

# Herbs, Laboratories, and Revolution: On the Making of a National Medicine in Vietnam

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**Abstract** This article examines the making of a national medicine in Vietnam. How can it be that the medical traditions in Vietnam came to be described as Vietnamese during the course of the twentieth century? In this article, I suggest that historical contingencies in Vietnam have facilitated what might be thought of as a “doctrine of combination,” somewhat in contrast to the institutionalized and contentious separation of, for example, Chinese and Korean medicine from modern medicine. In particular, I show how when it came to traditional medicine, Hồ Chí Minh and the people around him responsible for health-care-related issues were on the “offensive” from the very outset of their nation-building efforts.

**Keywords** National medicine · traditional medicine · Vietnam · modernization

## 1 Introduction

In August 1966, Vietnamese minister of health Phạm Ngọc Thạch told a gathering of traditional practitioners, medical doctors, and scientists attending a conference in Hanoi:

Southern medicine [*thuốc nam*] and acupuncture are two important subjects within national medicine [*y học dân tộc*] and have cured some illnesses that Western medicine [*thuốc tây*] has not been able to. . . . Particularly, many comrades who practice advanced Western medicine have researched on Eastern medicine [*đông y*] and produced reports for the conference. These comrades are scholars of Western medicine; however, when reaching an impasse in medicine, they have looked to traditional medicine and have succeeded. (qtd. in Hoàng 2012: 136)

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Some four decades later, in its Traditional Medicine Strategy 2002–5, the World Health Organization (WHO) suggested that only China, South Korea, and Vietnam “can be considered to have attained an integrative [health care] system,” understood as a system wherein traditional medicine has a significant place, alongside modern medicine, in health education, delivery, and research (WHO 2002: 9). That is to say, during the course of the twentieth century, these countries took concrete steps to institutionally anchor their medical traditions in national efforts to improve public health. In Vietnam, there has been an institutional emphasis on *combining* modern and traditional medicine that can be traced back to the mid-twentieth century (see Monnais, Thompson, and Wahlberg 2012). Following victory in Vietnam’s first war of independence against France in 1954, Hồ Chí Minh’s government of the Democratic Republic of Vietnam embarked on a process to revive and modernize its traditional medicine with a marked emphasis on its herbal medicines (Hoàng, Phó, and Huu 1999; Wahlberg 2006). This process continues to this day and can be witnessed, on the one hand, in a network of research institutes of traditional medicine and, on the other, in national hospitals of traditional medicine, numerous departments of traditional medicine found in hospitals throughout Vietnam, and thousands of medicinal plant gardens maintained by rural health clinics.

Yet there is another peculiarity shared by Vietnam, China, and the Republic of Korea: the fact that during the twentieth century, medical traditions in these countries came to be referred to both as “national medicine” (*y học dân tộc* in Vietnam, *minjok uihak* in Korea, and *guoyi* in China) and as Korean medicine (*hanuihak*), Vietnamese medicine (*y học Việt Nam*), and Chinese medicine (*zhongyi*), respectively. In recent years, a number of studies of medicine in each of these countries have focused on how medical traditions came to be mobilized and modernized in the twentieth century as important components of nation-building strategies (Xu 1997; Monnais, Thompson, and Wahlberg 2012; Hoàng 2012; Cho 2000; Ma 2010). Indeed, we might say that one of the particularities of traditional medicine in East Asia is the ways in which it has become “national”—notwithstanding the fact that all countries have rich medical heritages, based on local flora and fauna, it is not so common to hear of “Bolivian medicine,” “Ugandan medicine,” “Canadian medicine,” or “Danish medicine,” and no countries in Africa, Europe, or the Americas have comparable networks of research institutions and hospitals devoted to the revival and modernization of so-called traditional medicines (see WHO 2002).

