

# Determinants of Use For Traditional Medicinal Practices Within the Vietnamese American Community

*Jacob Huy Dinh Ngo*

## **Abstract**

**Objective:** This study aims to identify potential reasons Vietnamese Americans continue to use traditional medicine and explore the relationship between balancing Western care and traditional medicinal care. The study's main hypothesis is that Vietnamese Americans partake in traditional medicinal practices due to five reasons: it is more accessible, there is a cultural significance to the practice, there is a credibility of traditional practices, participants are more comfortable with the practice, and it is more effective than Western medicine. Furthermore, this study hopes to categorize and understand what traditional medicinal practices are used for as supplemental information.

**Methods:** A digital Google survey was sent out to Vietnamese Americans based on personal connection and word-of-mouth. A sample of 107 responses were obtained within a two week collection period.

**Results:** Based on the responses, the results supported only part of the hypothesis in which participants rated that traditional medicinal practices held a cultural significance to them and the user felt comfortable using these practices. More so, herbal medicine, wind scraping or coin scratching, and massage therapy were the most common traditional medicinal practices used among the participant pool.

Conclusion: Although the results did not fully support the hypothesis, there is still a better understanding about how respondents viewed traditional medicinal practices in comparison to Western medicine. Vietnamese Americans continue to play a role of bridging traditional and Western practices into their lives, which brings up a point of the need to be more culturally sensitive to traditional practices in a Western healthcare setting. This would allow more cultural competency in designing Western healthcare interventions and open pathways to collaborate between both health spheres, overall potentially decreasing barriers to access to culturally competent care in the United States.

### Background

Traditional medicine has historically played and continues to play a large role in many ethnic communities. With the evolving wave of medical science, studies have been able to use aspects of traditional medicine to research potential life-saving properties, such as using Vietnamese medicinal plants to combat malarial infection.<sup>1</sup> Traditional medicine is defined as “the knowledge, skills, and practises based on the theories, beliefs and experiences indigenous to different cultures, used in the maintenance of health and in the prevention, diagnosis, improvement or treatment of physical and mental illness”.<sup>2</sup> Because of its natural processes and cultural association, traditional medicine is both a spiritual and natural treatment. In addition, different ethnic groups have their own unique interpretations of traditional medicine, such as Traditional Vietnamese Medicine (TVM). The main principle with TVM is “the emphasis on

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<sup>1</sup> Nguyen-Pouplin, J., Tran, H., Tran, H., Phan, T.A., Dolecek, C., Farrar, J., Tran, T.H., Caron, P., Bodo, B., & Grellier, P. (2007). Antimalarial and cytotoxic activities of ethnopharmacologically selected medicinal plants from South Vietnam. *Journal of Ethnopharmacology*, 109(3). <https://doi.org/10.1016/j.jep.2006.08.011>

<sup>2</sup> World Health Organization (2010). Traditional medicine. <https://afro.who.int/health-topics/traditional-medicine>

nourishing the blood and vital energy, rather than concentrating on specific symptoms”.<sup>3</sup> For the Vietnamese community, TVM has served great functionality for decades, even drawing many of its practices from Traditional Eastern Medicine (i.e. Chinese, Korean, etc.). Common examples of TVM include: coin scratching, herbal therapy, acupuncture, and moxibustion. Acupuncture and qi gong, the concept of moving vital energy throughout the body, are traditionally Eastern practices, yet a majority of the Vietnamese population practices the same form throughout their lives.<sup>4</sup> It is important to understand the relationship specific ethnicities traditional medicinal practices have with each other. Knowing this will open the pathway to further research with individual perceptions of traditional medicine.

