HOW TO CHOOSE AMONG DIFFERENT THERAPEUTIC OPTIONS? PATIENTS' REGISTERS OF VALUING IN MEDIATING BETWEEN HOMEOPATHY AND BIOMEDICINE

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ABSTRACT

This article examines how patients who undergo biomedical and homeopathic forms of therapy value medical care and treatment. Based on an analysis of semi-structured interviews, four *registers of valuing* through which respondents talk about good or bad medical care and treatment are identified, constructing an analytical framework useful in describing how patients choose among or combine different therapeutic options. It is argued that in choosing and in talking about their options, patients accomplish *valuing work*, continuously evaluating and giving value to medical care and treatment by employing criteria that include efficacy, professional competence, communication and a suspicion of monetary interests. These four registers of valuing set homeopathy and biomedicine in a relationship that simultaneously involves contrast, succession, and continuity. Patients employ registers of valuing to justify their choices as reasonable, simultaneously pragmatic and oriented around a half-articulated philosophy of gentle healing.

Keywords*: *medical pluralism, registers of valuing, valuing work, homeopathy.

INTRODUCTION

The co-existence of diverse health care options in all contemporary societies has generated various strands of research that try to make sense of and conceptualize plural uses of therapy and different medical practices. A rich body of anthropological literature has documented pluralism in healthcare in non-Western settings beginning with the 1970s, when the notion of "medical pluralism" gained currency due to Charles Leslie's work on various Asian medical systems that questioned the primacy of biomedicine as a fully developed medicine (Hsu 2008;

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Rom. Jour. of Sociological Studies, New Series, No. 1, p. 7–24, Bucharest, 2017

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Johannssen 2006). Much more recently, the concept of “medical pluralism” has been employed in investigating new forms of plurality in Western medical settings due to the growing popularity of complementary and alternative medicine (CAM) of the last decades (Cant and Sharma 1999). From this perspective and adding new meanings to this concept, various sociological and anthropological studies have looked at changes in national regulations regarding CAM that have re-signified the notion of quackery (Wahlberg 2007), at the various forms of pluralism of therapies integrated in practitioners repertoire of services (Frank 2002; Frank and Stollberg 2006), or at how patients/users choose among or combine different therapeutic options (Barry 2006; Broom 2009; Sharma 1993).

In this article, I examine the co-existence of biomedical and homeopathic therapies through the analytical framework of *registers of valuing*. I first present and illustrate four important registers through which patients justify their choice for homeopathic treatment, in present-day Romania. I then examine the temporal relationships between biomedicine and homeopathy and how their succession or co-presence shapes patients’ accounts. Patients’ valuing work is informed not only by criteria of judgment, but also on a temporal organization of care. At the end of the paper I argue that the concept of registers of valuing proves to be a useful analytical construct for a more nuanced understanding of medical pluralism, taking into account diverse forms of temporal sequence between therapeutic alternatives.

Registers of valuing are based on criteria for judging what is good medical care and treatment which patients use when justifying their choices among the two therapeutic options. In my approach, I adapted Frank Heuts and Anemarie Mol’s (2013) discussion of registers of valuing. Drawing on interviews with various tomato “experts”, Heuts and Mol identify five registers of valuing through which these experts talk about *knowing* and *making* a good tomato. In their framework, valuing is seen as an activity that presupposes simultaneously *evaluation* (classifying if a thing is good or not) and *valuation* (making a thing valuable). In their various ways of assessing, appreciating, adapting or improving a tomato, these experts use criteria from different registers of valuing (*e.g.* monetary, handling, sensual, etc.) that sometimes add up but may also be prioritised or downplayed in a compromise against each other. Heuts and Mol’s approach is intended as a contribution to the burgeoning field of valuation studies. Drawing on John Dewey’s insight on value as performed in practice, these studies propose that attention should be given to processes of making something valuable without disentangling economic from social values (Dussauge *et al* 2015).

