

BELIEFS AND PRACTICES OF CHINESE DIABETIC PATIENTS CONCERNING THE CAUSE AND TREATMENT OF THEIR ILL-HEALTH

By F. S. Soong

SYNOPSIS

Information on the beliefs and practices of 50 Chinese diabetic patients concerning the cause and treatment of their ill-health were collected by the interview method with the aid of a questionnaire which has been pretested. It was found that 34 of the patients were using "Chinese" medicines, in addition to Western-style treatment. Only two of the patients knew the true cause of diabetes. 37 of the patients understood that treatment cannot effect a radical cure. The beliefs and practices of the diabetic patients were influenced by two main sources of information, the pattern of traditional Chinese beliefs and Western medicine. The implications of the study in community health education on diabetes and education of the diabetic patient were discussed.

INTRODUCTION

The Chinese now permanently settled in Malaya comprise some 36 per cent of the total population. They have, in general, maintained the culture they brought with them from mainland China. Since their arrival, they have been exposed to many 'Western' cultural influences, not least of which is the provision of medical services based upon the scientific revolution in the West. It is to be expected, therefore, that their beliefs and practices concerning ill health will be a mixture derived mainly from these two cultural sources. It seemed to the writer that it would be worthwhile making a detailed study of an easily available group of Chinese with regard to their beliefs and practices in respect of one particular disease, not only for its intrinsic interest but also as a possible guide to the handling of Chinese patients in general, in the light of the attitudes revealed in the course of such a study.

This paper presents the results of a study of the beliefs and practices of fifty Chinese who were receiving treatment for diabetes mellitus at the outpatient department of the University Hospital, Kuala Lumpur, over the period from 12.12.68 to 14.8.69. Sufferers from diabetes were chosen because this is a disease which for its successful management requires a considerable degree of active co-operation from the patient. Such co-operation will depend upon his understanding and acceptance of the explanations and instruc-

tions given him by his medical attendants. This in turn will depend upon the extent to which his preconceptions about his ill health assist or hinder understanding and acceptance. The writer personally interviewed all 50 patients regarding their past and present beliefs. They were all cooperative and, as far as he could judge, gave honest answers to all the questions he put to them.

Sources of Information

As has already been indicated, these were two: Chinese traditional beliefs and practices and Western medicine. The traditional beliefs have their roots in antiquity. Descriptions of a wasting disease associated with polyuria are found in early Chinese medical writings that undoubtedly cover diabetes mellitus, but probably other diseases as well. In *Nei Ching* (the Book of Medicine), reputedly originally written by Huang Ti (*circa* 2650 B.C.), the condition is attributed to 'heat' within the body which causes (a) loss of fluid through the urine, leading to dryness of the mouth and polyuria, and (b) increased digestion and breakdown of food, hence the hunger associated with the disease. It is hardly likely that the ancient authorities could have clearly differentiated diabetes from other diseases in which there is wasting or polyuria; but both Chang Chung-Ching (*circa* 180 A.D.), known as the Chinese Hippocrates, and Ch'ao Yuan-Fang (*circa* 660 A.D.) mentioned the presence of sugar in the urine as an additional feature of the disease (known to Chinese as Tang Niaw Bing or sugar-in-urine sickness). They did not say how they recognised the sugar, but presumably it was by taste, as with English physicians in the 18th Century. For treatment, the classical writers prescribed various combinations of herb \bar{s} said by them to perform one or other of the following functions:

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reduction of 'heat' within the body; relief of hunger associated with the disease; relief of polyuria; protection of the kidneys; regulation of the formation of new tissue, of breakdown of old tissue in the body, achieving an optimum balance. These herbal remedies are still in use in Chinese medicine, and the names of the principal ones will be given later when considering current practice.

There are today in Malaya probably as many physicians practising traditional Chinese medicine as there are who practise 'Western' medicine. The former are known as *sinsehs*. Some *sinsehs* acquire their knowledge through a course of training organized by the more experienced *sinsehs* in Malaya and elsewhere, while others, through apprenticeship to practising *sinsehs* and through personal experience. There are also, throughout Malaya, drug stores selling traditional Chinese medicines—on prescription by *sinsehs*, but more often, as in the Western-style pharmacies also to be found, as requested by customers or as advised by the seller in response to self-diagnosis by the customer. Through contact with *sinsehs* and druggists and with relatives and friends who have been treated by them at various times, the lay Chinese acquire, in varying degrees, knowledge of Chinese medicines regarded as 'good for' this disorder and that. Utilising this knowledge, they can and often do practise self-medication—that is, medication chosen by themselves and not by either a traditional Chinese or a Western-style physician.

