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Tensions Between Traditional Korean Medicine and Western Biomedicine from the Chosun Dynasty to 2024

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ABSTRACT

South Korea utilizes a dual healthcare system with traditional Korean medicine, or TKM, and Western biomedicine; however, there has been continuous conflict between the two systems since the fall of the Chosun Dynasty to modern-day Korea. This paper investigates the role of American missionaries and Japanese colonial rule in marginalizing and devaluing TKM, while Korean nationalist sentiment post-WWII led to the revival of TKM as a legitimate form of medical treatment still in use in modern-day Korea. Beginning with a brief review of the Chosun Dynasty, TKM was developed through foundational texts like the Tongeubogam and figures like Heo Joon and Lee Je Ma. In the late 19th century, American missionaries brought Western medicine to Korea and attempted to suppress traditional indigenous practices. From 1910-145, during the Japanese colonial era, TKM was further delegitimized by the Japanese in favor of Western medicine, limiting the role of Korean herbal doctors. After WWII, TKM regained legitimacy, although biomedicine still dominated the healthcare system. Finally, in 1951, TKM was included as an official option in Korea's dual healthcare system after herbal doctors advocated for its integration. TKM has been an essential component in understanding unique Korean cultural syndromes, such as "hwa-byung," a culturally specific disorder that doctors often relate to Korea's difficult colonial past. Finally, TKM is gaining cultural and medical importance in modern Korea, as shown through reviews of recent surveys from 2015-2023 and treatment programs developed using TKM during COVID-19.

Introduction

Korea currently uses a dual system of health care, with both traditional Korean medicine and Western biomedicine covered by national insurance. However, the relationship between the two systems of medicine does not reflect a peaceful coexistence—rather, doctors of Western medicine have continuously attempted to eradicate herbal doctors and traditional practices. At the end of the Chosun dynasty, Protestant medical missionaries attempted to repress knowledge of Korean medical practices to gain support for biomedicine, which facilitated the process of religious conversion. The Japanese colonial government, to exploit Korea's natural resources, publicly advocated for Western biomedicine and scorned traditional Korean medicine, which threatened its political power. After World War II, traditional Korean medicine still met with resistance from established Western doctors, who favored a unified healthcare system over a dual one. Trained herbal doctors have continuously advocated for traditional Korean medicine, so much so that theories about *qi,* or "life force," are useful for cultural psychiatry and examining a potentially Korean syndrome, "hwa-byung," or fire illness. Now officially recognized and funded by the government, traditional Korean medicine still suffers from negative stereotypes but is useful for present-day physicians to better narrate and understand patients' illnesses, especially when dealing with hwa-byung.

Traditional Korean Medicine

Traditional Korean medicine was slowly adapted from Chinese medicine after being introduced to the Korean population about two thousand years ago.[1] Traditional Korean medicine, or TKM, distinguished itself as a "regional tradition" as it adapted to the Korean environment.[2] A brief history of traditional Korean medicine depicts its continuous struggle to be recognized throughout various political movements, beginning with the fall of the Chosun dynasty. It received state patronage from the royal government during the Chosun Dynasty from 1391-1910. Foundational Korean texts developed during this period, helping to support TKM's independent development. The texts include *Tongeubogam*, written in the 16th century by Heo Joon, who advocated using Korean herbs, rather than importing Chinese ones, for tonics. The second foundational text was written years later by Lee Je Ma in the 19th century and established four constitutional types that together explain various illnesses.[3] Je Ma created a "constitutional medicine" that "categorized constitutions according to the size of the lungs, spleen, liver, and kidneys."[4] The main methods of Korean medicine involve herbal medications, acupuncture, and moxibustion. Neo-Confucian scholars also emphasized practical measures over theory and began to classify diseases according to body parts rather than just excessive qi or life force.[5] For the sake of clarity, oriental and herbal medicine will be referred to as traditional Korean medicine, or TKM, throughout, in contrast with Western biomedicine.

Korea in the Late 20th Century: American Medical Missionaries

In the late 20th century, Western biomedicine began to make its way to Korea by way of American medical missionaries, followed by the Japanese colonial government's rise to power from 1910-1945. Both American medical missionaries and the Japanese attempted to repress TKM. In 1883, Dr. Horace Allen used Western medicine to successfully treat Min Yongik, a relative of the Queen who had been injured during a coup between conservatives and progressives over Korea's policy of seclusion at the time.[6] Dr. Allen's success allowed him to establish a Western hospital in Korea, which grew to include the Severance Union Medical College in 1899.[7] Medical missionary doctors, driven by a need to garner support for their hospitals and institutions, propagated the belief that traditional Korean medicine was ineffective and obsolete.[8]

