay on to take refreshments with interviewees after their formal interview. In general, the author considers that interviewees regarded the interview as an opportunity to share their views of life in Australia with a Korean researcher.

A consent form, either in English or in Korean, was given and the interviewee was asked to sign it. Interviews occurred in a place of the respondents' choice, this being mostly their homes. Semi-structured interview schedules were prepared around the reasons for emigration, the process of adjustment, work involvement, maintenance of health and health care use. Starting with broad questions, I asked the interviewees to elaborate some of their answers in more detail. I restrained from talking as much as possible as a way of minimising my influence on data quality. Most interviews lasted about one to three hours. The total number of interviewees for the broader study reached over 120. Seventy formally arranged interviews were tape-recorded and then transcribed into a full text report for analysis.

Validation and data analysis

A previous study of the Korean community by the author (Han 1994) helped inform many aspects of this study. The comparison of the perspectives provided by the users (see Han 2000a) and providers of health care has been an important basis for cross-checking the data so that the validity has been increased (cf. Minichiello, Aroni et al. 1990: 210). The cross-checking has also served as a stimulus for examining, for example, discrepancies between the views from the users (see Han 2000b) and providers are observed rather than merely regarding them

as ‘distorted’ or inaccurate (Silverman 1985). The findings from the interviews with the providers of *hanbang*, presented in this paper, are remarkably in common with those with the users.

Qualitative methods were used to analyse interview texts. Most importantly, a grounded theory approach (Strauss and Corbin 1990: 111) was used to identify, develop and test themes arising from interviewees’ accounts.

Results

Hanbang herbal doctors

There were 12 *hanbang* herbal doctors (*haneuisa*) in the Korean community in Sydney at the time of data collection in 1995. Of the 12, I interviewed 8 including one Chinese. All of the eight practised both herbal medicine and acupuncture. Although they are currently practising *hanbang*, their occupational backgrounds are diverse (see Table 1). The number of herbal doctors in the community varied from year to year (see Table 2).

Table 1: Occupational backgrounds of the interviewed herbal doctors

Backgrounds	Trained in <i>hanbang</i> medicine at university	Selling <i>hanbang</i> remedies or <i>hanbang</i> doctoring	News reporter	Physical education teacher
Number	4*	2	1	1

* Includes a Chinese ethnic doctor trained in China

Two of them had extensive experience in doctoring or dealing with herbal remedies in the area of *hanbang* medicine in a less professional manner than those who trained in the university course in Korea. Those ‘less professional’ herbalists and acupuncturists are mostly from families that have been involved in *hanbang* for many generations. The *hanbang* doctor with the background of news reporting was self-taught, like a few other *hanbang* doctors in the Korean community.

Dr Mun To-sul opened the first *hanbang* clinic in the Korean community in 1980. Dr Mun’s father practised *hanbang* doctoring and dealt with herbal remedies in Korea so he was informally trained in *hanbang* medicine. The reason he had come to Australia was because his brother had entered Australia earlier and settled. Furthermore, his own herbal remedies business was not prospering in Korea. He entered Australia on a one month tourist visa and obtained permanent residency during the amnesty in 1980.

Table 2: The number of herbal doctors in some years

Year	1989	1990	1991	1992	1994	1995	1997
Number	7	8	7	9	10	12	15

Note: There was only one in 1980; and two (Drs Chi Yong-nam and Mun To-sul) in 1986.

SOURCES:

Sydney Korean Directory, 1989 – 1994

Chugan Saenghwal Cheongbo, 14 July 1995

Kyomin Chaptchi, 7 March 1997

Most of the *hanbang* doctors and acupuncturists enjoyed high socio-economic status in Korea and their close kin, such as a father or uncle, had already worked as *hanbang* doctors or herb dealers. There was no category for herbal doctors as skilled immigrants, thus most Korean *hanbang* doctors have migrated as business/investment migrants since the late 1980s (Han 1996a). This method of entering Australia was encouraged by Australian

immigration agents as well. The *hanbang* doctors knew that they would be in demand in the Korean community. They were aware that many Koreans in Sydney were involved in manual work and would demand efficacious restorative medicines to keep them healthy. When they first arrived in Australia, they spent about six months or longer getting involved in manual work such as cleaning, dish washing or assisting workers. In doing so, they had adjusted to the new society and were prepared to start a clinic.

