

Korean medicine in Kazakhstan: ideas, practices and patients

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ABSTRACT *Since the 1990s, after gaining independence by the Republic of Kazakhstan, various complementary therapies have grown rapidly there. Korean medicine in its several forms belongs among them. There is an important population of Korean deportees from Stalinist times, but this paper will show that the various forms of Korean medicine practised in Almaty, Kazakhstan's former capital, do not primarily cater for ethnic Koreans. Rather, as the paper demonstrates, it is important to see that there are different forms of Korean medicine attractive to clientele from different strata of society. Thus, there are, apart from the most traditional treatment practised at the Korean–Kazakhstani clinic in Almaty, two other newly invented modifications of Korean medicine: soo-jok and soo-ji. The paper embeds Korean medicine into the context of the drastic deterioration of the state health care system and general dissatisfaction with its services, on the one hand, and a generally supportive attitude of government authorities to complementary medicine, on the other. My empirical data suggest that in Kazakhstan people of different ethnic background, sex, age and education choose complementary therapies. The growing popularity of these therapies is not only attributed to public confidence in the methods that are perceived as 'traditional' but more importantly to the extremely difficult economic conditions which have made people search for cheaper treatment. The paper presents data that are critical of a purely culturalist interpretation of explaining the arrival of Korean medicine in Kazakhstan and suggests that it is the political economy of Korean medicine as a non-costly therapy which has made it attractive to a wide range of clients.*

Introduction

During my five-and-a-half-years' stay in Kazakhstan, between 1995 and 2000, I carried out research on complementary medicine^a and its relations with the official health care system in Almaty, Kazakhstan's former capital.^b The last decade of the 20th century, beginning from the proclamation of the independence of the Republic of Kazakhstan in 1991, brought about enormous efflorescence of complementary medicine. However, even under the Soviet rule, despite its long-standing policy against traditional medicine, it has survived in

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various forms in this multi-ethnic and multi-cultural environment.^c Also new healing practices, like those of *ekstrasensy*,^d enjoyed an upsurge of popularity already within the last decades before the collapse of the USSR in 1991. Some forms of Asian medicine have been popularised there during those times as well, first of all Chinese acupuncture, which received official recognition in the Soviet Union as early as the 1970s. Not as popular but nevertheless worth a study is the arrival of Korean medicine in a whole variety of different forms, which gained popularity a little later, since the beginning of the 1990s. Although Stalin's deportations in the 1930s have led to a substantial Korean population in Kazakhstan, these forms of Korean medicine have not appeared as the revival of the medical traditions of the local Koreans. Moreover, they do not primarily cater for the ethnic Koreans.

The situation of medical pluralism,^e coexistence of biomedicine and various forms of complementary medicine is evident in today's Kazakhstan. Generally, complementary medicine has been supported and even promoted by the state in the Republic of Kazakhstan. The most striking evidence of such an attitude is the Centre of Folk Medicine in Almaty, founded under the auspices of the Ministry of Health in 1990 and then renamed the Republican Centre of Eastern and Contemporary Medicine. After the dissolution of the USSR, government authorities promote, in particular, the revival of Kazakh folk medicine as a part of the national culture. The acts of parliament confirmed the recognition and importance of both folk and 'traditional' sectors of complementary medicine and they have been included into the state programme 'Health for the Nation' launched in 1996. The various forms of Korean medicine discussed in this paper place themselves among the methods officially recognised as 'traditional'. Those therapies include Chinese and Korean acupuncture, manual therapies, homeopathy, iridology and some others. Only physicians are allowed to practise them. In the opinion of the public and the majority of physicians, they belong to the realm of official medicine, or at least are very close to it. As such, they are taught at institutions of official medicine, the Faculty of Traditional Medicine of the Institute for the Advancement of Physicians, affiliated to the Medical University in Almaty, as well as at the College of Eastern Medicine in Turkestan.

The health care system in Kazakhstan has not undergone major changes during the first decade after the collapse of the USSR, and shortcomings of the Soviet state medical system have become apparent and intensified in the current economic crisis. One of its main defects has been the imbalance between the hospital sector and primary medical care. Most resources used to go to large hospitals and polyclinics, whereas primary care was rather neglected, and this pattern still prevails. According to foreign specialists, the underfunded system may be improved only by developing cost-effective primary health care. Family practices have since been established and other attempts to reform the health system were undertaken, however, with unsatisfactory results. The process of the privatisation of medical institutions has only started and the efforts to introduce a state medical insurance system failed.

The diminishing of educational and ethic standards in the medical profession contributes to the deterioration in medical care. Many good specialists have left the country.^f Physicians are very poorly paid and overworked, and bribery is a common phenomenon.^g The range of free health services has decreased substantially despite constitutional guarantees. Both the general public and the professionals express their critical opinion about the status quo of the state medical system as well as distrust in the reform policies. This is definitely an important factor for the increase in the popularity of complementary medicine in its diverse manifestations. However, this diversity impels to seek for a variety of factors, specific to particular forms of complementary medicine. They range from the revival of traditional approaches to health, illness and treatment, to curiosity and fascination with new complementary methods and techniques coming from the West. Specifically, the pull factor^h for Korean medicine will be shown to be grounded less in the cultural identity seeking of an important ethnic group in Kazakhstan, the Koreans, than in a political economy of the poor, which, with few exceptions, affects the entire society.

First, I will outline the history of Koreans in Kazakhstan, then present the forms of Korean medicine practised in Almaty and, shortly, their history. I will then outline some findings of a study of patients of complementary medicine in general, which will contextualise the observations made with regard to the different forms of Korean medical practices in Almaty and their specific clientele, which I will discuss in the fourth and last section.

Outline of the history of Koreans in Kazakhstan

Before the 1930s, there was no substantial Korean population in the region of today's Kazakhstan. However, in the 1860s onwards, Koreans had already begun to immigrate to the region of the Russian Far East, spurred mainly by the Japanese aggressive politics, which was followed then by the annexation of the Korean territories. After the outbreak of the war between Russia and Japan in 1904, Koreans spread out to other regions of Russia and they reached the area of today's Kazakhstan. Then, in Soviet times, starting from the second half of the 1920s, groups of Koreans from the Far East migrated to Central Asia, including the Soviet Republic of Kazakhstan. This wave of migration was connected with the implementation of the Soviet large-scale projects of the cultivation of rice in southern Kazakhstan and Uzbekistan. It was, however, only the massive deportations in 1937–1938 that brought about the settlement of a large population of Koreans in Kazakhstan. They shared the tragic fate of many other ethnic minorities, recognised in Stalinist times as potentially dangerous to the communist order. The Koreans from the Far East were treated as potential Japanese spies. The 'preventive measures' led to the resettlement of almost 200,000 Koreans, approximately one half to Kazakhstan and the other half to Uzbekistan. The largest proportion of a population of ca. 100,000 Koreansⁱ in today's Kazakhstan live in the country and work in agriculture; many live in cities and small towns, mainly in the southern part of the country. Since the end

of the 1980s, and then during the first decade of the independence of Kazakhstan, the local Koreans increasingly have been involved in multiple activities directed at ethnic and cultural revival. The first step was learning the Korean language^j and engagement in numerous cultural events. The South Korean authorities are particularly concerned with these efforts and give great help to their poorer compatriots. In 1991, they opened in Almaty the Korean Educational Centre, which organises many cultural and educational activities and supports local initiatives.

