Education, SUS*, Public Policies

"What has been understood no longer exists.
The bird became one with the wind.
The sky with its own truth. Man with his reality."

Paul Eluard

We should think that the criteria for the education of a homeopath physician should be independent from in what type of service it will be included. There should not be variable criteria for the training of homeopaths that will work in the SUS*, Family Health Program, health plans or private practices. This, in addition to being technically questionable, would mean a previous discrimination - the ethic uproar goes without saying - and the production of differentiated costs of for an activity, that, at the end of day, would only be feasible if it were based on all of the principles and the philosophy that brought us here. This does not mean inflexibility. Concessions can and must be achieved, especially now that a special policy about alternative practices was approved by Brazilian national health council, on December 15”. People can adapt to circumstances in the name of inexorable pragmatism that demand agility and more immediate perspectives in clinical handling. It is not on this point that we agree or disagree.

The key care is that perhaps homeopathic treatment should not be implemented in the public system is the cost of compromising this inclusion is to waive the capacity of producing medicines for subjects, risking - uselessly, since we know that homeopathic treatment “in mass” sooner or later falls through and fails - the knowledge preserved by generations with the commitment of care and understanding of the whole. By the way, this is exactly the point that has made us to have a better interaction with the academia, with the modern epidemiology and to try an approach to human sciences, in addition to the fact that these principles have always theoretically guided the SUS*.

However, this argument cannot be separated from all the others. No matter in what service the professional is included, adapted, updated, reallocated, approved by examinations, he/she will be required to have a previous preparation, at least a minimum indispensable to exercise the homeopathic activity. What is missing and perhaps this is the reason for our historical difficulties in reaching minimum consensus is to define success and failure categories for our practice, as we were subtly advised to do by Madel Luz and José Ricardo Ayres in the last Sinapih.

It is truly a temerity to evoke as a timely gap, the solution for certain pathologies that historically have been allotted to us as niches where we work well.

Scenarios and actors change, but not only in homeopathic medicine. Biomedicine has stood out as an increasingly less invasive medicine, that offers more and more effective and affordable controls for pathologies (even if it is doubtful, this is how the pharmaceutical industry sell its products). The other new scenario (that exasperates biomedicine) - is that its OK, once the “benefits” aresold, everything would be prepared for the hegemonic victory. But, it is not that people want understanding doctors, able to listen to them, to encourage, to point out directions. We would have the time to do it, in addition to being more patient.

However, the homeopathic field, in addition of not having built a consensus in essential issues and of fighting more than the tolerable average between disciplines, should perceive that it has weighted many topics in the asymmetrical balance of power where we are. In addition, in the homeopathic discipline, there is the temporary scientific fragility to explain the action of ultra-molecular doses (but this is not the major hurdle for validation on the medium term), huge difficulties in actions that communicate what we do in practice (after all, what is “what to do” of homeopathic clinic if we are not based only on pathology? And what is it that society know about this?) . In addition to important systematic attacks against our reputation. See that the British publication Lancet, for the first time in its history, asked, out of the blue, due to a meta-regression applied to meta analysis, the end of our discipline. And no one, with the exception of the stakeholders, defended us. Of course, in this dubious scenario, it is even a miracle that homeopathy is still active and expanding in many places in the world.

In addition, our link with society survives - mostly - thanks to several prejudices such as confusion with phytotherapies, the belief in the social imaginary that we are a pleasant product of counterculture (this is not unworthiness, but undoubtedly, it is reductionistic), in addition to other myths, that we alone instigate. Perhaps because we have not yet “self-understood” ourselves in order to sell our main product: medicine for subjects.

If we were able to remain the way we did until now, together with other post mechanistic medical rationalities, we will not need to characterize our actions as medicine for one or another pathological situation, but for all of them. This only corresponds to our historic process, because, as special generalists that

*SUS = Sistema Universal de Saúde (Universal Health System)
we are (or should be), we see beyond the mere pathologic-clinic situation and make a judgment of what would be a clinic of subjects. Well, dear readers, who could compare in content, skill and competence to be family doctors - either community doctors or included in basic health units - that the State wants so much to have in order to generate a more dignified primary care?

I insist on an immediate psychoanalysis of the homeopathic movement that wants to be digested and assimilated, but does not offer proof (or offers very shy evidence) of its capacity to dialogue. Please, your attention, we are not suggesting here to modernize, in the strict sense, or to update the regulations of biomedicine. It is far more than that. And it is this, that I am afraid we don't have. The main currency in this game: open our minds to understand. Many say that is sufficient to make science amongst our own. Great. However, science is also a dialogue, the exchange of experiences, the dialogical search for the novel. Science is also discourse. It is the continuous publication of reflections on the field, it is the establishment of criteria and standards between peers to judge the success and failure criteria. I ask, insisting on provocation: where can we find this attitude among ourselves?

Someone of us said some time ago: “enough of theory”, I imagine, in response to theses or to the migration - healthy, in my opinion - of homeopaths to the academic research area or to a denser and more reflexive institutional search. Further on, all I can imagine is “End reflection”. This is ironic, but, unfortunately, many of us still want hermeticism, or simply, “this has nothing to do with me” since what would interest the homeopath would only be the cure of the patient-evoking to exhaustion the 1st paragraph of the Organon, as if this were a simple matter-and the rest is left to the elapsing of time that “some day they will recognize us”, and, of course, of heavenly approval (which, by the way, we may even have, but is not enough in itself).

We should do much more than what we do, since we only will have real opportunities if we are granted public grants (and we depend more on them, for obvious reasons, than the traditional generalists) and they will come only with services that structured with and under research, and analytical work examining exhaustively and patiently all kinds of evidences that we produce. All this with our idiosyncrasies, peculiarities, epidemiological designs carefully redesigned according to the health and disease criteria that we have built along these 200 long and unfinished years.

In this bilingual issue of Cultura Homeopática we have the following articles for the reader's appreciation: On original pharmacy paper that brings an important and interesting contribution to basic research: it is a article called "Therapeutical action of Homeopathic medicine in Rats with Urinary Infection caused by Escherichia coli" by Olney Leite Fontes, Patrícia Severino, Marco Vinícius Chaud, Gislene Garcia Franco do Nascimento, Márcia Aparecida Gutiérrez and Maria Izalina Ferreira Alves. The paper “Use of Mycoplasma Spp. biotherapeutics in Milk Producing Bovine Herds”, by Ana Maria Claro Paredes Silva, Fabiola Fernandes Schwartz, Maristela Vasconcelos Cardoso, Amârillis de Toledo César and Paula Azevedo Sollero, showing the extensive possibilities of homeopathic medications in veterinary use.

The readers will also come across an article written by Gilberto Vieira: “Dialectic Medical Matter”, where the author offers contributions on the study and instrumentalization of medical matter. This issue also contains a study that has been developed for years, since APH and that came to mature at ICEH: "Quality of Life in Health in the Homeopathic Field: Questionnaire NEMS-07", signed by the editor and by Silvia Waisse Priven. The other original article “Analysis of Internal Consistency and Factorial Structure of Questionnaire Nems-07”, written by Vanessa Guimarães, examines and analyzes the internal consistency of NEMS 7.0 from the epidemiological viewpoint.

The reader will also find news related to new books, dissertations and theses, in addition to the memory section.

Enjoy your reading.

Paulo Rosenbaum
Editor