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Department of **ANTHROPOLOGY**

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V6T 1W5

Date **March 10, 83**
Abstract

This thesis is an ethnographic study of the present day practice of traditional Chinese herbal medicine by the Chinese community of Vancouver, British Columbia. A qualitative research design was used to document the facilities, activities, people and beliefs involved in the practice of Chinese herbalism. A descriptive survey is summarized for the 18 herbal pharmacies found in Vancouver's Chinatown. One herbal pharmacy is used as an example to provide a case study for the herbal products available and the interactions between the herbalist and the clientele. The thesis is organized around three key questions. The first concerns the social organization of traditional Chinese herbal knowledge in Vancouver. A tripartite model is used to conceptualize three distinct areas of expertise and knowledge of traditional herbalism in the Chinese community. These are the: (i) traditional Chinese herbal doctors; (ii) folk practitioners who are herbal pharmacists; (iii) family use of herbs in self-care. A major finding of the study was the central role the Chinese family plays in perpetuating the traditional use of herbs for both the prevention and treatment of disease. The second question attempts to determine how the practice of Chinese herbalism has changed due to its transplantation from Asia to Canada. The most significant difference was the minor role played by the traditional Chinese herbal doctor in Vancouver compared to those in Hong
Kong. The third question the thesis addresses is why has Chinese herbalism persisted in a Western setting where everyone has free access to a government supported health care system. The author examines both ethnic and cultural explanations to understand the strength of the Chinese herbal tradition in Vancouver. Data on the efficacy of Chinese herbs on both physiological and cultural-symbolic levels is presented to demonstrate the viability of this healing system in a contemporary context. The thesis concludes with a discussion on the complementarity between the Western and Chinese healing systems from both a practical and a theoretical perspective.
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search period.

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I. INTRODUCTION

Traditional medicine has until recently been relegated to the museum of curious primitive practices by both anthropologists and health professionals. Traditional medicine is ethnocentrically defined as the indigenous medical practices of ethnic cultures before the arrival of scientifically based biomedicine. The key distinction is that traditional medicine represents the medical system of a particular ethnic group whereas modern medicine is the medicine of any scientific, technological society. Before the 1960's, anthropologists writing general ethnographies would usually include a chapter on the traditional medical belief and practices of the culture they were studying. No attempt was made to integrate these seemingly strange beliefs and practices into a larger cultural framework. In the 1940's, anthropologists were called in to see why so many well-funded public health programs were failing in Third World countries. The anthropologists found that these well meaning programs had forgotten to take into consideration the cultural values and medical world-view of the cultures in which they are being introduced. They also discovered that many traditional health practices had a rational basis and worked better than the culturally inappropriate medical innovations proposed by Western doctors. This led to a renewed interest by anthropologists in ethnomedical studies of traditional medical systems. By the 1960's the sub-discipline of
medical anthropology was born with a strong theoretical and applied orientation.

Largely due to the work of anthropologists, the World Health Organization reversed its position of replacing traditional medicine with Western biomedicine. Traditional healers and medicines were recognized to have an important role in the health care of Third World nations.

In the late 1970's the WHO began to publish a series of policy statements regarding the value of traditional medicine. The value of traditional herbal remedies was officially recognized in the following release (WHO 1977):

The effectiveness of much of traditional medicines is now an accepted fact. Nevertheless, there has been over the years a relative lack of attention to the use of medicinal plants in health care. . . . While many synthetic drugs have side-effects which can be worse than the signs, symptom and pathology of the condition itself . . . traditional preparations which have been used for many years are generally free from side-effects if properly prepared and used.

Following the easing of relations with China in 1973, Westerners have become increasingly interested in the success China has had with its own system of traditional medicine. In 1978, the World Health Organization reported (WHO 1978)

The tremendous success of the Chinese experience in the integration of Western medicine and Chinese traditional medicine continues to provide a shining example of the potential which lies in integration for the promotion and development of systems of traditional medicine.

In fact, China has not integrated Chinese and Western medicine into one synthetic system. It has succeeded in promoting the coexistence of these two very different medical
systems, side by side. It has been the official government policy to recognize and sanction traditional Chinese medicine; thus reversing its early twentieth century policy of rejecting it in favour of Western medicine.

While the People's Republic of China (PRC) has gathered all the publicity, traditional Chinese medicine continues to be practiced without official support in dozens of Chinese communities outside mainland China. During the past ten years, anthropologists have done a number of careful studies on the popular use of traditional Chinese medicine in the Chinese communities of Hong Kong, Taiwan, Singapore and Malaysia.

The results of this decade of research are summarized in the publication of the proceedings of a University of Washington conference on the "Comparative Study of Traditional and Modern Medicine in Chinese Societies" (Kleinman et al. 1975). This research has revealed that the Chinese people living in these communities on the periphery of the PRC support a high degree of medical pluralism. In addition to using the services of Western medicine, they seek the services of traditional Chinese doctors in addition to dozens of types of folk healers ranging from shamans and fortune-tellers to herbalists and bone-setters. (Lee 1972, 1980; Topley 1976; Kleinman 1980; Ahern 1975). An extensive system of home treatment using traditional Chinese health concepts and treatments has also been well documented (Anderson and Anderson 1968; Choa 1967; Topley 1970; and Kleinman 1980).
Since field-work was difficult if not impossible to do in the PRC, these studies represent the best source for comparative studies of a medical tradition that extends back five thousand years.

This interest in traditional Chinese medicine has not been carried over to the overseas Chinese communities in North America. To date there have only been a few studies of the use of traditional medicine in the major Chinese communities in the U.S. The present study attempts to fill this void with a systematic study of Chinese herbalism.

I chose to restrict this study to Chinese herbalism for several reasons. Although Westerners immediately think of acupuncture when Chinese medicine is brought up, herbalism plays a far greater role on a day to day basis. In the hierarchy of Chinese medical treatments, diet and herbal therapy represents 90% of all therapeutic responses to disease. Acupuncture is employed for only the most serious and reticent of all diseases and is therefore a much rarer form of treatment. The reason for this is that acupuncture must be practiced by specialists, whereas the Chinese people treat themselves with herbs on almost a daily basis. In Chinese society, herbs are an important part of every day life. Everyone knows something about the use of herbs for increasing bodily energy and curing simple ailments. Historically, acupuncture was developed by the Northern Chinese peoples and the use of herbs for medicinal purposes was discovered by the Southern Chinese. Today, the
Southern Chinese are still known for this extensive use of diet and herbs in folk medicine. Since most of the Chinese in Vancouver originate from Hong Kong and the southern Chinese province of Kuangtung, it is not surprising for there to be evidence for the medical use of herbs in this overseas Chinese community. The goal of my research was to document how this herbal tradition has been perpetuated in Vancouver.

My thesis is organized around answering three basic questions about Chinese herbalism in Vancouver. The first is to outline the social organization of Chinese herbal knowledge in Vancouver's Chinatown. The most visible keepers of this tradition are the herbalists working in the herbal pharmacies in Chinatown. Unfortunately, many studies of traditional healing systems have been limited to this aspect of folk medicine. The existing literature for traditional Chinese medicine indicates that the Chinese family uses herbs extensively through self-medication. Using a theoretical model of local health care systems developed by Kleinman (1980), I set out to research the full extent of traditional herbalism in the Chinese community. The results indicate that expertise in the Chinese herbal system is not restricted to traditional Chinese doctors and herbalists practicing in Chinatown, but included lay people at all strata of Chinese society. The family use of traditional herbal remedies has turned out to be a key finding of the study.

The second question this thesis addresses is how much the
practice of Chinese herbalism has changed, if any, due to its transfer from Asia to Vancouver. This comparison is possible using data obtained from Hong Kong (Anderson & Anderson 1968; Topley 1976; and Lee 1980). I found that the herbalist in the herbal pharmacy functioned in the same manner as in Asia. The family has also retained its primary role in self-treatment using herbs. However, the Chinese traditional herbal doctor has become a less important source of professional care compared to the situation in Hong Kong.

The third main concern is to answer the question of why Chinese herbalism has persisted in a North American city where a government supported medical system provides low cost health care. Data are presented that indicate that there is a reviv-alism in the use of Chinese herbs. To answer this question I examine the question of Chinese ethnicity and the continuity of a strong cultural tradition in the Chinese community of Vancouver. I also examine evidence that demonstrates the efficacy of Chinese herbs on both physiological and cultural-symbolic levels.

Field Methods

The bulk of the field work, particularly within Vancouver's Chinatown, was completed in the summer of 1979. However, because contacts in the wider community took some time to develop, interviews continued until the summer of 1981.

Traditional ethnographic techniques were employed. I began the research with a survey of the Chinatown area
documenting all the places where Chinese herbs could be purchased. Interviews with herbalists were started during this preliminary phase. Following this initial orientation, I began a series of unstructured interviews with two key informants. One was a Chinese pharmacist who was trained in Western pharmacology but familiar with the Chinese herbal system. The other was a Chinese lawyer practicing in Chinatown. This informant was able to introduce me to the key people involved in the herbal field in Chinatown. He was highly respected within the tightly knit community of Chinatown and was able to arrange interviews that I would not have been able to accomplish on my own. This overcame some of the barriers I had by being a Westerner and not speaking Cantonese. Although I had begun to learn the Mandarin language, this proved to be of limited value in the predominantly Cantonese speaking community in Vancouver. Most of my informants were bilingual in English and Cantonese. This certainly facilitated the research. On those occasions when I had to interview a non-English speaking informant, I was always able to enlist the services of a Chinese friend who served as an interpreter. While some informants were initially reluctant to speak about their knowledge of Chinese herbalism, I was able to dispel any fears they may have had by demonstrating my existing knowledge of Chinese herbs and a genuine interest to learn more. Many times, my keen interest was tested by offerings of samples of unfamiliar Chinese food and extremely bitter medicinal teas.
I interviewed over 50 Chinese-Canadians, representing first, second and third generations in Canada. They represented a wide variety of backgrounds including Western trained professional doctors, nurses, a psychiatrist, pharmacists, dentist, social worker, a lawyer, traditional Chinese doctors and herbalists, businessmen, lay persons, university and high school students, housewives, mothers and grandmothers.

The extremes in attitude represented by this sample ranged from an elderly grandmother who spoke no English and had little formal education but had complete faith in the efficacy of Chinese medicine, to a young articulate Canadian-educated physician who relegated Chinese medicine to mere superstition.

No questionnaire surveys were used in this study, for two reasons: first, a lack of adequate resources and Chinese interviewers, and secondly, the problematic value of this mode of research in this subject area.

Two community surveys have been done in the Chinese ethnic community during the previous eight years. Each had one or two questions concerning the use of Chinese medicine by the Chinatown Chinese population as summarized in Table I.

Table I Medical Questions in Two Chinese Community Surveys

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Q: What kind of medical practitioner have you seen in the past 6 months?</td>
<td></td>
</tr>
<tr>
<td>Non-Chinese MD</td>
<td>25%</td>
</tr>
<tr>
<td>Chinese MD</td>
<td>70%</td>
</tr>
</tbody>
</table>
Traditional Chinese Doctor  6%
Traditional Chinese Doctor and Western MD  5%  n = 339

Q: Do you use Chinese Herbal medicine?

Never  50%  Other  2%
Rarely  21%  Frequently  6%
Sometimes  27%  n = 339

1977 Strathcona Community Study  Michael Goldberg (1977)
For the Chinese population in Strathcona: 11% see herbalists
  3% see acupuncturists  n = 130

The results from these surveys appear low compared to what I would estimate the figures to be based on my interviews with Chinese informants.* There are two reasons why these survey results may be inaccurate. The first is a problem of methodology. Chinese people, in an attempt to appear modern do not like to admit to using traditional Chinese remedies, even if the interviewer is Chinese and speaks their dialect. It takes time to develop the trust of a Chinese informant, until they feel comfortable to the point of speaking about their knowledge and use of herbs. The second problem is that the questions in these surveys are not framed in a culturally appropriate

* In a survey of 50 households in Toronto's Chinatown; 58% of the sample reported using Chinese herbs as home remedies (Yeung et al. 1973).
manner for the Chinese. The questions focus on medical practitioners; whereas we know that most traditional Chinese medicine is family based. Furthermore, many Chinese families use herbs in their soups to increase bodily energy. This is not viewed as medical treatment, but the normal everyday way of healthy living. A survey structured along these lines would have a better chance of obtaining culturally relevant and accurate data.

For these reasons, I have restricted this research study to areas of concern that are best approached using a qualitative research design. Since this is the first study to focus on Chinese herbalists in North America and the first study of Chinese health beliefs in Canada, it should be considered as an exploratory study and not a definitive treatment of this immensely complex topic. Before I conclude this introduction, I would like to briefly review seven studies that have been published to date on Chinese medicine in North America.

Most of the studies published on traditional Chinese medical beliefs and practices have been done or sponsored by health professionals who needed more data to improve health care delivery to the Chinese population. Two of the studies were done in New York City's Chinatown (Cattell 1962), (Chan & Chang 1975) and the others in Boston's Chinatown (Li et al. 1972; Li and Li 1971, 1972). These studies uncovered a thriving traditional medical system in the Chinatowns of New York and Boston. They found herbal pharmacies selling Chinese herbs,
herbalists, traditional Chinese doctors and acupuncturists were found to be practicing their traditional specialties. A common practice in both New York and Boston was self-treatment at home using traditional herbal remedies. The Chinese preferred to use both Western and Chinese methods of medical treatment. This pattern of dual use was thought to interfere with the Western physician's management of their Chinese patients.

Cattell's study revealed that the Chinese believed that the health and welfare of the individual was the responsibility of the family. However, Cattell (1962:88) also found that the kinship system which normally filled these needs was unable to in New York:

It is the major conclusion of this study that the health problem exhibited by one small segment of the Chinese population is but one of the many manifestations of social disorganization brought on by the lack of adaptability of Chinese social structure.

The significance of this study is that Cattell established the clear link that exists in Chinese culture between the family and health care.

The studies done by Li (Li and Li 1971, Li, 1972, Li et al. 1972), who is a Chinese MD show the problems that the traditional health beliefs of the Chinese cause them to delay or reject "the proper therapy" (Li 1972). He acknowledges that there is no cognitive dissonance for the Chinese who use Chinese herbs for one set of diseases and Western drugs for others.

The study by Chan and Chang (1976) is one of the most
comprehensive studies done on the traditional use of Chinese medicine in an American Chinatown. They interviewed all the traditional practitioners practicing in New York City's Chinatown and did a random survey of the health beliefs of Chinatown's residents. The purpose of their study was to determine the preference for either Chinese or Western treatment when self-treatment was used and when medical specialists were employed. They discovered that although traditional medicine was available in New York City, its overall use by the Chinese community was low. However, they found that most Chinese in their sample used Chinese herbs through self-treatment in addition to Western drugs. This concurs with the dual pattern of use found in the earlier studies. Chan and Chang (1976:135) conclude that:

Health problems in Chinatown are generated not because the Chinese use Chinese medicine and traditional practitioners as their source of care. One has to look further to the cultural, social and economic factors to find the causes for Chinatown's health problems. If the utilization of nearby hospitals is low, one cannot blame Chinese medicine and traditional practitioners. Instead the reasons may be found in the low level of income, long working hours, and language barriers; and in the hospitals, the long waiting time for treatment, the location, high hospital costs, unavailability of interpreters and the attitude of the hospital's staff.

The three other published reports on Chinese medicine in the U.S. were done by social scientists, and are therefore more concerned with the traditional health beliefs of the Chinese rather than the issue of health care delivery to the Chinese.

The study done by Hessler and associates (1975) is a
carefully designed survey of the health beliefs of Chinese-Americans in Boston's Chinatown. They found four patterns of medical usage: Nonpure Western, Nonpure Chinese, Pure Chinese and dualists. Using multiple discriminate analysis the authors tested for consistency using such variables as age, sex, ethnicity, medical beliefs and previous health care usage. They found that far from being a homogeneous group, the Chinese displayed a high degree of intraethnic diversity in their patterns of health care seeking and utilization. They found that only a small proportion of their sample used Chinese medicine exclusively and that most used both Chinese and Western medicine to a greater or lesser extent. However, the variables explaining this dual use pattern were so complex as to preclude any one model of Chinese health behaviour. An important finding was the clear difference between sex and ethnic solidarity as predictive variables for health care utilization. Hessler (1975:262) concludes that:

The extent to which explanatory variables differ from males and females suggests that sex is an important factor for understanding illness behavior. It suggests that sex roles permeate the basic structure of society to exert a much greater effect on attitudes and behavior than ethnicity per se.

We shall see later in this thesis, the reason for this finding is due to the key role that the woman plays in the health care of the Chinese family.

The most complete study of Chinese health beliefs is Linda Koo's (1976) doctoral dissertation based on fieldwork in San
Francisco and Taiwan. Koo attempts to demonstrate that the Chinese have nurtured a culture of health mentality from the earliest philosophical writings to the present health behavior of Chinese in America and Taiwan. She succeeds in presenting a rich variety of data to support her thesis that the Chinese are a remarkably health-oriented culture. The bulk of the work is a description of Wei Sheng or the various ways of maintaining health. These include: sexual practices, various physical therapies, proper sleep and relaxation, personal, dietary and environmental hygiene, spiritual, mental and emotional factors affecting health, and food as a source of energy, illness and therapy. A significant finding is the key role played by women for the health and proper diet of the family. Koo discusses in detail the Chinese belief that the careful selection of food is necessary for the prevention and cure of disease. She finds that traditional concepts of diet are still held by second and third generation Chinese-American women.

The only study done on Chinese medicinal remedies is a short paper by Swiderski (1978) on "Chinese American Patent Medicines." A patent medicine is a Chinese medicine manufactured in Asia using traditional herbal ingredients but prepared into pills, powders, syrups or linament. Swiderski uses a symbolic analysis of the packaging and marketing of Chinese patent medicines to demonstrate the need of the Chinese-American for a traditional product packaged in a contemporary medium. Chinese patent medicines are created for the Overseas Chinese
market combining both traditional and modern conceptions of health, in the symbolism of the medicine. Swiderski's symbolic analysis is a penetrating study of the highly symbolic nature of Chinese medicine. This symbolism is best expressed in the author's own words:

The patent medicines mark out a semantic crossroads where many influences have converged to create a set of products which describe an international Chinese mentality, accepted by the Chinese-Americans among other nationalities. The semantics of their packaging and delivery is the semantics of popular medicine, housing the interaction between traditional and modern conceptions of illness and health. (Swiderski 1978:101).

