UNDERSTANDING UNCONVENTIONAL MEDICINE

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Social Sciences on Traditional, Complementary and Alternative Therapies in Slovakia

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All information provided in this book represents the opinions of the authors and should by no means be substituted for the advice from a qualified medical practitioner.

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Mgr. Robert Klobucký, PhD.

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Preface

The idea of writing a book on unconventional medicine in Slovakia from the viewpoint of social sciences has been the ambition of one of the authors since his initial interest in the field of therapeutic modalities outside the purview of the state. A research grant for the investigation of unconventional medicine that we received from the Scientific Grant Agency of the Ministry of Education, Science, Research and Sport of the Slovak Republic, to whom we would like to express our sincere gratitude, provided the opportunity to conduct the fieldwork to the level that the significance of the topic requires. Promising research activities have been hampered by the pandemic restrictions, which prevented us from carrying out all our planned actions, especially the gathering of data by means of interviews with users of the most prevalent forms of unconventional medicine in Slovakia. This, however, did not necessarily affect the compilation of this book, as the material presented here has been collected over many years of intensive fieldwork. In this book, we believe that the reader will be able to access a broad discussion on the complex aspects of medical diversity from both a local and global perspective. Moreover, we expect that this monography will be potentially useful for students and other scholars in the fields of sociology and anthropology of medicine and the history of medicine, as well as for policy makers and professional medical experts, interested in the fascinating world of medical pluralism.

Numerous outcomes of our previous research activities have been already published in various journals and monographs. This book contains information and partial texts from previously published articles, chapters (Souček, 2015a, 2015b, 2017, 2020a, 2020b; Souček & Hofreiter, 2017) and papers submitted to the peer-reviewed journals and still under review (Souček & Hofreiter, 2022a, 2022b). The work on this book has been possible, mainly due to the research project grant, "*Analysis of Selected Social Contexts of Using Alternative Forms of Healthcare in Slovakia*" that was received from the Scientific Grant Agency (VEGA) of the Slovak Republic.

It is hardly imaginable that this book would have become a reality without the support of family members and friends, to whom we owe a debt of gratitude for their assistance in distributing the pre-test survey. We are grateful to the

reviewers for their constructive remarks and valuable suggestions, which have helped improve the quality of this monography. Moreover, the authors are very grateful to all the respondents who completed the survey and the individuals who participated in all the research activities. Special thanks go Michaela Souček Vaňová, who as a member of our research project, essentially contributed to development of the questionnaire. All the procedures performed in the studies involving human participants, were in accordance with the ethical standards of the institutional research committee (Research Ethics Committee of Matej Bel University, reference 2020/206) and with the 1964 WMA Declaration of Helsinki and its later amendments or comparable ethical standards.

Introduction

The phenomenon of unconventional medicine is an important feature of any contemporary society. Considering the increasing popularity of various forms of non-biomedical methods of healing among various groups of people, the necessity of an in-depth investigation of traditional, complementary and alternative therapies continues to grow. Existing terminology along with prevalence rates, legal status, and historical development, vary greatly in European countries. The main reason behind the compilation of this publication was, therefore, to provide an overview of the field of unconventional medicine in Slovakia, where social science research into medicine has largely been neglected and only limited data exist in relation to medical practices and products, not associated with standard healthcare. Despite various concerns and controversies that have been raised regarding alternative medicine, the intention of the book is not to provoke criticism, the representatives of which are sufficiently represented in the public debate. Likewise, it does not try to reinforce the idealized and non-critical image of unconventional therapies, adopted by a number of alternative healthcare practitioners and providers. Rather than contribute to the polarization of the topic, the purpose of this monography is to provide a comprehensive understanding of the historical background of unconventional therapies, the main trends in this area, the patterns and reasons for the use of alternative medicine and the factors determining the efficacy of alternative therapies.

While looking closely at the social science investigation of actors in the field of unconventional medicine, primary concern of scientists is threefold: in relation to users/patients/clients/consumers, providers/specialists/practitioners of alternative medicine and medical doctors. In putting together this monography, priority has been given to the users of unconventional treatment, as the individuals who make the decisions regarding various healthcare options in a highly diverse medical environment. Over the decades of investigation in this field, social research has undergone various changes, however, most of the activities have been confined to well-used methodological approaches and the theoretical schemes of particular social disciplines. Recognizing the advantage of mixing methods in social scientific

research in relation to those searching for alternative therapies, the authors decided upon a combination of a sociological and anthropological approach, *in complementary and not competitive, lines of work*, as aptly illustrated by Foster (1975). The authors of this monograph, a sociologist and an anthropologist by education, share the idea that an appropriate mixture of perspectives not only permits the search for different data but also enables individuals to come to different conclusions, which definitely widen our horizon of understanding with regard to the social and cultural phenomena of unconventional medicine. This clearly reflects the division of this book, which consists of three main parts, each dealing with various aspects of alternative healthcare in Slovakia.

The first part briefly introduces the historical development of the most notable forms of unconventional medicine in Slovakia, while highlighting various institutionalization and professionalization strategies, that have dominated over the last few decades. Most of the material regarding the history of the institutional background of various unconventional therapies was acquired through a review of the literature. Additional material was obtained from interviews with individuals who have actively participated in several organizations covering the practice of unconventional medicine in Slovakia. In order to facilitate a comprehensive understanding of unconventional therapy activities within country contexts, related laws, reports and policy documents were also studied in detail. The current state of affairs regarding the legal and regulatory status of unconventional medicine in Slovakia and the reimbursement of unconventional medicine and products have been analysed accordingly in this part. Not surprisingly, data previously accumulated on institutional background and history of unconventional therapies in Slovakia, are not products of systematic investigation in this field. Rather than a critical historical analysis of factors that contributed to the development and transformation process, these sources often represent a collection of "facts about the past". This necessarily reflects the content of this part of the book. Hence, almost every topic discussed here would definitely deserve more space than this part allows, however, this would lead us far beyond the limits of this short contribution to historical understanding of unconventional medicine.

The second part mainly concerns a representative survey, investigating the patterns and trends of unconventional medicine use and concentrates on the execution of data on prevalence and types of non-conventional medicine, examining attitudes towards different topics related to alternative healthcare.

For this purpose, a representative survey, investigating patterns and trends, was conducted on a sample of 1,027 citizens of the Slovak Republic. This is a standardized methodology and constitutes the most practical way of gathering large amounts of data on the prevalence and predictors of unconventional medicine use among Slovakian adults. The data collection was carried out during September 2019, as a part of an omnibus survey by the FOCUS research agency. The respondents were interviewed face-to-face by professional interviewers. Socio-demographic questions included reference to gender, age, education, marital status, household monthly income, religion, religious identity, place of residence, number of household members, work status and political views. Some of the dominant concerns of this book, such as predictors of unconventional medicine users by a group of methods and reasons leading to visits to unconventional healthcare providers and specialists, are arguably addressed at the end of this part. To gain a more comprehensive understanding of the situation regarding unconventional medicine in Slovakia, several outcomes in this part of the book are supplemented by investigations conducted on the topic in different countries, especially those in Europe.

Lastly, the book briefly enters the ongoing discussion as to how unconventional medicine might work and how efficacy is negotiated between the different actors involved in the healing process. Here we draw on selected interviews, conducted in Slovakia between the years 2012 and 2020, with individuals who received some form of unconventional treatment. Over the last few years, the author of this monography have discussed the topic of health and sickness with a large number of people who administrated unconventional treatment themselves, as well as with those who were treated by specialists in unconventional medicine, such as folk healers, homeopaths or specialists in traditional Chinese medicine. The focus on various aspects of experiences with unconventional treatment allowed us to more comprehensively understand the expectations and needs of different people, who use either unconventional medicine alongside or instead of standard medical treatment. In addition, to capture the communication strategies of practitioners with patients, several interviews were conducted with homeopaths, psychotronics and folk healers. The fieldwork also included participant observations of homeopaths and psychotronics in seminars, courses and professional events, concerned with the theory and practice of healing.

Part I

UNDERSTANDING UNCONVENTIONAL MEDICINE: GENERAL OVERVIEW

1. The field of unconventional medicine

To describe the coexistence of different medical forms and traditions in non-Western societies, the term medical pluralism has been frequently used (Leslie, 1980). Several studies from the field of medical history have shown that the existence of unconventional medical practices, unrelated to mainstream healthcare systems, can be traced back several centuries (Jütte, 2013). However, it has been confirmed that the existence of medical pluralism and the (subsequent) availability of diverse healthcare options, are not entirely specific to non-Western societies, and they did not dominate pre-modern European history (Cant & Sharma, 2004). Today, perhaps more than ever, the situation regarding healthcare is clearly represented by a wide array of heterogeneous medical practices and ideas, serving the needs of clients. Notwithstanding the fact that the concept of medical pluralism has been subjected to criticism from representatives of various disciplines, it is still placed at the centre of discussions dealing with the pluralistic universe of healthcare (Penkala-Gawęcka & Rajtar, 2016).

Medical pluralism in Western societies manifests itself in a variety of different methods and therapies, which are widely presented in opposition to official/conventional/classical medicine. Probably the most widely used term in sociology and anthropology for a group of medical procedures, that are not currently considered as an integral element of conventional medicine, is that of complementary and alternative medicine (CAM). The compound name of the two attributes, complementary and alternative, evolved from the former designation, alternative medicine (AM). According to Cant and Sharma (2004), who have conducted extensive research into alternative therapies in the UK, the term, AM, was popular up until the end of the 1980s. On the other hand, the term, complementary, came to be used more widely among physicians, who underlined the possibility of closer cooperation between various medical forms. The British Medical Association (BMA) influenced the shift in terminology, from alternative to complementary, as a number of AM supporters blamed the association for a dogmatic rejection of any form of medicine other than conventional medicine and the widespread discreditation of non-biomedical healthcare as merely alternative and anti-scientific. However, the original term, AM, quickly became established among ordinary

people and various practitioners, despite experts pointing out that there was a difference between alternative and complementary forms of medicine. While in the case of alternative forms of medicine, their substitute or surrogate use in the therapeutic process is important, complementary forms of medicine are characterized by complementarity with conventional medicine. In order to capture the different nature of these phenomena, the combined term, CAM, was propagated by U.S. American institutions. Although in the discussion among academic authors and government representatives this concept quickly became established, the general population did not fully accept it. To solve the terminological obstacles, certain authors prefer the more value-neutral term, unconventional or non-conventional medicine (Blumberg et al., 1995; Dalen, 1998). It can even be found in the official European report on the status of unconventional medicine for the Committee on the Environment, Public Health and Consumer Protection (Lannoye, 1997). In the same vein and to employ a neutral term with minimum negative and/or positive connotations, the authors of this publication have decided to use the term, unconventional, when referring to complex medical ideas and practices that have evolved without the direct influence of Cartesian dualism, such as acupuncture, herbal medicine, yoga or homeopathic treatment.

Notwithstanding the term we are using to describe the phenomenon, challenges in defining unconventional medicine still persist. With respect to country-specific conditions, it is very difficult to establish an acceptable and wide definition of unconventional therapies in Europe (Falkenberg et al., 2012). Accordingly, a variety of definitions of unconventional medicine have appeared in the relevant literature, investigating the prevalence of traditional, alternative and complementary therapies' usage. One of the most cited definitions of CAM was developed by the National Centre for Complementary and Integrative Health (NCCIH), formerly the National Centre for Complementary and Alternative Medicine (NCCAM), established in the US where it is broadly defined as:

> *"A group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine. Conventional medicine is medicine as practiced by holders of M.D. (medical doctor) or D.O. (doctor of osteopathy) degrees and by their allied health professionals such as physical therapists, psychologists, and registered nurses"* (Raszeja, 2012, p. 18).

The NCCIH, moreover, grouped diverse therapeutic practices into the following five broad categories:

> *"**Mind-body therapies** include a large and diverse group of procedures or techniques administered or taught by a trained practitioner or teacher. It includes meditation, biofeedback, hypnosis, guided imagery, visualization, relaxation therapy, art and music therapy and other techniques stimulating the mind's ability to affect bodily function.*
>
> ***Biological-based practices** represent natural health products, such as vitamins, minerals and herbs.*
>
> ***Manipulative and body-based methods** consist of a group of therapies based on manipulation of body parts such as chiropractic, massage and manual therapies.*
>
> ***Energy Medicine** is a collection of CAM treatment methods focused on influencing energy fields and involves methods such as reiki, healing touch or magnet therapy.*
>
> *Whole Medical Systems are complete medical systems with elaborated theories and practical administration and cover naturopathy, traditional Chinese medicine, Ayurveda or homeopathy"*
>
> Source: http://cameoprogram.org/about-cam/

As medical experts focus their attention more and more towards complementary medicine in recent years, the definition, developed by healthcare professionals, characterizes the subject as follows:

> *"Complementary medicine is diagnosis, treatment and/or prevention which complements mainstream medicine by contributing to a common whole, by satisfying a demand not met by orthodoxy or by diversifying the conceptual frameworks of medicine"* (Ernst et al., 1995, p. 506).

Taking a more global perspective in relation to the existence of a traditional medical landscape in non-Western countries, the World Health Organization (WHO) distinguishes between traditional medicine (TM) and complementary medicine (CM), and instead of CAM prefers the acronym T&CM. In the *Traditional Medicine Strategy: 2014–2023,* two different definitions to convey the meaning of the subject are used:

> *"**Traditional medicine:** It is the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.*
>
> ***Complementary medicine:** The terms "complementary medicine" or "alternative medicine" refer to a broad set of health care practices that are not part of that country's own tradition or conventional medicine and are not fully integrated into the dominant health-care system. They are used interchangeably with traditional medicine in some countries"* (Qi, 2013, p. 13).

While most of the CAM definitions are exclusively negative and designate AM in terms of what it does not represent, the Cochrane collaboration developed an operational definition, characterized by an inclusive, positive approach, allowing CAM therapies to be defined and classified (Wieland et al., 2011).

Authors of the CAMbrella project suggest that because of dissimilarities in the inclusion of various methods, the version of CAM, highlighted by the US Centre, could be different from the European understanding of the healthcare situation. Moreover, these authors insist that the WHO has not appropriately considered the existence of the European healing tradition, which has played a significant role in the medical environment on the continent for many centuries. Therefore, a pan-European research network for CAM, that conducted a research programme into the situation of CAM in Europe between 2010 and 2012, came with its own conceptual framework:

> *"Complementary and Alternative Medicine (CAM) utilised by European citizens represents a variety of different medical systems and therapies based on the knowledge, skills and practices derived from theories, philosophies and experiences used to maintain and improve health, as well as to prevent, diagnose, relieve or treat physical and mental illnesses. CAM therapies are mainly used outside conventional health care, but in many countries, some therapies are being adopted or adapted by conventional health care"* (Falkenberg et al., 2012).

Such a "European" definition of CAM has, according to authors, *ambition not to discriminate between the origins of a CAM therapy used or if it is provided by medical or non-medical practitioners and it includes all CAM methods used by European citizens* (Falkenberg et al., 2012). However, as authors of the CAMbrella project suggest, reflecting on the development of the terminology in CAM by citizens and providers in Europe, the establishment of a Europe-wide, acceptable definition of CAM still remains a challenging issue. Major concerns were raised in relation to different traditions, cultures and the history of terms that have been used in various countries over a long period of time. The definition of unconventional medicine is powerful in framing the discussion on medical pluralism in contemporary societies, therefore, further research activities have to be country-specific and should focus on particular experiences of unconventional medicine in the context of regional development. Moreover, it should inevitably take into account the fact that unconventional therapies are not universal, unchanging traditions, which are essential in nature; quite the contrary, current understanding identifies the therapeutic sector as a subject that is constantly undergoing transformation, under the influence of a shifting social and cultural environment (Brosnan et al., 2018).

2. Situating unconventional therapies in Central Europe

In various regions of the world, the situation regarding unconventional therapies may differ considerably. It has been confirmed by the WHO Global Atlas of Traditional, Complementary and Alternative Medicine (TCAM), which provides tables and charts of preferences relating to TCAM globally, that *the range of therapies and practises is wide, varying greatly from country to country and from region to region* (Bodeker & Ong, 2005, p. vii). As attitudes towards healthcare in European countries have undergone various stages of development, in order to understand the situation regarding AM on the European continent, we must briefly consider the history of medical interventions.

Until the 19th century, due to the extremely diverse and eclectic healthcare situation in Western Europe, it was difficult to draw a line between orthodox and non-conventional medicine (Porter, 2004). There has been little difference in the healing methods and remedies, preferred by medical doctors and lay healers. The situation gradually changed with the establishment of qualified medical practitioners and the advanced development of biomedical knowledge at the turn of the 19th and 20th centuries, which resulted in a gradual distinction between orthodox medicine and other techniques of healing (Saks, 2000). Together with the attempts to professionalize medical care, a critical attitude distrusting the state sanctioned healthcare developed among people. For the purpose of providing alternative care for a wide range of health problems, various heterogeneous groups who dealt with healing, emerged in several European countries. One of the first was homeopathy, originally introduced by German physician, Samuel Hahnemann, which was most popular in the 19th century, followed by the animal magnetism of Franz Mesmer or hydropathy, introduced in Britain during the first half of the 19th century by R. T. Claridge. Despite the different backgrounds and treatment methods used in real practice at that time, they shared a critical view of the official, academic, medicinal system. It became fashionable among the specialists of alternative therapeutics to blame the representatives of scholarly medicine for the use of narrowly focused methods. Despite not only academic medicine but also alternative

forms of medicine have undergone radical improvements since then, this early antagonism clearly foreshadowed further developments in this area over a long period of time and essentially continues to this day.

Early attempts of alternative treatment to achieve partial acceptance by official governments, can be traced to a nature-oriented movement, which evolved during the middle of the 19th century throughout most of continental Europe. This resulted in the German government introducing a law in 1935 regulating health practitioners, such that, all healers became officially instituted and unified under the label of Neue Deutsche Heilkunde (new German healing practice). Ernst (2001) points out that the aim was to appease various alternative practitioners by introducing the official, recognized title of 'Heilpraktiker'. With a few exceptions, they had same the rights and obligations as physicians. Due to considerable advances in medicine in the 1950s and 1960s, the government in Germany and other European countries, vigorously marginalized AM, and an almost total hegemony of biomedicine was established. This hegemony was severely disrupted, for the first time, by social processes that took place in the 1960s and 1970s in Western Europe and the USA (Saks, 2008). Public attitudes towards non-mainstream values and norms of behaviour changed, while a countercultural critique challenged rational progress and the superior role of science. As a result, patterns of behaviour among frustrated people played a crucial role in the increasingly popular phenomenon known as CAM, which included not just therapies rooted in European cultural history but also various healing techniques from different parts of world. Besides homeopathy and naturopathy, younger generations, dissatisfied with conventional medicine methods, devised predominantly Asian traditions like meditation, yoga, Ayurveda or chi gong. Cant and Sharma (2004) highlighted that the phenomenon of a new medical pluralism emerged at this time, while a vast number of systems, outside the purview of state, were heavily practiced. This highly structured diversity is characterized by the subordination of alternative methods of treatment to dominant biomedicine, and the practice of bricolage, entailing the idealization, essentialization and decontextualization of traditional ideas and healing methods.

In Central and Eastern European countries, which did not experience the same (or comparable) changes in society as in the West, the development of a non-conventional healthcare sector was completely different. An investigation that is even more recent shows significant differences between Eastern and

Western European countries in the prevalence of UM use. Analysis of data obtained from the ISSP survey conducted in 21 European samples has shown differences between the two parts of the continent, in terms of the overall prevalence of alternative/traditional/folk (A/T/F) practitioner visit (Souček & Hofreiter, 2022). In Eastern Europe, a total of 531 (5.5%) respondents reported an A/T/F healthcare practitioner visit during the preceding 12 months, the results of the survey showed that in Western Europe, similar visits were reported by 17,881 (11.6%) individuals. The study concludes, that in the Western region of Europe, CAM methods either provide a coping strategy for those on low incomes, with limited access to conventional healthcare or an alternative option for members of the younger generation. However, in the Eastern region, A/T/F practitioners are mostly visited by city dwellers, who have a higher socio-economic status, a relatively high level of trust in physicians.

The history of unconventional medicine in Central and Eastern European countries is closely associated with methods of traditional/folk medicine and the use of herbal products. Authors in the field of investigation point out that there is no generally accepted definition of Western herbal medicine (Waddell, 2020). However, some researchers claim that the foundations of traditional folk medicine and medical ethnobotany are rooted in distant pre-Christian culture (Nedelcheva & Draganov, 2014). Regardless, in the countryside, folk healing occupied a dominant position until the beginning of the 20th century and, in some areas, even during the inter-war period (Horváthova, 1987). An early study in Poland, investigating what is now called AM or TM, predominantly focused on folk medicine practices (Penkala-Gawęcka, 1995). However, the number of general works on folk medicine from different regions of Poland, decreased significantly in the inter-war period, due to the stronger promotion of a positivistic paradigm.

The history of selected forms of unconventional medicine in Czechoslovakia up until 1918, is closely linked to the history of medical pluralism in the Austro-Hungarian Empire. This is especially so in the case of homeopathy, which spread relatively quickly in certain Czech regions, thanks to the German-speaking community (Křížová, 2015). There is also evidence to suggest the presence of other forms of unconventional medicine in Eastern Europe. For instance, articles in Hungarian medical journals, published between 1831 and 1848, mentioned not only folk medicine and homeopathy but also

other methods like magnetism (mesmerism), Brownianism, Broussaisism, Rasorism, hydrotherapy and the therapies of particular well-known healers. When analysing Hungarian medical journals, Kölnei (2006) assumed that these practices were widespread and gained the greatest popularity during the first half of the 19th century.

Aside from several differences (Souček, 2020b; Stöckelová & Klepal, 2018) during the communist period, most Eastern European countries faced a similar situation regarding the practice of unconventional medicine. Almost every kind of unconventional healthcare option was considered, to a great extent, as a backward and superstitious practice (Křížová, 2015; Souček, 2020b; Stepan, 1985; Stöckelová & Klepal, 2018). The ideological hegemony of Marxism, using a doctrine of materialism, led socialist governments to outlaw any kind of medical practice and ideas incompatible with a scientific explanation (Stepan, 1985). According to the principles of cultural evolutionism, folk healing methods, along with other unconventional therapies, were regarded as backward, a remnant of ancient religious thinking and superstitious or magical beliefs (Betts & Smith, 2016). Several ethnographic studies thus represented folk medicine in terms of primitive superstitions and relics of archaic thinking. Authorities and institutions tended to promote an image of folk medicine as a marginal manifestation of "primitive superstition", inconsistent with the modern, scientific worldview. Such an approach was common in most Central European countries until the onset of processes that began to dismantle socialist hegemony.

The change occurred with the arrival of a new political establishment and the radical social and political changes that took place after the fall of communist regimes. In Hungary, as a result of the openness of the medical space, unconventional medicine became (in 1997) a legitimate part of the healthcare system (Lazar, 2006), and in Poland (in 1995), biofield energy healing (a technique rooted in Franz Anton Mesmer's "animal magnetism") was registered as a legal profession (Pietrzyk, 2014). In many countries, folk medicine and the use of herbal products not only survived the modernization of Central Europe and the radical transformation of rural lifestyles but also socialist experiments with a unified medical system. Moreover, studies suggest that the popularity of folk healing and herbalism has increased in recent years (Pokladnikova & Selke-Krulichova, 2018). By the mid-1990s, however, there had been a sharp turnaround in attitudes towards the practice of TM, AM

or CM on the part of the state, academies of science and medical chambers. The pluralistic situation, in terms of medicine in Central Europe, gradually began to change after technoscientific modification in the constitution and practice of biomedical knowledge (Clarke & Shim, 2011). It still endures today and, among others, is resulted in an interactive process in which *interventions for treatment and enhancement are progressively more reliant on sciences and technologies, are conceived in those very terms, and are ever more promptly applied* (Clarke et al., 2010, p. 2).

