

Integrative Medicine should be integrated into EU - research funding policies

Many studies show that there is an increasing interest in Europe to use methods complementary or alternatively to so called conventional medicine^{1 2}. An increasing amount of research has been undertaken during the last 20 years in order to evaluate security and effectiveness of some of such methods. Parallel to the increase of public demand and increasing research evidence also the attitude towards those methods is changing gradually. This is reflected amongst others also in terminology which has changed from the more or less despicable term “*alternative*” to “*complementary*” and more recently to “*integrative*” medicine.

In July 1999, representatives from eight academic medical institutions convened a historic meeting at the Fetzer Institute in Kalamazoo, Michigan. The working conference was titled: “The Consortium on Integrative Medicine” including representatives from Duke University, Harvard University, Stanford University, University of California, San Francisco, University of Arizona, University of Maryland, University of Massachusetts, and the University of Minnesota.

Today 47 medical schools build together the *Consortium of Academic Health Centers for Integrative Medicine CAHCIM*³.

According to the CAHCIM integrative medicine is defined as follows: “*Integrative medicine is the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health and healing.*”

Also in Europe the term “Integrative Medicine” is used more and more in particular within the increasing dialogue between representatives of conventional and complementary medicine.

In 2000 Prof Jörg-Dietrich Hoppe (President of *Bundesärztekammer* and *Deutsche Ärzttettag*) initiated the „Dialogforum Pluralismus in der Medizin“ in Germany. Within this context the Symposium in 2004 evaluated the issue of integrative medicine „Pluralismus der Medizin – Pluralismus der Therapieevaluation?“⁴ Integrative medicine is also used for services of dual-trained medical doctors who treat their patients with both, the conventional and complementary approaches, if appropriate.

Integrative medicine is the central part of *Integrative Health Care*. This terminus includes a far broader range of preventive measures, dietary advice and education toward healthy way of living and therefore enlarges health workforce to a much broader bunch of health care professionals and health workforce.

EU-research policies should take notice of this development and reserve parts of funding for further research in integrative medicine.

¹ Harris P and R. Rees R: The prevalence of complementary and alternative medicine use among the general population: a systematic review of the literature. *Complementary Therapies in Medicine* (2000), 8, 88–96.

² Wolf U, Maxion-Bergemann, Bornhöft G, Matthiessen P, Wolf M: Use of Complementary Medicine in Switzerland. *Forsch Komplementärmed* 2006;13(suppl 2):4–6

³ www.imconsortium.org

⁴ Kiene H, Ollenschläger G, Willich SN: Pluralismus der Medizin – Pluralismus der Therapieevaluation? *Z. ärztl. Fortbild. Qual. Gesundh.wes.* (2005) 99; 261–262 262 ZaeFQ <http://www.elsevier.de/zaefq>

Anthroposophic Medicine – a European best practice example of Integrative Medicine

Anthroposophic medicine integrates conventional medicine with an anthroposophic perception of the human being. It starts with a conventional diagnosis, but includes in its assessment of the patient the imbalances of the body and a psychological, mental and spiritual dimension. It takes a holistic approach to health and offers specific therapies enhanced according to anthroposophic principles. It uses both conventional and anthroposophic medicinal products (AMP). Both the treatment approach and the use and selection of medicinal products and other therapies are highly individualised and intend to bring about a 'process of development' within the patient, reinforcing the patient's natural ability for self-healing and restoring of the health balance.

AMPs are produced according to anthroposophic pharmaceutical principles and processes, some of which they share with homeopathy and some of which are specific non-homeopathic processes that reflect the interrelationship between human beings and the world of nature. They are manufactured according to the standards of Good Manufacturing Practice (GMP), and their quality is controlled by the criteria and parameters of official pharmacopoeias.

Prerequisites for research in anthroposophic medicine are: the autonomy of science; epistemological pluralism; application possibilities for individual teams; and transparent and efficient support, even for small research units. This issue is of special importance to the growing, but still small research units of anthroposophic medicine.

IVAA welcomes the objective of current EU health research under FP7 to improve the health of European citizens and boost the competitiveness of health-related industries and businesses, as well as to address global health issues. IVAA supports the focus of the EU health research policy primarily on enhancing health promotion, encouraging primary prevention concepts and disease prevention, developing and validating new therapies, concentrating on healthy ageing, sustainable health systems and promotion of sustainable life quality. IVAA regards the intention to provide specific funding for both SME-specific projects and topics which are attractive to SMEs or organizations that are 'newcomers' to FP7 as a step forward, including as well as the attention given to research-career support in the framework of the Marie Curie Actions.

