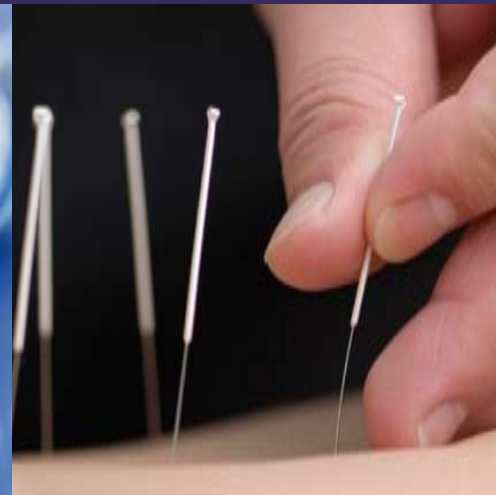


MARCH 2008



# Complementary Medicine

ITS CURRENT POSITION AND ITS POTENTIAL  
FOR EUROPEAN HEALTHCARE



MARCH 2008

---

# Complementary Medicine (CAM)

Its current position and its potential  
for European healthcare

---

This is a joint publication by the European Committee for Homeopathy (ECH), the European Council of Doctors for Plurality in Medicine (ECPM), the International Council of Medical Acupuncture and Related Techniques (ICMART) and the International Federation of Anthroposophic Medical Associations (IVAA), representing 132 medical CAM associations across Europe (see Annex 2).

EUROPEAN COMMITTEE FOR  
HOMEOPATHY (ECH),  
chaussée de bruxelles 132, box 1,  
1190 brussels, belgium.  
www.homeopathyeurope.org  
email: info@homeopathyeurope.org

EUROPEAN COUNCIL OF DOCTORS  
FOR PLURALITY IN MEDICINE (ECPM),  
1 rue goethe, 67000 strasbourg, france.  
www.ecpm.org email: info@ecpm.org

INTERNATIONAL COUNCIL OF  
MEDICAL ACUPUNCTURE AND  
RELATED TECHNIQUES (ICMART),  
rue de l'amazone 62, 1060 brussels,  
belgium www.icmart.org  
email: fbeyens@arcadis.be

INTERNATIONAL FEDERATION OF  
ANTHROPOSOPHIC MEDICAL  
ASSOCIATIONS (IVAA),  
rue du trône 194, 1050 brussels,  
belgium www.ivaa.info  
email: peter.zimmermann@ivaa.info

## Definitions of Complementary medicine (CAM)

---

Several definitions of Complementary Medicine or Complementary and Alternative Medicine (CAM) are currently used. Complementary medicine is commonly used to refer to those methods which can be used alongside or to ‘complement’ conventional medicine, alternative medicine often refers to the use of therapies as substitutes for conventional medical treatment but the distinction between alternative and complementary medicine is not absolute and may depend on the context. The term ‘Complementary and Alternative Medicine’ (CAM) has become widely accepted to include both approaches, particularly since it was adopted by the US National Institutes of Health for the creation in 1998 of the National Center for Complementary and Alternative Medicine (NCCAM). CAM was conceived as “a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine”.

The World Health Organization defines CAM as follows: “CAM refers to a broad set of health care practices that are not part of a country’s own tradition and not integrated into the dominant health care system”. The Institute of Medicine in the USA in 2005 adopted the following definition: “Complementary and Alternative Medicine (CAM) is a broad domain of resources that encompasses health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the dominant health system of a particular society or culture in a given historical period. CAM includes such resources perceived by their users as associated with positive health outcomes. Boundaries within CAM and between the CAM domain and the domain of the dominant system are not always sharp or fixed” .

Another common definition is that used by the Cochrane Complementary Medicine Field: “Complementary medicine includes all such practices and ideas which are outside the domain of conventional medicine in several countries and defined by its users as preventing or treating illness, or promoting health and well being. These practices complement mainstream medicine by

- 1 contributing to a common whole,
- 2 satisfying a demand not met by conventional practices, and
- 3 diversifying the conceptual framework of medicine.”

Although there is no consistent definition of CAM nor a recognized taxonomy to organize the field, the categorization by NCCAM is commonly used, as follows:

- Whole Medical Systems: medical systems of theory and practice e.g. ayurveda, anthroposophic medicine, homeopathy, naturopathic medicine, traditional Chinese medicine
- Mind-Body Medicine: minds capacity affects bodily functions e.g. meditation, imaging
- Biologically Based Practices: use of natural substances e.g. herbs, vitamins
- Manipulative and Body-Based Practices: chiropractic, osteopathy, massage
- Energy Medicine:
  - Biofield Therapies: affect energy fields of the human body
  - Bioelectromagnetic based therapies: use of electromagnetic fields

## The upsurge of CAM

---

Although Western/conventional medicine has brought much good, Europe is confronted with ever increasing health care expenditure, an increasing prevalence of chronic diseases and failure of effectively managing them, a huge burden of morbidity and mortality due to the toxicity of prescription drugs<sup>1</sup>, and a growing resistance to antibiotics<sup>2</sup>, reflected in the growing problem of hospital super bugs. Patients are becoming growingly worried about the adverse effects and toxicity of many conventional drugs and the inability of conventional medicine to provide adequate clinical effectiveness for chronic diseases. Increasing numbers of patients, therefore, look for less-toxic alternatives, especially in the case of chronic illness. Current citizens' attitudes towards health include a preference for natural treatments and products over chemical drugs, a holistic view of health, a belief in individual responsibility for achieving health, less unquestioning acceptance of medical authority and anti-technology sentiments.

CAM is becoming increasingly popular in Europe with up to 65% of the population reporting that they have used this form of medicine<sup>3</sup>. Approximately 30-50% of the European population use CAM as self-support and 10-20% of the European population has seen a CAM physician/practitioner within the previous year. Many mainstream general practitioners share their patients' concerns about conventional medicine. Over the last 15 years they have moved from a position of silent interest to one of open enquiry and growing use. Large numbers of mainstream doctors are either referring to CAM practitioners or practising some of the more prominent and well-known forms of CAM<sup>4</sup>. Moreover, many doctors believe that these therapies are useful or efficacious. A major response to these changes is the growing number of practitioners of the various CAM modalities who have organized themselves in professional groupings underpinned with appropriate education and training.

In the European Union there are approximately 150,000 medical doctors who have taken training courses in a particular CAM therapy such as acupuncture, homeopathy, anthroposophic medicine or natural medicine, with figures for each therapy that are comparable to those of mainstream medical specialties. Most doctors practising CAM work in the ambulatory sector as GPs or medical specialists (any sort of specialty), in several European countries some of them work in mainstream hospitals including university teaching hospitals.

In spite of the impressive growth of CAM, overall the current legal situation of CAM across Europe is patchy<sup>5</sup>. The European Parliament, the Council of Europe and the WHO have each adopted resolutions that call on the Member States to start a national policy on CAM. However, a recent WHO global survey<sup>6</sup> shows that only a few countries have a national policy, laws or regulations on CAM, some countries only regulate specific CAM therapies, and other countries have no national policy, laws or regulations on CAM at all or even have no plans to establish these.

## *Citizens' decisions about their health and their motives for choosing CAM*

---

Today's European citizens have started to feel themselves responsible for their own lives and their own health. This right of self-determination may, in fact, be considered a basic right of European citizens. They want to make their own informed choice of therapy whether it belongs to conventional medicine or CAM. Most users of CAM do not want to give up conventional medicine, but rather want to choose the medical approach that seems to produce the best result in certain situations or that fits into their life style. The ability to make their own choices and the capacity to use the resources available is key within the concept of salutogenesis<sup>7</sup>, a concept that has become established in public health and health promotion, and that focuses on resources, maintains and improves the movement towards health.

Several authors have investigated the citizens' motives for choosing CAM treatment options<sup>8</sup> and concluded that the following factors play a role:

- The most important reason is the patient's dissatisfaction with biomedical treatment because it has been ineffective – the vast majority of 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.
- Patients are becoming more and more worried about issues such as the adverse effects and toxicity of many conventional drugs – in fact a major cause of death and hospitalization – and the growing resistance to antibiotics. They look for less-toxic alternatives and visit a GP or clinic providing CAM therapies.
- Patients want to be given time and to be listened to, and seek alternative therapies because they see them as less authoritarian with more personal autonomy, input and control over the decision-making regarding their care. They are also looking for a more intimate relationship with their health care providers. They want health professionals who will respect them as partners in their care and who see and understand them as whole people with complex lives, not just 'lesions' and lab values. Biomedical treatment is seen as impersonal and too technologically oriented.
- CAM therapies are attractive because they are seen as more compatible with patients' values, ethics, world-view, spiritual philosophy or beliefs regarding the nature and meaning of health and illness. These developments have been facilitated by the revolution in information technology, which is enabling easy access to sources of CAM information on the internet.

## *Citizens' need for proper information*

---

According to the WHO Guidelines on Developing Consumer Information on Proper Use of Traditional, Complementary and Alternative Medicine (2004) “it is extremely important to create the conditions for the correct and appropriate use of CAM which, if used correctly, can contribute to the protection and the enhancement of citizens' health and well being. One such condition is the need to make sure that consumers are better informed and aware of CAM strategies and treatments so as to enable them to make appropriate decisions on how to improve their health. [...] The long-term goal is to maximize the benefits and minimize the risks of CAM use by empowering consumers to become active participants in health care and to make informed choices”<sup>9</sup>.

These guidelines ‘provide governments and other stakeholders with an overview of the general principles and activities necessary for the development of reliable consumer information’. The document is also meant to be ‘a useful reference to consumers in guiding them on the information they need to have in order to choose a TM/CAM therapy that is safe and effective’. The long-term goal of the WHO is to empower consumers to become active participants in health care and to make informed choices.

The WHO suggests that general consumer information regarding CAM may include the following key issues:

- The importance of the need to take charge of one's own health by being an informed consumer.
- The need for all providers, both conventional health care providers and CAM practitioners, to be aware of the major CAM and conventional therapies in use in order to promote the best treatment strategy to meet the patient's specific needs and prevent potentially dangerous interactions.
- The importance of ensuring that the provider is competent and provides CAM services and products of quality.
- Where relevant, the need for consumers to find out about standard charges and possible health insurance coverage for CAM therapies.