Research (Buda et al., 2005) into the use of AM in Hungary pointed out that after a short period of uncontrolled pluralism in this country, unconventional medicine became the subject of regulation by law. In the Czech Republic, the shift in perception was accompanied by intensive disputes between supporters and opponents of unconventional forms of medicine, which ultimately led to a change in the law, strictly prohibiting healthcare practices that operated on the basis of licensed businesses. At the core of the escalating attack on AM was an ideological struggle between scientific and non-evidence-based practices, in an attempt to prevent various unconventional therapies from being covered by public health insurance (Křížová, 2015). Despite a partial shift in the perception of AM, the issue of legal status in this area has remained unchanged until today. This means that the legal position surrounding healing has not been explicitly formulated, that is, its practice is neither forbidden nor authorized (Souček & Hofreiter, 2017). The present legal status of unconventional medicine and the reimbursement of unconventional medicine and products in Slovakia is thoroughly discussed in following chapters.

Since the change of the political regime and the structural transformation of the social, political and religious sector, various complementary and alternative therapies have become widespread. Data on unconventional medicine use in this part of Europe (Bosak & Słowik, 2019; Hegyi, 2018; Pokladnikova & Selke-Krulichova, 2016, 2018) have revealed that the prevalence of CAM may differ considerably. For instance, in the Czech Republic, 76% of a survey respondents reported the use of one or more CAM modalities during the past 30 days (Pokladnikova & Selke-Krulichova, 2016), while in Poland, one in four respondents reported that they or a close family member had used CAM (Olchowska-Kotala & Barański, 2016). Moreover, a survey investigating the response of doctors to patients´ increasing demand for unconventional medicine in the Czech Republic have shown that around a quarter of

physicians, especially general practitioners, have considerable knowledge of unconventional medicine and actively practice unconventional therapies in their medical offices (Křížová, 2002). The follow-up study conducted in 2012 concludes that despite some expectations that homeopathy might be weakening, no significant changes in practice and attitudes were identified (Krizova & Byma, 2014). A survey, conducted in Hungary, showed that 15 to 20% of the population had an experience of CAM (Buda et al., 2002).

3. Mapping the situation in Slovakia

Despite the fact that the popularity of unconventional medicine in Slovakia is increasing, limited research from a social science perspective was conducted into the use of treatment practices outside the dominant medical paradigm, after the political change in 1989. Accordingly, Bužeková (2015) explained that the field of medical anthropology, directed towards the study of human health and disease in Slovakia, seems to be underdeveloped and has only recently started to expand. Inquiries relating to particular forms of alternative methods have been published sporadically, mostly by ethnologists and historians, engaged in the study of folk healing methods or New Age movements, formed in Slovakia in the 1990s.

Various cultural aspects of folk medicine in Slovakia have been discussed by ethnologist Belko who tends to focus primarily on magic healing practices (Belko, 1996, 1997b, 1998). Belko discussed in detail the magic-medical procedures, preserved in the traditional folk culture of Slovakia in the context of psychotronics interpretation levels of the body and healing intervention in several articles (Belko, 1997a). Various forms of magical procedures, related to health and sickness, have moreover been studied in cognitive anthropology, in which it is claimed that "magical thinking" can be explained by common, psychological mechanisms (Jerotijević, 2011). Selected aspects of neo-shamanic practices and the social dynamics of particular neo-shamanic circles in a Slovak urban setting have been investigated by Bužeková (2012). In one article she claimed that the development of the Foundation for Shamanic Studies, which is an international organization aiming to promote core shamanism at workshops and training courses, started its activities immediately after the fall of socialism, as the atmosphere after the change in the political situation was, by and large, liberal. One study openly discusses the theoretical background of the natural medicine movement in Slovakia and draws a historical and conceptual comparison between psychotronics and biotherapy, the medical branch of psychotronics (Rubens et al., 1995). An integral element of the recent medical landscape in Europe and the United States is the ayurvedic knowledge that emanated from India during the late 1970s and early 1980s (Wujastyk & Smith, 2013). One article, dealing with

a particular form of Indian medicine that has been dubbed in the relevant literature as New Age Ayurveda claimed that in Slovakia, it would be difficult to find any practitioners using ayurvedic therapy or diagnostics in the period before 1989. At present, the practical aspects of Indian medicine in Slovakia are represented by practitioners of Indian origin, who carry out their practice under the auspices of specialized ayurvedic centres (Souček, 2017). The role of homeopathy in contemporary Slovakian society and the legitimizing efforts of this alternative medical system, have been analysed in one study. In relation to the selected cases, the article shows how homeopathy in Slovakia deals with the biomedical monopoly on medical care and the limited access to economic and social resources (Souček & Hofreiter, 2017). Lastly, psychotronics activities, as a specific form of alternative healthcare, along with an analysis of the healthcare situation that existed during the socialist period in the former Czechoslovakia and its comparison with the contemporary pluralistic situation that emerged in both the Czech Republic and Slovakia, has been described in the *Czech Ethnological Journal* (Souček, 2020b).

A quantitative survey of unconventional medicine was conducted within the module topic of Health and Healthcare within the International Social Survey Programme (ISSP) in 2012: a cross-national research programme, conducting annual surveys on diverse topics related to social sciences. Study published in journal *Sociológia* in 2017 (Souček & Hofreiter, 2017), examined data from the ISSP regarding the use of alternative/traditional/folk (A/T/F) healthcare practitioners. Moreover, the authors focus on the role of homeopathy in contemporary Slovakian society and analyse legitimizing efforts of this alternative medical system. The topic of complementary and alternative healthcare appeared in ISSP in three questions. The study concentrates on two of these questions, i.e., the one asking whether, alternative/traditional/folk medicine provides better solutions for health problems than [mainstream/ western conventional] medicine, and the other, asking respondents whether, during the preceding 12 months, they had visited or been visited by an alternative/traditional/folk (A/T/F) healthcare practitioner. The ISSP survey was intended to determine exclusively whether an individual had visited any alternative/traditional/folk practitioners in the last year; self-administrated healthcare practices were excluded from the analysis. The question was not related to (focused on) any specific form of alternative medicine or practitioner, and respondents answered using a five-point rating scale, ranging from

1 ("never") to 5 ("very often"). Authors of the study constructed a trust scale consisting of three items which covered key components of trust in physicians. The first component was global trust ("All things considered, doctors can be trusted."); the second component was honesty ("Doctors discuss all treatment options with their patients."); and the final component was fidelity ("Doctors care more about their earnings than about their patients.").

A survey discovered that in Slovakia, 12.7% of respondents fully or partially agreed that AM provides better solutions for health problems than conventional medicine. The second question showed that 13% of respondents during the past 12 months visited or were visited by an alternative/traditional/folk healthcare practitioner (Souček & Hofreiter, 2017). Published research on the analysis of data from the ISSP in Slovakia, suggests that the presence of chronic disease increases the possibility of a positive evaluation of CAM and increases the assumption that the respondent has visited alternative/traditional/folk practitioner in the last 12 months. The likelihood that the respondent will evaluate CAM in a positive way by comparison with conventional medicine is increased, due to a general dissatisfaction regarding the way in which doctors communicate, a distrust of doctors and the perception that doctors are primarily interested in their own benefit. The importance of education was only shown in the case of a visit to an A/T/F healthcare practitioner, whereby respondents with a university degree were twice as likely to have visited an A/T/F specialist in the last 12 months than respondents with primary school education. The effect of age and gender has not been shown in any other context. This is different in relation to the trust of homeopathic medicines. In this case, certain assumptions regarding the socio-behavioural model were confirmed. Women, younger people and those with a higher education are more likely to have confidence in homeopathic medicines.

Another result from a recent study examining CAM use across 21 European countries, based on data from the seventh round of the European Social Survey, indicates that overall CAM use is 17.9% (Fjær et al., 2020). The study focused on the prevalence of traditional complementary and alternative provider use among a nationally representative population from 32 countries. It indicated a relatively low prevalence of CAM in a number of Eastern European countries, including Slovakia (Peltzer & Pengpid, 2018). Moreover, an investigation into one particular aspect of AM in Slovakia was conducted by BOIRON, a well-known manufacturer of homeopathic products from France. Data were

gathered in 2016 as a part of an omnibus research, and the aim of the research was to obtain relevant information on support and trust in homeopathic remedies among the general population. The findings revealed that the level of trust in homeopathic treatment does not differ significantly by comparison with other European countries (Souček & Hofreiter, 2017).

3.1 Folk medicine in ethnology

Many available historical and ethnographical sources confirm that various methods of folk healing and herbalism have a long tradition in Slovakia. An investigation into the history of medicine has shown that the Christian church played an important role in healthcare at the beginning of the feudal epoch, as one of the missions of monk orders was to take care of people suffering from various diseases (Bokesová-Uherová, 1973). Besides representatives of religion at that time (priests, monks), treatment was partially in the hands of various individuals, with knowledge obtained through oral transmission. Whereas from the 15th century onwards, specialized physicians began to operate in cities, in the countryside, medical treatment was regularly conducted by individuals without any professional training. They relied mostly on knowledge handed down from generation to generation, and in some remote areas, even until the middle of the 20th century, traditional healers exclusively, treated a number of physical problems. Records show that healers or folk doctors usually employed a great variety of techniques in relation to healing and held numerous views regarding the causes of health problems and prevention.

As suggested, early evidence of folk healing techniques are presented in a number of ethnographic and folklorist works from the end of the 19th century. By and large, the romantic attitude towards the rural landscape, typical of this generation of ethnographers, is mirrored in its uncritical admiration of various healing techniques by emphasizing their archaic character. All these practices were labelled as folk medicine and were investigated as a part of traditional culture, mainly contained in the countryside. Motyčková (1992), who investigated the history of folk medicine in Czechoslovakia in detail, claimed that until the beginning of the second world war, ethnographers contributed markedly to the preservation of traditional medical knowledge, developed over generations. Several articles of different quality were published

in the *Czech Ethnological Journal* (Český lid) and most of them described widespread techniques and methods used for prevention, diagnosis and treatment in a rural environment (Hradecký, 1913; Tille, 1896; Tomíček et al., 1898). Most of the contributions, describing well-known therapeutic and diagnostic procedures, show that folk treatment methods and herbalism were widely used (Čižmář, 1946).

After the Second World War, research into folk medicine decreased significantly, due to the official restriction on the investigation of therapeutics, widely considered as irrational and superstitious. According to the principles of cultural evolutionism, folk healing methods, along with other unconventional therapies, were regarded in most Eastern European countries as backward, a remnant of ancient religious thinking, superstitious or magical beliefs (Betts & Smith, 2016). On the other hand, the study of magic practices and magical healing was central to anthropological discipline in Western countries and the subject was primarily investigated in indigenous cultural systems (Greenwood, 2020). For instance, the works of Malinowski and Evans-Pritchard are definitely worth mentioning. For the first named ethnologist of Polish origin, magic was not born of an abstract conception of universal power. On the contrary, it arose independently in a number of actual situations, for example, when someone healthy suddenly feels weak, and represented a psychological mechanism which relieves emotional tensions in various life situations (Malinowski, 2014). Accordingly, he points out that magic has to be taken very seriously by anthropologists, as it has a profound influence on behaviour. Evans-Pritchard who conducted fieldwork on Azande and whose work had an extensive impact on the anthropological community, argued that magic is more than just an irrational belief. In his view, *it was a source of knowledge and made active in both opening horizons of understanding and challenging other analytical constructions of the nature of human experience* (Kapferer, 2003, p. 4).

As suggested above, several ethnographic studies in Slovakia presented folk medicine as primitive superstitions and relics of archaic thinking. Bužeková insisted that ethnologists and ethnographers, investigating folk beliefs, focused in their works on *various kinds of sickness or different parts of the human body, healing herbs, childbirth practices, magical healing, and the interpretation of illness in supernatural terms, such as witchcraft or the evil eye* (Bužeková, 2016, pp. 163–164). Moreover, she suggested that the phenomenon of magic and magical healing was a major topic in the investigation of traditional culture,

Accordingly, authorities and institutions tend to promote an image of folk medicine as a marginal manifestation of "primitive superstition", inconsistent with the modern, scientific worldview. For instance, Bednarik (1954) in the introduction of his book, published in 1954, valued certain positive elements of folk medicine, however, his view on the whole concept of folk healing, and especially the element considered as magical, was highly dismissive. He believed that modern medicine could scarcely benefit from folk knowledge. Such an approach was common in most Eastern European countries until the onset of processes that started dismantling socialist hegemony. During the socialism period, almost no publication was exclusively devoted to the practice of folk medicine and most of the data on herbal medication and procedures, considered as superstitious, were solely published as chapters in monographs, dedicated to regions and villages (Čajánková, 1956; Jakubíková, 1972).

Horváthová, who collected detailed material on traditional treatment practices and published several contributions on this topic, made the largest contribution to the research of folk medicine in Slovakia. (Horváthová, 1974, 1975). For instance, in monography, dedicated to the region of Horehronie, she wrote a chapter on folk medicine in which she tries to synthetize the available information regarding a traditional approach to healing. Like many of her contemporaries at the time influenced by the positivistic paradigm, she consistently distinguishes between rational activities based, according to her view, on verified methods and ideas relating to magic and supernatural forces. Some of the classifications of the healing methods promoted in her works are very simplified and lack any analysis of changes in folk behaviour over the course of history. Her works significantly contributed to our understanding of the traditional view of ethnology, prevention and therapy not just due to a number of references to beliefs and procedures existing in the countryside, but also as a result of her extensive knowledge of herbs and their use in everyday life.

The first ethnographic attempt to collect data on folk healers in Slovakia was published in 1988 by the Slovak National Museum in Martin. The author of the investigation used 1600 questionnaires, sent to cities and villages around the whole country, by gathering information on practitioners existing outside official medical circles. The published result includes a description of selected individuals, with a short biography and a brief description of their specialization in the field of medicine (Horváthová-Jesenská, 1988). Another

research study, executed by a Czech ethnological researcher, was conducted in Czechoslovakia between 1988 and 1990 (Motyčková, 1992). One of the questionnaires, developed by the author to research the reasoning behind the use of folk medicine, revealed that approximately one third of respondents decided to visit folk healers, as conventional medicine could not solve their health problems. Another third of people suffered from an affliction that could not be properly diagnosed by doctors. Moreover, the research found that despite most people not having any explanation for the effectivness of the treatment, this did not constitute an obstacle to further visits to folk healers.

The transition to a free capital market was followed not just by changes to the political system but also changes in people's health behaviour and attitudes. The initial, liberal atmosphere, accompanied by a tolerance of the existence and practice of AM, led to the rapid spread of TM or folk healing practices (Křížová, 2015; Souček, 2020b). As a result, the discipline of ethnology/anthropology rediscovered a research topic that was not to be avoided and instead, was studied in depth in diverse social and cultural contexts.

3.2 Psychotronics and biotherapy

While considering unconventional medicine in Slovakia it is important to mention a cluster of therapeutic methods, subsumed under the category of Natural Medicine. Rubens with two co-authors (Rubens et al., 1995) drew on a broad range of sources and claimed that the Natural Medicine Project could be found in the efforts of Czechoslovakian physicians and scientists in the 1960s and 1970s, when the movement vigorously tried to legitimate certain questionable healthcare therapies. More recently, it was defined as a pluralistic model for healthcare, that integrated different healing modalities into a meaningful system, predominantly based on a non-dualistic model of body and mind, interconnected by means of a specific, nonmaterial, energetic dimension. Taken together, this contained various healing methods outside the purview of the state, such as acupuncture, geoanomalous zones or biotherapy; a healing subsystem of psychotronics.

The term, psychotronics, (in French: psychotroniques) was coined in 1955 by the French engineer, Fernand Clerc, to refer to a discipline that was intended to be the successor to parapsychology, understood as being the

field involving research into the energetic and informational possibilities aspects of living organisms (Kis-Halas, 2019). Clerc first used this term in the French radio-technological journal, *Toute La Radio*, while discussing the existence of various phenomena without a common and unified name. The psychotronics discipline informed a substantial element of parapsychological research, expanding its area of interest to matter energy and, subsequently, to information phenomena. While the term psychotronics first appeared in 1955, it never gained wide acceptance in Western European countries and the USA. On the other hand, the term became popularized in the former Soviet Union and Czechoslovakia during the 1970s, when scientists from the Soviet Bloc researched paranormal issues, similar to those investigated by their colleagues in Western Europe and the USA (Ostrander & Schroeder, 1997). Biotherapy, as a medical branch of psychotronics, represents a specific form of healing, based on the manipulation of energy fields of the human body, in order to reconfigure the inner energetic structure and cure various kinds of diseases (Rubens et al., 1995). By and large, it was invented as an attempt to reconfigure scientifically some of the healing methods practised mostly in a rural environment, referred to widely under the umbrella term of folk medicine.

In particular, when investigating psychotronics and its application in biotherapy in Slovakia, it is necessary to take into account events that accompanied the development of research into unconventional diagnostic and healing methods in the former Czechoslovakia. A history of research into paranormal activities can be traced back as far as the inter-war period, when several famous and well-known personalities were engaged in an investigation into alleged psychic phenomena. One of them was Břetislav Kafka, the author of the most popular book on parapsychology in the first half of the 20th century (Ostrander & Schroeder, 1997).

Later, in the 1960s, the first official reports on intensive experiments with parapsychological phenomena were prepared under the name of psychotronics. Czech scientist, Zdeněk Rejdák, adapted the new term in order to pursue a novel investigation into phenomena related to extraordinary and paranormal interactions between humans and other bodies and matter. In several Eastern European countries from the early 1970s onwards, psychotronics became an organized discipline, while a research group, under the name, 'Koordinační skupina pro výzkum otázek psychotroniky' (Coordination group for research into psychotronics' issues), was established in 1967 (Belko, 2000). The growing

interest among scientists to study paranormal phenomena led, in 1973, to the organization of a unique conference, held in Prague. The conference was attended by more than 250 delegates from almost every country, engaged in researching psychic phenomena at a significant level, in order to discuss recent investigations in this field. The main idea behind the establishment of this meeting was to create a forum for the exchange of information and experience, thereby unifying the international community of scholars, engaged in the development of interdisciplinary, scientific research into psychotronics (Belko, 2000). Among the participants were several scientists from the field of physics, psychology, psychiatry and medicine, who, in six working sections, discussed topics such as dowsing, telepathy, out-of-body travel and energetic healing. Several influential and renowned researchers, such as Július Krmešský and Robert Pavlita, promoted Czechoslovakian research advances. During the congress, on the initiative of Rejdák, the International Association for Psychotronic Research was established. This association took responsibility for the organization of subsequent international events (1975 in Paris, 1978 in Tokyo), which provided opportunities to exchange the latest news and ideas regarding psychotronics research (Rosinský & Synčák, 2008).

These events prompted a wave of interest in psychotronics research in the former Czechoslovakia and consequently, led to the demand for the establishment of a national research association, focused on exploring the interaction between mind and matter. Initially, in 1978, under the guidance of former Minister of Education, František Kahuda, a psychotronics laboratory was founded at the Faculty of Electrical Engineering in the Czech Technical University in Prague. Meanwhile, following the international congress, held in Monte Carlo in 1980, the Research Centre for Psychotronics and Yuvenology at the University of Chemistry and Technology in Prague was opened under the supervision of Rejdák and conducted several research studies relating to the interaction of living organisms, without an identified energy mechanism. Furthermore, applied research focused on the possibilities of using an energy transfer from one organism to another, in order to reduce diseases. Institutional efforts gathered pace following the Fifth International Conference on Psychotronic Research in Bratislava in June of 1983. Approximately 300 attendees in three sessions addressed a wide range of topics. One of the topics, 'Psychotronics and Medicine', focused on contributions dealing with psychotronics in the fields of therapy and diagnosis, such as psychic healing

and iridology. Moreover, one year after this event, the Commission for Psychotronics of the Gerontological Society of the Slovak Medical Society, a group comprising physicians and scientists was established. In the same year, 1984, under the auspices of this Commission, the first symposium, Psychotronics and Health was held, which started the tradition of psychotronic symposia and later congresses, as well as other activities in Slovakia, often on an international scale (Solár, 2004).

In these circumstances, biotherapy emerged as a fully recognized, theoretical subdivision of psychotronics and at the same time, a complementary medical treatment method. Biotherapy is based on the concept of a three-dimensional, human existence that includes "energetical information", "biochemical" and the "psychoregulative" level (Rosinský, 1991). The eneregetical information is the level where biohealing is taking place and a practitioner of biotherapy is able to diagnose and treat a variety of qualitative or quantitative malfunction through his or her own energetic information in the physical presence of the patient or remotely. Psychoregulative dimension subsumes perception, thinking, subconscious activity, reflexes and the biochemical dimension represents the anatomical base of the human being (Rubens et al., 1995).

Psychotronics researchers in Czechoslovakia made several different attempts to establish materialistic and objectivist explanations for observed paranormal activities. In order to bring psychotronics research in line with science and widely accepted physical theories, researchers postulated the existence of a fifth fundamental force and sought to formulate a unified theory to describe this. Moreover, they emphasized electrostatic or electromagnetic components of such energy, which played an important role in the determination of the natural character of unverified psychic phenomena. Officials were dealing with questions about whether a psychotronics discipline could be successfully developed into an academically acknowledged, scientific method or whether it could be considered as a pseudoscientific approach without application. Within the activities of psychotronics representatives, seeking to present their research as an interdisciplinary study of the remote interaction of living organisms, using scientific terminology and a mainstream materialistic paradigm, we can identify efforts to gain increasing influence and social status. To this end, through attempts to institutionalize research and establish ideologically acceptable interpretations, which did not conflict with mainstream scientific criteria, psychotronics not only eliminated organized

official attacks and criticism relatively successfully, but even attracted state-funded research. Further research in Czechoslovakia, with a few exceptions, was thus conducted with government sponsorship. According to one informant, research programmes that received funding from government institutions were in a secure position in both a personal and a financial sense.

The change occurred with the arrival of a new political establishment, and the radical social and political changes that took place after the fall of the communist regimes. The development of a plural healthcare environment was tolerated by state officials to a certain extent, and it was not perceived as a problematic phenomenon. The end of the Socialist government allowed psychotronics' representatives to accelerate professionalization and accordingly, the Centre of Natural Medicine and the Slovac Psychotronic Society, with different goals and attitudes towards lay healers were established. However, during the 1990s, extensive research activities were interrupted, and state-funded support eliminated, which led to a gradual decline in psychotronics investigations, as confirmed by Teodor Rosinský, founder and chairman of the Slovak Psychotronics Society. In one of his published articles, he describes the contemporary situation:

> *"Current psychotronics suffers in the same way as many non-preferred areas of research – a lack of money and a lack of qualified people. Therefore, in our country, as elsewhere, we have had to focus on tasks that do not require expensive equipment, space and full-time employees. This has meant that we have only been able to work in a modest and amateur fashion, for the sake of knowledge, not profit"* (Rosinský, 2012, p. 2).