When choosing and discussing therapeutic options through different registers of valuing, patients do a form of *valuing work*. They continuously evaluate and value some aspects of their treatments. This idea has been rather neglected in studies that look at therapeutic pluralism from patients’ perspectives, although due attention is given to the criteria used in making these kinds of choices (Barry 2006; Broom 2009; Fadlon 2004; Lindquist 2002). Alex Broom (2009), for example,

conceptualizes therapeutic pluralism through the notion of *bricolage*, showing how cancer patients mediate between CAM and biomedicine by relying on three types of knowledge: embodied and intuitive, scientific, and social. In this way, the efficacity of a therapy is assessed through a combination of what patients feel with their own bodies, how patients interpret scientific statistical knowledge regarding medical aspects, and what they hear as rumour about various kinds of treatments and about how others are progressing in their treatment. Although this is an insightful approach for understanding the active search for and combination of therapies on pragmatic grounds, Broom's study is limited to a special category of patients and focuses on knowledge about treatments, treating CAM modalities as a whole without specifying which ones. This misses the fact that choices may be made on embodied, cognitive *and* relational grounds, the role of practitioners being rather neglected from his account, and that they may imply a differentiation between good and bad options that can vary from one situation to another. In this way, other than "combination", it is unclear in his study what kind of relationships are established between CAM modalities and biomedicine in patients' therapeutic trajectories.

Thomas Csordas (2006) argues that different therapeutic options may exist in practice in a relationship of (1) *contradiction*, when they are incompatible and in conflict or competition; (2) *complementarity*, when they have an additive effect or are used for solving different aspects of some medical problem; (3) *coordination,* when they are coordinated for solving different kinds of problems; (4) *co-existence*, when they directly interact in solving different needs. Although Csordas draws attention to the fact that therapeutic options may be strategically employed by patients in their healing *trajectories*, he does not elaborate on the effects of the temporal order in which this trajectory take place. As a distinction based mainly on how patients choose to address a medical problem, this leaves aside the fact the succession of therapeutic options may change how patients understand and value them. Commitment to one type of therapy may also imply developing a lay philosophy of health and illness and of the proper medical care and treatment to address them.

Many scholars draw attention to the pitfalls associated with using the collective term "complementary and alternative medicine" (Cant and Sharma 1999; Frank 2002; Gale 2014). One strand of argument is related to the homogenising effect of this label, since various forms of therapy are brought together under the same umbrella. As Sarah Cant and Ursula Sharma (1999) argue, CAM modalities share only the fact that they have different knowledge bases and state legitimation in comparison to biomedicine; otherwise, they have highly diverse modes of healing and histories. From patients' perspectives, the problem of compartmentalization is ignored when treating CAM modalities as a whole, since there may be a belief that certain kinds of practices may better explain and cure an illness (Harrell 1991, 45). This is why studies are needed that look at the specifics

of CAM modalities and the relationships patients establish between them or with biomedicine. Scholars in the sociology of CAM that study homeopathy have looked mainly at how biomedicine and homeopathy are integrated in medical practice (Borlescu 2011; Cant and Sharma 1995; Frank 2002; Frank and Ecks 2004; Frank and Stollberg 2006). There are only a few studies of homeopathy from patients' perspectives, and these are rather preoccupied with creating typologies of patients/consumers (Barry 2006; Sharma 1992; Whiteford 1999), neglecting the continuous work of evaluating and valorizing that patients do when navigating between different therapeutic options.

MEDICAL PLURALISM AND HOMEOPATHY

Homeopathy is a form of medicine not easy to categorize in a dichotomized framework like modern vs. traditional or Western vs. Eastern, since it has historically been an offspring of Western medicine that has been shaped by various influences and medical theories. Christine A. Barry (2006) argues that, at least for the UK medical setting, the provision of homeopathy is inherently pluralistic. Therapists may be medical or lay; a more biomedical version of homeopathy co-exists with a more spiritual and holistic one; homeopathy may be practiced within the National Health Service or outside, in various community based projects and private practice. In Romania, *Law no.118/2017 regarding the organization and function of complementary/alternative medical activities and practices* and the *Drug Law* recognises the practice of homeopathy, respectively homeopathic remedies as legitimate forms of medical care and treatment. In contrast with other European countries (e.g. UK, France, Germany), in Romania only qualified biomedical doctors can become homeopaths, and homeopathy is practiced only as a private medical practice. Nevertheless, an internal division may be also observed in the Romanian context between *clinical homeopathy* and *classical homeopathy.* The former is closer to biomedical principles and techniques (and intensively promoted by Boiron company, the largest manufacturer of homeopathic remedies), while the latter presents itself as being closer to the principles of a holistic and individualising form of medicine taught by the founder of homeopathy, the German physician Samuel Hahnemann, at the end of the 18th century.