Korean medicines in Kazakhstan and specificity of local adaptation

'Traditional' Korean medicine

Three different forms of practice represent Korean medicine in Almaty: its 'traditional'^k version and new modifications called *soo-jok* acupuncture and *soo-ji* acupuncture. An official introduction of the 'traditional' Korean medicine to Kazakhstan dates from the middle of the 1990s. However, there is some evidence that fragments of this medical tradition have survived in everyday life or at least in memories of ethnic Koreans. Most likely, the deported Koreans brought Korean acupuncture and moxibustion to Kazakhstan, but it could not get wider acceptance then because of the ideological stance condemning unconventional methods of treatment.^l The rationale of the 'traditional' version of Korean medicine does not differ significantly from that of Chinese medicine. Practitioners of Korean medicine admit that it originated from Chinese medicine and adopted its general ideas, like the *yinyang* concept or the view of the flow of 'energy' (*qi*) through channels in the human body, as well as the techniques of treatment that rely mainly on acupuncture and moxibustion, and on herbs. Although such was obviously the core of Korean medicine, books on local medicinal plants were written in Korea already near the end of Koryo dynasty (14th century). Its adherents emphasise Korean creativity, giving as an example '*Sa Sang* medicine' invented during the late Chosun dynasty (second half of the 19th century), which consists in the elaborated idea of four constitutional types (Shin, 1996, pp. 25–26, 30, 62).

In 1995, a Korean 'doctor of oriental medicine', Dong Son Kim, arrived in Almaty, sent by the South Korean Agency for International Cooperation and the Korean Association of Oriental Medicine, in agreement with the government of Kazakhstan. Dr Kim worked here on a charity basis until the year 2000 and visited many other towns, treating patients at local clinics. His successor was Dr Jong Wook Son. He had worked earlier in Kazakhstan, coming for short periods and then practised for some time together with Dr Kim. In February 2000 the Korean–Kazakhstani Clinic *Druzhiba* (Friendship) was ceremonially opened in Almaty as the result of the agreement between the respective governments. So, it was an institutional actor (according to the distinction between institutional and individual actors proposed by Hannerz, 1998, p. 22), the state, that contributed significantly to the introduction of this form of Korean medicine.

The founding of the clinic was the result of good political relationships between the Kazakhstani and South Korean governments. Among the motivations on the Korean part, besides clearly expressed willingness to help all Kazakhstani people, there was also a kind of moral obligation to assist their poorer compatriots. This was stated explicitly by both Dr Kim and Dr Son. However, official Korean statements emphasised that this enterprise was aimed at all people in need and put it in the wider context of similar charity actions in other Asian countries.

The Korean–Kazakhstani clinic occupies one floor in an ordinary polyclinic in the city centre. The contrast between its nice arrangement and equipment and those of the rest of the polyclinic’s shabby premises is striking. The new clinic includes the department of biomedicine, represented by three doctors from Korea and a few Kazakhstani physicians and nurses, and the ward of ‘oriental medicine’ run by Dr Son. A local Korean doctor, who has only just started studying oriental medicine, and a nurse, who previously worked with Dr Kim, Son’s predecessor, assist him. The ward is quite spacious and well arranged. Apart from smaller rooms for receptions, there is a large hall divided in smaller compartments with couches used for acupuncture. Big cabinets store an impressive collection of Korean herbal medicines (more than 200 items) and cones for moxa (made of powdered *Artemisia vulgaris*). Various modern devices serve for additional electric, microwave and ultrasound stimulation of acupuncture loci. Moreover, some pieces of equipment used for diagnostics combine traditional methods with new technique, e.g. a special instrument, which examines and records three variants of pulse in the form of a drawing resembling an electrocardiogram (ECG). There is also a special unit for the extraction and packing of herbal medicines.

According to the Kazakhstani–Korean agreement, the clinic should be fully maintained by the Korean government in the first three years of its activities. Then it should be taken over by the Kazakhstani side. During the first period after the foundation of the clinic, treatment was free; however, some small payments were gradually introduced. The Korean side wanted to bridge the gap between inexpensive procedures offered here and those, rather costly, which were performed on the other floors of the same building. On the other hand, they were determined not to limit the availability of Korean medicine, which in Dr Son’s opinion could be beneficial to the people due to its effectiveness, especially for functional disorders and chronic diseases.

Soo-jok

Soo-jok acupuncture, ‘hand and foot’ acupuncture, was invented only in the 1980s by a South Korean medical doctor, Jae Woo Park. Although it claims to be based on the main principles of Chinese medicine, *soo-jok* acupuncture uses exclusively points on hands and feet. According to this method, the points on hands and feet represent all parts and organs of the human body. For instance, thumbs and big toes correspond to the head, whereas index fingers and little

fingers to hands. Front side of the body is represented on palms and soles and also all internal organs have their equivalents on hands and feet. The other system of correspondence describes the hand and the foot as the representations of the whole human body. This is drawn as 'homunculus' on the hand or on the leg (see also Hsu, 1995). *Soo-jok* specialists believe that ailments of any organ can be treated by stimulation of particular points on hands and feet with the use of needles, moxa or pressure. Combined hand and foot acupuncture maintains *yinyang* harmony, as foot represents *yin* and hand *yang* (Park, 1993). Every person with some basic training may practise rudimentary *soo-jok*, which consists in simple stimulation of specific points connected with particular parts of the body. Higher levels require knowledge of the principles of 'classical' acupuncture. A thoroughly elaborated system of correspondence connects numerous points marked on hands and feet with channels known from Chinese medicine.

Soo-jok entered Kazakhstan at the beginning of the 1990s through Russia. It was popularised during seminars conducted by Dr Park, first in Moscow, then in Ukraine, Byelorussia, Kazakhstan and other countries of the Commonwealth of Independent States of the former USSR. The *Soo-jok* Academy, organised in Moscow, became the base for further expansion of this method. The first seminar in Almaty, near the end of 1992, gathered about 130 physicians, while the next one in 1993 gathered 180 specialists. They received basic training and many of them began to propagate and use *soo-jok* treatment in their practice. Since 1993, regular courses of *soo-jok* have been run at the Faculty of Traditional Medicine of the Institute for the Advancement of Physicians in Almaty. This institute contributed substantially to the introduction of this version of Korean medicine. In 1996, the hand and foot acupuncture unit got the status of a Republican Centre of *Soo-jok* Therapy. Many courses have also been conducted outside Almaty for students from provincial towns. Overall, almost 700 physicians were trained in *soo-jok* between 1993 and 1997. Besides this, a *Soo-jok* Academy, founded in 1994 as a joint Kazakhstani–Russian–South Korean venture, has been organising seminars for everyone interested in gaining basic skills.^m *Soo-jok* specialists compare this technique to the ability to operate a control panel. As you gain this ability, you are able to maintain your good health. Apart from the Almaty Academy, the *Soo-jok* Academy from Moscow periodically organises here similar courses open to the wide public. Adepts of both professional and amateur courses spread the ideas of *soo-jok*.