The patent medicines speak directly to the body of how there is no change, how all the old remedies are still available, encasing them in a rhetoric that feeds and assuages all the senses in a way that makes them have the feel of health. Health thus appears as a cultural state; the medicines are its implements because they evoke the context in which health is possible. They create an artificial context of health by creating an artificial tradition that proceeds out of genuine, known traditions, selling it as the means of achieving health or sustaining it. Chinese patent medicines help resolve anxieties about loss of cultural identity by packaging that identity in a most intimate form, and associating it with bodily well-being by implication. The medicines are a close symbol system that unites tradition, cultural coherence and health within the same consistent, multi-dimensional semantics. Chinese patent medicines heal Chinese diseases and bring a Chinese kind of health. (Swiderski 1978:121-122)

Swiderski's paper is the only anthropological analysis of Chinese medicine published to date. His concern for the symbolism of Chinese patent remedies touches on some of the concerns of the present work. However, it deals exclusively with patent medicines and only tangentially covers issues surrounding the complex world of Chinese herbalism.
An additional study is the review article by Gould-martin and Ngin (1981). It is an excellent introduction to medicine and Chinese culture. However, it is essentially a review article of the papers covered here and has only minimal original data from Los Angeles' Chinatown.
II. INTRODUCING THE FIELD SETTING

The majority of my field work took place in what is commonly referred to as 'Chinatown.' Chinatown has been the centre of Chinese social life in Vancouver for over 80 years. Before 1900, the greatest percentage of British Columbia's Chinese population resided in Victoria. However, after Vancouver became the commercial centre of British Columbia, in the early 1900's, it has been home to the greatest proportion of the Chinese in the province.

Chinatown has always been in the downtown eastside of Vancouver despite geographical shifts of its centre over the years. Its role in the Chinese community of Vancouver has also changed according to the demographic structure of the Chinese population. For the first half of the century, it was the residential, commercial and social centre for the predominantly male Chinese population. Immigration policy restricted entry to Chinese males who were needed as unskilled labourers in British Columbia's economy. Changes in immigration policy regarding the Chinese in 1947 and 1967, have resulted not only in an increase in the numbers of Chinese-Canadians in Vancouver but a dramatic change in the character of the Chinese community. The past 30 years have seen a fundamental shift from a population of single Chinese males to a community of Chinese families extending over at least three generations. Chinatown has been an important focal point for Vancouver's Chinese population.
throughout this period. While Chinatown has remained a symbol for the Chinese subculture in Vancouver, its role in the Chinese community has changed along with the demographic changes in the Chinese population.

For the first half of the century, Chinatown has been the residential as well as community and social centre for Vancouver's Chinese population. Today only 10 percent of the approximately 80,000 Chinese in Vancouver reside in Chinatown. However, Chinatown remains the commercial, cultural and social centre for the majority of this dispersed community.

Chinatown is the major shopping area where Chinese foods may be purchased. Many Chinese continue to come in from Vancouver's outlying districts to do their weekly grocery shopping. Chinatown is the site of a variety of businesses owned by Chinese-Canadians who serve a largely Chinese clientele. Many Chinese professionals are located here, including doctors, dentists and lawyers. Restaurants abound and are frequented by both Chinese and non-Chinese. Sunday dim-sum has become a local institution and an important social occasion for many Chinese families. Chinatown is an important cultural centre, being the site of many Chinese associations, including political clubs, benevolent associations, Clan societies, business associations, athletic clubs, music societies, charity foundations, Churches, Chinese schools and local Chinese newspapers (Wickberg 1982). Chinatown remains the integrating link between the old country and the new Canadian society for
many recent Chinese immigrants. It is the focal point in the lives of many non-English-speaking Chinese immigrants as many medical, social and recreational services are available.

Thus, although Chinatown is no longer the residence for most of Vancouver's Chinese population, it serves an important role in maintaining a cultural continuity with the Chinese traditions. Both recent Chinese immigrants and third generation Chinese-Canadians use Chinatown to adapt to Canadian society, while retaining a connection with their rich cultural heritage.

Chinatown today extends over a 20-square-block area, as revealed in Figure 1. This area represents the area of concentrated commerce run by Chinese. The main street in Chinatown is Pender, between Gore and Carral. Pender has the highest concentration of shops and businesses that are run by Chinese in all of Chinatown. The street is always a beehive of activity, full of Chinese going about their business, in addition to Vancouverites and city visitors. Both the City government and the local Chinese businesses recognize the area's commercial importance.

1. Survey of Chinese Pharmacies and Herb Shops

A survey of the Chinatown area revealed eighteen establishments where some type of Chinese herbs or medicinal remedy could be purchased. Since food items play an important role in traditional Chinese medicine, their number would have been
Figure 1.

MAP OF CHINATOWN, VANCOUVER, B.C.
greater if grocery stores stocking common Chinese cooking ingredients had been included. These eighteen places where herbs could be purchased ranged from dry good import stores having a shelf of prepackaged Chinese medicines, to complete Chinese pharmacies. These pharmacies prepared traditional herbal prescriptions which are put together from an assortment of several hundreds of raw herbs. These eighteen herbal dispensaries can be divided into three basic types, as listed in Table II.

The term 'Chinese pharmacy' refers to an establishment in which the dispensing of herbs and medicine is its primary business. There are four pharmacies falling into this category. Three are traditional Chinese pharmacies, selling nothing else but Chinese herbal and pharmaceutical products. The other two are Chinese pharmacies which are housed in a Western-type pharmacy but run as a completely separate operation. These Chinese pharmacies are more likely to have someone who has received some formal training in Chinese herbalism or medicine, in China or Hong Kong. There are usually additional helpers working there who work full time at dispensing herbs and have therefore received some knowledge of Chinese herbs and their uses through a type of apprenticeship. There is an extensive stock of herbs available here for the preparation of traditional prescriptions. In several of these pharmacies, although patent Chinese medicines are available, the emphasis is on the herbs themselves. There is a consultation room in the back
Table II

The Herb Shops and Herbal Pharmacies of Vancouver's Chinatown

<table>
<thead>
<tr>
<th>Type</th>
<th>Herbal Pharmacies</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Dai Cheong Ltd.</td>
<td>249 E. Pender</td>
</tr>
<tr>
<td></td>
<td>Kiu Shun Trading Co.</td>
<td>141 E. Pender</td>
</tr>
<tr>
<td></td>
<td>Mandarin Drugs</td>
<td>543 Main</td>
</tr>
<tr>
<td></td>
<td>Canada Ginseng Co.</td>
<td>33 E. Hastings</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type</th>
<th>Herb Shops</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>II</td>
<td>Chung Wah Discount Centre (1)</td>
<td>135 E. Pender</td>
</tr>
<tr>
<td></td>
<td>Chung Wah Discount Centre (2)</td>
<td>299 E. Pender</td>
</tr>
<tr>
<td></td>
<td>Kong Man Sun</td>
<td>236 E. Pender</td>
</tr>
<tr>
<td></td>
<td>Yuen Fong Co.</td>
<td>242 E. Pender</td>
</tr>
<tr>
<td></td>
<td>Wong Tong Co.</td>
<td>250 E. Pender</td>
</tr>
<tr>
<td></td>
<td>Wing Hing Co.</td>
<td>280 E. Pender</td>
</tr>
<tr>
<td></td>
<td>Grand Trading Co.</td>
<td>265 E. Hastings</td>
</tr>
<tr>
<td></td>
<td>Wah Chun Tong Enterprises</td>
<td>207 E. Pender</td>
</tr>
</tbody>
</table>

<table>
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<th>Type</th>
<th>Herb Counters</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>III</td>
<td>Trans-Nation Emporium Ltd.</td>
<td>89 E. Pender</td>
</tr>
<tr>
<td></td>
<td>Gim Lee Yuen Ltd.</td>
<td>75 E. Pender</td>
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<td>Vancouver China Trade Centre</td>
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<td>Chung Kiu Chinese Products Emporium</td>
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<td>Luan Hing Co.</td>
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<td>Le Kiu Importing Co.</td>
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where the traditional Chinese herbalist/doctor may consult with his patients in private. These consultation rooms are used when the Chinese doctor needs to diagnose a patient's condition through extensive history-taking or traditional diagnostic techniques such as pulsing. However, most consultations between the herbalist and client take place over the counter.

These stores represent the most elaborate organization of traditional Chinese pharmacology. They are important institutions in the practice of Chinese herbalism, but do not dominate this activity.

The herb shops within Chinese grocery stores represent the second category. These are establishments where the selling of food items is the primary business. The herbal business is a specialization in food and plant products and may or may not be run independently from the grocery store. For the store owner, it represents an important source of status and additional income. Since food and herbs are closely linked in Chinese medical philosophy, it is not surprising for this link to establish itself commercially. The field survey revealed eight establishments where herbs were sold in grocery stores. Four of these had full-time herbalists and herbalist aides working in the herb shop. These were complete Chinese pharmacies and comparable, except in size, to the regular Chinese pharmacy as previously discussed. The herb shop in a grocery store took up a small amount of the total store area and was usually located in the rear. They were manned by at least one herbalist or
herbalist aide, who consulted with clients and prepared prescriptions. Commercial transactions were kept separate from the grocery business. In some of the more popular stores, the herbal shop equalled the grocery component in terms of the amount of business. The second type of herbal shop within the grocery store, of which there were three, were qualitatively different from those previously discussed. These did not have a full-time herbalist working at the herb counter and therefore were smaller and less busy than their manned counterparts. These tended to have more pre-packaged medicines. The store owner or employee was available to prepare prescriptions on demand, but they were obviously less experienced and therefore attracted a smaller clientele. The herbal component represented an off-shoot to food sales and was less important to their total business.

The third category where herbs can be purchased is the herb counter within a dry-good import store. There were six stores in total for this group. Two of these had full-time herbalists working the herb counters and were similar to the pharmacies in grocery stores. A dry-good import store usually carried a wide variety of goods from mainland China. While some of these were frequented by Chinese customers, most appealed to the lucrative tourist trade. Their importance as harbingers of traditional Chinese medical knowledge were small compared to the two categories of stores previously discussed.

Four stores had similar displays of pre-packaged Chinese
remedies. While most of the owners of these stores could speak some English, their knowledge of the medicines they sold was limited. This type of marketing appealed to the curious Westerner who could read the English translation of the medicine for themselves. The Chinese clientele for herbs in this type of store was minimal.

2. A Description of a "Typical Chinese Pharmacy"

Traditional Chinese pharmacies, whether large or small, are usually organized on a standard model that is hundreds of years old. Herbal pharmacies made their appearance in China during the Sung Dynasty, 960 - 1276 A.D. (Chen 1925). Before this time, the physician used to collect, prepare and administer his own herbal remedies to his patients. However, as the number of herbs used for their medicinal properties increased, the role of the herbal pharmacist became a specialty in itself separate from the physician who concentrated on diagnosis and treatment. While this specialization is not always rigidly adhered to, the herbal pharmacy remains an important institution in the Chinese medical system, both in China and in Chinese overseas communities. In Vancouver's Chinatown, it plays a key role in maintaining the continuity of this 5,000 year old medical tradition.

I am going to describe the organization of a "typical" herbal dispensary that can be found today in Vancouver's Chinatown. This model herbal dispensary is the same for herbal
pharmacies and herb shops, as I have categorized them. The only significant difference between the two is one of size. I am first going to describe the physical layout of the pharmacy, then describe the activity that takes place there.

As one approaches a Chinese pharmacy, before one can even see the rows and rows of herbs stored neatly in their glass cases and bottles, one is assaulted by the pungent aroma of herbs emanating from the shop. Every herb shop, no matter how large or small is dominated by a long glass counter. It is here where the important interactions between the herbalist and client take place. Inside the glass counter, in clear view to the clients, are where the most prized, expensive or exotic herbs are kept. For example, there are dozens of different varieties and grades of ginseng kept under these glass counters. It is sorted according to country of origin—Korea, Japan, China, the U.S. or Canada and according to size and age, which determines its quality. Also on display in the model shop I have selected are wild ginseng roots which are quite old and selling for between $1,000 and $3,000. These are available for the rich businessman who wants to bring good economic health to his business. Other herbs and medicaments prominently displayed in the glass counters are both whole and sliced reindeer horn, dried deer tails, dried sea horses, dried lizard, various dried insects such as cicadas and caterpillars, gall bladders from various snakes, genitalia from tigers, various stones and minerals, large pieces of wood and so on.
On top of the glass counter is another glass case containing additional rare herbs which are too small to be displayed elsewhere. Examples of these are tiny pearls and small packages of aphrodisiacs.

Behind the glass counter against the wall are rows and rows of unmarked drawers providing the main storage area for the shop's herbs. There are two sizes of drawers commonly employed—a standard size measuring approximately 10" by 8" and a larger size about double the size. The standard drawers are divided into 4 compartments containing 4 herbs used to treat similar symptoms. The herbs are arranged according to the symptom or body part they treat. For example, all herbs used to treat colds are grouped together, as are herbs for rheumatism, herbs for the liver, kidneys or lungs. This physical proximity makes it easier for the herbalist to prepare a herbal prescription for a specific ailment. In all, there are over a hundred of these unmarked drawers.

On the same wall as the drawers, are shelves holding large glass bottles containing the most common herbs in the Chinese materia medica. These are herbs that no traditional Chinese household is without and which the Chinese client would know and recognize. Some examples of these are **Dong-quai** (Angelica sinensis), **Huang-chi** (Astragalus), **Kou-chi-tzu** (Lycii fructus) and **Tang-shen** (Codonopsis). Different sizes and grades of each herb are arranged in ascending order of cost. At the very top of the drawers, out of reach without a ladder, is a whole row
of gallon sized metal containers of ginseng extract.

At one end of the counter, closest to the door, is a cash register. At the opposite end of the counter are the tools and equipment used to prepare the herbs such as a large guillotine-type knife, an electric grinder, an electric scale and a small hot plate. At this far end, on the wall are located shelves containing all the patent medicines. There are several hundred individual patent medicines of all shapes and sizes.

Located around the store are various posters, signs and ritual paraphernalia associated with the herbal business. Some signs advertise specific products from pharmaceutical houses or countries, notably the Korean ginseng industry. Other signs advertise the fact that the herbs found in this store originate from the People's Republic of China and not Hong Kong (though many herbs do come from Hong Kong).

3. Herbal Resources

The size of the total Chinese materia medica is quite large, having over 6,000 items listed in the pharmacopoeia. Although over 2,000 herbs are grown in the PRC for medicinal purposes, the average herbal pharmacy in Chinatown carries about 1,000 herbs in stock. However, only 100 herbs are in common everyday use. These 100 herbs form the basis for the preventative therapeutic system of the Chinese family and are known to those Chinese having some familiarity or experience with their traditional medicine.
Most herbal pharmacies deal directly with an herb trading firm from Hong Kong. Most herbs imported originate from Mainland China. If an herbal pharmacy is able to place a large enough order, then they are able to make an order directly from the PRC. Then if they have any extra stock, they sell this to other smaller herbal shops in the Chinatown area.

4. Personnel of Herbal Shops and Pharmacies

Herbal shops may only employ one person to work behind the herb counter whereas the busier herbal pharmacies may employ up to 8 staff working behind the counter. The types of staff working these stores can be divided into three groups depending on their level of herbal knowledge. The person with the most expertise and training is the herbal doctor who has received professional training in herbalism from a College of Traditional Medicine in the PRC or Hong Kong. There are actually very few herbal doctors who work behind the counter of herbal pharmacies.

A second type of staff person is the herbalist, or more properly the herbal dispensor. This individual, although very knowledgeable about the Chinese herbs and prescriptions, has not received any formal training in Chinese herbalism, but has picked up his knowledge of herbal dispensing through a period of apprenticeship in an herbal pharmacy. Most of the men to be found behind the counters of herb shops and pharmacies fall into this category. In the larger stores, there may be 1 or 2 senior herbalists who have considerable experience and are in
charge of managing the operation of the pharmacy.

A third category of staff person is the herbal assistant. This person has very little herbal knowledge and performs duties such as stocking herbs and preparing herbs for sale under the direct supervision of an herbalist. The assistant may or may not be under an apprenticeship to learn the art of herbal dispensing. This is an informal apprenticeship in which a person can learn herbal dispensing by working in the store as an herbal assistant.

5. Activities of the Herbalist

Since the herbalist is the person most likely to be found working behind the counter of an herbal pharmacy, I shall describe his activities in more detail. The primary responsibility of the herbalist is to manage the retail side of the herbal business. A good herbalist therefore has to have a basic knowledge of the herbs he is dispensing and to be able to effectively deal with a clientele which is itself quite knowledgeable in the Chinese herbal traditions.

The first thing an herbalist must know are the names for all the herbs carried by the store and their locations. Each store arranges the herbs in the drawers according to general categories of therapeutics, although the specific arrangement is up to the senior herbalist in the store. None of the drawers are labeled so the herbalists and their apprentices must learn their arrangement. In some stores, there is a
written key made for the locations of all the herbs. This allows a less experienced herbalist or apprentice to dispense herbs in the absence of the senior herbalist. In other stores, there is no key, so only those herbalists who know the system can dispense herbs. This has the effect of restricting access to the herbs to a select few, thereby enhancing their status and indispensability.

In addition to the location of the herbs, the herbalist must know some basic medical uses for each herb. Although the herbalist does not know the actions of herbs according to the Classical Chinese medical theory, he does know what symptoms each herb can treat. This is an important distinction for the social organization of medical knowledge and one to which we will return. Therefore, since the herbalist lacks the theoretical basis for Chinese herbal therapy, he cannot write an original herbal prescription. In this way, he is like the Western pharmacist who can only fill prescriptions on a doctor's orders. He fills prescriptions that his clients have obtained from herbal doctors or have obtained from another source such as friends, relatives or from a book on Chinese herbal medicine. The herbalist is often asked to give advice for medical conditions and often can recommend a well known prescription for a set of symptoms the client has described to him. In this way he is an important purveyor of medical advice. This consultative role is an important one for the herbalist. The better the advice given, the better his reputation and the busier his
store will be.

The herbalist will also sell and recommend supplies of single herbs to individuals and families who do their own preparations at home. A significant number of transactions are of this type, where the individual knows what he or she wants and the main question is getting the best quality of herb for the best price. In this way the herbalist is like a salesman, spending considerable time with his customers explaining the value and advantages of his particular product over another's. This is especially true in the sale of ginseng, where there are literally dozens of different grades and types of ginseng available.

When a customer orders an herb or prescription, the herbalist must find the herbs from the appropriate drawers and then accurately weight them out. Although some of the larger stores have electronic scales, most weighing of small amounts of herbs is done using a simple but effective Chinese balance beam held in the hand. This scale, imported from Hong Kong consists of an ivory or plastic beam the size of a chopstick marked out in Chinese units of weight and a brass weight suspended by a movable string. A Chinese ounce or liang is equivalent to 31.2 grams. A skilled herbalist can weigh out a number of herbs quite quickly using this method. An herbalist may also use an abacus, as well as being proficient on an electronic calculator.

Often, there is some preparation involved before the herbs
are given to the customer. It is common for roots to be stored whole and sliced up for the customer at the time of purchase. The herbalist will often heat up the root slightly to soften it and then use a huge cleaver which is attached to a chopping block at one end and pivots, allowing for a rapid up and down motion. Again, there is some skill involved in operating this tool and a very fine cut can be made. These more routine tasks not involving direct customer interaction are often done by the herbal assistant. Other duties of the assistant are making up prescriptions under the supervision of the herbalist and maintaining the stocks of herbs in their respective drawers and jars. Extra stores of the herbs are kept in the basement of the store and are used to replenish the pharmacy upstairs. Supplies of herbs, especially those in public view such as the glass jars, are never allowed to decrease and are always kept in a full state.

Stock keeping is an important aspect of the herbal business, since there is such a long lag period involved in ordering herbs from Asia. Therefore the staff have to keep track of the supplies and sales of each herb so that they never run out of a particular herb, which would not be good for the store's reputation.

