

## *Will there be room for a homeopathic culture?*

*Homeopathy survives from its impasses. In a dubious sense. Its permanence, even though defying, paradoxically is due to the same impasses that threaten to make it unfeasible. By sustaining old aporias, we maintain a permanent internal tension and assure polemics that, in a way, are producing the waves that keep us in this historical come-and-go status quo. But now this game starts to be threatening. While we were, so to speak, a kind of "alternative joke of medicine", tolerance enriched the scientific media sarcasm. But not anymore, since we became much more competitive now.*

*Let us move to other impasses. The first is its concrete impossibility of becoming immediately a strictu sensu discipline. This means that homeopathy has still not gathered, or structured, enough elements to be a rigorous matrix of organized knowledge. There is a niche, although its contours are imprecise and have blurred borders. It explains, even though it does not justify, its permanent incapacity to penetrate and establish itself in the academic institutional hardcore.*

*The second impasse is partially explainable by the first: the difficulty of being translated as culture in the health field. In the symbolic field, in the social imaginary and in reality. According to Kurt Goldstein, "The appropriate understanding of the phenomenon 'culture' can only be reached through the right evaluation of what we call conscience and the recognition of the specific peculiarities that the human being acquires through the potentiality of having a conscious experience". And which are the potentialities developed with our experiences? It is exactly what epidemiology and social health had been asking us. What are the experiences we wish to share with the scientific community? It is noteworthy to remark how peripheral the integrative medicines still are, when we consider the progress of their scientific status and their hundreds of millions of users. By the way, they seem to be much more tolerable because of the social support received than by their performance in the academic milieu.*

*The third and more complicated refers to the difficulties that the first two impasses exert as a kind of effect history: public popularity without strong academic support intensifies its low credibility. A recent example was an article in a wide-circulation magazine that summoned therapists of several kinds to give their opinion about dreams and declined the homeopaths. In other words, this rationality is not adequately represented in culture. "Take it easy, it is still too soon", is said. But we have in front of our eyes the successful example of Psycho-*

*analysis. A painful fact is that the low involvement of the newer generations, connected to an amazing waste of opportunities like, e.g., the acephalia that prevented the National Policy of Complementary and Integrative Practices - even with the necessary adjustments - to become something beyond a judicial liability. It is much more than an obvious reflection of inconfidence, which results in an evident demobilization. The truth is that the institutionalization of integrative practices is still a taboo. As we know, the resistance touches several aspects - that go from the epistemological to the politic-economic. We will add an ethic-pedagogical dimension to the resistance.*

*If the integrative practices have social validation, historical consistency and clinical and biological plausibility, what would be the factors that actually obstruct its institutionalization? The fundamental inadequacy of these practices seems to be a difficulty to link their epistemological model to current epidemiological research designs, beyond the impasses mentioned above. In fact, this is a problem and the community, upon detecting it, reacts: it tries to build bridges between epistemologies, using, e.g. resources of emerging research, like the quali-quantitative approach.*

*But are we really doing everything possible? I do not think so. We do not show, for example, with enough radicality, the most original aspects of homeopathy on the ideas about care, emancipation and cure. Let us reinforce the idea that singularity is not just a detail in method, that comprehension, solidarity and a constant concern with care as a central item of therapeutics are hard currency. And, certainly, we have to dialogue with a significant part of epidemiology, which sees integrative practices much more as a problem in clinics than a legitimate object of study within social health.*

*Above all, once the integrative practices have feasible projects in almost all life sciences disciplines, as a public health policy, the notion of effectivity may move from an exclusively "productivist" analysis to a perception of applied quality. Still, and I cannot tire of asking: how many bad experiences of narrow adhesion to the epidemiological designs, unsuited to a vitalistic clinical logic, will be necessary until investments will be applied to more lucid forms of research? Because there is an active vitalism in the praxis. We should be aware that the integration of different medical rationalities to the simple working gear is a project meant for defeat. It is necessary another kind of pedagogy and advertisement. We can start right now. It still depends on us.*