## *Holistic approach and the contribution of CAM*

---

Most CAM therapies are based on a holistic approach to the individual patient and are primarily aimed at restoring and promoting health, an approach which is increasingly gaining a more central position in public health. Since the holistic model views most illness and disease as the direct consequence of imbalance in the individual's environment, habits and/or way of living, which is potentially correctable, an important part of the practitioner's job is detective work: working in close collaboration with the patient in tracking down the pathogenic imbalance, and then with the aid of

---

natural treatments and medicines and the patient's own commitment to change, facilitating the healing power of nature, *vis medicatrix naturae*, to restore the balance we call health.

Holism does not reject the biomedical concept of disease, nor does it attempt to replace it with its own. Rather, it seeks to include all that expand this concept to include a wide spectrum of predisposing factors that the average medical doctor typically (although not necessarily) has neither the time, the interest, nor the training to explore.

Since each person is unique, the treatment programme, to be most effective, must be individualized. CAM practitioners may prescribe a package of care, which would include modification of lifestyle, dietary change, reduction or elimination of substance-abuse behaviours, acquisition of stress-reduction techniques and exercise as well as making a specific CAM medicinal prescription (herbal, homeopathic or anthroposophic medicines) or giving a bodily treatment (acupuncture, osteopathy, chiropractic, shiatsu, reflexology, massage or body exercises etc.). Health psychology approaches are designed to modulate the stress response and improve health behaviours by teaching individuals more adaptive methods of interpreting life challenges and more effective coping responses.

## *Holistic approach, salutogenesis, and the contribution of CAM*

---

The holistic model describes interactions between mental, psychosocial and biological factors in the cause and progression of illness and disease. How an individual interprets and responds to the outer and inner environment determines responses to stress, influences health behaviour, contributes to the neuro-endocrine and immune response, and may ultimately affect health outcomes. The actual manifestation of disease is always multi-causal and depends on the conjunction of precipitating mental, psychosocial and pathogenic factors, along with the individual's constitutional susceptibilities in general and in particular organ systems. Environmental hazards, infectious agents and psychological stressors are destabilizing factors, whereupon internal system agents act or are ready to act to maintain constancy or homeostasis. Disease is a failure of adaptive response, resulting in disruption of the overall equilibrium of the system. Within the holistic model health is not merely the absence of disease, but the ability of an organism to respond adaptively to a wide range of environmental hazards, infectious agents and psychological stressors.

Within the concept of salutogenesis<sup>10</sup> health is seen as a movement in a continuum on an axis between total ill health (dis-ease) and total health (ease), in which it is more important to focus on peoples' resources and capacity to create health than the classic focus on risks, ill health, and disease. This ap-



---

proach is increasingly gaining a more central position in public health and health promotion research and practice. The ability to comprehend the whole situation and the capacity to use the resources available is called ‘sense of coherence’. This capacity is a combination of peoples’ ability to assess and understand the situation they were in, to find a meaning to move in a health promoting direction, also having the capacity to do so—that is, comprehensibility, meaningfulness, and manageability. The beauty of the conceptual world of the salutogenesis is its dynamic and flexible approach and the persistent focus on ability and capacity to manage. There is evidence (Surtees et al.<sup>11</sup>) demonstrating that a strong sense of coherence is associated with a 30% reduction in mortality from all causes, cardiovascular disease and cancer, independent of age, sex, and prevalent chronic disease. In the final report of the European Masters for Health Promotion (EUMAHP) this sense of coherence is also used as a learning principle.

Most CAM therapies are based on a holistic approach of the individual patient and are primarily aimed at promoting health rather than defeating disease, in other words giving importance to salutogenesis in addition to pathogenesis. The holistic CAM practitioner typically sees each patient as unique and tailors their advice to fit the patient’s life, rather than expecting him/her to adapt to a standard set of recommendations. CAM therapies involve the patient as an active partner in his/her care, with an emphasis on patient education concerning how they can best improve their health.

## *Aim is optimum health*

---

According to the holistic CAM model, health is not merely the absence of disease or infirmity, but the ability of an individual to respond adaptively to a wide range of environmental challenges, e.g. physical, chemical, infectious, psychological, etc. Disease is the default negative value resulting from a failure to maintain optimum health, a failure of adaptive response, resulting in disruption of the overall equilibrium of the system. Consequently, the way to treat disease is not so much to attack the symptoms or the immediate underlying pathology as it is to restore the patient to a state of overall health.

It is the aim of CAM to bring about a condition of individual optimum health, not just the absence of symptoms of disease. It is this focus upon health rather than disease which is largely responsible for the nature of holistic medicine and its effectiveness for disease prevention, early diagnosis, and the treatment of sub-clinical and chronic disease. The pre-disease state, the area between complete symptom-free wellbeing and actual disease is viewed as a lack of health needing attention.

It should be emphasised that the holistic practitioner is not drawing attention merely to the obvious predisposing factors, such as smoking in the case of lung cancer or fat and cholesterol in the case of

---

heart disease. Dozens of other factors may predispose one towards cancer and simultaneously detract from optimum health. Many may seem to have nothing to do with cancer per se, but instead weaken the immune system's ability to resist cancer, as well as other diseases. The holist is more concerned with the multiple factors that contribute to overall health, but taken individually are often neither necessary nor sufficient for the occurrence of specific diseases. According to Rosenman<sup>12</sup>, it appears prudent to pay increased attention to the individual who possesses a risk factor, and not the risk factor per se.

## *Therapeutic partnership and patient empowerment*

---

Most CAM practitioners employ a holistic approach to treatment which focuses on the emotional and spiritual well-being of their patients, as well as their physical health. The holistic model of health and disease shifts a greater responsibility not only for health maintenance, but also for treatment of disease, from the provider to the patient. Holistic CAM practitioners encourage people to use and to recognise their own self-healing abilities and to develop more active approaches to life and health. They involve the patient as an active partner in his/her care, with an emphasis on patient education concerning how they can best improve their health. They contribute to the patient's autonomy by restoring their own natural systems for fighting disease and maintaining health and rely on input from their patients to keep them informed about changes in lifestyles, moods and attitudes.

Patients' primary motivation to see a CAM practitioner is their continuing search for relief from chronic problems. Studies have demonstrated<sup>13</sup> that the patients of CAM practitioners have more independent and self-reliant views and typically believe each patient should have the main responsibility for their own health and decisions about which kind of treatment to pursue, whereas most patients who do not use CAM therapies believe that their doctors should play the key role (the traditional paternalistic doctor-patient-relationship). CAM patients argue that each kind of practitioner has distinctive skills and expertise and that they want to select different healing options, depending on their particular situation. Their relationships with their practitioners are largely pragmatic; if the practitioners could help them, they would continue to see them; if not, they would move on to try another practitioner or another kind of therapy. CAM patients report that they typically work as partners with their practitioners in the healing process by accepting responsibility for their own care. They are more likely than the average patient to pay attention to their diet, posture, sleep patterns and exercise regimens. The concept of self-care requires a daily conscious focus on one's physical, mental, and emotional state and the ability to take corrective action whenever imbalance is sensed.

The following table shows the differences between the holistic and biomedical model:

MODEL	CAM/HOLISTIC MEDICINE	BIOMEDICINE
	Body/mind as an adaptable, flexible and creative system interlinked with other systems	Mind/body separation; body as an object, a complex, but predictable machine
Emphasis	Health	Disease
Priority	Prevention	Repair, neutralisation, normalisation
Diagnostic focus	What made this person susceptible to disease? Causes on physical, emotional, social, mental, spiritual level	What is wrong in this person and has to be fixed? Localised tissue disruption & specific pathogen
Treatment approach	Mobilising and stimulating an individual's regenerative capacities ( <i>vis medicatrix naturae</i> ), restoring balance to the whole psychosomatic system	Eradicating, neutralising or managing a physical problem, intervening in disease pathway, symptomatic, mechanistic
Individualization/standardization	Individualization of care	Standardization of care (protocols)
Long-term/short-term	A long-term focus on creating and maintaining health and well-being	Offensive intervention with emphasis on short-term results
Military metaphor for therapy	Stimulate the home forces	Search and destroy the invader
Patient/physician relationship	Authority and responsibility inherent in each individual, co-operative partnership, empowering	Authority and responsibility inherent in practitioner and not patient, disempowering

## CAM as a safe complement or alternative to conventional medicine

While biomedicine has had extraordinary successes with many acute illnesses such as pneumonia and heart conditions, it has not been able to offer much assistance to their patients who suffer with chronic problems. Biomedicine continues to rely on its existing armamentarium of solutions such as drugs and surgery for conditions which require different and less drastic approaches. CAM therapies, however, have much to offer; they can often be used as a first option in certain problems, keeping more costly, more invasive and potentially toxic treatment as a second option, which is in accordance with the basic medical principle, originally ascribed to Hippocrates, 'Primum non nocere' meaning 'First, do no harm'. The risks generally related to CAM therapies are rather low when appropriately prescribed and used. These therapies may therefore 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 prescription drugs and the ever-increasing resistance to antibiotics.

---

Individual risk levels may however vary from one CAM therapy to another. Only in rare circumstances acupuncture can produce the complications associated with any type of needle use, which can be avoided by basic standards of good practice<sup>14</sup>. Homeopathic and anthroposophic medicinal products have shown to be very safe<sup>15</sup>. Herbal medicines, although many of them have good safety profiles, may probably present a greater risk of adverse effects and interaction than other CAM therapies<sup>16</sup>. The evidence regarding the nature and incidence of adverse effects of herbal medicines is highly incomplete<sup>17</sup>. Only relatively few clinical cases of interactions between herbal medicines and prescription drugs have been documented in the medical literature<sup>18</sup>, but it must be borne in mind that herbal medicines can be taken over an extended period of time, which provides the opportunity for enzyme induction and other mechanisms of interaction to take effect<sup>19</sup>. Nevertheless, adverse effects from herbal medicinal products are more infrequent than the equivalent conventional treatment; herbal medicinal products can be acceptably safe if used properly and under the guidance of a professional.

Risks also include adverse events following sub-standard practices or the misuse of TM/CAM by unqualified practitioners. These indirect risks may occur, when CAM practitioners are not fully trained; when practitioners do not follow the professional code of ethics; when practitioners disregard possible interactions with conventional prescription drugs and contra-indications; when practitioners do not make a comparative assessment as to the therapeutic possibilities of CAM versus any necessity of other interventions, including biomedicine, or when the treatment is not adjusted or modified according to the condition or constitution of the patient. The European medical CAM associations ECH, ECPM, ICMART and IVAA have therefore established guidelines for training, certification and practice.