Frequent customers: seeking *poyak*

When there was no Korean-speaking GP and only a few *hanbang* doctors practising in the early 1980s, the latter had many more customers than they have now. According to Dr Mun To-sul, when he opened the first *hanbang* clinic in the Korean community, there were about 500 Koreans and his *hanbang* skill was not always trusted by fellow Koreans. This was partly because Dr Mun was not trained at a university and Koreans trusted mainly Chinese herbal doctors. It was common for them to consult Chinese herbal doctors to purchase Chinese herbal tonic medicine. However, it was not long before Dr Mun, as a Korean-speaking person, attracted compatriots to his clinic. Dr Shim, who opened the third *hanbang* clinic in the community, said that

In the earlier days of Korean migration to Australia, Koreans spoke little English. Visiting [Euro-] Australian GPs left Korean patients not satisfied. The doctors didn't seem to quite understand the complex health problems of the Koreans. That was why many Koreans rushed to hanbang doctors. A high income was enjoyed by them. Now there are many Korean speaking GPs and hanbang doctors. Patients can understand the doctors without a language barrier.

The particular *hanbang* herbal medicine that is most frequently sought is tonic medicine (*poyak*). It is relatively expensive and the use of it requires a fair financial commitment (Dr Kim Kwang-su).

If they have health problems fellow Koreans would first see a GP, because the service is covered by Medicare and it costs less than five dollars to buy prescribed medicine. But if they come here and take a course of tonic medicines it costs them 350 or 400 dollars. It's a lot of money (Dr Chi Yong-nam).

Those who are in their 40s and 50s make up the majority of the customers for *hanbang* medicine. They are actively engaged in manual or labour-intensive work. Those who are in their 30s tend to rely upon their youth. *Hanbang* medicine is least popular amongst the elderly, who find it expensive and who make up only a very small proportion of the Korean population (Han 1996b). Restorative medicine is the one that sells best. Although patients visit *hanbang* doctors for many reasons, they often end up taking a course of *poyak*. There are two different opinions from *hanbang* doctors and their customers. Doctors said that *hanbang* medicine, as a holistic one, would not only try to fix a particular limb or organ that is malfunctioning, but it strengthens the whole body. However, customers say that, even though *poyak* is unnecessary, doctors will recommend it because to do so is consistent with their business.

Regarding different groups of Koreans in Sydney, business migrants visiting *hanbang* clinics often have trouble with their liver, which is related to their heavy drinking for business in Korea. Dr Mun told me that he knew some business migrants who died of liver or stomach cancer for which he also blamed heavy drinking.

Herbal medicine appears to be 'preventive' but it is no more than a different form of curative medicine. *Hanbang* doctors used to provide restorative medicine in Korea. Although they have geographically moved, they provide the same kind of medicine for Koreans in Australia. How they have come to offer *hanbang* tonic medicine is far from philanthropy or care for fellow Koreans. Although the reasons why they have moved to Australia vary from one to another, they have all brought the highly commodified *hanbang* medical skill from Korea. In the case of acupuncture, it has not only served the Korean community, but also people from the wider Australian society, many of whom are dissatisfied with biomedicine and are in search of 'holistic' or 'alternative' or 'natural' therapy without side-effects.

Tonic/restorative medicine (*poyak*): 'Not right to prescribe *poyak* just because they are keen to make money'

All the responding *hanbang* doctors agreed that a predominant majority or more than 70% of their patients are *hanbang poyak* customers. *Hanbang* herb medicine in Australia is almost identical to *hanbang* tonic medicine in Korea. Dr Chi found that most of his *hanbang poyak* customers want to use it about a couple of times a year.

However, even though tonic medicine is not covered by Medicare, a significant proportion of Koreans from all socio-economic backgrounds look for *hanbang* tonic medicine.

Indeed, herbal medicine consumption is increasing in the Korean community. One *cheop* or course of tonic medicine is made up of 20 unprocessed or 40 doses of processed packets, which cost about A\$350 or more with extra ginseng and sliced antler. Just 5 patients a week being prescribed a course of *poyak* takes the gross income of the herbal doctor up to A\$87,500 per year. Such an income is rarely enjoyed by other Korean immigrants in Australia. All the herbal doctors have many more than five patients per week.

The reason that tonic medicine is in high demand is closely related to the primary involvement of Koreans in manual work and the process of adjustment to the new society.

The cleaners or heavy manual workers want to supplement their endurance and protect their body. Also there're neurotic patients. They suffer from mental illness because of difficulties in adjusting to the new society (Dr Yi T'ae-hwan).

So many men in their 40s and 50s complain of weak sexual stamina, the loss of self confidence, the sudden weakening of the body [health]. They feel restless and get easily tired at their work with no particular symptoms. That's the most common reason that they want tonic medicine.