American Missionary Journals

"The Beginnings of Medical Work in Korea," an essay printed in *The Korean Repository*, a journal for medical missionaries in Korea in the late 19th to 20th centuries, highlights the missionaries' desire to establish Western

[1] Byong-Hee Cho, "The Politics of Herbal Drugs in Korea," *Social Science & Medicine* 51, no. 4 (2000): 505, https://doi.org/https://doi.org/10.1016/S0277-9536(99)00492-X.
[2] Ibid.
[3] Ibid.
[4] Kang Yeonseok, "The Characteristics of Korean Medicine Based on Time Classification," *China Perspectives*, no. 3 (87) (2011): 39.
[5] Ibid.
[6] Gil Soo Han, "The Rise of Western Medicine and Revival of Traditional Medicine in Korea: A Brief History," Korean Studies 21 (1997): 98.
[7] Ibid.
[8] Cho, "The Politics of Herbal Drugs in Korea," 506.

biomedicine as superior while denigrating traditional Korean practices.[9] Mrs. F. Ohlinger, assistant editor and wife to Reverend F. Ohlinger, printed the article in the journal's first year of publishing. *The Korean Repository* began in 1892 and was created by Reverend Ohlinger as a "monthly magazine about Korean life."[10] Mrs. Ohlinger's article provides a narrative of how medical missionaries established their medical superiority in Korea, beginning in the 1880s. Her story implicitly situates the missionaries' medical knowledge as being superior to native Korean medicine.

Mrs. F. Ohlinger details the successful treatment and legacy of the American missionary Dr. H.N. Allen, whose story of saving the Queen's nephew became evidence of Western biomedicine's superiority.[11] Dr. H.N. Allen's successful treatment is evidence of the efficacy of medical missionary work in Korea. Mrs. Ohlinger details the founding of Dr. Allen's hospital.[12] In its first year, the new hospital treated 265 inpatients, 150 of whom received surgery, while there were 10,460 outpatients and 394 minor operations.[13] Ohlinger's praise echoes the intent of other missionary reports at the time to gain support by emphasizing the superiority of their medicine, even if it meant suppressing reports of native Korean practices.[14]

Ohlinger's article presents Korean medicine as completely incompatible with Western medicine, with the two medical systems competing for dominance. The Korean doctors are described as mistrustful and hostile towards Dr. Allen, so much so that "it might well have seemed doubtful to Dr. Allen to overcome their prejudices."[15] However, Dr. Allen successfully saved the Korean official even though the native doctors "manifested some displeasure on the arrival of the foreign doctor."[16] Korean medicine is primitive and ineffective, with topical treatments being dismissed. When Dr. Allen arrives to save the official, Ohlinger describes that native doctors had used "pitch and other stuff which they attempted to force into the wound to stop the flow of blood."[17] On the other hand, Dr. H.N. Allen's intervention is interpreted as successful care: "The patient was not in competent and skillful hands and although the case was a most difficult and trying one...he was fully restored to health".[18]

The medical missionaries' hostility towards traditional Korean medicine can also be seen years later in the second primary source studied in this essay. Although Ohlinger's article depicts Western surgery as successful, both Western and Korean doctors struggled to cure fevers and bacteriological diseases. On the one hand, both Dr. Allen and the native doctors are described as "powerless before a continued fever," but the Korean doctors "dance about...conjuring the spirit of disease to leave."[19] On the other hand, Western doctors maintain their reputation when it comes to surgery. Ohlinger writes, "and it is to this—the better part of the medical profession—that we must look for future success in Korea."[20] Ohlinger's article gives little credit to traditional Korean medicine due to the

[9] Mrs. F. Ohlinger, "The Beginnings of Medical Work in Korea," The Korean Repository 1 (1892), https://babel.hathitrust.org/cgi/pt?id=inu.32000006435616;view=thumb;seq=5.

[10] An Sonjae, "The Early Years of the RASKB : 1900 - 1920," Brother Anthony of Taize (blog), accessed December 22, 2017, http://anthony.sogang.ac.kr/RASKBHistory1940.html.

[11] Ohlinger, "The Beginnings of Medical Work in Korea," 355.

[12] Ibid., 356.

[13] Ibid.

[14] Sonja M. Kim, "Missionaries and 'A Better Baby Movement' in Colonial Korea," in Divine Domesticities, Christian Paradoxes in Asia and the Pacific (ANU Press, 2014), 62, http://www.jstor.org/stable/j.ctt13wwvck.7.

[15] Ohlinger, "The Beginnings of Medical Work in Korea," 354.

[16] Ibid., 355.

[17] Ibid.

[18] Ibid.

