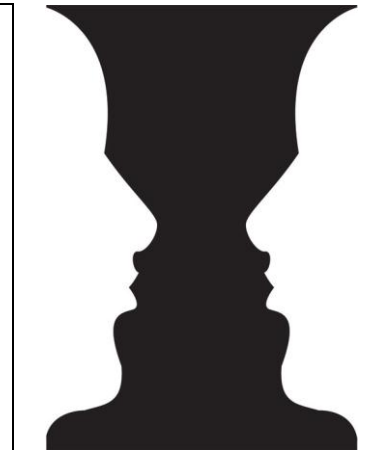


JOURNAL OF COMPARATIVE RESEARCH IN
ANTHROPOLOGY AND SOCIOLOGY

Copyright © The Author(s), 2011
Volume 2, Number 2, Fall 2011
ISSN 2068 – 0317
<http://compaso.eu>



Being a homeopath. Learning and practice in a homeopathic community

Ana Maria Borlescu¹

Abstract

In this paper I look at the Romanian homeopathic practice through the conceptual lens of the communities of practice. Through interviews with homeopathic practitioners, I investigate the ways they accumulate and share their specific knowledge. Also, I inquire about some homeopathic practices and concepts, such as the consult and the vital force. Then, I present the way homeopaths combine methods that are specific to their practice with biomedical techniques and procedures in order to obtain a better diagnostic and also how they evaluate the usefulness of homeopathic knowledge in comparison with biomedical knowledge. Although this is a small scale research, it sheds light on the importance of the continuous learning process and knowledge sharing that goes on between homeopathic practitioners.

Keywords

Communities of practice, knowledge, learning, homeopathy

In this paper I investigate Romanian homeopaths' accounts of their practice, focusing on knowledge development and the relationships with allopathic medicine². The main criteria that ascribe a scientific status to a certain practice refer to the methods by which data is gathered and hypotheses are tested. In medicine, the ideal testing procedures are the double-blind randomized control trials which focus on testing the impact of a drug on a group while the other receives a placebo. Homeopathic practitioners test their remedies by means of provings, which are essentially detailed case studies of treatment

¹ Faculty of Sociology and Social Work, University of Bucharest, Romania, ana.borlescu@sas.unibuc.ro

² This article has been supported by the research project "Sociological imagination and disciplinary orientation in applied social research" (<http://igel.ro>), taking place in the The Research Center in Human Resources, Management and Marketing of the Department of Sociology and Social Work, University of Bucharest, with the financial support of UEFISCDI with grant no. PN-II-RU-TE-2011-3-0143, contract 14/28.10.2011.

effects on volunteers. These results are not accepted as being accurate measurements of effects by the medical profession. This individualization of analysis is also reflected in treatment. When dealing with ailments that affect a significant part of the population, biomedicine prefers methods which give generalized results, while homeopathy focuses on the individuality of each case even when the symptoms point to common diseases.

My article starts with an introduction of homeopathy and its status in present-day Romania, followed by a discussion of previous research on homeopathic practice and the concept of community of practice. Then, I present the accounts of homeopathic practice elicited from eight Romanian practitioners, including the reasons given as to why they practice homeopathy and how they describe some homeopathic processes and concepts, and also what is their view of patients and their ailments. Second, I investigate the relation homeopathic practitioners have to the biomedical establishment. Third, the research looks at homeopathic practitioners as a community of practice by inquiring about the processes and techniques that form such a community.

History of homeopathy and current status

Homeopathy was founded by the German physician Samuel Hahnemann as an alternative to the medical practices of the eighteenth century. After many case studies in which Hahnemann tested various substances on healthy individuals, he concluded that the substance that relieved a certain disease in a sick person had produced the disease, or at least a close resemblance of it, in a healthy person (Whorton, 2002, p. 51). This constitutes the principle of *similia similibus curantur* – *likes cure likes*. Hahnemann called this approach “homeopathy” from the Greek roots “homoios” (like) and “pathos” (suffering).

Homeopaths explained the results obtained from the remedies by stating that the cures acted through the means of some non-material agent, some “spirit,” in short. Hahnemann believed that the body’s physiological functioning was governed by a non-material *vital force* or vital spirit, a “*dynamis*,” that operated beyond the realm of chemistry and physics (p. 57). The vital force was responsible for maintaining their state of health, and the disease was a disturbance and a weakening of this vital force by various agents. Since this source of vitality was not a material entity, it could not be acted upon by material agents. That’s why, in Hahnemann’s view, the effect of the remedy increased greatly once freed from its material side and the high degree of dilution contributed to increasing the effects of the remedy. What the remedies did was to eliminate some sort of obstacle that stood in the way of the body’s natural healing abilities (p. 60).

Today, homeopathy is one of the most used alternative therapies around the world, with 100 million Europeans having used it and 54 000 specialized homeopathic medical doctors or practitioners in Europe (European Central Council of Homeopaths, 2010). Despite its public appeal, its treatments are still highly contested by the medical science and as many other alternative and complementary therapies, it is not placed on the same

level as biomedicine³. The latter is the dominant health care system, its position being maintained by state funding and in some countries, by being the only subsidized medical practice. The difficulty in gaining access to the mainstream status is provided by the core statement of homeopathy. Having each individual receive a specific remedy for their illness implies that drugs cannot be tested in a double blind random experiment, as the procedure's prerequisites would be contested. Homeopathic principles state that a disease isn't a manifestation of a single organ but that of a deeper disturbance of the "vital force" of the individual (Barry, Yuill, 2002, p. 48).

More modern homeopaths have made efforts to approach the mainstream medical science by appealing to explanations offered by the field of physics and chemistry for their basic concepts. For example, one explanatory system is based on "a generalized version of quantum mechanics (QM), the weak quantum theory (WQT). According to WQT, this entanglement is not only tied to quantum systems, but is to be expected whenever a global and a local variable describing a system are complementary. This idea is used here to reconstruct homeopathy as an exemplification of generalized entanglement as predicted by WQT. It transpires that homeopathy uses two instances of generalized entanglement: one between the remedy and the original substance (potentiation principle) and one between the individual symptoms of a patient and the general symptoms of a remedy picture (similarity principle)." (Walach, 2003) This sort of explanatory system is also theorized by other authors: Milgrom (2002). Roy, Bell and Hoover (2007) present the process of epitaxy, commonly known as the memory of water, as an explanatory principle for homeopathic dilutions.