Considering the liberalization and marketization of healthcare that took place after the regime change in 1989, we can presuppose that the more heterogeneous character of healthcare providers and the constitution of a strict binary opposition between conventional medicine and psychotronics, contributed to the weakening of the status and impact of psychotronics. The change in the political system in 1989 not only affected the development of medical forms, which were already known and practised (albeit in a limited form), but also led to the growing popularity of medical elements, about which little had been previously known. For instance, in a relatively short time,

homeopathy became one of the most popular methods of CAM in the Czech Republic, as well as in Slovakia. Thus, while the impact of other alternative healthcare options was rather limited during the socialist period, and most of the efforts by the psychotronics community were concentrated on meeting the criteria of science and biomedicine, subsequently, the situation changed considerably. After the rise in the popularity of other non-conventional medical alternatives and the development of a heterogenous medical environment in the Czech Republic and Slovakia, as in other European countries, psychotronics was forced to cope with a highly competitive healthcare marketplace. Thus, in order to target a particular clientele, several variants of AM developed elaborate expansion strategies, reflecting the fact that clients had more freedom to choose the appropriate therapeutic approach for them. Under such circumstances, psychotronics became less competitive, which resulted in the abandonment of the relatively stable position it had built up during the socialist period. Paradoxically, a vigorously constructed image of the subject as a mainstream, scientific discipline could have led to the current decline of interest in its use, compared to certain other alternatives, which are gaining popularity quickly, due to the fact that they highlight strict opposition to biomedicine.

Nowadays, individuals who are concerned about healing issues can contact the Slovak Psychotronics Society, which is a civil society body that aims to connect people with an interest in current advances in psychotronics research. A member of the society may be an adult citizen of either Slovakia or the Czech Republic, or even a Slovak or a Czech living outside their home country. The society also organizes an annual two-day conference, where the latest research results, theoretical clarifications and papers from different disciplines impacting on psychotronics phenomena, are presented. The proceedings of these regular gatherings are freely available on the website of the society, where one can become acquainted with various topics on psychotronics, healing, spirituality, science, philosophy and other related themes. Furthermore, the society runs a four-year seminar programme, designed for interested people to gain a more detailed and systematic understanding of the theoretical foundations of energetic and information systems. Meanwhile, the Society for Natural Medicine runs accredited courses for doctors, organizes events for the professional community and publishes its own electronic magazine in Slovak and English. According to Solár (2013), president of the society and leading protagonist in the First Clinic of Acupuncture and Natural Medicine, the study

of natural medicine is determined by energetic and informational processes (also referred to as energo-informational processes). Therefore, natural medicine focuses primarily on the study of these processes in an organism and in relation to health and illness.

3.3 Chinese medicine and acupuncture

Traditional Chinese medicine represents a broad system of ideas and techniques, including herbal medicaments, acupuncture, diets and massages, which was established thousands of years ago in China. Several authors, anthropologists and physicians, who conducted much research into TM and indigenous healing in Chinese cultural settings pointedly highlight that what we now refer to as traditional Chinese medicine is significantly different from the traditional Chinese medicine of modern times (Kleinman, 1974). Moreover, as the system has spread throughout the world and has become a global phenomenon, with an enormous impact on health behaviour in several countries, especially over recent decades, referring to it by its traditional name, Chinese medicine, is rather misleading. The earliest evidence, relating to the presence of Chinese medicine in Europe, may be associated with Jesuit missionaries, operating in the 17th century in China, who are considered the main protagonists of efforts to bring pharmacological knowledge to Europe (Hanson & Pomata, 2017). Despite several attempts to clinically investigate acupuncture by European physicians in the following period, by the beginning of the 20th century, needling techniques, together with other methods of Chinese medicine have fallen into oblivion. Stollberg (2007) argues that the next efforts to bring Chinese medical thoughts to Europe are associated with the French scholar, Soulie de Morant, who was a passionate supporter of acupuncture before the Second World War. Sporadic waves of Chinese migrants, targeting primarily the largest cities in Western Europe, played a decisive role in the expansion of TM on the continent during the second half of the 20th century. Subsequently, multiple variations of acupuncture became incorporated in Europe, mostly as a particular form of alternative therapy, based on Chinese knowledge.

Likewise in the case of psychotronics and biotherapy, the debate over the spread of medical acupuncture and Chinese medicine in Slovakia must be closely intertwined with particular events that took place in the former

Czechoslovakia during state socialism. According to Stöckelová and Trnka (2020), since the 1950s, different forms of Chinese medicine have developed in Czechoslovakia after a number of physicians who obtained training on the therapeutic use of acupuncture during work stays in North Korea and China, returned to the country. For instance, physicians, such as Richard Umlauf and Jozef Vymazal significantly contributed to the establishment of acupuncture, as a treatment presented within the public healthcare system after returning from the Far East region (Stöckelová & Klepal, 2018). Accordingly, in 1965, the first book dealing with the theoretical background of Chinese medicine was published (Vymazal & Tuháček, 1965) and a conference on acupuncture was held in Slovakia. Since 1963, several acupuncture doctors in the former Czechoslovakia have begun to meet at joint work events in Ružomberok. Research into the history of acupuncture revealed that different variants of acupuncture have formed and flourished during the socialist period. Most significantly, one form of acupuncture has become a relatively popular method of unconventional healthcare since the 1970s, due to efforts to substitute key components of traditional Chinese philosophy for a materialistic paradigm, by incorporating health-related issues and partial integration into the official healthcare system. Interestingly, a methodological guideline for acupuncture, that was issued in 1977 by the socialist Ministry of Health, allowing needling techniques to be practised exclusively by licensed physicians, is still in force in the Czech Republic. Efforts to cover and register acupuncture in the Slovak Medical Society were fulfilled in 1973, with the establishment of the Acupuncture Commission for the Slovak Physiotherapy Society (Šmirala, 2005).

At that time, the main argument for the integration of acupuncture into the healthcare system by its advocates was financial efficacy, by reducing various kind of health-related problems and the worldwide use of acupuncture. Moreover, acupuncture become the subject of experimental, technological research, which attempted to scientifically verify and objectify the medical practice by developing electronic devices, capable of stimulating acupuncture points on the body. This version of acupuncture developed into an appropriate and broad healthcare option, which according to its proponents, represents a Westernized and scientifically revised version of Chinese traditional therapeutics. Authors investigating the status and position of Chinese medicine in the post/socialist Czech Republic underlined that

> *"by adopting the Soviet reflex theory, putting it in the hands of physicians only, practising it in response to biomedical diagnoses, and linking it to the socialist state's technology and industry, its practitioners enacted medical acupuncture in recent decades as an 'interdisciplinary medical method' in which realities such as qi, yin and yang, or shen have no place"* (Stöckelová & Klepal, 2018, p. 41).

By and large, in order to gain a higher state of legitimacy and recognition, acupuncture has undergone a process by which scientific explanation models were adopted. Besides this main tendency, but to a lesser extent, another form of acupuncture, which acknowledged the unique and independent potential of the Chinese approach to treatment has been proposed by certain practitioners who had the opportunity to visit East Asian countries.

Based on our fieldwork, acupuncture in Slovakia has evolved, moreover, as a specific, hybridized healthcare option within the movement of natural medicine, theoretically supported by the concept of bioenergy information processes, affecting human existence. The process by which several methods of unconventional medicine are hybridized, has over the last few centuries been increasingly facilitated by globalization and commercialization. This means that modern individualism has opened up possibilities to combine various theories and practices, which have emerged in different social and cultural settings, into a coherent meaning. The development of a therapeutic system, freely associating various resources from Chinese medicine with other forms of unconventional medicine, demonstrably shows how the process has been shaped in a specific country context. In Slovakia, genuine interest in Chinese explanatory models and the integration of the pluralistic theory of healing, probably in the most distinctive way, has been linked with Teodor Rosinský, a passionate promoter of acupuncture, and founder and long-term chairman of the Slovak Psychotronic Society. In one of his lectures in 2009 on the topic, he explained his view on the relationship between acupuncture and natural medicine in the following words:

> *"The zone of overlap between events in the energy-information system and events in acupuncture is indisputable, but it is not the same. Acupuncture has a much broader scope in some areas beyond the competences of energy information medicine, and in some other contexts energy information*

> *medicine has a much broader scope than acupuncture. Their reasonable combination on the basis of individual analysis is actually the essential reason why it is possible to combine these procedures or use them in a certain time sequence. For example, by adjusting the base with the help of acupuncture so that those information procedures can be prepared, or vice versa.*" (Rosinský, 2009)

Transformation processes that started after the change of establishment, resulted in demands to accelerate the institutionalization of the Natural Medicine Project. Gustav Solar, one of the main representatives of acupuncture, with other leaders prepared a document in 1992 that acknowledged the potential of natural medicine and put forward a new status of Chinese medicine in the context of developing a new system of healthcare delivery (Rubens et al., 1995). Beside this, in 1992, in Bratislava, the first hospital department for acupuncture and natural medicine was opened, while the Centre of Natural Medicine, supervised by the Ministry of Health, was successfully founded. The centre coordinated the practical work of the department and was approved to execute clinical research. Another product of the institutionalization efforts was the establishment of the Medical Society for Natural Medicine which, like other medical societies, aimed at the organization of professional events and courses for natural medicine. Acupuncture was included in the Medical Regulations in 1995. The services were reimbursed in full, from the funds of health insurance companies, when conducted by doctors, who had completed a basic acupuncture course and had passed the final examination. Moreover, years of efforts to equalize acupuncture with other medical specialties were crowned with success in 1993, when the Ministry of Health issued the concept of a Separate Medical Specialization Acupuncture is, defined as a comprehensive system of diagnosis, prevention and treatment that forms part of comprehensive healthcare (Šmirala, 2005).

Following the dismissal of the main expert in natural medicine by the Minister of Health of Slovakia and the dissolution of the aforementioned natural medicine ward, the possibilities for medical research in this area were considerably limited by the mid-1990s. Despite the ongoing, critical attitudes of biomedical authorities towards complementary and alternative methods, acupuncture was recognized as an independent medical branch in 1996. During a period of perceived hostility towards acupuncture and Chinese

medicine, widely regarded as quackery, this decision was particularly rare in Europe. Another milestone in the attempts to legitimate acupuncture was reached in 2006, when the Ministry of Health issued the Healthcare Concept in the field of acupuncture and an expert from the Ministry of Health of the Slovak Republic was appointed (Breza et al., 2019). Acupuncture was thus understood as a specialized medical field and could only be used in a specialized clinic. According to health law, acupuncture could only be carried out by legal doctors, but not by lay healers; if performed by lay healers, it was considered an illegal practice by law. At the time of state recognition of acupuncture, the sub-department of acupuncture already existed at the Institute for the Training of Physicians and Pharmacists. The Institute of Traditional Chinese Medicine, with the Department of Acupuncture of the Medical Faculty of the Slovak Medical University was established in 2009. Through its activities, the department ensures and guarantees the use of classical theories of traditional Chinese medicine and particular components in medical practice in Slovakia. The institution continually develops collaboration in diagnosis and therapy, both with domestic and foreign institutions, dealing with issues of Chinese medicine.

The opportunity for lay healers to study Chinese medicine was created by the civic society, SINOBIOS. Study in the field of acupuncture was guaranteed by universities in China and the society prepared graduates to pass Chinese and international exams in acupuncture and traditional Chinese medicine. The latest initiatives for the institutionalization of Chinese medicine in Slovakia are associated with the Confucius Classroom of Traditional Chinese Medicine at the Faculty of Health, at Slovak Medical University in Bratislava, based in Banská Bystrica, however, this recent activity has to be understood in the broader context of the expansion of Chinese medicine in Central Europe.

3.4 Homeopathy in Slovakia

It has often been highlighted that homeopathy represents one of the longest established systems of UM in Europe. A systematic review on the prevalence of homeopathy confirmed that a significant percentage of general populations visit to homeopaths as well as the purchase over-the-counter homeopathic remedies (Relton et al., 2017). The history of homeopathy in Slovakia dates back as far as the Austro-Hungarian monarchy. Until 1837, homeopathy was officially banned by the monarchy. However, after the Prague and Vienna medical schools issued a positive evaluation of homeopathy, the regulation banning its practice was revoked. Pukančíková (2011) in this case identifies a doctor named Jozef Attomyr (1807-1856), as the pioneer of Slovak homeopathy during this period, who allegedly maintained contact with German physician, Samuel Hahnemann, best known as the founder of homeopathy. The doctor describes several experiences from his own homeopathic practice and he also mentions his extensive first aid kit, which included up to 150 homeopathic remedies. The list of members of the Austrian Homeopathic Medical Association from 1862, also mentions two doctors from Bratislava and certain archival documents make reference to the work of up to eight homeopathic doctors in Bratislava (Pukančíková, 2011).

After the Second World War, in 1950, homeopathy was banned in Czechoslovakia. With the reawakening of positivist-oriented science under Marxist philosophy, homeopathy was considered ideologically problematic in the socialist period and was not officially performed or taught. This clearly relates to the fact that no professional journals regarding homeopathy were published and therefore, the treatment did not actually exist. However, it can be assumed that there was a limited number of people interested in this type of unconventional medicine, widely referred to as a pseudoscientific treatment system, who drew information mainly from foreign literature. A noticeable increase in the interest in homeopathy has only been registered since the beginning of the 1990s (Křížová, 2015; Pukančíková, 2011).

Recent data collected in 2016 by Boiron, a major producer of homeopathic medications in the world, on perception and trust in homeopathy among the general population in Slovakia, revealed that in the case of trust/distrust in homeopathic treatment, the situation is relatively balanced, i.e. trust outweighs only slightly (46% to 38%). Moreover, as many as 41% of respondents

spontaneously stated that homeopathy is: treatment with natural substances, treatment with herbs, treatment with plant extracts or treatment with nature (Souček & Hofreiter, 2017). At present, medicine, based on the extreme dilution of medicaments, is predominantly associated with controversial drug preparation and scientifically unverified therapeutic effects, despite its growing popularity among the general population. This has been confirmed by the Slovak Medical Society, that issued a statement on 14th June 2016 as a response to the situation caused by a billboard campaign, aimed at promoting homeopathy. The opinion states, inter alia, as follows:

> *"Homeopathy is a treatment system from the so-called alternative medicine, which is based on scientifically unproven assumptions, theories and practices that are in an unambiguous contrast to the scientific and professional nature and good practice of contemporary medicine. Therefore, homeopathic procedures or devices (including so-called homeopathic remedies) cannot, as such, be considered as medical practice or lege artis procedures. Therefore, from a medical point of view, they cannot be recommended or applied to patients as if they were proven procedures or means of today´s medicine. Due to their nature and properties, these procedures and means are clearly outside the field of scientific medicine."*
>
> Source: https://sls.sk/web/stanovisko-prezidia-slovenskej-lekarskej-spolocnosti-k-propagacii-homeopatie/

In Slovakia, it is not possible to study homeopathy at any university and thus it is not possible to legalize its practice in the context of the health education system. Those interested in studying homeopathy are, therefore, dependent upon the activities of various private educational institutions. At present, there are private training events for those interested in homeopathy, led primarily by the Slovak Academy of Classical Homeopathy (SAKH) and the Slovak Medical Homeopathic Society (SLHS). The basic difference relates to attitudes as to who can actively practice homeopathy. While the first organization also allows

non-doctors and non-medical professionals to study, the second, as the name implies, provides training only for doctors, pharmacists or veterinarians. In addition to the two aforementioned organizations, there are several smaller, private educational activities, designed mainly for those without any officially recognized medical education.

The Slovak Medical Homeopathic Society was established in 1991, then under the name of the Slovak Homeopathic Society, and during this period, began to hold educational seminars. These were initially covered by the pharmaceutical company, Boiron, the activities of which were later formally separated and continued in their own line. Since 1997, the SLHS has been part of the European Committee of Homeopathy (ECH) and today, due to the absence of homeopathy teaching at medical schools, it is the only competent institution that provides a comprehensive education in homeopathy for doctors and pharmacists. The SAKH currently offers two types of courses for those interested in obtaining homeopathy education, a four-year course, designed to gain in-depth knowledge of homeopathy and a half-year course, designed for home self-treatment and simpler, acute health problems. The academy regularly organizes weekend seminars with foreign guests every year, and participants of the longer course are required to participate in these events. In addition to a sovereign, homeopathic topics, such as materia medica or pharmacology, SAKH education also includes knowledge from the field of anatomy, physiology and pathology. Obtaining basic biomedical knowledge is compulsory for all non-medical attendants and to pass the course of study successfully, it is required to pass an exam on the topic. Upon the successful completion of a four-year SAKH study, graduates will receive a diploma and are entitled to use the SAKH title after their name. Recently, some of the representatives of SAKH, in cooperation with other international homeopathic associations, developed a movement called "Quintessence Forum" with the aim to propose a new paradigmatic interpretation of homeopathy and living beings. Using the example of SAKH, we can observe one of the ways in which unconventional forms of medicine cope with the monopoly of the dominant subject in the field of healthcare and limited access to economic and social capital. Representatives of certain homeopathic groups in Slovakia are trying to gain legitimacy and a more advantageous position in the field of medical care, by institutionalizing their practice, implementing scientific medicine in the educational process, unifying procedures, issuing certificates of successful

completion of studies, registering specialists and improving the overall professionalization of education.

The academy aims, among other things, to influence the unification of diagnostic and therapeutic procedures in homeopathy. However, due to the heterogeneity of the homeopathy practice, the effect of this effort is questionable. This is also evidenced by the activities of the 1. Clinics of Classical Homeopathy, a branch of the International Academy of Classical Homeopathy. This organization offers educational seminars in homeopathy to a wide range of interested persons, and although these refer to the classical principles of homeopathy, in several cases, they differ from those of the SAKH. According to the information on the official website of the clinic, it is not necessary, for example, to complete any medical education within the course, as is the case with the SAKH. It is considered that biomedical and homeopathic approaches to disease, treatment and health are incompatible.

Since 2007, the Slovak Chamber of Homeopaths (SKH) has also been operating in Slovakia, which is a member of the European Central Council of Homeopaths (ECCH) and the International Council for Homeopathy (ICH). On its website, it lists approximately 60 registered members, operating in various regions of Slovakia. Unlike the Slovak Medical Chamber, which is established by the law, it is a civic association. The association´s website states that its mission:

> *"is to support, develop, represent and defend the interests of members – homeopaths and homeopathy in the Slovak Republic. The association represents the interests of its members vis-à-vis state authorities, state administration, local and regional self-government, the judiciary, other institutions and organizations, as well as foreign institutions operating in the field of homeopathy, especially in the European Central Council for Homeopaths (ECCH)."*
>
> Source: https://komorahomeopatov.sk/o-skh/stanovy/

A person who is a graduate of homeopathic education, corresponding to the relevant standards set by the European Central Council for Homeopaths, who

performs homeopathic practice and has completed at least two homeopathic education seminars in a calendar year, may become a professional member of the association. Applicants for membership in the chamber must, in addition to agreeing to the statutes, also agree to adhere to a code of ethics, which states that homeopathy is a complementary treatment and offers an alternative to chronic or sudden illnesses. In addition, according to the code, a homeopath should not assess the work of an allopathic doctor, comment on his/her approach or modify his/her treatment methods. At the same time, the SKH strives to act in relation to the public as an institution representing the interests of all homeopaths in Slovakia. Recently, the chamber has become more widely known for its activities to influence public opinion on homeopathy, with the help of popular public figures.

3.5 Ayurveda and yoga as a mind-body medicine

Ayurveda, a medical system, rooted in the Indian subcontinent, represents one of the fastest growing forms of unconventional therapeutics in Western countries. Over the last few centuries, Ayurveda has undoubtedly undergone many of the radical changes that characterize its current form. Some of the components that formed part of it over a long historical period have disappeared, many have been transformed and others have been added. From a social point of view, however, the content and formal changes of the medical elements of Asian provenance in the context of modernization processes are not evaluated as negative manifestations, disrupting its continuous existence, but as part of a constant dynamic, in which individual cultural elements are transformed in accordance with current social needs. The relatively short history of Ayurveda in Europe provides us with a clear image of how this phenomenon has been shaped by certain social and cultural realities. An investigation of particular today's practice of Ayurveda in the West has shown that it has generally become an urban middle class phenomenon, offering medicaments for diseases like obesity, impotence and stress, and enhancing body-beauty health consciousness (Bode, 2008; Islam, 2012).

Several research studies, conducted on the use of Ayurveda among the European population, confirmed that respondents report a positive experience of this kind of treatment, following an improvement in their health situation,

(Niemi & Ståhle, 2016). Authors in recent publications propose the term Global Ayurveda to describe ayurvedic concepts, beliefs and practices that have been transmitted to various regions of the world (Wujastyk & Smith, 2013). Around three decades ago, ayurvedic knowledge found its way to Europe in the form of a charismatic guru, Maharishi Maheshi Yogi, who inspired a number of physicians to genuinely consider the potential benefits of unconventional therapies, including medicaments, yoga, meditation and special diets, both in terms of treatment and prevention. According to Maharishi himself, not only did his movement save ayurvedic teachings from eventual decline, but by incorporating these into the concept of Transcendental Meditation, they succeeded in rebuilding this system into its only correct form, unparalleled in history. Another increase in the use of Ayurveda in the early 1990s is associated with various enthusiastic yoga teachers who accomplished training through Ayurveda courses in India and decided to provide treatment, based on Indian medical knowledge in European urban settings. Recently, by contextualizing European ayurvedic practices, Sujatha (2020) identifies four main categories of practitioners 1) qualified, biomedical doctors practising Ayurveda along with homeopathy, 2) yoga teachers or persons with various non-medical backgrounds, 3) massage therapists offering a medley of remedies and 4) ayurvedic educationists who run academies for certificate courses and produce manuals and pharmaceutical catalogues for ayurvedic drugs.

In the past, the theoretical concepts of traditional Indian medicine only spread in Slovakia through literature, primarily dealing with the topic of body and mind control techniques, known as yoga or as part of philosophical and religious treatises. Before 1989, information regarding practitioners performing ayurvedic therapy or diagnostics in Slovakia was very rare. At present, ayurvedic specialists of Indian or European origin, who perform their practice under the auspices of modern, specialized, ayurvedic centres, mainly represent the practical side of Indian medicine in Slovakia. Most commonly, by advertising the image of a healthy life they claim to heal a variety of physical problems by medication, yoga sessions, change of diet and lifestyle, and, simultaneously, by providing a wide range of ayurvedic oils and massage therapies. Stressing the importance of wellness as an essential component of health has become one of the essential features and the predominant strategy of this version of Ayurveda. Moreover, people interested in the ayurvedic healing system and the exotic East tradition can attend short courses and seminars,

organized in these centres, where several lecturers promote the benefits of ayurvedic treatment and give advice on nutrition and lifestyle.