[19] Ibid., 357.

[20] Ibid.

"simplicity" of the cures. Ohlinger writes that native practitioners sometimes successfully cure patients, but only "in the practice of medicine pure and simple."[21]

However, the vision of Dr. Allen and medical missionaries presented by Mrs. Ohlinger is representative of a "Dr. Allen myth" that isn't necessarily true, according to historian Sonja Kim.[22] At the time of Dr. Allen's arrival, Korean government officials in the Joseon dynasty were already seeking out Western medicine. Kim echoes Ohlinger's claim that missionaries viewed Korean traditional forms of medicine as "barbaric native healing traditions."[23] Although Ohlinger doesn't explicitly call native medicine "barbaric," the superiority of "Western medical science" is implied. Kim offers the countering narrative that the missionaries were competing for medical power in Korea. Korean patients had a range of medical practices to choose from, "including the local shaman, acupuncturist, drug peddler or other healer."[24] It was common for Korean patients to experiment to see which medicine gave the better result.

Although Ohlinger's history presents a clear hierarchy between Western and Korean medicine, for native Koreans, Kim's analysis confirms that a range of treatments existed. This debate over forms of medical care has continued throughout Korea's history. The uses of medicine are reflective of greater social structures at play, including Western imperialism, Japanese colonialism, and Korean attempts to integrate Western biomedicine.

Japanese Colonial Rule From 1910-1945

The medical missionaries were quickly followed by the Japanese government and its period of colonial rule over Korea from 1910 to 1945.[25] The annexation of Korea took place from 1894-1910, with political power being granted slowly to Japanese officials through various treaties. The period of Japanese colonization led to the fall of administrative support for herbal doctors, as the Japanese held traditional Korean medicine in contempt and favored Western biomedicine. In 1894, under the direction of the new Japanese minister, the Korean government, still under the Chosun Dynasty, abolished the national examination for herbal doctors.[26] The entire profession of herbal doctors lost their official status. Then, in January 1900, the Department of Home Affairs erased any division between Korean and modern Western medicine by issuing a legal provision for doctor's qualifications that didn't distinguish between the two systems. This allowed Western-trained doctors to serve in royal medical service institutions.[27] Generally, Western and Korean medicine coexisted under this structure, with herbal medicine being used "for the treatment of patients while modern Western medicine was applied for prevention and sanitation purposes."[28]

The Ulmi Treaty of 1905 made Korea a Japanese protectorate, granting all real political power to the Japanese Residency-General.[29] Japanese officials took over all official medical administration posts and "looked down with disdain upon the prevalence of herbal medicine in Korea."[30] However, the Japanese were unable to eradicate TKM because Western-trained doctors were in short supply completely. In 1913, new regulations allowed herbal doctors to

[21] Ibid.

[22] Kim, "Missionaries and 'A Better Baby Movement' in Colonial Korea," 60.

[23] Ibid., 61.

[24] Ibid.

[25] Annette Hye Kyung Son, "Modernisation of the System of Traditional Korean Medicine (1876–1990)," Health Policy 44, no. 3 (1998): 265, https://doi.org/https://doi.org/10.1016/S0168-8510(98)00027-X.

[26] Ibid.

[27] Ibid.

[28] Son, "Modernisation of the System of Traditional Korean Medicine (1876–1990)," 265.

[29] Ibid., 266.

[30] Ibid.

carry on their practices, but only Western-trained doctors were permitted for public medical service.[31] This led to a decline in the number of herbal doctors during the Japanese colonial period.

Dr. Oh: The Native Doctor During Colonial Rule

An article titled "The Native Doctor," written by a missionary doctor who was himself a native Korean, investigates Korean medicine from a missionary viewpoint as well, but during the period of Japanese colonial rule.[32] Although the doctor is a native Korean, his Western education and Christian background show continued advocacy for Western biomedicine. The author, Dr. Kung Sun Oh, is described as "a Korean gentleman and a graduate of the Central University of Kentucky." The article was published in July 1914 in *The Korea Mission Field*, a separate missionary journal from *The Korean Repository*. At the time of writing "The Native Doctor" in 1914, Dr. Oh was Chair of the Department of Dermatology and Urology at Severance Medical School in Korea.[33] Dr. Oh was the second Korean doctor to receive medical training in the United States. He earned his medical degree from Louisville College of Medicine in Kentucky in 1907 before returning to Korea.[34]

