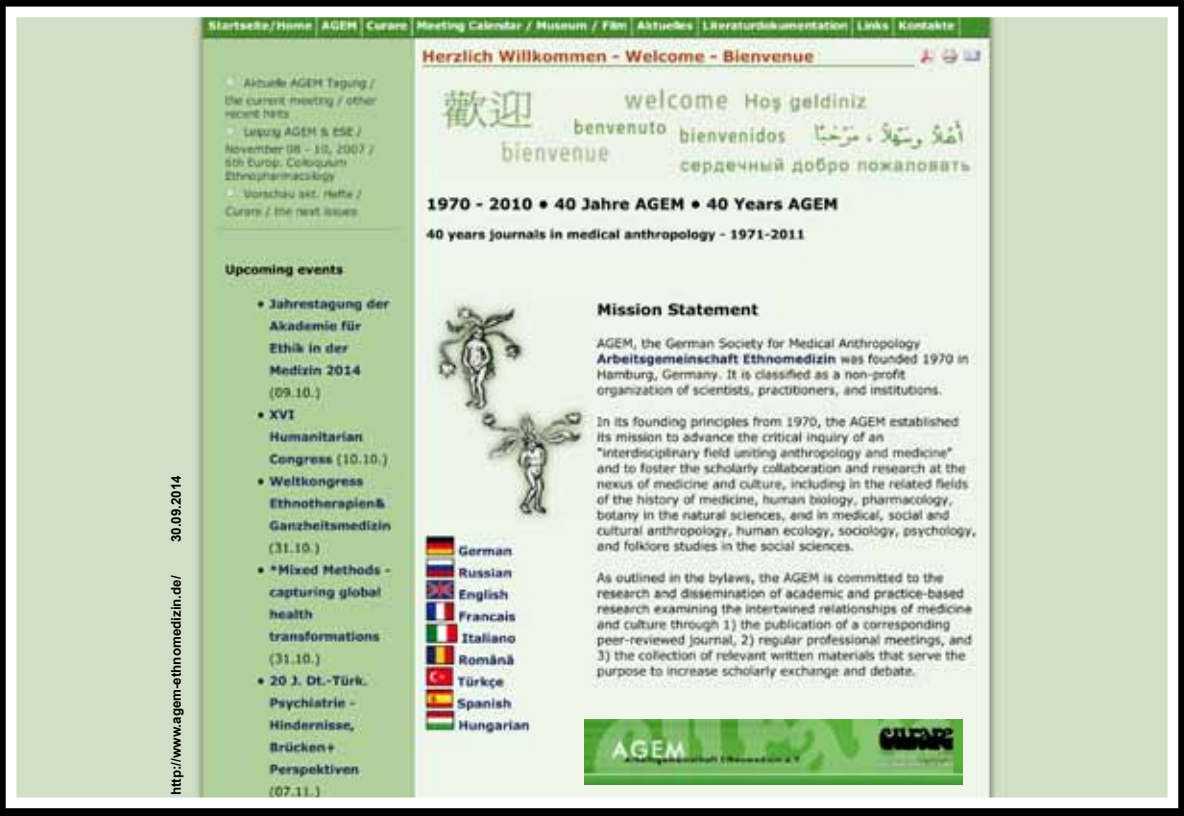
ISSN 0344-8622 37(2014)2

curare

Zeitschrift für Medizinethnologie • Journal of Medical Anthropology

hrsg. von/edited by: Arbeitsgemeinschaft Ethnomedizin e.V. – AGEM



Medizinethnologische Perspektiven und Public Health

Perspectives of Medical Anthropology on Public Health

Zum Titelbild/Front picture *Curare* 37(2014)2:
Indexseite/Index page of: www.agem-ethnomedizin.de – English version (detail from Sept. 30, 2014).

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Zeitschrift für Medizinethnologie
Journal of Medical Anthropology

IMPRESSUM *Curare* 37(2014)2

Verlag und Vertrieb / Publishing House:
VWB – Verlag für Wissenschaft und Bildung, Amand Aglaster
Postfach 11 03 68 • 10833 Berlin, Germany
Tel. +49-[0]30-251 04 15 • Fax: +49-[0]30-251 11 36
e-mail: info@vwb-verlag.com
http://www.vwb-verlag.com

Bezug / Supply:
Der Bezug der *Curare* ist im Mitgliedsbeitrag der Arbeitsgemeinschaft Ethnomedizin (AGEM) enthalten. Einzelne Hefte können beim VWB-Verlag bezogen werden • *Curare* is included in a regular membership of AGEM. Single copies can be ordered at VWB-Verlag.

