

Homoeopathy from the Patient's Standpoint: an Empirical Study in the City of Curitiba (Brazil), 1998–99

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Introduction

OUR FIRST OBJECTIVE is to analyse certain homoeopathic terms to facilitate a discussion on the relationship between homoeopathy and the patient. The central hypothesis is that patients make positive use of homoeopathy based on the idea that patients who use homoeopathy have a certain amount of knowledge about the current role of homoeopathy which enables them to opt for and to use it deliberately. Evaluating the findings of empirical surveys carried out in Curitiba between October 1998 and March 1999, we found it necessary to reconsider certain homoeopathic terms. Those findings surprised us because of the active participation of the patients who demonstrated a high degree of knowledge regarding the role of homoeopathy in its present state. It was a major concern to find new terms which took account of the growth of so-called 'alternative' therapies in their ongoing relationship with orthodox medicine. So, in the first part, those terms will be reconsidered and, in the second part, the findings of the empirical survey carried out in Brazil both quantitatively and qualitatively will be analysed.

In Brazil, resolution no. 1499 issued by the Federal Council of Medicine (*Conselho Federal de Medicina*) in 1998 banned doctors from using therapies not recognised by the council.¹ That resolution allowed alternative therapies to be practised only if a doctor had already embarked

on scientific surveys aimed at finding proof for the therapy concerned. Even then, the doctor was not permitted to demand money for treatment. Although homoeopathy and acupuncture are often regarded as alternative therapies, in this debate they enjoyed acceptance because since 1980 homoeopathy and 1995 acupuncture had had official recognition as separate medical disciplines. Notwithstanding such official recognition, even today these therapies very often still encounter scepticism and prejudice among allopathic doctors. On the other hand, society's attitude towards homoeopathy and so-called 'alternative' therapies is changing, as the results of the survey show.

Fresh Insights with regard to Terms²

HOMOEOPATHY HAS LONG BEEN CONSIDERED as an alternative or nonconventional therapy and, for many years, it was even regarded as opposed to orthodox medicine. Nowadays, homoeopathy is seen frequently as a complementary therapy to orthodox medicine – a trend of the last decades of the twentieth century. Homoeopathic doctors expected this complementarity with orthodox medicine to confer recognition upon homoeopathy but, in reality, this has yet to occur. Thus, does the fact that homoeopathy is seen as complementary to orthodox medicine imply, at the same time, the subordination of homoeopathy to allopathy? To answer that question the term 'gender' will be used as it has evolved in the debate about the position of women in society. In the man–woman relationship, the man was regarded for a long time as the head, responsible for the income of the household, and the work of the woman was seen as complementary to that of her male partner. At first, the differences are registered mainly in the context of the family, where the activities of men and women are seen as complementing rather than competing with one another. The jobs typically done by men and women were later transferred to the field of paid labour, and this happened in the context of a tendency to reflect the mutually complementary relations between the genders. This differentiated allocation of activities gives rise to a division of the labour market that allocates to women activities that are less important, call for less expertise and command lower wages.³ Transferred to homoeopathy or alternative therapies, this means that the terms 'alternative' and particularly 'complementary', as applied to therapies, lead by association to such therapies being assigned a subordinate position vis-à-vis allopathy. The antagonism that still exists between homoeopathy and allopathy should also be looked at critically. The two therapies are usually analysed from

a bipolarising, mutually antagonistic viewpoint. It is proposed, therefore, to stand back from this viewpoint and to distinguish and stress the complementary aspects of the relationship between the various therapeutic alternatives on the basis of what, in this context, are new terms such as 'interaction' and 'mediation'.