Both versions of homeopathy share two main principles: the law of similars and the law of infinitesimals (Campbell 2013). The law of similars states that "like cures like", or that a sick condition can be cured with the same remedy that when administered undiluted to healthy persons would cause the same symptomatology of the sick condition. Homeopathic remedies are thus produced after *provings*, empirical tests made on healthy people with the undiluted substances, that reveal a symptoms-picture of an original substance. The "law of infinitesimals" or the principle of successive dilutions (in water, water/alcohol, or milk sugar) and

vigorous shakings ("succussions" in homeopathic terms) states that in this way the original substance becomes more potent, even though in the final homeopathic remedy there is no molecule of the original substance. Various theories have been proposed by homeopaths to explain how remedies may work given this condition, but none has been accepted as valid by the biomedical establishment. Explanations have been given in terms of the memory of water hypothesis, quantum theories and information theory (Milgrom 2006; Oberbaum *et al* 2005; Walach 2003).

Both homeopathic approaches share the technique of interviewing patients in order to assess their condition and to prescribe a remedy. In contrast with a synthetic drug, a homeopathic remedy may address simultaneously different types of symptoms, psychological and organic[1], and its prescription requires a very detailed description of a patient's symptomatology. The main difference between the two versions is that classical homeopaths will try to find *one*[2]remedy that matches the patient's constitution and symptomatology through an extensive interview, while clinical homeopaths may prescribe more than one remedy, each addressing one symptom, more similar to the biomedical way of prescribing. This internal division of homeopathy in Romania, although not generated by the differences between biomedically trained and lay homeopaths like in the UK, points to a general tendency in homeopathy in various national settings: some practitioners try to align their practice to biomedical standards, while others try to construct and legitimise homeopathy as a radically different form of medicine (Degele 2005; Frank 2002).

In this paper, I do not attend to the question of how homeopathy is integrated in the national health care system or at the micro-level of medical practice. I aim to answer the question of how patients evaluate and value medical care and treatment, by identifying what criteria they use and how they establish different relationships between biomedicine and homeopathy. Faced with at least two therapeutic options, patients confront the question "What kind of medical care and treatment are worthy of pursuit?". In the *Results* section, I argue that patients answer this question by taking into account and combining at least four different registers of valuing: efficacy, professional competence, communication, and a suspicion of monetary interest.

METHODS

In order to answer this question, I interviewed 17 patients from April to September 2016 in Bucharest, the capital-city and one of the most developed cities

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[1] See, for example, the description of the remedy Pulsatilla from a popular homeopathic Romanian site http://www.homeopatie.ro/pulsatilla-121.htm (accessed 27 February 2017)

[2] A procedure not always respected in practice since finding the right remedy is a tentative and difficult process. As such, classical homeopaths may prescribe also a second remedy to solve the acute phases of some condition.

in Romania, and Piatra Neamț, a small city situated in the economically depressed northeastern region. The interviewees represent a sample built through a snowball-sampling technique: every interviewee was asked at the end of each interview to make a referral to other persons that use homeopathic remedies and go to a homeopathic doctor. As a qualitative study of how patients value their medical care and treatment, this study does not aim at a statistical generalization, but rather at an analytical one in terms of *case-to-case translation* (Firestone 1993). In this way, I do not intend a generalization for some defined population, but I use the conceptual framework proposed by Heuts and Mol (Heuts and Mol 2013) and translate it from a setting oriented around valuing an object like a tomato to a setting in which medical care and treatment become the main focus of peoples' activities of valuing. Consequently, I look at how valuing takes places discursively in interviews and I bracket sociological categories like gender, age, and social status as explanatory variables.

Given that respondents represent a small sample, it is likely that other registers can be found by interviewing additional people, opening up an agenda for future work. My current research does not represent a comprehensive repertoire of valuing registers at national level, but a first attempt at identifying several such repertoires and their discursive use, arguing for the productivity of this concept in understanding patients' justifications for their treatment choices.

All interviewees were intensive homeopathy users and attended homeopathic consultations on a regularly basis. Five of them consulted a classical homeopath, while the rest went to a clinical homeopath, but only two of them (who were also biomedical doctors) knew that there are various forms of homeopathic practice. Since I was interested in gaining an in-depth insight into how persons negotiate multiple therapeutic options, I did not take into account occasional users and people who only rely on self-administrated treatments. This is why I choose the term "patients" instead of "consumers" or "users", since respondents have a sustained relationship with their homeopath. Homeopathy and biomedicine are the main therapeutic options for them, and both are used for treating acute and chronic conditions. Consistent with previous studies of CAM that reported a higher percentage of female rather than the male users, all the interviewees were women, 14 of them were also mothers who currently provided care for their children. Ages ranged between 20 and 70 years and there was great variability in the interviewees' occupational status (dentist, manicurist, engineer, sociologist, student, unemployed, pensioner, etc.).