Although Dr. Oh examines the various uses of traditional Korean medicine, he does so by contrasting it with Western medicine, which is superior. He writes, "There is no histology, psychology, chemistry, bacteriology or pathology."[35] This statement reveals that he is comparing Korean medicine to a Western standard—and finds it lacking. He writes that Korean native medicine divides the body into three parts and divides diseases into "six heads."[36] Again, he emphasizes the lack of bacteriology, or understanding of infectious diseases, "Korean doctors have no bacteriology, so they can't understand that infectious diseases are due to bacteria."[37] Toward the end of his article, Dr. Oh remarks, "The Korean doctors think that we don't know how to treat fevers."[38]

Compared to Western standards of training, Korean doctors are also presented as receiving inferior training compared to Western standards. Dr. Oh's article continues Mrs. Ohlinger's condescension toward Korean medicine. Dr. Oh points out that Korean herbal doctors don't receive proper training; instead, they train young male apprentices unofficially. He notes, though, that "lately the government has given them five years limited license." This remark signals that Korean doctors are unqualified in comparison to Western standards of training.

Whereas Ohlinger's article completely dismisses herbal tonics, Dr. Oh concludes that the treatments that resemble Western medicine are useful. He writes that there are some "good things" in their system.[39] He finishes his account of the native Korean doctor by explaining that Korean patients mix systems of medical care. This admittance that Korean patients use both systems signals that Western medicine and Korean medicine aren't necessarily incompatible. He writes, "You must not be surprised to see that some of the good Christian patients will use foreign medicine on the one hand, and Korean medicine on the other hand."[40] The Christian patients uphold religious values, so their mixing of the two systems is less contemptible. Non-Christian native patients, however, aren't mentioned at all, completely erasing any sense of their authority or practices from the time.

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[31] Ibid., 270.

[32] K.S. Oh, “The Native Doctor,” K ʻoria Misyŏn P ʻildŭ = the Korea Mission Field 09 (1914): 214–16.

[33] Dongsik Bang and Kee Yang Chung, “Early Roots of Western Medicine and a Pioneer of Social Work in Korea: Dr. Kung Sun Oh (1878–1963),” Yonsei Med J 57, no. 2 (March 2016): 277–82.

[34] Ibid.

[35] Oh, "The Native Doctor,” 214.

[36] Ibid., 215.

[37] Ibid.

[38] Ibid., 216.

[39] Ibid., 215.

[40] Ibid., 216.

The two articles written by Dr. Oh and Mrs. F. Ohlinger reveal attempts by medical missionaries to diminish the authority of indigenous practices. Although their articles present Western biomedicine as the dominant practice, traditional Korean medicine has continued to exert an influence throughout the colonial period until the present. While medical missionaries and the colonial Japanese government viewed indigenous medicine as primitive and barbaric, native Koreans resisted abandoning their medical and cultural practices.

Post-World War II: Nationalist Support for TKM

Nationalist sentiments following World War II helped to reestablish the legitimacy of traditional Korean medicine. Following Japanese colonial rule, traditional herbal doctors have continuously struggled to uphold their practices due to Western biomedicine's continued preference in South Korea.[41] The US Army Military Government in Korea established a section within the Department of Health and Welfare to administer traditional Korean medicine in 1951.[42] South Korea's present-day dual system of healthcare was established in 1951, with Western doctors and herbal doctors debating over legislative bills that initially blocked herbal doctors from official status.[43] Herbal doctors petitioned with 120,000 signatures, ultimately leading to TKM being included as an official system of medical care, which the herbal doctors argued: "would benefit the Korean population in the long run."[44] The Korean Oriental Medical Association was established soon after.[45] The Institute for Oriental Medicine was founded in 1946 to transmit TKM to younger generations of doctors.[46] After it closed, it was replaced by the Seoul Oriental Medical University, which opened on April 1, 1953.[47] It was renamed the University of Oriental Herb Medicine in 1955.

Korean medical doctors struggled to retain official status under the Korean government throughout the following decades. In October 1961, the government decided to exclude herbal doctors again and to close the University, but this decision was again petitioned and reversed. The debate continued over the funding of public or private universities, essentially limiting the education of Korean herbal doctors.[48] The debate over whether to create a unified system, as opposed to a dual one, also continued throughout the 1970s, with the Korean government preparing a National Medical Insurance System plan.[49] Herbal doctors generally opposed a unified system because it would subordinate Korean medicine.[50] The National Medical Insurance System, established in 1977, only covered Western medical care.[51] However, this plan was again amended to include coverage of Korean medicine on February 1, 1987, to ensure increased access to health services for Koreans.[52]

Histories of traditional Korean medicine cite that it continued to decline in status under Japanese colonial rule, continuing after World War II up until the 1980s and until the present time when TKM has experienced a resurgence. The second half of this paper will look at contrasting uses of TKM in the 1980s to the present time, with one scientific study examining the "irrational" medicinal beliefs of rural Korean housewives and the other utilizing

[41] Son, "Modernisation of the System of Traditional Korean Medicine (1876–1990)," 269.
[42] Ibid., 269.
[43] Ibid., 272.
[44] Ibid., 273.
[45] Ibid., 271.
[46] Ibid., 272.
[47] Ibid., 272.
[48] Ibid., 274.
[49] Ibid., 275.
[50] Ibid., 276.
[51] Ibid., 276.
[52] Ibid., 277.

traditional Korean medicine to better contextualize a culturally specific syndrome, "hwa-byung," an anger disorder, thought to be due to collective trauma experienced from violent modernization and colonization.

