

# Naeng : A Korean Folk Illness, its Ethnography and its Epidemiology

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Medical anthropology has recently made great strides to complement modern medicine's bio-medical paradigm with a medico-anthropological paradigm, that takes medicine as a cultural system as a relevant frame for study and transcultural comparison. Arther Kleinman has developed a conceptual framework that challenges modern medicine to include the anthropological point of view, and that will remain relevant, with scope for added detail for a long time to come (Kleinman, 1980).

This study is a pioneer effort in our country to give substance to medico-anthropological theory and to show the need in modern medicine for induced medico-anthropological theory and studies to become more relevant in the Korean culture. It attempts to do this by taking out of a myriad possible examples one, to show the impact of culture on construction of illness and on illness behavior, and to show the divergence between the medical care needs of the people in one particular culture to the approach of cosmopolitan medicine.

## THE PROBLEM

The example chosen for study was the Korean folk illness called 'Naeng.' Rubel has defined folk illness as syndromes of which groups of people claim to suffer, of which they know diagnosis, symptoms, cause, course of illness and

prognosis, of which, however, modern medicine can claim no understanding (Rubel, 1964). Rubel and O'Neill have proven that such syndromes can be studied with epidemiological techniques (Rubel, A. and O'Neill, 1968).

In gynecological out-patient clinics more than 1/3 of patients complain about Naeng. Naeng is a term, with which modern physicians label vaginal discharge of female patients. They assume that the complaints of this patients refer to this symptom only. Naeng patients in their clinics, however, do often have an already long-standing illness history, sometimes over decades, in the absence of significant clinical findings. They tend to resort to many different resources of advice and care, including modern and traditional doctors, modern and traditional pharmacies and folk herbs. They often demonstrate examples of excessive polypragmasy, they are definitely overtreated by the modern profession, and they never seem to get well. Many continue to complain after completed treatment in the absence of physical findings. They even may coerce a gynecologist into doing a hysterectomy and the 'neurotic Naeng patient' is almost proverbial among Korean physicians.

The Chinese character for 'Naeng' (冷 : 냉), means 'cold', and the Korean-English dictionary translates the term not only with 'vaginal discharge', but also with 'coldness of abdomen' and 'cold hand and feet.' Nevertheless, modern Korean physicians have been trained to associate

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the term with 'vaginal discharge' only and to treat their patients accordingly. The 'clinical view' (Foucalt, 1973). While beneficial for modern medicine's progress in the past, has turned into a weakness of modern physicians. It has cursed them, with an all to apparent inability intelligently to judge the illness behavior of Korean patients. If physicians encounter in 'Naeng' patients any additional complaint to that of vaginal discharge, they either ignore it as being inconsequential to the problem or the patient is referred to another specialist.

In depth interviewing of such patients will often show, however, that these patients may have a multitude of additional complaints, such as backpain, abdominal pain, indigestion, palpitation, rheumatic aches and pains, insomnia and others, which they take to be related and readily include with the label 'Naeng.' Vaginal discharge, to them is only a leading symptom of something more profound and quite different from an organic disease of genitatia only. They mistakenly assume that their physicians are familiar with their 'Naeng' concept.

## HYPOTHESIS

From this observation of the patient's Naeng concepts in a gynecological outpatient clinic, we derived the hypothesis that Naeng is a folk illness in our country, in the sense that Rubel has defined. From the frequency of the Naeng complaint we judged that the illness must be rather prevalent among women.

## METHODOLOGY

The study was designed to identify this hypothetical folk illness 'Naeng,' and its features including causes, symptoms, course of illness, treatment, prognosis and methods of prevention first with anthropological methodology. In a second step, its prevalence and its features, as

**Table 1. Sources for qualitative data on Naeng from anthropological study**

Kind of Respondents	Number of Respondents
Lay Respondents	43
Patients:	27
From Community	(19)
From Clinic	( 8)
Knowledgeable Informants:	16
From Community	(13)
From Urban Area	( 3)
Professional Respondents	19
Modern Professional Respondents:	10
Doctor	( 3)
Nurse	( 3)
Midwife	( 2)
Pharmacist	( 2)
Traditional Professional Respondents:	9
Oriental Doctor	( 6)
Acupuncturist	( 1)
Shaman	( 2)
Total	62

considered typical by the general Korean public, were studied with epidemiological tools.