IVAA welcomes in particular the recent inclusion of aspects of complementary medicine in the EU research policy within the 'CAMbrella' project and the project 'Good Practice in Traditional Chinese Medicine Research' under FP7. This widening of the scope and the inclusion of integrative and complementary medicine issues in EU-funded research was overdue.

Anthroposophic medicine research has been a pioneer in several specific medical fields, such as chronic diseases, focusing on the self-healing forces in a human being, on prevention, and on healthy ageing in the broadest sense. Research in anthroposophic medicine has contributed to the development of new systems for adequately evaluating medicinal products – in particular complementary medicinal products – as well as to pharmaco vigilance projects for the improvement in the wider health systems.

Following are a number of examples of how anthroposophic medicinal research has contributed to medical progress:

One of the biggest pharmaco-vigilance networks in Europe monitored about one million systematically-documented prescriptions and evaluated the safety of anthroposophic medicinal products. In these studies the low rate of adverse drug reactions to anthroposophic remedies was confirmed.^{5,6,7}

For basic research in anthroposophic medicine, a specific epistemology⁸ for systemic therapy evaluation has been developed and successfully tested and applied, as well as a single case evaluation by the new research tool of “Cognition-Based Medicine”⁹.

Anthroposophic research proved the value of the best-known anthroposophic medicine products, which are *Viscum album* extracts (VAE, mistletoe). VAE are the most used remedies in oncology in German-speaking countries. Around 50-70% of all oncology patients in these countries use mistletoe. *Viscum album* is the most thoroughly researched plant-extract worldwide: more than 3500 related scientific publications are available¹⁰. Systematic reviews confirm the effectiveness of *Viscum album* extracts on quality of life^{11, 12} and on other relevant outcome parameters.¹³

A “Good Clinical Praxis” (GCP) outcome study under routine daily conditions confirmed the results of a Swiss Health Technology Assessment and demonstrated the effectiveness and positive cost-benefit ratio of the different anthroposophic medical therapy modalities.¹⁴ Systematic reviews of eurythmy therapy¹⁵ and art therapy⁹ confirmed their effectiveness.

The first chair of integrative medicine at a university in Germany was in the field of Epistemology and anthroposophic medicine at the University of Witten/Herdecke. In the last years additional scientific anthroposophic medicine institutes were created. For reference see: www.ivaa.info and www.medsektion-goetheanum.org/forschung/forschungsinstitute.

Scientific education and skill training for students in anthroposophic medicine has been established in several countries, as well as at the University of Witten-Herdecke, as an integrated part of medical studies.

The evaluation of anthroposophic medicine in 2006 in Switzerland by a Health Technology Assessment^{16,17} (HTA) provided a good overview of the dimension of anthroposophic medicinal

⁵Jeschke E, Schaefer M, Lüke C, Ostermann T, Matthes H. EVAMED – A prescription-based electronic system for reporting drug events in complementary medicine. *Drug Saf* 2006;29:341-370.

⁶Jeschke E, Luke C, Ostermann T, Tabali M, Hubner J, Matthes H. [Prescribing practices in the treatment of upper respiratory tract infections in anthroposophic medicine]. *Forsch Komplement Med* (2006) 2007;14:207-15.

⁷Jeschke E, Ostermann T, Lüke C, Tabali M, Kröz M, Bockelbrink A, Witt MC, Willich SN, Matthes H. Remedies Containing Asteraceae Extracts: A Prospective Observational Study of Prescribing Patterns and Adverse Drug Reactions in German Primary Care. *Drug Saf* 2009;32:1-16.

⁸[Anthroposophische Medizin und Wissenschaft: Beiträge zu einer ganzheitlichen medizinischen Anthropologie](#) von Peter Heusser, Schattauer Verlag 2010

⁹Kiene H. *Komplementäre Methodenlehre der klinischen Forschung; Cognition-based Medicine*. Springer Verlag, 2001.

¹⁰Kienle GS, Kiene H. *Die Mistel in der Onkologie*. Schattauer Verlag, 2003.

¹¹Kienle G, Berrino F, Büssing A, Portalupi E, Rosenzweig S, Kiene H. Mistletoe in cancer - a systematic review on controlled clinical trials. *Eur J Med Res* 2003;8:109-119.