In those cases, do Korean biomedical doctors recommend tonic medicine?

Yes. GPs simply can't find what's wrong. A GP might prescribe vitamin or recommend a diet change. But a hanbang doctor will prescribe poyak to boost the weakened body (Dr Shim Chan-o).

'Tonic medicine is what makes *hanbang* doctors sit on a cushion made of money', argued Yi Yun-se, a computer migrant who arrived in 1976. He provided much insight about *poyak* in the Korean community as follows.

Boosting up the energy is possible by hanbang medicine. In Western medicine there's no more than vitamin tablets for the purpose. Most of my friends go to Deer Park once a year. They have a whisky and deer barbecue. They find it efficacious. As I have a sore knee I should go there sometime. Nearly everybody around me takes hanbang tonic medicine.

Hanbang doctors are enjoying enormous income. When I visit some hanbang doctors their wives are just terribly busy processing poyak. Just three clients bring A\$1,000. There is little tax and it doesn't cost to run the clinic. No pay out for a receptionist. Even a quack like Dr Im Tae-sun sits on the cushion made of money. Now hanbang medicine is a way of maintaining health (Yi Yun-se, skilled migrant).

Yi told me that this is why a Korean doctor, who is one of his friends and who trained in both biomedical and *hanbang* courses, does not worry about registering with the Australian Medical Association (AMA) but enjoys his practice of *hanbang* medicine. It appears to be a common practice amongst *hanbang* doctors to deliberately prescribe and sell *hanbang poyak*. It is clearly a medical enterprise in which *hanbang* doctors pursue a significant financial gain. Dr Pak Ki-nam, who appeared to me quite a philanthropic doctor, indicated that such a tendency is practised when I asked whether some patients come and ask for *poyak* in the first place.

I have no trouble prescribing poyak if a patient insists. However, it shouldn't be given if it'd be of no use for the patient. For example, I recently had a patient saying that he was so exhausted that he wanted to consume poyak. I diagnosed him as a patient of hyperthyreosis. Poyak would be even harmful for the patient. I told him that he had suffered from it for 7 or 8 years and asked him why he neglected it so long. He said that he was so busy with his shopkeeping and that a GP told him that he was over-working and should have a rest. He was taking Panadol only. I told the patient to see a Korean GP. The patient returned to me after a few days and asked me how I knew the problem without a blood test. It's not right to prescribe a poyak just because you're keen to have financial gain out of a patient's illness.

Dr Pak went on to explain why *hanbang* medicine is generally sold as tonic medicine. The *hanbang* medical industry appeared to be explicitly business-like as much as biomedicine.

Too many hanbang doctors are preoccupied with financial gain. That's possible by selling poyak. Hanbang medicine is also able to cure disease. However, the medicine doesn't contain many ingredients, thus it's impossible to ask for much money. That's why most hanbang doctors would rather avoid prescribing curative hanbang medicines (Dr Pak Ki-nam).

Marketing ginseng in the overseas Korean communities such as that in Sydney has been vigorously pursued. As a marketing strategy, the Korea Ginseng Australia Centre recently offered special prices for red ginseng and *samgyet'ang* (the instant food of young chicken and ginseng) for the period 12 December 1995 to 28 February 1996 (*Wikeulli T'op*, 15 March 1996).

Some Koreans take advantage of the easy availability of the young deer antlers and ginseng in Australia. According to Dr Chi Yong-nam, they bring the materials to the doctor and ask for additional ingredients to make a course of *poyak*. Similarly, Dr Mun To-sul mentioned in the advertisement for his practice, 'If you have ginseng or deer antlers or other ingredients for *poyak* you are welcome to discuss how to use them' (*Keuriseuchyan Ribyu Jan.* 1996: 39). The clients coming with a few ingredients would increase the sale of herbs or perhaps increase the number of future clients. Kim Kwang-su, who is a *hanbang* doctor as well as a health food seller, said that the demand for various items of health food fluctuates and it is heavily influenced by fashion and the media. However, the demand for deer antlers and *hanbang* tonic medicine is constant and they are least influenced by the media or fashion.

***Hanbang*: 'both scientific and natural medicine'**

Hanbang doctors contend that unlike biomedicine *hanbang* causes few side-effects, but it is scientifically based. Dr Chi Yong-nam's clients include people from a Greek background and he observed similarities between biomedicine and *hanbang*.

Many Greek cultures are similar to Korean ones including some traditional medical therapies. For example, moxibustion is used in both cultures. Also Hippocrates' father invented natural therapy, which Hippocrates further developed and publicised. That was the start of the Western medicine (Dr Chi Yong-nam).

