

personnel and services in general. The growth of modern medicine should have been accompanied by the disappearance of (or at least a reduction in) Complementary Medicine <sup>7</sup>. We are instead witnessing the opposite phenomenon, in which ever-wider portions of the population seek solutions to their ailments by turning to a burgeoning selection of alternative medical treatments <sup>7</sup>. The fragmentation of medical practice into a variety of specialties, the growing importance of instrumental and laboratory diagnostics to the detriment of clinical examination, and the growing bureaucratization of medical services have all undermined the physician-patient relationship <sup>8</sup>. In effect, we are dealing with a complex phenomenon and a rather heterogeneous array of services. What emerges is the fact that different forms of Alternative Medicine all seem to ensure, in the relationship between provider and patient, a notable capacity to listen, an emotional connection, and personalized involvement <sup>9</sup>. These characteristics undoubtedly act on the patient, favoring the expectation of recovery, where the possible positive effects should not be underestimated <sup>8</sup>. Thus, besides the notable heterogeneity of individual types of Alternative Medicine, it is these shared characteristics that somehow appear to build a common ground for the efficacy of these treatments as compared to Western medicine.

Finally, in the biomedical model, research advances in psychoneuroimmunology and new interpretive disease models require careful investigation of the entire phenomenon. These studies underline efficacy in terms of the relationship established by doctor and patient, the expectations for healing that these encounters produce, the therapeutic value of treatment (in terms of both the symbolic power and the active ingredients at work), and the social relationships <sup>10</sup>. Alternative therapeutic practices show that efficacy relates not only to the active ingredients at work but also to the symbolic value that the plant, animal, or mineral brings to bear in a specific cultural context. That is, it is a part of a wider, trans-disciplinary context, represented today by the *medical humanities* that introduce aspects of human sciences in training and medical practice belonging to various artistic expressions <sup>11</sup>. I believe that all the elements described here should be taken into consideration by the authors so that they can respond in a more articulate and complete way to the question posed in the article.

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One of the rich characteristics of "alternative" medicine is that it rebels against and resists classifications that involve exclusiveness and particularity. Yet it is precisely the need to see the forest rather than just the trees that motivates good synthesis studies. In this spirit of contribution, Barros & Nunes present a brief overview of an argument on two concepts and different meanings. Their title announces the duality of concepts: *Complementary and Alternative Medicine in Brazil: One Concept, Different Meanings*. It is a useful effort that helps elucidate some sources of imprecision on a debate that currently displays so many interfaces that it appears to be primarily a festival of disagreements and miscellaneous positions. The article is particularly instigating because it shows a historical concern by many *complementary* and *alternative* authors with classifications that mark the borders between "the alternatives" as heteroclitic practices which alternate between seeking to sustain their difference and attempt-

ing to stand out next to the hegemonic practice of medical rationality.

To organize my comments on their article, at the end of this discussion I will quote one of their paragraphs, in which they announce what they do not intend to do. First, however, I list three provisos that in a sense increased my disquiet with a reading that helped me organize a perception on a topic that has fascinated me ever since I launched a study leading to a little-known anthology in 1986, entitled *Systems of Cure: the People's Alternatives* (Recife: Master's in Anthropology, Federal University in Pernambuco).

My first proviso is that their article is overly synthetic. Of course the power to synthesize is an art that favors good communication. However, in this case the Table shows a long list of different types of knowledge as if they were so "neat" and "arranged" in their little boxes that (even running the risk of becoming too extensive) they cry out for internal differentiation and recognition of the borderline areas that some of these classifications must have posed for Barros & Nunes. The Table itself (p. 2025) is called *Typologies and Concepts of Medical Practice in the Field of Healthcare*, but the body of the text proceeds as if they were types of usage of the idea "alternative". I fail to understand which description prevails. In addition, the Table itself and what the authors write about it demand a position vis-à-vis other classificatory proposals frequently found in the literature, but not contemplated in their discussion. The fact that they did not take advantage of the contrast with other authors who attempt to deal with different typologies in the constitution of this expanded field was certainly not due to lack of space! It is difficult to debate the heuristic value of the four proposed categories (scientific, antithetical, types of medical rationality, and types of new therapeutic systems), since Barros & Nunes portray the broad types of Complementary and Alternative Medicine (CAM) in short and clear paragraphs in such a way as to discourage the complicating presentation of internal differentiation that might even reveal a healthy and clarifying imprecision in the constitution of each category.