### Introduction

Traditional medicinal practices have always had a profound effect on culture and traditions in Asia. Different regions located throughout the East and Southeast have their own variations of medicinal practices that have been present for centuries. However, after each large wave of immigrant and refugee migration to the United States occurred, a clash between Western and Asian medicinal practices were apparent.<sup>5</sup> For instance, there have been several accounts of Western doctors reporting child abuse cases towards immigrant and refugee parents for performing coin scratching on their children.<sup>6</sup> The physical markings of traditional medicinal practices may mirror the conditions of child maltreatment and “result in the appearance of child

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<sup>3</sup> Carteret, M. (2010). Traditional Asian health beliefs & healing practices. <http://www.dimensionsofculture.com/2010/10/traditional-asian-health-beliefs-healing-practices/>

<sup>4</sup> Sancier, K.M. (1996). Medical applications of qigong. *Alternative Therapies*, 2(1). [qigonginstitute.org/docs/ken-altther1-96a.pdf](http://qigonginstitute.org/docs/ken-altther1-96a.pdf)

<sup>5</sup> Adams, K. (2004). Healthcare challenges from the developing world: post-immigration refugee medicine. *BMJ*. <https://doi.org/10.1136/bmj.328.7455.1548>

<sup>6</sup> Davis, R.E. (2005). Cultural health care or child abuse? The Southeast Asian practice of cao gio. *Journal of American Academy of Nurse Practitioners*. <https://doi.org/10.1111/j.1745-7599.2000.tb00173.x>

abuse”.<sup>7</sup> For the children of those immigrants and refugees, as Asian Americans, there is an exposure to both worlds of traditional and modern medicine, yet with seemingly different practices of healing, how do Asian Americans balance this? There is a dearth of research on traditional medicinal practices, especially within the Vietnamese American population. The lack of exposure to this information may be due to the unwillingness of Asian Americans to disclose this sort of information to conventional healthcare professionals, even when the engagement in traditional medicine is high.<sup>8</sup> The question of why this population decides not to disclose their use of traditional medicine to Western healthcare providers arises, possibly due to the clash of opinions between Western and traditional medicine. As a result, the purpose of this study is to explore the reasons for traditional medicinal usage, the frequency, and other indications of traditional medicinal usage over Western practices. The study also aims to determine what those traditional medicinal practices are in order to gain a better understanding of the various practices Vietnamese Americans use. I hypothesize that Vietnamese Americans partake in traditional medicinal practices because of 5 ideas: it is more effective than Western medicine, they are more comfortable with the practice, it is more accessible, there is a cultural significance to the practice, and there is a credibility of traditional practices. The objectives of this study are to address the three main points:

1. Identify the factors for the use of traditional medicine
2. Characterize what the traditional medicinal practice is used for (treatment-wise)

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<sup>7</sup> Killion, C.M. (2017). Cultural healing practices that mimic child abuse. *Annals of Forensic Research and Analysis*, 4(2). [jscimedcentral.com/Forensic/forensic-4-1042.pdf](https://www.jscimedcentral.com/Forensic/forensic-4-1042.pdf)

<sup>8</sup> Mehta, D.H., Phillips, R.S., Davis, R.B., & McCarthy, E.P. (2007). Use of complementary and alternative therapies by Asian Americans. *Journal of General Internal Medicine*, 22(6). <https://doi.org/10.1007/s11606-007-0166-8>

3. Explore why Vietnamese Americans have transitioned to using either traditional medical practices or Western practices

### Methodology

This study demonstrates the frequency and variety of traditional medical and medicinal practices that the Vietnamese American community practices. More so, it looks at the reasons why people from this population are continuing to practice various forms of traditional practice or why they have transitioned to a more Western view of healing and treatment.

### *Participants*

The population of this study is various Vietnamese American identifying people, ranging from late teenagers to early adult ages in their lives. A majority of participants included the Vietnamese American population on the University of California - Berkeley campus community. The participants were mainly gathered from various cultural clubs on campus such as the Southeast Asian Student Coalition, Vietnamese Student Association, and the Asian American Association. Various other outreach methods, such as social media, emailing, and flyers, were utilized to gather participants as well from other geographical areas, such as Southern California and Philadelphia. This was done in order to expand the participant pool demographics and make an attempt to produce results that could be applicable to Vietnamese Americans outside of the University of California - Berkeley campus. A prior restriction to the study was that participants must identify as Vietnamese American or Vietnamese, but that lived in the United States for a majority of their life (defined as longer than ten years). The participants were given an option to enter in a raffle for a gift card upon completion of the survey.

