

### *2.3 Unconventional medicine in Hungary: medical eclecticism in a post socialist society*

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Multiple medical identities and mixed medical realities are under our scope to demonstrate how the hegemony of biomedicine of late socialist modernism has been transformed to acknowledge postmodern medical diversity in a consumer-driven health care environment.

Medical pluralism is outlined not only at macrolevel of medical systems, but at the personal eclecticism of healers and patients with attention to postmodern multiple narratives. Syncretism, eclecticism, or hybridization of different medical worlds appears as unconventional medicine rises in the changing medical system of post socialist Hungary. Although the ontological basis of this complex and divergent medical subuniversa may be diverse, the political economical context usually creates the common framework.

Medical pluralism is usually depicted as field of conflict between the official, dominant medical system and alternative medicine, including diverse healing traditions of competing medical philosophies, traditions, or even as a plaza of diverse medical realities. This jungle of medical metaphors, explanatory models needs a theoretical frame for understanding patterns not only at the level of the medical system but in case of multiple and contradictory experiences and practices in which healer and patient engage. An ecocontextual approach is offered to uncover dynamic changes of medical systems and personal eclectic praxis of healers and patients in a society of social-political transition.

#### *A Systems Approach to Different Medical Realities*

The given medical system (WELLIN E. 1977) is a changing entity, which is made up of identifiable parts, which are mutually interdependent, so that

each part tends to influence and to be influenced by other parts and together the several parts and their interrelationships form a system as a whole. The diversity of the medical system is changing in time and place. The responses of a given sociocultural (and medical) system to the introduction of new (technical, ideological, or social) elements can be explained neither solely by the nature of the system nor alone by the nature and mode of introduction of the new elements but by the complex interaction of both. Reciprocal or feedback processes occur. That is, the introduction of new health-related elements can be expected to affect the hosting sociocultural (and medical) system; in turn, the latter will also affect (shape or reinterpret) the new elements. This is true in case of nationwide medical system and it works at personal cognitive level too.

In our sample the introduction of liberal free market system had changed the economical environment for health-related enterprises. Changes in the social and political organisation may enhance or restrict medical pluralism. Totalitarian systems may strengthen the hegemony of biomedicine and liberal free market system is expected to pluralise the system. Sometimes the opposite may also take place, as a Chinese example proves. When China's leadership had turned towards western values in the period of the Kuomintang, cosmopolitan medicine advanced, and Traditional Chinese Medicine (TCM) had been almost made extinct from authorised ways of healing, while in the second half of the twentieth century Mao Tze Tung strengthened the system of TCM, and gave free way to the "barefoot" doctors and acupuncture with its several thousand years tradition. The other great eastern medical tradition, the Ayurvedic professional medical system may also thank a lot to Gandhi, who gave support to this tradition as part of cultural resistance against western medical (and cultural) expansion.

Applying Boulding's ecodynamical analogy to medical systems one can reveal the dominant, tolerant-neutral or symbiotic eco-relationships between mainstream or cosmopolitan biomedicine and alternative medicine.

### *Landscape of Healing, Ecosystem of Medicines*

The landscape of healing in Hungary shows variable diversity. Even within the same biomedical field, as psychiatry one can find harsh debates between social psychiatric approach and biological psychiatry. A disease itself may also be the target of plural approaches in the same discipline based on the ideas of different schools and expert communities. Contents of biomedicine are to a high degree culturally shaped and constructed through

social negotiations (COLLINS H. - PINCH T.J. 1982) of different scientific and economical interest groups that are involved. Sometimes the philosophy of healing makes a difference. Bio-psycho-social framework, psychoanalytic oriented psychosomatic or pure somatic orientations may create diverse cultures from the mainstream practice including associations, institutes, journals, and protocols of diagnostics and therapy.

The ecology of medical “information units” or memes<sup>(1)</sup> (BLACKMORE S. 1999) may uncover the ecodynamic relationships between metaphors, explanatory models and representations of different medical realities.

If a meme is supported by more energy (more reliable scientific validation with more money in research, more impact factors, citations and negotiations of consensus conferences, more pharmaindustrial or medical technological interest in the background), it will gain a dominant position. If another medical meme like healing by “the laying on of the hands” or distant healing – regardless of the historical data and the convincing experience of healer and client – has only anecdotal value lacking double-blind statistical verification and systematic research regarding its effectiveness, materialistic explanation, then it is to be handled as pure belief, unconventional method or quackery.