Homeopathy's controversial status is reflected in the inconsistent legislation on the matter in states around the world. For example, in some countries of the European Union, homeopathy is covered by the national health insurance policy: France, United Kingdom, Luxembourg, and Denmark (World Health Organization, 2001). These countries are among those where homeopathy is most popular. Other European countries don't have any legislation on the matter, such as Belgium and Czech Republic.

In Romania, homeopathic practice began around 1840 in cities from the three principalities. The Romanian Homeopathic Society was formed in 1947 and in 2007 it was integrated in Romanian Medical Association. In order to obtain a degree in homeopathy, one must first have graduated medicine. Postgraduate courses for those who want to specialize in the field have been available since 1980 and they currently have a duration of

³ For example, in February 2011 the Romanian Skeptics Organization and the Secular-Humanist Association, two small scale voluntary associations, joined an international protest against homeopathy which initially started in Great Britain. As part of this protest, people demonstrated in the centre of Bucharest against homeopathic practices. Also, multiple homeopaths received e-mails from members of this association pretending to be patients asking for advice. The answers homeopaths gave to these e-mail were published online in full detail and criticized. In response, the Romanian Homeopathic Society gave a press release condemning the lack of scientific background of the members and restating homeopathy's status as an internationally recognized and accepted complementary practice. As a consequence, it seems my inquiry was received with doubts towards my true intentions: for example, two respondents told me they had looked me up online on the faculty's website before replying to my message.

three months. In 2007 a number of 2038 students had attended the courses with 1908 medical practitioners and 130 pharmacists graduating. The certificates are in accordance with the Ministry of Health's legislation, but only part of the homeopathic treatment is covered by public health care insurance. Patients have to take care of all the formalities in order to receive the coverage and, according to a few of the doctors I spoke with, they rarely go through such procedures. They would rather pay the fee.

Table 1. Survey answers concerning the scientific character of homeopathy and the use of homeopathy in European countries

Country	Scientific character of homeopathy						Have used homeopathy in the last year
	Not at all scientific - 1	2	3	4	5 - Very scientific	Don't know	%
Sweden	22%	23%	25%	14%	7%	10%	3%
Finland	21%	28%	26%	10%	6%	8%	3%
Italy	20%	16%	25%	17%	12%	10%	5%
The Netherlands	20%	26%	27%	16%	10%	1%	16%
Denmark	17%	16%	24%	13%	12%	18%	2%
Ireland	17%	14%	26%	15%	15%	13%	5%
France	16%	14%	25%	23%	16%	7%	22%
Belgium	16%	19%	29%	20%	16%	1%	16%
United Kingdom	15%	21%	26%	16%	9%	14%	4%
Turkey	11%	4%	7%	6%	16%	56%	1%
Greece	11%	13%	20%	15%	24%	18%	1%
Czech Rep.	11%	15%	25%	23%	21%	5%	7%
Slovakia	11%	17%	26%	24%	12%	10%	11%
Cyprus Rep.	10%	5%	17%	22%	33%	13%	2%
Slovenia	10%	17%	26%	18%	15%	14%	2%
Germany	9%	20%	32%	17%	19%	4%	15%
Austria	9%	11%	29%	22%	20%	10%	22%
Portugal	8%	7%	16%	18%	17%	34%	1%
Spain	7%	10%	22%	17%	20%	23%	4%
Poland	7%	13%	19%	19%	19%	24%	5%
Croatia	7%	11%	20%	16%	12%	35%	2%
Hungary	6%	8%	26%	17%	18%	25%	4%
Latvia	6%	9%	16%	18%	31%	19%	14%
Bulgaria	6%	6%	15%	22%	21%	31%	5%
Malta	5%	3%	4%	5%	8%	76%	1%
Estonia	5%	11%	20%	15%	16%	33%	2%
Romania	5%	7%	12%	15%	28%	34%	6%
Lithuania	4%	8%	15%	18%	29%	25%	13%

Data source: Special Eurobarometer 224 – Wave 63.1 / 2005

Item phrasing: “People have different opinions about what is scientific and what is not. I am going to read out a list of subjects. For each one tell me how scientific you think it is, on a scale from 1 to 5, where 5 means that you think it is “very scientific” and 1 that it is “not at all scientific”. The intermediate scores allow you to qualify your answer”; “In the last year have you used any of the following to cure a health problem? ... Homeopathy”.

The Romanian legislation on alternative and complementary medicine regulates the status of the homeopathic practitioners whom are obliged to hold a graduate degree in medicine. It defines alternative and complementary medicine as those health care practices which are not integrated in the main health care services and which can be used to complement or replace a main health care treatment. Practitioners can organize their business as a self-employed person, a small business or they can open a family medicine – or any other kind of specialty medicine – with homeopathy as a secondary practice.

Survey data from the Eurobarometer 63.1 / 2005 indicate that the Romanian public has a low rate of rejection of homeopathy as unscientific, and also a high proportion of uncertain answers. Around 6% of the Romanian respondents' answer that they have used homeopathy in the last year to alleviate health problems (see also the STISOC report in Vlăsceanu et al., 2009).

Romanian homeopaths are part of several organizations. There are at least five Bucharest based organizations: the oldest – The Romanian Homeopathic Society, The Romanian Clinical Homeopathy Association, The Similimum Foundation, The Romanian Medical Foundation Pro Homeopathia and the National Institute for Complementary and Alternative Medicine. The organizations include members that practice in other Romanian cities. Also, there are many practitioners not officially affiliated to any such organizations.

According to the 2009 study conducted by GfK Romania, "Habits and attitudes towards treatments in Romania", complementary and alternative medicine (CAM) practices are most common among women with higher education, living in urban areas (GfK, 2009). In 2009, 7% of the population had used CAM within the last 12 months, a comparable finding with the 6% use rate in the Eurobarometer 2005 (see Table 1). Homeopathic treatments are used mostly by residents of the capital Bucharest, but only few people choose homeopathy as first choice treatment. However, the main reason why they are chosen as first choice treatment is that they are considered natural and reliable. Previous experience with these products is also taken into account. According to the study, Romanians prefer to use homeopathic treatments mainly for diseases such as colds and digestive disorders. The data of this study should be regarded with care as it is provided by a marketing company and this study has been requested by a certain client. For example, if this study was conducted in order to promote certain drugs, it is useful to know that complementary treatments are considered natural and reliable and also that they are most appreciated by women from urban areas, with higher education and, safe to say, with a higher income. Thus, a company would know its target audience. What I take from this study is the general picture of alternative and complementary medicine use in Romania.

