

Complementary & Alternative Medicine

Current status and potential in European healthcare



EUROCAM 2012



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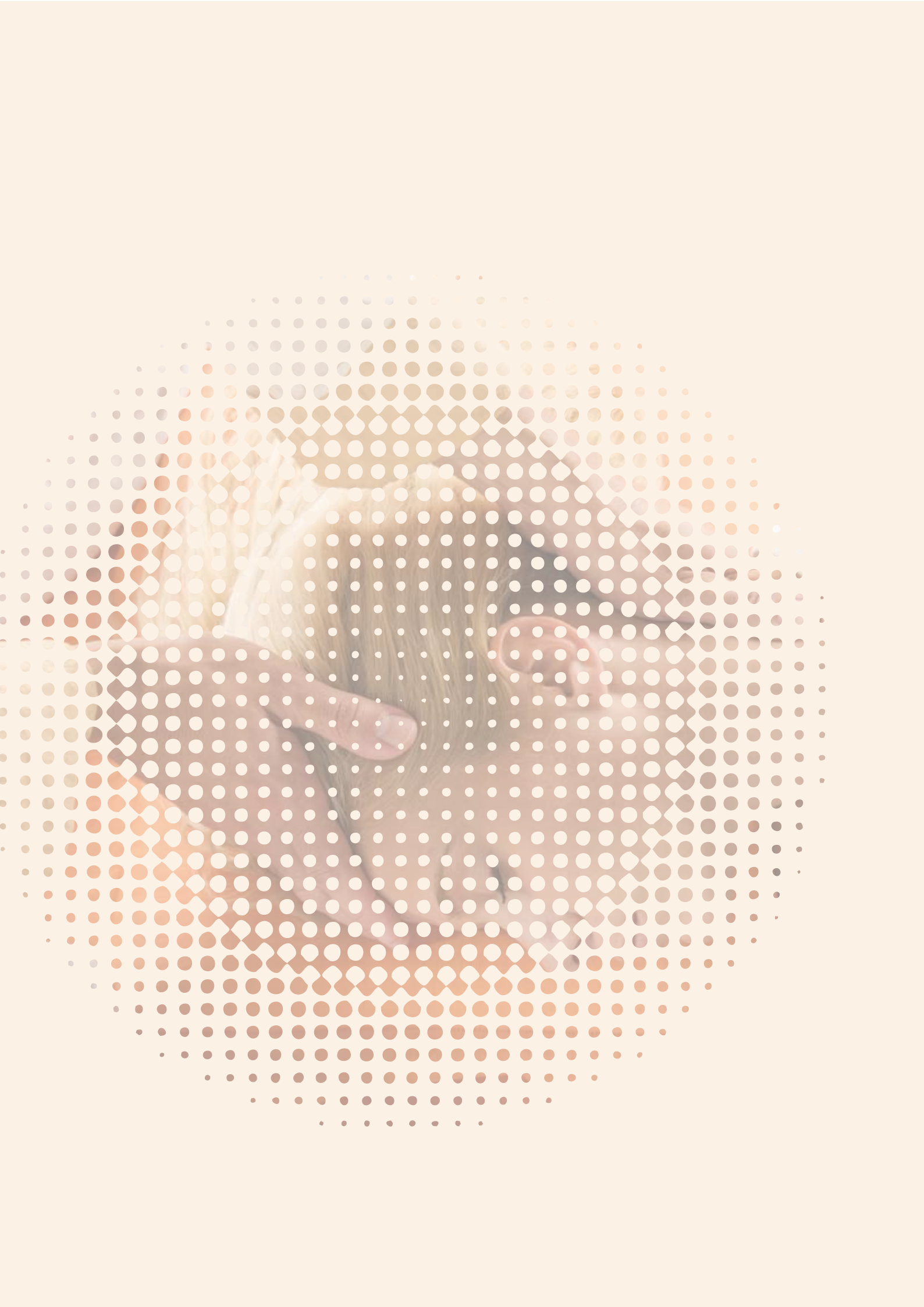
Current status and potential in European healthcare

This booklet, provided by the associations of CAM doctors, patients and practitioners, united in EUROCAM, is intended to provide some basic information about Complementary and Alternative Medicine, its practice and availability and its place and potential within the future of healthcare in Europe.

