Meticulous Handicraft

We learn from experience that men never learn anything from experience.

— George Bernard Shaw

First we would like to share a fact we have registered. The Homeopathy magazine has been considered by Capes Qualis program as part of the C category and it was also mentioned in the first edition of Homeopathy magazine in 2005 as an important initiative. Readers will be able to learn more about this at the end of this edition. And secondly, the fact we want to inform that the last Brazilian Congress of Homeopathy was really auspicious.

It was the first time the environment was filled with companionship and a flow of interchanges. Respect and the absence of doctrine resistance opened a path to much more effective and productive pleas and bargains. A consensus was not reached and neither did we achieve the so desired unification of the glossaries. But on the other hand, there was an almost generalized perception that homeopathy advanced in the right direction.

The imminence of the implementation of the homeopathy in public health service, even if as a prototype or an experiment, opens up an unexplored and original field in homeopathy. It is original because it ends a taboo that used to prevent the institutional advance. The insertion of homeopathy in public health system attends an old aspiration of Hahnemann and Mure — only to mention recent pioneers — that homeopathy should be considered a popular kind of medicine. Popular in the sense that it should establish equity. Popular because we cannot forget that homeopathy had already been classified as “the medicine of the slaves” by the doctors of Brazilian colonial system.

It’s obvious that, on the other hand, fear grows considering the kind of problems a horizontal implementation of homeopathy in public services can create in the three operational fronts in which it will be set: the users, the preparation of human resources and the relationship with the other institutionalized medical practices. In the first case, wide campaigns should be created from the beginning. I suggest that we should go beyond the trivial, the communicative action should enlarge people’s comprehension about homeopathy, giving deeper perspectives of its way of working. Homeopathy already starts with a disadvantage, for it is considered a wide-ranging clinical practice — that a priori doesn’t discriminate the pathologies it treats — it can’t count on an exclusive net of users (such as diabetic associations, hypertensive or allergic people) that support and lobby for public initiatives in several specialties. In other words, we are a specialty that takes care of a huge pool of diseases and disorders, and because we don’t exclusively use the pathological designation in order to treat, we still aren’t able to receive neither the support nor the visibility by these associations or by society. How could we imagine a health media campaign focused on homeopathy? In this case, we should create leaflets and broadcast nationally on TV and radio what should be observed in a homeopathy treatment, what resources we have available, why homeopathy values each patients report and its exceptional role as a preventive resource.

Regarding human resources, there is a lack of essential debate, and a more organic one. We rush to explain: we need to prepare the human resources for the homeopathy we want to offer the public health service, but not exclusively for it. This means that these homeopathies will not graduate by inertia. And we certainly need to prepare ourselves for the cultural shock, if and when the implementation takes place in a massive way. We can’t take the risk of manufacturing human resources to attend the demand for a “fast homeopathy” or a homeopathy focused “only on results”, whatever it means. It doesn’t matter if this fact could be used as a kind of political capital to negotiate with public health managers or dealers. The end of waiting for a matter of decency and respect towards citizens and the State’s duty. To think that homeopathy could take up this burden is a dangerous and risky strategy, not to say impossible. What really matters is that homeopathy projected itself as a qualitative medicine that helps people. It’s necessary to emphasize that homeopathy as a medicine based on the individual has already assumed its role. And it is distinct among other forms of medicine for it attends the totality of the issues connected to health, understanding it as an elaborate complex that goes beyond the pathology. That’s how homeopathy ended up gathering a variety of complaints, sensations and disturbances. It is like an elaborated and meticulous handicraft. This space is generous, maybe unique, and because of that, extremely important. That’s why the homeopathies working in public services should be literally the same ones that will go through long graduating processes that have been exhaustingly negotiated. No pragmatism can undo the regulation already established by the north ethical-political generations that have been determining what a good homeopathic formation is.

At last, we need to formalize our relationships with medicine and science. I refer to science as the academic means that recognizes integrative medicine as a mean of a third kind of health bringing new goals and criteria. In its 2005 report, the North American Academy of Science has just asked health professionals who join the shared projects with complementary and non-conventional medical techniques (that’s certainly a name that does not bring us justice) because they bring vital aspects in their basic platforms. Here I mention only some of them included in the document: “encourages focus on cure, recognizes the importance of compassion and care, emphasizes the centrality of relationship based on care, encourages patients to share the decisions taken in relation to therapeutic options and promote choices in care that can include the complementary and non-conventional medicines”. What matters in this case is the quality of the source, as well as the same as the recent favorable WHO and WPS reports about methodological diversity in health techniques.

More and more often, communication channels are being constructed in institutional and political fields to allow a new form of medicine, above the opposition similia-similique. A medicine that is convenient. This at last proves that there is enough maturity for new alliances to be built, without allowing homeopathy essentials to fall into improvisations and occasional adaptations. At last the homeopathic movement sees that there are more noble fights than to face the scandalized and that there are several fronts. If Bachelard was certain that “seeing a frontier is already having crossed it” we need to update our context with this, because the frontier is right here. Homeopathy can’t lose this historical opportunity. When talking about frontiers, we all know that staying put is the same as going back.

2. Cf. The complete text is at http://www.nap.edu/books/0309092701/html/