### *Survey*

The method of collecting data was primarily through a Google form. This was the most efficient and familiar tool for data collection for the purpose of this study. More so, this data collection method would be able to be easily shared with others across the country. The survey was created such that depending on the participant's response, it would lead the participant to the next corresponding question based on their previous response. There were various questions that led the participant to rate five statements on a Likert scale for both participants that have or have not used TVM before, to select five questions on a multiple choice format if the participant has not used TVM before and four questions if the participant has used TVM before, to check all/none/some of the boxes of two questions if the participant has used TVM before and zero if the participant has not, and three questions of short answer if the participant has not used TVM before and two short answer if the participant has used TVM before. In total, there were thirteen questions for both participants that have and have not used TVM before to answer. The questions measured the opinions of statements that tested the question of why Vietnamese Americans continue to use or do not use TVM. More so, some of the questions were either demographic questions and short answer questions in order to flush out more details of their experience with TVM. There were no control groups needed as this was a population survey and various questions and formatting were based off of a different research paper written by Nguyen et al. (2016). This paper had done prior work with categorizing TVM use among Vietnamese immigrants, which aligned with a similar concept that this study is trying to explore.<sup>9</sup> Lastly,

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<sup>9</sup> Nguyen, L.T., Kaptchuk, T.J., Davis, R.B., Nguyen, G., Pham, V., Tringale, S.M., Loh, Y.L., & Gardiner, P. (2016). The use of traditional Vietnamese medicine among Vietnamese immigrants attending an urban community health center in the United States. *Journal of Alternative and Complementary Medicine*, 22(2). <https://doi.org/10.1089/acm.2014.0209>

there was a mixture of both qualitative and quantitative questions, which adds to a better understanding of the research itself.

### *Procedure*

The participants were anonymous during the survey and were reached out to in the larger population through organizations on campus and social media outlets. The participants were given the survey link to complete online using their computers or phones. In terms of analyzing data, this researcher utilized the Google forms function to create bar graphs and pie charts based on the responses of the participants. For Likert questions, I compared the bar charts of the participants that did not use TVM and those who did, looking at general trends and using statistical descriptors to evaluate the graphs. More so, this researcher looked at the frequency and common types of traditional medicinal practices used and what symptoms and problems the practices were used to alleviate.

### Results

In total, 107 survey responses were obtained within a two week collection period. 58.9% of the respondents were female, 37.4% of the respondents were male, 0.9% were gender fluid, 1.9% were non-binary, and 0.9% preferred not to answer. The age range of the study was from ages 15 to 28, with a general bell curve. The most responses came from those in the age range of 18 to 21. Overall, a majority of the population have used traditional medicinal/medical practices (TMP) before in their life (86%), whereas 14% of the population were never exposed to traditional medicinal/medical practices before. Here the survey diverges into two paths, each tailored to the respondent's experience.

*“No Exposure” Group*

Within the “no exposure” group, out of the fifteen responses for those that did not participate in TMP, 66.7% of them have heard of different types of TMP before. The survey prompted participants to list out practices they have heard before and 8 out of 15 respondents wrote herbal medicine, acupuncture, coin scratching, and eastern medicine following in common responses. The two main reasons why some of the respondents never used TMP before were: no exposure to TMP within the familial context and the unreliability of TMP. The respondents were given five statements to rank on a scale of one to five (five being the highest and one being the lowest). Overall, the data and the corresponding statements are shown in Figure 1 (see *Appendix*) for those not exposed to TMP.