Theoretical framework

In the following section I shall present the concepts and theoretical aspects used in this research. First, I present three studies that reveal the relationship between biomedical and homeopathic practices as conceptualized by various homeopathic practitioners. They expand the subject of the rapprochement between scientific medical practice and

homeopathy. Also, I discuss a study regarding physicians' relations with their patients from an empathy-sympathy point of view. Then, I present the concept of communities of practice which I use to define the organizational stage in which homeopathy is found in Romania.

Performing and staging homeopathy as a scientific practice – Nina Degele (2005)

The 2005 article by Nina Degele looks at the homeopathic practice and its relation to biomedicine. She argues that medical science sets a standard that influences the way homeopathic practice is perceived and the way homeopathy is organized. There are three levels on which scientific medicine influences homeopathy: homeopathic research, education and everyday work (Degele, 2005, p. 111). The article draws attention to the aspect of power, legitimacy and distribution of resources in scientific practice. Contrary to the ideal view of science, it is not free from lobby groups, political influences and, generally, unscientific interests. The author presents Dolby's argument on the lack of rationality of the criteria used for demarcating scientific practices:

“Indeed if we admit that philosophy of science has not yet provided a decisive rational criterion of demarcation suitable for distinguishing actual (rather than idealised) cases of science, we must accept that to label a form of activity as pseudo-scientific is to make a controversial evaluation which tends to reflect our prejudices rather than the unambiguous application of universally accepted rational principles.” (Dolby, 1979, p. 11 apud. Degele, 2005, p.112)

The boundaries imposed by scientific practice force those that fall outside these criteria to opt for a way of coping with the demarcation. This coping process takes place on three levels: firstly, research and institutional power; secondly, professional education, and, thirdly, everyday practice, especially as concerns the public appeal of the practice at hand.

In regard to the institutional power held by academic research, the author compares the practices of biomedicine and homeopathy addressing the issues of testing cures. While the former uses double-blind randomized controlled trials, homeopathic practice focuses on a few individual detailed cases when assessing the healing abilities of a treatment (p. 118). The research conducted by Degele over the course of two years revealed two different ways of homeopathy's positioning toward biomedical practices. The first is adaptation to medical drug tests practices (p. 119). This occurs most commonly in pharmaceutical companies that run drug provings. Despite using traditional homeopathic methods to tests the remedies, the resulting drugs do not address an individual but an illness, the way biomedical treatments do. The second strategy adopted by homeopathic practitioners is “alternative settings” (p. 121). This comprises the practitioners who stay faithful to the traditional homeopathic proving methods and prescriptions. They follow the rigorous rules of case studies conducted on healthy subjects in order to determine the healing abilities of a remedy. Also, there is a demarcation between homeopaths who use multiple remedies and those who use only

one remedy for all ailments of an individual. The former is a way of adapting to the biomedical practices, resembling its drug prescription techniques, while the latter is part of a closed system that follows the Hahnemann tradition (p. 122).

Education is another level on which homeopathy deals with the demarcation between its practices and the mainstream scientific ones. This is the place where homeopathic tradition is carried on and drug provings take place. The influence of the modern scientific method is manifested in the “publish or perish” maxim (p. 123). Drug provings do not take as long as they would have in the old days. Now tests are carried on various substances, results are published and, if changes in the action of the substance are discovered, second revisions will be published. This reveals the importance of the material evidence of one’s activity. Having one’s name related to a remedy and having it appear in remedy repertoires seem to be more important due to its ability to draw patients and create recognition among colleagues. Degele shows that, at least in Germany, where her research is carried out, homeopathic education has become more and more standardized, abandoning the apprenticeship phase and moving on to homeopathic schools with a standardized curriculum and interchangeable teachers. In the case of Romanian homeopaths, the required professional education consists in a postgraduate course. The rest of the education in the field is entirely dependent on the individual efforts of the homeopath. As one of my respondents stated, homeopathy is mostly a self taught endeavor.

The third level is represented by the homeopaths’ everyday work. “The flair of science has affected the everyday work of homeopaths as well. On one hand, scientific proof of efficacy may not be decisive for everyday practice. As a study on medical practice shows, theoretical models and patterns of interactions in homeopaths’ everyday practice demonstrates that homeopathic physicians are basically interested in getting their treatment to work and are less concerned with scientific evaluation or proofs (Frank 2002).” (p. 125) But homeopaths are interested in studies conducted by others that can offer a scientific basis for homeopathy. The lack of scientific justifications directly affects the funding situation.

One way of adapting to the scientific practices is by using computer software to find the proper remedy. This is used by an increasing numbers of homeopathic practitioners and it balances out the time-consuming consultations (p. 126).

“In this context, computerization works as a mechanism that disturbs homeopathic traditions in terms of shared attitudes. Such “homeopathy trouble” supports a differentiation of those who adapt to contemporary requirements of staging oneself and speeding up medical treatments and nonconformist healers. Moreover, homeopathic treatment shifts from computer-free, sequential case taking and therapy to computer-supported, iterative modes of treatment. Hence, classical models of theoretically based, sequential, and clearly distinguished homeopathic remedies can be seen to be coming to an end. Accordingly, becoming a successful homeopath depends more on bringing knowledge into use, which can be described as metaknowledge plus media competence, than on having subject-specific knowledge itself. In everyday practice as well as in education, and in science too,

"doing knowledge" obviously seems to be becoming more important than "having knowledge." (p.128)

Despite the fact that it is the largest and most comprehensive study cited in this paper, it still applies only to the German homeopathic community. The Romanian community is much smaller, in comparison, and less developed - especially in what concerns the educational segment.

Integrating homeopathy and biomedicine – Carl May, Deepak Sirur (1998) and Robert Frank (2002)

In the following section I shall discuss two articles that present studies of the integration process between homeopathy and biomedical practice in physicians' case. In May's and Sirur's study, the practitioners were "a group of medically qualified general practitioners employing homeopathic treatments within their everyday work within the NHS" in the United Kingdom (May, Sirur, 1998, p. 168). The focus of the study was to "explore the ways homeopathic medicine accords with an expansive view of the consultation in general practice, and offers doctors a means of avoiding the iatrogenic effects of modern drug treatments" (*idem*). To the participants in this study, homeopathy was a secondary practice. They were first biomedical doctors and only after that homeopathic practitioners. They used homeopathy as a complementary practice only for cases that did not present high risks – allergies, recurring colds. Also one reason for keeping homeopathy as a secondary practice was fear of litigation. This motive will also be found in the second study by Robert Frank conducted on a larger and more diverse sample from Berlin, Germany.

