INTEGRATIVE MEDIZIN

STUDIENLAGE IM ÜBERBLICK

Tag der Integrativen Methoden
Veterinärmedizinische Universität Wien
17. Mai 2019

Dr. Thomas Peinbauer
Universitätslektor für Allgemeinmedizin und Modulbeauftrager für Komplementärmedizin
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CONFLICT OF INTERESTS

- Klassische Homöopathie (seit 1991)
  - Privatarztpraxis für Klassische Homöopathie seit 2001
  - ÖÄK-Diplom für Komplementärmedizin: Homöopathie
  - Mitglied und Vortragstätigkeit bei ÄKH, ÖGHM und SIH
  - Generalsekretär des Weltverbands homöopathischer Ärzte - Liga Medicorum Homoeopathica Internationalis (2010 – 2013)
  - Präsident des European Committee for Homeopathy (2012-2016)
  - Vorsitzender des CEN-Komitee für EN: 16872: 2016 (2013-2016)
- Deligierter bei EUROCAM (2012-2016)
- Univ. Lektor an der Medizinischen Fakultät der Johnnes-Kepler-Universität Linz
  - für Allgemeinmedizin
  - für Komplementärmedizin (Modulsprecher)
- Mitglied im Deutschen Netzwerk für Evidenzbasierte Medizin e.V.

INTEGRATIVE MEDIZIN

1993: **Eisenberg et al.: Unconventional medicine in the United States. Prevalence, costs, and patterns of use**. N Engl J Med. 1993; 328:246-252

- 33% d Amerikaner verwenden alternativ-medizinische Methoden
- Die Patienten sind meistens hochgebildet
- Patienten erzählen ihrem Hausarzt nichts davon

1994: National Institute of Health (NIH): **Office for Alternative Medicine**

1998: **National Center for Complementary and Alternative Medicine**

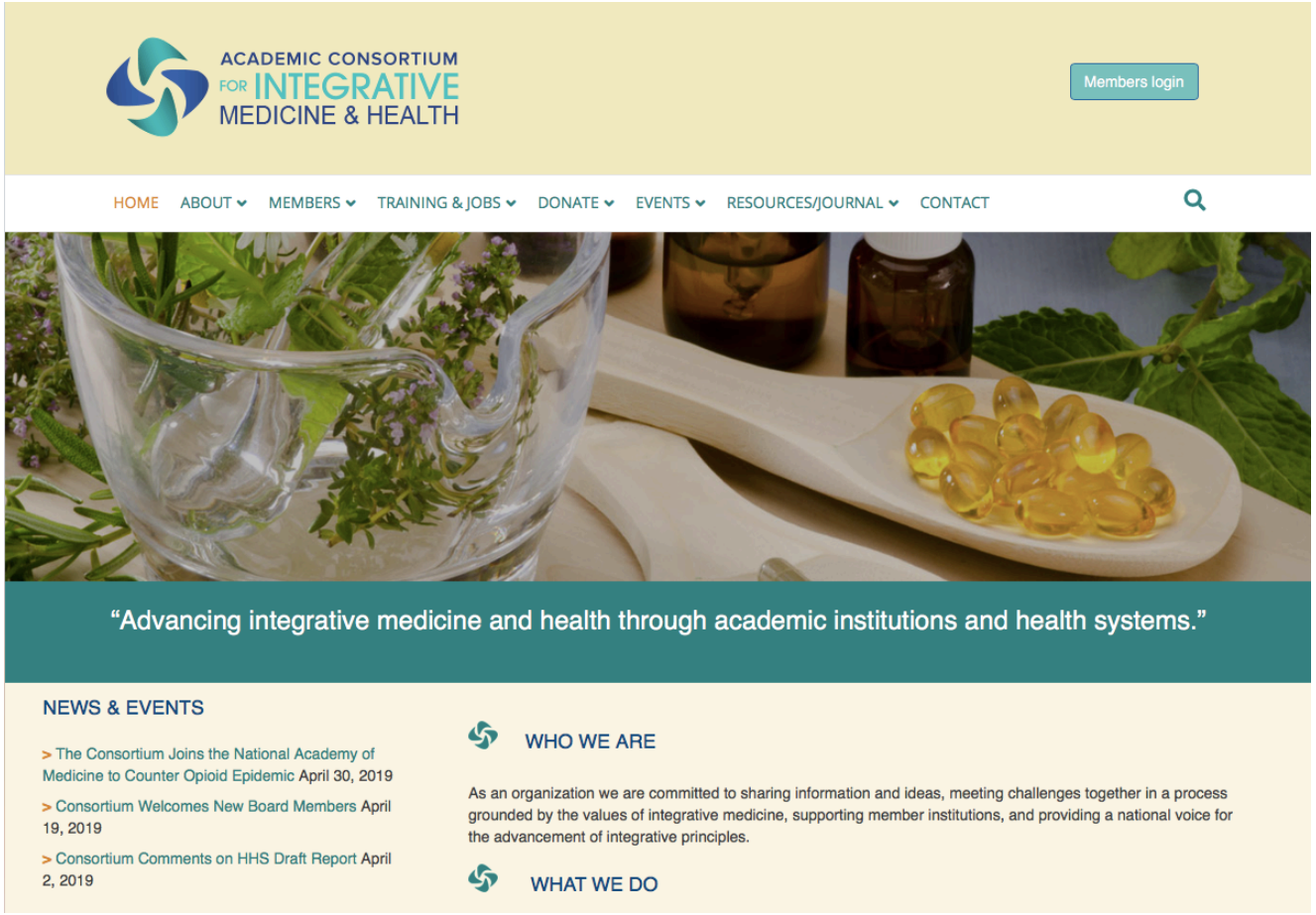
1999: **Meeting of representatives of 8 academic medical institutions**

