

Introduction to the Symposium

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Nowadays the medical pluralism is a main issue of the developed and of the developing countries.

In particular, in the developed countries where the health is always searched and often claimed as a right, the delusion connected with unfulfilled promises of the biomedicine can induce the people to search in other models and techniques some opportunities for reaching health and wellbeing.

Is this road easy, safe and efficacious?

In this symposium we want highlight the historical, epistemological and anthropological context in which the complementary medicines have a great success in our societies.

But we must pose a preliminary question for trying to understand if it is possible an integration of the complementary medicine with biomedical model and in which way this could be possible.

Is it enough put in the pot of our melting societies a little part of acupuncture, Ayurveda, Unani Medicine and so on for having an integration?

Is there anybody that can really believe that taking a pill is just taking a pill?

We know that eating food is one of the most cultural and complex activities. We know that each population style of food has many different meanings. The reasons behind choosing a particular type of food are sometimes easy to understand. For example, an Eskimo eats whale fat because he lives in a very cold land; a Chinese doesn't eat milk because he lacks some enzymes for digesting some components of it. But in other situations all is more complex.

For example, I am not sure how many of you would know that the Chinese spring roll is strictly related to a vision of the world according to which at the beginning of the new year we have the death of the old year. The cold vegetables inside the spring roll are a symbol for the old year; the external pastella fried with the new fire is a symbol for the new year. For this reason, eating a Chinese spring roll means to die with the old year and to be reborn with the new year. This piece of food, therefore, is not only vegetables, corn, oil, salt, etc., but it's also

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a very complex cultural system that aims at feeding a new being inside us and letting the old being die.

The same complexity that characterizes food is present in a drug or in a pill . Well, a drug or a pill are as complex as a piece of food. This happens because both the pill and the patient are multidimensional systems, in which we have metabolic and biochemical levels, but also psychological, emotional and cultural levels.

There are situations, for example, in which the use of a chemical drug can be integrated with some traditional *rites*, without which the recovery of the patient can't be considered completed. In some regions of Congo, for example, a mental illness is considered as the consequence of an evil spell of some spirits or people of a different clan from the one to which the patient belongs. For this reason, *rites* of reconciliation between different clans usually take place.

Complementary medicines frequently use in their practices natural products like herbs, flowers, minerals and parts of animal. Also these “drugs” must be considered highly sophisticated systems, even if they are not produced in a technological laboratory. Moreover, the multidimensional aspects of both natural drugs and patients are often more complex than in the case of chemical drugs.

Complementary medicine drugs and their scope of use derive from a philosophy that is inspired not by a reductionist vision of the world and of the human being, but by a holistic one. Also the relationship between the world and the human being is sophisticated and frequently driven by a mutual and harmonic interaction. As soon as this harmony in the interaction is lost, this situation can produce an unbalanced state from which diseases derive.

The use of natural medicines is, therefore, very complex, multidimensional and culturally related to the world of the patient in its highly and ambiguous complexity. Nevertheless a herb is a herb with its molecular compound, with its efficacy and its potential danger.

For this reason, the integration of the complementary medicines in our societies need a scientific study, an evaluation of their safety and efficacy, but before all they need the creation

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of a world of information that will let the patient and the doctors, that use them, have the best benefits avoiding the risks.

More we could ask ourselves if is it right that the cost of these medicines are paid by the patients or by National Health Care Systems.

And if the public community doesn't want pay for these therapies, nevertheless can it avoid of assuming the responsibility for defining a framework in which these medicines can be use.

These are only a part of the several problems that are related to introduction of complementary medicine in developed societies.

We hope that this symposium can be useful in finding some answers and new questions.