May's and Sirur's study reveals that doctors appreciate the homeopathic consultation as an ideal form of medical investigation. They appreciate its in-depth nature and the way it connects patient and doctor (p. 173). What is more important for the present study is that the authors conclude that segments of both the biomedical community and the homeopathic community are making efforts to bring the two closer together "There is some evidence that sections, at least, of the medical profession have growing sympathy for it. The lay [homeopathic] sector has responded, in part, by placing less emphasis on 'esoteric, druidic and evangelical' elements of its knowledge base, and embarking on a professionalizing strategy that in many ways emulates that of medicine (Cant and Sharma 1995, 1996)" (p. 185).

The article by Robert Frank makes a similar point but it also contributes with new insights to the subject. "How do the conceptual tensions between homeopathy and biomedicine influence homeopathic physicians, and how do they attempt to resolve them in their day-to-day practice? The analysis of medical practice will focus on the use of several elements of biomedicine and homeopathy and on criteria for these medical decisions. Medical knowledge will be examined similarly. What are the ways in which medical legitimacy is established and what are physicians' attitudes towards particularly controversial aspects of homeopathic knowledge?" (Frank, 2002, p. 799)

In regard to the way homeopathic practitioners deal with the different notions of biomedicine and homeopathy, the author finds that the doctors can be divided in multiple types. The first type is represented by those who segregate patients (p. 800) into two groups: those patients who require biomedical treatment and those who can be treated homeopathically. Usually, the nature of the ailment determines the type of treatment, except the cases in which a patient asks to be treated in a specific way. “Physicians of this type advise homeopathic treatment when they decide that homeopathy is more effective for certain complaints, including increased susceptibility to infections, chronic, non-life-threatening diseases like eczema, allergies, asthma and psychosomatic conditions. Biomedicine is preferred for high blood pressure, heart-attacks or tumors” (p. 801). The second type of doctors uses biomedicine as a complementary medicine, homeopathy being the main practice. They do not oppose biomedicine but disprove of its treatments and the side effects they have on individuals. The third type of practitioners use homeopathy as an alternative to biomedicine and generally reject its strategies and techniques with the exception of some diagnostic procedures (p. 807).

For the participants in both of the studies cited above, the scientific value of homeopathy was secondary. They believed in this practice because they saw its results in everyday work, as shown by these two fragments: “The desire for successful evaluations is rather politically motivated: scientific evidence might be helpful in achieving increased societal acceptance, including effects on policy-makers and the public. For their own sake they do not matter too much, as knowledge derived from clinical experience dominates over scientific knowledge” (Frank, 2002, p. 810) and: “Here, personal experience of the success of homeopathic remedies was crucial too, and this was rarely constructed through a rhetoric of scientific validity. Precisely the reverse was true, for although all of the respondents were aware of the limited evidence available from controlled trials, most constructed the motives for using it in terms of anecdote about early experience of particular patients. Here, *visible* recovery was crucial in doctors’ attributions of efficacy” (May, Sirur, 1998, p. 177).

Empathy and sympathy in doctor-patient relations - Johanna Ruusuvoori (2005)

In this study the author analyses a number of 228 sequences of patients’ descriptions of their problematic experiences and the responses received from professional homeopaths and general practitioners. The purpose of this endeavor is to reveal the way doctors and homeopaths respond to patients grievances. Do they get involved and share a personal story, the basis of empathic behavior, or do they stay detached and have a professional attitude towards the matter? The conversational analysis of the video recorded sequences shows that the majority of general practitioners and homeopaths keep a professional attitude and only treat a patient’s story as basic for information gathering. When patients try to engage the practitioner in story telling, the doctors and the homeopaths answer evasively and with no reference to personal occurrences. They keep the focus on the patients’ experiences and try to steer their stories towards health issues, if they deflect. There is one case that deviates from this norm, which the author analyses

in depth. She concludes that the homeopath in questions shared a personal story after multiple attempts made by the patient to engage her in conversation. Thus, the homeopath manifested an empathic behavior although it was quickly steered back to its consultation purposes: "This point, however, does not imply that affiliating with the patient in general practice and homeopathic consultations is out of place. On the contrary, in these environments the participants have specific ways of showing compassion within the limits imposed by the main activity at hand. These practices seem to be more frequent in homeopathy than in general practice: in the latter, it is more customary to separate the affiliative responses from the actual consultation by constructing a specific sequential slot for them." (Ruusuvoori, 2005, p. 219-220) The author does state that the small number of cases in the study and especially the cultural influences prevent the results from being generalized. Indeed, in this case the cultural component might play a significant role and we might see a different behavior in other countries.

Communities of practice

The concept of *communities of practice* is most commonly used in organizational studies and education (Cox, 2005, p. 527). The term was coined by anthropologists Jean Lave and Etienne Wenger who first used it in the study of apprenticeship as learning models (Wenger, 2006). Since then the concept has gathered many uses and definitions. This is in part due to the vague nature of both terms: "community" and "practice".

Jean Lave and Etienne Wenger's paper from 1991, which introduced the concept for the first time, focuses on the study of apprenticeship as a form of learning. Thus, the community is represented by a group of people involved in the same practice in which learning occupies a central role and begins when one becomes a member of the community, an apprentice with little rights and knowledge. For the most part, the learning process is informal and unstructured - although it is officially organized as an apprenticeship system. The new members' main knowledge acquisitions are not about the formal instructions of the practice. They mainly learn to become members of that community. The identity of a member is not formed by formal knowledge but by informal one: the stories, the gestures and the specific behavior. "Lave and Wenger argue that learning, understanding, and interpretation involve a great deal that is not explicit or explicable, developed and framed in a crucially communal context" (Brown, Duguid, 1991, p. 48).

Another paper essential to the theoretical layout of the concept of communities of practice was also written by Etienne Wenger in 1998. Andrew Cox summarizes the definition the author gives to this concept as a set of social relations and meanings that are constructed around a work process. An individual can be part of more than one community of practice and s/he can play multiple roles. Belonging to more than one community of practice can generate a conflict in the process of building one's personal identity. Such a community can develop the internal structure of an organization independently of managerial policies.

For the purpose of this paper, I shall use Wenger's approach to communities of practice. He defines them as "(...) groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly" (Wenger, 2006).