For Statement 1, there is a general left lean (or right skew) in the data, indicating that TMP is not more accessible than Western medicine to them. For Statement 2, there is a strong right lean (left skew), which indicates that TMP does hold cultural significance to the respondents. For Statement 3, there is a normal distribution, meaning that the respondents mainly feel indifferent about the credibility of TMP. For Statement 4, there is a general left lean (right skew), showing that TMP may not be as effective as Western medicine. Lastly, Statement 5 shows us varying opinions (a very weak left lean (right skew)) on whether or not the respondents would feel comfortable using TMP if given the option. In the end, however, 93.3% of the respondents were willing to try TMP sometime in their life.

*Exposure Group*

On the other hand, those who did use TMP before answered another set of questions in addition to ranking statements. The results showed that out of the 86% of respondents that have

used TMP before, 97.8% of them had their parents perform TMP on them when they were younger. Furthermore, Figure 3 (in *Appendix*) shows that the top three common practices among the participants are herbal pills and fresh herbs (herbal medicine), wind scraping/coin scratching, and massage therapy respectively. There are some participants that engage in acupuncture/acupressure, tai chi/qigong/meditation, and hot cupping. However, there were responses where participants were able to input their own experiences, and these included green eagle oil, tiger balm, and specific foods/soups. Figure 4 (in *Appendix*) followed up on the responses from Figure 3 and found that the top three common symptoms that participants experience, causing them to use traditional medicinal practices include stomach pain/digestive issues, muscle and joint pain, and headaches respectively. Another close category was overall health maintenance. Overall, the respondents were given the same statements as the “no exposure” group to rank, which are shown in Figure 2, listed in the *Appendix*.

For Statement 1, there is a normal distribution, meaning that those using TMP were mainly indifferent about the accessibility of TMP versus Western medicine. For Statement 2, there is a strong right lean (left skew), demonstrating that the respondents felt that TMP held a cultural significance to them. Statement 3 shows a normal distribution, indicating that many respondents were indifferent to how credible TMP are. For Statement 4, there is also a normal distribution, showing that many respondents felt that TMP were neither more or less effective than Western medicine. Lastly, for Statement 5, there was a general right lean (left skew), indicating a majority of the respondents felt comfortable with utilizing TMP. When prompted to further explain why they engage in TMP, many stated that they are keeping their culture alive, they are doing what their parents engaged in, and the comfortableness of using TMP.

## *Traditional Medicinal Practices*

### Discussion

This research is one of the few done on traditional Vietnamese medicine (TVM) concerning Vietnamese-Americans in the younger demographic age range. For this study, I originally hypothesized that the determinants of use for TVM within the Vietnamese American community were that it was a viable option than Western medicine, there is a cultural significance attached to TVM, it was a comfortable practice, it is more accessible, and it is credible. Interestingly, the results supported part of the hypothesis in which the two statements that many respondents felt strongly described them were that traditional medicinal/medical practices held a cultural significance and the user felt comfortable with using these traditional medicinal/medical practices. Many qualitative responses elaborated on their rankings, stating that they are not aware of the science behind these traditional practices. However, because their parents/guardians have used it, they feel a sense of cultural attachment and comfortableness to the practices. Interestingly, current research analysis on cultural medicine has shown that a person's viewpoint on a certain medical practice is closely tied with one's cultural and religious background, resulting in "profound health care implications."<sup>10</sup> People's cultural background influences the way they engage with medicine. Reflecting this information onto TVM, the same can be said that Vietnamese Americans use TVM because it was something they grew up with, having it being reinforced through their daily lives when younger. On the other hand, for those who did not use traditional medicinal/medical practices (TMP) before, TMP still provides a strong cultural significance to Vietnamese-Americans. However, slightly different from the