Over the past few years, within the portfolio of travel agencies, a new type of offer has emerged that targets a clientele looking for wellness and beauty retreat programmes abroad. The reason is that certain tourists from Western countries are showing a greater interest in their health and are willing to use Ayurveda, yoga, meditation or approaches based on spiritual or religious perspectives (Connell, 2011). Today, it is not unusual to find tourists in Slovakia that have gone through the experience of ayurvedic medicine in India and have spent a short-term stay in one of the many advertised meditation retreat centres. From at least the 1960s onwards, India captured the attention of a great number of Western tourists, seeking alternative lifestyles to widespread consumerism and institutionalized forms of religion. Nowadays, this is still reflected by several travel agencies and tour operators from Slovakia, providing trips to India. To promote their services, they use an image of India as a place of ancient cultural heritage and deep spiritual traditions. Despite the image of the exotic and spiritual East organized around ancient wisdom is playing a decisive role in promoting ayurvedic treatment methods, advertising activities are supported by arguments regarding the scientific basis of Ayurveda and tend to translate Indian indigenous concepts into a Western terminological category. The reinterpretation of Indian medicine is thus responding to Western presuppositions. This is clearly expressed in the following ideas of one travel agency in Slovakia, regarding the nature of the healing process: *For us, Ayurveda is also a symbol of personal evolution, a way to heal not only our body but also our soul. It is a quest for the right journey to reach a balance between human beings and nature* (Souček, 2020a). Increasingly, travel agencies use the image of New Age Ayurveda as a science, fully adapted to modern scientific and technological progress or systems, even though it is considered as the oldest healing system in existence: *Ayurveda is considered to be the world's oldest healing system, and in translation means "the science of life". It was born in ancient India about 5,000 years ago and is often called "the mother of all the healing systems"* (Souček, 2020a).

Such an image of Ayurveda is commonly used by various organizations aiming to promote the medical or rejuvenation services of ayurvedic practitioners and working with the idea that the older a system is, the more trustworthy and reliable it is. Moreover, antiquity and its resulting credibility

is proved by the statement that the knowledge behind the ayurvedic system, contributed to the development of other treatment systems that spread all over the world. Several authors stated that attaching a great age to Ayurveda and establishing it as a source of other medical systems represents a strategy for its own definition and demarcation. It emerged in the early 20th century, when Indian medicine became an important element of Indian ideology for nationalist movements, fighting for the change of the colonial system and was fully established under the concept of New Age Ayurveda (Zysk, 2001). The modern image of Ayurveda became part of the larger image of exotic India, which is considered in the Orientalists' vision as an ancient and timeless culture.

Over recent decades, Ayurveda and yoga have shifted from being largely independent traditions into Ayuryoga, a commodified brand that consecrates permeability between different cultural concepts (Selby, 2013). Yoga is nowadays widely understood by the Western audience as a health intervention and an unconventional treatment method, that can positively impact on the body and mind. However, yoga represents a complex physical, mental and spiritual discipline that has evolved over a long period; to confine its use to the prevention and treatment of medical conditions would, therefore, be highly misleading. Singelton (2018) maintains that the phenomenon of the medicalization of yoga can be traced back to the mid-19th century and becoming fully established in the 1920s by the experimentation of two influential Bengali figures who developed extensive therapeutic programmes. Moreover, evidence from Singelton's investigation indicates that the appearance of yoga in the West is closely *linked to the history of colonialism in India, the rise of Indian nationalism, and the increasingly globalized commerce of ideas, people, and products during the 19th and 20th centuries* (Singelton, 2018, p.1). Early perceptions of Hindu yoga were considerably influenced by the well-known activities of the 19th century Indian monk and mystic, Swami Vivekananda and the works of Western Orientalists (Carrette et al., 2005). As an increasing interest in Eastern traditions was one of the crucial features of the counterculture movement that developed throughout many Western countries, the significant penetration of yoga in European societies did not occur until the 1960s and 1970s when the search for new expressions of self-realization captured the attention of large numbers of people. Altglas highlights that this popularization is characterized by the diversification and fragmentation of Asian traditions in Euroamerican

societies, *which became "techniques" detached from their original cultural and philosophical context, and used for other purposes than religious salvation* (Altglas, 2014, p. 38).

The most active propagator of Indian spirituality in Czechoslovakia in the first half of the 20th century is considered to be Karel Weinfurter, who introduced a particular form of yoga, known as hatha yoga in a local context and became publicly acquainted with individuals such as Ramakrishna, Vivekananda and Ramana Maharishi. He argued that yoga leads to a goal that is the same in all religions, faster than other paths, but one that requires separation from the world and guidance by a guru. At that time, he presupposed that yoga was the comprehensive term for Indian systems which aim to liberate the human soul from the body and matter (Fujda, 2010). In the late 1960s, people could attend Eduard Tomáš´s public performances and lecture series, dedicated to spiritual wisdom and integral yoga. After political "normalization" and the establishment of strict control over social and cultural life, the understanding of yoga gradually shifted from philosophical, religious teaching to physical exercise and relaxation techniques. Due to the intervention of certain physicians, a nationwide federal commission was set up to use yoga in medical rehabilitation. Some of these yoga techniques have been used in spas and rehabilitation centres. The commission of yoga in Slovakia was for some time chaired by Milan Polášek, who is one of the co-authors of the methodology of teaching yoga in the former Czechoslovakia. Due to the state censorship of literature dealing with religion and beliefs, most of the information regarding yoga and other forms of Eastern spirituality in Slovakia was spread by means of "samizdat" literature and any contributions from foreign authors on the topic were translated. Notwithstanding this, Gejza Timčák, the current president of the Slovak Yoga Association, who had the opportunity of observing Indian yoga teachers in India in the late 1970s, is considered to be one of the few active teachers of the time (Tajovská, 2020). On the website of the Slovak Yoga Association, we can find information relating to its leading ideas and goals. Among others, the aim of the association is to develop the psycho-physical culture of people and to support the care for physical, mental and social health.

More recently, in the public arena, yoga is primarily associated with the practice of asanas, a set of body postures, believed to provide numerous physical and mental benefits. Subsequently, a myriad of courses, retreats and weekend seminars could easily be found in almost all the larger cities in

Slovakia. Popular media largely portrays yoga as a modern physical, lifestyle and wellbeing culture, rooted in ancient Oriental wisdom, perfectly designed for anyone considering improving his or her health condition. Yoga is enjoying considerable popularity and over time has become a significant part of the healthcare sphere, widely regarded as mind-body medicine, demonstrating the interconnectedness of various levels of the human body. Yoga, a multimillion global industry is thus deemed to be a complementary medical modality, which includes diverse techniques in order to manage a wide range of mental and physical health issues.

4. The legal status of unconventional medicine

Due to the diversity of medical traditions and the different historical development of the healthcare area in European countries, the approach towards regulation of unconventional medicine varies widely and is unclear. According to the CAMbrella project findings, on the one hand, certain countries have general laws regarding the practice of CAM or have regulations governing specific CAM therapies, while on the other hand, several countries still do not have any regulations relating to CAM (Wiesener et al., 2012). Countries like Finland, the United Kingdom, Latvia or Lithuania only regulate specific CAM therapies by law. For instance, in the United Kingdom, osteopathy and chiropractic are statutorily regulated, while acupuncture and other CAM treatments are voluntarily regulated. The regulation of CAM, in general, exists in Belgium, Denmark, Portugal or Slovenia. However, even in the case of existing, general CAM laws, it is difficult to find any similarities between them, because they lack a detailed description or are formulated in a very specific manner. However, laws relating to the practice of CAM have not been enforced in countries like Spain, the Netherlands, France or Slovakia (CAMDOC Alliance, 2010).

According to the depth of government involvement, we can identify three models in European countries, used to regulate the practising of medicine, namely: direct government-administered regulation, government-sanctioned self-regulation and independent self-regulation (CAMDOC Alliance, 2010). In the first case, which prevails in most countries in Europe, the government itself takes full responsibility for the regulation of unconventional medicine. This means that official authorities register the healthcare practitioners and observe their compliance with the law. In the second case, the government delegates supervision over the practice of medicine to other healthcare professionals. The third case rests on the fact that certain non-conventional medical associations develop their own system of regulation, including educational standards or ethical codes. Generally, unconventional medicine can be provided by three different kinds of professionals: medical doctors, other health professionals, such as nurses or midwives and practitioners who are not medically qualified. The practice of unconventional medicine by medical doctors or other medical professionals prevails in most countries of Central and Southern Europe

(CAMDOC Alliance, 2010). The provision of unconventional medicine by professionals outside the official healthcare system is either illegal or not regulated by law in any way. In some countries, like Hungary and Slovenia, the law allows the provision of some of the unconventional therapies by non-medical, qualified persons. The situation is quite different in Northern Europe, Germany or Great Britain, where anyone is allowed to provide CAM. Even in these cases, the situation differs from country to country; Germany and Switzerland, for example, have a long experience of a unique medical practitioner, known as a "Heilpraktiker" (health practitioner), who is consulted as well as a medical doctor (Ernst, 1996; Heudorf et al., 2010). In the UK, apart from osteopathy and chiropractic, there is no professional statutory regulation of unconventional medicine. This means, that anyone can actively practice the treatment, as unconventional medicine specialists do not need any training to be affiliated to a registering body (Hunt, 2009).

When considering the phenomenon of medical pluralism, it is necessary to be aware that pluralism is manifested in different forms in every society. Last (1990) outlines three main types of regulatory systems, which can help to determine, in a political sense, the nature of the medical culture in any state: namely, exclusive, tolerant and integrated. Last argues that the former Soviet Union represents a prototypical example of an exclusive system. For a long time, there was only one legally recognized system of medicine, in contrast to traditional or folk medicine, which, according to a positivistic worldview, comprised irrational practices arising from a misunderstanding of science. This attitude began to manifest itself in a significant way with the onset of the Soviet Union's Cultural Revolution in 1928, which launched the wholesale modernization of society with contemporary, secular and Soviet values at its core. Every kind of folk healing method became the target of a propaganda campaign, drawing attention to the superstitious and anti-scientific character of such techniques (Michaels, 2003). Many other former socialist-oriented countries in Central and Eastern Europe intelligibly followed the Soviet approach. On this matter, Stepan points out that in *the socialist countries of Eastern Europe, where the health professions have as a rule become integrated into the public services, health care is provided virtually exclusively on the basis of modern medicine* (Stepan, 1985, p. 286).

Furthermore, it is supposed that the medical domain in post-socialist countries in Europe underwent a phase in which the healthcare environment

was rapidly controlled, followed by a gradual release that led to a partial equalization of various medical practices (Høg et al., 2005). Particularly, after the social-political change in 1989 in Slovakia, that presented opportunities for the spread of different forms of AM, more possibilities were provided to practise non-state, recognized healthcare. However, the stigmatization of unconventional treatment as ineffective and harmful, prevailing during decades of socialism, came to the fore again. The current state of affairs regarding the legal and regulatory status of unconventional medicine clearly reflects the unwillingness of representatives to adjust outdated and obsolete national legislation on TM, AM and CM. As Fedorová (2018) highlighted, whereas it is impossible to find the term healer in the legal order in Slovakia, there is no legal regulation of their activities, which means that healing performance is neither forbidden nor authorized. According to valid laws, the current knowledge of medical science must be taken into account when providing healthcare (Section 4, Paragraph 3 of Act No. 576/2004 Coll.). However, there is no precise definition of what is considered part of medical science. In general, this is knowledge taught at medical faculties and accepted by most experts in the medical field. Slovak law regulates the activity of healers indirectly, by defining boundaries that cannot be exceeded. From a legal perspective in Slovakia, healers are individuals without specific rights or obligations (Kováč, 2008).

Furthermore, in Slovakia, healthcare is defined in the law as a set of occupational activities, performed exclusively by healthcare workers. According to the Act on Health Care Services Related to the Provision of Health Care and the amendments to certain acts, healthcare is defined as follows:

> *"a set of work activities performed by health care workers, including the provision of medicines, medical devices and dietetic foods with a view to prolonging the life of the physical person (hereinafter referred to as "the person"), improving the quality of his or her life and the healthy development of future generations; health care includes prevention, dispensary treatment, diagnosis, treatment, biomedical research, nursing care and midwifery"* (Act No. 576/2004 Coll.).

The law also defines who can be considered as a healthcare worker; healers are not included. According to Kováč (2008), this has far-reaching legal consequences, including, inter alia, the fact that unconventional practitioners do not need a licence to provide healthcare, have no obligation to prove their education and are not subject to any professional review. Unlike healthcare practitioners, healers neither have to register themselves, nor are they required to hold any licence entitling them to perform medical services. Moreover, they have no obligation to be appropriately trained or prove their educational achievements. They also do not come under the control of the Healthcare Surveillance Authority of the Ministry of Health, as they do not provide healthcare according to the law. At the same time, the law does not set any restrictions preventing doctors from providing services relating to unconventional medicine. According to the Slovak Constitution, anyone can practise unconventional treatment, however, they do so at their own risk (Hlavatý et al., 2011). Should the practice of unprofessional treatment result in harm to a patient, the practitioner can be punished according to the Penal Code. Such a criminal offence would be deemed as having been committed by a person who does not hold a prescribed professional competence qualification of medical or other health profession, and who carries out acts of healthcare and unprofessionally administers medical treatment or medicines, drugs and other medical devices. Such actions could a) immediately endanger the life of another person, (b) injure another person or (c) be carried out, without the consent of another person. It is characterized as an investigative or curative act or the incorrect administering of medicinal products, medicines or other medical devices, which could endanger the health of another (§ 162, paragraph 1 of the Criminal Code).

Despite the fact that the legal situation has been the subject of ongoing criticism and several authorities have highlighted over many years the need for the development of new legislation regarding healing performance, the position of the healer in the legal system remains unchanged. Another situation is the case of acupuncture, given that for several years it was considered as a medical speciality, which could only be officially performed in a specialized clinic (Pokladnikova & Telec, 2020). This means that an acupuncturist is a medical professional, therefore, everyone who wishes to perform acupuncture must firstly hold a certificate in a clinical subject. After the candidate has completed a particular course, dedicated to the theory and practice of acupuncture and

traditional Chinese medicine, including an exam and specialized work in a specified professional topic, that individual can perform acupuncture in addition to his or her job. In addition, if the candidate completes three more years of study, takes a specialization exam and receives a diploma, he or she can open a separate outpatient clinic.

4.1 The reimbursement of unconventional medicine and products

In the literature dealing with citizens' attitudes and needs to unconventional medicine, we find that one of the main barriers to accessing traditional, alternative and complementary therapies is the cost of treatment paid out of pocket. In 2012, the European Commission estimated that spending on unconventional medicine by consumers tops 100 million euro. Despite the increasing demand of patients to integrate unconventional medicine into the healthcare sector, in many European countries, the coverage of alternative and complementary therapies remains limited. For instance, a survey carried out in the UK revealed that participants presented a rationale as to who should pay for unconventional medicine. If on the one hand it is perceived as a pleasant experience or luxury commodity, it should be paid for personally, on the other hand, when it is perceived as a treatment to relieve and cure specific health-related needs, it should be funded by the state (Bishop, Yardley and Lewith 2008).

As in many other European countries, the methods and medicaments of unconventional medicine in Slovakia are not directly covered by health insurance companies. The contributors to the CAMbrella project highlight that *Act No. 577/2004 Coll. on the scope of healthcare covered by public health insurance and on the reimbursement of healthcare-related services, as amended by later regulations, states what treatment is covered by the national health insurance.* Therefore, the indemnity is not provided for treatments that are not scientifically or medically recognized, such as chiropractic treatment, acupuncture treatment, acupressure, homeopathy or other types of unconventional treatment. Individuals interested in the use of unconventional methods are compelled to cover the costs "out of one's pocket". Interestingly, the presence of homeopathic medicines in pharmacies is made possible by specific

parts of the Act on Medicinal Products and Medical Devices (362/2011 Coll.), which is based on the European Directive (2001/83/ EC). According to this law, the State Institute for Drug Control determines a simplified registration procedure for human homeopathic medicines. This means that toxicological-pharmacological and clinical testing is not required for the registration of homeopathic preparations. However, this type of product must state on the packaging that it is a homeopathic medicinal product, without an approved therapeutic indication. This procedure is explained in more detail in the aforementioned European directive, which states:

> *"Having regard to the particular characteristics of these homeopathic medicinal products, such as the very low level of active principles they contain and the difficulty of applying to them the conventional statistical methods relating to clinical trials, it is desirable to provide a special, simplified registration procedure for those homeopathic medicinal products which are placed on the market without therapeutic indications in a pharmaceutical form and dosage which do not present a risk for the patient"* (Directive 2001/83/ EC).

In practice, as a large number of homeopathic medicines can be purchased in Slovakia by drug providers without the need for a prescription and sales of homeopathic medicines in our pharmacies have stabilized over the last few years (Souček & Hofreiter, 2017).

Part II

UNDERSTANDING UNCONVENTIONAL MEDICINE: SOCIOLOGICAL INVESTIGATION

5. National population-based survey

Several studies suggest that the interest in various forms of unconventional medicine (e.g., naturopathy, homeopathy, traditional Chinese medicine, osteopathy, chiropractic) in Europe continues to grow (Eardley et al., 2012; Fjær et al., 2020; Frass et al., 2012; Kemppainen et al., 2018). The contemporary situation regarding the prevalence of UM raises several issues regarding its regulation and legal status, its integration into the healthcare system and the control of adequate training and competences of non-medically trained practitioners. The results of systematic reviews, available from European countries, suggest that certain significant trends can be identified. For instance, according to the CAMbrella project, a large number of people in European countries express a positive attitude towards unconventional therapies, and demand and support UM provision in public health services. Citizens request reliable and trustworthy information and wish to see greater support for biomedical practitioners in facilitating their healthcare choices (Nissen et al., 2012). Many people also highlight the aspect of transparency regarding qualifications in UM, and stress the requirement for clear regulation and registration of unconventional medical practitioners.

A significant number of articles, dealing with the prevalence and determinants of UM, are available from the UK (Hunt et al., 2010). After all, a relatively large number of studies have been conducted in countries like Germany (Linde et al., 2014) and Italy (Menniti-Ippolito et al., 2002). In the case of other EU countries, the quality reporting is poor, and in some examples from Eastern Europe, there is a significant lack of information. Therefore, there are insufficient data from Eastern European countries relating to studies on cross-country comparisons of the prevalence of UM, major conditions treated with UM or the reasons why patients choose UM in EU countries. This is even the case as regards CAMbrella, a pan-European research network project, whose aim was to evaluate conditions surrounding UM use and provision in Europe, and to develop a roadmap for CAM research in Europe. A report summarizing the main outcomes highlight that this project was unable to create a thorough overview of UM use across the whole of the EU, due to the inability to access data from Eastern European countries.

5.1 Questionnaire development

As an appropriate method for obtaining information on UM use, a representative survey was administered to the general population of Slovakia. The survey was administered to the general population in Slovakia, comprising 1,027 (494 males, 533 females) Slovakian residents of 18 years of age and over, with a 95% confidence level and a 3% confidence interval on the basis of quota sampling for the main socio-demographic characteristics: gender, age, nationality, education, place of residence and region of residence. Only the respondents under 18 years of age were excluded from the study sample.

In order to understand various aspects of UM, the questionnaire was divided into three sections. The first section concerned the prevalence and types of unconventional therapies use, the second section dealt with the prevalence of visits to unconventional healthcare providers and the third section examined dissatisfaction with conventional medicine, philosophical orientation and holistic balance. The overall design of the questionnaire was partly inspired by the *International Questionnaire to Measure the Use of Complementary and Alternative Medicine* (I-CAM-Q) (Quandt et al., 2009; Re et al., 2012; Wemrell et al., 2017), and similar research conducted in relation to the prevalence of UM use in the Czech Republic (Pokladnikova & Selke-Krulichova, 2016, 2018). The I-CAM-Q was developed by an expert group as a suitable method to investigate the prevalence of UM and to provide knowledge appropriate for health planning, which meets patients' needs. Originally, this consisted of four main questions regarding visits to healthcare providers, complementary treatments received from physicians, the use of herbal medicine and dietary supplements, and self-help practices (Quandt et al., 2009). The original version of the I-CAM-Q was modified, and various variables were comprehensively combined.

In the first section, respondents were asked whether they had received any unconventional healthcare options, without categorizing the options into analytical subgroups of self-help practices and practitioner-based treatments. The survey reflected country-specific, unconventional medicine usage and included an extensive list of the following therapies: acupuncture, homeopathy, Chinese medicine, Ayurveda, chiropraxy, massage, reflexology, meditation, yoga, visual imagery, psychotherapy, herbal teas, vitamins, minerals and dietary supplements, special diets and detoxification, Bach flower remedies,

energy healing, religious healing and spiritual ceremonies. In addition, open-ended questioning was introduced at the end of the section. The pre-test revealed that rather than asking respondents about the particular recall period, a more appropriate method by which to investigate the experience of particular CAM methods would be to investigate the frequency of UM use. Considering that health issues may occur sporadically over the period of a lifetime, respondents were asked to indicate how often they used a particular method, using the following scale: regularly or at least once a year, several times during their life, at least once in their lifetime and never. Such an approach allows identification of not just regular but also casual, UM users. Moreover, respondents were asked to highlight the main reason for UM use, when they used one of the selected options on the last occasion. On a four-point scale the importance of the following reasons was reported: fewer side effects, financial availability, complementary use with conventional medicine, connection to own worldview and belief, unknown medical condition, greater efficiency in comparison to conventional medicine, absence of trust in conventional medicine and prior positive experience. Furthermore, the survey asked respondents to clarify their source of information regarding UM.

The second section of the questionnaire is related to visits to unconventional healthcare providers rather than self-treatment. When developing this section, we were partially inspired by a systematic review that summarizes a prevalence of visits over a 12-month period to CAM practitioners in Europe, North America, Australia, East Asia, Saudi Arabia and Israel (Cooper et al., 2013). In this section, we decided to ask respondents about five types of UM practitioners and the prevalence of their visits. Similar to the first section, respondents were not asked to recall a certain time period, instead, they were asked to indicate how often they used a particular specialist in UM. Moreover, they were asked to indicate their satisfaction with the services provided and the specific health condition treated by the UM practitioner. Considering that doctors play a significant role in advising patients on UM and to ensure a comprehensive understanding of the situation, a question relating to unconventional therapeutics, received from a general practitioner or medical specialist, was added at the end of this section.

The third section of the survey was aimed at gathering data on attitudes towards traditional, complementary and alternative methods from the

perspective of the general population. For this purpose, we modified the Complementary, Alternative and Conventional Medicine Attitudes Scale (CACMAS) (Betthauser et al., 2014; Elif et al., 2018; McFadden et al., 2010) that was created to measure attitudes towards UM among the healthy population and other research measures seeking reasons for UM use (Astin, 1998; Vincent & Furnham, 1996). Participants responded using a five-point Likert scale, ranging from one (completely disagree) to five (completely agree) on various questions regarding their philosophical congruence with UM, need for personal control, dissatisfaction with conventional medicine and health/body perception.

6. Prevalence, significance and reasons for UM use

The list associated with UM, which reflected country-specific UM usage, included 18 different modalities from which the respondents were able to choose their preferred option. Respondents who reported the use of unconventional therapies either regularly, at least once a year or several times during their life were grouped into the category of UM users. On the other hand, casual users who reported their use of UM to be at least once in a lifetime were associated with non-users (Table 1). By analysis, we relied on the widely-accepted, UM classification by the NCCIH, which groups CAM into the following five categories: mind-body interventions, biologically based treatments, manipulative and body-based methods, energy therapies and whole medical systems (Tataryn, 2002).