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Contents

5	Introduction
6	What is Complementary and Alternative Medicine CAM?
8	Continuum between health and ill-health/disease
10	Why are citizens attracted to CAM?
12	How is CAM delivered?
13	CAM practice
14	CAM is effective
15	CAM is low-cost and cost-effective
17	CAM is safe
18	Regulation of CAM
19	CAM training and education
20	Health Workforce
20	Antimicrobial resistance
21	Sustainable health systems
22	Access and health inequalities
23	Health for growth
24	European CAM organisations
26	Relevant EU Health Policy Organizations
27	Relevant Global Organisations
28	References



Introduction

Today's European citizens have started to feel themselves increasingly responsible for their own lives, health and healthcare^A. The growing use of Complementary and Alternative Medicine (CAM) by a substantial proportion of the general population is demonstrated by surveys conducted in several EU Member States as well as in other parts of the world where conventional biomedicine is currently the dominant system of medicine^B. They want to choose the therapeutic approach that they consider will produce the best result for their health, whether it is to maintain good health and to prevent illness, or to alleviate a health problem, and whether that belongs to conventional medicine or to CAM. As Europe faces a growing number of challenges in the area of healthcare such as an ageing population, antimicrobial resistance, chronic diseases, maintaining the health workforce, rising healthcare budgets etc, it is time CAM is given serious consideration as both innovation and added value for healthcare in Europe.

A Patient Involvement, Eurobarometer Quality Study, European Commission Aggregate Report May 2012

B WHO (2004) Guidelines on Developing Consumer Information on Proper Use of Traditional, Complementary and Alternative Medicine



What is Complementary & Alternative Medicine CAM?



Most Complementary and Alternative Medicine practices are based on a holistic, or ‘whole person’ approach, i.e. how the physical, mental, emotional, and spiritual elements of an individual are interconnected to maintain wellness and health. Holistic approaches focus on the whole person rather than just on the illness or part of the body that is not healthy. They involve the person, when they are unwell, in both the diagnosis and management of their illness.

The second essential element of CAM’s approach is strengthening the innate constitutional vitality and resistance of the person to disease with timely preventive measures and to induce and support the self-healing capacity of the individual to speed up and facilitate their recovery from disease. Illness/disease is considered as a disturbed life process with causes at physical, emotional, social, mental, spiritual levels, rather than a mechanical fault in the human machine or an abnormal entity in the body. Instead of invasive intervention or suppressing the signs and symptoms of an illness, preference is given to assisting the person in the healing and regeneration that they are naturally trying to accomplish. CAM practitioners work with Nature, not against it.

The third core element is the individualised approach. Because of innate constitutional differences, no two individuals will react in exactly the same way to any given stress or pathogenic factor; nor will they respond in exactly the same way to any given food, medication or treatment. Knowing the patient’s constitutional nature and temperament enables the practitioner to adjust and individualise the treatment strategy accordingly for optimum efficacy.

A fourth core element of CAM is salutogenesis, i.e. it focuses on supporting people’s resources and capacity to create health and well-being rather than on risks, ill health, and disease. More specifically, the “salutogenic model” is concerned with the relationship between health, stress, and coping^c.

C Salutogenesis rejects the traditional medical-model dichotomy separating health and illness. Instead it sees the relationship as a continuous variable, the ‘health-ease versus dis-ease continuum’. See further: Lindström B et al (2005) Salutogenesis. *Journal of Epidemiology and Community Health*, 59:440-442



Over the years salutogenesis has become an established concept in public health and health promotion and a change towards a more holistic concept of health has occurred in academic and institutional contexts over the last few decades, but there does not appear to have been a parallel change in the practical domains of Western medicine^D. It is as an approach to healthcare based on understanding salutogenesis that marks the essential difference between Western medicine and CAM. This difference does not lie in the technology and instruments used, but rather in the underlying perspectives on health and ill-health/disease. CAM seeks to strengthen the innate constitutional vitality of the person and their resistance to disease, and to engage their self-healing capacity and resilience in an individualised approach.