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<sup>10</sup> Juckett, G. (2005). Cross-Cultural medicine. *American Family Physician*, 72(11). [aafp.org/afp/2005/1201/p2267.html](http://aafp.org/afp/2005/1201/p2267.html)

exposure group, there is still a general trend that Western medicine is more accessible than TMP and that Western medicine is more effective than TMP. Perhaps, due to their lack of exposure to traditional medicine, Western medicine is a stronger option for those who were not exposed to TVM and they are more supportive and lean towards Western medicine over TVM. Interestingly, it seems as if overall, Vietnamese-Americans view TVM as an important cultural significance. This demonstrates that not only is TVM used as a form of healing to some, but it mainly serves as a cultural practice and something that is ingrained within the culture of the Vietnamese-American population. Furthermore, other objectives of the study were to identify factors for the use of traditional medicine and characterize what the TMP were used for (treatment-wise). Within both the respondents that have used TVM and haven't used TVM, both mention the traditional medicinal practice of herbal medicine and herbal therapy as the one most commonly heard or commonly used. This could be due to the increase in visibility in traditional foods as forms of healing, with the increase in awareness of the idea that "food as a form of medicine," where traditional medical herbs and culinary dishes were said to prevent and treat certain symptoms and illnesses.<sup>11</sup> More so, for the respondents that have used TVM, wind scraping/coin scratching and massage therapy were the other common practices performed. Wind scraping/coin scratching and herbal medicine/therapy are common and popular traditional practices used amongst Vietnamese immigrants and refugees. As a result, those practices are oftentimes performed on and passed onto the children (Vietnamese-Americans) of these immigrants and refugees. However, wind scraping/coin scratching does provide much skepticism

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<sup>11</sup> Lam, T.P. (2001). Strengths and weaknesses of traditional Chinese medicine and Western medicine in the eyes of some Hong Kong Chinese. *Journal of Epidemiology and Community Health*, 55(10). <http://dx.doi.org/10.1136/jech.55.10.762>

within the Western medical community, in which the patterned bruise may be misinterpreted as physical abuse, especially if seen on children.<sup>12</sup>

### *Implications*

The information gathered and interpreted through this study could provide a basis for many courses of action. Since it was found that TVM plays a huge cultural significance within the Vietnamese American community, Western medical centers and organizations ought to integrate a mixed-level healthcare system for many Vietnamese Americans who feel comfortable around TVM. This is particularly important for the older generations of Vietnamese immigrants and refugees who have a strong attachment to traditional medicine, yet are faced with only Western medical care in the United States. This mixed-level healthcare system may involve supplementing the medical system by providing educational training for medical providers and potentially starting collaborations with researchers studying traditional medicine.<sup>13</sup> This can also evolve into potentially prescribing traditional medicinal practices as alternatives to Western interventions that patients may not be comfortable with to see if there is a significant change in their health. This can be drawn from the data on the common traditional practices used and what symptoms traditional practices tend to alleviate. This practice allows healthcare systems to be more culturally competent in their practice, an issue that has been pervasive in the medical community for years.<sup>14</sup> This also not only applies to just the Vietnamese population, but can be applied to the larger Asian and Pacific Islander community as well, even potentially furthering

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<sup>12</sup> Nguyen et al. (2016)

<sup>13</sup> Park Y.L. & Canaway, R. (2019). Integrating traditional and complementary medicine with national healthcare systems for universal health coverage in Asia and the Western Pacific. *Health Systems and Reform*, 5(1). <https://doi.org/10.1080/23288604.2018.1539058>

<sup>14</sup> Betancourt, J.R., Green, A.R., Carrillo, J.E., & Park, E.R. (2005). Cultural competence and health care disparities: Key perspectives and trends. *Health Affairs*, 24(2). <https://doi.org/10.1377/hlthaff.24.2.499>

that into other communities of color with their own traditional practices.<sup>15</sup> In addition, it is important to note that with the use of traditional medicine, there needs to be more research on the effects of combining traditional medicinal practices with Western treatments. Potential molecular or metabolic interactions between traditional medicines (i.e. herbal medicine) and Western medicine (i.e. pharmaceutical drugs) may occur, in which antagonistic or synergistic effects may be observed.<sup>16</sup> These considerations must be taken into account in order to provide complete and proper care for these populations.