The second proviso is more technical, where I may be the first victim of my own disquiet, since Portuguese is my second acquired language. Why the article in English? Is it because the thesis was written in Portuguese and needs a new audience? Indeed, for English-language readers, there are several points of imprecision which we do not know whether to ascribe to the use of the language or grasp of the concepts.

Although it is not announced explicitly, it is obvious that the article takes advantage of the important work in the elaboration of a literature reference for the first author's dissertation, which also refers to a survey whose respondents and procedures are not described. It is wonderful to bring theses and dissertations to the light of day and not merely limit them to the formal academic review process, but over time this outdates the references, with the time transpired between presentation of the dissertation and its publication in a journal (more than 85% of the references date to before 2002, when the dissertation was presented). As a result, some of the categories are poorly represented, especially the "antithetical" category. It is thus not clear whether the emphasis is on the historical expiration of this group's position (as the paper's wording suggests), or because the authors failed to verify the more recent developments in this category, which is more alive and current than appears here, even if the authors have succeeded in taking less antagonistic positions than in the context of a bipolar past, well contextualized by Barros & Nunes. It is not easy to understand what a current antithetical positioning of alternatives is, since there are no examples in the literature that are less than ten years old. In addition, it does not appear to me that the actors and authors in this field have yielded to either the new concepts or incorporations offered by medical scientists to become as scarce as the typology's description suggests.

The third proviso relates to the focus on CAM, which is a very different idea from the old notion of "*different systems of cure or health systems*". That is, the constitution of a field like medicine is precisely what produces the complementarity and the subordinate alternative – if we move from alternatives in medicine to alternatives for the people, the resulting field becomes another, more horizontal one.

I announced that I would organize my final remarks around one of the authors' paragraphs, which is the following (p. 2024): "*Brazilian CAM research is guided by the belief that one form of medicine is not opposed to another. Therefore, in principle, the issue is not to denounce given practices or to nurture deeply-rooted love-hate feelings. Neither is it about self-promotion, as some Brazilian journalists insist ... It is not about pointing out the therapeutic potential of official or unofficial medical practices, but rather to socially bring alternative and complementary practices together in different contexts, taking the literature as its basis and including research with CAM practitioners (...)*"

*this has led to the possibility of more than one meaning for the same word, which in turn is the aim of our analysis, i.e., to reflect on the production of a polysemy for CAM ...”.*

Even so, the article presents CAM as the category, subsidiary to the scientific one, more updated historically, and attuned to the exhortations of global campaigns, agreements, and associations that link the organization of this field of knowledge to the side of medicine. It is the promotion of the incorporating openness that can legitimize the complements and alternatives through their recognition as healthily associated with the hegemonic field, sensitive enough to become capable of absorbing criticisms and improving itself along the way, acknowledging the coexistence of other models, integrated in a world without hate and without love, but which ensures them a seat in the second row, with a good view.

It behooves us to congratulate the authors for making such a complex field of ideas on alternatives and complementarity a more decipherable one for scholars and practitioners, since by exaggerating the skeleton we can dare to propose an idea of the entire body's enormous plasticity.

## The authors reply

Os autores respondem

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*Nelson Filice de Barros & Everardo Duarte Nunes*

### **Complementary and Alternative Medicines in Brazil: a series of issues**

We thank each and every one of the discussants for their careful readings and provocative comments on our article. Some of the questions could be discussed immediately based on past research, while others merely call for general remarks. Still, the purpose of this reply is not to respond to every one of them, but to delve into those that we consider central to the current debates in the field of health.

Assuming deduction as the analytical perspective, we begin with a more general reaction to Paulo César Alves, recalling that in the conceptual matrix of social sciences in Brazil, the theme of Complementary and Alternative Medicines (CAM) has been present for several decades, although viewed differently. This issue is crucial for understanding the construction of social sciences applied to health, i.e., the social sciences in the field of disputes in health, since this understanding ensures room for another question, namely, why has such knowledge not been developed in a bigger way in the field of health? The author himself points to an important part of the answer when he underscores the propensity of our researchers to identify tensions and conflicts without considering the daily actions they simultaneously involve in the different healthcare arenas. We believe that this limited development is also due to the lack of bridges for developing the knowledge of social sciences in other fields. In other words, we do indeed have sufficient elements to demonstrate the social determinations on the health-disease-care process, but we still need to develop our skills “*to build bridges to different audiences in academia, government, and the private employment sector. Building bridges involves bringing some congruence to the value orientations and priorities of sociological scholars and practitioners*”<sup>1</sup> (p. 195).

In the reflections by Maria Cecília de Souza Minayo, we identify a second question, which is also of a more general dimension. Her discussion of symbolic efficacy, with referenced to one of the most important texts for health an-