There are three characteristics that are crucial to the understanding of the concept:

- **The domain** implies a shared domain of interest, "therefore a shared competence that distinguishes members from other people" (idem). The domain of interest shared by a community of practice is not necessarily considered an expertise by the outside world. It can only be relevant to its members.
- **The community.** In order to form a community of practice it is not sufficient to have a common workplace with someone. A community involves interaction. "In pursuing their interest in their domain, members engage in joint activities and discussions, help each other, and share information. They build relationships that enable them to learn from each other" (idem).
- **The practice** aspect differentiates communities of practice from those of interest. The members of communities of practice are practitioners who "develop a shared repertoire of resources: experiences, stories, tools, ways of addressing recurring problems – in short a shared practice. This takes time and sustained interaction" (idem).

All the theoretical aspects presented so far are relevant to the current research. They present homeopathy's status in comparison to biomedicine on both a more general, institutional level and on an interpersonal level, the way it is presented in doctors' daily practice. The current article subscribes to the latter approach, revealing some aspects of the relation between biomedicine and homeopathy in the daily medical practice. The small scale of this study prevents me from making claims on the institutional status of homeopathy in Romania, beyond the publicly available documentation on the matter. However, I would agree with Degele's focus on the role of power in medical practice and with the emphasis on the three areas where it is most prevalent: education, daily practice and research.

Ruusuvuori's article is a reference point for the homeopathic doctor-patient relations. Although not clearly stated, as this aspect was not the main focus of the present research, the doctor-patient relations of those practitioners whom I interviewed seem to be of a much more personal kind in comparison to those presented by Ruusuvuori. This type of relation seems to be implicit in the structuring of homeopathic consultations and modes of treatment, or at least in the practitioners understanding of them.

Research methods

The data on which this research is based was gathered through semi-structured interviews with eight homeopaths from Bucharest. The interview guide included seventeen questions inquiring about how and when the subject started practicing homeopathy, if they practice other types of alternative and complementary medicine,

why they chose homeopathy and how they explain the homeopathic concept of “vital force”. Also, I asked questions relating to their patients and how a homeopathic consultation takes place. These questions followed the first objective of this research. The second objective was conceptualized in the question about their relationship with allopathic physicians. The questions inquiring the formation of a community of practice addressed the relation they hold with other homeopaths, the subjects they discuss and also if they publish in journals dedicated to homeopathy or attend conferences on the subject. The interview questions were not strictly followed if the respondents had already approached the matter. In three cases the respondents began to recount their experience with homeopathy without having been clearly asked to do so. From time to time, I would ask the question they did not refer to in the story in order to steer the conversation.

For the purpose of this research, a number of fifteen e-mail messages were sent to homeopaths from Bucharest. Their addresses were obtained from personal websites, homeopathic association websites and the Yellow Pages. All the available e-mail addresses were contacted. The message sent via e-mail described the purpose of the research and asked for an interview on the subject. It mentioned that the information obtained would be anonymous and used only for the purpose of the present research. Eight homeopaths responded to this message and agreed to meet. The interviews were 20 to 35 minutes long and they all took place in the consulting room of the homeopaths in question. The discussions were recorded with the subject’s approval. The information was then transcribed and synthesized according to the research questions.

The present endeavor is a small scale study which does not claim to present a picture representing the whole of Romanian homeopathy. But some general aspects common to the interviews in question prevail and they shall be discussed in the following section.

Research results and discussion

Before I begin discussing the responses the homeopathic practitioners gave to my questions, I would like to present some information about the beginning of homeopathy in Romania, as revealed to me by Dr. 2, the respondent who has practiced homeopathy the longest out of all the others interviewed. With a career of over 25 years in homeopathy, Dr. 2 was familiar with the beginnings of the homeopathic practice in Romania under communism. Homeopathy was not accepted as a medical practice and its existence was forbidden under communism, until a Romanian doctor with interest in the practice invited Russian homeopaths to hold a conference in Romania. The conference took place and the Russian practitioners, who had homeopathy as a major in their faculty, helped the founding of the Romanian Homeopathic Society.

When discussing the beginnings of his homeopathic practice, Dr. 2, who started his activity during the communist period, remembered the lack of books in that time: *What we did not have was books. You had nothing to learn from. I would sit in the library and*

read. (Dr. 2) None of the other respondents mentioned such an issue as they all began their practice after 1989.

Practicing homeopathy – knowing yourself and overcoming allopathic limits

All my respondents had extensive experience with homeopathy. Dr. 3 has had patients for only two years but she began her studies in homeopathy in 2000. When asked why they chose to practice homeopathy, respondents gave personal reasons revolving around either their own or their family's experiences, or a personal system of beliefs. Dr. 3 and Dr. 6, both mothers, have acquired an interest in homeopathy after they failed to find proper and lasting cures for their children's illnesses: *My oldest was four and she had atopic dermatitis. I took her to a dermatologist and he told me there was nothing to do at that age. And it would only get worse. She could develop asthma and other complications because of this* (Dr. 3) or, as Dr. 6 explains: *I have three children and they kept catching colds from one another. Antibiotics were not working, so I had to try something else.* Dr. 3 took a course in pluralist homeopathy after she finished her medical studies and tried to treat her child with homeopathy herself. When she did not succeed, she took her daughter to a specialist and in three weeks the illness had cleared. This convinced her to further pursue studies in classical homeopathy.

All respondents began with courses in pluralist homeopathy, which advocates the usage of multiple remedies for one case. Today, this perspective has largely been replaced by classical homeopathy, which follows Hahnemann's tradition of prescribing only one remedy for all the ailments of an individual.

A second type of answers to the question concerning the reasons why they practice homeopathy revolves around a personal world view of the way a medical doctor should treat a patient: *It corresponds to my view of treating illness in a holistic way. The human being perceived as a whole – physically, emotionally, and mentally. It allows for an individualized and nuanced treatment which helps the patient get to know himself better* (Dr.1). *It doesn't treat illnesses; it treats humans* (Dr. 8).

The third type of answers presents as a main argument the limited aspects of allopathy: *Medicine has its limits. Homeopathy has its limits too but it is an extension of allopathy* (Dr.4). *It is foolish to separate homeopathy from allopathy. I fought hard so that this institute could hold the name "complementary" and not "alternative". Homeopathy has a more complete vision of life. Allopathy ignores the aura of a human. Homeopathy shows that everything in this world influences us on many levels* (Dr.2)

Homeopathy and other complementary/alternative medicines

In the interviews I inquired about the practice of other complementary or alternative medicines. Only two respondents practice acupuncture besides homeopathy: *Homeopathy is complex and extensive enough, I do not need to practice anything else* (Dr.3). The two doctors who practice acupuncture and homeopathy – Dr. 2 and Dr. 7, have found the former useful in expanding their knowledge: *It was a curiosity of mine*

[acupuncture] in the beginning. Then I found out that it was not just a bunch of techniques, it had a whole philosophy which appealed to me (Dr 7). These young students, they come to me and they want techniques. They ask me which point they should stick the needle in to cure ulcer. Acupuncture, like homeopathy is not just a technique, it's a whole philosophy. They do not have patience. Chinese philosophy is so advanced; they have centuries behind them and these young students of mine want to learn acupuncture in three months (Dr.2). Dr. 2 is not very clear about the reasons why he started practicing acupuncture but he does talk about some common grounds that acupuncture and homeopathy have at a philosophical level. He uses the two in combination because his specialization in conventional medicine is recuperation medicine with an accent on rheumatic ailments.