1980s in Korea: Dr. Soo-Il Park and Housewives' Attitudes Towards Illness

"Rural Korean Housewives' Attitudes Towards Illness," a study published in the Yonsei Medical Journal in 1987, written by Dr. Soo-Il Park, addresses how a patient's understanding of illness is influenced by their value systems.[53] It reflects the ongoing debate between Western and Korean doctors over the legitimacy and value of traditional Korean medicine. Park's survey of rural Korean housewives portrays traditional Oriental medicine, Shamanism, and Fatalism as irrational medical beliefs when compared with scientific Western medicine. Limiting its sample of persons interviewed to women of a low socioeconomic background skews its portrayal of oriental medicine and contributes to a negative portrayal of TKM as primitive and ignorant.

Park argues that a patient's attitude towards disease symptoms informs their approach to treatment and recovery.[54] He defines medical illness in a distinctly non-Oriental way by focusing on physical symptoms, the disturbance of "biorhythm," and a "deviant and abnormal physical status."[55] Dr. Park presents traditional Korean medical beliefs in contrast with "modern medical science."[56] Traditional beliefs in Korea were broken down into four categories: shamanism, fatalism, oriental medicine, and Christianity.[57] Shamanistic beliefs include "soul loss". Fatalism attributes illness to a lack of fortune with supernatural beings, while a Christian attitude argues that sins or the devil create illness, which can only be cured by God. Oriental medicine emphasizes an interrelationship in the body's structure so that illness is caused by imbalances in different organs.[58]

The findings, presented as empirical, are biased towards Western medicine's scientific and technical approach to illness. Park interviewed the housewives from rural households chosen at random because Korean housewives are thought to best represent health and illness beliefs in a community. The study concludes that "the relatively old, less educated, and the poor have more traditional attitudes than others."[59] The numbers support this statement; about 73.4% of participants were between 30-60 years old, 74.8% had an elementary school education or less, and 63.7% followed no religion.[60] The dominant oriental belief was that a weak life force increased susceptibility to illness, as did cold hands and legs and a weak lower abdomen.[61] Of the four belief systems, oriental medicine was the most widely accepted "due to the patient's experience of being cured faster by oriental medicine in one way or another."[62]

This study, published in the late '80s in Korea, reflects the discourse at the time between Western doctors and Korean doctors, who disagreed over the level of traditional Korean medicine's integration under government and insurance laws. The study reflects a biased belief that traditional medicine was mainly used by members of society who lacked access to health education and better facilities. However, the article written by Gil Hoo San observes that as traditional Korean medicine lost its curative potential compared to biomedicine, it rose in popularity for its tonics. Tonics quickly became commodified and only available for the middle and upper classes, with a series of tonic

[53] Soo-Il Park, "Rural Korean Housewives' Attitudes towards Illness," Yonsei Med J 28, no. 2 (June 1987): 105–11.
[54] Park, 105.
[55] Ibid.
[56] Ibid.
[57] Ibid., 106.
[58] Ibid.
[59] Ibid.
[60] Ibid., 111.
[61] Ibid., 107.
[62] Ibid., 108.

medicines in the mid-1980s costing about 100,000 won or 125 US dollars.[63] Unfortunately, when the insurance amendment of February 1, 1987, finally passed, only the wealthiest Koreans benefited from increased coverage of traditional Korean medicine.[64]

However, to counteract TKM's growing commodification, which resembles biomedicine, leading doctors and scholars continue to advocate for serious research and professional education as TKM has become an official part of the Korean healthcare system.[65]

TKM and Studies of Korean Cultural Syndromes like Hwa-Byung

Traditional Korean medicine has now gained enough legitimacy to be referenced as a model for studies of hwa-byung, or a Korean cultural syndrome that involves the repression of anger over the years, leading to a disorder. An article published in the *Psychiatric Times* examines the development of cultural psychiatry and various Korean doctors' attempts to grapple with how to best define a cultural syndrome that may or may not be distinctly Korean.[66] Professor Soyoung Suh's work on hwa-byung analyzes hwa-byung specifically as an example of the return of the Indigenous narrative, but also how Korean doctors ultimately struggle to negotiate a national Indigenous narrative with a more cosmopolitan, or global, understanding of illness and disease.[67]