In the interviews, I followed a semi-structured format, exploring respondents' health experiences with a focus on homeopathic consultations and treatments. The interviews lasted between 35 minutes and two hours, with an average of one hour and seven minutes. There was only one interview of 35 minutes that took place at the respondent's workplace, a context that was not very supportive for the interview. However, this is an interview that I included in

analysis since I managed to discuss all of the main themes and the respondent formulated some important insights about her and her children health experiences. The other interviews took place either in public locations or at the interviewee's home. All the respondents gave their verbal informed consent before taking part in the study, also acknowledging their permission to digitally record the interviews. Interviews have been subsequently fully transcribed. The Ethics Committee of the Faculty of Sociology and Social Work, University of Bucharest, has approved of the research design, validating all measures for protecting the anonymity of the participants and the archival and publication of resulting data. The anonymity of participants has been protected during analysis through assigning a pseudonym.

To analyse the data I used a form of discourse analysis that looks at how cultural and social meanings are used as resources in narrating personal experiences (Johnstone 2008). The interviews may be seen as one more step in the process of judging something as valuable since they are moments in which "the respondent works up and tests the status of her experience, knowledge, and definitions of events against the knowledge, etc., imputed to the interviewer as representative of the culture at large" (Smith 1978, 27). In analysing the transcripts I treated patients' answers as *accounts* since they entail evaluative judgements and reveal what counts for the person using them (Stark 2009, 25).

I coded transcripts by using the ATLAS.ti qualitative data analysis software, taking each account of a health experience and assigning a code for the criterion used when differentiating between good and bad medical care and treatments. In the first round of interview coding I generated a list of 12 common codes, such as: "no-side effects", "disguised interests", "attention", "understandable explanations", etc. I then grouped them thematically as four distinct registers of valuing, specifically: *efficacy*, *professional competence*, *communication*, and *monetary interests*.

RESULTS

Therapeutic efficacy

The first and most important register of valuing medical care and treatment is centred on various constructions of efficacy, of achieving the intended therapeutic results.

In biomedicine, efficacy has been redefined during the last half of century through the terms and procedures of the double-blind randomised control trial (RCT). A clinical trial defines "good care" as an intervention that leads to an improvement of some measurable parameters of health which are greater than the improvement of patients that received a placebo (Mol *et al* 2010). This evaluation technique formulates care and treatment in quantifiable medical parameters and uses statistical knowledge to assess whether a drug is effective or not. In this logic,

homeopathic remedies are ineffective; various systematic reviews of placebo-controlled clinical trials of homeopathic remedies dismiss homeopathy as equivalent to placebo (Ernst 2002; Jonas *et al* 2003). Health-related media reports on homeopathy rely on the scientific credibility of this research and portray homeopathy with scepticism, talking of homeopathic remedies in terms of a "fake", a "sham" or a "sugar pill". When reading such an article, one of the respondents reacted:

> I read an article on some website in which the author, a worthless writer, was saying that Oscilococcinum has a concentration of one in a million, that it is like taking nothing, that homeopathy is a sham. But why do you talk without knowing anything about the topic? Did you talk to people that were cured? Did you talk to any physician? Do you have any credentials I don't know of? I wrote in the comments section […] My family and I and have been taking remedies for ten years and we feel great, and you start commenting on a subject that you don't know anything about. (Ina, mother of two children, has used homeopathy herself and for her family for 10 years)

This patient questions the authority of the author of the article that dismissed homeopathy, and invokes her own, "lived truth". This is a common tendency for respondents, to reject or doubt scientific knowledge based on their own experiential knowledge, suggesting a conflict between different methods of assessing therapeutic effect: the pragmatic, "remedies work for me" account versus the scientific, "remedies are similar to placebo" account. In this way, the efficacy of medical care or treatment is evaluated and valued differently by patients and by scientific researchers.

