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. CAM in Germany

“Every fifth MD uses CAM” and “about 30% of the German MDs providing outpatient treatment are using alternative therapies”

This article is reproduced from the CAMbrella newsletter, Spring 2012

“Many German MDs are practising CAM, quite often they attend postgraduate courses related to CAM, and the citizens benefit from good reimbursement options.

In Germany the citizens have quite a lot of choices regarding health care, and there is a tradition of homeopathy, anthroposophic medicine and herbal medicine in the German context. Also, Chinese and Indian systems such as acupuncture and to a lesser extent Ayurveda have become part of the picture. Both medical doctors (MDs) and others practise CAM in Germany.

The German citizens have been given better possibilities for reimbursement. Since the beginning of 2012 a new German law (GKV-Versorgungsstrukturgesetz) became effective. It allows the health insurances to offer additional benefits to its customers, and e.g. the Techniker Krankenkasse (TK), decided to reimburse up to 100€ per year and insured person for Homeopathic, Phytotherapeutically and Anthroposophic Medicinal Products which are obtainable only in pharmacies but without a prescription. Besides, there are also minor health insurances, so-called Company Health Insurance Funds, reimbursing costs for CAM.

Among German MD’s there is a trend towards seeking an additional postgraduate qualification related to CAM, e.g. acupuncture, homeopathy, manual therapy/chirotherapy and naturopathic medicine. Among the 141,500 MDs, more than 40,000 held such a qualification in 2010. Please note that some doctors might have more than one of these additional qualifications, meaning that the number of these doctors is less than 40,000.

Despite of the publication of articles suggesting that clinical effects of homeopathy are placebo effects, the number of medical practitioners in Germany with additional qualification in Homeopathy is still increasing. In five years, from 2005 to 2010, the number increased from 4,528 to 5,070.

Every fifth MD uses CAM.

Within the same period, the number of MDs with additional qualification in acupuncture increased from 1,781 to 10,675, but this high increase might partly be explained by changes in qualification
requirements. The MDs, though, have been involved in acupuncture since the 1950s, and today, the German Medical Association for Acupuncture, DAGFA, has around 10,000 members, and the organisation has developed into a major professional society, working in all areas of Chinese medicine, including research, teaching and medical practice.

Besides that, about one out of ten MDs providing outpatient treatment are practicing under the title Naturheilverfahren in 2010. They have taken a broad training in areas such nutrition, homeopathy, herbal medicine and acupuncture.

All in all it means that about 30% of the German MDs providing outpatient treatment are using alternative therapies in his/her work. But it is unclear on which scientific basis they use it – whether for example, acupuncture is used from its original holistic approach or whether you just use the mechanical “Western” part of it.

Moreover, there are more than 10,000 “Heilpraktiker” practitioners. This is a specifically German phenomenon, as they have been included in the German health system by law for about 100 years. They are not doctors, but are trained in both – conventional medicine and alternative therapies, typical acupuncture and homeopathy.

Recently, Deutsche Krebshilfe (German Cancer Aid) has established a funding programme with focus on CAM: Priority Programme “Complementary Medicine in Oncology”. The aim is to increase transparency and objectivity in the area of unconventional treatments, on which cancer patients are continuously seeking advice.

The programme will generate high-quality information on existing practices and evidence-based studies, and this information should be made easily accessible for health care professionals and advisors, researchers, patients and the general public.

German Cancer Aid will support a network of competence, consisting of experienced institutions inside and outside universities. This interdisciplinary consortium should be led by a clinical oncologist with proven expertise in complementary methods.”

