



## Complementary and Alternative Medicine (CAM) in Medical Anthropology: The experience of Malaysian Chinese Cancer Survivors

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### Abstract

Discussions on socially and culturally dominant values, beliefs and practices pertaining to patient's health and culture are not isolated but integral to the practice of contemporary clinical medicine. Medical anthropologists play a unique role in redefining and repositioning the application of CAM in biomedical sciences. This article addresses the current state of knowledge regarding the distinction between medical anthropology and complementary and alternative medicine (CAM). Participant observations of, and in-depth interviews with ten Malaysian Chinese women cancer survivors were carried out to study their CAM use during and after cancer treatment. The results provide insights about the patterns of CAM use as well as the social and cultural factors under-pining the choice of CAM used by cancer survivors before and after treatment. The survivors' preference for CAM use during cancer diagnosis was found to be influenced by their values, beliefs, and practices with respect to five distinct areas, namely, widespread acceptance of a combined Western and Eastern treatment, traditional Chinese philosophy, existential or life threatening situations, social relationships, and positive influences of global networks.

**Keywords:** cancer, Chinese community, complementary and alternative medicine, existential threat, integrative medicine, traditional Chinese philosophy

### Introduction

In the early 21st Century, several critical issues were raised in medical anthropology concerning complementary and alternative medicine (CAM), particularly the study of integrative medicine, in relation to the concept of medical pluralism (Micozzi, 2001; Kaptchuk & Eisenberg, 2001; Adler, 2002). First, according to the National Center for Complementary and Alternative Medicine (2001), the term Complementary and Alternative Medicine (CAM) is an umbrella term covering both the phrases of 'complementary medicine' and 'alternative medicine'. Complementary medicine is used *together* with conventional medicine, whereas alternative medicine is used *in place* of conventional medicine. Subsequently, Micozzi (2001), out of his rich experience as both a physician and an anthropologist highlighted the need of a paradigm shift in health and medicine to eliminate the deficiencies of biomedical treatment. The concept of integrative medicine was proposed as an attempt for a collaborative, multidisciplinary approach that requires the application of both biomedical and CAM therapies into a comprehensive healing system for patients. With this proposal, Adler (2002: 413) questioned the future of medical pluralism in the field of medical anthropology. This is because part of the study of medical anthropology includes the analysis of alternative medical systems in culturally diverse environments. And medical pluralism is the adoption of more than one medical systems or the simultaneous application of both biomedicine and CAM (Fabrega, 1997).

Further from the above discussion, the next issue about CAM then was a concern on the less obvious role of anthropological theoretical discussions in the field of CAM. According to Adler (2002: 412), anthropologists should reintroduce the two historical and cultural perspectives in health and healing, and to study the anthropology of CAM and integrative medicine as culture. Adler raised the issue on culture here due to the reason that participation of anthropologists in the field of CAM was evident in the early days. It is clearly stated in the Definition and Description of CAM by the Panel of National Institute of Health Office of Alternative Medicine (later elevated to the National Center for Complementary and Alternative Medicine) that: “Complementary and alternative medicine is a broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, *other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period*” (1997: 50).

Following the critical debates on anthropologists' contribution in pluralistic medical systems of postmodern societies, it is essential for medical anthropologists to inject a biocultural approach (Fabrega, 1997) in CAM research, particularly in the study of integrative medicine. The application of biocultural framework in health and healing can be viewed as an integration of disease, and how social and cultural influences impact the physical body of a patient. Thus, in echoing Adler's (2002: 413) proposals to conduct ethnography of an integrative medicine clinic, or to develop new, mixed methodological (qualitative-quantitative) approaches. This study examines CAM use, and sociocultural factors influencing the choice of CAM used by Malaysian Chinese women cancer patients or cancer survivors (the term 'cancer survivors' in this study refers to cancer patients who are 'post treatment' and are 'cancer free' at the time of research), during and after their cancer treatments.

### **CAM and cancer patients/survivors**

The National Center for Complementary and Alternative Medicine (2001) in America classifies CAM into five categories: (i) alternative medical systems (traditional Chinese medicine (TCM), Ayurveda); (ii) mind-body interventions (meditation, prayer, healing or support groups); (iii) biologically based therapies (herbs, dietary supplements or vitamins); (iv) manipulation and body-based methods (massage, chiropractic or osteopathy); and (v) energy therapies (*qigong* and reiki). For the purpose of this study, the same measurement tool and same definition of CAM as mentioned in the above discussion will be employed.