Abonnementspreis / Subscription Rate:
Die jeweils gültigen Abonnementspreise finden Sie im Internet unter • Valid subscription rates you can find at the internet under: www.vwb-verlag.com/reihen/Periodika/curare.html

ISSN 0344-8622 ISBN 978-3-86135-778-0

Die Artikel dieser Zeitschrift wurden einem Gutachterverfahren unterzogen • This journal is peer reviewed.

Zeitschrift für Medizinethnologie
Journal of Medical Anthropology

hrsg. von/ed. by Arbeitsgemeinschaft Ethnomedizin (AGEM)

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Buchbesprechungen / Book Reviews

Redaktionsschluss: 30. September 2014

Lektorat und Endredaktion: Ekkehard Schröder
Die Artikel der *Curare* werden einem Reviewprozess unterzogen / The journal *Curare* is a peer-reviewed journal

Errata in *Curare* 37(2014)1

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Die Korrektur wurde im letzten Korrekturdurchgang nicht immer erfasst.

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Ambivalence in the Cultural Framing of Cosmopolitan Alternative "Medicines" in Senegal

Alice Desclaux

Abstract Complementary and alternative health care is expanding in African urban communities. Some cosmopolitan remedies are distributed through multi-level network companies that claim to have several thousand individual sellers/users/partners in countries such as Senegal. These firms use technologies, concepts and symbolic references of biomedicine to develop a field of activities with a private aim relying on an entrepreneurial model, out of control from the biomedical institution. This paper discusses the way a part of these health products are considered as medicines by their sellers/users, even though the firms providing them do not label them as such. Sellers/users' lay interpretations are built on product characteristics, on discourses that circulate among users and sellers, and on the content of the firms training sessions. Some significations given to these products are borrowed from pharmaceuticals, alongside a strong affirmation of differences with regards to other aspects. Using data collected mainly during training sessions or with users in Dakar, we show how the management of ambiguity is a central feature in the way sellers reinforce the popularity of these products. The article calls for analyses in other contexts where products may be considered as *pharmaceuticals* by some stakeholders when others deny them this status.

Keywords Alternative remedies – pharmaceuticals – multi-level marketing firms – pharmaceuticalization – knowledge practices – Senegal

Gewusst wie. Mehrdeutigkeiten in der kulturellen Konstruktion und Prägung von kosmopolitischen Alternativ-„Medikamenten" im Senegal

Zusamenfassung Komplementäre und alternative Wege der Gesundheitsfürsorge breiten sich zunehmend in den urbanen Zonen Afrikas aus. Einige kosmopolitische Heilmittel werden dabei über Multi-level-Netzwerke verteilt, die vorgeben, Tausende einzelner Verkäufer, Nutzer und Mitglieder in Ländern wie dem Senegal zu bedienen. Diese Firmen benutzen Techniken und Konzepte mit einem sowie symbolische Verweise auf einen biomedizinischen Hintergrund. Über diesen Weg werden private Zielsetzungen mit einem Bündel von Aktivitäten entwickelt, die auf einem Unternehmermodell aufbauen, das außerhalb der Reichweite biomedizinischer – und damit staatlicher – Qualitätskontrollen besteht. In dieser Studie werden die Strategien diskutiert, mit denen ein Sektor dieser Gesundheitsprodukte von den Verkäufern und den Käufern als „Medikamente" angesehen wird, selbst wenn diese gar nicht als solche deklariert werden. Die Laieninterpretationen der Händler und der Verbraucher bauen indes auf solchen Produktmerkmalen auf sowie auf Diskursen, die unter den Verbrauchern zirkulieren und auf das Vertrauen in die firmeneigenen Schulungen. Einige der Zuschreibungen zu diesen Erzeugnissen sind pharmazeutischen Produkten entlehnt, gehen zugleich jedoch mit einer ausgrenzenden strengen Differenzierung zu anderen Aspekten einher. Mit den erhobenen Daten aus den Schulungen und bei Endverbrauchern in Dakar wird gezeigt, dass die Mehrdeutigkeit ein zentrales Wirkmoment darstellt, mit dem die Vertreiber die Popularität aufbauen und bestärken. Die Studie verdeutlicht weiteren Bedarf an Analysen vergleichbarer Kontexte, in denen Heilmittel von einem Teil der Stakeholder als pharmazeutische Erzeugnisse betrachtet werden, während von Anderen ihnen dieser Status ausdrücklich abgesprochen wird.

