The purpose of this update on traditional medicine and complementary medicine (TM/CAM) is to inform healthcare professionals, researchers, funders and policy-makers about developments. The update provides links to new material published or released as well as links to classic resources on traditional, complementary and integrative medicine (IM) as we gather them for the web-site.

1. Policy and Legislation: Regional Health Systems in Italy

Regional Health Systems and non-conventional medicine: the situation in Italy

By Mara Tognetti Bordogna
http://www.springerlink.com/content/473102n22851277k/

“In this paper we examine whether and how the regional healthcare systems include alternative medicines and, if so, whether this can be specifically attributed to the different organisational models in place. This analysis will be preceded by a framework to show how in Italy there is a constant and continuous increase in non-conventional medicine (NCM), determined from a research by citizens of a person-centred medicine and preventive. We shall examine how NCM has been incorporated in the National Health System (SSN) in Italy, from the time the Regional Health Systems were set up, and the factors that have contributed to their inclusion or exclusion.”

2. Research: Adverse Event Reporting in the USA

http://online.wsj.com/article/SB100014240529702039202045777193052426275904.html

The U.S. Food and Drug Administration has millions of "adverse event" reports,” ranging from fatigue to fatal heart attacks, for thousands of prescription drugs dating back to 1969. But the information hasn't been readily accessible—until now.”

“A start-up company, AdverseEvents Inc., has streamlined the FDA's often impenetrable database and made it easy to search the adverse-event reports for more than 4,500 drugs, free and online.

Another start-up, Clarimed LLC, has done the same for reports filed with the FDA on 130,000 medical devices, a far more complex group that runs the gamut from syringes to stents to tanning beds and diagnostic machines that could impact tens of thousands of lives.

While basic searches will remain free, AdverseEvents plans to charge consumers $10 a month for access to full drug reports starting Wednesday, and will offer health-care professionals and businesses more detailed information for additional fees. Clarimed may follow suit.”
“The adverse-event reporting system for drugs (known as AERS) helps the FDA monitor side effects that crop up after a medication is approved and used in the real world. (The system for devices, called Maude, for Manufacturer and User Facility Device Experience, started in the 1990s.) AERS has received 6.4 million reports, and the volume has risen steadily. There were 759,000 for drugs and 238,000 for devices in 2010. But reporting is voluntary, and represents only a fraction of all the side effects and malfunctions, the FDA says.”

“People seeking AERS information can download raw quarterly data from the FDA’s website, but it isn’t cumulative and requires technical expertise to use. They can also file a Freedom of Information Act request for more specific data, but what they get back may be voluminous and impenetrable.”

“One problem is that the data are sometimes jumbled. Most reports come through drug and device manufacturers, but patients, physicians, family members—even lawyers—can send reports to the FDA, and they often contain errors and inconsistencies.”

“AdverseEvents Inc. developed an algorithm that filters out duplicates and combines spelling variations, reducing over 200,000 drug names to about 4,500. It also made the data easily searchable and comparable for thousands of conditions and side effects back to 2004.”

The FDA files also don’t give a sense of the incidence or the number of reports relative to the use of a particular drug. “AdverseEvents plans to post prescription data for some drugs. But sales information isn’t available for many medical devices”.

**Adverse Events Inc.**


**Clarimed LLC**


### 3. Practitioner and Patient Organisations

**Integrated Healthcare Policy Consortium, USA**

[http://ihpc.info/about/about.shtml](http://ihpc.info/about/about.shtml)

“The Integrated Healthcare Policy Consortium (IHPC) is a broad coalition of healthcare professionals, patients and organizations driving public policy ....”

“The mission of the IHPC is to direct the national healthcare agenda toward a health-oriented, integrated system, ensuring all people access to the full range of safe and regulated conventional, complementary, and alternative healthcare professionals, therapies and products, and to the building blocks of health, including clean air and water as well as a healthy food supply.

IHPC serves:
- Policymakers as a trusted consensus voice of the Integrated Health Care (IHC)/Complementary and Alternative Medicine (CAM) communities.
- CAM and conventional integrated health care practitioners and their organizations by creating equality for all qualified health care providers/professions.
- Health care consumers by representing their interests, particularly in ensuring access to the full range of safe and effective forms of health care.
What We Believe

“Integrated Health Care (IHC) is a matter of both smart policy and equity--for healthcare consumers and professionals. It is what the American people want.

We believe that integrated health care has a critical role to play in addressing the two main issues of the current US healthcare crisis--cost and quality.