As has already been indicated, throughout the lifetimes of all the diabetic patients investigated there have been available in Malaya Western expatriate and Western-trained indigenous physicians, to whom for over 40 years past have been known the true cause of diabetes and its effective treatment. This scientific knowledge has percolated to the Malayan communities, Chinese included, through several channels: (a) Reports, to their relatives and friends, of patients who have been successfully treated; (b) Popular articles in newspapers and other periodicals; (c) Medical books for laymen; (d) Mass health education through public lectures, broadcasts, television. Channels (b) to (d) generally deal with communicable and deficiency diseases rather than with non-communicable, chronic disorders such as diabetes. Health education in schools rarely includes diabetes, for this disease is uncommon among school-children.

To what extent any given Chinese person will receive information from the foregoing sources that is likely to lead him to diagnose, or even suspect, diabetes in himself (or a close relative) depends less today upon his standard of general

education (including his ability to read English) than it did before the advent of broadcasting and television; but the degree of *acceptance* still depends mainly upon his standard of general education and his preparedness to recognise that in matters medical Western science has now outstripped traditional Chinese knowledge. His reluctance to do so is indicated in that at least 34 of the 50 persons investigated had patronised traditional Chinese medicine in some form and over considerable periods before and after accepting Western medicine.

Non-Western Therapeutic Measures Utilised by the Patients

Thirty-four of the fifty patients interviewed had at some time been treated, by their own choice, with traditional Chinese remedies chosen by themselves or by others. They were those remedies considered appropriate to the symptoms and signs of which the patients and his advisers were aware. The non-Western remedies used by the patients were categorised not so much by their actual composition as by the means used in choosing them (See Table I). In addition, some of the patients invoked the aid of non-material remedies—charms and prayers. *Home remedies* were substances chosen by the patient or his relatives, available in backyard gardens or in food markets and shops—being indeed foods thought to be beneficial, rather than drugs as ordinarily understood. *Medicines bought from drug stores (Chinese)* where herbs used in traditional Chinese medicine, the particular choice being made not by prescription from a *sinseh* or doctor, but by the patient aided, in many cases by the advice of the drug-seller. *Prescriptions from sinsehs*, who in addition gave advice as to diet and regimen. *Herbal remedies and charms* (called *fu*) received from Chinese temple mediums (called *tangki*), who in addition might give a prognosis and advice as to whom else to consult or what offerings to make to the spirits.

There seems to be little difference in the use of the various types of measures in relation to the sex and literacy status of the patients, except that five female patients had sought treatment from *tangkis* whereas none of the males had apparently done so. This finding is consistent with the observation that more Chinese females than males patronize temples.

Some explanatory notes on the use of the 'popular' remedies:

- (a) Of the home remedies, *petai* seeds and 'silks' of maize cob are very popular (See Fig. 1).

Petai seeds (and also buah jering) give out a strong pungent smell. In the treatment of kidney disease, "Nei Ching" recommended the use of pungent food. A similar belief that these seeds are 'good for' diabetes is also held by the Malays (Burkill, 1935).

TABLE I

TYPES OF NON-WESTERN THERAPEUTIC MEASURES USED ACCORDING TO THE SEX AND LITERACY STATUS OF THE PATIENTS

Types of Measures	Sex		Literacy	
	Male	Female	Illiterate	Literate
A. Home remedies (in order of frequency) Petai seeds (<i>Parkia speciosa</i>), "silks" of maize cob, peking grass, tortoise meat, guava, lime seeds, pig pancreas, buah jering (<i>Pithecellobium jiringa</i>), mutton, chicken essence, root of mango tree, dog meat and bird's nest.	11	21	7	25
B. Medicines bought from drug stores (Chinese) (in order of frequency) Ginseng (<i>Panax spp.</i>), Tangkui (<i>Angelica spp.</i>), Kant'sao (<i>Glycyrrhiza spp.</i>), Lientze (<i>Nelumbium spp.</i>), Yang Seng (<i>Panax spp.</i>)	6	6	1	11
C. Prescriptions and advice from Sinnehs	6	9	5	10
D. Charms, herbs and advice from Tangki	0	5	2	3
E. Did not use any of the above measures	6	10	7	9

Notes to Table I

1. Number of patients who, in addition to receiving treatment in the Outpatient Clinic, used:

A only	: 11	A and B	: 6 (at same or different times)
B only	: 1	A and C	: 6
		A and D	: 1
		C and D	: 1
		A, B and C	: 5
		A, C and D	: 3

2. Literacy is defined as the ability to read and write any language.

The 'silks' of maize cob is used by sinsehs as a treatment for diabetes.