6. Clientele

Chinese from all social and educational strata buy Chinese herbs, though the "typical" customer is an elderly Chinese
woman who had only a grade school education and who does not speak English. It is often the eldest woman of a household who is responsible for maintaining and purchasing the family's supply of herbs. Whereas grocery shopping is often a daily affair, the purchase of herbs is done more intermittently in response to an illness or decreasing family supplies. Herbal purchases are planned for according to the family's budget as they often involve large and costly amounts. The more common herbs that are used on a more regular basis are bought in larger supply than those herbs that are being purchased for a specific illness that cannot be treated using the herbs available at home. Since herbs are often used preventively in the absence of any specific disease, a large supply of these will be purchased at one time. The amounts of money involved are larger than the average Westerner would spend at one time in a Western pharmacy. Bills for herbs totalling $100 or more are not uncommon. From my interviews with Chinese families, a great deal of value is placed on these herbs and budgeted for even in families with limited incomes.

One family will often deal with a single pharmacy that they have established a relationship with. The business relationship is an important one in China and once this is established a specific set of obligations are brought into play and respected by both parties. The element of trust and respect is basic in the area of medical herbs where the family's health and a great deal of money is at stake.
7. Herbalist-Client Interactions

The purchase of herbs or a prescription is an important social ritual. Even if the purchase is a straightforward one in which the client knows exactly what they want, there will be considerable discussion regarding the quality and value of the particular grade of herb selected. Discussion centers around the merits of one grade over another, which grade represents the best value and the efficacy of a particular herb to treat or prevent a specific condition. A great emphasis is placed on explaining and verifying for the client the virtues of the Chinese herb. A transaction of this type is lengthy compared to Western standards and averages about a half an hour. The herbalist takes great pains to answer his client's questions and to make sure that the client leaves his store both satisfied and confident in the herbs purchased and the herbalist and pharmacy where they were purchased. The transaction is intense with a great deal of communication taking place between the two parties. It often takes on a very theatrical and ritualized air, as the herbalist talks rapidly and gesticulates with his hands and body before a counter full of herbs and an attentive customer. A great deal of trust and faith is generated in the course of such a transaction. At a meta-communicative level, what gets reaffirmed at every transaction is the validity and efficacy of the entire traditional Chinese medical system.

The herbalist takes great pains to please his customer. Specially valued customers are offered a cup of ginseng tea.
which is always brewing in the corner of the busy store. Children of customers are acknowledged and often treated with some Chinese candy delicacy. The transaction is not solely a business one but a social one as well. Discussion of personal matters forms an important element in maintaining the social bond between customer and herbalist. This recalls the special form of business relationship known as kan ch'ing which was virtually an institution in traditional China (Young 1974). A business relationship once established was considered a sacred trust which took on more the character of a close friendship than a commercial transaction.

If a customer is unsure of what remedy to get, they will seek the trusted advice of the herbalist. On the basis of his experience and self-education, a good herbalist can build up a wide clientele for himself and his store. If people are pleased with his manner and advice, he will develop a positive reputation throughout the entire community by word of mouth. Similarly for an herbal doctor, people are not so much concerned with credentials as they are with the reputation he has built up in the community. An herbalist always has to be careful that what he advises is accurate as some customers who are familiar with the Chinese herbal medical system will "test" the knowledge of the herbalist. Often a customer who is knowledgeable of the actions of herbs will ask questions of the herbalist as a means of evaluating the herbalist's competency. Thus there exists an informal regulatory system against incompetent
herbal practitioners.

After the herbs for purchase are selected, the herbalist must fill the order efficiently. This involves weighing out the herbs, making any preparations necessary such as cutting and slicing and then wrapping the herbs up in a large sheet of newsprint-grade paper.

8. **Chinese Medicine, Herbs and Prescriptions**

In order to understand Chinese herbalism, it is necessary to introduce some fundamental concepts of Chinese medicine. All of Chinese medicine is based on a naturalistic philosophy. This view of the world is known as the *yin/yang* doctrine. The universe is thought to be the result of the interaction between these two basic principles: *yin* and *yang*. *Yang* represents the creative, warmth, light, exterior and male aspect of all phenomena. The *yin* represents the receptive, cold, dark, and feminine aspect of all things. *Yin* and *yang* represent idealized states. Neither can exist alone. There is always some *yin* to balance the *yang*, and *yang* where *yin* predominates. Together they are antagonistic and complementary forces. Each is constantly changing and transforming its state into the other.

Peace and harmony in society and health in the mind and body resulted when there was a balance between these two principles. Imbalance between these two forces resulted in disorder at the level of society and disease at the level of the body. The healthy body is considered to be constantly changing
between yin and yang states. The traditional Chinese doctor encourages change in his patient but avoids extremes. Any time the body became extremely yin or yang, disease is thought to result. The goal of Chinese medicine is to prevent illness through the regulation of energy between these two extreme conditions.

The Chinese word for this energy is ch'i. Ch'i or vital force is considered to be the creative principle behind all phenomena. It is considered to be the ultimate cause and at the same time the ultimate effect. When ch'i animates form, this is considered to be life. When ch'i separates and withdraws from form this is called death. Health results when ch'i flows unrestricted in the body. A proper balance and distribution of ch'i is believed to increase the body's resistance to disease. Illness results when the ch'i circulation is blocked or when an organ suffers from an excess or insufficient amount of ch'i.

When food and other substances such as herbs are consumed and digested, they are transformed into vital ch'i energy and becomes either a cold yin force or a hot yang force in the body. The yang force is thought to circulate on the outside of the body and to protect it from external infiltrations such as cold, damp winds carrying disease. The yin force is thought to circulate invisibly on the inside of the body and to store the vital strength of the organism.

Imbalances in these two forces results in disease which
can be corrected through eating the appropriate "hot" or "cold" foods or by drinking the appropriate "hot" or "cold" herbal tea. The "hot" and "cold" refer to a symbolic system of associations which is related to but not identical with the yin/yang polarity. Whereas the yin/yang system tends to be restricted to more formal medical discourse, the hot/cold system is known to everyone. It serves as the key conceptual model in Chinese folk medicine (Gould-Martin 1978; Ahern 1975; Anderson and Anderson 1975). Using this system, the average Chinese person is able to recognize and treat imbalances in the body's harmony. Hot and cold do not strictly refer to temperature but to a wider set of both symbolic and physical properties. Hot and cold are most commonly used to refer to the properties and characteristics of food, herbs and disease states. In general, things which are described as being hot tend to be stimulating, nourishing and warming to the body. Things that are cold are relaxing, soothing and cooling to the body. This model of human functioning serves as the basis for herbal therapy. The specific needs of the individual body are determined by a number of factors including constitutional differences, age, sex, geographic location and season. I will provide further examples of this system in operation in a following chapter on family-based health care.

Chinese medicine is concerned with treatment of the whole body. Symptoms are treated as a whole and not separately. Treatment is given on the basis of a disease and not merely the
alleviation of symptoms. Chinese medicine is oriented towards the prevention of disease through careful adjustments using both food and herbs. Food and herbs are considered to be complementary and often used in conjunction for the prevention and the treatment of disease.

(a) **Chinese Herbs**

The use of herbs in China predated the origins of agriculture. The first evidence of herbal use is over 5,000 years ago during the life of the legendary emperor Shen Nung. Shen Nung is the patron saint of agriculture in China. He is considered to be the inventor of the plough, the proper use of seed and soil, and discoverer of the medicinal properties of herbs. He is said to be the author of the Original Herbal (Pen T'sao) which was first published in 100 B.C. This original herbal contained 365 drugs of vegetable, animal and mineral origin. A later version which was published in 1596 was written by the great naturalist Li Shih-chen and contained over 2,000 herbs used for medicinal purposes. Today, 2,000 herbs are cultivated in the PRC for medicinal use. While the majority of Chinese herbs are from vegetable sources, they also include animal and mineral material.

Traditionally, all herbs are classified into three categories. Upper class or superior herbs are non-toxic and can be used on a daily basis to treat and prevent disease. They are often self-prescribed and known to most
Chinese laymen. The middle class of herbs are considered to be tonics with effects of a mild but therapeutic nature. They are used less frequently than superior herbs. The lower or inferior class of herbs are thought to be toxic and poisonous (tu). They are dangerous and to be prescribed by a doctor for the treatment of a severe disease that other methods have failed to treat.

The collecting, processing and storage of herbs is thought to affect the quality and potency of an herb. The Chinese have developed the planting, harvesting and processing of herbs into a fine art. The potency of herbs is thought to depend on several factors. The first is the species. Many plants have several types of species, which may vary in their content of active medicinal ingredients. For example, there are at least three distinct species of ginseng which vary in their reputed strength and biochemical constituents (Veninga 1974). All Chinese herbs are grown in China under carefully controlled conditions to maximize their therapeutic effect. Growing location and climatic conditions will also affect a plant's potency. Another factor taken into account by the Chinese is the time of harvest since different parts mature at different times. The parts of plants used include the roots, rhizomes, stems, leaves, fruits and flowers. Proper processing is thought to increase the efficacy of an herb. The Chinese clean, sort, wash, purify and dry all their
medicinal herbs. They have developed an elaborate method of sun and shade drying and steaming to preserve the beneficial qualities of an herb and to remove or lower any drug toxicity in the plant. This elaborate preparation ensures that Chinese herbs are unique in their medicinal properties. No other country has developed such an intensive system of preparation. Therefore, no herb grown anywhere in the world is equivalent to a Chinese herb grown and prepared in China. The Chinese in the PRC have developed an intensive herbal industry to supply the needs of their domestic and overseas market.

(b) Prescriptions

Although some herbs such as ginseng are taken alone, most herbs are taken in combination with others. Mixtures or prescriptions are preferred because single herbs are thought to have either too strong or direct an action on the body. A prescription will also produce a set of effects that no single herb can provide. An appropriately combined herbal formula is considered to be essential for the treatment of chronic ailments where many organ systems are involved. The design of an effective prescription is a subtle art developed by the Chinese herbal doctor after many years of training and experience.

There are many types of prescriptions in Chinese medicine. The most difficult to design is the individual prescription based on a careful reading of a person's
symptoms and complaints. The Chinese doctor designs a formula unique to that individual to eliminate the cause of the disease and, as a consequence, the alleviation of the symptoms. Other prescriptions are passed along a family's descendents. They are kept in a family prescription book and are shared with no one outside the family. A family can produce a lineage of famous doctors by passing down secret prescriptions. A more common type of prescription are those that have been tried and tested over hundreds and thousands of years of use. They are published in books of herbal prescriptions and available for everyone to use. Herbalists and families will often employ these established prescriptions. These established prescriptions are used to treat common ailments such as colds, stomach upset and rheumatism. Every prescription contains four classes of herbs which perform different functions in the formula. The primary herb is called the chun or king herb. It is the major component of the prescription and deals directly with the major problem that the formula is used for. There are three secondary herbs which complement and enhance the action of the primary herb. They are also used to add additional effects not produced by the primary herb. The chen or minister herb is a subsidiary herb added to the formula to increase or enhance the action of the king herb. The tso or assistant herb is used to either decrease any possible
side effects of the king herb or to limit the action of the king herb, if it is a strong toxic herb. The shih or servant herb is added for its soothing effect on the system. It makes the prescription easier to take and helps relax the intestines so that the herbal properties are better assimilated.

The Chinese herbal doctor must have a comprehensive understanding of the nature of an herb as defined by Chinese medicine. The nature of an herb is defined in terms of its energy, flavour, tendencies, functions and affinity for organ meridians (Lu 1977). All herbs are classified according to their "atmospheric" energy: hot, warm, cool and cold. These are the symbolic qualities which are ascribed to both food and herbs. This is the only aspect of herbal properties that lay people are familiar with. There are five flavours of herbs which correspond to the wu-hsing or five energy phase theory. The wu-hsing forms the theoretical basis for classical Chinese medicine and was first elaborated in the Nei Ching or Yellow Emperor's Classic of Internal Medicine (Veith 1966) which is estimated to be between three and four thousand years old. The wu-hsing represents five basic types of energy transformations and is named for the five basic elements: fire, earth, metal, water and wood. These elements are symbolically related to bodily functions, organs, herbal flavours, acupuncture meridians, emotions
and many external influences on the body (Porkert 1974; Connelly 1979). The five flavours of herbs are acrid, sweet, sour, bitter and salty. These flavours define an herb's medicinal actions on the body's physiology.

The Chinese system of herbal classification is highly complex and requires considerable skill to utilize it. A skilled herbal doctor will use the combined action of several herbs to effect a complete cure of the basic imbalances in his patient. An herbal doctor will closely monitor the treatment of the patient. He will evaluate the results of the prescription and alter ingredients and dosages accordingly. If a case is difficult, he will give the patient a small dose to first establish if it is appropriate. As I shall discuss in the next chapter, the role of herbal doctors in Vancouver's Chinatown is minimal, since his status has not been legitimated by either legal or medical authorities.

If an herbalist or lay person wants to check on the action of a particular herb, a Pen-tsao (Herbal) is consulted. There are many editions available in Chinese which are printed in Hong Kong, Taiwan or the PRC. Several English versions are available which proved indispensable to my research. The classic reference is the translation of Li Shih-chen's Pen-tsao by Smith and Stuart (Li 1973). The most authoritative contemporary text is the detailed herbal section in the Barefoot

9. Some Examples of Common Chinese Herbs

In this section, I would like to discuss the most commonly used herbs in Chinese medicine. The herbs chosen are all used by the Chinese families in my sample. Most of these herbs fall into the category of energy tonics which are used to build up bodily energy and resistance and to treat illnesses. According to an herbalist, a wide variety of tonics are available and used according to the specific characteristics and needs of the person using them. These variables include the person's age, sex, bodily temperament and specific physiological problem and the geographic location and season. Ginseng is the most widely used tonic herb in Chinese medicine. However, since entire books have been devoted to this herb (Fulder 1980; Veninga 1974) I shall discuss the lesser known but equally important herbs in Chinese medicine. In my discussion of each herb, I will include both folk knowledge and the classical-professional description for the use and action of each herb.
(a) **Dong-Quai/Tang-Kuei (Cantonese): Angelica Sinensis**

_**Dong quai** is renowned in Chinese medicine for its affinity for the female constitution. It is considered to be the best female tonic available to Chinese women. It is used by many Chinese women in Vancouver and was kept in all the homes I visited. The Chinese women believed that _**Dong-quai** builds good blood and is useful following childbirth and after menstruation. The women are thought to have less blood than men, they need a tonic to help increase their blood supply. _**Dong-quai** is an important ingredient in the soup given to mothers after a birth.

In the *Pen T'sao* (Li 1973) _**Dong-quai** is considered to be yang, hot and good for the blood and circulation. It is primarily for female complaints but is also used to treat the pains of arthritis and heart problems since it has analgesic and circulation stimulating properties. _**Dong-quai** is highly valued as a remedy for building blood, nourishing the female glands, regulating monthly periods, and correcting menopausal symptoms. It is never given to a woman during pregnancy as this would counteract the _yin_ state the expectant mother is in. However, it is used after childbirth to restore the woman from the highly _yin_ state of pregnancy back to a more balanced state. Chinese herbalists use it as an emmenagogue to dissolve blood clots and to help expel an afterbirth that has failed to
Dong-quai is the root of the plant Angelica sinensis which has quite different properties from the American and European Angelica archangelica. Recent pharmacological studies (Keys 1976; Li 1974) have shown it to contain substances which account for its reported effects. It has been found to promote excitation and contraction of the smooth muscle of the bladder, intestines and especially the uterus (Keys 1976:197). Dong-quai has been found to contain Vitamin E which is beneficial for the circulation and a coumarin substance which is an anti-coagulant (Li 1974). It also contains various hormone-like substances which could help to regulate hormonal balance of the menstrual cycle.

(b) Tang-Shen (Fang-Tang in Cantonese): Codonopsis Tangshen

Tang-shen is a root plant which contains similar constituents to ginseng (Keys 1976). It could be considered to be a poor man's ginseng since it has similar properties but is one third the strength and costs considerably less. It is thought to be milder and safer and can be used by both men and women over a long period of time and on a daily basis. My informants told me it was good for healthy people to increase their bodily energy and to make them less prone to illness. It is kept in the homes of many Chinese families and is an important ingre-
dient in an "energy soup" which is made with chicken or pig's feet. A family would take this soup with their regular meal and consider it as a normal, everyday way of keeping healthy.

Tang-shen is used by Chinese families for the self-treatment of sore throats, to increase the circulation and to make one's complexion healthier. Tang-shen is prominently displayed in the Chinese herbal pharmacies and is one of the most commonly purchased Chinese herbs by families.

In Chinese medicine, Codonopsis is thought to enter the spleen and lung meridians and to strengthen the spleen and stomach (Barefoot Doctor's Manual; Hunan 1977). It is used in combination with Astragalus to increase energy and resistance to disease. It is used therapeutically to treat all diseases associated with weakness, debility and anemia including diabetes, enteritis, infection, inflammation, hyperacidity and weak digestion. Recent research in the PRC has shown it to dilate blood vessels, balance blood pressure, increase red blood cells and to decrease infection. (Hunan 1977.)

(c) Huang-Chi (Pak-Chi in Cantonese): Astragalus Hoangtchy

This herb is a sliced stem of a tree and is almost always used in combination with Tang-shen. It is an energy tonic used for general weakness and to increase
vigor in both healthy people and those recovering from any illness. One older woman told me that it was used to preserve \( \text{chi} \) and was taken by women who were thought to be weak. Another informant told me it was used for voice problems and shortness of breath which collaborates with the idea of preserving air. An herbalist said that it is given to people after an operation in a soup made with fish or lean pork, and was thought to make incisions heal faster.

According to Chinese medicine, it enters the spleen and lung meridians. Its energy is warm and its flavour sweet. Astragalus is considered to be a superior herb and useful for any weakness or illness.

(d) Hung-Tsao: Zizyphus Jujuba

This herb is commonly referred to as Chinese date and is a common cooking ingredient as well as being used in herbal prescriptions. It is another ingredient of the "energy soup." Since it is a fruit, it is also eaten by itself as a treat. Chinese families like to use it because "it is good for the blood." Many Chinese families have this herb in their homes. In Chinese medicine, it is considered to be a superior herb and a nutrient tonic which strengthens the spleen and stomach. It is used to treat a variety of ailments including colds, diarrhea, dysentery, insomnia and neurasthenia.
(e) Kou-Chi-Tsu (Kai-Tzi in Cantonese): Lycium Chinense

This is a small red seed from an evergreen shrub. It is another common herb kept by many families. One family told me that it is "good for the eyes and good for the circulation." This is also an ingredient in the energy soup.

In Chinese medicine, it is another superior herb and used as a nutrient tonic. It is considered to be yin and therefore a cooling herb. This cooling property is used by Chinese doctors to reduce fevers and to remove toxins from the blood by nourishing the liver and kidney. It is also used to treat a variety of eye problems including vertigo, dark vision and excessive watering of the eyes.

(f) Chuan-Ching: Ligusticum Wallichii

This herb from the stalk of an evergreen tree is thought to get rid of air in the head and is used for headaches by Chinese families. It is used in Chinese medicine for anxiety, as a pain killer and for a variety of menstrual irregularities. It is thought to be good for the blood in treating anemia, especially in women. It has been found to reduce blood pressure, control central nervous system activity and to have an anti-bacterial action.