In this article, I examine the making of a national medicine in twentieth-century Vietnam, pointing to some of the different grids through which medical practices that have had a long history in Vietnam gradually, progressively, and materially came to be constituted as *Vietnamese*. One of the important contributions of STS-inspired analyses of Asian medicine has been their astute empirical focus on *processes* of formation, whether framed as how “Chinese medicine in contemporary China can be modelled as a dynamic process of simultaneous emergence and disappearance . . . as emergent global states, or *syntheses*, that are produced by local interactions of human and nonhuman elements, or *infrastructures*” (Scheid 2002: 13); “how researchers construct the scientific reality of acupuncture in micro-process” (Kim 2006: 2961); or how Chinese medicine is “worlded” through “unexpected encounters, dislocated actors, entangled knowledges, situated dialogues and fragile networks” (Zhan 2009: 5, 15). In tandem with this contemporary focus on processes of formation,

studies inspired by the history of science have shown us how Asian medicines came to be formed through important encounters, clashes, and, indeed, fights among various groups representing different interests, positions, and authority (Lei 1999; Taylor 2005; Xu 1997; Ma 2010; Cho 2000).

I take another approach to accounting for the making of Vietnamese medicine as I shift focus to the question of how certain medical practices and medicines in Vietnam came to be constituted as Vietnamese, that is, a national medicine. There are certainly numerous parallels that can be drawn between the modernizations and developments of Chinese and Vietnamese medicine. For example, Vietnamese medicine has in many ways also been a “medicine of revolution,” as Kim Taylor (2005: 26) has described Chinese medicine: “A medicine which is in tandem with the dissenting units of society; it embodies the ideals of the opposing force; it is a medicine which has a political cause. It is also a medicine which aids and assists the revolution, catering to the practical needs of physical warfare.” And just like Korean medicine is currently in the midst of a scientization and globalization project involving scientists, industry, and traditional medicine practitioners (see Kim 2007), so too is Vietnamese medicine. But there are also historical contingencies particular to Vietnam that have facilitated what might be thought of as a “doctrine of combination” that in postcolonial Vietnam has deflected any kind of public standoff between traditional and modern medicine, in contrast to the 1929 proposal to “abolish old-style medicine in order to clear away the obstacles to medicine and public health” in China (Lei 1999) or the “Hanyak Punjaeng” in 1990s South Korea (Xu 1997; Ma 2010; Cho 2000). Tensions do certainly exist, and we might well speak of a “two-tier” system in Vietnam when comparing amounts of resources spent on modern compared to traditional medicine by the national government (see Bodeker 1993; WHO 2003). Nevertheless, I will argue that the fact that there has never been an official conflict in postcolonial Vietnam must be explained by recourse to a series of historical contingencies that can all be linked to Vietnam’s tragic quest for independence through two wars in the twentieth century.

First, when it came to traditional medicine, Hồ Chí Minh and the people around him who were responsible for health care were on the “offensive” from the very outset of their nation-building efforts. This commitment can importantly be traced to their experiences with traditional medicine as the nationalist movement gained momentum in the early twentieth century. Second, Vietnamese medicine was pretty much a necessary component of any attempt to address massive public health challenges with limited resources, which were even further drained by war. At the same time, modernizing and “scientizing” traditional medicine has not been cast as a “colonizing” of Vietnamese medicine but rather as a means to improve and exploit it for the benefit of the people’s health. And finally, traditional medicine—or “our medicine” (*thuốc ta*), as it has often been called—benefited from the considerable symbolic capital it had amassed during the country’s political and economic isolation. Praise of the role of traditional practitioners and herbal medicines as soldiers fought in the jungles and mountains of Vietnam has been particularly important and has contributed to the fostering of collaborative relations between traditional practitioners and scientists. Indeed, I will argue that through these processes, traditional medicine in Vietnam has amassed enough symbolic capital to shield it from organized critique.

## 2 “There Are Some Illnesses That Only Our Medicine Can Treat”

Very shortly after having emerged victorious from the battle of Điện Biên Phủ (March–May 1954), President Hồ Chí Minh sent a letter to a national congress of medical workers held in February 1955 containing what has become one of the most-quoted passages concerning traditional medicine in Vietnam: “Our forefathers had rich experience in the treatment of disease using *Thuốc ta* [our medicine] and *Thuốc Bắc* [Northern medicine]. To enlarge the sphere of action of medicine, it is necessary to study means of uniting the effects of Eastern medicines and Western medicines” (qtd. in Hoàng 2012: 135). Hồ was undoubtedly influenced by similar developments in China, but his choice of words is notable compared with those of Mao Tse-tung, who a decade earlier had also called for modern and traditional doctors to unite: “Of course the new medicine is superior to the old medicine. . . . Our task is to unite with all the old style intellectuals, old style artists and old style doctors who can be used, and to help, educate and remould them” (qtd. in Taylor 2005: 16). As Taylor has argued, this was hardly a resounding endorsement: “Clearly the ‘new medicine’ was preferable to the ‘old,’ but if resources were inadequate, then it was necessary to use the ‘old’” (17).