It is interesting that this treatment came from Moscow, which follows the usual pattern. Moscow, as far as science and art are concerned, has maintained for Kazakhstan its position of the centre influencing the periphery. The medical ideas that come to Kazakhstan from, or through, Moscow are usually valued, particularly if they are signed by someone who holds a high academic degree or by a state institute.

Soo-jok acupuncture occupies a well-established place in the market of medical services. It is well known now, not only in Almaty and in the new capital of Kazakhstan, Astana, but also in all regional centres and bigger towns. Perhaps the most popular among the general public is *Soo-jok* Academy in Almaty,

mentioned above, which has its seat at one of the biggest city polyclinics. Many small private health centres employ specialists who practise *soo-jok*. Some medical doctors working in state hospitals and polyclinics include it in their treatment. Practitioners claim that this method has advantages over classical acupuncture because it is painless, safer and less invasive.ⁿ They mention various diseases, for example, radiculitis, cardiovascular problems, bronchitis, cystitis and many others that can be effectively treated with *soo-jok*. Overall, medical professionals whom I asked expressed their positive attitude towards this treatment. The only reservations I heard were about the improper use of *soo-jok* by people without medical education who sometimes ran illegal practices.

Soo-jok acupuncture is also the most advertised form of Korean therapy in Kazakhstan. It is widely popularised through the media: television programmes and popular health journals present this method as safe, easy and inexpensive. They give basic instructions how to stimulate acupuncture loci with pressure. In addition, bookshops offer brochures and manuals in Russian, like ‘*Soo-jok* for everybody’, that also stress simplicity and effectiveness of this treatment and expose slogans like “you may become your own family doctor”. This line of presentation complies with the principles of today’s health policy of the government, which promotes ‘the healthy way of life’ and cheap self-treatment. Thus, the official support for *soo-jok*, clearly expressed in its inclusion into the process of professional medical training, seems quite understandable.

Soo-ji

Soo-ji operates only on the patient’s hands. The full name, *Koryo soo-ji chim*, literally means ‘Korean hand acupuncture’. It was invented and developed in the 1970s by a South Korean doctor of oriental medicine, Tae Woo Yoo. *Soo-ji* is presented as an extremely effective and safe technique, as it uses tiny needles that are not deeply inserted. The story about its discovery is a typical example of sudden illumination, which revealed the nature of correspondence between specific parts of the body and treatment points on the hands (Yoo, 1988, pp. 5, 23–25). For example, points on the upper parts of the middle finger correspond to the respective points on the head (whereas in *soo-jok* there is a correlation between the thumb and the head). Besides special needles, also moxa, magnets and pressure or electricity are used in therapy.

The *soo-ji* dispensary is linked to the Roman Catholic Church, which had not been officially recognised in Kazakhstan until the 1980s and developed its activities only during the following decade. In 1993, a doctor from South Korea—Brother Diego, belonging to the Franciscan order—opened a dispensary at the church in Almaty. He should be seen as a *spiritus movens* of *soo-ji* in Almaty. Brother Diego trained a few local physicians, mainly of Korean origin, and also some Slovak and Korean nuns from the Almaty church. Volunteers from the congregation help at the dispensary and the medical team visits villages deprived of any medical service. In 1995, the staff received a state licence to conduct treatment.

Soo-ji was practised only in two places in Almaty in 2000, so it would not be justified to speak about its wide popularity. However, Brother Diego's dispensary has become known not only in the Almaty congregation, but also in the neighbourhood and in some villages near the city. During the first years of its activities, it was located in a small, uncomfortable house near the church, but then it was transferred to spacious rooms at the monks' convent. The *soo-ji* dispensary offers treatment free of charge. The main procedures include stimulation of the points on the hands with needles, moxa, electrical devices, or magnets fixed with sticking plaster, and bloodletting. *Soo-ji* is sometimes combined with pharmaceutical remedies and physiotherapy.

Another individual agent, a local doctor trained by Brother Diego, has spread *soo-ji* in Almaty. She was known in the congregation as Dr Irina. In 1999, her new, private health centre entered the market of medical services. Dr Irina had been educated as a specialist in dermatology and internal diseases, and afterwards she studied some complementary methods, like Chinese acupuncture, herbal treatment and homeopathy. She may be described as an open-minded, innovative physician, always searching for better, more effective methods of treatment. She has found *soo-ji* particularly useful and effective. Moreover, as an ethnic Korean, she feels close to this method. After working as a volunteer at the church dispensary and some additional training in South Korea, Dr Irina received a certificate from the Korean *Soo-ji* Institute. Before setting up her own business, she used to practise *soo-ji* at a private centre of complementary medicine located at one of the city polyclinics. Her own small, nicely arranged surgery is situated in a dwelling house not far from the city centre. Her methods include *soo-ji* acupuncture and moxibustion, which are applied to almost every patient, bloodletting, and acupuncture with additional electric stimulation. Moreover, Dr Irina uses some Chinese herbal medicines as well as homeopathic remedies and medications of biomedicine. The main purpose of the therapy is holistic, directed not at particular symptoms but at the human organism as a whole. The complete healing can be achieved—in her view—by a complex treatment combining *soo-ji* with some other complementary and biomedical methods. Local practitioners often creatively develop adopted methods of treatment and they do not see any contradiction in the syncretic use of several different complementary therapies and inclusion of some methods of biomedicine. The example of Dr Irina is most instructive in this respect.

As a specialist in *soo-ji* committed to this method, Dr Irina eagerly talked about its advantages over both 'classical' acupuncture and *soo-jok*. She considered the first too invasive. The latter was, in her opinion, plagiarism of the ideas of Dr Yoo. Dr Irina criticised low professional standards of *soo-jok*. On the contrary, *soo-ji* sets—as she claimed—high standards for its students, which limits the spread of this method. However, Dr Irina herself planned to prepare a basic course of *soo-ji* for everybody and she suggested that it might become a widely used technique of self-treatment. Her projects demonstrated that she wanted to make *soo-ji* more competitive; in fact they followed the same pattern of training as the basic course offered by *Soo-jok* Academy. The rival received

official recognition some years earlier, and Dr Irina certainly would like to get similar status for the method she advocated, *soo-ji*. The first two-week course for 30 doctors, at the Institute for the Advancement of Physicians, was planned for autumn 2000.