(g) Shen-Chiang: Zingiber Officiale

Fresh ginger root is one of the most common ingredients in Chinese cooking. It is considered to be a hot
and acrid herb. Zingiber is used to warm up the middle region of the body; to remove cold; to restore yang energy; and to facilitate energy flow in the body. It is used to treat a variety of cold illnesses including stomach cramps and indigestion; to restore circulation to cold limbs and to treat rheumatism caused by cold damp winds. It is often served with meats because it is thought to help detoxify the meat in the intestines.

(h) Lu-Jung: Cervus Sika or Pantui

This is the sliced horn from the antlers of the spotted deer. It is very expensive and prepared with chicken in a traditional clay boiler. My informants told me it is used to fatten people up and improve their blood supply. In Chinese culture, a robust figure is considered a sign of health. It is used as a tonic to improve vitality. Lu-jung is given to pale, anemic people "to pump them up with blood if they have too little blood." It is used most often in the winter time when people are thought to be under additional stress due to the cold. Lu-jung is thought to be hot and to counteract the effects of the cold. It is given to women if they are cold in general or their feet are cold. It is also used by women during pregnancy to build blood.

Traditionally, it is used by Chinese doctors as a general tonic in debility and old age and to treat impaired vision and hearing, uterine hemorrhage and sperma-
torrhea among other diseases.

The Russians, who have a great interest in Chinese herbs, have begun to test the effects of pantui and found it to contain a substance which has remarkable anti-fatigue properties (Fulder 1980).

(i) Deer Tail

This is a highly specialized medicine which costs $40 per tail. The tail is dried when bought and made into a soup with chicken. It is considered to be good for back and spinal ailments and used mostly by older people. A person would drink the soup made from the deer tail once a year. It is also a very potent male drug. It is considered to be extremely yang and therefore effective in increasing men's sexual abilities.

(j) Tung-Chung-Ts'ao: Cordyceps Sinensis

This is a strange drug. It is the fungus which grows on the pupa of a particular caterpillar in China. The Chinese refer to it as a plant in the summer and an insect in the winter. The Chinese name translates as 'cold worm grass. It is a very expensive herb. Chinese use it as a tonifier and to improve the complexion. It is considered to be especially valuable for the kidneys and diseases associated with the lower half of the body. Chinese herbalists use it to treat excessive night urination. It is cooked into a soup and often prepared with abalone or duck, which are considered to be precious meats.
In this chapter I have discussed the institutional setting where Chinese herbs are bought and sold and provided a brief introduction to the system of Chinese herbal medicine. The herbal pharmacies serve an important function by making available imported Chinese herbs to their Chinese clientele. Certainly, it would be extremely difficult to use Chinese herbs if they were not readily available. However, the pharmacies would not survive if there was not a demand for their products. Thus the integrity of the practice of Chinese herbalism rests on those who are knowledgeable of the system and continue to use it. In this next chapter, I will look at this larger question of who in the Chinese community retains traditional beliefs and practices of Chinese herbalism.
III. THE SOCIAL ORGANIZATION OF TRADITIONAL CHINESE MEDICAL KNOWLEDGE

In reviewing the data on the sources of knowledge of traditional Chinese herbal medicine in Vancouver's Chinatown, one is impressed by the fact that it is not restricted to the few practicing herbal doctors. Instead of being restricted to a select few, there appears to be a familiarity with Chinese medicine throughout most of the community. Herbalists dispensing herbs in herbal pharmacies appear to have a great deal of knowledge of Chinese herbal medicine, in spite of never having to go to a school to learn it. On first examination of the data, one is impressed by the degree of penetration of traditional medical knowledge in the Chinese community. However, if one is to look at the data in more depth, one notices that the medical knowledge of the herbalist is not the same as the herbal doctor's or the female head of a household. In order to distinguish the different levels of medical knowledge and practice in Vancouver's Chinese community, I would like to draw on a structural model proposed by Kleinman (1980) to differentiate between the different sectors in a local health care system.

Kleinman (1975, 1980), in a series of publications, has developed a tripartite model of a local health care system for the post-traditional or modernizing society of contemporary Taiwan where traditional forms of Chinese medicine coexist alongside modern biomedicine. This model is useful in analyz-
ing the total range of medical alternatives available in any complex society such as that found in North America or Asia. The evidence from the medical anthropological literature suggests that there are distinct medical systems co-existing alongside the prevailing and dominant medical system in most societies. This is especially true in the case of the Chinese, who have a longstanding medical tradition of their own.

Kleinman's model is a general one that is applicable to any complex society and is particularly useful in looking at the local health care system of the Chinese in Vancouver. Kleinman (1980) identifies any local health care system as comprising of three overlapping sources of medical care: the professional, folk and popular sectors. Each sector represents a specific medical ideology and defines a systematic way of dealing with episodes of disease and illness.

1. The Professional Sector of the Local Chinese Health Care System

The professional sector in the model represents the organized and socially legitimated healing professions. In most societies this is Western biomedicine along with its allied health professions such as nursing, pharmacy, dentistry and so on. For the most part, biomedicine is the dominant source of specialized medical care. Its practitioners are socially and legally sanctioned to practice their medical art through their membership in a professional medical society. Professional membership is strictly controlled by specialized
schooling, board examinations and licensing requirements. Thus admittance to the medical profession is restricted and the profession itself is self-regulating.

In many post-traditional societies, such as China, Japan and India, there are also professionalized indigenous medical systems existing alongside the Western biomedicine. In China, a professionalized form of "traditional Chinese medicine" developed which we shall refer to as classical-professional Chinese medicine, after Lee (1980).

Classical-professional Chinese medicine represented the "great" tradition of medical theory and practice. The important theoretical achievements in Chinese medicine, including the yin-yang theory of balance, the wu-hsing (or Five Phase Theory), the ching-lo or meridians, the concept of ch'i (vital essence) are the results of the efforts of classical Chinese medical scholars. The uses for thousands of medicinal herbs was recorded by these scholars in pharmacology text-books known as the Pen-Tsao.

In classical China, this medical tradition was regulated by the state through a strict system of examinations so that it can be considered a profession as we define it. To gain admission to this profession, the prospective physician had to be a member of the elite literate class. Students had to read and write Chinese and study the classics of Chinese literature as a prerequisite for medical studies. Colleges of classical Chinese medicine were established in China where they learned
the diagnostic and therapeutic skills to become doctors of classical Chinese medicine. These schools continue to teach Chinese in the People's Republic of China (PRC), Hong Kong and Taiwan.

Thus, a professional class of Chinese classical physicians existed in China and continues to practice in the PRC, Hong Kong, Taiwan and overseas Chinese communities. In Vancouver, the Western trained MD physicians dominate the professional sector of the local Chinese health care system. There are a handful of classically trained Chinese physicians practicing in Vancouver. However, they lack the professional recognition their counterparts are afforded in the PRC. No professional organization like those in Hong Kong and Taiwan exist in Canada. We shall discuss both the Western and classical Chinese physicians, in turn, with respect to their role in the local Chinese health care system.

Western trained Chinese MDs represent the dominant source of professional health care to the vast majority of Chinese in Vancouver. Although the Chinese in B.C. were once excluded from the profession of medicine,* there are now a large number of Chinese physicians who see many patients of Chinese origin. For serious illness, most Chinese will consult with a

* B.C. once prohibited the Chinese from licensure in both law and medicine until the 1930's. Even if a Chinese overcame the barriers of language and discrimination, they were restricted access to these professions.
MD of either Chinese or non-Chinese origin. Johnson's (1974) study revealed that from a sample of 339 Chinese persons, 70% had consulted with a Chinese MD and another 25% consulted with a non-Chinese MD in a period of six months before the survey. Thus, from this sample, 95% had consulted with an MD and only 5% had admitted to seeing a traditional classically trained Chinese physician. As we shall see, this does not mean that the local population of Chinese in Vancouver do not utilize traditional Chinese medicine but that in seeking professional care for a serious matter, the first person consulted is an MD. This is not surprising since MDs are socially and legally sanctioned. They are highly educated professionals following a modern and scientific approach to medicine. Secondly, the Chinese population as a whole in Vancouver is becoming more educated and Westernized. Thirdly, MDs are covered by the government health plan which is free to many low income Chinese.

Most Chinese MDs with whom I spoke have a very negative view of traditional Chinese herbal medicine. The prevailing attitude among the Chinese MDs interviewed was a carefully guarded scientific conservatism which questioned the efficacy of Chinese herbs. There was a tendency to view Chinese herbal medicine as unscientific and based on superstition. This view appears to be based on an ignorance of the theoretical basis of Chinese medicine or any direct experience with the use of Chinese herbal prescriptions. This association between belief and experience with the traditional medical system held through-
out all my interviews with Chinese persons, regardless of their level of education and degree of Westernization. That is, those who had a direct experience with the efficacy of Chinese remedies were more able to integrate Chinese medicine into their world-view. It is also interesting to observe that other non-MD Chinese health professionals were more likely to have had some experience with Chinese medicine and to have accepted it into their biomedical orientation.

One Chinese MD admitted that there "may" be an active ingredient in Chinese herbs, but that they are present in such minute quantities that the "pure effects" of herbs get lost among all the other ingredients. He claimed that Chinese medicines have to be analyzed scientifically for their efficacious ingredients. Then the "active" ingredients have to be extracted and prepared in a concentrated form such as pills. This view goes against the very grain of traditional Chinese medical thought and the latest scientific evaluation of Chinese herbs. Fulder (1980), a pharmacologist, concludes that there is no single active ingredient to explain the reported actions of Chinese herbs such as ginseng.

This doctor also questioned the quality control involved in the preparation of Chinese herbal pharmaceuticals prepared in the PRC. There have been cases of poor quality control of patent Chinese medicines (McDowell 1982). He was, in general, quite suspicious about the efficacy of Chinese herbs. He felt that a lot of Chinese medicine is the result of superstitious
folklore. For example, he thinks that taking herbal medicines internally for broken bones and sprains is fallacious. He cannot accept the possibility that herbs taken internally can work for "what is obviously an external problem." In fact, the Chinese treatment for broken bones is a combination of herbs taken internally to encourage healing and the external application of herbal poultice.

This doctor, however, did believe that there may be some theoretical basis for the success of acupuncture therapy, although he did not practice it himself. This view is not surprising, since acupuncture has more or less been accepted by the North American medical community as having some validity and a place in the practice of Western medicine. In general, this physician held a negative view of Chinese medicine, but had little knowledge of either the practical or theoretical aspects of Chinese medicine.

Interviews with other Chinese health professionals revealed a more conciliatory attitude towards Chinese herbalism. The two most favourable responses came from Chinese pharmacists trained in Western pharmacy. One pharmacist who turned out to be a key informant, was the owner of a rather unique pharmacy in Chinatown. This pharmacist (DL) runs a very successful Western pharmacy in Chinatown. Most of his clients are Chinese who prefer dealing with a Chinese-speaking pharmacist. He also rents out space to a Chinese herbal doctor who runs a Chinese herbal pharmacy in one corner of his store. In this pharmacy
at least, East meets West.

DL is also an active promoter of Chinese herbs, particularly ginseng. This is not surprising since he is a direct importer of Korean ginseng which he sells on a retail level through the Chinese herbal doctor and wholesale, directly to purchasers of large quantities. DL is quite knowledgeable of traditional Chinese medicine despite his Western scientific orientation. DL has held an exhibition at his store on "Traditional Chinese Herbal Medicine" and always has a booth at the Pacific National Exhibition in Vancouver, promoting his ginseng products. Thus there is a commercial motivation behind his interest in Chinese herbal medicine, as well as a genuine interest to educate the public about the system of Chinese herbalism.

Yet DL is equally comfortable with both medical systems; a good example of Chinese pragmatism. He says with reference to Chinese and Western medicine that, "I have one foot in each, one is Chinese and one is Western." DL sees both systems of medicine as complementary. Each system has its merits and successes. Chinese medicine, he says, is most suited for the treatment of functional ailments having to do with the smooth functioning of the internal organs. Chinese medicine is particularly efficacious for the internal treatment of disorders such as coughs, colds, arthritis, kidney and liver disorders. DL himself testified that he had been plagued for years with lower back pain for which he tried many Western
treatments with no success. However, his ailment cleared up never to return after one course of treatment with a Chinese herbal remedy.

Another Western-trained Chinese pharmacist, (LL) spoke quite highly of the efficacy of Chinese herbs. He explained to me the differences between the development of Chinese and Western pharmaceutical medicine. Herbal medicine developed in China because the Chinese were an agricultural society living very close to plants. The medicine they needed was a simple one which was readily accessible to the population, who were mostly peasants. Chinese medicine developed through a trial and error system. Thus toxicity was slowly eliminated from the medical system over thousands of years, resulting in a safe yet effective natural healing system.

By contrast, Western pharmacology evolved from European alchemy which mainly concerned itself with refining extractions of plant essences. The early alchemists believed that every substance had an "essence" which was responsible for its special properties. Therefore, plants having medicinal qualities could be made more potent by extracting the essence from the plant material. Thus the science of pharmacology was born and the endless pursuit for "active ingredients."

This pharmacist was quite familiar with scientific studies done on ginseng proving its efficacy and claims based on folklore. LL, having been trained in a Western science, has used this perspective to evaluate the scientific basis of
traditional Chinese herbalism and he concludes that there is a rational basis for its efficacy.

Other Chinese health professionals that I interviewed such as social workers and nurses, were more familiar with the traditional Chinese system of medicine. Similarly, the female medical doctors I interviewed were exposed to Chinese herbs through their mothers and grandmothers and generally had a more favourable evaluation of this system than their male counterparts.

I asked my lay informants whether their MD physicians ever recommended they try Chinese medicine. While none did so directly, one informant did report that her female Chinese MD did recommend she try "some soup and bones," referring to traditional Chinese herbal remedies. Another female Chinese MD I interviewed had a favourable opinion of the herb soup given to post-partum Chinese mothers, although she felt it was unnecessary to take this in addition to the Western drugs administered in the hospital. Thus it appears that female Chinese health professionals are more receptive to the possible benefits of Chinese herbal medicine than their male counterparts.

In Vancouver's Chinatown, there are only five or six doctors of classical-professional Chinese medicine who have formal training from the PRC or Hong Kong. Thus they are considered to fall into the professional sector of the local Chinese health care system, although they do not have profes-
sional recognition for their medical training in Canada. Their status is therefore an ambiguous one. They cannot openly practice or advertise their profession as their counterparts in Hong Kong or the PRC can. Some practice a more restricted form of classical Chinese medicine, while others have become more involved in the merchandising of herbs rather than medical care. In Canada it is illegal to diagnose and treat a disease without a medical license. Acupuncturists and Chinese herbal doctors do, in fact, diagnose and treat disease according to classical Chinese medical theory, although this is done surreptitiously and under risk of prosecution for practicing medicine without a license. Several acupuncturists have been charged in the past several years. To my knowledge, no herbalists have ever been charged. This may be because acupuncture has come under the jurisdiction of the various medical associations. The practice of acupuncture in B.C. by anyone other than a physician or not under his direct supervision is illegal. This has resulted in the situation where an acupuncturist from China with years of training and experience cannot practice acupuncture legally, whereas a physician who has taken a weekend course can. Chinese herbal doctors are not so likely to be prosecuted by the College of Physicians and Surgeons because the MDs do not have any interest in using Chinese herbs. They also consider Chinese herbs to be indigenous foodstuffs rather than medicines.

The herbal doctors are an unorganized group and do not
have the same status and recognition as they had in Asia. A few of the Chinese herbal doctors work behind the counter of herbal pharmacies which they may or may not own themselves. Here, they spend most of their time consulting with customers about their health problems over the counter, much as an herbalist would. However, since they are fully trained in Chinese diagnosis and treatment, they are able to give more cogent advice and write prescriptions for their customers. Otherwise, they sell and dispense herbs just as the lesser trained herbalists do.

They are available for a more in-depth consultation and will, on occasion, do so in a back room of the pharmacy reserved for this purpose. It is here that the doctor performs the traditional Chinese diagnosis. Traditional Chinese medical diagnosis is referred to as the four methods of diagnosis since it involves four separate procedures: questioning the patient about their illness and lifestyle; viewing the patient, especially the face and tongue; smelling the patient's body odor and urine; and touching the patient by taking the twelve pulses on both wrists. The doctor may employ one or more of these traditional diagnostic techniques. Pulse diagnosis is considered to be a highly sophisticated and accurate method of determining the patient's internal state and requires many years of training and practice to become proficient at this method.

In Portland, Oregon, there is a Chinese herbal doctor who
does pulse diagnosis to customers in the front of his herbal pharmacy. After taking the customer's pulse, he writes a prescription for the condition he has just diagnosed. His assistant then makes out the prescription. The customer doesn't pay for the diagnosis, just the prescription. There is no herbal doctor practicing so openly in Vancouver. If one wants their pulse taken, this is done in the back room out of view of the busy pharmacy. Traditionally, a Chinese doctor is not paid for a consultation. While this is part of the Chinese tradition, it also serves the purpose of making their activity less illegal by not accepting payment for a medical diagnosis.

Often the Chinese doctor is paid unofficially through a ritual transaction by an appreciative patient. The Chinese doctor is given a red packet containing money which is considered to be "good luck money." This money is given freely by the patient out of consideration for the honourable service performed by the doctor. Otherwise, there is no additional payment as the consultation fee is built into the price of the prescription. In the case of an herbal doctor working for an herbal pharmacy, he is paid a salary by the store owners and his customers expect free consultation unless a special session is arranged.

All the herbal doctors in Vancouver have emigrated from either Hong Kong or the PRC, where they have received their training. Some Chinese doctors who have recently immigrated to Canada have not been able to integrate into the local tradi-
tional Chinese medical system in Chinatown. Instead they work in the standard immigrant occupations such as low paid restaurant help. Others, who come with money, are able to start up their own herbal pharmacy in Chinatown and can become quite successful as herbal merchants. Despite their success, these doctors complain about the lack of professional Chinese medicine in Canada. One herbal doctor who now owns his own pharmacy, complains about the lack of opportunity for a Chinese doctor in Canada: "Here, I'm just a health food merchant" (McDowell 1982).

This doctor (GC) has an office in the back of his herbal pharmacy. Here he runs his herbal business and sees the occasional client for a consultation. The office is open to the rest of the store. The walls are covered with his medical degrees from China and his membership in various professional associations to which he belongs. For his patients, he performs traditional medical diagnosis such as pulse taking. Since he speaks English, he occasionally sees a Western patient; one of the few Chinese doctors to do so.

Another herbal doctor also runs his own herb pharmacy. He is in his sixties. He trained in China for four years and has been involved in Chinese medicine since he was 21. He has over 40 years of experience and has practiced in mainland China, Hong Kong and Cuba before coming to Vancouver.

Other herbal doctors work independently from the herbal pharmacies. They usually work out of their homes or from
various social gathering spots such as the Chinese Benevolent Associations. They rely on clients through word of their reputation or through discrete advertisements placed in one of the Chinese weeklies published in Vancouver.