Schlagwörter alternative Heilmittel – pharmazeutische Produkte – Multi-level-marketing – Ambiguität – Pharmazeutikalisierung – Wissensmanagement – Senegal

Résumé in French, see p. 175

Introduction

In Africa and elsewhere, empirical data show in several social settings that some products or remedies (defined in a very broad sense of material objects with a care biological or symbolic content) are called *medicines* or *pharmaceuticals* despite not having that status at institutional level—either legal and pharmaceutical or medical. In other words, products are referred to and perceived or not as

medicines according to context. This is facilitated by the absence of a unique authoritative definition, due to the multiple legitimacies of medicines, related to several epistemological registries from pharmacology to law (DAGOGNET & PIGNARRE 2005, LECOURT 2004). These products may be considered differently—either as medicines or not—by actors at various stages of their social life in the "chain of pharmaceuticals" (WHYTE, VAN DER GEEST & HARDON 2002; LÉVY & GARNIER 2007), or in diverse social and institutional contexts—i. e. medical, juridical, or commercial.

When various social and institutional definitions of products as pharmaceuticals do not overlap completely, these products can be described as *borderline pharmaceuticals*. This conceptual category is an empirical one, broadly defined in order to allow the exploration of symbolic processes, useful to study the social construction of medicines in various settings. It refers to a centrality residing in medicines and should be considered within the field of the anthropology of pharmaceuticals, a very active research field during last 25 years (see among others VAN DER GEEST & WHYTE 1988; FAINZANG 2001; WHYTE, VAN DER GEEST & HARDON 2002; PETRYNA, LAKOFF & KLEINMAN 2006; BAXERRES & SIMON 2013a). This notion is not articulated with Latour's concept of "hybrid objects" in the field of social studies of science (LATOUR 1991), nor significant in the debate on the hybrid nature of medicines with an origin in local pharmacopeia and medical traditions, developed by MICOLLIER (2013): these are analytical considerations beyond the scope of this descriptive concept.

Several kinds of remedies may be considered as *borderline pharmaceuticals*, such as for instance ready-to-use therapeutic food, or various nutritional and health products, which share some features with pharmaceuticals at juridical level though not being fully legally qualified as medicines. As the legal definition of medicines or pharmaceuticals may also slightly vary among countries, this "borderline" between medicines and other categories of remedies may include quite a range of heterogeneous products which have a perceived or objective nutritional or therapeutic power as a common feature. The many facets semantic load of these products allows them to spread extensively, within and beyond health care systems (DESCLAUX & LÉVY 2003). This borderline should be considered as culturally constructed, and is variable according to social and legal environments.

This paper explores the knowledge practices related to some *borderline pharmaceuticals*, i. e. cosmopolitan remedies provided through network marketing transnational companies. Though, these companies have gained a significant place in the health sector worldwide during the last ten years, they have hardly been analysed by anthropologists. This is probably because they have emerged only recently and because they were first considered for their economic significance rather than their meaning regarding health issues. In Dakar, Senegal, a research program on health itineraries of people living with HIV and taking antiretroviral treatment for ten years and more identified multilevel marketing firms as a possible provider for complementary remedies. Another research program on neo-traditional treatments and emerging pharmaceuticals in West Africa showed that these firms' alternative remedies are now delivered in the capital cities of most countries. This paper is based on a preliminary ethnographic enquiry, including about ten formal and informal interviews, collection and identification of products, document analysis and observation of conferences and training sessions in multilevel firms in Dakar.[1]

After presenting the social context of the knowledge transfer practices for these remedies, this paper will *show* how the double identity of products (medicines and non medicines) is managed in knowledge transfer practices among members and clients of the companies, in relation to the controversial symbolic content of these remedies.