Actual and potential patients of complementary medicine

Most anthropological studies of patients of complementary medicine focus on its active users. Researchers usually limit the group of respondents to people who had used some specific non-orthodox therapy within the period close to the time of study and seek such interviewees “whose experience of complementary medicine had been substantial and fairly successful, rather than those whose experience had been cursory” (Sharma, 1992, p. 34). This can inform us about the motivations of the patients and the reasons for the popularity of certain therapies but we may tend to overestimate their importance. It seems appropriate to find out more about a wider group of ‘potential patients’ in a particular setting. Some of them become once or more times ‘actual patients’ of complementary medicine. Social scientists usually adopt such a point of view when studying people’s attitude to biomedicine, which, in my opinion, is also applicable to the prospective users of complementary therapies. The substantial role played by complementary medicine in Kazakhstan gives a strong argument for using this perspective. This makes it possible to learn also about the reasons of non-users. Why are some people insensitive to the temptations of popular complementary therapies? Or have they never used any but feel like trying one or another? What is the general attitude of non-users towards complementary medicine and its particular varieties? If we deal specifically with, for instance, Korean medicine, we can place it then among other forms of treatments and estimate its relative popularity.

During my long stay in Almaty, I learned many things about the ‘potential patient culture’ while talking to people about their everyday problems, hardships and emotional disturbances connected with the difficulties of the ‘transitional period’, and about their experiences with the state system of health care. Such data were also drawn from newspapers, magazines and TV programmes. Moreover, I talked many times to actual patients whom I met at the Centre of Eastern and Contemporary Medicine and various small centres of complementary medicine. In the year 2000, I conducted a small-scale research on the attitudes to biomedicine and complementary medicine of 34 inhabitants of Almaty of different age and ethnic background, though almost all (save three persons) had higher education. In terms of gender, women predominated (24 females, 10 males).^o This study was based on a standardised questionnaire. An additional small survey on the knowledge and use of Korean medicine was carried out on the group of 19 interviewees from the previous sample.^p Although it is difficult to generalise on the basis of such a small sample, it outlines people’s attitudes to different types of medicine and this picture is enriched by information given by my numerous interlocutors in many informal talks.^q

General characteristics of the potential patient in today's Kazakhstan give a rather grim picture. The epidemiological situation is disastrous. Growing coefficients of morbidity and mortality indicate that people's health, both physical and psychic, is deteriorating. Tuberculosis, cardiovascular and respiratory diseases, cancers, venereal and mental diseases have increased drastically. Alcoholism, drug addiction, and in recent years also AIDS pose a great threat to the health of the people. First, such a situation is a result of ecological degradation^f and extremely difficult political, social and economic conditions during the period of transition to market economy. The collapse of the socialist 'planned economy' revealed the economic weakness of the newly proclaimed state and brought about growing unemployment, very low salaries, and even the state's inability to pay regular wages and pensions. Also anxiety about possible interethnic tensions makes people feel insecure and prone to all kinds of misfortune. Their main efforts are directed at meeting basic needs, with very little time and means left for leisure activities. People try to develop diverse survival strategies, like starting some small trade or various techniques of struggle for employment. However, the majority are pessimistic about the future (which results also in high rates of migration among ethnic minorities). Social and emotional instability goes hand in hand with moral confusion. Previous moral standards of communist ideology were destroyed and many people seek after a new—or old, connected with different religions—moral code.^g

As I mentioned before, the economic crisis after the break-up of the Soviet Union drastically revealed all faults in the inherited health care system and brought about its further deterioration. The general public almost unanimously speaks of deplorable status of the state medical system. My respondents also generally expressed a negative opinion about biomedicine, describing its conditions as bad, very bad or even pitiful. The majority saw the main cause of the crisis in underfunding and criticised medical personnel for low qualifications and taking bribes. Such a situation obviously influences people's choices.

On the other hand, the general attitude to complementary medicine is positive. This refers not only to the ordinary people, but also to many members of the medical profession who support the authorities' policy. Most people from my sample reported a positive attitude either to complementary medicine as a whole or to some forms of it.^h Chinese acupuncture (which is called *igloterapiya*, 'needle therapy', by the general public), herbal treatment, various manual therapies and the so-called 'bioenergotherapy'ⁱ are the most popular forms of complementary medicine in today's Kazakhstan. Chinese medicine has been popularised in the 1970s.^j Since the 1980s, courses for physicians have been organised in Alma-Ata and the local Institute of Reflexotherapy (focused on acupuncture, called by medical doctors *iglorefleksoterapiya*, 'needle reflexotherapy') was founded in 1988, and then included into the Faculty of Traditional Medicine. So, Chinese acupuncture and moxibustion—although distorted, which is obvious when the basic course takes one month to complete and the extended one lasts two months—is well known in Kazakhstan. The

number of physicians using acupuncture in their practice is estimated at more than a thousand practitioners, while also non-doctors practise it without licence. Moreover, specialists from China come to Kazakhstan and a commission established at the Ministry of Health evaluates their competence. In addition, various local and imported herbal remedies are extremely popular and used in both self-treatment and practices of folk specialists, and to some extent in biomedicine. Among manual therapies, some (like osteopathy) are practised by physicians. The others, inherited from the distant past, remain in hands of folk bone-setters.

My respondents mentioned the same forms of complementary medicine among the most valued: first of all herbalism, then acupuncture and manual therapies, and also bioenergotherapy. Homeopathy, although introduced only in the 1990s, has also gained popularity. Five people from my sample expressed their belief in the efficacy of charms and prayers (*zagovory*) and no one was positive about shamanism. The prevalence of affirmative opinions about acupuncture, herbalism and manual therapies may be connected with their recognition by the public as 'scientific' methods comparable with those of biomedicine (some respondents stated that directly). We may suppose that such results agree with the high level of education of the interviewed people. However, those who believed in magical methods shared the same educational standards. As I learned from my talks with many people, mainly well-educated city dwellers, they generally maintained their traditional magical beliefs. This refers especially to women. The most common are the beliefs in spirits of the dead, in the evil eye (*sglaz*), and malevolent charms or evil intentions (*porcha*), which may result in illness and other misfortunes and can be removed only by means of spells and ritual actions.^w Such beliefs, with some variations connected with different ethnic traditions, are commonly shared and may well coexist with the declared atheistic worldview. This factor contributes to the increase in the popularity of practitioners of 'white' and 'black' (secret) magic. Concerning shamanism, although it did not get recognition in this survey, my special research on this subject showed that the last decades brought about its revival also in urban areas of Kazakhstan.^x

More than half of the people from my sample (19 interviewees) became the users of complementary medicine. When speaking about the 'actual patients', we may well apply the categories distinguished by Ursula Sharma (1992, pp. 47–50). Actually, the majority (10 people) belonged to the category of 'stable users', i.e. those who were satisfied with the first therapy they used (most often acupuncture and manual therapy) and continued the same pattern. The rest were divided between 'earnest seekers' who felt disappointed with the first encounter but decided to try other treatment, and a group that resembled the category of 'eclectic users' who tried different complementary therapies at the same time and could not decide what suited them best. There is one more class of actual patients (only two in my sample), namely, those who did not want to use any complementary treatment after the first failure, but still believed that such therapies might be effective in some cases.