Other practitioners of classical-professional Chinese herbal medicine are teachers of kung-fu, a respected Chinese martial art known as Chinese boxing. WH is one such teacher and has an extensive knowledge of Chinese herbal medicine. He is one of the foremost kung-fu masters in Vancouver. He is a practitioner of Tieh-ta, which is the practical application of Chinese medicine to injuries sustained in the course of fighting. Tieh-ta is the ancient art of healing wounds and internal injuries and particularly refers to the art of bone setting. In Hong Kong and Taiwan there are specialists who are experts in the ancient art of healing broken bones using herbs and soft casts. While WH is a boxing master by profession, he has formal training in the art of Tieh-ta at the monastery school where he received his martial arts training. Chinese medicine has a long history of association with various Buddhist and Taoist monasteries. WH received his training from a martial arts monastery known as Tsai-li-fo (Choy-lee-fat). Tsai-li-fo is a two hundred year old school in Canton City that was established by Chen Hang who combined the three systems of three famous teachers, Tsai, Li and Fo. WH learned this particular style of kung-fu from this sect and also learned the system of tieh-ta from his teachers there. He began this study
at the age of twenty, and has been a boxing master for 40 years. WH is now in his mid sixties and the most respected boxing master in Vancouver.

WH teaches kung-fu at his own school established in Chinatown and also sees clients who have received either an external or internal traumatic injury. Although kung-fu and tieh-ta were a functional unit in China, they are now separate pursuits by WH. He no longer is able to teach his kung-fu students the ancient art of tieh-ta due to a language barrier. The younger students are completely unfamiliar with the strange lexicon of traditional Chinese medicine. He has taught a few of his students first aid treatments of external injuries but says it is impossible to teach them the subtle and complex art of healing deep internal injuries.

WH sees all types of people—young and old, Chinese and non-Chinese. Sprains and broken bones are the most frequent types of injury that he treats. He says that the Chinese approach to treating sprains and broken bones is radically different from the Western approach. Herbal plasters are applied to sprains, not only to alleviate pain and to reduce swelling, but also to assist in the healing process of the torn ligament. The Western approach, according to WH, only treats the pain of the injury and does not cure the root cause of the pain. If Western approach has been used, pain and rheumatism will return to the site of an injury, many years later. The Chinese method is superior because there are no recurrences of
any pain or disability. Broken bones are treated by WH according to the traditional Chinese method of using a soft splint made of wood and the application of an herbal plaster to promote healing.

WH sees many people who have been injured in automobile accidents. According to WH, although these people may recover from the accident, they are bothered by severe recurrent headaches which can only be treated definitively using Chinese methods. WH has also cured many people with arthritis and rheumatism. There is no single remedy to treat rheumatism and arthritis. WH does a careful case history in determining the appropriate herbal prescription. The final prescription that provides a cure may only be found after a trial and error procedure of trying out several remedies. WH claims success in helping even cases of rheumatism so severe that the person had to be carried in to see him.

WH has a view of body energy flow similar to the concept of ch'i found in the classical Chinese medical texts (Veith 1966). He also follows the traditional Chinese concept of a biological horary clock in which energy enters an organ meridian in two-hour phases throughout every 24 hours. He uses this to predict the time that is most vulnerable for any particular organ to be injured. For example, the heart is most vulnerable to serious injury between 11 am and 1 pm and the liver between 3 and 5 pm. These views indicate that WH follows classical-professional Chinese medical theory closely and
therefore is properly classified as a practitioner of classical-professional Chinese medicine. WH is held in great esteem in Chinatown not only as a master kung-fu teacher but also as a knowledgeable practitioner of the ancient practice of tieh-ta.

WH sees many patients through personal contact and referral. He has a good reputation in being able to heal physical injuries. He never collects a fee for his consultations with patients. He does collect a fee of about $20 for the preparation of an herbal poultice that he applies on his patients. For others who need a prescription to be taken internally, he writes it down in Chinese so that they can get it filled at a Chinese pharmacy. In this case it is appropriate for WH to receive a red packet from his patient.

In this section, we have looked at the beliefs and practices of the handful of professional Chinese herbal doctors practicing in Vancouver's Chinatown. We have also examined the attitudes of Chinese MDs and health professionals towards traditional Chinese medicine and found it a mixed opinion with the MDs expressing the most doubt of the validity of traditional Chinese medicine.

2. The Folk Sector of the Local Health Care System

The folk sector of the model refers to those non-professional, specialized healers found in both traditional and industrialized societies. While folk medicine has been used to describe the traditional medical knowledge of a people, we are
using folk sector to refer to part-time or full-time specialists. Folk medicine is a hybrid category since it may contain both elements of the professional and popular sectors in its medical repertory. Most folk healing has a sacred and a secular component, although the distinction is not always evident in practice. Folk healing is characterized by its highly ritualized nature. In pre-literate societies that did not have a professional class of healers, folk specialists known as shamans had knowledge of cures.

In many contemporary societies where biomedicine dominates the professional sector, traditional and unorthodox medical practices are continued by various folk healers. In traditional societies, folk healers were taught by a family member or served an apprenticeship with a well-known healer. Even in modern societies, many medical beliefs and practices with ethnic, religious, quasi-religious, pseudo-scientific and empirical traditions are perpetuated. Despite the technological advances of biomedicine, there continues to be a strong demand for alternative therapies offered by folk practices.

The folk sector or "little tradition" in Redfield's terminology has been the potpourri of medical practices in China. Historically, the classical Chinese physicians were accessible only to the elite and the large majority of peasants relied on an assortment of folk healers as their source of specialized care. The folk sector continues to be an important
source of medical care in Taiwan and Hong Kong. Ethnographers such as Kleinman (1980) in Taiwan, Topley (1976), and Anderson and Anderson (1968) in Hong Kong have documented the continued strength and importance of the folk sector in the total medical system of contemporary Chinese societies.

The Chinese folk tradition in Asia has both sacred and secular components. The sacred practitioners of healing include the tang-ki or spirit-medium, shamans, soothsayers, geomancers, bonzes, and tao-shih who were Buddhist or Taoist priests. The secular component includes part-time and full-time specialists such as herbalists, pharmacists, masseurs, bone-setters, ear and eye specialists, itinerant drug-peddlers, quacks, and fortune-tellers. These practitioners such as herbalists, though they applied the practical techniques of the classical-professional physicians, did not draw on the rich discourse of Chinese medical theory or their exacting method of diagnosis. Their medical knowledge was learned through apprenticeship rather than formal schooling and their careers established on reputation and experience rather than licensing or royal appointments.

While this consortium of healers plays an important role in the medical care of Taiwanese and Hong Kong citizens,* none have been transplanted to overseas Chinese communities such as

* A Hong Kong mother will take her sick child to an MD for medical treatment and a tang-ki to vanquish the evil spirit inhabiting the child (Topley:1970).
Vancouver except the herbalists. There are no sacred folk healers such as the tang-ki in Vancouver, despite their numbers in Hong Kong and Taiwan. The tang-ki, although they can become quite wealthy, appeal to the poorer and less educated Chinese who are least likely or able to emigrate to North America. Those who do emigrate are forward-looking and modern in their world-view and want to drop any magical belief which would be considered superstitious in an overseas Chinese community. Thus the only para-medical group to have survived the transplantation to North America are the herbalist or herbal dispensers who work in the herbal pharmacies. As we shall see in a later chapter, the practical and empirical basis of Chinese herbalism has insured its transplantation to North America.

As we have previously discussed, the herbalists working in the herbal pharmacies of Chinatown have learned their art through an apprenticeship system. The older herbalists working in Chinatown have done this in herbal pharmacies in Hong Kong. They are the eldest and wisest of the herbalists working in Chinatown and therefore gather the most respect. The younger middle-aged herbalists are Asian born but have learned their craft in Canada. The youngest are herbal assistants who are learning the art of herbal dispensing. They are also Asian born. To my knowledge, no Canadian-born Chinese is working as a herbalist in Chinatown.

MK is an herbal dispensor at one of the busier herbal pharmacies in Chinatown. MK is proficient in English and
became one of my key informants. He is in his early 60s and came to Canada from Hong Kong 30 years ago. He initially worked in various Chinese restaurants as a waiter. In 1974, he was asked by an owner of a herbal pharmacy to apprentice as an herbalist. Since this is more prestigious and interesting than restaurant work, MK accepted the job. Since then, he has worked at the two stores in Chinatown that belong to the same chain. He initially worked in the small store in close association with the resident herbal doctor. Here, he learned the herbal trade. This involves a considerable amount of memory work to learn all the names and locations of hundreds of herbs. MK became quite skilled at dispensing herbs and has developed a good reputation as an herbalist, this favourable reputation helps to increase his firm's business.

In 1980, he was moved to the firm's larger store which has a more central location in Chinatown. Up to this point, this store, which sells both food and herbs was not a popular place to purchase herbs. With a rearrangement of the pharmacy to the front of the store and the expertise of MK, the store has prospered into one of the busiest pharmacies in Chinatown. This indicates the importance that reputation plays in determining the success of an herbalist and pharmacy in the Chinese society of Chinatown.

MK has also developed a fair knowledge of the medical uses for the numerous herbs he dispenses. He is able to recommend a variety of herbs and prescriptions for clients asking for
advice for their medical problems. His advice is based on a knowledge of the symptomatic action of herbs. Although he has learned much by working with the herbal doctor, he lacks an intimate knowledge of the complexity of Chinese medical diagnosis and treatment. MK is a good example of the role served by all the herbalists working in Chinatown.

The role of the herbalist in the herb shop is a dual one: dispensing prescriptions and giving advice. Like his Western counterpart, the Chinese herbalist prepares prescriptions according to doctor's orders or dispenses prescriptions according to the customer's preferences. His secondary role, again similar to the Western pharmacist, is to provide advice to clients seeking help for their ailments. This usually entails the matching of the client's symptoms with the appropriate herbal prescription. In other words, like so much of Western allopathic medicine, treatment is sought through the elimination of symptoms through the selective use of medicines.

This procedure is antithetical to the philosophy and practice of classical-professional Chinese medicine.* The classically trained Chinese physician attempts to eliminate symptoms indirectly, by treating the underlying conditions which may have obvious connection with the presenting symptoms. The Chinese physician bases his treatment regime on a careful

* However, it fits into the pragmatic orientation of the folk practitioner who attempts to eliminate his client's major symptoms.
diagnosis of the patient's internal physiological condition. Since the Chinese do not think of the body in terms of specific organs but functional systems, the intent is to restore functional balance to an organ system rather than treat a particular symptomatic pathology of an underlying organ site.

Since herbalists have neither the time nor the training to perform Chinese medical diagnosis, their role has become one of alleviating their client's symptoms in the only way they know. While this may not differ from how Chinese herbalists have always practiced, it is the balance between these two traditions that is important.

Through exposure to Western medical practices, the Chinese who use traditional herbs are looking for a similar symptomatic relief that they have come to expect from Western drugs. The herbal pharmacists are responding to this need of their clients with appropriate recommendations. These herbal remedies are often quite effective in relieving the symptoms in addition to restoring the body's internal balance. Since Chinese herbal medicine is above all an empirical system, the remedies work whether the underlying theory is understood or utilized.

3. The Popular Sector of the Local Chinese Health Care System

The third sector in the model is the popular or family based health care network. Although it is the least studied area of medical care, the family is the most important source of primary care in the case of illness. Kleinman (1980) has
reviewed the literature on health seeking behaviour and demonstrates that universally, between 70% and 90% of all sickness episodes are managed wholly within the popular sector.

This sector is the non-professional, non-specialist arena where health care problems are first recognized and managed. It is the domain of popular culture and includes the individual, nuclear and extended family, friends, neighbours, social networks and the whole sphere of the community.

Whereas the prevailing view is that health care specialists manage the health care for the lay population, the opposite actually occurs. Individuals within the context of the popular sector decide the entry points to the professional folk sectors of their local health care system. Specialist treatment is evaluated by the members of the patient's social network and alternative strategies are decided upon if necessary. Before specialist assistance is sought, self-treatment is attempted by most individuals in almost all societies. This self-care aspect of the local health care system is an extremely important contribution to the overall health of individuals; the importance of which is only now becoming recognized by health planners, health professionals and health researchers.

In Chinese culture, the family is the fundamental social unit. The family is also the primary care unit and therefore critical to the understanding of the local health care system of the Chinese. Traditionally, the Chinese view the family as a circle (Jordon 1972). Illness breaks up that solidarity,
therefore, a great deal of attention is paid to both the prevention and the treatment of disease within the context of family life. The Chinese are a health oriented culture (Koo 1976). A great deal of value is placed on the maintenance of good health. Children are taught from an early age that their bodies are a gift from their ancestors. They are taught to avoid bodily injury and to be responsible for maintaining the healthy integrity of their bodies. Health is therefore a primary social value for the Chinese, who are willing to spend considerable effort and money to maintain it.

Traditionally, the Chinese family was patriarchal (Levy 1949). The husband was responsible for the affairs outside the home and the wife for all affairs within the home. The wife, although she retained little visible status within Chinese society, retained much status and responsibility within the confines of her household. The wife managed the complete running of the household with major responsibilities in looking after the family budget, cooking, the education of her children and the general physical and mental well-being of her entire family. Often, the wife's mother or mother-in-law would live in her household and command respect from everyone in the family. Health was therefore the woman's responsibility within the household (Wolf 1972; Wolf and Witke 1975).

Special mention should be made of the importance of the grandmother's role in retaining the traditional use of herbs in the Chinese families of Vancouver. The Chinese family has
traditionally lived together as an extended family unit. Typically, the wife would move in with her husband's parents to form an extended family unit (Levy 1949; Wolf 1972). In Vancouver today, both the maternal or paternal grandparents are equally as likely to reside with their children's family. Johnson's (1979) research indicates that almost a quarter of the Vancouver sample had at least one grandparent living in the family's home. In my sample, the grandmothers continued buying and preparing herbs to ensure the family's well being in the same way she had learned to do so in Asia. In this way, she is helping to preserve the traditional use of herbs by the family.

It is important to emphasize the relationship between food and health in Chinese culture (Chang 1977). Food is used as the first vanguard in both the prevention and the treatment of disease and illness. There is also an important connection made between the healing properties of food and herbs. Since the woman is responsible for both food and health in the Chinese household, she plays a crucial role as the primary health care provider. Women, therefore, become quite knowledgeable about the healing properties of different foods and herbs. This knowledge, although it may draw from the professional and folk sectors for specific details, is organized and utilized in a completely different manner from the other two sectors. Therefore, it is an important source of medical knowledge within the Chinese community and has to be considered as a separate and integral system within the local health care
system of the Chinese in Vancouver.

One of the major findings of this study is how rooted the use of traditional Chinese herbs is to the fabric of Chinese family life. As I shall discuss later, the very continuance of Chinese herbalism is due to its acceptance and continued use by the Chinese families of Vancouver. Any product or service requires popular support for it to be viable and Chinese herb medicine is no different. If popular support for Chinese herbs was lost, then the herbalists, herbal doctors and herbal pharmacies would soon disappear from the streets of Chinatown. It is my contention that the continued support for Chinese herbalism stems from the Chinese view of health and the key role of the family in health care. In order to demonstrate this point, we shall look at the popular attitudes towards health, typical responses to illness in the Chinese family and the use of traditional herbs within the context of the household.

Over the course of my field work, I had the opportunity to speak to many Chinese-Canadians regarding their attitudes towards traditional Chinese medicine. The Chinese community in Vancouver is highly varied with respect to place of origin, length of time in Canada, facility with English and/or Chinese (Cantonese), education, occupation, and the degree of traditionalism. Due to this diversity of backgrounds, it is impossible to categorize a typical or normative attitude towards Chinese medicine. Therefore, the distinguishing feature of
Chinese-Canadian attitudes towards Chinese medicine is their marked heterogeneity. Attitudes towards Chinese medicine fall along a continuum between complete acceptance and complete rejection.

Instead of categorizing the popular health beliefs of the Chinese in Vancouver, I will present the range of opinions while emphasizing certain themes that emerge from the data.

The results of my study concur with Koo's (1976) conclusion that food and diet is considered to be the most important factor affecting health. As Koo (1976) summarizes, food in Chinese culture is considered to be a source of energy (ch'i), a cause of illness or a means of therapy. When food is digested in the body, it is transformed into a hot (jeh) ch'i or a cold (leng) ch'i. Herbs have the same effect and are classified in popular Chinese culture according to hot or cold force. This forms the basis for the hot/cold classification system. While this borrows from the use of hot and cold in classical Chinese medicine, the hot/cold classification system is the heart of the popular medical belief system. Although this dualistic system may appear simplistic, it provides the theoretical basis for cognitive decisions regarding food selection and the use of appropriate herbs on a daily basis. Although no two informants will agree exactly on the classification of various foods, there is enough consistency to identify a systematic basis for categorization. The results of my inquiry about the food classification of two families is given
### Hot/Cold Food Classification in Two Vancouver Chinese Families

<table>
<thead>
<tr>
<th>HOT OR WARM</th>
<th>COLD OR COOL</th>
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<tbody>
<tr>
<td>Beef</td>
<td>Watermelon</td>
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<tr>
<td>Chicken</td>
<td>Wintermelon</td>
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<tr>
<td>Garlic</td>
<td>Watercress</td>
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<tr>
<td>Chili</td>
<td>Grapes</td>
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<tr>
<td>Ginger</td>
<td>Green Beans</td>
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<tr>
<td>Lichee</td>
<td>Banana</td>
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<tr>
<td>Dates</td>
<td>Pear</td>
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<tr>
<td>Duck</td>
<td>Pineapple</td>
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<tr>
<td>Eggs</td>
<td>Orange</td>
</tr>
<tr>
<td>Pork</td>
<td>Bean sprouts</td>
</tr>
<tr>
<td>Chinese cabbage</td>
<td>Chinese parsley</td>
</tr>
<tr>
<td>Soy Sauce</td>
<td>Crab</td>
</tr>
<tr>
<td>Salt</td>
<td>Beverages</td>
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<tr>
<td>Onions</td>
<td>Ice Cream</td>
</tr>
<tr>
<td>Chocolate</td>
<td>Chinese Jelly</td>
</tr>
<tr>
<td>Nuts</td>
<td></td>
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<tr>
<td>Mutton</td>
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<tr>
<td>Dog meat</td>
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<tr>
<td>Coffee</td>
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<td>Fried Foods</td>
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### NEUTRAL FOODS

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<tbody>
<tr>
<td>Steamed Fish</td>
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<tr>
<td>Tofu</td>
</tr>
<tr>
<td>Rice</td>
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<tr>
<td>Tea</td>
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</table>
in Table III. One will note that in addition to hot and cold, warm, cool and neutral are also used to indicate variations of intensity. The system, however, is essentially a dualistic one.

When this list of food categories is compared to other Chinese communities, such as Toronto (Yeung et al. 1973); Hong Kong (Anderson and Anderson 1975; Choa 1967) and Singapore (Wu 1979), an underlying logic emerges from this system of classification. In general, most Chinese from South China will agree that foods that are heating are stronger, richer, spicier and more fatty. Similarly, foods that are cooling are thought to be bland, low in calories and predominately vegetal.