Several study reports on the prevalence of CAM use in cancer patients indicated that most patients use more than one type of CAM upon their diagnosis and continued throughout their conventional therapies (Vivien & Noor, 2013; Shaharudin et al., 2011; Helyer et al., 2006). However, studies on the prevalence of CAM use by ethnic groups show the type of CAM use varied to some degree by ethnicity (Quan et al., 2008; Lee et al., 2000). For instance, Lee et al., (2000) in their CAM study on four different ethnic groups of women with breast cancer found that African-American women used spiritual healing more often (36%), Chinese women frequently used herbal remedies (22%) and Latino women used dietary therapies (30%) and spiritual healing (26%). And among Whites, 35% used dietary methods and 21% used physical methods such as massage and acupuncture. In another study, Quan et al., (2008) report similar expectations from a group of Chinese and white Canadians on the types of CAM therapies used on chronic diseases. In the study, the Chinese predominantly used herbal therapies, while the white respondents used a range of CAM therapies such as massage, chiropractic care and homeopathy. In a Japanese survey, it was reported that 96.2% of the CAM user with cancer used health products such as mushrooms, herbs and shark cartilage (Hyodo et al., 2005).

While the evidence-based benefits of CAM use in cancer management is limited, many cancer patients attribute their CAM use with an ultimate aim of providing better quality of life during the process of battling life-threatening diseases such as cancer (Vivien & Noor, 2013; Hyodo et al., 2005; Roberts et al., 2005; Ponholzer et al., 2003). Regardless of patients use CAM therapy as an 'Alternative' or 'Complementary' to their conventional cancer treatments of surgery, chemotherapy or radiotherapy, most

CAM-use cancer patients believed that CAM therapies would do ‘good’ more than ‘harm’ to their general well-being (Vivien & Noor, 2013; Roberts et al., 2005; Ponholzer et al., 2003). These positive beliefs of the cancer patients towards CAM use reflect the findings of an earlier study conducted in Norway to ascertain the reasons behind cancer patients’ use of non-proven complementary therapies. The Norwegian study indicated that 36% of 104 patients who participated had reported actual improvement in their general condition (Risberg et al., 1997).

Other common reasons for CAM use perceived by cancer patients can be found in various studies of Eastern and Western research, such as, to have strength to go through the conventional therapies and thus to take control of the treatments (Helyer et al., 2006; Scott et al., 2005; Risberg et al., 1997), relieve symptoms (Vivien & Noor, 2013; Helyer et al., 2006), to boost immune system (Vivien et al., 2013; Simpson, 2003; Richardson et al., 2000), pain relief (Molassiotis et al., 2005; Harris et al., 2003; Pan et al., 2000) and to reduce physical distress (Gransler et al., 2008; Cui et al., 2004; Shumay et al., 2002).

## Methods

This study employs a qualitative approach comprising in-depth interviews and participant observations on 10 urban, Chinese women cancer survivors. The women were recruited from the regulars of cancer survivors cum *qigong* practitioners that frequent the Taman Tun Dr Ismail (TTDI) Recreational Park of Kuala Lumpur city. To the cancer survivors, the practice of *qigong* increases oxygen utilization, improves blood circulation, and increases the level and flow of *qi*. With that in mind, the researchers selected the informants based on the following criteria: The women should be fully recovered from cancer of any type; between 30 and 60 years of age; a *qigong* practitioner during and after cancer treatment; practice or consume some forms of CAM besides *qigong* exercise; in a stable physical and mental state that made interviewing possible. Finally, a snowball sample of 10 from 18 women cancer survivors at the TTDI Recreational Park was selected.

The initial study was undertaken from January 2009 to March 2009. Subsequent follow-up study (June 2010 – July 2010) was carried out about more than a year later using just in-depth interview on five of the women cancer survivors. The subsequent study was held due to a different type of CAM, *zhenqi* (真氣), practiced by five of the women from the main study later in the same year. To these five informants, *zhenqi*, a type of meditation exercise, helps to strengthen the genuine *qi* in the body by concentrating the mind and regulating breathing. Thus, several extensive individual in-depth interviews with particular focus on *zhenqi* were conducted on them at their regular morning exercise location, the TTDI Recreational Park of Kuala Lumpur city.