'Interaction' means that individual elements come together to form a whole, thereby undergoing combination.⁴ This can only happen on the basis of communication between the elements concerned. Thus, by representing interaction in the relationship between homoeopaths and allopaths, the dependent position of homoeopaths can be abandoned, with the latter obliged to follow the guidelines of orthodox medicine. This paper suggests that the relationship should be recast in such a way that the paradigms of action of the two therapeutic alternatives are placed in a single dynamic, reciprocally corresponding context. The process should take account not only of the common goals of those therapeutic alternatives but also of the means and methods that such therapies employ. Orthodox medicine built up its recognition by the state and by society through the nineteenth century and, in the twentieth century, the development of medical technology further confirmed its status. As a result, allopathy has been able to attain a position of hegemony in the medical world. Even though homoeopathy was acknowledged as a separate medical discipline in Brazil in 1980,⁵ receiving official recognition from the Federal Council of Medicine, it has yet to be accorded any scientific acknowledgement by orthodox medicine since it still has no place in the medical courses run by the universities.⁶ Moreover, because of its (not exclusively!) empirical nature, homoeopathy has difficulty in providing scientific proof of its method of producing remedies and of how those remedies work in terms that are acceptable to orthodox medicine.⁷ Part of this problem is the classification of the various ways in which these therapies have become 'authorised'. First, politico-institutional authorisation, which is governed by institutions, by how doctors practise their profession and by health departments. Secondly, the kind of authorisation that is defined by the scientific sphere and that determines the current status of homoeopathy at universities. Thirdly, the social authorisation that society defines through the demand for homoeopathic treatment. Since the 1980s, Brazil has seen a significant development in the first kind of authorisation, achieved as a result of the recognition of homoeopathy as a separate medical discipline and the rapid growth that has occurred in the area of training for homoeopathic doctors in many specialist courses. Despite the fact that such courses still inevitably meet with reservations in academic and general scientific circles, they have

received politico-institutional authorisation. At the same time, as a result of the growing demand for homoeopathic treatment, there is increasing social authorisation. Alternative medical therapies and orthodox medicine remain divided to this day; they are still regarded either as conflicting or as alternative or complementary therapies. The terms 'complementary' and 'alternative', as applied to therapies, are both capable of implying a degree of subordination. Because of the power of scientific medicine, homoeopathy is seen and represented either in a bipolar way or as a different kind of therapy that is not placed specifically within the field of orthodox medicine. However, there is also, recognisably, a certain amount of integration in connection with alternative medical therapies.⁸ The historical perspective provided by Robert Jütte has made it possible 'to see underlying structures and common features of alternative modes of healing that cannot be seen clearly from close up.'⁹

If the term 'field', as used by Pierre Bourdieu, is taken and then all therapeutic alternatives are placed together, some progress may be made. Bourdieu's theory defines this term as follows: '... the space can also be described as a field of forces: in other words, as a set of objective power relations imposed on all those who enter this field, relations that are not reducible to the intentions of individual agents or even to direct interactions between agents.'¹⁰ Various authors have taken up this term of Bourdieu and defined it more precisely. 'Fields are at all times a system of objective relations of power between social positions which correspond to a system of objective relations between symbolic points.'¹¹ Rather than see such therapies as homoeopathy, acupuncture, phytotherapy, etc. as alternative or complementary therapies to orthodox medicine, it is necessary to reflect on the role of therapeutic alternatives to allow for the various possibilities of treatment and cure available in Western society. This will lead to a new way of looking at therapeutic alternatives based on the interaction of all therapies to give patients access to all the modes of healing on offer. Adopting this new viewpoint, all medical therapies (including orthodox medicine) are brought together because they all pursue simultaneously a common goal: healing their patients or consumers. Allopathy is placed in the same context as the other modes of healing and regarded as one among many therapeutic possibilities. As a result of this new way of looking at therapeutic alternatives, the hierarchy governing all existing therapies is theoretically done away with in such a way that those therapies are no longer assigned a subordinate role. In consequence, the term 'therapeutic alternatives' embraces all existing therapeutic possibilities available on the market in the West. Despite this rejection of a hierarchy seeking to

place all therapies in a fixed order, therapies should be seen, because of their differences in status, in terms of their politico-institutional and social authorisation, as being of different kinds in order to take proper account of the development of the professional standards of homoeopathic doctors and the growing demand for homoeopathic treatment. The propagation of quite different therapeutic alternatives is the clear tendency of a demand for new medical possibilities that is very much a late twentieth-century phenomenon. Assuming that an ever-increasing role is played by social authorisation as a result of the growing numbers of homoeopathic patients, the term 'patient of homoeopathy' also needs to be defined. Here, a meaningful approach would seem to be to analyse the doctor-patient relationship in homoeopathy in the context of the term 'interaction'. How, then, should 'patient of homoeopathy' be defined? Can such a patient be described in precisely the same way as a 'patient of orthodox medicine'? What proportions of activity and passivity characterise patients of homoeopathy and orthodox medicine respectively? These are the questions the survey focused on. A qualitative change in the doctor-patient relationship needs to be thought about if justice is to be done to the increased awareness that patients bring to their own organisms. That change includes a heightened qualitative relationship between doctor and patient. This is not only because of the level of training of homoeopathic doctors or because of certain aspects of homoeopathic treatment, though these also play a role; what is important here is that the change in the behaviour of the patient who has opted for homoeopathy may possibly be the stance deliberately adopted by a proactive patient who, through contemplating his/her own organism, arrives at a better knowledge of him/herself.