It is difficult to estimate the level of the usage of complementary medicine in Kazakhstan in general, as well as that of its particular branches, because there are no statistics for this. I only managed to get some statistical data from the Centre of Eastern and Contemporary Medicine, definitely the biggest institution of complementary medicine in Almaty. According to these data, during the first four years of its activity, approximately 280,000 patients received treatment at the centre and in the next two years about 70,000.^y These statistics alone, even if they are overestimated, give evidence of the great popularity of complementary medicine. However, in the year 2000 the practitioners from the centre complained about a diminishing number of patients, which they attributed to the worsening economic conditions. If such a recent decrease in the popularity of complementary treatments was really the case, the reasons for this should be carefully investigated.

In summary, this section has explored mainly the 'push factors' towards complementary medicine, and I have shown that general dissatisfaction with the state health care system is a significant factor. Almost all users of complementary therapies, whom I asked, expressed negative opinions about the official medicine. However, in my survey all non-users, except for one who could not assess, also had a bad and very bad opinion about the health care system. Moreover, those three people who thought that it was of medium standard were actual users of one or another unconventional therapy. So, there is no direct correlation between dissatisfaction with biomedicine and the use of complementary medicine.

Certainly, among the strongest incentives to use complementary medicine were direct experiences of the patients who had found that biomedicine was useless in the case of their particular complaints. Many informants stated that openly, and when some mentioned simply 'health problems' as the reason for their first use of unconventional treatment, it was related mainly to the cases where biomedical methods failed to help. On the other hand, people who had not had such dramatic experiences often mentioned curiosity as the cause of their first visit to a complementary practitioner.

The current social climate, expressed in the feelings of insecurity, loss and lack of prospects for the future, has resulted also in the growth of mysticism, occultism and beliefs in paranormal phenomena. This in turn stimulates public interest in complementary medicine.

Besides, there are definitely diverse 'pull factors' at work in the case of different forms of complementary medicine currently on offer in Kazakhstan, although it is difficult to establish them precisely. However, an important 'pull factor' is the relative cheapness of complementary medicine. For instance, at the Centre of Eastern and Contemporary Medicine, prices are moderate, even for local standards (usually they are equivalent to US\$4.00–6.00^z for a session) and there are substantial discounts for pensioners, students and children, or they may even receive free treatment. Services of practitioners outside the centre are also rather inexpensive. Even the most famous of them, who are sometimes rewarded with such lavish gifts as a house, a horse or a car, content themselves

with a small return from the poor. This accords fully with the traditional pattern of relations between patients and practitioners.^{aa}

As I know from my other research, the factor of 'tradition' (its continuity or revival) of different ethnic groups plays a significant role in the religious, magic or shamanistic treatment. Although such practices get some new features, their traditional core has survived. Yet, precisely with regard to Korean medicine, this 'pull factor' does not seem to have been very strong because the forms practised in Kazakhstan are rather recent arrivals.

The following section, devoted to the specificity of the various forms of Korean medicine, which each obviously catered for a rather different clientele, will focus on the specific 'pull factors'.

Korean medicine in Almaty and its patients: fieldwork findings

Traditional version of Korean medicine

The Korean–Kazakhstan clinic in Almaty has achieved noticeable popularity already during the first months of its activity. The number of patients treated at the ward of oriental medicine during the first month, which came up to a thousand, proves this. As its services were free, it was available to everybody, also to people of very low socio-economic status. This may explain its popularity just from the start. Dr Son regretted that they could receive no more than 50 persons per day, so the next candidates would have to wait for about two weeks. He estimated that the number of patients per year would approach between 10,000 and 11,000 (overall number of patients of the clinic should reach 40,000 a year). The clinic is open for everybody, irrespective of nationality or religion. People come not only from the city, but also from other localities of the region. According to Dr Son, patients suffer mainly from arthritis and skeletal disorders, and the next most common illness category concerns digestive problems. In my sample, five respondents had some knowledge about that clinic and three of them had already been patients of the biomedical ward. This ward, which also provided free treatment, had even more patients than that of traditional medicine. Significantly, the only two individuals in my survey who associated questions about Korean medicine with its traditional form (and not with *soo-jok*) were local Koreans, a man and a woman of middle age who had some knowledge about it from their parents.

Soo-jok

Definitely, *soo-jok*, which is the most popularised, is also the best known type of the Korean therapies. Aggressive advertisement is a strong 'pull factor' into this version of Korean medicine. It is also important that the charges for *soo-jok* treatment are rather moderate. Moreover, the clinics offer discounts for pensioners, invalids, students and children under the age of 12. Therefore, this treatment is within the reach of a large group of city dwellers. In my sample of

19 people, 13 had come across this method, although only one woman was treated by a *soo-jok* specialist and another one—a young Kazakh physician—was herself trained at courses of *soo-jok* and used that method for self-help. Some learned about it from friends or doctors, but the majority reported TV, newspapers, magazines and street advertisements as their sources of information. Half of those who knew something about *soo-jok* declared that they would eagerly try this treatment or even attend a course. The motivations they listed ranged from simple interest to practical advantages. I also met some other women who admitted that they tried *soo-jok* as a technique of self-treatment, easy and available to everybody, and were satisfied with the results.

Soo-ji

The third form of Korean medicine, *soo-ji*, is rather unknown to the wide public. No one from my sample heard about it. However, my fieldwork focused just on the patients of *soo-ji* medicine. I was especially interested in comparing two types of practices of *soo-ji*: at the dispensary and at Dr Irina's clinic, each with a different range of clients. I gathered information from observations and talks with the patients and also used some statistical data from the church dispensary.