¹²Kienle GS, Glockmann A, Schink M, Kiene H. *Viscum album* L. extracts in breast and gynaecological cancers: a systematic review of clinical and preclinical research. *J Exp Clin Cancer Res* 2009;28:79.

¹³Kienle GS, Kiene H. Complementary cancer therapy: a systematic review of prospective clinical trials on anthroposophic mistletoe extracts. *Eur J Med Res* 2007;12:103-19.

¹⁴Hamre HJ, Becker-Witt C, Glockmann A, Ziegler R, Willich SN, Kiene H. Anthroposophic therapies in chronic disease: the Anthroposophic Medicine Outcomes Study (AMOS). *Eur J Med Res* 2004;9:351-60.

¹⁵Buessing A, Ostermann T, Majorek M, Matthiessen PF. Eurythmy Therapy in clinical studies: a systematic literature review. *BMC Complement Altern Med* 2008;8:8.

¹⁶Kienle GS, Kiene H, Albonico HD. *Anthroposophic Medicine, Effectiveness, Utility, Costs, Safety*. Schattauer, 2006.

engagement. This HTA was based on a systematic review of 189 clinical studies and concluded that the system of anthroposophic medicine is effective, economical and safe. Out of these 189 clinical studies, 180 studies demonstrated a positive result (better or equal) for the anthroposophic medicines compared to conventional medicine effectiveness, cost-benefit and safety.

Building on this expertise and experience, IVAA expects that in the next EU Research Programme (FP 8) the medical as well as the socio-economic determinants of health will continue to have a role in EU research policy - in spite of the different overall priorities as outlined in the strategy of EU 2020.

IVAA regards as indispensable continuing research into the contribution and added value of integrative medicine for public health in Europe. IVAA expects that the CAMbrella project will provide convincing evidence of the urgent need to include such research in the EU Research Programme. Such projects must be included in the current FP7 and in the outline of the FP8.

IVAA considers the realization of the objectives laid down in the Green Paper on future EU research policy¹⁸ as an opportunity and a leap forward for research on integrative medical systems and hopes that these considerations will come into full use.

IVAA points strongly to the necessity of revising several aspects of the research management systems of the Framework Programmes. This applies on the one hand to the need to design projects with the objective of enabling even smaller and more innovative research units to participate in respective tenders. It includes, on the other hand, the build-up of adequate project-evaluation procedures that will provide the necessary expertise and innovative capacities to assess applications even from the integrative and complementary medicinal sector. The lack of this capacity has been a major set-back for projects of the integrative and complementary sector so far.

In regard to the contribution of research in anthroposophic medicine improve the health of citizens - as part of integrative medicine – too. IVAA urges the EU Commission to include in the Framework tenders projects and financial support for research into the life-science approaches of the anthroposophic medicine, for research into the further development of adequate modern and scientific methods to evaluate the effectiveness and safety of their medicinal products, for research into the new paradigm of patient-doctor relationships, and for research into the EU's chaotic regulatory systems for integrative and complementary medicines. These regulatory systems run contrary to the common market principle of the Union and create an unacceptable barrier for patients and citizens to have access to this medicine¹⁹.

¹⁷Kienle GS, Kiene H, Albonico HU. [Anthroposophic medicine: health technology assessment report - short version]. *Forsch Komplement Med* (2006) 2006;13 Suppl 2:7-18.

¹⁸COM (2011)48

¹⁹See as a start into the problem: "Differences in costs and access to pharmaceutical products in the EU", ENVI Committee, European Parliament (IP/A/ENVI/ST 2010-12)

The International Federation of Anthroposophic Medical Associations IVAA
(European Commission Registration No: Inter546108346)

As the international umbrella organization the IVAA (International Federation of Anthroposophic Medical Associations) represents and coordinates the national anthroposophic doctors' associations on both, the European and international level in regard to political and legal concerns.

In 2011 the IVAA has 31 member organizations in 16 EU member states (Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Great Britain, Netherlands, Italy, Latvia, Austria, Poland, Romania, Spain, Sweden) as well as in Norway and in Switzerland, and in a further 13 countries worldwide (Argentina, Australia, Brazil, Canada, Israel, New Zealand, Georgia, Peru, Philippines, Russia, South Africa, Ukraine, USA).

Anthroposophic doctors practise also in 5 further EU member states (Bulgaria, Eire, Hungary, Lithuania and Portugal) and in more than 30 further countries worldwide.

Hollola, 20.5.2010

For the IVAA Council,



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IVAA 2011

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