Different needs and expectations sustain different patterns of memes. The same consumer of given medical memes may turn to different healers without any internal conflict, cognitive dissonance or giving up scientific commitment. This ecosystem of healing practices is itself a plural medical system embedded in the wider social, technological and natural or even supernatural reality.

Science, technology and society are “shaped and acquire their meanings in (a) heterogeneity of social interactions” (BIJCKER W. 1995) creating a network of mutual influences of an ecological kind. This ecodynamism (BOULDING K. 1978) may appear in the interactions of different patterns of medical memes evolving into dominating versus submissive interrelationship, neutral ways of coexistence or symbiotic mutualism.

The interaction of medical worlds of different traditions in a so called inclusive medical system may create cooperative, sometimes symbiotic ecorelationship. One can find the most articulated symbiotism in the integrated system, where official promotion of the integration of two or more systems exist within a single recognized service.

But the eco-relations between medical memes may be mutualistic even in the tolerant medical system – at least at the level of patient and the healer.

For example in Hungary the alternative healing is more preferred by those who visit medical doctors more frequently as in Buda's (2002) studies. This finding supports the idea that people do not necessarily think in terms of mutually exclusive alternatives. Higher educational status increases likelihood as white-collar workers are 1.6 times more inclined to use AM in the future than blue collar workers.

That means that the energy feeding the circulation, sustainment and renewal of these memes of healing does not depend on scientific approval or information engineering by authorised biomedical power only. There are other sources, like the desire for a miracle, lack of trust in biomedicine, curiosity, need for hope, counter-culture attitudes, as Astin writes «Along with being more educated and reporting poorer health status, the majority of alternative medicine users appear to be doing so ... because they find these health care alternatives to be more congruent with their own values, beliefs, and philosophical orientations toward health and life» (ASTIN J. 1998).

### *Multiplication of Medical Reality in Hungary*

In the socialist Hungary a monopolistic system of biomedicine dominated the landscape of healing with strict legal exclusion of alternative medicine except the analgesic, pain clinic-like use of acupuncture until the late 1980s. Folk healers, were stigmatized as fraudulent or ineffective practitioners. The class-struggle ideologies implied ideological fight against spiritual or traditional healers, the representatives of dangerous magico-religious beliefs. These healers had become the victims of political persecution as Vincze Engi Tüdő or István Dóczy. (GRYNAEUS T. 2002).

The deconstruction of the ideological hegemony of Marxism as an exclusively materialist approach took place as result of a social-political transition in Hungary in 1989. The shift towards a monetarian free-market post-socialism was accompanied by change in the medical system.

The earliest data of research regarding alternative medicine in the 90's proved that shortly after the collapse of the communist system, in 1991 6.6% of the adult population had already consumed some forms of alternative medicine and 39% were open to use it in the future. On the other hand this study revealed a commonly held belief that AM users were thought to be hopeless people with terminal illness (especially with cancer), or people primitive and credulous enough to trust in these methods (ANTAL Z.L. -

SZÁNTÓ Z. 1992) reflecting the influence dominance of biomedical paradigm. The results of Buda's research on unconventional medicine changed these preconceptions showing that alternative medicine in Hungary attracts people of higher social status. Higher education seemed to be important background factor among those who use alternative medicine in Buda's research study (BUDA L. *et al.* 2002). After a few years of transient, limitless tolerance towards unconventional medicine, it has become a legitimate part of the health care system as a result of three pieces of legislation enacted in 1997. Decree n. 11/1997 (V. 28) of the Minister of Welfare. According to the Decree a medical doctor should govern diagnosis and therapy while the practitioner of unconventional medicine may only complement the physician's activity, whose orders he should not modify or change. The Decree identified those areas that can be practiced within unconventional medicine and in which a board examination is possible. These developments created free way to practice different ways of healing together, such as biomedical and diverse forms of alternative medical activities. The terrain of complementary medicine was conquered by 'dissident' medical doctors. This eclecticism was helped by a regulation according to which some activities including Homeopathy, Manual medicine, Traditional Chinese medicine, Ayurvedic medicine, Traditional Tibetan medicine, Biological dentistry and Anthroposophical medicine may be carried out by a medical doctor only.

Acupressure, Alternative gymnastics and massage, Lifestyle therapy, Reflexology, Alternative physiotherapy, Bioenergy, Phytotherapy (Herbalism) and Kinesiology have been opened for those alternative practitioners without biomedical background. The Government Decree 40/1997 (111.5) integrates unconventional medicine into the health care system to complement scientifically based medical practice.