The qualities of foods can be modified according to the cooking methods used to prepare the food. Applying heat in the cooking process does not necessarily "heat" the food in a symbolic sense, since the system does not operate on the basis of temperature. For example, using water to cook with as in steaming or boiling will have the effect of cooling. The inherent heat in a food like pork can then be reduced by boiling it in water. On the other hand, baking, roasting and deep frying foods will greatly increase their heat. In this way, the various qualities of foods can be modified according to a person's particular needs. However, foods on the extremes of hot and cold will remain there regardless of the cooking method used. Stir-frying is considered to be only slightly heating and is the preferred method of preparing many meats and vegetables. Vegetables are almost never eaten raw, as this is
too cooling to the body and are usually lightly stir-fried.

The system makes more sense when it is applied to specific needs of individuals. People vary in their constitutional make-ups. Some people are considered to be hot by nature (most men) or cool (most women). A person who is hot by nature can upset their balance by indulging in too many hot foods, resulting in a hot disease. The therapy for this person would be to "cool" their bodies down by eating the appropriate cool herbs and foods. The basic principle behind diet and food therapy is the neutralization of the excessive force in a gentle manner with the opposite quality. The end result for the individual is the restoration of the unique balance point of hot and cold for that specific individual. The same principle is used for the prevention of disease. If, for example, a person is particularly prone to cold illnesses, he or she will protect themselves by including extra heating foods and herbs in their diet.

The classification system is used to define a set of dietary prescriptions in various circumstances. There are general prescriptions such as don't eat cold foods in the morning. People who are in special states such as childhood, pregnancy, illness and old age have special dietary needs. Foods can also be used preventatively to ward off disease. In the winter, one should eat more hot foods to build up one's internal resistance and strength, and to ward off the harmful effects of cold, damp and wind on the body. Seasonal adjust-
ments are considered necessary for the maintenance of good health.

The present study, along with the other North American studies (Koo 1976; Li and Li 1971; Yeung et al. 1973), demonstrate that the symbolic classification system of foods is a very strong part of the popular culture of the Chinese. However, it should be pointed out that awareness of this system does not mean that the system is used to determine food preferences and combinations. For example, although many of the younger women interviewed were aware of the hot/cold system, they did not employ the system on a daily basis. It appeared that the system was most likely to be used if traditional Chinese foods were being prepared and not at all if a Western style meal was being prepared. Using Johnson's (1974) data listed in Table IV, we can see that Chinese food is prepared in the majority of households interviewed. We could extrapolate from the data of these two studies that the hot/cold symbolic system is being used by a majority of Chinese families in Vancouver in the preparation of traditional food dishes. Whether these same families are using this system to guide their health behaviour is a question that cannot be answered at this time.

Table IV. Type of Food Eaten in the Chinese Home

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<table>
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<tbody>
<tr>
<td>Chinese</td>
<td>64%</td>
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<tr>
<td>Western</td>
<td>2%</td>
</tr>
<tr>
<td>Both</td>
<td>33%</td>
</tr>
</tbody>
</table>

Source: Johnson (1974)  
N = 339
The authors of the Toronto study of hot/cold food classification in the Chinese community (Yeung et al. 1973) conclude that this system is still very much part of Chinese culture. Their data suggest that this is basically an oral tradition that is continuing to be passed along to the younger Chinese-Canadians through the daily traditional meal of the Chinese families in their study. They indicate that the older Chinese-Canadians are more familiar with the hot/cold system and adhere to it more strongly than the younger family members. However, they found that with respect to food prescriptions during and after pregnancy, even the younger women followed the traditional avoidance of cold foods during pregnancy. I found this also to be true for the Chinese women in my study, and will present my data on food and pregnancy in a following section of this chapter.

The hot/cold system is not the only category foods are placed in. The Chinese place great emphasis on food and herbs which are pu. Pu literally means to patch or to mend as in to add on or make up for some deficiency (Wieger 1965). Gould-Martin (1978:44) interprets the meaning as "administering restoratives or tonics, i.e. making up deficiencies whether of fate, health, clothing or education." Koo (1976:214) refers to them as "supplementing" or "nourishing foods." My informants referred to them as either "precious" or "luxuriant" since they were rare and expensive foods to obtain. Foods thought to be precious include abalone, sea cucumber, shark's fin, swallow's
nest, turtle, red and black dates, snake meat, the liver, heart and brains of pork, in addition to many energy tonic herbs (refer to Chapter II, Sec. 9).* It is believed that by supplementing one's diet on occasion with these rare foods, one could improve one's mental and physical functions. They are also used to tonify the body in times of additional stress such as winter. Pu foods had nothing to do with hot/cold foods as both extremes are represented in the category of precious. However, an excessive use of these precious foods could be harmful to the body and result in ailments such as headaches or upset stomach. As with all of Chinese medicine, a harmonious balance between two extremes was considered the optimal path.

A related concept is the doctrine of similars regarding the use of organ meats. It is believed that eating a certain part or organ from an animal will strengthen the corresponding organ of the person consuming it. For example, it is thought that eating monkey's brain will strengthen the brain and thought processes. The same logic operates in foods used medicinally to increase male potency, such as the penis and testicles from various animals. Similarly, for weak livers, heart, lungs, and kidneys, the Chinese recommend the corresponding organs from animals. Choa (1967) calls this "organotherapy." It is a popular belief throughout the Chinese

* This is only a partial list that I assembled. See Koo (1976:255) for a complete listing.
community. This is one aspect of a large area of symbolism inherent in Chinese medicine. I shall discuss the interpretation of this symbolic logic in Chapter IV.

It is thought that combining herbs cooked with certain meats such as chicken, pigeon, beef, pheasant and duck will replenish one's blood supply. Many foods are actually combined with herbs and eaten for their medicinal, as well as their nutritional value. It is often difficult to distinguish between the medicinal value of a food from its dietary function. For example, many soups are prepared to be eaten as part of the regular meal but also have a preventative or therapeutic effect. It is difficult to separate these functions. It is my conclusion that the Chinese do not.

There is a merging of categories between foodstuffs and herbs for a large number of items. While there are substances that could be considered to be food or herbal items exclusively, there is a whole range of products for which the distinction between food and herbs are blurred. There are also foodstuffs used exclusively for medicinal purposes and herbs used in cooking solely for flavouring. However, there is a large area of overlap between foods and herbs. This became evident to me in the course of my field work. I asked my informants in their homes to show me their herbs. They would always be stored in a kitchen cupboard in close proximity to other food items. They would then bring out items that I would classify as foodstuffs, but they considered or used as herbs. They were such things as
Chinese almonds (apricot pits), pearl barley, seaweed, Chinese dates, plums and fruits. After the same scenario occurred in several households, I came to the conclusion that the Chinese do not make as rigid a distinction between medicinal herbs and foods as a Westerner.

To understand the connection between food and herbs, I would like to describe the context of herbal use in the Chinese household. I am going to describe the households where Chinese herbs are used. I shall refer to these as "traditional households" to indicate that Chinese herbs are used on a regular basis in contrast to "modern households" where they are not.

In the Chinese family, particularly where there is an older mother or grandmother, Chinese herbs are likely to be used. Many Chinese homes, especially if there is an extended family living together, have a well-stocked herbal medicine cupboard which can treat all the more common complaints. However, a young couple who were born in Canada and living on their own are not likely to have this traditional medicine chest.

In a traditional household, it is the woman who has a general knowledge of the more common Chinese herbs. She is usually the mother or grandmother of the family. Often, though not always, she can speak only Chinese. Her husband and children do speak English as well as Chinese (typically, Cantonese). Traditional households tend to have immigrated to Canada more recently. The female head of the household who has
herbal knowledge is usually Asian-born. For first and second generation households, the keeper of the herbal knowledge is the older grandmother. The men in my study who have a knowledge of herbs were also older or Asian-born and recent immigrants.

All of the traditional households that I studied kept a large supply of basic herbs and medicines in the home. A "typical" traditional household would stock between 20 to 30 herbs in addition to various foods with medical properties and a number of patent (prepared) Chinese medicines. Herbs were kept that could increase bodily energy (ch'i), prevent or treat specific ailments and be used for first-aid situations.

The herbs most commonly found in the Chinese homes were those that fell into the class of energy tonics. These are tonifying herbs which are used to build strength and resistance by raising the level of ch'i in the body. They can be used either preventively or therapeutically. The Chinese were very concerned with maintaining an optimal level of ch'i in their bodies. An optimal level of ch'i was equated with good health. If one was full of energy (ch'i), then one was vital and resistant to getting sick. Herbs with the capacity to increase ch'i were the most common and likely herbs to be found in the traditional Chinese household. Tonifying herbs could be of a general nature and food for everyone or for a specific need of a particular individual.

A good example of the general tonic herbs are those that
go into making up the "hot, energy soup mixture." The herbs included in this formula are: Tang-shen, (Codonopsis), Huang-chi (Astragalus), Hung-tsa (Zizyphuz), Kou-chi-tsu (Lycium) and Shan-yao (Dioscorea). Most of the individual properties of these herbs are described in Chapter II, section 9. The herbs can be used by themselves or in other combinations. In this formula, they are used for the purpose of building up one's hot energy so as to offer increased resistance against the effects of the cold and damp winter. The soup is prepared with either chicken or pork, which are both hot meats. The whole family takes this soup with their evening meal. The herbs are not eaten themselves, but their goodness is transferred to the soup. In this way, many of the younger members of the family, get the benefits of the herbs even if they do not believe in Chinese medicine. These younger members are the children who are attending school and becoming acculturated to Canadian culture. There is often a reluctance of the younger family members to use Chinese herbs. However, they are difficult to avoid if they are disguised in a soup. This soup mixture is used only once or twice immediately before winter sets in. This maximizes the effects of the ingredients. Together, these herbs are thought to increase ch'i and help prevent the family from catching too many colds during the winter.

Other herbal tonics might be prepared for a single individual's use. The type of tonic used depended on the specific characteristics and needs of the particular person using
them. These variables included the person's age, sex, bodily temperament and constitution and their specific physiological problem. Other variables determining the type of tonic employed were the environment, weather and season. Special tonics are prepared for the aged, those with weak constitutions, those with special problems such as eye problems and tonics for men or women. A popular method for the men of the household to use herbs is to put a rare "men's herb" such as an expensive ginseng root, a deer's tail or tiger's testicles into a bottle of brandy. The brandy extracts the essence of the herb and small sips are taken over a period of time by the men. These male tonics are used to maintain virility. There is an obvious element of ritual and symbolism which goes into these particular tonics.

One of the common themes in my interviews with traditional families was a concern for an adequate supply of blood, especially for women. Women are thought to be more susceptible to "not enough blood." To correct this deficiency, they have to take a variety of herbs to "build blood." Many of the household's herbs were used to increase the amount and quality of blood in women. Good health is seen as dependent on an appropriate amount of "good blood." These herbs can be considered to be a type of tonic for the blood. The most commonly used herb by women to increase their blood supply is dong-quai which is considered to be the "women's herb" par excellence. All the Chinese women I interviewed knew about it, including the
younger women.

Although *dong-quai* can be taken by itself, the most common method of ingestion is to prepare a simple formula using it as the primary ingredient. Three-quarters of a Chinese ounce (24 gm.) *dong-quai* and one-quarter ounce (8 gm.) *ta-tsao* (black dates) are combined with two hard boiled eggs (peeled) with 32 ounces of water. The mixture is then slowly boiled down to one 8-ounce cup in a non-metallic pot. Rock sugar or honey may be added for taste since the mixture is very bitter. The mixture is consumed immediately in one dose. Another way of preparing *dong-quai* is to slice the root and slowly simmer it for six hours in a chicken broth. Other possible meats that can be used are lamb or rabbit.

Many of the Chinese women I interviewed use *dong-quai* on a regular basis to maintain adequate blood supply and to normalize and regularize their periods. If used in this way on a regular basis, they are thought to have healthy blood and short periods with a minimal amount of cramps and headaches. To achieve these effects, the Chinese women use *dong-quai* once immediately after their period has ended and another time in mid-cycle. I was told that if a woman took *dong-quai* during her period, this "would preserve her bad blood."

*Dong-quai* is never used during pregnancy, but is used extensively in the post-partum period. Pregnancies are an important time in the life-cycle of the Chinese woman. Young women are usually assisted throughout this period by their
mothers and grandmothers. There are many traditional beliefs surrounding pregnancy which are still evident in the Vancouver Chinese community. One of these is a set of practices employed in the first post-partum month. This is called tso yueh-tzu or "doing the month" (Pillsbury 1978).

The new mother is thought to be very vulnerable to the effects of cold, dampness, and wind. Her body is depleted of the stores of beneficial heat. She must slowly restore her body to its natural balance by avoiding cold foods and exposure to the elements (which are cold and damp) and to nourish herself with hot foods that are heating. Traditionally, Chinese women would avoid the environmental hazards by staying indoors for a month and avoiding any contact with cold water encountered in bathing or washing the hair (Pillsbury 1978). In Vancouver, the elements of these traditional practices that have been retained are the dietary prescriptions.

Since the mother is not allowed to do anything for the month following childbirth, her mother prepares a "hot" soup for her to take. This soup typically includes dong-quai, rice wine and chicken. A variant of this is to substitute pig's knuckles for chicken. Informants told me that even if they never used Chinese herbs, they would take this soup that their mother made for them. Chinese mothers using Vancouver's hospitals to deliver their babies are most upset with the hospital food provided them which includes such "cold" foods like salads, vegetables such as spinach and carrots, and jello.
Their mothers will often bring them this "hot soup" in a thermos for them to eat in the hospital.

Another health concern was that a person should not be too thin. Consequently, there were several herbs used to "fatten up" a person considered too thin. Again, good health was being equated with a judicious amount of fat on a person. As one informant put it: "Fat is good, it gives one strength." A sick person is someone who is very thin and pale and does not have enough blood in his/her body. An example of an herbal medicine used to treat thin anemic people is Lu-jung or deer antler. The antler is sliced up into thin cross-sections by the herbalist and cooked into a soup at home with chicken. It is used by women who are too cold and by women during pregnancy to ensure they are nourished. It is a hot medicine and most often used in winter. It is felt that if one sweats after taking it, then the medicinal benefits are lost.

Additional medical concepts employed by families were the terms for air, wind, cold and damp. These terms were used in a similar way to their classical medical usage. Yin and yang were not used but their analogs, hot and cold, were used extensively. Hot and cold were used not only to distinguish the symbolic qualities of food and herbs, but were also used to identify body types and disease conditions. This corresponds to Topley's (1970) finding in Hong Kong that while none of her informants used yin and yang, they used hot and cold in a functionally similar manner. This reaffirms my thesis that
there is a conformity in the core health beliefs between the Chinese in Asia and Canada.

Diseases thought to be "hot" in nature include headache, sore throat, sore eyes, dry mouth and throat, fever, nose-bleed, skin problems and any infection or inflammation (Yeung et al. 1973; Gould-Martin and Ng in 1981). Diseases which are "cold" include anemia, chills, colds, debility and weakness, poor appetite, dizziness, nausea and shortness of breath (Yeung et al. 1973; Gould-Martin and Ng in 1981). Many of my informants were knowledgeable of this classification, since knowing the type of ailment enabled the person to treat it with the corresponding balancing herbal remedy.

An example of a hot herbal prescription given to me by a family is a combination of three herbs simmered with water to make a tea. The herbs are: Shan-yao (Dioscorea) which is a white Chinese yam; Kou-chi-tzu (Lyciium) which are the small red seeds from an evergreen tree; and Hong-zo which is a dried Chinese red plum. Together they are considered to create a hot force in the body, thereby increasing bodily ch'i and improving the blood circulation. This herbal formula is used when people are in a very weakened (cold) state such as after surgery and childbirth.

A similar effect can be created using Huang-chi (Astragalus) and Tang-shen (Codonopsis). These two are always used together and represent two of the most frequently used herbs in Chinese herbal medicine. They fall into the class of energy tonics.
discussed earlier. These two herbs are cooked into a soup using chicken or pig's feet to make a broth. The effect is to increase ch'i, improve the circulation and make the complexion healthier. It is given to men or women who are considered weak. It is thought that using these two herbs after an operation will help make the incisions heal faster.

Other formulas known to the families in my sample were used for their cold nature. These were used to combat an excessive hot force in the body or to replenish a deficient yin state. One example of a cold neutralizing soup is the combination consisting of: Hsing-jen (Prunus) or Chinese almond which is actually the apricot seed; Pei-sha-sheng (Glehnia); Yu-chu (Polygonaum); and Lien-tzu (Nelumbo) which are lotus seeds. This mixture is cooked with lean pork or bones. Another very cold soup is Sun-yu which is eel cooked with watercress.

Until now, I have been describing herbal remedies that are mainly cooked into soups using various meats to make a broth. In general, herbs that come from the roots, seeds, stems or bark of plants must be simmered to extract their medicinal qualities. Other herbs that come from the leaves, or flowers of plants are not boiled but made into a tea by infusing the herbs with boiling water and letting the mixture seep. A tea called Tzu-wo-char is used for colds and upset stomach. It comes wrapped in a reed and is a black, earthy mass of some unidentifiable herbs. The tea was extremely bitter to my taste. The family assured me that this ensured that this was a
very effective herbal tea. A similar type of tea that comes pre-packaged in Chinese grocery stores is called Kam-wo-char. It is a mixture of over thirty different herbs. It is not quite so bitter as the other tea and is used for the same conditions. A package of Kam-wo-char comes in a package of ten individually wrapped packets and costs $1.40 in Chinatown.

Families are also knowledgeable of various herbal prescriptions which can be used to treat specific medical conditions. To treat hypertension, a soup is made from celery, yam, onion, tomato, water chestnut and garlic. These vegetables are cooked with five bowls of water until one bowl of liquid remains. The soup is drunk just prior to bed and can be repeated as often as necessary. A home remedy for burns is to mix the whites of two eggs with soy sauce and honey. Each of these ingredients is thought to be effective in treating burns. Hemorrhoids are treated with the head of the yellow fish cooked with lean pork. For swollen neck glands or mumps, seaweed is cooked with dried oysters. Headaches are treated with a tea made from Chuan-chiung (Ligusticum).* Its effects are explained by reference to its ability to expel excess air (ch'i) in the head. Excess ch'i can be harmful if it collects in the head and does not circulate throughout the body. A red powder called Ti-ta-fa is used to stop bleeding. For bruises where

* Pharmacological tests indicate that this herb has central nervous system activity and reduces blood pressure (Li, 1974).
there is internal bleeding, a plaster is made using alcohol and egg whites. This powder contains the herb *Tien-chi* (Panax psuedoginsing) which is well known for its hemostatic effects.

Families also carry a supply of patent medicines. Red flower and white flower oil are kept for aches, sprains and tired muscles. *Po chai* pills are kept for stomach upset from eating too much. Although a lot of herbal remedies are available in pill form, the Chinese still prefer to take their herbs in the traditional manner. The raw herbs are thought to be stronger. Chinese patent medicines are thought to be best for Westerners who do not like to use the often bitter Chinese herbs in their raw state.

Although men can be quite knowledgeable about herbs, it is the women who play a key role in maintaining the traditional herbal knowledge of the Chinese family. One of the reasons for this is the close relationship between food and herbs. Another is the fact that the family's health is considered to be the responsibility of the wife. A third factor is that women are thought to need herbal medicines more than men. This is because women are thought to be physically weaker than men because they menstruate and undergo childbirth. The Chinese-Canadian most likely to use Chinese herbs on a regular basis has several of these characteristics: female, older, a recent immigrant from Hong Kong, speaks no English and has little formal education. This is not to indicate that a young, highly educated English-speaking Chinese male in Vancouver does not
use Chinese herbs, but he is less likely to do so compared to his mother, grandmother, or even his sister.