Specifically we believe the US healthcare system should be reprioritized to:

- Reduce the need for expensive heroic and emergency care by giving greater attention to disease prevention and health promotion.
- Alleviate the physician shortage that leaves some people without ready access to health care through greater utilization in primary care of naturopathic and chiropractic physicians, as well as nurse practitioners and physician assistants.

We believe that Americans should have real choice about their health care, and should be able to access the full range of conventional, complementary, and alternative health care professionals, selecting those most appropriate to their conditions and preferences.

We know that Americans want integrated health care. Surveys document that Americans make more visits per year to complementary and alternative healthcare providers than to conventional medical doctors. But they don’t just want access to CAM providers, they want truly integrated care, in which conventional and CAM providers work cooperatively with one another on behalf of each patient’s well-being.”

4. Books

Fundamentals of Complementary and Alternative Medicine

By Marc S. Micozzi
Publication Date: Fourth Edition, April 2010

“Focusing on emerging therapies and those best supported by clinical trials and scientific evidence, Fundamentals of Complementary and Alternative Medicine describes some of the most prevalent and the fastest-growing CAM therapies in use today. Prominent author Dr. Marc Micozzi provides a complete overview of CAM, creating a solid foundation and context for therapies in current practice.

Coverage of systems and therapies includes mind, body, and spirit; traditional Western healing; and traditional ethnomedical systems from around the world. Discussions include homeopathy, massage and manual therapies, chiropractic, a revised chapter on osteopathy, herbal medicine, aromatherapy, naturopathic medicine, and nutrition and hydration.”

“An evidence-based approach focuses on treatments best supported by clinical trials and scientific evidence.”
5. Journals

The first time a journal is listed, the contents of that edition will be given in full to give readers a sense of the scope of the publication. For subsequent editions, only some articles may be highlighted. Earlier editions of this newsletter are available from http://www.hsci.canterbury.ac.nz/enzcam/

**African Journal of Traditional, Complementary and Alternative medicines (AJTCAM)**

[First listed in ENZCAM Newsletter October 2011]

**Volume 9, Number 2, 2012. Released January 2012.**

http://journals.sfu.ca/africanem/index.php/ajtcam/issue/view/70

Selected articles:

- Mitochondria as pharmacological targets: the discovery of novel anti-obesity mitochondrial uncouplers from Africa’s medicinal plants
- Anti-inflammatory activity of crude Saponin extracts from five Nigerian medicinal plants
- Chinese herbal medicine: a safe alternative therapy for urinary tract infection in patients with renal insufficiency
- Anti-inflammatory, antioxidant, and selective antibacterial effects of Euadenia Eminens root bark.
- The influence of phytotherapy on macroprolactinoma size
- Antihyperglycemic activities of leaves of three edible fruit plants (Averrhoa Carambola, Ficus Hispida and Syzygium Samarangense) of Bangladesh

**BMC Complementary and Alternative Medicine**

[First listed in ENZCAM Newsletter September 2011]

**Published in January 2012**

http://www.biomedcentral.com/bmccomplementalternmed/

Selected articles:

- Impact of Tai Chi exercise on multiple fracture-related risk factors in post-menopausal osteopenic women: a pilot pragmatic, randomized trial
- Attitudes toward integrative pediatrics: a national survey among youth health care physicians in the Netherlands
- The use of complementary and alternative medicine among people living with diabetes in Sydney.
- Any difference? Use of a CAM provider among cancer patients, coronary heart disease (CHD) patients and individuals with no cancer/CHD

**Complementary Therapies in Clinical Practice**

[First listed in ENZCAM Newsletter June 2011]

**Volume 18, Number 1: January 2012**

http://www.sciencedirect.com/science/journal/17443881
Selected articles:

- Effect of an integrated support programme on the concerns and wellbeing of women with breast cancer: A national service evaluation
- Ginger to reduce nausea and vomiting during pregnancy: Evidence of effectiveness is not the same as proof of safety
- Tai Chi effects on neuropsychological, emotional, and physical functioning following cancer treatment: A pilot study
- The healers journey: A literature review
- Delivering shiatsu in a primary care setting: Benefits and challenges
- Use of complementary and alternative medicine by patients seen at the dermatology department of a tertiary care center
- Impact of self-administered relaxation and guided imagery techniques during final trimester and birth
- Episiotomy pain relief: Use of Lavender oil essence in primiparous Iranian women