## *CAM as an effective complement or alternative to conventional medicine*

---

CAM therapies are not only safe, they are also effective: over the last few decades an increasing amount of research has been published on the effectiveness of CAM therapies, notably homeopathy, acupuncture, herbal medicine and anthroposophic medicine, in peer-reviewed scientific journals. Research ranges from basic science studies related to identifying potential mechanisms of action, to randomized controlled clinical trials in humans and animals, to cost-effectiveness studies and health services research. There is an increasing body of clinical evidence for the effectiveness of some of the well-known CAM therapies. Several long-term outcome studies have showed that e.g. homeopathy, acupuncture and anthroposophic medicine can be at least as effective as conventional care, with fewer side effects and higher patient satisfaction<sup>20</sup>. Other research studies have shown overall that three quarters of the chronically ill patients achieved what they described as ‘moderately better’ or ‘much better’. A number of randomised clinical trials have shown homeopathy and acupuncture superior to placebo; others have shown them to have at least equal effectiveness to conventional treatments.

---

There exist a number of treatments for specific ailments where the implementation of CAM therapies may offer significant cost savings to public health bodies, and to the economy more widely, and others in which additional benefits to patients may be obtained cost effectively<sup>21</sup>. Until 2004 more than 50 economic evaluations have been published and about half of them have found lower cost for CAM than for regular care. 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. Several research studies have demonstrated that patients who were treated with homeopathy, acupuncture or anthroposophic medicine used fewer medications, had better health, fewer days off sick, and fewer visits to medical specialists than patients of conventional physicians.

During the last three years the cost-effectiveness of acupuncture according to international benchmarks was determined for headache, low back pain and neck pain, which account for large amounts of absenteeism amongst Europe's workforce. For homeopathy, two economic evaluations have recorded the outcomes and costs of treatment by German and French General Practitioners (GPs) who integrate homeopathy in their practice, and compared them with GPs who do not. The results of both studies are congruent: GPs who integrate homeopathy in their practice achieve better results for similar costs. Cost-effectiveness of anthroposophic medicine was demonstrated in the Swiss PEK study (Program Evaluation Komplementärmedizin). In the UK mainly studies for spinal manipulation and acupuncture were performed and the incremental costs for one additional year of perfect quality of life (1 QALY) due to the CAM treatment have been found to be about € 15,000.

## *Need for CAM research*

---

Research in CAM has been seriously hampered by a lack of research infrastructure and funding, lack of research expertise among CAM practitioners, lack of appropriate research models and strategies as well as the scepticism of the conventional scientific community. Whilst CAM may improve health, reduce disease, and reduce health costs, the CAM industry alone cannot be expected to support the research to answer these questions. This is partly because of the lack of financial incentives for industry, and partly because, like mainstream medical research, there is a social responsibility for government to fund such research. There is a huge disparity between public funding for conventional drug research and that for CAM research. Funding by the industry is limited by the fact that homeopathic and herbal medicines are generic and cannot be patented; thus there are no large profits to be made from investments in research as for many new biomedical drugs.

---

Notably in the USA, the national authorities have taken the growing demand for CAM seriously. In 1998 the Congress established the National Center for Complementary and Alternative Medicine (NCCAM) at the National Institutes of Health that is charged to ‘conduct basic and applied research (intramural and extramural), research training, and disseminate health information and other programmes with respect to identifying, investigating, and validating CAM treatments, diagnostic and prevention modalities, disciplines and systems’. Its annual budget is \$ 120 million (approx. € 80 million). To date the NCCAM has funded 10 university-based centres for research on CAM. ‘Seed’ funding and dedicated funding provided some impetus to establish and continue an effective CAM research program. Over the last decade, some Western-European countries (Denmark, Germany, Norway, the Netherlands and the UK) have granted some money for research projects in CAM.

## Supranational CAM policy recommendations

---

Both the European Parliament and the Council of Europe advocate the official recognition of CAM. The Parliament, in its resolution of May 1997, called on the European Commission

- a. to launch a process of recognizing non-conventional medicine and, to this end, to take the necessary steps to encourage the establishment of appropriate committees;
  - b. to carry out a thorough study into the safety, effectiveness, area of application and the complementary or alternative nature of all non-conventional medicines and to draw up a comparative study of the various national legal models to which non-conventional medical practitioners are subject;
  - c. to make, in formulating European legislation on non-conventional forms of medicine, a clear distinction between non-conventional medicines which are ‘complementary’ in nature and those which are ‘alternative’ medicines in the sense that they replace conventional medicine;
- and calls on the Council of Ministers after completion of the preliminary work referred to above (at b.) to encourage the development of research programmes in the field of non-conventional medicines covering the individual and holistic approach, the preventive role and the specific characteristics of the non-conventional medical disciplines; Parliament undertakes to do likewise.

In a similar vein, the Council of Europe in 1999 stated that “[T]he demands of public health and the right of individuals to health protection must come first. The limitations of non-conventional medicines must not be ignored nor underestimated. [...] Establishing a legal framework for non-conventional medicine is a difficult undertaking but it is preferable to being too liberal. [...] [T]he best guarantee for patients lies in a properly trained profession, which is aware of its limitations, has a system of ethics and self-regulation and is also subject to outside control. [...] [I]n the future alternative or complementary forms of medicine could be practised by doctors of conventional medicine as well as by any well-trained practitioner of non-conventional medicine (a patient could consult one

---

or the other, either upon referral by his or her family doctor or of his or her free will), should ethical principles prevail. Appropriate courses should be offered in universities to train allopathic doctors in alternative and complementary forms of treatment. The Assembly therefore calls on member states to promote official recognition of these forms of medicine in medical faculties and to encourage hospitals to use them.”

In 2003 WHO General Assembly adopted a resolution on Traditional Medicine and Complementary and Alternative Medicine, which urged Member States, among other items,

- to adapt, adopt and implement, where appropriate, WHO’s traditional medicine strategy as a basis for national traditional medicine programmes or work plans;
- where appropriate, to formulate and implement national policies and regulations on traditional and complementary and alternative medicine in support of the proper use of traditional medicine, and its integration into national health-care systems, depending on the circumstances in their countries;
- to provide adequate support for research on traditional remedies;
- to promote and support, if necessary and in accordance with national circumstances, provision of training and, if necessary, retraining of traditional medicine practitioners, and of a system for the qualification, accreditation or licensing of traditional medicine practitioners;
- to provide reliable information on traditional medicine and complementary and alternative medicine to consumers and providers in order to promote their sound use.

The WHO report ‘Traditional Medicine Strategy 2002-2005’<sup>22</sup>, describes its first global strategy on traditional and alternative medicine, which ‘provides a framework for policy to assist countries to regulate traditional or complementary/alternative medicine (TM/CAM) to make its use safer, more accessible to their populations and sustainable’. For more details see Annex 1.

## *Integrated Medicine*

---

Integrated Medicine (in the USA: Integrative Medicine) is a recent movement that combines the best of two worlds, i.e. it integrates conventional medicine with CAM. It is the practice of medicine that reaffirms the importance of the relationship between the practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches (i.e. conventional medicine as well as CAM), healthcare professionals and disciplines to achieve health and healing.

---

In the USA the Consortium of Academic Health Centers for Integrative Medicine (CAHCIM) includes 39 highly esteemed academic medical centres (= 20% of all US academic medical centres). Among them are Harvard Medical School, Yale University, Stanford University, Mayo Clinic, Johns Hopkins University, etc.

It aims to “help transform medicine and healthcare through rigorous scientific studies, new models of clinical care, and innovative educational programs that integrate biomedicine, the complexity of human beings, the intrinsic nature of healing and the rich diversity of therapeutic systems”.

The Consortium has issued the following statement:

“Integrative medicine is not a radical movement but it can produce major change. Its point is to position medicine to continue to build upon its fundamental platform of science but to reposition itself to create a health system which more broadly focuses on the well being of our patients as well as its practitioners. To do so, medical education and practice must:

- Refocus on the patient as a whole and the primacy of meaningful physician-patient relationships. More and more of the benefits of our health system will require changes in patient behaviour, i.e., modifying lifestyle as well as taking therapeutics correctly. Such changes will require far more meaningful physician-patient relationships and medical school curricula must incorporate strategies to reflect these needs.
- Involve the patient as an active partner in his/her care, with an emphasis on patient education concerning how they can best improve their health.
- Be open to understanding the benefits and limitations of conventional allopathic medicine and the realization that science alone will not effectively deal with all the complex needs of our patients. Many patients, particularly, those with chronic or life threatening conditions want access to CAM approaches. Our health system must rationally address these needs.
- Teach practitioners the fundamentals of CAM strategies including their underlying principles as well as evidence, or lack thereof, of efficacy.
- Advocate for sound clinical research to test the efficacy of CAM strategies.
- Use the best in scientifically based medical therapies whenever appropriate but provide compassion, attention to our patient’s spiritual and emotional needs as well as appropriate complementary and alternative approaches when they improve conventional medicine. Fundamentally, Integrative Medicine is meant to provide the best possible medicine/healthcare, for both doctor and patient, and the success of the movement will be signalled by dropping the adjective. It is our belief and recommendation that Integrative Medicine be a cornerstone of the urgently needed reconfiguration of our increasingly dysfunctional system of healthcare. The Integrative Medicine of today will simply be the medicine of the new century.”



---

As attitudes change and scientific evidence continues to grow, it is envisaged that the term “complementary” will soon be outdated and replaced with “integrated”, which suggests the healthy balance that can be achieved between modern Western medicine and complementary therapies.

## *Towards safe, patient-oriented healthcare services in Europe*

---

If the EU wants to deliver high quality care on all levels, not merely technological and pharmaceutical, an effective, safe, patient-oriented system of health care is needed. Merely adding additional therapies to a system of care without implementing a holistic, caring approach to the care of patients will do little to improve health care. All the major CAM therapies approach illness first by trying to support and induce the self-healing process of the individual. If recovery can occur from this alone, the likelihood of adverse effects and the need for high-impact, high-cost intervention is reduced. It is this orientation towards self-healing and health promotion – improving health rather than defeating disease – that makes CAM approaches especially appropriate. CAM, which is demanded by many millions of European citizens, has the potential to humanise modern medicine and widen its vision beyond disease to health and wellbeing in its widest sense.