In place of old/new dichotomies, we see a much more robust defense of the country’s medical heritage by Hồ Chí Minh and some of his closest officials, perhaps most important, Vietnam’s first minister of health, Phạm Ngọc Thạch, and Nguyễn Văn Hương, the first director of the Institute of Traditional Medicine, which was opened in Hanoi in 1957, and also Phạm’s successor as minister of health in 1969.<sup>1</sup>

Michele Thompson (2004: 137) has argued that one of the reasons for Hồ Chí Minh’s favorable opinion of traditional medicine was that he “had a special understanding of and sympathy for TVM [traditional Vietnamese medicine] because several members of his immediate family practiced it.” Hồ’s father was a bonesetter, his brother practiced geomancy, and his elder sister practiced traditional medicine, and all of them dispensed traditional treatments. Hồ’s support of traditional medicine is very evident in the many statements on traditional medicine that he made, as in a message to comrades during a visit to the Institute of Traditional Medicine in 1961:

Western medicine can treat many illnesses, but there are some illnesses that only our medicine can treat. Our medicine can also treat many illnesses but there are illnesses that only Western medicine can treat. . . . Each has its own advantage; two advantages combined can give the population good health treatment, constructive to fostering socialism. Practitioners of Western medicine should study Eastern medicine, practitioners of our medicine should also study Western medicine. (qtd. in Hoàng 2012: 135)

Hồ’s emphasis on mutual recognition is crucial. At the same time, we should also pay particular attention to the ties among Phạm Ngọc Thạch, Nguyễn Văn Hương, Trương Xuân Nam, Vũ Cán, and other Vietnamese who had trained in modern medicine and the nationalist movement that would eventually lead to Hồ Chí Minh’s declaration of independence in 1945 (see Thompson 2004). Phạm had studied medicine at

<sup>1</sup> Phạm was initially appointed minister of health in Hồ Chí Minh’s provisional government in 1945 for a short spell, but he took up the position for a much longer period (1959–69) after the conclusion of the war against France.

the Hanoi Medical School and then later in France, only to return to Saigon in 1936, where he played a key role in the revolutionary movement as leader of the Vanguard Youth Union. Also a student (and graduate) of Hanoi Medical School, Nguyễn left the Saigon Pasteur Institute in the 1940s, disillusioned and bitter at his treatment there, to join the Resistance Committee of the South as the head of its health service. In their services to the nationalist movement, both experienced the hardships of soldiers and civilians during war, especially the severe shortages of medical and food supplies.

It is not hard to understand where Health Minister Phạm was coming from when he, with some irritation, responded to questions in 1965 about whether traditional medicine should play a role in national health programs:

There are about 16,000 people practising traditional medicine. Shall we “out-law” them, or shall we pay the greatest respect to this ancient science of which they keep the secrets, and integrate them into our medical machinery? We have followed the second path. . . . To have been convinced long since of the absolute superiority of so-called Western medicine, to have considered traditional medicine a superstition, and now to approach it with respect, with the desire to learn from it, constitutes also a turning point for our medical corps. . . . The scorn of Western-trained physicians for traditional medicine derives from an erroneous conception of science and a profound ignorance of the results obtained by traditional medicine. (Phạm 1965: 12–13; see Wahlberg 2012a)

Indeed, for Nguyễn Văn Hương, this turning point did not come of its own but rather required an active effort on the part of the government:

It is necessary to promote unity between practitioners of the two schools, modern and traditional, as well as between traditional practitioners who utilise Northern medications and those who are specialists in Southern ones. The ideal of serving the people and building a national medicine is to be instilled into all of them. . . . It is necessary to combat the contempt for and under-estimation of traditional medicine among cadres trained in the modern medical school, and the under-estimation of Southern medications among many practitioners of traditional medicine. At bottom, such an attitude bears the mark of a national inferiority complex caused by long years of foreign domination. Such a complex should be eradicated as well as scepticism about the national medical experience and about Southern medication [*thuoc nam*]. (Nguyễn 1965: 29–30)