A fifth element is the partnership approach where the engagement of the person's innate healing capacity and the motivation of healthy lifestyle change occurs as a function of the therapeutic relationship. The qualities of listening, the experience of being deeply heard as a person, and the engagement of hope and confidence have a significant impact on nervous and immune system functioning, on the uptake of lifestyle change and on the duration of the positive impact of treatment.

D Alonso Y (2004). The biopsychosocial model in medical research: the evolution of the health concept over the last two decades. *Patient Education and Counseling*, 53:239–244

CAM's particular strength is the combination of individualised holistic care, capacity to provide health maintenance, illness prevention and non invasive illness treatment as part of an integrated package. This is highly attractive to users who report a high satisfaction rating.



Continuum between health and ill-health/disease



From the CAM perspective there is a two-way continuum between health and ill-health/disease. In this continuum a person can move from a state of health to ill-health or from ill-health to health. At any point in time, if vitality, willingness, positive lifestyle factors, and natural health generating support, are present a person's innate self-healing capacity works to sustain life and to maintain and restore health. This process can be supported, facilitated and augmented by identifying and removing obstacles to health and recovery, and by supporting and nurturing a healthy internal and external environment.

This remains the case from the maintenance of good health and prevention of illness, right through to the care of serious illness where a balance of appropriate CAM therapies and conventional medical treatment offers the possibility of returning back along the continuum to health.

Good health is maintained and illness prevented through leading a healthy lifestyle and taking dedicated actions to support good health.

Health disorders can be assisted by the use by people themselves, guided by a teacher initially, of disciplines such as Qi Gong, Tai Chi, mindfulness, yoga, etc which stimulate the self-regulatory mechanisms of the person that maintain good health. One of the great advantages of the holistic approach of CAM disciplines is that they can address the early stages of 'becoming unwell', where the person begins to feel out of balance. Early intervention may prevent further movement along the continuum towards ill-health.





Therapies such as shiatsu, massage, reflexology, acupressure, acupuncture, kinesiology, herbal, homeopathic, anthroposophic medicines, and others can be used likewise to treat health disorders. Conventional medicine is used, as is appropriate for the individual, along the continuum of health.

Supplementation of imbalances that are not being replenished by normal self-regulatory mechanisms (food supplements etc.) may be useful at any stage of the continuum.



Why are citizens attracted to CAM?

Several studies have investigated the citizens' motives for choosing CAM¹. The motivations revealed by these studies generally fall into two main categories: 1) reasons that highlight the perceived positive aspects of CAM, or 'pull' factors and 2) reasons that focus on the perceived negative aspects of conventional medicine, or 'push' factors.

The more often cited 'pull' motivations are a desire to take a more proactive role in one's health to have a partnership in healthcare where the individual/patients as a whole and the wider spectrum of their wellbeing and healthcare needs are fully integrated in the consultation and care approach. Citizens expect and value aspects of treatment which provide empowerment and a more holistic view of health and healing that goes beyond simply managing symptoms. They are philosophically aligned with the principles of complementary medicine.

Patients want to be listened to and given proper attention, and seek an approach offering more personal autonomy, input and control over the decision-making regarding their care. They want health professionals who will respect them as partners in their care and who see and understand them as whole human beings.



Many people prefer to try the more gentle and natural therapies first before any harsher or synthetic ones. In addition, they may have had word-of-mouth recommendation from friends and relatives or earlier experiences that CAM is effective in treating many illnesses, especially chronic conditions.

The most common 'push' motivations reported by CAM consumers are dissatisfaction with aspects of conventional medicine, including unpleasant side effects, ineffective treatment, and aspects of the doctor-patient relationship.