The emerging sales of cosmopolitan alternative remedies in Senegal

As urban populations, especially middle class ranges, are expanding in Africa, some health care practices develop particularly among these potential consumers who are exposed to the global media and may have access to industrial products. Within the pharmaceuticalization of health observed in the "global South" (BAXERRES & SIMON 2013), in addition to local medicinal plants and somewhat transformed herbal remedies, cosmopolitan health products are diffusing. An "alternative, complementary and traditional" sector is developing, generated by the amalgam between the heterodox categories of "traditional medicines" and "complementary and

alternative medicines" (Simon & Egrot 2012). As in developed countries, this "CAM" sector is very heterogeneous and includes products with a strong legitimacy based on tradition alongside products which legitimacy is based on chemical efficacy, on their natural origin or on their claimed national identity. Phytoremedies coming from China, related with Traditional Chinese Medicine, are found extensively in Eastern and Central Africa (Hsu 2002, Wassouni 2010) and are spreading in other subregions (Haxaire 2013); some homeopathic medicines produced in India may be found in West African urban centers[2]; vitamin-based treatments are found in Austral Africa (Geffen 2005), and industrial phytotherapeutic products imported from various sources are delivered all over Africa (Hardon *et al*. 2008, Simon & Egrot 2012). In Western Africa, this sector includes, next to products from profane local pharmacopeia and known by local healers, so-called "improved traditional medicine" treatments, vitamins and exogene phytoremedies, diffused regionally or internationally. The use of these treatments diffused out of the biomedical sector seems to spread from wealthier populations to poorer socioeconomic categories, as it was described in Cotonou (Simon 2008) and Ouagadougou (Bila 2011) for example.

Some of these remedies are sold by multinational network marketing companies, which came to West Africa in the early 2000s to sell nutritional supplements and alternative treatments. These companies have adapted the direct sales model first developped by Amway and Herbalife in the United States during the 1990s and "sell products wholesale to registered distributors, who offer them at retail prices through face-to-face transactions" (Cahn 2008). Business analysts have shown that multilevel marketing companies are particularly attractive when other forms of employment are scarce, and have taken advantage of rising economies as described in Thailand (Wilson 1999). Anthropologists have focused on the role these companies play in introducing a neo-liberal ethos at population level in low income countries confronted to the dismantling of the State (Cahn 2006, 2008; de Vidas 2008).

In West Africa, two main companies with origins in the United States and China sell phytotherapy products, nutritional supplements, cosmetic products, and appliances for physical treatments (massages, vibratory or electric stimulation), as well as other health products. They rely on a "multiple level" purchase and sale system, where "distributors" pay the exclusive products at a reduced price and increase their benefits through mobilizing and involving new buyers/sellers, then receiving a percentage on the sales of those distributors. This scheme is very successful for combining distribution, care, and personal development at global level: these companies claim 9.5 million distributors in more than 145 countries for the one created in the 70s, and implementation in 110 countries for the one created in the 90s. In Dakar, distributors meet frequently at the headquarters of the Senegalese branches of these companies, where the products are stored and sold, and training sessions on the use of products and on management are offered. New comers such as people who want to buy the products are also invited to attend information and training sessions that are gateways to further contractual participation, and they are actively invited to participate by distributors when perceived as potentially efficient new buyers or resellers.[3] During those sessions, the meaning of the products, their composition and their use are explained by managers who are ranged according to seniority and selling performance. Information sessions gather simple consumers, people who are in the process of setting a contract with the company, and first level distributors. During these public sessions, nothing is mentioned about the confidentiality of what is said; on the contrary, the participants are encouraged to diffuse information as a way of advertising.[4]

Cosmopolitan alternative remedies as *borderline pharmaceuticals*

The products intended for ingestion sold by those companies are essentially made of vegetal extracts, mineral micronutrients, and other various components. Some plants are international "best sellers" among phyto-remedies, such as Cordyceps (*Ophiocordyceps sinensis*), Aloe vera, spirulin (Cyanobacteria, gender Arthrospira), green tea, and among micronutrients, the whole range of vitamins and minerals such as Calcium and Zinc. The product range of the two companies covers a broad spectrum, including cosmetic, nutritional, "weight management", and food products which contain an ingredient that has an impact on health (for example Cordyceps cappuccino powder or hypolipidic tea),

under the general label "nutritional supplements". The iconography of packages refers to nature, well-being and beauty, as the one presented on the firms' websites, claiming the natural origin of products and showing a positivist and idealizing vision of nature ("In nature you find balance, harmony, life, and renewal"). Products consumers, shown in pictures mostly look "global," i. e. Europeans, North Americans and Asians, with more African figures in some documents.