The legacy of this robust defense of traditional medicine, as we will see in the following, can be seen in the Vietnamese government’s concrete policy of integrating traditional and modern medicine. And indeed, the rhetoric of combination and integration can be seen throughout the government’s various health care programs and policies to this day. In 1960, Hồ Chí Minh stated that “it is necessary to integrate traditional and modern medicine carefully, in all spheres”; in 1978 the National Assembly passed a resolution calling for “combining herbal and modern medicine”; in 1993 the Central Committee of the Vietnamese Communist Party restated that “it is necessary to combine traditional with modern medicine”; and in 2003, Prime Minister Trần Đức Lương reiterated that “it is the right policy to inherit and develop traditional medicine combined with modern medicine” (see Hoàng 2012: 135–39). The positive

sentiments expressed by Hồ, Phạm, Nguyễn, and many others toward traditional medicine from the very beginnings of the Democratic Republic of Vietnam have in effect underpinned a “doctrine of combination” that continues to organize health care delivery in Vietnam today.

### 3 Reviving Traditional Medicine

In those countries that have in some way been influenced by medical practices and theories from China, acupuncture and herbal medicine have been two of the principal forms of therapy offered by traditional practitioners. In Vietnam, the latter has been given particular attention since it is exactly its herbal medicines that are used to make a distinction between *thuốc nam* (Southern, i.e., Vietnamese, medicine) and *thuốc bắc* (Northern, i.e., Chinese, medicine; see Monnais, Thompson, and Wahlberg 2012). *Thuốc nam* consists of all those remedies and medicinal plants that have been used by apprentice-trained herbal practitioners throughout Vietnam through the ages. The argument—which can be traced back to Tuệ Tĩnh (1330–c. 1389), a Buddhist monk who wrote the first known medical treatise on Vietnamese medicine, *Nam Dược Thần Hiệu* (*Miraculous Medicines of the South*)—is that Vietnamese bodies are more compatible with medicines derived from the tropical flora and fauna of Vietnam.

If we look at government-led initiatives to revive traditional medicine in Vietnam over the last six decades, we notice a clear emphasis on the modernization and industrialization of herbal remedies, on the one hand, and integration of traditional medicine into health education and delivery, on the other. I will return to the strategy of modernization in the following section; for now, let us look more closely at the Vietnamese government’s concerted efforts to integrate traditional and modern medicine within national health delivery and education systems.

Integration of traditional medicine into health delivery and education has taken place through the establishing of hospitals of traditional medicine (notably in Hanoi and Ho Chi Minh City), as well as departments of traditional medicine in existing modern medicine hospitals across the country. This has also involved the further development of medical education curricula to ensure that medical students are provided with training in both modern and traditional medicine (acupuncture and herbal medicine in particular). Vietnam’s seven medical schools now all have a department of traditional medicine. Indeed, it is these efforts that led the WHO to crown Vietnam’s health delivery system as one of the most integrated in the world. And although by 1972 there were fifteen hospitals of traditional medicine throughout the country, perhaps more important (and telling), there were also “30 general hospitals of Western medicine with Departments of Eastern medicine and 128 out of 555 hospitals (national, provincial and district) had attracted nearly 500 herbalists [*luong y*]” (Hoàng 2012: 138). Whereas China and South Korea in many ways have two parallel systems of medicine, each with its own universities, hospitals, and research centers, in Vietnam there has been a conscious effort to institutionally combine the two forms of medicine. We should, of course, not romanticize this strategy of combination, and since medical students will often choose to specialize in herbal medicine or acupuncture, one can rightfully ask whether Nguyễn Văn Hương’s (1965b: 35) lofty ambitions of “transform[ing] our medical workers into all-round practitioners knowing both medicines”

remain unfulfilled. Moreover, within the established health care system, relations between modern and traditional medicine have certainly been fraught with conflict and tension, not least when resource imbalances between the forms of medicine are made transparent. Nonetheless, we might say that a rhetorical insistence on combination and integration has in some senses “compelled” collaboration.