Citizens are becoming more and more wary of the dangers of invasive techniques and the toxicity of many conventional drugs – in fact a significant cause of death and hospitalization – and the growing resistance to antibiotics and the resultant superbugs. Consequently they turn to less-toxic and less invasive alternatives when they are available.

Citizens are often dissatisfied with biomedical treatment because it has been insensitive and/or ineffective for their specific problems – many patients consult CAM practitioners only after exhausting biomedical treatments, or with conditions where biomedicine has achieved only limited success or had been unable to offer any relief. In addition, its long-term – or even lifelong – use of drug regimes is often undesired.

Biomedical treatment is often experienced as highly focused on one issue due to the high rate of specialisation in the medical profession and too technologically oriented. Patients often feel that their medical condition is ‘owned’ by the doctor instead of it being a part of themselves.

Citizens have an increased sense of personal responsibility for health and health care, and seek solutions to their problems independently from the opinion of conventional physician. They want the freedom to choose their own therapies, their doctors and their own practitioners, compatible with their needs, values, ethics, world-view, spiritual philosophy or views regarding the nature and meaning of health and illness. CAM therapies respect these and therefore offer an extra dimension to the healing process. These developments have been facilitated by the revolution in information technology, which is enabling easy access to sources of CAM information on the internet.

How is CAM delivered?



Over the years many different models of CAM delivery have developed. They range from the single doctor or practitioner in private practice, through multi-disciplinary CAM clinics where joint approaches to patient care involving cross-referral take place, to CAM doctors and practitioners working collaboratively in conventional healthcare settings such as GP practices and hospital-based in-patient and out-patient clinics.

In the European Union there are approximately 180,000 dual-trained doctors, i.e. trained in conventional medicine and a particular CAM modality including acupuncture, anthroposophic medicine, ayurveda, herbal medicine/phytotherapy, homeopathy, naturopathic medicine, traditional Chinese or Tibetan medicine. They integrate a CAM modality into patient care within the context of general medical practice, conventional specialist practice or full-time CAM practice. CAM treatment is provided within a broader care plan, which includes an awareness of the need for conventional medical diagnosis, prognosis and treatments. CAM is also increasingly practised by dentists and veterinarians.



There are in the order of 300,000 CAM practitioners practising the same CAM modalities as those mentioned above as distinct therapies/disciplines in themselves, as well as other therapies including aromatherapy, chiropractic, kinesiology, massage, osteopathy, reflexology, shiatsu, yoga, qi gong, etc. They offer a whole person approach to health with a focus on supporting the person's health capacities and within which illness is treated according to the distinct diagnostic and treatment methods of the modalities used. This can be on a stand-alone basis and/or complementary to conventional medicine approaches. They practice mostly in private practice but in a growing number of cases in some countries in collaboration with conventional medical practitioners.

CAM practice



The first goal of CAM practices is to attain and maintain good health. An important part of the practitioner's job is diagnostic work: working in close collaboration with the patient in tracking down the imbalance and any possible causative factors. Then with the aid of a specified CAM treatment, advice on change of lifestyle, diet and substance-abuse behaviours, acquisition of stress-reduction techniques and exercise as well as the patient's own commitment to change, the innate regenerative potential of the human individual is to be facilitated, to restore the balance we call health. Since each person is unique, any illness treatment programme, to be most effective, should have an individualized approach.

Health psychology approaches, which are intrinsic to most CAM modalities, aim to teach individuals more adaptive methods of interpreting life challenges and to develop more effective coping responses. Health education in the broadest sense is provided by all CAM modalities individually by the practitioners or through activities in classes.



CAM argues for an integrated treatment approach. In its holistic approach CAM does not replace the biomedical concept of disease. Rather, it goes beyond this concept and seeks to consider all that contributes to good and bad health and to include a wide spectrum of predisposing factors that the average medical doctor mostly (although not necessarily) has neither the time, nor the training to explore.

Among the most common modalities available are acupuncture, ayurvedic, anthroposophic, herbal, and traditional Chinese and Tibetan medicine, naturopathy, as well as body/energy based modalities such as chiropractic, eurythmy therapy, kinesiology, massage, osteopathy, reflexology or shiatsu. Health psychology approaches are designed to modulate the stress response and improve health behaviours by teaching individuals more adaptive methods of interpreting and behaving.