"Examining Anger in 'Culture-Bound' Syndromes," written by Sandra Somers, gives an overview of hwa-byung and ataque de nervios, both examples of culture-bound syndromes in Korean and Hispanic cultures respectively, that, as of 1998, were listed in the DSM-IV. The article gives an overview of various Doctors' research on hwa-byung, as presented at a symposium at the American Psychiatric Association in 1997. As practitioners of cultural psychiatry, the doctors are careful to consider hwa-byung in its cultural context. One of the doctors is quoted as referring specifically to traditional Oriental medicine, while all the doctors use Korean cultural conceptions of 'haan' or anger and folk medicine to understand the syndrome better.

Dr. Chung pushes back against the notion that hwa-byung is concretely bound by Korean culture. Somers quotes him as questioning the universal applicability of diseases, "if a term exists in a certain culture, the possibility exists that it can be better understood from a culture-general perspective."[68] The article lists five Korean doctors' different findings on hwa-byung, as presented at the symposium. Dr. Sun Kil Min of the Department of Psychiatry at Yonsei University, a leader in the study of hwa-byung, also uses traditional Oriental medicine theories to explain its origins, specifically the theory that hwa-byung is the result of excessive fire in the body. Fire is one of the "five universal elements" which need to be balanced within the body. Dr. Min observed that many of his patients connected hwa-byung with the Korean notion of "haan," or a state of "suppressed anger, hate, despair, the holding of a grudge or feelings of 'everlasting woe.'"[69] Dr. Min identified physical symptoms, including depression, anxiety, headache, insomnia, indigestion, and sighing. Psychological symptoms were compared to depression, anxiety, anger, OCD, and insomnia.

Also, referring to a form of Indigenous knowledge, or "Korean folk belief," Dr. Si-Hyung Lee of the Department of Neuropsychiatry at Kangbuk Samsung Hospital in Seoul described hwa-byung as requiring three criteria: coping, somatic symptoms, and visible lamentation. Somatic symptoms then include an "epigastric mass" or a feeling

[63] Jungwee Park, "Traditional Medicine in Korea and America: A Study in the Political Economy of Hanbang," 108.
[64] Han, "The Rise of Western Medicine and Revival of Traditional Medicine in Korea: A Brief History," 111.
[65] Ibid., 116.
[66] Sandra Somers, "Examining Anger in 'Culture-Bound' Syndromes," Psychiatric Times, January 1, 1998.
[67] Soyoung Suh, "Stories to Be Told: Korean Doctors Between Hwa-Byung (Fire-Illness) and Depression, 1970–2011," 81–104.
[68] Somers, "Examining Anger in 'Culture-Bound' Syndromes."
[69] Ibid.

of stuffiness in the center of the body. Dr. Lee cites Korean folk belief that the epigastrium is the "gate of life" that produces essential energy.[70] The stuffiness forms as the result of unsuccessfully repressed anger. Lamentation shows itself as the need for patients to talk about their illness and to experience a cathartic release to improve the situation causing the illness.

Dr. Luke I.C. Kim from UC Davis, a professor of psychiatry, places hwa-byung in relationship to haan as well as Korea's cultural history. Dr. Kim reiterates the importance of haan as an unexpressed anger but relates it to Korea's history of colonization and war. Haan and hwa-byung are believed to be a "collective emotional state of Korean people" due to their experiences of occupation, domination, collective suffering, and loss. Dr. Chung concludes that PTSD and hwa-byung may have a significant overlap, with PTSD potentially being "quite a significant component." The article points out that the difference between PTSD and hwa-byung is that "hwa-byung patients experience an additional layer of suffering in their psychological need to know the reason for their suffering."[71]

In her chapter, “Stories to Be Told: Korean Doctors Between Hwa-byung (Fire-Illness) and Depression, 1970–2011,” Dr. Soyoung Suh analyzes a related history of how Korean doctors have used different medical frameworks to understand hwa-byung. Dr. Suh points out that even elite women and men have reported experiencing the disorder.[72] Whereas the doctors in the *Psychiatric Times* article tended to conceive hwa-byung as a poor woman’s disease, Dr. Suh notes that, as far back as the 18th century, King Chongjo was also reported to have died due to hwa-byung.[73] However, Dr. Suh writes that hwa-byung is noticeably absent from any traditional Korean medical texts, although nationally, it is widely recognized by Korean people.[74] Dr. Suh analyzes how Korean doctors still use Indigenous methods and traditional Oriental ideas to define hwa-byung better. Ultimately, however, Dr. Suh notes that contemporary Korean doctors have settled on a more narrative-based approach to treating hwa-byung.[75] Dr. Suh’s analysis reinforces the previous psychiatrist’s reliance on Oriental medicine to give the disease cultural context while further analyzing the importance of indigenous narratives in the context of global disorders.