Dr Chi's comment seemed to argue correctly that both biomedical and *hanbang* medicine share their origins to a significant degree. In doing so, Chi tends to undermine the scientific aspect of biomedicine on the one hand and promote '*hanbang* as a scientific medicine'. *Hanbang* and biomedicine share many similarities regarding their social characteristics, reflecting the social context. The extent to which they share the origins and characteristics of remedies is open to debate. However, what is clear is that arguing that '*hanbang* is scientific' is a way of promoting the medicine. Some argue that diagnosis in *hanbang* should be done only via the hands and others argue for diagnosis by a combination of the hands and technology. A *hanbang* doctor, advocating the latter, advertised his practice as follows.

The Sydney Korean Hanbang Clinic has always taken the health of fellow Koreans seriously. In addition to herbal and acupuncture services, we also have a facility of sauna, which is of physiotherapeutic effect. The hanbang clinic is facilitated with a scientific and computer-based machine. This makes it possible to diagnose the disease in any part of the body. It also makes it possible to aim at 100% of successful treatment (Sydney Korean Directory 1989: 272).

The use of a stethoscope and sphygmomanometer by university graduate *hanbang* doctors has become common.

What do you think of using stethoscope and sphygmomanometer in your medical practice?

I use them. They're helpful. It's problematic to stick to old methods only. When scientific tools are available we've got to utilise them (Dr Chi Yong-nam).

In *hanbang* medical practice, there has been a misconception that a capable *hanbang* doctor is supposed to know what is wrong with a patient just by feeling the pulse and a few critical spots with his fingers.

Some patients would come to the clinic and stretch their arms out for me to feel their pulse. They wouldn't say anything to me about what was wrong with them. How can I know their health problem as I'm not a magician? If I ask what the problem is, they tell me that I'm supposed to know just by feeling their pulse (Dr Yi T'ae-hwan).

This misconception seemed sometimes to be used by some care providers in a negative way to attract more patients. For example, part of an advertisement is as follows.

... A unique aspect of the Sejin Hanbang Clinic is that I won't ask patients which part of their body is disturbed. Absolutely not. Nonetheless, the diagnosis is 100% correct as I do my best to care for the patients. ... (Sydney Korean Directory 1990-91: 321).

Hoping to be a successful person in *hanbang* medicine, Dr Kim Kwang-su has been working on the production of new medicines. He produced the item Deer Velvet Jelly. It is a tonic medicine processed out of young antlers of the deer and herbs. Traditionally, dried and sliced antler has been used as an ingredient of *hanbang poyak*. It was Dr Kim's idea to make up the antler in the form of a liquid. Concerned about the duplication of the product by other *hanbang* doctors, he applied for a patent to the New South Wales Government for the product and it has been approved.

A few food scientists from an Australian university have favourably analysed the product. The scientific and bureaucratic approval of the product is likely to help the sale of the product, as well as Dr Kim's medical practice. Dr Kim is in the process of producing more tonic medicines. As a former physical exercise teacher at a school in Korea, he has contacts with the authorities in sports associations and training centres in Korea. He supplies products for them, taking advantage of the abundant *hanbang* herbal ingredients in Australia.

Doctoring as an enterprise

Just like biomedicine, practising *hanbang* is reflective of the socio-economic context of the society and is a business activity. Dr Chi Yong-nam emphasised that his medical skill is the major and only means to survive in a foreign land and also said, 'It helps me send my children to school and support my family financially.'

When interviewing *hanbang* doctors I noticed a tendency for them to feel that the advertising of their medical practice is not appropriate. Most commonly mentioned was, 'My practice does not rely on advertisements too much.' However, the advertising of *hanbang* medicine is as common as any other non-medical business in the Korean community. Dr Shim Chan-o, who tends to advertise relatively less than other Korean *hanbang* doctors, said,

Doctors aren't supposed to advertise their practices. It's one of the medical ethics. Australian doctors don't advertise. But it's only the Korean [both biomedical and hanbang] doctors who would advertise every week. It's just like yakchangsus [a person performing magic to sell medicines in the street]. I'm ashamed of seeing advertisements, such as, 'This clinic has good stuff [medicine]' (Dr Shim Chan-o).