CAM is effective



Over the last few decades an increasing amount of research has been published on the effectiveness of CAM modalities, notably acupuncture, anthroposophic medicine, herbal medicine, homeopathy, massage, reflexology, shiatsu, traditional Chinese medicine and others in peer-reviewed scientific journals². Research ranges from basic science studies related to identifying potential mechanisms of action, to randomized controlled clinical trials in humans and animals, to observational cohort studies, to comparative effectiveness studies, to cost-effectiveness studies and health services research.

Several long-term outcome studies have shown that CAM therapies can be at least as effective as conventional care, with fewer side effects and higher patient satisfaction. Other research studies have shown overall that three quarters of the chronically ill patients achieved a state they described as ‘moderately better’ or ‘much better’³. Studies show that CAM modalities are particularly helpful in motivating and supporting healthy lifestyle change thereby helping people to maintain health and prevent illness.

CAM is low-cost and cost-effective



Supporting good health and prevention of illness is now recognised as having the greatest cost-effective and health outcome potential both for citizens and health systems. Good health is a value in itself and promoting the well being of its peoples is enshrined in article 3 the Treaty of Lisbon. Good health is now also recognised as an economic driver as well as a cohesive force in families and communities. The first goal of CAM practices is to maintain good health and even when used to treat illness it is to engage and strengthen the person's innate capacities for good health.

CAM modalities are typically not centred on high-technology interventions and instead include low-cost treatments. In contrast with conventional prescription drugs, homeopathic and anthroposophic medicines are generic, non-patented and non-patentable medicinal substances, produced at low costs. Moreover, they do not imply any costs associated with iatrogenic illness.



CAM modalities can often be used as a first option in certain problems, keeping more costly biomedical drugs as a second option. These help to prevent the often long-term dependency on conventional medication and to reduce the enormous burden of mortality and morbidity caused by the adverse effects of conventional biomedical drugs and the ever-increasing resistance to antibiotics.

The use of CAM modalities may therefore offer significant cost savings to public health systems and to the economy more widely. Several research studies have demonstrated that patients who were treated with acupuncture or anthroposophic medicine, homeopathy, reflexology or shiatsu and other therapies used fewer medications, had better health, fewer days off sick, and fewer visits to medical specialists than patients of conventional physicians⁴, all of which can contribute to long-term compound savings in health budgets.

During the last three years the cost-effectiveness of acupuncture according to international benchmarks was determined for headache, low back pain and neck pain⁵, which account for large amounts of absenteeism amongst Europe's workforce. Some economic evaluations



demonstrated that patients whose GP had taken additional training in a particular CAM therapy had substantially lower health care costs and lower mortality rates than GP without such training⁶. The lower costs result from fewer hospital stays and fewer conventional biomedical drugs. The wider economic savings made through reducing absenteeism by patients or those caring for them are less easy to quantify but are nonetheless implied.

Lifestyle Modification Programs (LMPs) are group-based behaviour modification interventions that support patients at high risk to undertake sustained lifestyle and behaviour change to prevent or delay the onset of developing chronic disease. The Dr Dean Ornish Program for Reversing Heart Disease is a good example of such a programme. It includes improved physical conditioning through low impact aerobic exercise and strength training, relaxation techniques to help cope with and reduce stress, low-fat, whole foods nutrition plan, and group support to enable participants to deal with the emotional issues that contribute to, or result from, heart disease. It can reverse coronary heart disease without drugs or invasive surgical procedures such as arterial bypasses or angioplasty⁷. This approach costs about \$7,000 (€ 5,500) per patient, which is only a fraction of the costs for cholesterol-lowering, anti-hypertensive and anti-anginal medications, which may amount to thousands of Euros per year or tens of thousands Euros for life, assuming that the patient lives thirty or forty more years, let alone the costs for coronary bypass surgery and angioplasty (also tens of thousands of Euros).