The ethnographic study was done to obtain qualitative data on the Naeng illness. For these, an opportunistic sample (Honigman, 1973) of informants, as shown in Table 1, was interviewed in depth, the interviews being recorded on tape. The informants included urban and rural Naeng patients that had come to a university hospital outpatient clinic in Seoul for treatment (8 informants). They included people in rural communities who were known to village health workers as suffering from Naeng (19 informants). Many of these had never consulted with a doctor. In addition, some people could be traced in the communities, who were known to be very knowledgeable of the Naeng illness, without

suffering from it themselves (16 informants). Some of them were rather frequently used as resource for advice, and even treatment, by 'Naeng' patients.

The interviews lasted between 20 minutes to 2 hours. They were all conducted in as relaxed an atmosphere as possible, either in the informant's home or in a room of the clinic that did not reflect clinical environment. The interviews were done by a specially trained female anthropologist, by a specially trained public health nurse or by an interested female gynecologist. The interviews were transcribed from the tapes and presented by the interviewer to an interdisciplinary (sociologist, gynecologist, anthropologist, public health physician) and intercultural (Korean, German, occasionally American) group of scholars for discussion and identification of relevant information that could serve the purpose of reconstruction of the features of the Naeng illness. Identification of such features occurred by mutual consent of the scholars. Thus it was possible to abstract from the preferred information a general view of diagnosis, cause, symptoms, cause of illness, treatment, prevention and prognosis of the 'Naeng' illness as the informants appeared to hold it. The results satisfied more than the expectation, that 'Naeng' could be identified as a Korean folk illness according to the definition of the term by Rubel.

These resulting data of the features of the Naeng illness from the ethnographic study were then used to plan for an epidemiological study of the Naeng illness in Korean communities. The features of the illness were used for designing an instrument for cross-sectional investigation. For identifying the characteristics of the respondents the instrument aimed at information on three issues:

1. It was to determine the understanding of the public, more correctly of women at large, in

the surveyed communities of concept, symptoms, cause, course of illness, preventive and treatment methods and prognosis of the 'Naeng' illness, and to see if there were differences in understanding in different areas, and among different population sections.

2. It was to determine the prevalence of the illness among women in the surveyed communities and in different population sections and its perceived seriousness.

3. It was to determine the understanding of the 'Naeng' illness by the 'Naeng' sufferers themselves and to see if it showed any difference from the public at large and, most of all, from that of physicians.

Five areas were selected for the cross-sectional study. They included one block in north western metropolitan Seoul with mostly lower middle class people. One Dong in the middle sized city of Wonju 160 km East of Seoul, one township in the surrounding Wonju county, one township of the rather large and advanced Island of Kang Wha on the East Coast, and finally the remote small doctorless island Wonsando.

In each area a non-stratified random sample was taken including approximately 1/3 of all women above age 18. The total sample size

**Table 2. Community survey number of respondents by area**

Area	F	%
Metropolitan (Seoul City)	143	16.9
Urban (Wonju City)	87	10.3
Rural (Wonsung County)	107	12.7
Rural Island (Kangwha Island)	356	42.2
Remote Island (Wonsan Island)	151	17.9
Total	844	100.0

**Table 3. Respondents to question "Is Naeng an illness?"**

Illness	%	Adjusted %
Yes	83.2	84.1
No	15.8	15.9
No Answer	1.1	
Total	100.0(844)	100.0

Note: 83% of the 844 respondents consider Naeng on illness. 15% only do not relate the Naeng condition with illness. 21% of the respondents considered Naeng a severe illness.

**Table 4. General concepts of Naeng among 844 respondents (open ended question)**

Naeng Concept	Respondents %	Adjusted %
Vaginal Discharge	32.1	40.5
General Physical Disorder of Women	24.6	31.1
Coldness of Hands and Feet	6.0	7.6
A Lump of Naeng	0.6	0.7
General Physical Disorder of Men and Women	0.1	0.1
Other Abnormal Conditions	7.9	10.0
Normal Condition	7.5	9.4
No Answer	20.7	-
Total	100.0(844)	100.0

Note: 71.3% of all respondents consider Naeng primarily an abnormal condition, but only 32.1% relate this condition to vaginal discharge. For 24.6% it is a general disorder of women, and occasionally (0.1%) it is considered to affect men as well. For 6% of the respondents the term Naeng refers to cold hands and feet only, and 7.5% think it is normal.

was 1000 and the number of respondents were 844. The area distribution of the respondents is shown in Table 2.