The post-modern free-market of health services created a spontaneous "creolisation" of consumers' medical culture in Hungary. As the borders opened up for Chinese and Ukrainian immigrants, the tendencies in alternative healing were strongly influenced by them.

#### *Acupuncture: People and Knowledge on the Move*

Acupuncture was taught in Hungarian postgraduate medical courses mainly for experts working in the field of rheumatology and pain clinic in the late 1980s. Although the number of doctors with acupuncture knowledge and experience had been growing, acupuncture clinics were not allowed to open,

and the official sceptic, scientific opinion was made obvious by books dealing with acupuncture in a very critical and sceptic way at that time.

The breakthrough was partly the result of the social-political transition, but the scientific reception of acupuncture preceded the clinical one, as first results of electrical measurability of acupuncture points appeared. A scientist dealing with biophysics of acupuncture, Ajándok Eőry gained his doctoral degree by electroacupuncture studies of the acupuncture points and the meridian system. His life career is a good example of radical eclecticism, and “post-modern” fusion of professional identities. His words reflect one possible direction in the progress of alternative medical thinking.

«I am originally a biologist, my dissertation included research of acupuncture points with diagnostical relevance in 1969. We formed the first legal scientific research group of acupuncture in 1984. This group has grown to as large as counting 100 members, where I was the only person without medical competence. So at age 43 I began my medical studies at Semmelweis University, and I finished all the courses required by curriculum at age 50. At present I'm preparing for an exam in specializing as GP».

Eőry is real pioneer in the field not only because of the scientific research of acupuncture, but he renewed acupuncture in Hungary by inviting colleagues of a Chinese TCM Academy in the early 1990s. He radically mixed the most authentic Chinese acupuncture tradition with his pioneer scientific work in a process of ecodynamic symbiotism, where two different medical realities with their metaphors, explanatory models, roles and tools are brought together. This fusion of experimental neurophysiological approach and authentic TCM tradition offers a mutual deconstruction and reconstruction of therapeutic forms. Working with Dr. Eőry in the research of physiologic explanatory models of acupuncture we could prove the effectiveness of acupuncture in several vascular diseases by blood pressure monitoring, Doppler ultrasound and thermography, (LÁZÁR I. - SHUMING J. - GUO Z.Z. 1995) and we found immunological influence on the activity of Natural Killer cells, too (LÁZÁR I. *et al.* 1992). The results of neuroimmunologic and vascular research of acupuncture therapy were presented at international congresses.

Working with the American Paul Zmiewsky, an expert of ear acupuncture treatment of drug addicts, the Foundation offered free acupuncture intervention for homeless alcoholics and drug addicts too. As the head of the Foundation, Dr. Eőry organised teaching courses of authentic TCM, lead scientific research of physiological background mechanisms of acupuncture sponsored by Hungarian Scientific Academy, and published several

books of TCM. Based on these achievements his activity is also a sample for the process of institutionalizing expertise through the stages of development of associations, building an educational system and pursuit for licensure (WILENSKY in ABBOTT A. 1988).

Eőry's approach proves success of articulated eclecticism integrating undisturbed authentic oriental tradition and western scientism. The two different medical systems with their tools, concepts and methods are in the process of being fused together into a new mix of reshaped boundary objects forming a new framework for new ways of perceiving health and disease.

This success is partly based on scientific research, because a major source for legitimization of a profession today lies in «reliance on scientization and rationalization of technique and on efficiency of service» (ABBOTT A. 1988).

Eőry articulates this hybridization, telling: «In my mind the two worldviews stand together. The accurate diagnosis is western, while Chinese medicine strengthens the clinical practice. I am fond of integrativity. There is no conflict between them, what you are missing in one, you can find it in the other».

### *Medical Dissidents*

The social structure of Hungarian alternative medicine had been transformed during the early 1990s. Those without a medical degree were pushed to the periphery of the competition. The ecodynamics of professional dominance created niches for “medical dissidents” from biomedicine in the case of field such as Homeopathy, Manual medicine, Traditional Chinese Medicine, Ayurvedic medicine, Traditional Tibetan medicine, Biological dentistry and Anthroposophical medicine.

Those, having biomedical background but affinity with unconventional medicine had to adapt to the milieu evolved from an earlier stage of alternative medicine movement. Gabriella Hegyi is one of the medical doctors who turned towards unconventional medicine in the late 1990s.