Altogether, 846 (82.4%) of the 1,027 survey participants reported the use of some method of UM on a regular basis, i.e., at least once a year or several times during their life (Table 1, Table 2). Collected data show that the lifetime prevalence of UM use in Slovakia is considerably high. In general, the use of UM in European countries varies to a large extent. Results from a recent study examining CAM use across 21 European countries, based on data from the seventh round of the European Social Survey, indicate that overall, UM use is 17.9% (Fjær et al., 2020). In general, the use of UM in European countries varies to a great extent (0.3–86%) (Eardley et al., 2012; Frass et al., 2012; Kemppainen et al., 2018). This can be partly clarified by different regulations and health insurance policies. Another reason for this difference in use could be related to the variances in the selected methodologies of the surveys and the reported quality of the surveys conducted thus far. Even the absence of a consistent definition of UM had a considerable impact on the acquired results.

Table 1 Socio-demographic characteristics of the sample

	All respondents		UM users = 846		UM non-users = 181	
	N	**%**	**N**	**%**	**N**	**%**
Gender						
Male	494	48.1	398	47	96	54.1
Female	533	51.9	448	53	85	46.9
Age (years)						
18–34	288	28	232	27.4	56	30.7
35–54	377	36.7	308	36.4	69	37.9
55 and over	363	35.3	306	36.1	57	31.3
Education						
Less than high school	415	40.4	322	38	93	51.3
High school	384	37.4	327	38.6	57	31.4
University	227	22.1	197	23.2	31	17.1
Household monthly income (EUR)						
1–1 000 €	296	31.2	234	30	62	36.6
1 001–1 500 €	292	30.8	242	31.1	49	29
1 501 and over	360	38	302	38.8	58	34.3
Religious identity *						
Strong belief	116	11.2	94	11.1	22	12.2
Others	911	88.7	752	88.9	159	87.8
Place of residence						
100,000 or less	899	87.6	742	87.7	157	86.7
100,000 and over	128	12.4	104	12.3	24	13.3

* Religious identity was recoded into a binary category (1 stands for strong beliefs and 0 stands for all other expressions of religious identity).

Therefore, it is difficult to conclude whether the popularity of UM in Slovakia is higher or lower in comparison to that in other countries. Due to the low level of reported data on UM use in Central and Eastern European countries, comparisons are difficult to execute. However, altogether, the results of UM users in Slovakia are very similar to the overall reported use of UM in the Czech Republic (76%) (Pokladnikova & Selke-Krulichova, 2016). Even the three most commonly preferred unconventional modalities, namely, vitamins, herbal teas and massages, are the same.

Unconventional medicine refers to an extraordinarily diverse group of practises and it is hard to find mutual agreement among medical experts whether some of these forms belong to biomedical science or not. The limitations of this research are identified in the broader definition of UM that includes vitamins, food supplements and massages. For such methods, there is no consensus as to whether to assign these methods to the category of conventional medicine. However, to cover the heterogeneous spectrum of UM practices, several studies have included these in their research design. Excluding some of the treatment methods (e.g., massages, herbal teas) situated on the border of acceptance by medical authorities from our analysis would significantly affect the overall prevalence. The next limitation of the investigation lies in the fact that religious prayer was included in the scope of the UM investigation. Excluding prayer would certainly have had a significant impact on the analysis of the prevalence findings. When prayers were excluded, the prevalence rate in mind-body interventions, decreased from 31.9% to 18.8%. Some studies even recommend the removal of prayer from the list of UM practices. Notwithstanding this suggestion, the role of spirituality and religion in healing issues needs to be further discussed (Tippens et al., 2009).

Table 2 shows that the most frequently reported group of methods were biologically based treatments (78.9%), followed by manipulative and body-based methods (54.4%), mind-body interventions (31.9%), whole medical systems (18.2%) and energy therapies (4.2%). The analysis showed that most of the UM users took vitamins, minerals and food supplements (71.1%). Next unconventional treatment methods highlighted by UM users were herbal teas (68.1%), massages (53.6%), religious healing (20.3%), special diets (18.8%), homeopathy (14.4%), yoga (10.6%), reflexology (6.2%) and meditation (6.1%). Other methods (acupuncture, aromatherapy, chiropraxis and osteopathy, Chinese medicine, psychotherapy, spiritual ceremonies, visualization and Ayurveda) were used by approximately 6% or less of the respondents (Table 2).

Table 2 UM users by group and type of therapy (lifetime prevalence)

	All UM users, N = 846 (82.4%)	
Mind-body interventions	328	31.9
Yoga	109	10.6
Visual imagery	33	3.2
Meditation	62	6.1
Psychotherapies	36	3.5
Religious healing	209	20.3
Acupuncture	56	5.5
Spiritual ceremonies	34	3.4
Biologically-based treatments	810	78.9
Herbal teas	700	68.1
Special diet, detoxification	194	18.8
Vitamins, minerals, food supplements	730	71.1
Manipulative and body-based methods	559	54.4
Massage	550	53.6
Chiropraxy	43	4.2
Reflexology	64	6.2
Energy therapies	43	4.2
Energy healing	43	4.1
Whole medical systems	187	18.2
Homeopathy	148	14.4
Chinese medicine	34	3.3
Ayurveda	21	2.1
Bach flower remedies	52	5.1

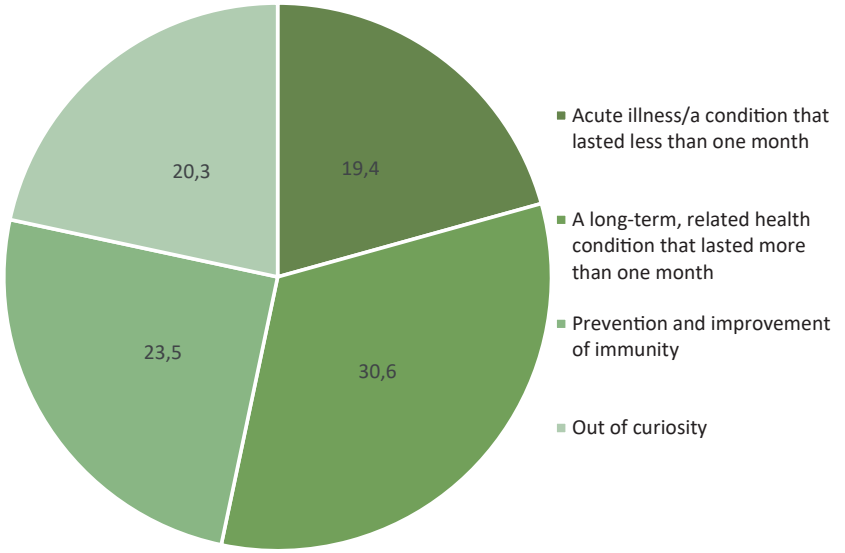
A systematic literature review suggests that the most frequently used UM therapies in Europe are massage therapies, herbal teas, acupuncture,

homeopathy, chiropraxy and reflexology (Eardley et al., 2012; Frass et al., 2012; Kemppainen et al., 2018). Although some of the acquired results are consistent with these findings, this research highlights that unlike other European countries, acupuncture and chiropraxy are less reported. Increasing demand for herbal teas and products has been confirmed in Western Europe (Hritcu & Cioanca, 2016) and other parts of the world (Merritt-Charles, 2011). However, unlike Western Europe, where we have witnessed the re-emergence of alternative healthcare, together with a strong medical counterculture since at least the mid-1960s, the situation in Eastern Europe has been quite different. The collapse of the communist governments in this part of Europe has also affected the medical environment (Souček, 2020b). Furthermore, this situation has led to the growing popularity and acceptance of herbal products that have had a long tradition in most Eastern European countries (Kozlowska et al., 2018; Penkala-Gawęcka, 1995; Pokladnikova & Selke-Krulichova, 2016). An explanation for the prevalence of herbal teas could be linked to the fact that herbal teas are largely affordable and accessible.

To investigate further aspects regarding the prevalence of UM use respondents were asked to indicate the main reason for using a particular form of unconventional healthcare. Considering that particular forms of UM are used on diverse kinds of problems and diseases, there were huge differences in the responses between respondents. However, the overall results for all types of UM modalities, as Figure 1 below shows, indicate that the main reason for UM use was a long-term, related health condition that lasted more than one month (30.6%). The second most important overall reason was prevention and improvement of immunity (23.5%) and the third most reported option was the curiosity of receivers of unconventional healthcare (20.3%). The final reason was acute illness/a condition that lasted less than one month (19.4%) (Figure 1). These findings are in line with other investigations which confirmed that a long-term health condition is a significant predictor for the greater use of UM. Compared to the percentage of the population that reported good health, the use of UM was two to fourfold greater among those with health problems (Kemppainen et al., 2018). Having a longstanding health-associated problem was related to higher use of all types of UM (Fjær et al., 2020). Moreover, greater utilization of various UM therapies is related to a healthy and preventive lifestyle across a number of European countries (Fallis, 2013). Furthermore, some research suggested that 9.8% of respondents explicitly indicated that

they would see a medical doctor and/or UM provider if they had a chronic, but not life-threatening disease (Kristoffersen et al., 2018).

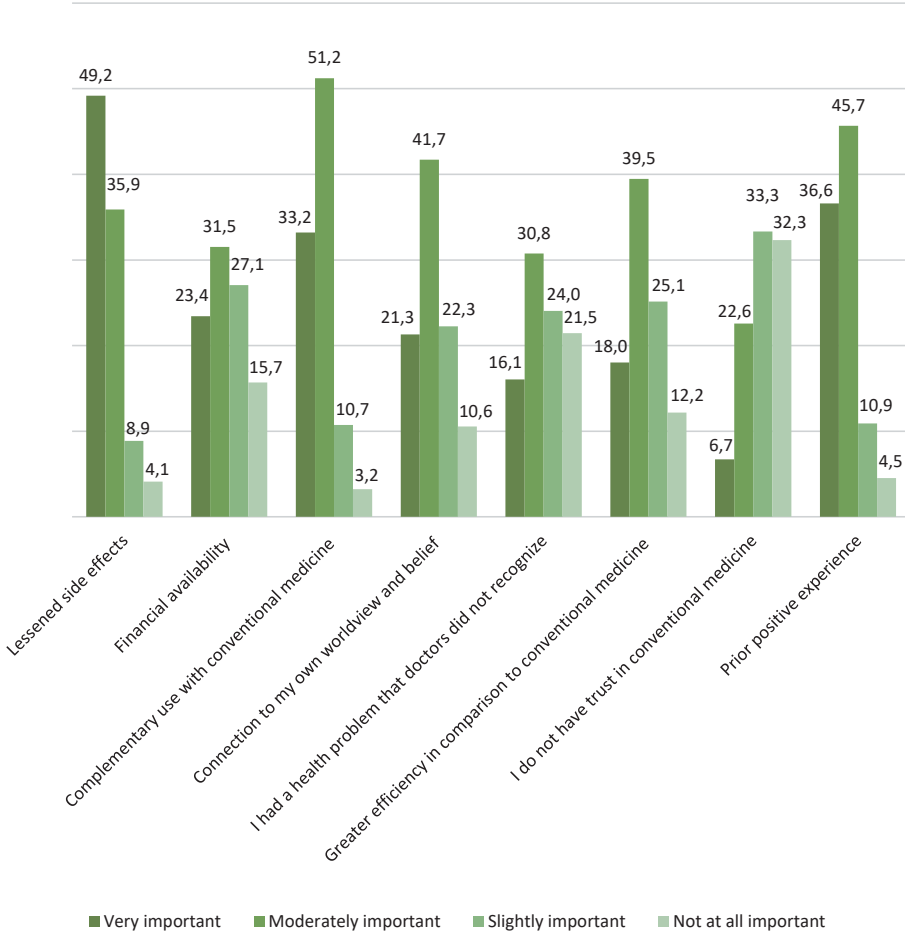
Figure 1 Main reasons for the use of UM



Much of the literature in the field, focusing on arguments for UM use at a micro level, highlights a variety of explanations. However, dissatisfaction with the outcomes and procedures of conventional medicine, and frustration with the doctor-patient relationship are repeated among the most common clarifications (Siahpush, 2000). In addition, individuals often mentioned lessened side effects, affordability and easy access to a wide range of UM forms. In fact, patients do not only consider the social or physical aspects in their search for unconventional healthcare. Philosophical and religious aspects play a central role for a large group of individuals. Our investigation into the Slovak population, shown in Figure 2, revealed that the belief in the lessened side effects of UM was the primary reason for the respondents' last use of a complementary and alternative treatment method. Altogether, 85% of respondents indicated that this option was very important or moderately important, followed by complementary use with conventional medicine (84.4%) and a prior positive experience (82.3%). The other reasons for CAM use were the connection to one's own worldview

and belief (63%), greater efficiency in comparison to conventional medicine (57.5%) and financial availability (55%). Only 29.3% of the respondents used UM because they did not have trust in conventional medicine. The reason that the patient had a health-related problem that doctors were unable to recognize was very or moderately important for 46.9% of respondents.

Figure 2 The significance of the reasons for CAM use

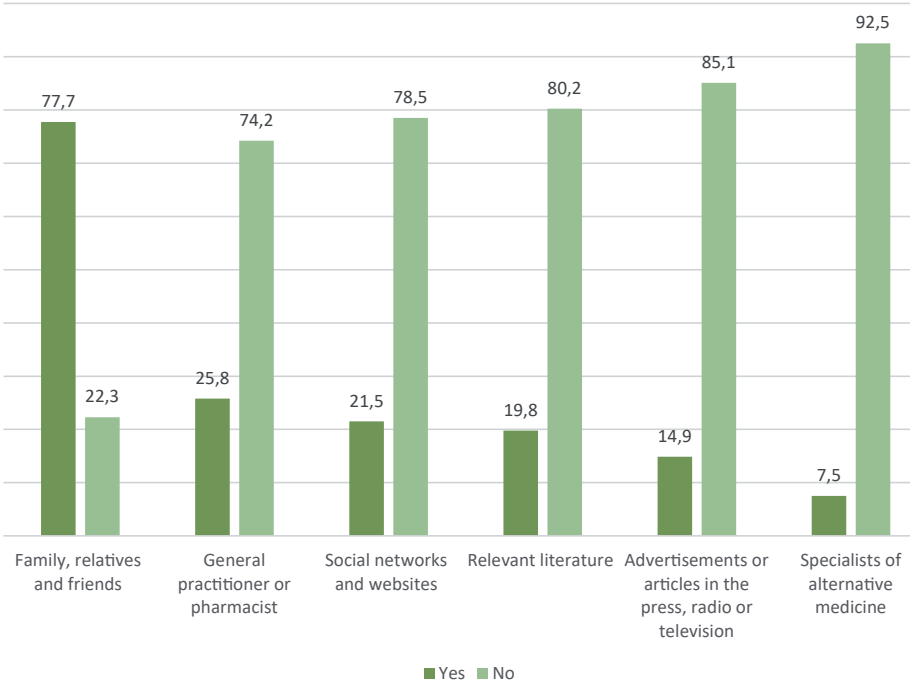


As discussed thoroughly in the following subchapters and Part III of this monography, some frustrated patients search for the assistance of UM practitioners and find them useful after previously being dissatisfied with the outcomes of conventional medicine. Despite advances in medical research, people still suffer from health conditions that doctors are not able to recognize. Moreover, relatively high rates of the use of UM were identified among individuals with common mental disorders (Unützer et al., 2000), which are often overlooked and are hardly indefinable in dualistic-oriented, conventional medicine (Lang & Sax, 2021). On the other hand, many specialists of unconventional therapies maintain that they do not focus on a particular diagnosis or symptoms but consider the whole person when healing them. This is especially evident among people engaged in various religious and ritual healing, whereby it is presupposed that abnormal experiences and behaviour are embedded in the holistic concept of the person.

The respondents were asked to indicate their main source of information regarding UM. In this multiple-choice question, we restricted the maximum number of options to three. Available sources conducted in European countries indicate that the most influential information that affects the decision to use UM comes from family members, friends and the media (Bücker et al., 2008; Bullock et al., 1997). This partly corresponds with data obtained through the questionnaire in Slovakia (Figure 3).

In the case of UM, individuals heavily rely on the references of persons they trust or know. Therefore, the results identified that the most significant sources of information regarding UM were one's immediate family, relatives and friends (77.7%), followed by a general practitioner or pharmacist (25.8%), social networks and websites (21.5%), relevant literature (19.8%) and advertisements or articles in the press, radio or television (14.9%). Only 7.5% of the respondents chose practitioners and specialists of AM as their main source of information regarding UM. In recent decades, the internet and media has become a considerable, relevant source of information in terms of healthcare and a large number of people are regularly seeking medical advice on various online platforms.

Figure 3 Source of information on UM



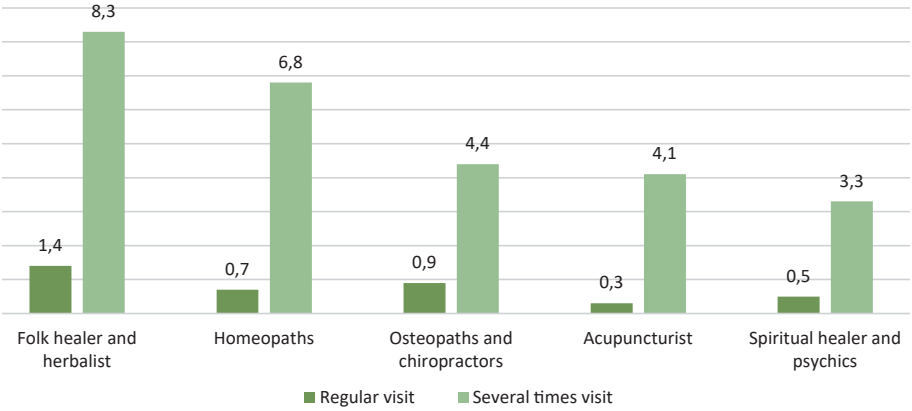
7. Use of and visits to healthcare providers and specialists

Some authors presuppose that the willingness to visit practitioners of UM represents a more significant example of health behaviour, than the use of treatment modalities that can be administered through self-care. Therefore, the survey gathered data relating to visits to unconventional healthcare providers and the unconventional treatment received from physicians. Considering cultural and historical aspects of unconventional healthcare within the country, the survey gathered data on the following practitioners and specialists of UM: folk healers and herbalists, homeopaths, osteopaths and chiropractors, acupuncturists, spiritual healers and psychics. Generally, herbalists and folk healers are individuals who actively practise healing, using some of the practices considered to be a part of the traditional lore. They collect or even grow herbs, and in several cases, it is believed, that such practitioners have knowledge of how to prepare remedies from plants, in order to treat various conditions and maintain good health. Homeopaths follow the idea that a sick person can be cured by a substance that produces similar symptoms in a healthy person. For this purpose, homeopathy uses highly diluted remedies which are able to achieve improvements in the health of people suffering from various medical conditions. Acupuncture represents one of the major aspects of traditional Chinese medicine. Despite a wide range of different methods covered by acupuncturists, most of them rely on the use of hair-thin needles to stimulate health energy called qi, which circulates in bodylines called meridians, in order to prompt the individual to heal him/herself. Osteopaths and chiropractors treat musculoskeletal problems mainly through manipulation and massages. Psychics are individuals with extraordinary abilities who are able to heal various non-material causes of illness often from a distance and spiritual healers mostly rely on the laying of hands on the body during religious healing services (Cooper et al., 2013).

A survey estimated visits to UM practitioner at 17.8% (183) among adults. Our investigation has shown that the most visited UM practitioners in Slovakia were folk healers and herbalists. Respondents reported that these specialists were visited either regularly, i.e., at least once a year (1.4%) or several times

during their life (8.3%). In the case of homeopaths, almost 7% of respondents reported in the survey that they had visited the specialist several times and 0.7% of respondents visited the specialist regularly. The next most frequently visited UM practitioners were osteopaths and chiropractors (0.9% regular visits, 4.4% several times) and acupuncturists (0.3% regular visits, 4.1% several times). A survey showed that 0.5% of respondents visited spiritual healers and psychics regularly and 3.3% several times during their life (Figure 4).

Figure 4 Prevalence of visits to five different types of UM practitioners

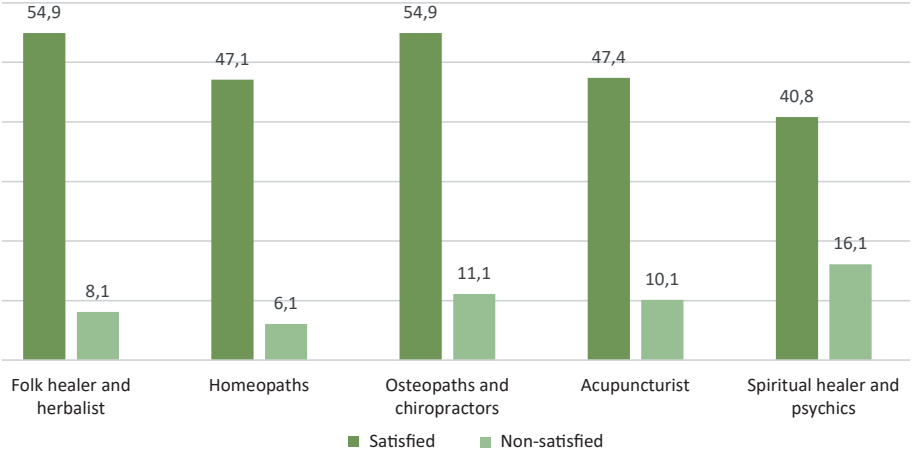


A myriad of anthropological studies with a focus on indigenous forms of medicine, conducted in different parts of the world, and particularly in the region of the Global South, highlighted that traditional medicine has seen the enormous growth in recent decades. However, intrinsically, the popularity of traditional healing is not merely confined to regions that have shared experience of Western colonialism. As Cant and Sharma (2004) point out, in Eastern Europe, new training modalities like homeopathy flourish, and various practices of folk medicine did not disappear during the socialist period. Accordingly, this reflects not just the high use of homemade herbal products and homeopathic remedies which can be purchased over the counter, but also the remarkable admiration of folk healers, whose practice is not limited to the use of herbal products and consists of a combination of many different techniques. Folk medicine has been frequently classified into magical/supernatural/sacred and secular/rational. However, as Kleinman (1980) and Ross (2020) point out,

this division reflects Western ethnocentric and scientific bias, and in reality, can often be blurred. This is not strictly associated with non-Western cultures where the insider point of view often refers to a different category of the world other than that of contemporary Western settings. Ethnographic fieldwork from Southern Italy is also showing that traditional medical practitioners incorporate medical plants into healing methods, together with the invocation of holy entities (Quave & Pieroni, 2005).