Now, while this institutional integration of traditional and modern medicine has been at the core of the Vietnamese government’s efforts to revive traditional medicine, we should not overlook the efforts that have been directed at more rural parts of the country where hospital facilities and services have been much scarcer. In such rural settings, Mao’s pragmatic approach to “old” medicine in China seems somehow more resonant, for while Vietnam’s revolutionary government was interested in promoting the use of traditional herbal medicine, they were also disapproving of what they considered “unhygienic” and “superstitious” practices in the countryside (see Malarney 2012). Both Phạm and Nguyễn insisted that such practices needed to be stopped: “With modern scientific conceptions, we shall eliminate all the unscientific growth which the feudal regime superadded to traditional medicine, thus turning it into something esoteric” (Nguyễn 1965b: 28). And so it was not all “traditions” that were to be revived. Indeed, the rejection of some traditions while promoting others was seen to cause confusion, as recalled by Vu Can (1965: 78), writing about the efforts of health authorities in the Van Dinh district to rebuild its network of health delivery in the aftermath of the war against France:

A new difficulty then appeared. Under the colonial regime, Vietnamese peasants were strongly prejudiced against modern medicine which they believed was good only for natives of countries with a cold climate. They abhorred injections. They trusted sorcerers and quacks. Thanks to the efforts of the people’s government, the peasants learned to appreciate modern medicine, but many then came to think that traditional medicine was worthless, that only injections were efficacious. To use traditional medicine would merely be to deceive oneself. . . . Much explanation work had to be done, but naturally, the patients would be fully convinced only if the traditional medicines given them proved to be efficacious. A series of concrete measures were then taken to ensure its rightful place to traditional medicine, to give it an equal status with modern medicine.

And so, somewhat in contrast to colonial administrators, who also had pursued “civilizing” programs in rural areas of Vietnam, the Vietnamese government would emphasize not so much the superiority of modern medicine as the appropriate combination and integration of traditional and modern medicine in the countryside. Of course, part of this emphasis came out of sheer necessity, as a lack of modern medical supplies often meant that traditional remedies were the only thing on offer. We know, for example, from the remarkable diaries of Đặng Thùy Trâm, a doctor who traveled in 1969 to the southern front to work for the revolutionary army, that she had started a medicinal plant garden in the town of Phở Cường, not least as a way to overcome supply shortages (see Whitehurst 2012: 97–98). And in the Diên Châu district of Nghệ An Province in the 1960s, health authorities encouraged “each family [to have] its own medicine chest, and efforts are being made to popularise the culture of the most commonly used medicinal plants” (Nguyễn 1965a: 101). Such practices to “reintro-

duce” traditional medicine amounted to what Hoàng Bảo Châu, director of the Institute of Traditional Medicine from 1975 to 1995, has described as a “revolutionary movement to bring traditional medicine back to the grassroots level” (qtd. in Wahlberg 2006: 125). His institute was responsible for training around two thousand activists in the 1970s that were sent to rural parts of the country to promote traditional medicine use. The medicinal plant garden has been, and continues to be, a cornerstone of this strategy. While the government in Vietnam has consistently worked to improve access to modern pharmaceuticals and services in rural areas, it has also initiated programs to encourage both families and local health stations to cultivate and maintain medicinal plant gardens through such campaigns as the Ministry of Health’s “Drugs at Home” and “Doctor at Home” campaigns. Through such campaigns people like Dr. Tran Chu “encouraged villagers to grow and use medicinal plants. Every family grew medicinal plants in its garden because they were more affordable than Western medicine and less likely to cause side effects” (Huu and Borton 2003: 65). Such campaigns can be seen as a kind of “grassroots combination” focusing on pragmatic issues of accessibility and affordability, an approach that continues to this day. In its Health Policy 2000–2010, the Vietnamese government once again emphasized its objective to “mobilize, encourage and guide people in planting, raising and use of plants and animals as *materia medica*” (Government of Vietnam 2005: 2.1).

Revival, then, means many things in Vietnam. It means ensuring that both traditional and modern medical services are delivered through hospitals in more urbanized areas and health stations in rural parts of the country. It has also meant reeducating Vietnamese people to distinguish between those traditions considered appropriate and “good” (e.g., herbal medicine and acupuncture) and those considered “quackery” (e.g., fortune telling or sorcery) through awareness campaigns. And finally, it has involved reminding the Vietnamese about their medical heritage through concrete initiatives to get them to cultivate and produce herbal remedies in medicinal gardens.