She prefers the term:

«integrative or complementary medicine. There is only one medicine, which contains traditional western medicine and complementer medicine in harmony. A Decree No. 11/97 of Welfare Ministry “emancipated” TCM with the western medicine. Otherwise there are independent TCM faculties at the

universities of Bristol, Saarbrücken, Prague, Moscow and even at Harvard. There is no conflict between oriental and western medicine in my mind; they don't exclude each other. The integration is the essence of the holistic approach. Holistic is related to Holy, and the "Whole" too».

She is the founder and the head of the Yamamoto Institute, where high tech methods are integrated with traditional healing. There is a Vietnamese acupuncturist who works in the team. She is an immigrant, who did not return to Vietnam after her medical studies. The origins of her acupuncturist knowledge roots in her homeland. Bioresonance, neuraltherapy, and homeopathy are also practised at the Institute.

This Institute and the above mentioned Chinese TCM Clinic are really centres of cross-roads for shifting professional identities, intercultural encounters, places where different sort of emigrants have their asylums. The routes have different directions from biophysics through TCM to the western medicine or from biomedicine to unconventional medicine; from China and Vietnam to Hungary; leaving the official medical system or the scientific practice for establishing institutes and foundations which enables them to manage another way of healing, which also works. But the source of their radical eclecticism is the same. These niches are hot spaces of interacting diverse medical memes and different medical realities.

### *Táltos Healers*

The so called Táltos healers – representing a reinvented tradition of esoteric healing practices – named themselves after the ancient Hungarian shamanistic healers and magicians. Táltos healers, bioenergetists and Reiki masters with distant healing, with meditation and prayer have a different niche in the ecosystem of alternative healing. Dissident doctors do not endanger their position. Their healing is rather part of a sub- or counter-culture, than the so-called complementary medicine. One cannot find such therapy listed of COST B4 report. The esoteric healers of Táltos medicine delineate themselves from alternative medicine, although they have all the certification and official permission for healing. The Táltos clinical practice is basically spiritual and/or esoteric including reflexology, homeopathy, chiropractics and psychotronics and other imagery technics.

The Táltos healers followed the same process of institutionalization through the stages of development of social network by the help of media: videos, journals, home page, building an educational system and pursuit for licensure.



The first step towards becoming a Táltos is to become familiar with radiesthesia. Learning the practice of dowsing is a sort of initiation rite; it makes the communication with the Inner Self possible. It makes a person sensitive to geopathic radiation of several kinds to prevent diseases caused by these 'earth radiations', and enables him to become open to internal intuitive reception of energetic and spiritual information. This is the way these healers get information about changes in others' aura, being invisible for them otherwise. If complementary medicine is told to be eclectic because it synthesizes western and traditional oriental medicine, homeopathy etc, this type of healing would be more radical in extending the diagnosis and intervention to physical, energetic (aura, chakra system), astral, mental and spiritual levels. This ideology differs from antroposophic esoterism by acknowledging its Christian background. But possessive spirits and soul loss are real etiologic factors again. Evil eye, damnation, spelling: these are realities calling for defence.

Training and indoctrination of Táltos healers can be considered as a process of cultural emigration to an alternative culture with its special cosmology, belief system and ethics. Searching for cross-links with other cultural fields (anthroposophy, geobiology) a wider semantic network of meanings emerges, which diminishes the subcultural isolation of the Táltos community.

Healing by hands, healing by spiritual or cosmic energy, chi, prana, ruach, dynameia, and Reiki energy – they are variants of something similar to different ethnocultural backgrounds and belief system. The subtle energies may be subject to scientific enquiry and object of sceptic debate (RASMUSSEN I.L. 1995). The energy healers compete for the same niches. This sometimes may be strengthened, as Reiki masters may warn their novices not to leave for Táltos healing and vice versa. It is ideological attention, to keep the community together; as a great deal of the attendants are only curious people who will never practice the skills they are given.

This sort of distant or bioenergy healing may be embedded in another reinvented tradition. Tagir Abdull al Bulgary from Kiev, Ukraine came to Hungary in 1990. His ethnic background is Volga-Bulgarian. His eclectic arsenal of unconventional medicine consists of acupressure, reflexology, bioenergetics, and ear-acupuncture. His main method – that he also wrote a book about – is energy healing with mental power and hands. He sends the "love-energy" received through the so called "Crown chakra", not by his palmar – chakras, but through his "Heart chakra". He speaks about mixed energy to be given to the patients, which consists of bioenergy of the

body in 15%, and the main component: including the psychic energy 70%, and another 15% higher, cosmic energy.

