chotomy between the knowledge of the "progressive" elite, committed to building the project for transforming Brazil, and the subordinate classes, representing the country's "backward" and "conservative" cultural forms. I say consolidate, because the social sciences developed from the 1970s to 1980s reproduced (with other parameters) an "elitist" tradition, so striking in our social thought. This fact is particularly interesting in the ideological context of the time. Inspired by Marxist tradition, a major portion of our academics have failed to give due consideration precisely to a premise of this theory: that the proletariat is the only class capable of possibly developing progress in a more coherent way.

Despite some contrary considerations (suffice it to recall the so-called "Paulista School" developed by Roger Bastide and Maria Isaura Pereira de Queiroz, among others), studies on beliefs, rituals, and daily practices (as well as ethnographic reflections) were subsumed in certain research topics that ended up occupying a predominant place in the academic context of the time, such as "development", "national policy", and "Modern Society". More precisely, they were subsumed in the way by which hegemonic theoretical and methodological orientations conducted the analyses of our reality.

Thus, the 1970s and 80s were not exactly favorable to the broad development of cultural reflections, since they tended to limit the field of daily practices and interactive processes merely to their integration into public spaces, government policies, or state issues. This fact is relevant because it shows how the "view" of social sciences reveals certain aspects of reality, while disguising others.

In the sphere of social sciences in health, from the 1970s to the mid-1990s, there was a clear emphasis on the "politicization of medicine" and research into processes of rationalization, institutionalization, and organizations in the official medical systems. Concerned with the macro-interpretations of a historical and structural nature, our researchers were inclined to compartmentalize the constitutive arenas of the healthcare system, subdividing them into sectors with well-defined borders. Furthermore, they only prioritized the cognitive structures and representations existing in each subsector. Our social scientists were heavily inclined to identify the "tensions" or "conflicts" between the different "explanatory models" for disease and thus failed to appreciate that in daily actions, individuals who seek treatment "break" with established patterns, assimilating, evaluating, judging, and interconnecting the knowledge and practices from the various arenas. In this sense, the compartmentalization of different treatment sectors should be understood much more as a process of scientific classification than actually as a practice by individuals and social groups.

Such orientations have undeniably enhanced Brazilian social thought and were rich in experiences, but their reason for being has been historically exhausted. Currently, all evidence indicates that the situation points in a different direction. The increase in both qualitative research and utilization of new theoretical references (or at least new for the Brazilian reality) has led our researchers to focus special attention on inter-subjective and discursive processes and observe in them that "social meanings" are never completely predetermined, since they are always linked in specific interactive contexts. In this regard, a theoretical and methodological element that I consider key to the studies on the definition and classification of healthcare systems relates to processes of combination and interaction that actors construct socially when they experience episodes of disease or affliction. Thus, the major challenge in establishing the meaning of Complementary and Alternative Medicine is precisely to make "intelligible" the movement by which individual praxes and social structures self-constitute and mutually reconstitute.

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The incompleteness of models, imprecision of concepts, and scientificity

This instigating and important paper by Nelson Barros & Everardo Nunes on the different meanings of Complementary and Alternative Medicine highlights various themes in the field of knowledge and interests shaping contemporary society. One relates to the position of uncontestable power wielded by official medicine or so-called "biomedicine", with its emissaries treating other forms of therapeutic knowledge and practice as alternative or complementary and generally inter-communicating by disqualifying or assigning them an inferior scientific rank. The second theme is that of alternative theories and practices which consolidate and display their potentialities by dealing with biomedicine through denial. The authors discuss

this polarity and the possibilities that complementariness denotes not only accessories to the official system, but advances that have been emphasized by epistemological analyses, sociology, and anthropology.

In the field of sociology of knowledge, this discussion relates to various points: (a) the power constructed by the establishment (in this case, biomedicine) through institutions, actors, devices, and beliefs that tend to self-reproduce and crystallize; (b) the incompleteness of fields of knowledge and disciplines, since every scientific construction originating in modernity tends to cut and slice its niches in pursuit of a more in-depth and super-specialized focus on its objects; (c) the various failures of official medicine, since this reductionist and fragmented (albeit super-specialized) model is incapable of fully dealing with all the manifestations of the majority of contemporary diseases, with AIDS as the most paradigmatic case; and finally (d) the difficulties of other rationalities in establishing themselves other than by denial of the hegemonic project.