#### 4 Collaboration in the Lab/Clinic

The striking images of the “jungle lab” and “jungle clinic” have played an important role in generating symbolic capital for traditional medicine in Vietnam. A famous story that I heard often while in Hanoi stems from the memoirs of Gen. Võ Nguyên Giáp, a key member of the Viet Minh. Võ tells of how Hồ Chí Minh experienced the benefits of traditional medicine firsthand on the eve of the August revolution in 1945 in a rural area of North Vietnam:

There was much to do but Uncle Hồ was ill. He’d had a fever for some days. . . . I noticed he was getting weaker and thinner. We had no special medicine for him, just some anti-cold and quinine tablets. He had taken them, but his condition did not improve. Normally he would never lie down during working hours, but now he was bedridden and had fits of delirium. . . . The next day, I asked the local people if they had any remedies. They told me about a traditional healer of the Tày ethnic minority who could treat high fever. I sent a horseman to fetch him. The physician felt Uncle’s pulse and forehead. Then he burned a piece of root he had just taken from the forest. He mixed its ashes with thin rice soup



and gave the mixture to Uncle. The next day, the fits of delirium were gone. Uncle ate the special soup several more times. His fever receded. Even though he was weak, Uncle rose and started working again. (qtd. in Huu and Borton 2003: 53–55)

Similarly, during Vietnam's second war of independence against the United States, Hoàng Bảo Châu, Đ.T Phó, and Huu Ngoc (1999: 27) have written of how "under US bombing traditional medicine contributed remarkably to medical treatment in North Vietnam under the people's power: burns, fractures and war injuries, let alone current diseases." We will also recall Đặng Thùy Trâm's accounts of how medicinal plants were used to make up for severe shortages on the southern front in the late 1960s. Indeed, the legacy of such links between the army and traditional medicine was made explicit in 1994 when the army published a book titled *Một Số Rau Dại Ăn Được Ở Việt Nam (Wild Edible Vegetables of Vietnam)*, which included information on how "to prevent and treat various medical problems with the sources available to [soldiers] in the wild" (Thompson 2004: 115). The book contains entries on 128 wild plants together with information on their nutritional and medicinal value.

Collecting and collating knowledge about the medicinal uses of plants has been a central part of the Vietnamese government's strategy to modernize traditional medicine. And most famous in this endeavor has been pharmacist Đỗ Tất Lợi, who dedicated his life to documenting medicinal uses of plants throughout Vietnam. As recounted by Huu Ngoc: "In 1946, when the First Indochina War broke out, Đỗ Tất Lợi joined the patriotic army in the Viet Bac Resistance Zone. Despite the difficult conditions, his passion for Vietnamese medicine remained strong. He talked with traditional Tay and Muong healers about their remedies, visited local markets, and made friends with sellers of medicinal herbs. He took notes of their accounts of plants and trees and their medical uses" (Huu and Borton 2003: 44–45). Đỗ eventually published the vast knowledge he amassed in his popular volume *Những cây thuốc và vị thuốc Việt Nam (Medicinal Plants and Remedies of Vietnam, 2001)*. Moreover, this enormously time-consuming task has since then engaged the Institute of Materia Medica, the Institute of Traditional Medicine (in Hanoi and Ho Chi Minh City), and numerous associations of traditional practitioners through collaborations between botanists, ecologists, pharmacologists, chemists, pharmacists, and traditional practitioners. The key characteristic of this process of gathering and publishing traditional knowledge about medicinal plants has been the emphasis on systematizing the naming of plants according to their Latin names as a way to overcome the confusion that differing local names for plants might cause, a kind of taming of the countryside armed with botanic nomenclature and taxonomy systems (see Wahlberg 2006).