One way of choosing between different therapeutic options is by contrasting homeopathic treatments that are efficacious with biomedical treatments that are not, constructing the efficacy of a treatment as a restauration of a desirable state. Many respondents give an account of their first encounter with homeopathy as an alternative sought after they tried different biomedical treatments that failed to cure a damaging condition. For example, Ioana first heard of homeopathy from an acquaintance who recommended that she go to a homeopath to see if he could find a solution for her five-year old daughter, who was diagnosed with asthma. In the interview, she complained that her daughter had to be taken very often to the hospital. Doctors administered antibiotics to her and treatments based on cortisone that offered only a very temporary solution. After her daughter had many asthma crises, during one critical episode, she decided to take her to a homeopath who prescribed a scheme of treatment with three homeopathic remedies. She took her daughter home where she began to administer them every twenty minutes and managed to get her daughter out of the crisis. During the administration, she telephoned the homeopath several times to inform her about her daughter's condition. After this experience, she stopped giving her daughter biomedical treatments for asthma, and treated her only with homeopathic remedies whenever

she was in crisis. This kind of account puts biomedicine and homeopathy in a temporal relationship of succession and comparative efficacy, each addressing the same medical problem. In them, respondents actively seek a solution for their problem, testing and in this way evaluating experientially several kinds of treatments.

This temporal succession is sometimes mediated by hearing stories about a spectacular homeopathic healing from relatives or acquaintances. When beginning to use homeopathy, patients may be reinforced in their decision through stories told by their homeopath about successful cases. Thus, a shared sense of valuing is established, in which homeopathic remedies prove to be a good medical treatment, which could solve even the most problematic cases. In interviews, many respondents moved from recounting their own experiences to stories of third-persons. This argumentative work indicates a continuous effort from their part to add evidence to the correctness of their evaluation. These stories act as reassurance in the face of often encountered critiques of homeopathy, or in moments of self-doubt. Because this kind of account is more concrete and related to their everyday concerns than the abstractness of scientific knowledge that denies homeopathies efficacy, respondents may find it more convincing:

> Q: How did you find this homeopath?
>
> Through a recommendation from a friend, who has kids and went with them in very serious conditions that were solved spectacularly. And I said, when I went to the homeopath, that I don't expect it to be miraculous – but this is how it really works. When the remedy is found, practically in half a day, in twelve hours, symptoms diminish by 75 per cent. (Elena, mother of two children, has used homeopathy herself and for her family for five years)

Another way of choosing between different therapeutic options is through a construction of efficacity in terms of treatment with no side-effects, related usually with reference to a "natural" or "gentle" way of healing. This general principle of evaluation of a treatment is often invoked by respondents when they talk about homeopathic remedies as an alternative to drugs based on antibiotics, cortisone or other forms of long-term treatment. These kinds of accounts invoke moments of crucial test, when people follow one of the possible paths that a controversy may take. In a situation of contestation, when a disagreement over the worth of objects is disputed, some will find the objects defective and will diminish their worth based on the same general principle that is apposite for the situation (Boltanski and Thevenot 2006). Synthetic drugs become 'defective objects' for the patients who use homeopathy, since they are associated with negative side-effects, especially with what they see as a general widespread "toxicity", signifying a failure in achieving good medical treatment:

> I took Nitrofurantoin for my kidneys. I took so much, for kidneys, for infections, for this and that, that, how should I say it […] I felt nausea, a

> feeling of nausea, only when I knew I had to take it. And then, I took them in parallel for a while, and after, when I saw that homeopathy works, I didn't take Nitrofurantoin anymore. (Monica, mother of two children, has used homeopathy herself and for her family for 20 years)

When I asked respondents how they imagine that homeopathic remedies work, respondents' answers can be summarized through the following representation: remedies go to the area of the body where something is wrong, and they fix the problem without causing damage. This reiterates the criterion of "no side effects" in valuing medical treatments. Very few of the respondents have tried to elaborate on this circuit, by appealing to some of the elements specific to homeopathic ontology, for example clarifying that humans also have an "energetic body" in which homeopathic remedies act through a transfer of "information".

