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When “official” science creates space for discussing and presenting research or philosophical comprehension of data pertaining to alternative practice (whether complementary or really alternative) to a clearly defined and socially recognized system, as has been described so well by this article’s authors, a productive possibility is created: official medical practice is insufficient to meet users’ needs and expectations, or even those of physicians ¹.

There is a conspicuous health and medical crisis affecting “traditional” relations between society and medicine, not only in developing countries, but also in countries already considered “developed”. Social inequalities are instantaneously seen through the media, affecting health through malnutrition, infectious and contagious diseases, increased violence, and the reemergence of tuberculosis, to name a few examples. Better control by proper social policies may be one reason indirectly motivating health professionals to pursue a “different” course of action.

The current loss or deterioration of the physician-patient relationship, with patient objectification and the commercial relationship between the two, causes uneasiness in both and a degree of suffering generated by losing the focus on the subject (healthcare user) as a human being to be cured or relieved of pain, seen rather as a potential consumer of medical products ².

We also highlight medical education as generating anxiety in healthcare professionals in search of more appropriate answers to questions such as the purpose or target of treatment, insofar as there is a progressive loss of capacity by schools of health to train professionals capable of solving health/disease problems for the majority of the population. The rising costs of diagnostic and therapeutic technology further aggravate this issue. Would complementary or traditional practices be a possible alternative for improving care?

Therapeutic action and educational action generally refer to parameters and norms determined by collective and apparently consensual references. However, to be effective, they should consider the specificity of each subject, as well as the individual meaning of deviations from norms, standards, and symptoms they present ³. Would the “expansion” of studies that encompass these practices be an attempt to make official medicine more effective?

Research attempting to reveal the percentage of our healthcare users who also use some kind of complementary health practices has

shown that such practices are highly frequent in our society ⁴. Some of these practices are living expressions of local culture and are deeply rooted in knowledge passed down from one generation to the next. Such knowledge has always existed, but it may have been relegated to a secondary level by official medicine (healers and herbal therapy, for example). Does such research respond to users’ requests for healthcare professionals to orientate them regarding appropriate usage?

It is conceivable that healthcare professionals dissatisfied with the current healthcare paradigm turn to complementary practices to replace illness as the center of the medical paradigm, seeking both new meaning in the physician-patient relationship as a fundamental element of therapy (most of the success of such practices stems from the way the relations with patients is established, valuing the symbolic aspect of illness) and simpler therapeutic modalities (less high-tech and less expensive, but equally efficient for diagnosis and cure).

Many professionals understand that acting in the field of health means not only fighting or eradicating diseases, but also encouraging patient autonomy, health citizenship, and the capacity to interact harmoniously with other citizens. They understand that physicians must be focused on health rather than disease.

The controversy in the concept and meaning of Complementary and Alternative Medicine in Brazil reminds us that there are health practices which in a given temporal and spatial context take a different position from so-called “official” medicine. From this point of view, acupuncture would not be called “alternative” in its original country.

The history of scientific thought on health and disease has undergone transformations that have led us to study the multiple dimensions of humans based on several references: a quantum comprehension of nature, social causes of disease, and the influence of Oriental philosophies, among others ⁵.

With such a wide range of possibilities for understanding the concept and real phenomena behind the widespread use of *health alternatives or complementary practices*, it is possible to understand why there are still different meanings. This knowledge affects people at different moments and in different ways.

Without pretending to exhaust this discussion or to have covered all of the possible facets for interpretation of this article, we have found it helpful to reflect on such complementary and alternative practices currently, since the issue may be to verify how they can effectively con-

tribute to overcoming (either in diagnosis or therapy) a form of medicine in permanent scientific evolution. Through denial we will never understand the Complementary and Alternative Medicine phenomenon, and avoiding the debate will not cause our clients to refrain from turning to such practices. Complementary and Alternative Medicine exists and is part of our reality.

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The article by Barros & Nunes discusses an interesting and timely subject regarding the multiple meanings of the terms Complementary and Alternative Medicine in Brazil. Numerous factors have converged in recent years and have sparked new and widespread interest in unconventional medicine. The authors respond to a question that is central to the subject regarding why physicians trained in allopathic practices opt to develop complementary forms of medicine. According to the results of their literature review, the desire to incorporate new therapeutic practices into the biomedical model helped create the concept of Complementary Medicine. In addition, the origin of the existing confusion of terms is the result of multiple meanings, for example between complementary tests and Complementary Medicine. I believe that the article answers the question only in part, and instead should explore at least two other fundamental reasons regarding: the historical aspects and the *medical humanities* ¹. I will address these two aspects making explicit reference to the biomedical literature.

Regarding the historical reasons, in the mid-1970s, during preparations for the famous Conference of Alma Ata in 1978 organized by the World Health Organization (WHO) and United Nations Children's Fund (UNICEF), a decisive interest emerged in diverse forms of medicine

throughout the world, listed in the official "Traditional Medicine" documents ^{2,3}. The term "traditional" as used in the original documents of the time referred to healing practices connected with an ancient culture, antecedents to the formation of modern medicine ⁵. But the term "traditional" was considered insufficient because it was used at the same time to describe complex curative models, like Ayurvedic medicine, and simple forms of self-healing ⁴. The official Alma Ata documents recognized the need to reconsider traditional healers as providers of regular healthcare treatments and services. In fact, during those years interest in diverse forms of traditional medicine emerged from the WHO, principally in the effort to guarantee treatment coverage for all. Various research and training programs were launched, including traditional midwifery, also conducted in Brazil, involving numerous health professionals ⁵. Their influence on the incorporation of complementary medicine into the biomedical model should not be underestimated.

Similar efforts have also been made by physicians and nurses involved in research and health services in the field of mental health, in the relationship with traditional healers, with indigenous health, and ethnobotany. Regarding the latter, various approaches are utilized concerning the commercial production, distribution, and conservation of plants to guarantee the quality and efficacy of therapeutic preparations. This issue poses problems for research ethics which could be called the creative rights to therapeutic practices. In various ways, ethnomedical research does not lead to true discovery, but confirms or disproves the efficacy of treatments used by various cultural groups; for example, often creative rights have been claimed by leaders of indigenous peoples in Latin America who regard the commercial gains made by Western society from the application of this indigenous knowledge as actual theft ⁶. The concept of Complementary Medicine thus takes on different meanings according to the context in which it is considered: (1) in a medical facility in the West it can be the practice of aromatherapy used together with pharmacological therapy; (2) in an indigenous area it can be a therapy practiced by native healers in a health clinic; (3) in African culture, it can take the meaning reported in the experience by Henri Collomb and the Fann School.

The second aspect concerns the *Medical Humanities*. With the growing demand for healthcare throughout the West, dissatisfaction and disillusionment are increasing with regard to the quality of relationships with health system