Yet it was not only in the gathering, organizing, and publishing of knowledge about the use of various plant species for medicinal purposes that collaborations among chemists, doctors, and traditional practitioners took place. In hospital departments and health stations, concrete initiatives were also taken to modernize traditional practice. In 1963, Nguyen Thi The, a nurse trained in traditional medicine, was sent to the town of Van Dinh outside of Hanoi to help the local health station with integrating traditional medicine into its practice:

Her job was to help the infirmary combine the use of modern medicine with that of traditional medicine. . . . At first, the roots and leaves which made up the essential part of traditional pharmacy were contained in dusty baskets. They were now put into a multidrawer cupboard. The decoctions formerly contained in coarse, low quality bowls, were now served in bowls made of fine porcelain. Not all drugs were made offhand, as in former days. Nurse The prepared medicines in concentrated solution for most common diseases, which were preserved in sterilized bottles. In the pharmacy were two white-painted cupboards containing pills, tinctures, balms, powders; in another cupboard were medicine bottles and acupuncture instruments, arranged on a white enamelled tray. . . . Little by little, traditional medicine recovered its prestige, as it proved to be quite efficacious. (Vu 1965: 78–79)

What is striking in such post–French War accounts of rebuilding health delivery services in northern Vietnam is the suggestion that local hospitals “did not know yet how to combine the practice of modern medicine with that of traditional medicine, and how to use local pharmaceutical products” (77). Instead an active effort was required to implement integration in the clinic. It is important to remember that use of medicinal plants continued to be widespread throughout Vietnam if not only for the lack of access to modern medicine. Traditional medicine was very much a part of the daily life of villagers. Nevertheless, what was required was a modernization effort, to upgrade and to improve the prestige of local remedies so that they could be put alongside modern medicine in hospital settings on an equal footing.

A final site of collaboration has, of course, been the laboratory, where work to chemically analyze and synthesize active ingredients found in medicinal plants has been taking place for over fifty years now. Recollections like those of Truong Xuan Nam of the Hanoi College of Pharmacy are not uncommon:

President Ho Chi Minh called on all medical workers to leave for the jungles carrying with them their medical appliances and medicaments in order to join the long patriotic war. . . . Our technicians, pharmacists, laboratory assistants and students left the towns and went to all parts of the country wherever they were required by the needs of the war of resistance. In the forests of Viet Bac, in the Plain of Reeds in South Vietnam, on the banks of the Red River, in the highlands of the North-West Region, we set up workshops and supply stores in thatched huts and began a completely new life. . . . [It was] during the resistance that we laid the foundations of our pharmaceutical organizations. It can be said that the first pharmaceutical factories and the first research laboratories of Vietnam came into being in the jungle. (Truong 1965: 112; see Wahlberg 2009)

Vu Can also tells the story of how Nguyen Van Kim “made an aseptic room by covering with cloth the ceiling and the walls of a small room” in Van Dinh. He argues that the spirit was one of self-sufficiency as “the personnel have learnt to rely chiefly on their own efforts to overcome all difficulties, to contribute to building up the Fatherland through hard work and thrift” (Vu 1965: 80–82). This narrative of hard work and thrift and the suggestion that one should deal with one’s own problems are ones I have met time and again while doing fieldwork in northern Vietnam.

During 1997–2004 I was able to follow the collaboration between traditional practitioner Trần Khuông Dẫn and Prof. Trần Văn Sung of the Institute of Chemistry in Hanoi as they collaborated to transform his home-brew herbal remedy for drug addiction into an industrially produced herbal medicinal product containing twelve different plants (see Wahlberg 2008, 2012a). The collaboration was built around a medication developed by Dẫn to treat drug addicts. Very much in tune with *Đồ Tất Lợi*'s and other national programs to collect traditional knowledge, Dẫn had traversed the length of Vietnam from south to north in order to meet with traditional practitioners and learn how they treat drug addiction. After having approached local health authorities with his personally developed treatment for addiction in the early 1990s, Dẫn entered the laboratories of the Institute of Chemistry in 1996. And far from being a one-sided “colonization” of traditional medicine by modern science, the cooperation between Dẫn and Sung took place in a collaborative space where both offered input into a development process that aimed at industrializing the production of the medication. In my discussions with both, as well as my observations in their laboratory, I noted how notions of combination and integration (of modern and traditional medicine) were central to their work. Modern scientific technologies to extract, purify, and mass-produce active ingredients were to be used to improve the remedy and not to somehow “reduce” it or to strip it of its efficacy.