Empirical Survey of Patients of Homoeopathy in the City of Curitiba

Objective

THE FORMULATION OF THESE NEW TERMS is based on an empirical survey carried out in Curitiba (population, c.1.6 million), the capital of Paraná state, between October 1998 and March 1999. This took the form of a poll of patients in private homoeopathic practices. Hitherto, homoeopathy has been studied more from the standpoint of the homoeopathic doctor than from that of the doctor's patients. What did patients think about homoeopathy? Why had patients chosen homoeopathy and how much did they know about it? The survey was able to establish beyond any doubt

that patients had chosen homoeopathy knowingly; in fact, patients were even able to formulate a definition of homoeopathy. A profile of patients from Curitiba was established, using the data collected, in order to furnish a provisional pattern, though one which is not necessarily transferable to other parts of Brazil or to other countries.

*Method*¹²

Using the list¹³ of a total of 122 homoeopathic doctors in the city of Curitiba, a random sample of 30 homoeopathic doctors was selected. These doctors were given 10 questionnaires each, making 300 questionnaires altogether. Their practice assistants were asked to hand out the forms to patients aged 14 or over before or after treatment. Patients were to be told about the aims of the survey and the fact that it was anonymous. To preserve anonymity, secretaries were asked to place each questionnaire in an envelope immediately. The form comprised 22 different questions. Often the questions were very open in order to enable not only quantitative but also qualitative data to be gathered. Two hundred questionnaires were returned, giving the field study a response rate of around 67 per cent. The questionnaire begins with seven questions about the patient's general characteristics: gender, age, education, occupation, marital status, family income and religion. The other questions concern homoeopathy, health insurance or treatment plan (homoeopathic treatment paid for or not paid for), and the patient's definition and assessment of homoeopathy. Patients were also asked about the attitude of homoeopathic patients to other alternative therapies such as acupuncture, phytotherapy, Bach flower remedies and chiropractic.

Socio-Demographic Characteristics

A very large number of women (82 per cent) turn to homoeopathy. Most of them (35 per cent) belong to the 31–40 age group. When the next age group (41–50) is included, the figure rises to 52 per cent. Most women (49 per cent) are married. Female consumers of homoeopathy at college or university total 56 per cent, most of whom come from higher income families: 35 per cent said they had access to family incomes of between 10 and 20 times the minimum wage,¹⁴ while for a further 35 per cent family income was in excess of 20 times the minimum wage. Over two thirds had more than 10 times the minimum wage at their disposal. For 19 per cent of female patients, schooling had ceased after the secondary stage. A total of 47 per cent of patients were Catholic. In second place was spiritualism with

12 per cent. Most patients are practising believers. Protestants, Lutherans, Adventists and Methodists were also represented but accounted for only 8 per cent altogether. Twenty-four per cent of patients polled described themselves as having 'no religion'. Occupations were divided into groups, following the tax office classification. Accordingly, it can be established that most patients belong to the group referred to as 'employees in scientific, technical, artistic, and similar occupations'.¹⁵ Such occupations generally require a university degree, which explains the large percentage of patients with high incomes. The survey data show that 34 per cent of patients were in employment, with 26 per cent self-employed. The remaining patients polled were students, housewives, or persons who gave no details of their occupation. Persons in employment included engineers, psychologists, doctors, various employees in the business field, bank staff, teachers, social/education workers and secretaries.