Although it was difficult for me to obtain data on the statistics for the use of Chinese and Western medicine by the Chinese in Vancouver, I was able to obtain qualitative data on the patterns of medical use. There is a small segment of the Chinese population who use Chinese traditional medicine exclusively. These are older Chinese who speak no English and show little, if any, degree of acculturation. Some do not belong to the government medical plan and depend solely on Chinese herbalists and acupuncturists for their health care. Most of these traditionalists retain a strong belief in the superiority of Chinese medicine and have a disdain for Western medicine. This segment of the population, however, is in the minority.

The other extreme represents the Chinese-Canadian who has completely repudiated the old traditional Chinese ways. These Chinese are the more highly educated and are second or third generation Canadians. This attitude is revealed by the attitude of a highly successful professional born and educated in Canada. "We don't even think about going to anyone else other than a Western doctor. I wouldn't even think of going to see a Chinese doctor unless I wasn't cured by the Western doctor. It is so easy with the medical plan. With the government plan, you don't even have to pay the doctor, but with the Chinese traditional doctor, you do."

Even though this informant does not believe in Chinese
medicine, he leaves the possibility that if all else failed, he might see a Chinese doctor. The group rejecting Chinese medicine is quite large, although it probably doesn't represent the majority of the Chinese population in Vancouver.

While there can be a complete acceptance or rejection of Chinese herbal medicine, most Chinese-Canadians are located along the continuum between these two extremes. That is, both Western medicine and Chinese herbal medicine can be used at different times for specific ailments or contemporaneously for the same ailment. This is revealed in the hierarchy of resort for medical treatment by Chinese-Canadians in Vancouver.

When someone experiences the symptoms of a bodily disturbance such as a sore throat or pain, the first thing that is done is the person chooses a home remedy or self-treatment. This is universally true, for Chinese and non-Chinese. For the Chinese-Canadian, depending on their orientation and experience, they may select a Western remedy or a Chinese one. If this works, then the episode is complete. If it does not work, then additional advice is sought from family and friends before further professional help is enlisted.

If the condition continues unrelieved, then professional consultation with a doctor is sought. This is most likely to be a Chinese MD trained in Western medicine. Some will discontinue their use of Chinese medicines at this point, since there is the belief that Western and Chinese drugs should not be mixed. Most finish one treatment, whether Western or Chinese
before another type is initiated. Others, however, are more concerned with eliminating the problem in any fashion and continue to use both treatment methods. For a very serious disease such as stomach cancer, it would be acceptable to use both Chinese and Western drugs simultaneously. At this point, if the person has not received satisfactory relief from their condition with the MD, he/she may seek further help from a traditional Chinese doctor or Chinese herbalist in Chinatown.

For chronic conditions which Western medicine has failed to alleviate, the Chinese-Canadian with a scientific world-view who has refused to even think of using a traditional Chinese remedy, may consider using one. As stated earlier, a Western-trained pharmacist, born and educated in Canada, told me that he had a lower back pain for years which Western pharmaceuticals had failed to cure. He eventually tried a Chinese medicine for kidney ailments which worked after only one dose-sequence.

The hierarchy of resort for medical treatment by Chinese-Canadians reveals a pragmatic attitude towards the dual use of two radically different medical systems. The treatment options are always managed by the individual in a family context so as to maximize the therapeutic benefits from both therapeutic systems. Both systems are seen as complementary to each other rather than either/or alternatives. I shall return to this important point later in the thesis.

The overall attitude towards Chinese and Western medicine seems to be governed by pragmatism. Western medicine is seen
as powerful medicine which works very quickly and directly. It is the treatment of choice for sudden, acute and life-threatening ailments like a heart attack or appendicitis. Western medicine is also the preferred option to treat children who are more likely to get acute illnesses. However, it is not without its disadvantages. Western medicine is seen as having undesirable side-effects. Western drugs produce a chain reaction in which the individual has to take additional drugs to treat the side effects which in turn produce more side effects. Western drugs are good at alleviating symptoms but they do not treat the cause of disease.

Chinese medicine is seen as being less toxic and gentler on the system. Chinese herbs are thought to produce fewer side effects. Since herbs are gentler on the system they have to be taken over time to produce results. Therefore, Chinese herbs are preferred for long-standing chronic ailments which require time to cure. Problems of aging are also considered to be particularly amenable to Chinese herbal treatment.

Chinese herbs are thought to not only alleviate symptoms gradually, but to cure the cause of the disease. They cure more indirectly than drugs because they work on increasing the person's strength and vitality. Chinese herbs flow with the needs of the body and proceed along the same path that the body takes to heal itself. Thus they are thought to work with the forces of nature rather than against them. Chinese medicine is thought to be able to treat conditions which are untreatable by
Western methods. These include conditions such as: stomach ulcers, asthma, rheumatic pain, various types of paralysis, kidney and liver problems, hypertension and numerous "women's" problems and problems associated with aging.

In conclusion, it is the family or popular sector that is responsible for the continuance of the traditional system of herbal medicine in Vancouver. Although there is a great variability in the acceptance of Chinese medicine, there is widespread popular support for the use of Chinese herbs. The women in the Chinese family play an important role as primary health providers and decision makers. The close relationship between food and herbs in the Chinese mind facilitate the popular use of Chinese herbs in the home environment.

Although the Chinese family lacks the high profile that the herbalists and herbal pharmacies have, family-based Chinese herbal medicine is the most significant domain of traditional Chinese medical practice in Vancouver today. It is the role of the Chinese family for self-care that has been responsible for the continuance of traditional Chinese medicine in Vancouver.
IV. THE PLACE OF CHINESE HERBALISM IN CONTEMPORARY SOCIETY

In this final chapter, I would like to answer the question of why traditional Chinese herbalism has continued to persist with such strength in a Western urban setting. The data suggests that instead of receding and becoming a cultural anachronism, Chinese herbalism is growing in Vancouver. I would also like to look at the continuities and changes that Chinese medicine has undergone in its transplantation to Vancouver.

Before I attempt to answer these questions, I would first like to see what has happened to Chinese medicine as a whole in its transplantation to Canada. The first clear departure from its Asian roots is the absence of the sacred or magico-religious tradition of Chinese healing in Vancouver. Only the more rational practices such as acupuncture and herbalism from the secular tradition of Chinese medicine have survived in Vancouver. Thus when we speak of the continuity of the Chinese medical tradition, we are referring to the secular domain of acupuncture and herbalism. It is interesting to observe how acupuncture has been accepted by the Western medical establishment and incorporated into its sphere of activity and control. This has made it illegal for acupuncturists trained in Asia to practice, although many practice underground under constant fear of persecution and prosecution. This acceptance of acupuncture by the Western medical establishment has helped to
increase the credibility of this classical-professional Chinese medicine. However, this has not assisted in the official acceptance of Chinese herbalism.

Herbs, whether they are Chinese or Western, are viewed by the medical establishment as crude drugs and, therefore, a primitive and inferior form of medicine. Thus while herbalism is not sanctioned like acupuncture, the Chinese herbalists are not legally threatened the way Chinese acupuncturists are. Herbal doctors have to be careful about practicing too openly for fear of being prosecuted for practicing medicine without a license. Thus, Chinese herbalism is in much the same position as it is in Hong Kong. In Hong Kong (Lee, 1980) the official government policy is not to interfere with local customs and practices. This is the situation in Vancouver, where there is neither official sanction nor regulation by the local health authorities unless there is some danger to the public. One consequence of this policy, both in Vancouver and Hong Kong, is the lack of standards for herbal pharmacies, herbalists or herbal doctors. Thus, anyone can open up an herbal pharmacy or pretend to be an herbal doctor.

This lack of quality control for herbalism is somewhat offset by an informal system of popular control. The success of an herbal pharmacy or herbal practitioner is very much dependent on a good reputation being established through word of mouth evaluations. If an herbal doctor or herbalist is found to be incompetent, then he will find himself losing all
his customers. On the other hand, a successful herbal doctor or an honest herbalist will be rewarded by a busy practice. This is reflected in Chinatown, where some herb shops never seem to have any customers whereas others are always busy. A positive reputation based on honesty and expertise is an important element of success not only for the herbal trade but all businesses and professionals in Chinatown. Thus, reputation serves as an important form of social control in Chinese society. This is a case in point for the endurance of key features of Chinese society. The strength of the Chinese has always been to adapt to changing circumstances while maintaining constant the core values and beliefs of Chinese culture. I will now turn to look at the specific case of continuities and changes in the 5,000 year old world of Chinese herbalism.

In some respects it can be said that the practice of Chinese herbalism has been transplanted from South China and Hong Kong relatively intact. One can certainly detect continuities with the practice of herbalism in China that extend back hundreds if not thousands of years. The layout of the pharmacies are virtually identical to those established in China hundreds of years ago. Herbs being used today are the same ones used in China over five thousand years ago. The classification system for the herbs and the theoretical system explaining their actions and uses is also identical. All the herbs found in the pharmacies are imported from Mainland China. Herbalists continue to learn their craft through a process of
apprenticeship. The apprenticeship process is a traditional and highly respected method of learning certain medical practices in China (Lee 1980; Hollbrook 1974). The family-based knowledge of herbalism is a long-standing oral tradition that can be traced directly back to South China where almost all the Chinese in Vancouver have their origins.

Thus, there is a strong body of evidence to suggest that the herbalism being practiced in Vancouver's Chinatown represents the continuance of a medical tradition that extends back in China hundreds if not thousand of years.

However, it is important to realize that Chinese medicine is not a static system and that it is always responding to both external and internal forces of change. Chinese medicine in Vancouver is not the same as Chinese medicine in Hong Kong, Taiwan or the PRC. Although the practice of Chinese herbalism in Vancouver is most similar to the situation in Hong Kong, it is not identical to it.

One of the most important changes in the practice of Chinese herbalism in Vancouver is the decreasing influence of the classical-professional sector in the local Chinese health care system. Despite the presence of a few herbal doctors in Vancouver, they do not play the central role they perform in Hong Kong. In Hong Kong (Lee 1980), there are twice as many Chinese-style practitioners as Western-style doctors. In Hong Kong, the Chinese herbal doctors serve as a source of specialized health care and are consulted with far greater frequency
than their Vancouver counterparts.

Here, the herbalists are often consulted if a problem is beyond the expertise of the family. The herbalists, since they lack the classical Chinese medical training, are becoming more symptom-oriented. Thus, the process of diagnosis is becoming Westernized while the treatment remains traditionally Chinese.

The herbalists in Vancouver are playing a greater role as specialists in Chinese medicine than their counterparts in Hong Kong. Thus, the folk sector is becoming the source of specialized herbal and medical knowledge. The result is that the classical-professional tradition of Chinese medicine is losing its importance in the Chinese local health care system. The long-term implications of this shift of specialist knowledge from the professional to the folk sector are difficult to assess. At the moment, Chinese herbalism appears to be gaining in popularity in Chinatown. The strength of Chinese herbalism still resides within the popular sector. The family use of herbs continues to be an important part of Chinese life. The folk sector in the absence of a well established professional class of herbalists is responding to this need. These trends reaffirm that Chinese herbalism is above all an empirical system that functions equally well with or without an underlying theoretical framework. I will now turn directly to the question of why Chinese herbalism continues to be supported by a large segment of the Chinese (and non-Chinese) population of Vancouver.
I shall discuss the reason for the persistence of Chinese herbalism in terms of three reasons: the cultural explanation, the question of the efficacy of Chinese herbs, and Chinese medicine as an alternate medical paradigm.

To view the use of Chinese herbalism as part of a long-standing cultural tradition is certainly the most logical reason to explain its persistence. The cultural explanation argues that those traditions which most closely epitomize the core values of a culture will persist in the midst of acculturation and modernization.

Anthropologists have demonstrated that health beliefs and practices are one of the cultural traits that tend to persist the longest in the midst of acculturation and modernization. This is certainly true for the Chinese. The Chinese have maintained a high degree of insularity and ethnic identity in Canada (Wickberg 1982). This has fostered the perpetuation of many traditional practices including Chinese medicine.

Despite the utilization of Western medicine, many Chinese families still retain their family-based system of home remedies. The strong connection of Chinese medicine to the family is a major reason for the vitality of Chinese herbalism. The Chinese family is one of the most enduring social institutions and with it endures family practices such as the therapeutic use of food and herbs.

The close relationship between food and herbs is another important connection demonstrating the cultural support for a
home-based, self-healing system. Dietary preferences are aspects of culture that are highly resistant to acculturation. The Southern Chinese are especially renowned throughout the Chinese world for their highly developed culinary arts (Chang 1977). This special attention placed on food and cooking by the Southern Chinese provides them with a sensitivity to the effects of different foods on the body. There is a close semantic link in the Chinese world-view that links food categories with dietary hygiene and on to food and herbal therapy. This has placed traditional herbalism in the kitchen which is at the very heart of Chinese family life.

Studies in medical anthropology have clearly demonstrated the key role that culture plays in shaping a group's health beliefs and practices. Medical anthropologists such as Kleinman (1973), have also revealed that embedded into the very matrix of medicine are the values and world-view of a culture.

Chinese medicine is concerned with wholeness, balance, harmony and sensitivity to change. These are qualities that make up the Chinese ethos. These are brought into play each time the Chinese person experiences some disharmony in his/her body. To understand and communicate the changes in the body during illness, the Chinese will draw on the medical metaphors of his/her culture. In this way, medicine is a "symbolic reality" linking the physiological experiences of the individual with a socio-cultural world of meanings (Kleinman 1973). The experience of illness is moulded from the cultural
set of meanings available to the individual. Therefore, it is important to consider the traditional medical idiom that most Chinese people are familiar with. This is the language of hot and cold, energy and blood that the Chinese herbalists converse with their clients. This is the popular language of forces operating outside and inside the body. It is a rich metaphorical language that is highly expressive and symbolic. So that when the Chinese talk about their experience of illness, they use familiar metaphors that are based in an underlying personal reality. Lay people use this metaphorical language to express their medical problems to others. They can establish a rapport in this language with the herbalist. It is more difficult for the Chinese to talk about winds and cold when they are speaking to a medical doctor who communicates in an unfamiliar scientific language. Therefore, there is a preference, particularly on the part of older, less educated Chinese to use a healing system that resonates with the way they think and speak.

Therefore, language is another reason for seeking traditional medical remedies. However, this is not the Chinese (Cantonese) language. This reason is discounted by the fact that Chinese MDs also speak Chinese (Cantonese).

Accessibility of the herbalist and herbal pharmacy in Chinatown is another reason many new immigrants prefer their traditional medicine. A new immigrant or a Chinese not speaking English has to deal with an imposing bureaucracy before
they are able to see an MD on the medical plan. Instead, this person may find it both handier and less stressful to enlist the services of a herbal pharmacy where everything is familiar.

Ethnicity is certainly a factor than cannot be ignored in the case of the Chinese. There is a certain ethnic pride associated with maintaining one's unique cultural traditions. Certainly this is true for Chinese herbalism. The Chinese are definitely proud of the fact that they have one of the oldest surviving medical systems in the world. An extreme view, in what amounts to ethnic determinism, is still held by some of the oldest members of the community. This is the view that Chinese medicine is the best medicine for the Chinese people. This, needless to say, is not a widespread opinion. Most of my informants felt that Chinese medicine was equally effective for both Chinese and non-Chinese.

A more widespread phenomenon that has played an important role in the renewal of interest in Chinese herbalism was the re-emergence of the Chinese ethnic identity in the 1970's (Wickberg 1982). The last vestiges of discrimination against the Chinese were not lifted until 1967, when the immigration act was revised allowing fairer immigration laws for the Chinese. This served to unite many Chinese families in Canada and sparked a sense of ethnic pride in the Chinese community. By the 1970's, after almost a century of discrimination, the Chinese were no longer ashamed of being Chinese. It was legitimate to be Chinese. This led to a burgeoning interest in
their cultural heritage. One of the recipients of this renewed faith in Chinese culture was Chinese herbalism.

Prior to 1970, there were only a few herb shops and pharmacies in Chinatown. In the 1970's there was rapid growth in the number of these establishments where Chinese herbs could be purchased. This growth correlates directly with the legitimation of the Chinese ethnic identity. While herbs have been used from the time the first Chinese immigrants came to British Columbia in the nineteenth century, nothing like the rapid growth of the 1970's had occurred. Whereas it may have been previously thought that Chinese medicine was backwards, this was no longer the case. Chinese herbs were openly bought and sold. Fueling this rapid growth of Chinese herbalism, was the increase of Chinese immigration in the 1970's. The newer immigrants had never lost touch with the tradition of Chinese herbalism and helped to rekindle acceptance by the more established Chinese-Canadians.

The return of traditional medicine is called medical revivalism (Leslie 1976). Crozier (1976) documents the recent revivalism of traditional medicine in the PRC. This led to the integration of traditional Chinese medicine with Western medicine. In Vancouver, a similar revivalism has led to the preservation of an existing tradition and not the synthesis of a new type of medicine. There is evidence to suggest that Vancouver has witnessed the revivalism of the traditional system of Chinese herbalism. This revivalism has been nurtured
by the legitimation of the Chinese ethnic identity and the new wave of Chinese immigration.

This medical revivalism is still in process. It is too early to tell if this is a genuine revival movement, or just an artifact due to recent immigration of more "traditional families" from Asia. Four new herbal pharmacies have opened during the first two years of the 1980's. Chinese herbalism is not merely maintaining its presence in the Chinese community but is undergoing an unprecedented growth period. There has also been a greater acceptance of Chinese medicine via acupuncture in the greater community. People of all cultures are becoming more interested in Chinese medicine and herbalism for the reason that it works. We will now turn to the question of the efficacy of Chinese herbalism.

The question of medical efficacy is difficult to evaluate. I will suggest that no single explanation is adequate to encompass the diversity and complexity of the Chinese herbal system. I propose that the efficacy of Chinese herbalism can be best evaluated at both an empirical level of physiology and at a symbolic level of cultural meanings. Both levels have their own criteria of efficacy and, therefore, the evaluation of efficacy must proceed along two separate directions. Medical anthropologists such as Kleinman (1980) have labeled this important difference in the functions of medicine as the "curing of disease" versus the "healing of illness." The curing of disease refers specifically to the control of
abnormal physiological events in the body. Western medicine has focused its attention on this component. The healing of the illness occurs when personal and social meaning is provided to the sickness episode. The patient feels better through hope, faith and social support, which in turn assists the natural healing process of the body. Much of traditional medicine in the form of magical and sacred rituals has employed this aspect of healing to achieve a cure in the patient. Chinese herbal medicine, I will argue, is particularly efficacious because it attends both to the curing and healing of the patient.

One explanation for the relative effectiveness of Chinese herbalism is that it is an empirical system. Herbs have been chosen and prescriptions formulated on the basis of 5,000 years of careful empirical research. There is evidence to suggest that harmful remedies have been eliminated from this system over a long period of time. Chinese physicians would determine the action of an herb on themselves before they were tried on their patients. This tradition is said to have been initiated by the legendary father of Chinese herbalism, Shen Nung, who is said to "have tasted the one hundred herbs." Thus, herbs were chosen for medicinal purposes because they were observed to work.