Even the otherness of homeopathic remedies in relation to the biomedical treatments was presented as a criterion that confers upon them value, because (1) it does not interfere with the other facets of efficacy, and (2) it is a personalised form of treatment:

> I have heard of some remedies; if you hold some kind of stone, it purifies your house … And I put them (homeopathic remedies) in this category, they have this sort of energy, people believe that these things have supernatural powers, which may be so, or may not be so; and this gives them a strange aura, at least to me; but it is a weirdness that I find benign. It is clear to me that they can do no harm, I do not believe too much in them, I cannot say that wow, that this is the reason I feel better lately. (Andreea, has used homeopathy for one year)
>
> I think that this is homeopathy's charm; it is attractive because you can take this remedy for some ailment and I will take it for something else. If you take it for something mental, I will take it for something physical. You take it for left, I for right. (Monica, mother of two children, has used homeopathy herself and for her family for 20 years)

When employing efficacy as a criterion for valuing, respondents refer to a register in which biomedicine and homeopathy are put in temporal relationship of *succession*: a biomedical treatment that failed to cure their disease has been followed by an attempt to find a solution in homeopathy.

When understanding efficacy as a *return to a desirable health state*, respondents reveal a sort of *pragmatism* in their crisscrossing routes between a biomedical doctor and a homeopathic one. Respondents make a continuous work of valuing treatment options, both homeopathic and biomedical, looking for a solution to solve their problem. In contradistinction, when understanding efficacy as a *no-side-effects treatment*, respondents contrast biomedicine and homeopathy, rather than combining them. A homeopathic remedy may be tried in this case as the

first solution, since it is the one from which patients expect no side effects, in comparison with the synthetic drug.

Professional competence

Another criterion for judging good medical care and treatment is professional competence. Respondents aim to be treated by a competent doctor that has the knowledge and skills to cure their ailments, independently of his or her specialty. A good doctor is usually discovered through recommendations from acquaintances or from an Internet source, but the face-to-face encounter is decisive in establishing her competency. In interviews, respondents give various accounts of "bad doctors", who have not manged to properly diagnose a disease, to find the right treatment, to behave as expected during the consultation, or doctors who prescribe treatments that are considered doubtful by patients. They may be homeopaths or biomedical doctors, invoked in interviews through accounts of failed encounters in which a technical aspect of doctors' performance has been negatively evaluated by respondents:

> And I have been, I believe, to ten dermatologists, paediatricians, all of them, and all said that they do not know the cause for dermatitis and there is no treatment for it. One treatment works for some, for some it doesn't. And it is frustrating to be told that we do not know the cause of your condition and so you should try this, and this, and this. (Ana, mother of one child, has used homeopathy for one year mainly for her child)

When patients have a trustworthy relationship with their homeopath, accounts of the doctors' professional competence present another aspect of the temporal order of succession between biomedicine and homeopathy. Patients first go to various kinds of conventional doctors (mostly to their general practitioner) where they are diagnosed and recommended a treatment. Then, a homeopathic consultation follows, where the biomedical diagnosis or medical analyses are taken into account, but the recommended treatment is totally or partially discarded. In this way, *biomedical and homeopathic professional competences are contrasted yet set in a relation of continuity*, rather than a complete disjuncture. This implies a coordination between homeopathy and biomedicine that blurs the therapeutic boundaries between the two options.

Since homeopaths in Romania are medical homeopaths and there are no specialisations in homeopathy, patients perceive the homeopath as a kind of omnipotent doctor, in contrast with biomedicine where, for the same condition, a patient may visit several specialists to receive diagnosis and treatment. This *omnipotence* is also consolidated by attempts to heal diseases that in biomedicine have rather an uncertain status:

> I have many problems and I was looking for a doctor who could treat them all. This is what I found in her (the homeopath). (Maria, has used homeopathy for one year)
>
> The problem is with that negative analysis, he cannot understand why things are the way they are, because from the endoscopy it is clear that I do not have celiac disease (…) and he said that he does not know the cause of my condition and that probably the solution lies in homeopathy, because classical medicine does not have a cure (…) he told me that if I want something that can help me, I should go to his homeopathic clinic because what I have is clearly based on my type of personality.(Andreea, has used homeopathy for one year)

Attending two therapeutic options gives patients the ability to compare and contrast doctors' medical professional competence. Patients usually rely on other registers of valuing as well, in order to compare the two. Interviews reveal that good medical care can be offered by a doctor that not only reveals his technical professional competence, reflected in a proper diagnosis and treatment prescription, but also, as I discuss in the next two sections, by a doctor that knows how to communicate with patients, and who cannot be suspected of having disguised monetary interests.