And so we see how jungle clinics and jungle laboratories have laid the basis for evermore sophisticated efforts to modernize and industrialize traditional herbal medicine in Vietnam. The laboratory has been an important agent of revival, as it is the laboratories of the various institutes of traditional medicine, *materia medica*, and plant biochemistry that have been mobilized in national efforts to combine modern and traditional medicine.

## 5 Conclusion: On the Making of a National Medicine

In a recent chapter on the development of traditional medicine in postcolonial Vietnam, Hoàng Bảo Châu (2012: 133–34) succinctly summarizes the different ways in which traditional medicine in Vietnam has been labeled over the last few decades:

Vietnamese Traditional Medicine consists of two main branches: *Thuốc Nam* (Southern medicine) and *Thuốc Bắc* (Northern medicine). *Thuốc Nam*, or *Thuốc Ta* (our medicine), has been created, accumulated and developed by native Vietnamese people living in this land. . . . During French rule, when colonialists made *Thuốc Tây* (Western medicine) the official branch of medicine, Southern and Northern medicines were sometimes grouped as *Đông Y* (Eastern medicine) to distinguish them from Western medicine. . . . Under the government of the Socialist Republic of Vietnam, and since the country became a member of the World Health Organisation (in 1977), Eastern medicine has either been called *Y Học Dân Tộc* (national medicine) or *Y Học Cổ Truyền* (traditional medicine) . . . in order to distinguish it from Western medicine, which is now termed modern medicine (*Y Học Hiện Đại*). Whichever way it is labeled (Southern medicine, Northern medicine, our medicine, Eastern medicine, national medicine or traditional medicine), the essence of this branch of medicine remains the same.

Nowadays, the most appropriate name is Vietnamese Traditional Medicine (*Y Học Cổ Truyền Việt Nam*).

What is clear from Hoàng's summary is how we can see these changing labels as a series of orientations that reads like a history of Vietnam's quests for independence, initially from China to the north and subsequently from France and then the United States. The practices themselves have not changed—herbal medicine and acupuncture remain at their core—yet their qualification as Southern, Eastern, Our, national, and finally Vietnamese medicine has always somehow contributed to the definition of that which lies south or east, that is, Vietnam.

What I have shown in this article is that in the particular period of the latter half of the twentieth century, a time when revolution, modernization, and industrialization came to shape medicine in Vietnam, Vietnamese medicine has amassed symbolic capital to an extent that it is hard to find vocal critics of it. As I have pointed out, this does not amount to a suggestion that everything is harmonious. But at the same time, I do argue that with the three grids that I have proposed—combination, revival, and collaboration—it is possible to view the making of Vietnamese medicine as particular to the historical contingencies of postcolonial Vietnam. Traditional medicine was never labeled “old” by Vietnam's revolutionaries; instead, they consistently emphasized the importance of “paying the greatest respect to this ancient science,” not least since “there are some illnesses that only our medicine can treat” (see above). Traditional medicine was to be treated as an equal to modern science.

So how, then, did traditional medicine in Vietnam become a national medicine? It is clear that whenever a certain medicine becomes national—for example, Chinese medicine, Korean medicine, Tibetan medicine, Vietnamese medicine—we can be sure that medicine is somehow intertwined with ongoing nation-building processes in a profound way. In Vietnam, central revolutionary figures who had emerged out of early twentieth-century nationalist movements were intimately bound up with medicine, whether through training, family, or, indeed, individual illness experiences. A narrative of rejection of traditional medicine by the colonial powers formed an important part of the platform against which revolutionaries launched their campaign to reclaim a Vietnam that had been lost. At the same time, an emphasis on self-sufficiency and making do with one's own means contributed to a sense that using traditional medicine was itself a national act—it reinforced the revolution. It is little wonder, then, that the images of the jungle lab and the jungle clinic have been so potent in generating symbolic capital for Vietnamese medicine.

With this article, I hope to have contributed some novel insights into thinking about the “making” of a medicine by proposing various grids through which it became gradually inevitable that traditional medicine would become Vietnamese. Such grids form the conditions of possibility of the making of a national medicine. They should not be confused with the notion of a “lense,” as grids consist not only of ways of knowing but, equally important, also of ways of doing. The formation of grids contributes to the stabilization of the labels that Hoàng summarized. By shedding light on such grids, we can see how painstaking the process must be for a label like “Vietnamese medicine” to stick.

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