Opting for Homoeopathic Treatment

Nearly half of patients (48 per cent) had been receiving homoeopathic treatment for anything between a few months and five years. Of these, 20 per cent had only been receiving homoeopathic treatment for about a year. Twenty-two per cent of patients had already been in receipt of homoeopathic treatment for more than 10 years; a total of 34 per cent of patients had been in treatment for between six and nine years. These extended periods of treatment explain how well informed were the patients interviewed regarding what homoeopathy represents in contrast to or as a supplement to allopathy. The length of time patients had been treated by the particular doctor at whose practice they were interviewed was in 56 per cent of cases between a few months and, for example, two years. The majority had been treated for only a short time. The other extreme case, of patients belonging to the group with periods of treatment between five and 10 years, accounted for 21 per cent of patients interviewed. Thirty-three per cent of interviewees clearly opted for the homoeopathic form of therapy for the whole family. A further 17 per cent gave this as their answer with respect to two thirds of the family. An initial assumption had been that this statistical third member of the family who refused to accept homoeopathic treatment would be the father, the majority of the persons interviewed being women. However, closer inspection revealed that that figure of 17 per cent also included a number of men, with the result that the assumption could not be proved. It is clear in any event, if the 17 per cent are added to the 33 per cent mentioned above, that in the case of 50 per cent of

the patients interviewed most members of the family accept homoeopathy. In this survey, 19 per cent of patients had had homoeopathic treatment since childhood and 6 per cent of these since birth. Over half (53 per cent) of those interviewed said that the homoeopathic doctor was their family doctor. Forty-three per cent indicated that he was not the family's confidential physician, and 3.5 per cent declined to answer the question. Paradoxically, some patients whose first visit to the practice this was or who had been having treatment from this doctor for only a few months already felt him to be their confidential physician and also regarded him as their family doctor.

Insurance Background

Brazil has a national health system providing the entire population with comprehensive care at all levels and in all areas. However, the system has its shortcomings and the so-called 'supplementary health care' offered by the private sector is permitted by law. Altogether, 82 per cent of patients, whether state or private, make use of this opportunity, but for only 46 per cent of patients was homoeopathic treatment paid for by their insurance companies. A total of 10 per cent of patients said they had no insurance. Remarkably, 50 per cent of patients paid for their homoeopathic treatment privately, despite being insured. This is explained by the fact that many patients wish to make their own choice of doctor. It follows that many homoeopathic patients do not accept the regulations governing the health system. They would rather choose for themselves, even if they have to pay for this out of their own pockets.

Diseases Treated with the Aid of Homoeopathy and other so-called 'Alternative' Therapies

The diseases that brought patients to homoeopathy were, for the most part, skin and respiratory disorders. The responses show clearly that homoeopathy was chosen because it takes into account not only physical but also psychological and emotional symptoms. It was the view of 15 per cent of patients that all diseases could be treated with the aid of homoeopathy, while 8 per cent said they only have themselves treated homoeopathically. In other words, 23 per cent of patients gave unqualified acceptance to homoeopathy. Diseases that in the view of other patients are not curable with the aid of homoeopathy were cancer and AIDS (17 per cent), cases requiring surgical intervention (12 per cent), and accidents and fractures (10 per cent). Altogether, 19 per cent of patients did not answer this

question, suggesting that for them homoeopathy has no limitations. On the whole, homoeopathic patients show great faith in this mode of healing, although some do make qualifications.

Familiarity with Alternative Therapies

Sixty-three per cent of patients used another therapeutic medium alongside their homoeopathic treatment, while 8 per cent of those polled did not answer this question. The fact that two thirds of patients undergo homoeopathic treatment in conjunction with other therapeutic alternatives shows that a certain parallelism of therapies is already in existence. The following other 'alternative' therapies are also known to the patients in the poll: acupuncture (57 per cent), Bach flower remedies (50 per cent), phytotherapy (41 per cent) and chiropractice (26 per cent). Percentages of previous use (mostly successful) were: acupuncture (25 per cent), Bach flower remedies (25 per cent), phytotherapy (18 per cent) chiropractice (9 per cent).

How does the Patient Define Homoeopathy? A Qualitative Evaluation

Under this question, patients were given the opportunity of formulating their own definition of homoeopathy. For the qualitative analysis of those definitions, the most important and most frequent formulations were allocated to groups illustrating the basic principles of homoeopathy. In first place was the definition that 'homoeopathy treats the whole person', meaning that homoeopathic treatment is directed not only at physical symptoms but also at emotional and psychological symptoms, with the patient being considered as a whole. Such ideas were expressed by 36 per cent of patients polled. They were often accompanied by the remark that the patient feels that the homoeopathic doctor sees him/her as a individual. Twenty-one per cent of patients gave no answer when asked to define homoeopathy. Here it should be mentioned that a number of patients were attending for homoeopathic treatment for the first time, which is why they were unable to express an opinion about homoeopathy. The aim of homoeopathy is to bring the individual into equilibrium. This view was expressed by 9 per cent of patients in their definition of homoeopathy. Equilibrium in this connection was characterised either as physical, mental and emotional, or as body-mind feelings; the phrase 'balance of energy' was also used. Another definition should be highlighted because it talks about the properties of homoeopathy that Samuel Hahnemann defined all those years ago: 'homoeopathy is a slow method but a permanent,