A huge variety of reasons contribute to the prevalence of UM use (Brosnan et al., 2018). As already mentioned, one of the common explanations as to why people turn to unconventional therapies is that patients seem to be dissatisfied with the biomedicine services provided on different levels. Data on people's trust in methods of conventional medicine must be interpreted with caution because some other researches in this field confirmed that the doctor-patient relationship and arguments that doctors do not spend enough time with patients or pay little attention to people's complaints, significantly outweigh the general dissatisfaction with orthodox medicine and conventional healthcare, when making a decision with regard to UM (Easthope, 1993; Siahpush, 2000). Additionally, it has been suggested that rather than fighting the pathological status, patients use unconventional therapies as complementary techniques, which helps them cope with conventional treatment and the side effects of various invasive procedures. A study identifying the satisfaction and perceived effectiveness of treatment among cancer patients in 14 countries came to the conclusion that the mean satisfaction score was 5.7, whereas a score of 7 indicated most satisfied (Molassiotis et al., 2005). The authors point out that this can be partly explained by the fact that patients demand unconventional therapies especially in situations where the aim is not predominantly to relieve symptoms but instead improve the quality of life. Such a healthcare strategy may play a crucial role in the perceived benefits of UM, and our investigation has confirmed that respondents generally reported high levels of satisfaction with the services provided by unconventional medical practitioners and specialists (49%). The highest levels of satisfaction were reported in relation to folk healers, herbalists, osteopaths and chiropractors, with more than half (54.9%) of the respondents being satisfied with the standard of the services provided. The results of the survey discovered that the level of satisfaction with regard to other providers was not less than 40% in every other reported case (Figure 5).

Figure 5 Satisfaction with the services provided by five different types of UM practitioners



As indicated in Table 3, the lowest satisfaction rate was reported in the case of spiritual healers and psychics (40.8%). The overall results correspond to another survey, conducted among the adult population in the United States, which revealed that a high number of users perceive unconventional therapy as extremely effective and would recommend these therapies to friends or family members (Oldendick et al., 2000).

Table 3 Overview of visits to UM practitioners and satisfaction with the services provided

	Regular visits		Several visits		Satisfied	Not satisfied
	N	%	N	%	%	%
Folk healers and herbalists	14	1.4	86	8.3	54.9	8.8
Homeopaths	7	0.7	70	6.8	47.1	6.5
Osteopaths and chiropractors	9	0.9	45	4.4	54.9	11.9
Acupuncturists	3	0.3	42	4.1	47.4	10.1
Spiritual healers and psychics	5	0.5	34	3.3	40.8	16.8

It is often suggested that instead of the treatment of a particular medical diagnosis, certain unconventional therapies focus on individual needs and demands. Therefore, it is difficult to propose an appropriate methodology for the investigation of particular conditions that are treated by UM practitioners. Some studies conclude that individuals with multiple, chronic conditions have a greater tendency to use UM (Falci et al., 2016). Surprisingly, it has been discovered that the use of prior conventional methods was not dependent upon the kind of problem for which patients were seeking help from unconventional therapists (Thomas et al., 1991). Available sources confirm that the most common health conditions, treated by the 10 most commonly used CAM, were back and neck problems, allergies and arthritis or rheumatism (Esmail, 2017). Table 4 provides an overview of the health conditions that were mentioned in the questionnaire, the aim of which was to collect data on the health conditions treated by traditional, alternative and complementary practitioners in Slovakia. The survey has found that people who generally seek the help of any providers of UM, suffer primarily from musculoskeletal pain, headaches and digestive problems. Unconventional therapists are less popular among respondents with allergies, mental health conditions, immune system disorders, skin problems and urological or gynaecological problems. Respiration problems, cardiovascular problems and cancer are the least reported conditions treated by UM practitioners.

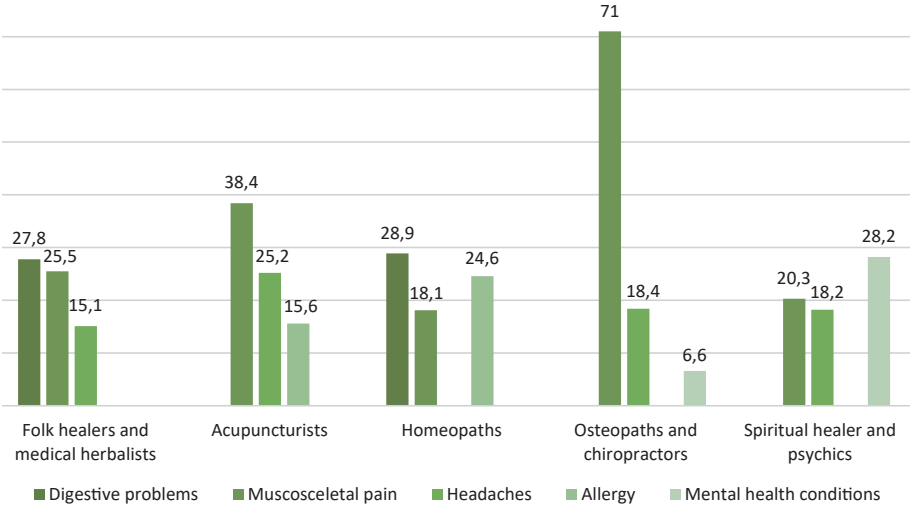
Table 4 Health conditions treated by UM practitioners (overall overview)

	Respondents reported	
	N	%
Digestive problems	86	8.4
Respiration problems	34	3.3
Allergies	70	6.8
Cardiovascular problems	22	2.1
Immune system disorders	54	5.3
Cancer	4	0.4
Mental health conditions	55	5.4
Musculoskeletal pain (back pain, neck pain)	152	14.8
Headaches	95	9.2
Urological or gynaecological problems	57	5.7
Skin problems	38	3.7

Figure 6 displays the top three health conditions, treated by certain traditional, alternative and complementary practitioners. Almost 28% of respondents who decided to visit folk healers and/or medical herbalists used them to help with digestive problems, another 25.5% visited them for the relief of back pain and neck pain, and 15.1% for headaches. 38.4 % of respondents used acupuncturist treatment for musculoskeletal problems and another 25.2% used acupuncture to relieve headaches, with 15.6% using needle techniques for allergies. Almost 29% of people who visited homeopaths were seeking help for digestive problems, 24.6% for allergies and 18% of respondents were suffering from back and neck pain. Not surprisingly, 71% of respondents who visited osteopaths and chiropractors did so for the relief of musculoskeletal pain and 18.4% for headaches. In the case of spiritual healers and psychics, around 28% of respondents visited them for help with mental health issues.

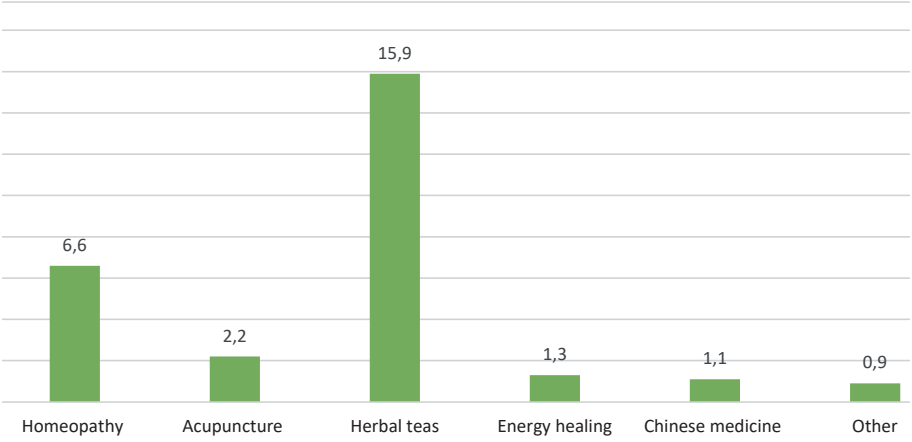
The assumption that psychiatry is not necessary a crucial factor in relieving mental disorders has been documented by medical anthropologists throughout the world, in regions where a higher reduction of mental suffering has been observed, despite access to psychiatry being difficult (Basu et al., 2017; Lang & Sax, 2021). Accordingly, most recent researchers have become aware that previous investigations into various forms of healing rituals suffered from a lack of sensitivity regarding the therapeutic potential of these healing activities, in the context of a particular cultural reality. Kleinman and Sung (1979) propose that healing should be viewed differently across cultures and recommend creating a clinical, social scientist profession, capable of negotiating discrepancies between different forms of healthcare. Moreover, many sociological studies have confirmed that the search for spiritual and religious healing models for the relief of mental suffering is by no means limited to Asia or Africa. For instance, a study from Switzerland found that a high number of Protestant out-patients of a psychiatric clinic believed that the influence of evil spirits was the potential cause of their problems (Pfeifer, 1994). One article in Lancet discussed that in a poll of US adults, *79% of the respondents believed that spiritualist faith can help people recover from disease, and 63% believed that physicians should talk to patients about spiritual faith* (Sloan et al., 1999, p. 664).

Figure 6 The most reported health conditions, treated by specific practitioners



As patients often turn to various methods of unconventional therapies, physicians are responding to this interest and offer a wide range of alternative and complementary methods, the efficacy of which has not been widely established by scientific methods. A systematic review of the use and acceptance of CAM among the general population and medical personnel, on three main groups of medical professionals, general practitioners and hospital doctors, nurses and students, revealed a positive attitude towards UM (Frass et al., 2012). Another study has proven that patients whose GP has additional training in UM have lower healthcare costs and mortality rates (Kooreman & Baars, 2012). Therefore, certain initiatives highlight that if doctors are in a key position to advise people on UM, it is necessary that professional organizations investigate the extent to which various practices and theories of CAM are integrated into patient care (Owen et al., 2001). In our survey, we investigate whether the respondents received any unconventional medical modality from the general practitioner or medical specialist. The intent was to capture data regarding the following unconventional methods, adopted by biomedical physicians: homeopathy, acupuncture, herbal teas, energy healing and Chinese medicine. Moreover, an open-ended option was provided to specify any other therapy that the list did not include (Figure 7).

Figure 7 UM modalities received from general practitioners or medical specialists

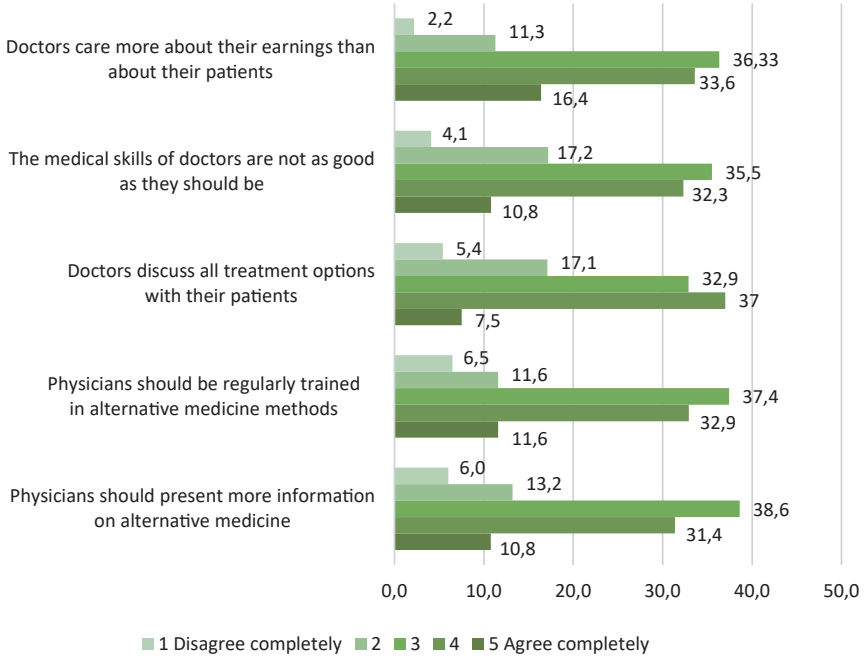


The survey results have shown that nearly 16% of respondents received herbal teas from GPs or medical specialists, followed by homeopathy (6.6%), acupuncture (2.2%), energy healing (1.3%) and Chinese medicine (1.1%). Several authors conclude that unconventional forms of medicine have become corporatized and marketed in the same way as pharmaceutic remedies, primarily with a preference to herbal medicine, which is popularized as the most profound example of an evidence-based alternative option by biomedical experts (Singer & Fisher, 2007). Together with the global interest in the use of herbal medicine, an increasing acceptance and use of natural health products among doctors is the logical outcome of ongoing changes in relationships between conventional medicine and other medical forms (Saks, 2003).

8. Dissatisfaction with conventional medicine, philosophical orientation and holistic balance

As multiple reasons for the increased interest in the use of UM are still not well understood, the need for a more comprehensive understanding of attitudes toward UM and health, in general, has been articulated by several authorities. As mentioned in the previous section, it has often been suggested that at the micro level a level of dissatisfaction with conventional medicine and the doctor-patient relationship, represent a significant predictor for UM use (Furnham & Vincent, 2000). Regarding it is often highlighted that people turn to various forms of UM because they believe that doctors spend too little time with patients and do not listen of what they need to say (Furnham & Forey, 1994; Sharma, 1992). In our survey, we investigated factors related to respondents´ general trust in conventional doctors by using three items from ISSP questionnaire. We found that there is a relatively low level of public trust in physicians. For instance, half of the respondents agreed with the statement, that doctors care more about their earnings than about their patients, and 43% of Slovaks think, that the medical skills of doctors are not as good as they should be. Additionally, two more items on the perception of doctors and the extent to which they should integrate methods and techniques of unconventional medicine into their practice were used (Figure 8). With regard to the opinion that physicians should provide more information on AM, 42.2% of respondents agreed, and 19.2% shared a different perspective. Next, 44.5% agreed that physicians should be regularly trained in AM methods. It follows that people generally believe in an advising role of doctors about UM and that integration of unconventional medicine would provide doctors with more opportunities to solve their health related problems.

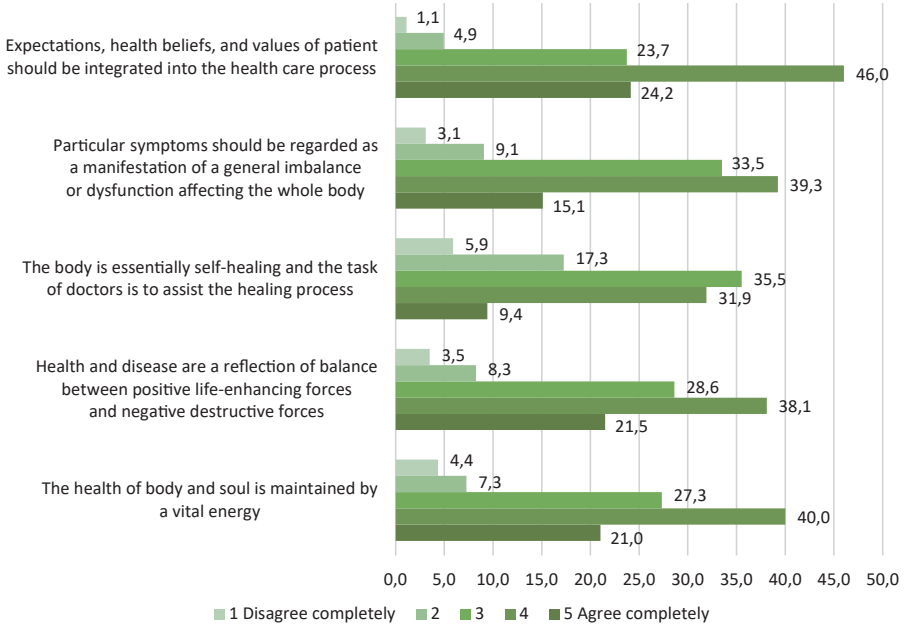
Figure 8 Dissatisfaction with conventional medicine



Over the last decades, researchers formulated theories of social trends articulated by relevant social actors related to UM use. Certain sociologists, such as Giddens, also known for his holistic view of modern societies, claimed that the growth of interest in UM needs to be studied as part of a more general social change in late modernity, including: *a more assertive consumer; a more accepting audience of a greater diversity of ideas and sets of knowledge and an increase in the number and range of people having the confidence to set themselves up as 'new experts' in their field*. (Heller et al., 2005, p. xii). Some surveys have shown that having philosophical orientation congruent with UM (Astin, 1998; Furnham & Forey, 1994) and a belief in the power of the holistic balance (McFadden et al., 2010) might be, in some cases, even more influential than dissatisfaction with conventional medicine. Therefore, the objective of the last part of the survey, conducted on the general population in Slovakia, was intended on the one hand to investigate philosophical congruence with

UM, as well as holistic health beliefs, and on the other hand, to gain an insight into the overall perception of AM among the healthy adult population. By examining the determinants of attitudes towards AM, Siahpush (1999) found that subscribing to a holistic view of health and believing in individual responsibility are significant predictors for AM use. Accordingly, our survey measured the preference for a holistic and integrative model of health on a five-point Likert scale ranging from one (completely disagree) to five (completely agree) (Figure 9).

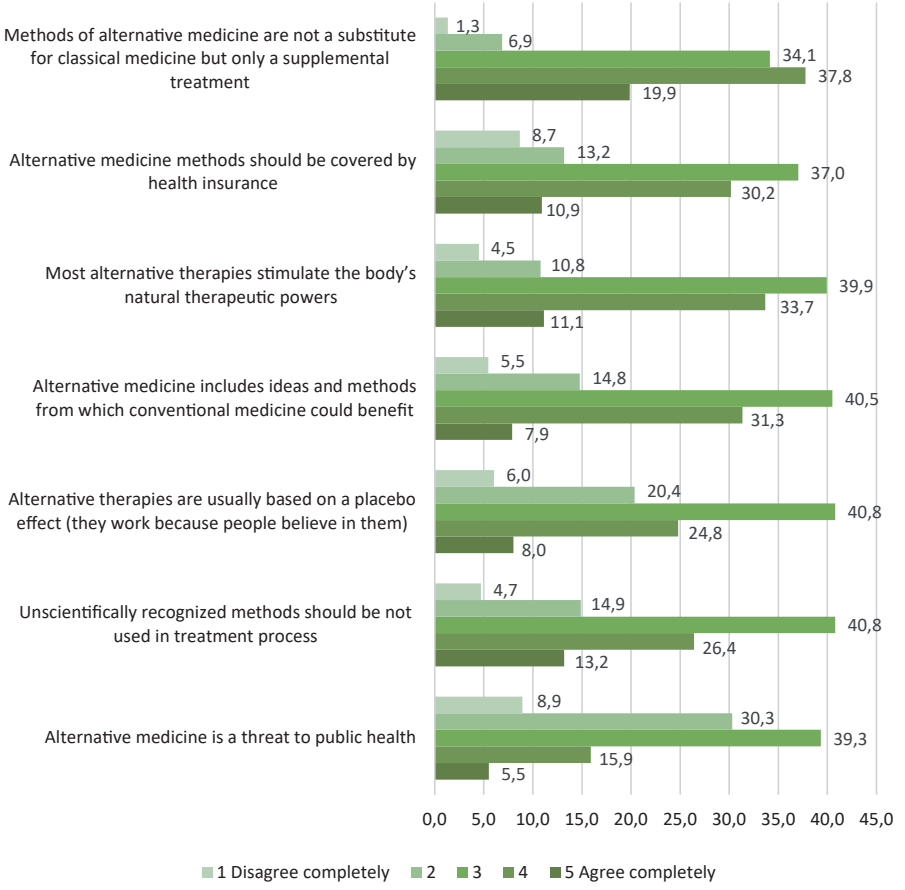
Figure 9 Holistic balance



The results obtained, which are presented in Figure 9, clearly illustrate a high preference for a holistic view in all measured items. The most significant positive response was noted in relation to patients' expectations as part of the healing process, since more than 70% of respondents agreed or completely agreed with the statement. On the other hand, the lowest support in relation to holistic beliefs was indicated with regard to the body as a self-healing organism and doctors functioning as supporters in the healing process, with 41.2% of respondents stating that they agreed or completely agreed with this declaration.

Several studies confirmed that having a positive attitude toward unconventional treatment, in general, may also considerable contribute to the decision to seek some of the particular form of UM (McFadden et al., 2010). After completing the section on holistic beliefs, the respondents filled out questions on general positive/negative attitudes towards UM, as shown in Figure 10.

Figure 10 Philosophical orientation and attitudes towards UM



The results obtained in this part of the survey indicate a high philosophical congruence with UM in several items by the whole sample of respondents,

no matter weather users or non-users of unconventional treatment. Despite the image of alternative medicine as something controversial, promoted by most medical authorities, it seems that unconventional therapies are a popular subject, attractive for a number of people because they are understood primarily as a supplemental treatment, not a substitute for biomedicine. Even despite a lack of proper state regulation and control over the performance of non-medical trained healing practitioners, people, in general, do not believe that alternative methods represent a serious threat to public health. This reflects the ongoing citizens' distrust of and scepticism towards state institutions and their representatives that still remain in the collective consciousness of post-communist countries in Eastern Europe (Mishler & Rose, 2001).

9. Analysis of UM use and visits to unconventional healthcare providers

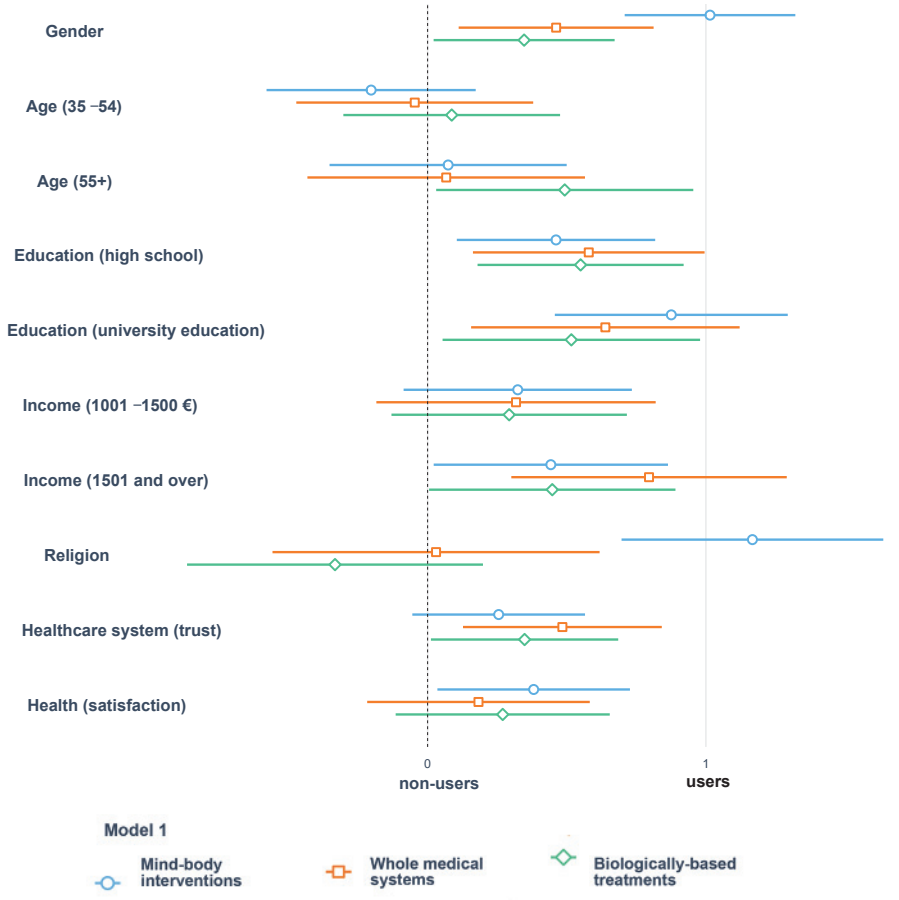
The first section of the survey investigating prevalence and types of unconventional therapies has been subjected to further analysis of main predictors of UM use. Moreover, the analysis focused more carefully on the practices requiring the visit of various practitioners of UM.