What is the “vital force”?

In order to get an idea of the respondents' perception of homeopathy's doctrine, I asked them to tell me what they understand by “vital force”, a central concept in homeopathy. The answers reveal that homeopathy holds an important place in the way they conceive life and the world around them: *There is a lot to say. As a homeopath and a homeopathic patient, you come to feel it, without theory (Dr. 1): It is the energy support that keeps the individual in a state of personal equilibrium (Dr. 4): It conditions the way a treatment evolves and how a remedy impacts the individual (Dr. 6); Vital force: it's hard to explain. It's clear that there is something there, some say it is from God. It is there since the day we are born and it disappears when we die, or maybe it doesn't; I do not know what exactly happens to it. It is something that governs and that is influenced by everything (Dr. 3).* Homeopathy is not just a practice to these respondents. Its principles are part of their life philosophy, the way they believe patients should be treated. They consider homeopathy to be a way to expand their understanding of life and, specifically, illness. If the vital force is a governing element in each individual's life, the imbalances cause illness, which require a different understanding of treatment methods.

Patients and ailments

When asked to characterize their patients, the respondents generally shy away from making general claims. Here one can see the influence of the individualistic nature of the homeopathic treatment. *They are very diverse people in what concerns pathology, previous treatments, family background, communication abilities and sensibilities. As a homeopath, I try to relate to them, to communicate as efficiently as possible, to learn from my patients (Dr. 1).* Dr. 2 and Dr. 5 see their patients as being very diverse and say that there are very few things they have in common. *There are over 3000 human types! They are very diverse (Dr. 5). Maybe you could separate them into extravert and introvert individuals. This influences everything. From the way they talk to you in a consultation to the way illness affects them. Something like, for example, a death in the family can spark somatic illness. I have had a case of lupus caused by a deceased loved one and one of leukemia. Same cause can have different effects in different individuals (Dr. 2).* Dr. 3 also mentions two types of

patients, but this distinction is based on a different criterion: *There are two types of patients: those who are convinced that allopathic treatment does not work and those who have been to an allopathic physician but wanted to try something else. Most do not know what homeopathy is, they think it has something to do with phytotherapy. Some patients get bored with the treatment and leave (Dr 3).*

The five women practitioners mention treating children often; this fact is not mentioned by any on the men-practitioners: *Usually, the mother brings her child in and then asks for something for herself. I treat a lot of recurring colds in children (Dr. 8); I get children who have had pneumonia last year and keep getting sick and I give them a remedy and after a few weeks they get better. The parents will certainly be convinced by homeopathy and will return. If they come back with their child who is sick again and you try a remedy and it does not work, then you recommend antibiotics and the parents are very reluctant because they want their child treated homeopathically (Dr. 6): I guess having children helps, because I get these kids who have been to so many doctors and they're scared and you have to tell them that if they behave they will get a sweet remedy (Dr. 3). I have many children patients with varied ailments: respiratory infections sleep disorders, growth disorders, behavior and attention disorders, dermatological ailments and allergies (Dr. 1).*

In regard to the types of illnesses they treat, it seems that the severity of the conditions treated increased with the years one has been practicing homeopathy. This could be due to the fact that *for the first ten years you are considered a beginner in homeopathy and for the safety of the patients you should take only easier cases (Dr. 3).* All doctors mention less severe ailments like allergies, colds, dermatological problems, sleep disorders and digestive problems. One condition that is regarded as a growing issue is panic attacks in adults. Four doctors mention this to be an issue for which more and more individuals seek help. Only two respondents – Dr. 2 and Dr.6 – say that they have treated illnesses with a life threatening factor like cancer, epilepsy, schizophrenia, and lupus. Asked about what kind of illnesses homeopathy can treat, Dr. 1 reasserted that we *[homeopaths] do not treat illnesses; we treat people with illnesses which manifest distinctively from case to case. Thus, the field is extensive.*

The typical homeopathic consult

When asked to describe the way a homeopathic consult unfolds, all respondents gave similar answers. What is highly significant is that all mentioned using allopathic diagnostic procedures when needed, or consulting biomedical tests if they are provided. None of the respondents oppose biomedical techniques and practices, and use them when necessary: *First I allow the patient to tell me in his own way about the problems that brought him here; I consult the medical tests, if any are provided, and previous allopathic and homeopathic prescriptions. Then, starting from what he has told me, I ask more specific questions to find out his life style – sleeping pattern, work program, diet, water intake, smoking habits, alcohol or coffee consumption – his adaptation to the surrounding environment and also about emotional manifestations and hobbies. I insist on the detailed*

presentation of psychological and physical manifestation of the illness – location, periodicity, type of pain, associated signs and symptoms, aggravating or alleviating factors and the history of the complaints. I do a general clinical exam suited to the particular case and write down the information relevant from a homeopathic standpoint. I look up the case in the repertoire, write the prescription and explain to the patient the way he has to administer the treatment and the factors that cancel out the effect of the remedy. Finally, I make recommendations based on the case about dietary habits, exercise and other factors (Dr. 1).

All respondents use computer software in order to look up a remedy. The most commonly used one is Radar.

Integrating biomedicine and homeopathy

In order to understand the relationships homeopathic practitioners have to allopathic medicine and its practitioners, I asked them if they prescribe allopathic treatment and what their relation to allopathic colleagues is. Before I continue, I must restate the fact that all homeopaths have a medical degree in Romania; it is forbidden to practice any type of alternative or complementary medicine without having a medical degree.

The general opinion about the biomedical practice is dual in nature. On the one hand, homeopaths stress biomedicine's limits and a lack of depth in a patient's diagnostic, while, on the other hand, they use allopathic diagnostic to get a clearer picture of a patient ailment. Also, sometimes they collaborate with allopathic colleagues in order to treat certain cases. There doesn't seem to be a clear boundary between the two practices for these homeopaths. They use any means necessary to cure the patient. As I already mentioned earlier in the paper, homeopathy is viewed as an expanded version of allopathic medicine and practitioners often use allopathic tests in their diagnostic.