Medical communication

Good communication between doctors and patients is another criterion for evaluating medical care. In the case of patients that go frequently to a homeopath, their encounter with homeopathy and its specific methodology of consultation shapes their expectancies regarding good medical communication. Numerous studies in medical sociology draw attention to the communication between doctors and patients and the various problems that arise since it takes places as an encounter between people with different agendas (Cicourel 1981; Frankel 1995; Heritage and Maynard 2006). In biomedical encounters, patients' concerns and personal troubles are usually left aside, in a search for technical solutions. As a consequence, various forms of miscommunication arise. This critique of conventional doctors is also often voiced by respondents:

> It seems to me that in homeopathy you are treated differently. I am being spoken with my own terms, as I am a human being that has no studies in medicine. And this matters a lot. When a (conventional) doctor starts to speak in his terms, he can tell you anything, you can ask once, twice, but the third time … he has also other patients, he kicks you out. (Mara, mother of one child, has used homeopathy for herself and her child for 16 months)

As can be seen in this quotation, patients prefer homeopathy because, in contrast to biomedicine, homeopaths find the terms to intelligibly clarify their condition. In the homeopathic interview patients are asked about all sorts of

symptoms and personal traits, because symptoms are understood in a broad way. Homeopathy takes into consideration a *wide range* of mental, emotional and physical characteristics of patients. Beside their specific ailments, patients may be asked about preferred tastes, recurring dreams, greatest fears and many *details* about how and when their problems ameliorate or aggravate. Also, descriptions of symptoms are *nuanced* and homeopaths lead patients into a specific form of self-observation, in order to get the necessary information, rendering patients more active in the therapeutic relationship:

> And what is important is that she asks you things that an allopath would never ask. If you sweat or not at this kind of cold, if saliva draws from your mouth during the night, or not, how is your headache, on what side, is it heavy, is it sharp, is like a belt, is like a band, or who knows. There are all these nuances… and going to her for so long, I manage somehow to identify them and know clearly the answer to her questions.(Elena, mother of two children, has used homeopathy for herself and her family for five years)

It is not only that homeopaths have a more understandable vocabulary, but they also give explanations that are closer to patients' concerns. Since in homeopathy there is no interior specialisation for types of disorders; and mental, emotional and physical characteristics of the patients are taken into consideration when a remedy must be prescribed, the topics of the conversation may vary from talking about some specific physical symptoms to talking about the patients' work environment, or their family relations. How much time the doctors spend with them, how attentive they are to patients' concerns and how available they are in responding to patients' problems become criteria relevant in judging how a "good doctor" should be in the register of communication. Respondents often compare homeopaths to psychologists, suggesting that even though they go to a homeopath for a very specific physical complaint, their more general concerns will be taken in account.

Disguised monetary interests

When valuing medical care, patients also take into account the suspicion of disguised interests on the doctors' behalf. They can impute a commercial interest to conventional doctors and also to homeopaths, questioning their ethics and professionalism. This usually takes the form of what Boltanski and Thevenot (2006) call 'moments of unveiling' in the sense of unmasking false appearances when the worth of an object is disputed. In this way, respondents show their critical competence using linguistic operators like "in fact", "in reality" that mark a contrast between appearances, or what medical care should be, and what they consider to be the real intentions behind it:

> However, I think that their (conventional doctors) dermato-cosmetic recommendations are pure marketing, because you pay 50 or 100 lei for a cream that you use for one month, and why are you not prescribed one or another? Maybe because in fact they receive money? (...) There (a homeopathic clinic) they gave me a lot of remedies and the treatment cost about three million lei … well, they have their own pharmacy, they produce them, and that's probably why. (Ana, mother of one child, has used homeopathy for one year mainly for her child)

Some respondents talk about being judged by others as fools, because they give credit to a form of quackery in medicine and they pay money for "sham" remedies. This is emphasised also due to the fact that homeopathy is a private practice with no health insurance, and patients have to pay for treatments that would be completely covered by insurance from their general practitioner, in conventional medicine. As a response to this, homeopathic patients' accounts that portray homeopathy as a good form of medical are shaped as a justification for a choice that deserves their financial sacrifice:

> The consultation is not cheap but it is worth it. (Ina, mother of two children, has used homeopathy for herself and her family for 10 years)

In a certain sense, patients' accounts that evaluate medical care and treatment may be seen also contrasting private vs. public health care, voicing some of the more general critiques of the perceived deteriorating conditions of the public health system. The public hospital is presented as the last place where a patient would like to be, and any solution to avoid this may be worth a try. Added to this are also considerations that the so-called "free" public health care is not actually free, since various informal payments for doctors are considered unavoidable and largely normal (Stan 2012). What worries patients most is the interference of pharmaceutical companies in medical prescriptions. This is how this register intersects with an understanding of efficacy as a no-side-effects treatment. Patients see synthetic drugs not only as deficient objects through their negative side effects, but also as bearers of disguised financial interests.