Original Text: Jesper Odde Madsen

Links:
German Medical Association (Bundesärztekammer): http://www.bundesaerztekammer.de/page.as...
German Cancer Aid: http://www.krebshilfe.de/english.html

2. Integration of CAM for Cancer Treatment in the EU

This article is summarised from the CAMbrella newsletter, Spring 2012 http://www.cambrella.eu/home.php?il=173

“Two groups of MEP’s are encouraging the European Commission and the European Parliament to support integration of CAM into the healthcare of EU citizens. A Round Table Meeting of the two European Parliament Interest Groups “MEPs Against Cancer” and “MEPs for CAM” took place on Tuesday 27th March 2012 in the European Parliament [in a meeting entitled] “Cancer and the contribution of Complementary and Alternative Medicine”.
A European survey has shown that more than a third of cancer patients in Europe use CAM to increase their body’s ability to fight the disease, to enhance their health and well-being, to feel empowered, and to alleviate physical and/or psychological distress. Emerging evidence from clinical trials suggests that several CAM therapies may address pain, fatigue, and psychological distress and improve quality of life in cancer patients. Because of the growing interest in CAM by patients, academic cancer centres are exploring ways to integrate such care into a conventional cancer treatment system. ....

[The MEPS] concluded the meeting with a call to the European Commission and the European Parliament to actively support the greater integration of CAM into the healthcare of EU citizens, particularly with regards to the prevention and treatment of cancer including empowerment of patients in self-care and to iron out inequalities in the use of CAM across Europe. They also called for greater investment in research into an integrated approach into the care and treatment of patients with cancer.

Original Text: Jesper Odde Madsen
Source: www.europeancancerleagues.org

3. CAM Research Approaches

This article is summarised from the CAMbrella newsletter, Spring 2012

“Health research is much more than a question of efficacy, and as many CAM therapies are not single component based, this is more complex compared to the investigation of a single pharmaceutical.... Other approaches and other questions are also important .... The prioritisation between these approaches, though, vary a lot throughout the world, and exploring the prioritisations and the background for those is an indispensable part of preparing the future research roadmap.

CAMbrella Work Package 6 are using a division in the following five types of research areas (based on Fønnebø et al, 2007 – see at end):
1) Context, paradigms, philosophical understanding and utilization;
2) Safety status
3) Comparative effectiveness
4) Component efficacy and
5) Biological mechanisms

While conventional research on pharmaceuticals often starts out with research on biological mechanisms followed by studies on component efficacy, the study of CAM needs to be different, according to an increasing number of researchers. Since the CAM movement is driven by its users rather than by research, CAM research looks different compared to research on conventional pharmaceuticals. Instead CAM research has many similarities to research on other complex interventions, for example nursing care or psychological interventions.

Considering the fact that CAM is used by a large percentage of the population regardless of the current research situation, an important focus for CAM research is to understand how CAM is perceived by its users and the motivations that lie behind the use. Moreover, the safety of specific CAM therapies is an important research focus in order to assure user safety. Given the popularity of CAM, these two kinds of questions are often more urgent and significant to investigate than the efficacy. ...
However, an important focus of CAM research is of course also to investigate whether something works or not. Since many CAM therapies are not single component based this is more complex compared to the investigation of a single pharmaceutical.

Here the knowledge about whether or not a CAM intervention works in an authentic clinical setting (i.e. comparative effectiveness) becomes a more important focus than to know if it works in a controlled environment (i.e. component efficacy).

To know about the specific biological mechanisms of a certain CAM intervention may very well be useful, but not as crucial as for a new drug, that may or may not make its way into the market.”

Original text: Johanna Hök and Jesper Odde Madsen

Comment: The 2007 paper by Fønnebø and colleagues is a critical one for understanding why CAM research methods need to differ from pharmaceutical research:


Figure 1 from Fønnebø et al, 2007: Research strategies in drug trials and CAM (proposed). Phases that contrast the proposed phased research strategy in CAM (dark arrows) with that conventionally used in drug trials (light arrows).
4. TCM in World Health Organization's ICD-11 Codes

By John Weeks
http://theintegratorblog.com/index.php?option=com_content&task=view&id=812&Itemid=189

“A note recently from Stacy Gomes, ... of Pacific College of Oriental Medicine shared this: "Marilyn Allen’s quiet but steadfast work as the U.S. liaison for the WHO ICD-11 [International Classification of Diseases, 11th edition] codes ... has not been publicized well and it only effects a limited ‘traditional’ medicine. It is a VERY promising direction for diagnostic coding for Chinese medicine.” Gomes’ note accompanied news that a new "ICD Alpha Browser" of the coding strategy is presently available on a WHO site. The TCM portion is here for review and comment by those who register.