effective, and safe one.' This was a sentiment expressed by 2.5 per cent of patients. Several patients contributed original definitions. One 42-year-old (female) psychologist who belongs to the family income group of between five and 10 times the minimum wage and has been receiving homoeopathic treatment for a year said that homoeopathy is 'a type of medicine that sees the individual as a whole (it does not treat in parts: stomach ache or a respiratory problem); that attributes a certain importance to the emotional side of patients.' A biologist (also female) with a family income of more than 20 times the minimum wage, a homoeopathic patient for more than 17 years, put it this way: 'I believe in a holistic definition of the world in which the human being is understood as a creature. I cannot restrict myself to one organ or one part if I wish to understand the human being. The Cartesian view of humanity does not produce a balance as the basis of life. Looking for such a balance of body and mind, homoeopathy gives rise to this holistic view, with the result that a healthy, active life becomes possible.' In these two definitions the direction of homoeopathic treatment comes across clearly as one in which the patient is seen in terms of his/her physical, emotional and psychological aspects. These two patients thus view homoeopathy as a therapy that treats the whole human being. Refusing to limit homoeopathic treatment to its understanding of a single organ or part of the body, they see homoeopathy as understanding the person as an entity. In the second definition, the patient seeks to find health by looking for a balance between body and mind. Her words make clear that the term 'health' is understood as a recovery of the organism's equilibrium.

Five further definitions likewise give expression to ideas of treating the individual as a whole, on top of which they also touch on the causes of disease. Homoeopathy is seen as a separate medical discipline, and its side effects are rated as slight; in fact, the latter is considered a major advantage of this form of therapy. The first patient (again female) is 24 years old, single, a biochemical pharmacist who belongs to the group enjoying a family income more than 20 times the minimum wage; she has been receiving homoeopathic treatment for some two years only. Her definition is: 'Homoeopathy is a type of medicine that treats the individual as a whole and takes account of the psychological side of the patient as well as the physical side. It is a natural form of therapy with less side effects; it is used as a method for every type of disease. I say this because I am a patient and consumer of homoeopathy and through it have the feeling that my organism, in striving for physical and mental equilibrium, is exposed to fewer aggressions.' The second patient is a female teacher, 30 years old, married, with a family income between 10 and 20 times the minimum

wage; she has been receiving homoeopathic treatment for several months. She defines homoeopathy as 'a type of medicine that makes use of various elements to heal disease; it tries to see the person as a whole and the causes of disease as an imbalance of energy.' The third patient is a psychologist, 26, married; her family income lies between 10 and 20 times the minimum wage, and she has been in receipt of homoeopathic treatment for the past 11 months. Her definition: 'Homoeopathy was my choice of therapeutic avenue to health because it does not cure symptoms alone; it seeks solutions for the causes and for the attitude of mind that prompted those symptoms; the patient is sensitised in such a way as to be able to make a better assessment of his/her potential instead of being one of life's marionettes.' The last two patients in this group are both civil engineers, 54 and 53 years old respectively, married, each having a family income more than 20 times the minimum wage, both having had homoeopathic treatment since childhood. The first defines homoeopathy as 'a medicine that does not treat the illness only but the whole individual. It tries to reach the vital principle of each person, looking for that person's physical, mental, and emotional equilibrium. It is a medicine with the correct treatment without side effects and damage to the organism.' For the second patient 'the great advantages of homoeopathy as against all other allopathic treatments lie in the fact that it takes the entire scope of a person into consideration; as a system it is complete and indivisible, which is why it is able to combat the causes of disorders of the organism.' Each of these patients embodies a different way of looking at this global mode of healing: one speaks of a holistic view (the phrase used is 'the entire scope of a person'), the other of the fact that homoeopathy does not treat the causes of disease only but also the whole individual. Notice, by the way, that patients are described as consumers of homoeopathy. The very phrase that should be brought into the debate as a theoretical basis for a new way of looking at homoeopathic patients today is here employed in an interview.