Ethnicity is articulated in his case too. His book about energetic medicine starts with short comprehension of the history of the Volga Bulgars including the relationships with Magyars. In his book he attempts to integrate Bulgarian folk tradition, Muslim healing mixed with the Yoga tradition. Tagir emphasises the importance of integrative framework and the common roots of diverse phenomena, too: «It would be a mistake to separate bioenergetics from acupressure, phytotherapy, because these methods' essence is the same universal energy. The name is different, the method is distinct, but the aim of influencing and tapping the same energy is common».

The cultural conservatism and the adaptive efforts of immigrant Chinese or Vietnamese acupuncturists are different from the healing subculture of Táltos healers, who reconfigure the whole spectrum of alternative medicine in a special “reinvented” tradition. The syncretic eclecticism of Táltos healers has only weak attachment to the mainstream biomedicine, but a wider integration of different fields like folk tradition, religious contents, “Aquarian” mythologies and a wide range of alternative medical practices like homeopathy, spiritual healing, divination, dowsing, massages, reflextherapy. Training and indoctrination of acupuncturists and Táltos healers can be considered as a process of cultural emigration to a sort of alternative or counter-culture with its special cosmology and belief system. Nevertheless their eclectic medical world has something in common as all of them extend the reality beyond the visible.

### *Neoshamanist Eclecticism*

TCM needs a shift from the Western professional medical tradition into an Eastern one, while bioenergetic healing itself is an escape from the material world into the invisible energetic and spiritual reality made visible by ideomotoric kinesis reflecting the subjects' unconscious. Perhaps the neoshaman revival movements and circles in Hungary reflect the most radical break away from mainstream biomedicine. Although the revival of shamanism seems the most radical turn, nevertheless this also can be found – as an exceptional healing practice in a Department of Psychiatry of Flór Ferenc Hospital, Kistarcsa in the neighbourhood of Budapest.

Shamanism is not a surviving tradition in the Hungarian folklore of healing, but one can trace back elements of it in the deeper layer of folk cus-

toms, narratives, tales, and texts with careful hermeneutic attention. When neoshamanism reached Hungary, it came from the West, and had been brought in by anthropologists like Michael Harner, Jonathan Horwitz and Felicitas Goodman (HOPPÁL M. 1998). It is not surprising that this tradition exerted influence on Hungarian psychologists dealing with pathopsychology of religious practice. The initiator was Harner, but another (ex-) anthropologist, Jonathan Horwitz became the spiritual leader of the group. This “root shamanistic” experience was not absorbed by unconventional medicine, but it became part of official psychiatric healing work applied by two creative psychologist, Orsolya Czaga and Gábor Elekes.

Their group at the National Psychiatric and Neurological Institute operated for three years, then they continued to use techniques of shamanic healing in psychiatric work in outpatient care and, more recently, in a drumming group in the psychiatric ward of the Flór Ferenc Hospital in Kistarcsa. The sessions of the group working in the ward are arranged into three-week intervals, with three or four sessions each week with 6-8 patients. On the basis of Michael Harner’s work, the sessions are built on each other systematically, for the sake of the patients’ safety, so that they would be properly protected from the uncontrolled invasion of unconscious contents. The applied techniques were shamanic rituals with drum, rattle, song and dance. The verbal and pictorial elaboration also helps to integrate the experience.

Elekes and Czaga eclecticism regarding ancient and modern healing practices is based on the Jungian approach and this is reflected by the integrated therapeutic ‘vocabulary and grammar’ of healing, as Orsolya Czaga describes this integrative way of thinking:

«To handle resistance at the start of the group we use three types of terminology according to the language of shamanism, depth psychology and the everyday language. Further on we mainly use shaman terms and sometimes their psychological equivalents for help».

This “multilingual” approach had been developed in an interdisciplinary department of psychiatry focused on religious pathology. The Jungian interpretation of deep psychological processes offers explanatory models for shamanistic phenomena. Here we meet the process of ecodynamic symbiotism again, where two different medical realities with their metaphors, explanatory models, roles and tools are brought together into a special form of healing. This fusion implies mutual deconstruction and reconstruction of therapeutic forms and contents in a Jungian framework. The result is different from the conventional forms of group psychotherapy and differs from the Harnerian “root shamanism” too, because the thera-

peutic elements are reconfigured offering the above mentioned three discursive levels at the same time. This reconfiguration is crucial because when psychologists adopt “root shamanism”, they have to insert their activity to another paradigm, to the clinical framework of psychiatry.