All the major CAM systems are aimed at bringing about a condition of individual optimum health, not just the absence of symptoms of disease. Whenever possible, CAM is collaborative and focused on strengthening and empowering patients, and on contributing to their autonomy. This approach is fully in line with the aim of the Health and Consumer Protection Programme 2008-2013 that focuses on promoting health and policies that lead to a healthier way of life.

# References

---

- 1 - World Health Organization (2002) *Safety of Medicines. A guide to detecting and reporting adverse drug reactions: Why health professionals need to take action*. WHO, Geneva, Switzerland
- 2 - World Health Organization (2000) *Antibiotic resistance: synthesis of recommendations by expert policy groups*. Alliance for the Prudent Use of Antibiotics WHO/CDS/CSR/DRS/2001/10
- 3 - World Health Organization (2001) *Legal Status of Traditional Medicine and Complementary/ Alternative Medicine: A Worldwide Review*, Geneva, Switzerland
- World Health Organization (2002) *Traditional Medicine Strategy 2002-2005*, Geneva, Switzerland
- Ernst E (2000). Prevalence of use of complementary/alternative medicine: a systematic review. *Bulletin of the World Health Organization*, 78:252-257.
- Steinsbekk A, Adams J, Sibbritt D, Jacobsen G, Johnsen R (2007) The profiles of adults who consult alternative health practitioners and/or general practitioners. *Scandinavian Journal of Primary Health Care*, 25:86-92
- Harris P, Rees R (2000). The prevalence of complementary and alternative medicine use among the general population: a systematic review of the literature. *Complementary Therapies in Medicine*, 8:88-96.
- Menniti-Ippolito F, Gargiulo L, Bologna E, Forcella E, Raschetti R (2002) Use of unconventional medicine in Italy: a nationwide survey. *European Journal of Clinical Pharmacology*, 58:61-64.
- Featherstone C, Godden D, Gault C, Emslie M, Took-Zozaya M (2003) Prevalence study of concurrent use of complementary and alternative medicine in patients attending primary care services in Scotland. *American Journal of Public Health*, 93:1080-1082.
- Wolf U, Maxion-Bergemann S, Bornhöft G, Matthiessen PF, Wolf M (2006). Use of complementary medicine in Switzerland. *Forschende Komplementärmedizin*, 13 Suppl 2:4-6.
- Hanssen B, Grimsgaard S, Launsø L, Fønnebo V, Falkenberg T, Rasmussen NK (2005) Use of complementary and alternative medicine in the Scandinavian countries. *Scandinavian Journal of Primary Health Care*, 23:57-62.
- Härtel U, Volger E (2004) Inanspruchnahme und Akzeptanz klassischer Naturheilverfahren und alternativer Heilmethoden in Deutschland - Ergebnisse einer repräsentativen Bevölkerungsstudie [Use and acceptance of classical natural and alternative medicine in Germany- findings of a representative population-based survey] *Forschende Komplementärmedizin und Klassische Naturheilkunde*, 11:327-334.
- Thomas KJ, Coleman P (2004) Use of complementary or alternative medicine in a general population in Great Britain. Results from the National Omnibus Survey. *Journal of Public Health*, 26:152-157.
- Thomas KJ, Nicholl JP, Coleman P (2001). Use and expenditure on complementary medicine in England: a population based survey. *Complementary Therapies in Medicine*, 9:2-11.
- Nilsson M, Trehn G, Asplund K (2001) Use of complementary and alternative medicine remedies in Sweden. A population-based longitudinal study within the northern Sweden MONICA Project. *Journal of Internal Medicine*, 250: 225-233

- 4 - Astin JA (1998b) A review of the incorporation of Complementary and Alternative Medicine by mainstream physicians. *Archives of Internal Medicine*. 158: 2303-2310
- White AR, Resch K-L, Ernst E (1997) Complementary medicine: use and attitudes among GPs. *Family practice*, 14:302-306.
- Lewith GT, Hyland M, Gray SF (2001). Attitudes to and use of complementary medicine among physicians in the United Kingdom. *Complementary Therapies in Medicine*, 9:167-172.
- van Haselen RA, Reiber U, Nickel I, Jakob A, Fisher PA (2004). Providing Complementary and Alternative Medicine in primary care: the primary care workers' perspective. *Complementary Therapies in Medicine*, 12:6-16
- Schmidt K, Jacobs PA, Barton A (2002) Cross-cultural differences in GPs' attitudes towards complementary and alternative medicine: a survey comparing regions of the UK and Germany. *Complementary Therapies in Medicine*, 10:141-147.
- 5 - Ersdal G, Ramstad S, How are European patients safeguarded when using complementary and alternative medicine (CAM)? Jurisdiction, supervision and reimbursement status in the EEA area (EU and EFTA) and Switzerland, CAM-Cancer Project, 28 October 2005; available at: [www.cam-cancer.org/mod\\_product/uploads/camcancer\\_legal\\_report\\_%28FINAL%29.pdf](http://www.cam-cancer.org/mod_product/uploads/camcancer_legal_report_%28FINAL%29.pdf)
- 6 - WHO Global Atlas of Traditional, Complementary and Alternative Medicine (text volume and map volume). Kobe, Japan, World Health Organization, Centre for Health Development, 2005.
- 7 - Lindström B et al (2005) Salutogenesis. *Journal of Epidemiology and Community Health*, 59:440-442
- 8 - Astin JA (1998) Why patients use alternative medicine: results of a national study. *Journal of the American Medical Association*, 279: 1548-1553
- Jobst KA (1998) Toward integrated healthcare: practical and philosophical issues at the heart of the integration of biomedical, complementary, and alternative medicines, *Journal of Alternative and Complementary Medicine*, 4, 122-126
- Kaptchuk TJ, Eisenberg DM (1998) The persuasive appeal of alternative medicine, *Annals of Internal Medicine*, 129, 1061-1065
- Mitzdorf U, Beck K, Horton-Hausnecht J, Weidenhammer W, Kindermann A, Takacs M, Astor G, Melchart D (1999) Why do patients seek treatment in hospitals of complementary medicine? *Journal of Alternative and Complementary Medicine*, 5, 463-473
- Zollman C, Vickers A (1999) ABC of complementary medicine: Complementary medicine and the patient *British Medical Journal*, 319, 1486-1489.
- 9 - World Health Organization WHO (2004) *Guidelines on developing consumer information on proper use of traditional, complementary and alternative medicine*. WHO, Geneva, Switzerland
- 10 - Lindström B et al (2005) Salutogenesis. *Journal of Epidemiology and Community Health*;59;440-442
- 11 - Surtees P, Wainwright N, Luben R, Khaw KT, Day N (2003). Sense of coherence and mortality in men and women in the EPIC-Norfolk United Kingdom prospective cohort study. *American Journal of Epidemiology*, 158:1202-1209.
- 12 - Rosenman RH. (1997) Do environmental effects on human emotions cause cardiovascular disorders? *Acta Physiologica Scandinavica Suppl*. 640:133-136.

- 13 - Kelner M (2000). The therapeutic relationship under fire. In: *Complementary and Alternative Medicine: Challenge and Change* edited by Merrijoy Kelner, Beverly Wellman. Harwood Academic Publishers.
- Flöistrup H, Swartz J, Bergström A, Alm JS, Scheynius A, van Hage M, Waser M, Braun-Fahrlander C, Schram-Bijkerk D, Huber M, Zutavern A, von Mutius E, Ublagger E, Riedler J, Michaels KB, Pershagen G, The Parsifal Study Group (2006). Allergic disease and sensitization in Steiner school children. *Journal of allergy and clinical immunology*, 117:59-66.
- 14 National Institutes of Health (NIH) Acupuncture. NIH Consensus Statement Online 1997 Nov 3-5; 15(5):1-34 (available at [http://odp.od.nih.gov/consensus/cons/107/107\\_statement.htm](http://odp.od.nih.gov/consensus/cons/107/107_statement.htm)).
- 15 - Dantas F Rampes H (2000) Do homeopathic medicines provoke adverse effects? A systematic review. *British Homeopathic Journal*. 89, Suppl 1:35-38
- Baars EW et al (2005) Safety of homeopathic injectables for subcutaneous administration: a documentation of the experience of prescribing practitioners. *Journal of Alternative and Complementary Medicine*;11:609-616.
- Hamre HJ, Witt CM, Glockmann A, Tröger W, Willich SN, Kiene H (2006) Use and safety of anthroposophic medications in chronic disease: a 2-year prospective analysis. *Drug Safety*, 29:1173-1189.
- 16 Vickers A, Zollman C (1999) ABC of complementary medicine: Herbal medicine *British Medical Journal*, 319: 1050–1053.
- 17 Ernst E (2004) Challenges for phytopharmacovigilance. *Postgraduate Medical Journal* 80;249-250
- 18 -Fugh-Berman A, Ernst E (2001) Herb-drug interactions: review and assessment of report reliability. *British Journal of Clinical Pharmacology* 52:587–595.
- 19 -Williamson EM (2003) Drug interactions between herbal and prescription medicines. *Drug Safety*, 26:1075-1092
- 20 EFFECTIVENESS STUDIES
- General, about quality of CAM studies:**
- Lawson ML, Pham B, Klassen TP, Moher D (2005) Systematic reviews involving complementary and alternative medicine interventions had higher quality of reporting than conventional medicine reviews. *Journal of clinical epidemiology*, 58:777-784.
- Klassen TP, Pham B, Lawson ML, Moher D (2005) For randomized controlled trials, the quality of reports of complementary and alternative medicine was as good as reports of conventional medicine. *Journal of clinical epidemiology*, 58:763-768.
- Evaluation of acupuncture, anthroposophic medicine, homeopathy, neural therapy, herbal medicine and Traditional Chinese Medicine:**
- Melchart D, Mitscherlich F, Amiet M, Eichenberger R, Koch R (2005) Programm Evaluation Komplementärmedizin (PEK) Schlussbericht (24/04/2005).