Finally, one other patient's definition ought to be quoted. It was formulated by an agricultural engineer, 35 years of age, whose family income is between 10 and 20 times the minimum wage and who has been treated homoeopathically since the age of one: 'A system that uses positive and correct principles in regard to persons and specific situations. [The system] uses different concentrations of plant extracts, with treatment beginning with lower concentrations that are gradually increased. The resultant cure is not temporary but permanent. [The system] takes account of the emotional and also the psychological aspects of each patient. Treatment is personal. Allopathy regards all people and all metabolisms as the same. This is not

right!' Although it would have been more correct for this definition of homoeopathy to speak of potencies rather than 'concentrations of plant extracts', the holistic concept in personal homoeopathic treatment comes across clearly; the differences between homoeopathy and allopathy are also made clear.

Homoeopathy: 'Alternative' Therapy or Specialist Field of Medicine?

Analysing the answers to questions about the status of homoeopathy as a separate medical discipline recognised by Brazil's Federal Council of Medicine and as a field that the public regards as an alternative therapy throws light on the attitude of patients towards homoeopathy. Fifty-seven patients (i.e. 38 per cent of all those polled) replied that they considered homoeopathy an alternative therapy. By contrast, a further 112 patients (56 per cent) did not consider homoeopathy an alternative therapy but were aware that homoeopathy is recognised by the Federal Council of Medicine as a separate medical discipline. A further seven per cent of patients (i.e. 13 persons) did not answer the question. Remarkably, almost two thirds of patients no longer regard the concept of homoeopathy simply as an alternative medical treatment. The replies of 153 (76.5 per cent) of the 200 patients polled indicate that they are very well aware that homoeopathy is a separate medical discipline. A further 43 patients (21.5 per cent) did not know this. Four patients (two per cent) failed to answer the question. This appears to prove a very widespread state of awareness with regard to the current situation of homoeopathy in Brazil. The two questions alluded to above prompted some readily comprehensible, logical reflections by patients. It would have been expected that those patients who do not regard homoeopathy as an alternative therapy to be aware of its official status. Precisely this was the case: 82 per cent of those patients who do not regard homoeopathy as an alternative therapy knew about the recognition of homoeopathy by the Federal Council of Medicine, whereas of the patients who do regard it as an alternative therapy, only 69 per cent are aware that it is a recognised specialism. The relationship between knowledge of homoeopathy as a recognised separate medical discipline and the opinion that homoeopathy is a non-alternative therapy comes out clearly here. The conclusion is that it is ranked alongside a hegemonial allopathy as an alternative therapy.

Conclusions

THE FIRST AND MOST IMPORTANT conclusion to be extracted from the empirical survey is this: patients possess highly concrete information about homoeopathy. This can be seen from their advanced level of awareness regarding the differences between homoeopathy and allopathy; it can also be seen from the way in which patients mention the therapeutic advantages and from the fact that, in their view, homoeopathy is able to help in each and every specific case. Surprisingly, this awareness was in evidence even in patients who had been receiving homoeopathy treatment for up to two years. This characterises the homoeopathic patient as a proactive consumer of homoeopathy – in other words, as a person who knows his/her own organism. That patient sees him/herself as a whole and blends physical, emotional, and psychological aspects together with a view to maintaining his/her organism in equilibrium.

The fact that most of the patients polled were women shows their concern for their children's and their own state of health. Here it should be stressed, once again, that these patients in the survey were making a sizeable financial investment with the intention of safeguarding the family's health – even where this meant a double investment, since they were already paying health insurance. When patients decide they have no faith in the homoeopathic doctors attached to their health insurance scheme, they prefer to seek treatment from an additional homoeopath whom they have to pay privately. The fact that a third of patients undergo their homoeopathic treatment in conjunction with other therapeutic alternatives shows that a parallelism of alternative therapies already exists.

The definitions of homoeopathy given by patients reflect a substantial level of knowledge. Most patients were aware that homoeopathy has already been recognised by the Federal Council of Medicine as a separate medical discipline, and those patients do not regard homoeopathy as an alternative therapy. The patients covered by the study can be said to have grasped the opportunity, seriously and at the same time, of expounding what they knew of homoeopathy.