Dr. Suh cites two doctors, Dr. Yi Shi-Hyung and Dr. Sung-Kil Min, who were responsible for first recognizing that hwa-byung could be related to han and other Korean cultural aspects. Dr. Yi Shi-Hyung was the first doctor to suggest that hwa-byung was a sickness "of an oppressed society in which marginalized women find few means to express their desires and resentment."[76] Dr. Shi-Hyung's research in the '70s was followed by Dr. Sung-Kil Min, referenced in the *Psychiatric Times* article of Yonsei University, and his attempts to create a diagnostic standard for hwa-byung. In a study of outpatients at Yonsei Severance Hospital, 116 out of Dr. Min’s 125 patients answered that "han, to some degree, is relevant to hwa-byung."[77] Dr. Min's research has been influential in establishing the link between han, or repressed anger, and hwa-byung.

1990–2000s- Hwa-Byung Studies

Dr. Suh argues that traditional Korean medical doctors finally began to take an interest in researching hwa-byung in the 1990s. The Journal of Oriental Neuropsychiatry first began publishing in 1990, in a domestic and global context that was beginning to emphasize depression and medication.[78] An herbal doctor, Dr. Kim Jong-woo, argued that

[70] Ibid.

[71] Ibid.

[72] Suh, “Stories to Be Told: Korean Doctors Between Hwa-Byung (Fire-Illness) and Depression, 1970–2011,” 82.

[73] Ibid., 83.

[74] Ibid., 83.

[75] Ibid., 84.

[76] Ibid., 85.

[77] Ibid., 87.

[78] Ibid., 90

traditional medicine provided a better conceptualization of hwa-byung because of its understanding of fire and *qi*, two concepts needed to understand depression. Suh notes that depression and hwa-byung share the character *you*, which is related to blocked *qi*, which in traditional Korean medicine can result in "fire illness." In a 1994 article, Dr. Kim Jong-Woo proposed that hwa-byung was due to blocked liver-qi, which led to an "upward counter flow."[79] His theories drew on Chinese and Korean medical texts, including the Chinese *Yellow Emperor's Inner Canon*, which is the foundation for many Korean texts, including *Precious Mirror of Eastern Medicine*, which is a contemporary reference for traditional medicine doctors in Korea.[80]

Dr. Kim Jong-Woo's emphasis on blocked *qi* reiterates Dr. Sung Kil Min's report in the *Psychiatric Times* article that hwa-byung is due to excessive fire or life force. However, in her chapter, Dr. Suh complicates the history of hwa-byung and its use in traditional Korean medicine. She cites Dr. Kim Jong Woo, who eventually drew comparisons between hwa-byung and Western definitions of depression, arguing that traditional medicine could be "well synchronized with the objective standardizations of biomedicine."[81] Dr. Suh concludes that although both Dr. Kim and Dr. Min focused on hwa-byung as a specifically Korean illness, by the 2000s, their research began to support a more universal understanding of hwa-byung, to have it recognized by the medical community at large.[82]

Beyond traditional medical conceptions, contemporary Korean doctors and psychiatrists continue to build off the notion of hwa-byung as a Korean version of depression. The most recent development, in 2011, has been to propose counseling as a form of therapy for hwa-byung.[83] Dr. Kang Yong-won argues that hwa-byung "represents a collective trauma that is deeply associated with Korea's unprecedented struggle into modernity."[84] She cites how Korean doctors continue to debate the limits of exactly how "Korean" or indigenous the illness is but that the current consensus is to utilize a narrative form of diagnosis when interacting with patients.

Dr. Suh's chapter supports the use of traditional Korean medicine to better understand illness in Korea, but not necessarily to limit hwa-byung as it is specifically Korean. Indigenous narratives and traditional medical theories help to provide a level of "colloqiuality" and patient understanding that Western biomedicine would otherwise miss. This source also depicts TKM's growing stability within Korean medicine.