## RESULTS

Of the 844 respondents, 83% of them con-

sidered Naeng an illness, only 15% did not relate the Naeng condition with illness (Table 3), but 21% of the respondents thought that Naeng is a severe condition. The results to the open ended question "what do you think Naeng is" are shown in Table 4. Of all 844 respondents, 71.3% consider Naeng primarily an abnormal condition. In the adjusted calculation these are 90.6%. Only 7.5% think it is normal. It is noteworthy, considering the attitude of the modern physicians, that only 32.1% of all respondents relate this abnormal condition to vaginal discharge. For 24.6% it is rather a general disorder. For 6% the term refers to cold hands and feet. For a few it is a disorder that can affect both men and women, and for 0.6% it means the mysterious 'lump of Naeng' that many traditional Koreans believe everyone has in his abdomen. The data from ethnographic study had shown that this Naeng lump is supposed to be in everyone's abdomen and usually in a condition of rest. However, when the baby's condition, in the warm-cold relationship, gets out of balance, this lump starts moving around, causing all kinds of abnormal conditions, like a 'Naeng chest', or a 'Naeng abdomen' etc. Most of all, it swells up and starts secreting clear mucus which then is discharged by way of the vagina. This belief plays a considerable role among the causes of the 'Naeng' illness, as will be demonstrated later.

Table 5 shows the causes of Naeng as considered typical by the 844 respondents. They are, before all others, over cooling of the body. Young girls are warned not to wear short panties and light underwear, in order not to acquire Naeng. Even modern trained nurses will argue that one has considerably more vaginal flow, after sitting on a cold surface. Other causes of the illness are considered a cold constitution and, particularly, insufficient rest or remaining dirty blood after delivery. Another ethnographic

**Table 5. Symptoms of Naeng considered by respondents as being typical**

Symptoms	% of Respondents
Cold Hands & Feet	82.2
Foul Vaginal Odor	81.6
Back Pain	81.5
Coldness of Lower Abdomen	81.3
Yellow Vaginal Discharge	80.8
Pain of Lower Abdomen	73.8
Itching of Genitalia	58.4
Infertility	50.8
Lump in Abdomen	44.3
Indigestion	27.8
Headaches	23.0
Insomnia	16.8
Dyspnoea	9.5

**Table 6. Responses to question "Is treatment necessary?"**

Treatment	%	Adjusted %
Yes	89.1	90.4
No	9.5	9.6
No Answer	1.4	-
Total	100.0(844)	100.0

**Table 7. Consequences respondents consider likely to arise in case Naeng is not treated**

Consequences	% of Responses
Chronic Naeng Condition will arise	23.4
Other Chronic Conditions will arise	16.1
Severe Inflammation of Uterus will arise	26.4
Cancer will arise	11.9
General Body Condition will deteriorate	12.2
Other Conditions will arise	3.0
It will be inconsequential	6.9

study has shown recently how carefully a women must be protected from drafts and she has to

be granted sufficient rest after childbirth in order not to acquire a host of undesirable elements, one of them being 'Naeng' and also, that profuse bleeding after childbirth is considered beneficial as all the bad blood runs out. (Sich, D. 1980) Lack of genital hygiene seems to be a more modern concept of the 'Naeng' causes. Considering the aggressive family planning program in the country and the widespread use of induced abortion, it is interesting that contraception and induced abortion, both are considered to be potential causes of Naeng. Among the other causes, we found that many respondents consider the above mentioned 'lump of Naeng' as being one of them. Sexually transmitted disease and uterine cancer, however, which the modern physician would consider as very important causes, are recognized as such only by 33% and 28% of the respondents.