An interview schedule was developed to provide guidelines to more than 10 intensive face-to-face semi-structured interviews, each lasted for one and a half hours; carried out personally by the first researcher. The interview schedule consisting of short questions in obtaining information in relation to demographics, conventional therapies and CAM usage patterns as well as the influential factors of choice of CAM use. Efforts were made to keep the interviews conversational and interesting in the hope that informants would feel comfortable describing their experiences and following the flow of the discussion. All the in-depth interviews were recorded on paper and transcribed immediately following the interviews.

## Results

Presentation of the study results is divided into two parts. The first part consists of informants’ demographic characteristics such as age, marital status, educational level, employment status, and religious belief. And the second part describes the types of CAM use among informants.

*Participants*

Table 1 shows a summary of selected demographic characteristics of 10 Malaysian Chinese women cancer survivors who participated in semi-structured in-depth interviews.

**Table 1. Demographics of the study population (n = 10)**

Characteristics	Segment	No. of informants
Age	30 - 40	2
	41 - 50	3
	51 - 60	5
Marital Status	Married	6
	Single/Divorced	4
Education	Primary/Secondary	6
	College/University	4
Employment Status	Full time/Part time	2
	Housewife/Retired	8
Religion	Taoist/Buddhist	7
	Christian	3

Table 1 provides details that indicate the sample had a range from 32 to 60 years. All 10 informants had formal education with slightly less than half of them (4/10) completed college and tertiary education. Except for two informants, who are Cantonese speakers, all other informants chose to have the interviews conducted in English. Slightly more than half (6/10) of the informants were married and living with their spouses and children; four informants were single ladies and one of them was a divorced case. The informants' data also indicated that majority of the informants chose to retire from their paid work after diagnosis of their ailments and only two remained back to their previous jobs after completion of conventional treatments plus about one year of full rest at home. With regards to religious belief, majority of the informants (7/10) were more inclined to both Buddhism and Taoism as these two religions were commonly practiced side by side in the Chinese community and the blend of beliefs and practices of the two helped the people to make sense of their world (Fowler, 2005). Three more informants were Christians with one of them being converted from Taoism to Christianity after a year of surgery. These characteristics of the sample in the study provided an important background for the analysis of qualitative data.

*Usage of complementary and alternative medicine (CAM)*

Upon diagnosis, all informants went through conventional cancer treatments. Half of them (5/10) underwent a combination of surgery, chemotherapy and radiotherapy whilst four had surgery and chemotherapy and only one had both surgery and radiotherapy. The use of CAM started immediately upon confirmed diagnosis of cancer and the process of CAM usage continued throughout the conventional cancer treatments of these cancer survivors.

Table 2 shows various types of CAM therapies used by the 10 informants in the study. Concurrently, these informants shared a common idea of using CAM to complement the conventional treatment of cancer. None of them abandoned conventional treatment totally. The common complementary therapies used by them can be categorized under four groups of therapies: dietary (organic food stuffs, fruit juices, and supplements), TCM (herbal medicine), mind-body intervention (meditation, prayer and support group), and energy therapy (*qigong*).

**Table 2. CAM use among 10 informants**

Informant's Name	<i>Qigong</i>	Organic F.Stuff	TCM	Fruit Juices	Supplements	Meditation	Support Group	Spirituality
Christ	/	/	/					/
Swee Yin	/	/	/	/		/		/
Irene	/	/	/				/	/
Candy	/	/	/	/				/
Amy	/		/		/		/	/
Mrs Pang	/	/	/					/
Suzy	/	/	/	/		/		/
May Li	/		/		/		/	/
Kelly	/	/	/	/	/			/
Mei Fang	/		/				/	/
Total (%)	10 (100)	7 (70)	10 (100)	4 (40)	3 (30)	2 (20)	4 (40)	10 (100)

As all 10 informants were regular cancer survivors cum *qigong* practitioners at the TTDI Recreational Park of Kuala Lumpur city, *qigong* was among the initial first three types of CAM commonly used upon diagnosis and surgery of cancer and all of them continued throughout conventional therapy even until today (see Table 2). TCM in the form of herbal medicine was being used by all immediately after any session of conventional therapy. Regarding the CAM usage of spirituality, most of the informants used prayers and other spiritual practices with the hope that the ailments can be healed as soon as possible (Lee et al., 2000). In general, these ladies did not use the therapies for too long a duration except three of the Christian informants who had daily prayers before sleep. Other common forms of CAM use reported were dietary therapies, and seven informants had used organic foodstuffs. Four of them used fruit juices and continued to date. Only three informants reported heavy usage on vitamins and mineral supplements during therapies. However, the amount of usage reduced to minimum level as their health improved.