CAM is safe



CAM is generally considered safe and this is a major reason for its popularity. Individual risk levels may however vary from one CAM therapy to another but adverse effects noted in research literature are rarely of a serious nature. Herbal medicines may present a greater risk of adverse effects and interaction with conventional medicines but the evidence for this is quite incomplete. Herbal medicinal products can be acceptably safe if used properly and under the guidance of a professional.

EU statistics reveal that 8-12% of patients admitted to hospital suffer adverse events while receiving care and at least 198,000 patients die each year from medical errors whether from adverse drug reactions, antibiotic resistant micro-organisms, wrong diagnosis or surgical error^E. The costs of dealing with the consequences of these events run into billions of euros annually. The high safety profile of CAM is a concrete reason for its approaches to be integrated into health systems, thereby reducing the need for more high-risk interventions which inevitably pose more risks to patient safety.

E www.ec.europa.eu/health/patient_safety/policy/index_en.htm
www.encepp.eu/publications/documents/NewlegislationonPharmacovigilance.pdf

Professional CAM associations consider user safety as paramount and have therefore established guidelines for training, certification and practice, as well as codes of ethics and complaints procedures.



Regulation of CAM

The extent to which countries have established a statutory regulation of CAM and how such regulation is implemented varies widely. Some countries have government-administered regulations or laws about the practice of CAM in general, some regulate specific CAM therapies, while the majority of the national health systems do not recognise or regulate CAM at all.

In 18 out of 29 EU and EEA countries a small number of specific CAM therapies are statutorily regulated although wide variations exist throughout Europe regarding the types of CAM that are regulated. In each country the supervising body (national health authorities or national medical association), defines which type of CAM is considered “responsible professional conduct” when provided by statutorily regulated health personnel. In some countries the practice of CAM by regulated personnel is severely restricted, while in other countries regulated personnel may perform CAM quite freely.

The CAM professions are actively seeking regulation appropriate to the range and scope of practice of the different modalities both in the interests of safe and informed access by the public and of the professional development of the modalities.

The availability of CAM products, including homeopathic, anthroposophic and herbal medicinal products and food supplements, is increasingly being threatened by unnecessarily onerous requirements and restrictions that are leading to prohibitive costs for manufacturers. In contrast to usual prescription drugs, CAM products are generic, non-patentable substances. The decreasing availability thwarts the growing demand of European citizens for more natural, health enhancing, low-risk medicinal products and food supplements.

There is urgent need to include the CAM modalities into the EU regulations about the health workforce and to develop a more appropriate legal framework for CAM products that allows their continuing viability.



CAM training and education



Most training in CAM in Europe is designed and delivered by private teaching centres for each CAM modality. Curriculum content, knowledge and skill level, and examination procedure is overseen by the professional bodies based on defined standards of training and particular systems of accreditation, registration and on-going CPD/CME of CAM health professionals.

CAM training and education for medical doctors is mostly provided through privately run schools and courses, but also at a number of European universities as postgraduate training courses. Professorial chairs of CAM exist in at least 8 EU Member States, in some Member States also chairs in a specific CAM modality. Familiarisation courses about CAM modalities are provided in the medical undergraduate curriculum in most EU countries; they are optional in most countries, obligatory in some.



CAM training and education for practitioners is also mostly provided through privately run schools and courses. Given the diverse range of CAM modalities the level of these trainings extends from the equivalent of Third Level Certificate to Masters Degree although they are not codified or formally recognised as such. Most of the training is accredited by accreditation systems of the professional bodies which independently of the training providers assess or approve either the School programmes and/or assess the competence of the prospective individual practitioner following completion of a School training programmes. There are a small number of Bachelor courses in a few countries that are validated by universities.



The CAM professions are working with both Health and Education authorities on a national level to institute state recognised training courses and accreditation. A much faster take up of these initiatives and progress towards European level awards and mutual recognition is desired.