#### ACUPUNCTURE

##### **Non-exhaustive list of observational studies:**

- Linde K, Weidenhammer W, Streng A, Hoppe A, Melchart D. (2006) Acupuncture for osteoarthritic pain: an observational study in routine care. *Rheumatology (Oxford)*, 45:222-227
- Melchart D, Weidenhammer W, Streng A, Hoppe A, Pfaffenrath V, Linde K. (2006) Acupuncture for chronic headaches—an epidemiological study. *Headache*, 46:632-641
- Linde K, Streng A, Hoppe A, Weidenhammer W, Wagenpfeil S, Melchart D. (2007) Randomized trial vs. observational

study of acupuncture for migraine found that patient characteristics differed but outcomes were similar. *Journal of Clinical Epidemiology*, 60:280-287

- Weidenhammer W, Streng A, Linde K, Hoppe A, Melchart D (2007) Acupuncture for chronic pain within the research program of 10 German Health Insurance Funds-basic results from an observational study. *Complementary Therapies in Medicine*,

15:238-246

- Weidenhammer W, Linde K, Streng A, Hoppe A, Melchart D (2007) Acupuncture for chronic low back pain in routine care: a multicenter observational study. *Clinical Journal of Pain*, 23:128-135.

#### **Non-exhaustive list of systematic reviews:**

- Bower WF, Diao M, Tang JL, Yeung CK (2005). Acupuncture for nocturnal enuresis in children: a systematic review and exploration of rationale. *Neurology and urodynamics*, 24:267–272.

- Berman B, Ezzo J, Hadhazy V, et al. (1999) Is acupuncture effective in the treatment of fibromyalgia? *Journal of Family Practice*, 48:213-218.

- Casimiro L, Brosseau L, Milne S et al. Acupuncture and electroacupuncture for the treatment of RA (2003). *Cochrane Database Systematic Reviews*, 3:CD003788.

- Ernst E, Pittler MH (1998). The effectiveness of acupuncture in treating acute dental pain: a systematic review. *British Dental Journal*, 184:443–447.

- Ernst E, White AR (1999). Acupuncture as a treatment for temporomandibular joint dysfunction: a systematic review of randomized trials. *Archives of Otolaryngology-Head & Neck Surgery*, 125:269–272.

- Ernst E, White AR (1998). Acupuncture for back pain: a meta-analysis of randomized

controlled trials. *Archives of Internal Medicine*, 158:2235–41.

- Ezzo J, Berman B, Hadhazy VA et al (2000). Is acupuncture effective for the treatment of chronic pain? A systematic review. *Pain*, 86:217–225.

- Ezzo J, Hadhazy V, Birch S, et al. (2001) Acupuncture for osteoarthritis of the knee: a systematic review. *Arthritis and Rheumatism*, 44:819-825.

- Furlan AD, van Tulder M, Cherkin D, Tsukayama H, Lao L, Koes B, Berman B. (2005) Acupuncture and dry-needling for low back pain: an updated systematic review within the framework of the cochrane collaboration. *Spine*, 30:944-463

- Green S, Buchbinder R, Hetrick S (2005). Acupuncture for shoulder pain. *Cochrane Database Systematic Reviews*, 2:CD005319.

- He L, Zhou D, Wu B, Li N, Zhou MK (2004). Acupuncture for Bell's palsy. *Cochrane Database Systematic Reviews*, 1:CD002914.

- Jedel E (2005). Acupuncture in xerostomia—a systematic review. *Journal of Oral Rehabilitation*, 32:392–396.

- Jewell D, Young G (2003). Interventions for nausea and vomiting in early pregnancy. *Cochrane Database Systematic Reviews*, 4: CD000145.

- Lee A, Done ML (2004). Stimulation of the wrist acupuncture point P6 for preventing postoperative nausea and vomiting. *Cochrane Database Systematic Reviews*, 3:CD003281.

- Lee H, Ernst E (2005). Acupuncture analgesia during surgery: a systematic review. *Pain*, 114:511–517.

- Lee H, Ernst E (2004). Acupuncture for GI endoscopy: a systematic review. *Gastrointestinal Endoscopy*, 60:784–789.

- Lee H, Ernst E (2004). Acupuncture for labor pain management: a systematic review. *American journal of obstetrics and gynecology*,

- 191:1573–1579.
- Lee H, Schmidt K, Ernst E (2005). Acupuncture for the relief of cancer-related pain - a systematic review. *European Journal of Pain*, 9:437–444.
  - Linde K, Jobst K, Panton J. (2001) Acupuncture for chronic asthma. (Cochrane Review). In: *The Cochrane Library*. Issue 2, Oxford: Update Software.
  - Manheimer E, White A, Berman B, Forsys K, Ernst E (2005). Meta-analysis: acupuncture for low back pain. *Annals of Internal Medicine*, 142:651–663.
  - McCarney RW, Brinkhaus B, Lasserson TJ, Linde K (2004). Acupuncture for chronic asthma. *Cochrane Database Systematic Reviews*, 1: CD000008.
  - Melchart D, Linde K, Fischer P et al (2001). Acupuncture for idiopathic headache. *Cochrane Database Systematic Reviews*, 1: CD001218.
  - Mukaino Y, Park J, White A, Ernst E (2005). The effectiveness of acupuncture for depression - a systematic review of randomised controlled trials. *Acupuncture in Medicine*, 23:70–76.
  - Pan CX, Morrison RS, Ness J, Fugh-Berman A, Leipzig RM (2000). Complementary and alternative medicine in the management of pain, dyspnea, and nausea and vomiting near the end of life. A systematic review. *Journal of Pain and Symptom Management*, 20:374–387.
  - Park J, White AR, Ernst E (2000). Efficacy of acupuncture as a treatment for tinnitus: a systematic review. *Archives of Otolaryngology--Head & Neck Surgery*, 126:489–492.
  - Pittler MH, Ernst E (2005). Complementary therapies for peripheral arterial disease: systematic review. *Atherosclerosis*, 181:1–7.
  - Pittler MH, Ernst E (2005). Complementary therapies for reducing body weight: a systematic review. *International Journal of Obesity and Related Metabolic Disorders*, 29: 1030–1038.
  - Proctor ML, Smith CA, Farquhar CM, Stones RW (2002). Transcutaneous electrical nerve stimulation and acupuncture for primary dysmenorrhoea. *Cochrane Database Systematic Reviews*, 1:CD002123.
  - Smith CA, Crowther CA (2004). Acupuncture for induction of labour. *Cochrane Database Systematic Reviews*, 1:CD002962.
  - Smith CA, Hay PP (2005). Acupuncture for depression. *Cochrane Database Systematic Reviews*, 2:CD004046.
  - Smith LA, Oldman AD, McQuay HJ, Moore RA (2000). Teasing apart quality and validity in systematic reviews: an example from acupuncture trials in chronic neck and back pain. *Pain*, 86:119–132.
  - Sok SR, Erlen JA, Kim KB (2003). Effects of acupuncture therapy on insomnia. *Journal of Advanced Nursing*, 44:375–384.
  - Stener-Victorin E (2005). The pain-relieving effect of electro-acupuncture and conventional medical analgesic methods during oocyte retrieval: a systematic review of randomized controlled trials. *Human Reproduction*, 20: 339–349.
  - Sze FK, Wong E, Or KK, Lau J, Woo J (2002). Does acupuncture improve motor recovery after stroke? A meta-analysis of randomized controlled trials. *Stroke*, 33:2604–2619.
  - Trinh KV, Phillips SD, Ho E et al (2004). Acupuncture for the alleviation of lateral epicondyle pain: a systematic review. *Rheumatology (Oxford)*, 43:1085–1090.
  - van Tulder M, Cherkin D, Berman B, et al. (2001) Acupuncture for low back pain (Cochrane Review). In: *The Cochrane Library*. Issue 2, Oxford: Update Software.
  - Vickers AJ. (1996) Can acupuncture have specific effects on health? A systematic

review of acupuncture antiemesis RCTs. *Journal of the Royal Society of Medicine*, 89:303-311.

- White AR, Ernst E (1999). A systematic review of randomized controlled trials of acupuncture for neck pain. *Rheumatology (Oxford)*, 38:143-147.

- White AR, Rampes H, Ernst E (2002). Acupuncture for smoking cessation. *Cochrane Database Systematic Reviews*, 2:CD000009.

- Zhang SH, Liu M, Asplund K, Li L (2005). Acupuncture for acute stroke. *Cochrane Database Systematic Reviews*, 2:CD003317.

#### ANTHROPOSOPHIC MEDICINE

##### **Non-exhaustive list of observational studies:**

- Hamre H, Witt C, Glockmann A, Ziegler R, Willich S, Kiene H (2007) Anthroposophic medical therapy in chronic disease: a four-year prospective cohort study. *BMC Complement Alternative Medicine*, 7:10

- Grossarth-Maticsek R, Ziegler R (2007). Prospective controlled cohort studies on long-term therapy of ovarian cancer patients with mistletoe (*Viscum album L.*) extracts Iscador. *Arzneimittelforschung*, 57:665-678

- Grossarth-Maticsek R, Ziegler R. (2006) Prospective controlled cohort studies on long-term therapy of breast cancer patients with a mistletoe preparation (Iscador). *Forschende Komplementärmedizin*, 13:285-292

- Carlsson M, Arman M, Backman M, Flatters U, Hatschek T, Hamrin E (2006) A Five-year Follow-up of Quality of Life in Women with Breast Cancer in Anthroposophic and Conventional Care. *Evidence Based Complementary and Alternative Medicine*, 3:523-531

- Heusser P, Braun SB, Ziegler R, Bertschy M, Helwig S, van Wegberg B, Cerny T (2006) Palliative in-patient cancer treatment in an anthroposophic hospital: I. Treatment

patterns and compliance with anthroposophic medicine. *Forschende Komplementärmedizin*, 13:94-100.

- Heusser P, Braun SB, Bertschy M, Burkhard R, Ziegler R, Helwig S, van Wegberg B, Cerny T (2006). Palliative in-patient cancer treatment in an anthroposophic hospital: II. Quality of life during and after stationary treatment, and subjective treatment benefits. *Forschende Komplementärmedizin*, 13:156-166.