DISCUSSION

Heuts and Mol's study regarding registers of valuing is oriented around a single object (a tomato), examining how different registers of valuing are used in different situations (Heuts and Mol 2013). They look at tensions between and within registers, and their argument is focused on studying values as performed in practice. Because they do not attend to who is doing the valuing, they leave aside

the fact that the same object (*e.g*. a homeopathic remedy) may be judged with the same register of valuing (*e.g.* efficacy) but may have different qualifications from different perspectives (*e.g.* biomedicine and homeopathy). As such, who is doing valuing work matters since this is an activity that may go beyond evaluating the object of concern through establishing different relationships between different worlds or domains.

Consequently, registers of valuing prove to be *a useful analytical tool for studying medical pluralism*. In this paper, I traced how patients who experience two therapeutic options choose among or combine them, justifying their choices in different registers of valuing that are based on criteria often used for assessing medical care. Any patient could employ them, for any therapy, and their generality works as a warrant for respondents' justifications, given that they must account for using a frequently critiqued form of medicine. Patients often compare homeopathy and biomedicine by appealing to *contrasts*, *successions*, and *continuities*. The contrast between homeopathy and biomedicine is reiterated and reinforced throughout all the four regimes, often taking the form of an opposition between good and bad medical care and treatment. On the one hand, scientific reports contrast biomedical drugs with homeopathic remedies and evaluate the latter as deficient, based on a criterion of efficacy understood in the terms of RCT trials. On the other hand, patients contrast biomedical drugs with homeopathic remedies based on a criterion of efficacy understood in terms of their own experience of healing, and the importance of no side-effects. It is not only a difference between the understanding of efficacy that separates the two versions of medicine. It is also the fact that medical care and treatment comprise, for patients, more elements than an RCT takes into consideration, and this can be seen in the relationships between the four regimes of values.

Patients' accounts of medical experiences have *a temporal structure that presents a succession between biomedicine and homeopathy*. In this, patients usually state a form of criticism of biomedicine (something went wrong in one or more registers of valuing) and justify in this way their choice for homeopathy. But this is seldom a *rupture* and it implies rather various forms of *continuities* between the two medical versions: either through the dual professional competence of the homeopath or through the various routes that patients take between the two (*e.g.* doing medical analyses and presenting them to their homeopath, or taking also a biomedical treatment prescribed by a conventional doctor).

In this way, relationships between homeopathy and biomedicine are not as clear-cut as Thomas Csordas (2006) suggests in his discussion of medical pluralism. As can be seen from respondents' accounts, this kind of relationship may vary from one situation to another, or depending on the aspects taken into consideration. Since homeopathy depends on some biomedical practices to achieve a form of healing and homeopaths are medical doctors, the two versions of medicine present continuities under what Csordas see as coordination, co-existence

and complementarity. The differences are rather revealed when the two versions are put in a relationship of contrast, or contradiction in Csordas' terms. But this contrast, at least from patients' perspective, is not built around incompatibility between the two versions of medicine, but rather on which therapeutic option seems a better one, relying on generally accepted registers of valuing.

Csordas's distinction takes into account relationships between forms of treatment based on how these options address a health problem, ignoring the temporal relationship between them. As I showed in discussing patients' accounts of routes between the two versions of medicine, *temporal succession plays an important role in giving meaning to their health experiences*. Since efficacy as a restoration of a desirable health state is one of the main criteria for evaluating medical treatments, patients will move from one option to another in their quest to find a solution to their problem. This originates from patients' pragmatism in their therapeutic options, an attitude amply documented by previous studies of CAM users and medical pluralism (Broom and Tovey 2008; Fadlon 2004; Last 2007). Nevertheless, patients also appeal to a *half-articulated normative philosophy of medical care and treatment* when they justify their options in terms of efficacy, understood as a no-side-effects treatment, and when they mobilize the other registers of valuing.

Acknowledgements

Many thanks to Cosima Rughiniş for important suggestions and careful reading of different versions of this paper. I am also indebted to the two anonymous reviewers of an earlier version for their constructive critique that contributed in giving shape to this paper.

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