«In the case of psychiatric patients a shaman group can operate safely only in a psychiatric ward, where there’s the possibility of biological treatment and intervention (for example, when a patient goes out of the group, he can ask for his medicine, so his anguish cannot cause his disintegration). Sociotherapy is suitable for leading the patient to the ordinary reality, within which he can experience his own new aspects and practical abilities».

The experiences regarding alternative reality of shamanistic healing must be adopted to the paramount reality, the everyday world of patients too.

«During the discussion the therapists try to fill the requirements of the conviction that they are only helpers in the process of changing, because it is the patient’s primitive reality that has to be the catalyst of development. Naturally dealing with these spiritual regions requires a great precaution because the deeper and more archaic levels it touches, the more power potential it gains. In addition it’s very important that the obtained information should be built into the participant’s real life».

The clinical professional responsibility induces critical reflections towards those, out of the clinical paradigm. The psychological dangers come from the inadequate, sometimes commercial experience.

Patients who were taking part in that kind of course and found their condition getting worse or their disease occurring, in our group, under safety regulations could work well, had positive experience and they could integrate their former experience. As we experienced, this needs much work, as the ego has to be strong and stable. If it isn’t, it has to be supported by the leader and social environment temporarily. The ego, a messenger between worlds reworks the experience.

### *Conclusion*

Extending the scope of diversity to the wider environment of medical memes and institutions – one must realise the dynamism, variability or mutability of knowledge, representations, metaphors and explanatory models regarding illness and healing.

The ecosystem of medical memes doesn’t constitute a closed system, rather a landscape with fuzzy borders and ecozones. These borders seem to be

impermeable between science and the fields of non-science nevertheless postmodern eclecticism may offer hybridization beyond competition, and neutral co-existence. Scientific knowledge systems are in a constant process of interchange in an environment full of challenges of still unexplored ways of healing. Scientific, social, economical, technical aspects are interwoven in interchange of memes of mainstream and unconventional healing. All creative turns in cases of unconventional medicine are strongly attached with shifts of identity of people, migration of people, transitions of social system at macro and micro level. In one phrase: it is based on ecodynamics of memes. People are on the move, as they leave their homeland, profession, worldview and attitudes for another in constant changes. Medical doctors become unconventional healers, biologist acupuncturist turns towards western medical studies. East Chinese and Vietnamese traditional healers come to Hungary to teach and heal. Western anthropologists visit Hungary to bring ancient knowledge and revitalised practice, and clinical psychologists start to shamanize. Engineers leave their theoretical and practical rationalism behind for healing by laying on of the hands, and measuring geopathic radiation. Most of them change their worldview representing a very variable diversity in their alternative, sometimes counter-culture reality.

This multiplicity and eclecticism of ontologies, healing paradigms are welcome from a post-modernist view. Regarding unconventional therapies, the post-modern framework is centred around particular and local, as opposed to universal truths. The new experiences gained by trance states, embodiment of previously unknown sensations open up different realities. The exchange of explanatory models derived from different healing practices may modify the basic concepts of health and illness just as the basic view of human being as pure biological system, spiritual entity, or energetic being with aura, chakras etc. The mixed healing practice helps to deconstruct the monolithic biomedical thinking and/or eliminating the antistructure or counter-culture contents from alternative healing and calls for bridging the gulf between different medical paradigms.

Legitimization can not be imagined without standardization of eclectic or hybridized forms of biomedical and complementary medicine. Standardization from within the mixed medical practice may help this legitimization process (GAMST A. 2004). However orthodox and non-orthodox medicines reflect the same political economic aspects of the social context in which they are located (HAN G.-S. 2002). This creates the postmodern context for multiple realities of different healing with the same economical dynamics. From this viewpoint it is the political economical context and not the onto-

logical content which creates the common framework. On the free market of health and illness it doesn't matter what sort of ontological basis is offered, the economical framework is common, or almost common. The standardization and legitimization offered by biomedical science compete with the standardization and legitimization by market and media shaping consumer behavior along the the routes of the Health Plaza.

## Notes

<sup>(1)</sup> The medical memes may be seen as reproductive units of (culture-bound) medical traditions, be they of biomedical, traditional, or alternative source of medical knowledge like different metaphors, explanatory models and representations of illness and healing.

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