Among the symptoms (Table 5), that are considered typical, cold hands and feet, back-pain, cold lower abdomen yellow vaginal discharge and foul smell of the genitalia, all range between 81 and 82.2%. Itching of the outer genitalia, infertility and a lump in the abdomen are also considered frequent signs (58%) 51% and 44%. Also 28%, 23%, 17% and 10% respectively, consider indigestion, headaches, insomnia and dyspnoea as typical symptoms of Naeng.

Of all respondents 89% consider Naeng a condition that definitely needs treatment, only 9.6% did not think that this is necessary (Table 6). Consequences are considered to arise if the condition is not treated, such as chronic Naeng (23.4%) other chronic conditions (16.1%), severe inflammation of the inner genitalia (26.4%), cancer (11.9%), or deterioration of the whole general body condition (12.2%) (Table 7).

The most important finding of the cross-sectional community survey, however, was that it had shown the actual prevalence of the Naeng condition among the female population. 32.6%

**Table 8. Percentage of women among respondents who have acquired Naeng**

Naeng Experience	No. of Respondents	% of Respondents
Suffering from Naeng now	275	32.6
Had Suffered from Naeng in the Past	212	25.2
(Sum of Respondents with Naeng Experience)	(487)	(57.8)
No Naeng Experience	352	41.7
No Answer	5	0.6
Total	844	100.0

Note: Of the 844 respondents, 33% (275 women) admitted to suffering presently from Naeng and 25% (212 women) had suffered from Naeng in the past. In other words, 58% of all respondents had experienced Naeng themselves. These women were interviewed separately in order to solicit their specific 'Naeng' behavior.

**Table 9. Symptoms of Naeng considered by respondents who have Naeng experience**

Symptoms	% of Respondents
Yellow Vaginal Discharge	77.6
Back Pain	76.3
Foul Vaginal Odor	74.7
Cold hands & Feet	70.4
Coldness of Lower Abdomen	69.8
Pain of Lower Abdomen	62.8
Itching of Genitalia	50.0
Lump in Abdomen	31.7
Indigestion	28.2
Headaches	25.9
Dyspnoea	14.0
Insomnia	13.2
Infertility	13.0

of all respondents claimed that they presently suffer from Naeng, . . . and another 25.2% had suffered from it in the past (Table 8). In other words one third of the surveyed female population above age 18 suffered from 'Naeng' and a total of 57.8% had experience with the illness

themselves, either presently or in the past. These women were interviewed separately to solicit their specific Naeng - illness behavior.

The symptoms they claimed to suffer or to have suffered from 'Naeng' corresponded with those known in the general public to be associated with 'Naeng'. Vaginal discharge, back pain, foul odor from the genitalia, cold hands and feet and a cold lower abdomen top the list with between 78% and 70%, followed by pain in the lower abdomen, itching and a lump in the abdomen by 63%, 50% and 32% respectively. Indigestion, headaches, dyspnoea, insomnia and infertility were also suffered in the disease experience (28%, 26%, 14%, 13% and 13%). The only difference was, that infertility was not as frequently experienced as an actual symptom of 'Naeng' as the general public believed it to be. It had dropped from the eighth to the thirteenth and last place of symptoms (Table 9).

The perceived causes to which the women attributed their 'Naeng' condition were most of all over cooling of the body, followed by a constitutional tendency to develop 'Naeng', by

**Table 10. Causes of Naeng considered by respondents who have Naeng experience**

Causes	% of Respondents
Over-cooling of Body	72.0
Cold Constitution	52.9
Insufficient Rest after Delivery	46.3
Uterine Inflammation	45.9
Induced Abortion	31.9
Lack of Genital Hygiene	31.7
Naeng Lump in Abdomen	26.5
Dirty Blood Remaining after Birth	24.9
Contraception	23.7
Venereal Disease	14.2
Uterine Cancer	8.0
Cold Food	13.4
Too Frequent Sexual Relations	9.9
Too rare Sexual Relations	4.5

**Table 11. Treatment sources used by the 487 respondents who had acquired Naeng**

Treatment Source	% of Respondents who had acquired Naeng
Drug Store	42.0
Medical Doctor	41.8
Herb Doctor	24.3
Midwife	6.0
Shaman	2.1

Note: Of all women who suffered from Naeng, only 41.8% ever consulted a modern doctor.