The independent variables were selected on the socio-behavioural model (SBM). This model expects that women, younger persons, those with a higher education, as well as those with a higher income, are more likely to be UM users compared to others. To test whether these findings are valid for UM users in Slovakia, the aforementioned, socio-demographic characteristics of respondents were incorporated into the logistic regression models: age category (35–54 coded as 0, 55 and over coded as 1); gender (male 0, female 1); education (high school coded as 0, university education coded as 1); household monthly income (income 1,001–1,500 euros coded as 0, income higher than 1,500 coded as 1). Moreover, it was also expected that dissatisfaction with the healthcare system, would be another factor in favour of UM use. Therefore, we formulated the hypothesis that low satisfaction with the national healthcare system is a significant predictor of an individual's UM use. In addition to dissatisfaction with the healthcare system, studies have suggested that UM use emerges when individuals have experienced a chronic illness. Based on these findings, we formulated the expectation that low satisfaction with one's personal health situation explains UM use. The respondents' satisfaction with the healthcare system and their personal health were investigated on a five-point Likert scale with two following questions: 1) How satisfied you are with the healthcare system in Slovakia? (very satisfied – very dissatisfied), and 2) How satisfied you are with your health? (very satisfied – very dissatisfied). In both cases, a five-point Likert scale was modified into a binary variable and the respondents' answers of dissatisfied or very dissatisfied were coded as 1. The remaining answers (very satisfied, satisfied, neither satisfied/nor dissatisfied) were defined as a reference category and coded as 0. Finally, previous studies have also linked increased religiosity and spirituality with higher UM use among the general population. It was, therefore, presupposed that a high

degree of religiosity could be an important predictor of UM use in Slovakia. Again, a five-point Likert scale, investigating religious identity (strength of beliefs), was recoded into a binary variable where 1 stands for strong beliefs, and all other expressions of religious identity were assigned 0.

Studies on the socio-demographic determinants of UM that have been conducted in various European countries suggest that women and highly educated people are inclined to use TM, CM and AM (Eardley et al., 2012; Frass et al., 2012; Kemppainen et al., 2018). A recent study confirmed that women and respondents with higher education were the main users of all categories of UM in Europe (Fjær et al., 2020). According to the ISSP survey data, the prevalence of UM practitioner usage in the past 12 months was 22.8% among men and 28.8% among women (Misawa et al., 2019). The results of our analysis are presented in the following Figure 11. If we consider the results in the figure, we can see that some expectations of the socio-behavioural model are valid, even in the case of Slovakia. In every analysed model, being female is a significant predictor of UM use. Additionally, higher education also explains the use of UM. Income is a significant predictor of whole medical systems, as well as biologically-based treatments and mind-body interventions. This is understandable, as several methods, including acupuncture, homeopathy or Chinese medicine, require a visit to a practitioner, not covered by health insurance, therefore, higher costs for these services are expected. In the case of Slovakia, a higher age indicates positive results, however, there is no significant impact on UM use. This means that older generations use various UM methods more often than the younger generation, but this difference is not significantly higher, except biologically-based treatments. The impact of strong religious beliefs on UN use was also tested in the models. Not surprisingly, this variable only has a positive impact in the case of mind-body interventions, to which belongs religious healing and prayers for health. With regard to the impact of distrust, our analysis confirmed that a low level of trust in the healthcare system is a plausible explanation of UM use in two groups of therapies – the whole medical system and biologically-based treatments. In both cases, the low confidence in the healthcare system has a positive and significant effect. Low health satisfaction is a good predictor of UN use in the case of mind-body interventions.

Figure 11 Selected predictors of UM users by group of methods



Our research proved the relationship between satisfaction with the healthcare system, one's own health situation and the use of UM in Slovakia. On the one hand, the analysis for the predictive factors of UM use indicates that UM users, except respondents reporting mind-body interventions, have a negative perception of the quality of provided healthcare; on the other hand, low levels of satisfaction with their own health leads to higher use of mind-body interventions and whole medical system. Some other studies have focused on mind-body interventions in connection to the disorders for which

they are used. These studies show links between chronically painful conditions (Wolsko et al., 2003), mental disorders (Burnett-Zeigler et al., 2016) and mind-body interventions. These links might indicate that conventional medicine is less effective for solving chronic and psychological conditions and that people suffering from such afflictions are consequently less satisfied with their own health and are thus more likely to use UM than are those in other situations.

It was expected that the direct visit of practitioners of UM would reveal a more motivational and cognitive connection to philosophy and value system of respondents. To confirm this hypothesis, the structural equation model (SEM) was conducted. The SEM is a flexible approach that enables the construction of a hypothetical model and reveals the relationships between variables in this model. The SEM is comprehensive, as it combines the imputes from factor analysis, methods derived from multiple regression analysis, as well as canonical analysis. In the provided model the four latent variables were constructed and their relationship to visits to practitioners of UM was tested. Therefore, the UM visit, in this case, is the main endogenous, latent variable. This consists of respondents' answers to the question regarding whether they have visited UM practitioner in the following fields – homeopathy, acupuncture, osteopathy and chiropraxy, folk healing, spiritual healing or psychotronics. In a case, that respondent's answer was positive on visits to five different types of UM practitioners, we considered him or her as visitor and coded as 1. All other respondents were defined as non-visitor and coded as 0. The name of the variable is "umv". Due to that main endogenous variable was dichotomous, we used the WLSMV estimator, suitable in a situation where the normality assumption is severely violated.

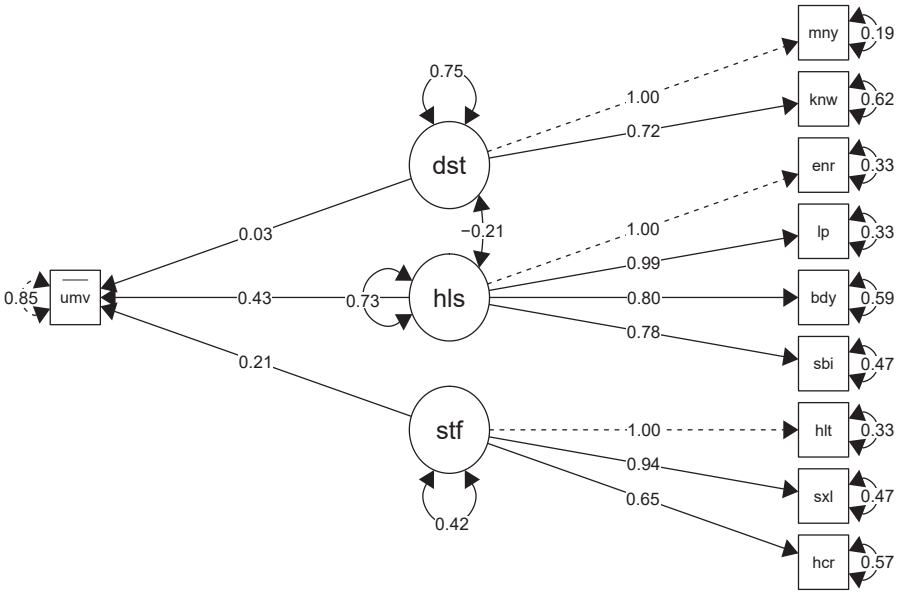
The first exogenous latent variable is a holistic concept of health ("hls"). This latent construct consists of four directly observed variables, which measure the respondents' affinity to the holistic concept of health: "the health of the body and soul is maintained by a vital energy" ("enr"), "health and disease are a reflection of the balance between positive, life-enhancing forces and negative destructive forces" ("lp"), "the body is essentially self-healing and the task of doctors is to assist the healing process" ("bdy") and "particular symptoms should be regarded as a manifestation of a general imbalance or dysfunction affecting the whole body" ("sbi"). All answers were measured on a five-point Likert scale, where 1 indicates total disagreement with statements and 5 means absolute agreement.

Two other exogenous latent variables cover (dis)trust in physicians ("dst") and (dis)satisfaction with health ("stf"). To reveal how (dis)trust in physicians affects visit of various practitioners of UM, we used two items, which covered the key components relating to (dis)trust in physicians. The first component was competence ("the medical skills of doctors are not as good as they should be" – "knw"), and the second component was fidelity ("doctors care more about their earnings than about their patients" – "mnv"). All items were measured on a five-point Likert scale, ranging from "strongly agree" to "strongly disagree". In order to make interpretations more logical, the scale of items was recoded in such a way that a low value indicated a low level of trust.

Finally, (dis)satisfaction with health consisted of three components ("stf"). The first focused on satisfaction with one's own health ("hlt"), the second covered satisfaction with sexual life ("sxl") and the third revealed satisfaction with healthcare availability ("hcr"). The relationship of the selected items to the latent construct was primarily tested by confirmatory factor analysis (CFA). Results of CFA confirm a very good fit of selected variables to models of latent variables. After that, the series of SEM models were constructed and tested.

The final SEM model shows that the latent variable that measures a holistic concept of health ("hls") has a significant impact on whether respondents visit practitioners of UM ("umv"). Additionally, in the provided model (Figure 12) we are able to see that all directly observed items measured holistic approach have a realistic connection to the expected latent variable. Therefore, higher agreement with a holistic concept increases the chances that a respondent will use the services of UM. This confirms the theoretical assumptions that the use of UM in general, and the visits to unconventional healthcare providers and specialists ("umv") in particular are influenced by the support of the idea that various aspects of a person should be viewed as interconnected. Second, the model confirms that a latent variable that relates to an individual's (dis) satisfaction with health ("stf") – directly measured by items satisfaction with one's own health ("hlt"), satisfaction with sexual life ("sxl") and satisfaction with the healthcare availability ("hcr") – predicts use of UM services. We can also see that health satisfaction and sexual health satisfaction have a very similar effect on the theoretically constructed latent variable. Therefore, (dis)satisfaction with health and health system is a relevant predictor of UM practitioner visit.

Figure 12 Structural equation model (SEM) and visit of unconventional healthcare providers and specialists



P-value (Chi-square)	0.000
P-value RMSEA	<= 0.05 0.001
CFI	0.939
TLI	0.915
SRMR	0.057

Based on available theoretical concepts, we expected that (dis)trust of doctors, measured through fidelity ("mny") and competences ("knw"), will explain the use of the services of UM practitioners ("umv"). However, in the provided model, the impact of latent variable covering (dis)trust ("dst") is not as significant as was expected. On the other side, we can see a covariance between variables measuring (dis)trust and the holistic concept of health. This means that an individual who has not trust in doctors is probably more willing to accept a holistic approach in health. Although this relationship is not strong enough, it seems as significant. In the presented model, (dis)trust in doctors may not have a direct effect on the visit of UM practitioner. Instead of that, the (dis)trust acts indirectly through a tendency to a holistic interpretation of health.

Part III

UNDERSTANDING UNCONVENTIONAL MEDICINE: ANTHROPOLOGICAL EXAMINATION

10. Narrative and the pervasive question of efficacy

The results from the survey regarding the prevalence of UM in Slovakia clearly indicates that the use of TM, AM and CM on different kinds of physical and mental health conditions among the general population is widespread. Regarding the increasing prevalence of UM use in modern societies, Cant (2020) suggests that globalization has paradoxically two contradictory effects. While on the one hand, it has fostered the Western biomedical paradigm all over the world, on the other hand, it has opened opportunities for the pluralization of healthcare practices. As cosmopolitan ideas are currently in vogue, and simultaneously, multiple social, political and economic reasons that caused the gradual transformation of the healthcare arena persist, a dramatic change cannot be expected in the near future. Moreover, the phenomenon of epistemic pluralism in medicine, defined as the coexistence of various medical traditions and concepts, grounded on different world views, will not vanish because of negative attitudes towards non-evidence-based practices proposed by sceptics.

The strategy for TM for the period 2014–2023, proposed by the WHO, reiterates that in order to keep world populations healthy, it is important for Member States to proceed actively and strengthen the role of unconventional treatment. Moreover, emphasis is given to the importance of research into the safety, effectivity and quality of healthcare practices, that are not fully integrated into the dominant healthcare system, by expanding the knowledge base. Various discussions on the pages of scientific journals, however, reveal that the problem of efficacy and quality is more complicated than it seems at first glance. On the one hand, we can find strong advocates of conventional treatment methods, who vigorously claim that any argument supporting the idea that "it really works", is simply unconvincing, as it is based on false epistemological assumptions. Not just in scientific but also in popular discourse, UM has come to be associated with something that is at best ineffective and at worst harmful or dangerous. On the other hand, several proponents of the effectiveness of unconventional therapies claim that their arguments are supported by scientific evidence, in terms of the approach of unconventional treatment towards healing and the promotion of health. Accordingly, there is growing scientific

literature, which attempts to evaluate whether particular unconventional treatment methods really work, and if so, how this is possible (Bardia et al., 2006; Hunter, 2012). Most of these efforts share the assumption regarding the uniform concept of efficacy and the useful application of biomedical, methodological standards by evaluating healing methods. This often results in controversies regarding the results obtained, as has occurred in relation to homeopathy or Chinese medicine. Moreover, existing research on AM is to a large extent limited in terms of indigenous pharmacopoeia by stressing the scientific base of traditional botanical lore, without taking into account the inner structure and healing patterns of traditional explanatory models (Payab et al., 2018). Aspects other than herbs and plant medicine, widely considered as not being compatible with the modern notion of medicine, remain either neglected or underestimated. Apparently, there is a gap between the results of controlled trials presenting limited effects of unconventional treatment and a number of reports advocating positive results of unconventional methods, as authors of one study suggest (Fønnebø et al., 2007) .

From an anthropological viewpoint, the answer to the question as to whether UM is effective or not, lies somewhere else than in the search for strictly defined scientific evidence. There is often the argument that the expectation and needs that people have from medicine in general, can in many cases split with those preferred by medical specialists, as shown in previous part on attitudes of the general population in Slovakia towards healing (Figure 9, 10, 11). In the following section, we would like to briefly discuss the efficacy of UM as an issue that continues to be the subject of medical anthropology, which as a subfield of anthropology privileges patients' perspectives and examines healing as a constantly negotiated process between various engaged subjects. Most of the anthropological investigations acknowledge the pluralistic meaning of efficacy, as something that is deeply embedded in the social construction of health and disease, and cannot be separated from empirical evidence.

10.1 "The folk healer meets the person as a whole"

To avoid medical treatment that harms patients, biomedicine has, over recent decades, developed the most influential and critical methodology of how to obtain the best evidence regarding effectiveness. This has become such a

focus of treatment that it is sometimes suggested that the idea of evidence-based medicine is not just a movement within medicine, but also an attitude towards medicine (Broadbent, 2019). However, despite the high resistance to bias and the significant contribution in clinical decision-making, certain critics and opponents argue that evidence-based medicine has excluded the patient from the whole process and replaced the subject of therapeutic procedures, interventions and practices with evidence from the laboratory. Sax (2014), for instance, thus mentioned that some forms of ritual healing work well by redefining social contexts, and it is by no means imaginable to subject them to laboratory experimentations, where such aspects are intentionally overlooked. While dealing with complicated issues such as health, it has been underlined that the discussion on the efficacy of treatment requires a more sensitive approach, acknowledging the specific needs that have to be taken into account. Broadbent (2019), in his contribution, points out that although UM fulfils certain needs that conventional medicine is not able to fulfil, this is not a positive aspect, as it depends on the nature of the need. This is difficult to agree upon, as this argument simply ignores the fact that patient expectations regarding medical treatment, play an important role in physical as well as in mental health (Laferton et al., 2017). This way of thinking also echoes the significant positive response noted in the case of patients' expectations, as part of the healing process in our national population survey on attitudes towards UM, discussed in more detail in the previous part of the monography.

In many cases, what makes UM effective is the ability of a particular practitioner to reflect the "client" as a complex being, conducting multiple interactions with social surroundings, which can be adequately redefined to meet psychological and emotional assumptions. In the following case of a traditional/folk healer, whom one of the authors had the privilege of observing, the range of social, community and family factors contributing to physical and mental well-being become more apparent. In one of the interviews, conducted with this healer, he revealed that the start of his experimentations with healing interventions were connected to the collection and preparation of local herbal medicine. Subsequently, he incorporated various other unconventional methods in his practice, including Chinese medicine, energetic interventions or spiritual healing. By choosing and compounding a wide range of therapeutic practices, he constructed a unique bricolage of a religious-philosophical system of treatment, combining his own experimentation with theoretical knowledge,

obtained through the study of literature. In his own words, he later came to the conclusion that instead of conducting direct therapeutic interventions, it would be more fruitful to provide individuals with a meaningful interpretation of the cause of their affliction. As he once stated, the aim of healing is not only to eliminate symptoms in the physical body, but to search for a greater cause, that of an erroneous state of mind. All symptoms from which one is suffering within his/her physical body arise when an individual focuses on an incorrect perception, therefore, a radical revision of lifestyle is desired. As a demonstrable example, he mentioned the following situation:

> *"One man came to me with his health documentation and waved it in front of me. When he was approaching, I looked at him and said, but your problem is somewhere else. You are not able to forgive your father. And he was so surprised, that I knew about his father. He needed to explain the cause of his affliction, that he is permanently angry, but he did not know it. It was the main reason why he was in such a bad condition…unless he could change his mindset, there would be no chance of him moving on"* (Informant 1, 2013).

During our meetings, he described similar situations of other people who had visited him and were seeking help in complicated life situations, without realizing that family tensions were the root causes of their problem. His explanation often "circumambulated" the idea that forgiveness, directed towards the closest family members, is the best way for most people to be healed. Sometimes, this means that healing is a lifelong process that requires more time and a patient's willingness to cooperate. It could also be the case that the symptoms vanish after many years or despite the significant lifestyle change of the afflicted person, the medical diagnosis persists. However, he insisted that any alteration of patients' attitudes and views have to be considered as valuable, as people often feel better when they become aware of the true nature of their problems.

Unlike conventional medicine, healing does not inevitably focus on physical complaints but might serve as a means of individualizing the personal

narrative in a new, more releasing experience. This has been confirmed in numerous interviews with people who visited the healer and reported to me that they felt relief incomparable with other experiences that they had been through. Many of them were captivated by the accuracy of the healer and the consistent explanations that they received regarding their problems. In fact, a practitioner that I met during my fieldwork, accompanies people in difficult life situations and helps them to cope with their sickness episodes on numerous levels. This form of intervention unites the physical, mental and social body, even with a spiritual dimension. Various specific procedures and knowledge are incorporated into a coherent healing system, which consider a concrete person in a very complex way. While looking at the ethnography of traditional healers in other parts of the world and their effect on peoples' experience with suffering, this is by no means exceptional (Thornton, 2017). A human being is naturally embedded in a vast number of social interactions, namely family problems, social relationships, a run of bad luck, spiritual issues or a lack of financial resources. As several research studies have confirmed, there is no unified view on efficacy, and determining whether a particular therapeutic method really works, is a difficult methodological and conceptual task, requiring a sensitive approach to overcome implicit biomedical biases.

By evaluating efficacy in the case of the aforementioned folk healer and many others, it is thus essential to be aware that health and illness are not universally applied concepts, rather they are *constantly shifting and being negotiated between the various role players in the sickness episode* (Waldram, 2000, p. 615). By and large, as traditional healers, oracles or possessed mediumships all over the world stress the significance of other treatments than the main branches of biomedicine, including psychiatry, focused on specifically defined mental disorders, alternative methods of evaluation need to be applied. By assessing efficacy, the way in which the treatment is defined and whether some of the related categories could be meaningfully transformed from biomedicine to non-conventional therapeutics and vice versa is key. Since the trendsetting works of Eisenberg (Eisenberg, 1977), Foster and Anderson (Foster & Anderson, 1978) and Kleinman (1980) it is known that to be healed does not necessarily mean to be cured, and conversely. While the first term refers to the wider process of healing the affliction, the second put an accent on the removal of pathology. Csordas (1983), in relation to religious healing, for instance, suggests that healing does not inevitably include the removal

of symptoms, whereas the change might be the meaning the individual attributes to his/her affliction. A healer represents a medium reintegrating individuals into their social communities and families, the one who helps a person deal with a particular life situation embedded in life, defined more in terms of ontological than physiological terminology. Healing, as observed in the Slovakian countryside, usually starts with a notion regarding a lack of equilibrium between an individual and the social environment. The healer shows no interest in biomedical observation and diagnosis, as anatomy or pathological physiology do not directly relate to an individual's uncomfortable feeling in the explanatory model, based upon the holistic concept of self. Moreover, various therapies share not just different definitions of a problem but also different criteria of effectiveness, which are often incomparable. As Sax (2014) correctly notes, healing may be considered ineffective according to psychiatric standards, but on the other hand, patients who successfully undergo treatment by use of psychoactive drugs, are not necessarily healed as a result of the measures of healers.

10.2 "Homeopathy makes people feel better"

Information from our survey on unconventional treatment modalities received from general practitioners or medical specialists in Slovakia, revealed that nearly 16% of patients have had an experience of receiving herbal treatment from physicians and 6.6% of respondents have received homeopathic treatment. Despite the fact that a significant number of physicians are open to the concepts of UM and integrate different medical strategies into clinical practice, it seems that most physicians exclude alternative therapeutic methods from their practice. However, to gain a comprehensive insight into the attitudes of physicians towards UM, more investigations need to be carried out.

Several studies, conducted on medical pluralism in various regions of the world, have shown that homeopathy represents the second most popular system of medicine after biomedicine (Ecks, 2014). Though the reasons are manifold, it can be assumed that easily access and affordability of homeopathic remedies by a large number of people lie behind the enormous success of this treatment in less developed countries. In Western countries, homeopathy is widely provided by physicians who combine biomedical and unconventional

methods of treatment as a complementing technique for chronic diseases and other diagnoses, neglected by biomedicine. However, its efficacy is a subject of huge controversy. Randomized controlled trials (RCT), a supreme methodological mechanism that allows us to determine the quality of every treatment procedure, have not proved any significant efficacy of homeopathy so far. Anderson (1991) suggests that a standard clinical experiment on efficacy involves a random selection of subjects, double-blinding of all participants and sufficient sample size. Statistics, as the most important aspect of clinical trials, represent the only acceptable model from which it is possible to evaluate efficacy. Every attempt that does not involve this "gold standard" and relies on the culturally-conditioned assumption of efficacy evaluation or anecdotal evidence, is rapidly dismissed as insufficient (Waldram, 2000). Biomedical practice insists that the aim of treatment, based on biological and physiological principles, is to optimize selected factors that affect a particular bodily function and, accordingly, remove observable clinical signs and leading symptoms. This means that other signals of afflictions are marginalized as less important and non-specific. The very problem of the efficacy of any treatment is thus framed in close association with the central problem or cluster of problems that come to the forefront. Any improvements apart from the preferred result is subsumed under the umbrella category of non-specific effects. Certain clinical trials distinguish between efficacy on the one hand, specifically defined as an improvement in controlled circumstances by using objective outcome measures, and effectiveness on the other hand, as a subjective and self-reported outcome of life quality (Singal et al., 2014).

According to our investigation into the general population in Slovakia more than half of the respondents were satisfied with the level of services provided in UM. How is it possible that so many people believe that the unconventional healing system, such as homeopathy, works? To answer this question we must firstly accept that certain treatments cannot, in principle, be tested by methods of evidence-based medicine. A recent anthropological examination points out that a universal application of scientific and culturally embedded parameters is biased and considerably reduces understanding in relation to the complexity of human behaviour. As the dominance of Western scientific knowledge can be explained in terms of political and economic interests, an intimate critique of biomedicine in terms of its essentialism, reductionism and methods of doubtful value, has been given by many authors (Kleinman, 1995).