Some of those products are presented as capsules and pills in plastic containers bearing the following indications: trade name, phytochemical composition, indications, dosage and expiry date. Those indications are similar to the ones found on the packaging of pharmaceutical products. The products sold through those companies have a double status: from a legal point of view in international and national legislations, they are not medicines, and claims diffused by the company are in accordance with that definition. However, local interpretations made by customers and sellers may present them as medicines, since these people are less worried by the legal aspect of this distinction, and they use the terms differently, since to them both are part of undifferentiated linguistic categories and conceptual contents.

The construction of *borderline pharmaceuticals* in the firm's training

Participating to group sessions that aimed to inform consumers and to train sellers enabled us to understand the cultural construction process of the product as a medicine, particularly in one company that will be considered in the next sections of this article. In its training sessions, the pedagogic method relies on a presentation given by the company with the help of tools (slides, printed documents, films) produced by its international headquarters. The lecture is interrupted by comments, since trainers urge participants to ask questions and express themselves on their experiences on the use and the sale of the product. The sessions reveal the gap between common sense notions formulated by newcomers and the precisely defined knowledge introduced by the company. Teaching practices and the contents of transferred knowledge appear ambiguous: the remedies often seem defined as medicines, though later this status is denied; moreover, some messages are ambivalent. The analysis of messages permits to understand the way the production of signification regarding these products follows these three trends.

Products defined as medicines

The perception of products as medicines, already introduced by the analogy in shapes of alternative remedies and pharmaceuticals, is reinforced during training sessions at four levels, regarding 1. their characteristics and function, 2. their underscored qualities, 3. their context of production, 4. the medical context of their "prescription".

1. The characteristics, mechanisms of action, and functions of products are presented in an orderly fashion: their composition (vegetal species, minerals, vitamins, etc), their presentation (galenic form), their dosage and methods of administration, and their indications are explained successively. The orator generally completes this presentation with his/her personal user experience from lived situations. This presentation follows the pattern of the medicinal then pharmaceutical science tradition since its founders' works, such as Dioscorides' *De Materia Medica* (60 AD). It also includes products in a highly structured and apparently rational field of knowledge, accumulated during centuries through empirical experimentation, related to clinical medicine and botany.

2. The qualities put forward as the founders of the superiority over competing products include the artisanal transformation of hand-picked plants, their specific dosage and packaging, a standardized, perfectly organized industrial production which undergoes quality controls that guarantee the purity and safety of the product—two terms that are frequently used. For the company's collaborators, the products combine qualities of phytotherapy and of pharmaceuticals: they are industrial products with a specific content, approved and standardized, with "controlled" effects. In teaching materials, bibliographical references about in-vitro or clinical experimentation of remedies are mentioned the same way as for scientific publications. Such references are presented as conveying the legitimacy of biological research and scientific medicine, though the journals mentioned are not acknowledged in the international scientific community. These references may be also mentioned during teachings as a proof that remedies were selected for their biological ef-

ficacy, a matter presented as providing high legitimacy to these remedies, complementary to patients cases that give products legitimacy at clinical level.

3. The presentations of the company addressed to distributors are extremely elaborated in terms of communication. They describe it as similar to a pharmaceutical multinational firm, with its industrial producers based in the richest developed country, its disseminated factories, its national and international sellers. Besides the capacity for producing sophisticated products in chemical industry laboratories, pictures and films used during training sessions show the wealth of the company—its buildings, vehicles, and also the properties and investments. They also use some visual codes that belong to the medical and pharmaceutical world, such as white coats. These films match with lay perceptions of pharmaceutical firms, combining technology, capacity of production, international development and wealth.

4. Training sessions bring the idea that products should be "suggested" just like medicines are "prescribed", i. e. ordered or provided by knowledgeable people who accompany them with indications about their uses. Some health-workers who partly come from or are still in the Senegalese biomedical health care system and joined the marketing firm, also participate in sessions as trainers. When explaining the uses of products, they give examples coming from their professional experience; some of them prescribe the firms' products in their clinic, either as complementary therapy or as main treatment. This intervention of biomedical health professionals during training sessions completes the imagery of the pharmaceutical industry: the product is socially defined as *medicine* both at the macrosocial level of a transnational institution and in the microsocial interaction between healers and patients. Beyond these significations that associate statements about remedies uses and analogy with pharmaceuticals and tend to bring the products under that category, opposite meanings are conveyed during sessions.