**Table 12. Home and folk remedies used by the 487 respondents who had acquired Naeng**

Home and Folk Remedy	% of Respondents who had acquired Naeng
Herb Potions (Yukmocho, Gujeolcho)	42.8
Sits Bath with Herbs (Sook Grass)	24.9
Acupuncture & Moxybustion	4.8

**Table 13. Consultants to whom Naeng patients first ask for consultation about Naeng**

First Consultant	Adjusted %
Family or Neighborhood	63.3
Doctor	11.1
Oriental Doctor	3.7
Phamacist	4.2
Midwife	1.4
Others	8.2
None	8.1
Total	100.0

insufficient rest after delivery and uterine inflammation (72%, 53%, 46% and 46%), but they included also induced abortion, lack of hygiene a lump of Naeng in the abdomen, re-

maining dirty blood after birth and contraceptive practice. (32%, 32%, 27%, 25% and 24%), while venereal disease (14%) and uterine cancer (8%) ranged rather low in the hierarchy of causes, together with cold food and too frequent or too rare sexual relations (Table 10).

Treatment resources ever used were, first of all, the Western drugstore (42%), followed by the modern medical doctor (41.8%), by traditional doctors (24.3%) midwives (6%) and shamans (2.1%) (Table 11). It is noteworthy that, although the modern doctor and the modern drugstore are consulted most frequently, about 58% of all respondents never used either of these modern resources. 'Naeng' seems to be a condition best taken care of at home, so that potions and sits baths with herbs are frequently used remedies (Table 12). From the ethnographic study we had learned, that women and especially young women frequently, have difficulty to acquire the money necessary for drugs and treatment. They have to tell their mother-in-law or husband, what the money is for, and often procrastinate, therefore, in getting the treatment they consider necessary. They often will only do so when they are sufficiently irritated or anxious about their symptoms.

For 63% of the women the first and thereafter, only consultant was within the family or neighborhood. Only 11% had seen a modern physician as the first advisor (Table 13).

Crosstabulation of the findings according to area, socio-economic status, age and education of the general respondents and of these having experience with 'Naeng' showed only slight variation among the different groups concerning their understanding, experience, of diagnosis, causes, symptoms, cause of illness, treatment and prognosis of the Naeng illness.

## DISCUSSION

This study has shown that 'Naeng', among the general public in Korea, is considered to be an illness with rather bizarre but consistent features. It is a folk illness in the true sense of the definition as formulated by Rubel, of which generally known diagnosis, causes, course of illness, symptoms, treatment, prognosis and methods of prevention, of which, however, modern medicine can claim no understanding. Modern medicine, although insisting on labeling only the symptom of vaginal discharge as 'Naeng' and insisting on treating 'Naeng' sufferers as if they suffered from an abundance of vaginal flow only, has done nothing to change the perception of the public. It does not even acknowledge it. This is noteworthy. The prevalence of the folk illness is 32.6% among all women above age 18. Women of all ages, walks of life and educational levels in Korea agree that 'Naeng' is the particular illness that our study has described. There are not more than 20,000 modern doctors in the country. But we can estimate from the study that among the approximately 10 million women above age 18, 3 million will suffer from 'Naeng', of which million will at least once consult with a modern doctor. These women may be advised to be suffering from vaginal discharge only. But they know differently and their various complaints, such as headaches or abdominal pain, or coldness of bodily parts will not improve with treatment of vaginal discharge only. Modern medicine does them no favour by ignoring their sufferings and concerns and overtreating vaginal discharge only. It becomes apparent that in the proverbial neurotic Naeng patient there is induced a iatrogenic frustration. It would be a worthwhile study for a health economist to estimate the huge sum of money

clearly wasted on the treatment of vaginal discharge of Korean women, whose main concern and suffering is not vaginal discharge to begin with, but the folk illness called Naeng, that we examined in this study. This situation cannot easily be remedied. The traditional medical profession knows an illness called 'Naeng' that corresponds to the popular understanding. But the situation as it exists is an enormous economic waste of modern resources and the client's finances. Also it is no recommendation at all for the modern healing profession. Naeng aside, that there are a myriad of other folk illnesses and traditional concepts and constructions of illness that deviate from the modern physician's views.

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