Evidence-Based Complementary and Alternative Medicine (eCAM)
[First listed in ENZCAM Newsletter July 2011]
Volume X, Number X: Month 2012
http://www.hindawi.com/journals/ecam/aims/

Selected articles:

- Zingiber officinale Improves Cognitive Function of the Middle-Aged Healthy Women
- Randomised, Double Blind, Placebo-Controlled Trial of Echinacea Supplementation in Air Travellers,
- Pharmacological Basis for the Medicinal Use of Lepidium sativum in Airways Disorders
- Inhibitory Effect of Polyphenol-Rich Fraction from the Bark of Acacia mearnsii on Itching Associated with Allergic Dermatitis
- Usage and Attitudes of Physicians in Japan Concerning Traditional Japanese Medicine (Kampo Medicine): A Descriptive Evaluation of a Representative Questionnaire-Based
- Adverse Drug Reactions in a Complementary Medicine Hospital: A Prospective, Intensified Surveillance Study
- Honey-Based Mixtures Used in Home Medicine by Nonindigenous Population of Misiones, Argentina,
- The Cortical and Striatal Gene Expression Profile of 100 Hz Electroacupuncture Treatment in 6-Hydroxydopamine-Induced Parkinson's Disease Model
- Zerumbone, a Southeast Asian Ginger Sesquiterpene, Induced Apoptosis of Pancreatic Carcinoma Cells through p53 Signaling Pathway

Explore: The Journal of Science and Healing
[First listed in ENZCAM Newsletter May 2011]
Volume 8, Number 1: January 2012
http://www.explorejournal.com/issues

Selected articles:

- Effect of Pranayama (Breathing Exercise) on Arrhythmias in the Human Heart
- Symbolic Diseases and “Mindbody” Co-emergence. A Challenge for Psychoneuroimmunology
- Vedic Principles of Therapy
- Living with Type 2 Diabetes Mellitus in a Modern Mexican City and Opting for Phytotherapy
- Integrative Mental Health (IMH): Paradigm, Research, and Clinical Practice
- Innovations in Integrative Healthcare Education: Evidence Informed Practice as the Catalyst for Culture Change in CAM

Journal of Evidence-Based Complementary & Alternative Medicine
[First listed in ENZCAM Newsletter April 2011]
Volume 17, Number 1: January 2012
chp.sagepub.com/content/vol17/issue1/?etoc

Selected articles:
- Fluoride: Its Metabolism, Toxicity, and Role in Dental Health
- A Review and Update of Red Yeast Rice
- Cyclotides: From Gene Structure to Promiscuous Multifunctionality
- Content of Commercially Available, Single-Ingredient Vitamin D Dietary Supplements
- Study on Protection Against β-Amyloid Peptide Toxicity With Oral Administration of Medicinal Herbs
- Beyond Randomized Controlled Trials: Evidence in Complementary Medicine

The Journal of Alternative and Complementary Medicine
[First listed in ENZCAM Newsletter Q1 2011]
Volume 18, Number 1: January 2012
http://online.liebertpub.com/toc/acm/18/1

Selected articles:
- Older Australian Women Use Complementary Fertility Care: A Practice Audit
- Use of Ayurvedic Diagnostic Criteria in Ayurvedic Clinical Trials: A Literature Review Focused on Research Methods
- Using Whole-Body Vibration Training in Patients Affected with Common Neurological Diseases: A Systematic Literature Review
- The Personality of Homeopaths: A Cross-Sectional Survey of the Personality Profiles of Homeopaths Compared to a Norm Sample
- Effects of an 8-Week Meditation Program on Mood and Anxiety in Patients with Memory Loss
- Isoflavones in Treating Watchful Waiting Benign Prostate Hyperplasia: A Double-Blinded, Randomized Controlled Trial
- Effects of Whole-Body Vibration With or Without Localized Radiofrequency on Anthropometry, Body Composition, and Motor Performance in Young Nonobese Women
- Living with HIV: Responses to a Mantram Intervention Using the Critical Incident Research Method
- Symmetry States of the Physical Space: An Expanded Reference Frame for Understanding Human Consciousness
6. Campaign against TM/CAM in the UK

Number of Bachelors and Masters Degrees in CAM Halved

http://www.telegraph.co.uk/education/universityeducation/degree-courses/8989183/Lie-back-and-relax-reflexology-and-aromatherapy-degrees-are-dropped.html

“From this year, it will no longer be possible to study homoeopathy to degree level in a British university. The number of bachelor and masters degrees in subjects such as reflexology, aromatherapy, acupuncture and homoeopathy has halved since 2007, from more than 40 to 21. Many of the surviving courses are under review. In a shrinking job market, prospective students are returning to “traditional” degrees such as physics and chemistry.