Demand for epistemic pluralism in medicine neither relativizes the values of evidence-based knowledge, as some authorities often point out, nor calls for radical relativism, whereby everyone has the right to question anything. The aim is completely different, namely, to release medical marginality from the grip of the Western narrative of evolutionary history and the modernist notion of development, where the perspectives of dominant actors relegate this heterogeneous group of therapies to the margin of social hierarchy. This becomes especially problematic when it serves as an ideological instrument, promoting cultural superiority.

Against this background, it has been maintained that the scientific view on health is superior, as it is built upon research evidence. Despite substantial questions as to whether standardized clinical trials are a suitable method for the evaluation of UM, a scientific, evidence-based view on health issues, plays a key role in underestimating different healing traditions. Waldram (2000) in his excellent contribution to theoretical and methodological issues regarding the efficacy of traditional medicine, aptly suggests that there is a possibility that standard research initiatives often search for efficacy factors that are different from those preferred by patients and healthcare practitioners. Following case of a homeopathic practitioner vividly illustrates how evidence of efficacy is difficult to prove through rigid methods of scientific medicine. During the conversation with this homeopath, we discussed several topics regarding the theory and practice of homeopathy, and he commented on one of my questions regarding how he determines a diagnosis and a plan for treatment, as follows:

> *"There are many methods in homeopathy that can be used. It depends on the case and circumstances, of course. One method that I prefer in my practice, for instance, is asking how the patient experiences his or her condition. How he or she describes the affliction. Basically, I'm not asking for a medical diagnosis, it doesn't help me. Often, they [patients] tell me the official diagnosis, they feel it is necessary, but sometimes it even distorts the image of problem, or it overrides another, more important problem and does not help me solve the case"* (Informant 3, 2017).

Accordingly, I asked about the purpose of homeopathic intervention and how he is able to recognize that a particular piece of advice is useful for patients:

> *"The aim is to relieve the affliction. When a patient tells me that he is feeling better than before, it means that the treatment works. I'm asking whether they see any improvement on a physical and psychological level, by what percentage the problem is better. Of course, the more the better. Sometimes it is only 10% and sometimes the problem will vanish completely. It depends on many factors and sometimes one problem recedes into the background and another will emerge"* (Informant 3, 2017).

Homeopaths often argue that their treatment is directed toward individuals, rather than towards a specific condition, as it is conventional medicine. It is not rare to encounter proponents of homeopathy who are of the opinion that the system conceived by Samuel Hahnemann, is clearly functional and empirical based. A number of scientific representatives ostentatiously reject any similar statements and propose to fully concentrate on outcomes of evidence-based inquiries. To bridge the insurmountable gap between two theoretical systems and to fight over the causal agency of remedies, Walach proposed that the research strategy for homeopathy should be *oriented towards demonstrating its general usefulness and efficiency as opposed to pharmacological efficacy* (Walach, 2000, p. 309). A different attitude towards the evaluation process was maintained as a reasonable approach to the problem of efficacy by one internationally renowned homeopath who in a public lecture on a homeopathic forum proposed that rather than rely on scientific criteria, it would be more plausible to focus on the testimonies of individuals, in the search for evidence of homeopathy. This, however, raises serious concerns as to who decides on the meaning of efficacious? Whatever the answer(s), we should keep in mind that evidence in homeopathy would need to be appraised cautiously, given the fact that healing is not defined in the same way as in biomedicine, where the aim is predominantly to eliminate objective signs of a disorder. This can be observed not just in homeopathy but also in other forms of unconventional treatment in Western societies.

Barnes (2005) focuses on the meaning assigned to efficacy, which is regularly applied to acupuncture in the United States and points out that patients might positively evaluate healers' services, despite the fact that they still have symptoms of illness. Even though the pathological processes in the human body are universal, the experience of affliction is highly personal and unique to every individual (Kleinman, 2020). No single methodological framework is able to cover the variety of health issues and episodes of afflictions, and translate these accounts into narrow, defined, medical concepts of pathology. This is evident by taking a closer look at the dialogue between one person seeking the help of UM and a practitioner of homeopathy, recorded during one of the homeopathic seminars, organized by the Slovak Academy of Classical Homeopathy.

> *H(omeopath): "Tell me about your problem? Describe to me your affliction?"*
> *P(erson): "Actually, my whole life I have the feeling that I have to control myself in everyday situations…perhaps it is something that I'm carrying from my family. I don't know. I grew up in a family that was very strict on me and didn't allow me express my thoughts and feelings…I'm having problems with my stomach… my skin is red and itchy, this is not permanent but it occurs frequently and never vanishes completely".*

Gale (2011), by investigating body narration in the light of ethnographic research, aptly argued that in the homeopathic intervention model, the practitioner and the individual play a crucial role in the embodied work, as this therapeutic concept demands *that the body of the patient is not only to be worked on, but is listened to* (Gale, 2011, p. 249). A control examination after two months of the first homeopathic prescription shows how the body is conceptualized as a medium that is able to communicate relief from distress:

H: "How do you feel now? Have you noticed any improvement in your problem since the last time?"
P: "During the first few days after I took the medicine, I felt very tired and had no energy. Then things changed and right now the situation is much better than it used to be. I mean, there were very complicated situations at work and I expressed my opinion as I have never done before. So, I see a significant improvement".

H: "And what about the problem with your stomach and the eczema?"
P: "Since then, the eczema has vanished, the problems with digestion still persist, but this doesn't bother me as it did previously. Somehow I have got used to it".

Such a dialogue, in which the person has expressed partial or total satisfaction with the treatment, despite some of the symptoms not having been eliminated, contributes to our understanding of homeopathic healing, as a procedure that alleviates suffering, while the pathology (may) remains. Unlike biomedical interventions, healing does not inevitably focus on the removal of symptoms, as the aim is sometimes radically different from that highlighted by physicians and biomedical specialists. According to the statement of the homeopath, the aim of healing is to "make people feel better", have control over their problem and thus improve their quality of life. The criteria of success in homeopathy are thus not universal and may vary, as the outcome depends on one´s self-reported improvement and not on the elimination of external, pathological signs. If our evaluation of healing mechanism has to be careful, we need to intentionally extend the focus of our research to all possible aspects of treatment. The use of homeopathic medicine cannot be analysed separated from other dimensions of homeopathic treatment because it disregards other, and potentially fundamental, features of homeopathic intervention with perspective to increase life quality especially of patients with chronic diseases (Witt et al., 2005). Some authors, therefore, are calling *for the further development of designs that would permit the assessment of "whole systems" in*

such a way as to move toward understanding them as complex adaptive systems (Ritenbaugh et al., 2003, p. 34).

Anthropology, with a long-standing historical concern for narrative, provides a broad theoretical background to enable understanding of personal experiences on different topics in storytelling. In the case of an experience of suffering health problems, the narrative becomes a meaningful vehicle by which to approach cultural, as well as personal meanings (Mattingly & Garro, 2000). Not surprisingly, Kleinman, well known for his anthropological works on health and suffering, puts forward that *each patient brings to the practitioner a story. That story enmeshes the disease in a web of meanings that make sense only in the context of a particular life…Practitioners are attracted to and repelled by both these narratives and the opportunity to interpret them in light of the patient's world* (Kleinman, 2020, p. 96).

10.3 "The inevitability of the placebo effect in healing"

For a long time, unconventional therapies have been defined in direct opposition to mainstream medicine and in a predominantly negative way, as something that is characterized by irrationality, something that has been proven ineffective and is deeply anti-scientific. Following the assumption of cultural evolutionism, the debate on the development of healthcare mostly categorizes traditional medicine as being either underdeveloped and primitive, or a fake ritual, purely external and pretending to be effective. Kirmayer (2014) in the introduction to the history of mind-body dualism and its persistence in Western traditions, reminds us that the spread of conventional medicine, claimed to be grounded in science and representing one of the main outcomes of Enlightenment rationality, was accompanied by the view that various forms of indigenous medicine, grounded in traditional explanatory models, are crudely empirical, based on superstition and magical thinking. Other therapies, with a more recent date of establishment, are widely regarded as fraud that needs to be eliminated to a great extent. Not surprisingly, one of the consequences is the association of the traditional healing effect with the placebo, widely designated as a substance (sugar pills) or treatment procedure (such as sham surgery) with no targeted therapeutic value. Within the media, and especially in news and reports vigorously expressing sceptical attitude towards unconventional

therapies, it is expressly defined as a "fake pill" (Thompson et al., 2009). More generally, the placebo *may most usefully be defined as a change in a person's health status that is caused by the symbolic aspects of a therapeutic intervention* (Brody, 2010, p. 151).

Considering that the placebo represents a very notable phenomenon that was not taken seriously for a long time, in the opinion of Ross (2020), it seems unfortunate that this has been regularly equated with deception, by biomedical intellectual authorities and institutions. The social scientific approach, rather than dismissing the placebo merely as a false body response with a narrow effect on treatment, highlights that to understand the problem of the efficacy of UM, and healthcare treatment in general, an unbiased reconceptualization of the placebo is decisive. Therefore, Kaptchuk (2002), in one of his articles investigating the placebo effect in AM, asks whether it is possible to think about the "enhanced" placebo effect in unconventional healing. For this purpose, he proposes to determine whether particular therapeutic methods have treatment potential and suggests that other factors such as the patient–practitioner relationship, communication relating to any concern, diagnostic procedures and alterations produced in a patient's expectancy to the illness, should be taken into account. He concludes that the problem raises several questions and more research has to be conducted, however, an initial investigation has revealed that the phenomenon should not be underestimated, while the therapeutic characteristics that enhance placebo effects are prominent in AM. Referring to Moerman's (2002) work on the analysis of reactions to the meaning of medical treatment, we might presuppose that the biological and cultural aspects of human beings are in constant interaction. He suggests that we have a great deal of evidence from various fields of medicine – *a relationship, a correspondence between one thing and another, literal or otherwise* (Moerman, 2002, p. 149) – that can powerfully enhance the effectiveness of certain powerful drugs.

There is no doubt that placebo plays a prominent role in many (unconventional) therapies, however, this does not mean that the value of these systems decreases, especially in cases where desirable psychological outcomes are beyond current biomedical practice. The results of multiple studies on the placebo effect in UM conclude that positive healing responses are common and quite powerful, sometimes even more potent than standardized medical techniques. By examining longstanding tensions between evidence-based medicine and CM and AM, Friesen (2019) highlights that the efficacy

paradox sometimes offers the only relief from chronic affliction. Therefore, it is reasonable that conventional and different variations of UM have to learn from each other. Sax (2021) who is considered as one of the most outstanding scholars in the area of study of ritual medicine, has shown on many occasions that the affective qualities of one´s relationship play more of an essential role in healing than we realize. While bearing in mind plentiful confirmations of ritual's therapeutic potential, the problem is then not that we don't have evidence that rituals are effective, rather the problem is that we are still not able to provide a plausible explanation of how is it effective (Sax, 2021). He plausibly argues that even envy, cursing and black magic, etc. can be casual vectors of physical and mental illness, considering the close dependence of human health on psychological, social and somatic experiences.

This leads us to the case of a woman who was not able to become pregnant that I had been familiar with while conducting fieldwork. It is to be noted that this situation occurred in Europe, in the epicentre of biomedicine and scientific progress, where every aspect of ritual healing and spiritual medicine are most profoundly labelled as shams. The woman in this case, had been facing a complicated life situation for several years, as standard biomedical procedures failed to recognize the cause of her infertility. After several futile experiences with methods of conventional medicine and a great deal of emotional suffering, she decided to contact a spiritual healer to solve her problem. Accordingly, she obtained information that the roots of her infertility were grounded in past events when she was magically cursed by non-specified malevolent forces. However, the healer was not sufficiently qualified to remove the affected person, subsequently, the woman contacted another specialist in psychic healing. An expert in manipulating human body energies, who declares himself to have the ability not just to identify the intangible cause of a person's problems, but also to have knowledge on methods of treatment via interactions between consciousness and energy fields. While looking into her complaint the psychic confirmed the suspicion of the women, that she was cursed by a person deeply envious of her, and provided her with assurances that he would permanently eliminate the curse by nonspecific energetic treatment intervention. In addition, he provided the woman with a wider interpretation of the problem, in the context of interpersonal relationships and moral values. All this took place at a distance, using the person's photograph, which is worthy of mention and without any charge on the part of the healer.

This is a variation of the archaic "Law of Contagion", still widely spread among tribal and indigenous populations throughout the world, which assumes that things which were in contact, continue to be connected after the connection is severed (Davies, 2017).

Following the intervention, the overall mental condition of the woman improved, even without the promise or guarantee that the problem of infertility had been unconditionally solved. Approximately six months later, she became pregnant for the first time, without any changes in the biomedical procedures that she had been undergoing. Conventional medicine, developed through a deep-rooted dualism of mental and physical aspects of human experiences, would without any hesitation, regard such a change of condition and health improvement after receiving a non-verified treatment method, merely as a fraudulent use of placebo. By contrast, medical anthropology views the effect of a positive expectation on health as a central category of healing, that helps understand certain aspects of human existence, especially those contesting the concept of Cartesian dualism with a fundamental separation of mind and body. Kaptchuk (2002, p. 818) defines this as performative efficacy that relies on *the power of belief, imagination, symbols, meaning, expectation, persuasion and self-relationship*. It is a question whether the effect of healing has something to do with the capacity of mind-body to heal itself or it depends on an individual's belief in the skills of the practitioner. In this case, it is difficult to make generalizations, however, the capability of the body and mind to closely interact, catalysed the healing potential after the caregiver listened to the woman's complaints and provided an explanation that seemed plausible to her. Therefore, to make a person well, the trigger mechanism of the healing response might be better conceptualized in further research, as certain evidence confirms the huge potential of mental capacity in health improvement.

11. A few concluding remarks on the topic of efficacy

All the aforementioned cases briefly outlined, represent a basic overview of the topic of efficacy in TM, AM and CM. Moreover, some of the benefits of medical anthropology in relation to understanding certain key issues in the investigation of healing practices have been provided. Some limitations may, of course, apply. A more situational context from fieldwork would greatly strengthen the empirical foundations of this chapter. A specific illustration of the interlocutors' ability to cope with the sickness episode, duration of recovery, perception of overall distress and family background or cultural values, possessed by certain individuals would, however, take us far beyond the intent of this chapter.

The authors are convinced that demands for scientific verifications of unconventional therapies contain reasonable arguments, but on the other hand, it seems that unified, methodological concepts might be completely inappropriate when dealing with certain interventions, irrespective of whether they are considered unconventional or not. By presenting limited data on selected aspects of healing procedures, the aim was merely to emphasize that the question of efficacy might be more complex than it appears from the viewpoint of biomedical studies, proposing a universally applied concept of health and illness by treatment. It is a matter of fact, that determining the efficacy of any treatment in any medical system is a conceptually challenging task. However, the narrow conceptualization of efficacy is one of the most elusive topics, which indicates the extent to which biomedical hegemony has affected our understanding of the success of any treatment. According to modern rational discourse, traditional or alternative therapies, considered to be naturally irrational and inconsistent with the scientific paradigm of medicine, do not have the potential to contribute to a discussion on the issue of efficacy. The representation of unconventional therapies, mostly in terms of what they lack, in contrast to dominant biomedicine, is not useful in understanding the intricacy of the problem. In fact, it further mystifies the phenomenon that requires an extended ability to comprehensively grasp the specific and multidimensional factors, affecting an individual person in a particular life situation. There is no doubt that scientific methodology has proven its legitimate and irreplaceable

function in the clinical treatment of patients. However, built upon a view of a universalistic concept of efficacy evaluation, the modern biomedical approach reduces different explanatory models by means of a pre-organized conceptual framework. This approach places the scientific medical system in the same arena as the heterogeneous group of theories and practices, without taking into account the diverse background of these systems. By and large, the inconsistency that is presented in the efficacy studies *is related to the confusion between healing and curing, which mirrors the confusion between disease and illness* (Waldram, 2000, p. 606).

Conventional medicine is (and certainly will for some time) be the first option for the majority of people aiming to solve their health problems. The ability of UM to fulfil needs other than those openly expressed in biomedicine, is one of the main reasons why people turn to UM. As shown previously, healing might refer to intervention on a social, psychological or spiritual dimension, leaving the biomedical symptoms as inferior. One could clearly argue that leaving severe pathological conditions, signs and symptoms unchecked might have fatal consequences for a person fully relying on unconventional intervention. One of the main challenges of recent research, therefore, is to seek an explanation as to how to identify positive aspects of UM in their own terms, without, of course, disregarding malpractice and erroneous practices. The focus of anthropological research on the narrative seems to be particularly useful in understanding the structure of the experience with regard to health and disease, depending upon social, psychological or cultural aspects, and the overall therapy management from the viewpoint of the afflicted person. The promising interest of anthropology in identifying positive values that can be learned from healing traditions, might contribute to answering the question whether it is possible to meaningfully combine UM with the dominant form of medicine, in a way that would be beneficial for people suffering from various kinds of health problems.

Conclusion

We are living in a highly globalized world, with an enormous circulation of people and ideas, which affects the practice and transformation of therapeutic interventions in regions where conventional medicine is widely available, as well as in regions where a Westernized form of medicine remains difficult to access. For a long time, proponents of modernism and cultural evolutionism have presupposed that medicine, which exclusively applies biological and physiological principles in practice would replace all forms of traditional, alternative and complementary treatments, depending upon non-scientific and irrational views. However, neither ethnographic evidence from various parts of the world, nor sociological investigation in the Western epicentres of biomedicine support this assumption. Medical pluralism has become a worldwide phenomenon, which manifests itself in every region differently, reflecting various cultural, historical and economic settings, that have affected the organization of the healthcare system. For instance, imagine a Slovakian urban resident who regularly attends yoga classes and has ayurvedic massages in luxurious wellness and spa centres, and a low caste Hindu patient, living in the Indian countryside, who frequently consults an Ayurveda practitioner in his or her neighbourhood. Both may perceive the treatment as being of great benefit, however, the reasons why they are using UM and the needs that are addressed in the therapeutic process, are completely different. At the same time, despite a great (not just spatial) distance between various European societies and cultures in other regions of the world, some forms of UM have much more in common than appears at first glance, as highlighted in a comparison of ritual healing in the Himalayas and in Germany (Sax et al., 2010). Taken together, when examining a wide range of notions regarding UM, in the context of contemporary society, one has to pay particular attention to local social, cultural and historical background of healing modalities, on the one hand, and global interconnectivity of health concepts and practices, on the other hand.

The aim of this book was to identify the historical, social and cultural elements of the extremely heterogeneous and fluctuating category of unconventional healthcare in Slovakia, a country situated in Central Europe,

in which, during the communist period, almost every kind of healing, which was not based on scientific explanation was considered, to a great extent, as backward and superstitious practice. Available information shows that after the change of the political regime and the structural transformation of the social, political and religious sector, various forms of UM have become widespread. Besides the revival of traditional and herbal medicine, previously practised in rural areas, new forms of therapeutic options have become fashionable in urban settings. Some of these originated in Europe but some were transmitted from other places as one of the outcomes of globalization connectivity and the interconnectedness of ideas and people all over the world.

Recent sociological data, presented in this book, identified that UM thrives in Slovakia, as 82.4% of participants reported that they use a form of medicine, which is not conventional or mainstream. Moreover, the survey estimated that 17.8% of adults visit an unconventional medicine practitioner. It has also been confirmed that respondents who visited unconventional medical practitioners and specialists regularly or several times during their life, generally reported a high level of satisfaction with the services provided. The survey also measured preference and attitudes towards the integrative model of health and indicated a high preference for a holistic view in all measured items. Taken together, the investigation has shown that people in Slovakia with less trust in the healthcare system are more inclined to various UM methods. Equally important, however, is the relationship between the use of unconventional therapies and the preferred value systems of individuals, often labelled under the umbrella term "postmodern". Acquired results, therefore, indicate that the tendency towards UM has to be viewed as a cultural strategy, which is characterized by people's search for multiple, personally-designed methods and products.

Alongside these findings, the inquiry revealed that one of the explanations why UM is regarded as effective by so many individuals, is that various forms of traditional, alternative and complementary methods are able to fulfil specific needs and personal expectations. The effect of healing does not only take place during visible interactions between the individual and the practitioner. While many forms of unconventional therapies not only involve somatic symptoms, and healing specialists creatively compile mental, social, familial and other factors affecting the general perception of health and wellbeing, the healing

potential is hidden within the "web of significances" which precede and follow the therapeutic encounter. Against this background, the anthropological accent on narratives as a fundamental expression of the interlocutor's viewpoint, becomes a meaningful method in terms of approaching the cultural, as well as the personal meaning attributed to affliction.

By writing the last words of this monograph, the authors are fully aware that, despite a broad range of issues discussed here, a vast number of topics have not been covered. Moreover, we did not avoid certain shortcomings in the analysis and interpretation of the fieldwork data obtained. Further studies, combining various research methods, should therefore concentrate on the investigation of a wide array of issues, including a quantitative research design to identify patterns of UM use and a qualitative research approach, directed towards personal experiences and needs in relation to the use of UM.

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Notes on Authors

Ivan Souček (1983) is a lecturer in anthropology at the Department of Social Studies and Ethnology (Matej Bel University), where he also teaches courses on religion and health in diverse social and cultural contexts. His research interests are Medical Anthropology and the Anthropology of Religion, focusing in particular on unconventional medicine and pluralistic healing modalities. He has published extensively on religious healing, alternative medicine, rituals, health and medicine. He has conducted several ethnographic research activities in India and Eastern Europe, focusing on the cross-cultural study of healthcare, ritual dynamics and traditional explanatory models. Currently, he is working on a research project, examining the use of complementary and alternative medicine among the general population in Slovakia.

Roman Hofreiter (1980) is a sociologist and head of the Department of Social Sciences and Ethnology at Matej Bel University. He finished PhD study in Sociology at Faculty of Arts of Comenius University and participated as a researcher in the project Slovak society in cross-national comparative research: before and during the crisis. He has been cooperating in the H2020 project PROMISE: PROMoting Youth Involvement and Social Engagement: Opportunities and challenges for 'conflicted' young people across Europe.

UNDERSTANDING UNCONVENTIONAL MEDICINE **Ivan Souček • Roman Hofreiter**

Text: Ivan Souček, Roman Hofreiter,
Micheala Souček Vaňová (co-author of chapter 9)
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In Slovakia, where during the communist period almost every kind of treatment not based on scientific explanation was considered as backward and superstitious practice, the popularity of unconventional medicine has recently increased. However, only a few research studies, from a social sciences perspective, were conducted in the use of treatment practices outside the dominant medical paradigm.

The reader will find in this book a broad discussion on the complex aspects of medical diversity in both a local and a global context of healthcare. Moreover, the book will be potentially useful for students and other scholars of sociology and anthropology of medicine and the history of medicine, as well as for policy health makers and medical experts, interested in the fascinating world of medical pluralism.

The book written by Souček and Hofreiter is dealing with a topic that has been neglected in medicine, as well as in social studies. It is, therefore, more valuable that the authors present a comprehensive text with sufficient informative value... [T]he publication is a good-quality read... language used is vigorous, yet professional.

Eva Křížová, Charles University, Prague

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