##### **Non-exhaustive list of systematic reviews:**

- Kienle GS, Kiene H (2007). Complementary cancer therapy: a systematic review of prospective clinical trials on anthroposophic mistletoe extracts. *European journal of medical research*, 12:103-119

- Kienle GS, Hamre HJ, Kiene H. (2004) Anthroposophical medicine: a systematic review of randomised clinical trials. *Wiener klinische Wochenschrift*, 116:407-408

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

- Kienle G, Kiene H, Albonico HU (2006) *Anthroposophic Medicine Effectiveness, Utility, Costs Safety*. Schattauer Verlag

#### HOMEOPATHY

##### **Non-exhaustive list of observational studies:**

- Spence D, Thompson EA, Barron SJ (2005) Homeopathic Treatment for Chronic Disease: A 6-Year, University-Hospital Outpatient Observational Study. *Journal of Alternative and Complementary Medicine* 11(5):793-798.

- Witt CM, Lüdtke R, Baur R, Willich SN (2005) Homeopathic Medical Practice: Long-term results of a Cohort Study with 3981 Patients. *BMC Public Health*. 5(1):115.

- GÜthlin C, Lange O, Walach H (2004).

- Measuring the effects of acupuncture and homeopathy in general practice: An uncontrolled prospective documentation approach. *BMC Public Health*, 4:6
- Sharples F, van Haselen R, Fisher P (2003). NHS patients' perspective on complementary medicine. *Complementary Therapies in Medicine*, 11:243–248
- Non-exhaustive list of systematic reviews:**
- Kleijnen J, Knipschild P, ter Riet G (1991). Clinical trials of homeopathy, *British Medical Journal*, 302: 316-323
- Cucherat M, Haugh MC, Gooch M, Boissel JP (2000). Evidence of clinical efficacy of homeopathy – A meta-analysis of clinical trials. *European Journal of Clinical Pharmacology*, 56:27–33
- Linde K, Clausius N, Ramirez G, Melchart D, Eitel F, Hedges LV, Jonas WB (1997) Are the clinical effects of homeopathy placebo effects? A meta-analysis of placebo-controlled trials. *Lancet*, 350: 834-843
- Shang A, Huwiler-Muntener K, Nartey L, Juni P, Dorig S, Sterne JA, Pewsner D, Egger M (2005). Are the clinical effects of homeopathy placebo effects? Comparative study of placebo-controlled trials of homeopathy and allopathy. *Lancet*, 366:726–732
- Jacobs J, Jonas WB, Jimenez-Perez M, Crothers D (2003). Homeopathy for childhood diarrhea: combined results and metaanalysis from three randomized, controlled clinical trials. *Pediatric Infectious Disease Journal*, 22:229–234
- Vickers A, Smith C (2006). Homeopathic Oscillocoquinum for preventing and treating influenza and influenza-like syndromes (Cochrane Review). In: *The Cochrane Library*. Chichester, UK: John Wiley & Sons, Ltd. CD001957
- Barnes J, Resch K-L, Ernst E (1997). Homeopathy for postoperative ileus? A meta-analysis. *Journal of Clinical Gastroenterology*, 25:628–633
- Wiesenauer M, Lüdtke R (1996). A meta-analysis of the homeopathic treatment of pollinosis with Galphimia glauca. *Forschende Komplementärmedizin und Klassische Naturheilkunde*, 3:230–236
- Taylor MA, Reilly D, Llewellyn-Jones RH, McSharry C, Aitchison TC (2000). Randomised controlled trials of homeopathy versus placebo in perennial allergic rhinitis with overview of four trial series. *British Medical Journal*, 321:471–476
- Bellavite P, Ortolani R, Pontarollo F, Piasere V, Benato G, Conforti A (2006). Immunology and homeopathy. 4. Clinical studies – Part 2. Evidence-based Complementary and Alternative Medicine: eCAM, 3:397–409
- Schneider B, Klein P, Weiser M (2005). Treatment of vertigo with a homeopathic complex remedy compared with usual treatments: a meta-analysis of clinical trials. *Arzneimittelforschung*, 55:23–29
- Ernst E, Barnes J (1998). Are homeopathic remedies effective for delayed-onset muscle soreness? – A systematic review of placebo-controlled trials. *Perfusion (Nürnberg)*, 11:4–8
- Ullman D (2003). Controlled clinical trials evaluating the homeopathic treatment of people with human immunodeficiency virus or acquired immune deficiency syndrome. *Journal of Alternative and Complementary Medicine*, 9:133–141
- McCarney RW, Linde K, Lasserson TJ (2004). Homeopathy for chronic asthma (Cochrane Review). In: *The Cochrane Library*. Chichester, UK: John Wiley & Sons, Ltd. CD000353
- McCarney R, Warner J, Fisher P, van Haselen R (2004). Homeopathy for dementia (Cochrane Review). In: *The Cochrane Library*. Chichester, UK: John Wiley & Sons, Ltd. CD003803



- Owen JM, Green BN (2004). Homeopathic treatment of headaches: A systematic review of the literature. *Journal of Chiropractic Medicine*, 3:45–52
- Smith CA (2003). Homeopathy for induction of labour (Cochrane Review). In: *The Cochrane Library*. Chichester, UK: John Wiley & Sons, Ltd. CD003399
- Pilkington K, Kirkwood G, Rampes H, Fisher P, Richardson J (2005). Homeopathy for depression: a systematic review of the research evidence. *Homeopathy*, 94:153–163
- Pilkington K, Kirkwood G, Rampes H, Fisher P, Richardson J (2006). Homeopathy for anxiety and anxiety disorders: A systematic review of the research. *Homeopathy*, 95: 151–162
- Long L, Ernst E (2001). Homeopathic remedies for the treatment of osteoarthritis – A systematic review. *British Homeopathic Journal*, 90:37–43
- Ernst E (1999). Homeopathic prophylaxis of headaches and migraine? A systematic review. *Journal of Pain and Symptom Management*, 18:353–357

## 21 COST-EFFECTIVENESS STUDIES

### **CAM in general:**

- Smallwood C (2005). The role of Complementary and Alternative Medicine in the NHS – an Investigation into the Potential Contribution of Mainstream Complementary Therapies to Healthcare in the UK.
- Canter PH, Coon JT, Ernst E (2006). Cost-effectiveness of complementary therapies in the United Kingdom-a systematic review. *Evidence-Based Complementary and Alternative Medicine*, 3:425-432.
- Herman PM, Craig BM, Caspi O (2005). Is complementary and alternative medicine (CAM) cost-effective? A systematic review. *BMC Complementary and Alternative Medicine*, 5:11.

- Masion-Bergemann S, Wolf M, Bornhöft G, Matthiessen PF, Wolf U (2006). Complementary and alternative medicine costs - a systematic literature review. *Forschende Komplementärmedizin*, 13 Suppl 2:42-45.
- Canter PH, Thompson Coon J, Ernst E (2005). Cost effectiveness of complementary treatments in the United Kingdom: a systematic review. *British Medical Journal*, 331:880–881.

## ACUPUNCTURE

- Ratcliffe J, Thomas KJ, MacPherson H, Brazier J (2006). A randomised controlled trial of acupuncture care for persistent low back pain: cost effectiveness analysis. *British Medical Journal*, 333:626.
- Reinhold T, Witt CM, Jena S, Brinkhaus B, Willich SN (2007). Quality of life and cost-effectiveness of acupuncture treatment in patients with osteoarthritis pain. *The European Journal of Health Economics*, 1618-7598
- Thomas KJ, MacPherson H, Ratcliffe J, Thorpe L, Brazier J, Campbell M, Fitter M, Roman M, Walters S, Nicholl JP (2005). Longer term clinical and economic benefits of offering acupuncture care to patients with chronic low back pain. *Health Technology Assessment*, 9(32):III-IV, IX-X, 1-109.
- Vickers AJ, Rees RW, Zollman CE, McCarney R, Smith CM, Ellis N, Fisher P, Van Haselen R, Wonderling D, Grieve R (2004). Acupuncture of chronic headache disorders in primary care: randomised controlled trial and economic analysis. *Health Technology Assessment*, 8(48):III, 1-35.
- Witt CM, Jena S, Selim D, Brinkhaus B, Reinhold T, Wruck K, Liecker B, Linde K, Wegscheider K, Willich SN (2006). Pragmatic randomized trial evaluating the clinical and economic effectiveness of acupuncture for chronic low back pain.

*American Journal of Epidemiology*, 164:487-496.

- Willich SN, Reinhold T, Selim D, Jena S, Brinkhaus B, Witt CM (2006) Cost-effectiveness of acupuncture treatment in patients with chronic neck pain. *Pain*, 125:107-113.
- Witt CM, Reinhold T, Brinkhaus B, Roll S, Jena S, Willich SN (2008). Acupuncture in patients with dysmenorrhea: a randomized study on clinical effectiveness and cost-effectiveness in usual care. *American Journal of Obstetrics and Gynecology*, 198:166.E1-8.
- Wonderling D, Vickers AJ, Grieve R, McCarney R (2004). Cost effectiveness analysis of a randomised trial of acupuncture for chronic headache in primary care. *British Medical Journal*, 328:747-749.

#### ANTHROPOSOPHIC MEDICINE

- Hamre HJ, Witt CM, Glockmann A, Ziegler R, Willich SN, Kiene H (2007) Anthroposophic medical therapy in chronic disease: a four-year prospective cohort study. *BMC Complementary and Alternative Medicine*, 7:10.
- Hamre HJ, Witt CM, Glockmann A, Ziegler R, Willich SN, Kiene H (2006). Health costs in anthroposophic therapy users: a two-year prospective cohort study. *BMC Health Services Research*, 6:65.
- Hamre HJ, Becker-Witt C, Glockmann A, Ziegler R, Willich SN, Kiene H (2004) Anthroposophic therapies in chronic disease: the Anthroposophic Medicine Outcomes Study (AMOS). *European Journal of Medical Research* 9:351-360.
- Ritchie J (2001) A model of Integrated Primary Care: Anthroposophic Medicine. Department of General Practice and Primary Care, St Bartholomew's and the Royal London Scholl of Medicine and Dentistry, Queen Mary, University of London
- Kienle G, Kiene H, Albonico HU (2006)

*Anthroposophic Medicine Effectiveness, Utility, Costs Safety*. Schattauer Verlag

#### HOMEOPATHY

- Witt C, Keil T, Selim D, Roll S, Vance W, Wegscheider K, Willich SN (2005). Outcome and costs of homeopathic and conventional treatment strategies: a comparative cohort study in patients with chronic disorders. *Complementary Therapies in Medicine*, 13:79-86
- Trichard M, Chaufferin G Nicoloyannis N (2005). Pharmacoeconomic comparison between homeopathic and antibiotic treatment strategies in recurrent acute rhinopharyngitis in children. *Homeopathy*, 94:3-9
- Bornhöft G, Wolf U, von Ammon K, Righetti M, Maxion-Bergemann S, Baumgartner S, Thurneysen AE, Matthiessen PF (2006). Effectiveness, safety and cost-effectiveness of homeopathy in general practice - summarized health technology assessment. *Forschende Komplementärmedizin*, 13 Suppl 2:19-29.
- Caisse Nationale de l'Assurance Maladie des Travailleurs Salariés (CNAMTS), Carnets Statistiques, Le secteur libéral des professions de santé (07/1998).
- Vainchtock A et al (2002) Descriptive and comparative study of patient-management by homeopathic GPs versus allopathic GPs. *Value in Health* 5: 468.
- 22 World Health Organization WHO (2002) *Traditional Medicines Strategy: 2002-2005*. WHO, Geneva, Switzerland (document reference WHO/EDM/ TRM/2002.1)

# Annex I

## WHO Traditional Medicine Strategy 2002-2005 - objectives, components and expected outcomes

[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.]