Marilyn Allen ... has led the charge for years now to raise funds to get the U.S. acupuncture community into the room to help develop these codes with counterparts and colleagues in China, Korea and Japan.”

WHO: Traditional medicine conditions originating from Chinese medicine

This [WHO ICD-11] chapter refers to disorders and patterns which originated in ancient Chinese Medicine and are commonly used in China, Japan, Korea, and elsewhere around the world. This list represents a union set of harmonized traditional medicine conditions of the Chinese, Japanese, and Korean classifications. For an extended list of traditional medicine conditions, please refer to the International Classification of Traditional Medicine (ICTM).

A disorder in traditional medicine, disorder (TM)*, refers to a set of dysfunctions in any of the body systems which presents with associated manifestations, i.e. a single or a group of specified signs, symptoms, or findings. Each disorder (TM) may be defined by its symptomology, etiology, course and outcome, or treatment response. In defining a disorder (TM), symptomology and etiology are required. Course and outcome, and treatment response are optional.

1. **Symptomology:** signs, symptoms or unique findings by traditional medicine diagnostic methods, including the taking of the pulse, examining the tongue or any tongue coating, abdominal examination, and other methods.

2. **TM Etiology:** the underlying traditional medicine explanatory style, such as weather factors (historically known in TM translations as the external contractions), emotional factors (historically known in TM translations as the seven emotions), or other pathological factors, processes, and products.

3. **Course and outcome:** a unique path of development of the disorder (TM) over time

4. **Treatment response:** known response to traditional medicine interventions

A pattern in traditional medicine, pattern (TM), refers to the complete clinical presentation of the patient at a given moment in time including all findings. Findings may include symptomology or patient constitution, among other things.

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* The (TM) designation is used throughout this chapter for every traditional medicine term which uses the same word as a conventional medicine concept, but which has a different meaning in traditional medicine. For example, "liver (TM)" represents a different concept than "liver" in the other chapters of ICD.
Constitution: the characteristics of an individual, including structural and functional characteristics, temperament, ability to adapt to environmental changes, or susceptibility to various health conditions. This is relatively stable, being in part genetically determined while partially acquired.

Comment: This is a very significant development as lack of ICD coding can be a hindrance to funders accepting a complementary medicine modality.

Useful links:
http://www.who.int/classifications/icd/en/
http://apps.who.int/classifications/icd11/browse/f/en

5. Books

Law and Ethics in Complementary Medicine
A handbook for practitioners in Australia and New Zealand
By Michael Weir

“Established as the most widely used reference in the field, Law and Ethics in Complementary Medicine is a comprehensive handbook for professionals, students and researchers. Covering a wide range of complementary modalities, it deals with legal and ethical issues in clinical relationships and provides practical guidelines for setting up and running a professional practice. Michael Weir systematically outlines the various aspects of the law which impact on clinical practice, including legal obligations to clients, consumer legislation and complaints processes, and professional boundaries. He explains how to navigate professional indemnity insurance, and the steps you need to take in setting up a professional practice from establishing a business name to dealing with employees. He also outlines the role of codes of ethics, and explores how to deal with tricky ethical issues in daily practice.

This fourth edition is fully updated and addresses recent changes in regulation and case law, including the introduction of national boards to cover each registered health profession in Australia. For the first time it also covers aspects of regulation of complementary medicine modalities in New Zealand.”

6. 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/
BMC Complementary and Alternative Medicine
[First listed in ENZCAM Newsletter September 2011]
Volume X, Number X: Month 2012
http://www.biomedcentral.com/bmccomplementalternmed/

Selected articles:
- Natural resistance to ascorbic acid induced oxidative stress is mainly mediated by catalase activity in human cancer cells and catalase-silencing sensitizes to oxidative stress
- Antipyretic, analgesic and anti-inflammatory activity of Viola betonicifolia whole plant
- Development and Implementation of an Herbal and Natural Product Elective in Undergraduate Medical Education
- The use of complementary and alternative medicine (CAM) in children: a telephone-based survey in Korea
- Adjunctive naturopathic care for type 2 diabetes: patient-reported and clinical outcomes after one year
- Phytochemical studies and antioxidant activity of two South African medicinal plants traditionally used for the management of opportunistic fungal infections in HIV/AIDS patients
- Knowledge about complementary, alternative and integrative medicine (CAM) among registered health care providers in Swedish surgical care: a national survey among university hospitals
- Consumers’ experiences and values in conventional and alternative medicine paradigms: a problem detection study (PDS)
- Complementary and alternative medicine use among older Australian women - a qualitative analysis
- Acupuncture with manual and low frequency electrical stimulation as experienced by women with polycystic ovary syndrome: a qualitative study