Among the study population, two informants practiced a mind-body intervention therapy such as meditation after few months of their conventional treatment processes. This particular type of CAM was not as popular among the informants as they believed if meditation was not done properly; it may bring harm than good to their health. Even, the two informants who had meditation in the earlier stage of conventional treatment did not continue to meditate after a year or so. However, after about a year later, five of the informants (Irene, Candy, Amy, Mrs Pang, and Kelly – all names are pseudonyms) started to practice a special type of meditation which is popularly known as *zhenqi* among the cancer survivors in TTDI Recreational Park. It seems that this *zhenqi* meditation is easy to learn and it produces remarkable results in a short duration of practice.

Next, support group as a form of CAM used by four informants in the study was found to be from different resources such as informants' family members, and a group of cancer survivors in the *qigong* practitioners group of TTDI Recreational Park. The family members of these informants had been very supportive during their therapies. Family members as a major social support resource, the Chinese women can refer to and inspire positive and effective support when they were in fear, helplessness, depression and despair. This finding is also observed by Molassiotis et al., (2005) in their study of CAM use in

cancer patients across a number of European countries. Social support from other cancer survivors in the same qigong practitioners group proved to be effective providers for information on the disease and therapies as well as encouragement given. All four ladies confirmed having good relationships with their social support groups ever since then.

## Discussions

While informants in this study expressed reasons for their choice of preference for using CAM during therapies, further analysis suggested that many of the informants' preferences were highly influenced by social and cultural factors that can be categorised into five major themes: (i) well acceptance of a combined Western and Eastern treatment; (ii) traditional Chinese philosophy; (iii) existential or life threatening situation; (iv) social relationships and (v) positive influences of global networks. These themes will be discussed in turn below.

### *Well acceptance of a combined Western and Eastern treatment*

All 10 informants are of single-minded opinion that cancer is a life-threatening ailment that needs Western treatment to heal at least to a certain extent. At the same time, they believed that TCM, particularly the Chinese herbs, worked as a complementary treatment along with Western treatment. Swee Yin, one of the informants, made the following statements about how Chinese cancer patients view TCM in complementing Western treatment. As she said:

*It is a popular belief among cancer patients that when you take traditional Chinese medicine, the heaty feeling cause by chemo(therapy) or radio(therapy) will (be) reduced. But, you cannot buy the Chinese herbs medicine (over the counter) in the Chinese medical shop. This type of herbs medicine got to be prescribed by a recognized 'Zhong Yi' (Chinese physician)... those (Chinese traditional medicines doctor) qualified and trained in China to specially treat cancer. Just like the 'Zhong Yi' (Chinese physician) working in the Tung Shin Hospital in KL (Kuala Lumpur).*

Another informant, Mei Fang, has a more scientific explanation to the use of Chinese herbs in cancer therapy. As she illustrated here:

*According to Mei Fang, the China-trained doctor who had treated her told her that, Chinese herbs help to boost her body immune system. To a great extent, this Chinese treatment can assist to prevent recurrence of cancer. But, according to Mei Fang again, cancer patients also must understand (that), Chinese traditional medicines are not meant to cure cancer completely. It is only to heal the patient's body system and these Chinese medicines are customized to heal specific areas in the body that are not functioning rightly. For example, if patients do not have enough good energy (qi) in their body, special type of herbs can be used to restore the good energy.*

From the above informants' experiences and perceptions, we can arrive at a consensus that Western medicines and TCM complement each other in the treatment of cancer.

### *Traditional Chinese philosophy*

According to Chinese philosophy, when any terminal illness such as cancer attacks, the physical and mental balance in the body is upset. When this happens, every effort has to be made to restore the balance that had been disturbed. Informants in this study came to term with the effect of qigong exercise

and meditation that restores the flow of good energy (*qi*) in the body. This is how Mrs Pang narrated her experience:

*Since everybody says qigong is good for cancer patients, I have put in all my trust in this exercise. I practice two times a day, morning and evening, during my Western treatment. Even now, I will try my best to have two, or, at least one time a day. Because I do regular qigong (exercise), I feel that my immune system has improved. I also feel refresh a lot and I am filled with energy all, like very lively all the time.*