### *Limitations*

Various limitations were generated throughout the survey that could cause potential problems. Convenience sampling and snowball sampling was most likely the largest form of bias within the data collection process. Using social media as a platform, the survey was given to organizations with a high amount of Vietnamese-Americans present within the organizations. Through social media outreaching, several of the respondents were familiar Vietnamese American students and were easy to access and give the survey to. Therefore, the data is potentially not generalizable to the entire Vietnamese American population living in the United States. Expanding on that, the time frame of two weeks may not have been a sufficient amount of time to collect data. There were some respondents that were not from the University of California - Berkeley; thus, the study obtained data of Vietnamese Americans in different locations. However, this does not mean we can make generalizations of information found in this

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<sup>15</sup> Xu, H. & Chen, K.J. (2011). Integrating a traditional medicine with biomedicine towards a patient-centered healthcare system. *Chinese Journal of Internal Medicine*, 17(2).  
<https://link.springer.com/content/pdf/10.1007/s11655-011-0641-2.pdf>

<sup>16</sup> Chan, E., Tan, M., Xin, J., Sudarsanam, S., & Johnson, D.E. (2015). Interactions between traditional Chinese medicines and Western therapeutics. *Current Opinion in Drug Discovery & Development*, 13(1). doi: 10.1016/j.cmpb.2015.09.006

study to Vietnamese Americans living outside of California or in other geographical locations in California because of the inconsistent proportion size. This concept is also applicable when comparing the group that did not use TVM and the group that did. There was a significantly lower amount in the group that did not use TVM, which makes the data not as reliable in comparison to the group that did use TVM. Moreover, the broad age range may skew the data because it did not focus on a narrow age range, which would have been more effective. Lastly, those without access to technological devices would not have been able to participate in this survey, thus excluding those who did not have technological devices or Internet-capable devices at the time, but were eligible for the study.

#### *Future Considerations*

If I were to do the study over again, I would narrow my research proposal to a specific population demographic, which would provide more accurate information about a certain population. This would avoid the potential need to separate the data, which could bias the results even further. More so, integrating qualitative interviews to understand the narratives of Vietnamese Americans and their experience with traditional medicine would be worthwhile in order to capture a more robust data set that transcends the numerical, quantitative results that this study covers. This would allow for the study data to be humanized, in which many research studies continue to use Asian American Pacific Islander bodies as data, without ever translating the research back to the community. I would want to integrate this narrative aspect in this research and generate accessible resources for the Vietnamese American community to reference and use for their own purposes.

In a larger context, there needs to be more research topics done on traditional medicine in general within an Asian American Pacific Islander lens. Further research on the evaluation of pilot programs integrating traditional medicine in Western healthcare settings would be essential and valid next step in this progression. More so, another future consideration is conducting studies on various molecular interactions with traditional medicine and Western healthcare interventions would be eye-opening in the journey to create a space that is able to integrate these two spheres. Lastly, generating a task force to build curriculum to train Western medical providers on cultural competency and traditional medicinal practices may be worthwhile to seek systematic changes in American healthcare systems.

### Conclusions

Traditional Vietnamese Medicine plays a significant and cultural role within the Vietnamese American community. It is necessary to understand how TVM has played out within the Vietnamese American community in order to better cater to this population and potentially spark interest in different Asian and Pacific Islander ethnic traditional medicine forms as well. This knowledge will further allow for understanding of current barriers that Asian and Pacific Islander ethnic groups, not limited to Vietnamese, members face in the United States. Since TVM is oftentimes homogenized within the larger context of East Asian medicinal practice, it is also important to note the different practices TVM entails. In addition, it is important for Western healthcare entities to understand the significance of traditional medicine in general and provide culturally sensitive care in general and within the perspective on traditional medicine.<sup>17</sup> Although