According to the available data (Kim & Kim, 1997), during three years (1994–1996) of work at the dispensary, 1231 patients were received, 519 male and 712 female. They varied in age, ranging from six months to 92 years, 381 persons above 60 years. A total of 860 patients lived in the city and 371 in the nearby villages. The majority of the sick came from very poor families. A wide range of diseases was treated there; an average course of treatment lasted one month. City inhabitants suffered mainly from cardiovascular, gastrointestinal, nervous and respiratory diseases. Among villagers, musculo-skeletal and nervous disorders prevailed; 37% patients suffered from more than one ailment. As for the results of the therapy, good and very good effects were stated in 55% of the cases, some improvement 35%, no improvement 10%. No cases of worsening were reported. However, these statistics were based only on the observations made by the dispensary staff. They noted the best effects—80–90% recoveries—in gastrointestinal, nervous and cardiovascular diseases diagnosed and treated in their early stages. *Soo-ji* used for diabetes, goitre, mastopathy and allergic dermatoses also had promising results. From the foundation of the charity dispensary to the beginning of the year 2000, more than 3000 people underwent treatment there, although receptions were limited to three days a week. Willing persons had to put their names on the list in advance and wait, sometimes even for four to five months. Some members of the congregation, when commenting on the popularity of the dispensary, maintained that its activities had brought about substantial increase in numbers of believers.

The statistics cited cover neither ethnic background nor religion of the patients. The staff claims that they are multi-ethnic and represent different religions. However, as mainly church channels spread information about the dispensary, we may suppose that the majority of the users came from the

members of the Roman Catholic Church congregation and related circles. I talked to about 20 patients, and they all came from the congregation. If this assumption is true, the users of *soo-ji* at that dispensary would be mainly Poles, Germans, Koreans and, to some extent, Ukrainians.^{bb}

The people I met at the dispensary were rather poorly dressed and the majority were elderly or middle aged. The patients I talked to expressed their confidence in the kind of treatment offered there and those who had been visiting the dispensary for a longer time encouraged the newcomers. A patient with diabetes, for instance, who had been treated for a year, reported that the blood test showed a significant improvement. He had also suffered from pains in his arms and legs, and the *soo-ji* therapy proved effective. Another patient felt satisfied with bloodletting, which—as she stated—gave her immediate relief of headache. Although the patients, especially the new ones, seemed interested in the procedures used, they were not inquisitive about the *soo-ji* rationale. Only one patient, a doctor herself, asked Dr Diego if she could do self-treatment using the book in Russian, which she brought with her. As that was a book on *soo-jok*, the doctor briefly explained her differences between the two forms of Korean medicine. However, simply for practical reasons it would not be possible to inform patients in greater detail. Nevertheless, they are instructed how to continue pressing the magnets at home and also how to apply moxibustion on the points marked with a pen on their hands. Thus, the patients took active part in the process of treatment, and it became partly a form of self-treatment.

Dr Irina's patients came from a different socio-economic stratum. The cost of an average course of treatment (which takes 10 sessions) was an equivalent of US\$50 dollars in 2000; consequently available only to the better-off people. Although Dr Irina did not advertise her practice, she had quite many patients and her problem was rather how to find a good doctor who would be able to help her after some training (she employed only a nurse). The patients of Dr Irina, who were my interlocutors, referred to different informal sources of information as they spoke about their first encounter with her clinic. Some had learned about it from relatives or co-workers. The others lived nearby and were informed by the neighbours or accidentally read information at the door and decided to try. In general, they demonstrated their distrust in newspaper advertisements, as often given by charlatans. I met people of different ethnic backgrounds there, but mainly Russians and Kazakhs. However, it is problematic to generalise on such a narrow basis, the more so because this may simply mirror the proportions in the ethnic composition of Kazakhstani people. There was approximately the same proportion of men and women, most of middle and young age.

Dr Irina gave much care to every patient. She saw approximately eight persons per day. A patient spent about two hours at the surgery, undergoing various procedures. During my visit, I noticed that the atmosphere at the clinic was very friendly. Dr Irina talked to all the patients by their first names and they seemed to know each other quite well, as they had been meeting during the course of treatment. They were joking and looked relaxed, which was in stark

contrast with a rather nervous and tough tone typical of clinics and dispensaries of state medicine. People came with different problems, ranging from acute pains in the back to kidney stones. In Dr Irina's words, her method could be employed for a wide spectrum of diseases and the best results were obtained in the cases of myoma, mastopathy, diseases of the urinary tract, various cardiovascular and gastrointestinal disorders, allergies, skin diseases, diabetes and musculo-skeletal disorders.

All the patients agreed on pitiful conditions of biomedicine. They expressed general disappointment with the therapies they had been offered before coming there. Some commented that all good doctors had gone abroad, treatment had become very expensive, and even much money would not guarantee the successful end. On the contrary, the patients reported their confidence in *soo-ji* and in Dr Irina herself. They eagerly talked about their ailments and substantial improvement after a couple of séances. Dr Irina did not acquaint them with *soo-ji* rationale except for some basic information on the expected duration of treatment and possible complications in case somebody did not continue the course. The approach of combining different methods of treatment did not seem to bother the patients. They were generally very pragmatic and focused on the effectiveness of treatment. The idea of a chronic illness, which needs a lot of effort to get some relief, was well understandable. Detailed knowledge about the methods and techniques did not seem necessary to gain people's trust.^{cc} What really mattered, was the overall effect and the patients' confidence which encouraged newcomers.

It is noticeable that the *soo-ji* dispensary and Dr Irina's clinic cater for different social strata. The patients of the former tend to be very poor and miserable, they come partly from surrounding villages where life is even more difficult than in the city. The clients of the latter are city dwellers, relatively well off by local standards. However, Dr Irina's clinic has not suffered yet from the lack of patients, perhaps because of the small scale of her enterprise.

Discussion

As indicated by the statistics from the church dispensary and my own observations, there is a slightly greater number of women among the patients of Korean medicine than men, and this pattern seems to prevail also in other areas of complementary medicine. It may be connected with the fact that generally women are more cautious about health matters and they are also more often patients of biomedicine than men are.^{dd}

It is difficult, on the basis of the available material, to generalise about ethnic composition of people using Korean medicine. In my opinion, the patients of its different forms are multi-ethnic and definitely not limited to local ethnic Koreans. However, as I explained before, the patients of the church dispensary perhaps differ to some extent in their ethnic background from the users of the other clinics, because of their affiliations with the Roman Catholic Church. My general observations on complementary medicine in Kazakhstan suggest that most of its forms cater for multi-ethnic clientele. Only in the case of shamanistic

or religious treatment, the circles of patients seem more specific. However, even such practices are not fully limited to the bearers of the respective traditions. We may suppose that the Soviet politics, which had blurred ethnic differences and aimed at shaping a uniform *Homo sovieticus*, influenced also the behaviour of health-seekers. They are not strongly attached to their traditions and rather tend to be pragmatic and open.^{cc} It is also the case of the local Koreans, who, as it seems, have not preserved their medical traditions. Although the introduction of Korean medicine into Kazakhstan may appeal to them, as the case of the Korean–Kazakhstani clinic suggests, they do not constitute the majority of its clients.

Medical anthropologists often claim that the health-seeking strategy should be examined as “a process of negotiations that goes on as patients seek therapies and etiologies consistent with their understanding of illness” (Rubel & Hass, 1990, p. 125). At the same time, they also notice that the actual health-seeking behaviour may differ significantly from its verbalised predictors, influenced by the knowledge about illness. The behaviour tends to reflect ‘a multiple-use strategy’. Besides this, they also stress the role of patient as an active agent seeking health.