Asked whether they recommend or use allopathic methods of treatment, Dr. 1 replies: *Of course, the good of the patients comes first. I recommend certain medical tests; I present a list of medicines which can be administered besides the homeopathic remedy (Dr.1). Sometimes a remedy does not work and you have to intervene with a correctly chosen medicine for a certain amount of time. Also, I recommend certain teas and crèmes besides the remedy, of course (Dr. 4); It is a great responsibility towards the patient, so if you see a child is not getting better with the remedy you gave him, then you prescribe an antibiotic, it is not that bad (Dr.3). I have had patients that went to Budimex [Marie Curie children's hospital] for a checkup for otitis, and they lied and said that they had followed an antibiotic treatment because the doctors there do not agree with homeopathic treatment. Other patients said they could not lie so they met the disapproving opinions of the doctors (Dr. 6). What is sad is that sometimes I have to make an allopathic diagnostic because patients come to me without one after they went to an allopath (Dr.2).*

As the previous quote shows, some allopathic practitioners are very much against homeopathic treatment and disapprove of the patients who have used it. When asked about their relation with allopathic physicians, all respondents say that they have

colleagues with whom they collaborate on certain cases. Also these colleagues sometimes send them patients: *It has happened, yes. I have had some patients who had seen an allopath who recommended them to seek homeopathic treatment (Dr. 7). I get along well with allopathic doctors because I speak their language. That's what you have to do and that's what my colleagues do not want to understand. How are you going to understand each other if you speak different languages. Tell the allopath that the remedy is placed on the tongue and the neurotransmitters conduct the molecules. No, they [other homeopaths] talk about auras and how the remedy acts in a metaphysical plan. Of course they [allopaths] are going to disprove of you (Dr. 2). I have a lot of collaborations with specialists from various domains. We inform each other about the cases we have in common. Our patients feel safe this way (Dr. 5).*

The homeopathic community as a community of practice

Many elements of the homeopathic practice of the doctors interviewed make it a candidate for the status of community of practice. For starters, learning plays a significant role in a homeopath's career. The Romanian courses in homeopathy are disapproved by some of my respondents because they are short in length and do not cover all the necessary topics. The initial specialization course is especially shunned for its lack of depth. Four out of the eight respondents have taken courses in homeopathy abroad in France or Greece. *These courses, anyone can teach them. They expect students to learn in three months what you learn in five years abroad (Dr.2). A homeopath has to be self taught mostly. You always have to learn. All your life you read and accumulate (Dr.5).*

All respondents state that they share information about various homeopathic subjects with fellow practitioners: *At the beginning of the 1990's we formed a study group. We would meet once a week and discuss a remedy in depth. The meetings would last five or six hours. Once, I cut short my vacation to make it to the meeting. We were very passionate (Dr.2). It is a habit of ours, at the foundation where I work. I also discuss cases with other homeopaths (Dr.5). We discuss more interesting cases, miasms, remedies, various subjects from conferences and other (Dr. 1).*

One issue that came up in the discussions with three respondents was the division of the homeopathic community: *Coming from the hospital environment, I expected homeopaths to be more united, but it's each with their own piece (Dr.3). There are differences between those who practice classical homeopathy, and those who practice pluralist homeopathy. It is hard to settle these differences. If I accept your practice as a pluralist homeopath, I go against my beliefs as a classical homeopath (Dr.6). Dr. 2 sees another division, this time between generations. These young ones have no soul; they do not want to think. They want everything quick and schematic. There is no hunger for knowledge anymore. When we were young we were desperate for books. Now they do not care, they have too many books. I am very happy when I find a dedicated young homeopath. A colleague of mine said that these [the young dedicated homeopaths] are like lightning on homeopathy's sky. Maybe it's our fault too [the older homeopaths], we're too pretentious and maybe we do not spend enough time teaching them. Also: We had this organization in*

the 1990 were we would accept only homeopaths who practiced or produced further knowledge. There were those who would only translate texts; we did not accept them (Dr.2).

All respondents have participated in conferences organized in Romania or abroad. In order to participate in conferences taking place in other countries, one must pay her/his own expenditures, thus not all homeopaths can afford such an endeavor. Those who have been abroad – five out of eight – have participated in conferences in France, Greece and Germany.

In regard to publishing in homeopathic journals, none of the respondents have published abroad. There is no homeopathic journal in Romania any more. Dr. 8 states that there was such a journal, but it was mostly oriented towards the public and not towards the scientific community. All respondents read homeopathic journals, usually in English and French.

A look at the data collection process

I started this research from an intellectual curiosity about the process of knowledge production and the way this knowledge influences practice. During the course of the interviews, and through the construction of the interview guide, I tried to keep my personal impressions to a minimum. The interview guide avoided including a value judgment in the question. In some cases this construction seemed to be of little importance to the subjects, especially when they answered some questions before I could ask them. Dr. 2, for example, seemed to be used to giving interviews, and treated this one mostly as a press interview. He admitted he had given many interviews before for various papers and articles. In this case, my questions were answered by what seemed to be a coherent view of homeopathy. The previous experience with interviews had allowed Dr. 2 to construct a story about his practice and the history of homeopathy – which he presented to me before I could ask my first question. The rest of the interviewed homeopaths were more direct in their answers, responding exactly to the questions asked, and rarely deviating. My study's status as a sociological inquiry seemed to be unclear to most of them, two respondents even understanding sociology to mean psychology. Thus, in my understanding – and following my general questions – they approached me as one who has no previous experience with homeopathy, and whom they have the occasion to teach the best aspects of the practice. This is in line with what Kathleen Riach describes as participant-centered reflexivity (2009) in analyzing certain moments in the interviews when the respondents would change the researcher's expected interview situation, and would make comments on the researcher's intentions, motivations, and even age. Three of the homeopaths with whom I discussed asked me why I chose homeopathy as my research topic, and whether I have any affiliation to their profession. They expected me to have certain interest in the theoretical concepts and principles of homeopathy because, although my interview guide did not focus on such aspects, they would explain certain notions to me during the conversation, which they seemed to perceive as essential to their practice and my understanding of it.

These interviews presented the homeopath practitioners with an occasion to introduce their opinion on the suppressed status of homeopathy, on the issues they had with its legal and professional status, and on the relationship with the allopathic practice. Any interview situations are after all a particular environment in which the researcher provokes answers that, if elicited by other means, may differ significantly. For future studies, a combination of in depth interviews with observation may present a more complete picture of the homeopathic practice.