As the above transcripts portray, Chinese traditional philosophy has always been absorbed into the health beliefs of the Chinese community. In this study, all 10 informants adopted *qigong* as a form of physical exercise, not only because it has the effect in revitalizing the energy in their bodies as prescribed in the Chinese traditional philosophy, they also gathered their experiences through successful cases of other cancer survivors in their *qigong* practitioners group at the TTDI Recreational Park. Informants were apprehensive about the severity of the ailments, the uncertainty in the cure and healing process and, most importantly, the sense of deadly disease the ailment used to be known popularly among most life-threatening diseases. Overall, Western therapy was perceived by all informants as more invasive and causes painful side effects than Chinese herbal medicines. Informants noted the beliefs that TCM in terms of herbal medicines tend to be effective in keeping the important balance in the body, physically and mentally (Vivien & Noor, 2013; Quan et al., 2008).

Besides *qigong* exercise, five of the informants, Irene, Candy, Amy, Mrs Pang, and Kelly, show great interest in their newly practiced *zhenqi* meditation. As describe by them in the in-depth interviews, *zhenqi* meditation is very much for healthcare as well as preservation. The following descriptions were extracted from the researcher's interview notes with the five ladies:

*According to Candy, zhenqi meditation is actually a "five-step meditation" and it is very easy to learn. It involves only five steps in order to complete one round of breathing exercise. In her case, she felt the real qi moving in her body at her very first trial under the guidance of her meditation master. Subsequently, Irene commented that on the frequent practices of this meditation, it helps to stimulate her internal organ and regulate her health condition. As for Amy, she described her encounters with zhenqi meditation as a vigorous exercise because she used to feel warm every time the qi flows in her body. In addition, she tends to sweat a lot and her body swings when qi is flowing in her body. She often needs to consciously open up her eyes in order to stop the swinging of her body. Kelly then continued to explain that the way Amy experiences zhenqi looks so real that it triggered her interest to learn the meditation. Whereas in the case of Mrs Pang, she claimed that she was always trying to focus on 'initializing her own qi'. According to her, once the qi is initialized, any part of her body that is hurt can be traced and then the flow of qi can help to do the healing job.*

#### *Life threatening situations*

All the informants turned to prayers as one of the important CAM therapies when they realize they have contracted cancer. To them, this deadly disease not only needs to be treated by the Western doctors, strengths from prayers and God's Grace are of utmost importance for being alive in the face of existential threat. Here, prayers have been all the time acted as the best complementary medicines to orthodox cancer treatment. This combination of therapies is particularly significant in the case of one of the informants, Candy who converted from Taoist to become a Christian. As she commented:

*I feel I have done whatever I can to prevent things getting worse. I leave the rest to God. God is great. To me, God wants to test my ability to overcome this disease. I always have faith in God.*

Hence, when one's physical existence is threatened, in this context, a terminal illness; one naturally turns to supernatural powers to see miracles work. Subsequently, the Chinese traditions and beliefs provide insights into why Taoist and Buddhist informants in this study turn to prayers or any other form of spiritual practices like chanting of Buddhist hymns and praying to the deities upon diagnosis of cancer. Traditionally, most Chinese families pray to their respective Gods, Deities, or Buddha on a daily basis. As these spiritual practices become habits in their daily lives, the informants automatically turn to prayers when they were in desperation, especially when they were at a time of existential threat situation (Vivien et al., 2013).

### *Social relationships*

Social relationship proves to be effective CAM means in these Chinese informants. On one hand, it is an established fact among the Chinese community that they are rather reluctant to reveal to others when any family member is inflicted with cancer. Within themselves also, they do not outwardly show their concern towards the inflicted person (Vivien et al., 2013). However, the experiences of the informants prove otherwise. For example, Irene stated,

*My family members are very supportive of me and they have come up with a motivational tagline called NEW START for me to fight the disease... you know... each letter of the line stands for a word which is to act as a motivational strength to make sure I live my new lifestyle. I have been free from the disease for the last eight years... and I appreciate what my family members have done for me... so sweet of them...*

In addition, Amy in reflecting her experience with social relationship as a CAM therapy during her chemotherapy sessions said:

*My interactions with other cancer survivors in the group (qigong practitioners group of TTDI Recreational Park) helped me a lot. We always exchange information on matters related to the disease ... especially I always get information regarding my type of cancer.*

The above experiences of the informants are similar to the findings of a Western study on terminal illnesses whereby family connections, interactions and concerns have strong influences to assist in any recovery of the individuals (Molassiotis et al., 2005).