My own studies of complementary medicine in Kazakhstan confirm the statements about the role of multiple use in health-seeking behaviour. However, as for the agency of patients, it seems very limited in this particular context, mainly because of socio-economic constraints. Most patients of Korean medicine asked about their motivations to try this kind of therapy, mentioned twofold reasons—negative and positive ones. The former were first of all distrust and dissatisfaction with biomedicine, and the cost of its procedures, the latter cheapness of Korean medicine and belief in its effectiveness. The actual health-seeking behaviour may be directed by a kind of ‘calculation’, taking into account the cost of treatment and evaluation of its efficacy. It may also be ‘the last resort’, when other treatments fail. In this case, people are eager to pay much for a chance to recover, provided that they have the necessary funds. However, in the local circumstances this opportunity is rather limited. There is also the third kind of health-seeking, which I call ‘the only resort’ and which is not rare in the country of very difficult economic conditions. It describes the situation of extremely poor people who cannot afford any paid treatment and the narrow scope of basic free medical care does not cover their specific complaints. This is often the case of the patients of the church charity dispensary and, I suppose, of the Korean–Kazakhstani clinic in Almaty. I will give one example of a patient of Dr Diego, a teenage girl, Natasha. As a child, she had had a severe trauma of her head caused in an accident, and since then she was continuously ill and not able to walk. Her poor parents could not afford costly, long-term treatment, and Natasha did not receive any medical care. After a long *soo-ji* therapy applied to Natasha by Dr Diego and a nun from the dispensary, the girl almost completely recovered. When I met her, Natasha was helping at the dispensary and the only complaint she had was a recurrent headache. Such situations as described above are not exceptional in Kazakhstan, where the majority of people live in miserable conditions. For this category of people, if no

free health service is available, either biomedical or complementary, 'the only resort' will be self-help.

It is worth mentioning in this context that self-treatment is enormously popular in today's Kazakhstan and takes different forms, from the use of numerous folk and home remedies to the wide range of the so-called 'systems' of methods and techniques that often come there from Russia or Ukraine. Among them, various starvation diets, physical exercises, and special techniques applied to strengthen the body and heal the soul are most common.^{ff} Apart from financial reasons, also dissatisfaction with biomedicine stimulates the popularity of self-treatment. The basic *soo-jok* skills belong to this segment of complementary medicine.

It is evident that the services of the 'Friendship' clinic and the church dispensary were gaining growing popularity, due mainly to the fact that they were free, and as such accessible even to very poor people. *Soo-jok* treatment, as relatively cheap, may also attract people from the lower socio-economic strata, especially as a method of self-help. In contrast, Dr Irina's clinic has a rather narrow social basis of potential patients. Anyway, in general, the strongest 'pull factor' towards Korean medicine is its cheapness. It was introduced only recently and this may explain why it does not belong to the most popular branches of complementary medicine. However, this strong competitive edge of Korean medicine can justify prognoses of further increase in its popularity.

Conclusions: specificity of the glocalisation of Korean medicine in Kazakhstan

Asian medicines in contemporary Kazakhstan are not exclusively products of recent processes of globalisation. On the contrary, Central Asia was itself the cradle of a great medical tradition, namely, so-called Tadjik-Persian medicine. Chinese medicine had reached the regions of today's Kazakhstan together with other Chinese cultural influences, and related Korean treatments, as I already mentioned, came there as a part of the cultural heritage of the deportees. There is also evidence of the influences of Indian and Tibetan medicine. On the whole, this region was much closer to the East than to the West and such a pattern prevailed there in the Soviet period as well, although it was partly caused by the political measures. Whereas ideas of complementary medicine from the West, such as homeopathy, have come only recently, in the 1990s, acupuncture, for instance, has been adopted much earlier. However, it is the period after gaining independence, i.e. the last decade, when we witness a rapid increase in the popularity of complementary medicine in Kazakhstan. On the one hand, this may be considered the result of the fundamental change in the attitude of the authorities towards unconventional treatments, and, in more general terms, the policy that opened the door to a flow of ideas. Therefore, the process of globalisation, the 'global flow' (Appadurai, 1996) of the concepts of Asian medicines, including the Korean one, could have found its way also to Kazakhstan. Perhaps the earlier connections were, to some extent, conducive to their acceptance. However, when we examine the reasons for the local popularity of

complementary therapies, we have to take into account multiple factors. One of the most important, which resulted from the process of transition from socialist to market economy, is the sharp deterioration of the state medical system. This makes people seek other solutions to their health problems. They turn to complementary medicine; however, complementary medicine offers a wide range of proposals and the three types of Korean medicine described above represent but a small fragment of what is on offer. What can raise its attractiveness is, evidently, the fact that it comes cheap. This is, in my opinion, the main pull factor towards Korean medicine, although the convictions about its effectiveness also have considerable significance. The popularity of complementary medicine in Kazakhstan in general, and of its cheap and widely available therapies in particular, may be regarded as a manifestation of survival strategies, similarly to other such strategies used for dealing with the hardships of the transitional period (cf. Kandiyoti & Mandel, 1998). There is already the market of medical services, both orthodox and complementary, in today's Kazakhstan, but many of its offers are beyond the reach of the majority of the people. As Z. Bauman (1992, p. xx) aptly pointed out, now there are more "diffuse offers and free choices", but not everywhere and for everybody. People in Kazakhstan are definitely among those who do not have free choices, because their scarce resources drastically limit their choices. Thus, in this context it is difficult to discuss the agency of patients as self-confident and active partners of practitioners. As I tried to demonstrate, the extremely difficult socio-economic situation of the majority of people is a significant factor influencing health-seeking behaviour and due to those circumstances Korean medicine in its diverse forms has been adopted in Almaty and is gaining in popularity.