Health Workforce



In many countries health systems are losing health professionals. At the same time there is an increasing desire among citizens to take control of their health, and an acceptance that maintaining good health is a fundamental key to controlling healthcare costs. The sustainability of health services requires a shift towards health promotion and prevention of illness, and, towards more cost-effective treatment of illness. There is in the order of 480,000 CAM health professionals available to contribute to this shift in health service provision. Health for growth requires substantially more actual healthy longevity. CAM professionals are very well placed to deliver health education, prevention strategies and longer lasting effective treatment of illness.

Antimicrobial resistance

Both the WHO and the EU have identified antimicrobial resistance as a major crisis facing the health systems of all countries worldwide. The pharmaceutical industry is struggling to find new antibiotics to replace the failing older products. The European Centre for Disease Prevention and Control estimates that antimicrobial resistance (AMR) results each year in 25 000 deaths and related costs of over €1.5 billion in healthcare expenses and productivity losses. In the light of this crisis in order to reduce the use of antibiotics CAM can contribute to the greater efforts needed to encourage healthy lifestyles reducing the need for antibiotic use. In addition alternatives to antibiotics such as herbal and homeopathic medicine must be seriously considered and investigated by the EU, both for human health and animal health. Widespread use of antibiotics in the animal food industry has been a major contributor to the rise in resistance.

Sustainable health systems



While the organisational structure and funding mechanisms of State health systems varies across Europe, the reliance on the biomedical model of healthcare with all the associated costs, inefficiencies, inequality of access and patient dissatisfaction is common to almost all, to a greater or lesser degree.

Current economic constraints have exacerbated all these deficiencies resulting in greater inequalities of access and care than before and unsustainable cost overruns. With the increasing costs of the treatment of chronic disease, the apparently inevitable increase in costs associated with an ageing population and the increasing costs of medical technologies there appears little prospect that resources can match demand. In addition, although it is universally accepted that health maintenance and prevention is the most cost effective method of sustaining healthy populations, the spend percentage on Public health remains stubbornly at around a tiny 3% of health spending.

Systemic change is required. What CAM offers to this is a model for healthcare delivery based on supported self-responsibility and health literacy designed to drive supported health maintenance and prevention of illness. The CAM model also offers cost sustainability through greater prevention, through less costly interventions and through their potential for longer lasting outcomes of treatment. There is a small but growing amount of evidence to show that the introduction of CAM into primary care can improve morbidity and mortality while reducing healthcare costs⁸.



Access and health inequalities

Analysis of the relation between health and socio-economic status consistently reveals better health is enjoyed by those with higher economic status. Similarly use of CAM is associated with those with higher economic status. While a direct relation between these two sets of data remains to be firmly established, the fact that access to the benefits of CAM are currently only available to those who can afford to pay for them, and know about them, is a clear matter of inequality of access to the potential of CAM to contribute to the health of EU citizens.

CAM can contribute in several ways to reducing health inequalities. Several CAM modalities combine basic health education with treatment of illness which can be delivered both on an individual basis, in community settings and within formal education. Delivery is personalised with a high motivation capacity leading to the desire for and uptake of personal responsibility for health and to a level of health literacy that can impact prevention of illness. In addition the use of more cost effective CAM interventions in treatment of illness makes more resources available for the programmes necessary to reduce health inequalities.



Health for growth

Addressing inequalities and sustainability, and shifting the emphasis more towards health maintenance and prevention are the keys to providing the level of healthy and productive population longevity that Europe needs. Many parts of the health sector can contribute to these new technologies, tele-medicine for example. CAM is the single major innovation available in Europe whose time has come and whose potential awaits introduction.