OBJECTIVES	COMPONENTS	EXPECTED OUTCOMES
<p><b>POLICY:</b> Integrate TM/CAM with national health care systems, as appropriate, by developing and implementing national TM/CAM policies and programmes</p>	<p><b>1 Recognition of TM/CAM</b> Help countries to develop national policies and programmes on TM/CAM</p> <p><b>2 Protection and preservation of indigenous TM knowledge relating to health</b> Help countries to develop strategies to protect their indigenous TM knowledge</p>	<p>1.1 Increased government support for TM/CAM, through comprehensive national policies on TM/CAM</p> <p>1.2 Relevant TM/CAM integrated into national health care system services</p> <p>2.1 Increased recording and preservation of indigenous knowledge of TM, including development of digital TM libraries</p>
<p><b>SAFETY, EFFICACY AND QUALITY:</b> Promote the safety, efficacy and quality of TM/CAM by expanding the knowledge-base on TM/CAM, and by providing guidance on regulatory and quality assurance standards</p>	<p><b>3 Evidence-base for TM/CAM</b> Increase access to and extent of knowledge of the safety, efficacy and quality of TM/CAM, with an emphasis on priority health problems such as malaria and HIV/AIDS</p>	<p>3.1 Increased access to and extent of knowledge of TM/CAM through networking and exchange of accurate information</p> <p>3.2 Technical reviews of research on use of TM/CAM for prevention, treatment and management of common diseases and conditions</p> <p>3.3 Selective support for clinical research into use of TM/CAM for priority health problems such as malaria and HIV/AIDS, and common diseases</p>

OBJECTIVES	COMPONENTS	EXPECTED OUTCOMES
	<p><b>4 Regulation of herbal medicines</b> Support countries to establish effective regulatory systems for registration and quality assurance of herbal medicines</p>	<p>4.1 National regulation of herbal medicines, including registration, established and implemented 4.2 Safety monitoring of herbal medicines and other TM/CAM products and therapies</p>
	<p><b>5 Guidelines on safety, efficacy and quality</b> Develop and support implementation of technical guidelines for ensuring the safety, efficacy and quality control of herbal medicines and other TM/CAM products and therapies</p>	<p>5.1 Technical guidelines and methodology for evaluating safety, efficacy and quality of TM/CAM 5.2 Criteria for evidence-based data on safety, efficacy and quality of TM/CAM therapies</p>
<p>ACCESS: Increase the availability and affordability of TM/CAM, as appropriate, with an emphasis on access for poor populations</p>	<p><b>6 Recognition of role of TM/CAM practitioners in health care</b> Promote recognition of role of TM/CAM practitioners in health care by encouraging interaction and dialogue between TM/CAM practitioners and allopathic practitioners</p>	<p>6.1 Criteria and indicators, where possible, to measure cost-effectiveness and equitable access to TM/CAM 6.2 Increased provision of appropriate TM/CAM through national health services 6.3 Increased number of national organizations of TM/CAM providers</p>
	<p><b>7 Protection of medicinal plants</b> Promote sustainable use and cultivation of medicinal plants</p>	<p>7.1 Guidelines for good agriculture practice in relation to medicinal plants 7.2 Sustainable use of medicinal plant resources</p>
<p>PRATONAL USE: Promote therapeutically sound use of appropriate TM/CAM by providers and consumers</p>	<p><b>8 Proper use of TM/CAM by providers</b> Increase capacity of TM/CAM providers to make proper use of TM/CAM products and therapies</p>	<p>8.1 Basic training in commonly used TM/CAM therapies for allopathic practitioners 8.2 Basic training in primary health care for TM practitioners</p>
	<p><b>9 Proper use of TM/CAM by consumers</b> Increase capacity of consumers to make informed decisions about use of TM/CAM products and therapies</p>	<p>9.1 Reliable information for consumers on proper use of TM/CAM therapies 9.2 Improved communication between allopathic practitioners and their patients concerning use of TM/CAM</p>

# Annex 2

## *European Committee for Homeopathy*

---

The European Committee for Homeopathy ECH represents 37 homeopathic doctors' associations in 22 European countries as well as many homeopathic veterinarians, dentists and pharmacists in Europe. The ECH aims to promote the quality of the science and medical practice of homeopathy, to promote harmonisation of its practice in Europe, and to represent both individuals, as well as local, regional and national organisations throughout Europe that share the same aims.

The ECH aims to promote the highest standards of homeopathic training and practice in order to achieve the highest quality of homeopathic care in a safe medical context. It has harmonized the existing national educational standards and the ensuing ECH Homeopathic Medical Education standard has gained acceptance across entire Europe. The ECH has been accrediting the teaching programmes of an increasing number of European teaching centres.

The ECH has several subcommittees involving professionals such as researchers, documentalists, and pharmacists whose expert input helps to enhance the scientific basis of homeopathy. Some of their achievements are:

- a harmonised European qualification in homeopathic pharmacy
- a homeopathic thesaurus, journals database, a guide on homeopathic documentation resources and a joint list of theses and dissertations.
- standards on prospective data collection and on provings (homeopathic medicine tests).

Homeopathy is part of primary healthcare in the large majority of EU member states as well as practised at out-patient hospital departments (including university teaching hospitals) in Austria, France, Germany, Spain, Italy and the United Kingdom. Post-graduate training courses in homeopathy are provided at universities in France, Germany, Poland and Spain.

The final aim of the ECH is the full integration of homeopathy within the European healthcare system, which will meet the growing demand among European citizens for homeopathic care within a professional medical context.

## *European Council of Doctors for Plurality in Medicine*

---

The European Council of Doctors for Plurality in Medicine ECPM is a European federation of medical doctors' associations representing 52,000 medical doctors practising Alternative and Complementary Medicines (CAM).

---

In addition to the 40 medical member associations (homeopathy, anthroposophic medicine, Chinese medicine and acupuncture, herbal medicine, naturopathy, neural therapy, manual medicines), it includes also as corresponding members two major European associations of patients using CAM and the European association of laboratories producing homeopathic and anthroposophic medicinal products. All these associations are established in the various EU Member States.

The aim of ECPM is to promote plurality in medicine at EU level as well as in the different EU member states. To this end, ECPM works to achieve the following objectives:

- To promote freedom of medical practices and the patients free choices.
- To ensure that European laws and regulations as well as laws and regulations of the EU member states will guarantee freedom of medical practices and patients free choice.
- To communicate with EU Politicians and Representatives of Health Authorities and Agencies at international level on such matters.
- To make sure that medicinal products prescribed by CAM are available on the market.
- To participate in adequate evaluation of CAM medical practices and of CAM medicinal products therapeutic quality and effectiveness.
- To promote quality education and training for CAM practitioners.
- To make available to practitioners and patients all needed information to make well-informed choices.

## *International Council of Medical Acupuncture and Related Techniques*

---

The International Council of Medical Acupuncture and Related Techniques ICMART is an international organization comprising more than 80 medical acupuncture societies in Europe and worldwide. It includes over 35,000 medical doctors practising acupuncture and related techniques.

ICMART has a European Chapter and an Education Chapter.

The European Chapter is in charge of the contacts with the European Commission, the European Parliament, joining its efforts with representatives of other CAM associations.

The creation of an Education Chapter has led to Core Aspects of Training, to an ICMART Honorary Diploma. It is working now on establishing a Lexicon of Medical Acupuncture. ICMART, as the only international organization representing national physician acupuncture societies, is establishing this Lexicon to detail the appropriate education and practice requirements for physician-practised acupuncture among its various national member societies.

ICMART promotes the concept of evidence-based medicine with respect to efficacy, safety and cost effectiveness applied to acupuncture and related techniques. It aims to set up unified international quality standards

- 
- To optimise the effects of acupuncture and the safety for patients
  - Following evidence based medicine (EBM)
  - To critically appraise TCM theory as applied to acupuncture
  - For application in all appropriate medical specialties
  - To integrate acupuncture into modern medicine and health care
  - To synthesize two complementary visions of Man

ICMART is in contact with WHO and has been contributing to the International Guideline on Trial Methodology and the standardisation of acupuncture nomenclature.

ICMART manages a network of correspondence between the national societies, publishes a newsletter and is working on an International Journal of Medical Acupuncture.

## *International Federation of Anthroposophic Medical Associations*

---

The International Federation of Anthroposophic Medical Associations IVAA represents and coordinates the National Anthroposophic doctors' associations on both the European and international level in regard to political and legal affairs. As a corporate body the IVAA functions as umbrella organization for the national anthroposophic doctors' associations worldwide.

IVAA has 31 member associations in 18 EU member states as well as in Norway and Switzerland and in 11 countries outside Europe. Anthroposophic medicine is practised in 65 countries worldwide.

The mission of the IVAA includes:

- Representation of anthroposophic medicine at the European and international level including the necessary interaction with the representatives of the political institutions and administrative authorities at European and international levels
- Pro-active participation in the development of policies and actions in the field of health and medicine
- Handling of educational, training and research issues with regard to health and medicine
- Cooperation with other medical and health organizations
- Safeguarding the legal status of anthroposophic medicine
- Coordination of the national doctors' associations

Anthroposophic Medicine is part of primary and secondary healthcare in many EU member states and practised in several hospitals (including university teaching hospitals), or anthroposophic medical departments in hospitals, which are fully or partly integrated into the public healthcare system in Aus-

---

tria, Germany, Great Britain, Holland, Italy, Sweden, Switzerland, and – overseas - in Brazil. However, most anthroposophic doctors work in general practice or specialized outpatient settings. Anthroposophic Medicine is taught at universities in Austria, Germany, Holland, Italy, Latvia, Spain and Switzerland.