Products denied as medicines

In spite of the contents of messages shown above, it is the word *product*—rather than *medicines*, or eventually *alternative medicines*—, which is used during interactions between trainers and users at the headquarters. Furthermore, the trainers' speeches are characterized by the recurrence of the assertion that these products are *not* medicines. Those denials, often vehement, are probably needed in order to correct the words spontaneously used by newcomers, first for linguistic reasons. Regarding the linguistic perspective, the Wolof language used for a part of the interactions only has the word *garab* to translate *medicine* and *remedy* (Diouf 2003); moreover, spoken French in use in Senegal does not distinguish the two meanings.

Another reason for avoiding the word *medicine* is legal. The marketing manager of the Senegalese branch of one of these companies provides explicitly the company's official discourse in a Senegalese investigation magazine article: "Any therapeutic claim is prohibited because we sell nutritional supplements and not medicines, but we cannot control the messages conveyed by our 19,000 sellers spread between Senegal, Mali, and Guinea."[5] His use of the word "therapeutic claim" reflects the legal significance of the distinction between medicines and nutritional supplements, since the international regulatory bodies for the safety of food and medicines distinguish between nutritional claims and health or therapeutic claims. In regulatory transnational lexicon, a *nutrition claim* is mentioned when it refers to the amount of a nutrient in a food, and a *health claim* is mentioned when it highlights a link between a nutrient or food and health; a *therapeutic claim* is mentioned when treatment is related to the prevention, treatment or cure of a disease. Only drugs with a marketing authorization can legally show a therapeutic claim. The managers' legal concern in regards to not infringing the legislation by usurping the status of medicine, apparent in his quotation, is also present among trainers, who cautiously choose their words during training sessions, or explicitly tell new comers the words that should be avoided in interactions with clients. The word "cure" is never used in documents: products "relieve", "prevent" or "manage" the disease, which enables both expanding indications and avoiding legal concerns.

However, besides these linguistic precautions, the presentation of products also conveys ambivalence when it comes to explanation about their mode of action, either at biological or at clinical levels.

The management of ambivalence

While the features mentioned above reinforce the interpretation of cosmopolitan alternative remedies as pharmaceuticals, meanings may be entangled in more subtle ways. During information sessions, the presentation of each product contains a list of indications, which include nutritional or health claims mentioned in the visual aids, completed by personal experiences and treatment testimonies. Indications mention physio-pathological processes and symptoms but do not evoke diseases, in order to avoid being considered as therapeutic claims. But the narratives of experiences that follow these presentations are about diseases and patients' itineraries. Thus the whole session associates the treatment for disease to a product with explicit claims limited to health. In some cases, for instance regarding weight management, the claims described for a product belong both to nutrition and health, which makes inoperative the legal distinction between nutritional supplement (relevant to nutrition or health claims) and medicines (relevant to therapeutic claims).

Some sections of the firm from other West African countries may be more explicit in their curative claims, though still cautious in their framing. For instance, the newsletter of the Nigerian section of the firm presents on the same page the testimony of a woman who highly suffered from a uterine "fibroid/ovar cyst" (sic) and claims that the firm products "removed her fibroid and ovar cyst" (sic), and an article by a "Dr." about uterine "fibroids and its management" (sic). Though uterine fibroid is in most cases a benign ailment at the border between normality and pathology[6], the combination of the experience described and the medical explanation presented as a medical teaching reinforces the idea that products cure this ailment with medical approval. However the threat of unlawful claims explains the mention published at the bottom of the page in smaller characters: "The products discussed here are not intended to diagnose, mitigate, treat or prevent a specific disease or class of diseases. You should consult your family physician if you are experiencing a medical problem". In such a newsletter whose readers are clients/sellers of the firm and a priori think that its products may heal, their interpretation of this statement might be contrary to its intended content. Finally, the overall message conveyed to readers may be considered as ambiguous, either on purpose or not.

The ambivalence is also favored by the knowledge system about pathology used during training sessions. The *management claims* (as mentioned above) about products are often attached to physiological processes, which variation towards the pathologic field is on a continuum. This aspect is the basis of the company's preventive discourse, according to which any pathological process can be prevented or controlled by optimizing the physiology or the "field". Lay terminology for immunology is used to explain that people may be protected from epidemics and severe diseases by strengthening their biological defenses through remedies. By considering a whole range of conditions from normal to pathological, this discourse can validate products as *medicines*, strengthening that status in the eyes of sellers and consumers without explicitly expressing it. This way, they respect the legal constraints.