The advertisements of *hanbang* and acupuncture clinics appear in the yearly *Sydney Korean Directory*, a monthly Christian magazine, weekly and fortnightly magazines and daily newspapers in the Korean community. Dr Pak Ki-nam tended to justify his frequent advertisement,

Sometimes, the advertisements of my practice seem to appear conspicuous in Korean ethnic papers. If I don't advertise, people could think, 'Is the man [Dr Pak] doing cleaning work? Has he returned to Korea?' Advertising puts away such doubt. Well, it's also a way to support Korean papers.

According to *hanbang* doctors, the best advertisement of a *hanbang* medical practice is through the patients' experience of its efficacy.

Patients' advertisement by word of mouth is more effective than that in the paper. Advertisement in the paper may attract a patient once. But the second visit depends upon the efficacy (Dr Chi Yong-nam).

The comment as above was often made by all *hanbang* doctors rather than by a few 'more popular' ones. Whether all the *hanbang* doctors are able curers or not is an open question. It was interesting to hear Dr Mun To-sul mentioning the effect of the advertisement.

When one of my patients introduces me to another potential client my advertisement can take a role there. It's a source of credibility. If the potential client couldn't find my advertisement of the practice I may be discredited.

The use of *hanbang* tonic medicine is encouraged and justified in numerous advertisements as follows.

The whole page for advertisement

health column

Why Do We Need *Hanbang Poyak*?

... Health is the condition whereby one can actively function both physically and mentally. In this respect, both cure and prevention of illness are important. However, it is more important to improve the health before developing any health problem. This is an active way of being healthy.

It is the human desire to live forever, but the human life is to be limited. ...

First, *poyak* stimulates the organs of the body and strengthens their weakened functions. It supplies necessary nutrition for the body and improves and strengthens the body [health] condition. ...

Second, *poyak* improves your mobility physically and mentally.

Third, *poyak* improves resistance to disease.

Fourth, *poyak* prolongs the ageing process and helps the cells in the body restore efficiently.

Fifth, *poyak* controls the functions of the whole body and helps you overcome various diseases.

Youngsaeng Hanbang Clinic ... (address and telephone number)

Source: *Chugan Saenghwal Cheongbo* 19 January 1996: 25

In the advertisement, a level of awareness about health amongst Koreans is indicated. It also tends to suggest that health can be maintained by using tonic medicine to a significant degree.

Discussion and conclusion

Hanbang medicine in Australia is in part a Korean cultural phenomenon in the sense that most *hanbang* doctors in Sydney obtained their knowledge on *hanbang* in Korea, and that health beliefs of the first generation Korean immigrants in Sydney have much in common with those in Korea (see Cho 1988). Consequently, the use of *hanbang* medicines is not always work-related. However, they are mostly used to improve health, which is understood here as a capacity to work. *Hanbang* doctors and acupuncturists claim that their services are holistic and often scientific, and that such services are different from those provided by biomedical doctors. Although *hanbang* medicine has been practised as a holistic medicine in Korea for many centuries, the level of its commodification has been conspicuous during the process of rapid industrialisation in Korea. It has also been appealing to the Koreans in Sydney who are heavily involved in manual work and suffer from mental and physical illness (Han 2000a).

Strengths and limitations of the study

This study examined an increasingly important, but neglected, subject, especially in the context of a recent immigrant community in Australia. In addition to the competitive relationship between the providers of medicine, the inclusion of the socio-economic context within which immigrants fall ill and the provision of medicine occurs is a strength of the perspective taken in this study.

As I interviewed only 8 out of 12 herbal doctors at the time of data collection, the sampling method may be of little problematic. I have sadly missed the opportunity to interview the doctor who has trained in both *hanbang* and biomedicine. Further, had I asked the herbal doctors about the use of herbal medicine among Korean women it might have enriched the study. Whether the male dominant herbal doctors would have adequately represented their female patients or not is open to debate. I am leaving such projects with other female researchers.

Implications for policy and practice

The dominant biomedical health perspective in the West focuses on physiological disease processes. Curing disease through the scientific control of symptoms remains the central task of biomedicine.

Proponents of biomedicine have been hostile towards complementary therapies for a number of reasons. One major argument is that unlike biomedicine, complementary therapies are not based on scientific rigour. A second is that complementary therapies are not under proper government regulations and thus have the potential to be misused and abused. A third argument is that key principles surrounding health and illness are incompatible with those of biomedicine, developed through intellectual rigour over a lengthy period (Gray 1998: 59).

Nonetheless, such scientific scrutiny of complementary remedies may need to continue for the sake of continuing professionalisation of complementary therapies. These issues have stimulated government bodies (eg, the Victorian Ministerial Advisory Committee 1998) to consult relevant stakeholders to set up the regulations.

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