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<sup>17</sup> Tran, Q.N.H., Dieu-Hien, H.T., King, I.N., Sheehan, K., Iglowitz, M.L., & Periyakoil, V.S. (2019). Providing culturally respectful care for seriously ill Vietnamese Americans. *Journal of Pain and Symptom Management*, 58(2). <https://doi.org/10.1016/j.jpainsymman.2019.03.012>

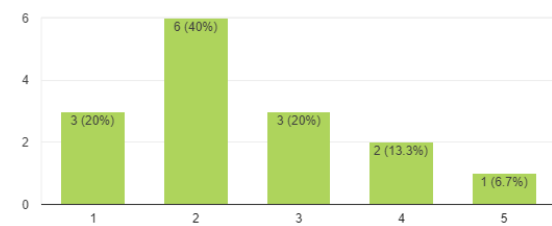
this study may not be generalizable to a larger community context, there is valuable insight with the study population’s attitudes towards traditional medicinal practices. These insights may begin to pave the way to future research and knowledge within this area of work, which is not only necessary, but essential to highlight community barriers to Western healthcare.

**Appendix**

*Figure 1*

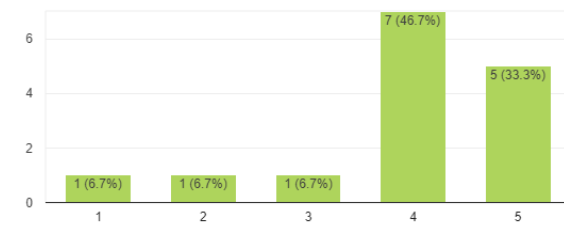
1. Traditional medicinal/medical practices are more accessible than Western medicine.

15 responses



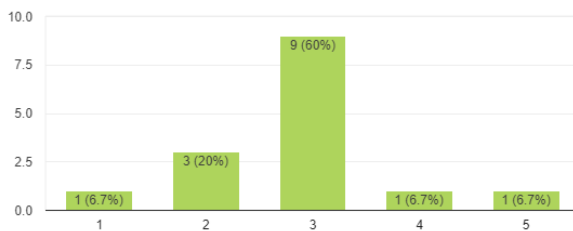
2. Traditional medicinal/medical practices hold a cultural significance.

15 responses



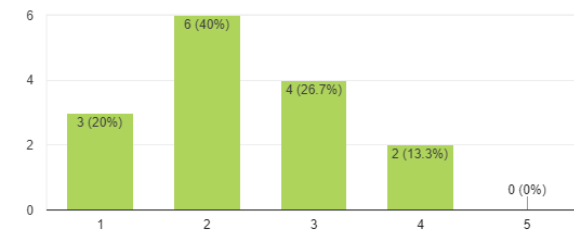
3. Traditional medicinal/medical practices are a credible source of healing.

15 responses



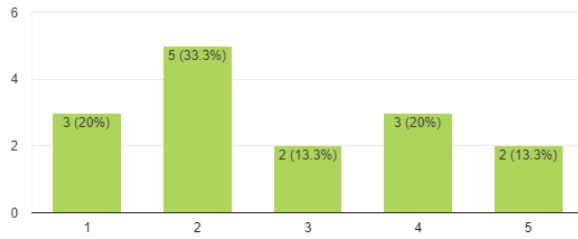
4. Traditional medicinal/medical practices are more effective than Western medicine.

15 responses



5. If given the option/choice, I would feel comfortable using traditional medicinal/medical practices.

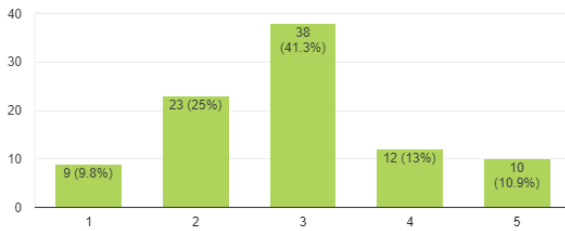
15 responses



*Figure 2*

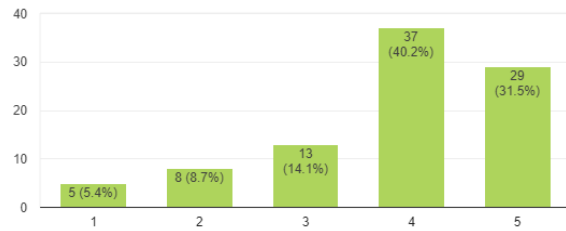
1. Traditional medicinal/medical practices are more accessible to me than Western medicine.