Conclusion

My initial purpose was to investigate how homeopaths construct homeopathy into a scientific practice. From the interviews I conducted, it seems that Romanian homeopaths do not emphasize the scientific character of the practice. Despite the shortcomings that this entails, like not being able to have a homeopathic practice without first being a biomedical specialization practice, or not having full cost coverage for patients, the homeopathic practitioners interviewed appear to care more about the practice itself than its status. There are aspects that do bother them in not having homeopathy considered equal to biomedicine: first, they disapprove of the name *alternative*, preferring the term *complementary* medicine; second, the laws that govern homeopathy's status forbid the establishment of exclusively homeopathic (or any other alternative/complementary) practices; third, homeopathy is not accepted by some allopathic practitioners, and patients may find it hard to reveal their homeopathic treatment to such doctors.

In regard to the doctor – patient relations, the homeopaths I discussed with seem to have a more personal relation with their patients than the subjects in Ruusuvuori's study, although this is not directly stated. This is most obvious in the case of the practitioners who treat more children, who state that in order to gain a child's trust, one must use the experiences one has as a mother, if that is the case.

The integration of biomedical procedures with homeopathic ones comes naturally to these homeopaths. This can be because they are all allopathic practitioners originally. Combining biomedical diagnostic procedures seems obvious and it is done for the sake of the patient and for avoiding liability. None of the practitioners I discussed with oppose vaccination, or agree with stopping a patient's biomedical treatment. Some know such homeopaths and disagree with these practices. Homeopathy is conceived of as a continuation of allopathy, one that has a holistic view over treatment and illness.

Taking into consideration Wenger's (2006) conception of communities of practice presented in the theoretical aspects section, I believe homeopathic practice in Romania can be fruitfully analyzed through this lens. A great deal of significance in being a homeopath is held by the ability to continuously learn and accumulate knowledge. This learning process benefits from knowledge exchanges which take place at conferences, study group or simply in routine conversations with colleagues. Interesting cases are discussed, and those that present a greater difficulty for one homeopath receive the advice of others with more experience. The division between pluralistic and classical homeopaths does not seem to be poignant as there are few pluralistic homeopaths

practicing in Romania, according to my respondents. The other division, between generations, seems to affect mostly the older homeopaths who reflect on the decreasing quality of the homeopathic community. Younger or less experienced homeopaths do not mention such a divide.

The main limitation of the current research is represented by its small scale. The cases are only from Bucharest and, in some respondents' answers, there seem to be some differences between the ways homeopathy is practiced in various areas of the country. In order to better understand the community of practice formed by homeopaths, one should use participatory observation of conferences, courses and meetings, besides interviews.

Though a small scale study, I believe this research indicates that homeopathic practitioners participate in a community of practice. Further research should focus on eliciting more accounts with a greater number of interviews, all over the country. Also, observing the interactions between practitioners at conferences and other meetings would help in revealing the main aspects of a community of practice.

REFERENCES

- Barry, A.-M., Yull C. (2002) *Understanding health. A sociological introduction*, Sage Publications Ltd., London;
- Brown, J. S., Duguid P. (1991) Organizational Learning and Communities-of-Practice: Toward a Unified View of Working, Learning, and Innovation. *Organization Science*, 2 (1), 40-57;
- Cox, A. (2005) What are communities of practice. A comparative review of four seminal works, *Journal of Information Science*, 6 (31), 527-540;
- Degele, N. (2005) On the Margins of Everything: Doing, Performing, and Staging Science in Homeopathy, *Science, Technology, & Human Values*, 30 (1), 111-136;
- Drăgan, S. and Madsen, J. O., (2010). *CAM in Romania – a brief overview*. CAMbrella [Online] Available from <http://www.cambrella.eu/home.php?il=150>, [Accessed May 25th 2011];
- European Central Council of Homeopaths (2010) *Third EU Homeopathy Day*. [Online] Available from <http://www.euhomeopathyday.eu/>, [Accessed May 10th 2011];
- Frank, R. (2002) Integrating homeopathy and biomedicine: medical practice and knowledge production among German homeopathic physicians, *Sociology of Health & Illness*, 20 (2), 796-819;
- May, C., Deepak S. (1998) Art, science and placebo: incorporating homeopathy in general practice, *Sociology of Health & Illness*, 20 (2), 168-190 ;
- Milgrom, L. R. (2002) Patient-practitioner-remedy (PPR) entanglement. Part 2: extending the metaphor for homeopathy using molecular quantum theory, *Homeopathy*, 92 (1), 35-43;
- Rao M. L., Rustum R., Bell, I. R. and Hoover, R. (2007). The defining role of structure (including epitaxy) in the plausibility of homeopathy, *Homeopathy*, 96 (3), 175-182;
- Riach, K. (2009) Exploring participant-centered reflexivity in the research interview, *Sociology*, 42, 356-370;

- Ruusuvuori, J. (2005) "Empathy" and "Sympathy" in Action: Attending to Patients Troubles in Finnish Homeopathic and General Practice Consultations, *Social Psychology Quarterly*, 68 (3), 204-222;
- Vlăsceanu, L., Dușa, A., Rughiniș, C. (Eds.) (2009) *Știință și societate. Interese și percepții ale publicului privind cercetarea științifică și rezultatele cercetării*. Research report. University of Bucharest. [Online] Available from <http://stisoc.ro/> [Accessed September 2nd 2011]
- Walach, H. (2003) Entanglement Model of Homeopathy as an Example of Generalized Entanglement Predicted by Weak Quantum Theory, *Forsch Komplementärmed Klass Naturheilkd*, 10, 192-200;
- Wenger, E. (2006) *Communities of practice, a brief introduction*, [Online] Available from <http://www.ewenger.com/theory/> [Accessed June 5th 2011];
- Whorton, J. C. (2002) Dilutions of Grandeur: Homeopathy in *Nature cures. The History of Alternative medicine in America*, London, Oxford University Press, pp. 49-76;
- World Health Organization (2001) *Legal Status of Traditional Medicine and Complementary/Alternative Medicine: A Worldwide Review* [Online] Available from http://whqlibdoc.who.int/hq/2001/WHO_EDM_TRM_2001.2.pdf [Accessed May 5th 2011].

Ana Maria Borlescu is a sociology graduate at the University of Bucharest. Currently, she is a PhD student of the Faculty of Sociology and Social Work. Her academic interests focus on sociology of knowledge, sociology of science and new media and communication studies.