(b) The medicines obtainable from Chinese drug stores were bought for the following purposes:

Ginseng: to improve intestinal and kidney function and to reduce polyuria.

Tangkui: to improve intestinal function and as a blood cleanser.

Kantsao, Lientze and Yang Seng: 'cooling' herbs.

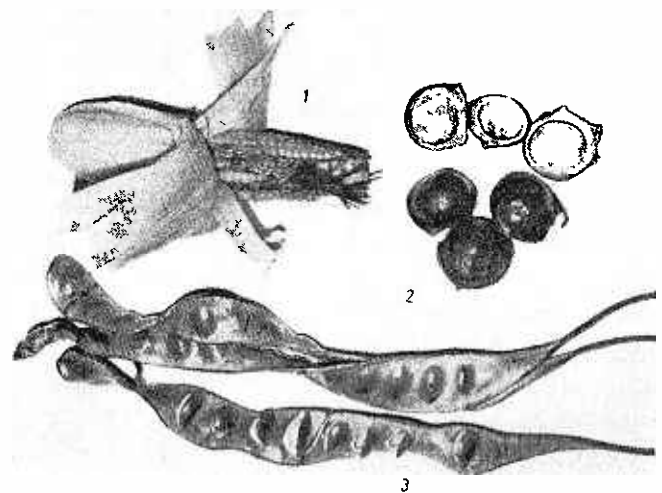


Fig. 1. Types of home remedies used by diabetic patients.

Key: 1. Silks of maize cob
2. Buah jering
3. Buah petai

Western-style Therapeutic Measures Utilised by the Patients

These were those available or made known to the patients at the Outpatient Department of the Hospital. Forty of them were on oral anti-diabetic agents (chlorpropamide or tolbutamide), seven on insulin, and three on diet alone. Interviews with the patients revealed a fairly high standard of knowledge about the practical aspects of the management of their condition. As was to be expected, this was higher among the better educated, and consequently higher among men than among women. Age made little difference. These results indicated that the practical advice given to the patients by their medical attendants—nurses and dieticians as well as doctors—had in general been fairly well understood and accepted. Information received through mass media did not appear to have been as influential as the advice given on an individual basis, which is as one would expect. Against all this, it was somewhat surprising to find that only two of the patients had correct knowledge of the cause of diabetes, and 26 had

incorrect ideas about it. The remainder, 22, 'didn't know' (See Table II).

TABLE II

PATIENTS' REPLIES CONCERNING THE CAUSE OF THE DISEASE

Cause of the Disease	No. of Respondents
A. Physical or mental states: (in order of frequency) Frequent abortions or deliveries, lack of exercise, over-work, worries, "weakness" of the body with advancing age	15
B. Diet: (in order of frequency) Sweet drinks, glutamic acid (food seasoner) "Yang Seng" (a herb <i>Panax</i> spp.), a "cooling" herb drink	8
C. Kidney disease	2
D. Pancreatic disease: Lack of hormone	2
E. "Heat" in the body	1
F. Don't know	22
TOTAL	50

The 'causes' as stated by the patients were, in most instances, quite general even from the layman's point of view. Four female patients stated frequent abortions or deliveries as the cause. Four male patients mentioned lack of exercise. Of the dietary factors, five patients mentioned taking too much sweet drinks as the cause; the patients probably did not realise that thirst and its relief through sweet drinks are symptoms rather than the cause of their conditions. "Yang Seng" was mentioned as a cause although it is used as a cure, showing that for a particular herb different people have different beliefs about it. Only one patient mentioned 'heat' as a cause, although this belief is held by the traditional Chinese system of medicine. A probable reason is that most of the patients interpreted the question asked "What is the cause of diabetes mellitus" as "What is the 'external cause of diabetes mellitus?"; "heat" in the body being perceived as an "internal" cause.