The aim of Barros & Nunes may have been merely to discuss the difficulties in conceptualizing what "*medicine*" is at this point in history, when the plurality of options (in a society marked by various senses of pluralism) is an issue not only for medical institutions but above all for users and consumers. Actually, I am incapable of discussing in depth all the aspects of rationality involved in the various alternatives presented by the authors, since this is not the object of my own research. I merely recall, as Lévy-Strauss, that every model of cure has its own rationality. In *The Savage Mind* [1], Lévy-Strauss contends that there is a similarity between *mythical thought* and *scientific thought* and thus that the human mind has only one common form of operation. He therefore highlights that the knowledge resulting from different forms of thought is rigorous and precise, since it all results from the relations established by human beings among themselves and with nature and from the elaboration of classificatory mechanisms and action technologies, oriented by characteristics and properties observed in the phenomena. Lévy-Strauss also shows that all medical rationalities, from the oldest to the most contemporary, are ruled by the same scheme of legitimization, or what he refers to as "*symbolic efficacy*", involving the belief devoted to it by the community. He says the following about systems of cure: "*…we see that the efficacy of magic implies a belief in magic. The latter has three complementary aspects: first, the sorcerer's belief in the effectiveness of his techniques; second, the patient's or victim's belief in the sorcerer's power; and, finally, the faith and expectations of the group, which constantly act as a sort of gravitational field within which the relationship between sorcerer and bewitched is located and defined*" [2] (p. 168).

I conclude by further complicating the Barros & Nunes' theme, adding a new "rationality" (can one really call it that?) that has been constructed since the late 1970s, based on the environmental movement, with its origins in North America, especially Canada [3,4,5,6]. The strategy is called the "*ecosystem approach to health*" and seeks to link the social, environmental, and biomedical issues in the definition of health-disease processes. With an integrative and inter- and trans-disciplinary proposal, this model or strategy based on the complex approaches of system theories has gained ground worldwide, producing at least two thematic journals, an international congress, and countless publications [7,8,9,10] on real experiences that combine and integrate clinical approaches, epidemiology, collective health, toxicology, sanitary engineering, environmental sciences, and other disciplines when necessary. In such cases the focus is not the discipline but the theme or problem in actual reality.

The article by Barros & Nunes allows several derivations, but as the anthropologists say, it is mainly "food for thought", since it allows transcending and unveiling the weaknesses and shortcomings of our systems of thought and action.

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This is a theoretical article concerning the conceptualization of non-biomedical practices in Brazil. While the sociological study of Complementary and Alternative Medicine (CAM) is well developed elsewhere in the world, most notably in the United Kingdom and Australia, the authors are amongst the first to be addressing how the global expansion in the use of these therapeutic options is impinging on Latin America. The article is interesting and is to be welcomed, although I have a number of points that the authors may wish to consider.

- The authors begin by identifying the four distinct strands of academic work that have produced, and continue to produce, contributions to the study of non-biomedical practices. There are two points here. Firstly, the authors note that these are Brazil-specific. It would be useful if the relationship between work within the four strands in Brazil and the broader global activity in each area could be briefly identified. For instance, in the fourth strand, the pursuit of an evidence-based evaluation, how far is this activity in Brazil informed by the global evidence-based practice agenda? Secondly, it can be noted, of course, that the way in which the topic of non-biomedical practice is addressed in each of the four traditions is quite different in ontological and epistemological terms as well as in terms of the subject matter of research and writings. Again it would be useful if the authors could unpack each of these a little to highlight the differences of focus. For instance, how does the anthropological study of (essentially indigenous traditional) medicine differ from that of the sociology of (non-indigenous, globalized?) CAM? And how do the research questions of both of those differ from (and inform or potentially undermine) the evidence-based agenda?
- The authors note that "*Brazilian CAM research is guided by the assurance that one form of medicine is not opposed to any other*". Are the authors arguing for an approach to the research process that does not privilege one form of knowledge over another or one set of practices over another as an initial starting point (a position with which I agree), or are they making an initial assessment of the empirical reality in which conflict is absent? Some clarification would be helpful.
- The authors state that the article is the result of a survey. It is currently unclear how this empirical research relates to the conceptualization presented. It would help the reader if the authors could briefly explain the link between the conduct of the study, its questions and focuses, its results, and the production of the typology.
- Use is made of Bourdieu's theoretical work. In particular the concept of *habitus* is drawn on in order to discuss individual use of CAM in its social context. This is a very interesting approach. There has previously been little use of Bourdieu's work in relation to CAM. There is clearly lots of potential for further work informed by this approach. Interestingly, however, the authors do not make any mention of another concept from Bourdieu's work [1] – *distinction* – which is proving to be of value in work on non-biomedical practice beyond the West [2]. Especially in societies where indigenous traditional medicines coexist with globalized CAM and biomedicine, there is preliminary evidence of "medicine selection as social distinction". A comment on whether the authors have considered the potential of this concept would be welcome.
- Do the authors consider that the multiple locations and meanings of the key concepts have implications for the research process? How, for instance, does the understanding of "alternative medicine" as located within: scientific type, antithetical type, and as a type of new therapeutic system impact on the way it is studied in the field?
- The authors finish by linking the term complementary medicine to integrative practice. The latter term is gaining ever greater prominence in the UK, USA, Australia, and elsewhere. To what extent is this trend observable in Brazil? Do the authors consider that the existing operationalization of "CAM" is being affected by this?

Overall, this is a welcome addition to the global literature on CAM. The specifics of Brazil raise a number of important empirical and theoretical questions and an initial clarification such as this provides a useful initial baseline from which research to examine them can be developed.

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