An empirical system such as Chinese herbalism does not require an elaborate theoretical system to explain how herbs worked, although one did exist. The lay people of China have
used herbs for a millennium without any knowledge of Chinese medical concepts. Similarly, in Western pharmacy many drugs are used without any knowledge of their mechanism of action.

Does this require us to accept on face value that Chinese herbs are physiologically effective? Before I answer this, I would like to point out that Chinese herbalism has continued to persist into the twentieth century because people believe they work. While this belief in their efficacy is enough to ensure the survival of Chinese herbalism, the results of pharmacological research into Chinese herbs has indicated that there is a rational component to the system.

Modern pharmacological research is beginning to suggest that many claims made for Chinese herbalism are well-founded. A number of Chinese herbs have been shown to contain active ingredients that have a specific action on the body and are not merely placebos. Most of this research is being carried out in Asia by the PRC, Japan, the USSR, Taiwan, Korea and Hong Kong. Over 2,000 articles have been published on ginseng trying to explain its mechanism of action.

Journals such as the American Journal of Chinese Medicine and the Bulletin of the Oriental Healing Institute are beginning to publish this Asian research in English. It is only a matter of time before Western scientists become interested in performing research on Chinese herbs.

Stephen Fulder is a British pharmacologist who has begun research into exploring the efficacy of ginseng and other
Chinese herbs. Fulder (1980) has reviewed a great deal of Asian research on ginseng and argues that some of the traditional claims for its healing properties are well founded. Fulder calls ginseng a harmony drug because it is able to restore physiological homeostasis to so many body systems. Fulder (1980:116) attempts to put the claims for ginseng into perspective:

In summary, we can see that ginseng is perhaps the most important of Chinese remedies. Exotic and extraordinary powers are claimed for it, but closer examination shows these to be overenthusiastic. A careful probe of the way the Chinese healers regard and use ginseng enables us to streamline the claims. Ginseng then appears as a non-specific vitalizing and harmonizing substance. It repairs Yang; and tunes and energizes body functions. It is not curative. Its use in sickness is intended to set the stage advantageously for the confrontation with the disease, and for this purpose it is combined in a large proportion of all compound remedies.

Fulder (1980:262) concludes that for ginseng and some other Chinese herbs:

The question of whether these remedies work or not no longer requires debate. The evidence is overwhelming, and the lack of any appropriate studies in contradiction is a deafening silence. The debate should move on to another level, that of relevance to our medicine, our health and our development.

He is convinced that there is sound data to demonstrate the pharmaceutical efficacy for at least some of the Chinese herbs.

Another interesting result of this research is that even the most unlikely Chinese remedies of animal origin contain active ingredients. The antler from the spotted deer is a prized Chinese drug that has been found to contain pantocrine
which has remarkable anti-fatigue properties. The Chinese have traditionally used deer antlers or pantui as a general tonic for debility, old age, impaired vision and hearing, rheumatism and many other diseases. Other exotic remedies such as the gecko lizard, rhinoceros horn, and tortoise shell are beginning to be taken seriously by some pharmacologists. Often they find that an unlikely drug contains important active ingredients. For example, the skins of certain toads have been found to contain adrenalin. To the early Chinese pharmacist, this represented the only source for a substance he knew nothing about. However, he was intimately knowledgeable of its effects on the body, and used it on this empirical basis.

In conclusion, Chinese herbalism has in part operated as an empirical system based on a simple but reputable system of careful observation. Contemporary experimental evidence is beginning to prove the correctness for some of these early empirical findings of Chinese scientists. This physiological efficacy of Chinese herbs has contributed to its continued support by the Chinese populace in Asia and abroad.

The second level of efficacy occurs through the provision of personal and social meaning. This form of healing has nothing to do with what kind of treatment is given, but the ritual context that surrounds the treatment. Healing of this type occurs along "a symbolic pathway of words, feelings, values, expectations, beliefs and the like which connect cultural events and forms with affective and physiological
processes" (Kleinman 1973). Aspects important to the efficacy of symbolic healing include the cognitive meanings employed by a medical system, the ritual context for healing, the healer-patient relationship and the symbolic aspects of treatment.

Moerman (1979) in a paper on the "Anthropology of Symbolic Healing" has made an important contribution to the understanding of the symbolic efficacy of traditional healing systems. Moerman (1979:60) argues that:

... the metaphorical structure, the system of meaning, of a healing discipline is decisive in its effectiveness, as important as any other "actual," "physical," "pharmacological" elements. ... This is not to say that herbal medicines do not have significant specific medical effects; they certainly do. What I am arguing is that the symbolic component of treatment is significant as well, that it is these healing metaphors which provide the symbolic substance of general medical treatment.

Chinese medicine is densely embued with symbolism and particularly amenable to the type of analysis of symbolic action that Moerman advocates. It is beyond the scope of this present work to analyze the symbolic component of Chinese herbalism. Instead, I would like to draw attention to two important articles on the symbolism of Chinese medicine. Kleinman (1975: 114) feels that:

It would be difficult to exaggerate or overvalue the therapeutic significance of this symbolic use of herbs and diet. Besides the pragmatic instrumental value they may possess these measures also have a placebo effect and, as we have already pointed out, represent a consistent explanatory system which links ideas about illness with ideas about and actual treatment.

Cooper and Sivin (1973) look at the whole question of
symbolism of Chinese drugs and what claims to efficacy this may have. The authors select a single group of drugs—those derived from the human body; from the vast Chinese pharmacopoeia to examine why and how those substances lacking pharmaceutical efficacy were retained. They arrive at the conclusion that:

No single factor among the three—known pharmacodynamic effects, symbolic procedures established within folk medicine, the theoretical abstractions of the ancient scientific traditions—can account for the range of prescriptions at the old-fashioned physician's disposal. The positivistic conception of Chinese drug therapy as an empirical science analogous to the clinically tested therapeutic procedures does not stand up to close and impartial scrutiny.

. . . Anyone whose concern is to comprehend traditional medicine as an entity subsisting and changing through time will, we believe, find it a waste of time to confine his attention to what looks interesting from the positive point of view. The crucial problem is rather to understand the balance between empirical, ritual and theoretical factors to understand and to discover the many modes of interplay.

(Cooper and Sivin 1973:258)

I would suggest that there are multiple ways to explain the efficacy of a particular herb. The most useful explanations will explore the interaction of both pharmaceutical and symbolic properties of herbs. There is in all likelihood no absolute division between these two modes of efficacy. For example, there are some herbs such as ginseng which can be profitably analyzed from both perspectives. Research on ginseng has demonstrated that it does have ingredients which are pharmacologically active (Fulder, 1980). There is also a
folk belief that the closer the root resembles a man, the stronger and more powerful are its effects (Koo 1976). Here is a clear example of the doctrine of signatures. This is a symbolic logic which declares particular efficacy for plants having anthropomorphic form.

On the other hand there are herbs such as "dragon's teeth" which are in actuality fossilized hominid teeth that have no empirical basis for their inclusion in the materia medica. However, a symbolic analysis would reveal metaphorical reasons for its inclusion.

On the other extreme, there are remedies which are largely used because of their empirical effects and have only minimal symbolic import. I would draw attention to the various first aid remedies such as Panax pseudoginseng which is placed on open wounds to control bleeding.

I would like to now focus on the rituals of the herbal pharmacy and the symbolism of the herbs themselves.

One only has to step inside the door of a traditional herbal pharmacy to enter the symbolic world of Chinese medicine. One is immediately immersed into the sensual world of strange odours, sights and activities. The herbs are carefully displayed in the glass cases and apothecary-type jars or else stored away in unmarked drawers. The pharmacist's tools reflect both the old world and the new. The world of traditional China is suggested by ivory scales, the abacus, mortar and pestle and large cleaver. Juxtaposed alongside are the
electronic calculator, cash register, grinder and scale.

Behind the counter is the herbalist, whose activities constitute a timeless ritual pregnant with symbolism. The good herbalist is part showman, carefully and knowingly selecting, weighing and preparing prescriptions before the watchful eyes of his customer. He embues the herbal prescription with an added potency through the ritual of dispensing. The act as well as the product of the preparation serves to increase the efficacy of the herbal remedy.

The herbs themselves symbolize the healing power of nature. Not all Chinese herbs share in the obvious symbolism of rhinoceros horn and tiger's testicles which symbolize and therefore are used to increase male potency. The natural raw state of the herbs reinforces the Chinese concept of restoring the natural balance of the body in harmony with the elements of the universe. The preparation of Chinese remedies is a careful ritual of boiling them down and drinking the remaining cup of thick dark fluid. The intensely bitter taste insures the recipient that he is receiving a powerful treat-
ment.

The conclusion from this brief review suggests that Chinese herbs operate at a level of physiological and symbolic efficacy. This dual efficacy has insured that the consumers of Chinese herbs receive beneficial results.

Although this thesis is concerned with the use of a traditional medical system by the Chinese of Vancouver, I
cannot ignore the increasing interest in this topic by Westerners. Westerners are attracted to Chinese herbalism initially by its exotica and mystique. Later they discover that it is a simple but effective way to control many common health problems. Chinese herbalism, like many other traditional medical systems appear to serve a "need" that is being missed by contemporary biomedicine. This includes the contemporary trends towards naturalism and Eastern or ancient wisdom.

I believe that the present renaissance of Chinese herbalism goes beyond the world of fads to a deeper world of epistemology and paradigm shifts. My final point for the persistence of Chinese herbalism is that it represents an alternate medical paradigm which is complementary to and not in opposition to Western biomedicine.

Whereas Western medicine speaks in a language of germs and pathological processes, Chinese medicine uses metaphors like vital energy or hot and cold forces disrupting the balance of the body. Each system addresses the same phenomena from a different point of view. There is little gained by trying to evaluate which system is more accurate. Both systems are correct within their own frame of reference and cultural context.

An important shift is underway which will redefine our ways of conceptualizing health and disease. Like the field of physics, the Chinese insights in medicine appear to have
anticipated our concerns by millennia. The Chinese achievements in medicine such as the concern for diet and nutrition, the idea of a preventative medicine and the use of safe substances to facilitate the body's own healing capacity are only now being discovered by Western medicine. In this way Chinese medicine is very contemporary and timely.

Notwithstanding these growing similarities, Chinese and Western medicine remain distinctly unique medical systems. Each system has its strengths and weaknesses, as my Chinese informants clearly recognize. To most of my informants it is not a question of using one or the other system. Those Chinese who still use traditional herbal remedies also utilize Western medicine. The Chinese are highly pragmatic in their choice of medical treatment and select the best that each system has to offer. The Chinese have always supported medical pluralism so as to maximize their health options. They prefer the security in the knowledge that if one medical avenue does not work out, there is always another option open to them.

To the Chinese mind, there is strength in diversity and alternatives. The old Chinese teaching of the complementarity of opposites is still very much part of contemporary Chinese life. Given the choice of two radically different medical systems, the Chinese of Vancouver have chosen not to reject either but to incorporate both into their way of life. The two medical systems are not seen as being mutually exclusive. Rather they are seen as being complementary to one another.
Seen from this perspective, the two systems are not mutually exclusive but mutually compatible. The data show that where Western medicine fails, Chinese medicine succeeds and where the Chinese approach is ineffective, the Western is effective. It is this genius to recognize the complementarity of these two medical systems that has ensured the survival of Chinese herbalism in Vancouver's Chinatown for today and years to come.
V. CONCLUSION

Chinese medicine, like all Chinese science is born of a naturalistic cosmology recognizing the fundamental harmony and relatedness of all things. Chinese herbal medicine developed from an agricultural civilization whose citizens were concerned with becoming masters of the materials and forces of the natural world. From these concerns developed a natural healing system based on the use of minerals, plants, animals and man himself as agents to restore balance within the human body. Chinese herbalism is one of the oldest and most constant medical systems in the world today.

In this thesis I have examined the 5,000 year old system of Chinese herbalism as it is being practiced today in the Chinese community of Vancouver. We have seen that far from being a cultural artifact preserved by a few venerable souls, it is a thriving tradition practiced by a substantial portion of the Vancouver Chinese community. Herbal medicine is an integral part of Chinese culture historically and contemporaneously. I have attempted to document how Chinese herbalism is woven into the fabric of Chinese culture in Vancouver. To accomplish this task, I set out first to describe in detail the herbs themselves and the herbal pharmacies where they are bought and sold in Vancouver's Chinatown. I then looked at the social organi-
zation of traditional herbal knowledge using Kleinman's (1980) tripartite model of local health care systems. This led me to examine the practices and knowledge of Chinese herbalism for the professional, folk and popular or family health care sectors. I then attempted to answer the question of why Chinese herbalism has survived in relatively intact form in the middle of a contemporary North American urban centre. Several key themes emerge from the data that bear reiterating at this point.

The first is the central role that the Chinese family has in the practice of herbalism in Vancouver. While Chinese herbalism has had professional, folk and popular practitioners throughout its history, it is the popular, family-based system that dominates in this North American urban context. Therefore, it is the family's use of herbs for self-care that is the dominant force behind the maintenance of traditional herbalism in Vancouver's Chinatown. Although most Chinese families seek professional medical care from Western physicians, many have retained the self-care component of their traditional herbal system. Furthermore, due to their central role as care providers, it is the women of the Chinese household who are responsible for a large part of the management of the family's use of herbs. The kitchen, which is the sole domain of the women of the household is also the centre of herbal preparation.

This leads us to a consideration of the second theme
which is the close relationship between food and herbs in Chinese culture. The Chinese, particularly those from Southern China, are keenly aware of the positive and negative effects that different foods have on the body. They use the hot/cold classification system to differentiate types of food and their physiological action. This system is also used to classify herbs, diseases and treatments. Thus there is a very close conceptual link made between the medical properties of foods and herbs. My conclusion is that the Chinese do not have as rigid a division between foods and herbs as Westerners do. The Chinese are more interested in differentiating the effects that substances have on the body in terms of their nutritious, tonifying, therapeutic or poisonous qualities. The preparation of many herbal prescriptions involves the making of an herbal soup which is often part of the family meal. Thus the family's use of herbs is integrated into the traditional Chinese diet.

A third theme is that a great deal of the use of herbs in the family is for the prevention of disease and the maintenance of bodily vitality. Many herbal preparations are used to make the individual more resistant to disease by strengthening their ch'i (vital energy) or their blood. The Chinese believe that a loss of balance between the yin and the yang forces in the body results in disease. These imbalances can be recognized and treated before the disease
sets in by the appropriate diet and herbal therapy. The Chinese will also anticipate times of additional stress on the body. They prepare themselves for it by building up their resistance and energy with the appropriate herbal mixture. The Chinese also use herbal tonics on a regular basis to deal with the special problems common to men, women and the aged. Thus it could be said that the traditional Chinese medical system has a preventative orientation in which as much emphasis is placed on the prevention of disease as its treatment.

The fourth theme I would like to draw attention to is the fact that although Chinese herbalism has professional, folk, and popular traditions in Asia, it is only the latter two that have become part of Chinese culture in Vancouver. In both Hong Kong and the PRC, the professional herbal doctor plays a significant role in the provision of health care. This is the classical-professional tradition of herbalism which dates back to classical times. However, this component is not very significant for the practice of Chinese herbalism in Vancouver. This is due to the fact that a professional form of medicine already exists in Vancouver which precludes the adoption of any alternate medical system into the mainstream health culture. Thus Chinese medicine is only able to survive in its non-professional form. Notwithstanding these limitations, the "little" tradition of Chinese herbalism has found a niche in the Chinese community of Vancouver. Thus what has
survived in the contemporary urban context is the popular and folk tradition of Chinese herbalism which is essentially a self-care system based on an oral tradition of teaching. This self-care component of Chinese herbalism based on oral transmission is well adapted to the traditional family system. For this reason, Chinese herbalism continues to be practiced in many traditional households of Vancouver.

The fifth and final theme that I would like to elicit concerns the whole question of the efficacy of Chinese herbs. There are arguments that Chinese herbalism is an empirical system which works because of the pharmaceutical efficacy of the active ingredients within herbs. A great deal of scientific research has been done on Chinese herbs in an attempt to document its therapeutic basis. There is the countering position which argues that Chinese herbalism is a symbolic system of healing which derives its success through the placebo effect and any active ingredients are incidental to the primary metaphorical impact. The data indicate both these positions to be untenable in the explanation of therapeutic effectiveness of Chinese herbs. Evidence was presented in this thesis to indicate that Chinese herbalism has a large rational component based on the empirical findings of Chinese physicians for centuries. Contemporary pharmaceutical research is beginning to provide a scientific explanation for the efficacy of many herbs in the Chinese materia medica.

However, the symbolic aspects of Chinese medicine
continue to play an important role in the popular tradition of herbalism in Vancouver. The popular medical idiom of the families of Vancouver is a highly symbolic system of hot and cold dichotomies. Based on this symbolic classification of bodily imbalances, an "appropriate" herbal remedy is selected. Although this process may result in the selection of pharmaceutically active and appropriate herbs, the diagnostic criteria are essentially symbolic.* In addition to this symbolic classification system, many of the herbs suggest symbolic reference to potency and vitality. Also, the whole process of buying and preparing herbs is heavily overlayed with ritual symbols and therapeutic metaphors. Thus we have to conclude that the Chinese herbal system's basis of efficacy is on the tightly woven interactions between its empirical and symbolic elements. Medical anthropology should conduct further research and analysis of not only traditional medical systems but also contemporary biomedicine.

Finally, I would like to pose the question of what is the future outlook for Chinese herbalism in North America. For Vancouver, at least, the data indicate that in sheer numbers, Chinese herbalism is expanding its scope in Chinatown. It is too early to tell whether this is due to recent

* Which may not be all that different from Western "scientific" methodology.
in-migration of "traditional" families or a genuine revivalism of interest in Chinese herbalism by the Chinese community at large. Since family herbalism is based on oral traditions, it will take one or two generations to tell if the younger Chinese women have learned the system from their mothers and will continue to practice it in the home setting. It is my opinion that once they experience the limitations of Western medicine to treat all ailments, they will continue to use certain elements of their traditional herbal system. However, it is safe to conclude that the present system of family self-care using herbs will continue for at least one more generation in Vancouver.

A further variable determining the future of Chinese herbalism is whether it will draw the widespread publicity that acupuncture achieved in the 1970's. My data indicate that more and more Westerners are becoming interested in Chinese herbalism through courses, books and experimentation with Chinese herbs bought in Chinatown. At the present, there is evidence that the classical-professional component of Chinese herbalism is beginning to be taught in acupuncture colleges in Boston, Seattle, San Francisco, Los Angeles and Santa Fe. It will be interesting to observe if this component of Chinese herbalism which has been virtually lost in the Chinese community is preserved by Westerners. Another variable to consider will be the impact of the pharmaceutical research now being carried out on Chinese
herbs. Will Chinese herbs become a new source of drugs for the pharmaceutical industry and become incorporated within the Western medical model or will it survive in a more intact form as a viable, alternate healing system? Chinese medicine is a dynamic and adaptive system which has established itself over a 5,000 year period. Chinese medicine is in a process of diffusion in which it is both an active and passive partner in the process of medical change. It will undoubtedly continue to have an important impact on the health of the world for many more years to come.
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