## *Medical CAM associations across Europe, affiliated to ECH, ECPM, ICMART and/or IVAA*

---

### EUROPEAN

- European Society of Medical Hypnosis - ESMH
- International Society of Medical Doctors for Biophysical Information Therapy - BIT
- Internationale Gesellschaft für Ganzheitliche Zahnmedizin - GZM
- Internationale Forschungsgemeinschaft für bioelektronische Funktionsdiagnostik und Therapie e.V. Nürnberg -BFD
- Internationale Gesellschaft für Homotoxikologie e.V.
- Internationale Gesellschaft für Neuraltherapie nach Huneke Regulationstherapie e.V.
- Internationale medizinische Gesellschaft für Elektro-Akupunktur nach Voll EAV - IMGAV

### AUSTRIA

- Ärztegesellschaft für Klassische Homöopathie
- Dachverband der Österreichischen Ärzte für Ganzheitsmedizin
- Gesellschaft Anthroposophischer Ärzte Österreichs
- Medizinische Gesellschaft für Systemdiagnostik und Therapie nach Beisch
- Österreichische Gesellschaft für Akupunktur
- Österreichische Gesellschaft für Homöopathische Medizin
- Österreichische Medizinische Gesellschaft für Neuraltherapie

### BELGIUM

- Association Belge des Médecins-Acupuncteurs - Belgische Vereniging der Geneesheren-Acupuncturisten - ABMA-BVGA
- Belgische Vereniging van Antroposofisch geöriënteerde Artsen - Association Belge des Médecins d'orientation Anthroposophique - BVAA-ABMA
- Unio Homeopathica Belgica



---

#### BULGARIA

- Association of Homeopathic Physicians in Bulgaria
- Bulgarian Association of Traditional Chinese Medicine

#### CYPRUS

- Cyprus Medical Homeopathic Association
- Pancyprrian Medical Society of Acupuncture

#### CZECH REPUBLIC

- Česká Lekarska Homeopatická Společnost
- Česká Společnost Anthroposofických Lékarů
- Česká Lekarska Akupunkturická Společnost

#### DENMARK

- Dansk Medicinsk Selskab for Akupunktur.
- Dansk Selskab for antroposofisk Medicin
- Danish Society for Evidence Based Acupuncture - DSEA

#### ESTONIA

- Eesti Akupunktuuri Assotsiatsioon
- Eesti Antroposofiliste Arstide Selts
- Eesti Homöopaatia Ühing

#### FINLAND

- Antroposofisen lääketieteen lääkäriyhdistys ry
- Finnish Medical Acupuncture Society

#### FRANCE

- Association Française d'Acupuncture
- Association pour la Recherche et l'Enseignement en Médecine Anthroposophique – AREMA
- Association Médicale Anthroposophique Française - AMAF
- Association Scientifique des Médecins Acupuncteurs de France
- Clubs Médecine et Informatique - CMI
- Fédération des Acupuncteurs pour la Formation Médicale Continue - FAFORMEC
- Fédération Française des Médecins Homéopathes Classiques
- Groupement des Pédiatres Homéopathes d'Expression Française
- Odontologie Energétique Thérapeutique - ODENTH
- Syndicat National des Médecins Homéopathes Français

---

#### GERMANY

- Ärztegesellschaft für Erfahrungsheilkunde e.V. - EHK
- Ärztliche Aktionsgemeinschaft für Therapiefreiheit e.V.
- Bundesverband der niedergelassenen naturheilkundlich tätigen Zahnärzte in Deutschland e.V. - BNZ
- Deutsche Ärztegesellschaft für Akupunktur e.V.
- Deutsche Gesellschaft für Akupunktur und Neuraltherapie e.V. - DGfAN
- Deutsche Gesellschaft für Biologische Medizin und Informatik - DGBMI
- Deutsche medizinische Arbeitsgemeinschaft für Herd- und Regulationsforschung - DAH
- Deutscher Zentralverein Homöopathischer Ärzte
- Gemeinnütziges Gemeinschaftskrankenhaus Herdecke
- Gemeinnütziger Verein zur Entwicklung von Gemeinschaftskrankenhäusern e.V.
- German Research Institute of Chinese Medicine
- Gesellschaft Anthroposophischer Ärzte in Deutschland e.V.
- Gesellschaft für Phytotherapie
- Hartmannbund Verband der niedergelassenen Ärzte Deutschlands
- Hessischer Ärzteverband Naturheilverfahren e.V.
- Institut für Antihomotoxische Medizin und Grundregulationsforschung
- International Association and Network for Yamamoto New Scalp Acupuncture
- Matrix-Gesellschaft
- Zentralverband der Ärzte für Naturheilverfahren – ZÄN

#### GREECE

- Hellenic Homeopathic Medical Society
- Hellenic Medical Acupuncture Society
- Medical Acupuncture Society of Northern Greece
- Panhellenic Medical Acupuncture Society

#### HUNGARY

- Hungarian Medical Acupuncture Association
- Magyar Homeopata Orvosi Egyesület

#### IRELAND

- Irish Medical Acupuncture Society

#### ITALY

- Associazione Medica Italiana di Agopuntura
- Associazione Medica Italiana di ElettroAgopuntura secondo Voll - AMIDEAV
- Associazione Terapie Naturale - ATeNa

- 
- Association for Research and Scientific Improvement - ARIAS
  - Centro Studi Omeopatia Clinica Agopuntura e Psicoterapia CSOCAP
  - Federazione Italiana delle Associazioni e dei Medici Omeopati
  - Fondazione Matteo Ricci
  - Italian Association of Manual Medicine and Neuroreflexotherapy - AIMAR
  - Società Italiana di Medicina Antroposofica
  - Società Italiana di Medicina Omeopatica
  - Società Italiana di Omeopatia e Medicina Integrata

#### LATVIA

- Latvian Medical Society, Association of Acupuncture and Related Techniques
- Latvijas Homeopatu Asociacija
- Latvijas Antroposofo Ārstu Asociacija

#### LITHUANIA

- Acupuncture group of Kaunas University of Medicine
- Lietuvos Homeopatu Asociacija
- Lithuanian Medical Doctors Association of Acupuncture and Traditional Medicine

#### LUXEMBURG

- Association luxembourgeoise des médecins-acupuncteurs

#### NETHERLANDS

- Artsenvereniging voor homeopathie VHAN
- Nederlandse Artsen Acupunctuur Vereniging
- Nederlandse Vereniging van Anthroposofische Artsen

#### NORWAY

- Norske Legers Forening for Antroposofisk Medisin
- Norwegian Society of Medical Acupuncture, Physician's Section

#### POLAND

- Lubelskie Stowarzyszenie Lekarzy Homeopatow i Farmaceutow
- Malopolskie Stowarzyszenie Lekarzy Homeopatow
- Nadbaltyckie Stowarzyszenie Homeopatow Lekarzy Farmaceutow i Weterynarzy
- Polskie Towarzystwo Akupunktury
- Polskie Towarzystwo Homeopatyczne

- 
- Polskie Towarzystwo Medycyny Antropozoficznej
  - Pomorskie Stowarzyszenie Homeopatow Lekarzy i Farmaceutow
  - Stowarzyszenie Homeopatow Lekarzy i Farmaceutow Regionu Lodzkiego
  - Wielkopolskie Stowarzyszenie Lekarzy Homeopatow i Farmaceutow

#### PORTUGAL

- Medical Acupuncture Society of Portugal
- Sociedade Homeopática de Portugal
- Sociedade Médica Homeopática de Portugal
- Sociedade Médica Portuguesa Ozono-Oxigenio Terapia, Lda.
- Sociedade Médica Portuguesa Regulação e Terapia Neural segundo Huneke, Lda.
- Sociedade Portuguesa de Homeopatia

#### ROMANIA

- Asociatiei Medicilor pentru o Medicina Completata cu Cunostinte Antroposofice
- Romanian Acupuncture Society
- Transsylvanian Association of Integrated Quantum Medicine
- Societatea Romana de Homeopatie

#### SLOVAKIA

- Slovak Medical Society of Acupuncture in the Slovak Medical Association
- Slovenská homeopatická spoločnosť

#### SLOVENIA

- Slovenian Association of Acupuncture and Traditional Chinese Medicine
- Slovensko homeopatsko društvo

#### SPAIN

- Academia Médico Homeopática de Barcelona
- Acupuncturist Section, Official College of Physicians, Barcelona
- Asociación Científica de Médicos Acupuntores de Sevilla “Huangdi”
- Asociación Médica Española de Electroacupuntura según Voll - AMEDEV
- Asociación Médica Española de Homeopatia y Bioterapía
- Federación Española de Médicos Homeópatas
- Grupo Master Universitario de Acupuntura
- Nueva Asociación Médica Antroposófica de España (NAMA)
- Sociedad Española de Organoterapia y Organología

---

SWEDEN

Läkarföreningen för Antroposofisk Orienterad Medicin (LAOM)

Swedish Medical Acupuncture Society

SWITZERLAND

Schweizerische Ärztesgesellschaft für Erfahrungsmedizin - SAGEM

Schweizerischer Verein Homöopathischer Ärzte

Vereinigung anthroposophisch orientierter Ärzte in der Schweiz

UNITED KINGDOM

Anthroposophical Medical Association

British Dental Acupuncture Society

British Medical Acupuncture Society

Faculty of Homeopathy

JOINT PUBLICATION BY THE EUROPEAN  
COMMITTEE FOR HOMEOPATHY (ECH),  
THE EUROPEAN COUNCIL OF DOCTORS FOR  
PLURALITY IN MEDICINE (ECPM),  
THE INTERNATIONAL COUNCIL OF MEDICAL  
ACUPUNCTURE AND RELATED TECHNIQUES (ICMART)  
AND THE INTERNATIONAL FEDERATION OF  
ANTHROPOSOPHIC MEDICAL ASSOCIATIONS (IVAA),  
REPRESENTING 132 MEDICAL CAM  
ASSOCIATIONS ACROSS EUROPE