European CAM organisations

PATIENTS' ORGANISATIONS

EFHPA - European Federation of Homeopathic Patients' Organisations

WWW.EFHPA.EU

EFPAM - European Federation of Patients' Associations for Anthroposophic Medicine

WWW.EFPAM.EU

DOCTORS' ORGANISATIONS

ECH - European Committee for Homeopathy

WWW.HOMEOPATHYEUROPE.ORG

ECPM - European Council of Doctors for Plurality in Medicine

WWW.ECPM-EUROPE.CH

EROP - European Register for Osteopathic Physicians

WWW.EROP.ORG

EURAMA - European Ayurveda Medical Association

WWW.AYURVEDA-ASSOCIATION.EU

ICMART - International Council of Medical Acupuncture and Related Techniques WWW.ICMART.ORG

IVAA - International Federation of Anthroposophic Medical Associations

WWW.IVAA.INFO

ECH, ECPM, ICMART and **IVAA** are united in **CAMDOC** Alliance

WWW.CAMDOC.EU

PRACTITIONERS' ORGANISATIONS

ANME - Association of Natural Medicine in Europe
WWW.ANME.INFO

EUAA - European Ayurveda Association
WWW.EUROAYURVEDA.COM

ECCH - European Central Council of Homeopaths
WWW.HOMEOPATHY-ECCH.ORG

ECU - European Chiropractors' Union
WWW.CHIROPRACTIC-ECU.ORG

EFO - European Federation of Osteopaths
WWW.EFO.EU

ESF - European Shiatsu Federation
WWW.SHIATSU-ESF.ORG

ETCMA - European Traditional Chinese Medicine Association
WWW.ETCMA.ORG

EHTPA - European Herbal & Traditional Medicine
Practitioners Association
WWW.EHTPA.EU

RiEN - Reflexology in Europe Network
WWW.REFLEXEUROPE.ORG

ESF, ETCMA and **RiEn** are united in **EFCAM** - European Federation
of Complementary and Alternative Medicine
WWW.EFCAM.EU

Relevant EU Health Policy Organizations

HEADS OF AGENCIES

WWW.HMA.EU

Registration and market authorisation of medicinal products, including homeopathic and anthroposophic medicinal products, in the European Union and Norway, Iceland, and Liechtenstein.

HMPWG - HOMEOPATHIC MEDICINAL PRODUCTS WORKING GROUP

WWW.HMA.EU/79.HTML

An expert group of the Heads of Agencies, dealing with regulatory issues of homeopathic and anthroposophic medicinal products. On their website several guidance documents can be found.

HMPC - COMMITTEE ON HERBAL MEDICINAL PRODUCTS

WWW.EMEA.EUROPA.EU

The HMPC at the European Medicines Agency provides EU Member States and European institutions its scientific opinion on questions relating to herbal medicinal products. The HMPC's activities aim at assisting the harmonisation of procedures and provisions concerning herbal medicinal products laid down in EU Member States, and further integrating herbal medicinal products in the European regulatory framework.

EDQM - EUROPEAN DIRECTORATE FOR THE QUALITY OF MEDICINES AND HEALTHCARE

WWW.EDQM.EU

Part of the administrative structure of the Council of Europe, this department provides recognised common standards for use by health-care professionals and others concerned with the quality of medicines including homeopathic medicines. The European Pharmacopoeia monographs and other texts are designated to be appropriate to the needs of regulatory authorities, those engaged in the control of quality, and manufacturers of starting material and medicinal products; it contains several monographs on homeopathic medicines.

Relevant Global Organisations

WORLD HEALTH ORGANIZATION

WWW.WHO.INT/MEDICINES/AREAS/TRADITIONAL/EN/

The WHO uses the term 'traditional medicine' when referring to Africa, Latin America, South-East Asia and/or the Western Pacific, whereas 'CAM' is used when referring to Europe and/or North America (and Australia). When referring in a general sense to all of these regions, the WHO uses the comprehensive term TM/CAM.



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Evidence for the effectiveness of homeopathy can be found at:

- www.homeopathyeurope.org/Research/clinical-research/experimental-studies

Systematic reviews for herbal treatments can be found at:

- www.healthinsite.gov.au/topics/Systematic_Reviews_of_Herbal_Treatments

Systematic reviews for traditional Chinese medicine can be found at:

- www.healthinsite.gov.au/topics/Systematic_Reviews_of_Chinese_Traditional_Medicine

Systematic reviews for acupuncture treatments can be found at:

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