### *Positive influences of global networks*

The positive influences of global networks cater much information on the benefits of some forms of foodstuffs and these foodstuffs are being used as CAM means in treating cancer. Some consumed nutritional supplements and others used organic foodstuffs. The informants in this study were introduced to nutritional supplements and organic foodstuffs during the early stages of their conventional therapies. For example, Amy consumed 'spirulina' and commented:

*I started 'spirulina' a month after my chemotherapy, through relatives' recommendation. You know la... when someone got this kind of illness (cancer), everybody wants to help. For me, because one of one of my relatives took spirulina after (cancer) diagnosis and it helped him tremendously... so, my family members insist that I must try also.*

Another two informants, May Li and Mei Fang, explained how they came to use nutritional supplements. May Li is still very convinced with the good consequence of 'Ling Ji' powder when she illustrated:



*One of my relatives from China sends me some 'Ling Ji' powder and I found it useful after I completed some packets of the powder. Then, I found out one direct selling company in KL (Kuala Lumpur) also sells this 'Ling Ji' product but they sell different brand. Actually, I take quite a lot of the ('Ling Ji') powder during the (Western) therapies of my illness.*

Next, there is this general opinion among some of the cancer patients that all non-organic foodstuffs especially fruits and vegetables are harmful to health as pesticides are used when they are grown. Many cancer patients believe that the toxin found in these non-organic foodstuffs can cause recurrence of the ailment. Christ made the following comments about this issue:

*When my doctor told me I got cancer, I thought it must be because of my bad eating habits... Before I got cancer, I actually like to eat all types of food without thinking whether those food are free of pesticides... or whether the food is having too much oil... I always think (that) my simply eating habit actually brought me this disease. So, I decided to have better eating habits now. I tried as much as I can to take organic foodstuff. I also avoid deep fried stuffs especially those fast food in town. I feel I am very much healthier compared to before.*

However, though nutritional supplements and organic foodstuffs have been raised to a high pedestal by the Western media in terms of their nutritional contents and their vitality in maintaining health, the study shows that some of the informants made a clear stand and indicated that they did not continue to consume either one of these CAM foodstuffs due to the high cost of the items. An example is Suzy who said:

*I did not particularly choose organic foodstuffs, as I am not financially sound and also no fixed income now. Anyway, there are still (cancer) survivors who have not consumed any of these foodstuffs... and they are also strong and healthy like normal healthy people.*

## **Summary and conclusion**

People from all age groups, genders, regions and ethnic backgrounds perceive cancer as a deadly disease (Chin & Noor, 2014; Beach et al., 2005). Several studies indicated that patients responded differently to their diagnosis, either by brave acceptance (Winslow et al., 2009) or denial (Greer, 1992). Ultimately, the majority of patients came to terms with their cancer reality together with the harsh fact that time was limited. As cancer patients reflected on their fate they often pondered exhaustively on all possible means of treatment. This study found that all informants used some form of CAM therapies to complement conventional chemotherapy and radiotherapy treatment.

From the findings of this study we can safely conclude that the Malaysian Chinese cancer survivors' attitudes were one of open-mindedness in that they were ever willing to grab any form of therapy that could cure them or at least stabilize their life-threatening conditions. This mentality of positive 'flexibility' was reflected in their brave acceptance and trying out of new CAM therapies, whether complementary or alternative. Acknowledging the limitations of Western therapy in that there was no 100 percent assurance of complete cure, cancer patients naturally sought other forms of treatment and therapies that gave them hope of increased chances of survival. Hence, their espousal of CAM.

Interestingly, among the various types of CAM espoused by the informants, the study found a distinct connection of Chinese traditional *qigong* exercise with conventional cancer treatment. The benefit of *qigong* exercise during cancer treatment was rationalized through Chinese traditional philosophy in that the experiencing of inhalation and exhalation breathing helped to smoothen the flow of *qi* (internal healing energy) in the body. In the philosophy of traditional Chinese medicine (TCM), this flow of *qi* play an important role in the entire healing process. This finding thus points to the imperative of further research on the conjunction of TCM, Chinese culture, and Chinese traditional philosophy with

mainstream Western concepts of cancer therapies, in particular, on the interaction of the mind, body and spirit and the interpretation of this interaction from medical anthropology perspectives as echoed by Micozzi (2001) and Adler (2002).

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