On the other hand, presentations actively include products in the biological paradigm, establishing links between on one hand the physiological mechanisms, symptoms, pathological entities, and on the other hand treatments defined by their active principles. The disease is interpreted according to a cosmopolitan model, associating notions of anatomy, physiology, and pathology that match with the pedagogical contents of "life sciences" in secondary school programs, accessible to a wide range of the population. Also, presentations rely on "ubiquitous" concepts such as anti-oxidants, used in biomedicine and in complementary and alternative therapies, popularized by advertisements for cosmetics, hygiene products (toothpaste, massage balm) and many food products (light butter, cereals, etc.). The use of vague, flexible and general notions belonging to lay knowledge enables to put this therapy in a *care* and prevention registry, in a continuum, instead of an adversarial relationship, with biomedicine or traditional treatments. This "complementary" rather than "alternative" perspective is reinforced by the absence of description of nosological entities and etiologies, and the avoidance of more specialized knowledge.

Conclusion

In the social space of these multi-level firms, cosmopolitan alternative remedies appear as *borderline*

pharmaceuticals: some significations are borrowed from pharmaceuticals, alongside a strong affirmation of differences with regards to other aspects or in other contexts. We have shown how the management of ambivalence is a central feature in the way distributors are taught to use these products, which reinforces their popularity. This process is intertwined with the fundamental ambivalence of pharmaceuticals (Van der Geest 2003); in some circumstances, it is enhanced by ambiguities in communication about products. Ambiguity is not only the result of precautions in communication to avoid legal issues: it helps widening the scope for these products and the range of their potential clients. It also reflects the interaction between lay and specialised knowledge systems regarding health and care. More than a strategy planned by firms, the management of ambivalence is a process that may be at stake at several levels in health systems, such as in the relationships between heterodox therapeutic systems and biomedical system on the move towards "integrative medicine" (Baer 2004). This might be considered an aspect of the expansion of the complementary and traditional sector (Turner 2004) as well as a major transnational cultural process in the framing of local health landscapes, as part of neo-liberal globalization.

Since ambivalence and ambiguities seem related to contexts and to the meeting of different epistemological and institutional registries, rather than to products, may the empirical category of *borderline pharmaceuticals* be useful further on? Enquiries on the construction or deconstruction of ambivalence for other supposed *borderline pharmaceuticals* such as nutritional products in humanitarian services, drugs like methadone in substitution programs or palliative drugs in nursing care services, would bring comparative insights. Further studies would help understanding the specificity of multilevel marketing companies in the construction of meanings for its products, and provide a valuable contribution to the anthropology of pharmaceuticals.

Acknowledgements

I say thank you to informers, who actively provided me key information, to "Agence Nationale de Recherche et Agence Nationale de Recherches sur le sida et les hépatites virales" for funding the ANR/PRO-0061 and ANRS 1215 projects, to Sharon Calandra for correcting English translation and to Bertram Palm for German translation.

Notes

1. This study was held under program ANRS 1215 (Life experiences and care practices among people living with HIV in Dakar, Taverne *et al*. 2012) and program ANR/PROSODIE 0061 (Emerging neo-traditional pharmaceuticals in West Africa, Desclaux *et al.* 2009).
2. Personal data, Ouagadougou, Burkina Faso
3. From a methodological perspective, this social situation makes access easier since observer's participation is highly desired by distributors. Data presented here were mainly gathered through participation in such sessions in one of the companies where transparency is part of the firm's ethics and through spontaneous discussions with other participants and trainers.
4. This paper may be considered as obeying the managers' request for diffusing information about products. Ethical issues in this context have been discussed elsewhere (Desclaux 2008).
5. *Il était thune fois des compléments alimentaires. Marché de suppléments vitaminiques au Sénégal*. Mamby Diouf, La Gazette, 29/11/2011, http://www.lagazette.sn/spip.php?article3440.
6. According to ADAM Medical Encyclopedia, U.S. National Library of Medicine, "Some women with fibroids have no symptoms and may not need treatment," see http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001912/

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Manuscript received: July 14, 2014
Manuscript accepted: September 30, 2014

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37 (2014) 2 curare Nr / N° 101

VWB – Verlag für Wissenschaft und Bildung
ISBN 978-3-86135-778-0