Complementary Therapies in Clinical Practice
[First listed in ENZCAM Newsletter June 2011]
Volume 18, Number 2: May 2012
http://www.ctcpjournal.com/issues

Selected articles:
- Investigating complementary and alternative medicine in maternity care: The need for further public health/health services research
- Short- and long-term effects of a lactose-restricted diet and probiotics in children with chronic abdominal pain: A retrospective study
- Therapeutic effects of calcium & vitamin D supplementation in women with PCOS
- The effects of deep breathing on ‘tension–anxiety’ and fatigue in cancer patients undergoing adjuvant chemotherapy
- How Natural Therapists enhance positive expectations of patients
- Guided visualization interventions on perceived stress, dyadic satisfaction and psychological symptoms in highly stressed couples
- Fusion of western and traditional medicine for heart patients
- The College of Medicine in the UK welcomes Government announcement that practitioners of herbal medicine are to be statutorily regulated
Evidence-Based Complementary and Alternative Medicine (eCAM)
[First listed in ENZCAM Newsletter July 2011]
Published in May 2012
http://www.hindawi.com/journals/ecam/aims/

Selected articles:
- Outcome Measures of Chinese Herbal Medicine for Coronary Heart Disease: An Overview of Systematic Reviews
- Chinese Medicine Shenfu Injection for Heart Failure: A Systematic Review and Meta-Analysis
- Electroacupuncture Pretreatment as a Novel Avenue to Protect Brain against Ischemia and Reperfusion Injury
- Technical Parameters for Laser Acupuncture to Elicit Peripheral and Central Effects: State-of-the-Art and Short Guidelines Based on Results from the Medical University of Graz, the German Academy of Acupuncture, and the Scientific Literature
- Lipid-Regulating Effect of Traditional Chinese Medicine: Mechanisms of Actions
- Quality of Life and Functional Health Status of Long-Term Meditators
- Korean Red Ginseng Improves Blood Pressure Stability in Patients with Intradialytic Hypotension
- Developing Policy for Integrating Biomedicine and Traditional Chinese Medical Practice Using Focus Groups and the Delphi Technique
- Effect of Auricular Acupressure on Peri- and Early Postmenopausal Women with Anxiety: A Double-Blinded, Randomized, and Controlled Pilot Study
- Sino-European Transcontinental Basic and Clinical High-Tech Acupuncture Studies—Part 4: “Fire of Life” Analysis of Heart Rate Variability during Acupuncture in Clinical Studies
- Combining ZHENG Theory and High-Throughput Expression Data to Predict New Effects of Chinese Herbal Formulae
- Centella asiatica (L.) Urban: From Traditional Medicine to Modern Medicine with Neuroprotective Potential, Ilkay Erdogan Orhan
- Exploration of New Electroacupuncture Needle Material
- Chinese Medicine Injection Qingkailing for Treatment of Acute Ischemia Stroke: A Systematic Review of Randomized Controlled Trials
- Applications of New Technologies and New Methods in ZHENG Differentiation
- Prescription Pattern of Chinese Herbal Products for Breast Cancer in Taiwan: A Population-Based Study

Explore: The Journal of Science and Healing
[First listed in ENZCAM Newsletter May 2011]
Volume 8, Number 3: May 2012
http://www.explorejournal.com/issues