Derby University has confirmed that this year its complementary medicine department is to be scrapped. The University of Westminster, which used to be the leading provider of complementary medicine degrees, is to drop nearly all of its courses for this year after applications dropped by half.

Five years ago, Westminster offered 14 BSc degrees in seven types of complementary medicine. Students this year will be offered four degrees in two subjects — acupuncture and herbal medicine.

Although the university says it remains “fully committed to excellence in complementary medicine” The Daily Telegraph understands that the remaining courses are under review and may soon be cut. This follows a spate of closures in the past two years after mounting pressure from scientists and doctors, who are furious that taxpayers’ money is being spent on teaching students about crystal-therapies and “energy fields”.

The closures are partly the result of a campaign led by Dr David Colquhoun, professor of pharmacology at University College London, and the rationalist pressure group Sense about Science.

... In 1992, John Major’s administration created 66 universities which were able to award complementary medicine degrees. Their popularity was helped by the support of the Prince of Wales, who campaigned to enhance the status of alternative medicine in the NHS.

With thanks for this link to John Weeks of the Integrator Blog:

John Weeks commented: “This is an important development for integrative academics in the U.S. to observe, especially given the parallel efforts of academics here to shut down integrative programs in academic health centers.”

Some of the people and groups that are waging a campaign against CAM:

Sense About Science

http://www.senseaboutscience.org/pages/health-and-medicine.html

“We are a charitable trust that equips people to make sense of scientific and medical claims in public discussion. [We] work in partnership with scientific bodies, research publishers, policy makers, the public and the media, to change public discussions about science and evidence. Through award-winning public campaigns, we share the tools of scientific thinking and scrutiny. Our growing international Voice of Young Science network engages hundreds of early career researchers in public debates about research and evidence. Our activities and publications are used and shaped by community groups, civic bodies, patient organisations, information services, writers, publishers, educators, health services and many others.”
“People look to us to:

- Make sense of science and evidence
- Provide quick help and advice
- Make a fuss about things that are wrong
- Represent the public interest in sound science
- Activate networks of scientists and others in defence of evidence”.

Ben Goldacre’s Bad Science
http://www.badscience.net/index.php?s=complementary+medicine

David Colquhoun: DC’s Improbable Science
http://www.dcscience.net/

7. Campaign against TM/CAM in Australia

Scientists urge unis to axe alternative medicine courses
http://www.smh.com.au/national/tertiary-education/scientists‐urge‐unis‐to‐axe‐alternative‐medicine‐courses‐20120125‐1qhtm.html#poll

“More than 400 doctors, medical researchers and scientists have formed a powerful lobby group to pressure universities to close down alternative medicine degrees.

Almost one in three Australian universities now offer courses in some form of alternative therapy or complementary medicine, including traditional Chinese herbal medicine, chiropractics, homeopathy, naturopathy, reflexology and aromatherapy.

But the new group, Friends of Science in Medicine, wrote to vice-chancellors this week, warning that by giving "undeserved credibility to what in many cases would be better described as quackery" and by "failing to champion evidence-based science and medicine", the universities are trashing their reputation as bastions of scientific rigour.

The group ... is also campaigning for private health insurance providers to stop providing rebates for alternative medical treatments.”

“Of particular concern to the group is the increase in chiropractic courses, following the recent announcement of a new chiropractic science degree by Central Queensland University. More than 30 scientists, doctors and community advocates wrote to the vice-chancellor and health science deans at the university voicing their concern, which laid the foundations for Friends of Science in Medicine.”

“Australia's vice-chancellors will meet in March and Professor Dwyer said his group was aiming to get a commitment from them to endorse health courses only with evidence-based science.”

Friends of Science in Medicine

Linked In group formed but only has one member as of 9 February 2012:
http://www.linkedin.com/groups/Friends-Science-in-Medicine-4227901
Reaction to this story


“The lobby has come under fire from alternative medicine practitioners such as the Australian Acupuncture & Chinese Medicine Association Limited (AACMA) and the National Herbalists Association of Australia (NHAA), which have called it a “witch hunt,” with the intention of stripping complementary medicine of its credibility and standing in Australia.”


“Mr. Dwyer said more than 50 scientists from Britain, the United States and Canada involved in similar efforts had expressed their support for the Australian group.