Notes

- (a) I use the term 'complementary medicine' for all forms of treatment and self-treatment which are outside biomedicine. The boundaries between them are usually not clear and their interrelations differ in various countries (see Sharma, 1992).
- (b) Almaty, former Alma-Ata, was the capital city of Kazakhstan until winter 1997, when the capital was transferred to Akmola, then renamed Astana.
- (c) For a description of the communist campaign against traditional medicine in Kazakhstan during the first decades of the Soviet rules, see Michaels (1998). She also comments on the survival of traditional medical practices through the most repressive years of the Soviet regime.
- (d) That category of healers claimed to have an extraordinary 'bioenergy' which was used in treatment.
- (e) A much wider range of options is now available to the people, although 'medical monism' did not exist earlier as well. The term 'medical pluralism' has been used in medical anthropology in reference to the situation where biomedicine coexists with traditional medicine or/and folk healing, especially in developing countries. However, as Leslie (1980, p. 191) pointed out, "All medical systems can (...) be conceived of as pluralistic structures in which cosmopolitan medicine is one component in competitive and complementary relationships to numerous alternative therapies". Similar stance is adopted by Sharma (1992, pp. 28–30) in her study of complementary medicine in Britain (see also Sharma, 1993; Cant & Sharma, 1999).
- (f) This happened especially during the first wave of migration at the beginning of the 1990s,

- when many Russians, Germans, Jews emigrated to the countries considered the homelands of the ethnic groups to which they belong.
- (g) Bribery (*vzyatki*) was practised also previously, mostly in the form of various gifts (often vodka or *shampanskoye*). At present it is given in money and doctors, surgeons in particular, often demand high sums in US dollars.
 - (h) A differentiation between ‘push factors’ and ‘pull factors’, applied in migration studies, seems also useful in the context of complementary medicine. I am grateful to Elisabeth Hsu for her inspiration and constructive remarks on this issue.
 - (i) According to Kim and Men (1995, p. 17), in the second half of the 1950s, Koreans were allowed to return to the Far East but re-emigration was not significant, although there are no statistics available.
 - (j) In 1995, Korean language was taught in 17 schools in Kazakhstan, for about 1500 students (Kan, 1995, p. 191).
 - (k) I put this word in quotation marks to avoid here the discussion on what is traditional and simply point out that this version of Korean medicine has adopted many modern devices. It is considered traditional from the point of view of the actors.
 - (l) This view was confirmed by V. Chemeris (1997, p. 3), Director of the Faculty of Traditional Medicine at the Institute for the Advancement of Physicians.
 - (m) In 1999, Dr Park opened in Almaty *soo-jok* college designated for both candidates with and without medical preparation. The former group has to learn for one year and the latter for three-and-a-half years, and they are promised to get ‘international certificates’. I do not have information about further development of this initiative; however, it may be considered the next step in the process of the expansion of the ‘hand and foot therapy’ in Kazakhstan.
 - (n) *Soo-jok* gives them also some field for developing their own creativity, e.g. in the techniques of stimulation of the appropriate points. One *soo-jok* practitioner from Karaganda, who reported her results during the first Conference on Folk and Traditional Medicine in Almaty in 1997, claimed that the most effective was the use of dried spruce needles instead of traditional ones. In her opinion, ‘live energy’ of the tree provided an additional stimulus to the therapy.
 - (o) The interviewees were my local friends and acquaintances whom I met many times, or my friends’ acquaintances whom I interviewed in a more formal way. They represented 10 nationalities living in Kazakhstan (14 Russians, six Kazakhs, three Ukrainians, three Poles, two Koreans, two Jews, one Uighur, one German, one Byelorussian, one Moldavian) out of the number of 22 nationalities of above 10,000 each (data from 1999). The majority of interviewees (18 persons) were of middle age, between 40 and 60 years. The youngest was 21 and the oldest was 70.
 - (p) The questionnaire had 22 questions; the additional questionnaire about Korean medicine contained 12 questions.
 - (q) I communicated with all my informants in Russian language, which is still commonly used in Kazakhstan and has the official status of ‘the language of interethnic communication’.
 - (r) The extreme examples of the catastrophic effects of the Soviet government policies are the ecological conditions in the regions of Semipalatinsk (the results of the nuclear tests) and Aral Sea (due primarily to the diversion of the waters of the Syr Darya and Amu Darya rivers).
 - (s) For a discussion of various aspects of what is sometimes called ‘a socialist trauma’, and of survival strategies used by people in Central Asian countries, see Hann (2002) and Kandiyoti and Mandel (1998).
 - (t) In sum—29 interviewees. Only two said that they did not believe in such treatments at all.
 - (u) Specialists in bioenergotherapy claim that they can heal with a special kind of energy (‘bioenergy’) which flows from their hands. Previously they were called *extrasensy*.
 - (v) Specialists from the Faculty of Traditional Medicine connect the history of Chinese acupuncture and moxibustion (*zhen-jiu*) in Kazakhstan and other countries of the former USSR with the migration of physicians and other medical personnel from China during

- Cultural Revolution. However, I was also told that Uighur refugees from Chinese Xinjiang introduced it even earlier, in the 1950s and 1960s.
- (w) For similar examples of 'magical diagnostics' and healing in Russia (Moscow), see Lindquist (2001). Perhaps charms have survived because they were connected with the domestic, women's activities. Cf. Bellér-Hann's (2001, pp. 93–94) remarks on the persistence of the domestic cult of spirits among the Uighur in Kazakhstan.
 - (x) This revival attests to its underground survival even during the worst years of repressions. In the 1970s and 1980s, shamans could already practise more openly in Central Asia (see Basilov, 1992). It seems that strong individuals, 'wise' men and women, play a significant role in linking up the broken chain of shamanistic tradition. For a study on Uighur spiritual healers, including shamans, in today's Kazakhstan, see Bellér-Hann (2001). See also Humphrey (1999), who writes about the rebirth of shamanism in an urban context, giving an example of Buryat shamans in the city of Ulan-Ude.
 - (y) The number of healers who between 1991 and 1998 got their certificates at the centre, which is the only institution entitled to licensing, was estimated for more than 900 (from about 3000 who applied). This is evidence of the noticeable professionalisation of practitioners of complementary medicine.
 - (z) The general monthly income at that time was a little above US\$100. I give only equivalents of local currency (*tenge*) because it was extremely unstable between its introduction in 1993 and 2000.
 - (aa) According to that pattern, traditional practitioners (like herbalists—*dariger*, bone-setters—*synykshy*, or shamans—*baksy*) were rewarded with presents, dependent on patients' abilities. The poor were not expected to give anything.
 - (bb) It is worth mentioning that the documentation of the sick includes a question about the religion of the patient but no question about ethnic background.
 - (cc) This may be perhaps explained by the persistence of the paternalistic model of the practitioner–patient relationship typical of the Soviet health care. Sharma (1994) suggests that in the European context, this relationship differs significantly in complementary medicine and biomedicine, while Frank and Stollberg (this issue) provide evidence to the contrary. In Kazakhstan unconventional treatment seems to continue along previous lines.
 - (dd) Sharma (1992, pp. 19–22) quotes on the same pattern also for Britain and other European countries. Significantly, among the 10 men from my sample, three clearly stated that they tried to keep away from both medical doctors and complementary practitioners.
 - (ee) Anthropological studies of health-seeking behaviour have shown that people generally tend to be pragmatic and flexible in their choices and not much concerned with the apparent discrepancies between different kinds of medicines (e.g. Leslie, 1976; Worsley, 1982; Sharma, 1992, 1993).
 - (ff) The most popular of them is perhaps the so-called 'Ivanov system', which has thousands of adherents in Almaty and many other towns and has even acquired some features of a new religious or parareligious movement (Penkala-Gawecka, 1998).

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