Selected articles:
- Tibetan Medicine and Integrative Health: Validity Testing and Refinement of the Constitutional Self-Assessment Tool and Lifestyle Guidelines Tool
- Religious Coping and Mental Health Outcomes: An Exploratory Study of Socioeconomically Disadvantaged Patients
- Time, Touch, and Compassion: Effects on Autonomic Nervous System and Well-Being
- Emergence of a Signal from Background Noise in the “Memory of Water” Experiments: How to Explain It?
• Feasibility of a Brief Yoga Intervention During Chemotherapy for Persistent or Recurrent Ovarian Cancer
• Effects of Myofascial Release and Other Advanced Myofascial Therapies on Children With Cerebral Palsy: Six Case Reports
• Evidence-Based Integrative Medicine Updates
• Innovations in Integrative Healthcare Education

Integrative Cancer Therapies
[First listed in ENZCAM Newsletter April 2011]
Volume 11, Number 1: March 2012 (notified May 2012)
http://ict.sagepub.com/content/11/1.toc?etoc

Selected articles:
• Systems Modeling in Integrative Oncology
• Medicinal Plants as Antiemetics in the Treatment of Cancer: A Review
• An Extract of Agaricus blazei Murill Administered Orally Promotes Immune Responses in Murine Leukemia BALB/c Mice In Vivo
• Co-Inhibition of HSP70/HSP90 Synergistically Sensitizes Nasopharyngeal Carcinoma Cells to Thermotherapy
• Tumor Growth Inhibitory Effect of Juglone and Its Radiation Sensitizing Potential: In Vivo and In Vitro Studies

The Journal of Alternative and Complementary Medicine
[First listed in ENZCAM Newsletter Q1 2011]
Volume 18, Number 5: May 2012
http://online.liebertpub.com/toc/acm/18/5

Select articles:
• Editorial: The Mismatch Between Personal Experience of Healing (in Patient or Therapist) and Currently Accepted Forms of Evidence
• Effects of Acupuncture on the Outcomes of In Vitro Fertilization: A Systematic Review and Meta-Analysis
• Zingiber officinale (Ginger) as an Anti-Emetic in Cancer Chemotherapy: A Review
• Multiweek Resting EEG Cordance Change Patterns from Repeated Olfactory Activation with Two Constitutionally Salient Homeopathic Remedies in Healthy Young Adults
• Implementation and Acceptability of Mindful Awareness in Body-Oriented Therapy in Women’s Substance Use Disorder Treatment
• Effects of an Integrated Approach of Hatha Yoga Therapy on Functional Disability, Pain, and Flexibility in Osteoarthritis of the Knee Joint: A Randomized Controlled Study
• Yoga Breathing for Cancer Chemotherapy–Associated Symptoms and Quality of Life: Results of a Pilot Randomized Controlled Trial
• Effects of Physical Therapy on Pain and Mood in Patients with Terminal Cancer: A Pilot Randomized Clinical Trial
• Portrayal of Complementary and Alternative Medicine for Cancer by Top Online News Sites
• Effects of Transcutaneous Electrical Nerve Stimulation on Motion Sickness Induced by Rotary Chair: A Crossover Study
• Anti-Inflammatory Effect of Keigai-rengyo-to Extract and Acupuncture in Male Patients with Acne Vulgaris: A Randomized Controlled Pilot Trial
7. Clinical Integration of TM/CAM

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

May 2012: Spinal Manipulation for Low-Back Pain

http://nccam.nih.gov/health/providers/digest/backpain

“Back pain is one of the most common health complaints, affecting 8 out of 10 people at some point during their lives. The lower back is the area most often affected. For many people, back pain goes away on its own after a few days or weeks. But for others, the pain becomes chronic and lasts for months or years. Low-back pain can be debilitating, and it is a challenging condition to diagnose, treat, and study. The total annual costs of low-back pain in the United States, including lost wages and reduced productivity, are more than $100 billion.

Spinal manipulation, sometimes called spinal manipulative therapy, is practiced by health care professionals such as chiropractors, osteopathic physicians, naturopathic physicians, physical therapists, and some medical doctors. Practitioners perform spinal manipulation by using their hands or a device to apply a controlled force to a joint of the spine. The amount of force applied depends on the form of manipulation used. The goal of the treatment is to relieve pain and improve physical functioning. This issue provides the state of the science about spinal manipulation for low-back pain.”

Produced for ENZCAM by
Heather McLeod and Ray Kirk

7 June 2012
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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