92 responses



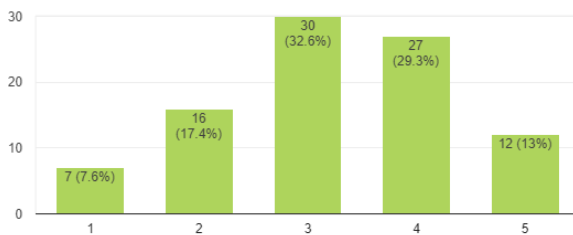
2. Traditional medicinal/medical practices hold a cultural significance to me.

92 responses



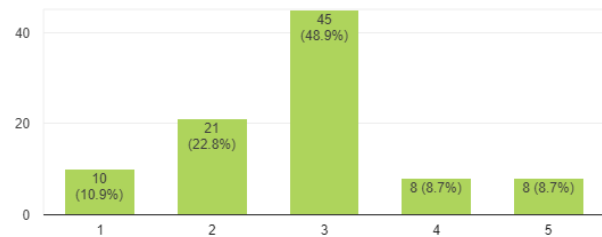
3. Traditional medicinal/medical practices are a credible source of healing for me.

92 responses



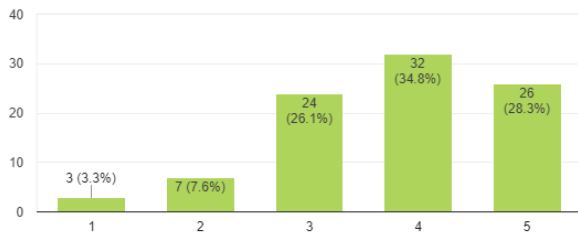
4. Traditional medicinal/medical practices are more effective than Western medicine for me.

92 responses



5. I feel comfortable using traditional medicinal/medical practices.

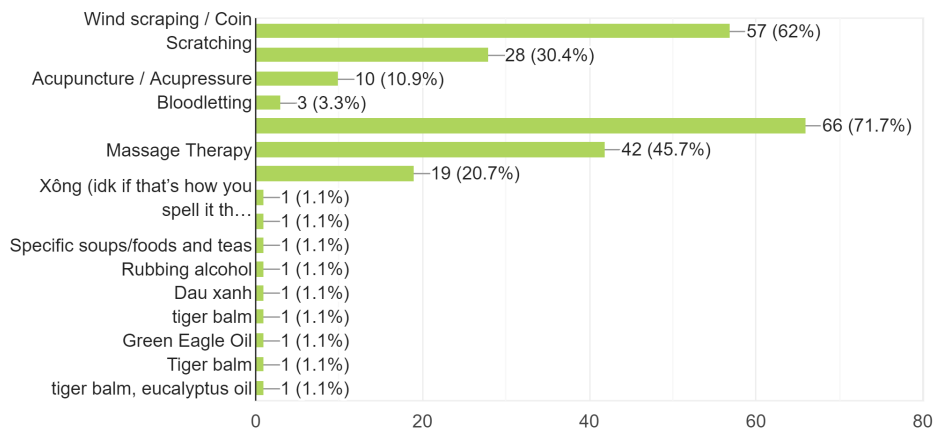
92 responses



*Figure 3*

Please check the box of all practices you have used before and/or currently are using.

92 responses



*Figure 4*

*Determinants of Use For Traditional Medicinal Practices Within the Vietnamese American Community*

Please check any/all of the symptoms that you use (or used) traditional medicinal practices to alleviate/maintain.

92 responses