“It’s becoming an international effort,” he said....

David Colquhoun, a professor of pharmacology at University College London who has called for ending of alternative-medicine programs in Britain, is a member of the Australian group”.


“The “lesser universities” that have aroused the ire of FSM include the Australian Catholic University, Charles Sturt University, Central Queensland University, Edith Cowan University, Macquarie University, Monash University, Murdoch University, RMIT University, Southern Cross University, Swinburne University, the University of Ballarat, the University of New England, the University of Newcastle, the University of Queensland, the University of Technology Sydney, the University of Western Sydney, and the University of Wollongong. To buttress its case, FSM has gathered a list of offending courses, which includes Chinese Medicine, Wellness studies, Applied Eastern Anatomy, Clinical Science with options to study osteopathy and naturopathy, Mind/Body Medicine, and many others.”

“‘It should be a policy that all universities, higher education institutions, should not be involved in in this woolly teaching,’ Professor Dwyer said, adding that ‘I suspect that these are well attended, popular, money-earning courses for cash-strapped universities.’”

“The claims of FSM, however, ignore the evidence about CAM in higher education, said Dr Wardle, a NHMRC Research Fellow at the University of Queensland’s School of Population Health and co-director of the Network of Researchers in Public Health and Complementary and Alternative Medicine (NORPHCAM), an international group promoting clinical research in CAM.

‘They’re actually not that interested in evidence, because the overwhelming evidence is that putting CAM into universities has increased the standards, decreased the fringe element, and improved public safety, so it definitely smacks of dogmatism,’ said Dr Wardle, who is a naturopath.

‘They love to say that there’s no such thing as complementary medicine and conventional medicine, there’s just evidence-based and non-evidence-based, but, for example, St John’s Wort for over a decade now has been shown to be equally as effective as any pharmaceutical indication for mild to moderate depression, yet there’s still a large group of doctors who refuse to integrate it simply because it’s a herbal medicine,’ Dr Wardle said.”
“He questioned how representative FSM’s roll call of doctors really is, saying that he has just completed a survey of every rural GP in NSW and qualitative interviews with about 30. ‘About a third wouldn’t have anything to do with complementary medicine providers, another third were very open to it – maybe too open – and the other third if they knew a practitioner who got results they’d send people on.’

About 70 per cent of Australians use CAM and it thus makes sense for research and training to be carried out within the regulation and scientific rigour of the universities, Dr Wardle said.”

**John Dwyer and Kerryn Phelps** debating complementary medicine in universities on ABC:


### 8. Clinical Integration of TM/CAM

**NCCAM Clinical Digest**
Produced by the National Center for Complementary and Alternative Medicine (NCCAM) in the USA.

**January 2012: Safe Use of Dietary Supplements**


“While there is a great deal of evidence to indicate that dietary supplements help in preventing and treating states of nutrient deficiency, there is much less evidence about their usefulness in preventing or treating other diseases. Natural products such as herbal medicines or botanicals are often sold as dietary supplements and are readily available to consumers; however, there is a lot we don’t know about the safety of many of these products, in part because a manufacturer does not have to prove the safety and effectiveness of a dietary supplement before it is available to the public.

Two of the main safety concerns for dietary supplements are

* The possibilities of drug interactions--for example, research has shown that St. John's wort interacts with drugs such as antidepressants in ways that can interfere with their intended effects

* The possibilities of product contamination--supplements have been found to contain hidden prescription drugs or other compounds, particularly in dietary supplements marketed for weight loss, sexual health including erectile dysfunction, and athletic performance or body-building.

This issue provides information about the safe use of dietary supplements, including the Federal regulation of dietary supplements, sources of science-based information, and tips for talking with your patients.”
ENZCAM is based within the Health Sciences Centre, University of Canterbury, Christchurch, New Zealand. The Centre was established in 2005 with the aim to research the efficacy and safety of Complementary and Alternative Medicine (CAM), with a particular focus on CAM in the New Zealand setting. The centre acts as a focal point to develop novel research ideas in the field of CAM and foster partnerships with researchers both within New Zealand and overseas.

http://www.hsci.canterbury.ac.nz/enzcam/

As the purpose of this series is to put in the public domain material and evidence that will progress the integration of complementary medicine into health systems, we would be delighted if you make use of it in other research and publications. All material produced for ENZCAM and made available on the web-site may be freely used, provided the source is acknowledged. The material is produced under a Creative Commons Attribution-Noncommercial-Share Alike licence.

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