None of the patients recalled having been told the cause of diabetes by their doctors. This suggests that either the doctors did not think it important or they were too busy or explained so hurriedly that the patients did not take it in. The two patients who did know the true cause of diabetes had obtained their knowledge from books.

Thirty-seven patients understood that treatment could not effect a radical cure. The other 13

patients who did not know this were new patients (duration of illness less than one year) and had not been taught about it.

DISCUSSION

Interviews with 50 Chinese diabetic patients revealed that, although they were now all under Western-style treatment, 34 patients or 68% were still loyal to traditional Chinese *practices*, by the use of 'Chinese' medicines before and after accepting Western-style treatment. Before and during the course of their illness, they had derived information about ill health in general and diabetes in particular from two diverse medical systems—the traditional Chinese, and the modern scientific or 'Western'. The former was part of their ethnic heritage brought with them from China; but they had also been exposed to the latter throughout their lives.

One of the interesting findings was that, while only two of the patients knew the true cause of diabetes, most of them were well informed concerning the practical details of the effective management of their condition by Western-style methods including those in which their active cooperation was essential: their mistaken traditional *beliefs* did not hinder their acceptance of and cooperation with alien medical *practice*.

The foregoing findings, made in respect of a particular disease, perhaps have their greatest interest and importance in their application to the more general problems arising, in the sphere of medical care, from the interaction between two widely differing cultures in the lives of people exposed to both in varying degrees. This is indeed a world-wide situation, for even in the Western countries themselves there are still adherents of beliefs pertaining to ill health and its treatment that have survived from the prescientific age.

In the case of a disease such as diabetes, for which Western medicine has effective therapeutic measures available whereas traditional Chinese medicine has not, there can be no question as to the desirability of public health education designed to bring sufferers from it under Western-style medical care without any delay. Theoretically, this can be achieved in two ways. First, widespread general health education through mass media, reinforced wherever possible by individual or small group education, to the effect that anyone suffering from *any form of disease* should in the *first instance* make use of Western-style diagnostic and therapeutic facilities. This would ensure the diagnosis of all diabetics as soon as symptoms arose. But it would also, in effect, be asking the Malayan Chinese community to abandon *in toto*

an important component of a justly prized cultural heritage. This change will no doubt eventually occur, as a result of the ever accumulating evidence of the greater effectiveness of scientifically based medical practice. However, to attempt to force the pace by too active persuasion is, by provoking resistance from the forces of conservatism inherent in almost any community where its traditional culture is concerned as well as from the vested interests within it (sinsehs, drug-sellers, etc.), more likely to slow down the rate of change than to accelerate it. Alternative to the foregoing would be public health education designed to increase the people's awareness that diabetes is a disease that can be brought under effective control *only* by Western-style methods, and that anyone who knows or suspects that he is suffering from it should therefore at once consult a Western-style doctor. The danger here is that suggestible members of the community may develop a morbid fear of getting diabetes and utilise the medical services unnecessarily—but this is not too high a price to pay for the early recognition of genuine cases.

With regard to the management of diabetes, obviously the cooperation of patients will be better if they properly understand the basic nature of their condition—that it is a deficiency disease—and how this can be met by therapy and by appropriate dieting. This could be promoted by short talks, preferably illustrated, at diabetic clinics to small groups of patients by doctors, nurses and dietitians.

Consideration should also be given to the questions whether any of the traditional Chinese remedies are of any therapeutic value in diabetes, and also whether any of them either aggravates the disease or hinders the action of Western-style therapeutic agents. It is not likely that the answer to any of these three questions would prove to be in the affirmative, although there remains the

possibility that competent pharmacological investigations might provide some surprises. The practical importance of an affirmative answer to any of the three questions is obvious.

Even if none of them is of specific therapeutic value, and provided none of them is harmful, something might be said in favour of the continued use of traditional Chinese remedies, in some cases, not as a substitute for Western-style therapy but as adjuvant to it. These cases would be those in which the patient was otherwise liable to develop a sense of guilt, or at least of anxiety, engendered by the rejection (in the first instance) or abandonment (later) of measures hallowed by their use by many generations of ancestors, and/or by the disapproval of senior relatives loyal to the old ways. To permit or even encourage him to continue the use of traditional measures would thus prevent the development of a complicating psychosis; and if any of the drugs had a general favourable effect, even if it was by suggestion alone, this would not be a bad thing.

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