The current debate has shifted away from whether the government should recognize and license herbal doctors to the subtleties of Korean medicine's uses when understanding patient symptoms. Increased government funding of new institutes from the '90s to the present day has meant that hwa-byung is now extensively studied and treated through TKM. In the '90s, traditional Korean medicine slowly became more legitimized through government funding of new institutes.[85] In 1994, the first government-funded institute was opened, the Korean Institute of Oriental Medicine, and universities established Korean medicine departments in 1995.[86] Then, in 2003, a "Bill for Fostering Korean Medicine" was passed, and in 2007, a School of Oriental Medicine was founded at a national university.[87] As of 2010, the creation of organized education for TKM has led to an increase in licensed practitioners, pulling specifically from students ranking in the first percentile in state examination systems in Korea.[88]

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[79] Ibid., 91.

[80] Ibid., 92.

[81] Ibid., 94.

[82] Ibid., 95.

[83] Ibid., 97.

[84] Ibid.

[85] Yeonseok Kang. "The Characteristics of Korean Medicine Based on Time Classification." China Perspectives, no. 3 (87) (2011): 33–41. http://www.jstor.org/stable/24054709.

[86] Ibid.

[87] Ibid.

[88] Ibid.

TKM During COVID-19 and Beyond

With the increase in practitioners and care centers, the uses of TKM extend beyond focusing solely on hwa-byung, and it has also been studied as a viable alternative to home care treatment and mental health care during the pandemic. In one of the first studies of TKM home care as an option for treatment for older adults, researchers found that TKM could be a viable alternative to Western medical care.[89] In a survey conducted by the National Development Institute of Korean Medicine from October 2020 to November 2020, it was found that a total of 136 TKM clinics throughout South Korea provided home care for 598 older adults with musculoskeletal disorders.[90] The doctors used acupuncture, herbal medicine, cupping, moxibustion, and other forms of TKM treatment on patients.[91]

Alternatively, in response to the pandemic's impact on mental health, doctors from the College of Korean Medicine created a standardized online "K-Health" program to treat depression in mothers with elementary school children.[92] The treatment intervention for depression relied on Korean Medicine Clinical Practice Guidelines (CPG) for hwa-byung.[93] The pilot project included herbal medicines, acupuncture, moxibustion, and cupping, along with psychotherapy, meditation, and emotional freedom techniques for stress management.[94]

Studies like these investigating TKM home care and "K-Health" utilizing traditional medicine affirm that traditional Korean medicine is finding its officially recognized place in the Korean healthcare system and society. Through institutes like the Korea Institute of Oriental Medicine, researchers have begun reviewing clinical health registries and their reports on TKM's effectiveness.[95] They reported a significant increase in registries from one in 2015 to seven in 2023, involving at least 112 primary clinics.[96] The registries primarily focused on assessing quality of life outcomes, with 66.7% of registries showing that KM had positive effects on well-being.[97] However, TKM still requires further regulation and standardization in registries and treatment as hospitals and researchers in Korea continue to combine it with Western care for patients.

Conclusion

Since the Chosun Dynasty, American missionaries and the Japanese colonial government have attempted to suppress traditional Korean medicine practices. Growing nationalist sentiment in the wake of WWII played a strong role in TKM becoming recognized as a legitimate form of treatment. It was officially recognized and integrated into the public healthcare system in 1987 after becoming covered by national health insurance. Championed by herbalist doctors and, more recently, by hospitals such as the School of Oriental Medicine and Kyung Hee University, TKM has become a supplement to biomedical treatment in Korea. It is especially helpful in addressing Korean cultural syndromes such as "hwa-byung," an anger disorder related to collective trauma and repressed emotion from Korea's

[89] Sung, Soo-Hyun, et al. "Traditional Korean Medicine Home Care for the Older Adults during the COVID-19 Pandemic in South Korea." International Journal of Environmental Research and Public Health 19 (1): 493. https://doi.org/10.3390/ijerph19010493.

[90] Ibid., 3.

[91] Ibid., 3.

[92] Jeong, Hye I., and Kyeong H. Kim. "Development of a Korean Medicine Online Program on Mental Health." Journal of Pharmacopuncture, vol. 26, no. 1, 2023, p. 77, https://doi.org/10.3831/KPI.2023.26.1.77.

[93] Ibid., 78.

[94] Ibid., 79.

[95] Kim, Soo, Sunmi Choi, and Sungha Kim. "Comprehensive Review of Korean Medicine Registries 2015–2023." Frontiers in Medicine 11, (2024): 1412053. https://doi.org/10.3389/fmed.2024.1412053.

[96] Ibid., 1.

[97] Ibid., 5.

colonial past. Studies of TKM registries prove that Korean medicine is becoming a well-researched and more commonly regulated treatment. Despite the previous decades of prejudice against TKM by practitioners of Western biomedicine, Korean medical practices are becoming more recognized for their unique strength in treating hwa-byung, providing home care, and overall well-being management. TKM has endured throughout Korean history and is growing as a crucial tool for treating Korean patients.

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