It is possible to conclude from the findings of this empirical survey that these patients constitute an active potential that will be in a position to support further expansion in the social recognition of homoeopathy. In the history of Brazilian homoeopathy hitherto, homoeopathic doctors have seen their struggle as being the responsibility of their own professional group; only occasionally have they fought in conjunction with homoeopathic pharmacists. In today's context of globalisation, in which there is more and more talk of networking amongst people and groups, the conclusion can be

drawn that these patients of homoeopathy could become the future allies of homoeopathic doctors, both as regards a broadening of understanding about health and with the intention of drawing together the various existing therapeutic alternatives.

From this standpoint, the public health policy pursued by a democratic state should give citizens the right to make their own choice of so-called 'alternative' therapies.¹⁶ Passive patients who are required to accept an 'official' therapy should no longer be expected, changing instead to an image of the proactive patient who, as a consumer, is in a position to choose. This will lead to a gradual change in the doctor–patient relationship and to an approach in which there are no 'alternative' therapies any more but only a number of different therapeutic alternatives, all of equal rank. Such a concept of medicine would bring together all the therapies available to our society.

Notes

- 1 Carla Gullo and Cirene Pereira, 'De Volta á Inquisição: Conselho Federal de Medicina proíbe médicos de usar terapias alternativas e quer estudos para comprová-las', *Revista Isto É* (1998), 1–4.
- 2 On the subject of patients and homoeopathy, see the findings of other empirical surveys, e.g. Ulrich Gregor Schultheiss and Thomas Schriever, *Warum gehen Patienten zum Arzt mit der Zusatzbezeichnung Homöopathie oder Naturheilverfahren?* (medical dissertation, Ulm, 1991).
- 3 Anita Brumer, 'O Sexo da ocupação', *Revista Brasileira de Ciências Sociais*, 8 (1988), 3, 20–38. See also Karen Hausen, 'Frauenerwerbsfähigkeit und erwerbstätige Frauen. Anmerkungen zur historischen Forschung' in Gunilla-Friederike Budde (ed.), *Frauen arbeiten: weibliche Erwerbsfähigkeit in Ost- und Westdeutschland nach 1945* (Göttingen, 1997), 19–45.
- 4 Francis Balle, 'Comunicação' in Raymond Boudon (ed.), *Tratado de Sociologia* (Rio de Janeiro, 1995), 561–93.
- 5 Resolution no. 998, issued by the Federal Council of Medicine in 1980. As a medical discipline, it was given the title 'Homoeopathic pharmacology and homoeopathic therapy'.
- 6 See Lore Fortes, 'Homöopathie auf dem Weg in das staatliche Gesundheitssystem: Brasilien' in Martin Dinges (ed.), *Weltgeschichte der Homöopathie. Länder, Schulen, Heilkundige* (Munich, 1996), 347.
- 7 See Jos Kleijnen, Paul Knipschild and Gerben ter Riet, 'Clinical Trials of Homoeopathy', *British Medical Journal* 302 (1991), 316–23.
- 8 See Wolfgang Schoene, 'Alternative Medizin und die Medizin: Zum Kontrast ihrer sozialen Funktionsweise', *Medizin, Mensch und Gesellschaft*, 5 (1980), 228.
- 9 Robert Jütte, *Geschichte der alternativen Medizin. Von der Volksmedizin zu den unkonventionellen Therapien von heute* (Munich, 1996), 15.
- 10 Pierre Bourdieu, *Language and Symbolic Power* (Oxford, 1997), 230. Pierre Bourdieu, *The Field of Cultural Production* (Oxford, 1993).
- 11 Cheleen Mahar, Richard Harker and Chris Wilkes (eds.), *An Introduction to the Work of Pierre Bourdieu* (London, 1990), 8.
- 12 The field study in Curitiba was carried out under the direction of Dr Ipojucan Fraiz. The person responsible for the second phase of evaluating the data was the sociologist Lore Fortes. The final version of the text was a joint effort.
- 13 The list was organised with the help of two associations: *Associação Médica Homeopática do Paraná* and *Associação Paranaense de Farmácias Homeopáticas*.
- 14 The minimum wage at the time of the field study was R\$ 130, corresponding to approx. US\$ 100.
- 15 Tax office questionnaire: 'Formulário para imposto de renda – pessoa física', *Receita Federal* (1999), 28.

- 16 See Madel T. da Luz, *A Arte de curar versus a ciência das doenças: história social da homeopatia no Brasil* (São Paulo, 1996), p.293.