- Duke University, Harvard University, Stanford University, University of California, San Francisco, University of Arizona, University of Maryland, University of Massachusetts, University of Minnesota
- Initiative by Jon Kabat-Zinn, PhD

seit 2002: **Academic Consortium for Integrative Medicine and Health**

- more than 70 esteemed academic medical centres and affiliated institutions in the USA, Canada and Mexico: integrative medicine programs
- https://www.imconsortium.org

Jährliches **Forschungsbudget**: ca. 250.000 Mio USD



https://imconsortium.org

OSHER CENTER FOR INTEGRATIVE MEDICINE

HARVARD MEDICAL SCHOOL AND BRIGHAM AND WOMEN'S HOSPITAL

The Osher Center for Integrative Medicine is a collaboration between Brigham and Women's Hospital and Harvard Medical School. It is focused on enhancing human health, resilience and quality of life through translational research, clinical practice and education in integrative medicine.

„Integrative medicine is the practice of medicine that

- reaffirms the importance of the relationship between practitioner and patient
- focuses on the whole person
- is informed by evidence
- makes use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health and healing."

https://oshercenter.org

OSHER CENTER FOR INTEGRATIVE MEDICINE
HARVARD MEDICAL SCHOOL AND BRIGHAM AND WOMEN'S HOSPITAL

Mind/Body/Movement Laboratory

Page Content

Research Team

Peter Wayne, PhD, Principal Investigator

Charles Coey, PhD, T-32 Post-Doctoral Research Fellow

Yan Ma, MD, T-32 Post-Doctoral Research Fellow

Dennis Munoz Vergara, DVM, PhD, T-32 Post-Doctoral Research Fellow

https://oshercenter.org

Osher Centre – Harvard Medical School

Current Areas of Research

- Tai Chi, neuromusculoskeletal health, and balance
- Tai Chi and cognitive-motor interdependence
- Tai Chi and cardiorespiratory health
- Integrative therapies and chronic pain
- Physiological complexity
- Acupuncture research

https://oshercenter.org

Representative publications

1. Tick H, Nielsen A, Pelletier KR, Bonakdar R, Simmons S, Glick R, Ratner E, Lemmon RL, Wayne P, Zador V; Pain Task Force of the Academic Consortium for Integrative Medicine and Health. Evidence-based nonpharmacologic strategies for comprehensive pain care: the Consortium Pain Task Force white paper. Explore (NY). 2018. doi: 10.1016/j.explore.2018.02.001.

2. Wayne PM, Eisenberg DM, Osypiuk K, Gow BJ, Witt CM, Davis RB, Buring JE. A Multidisciplinary Integrative Medicine Team in the Treatment of Chronic Low-Back Pain: An Observational Comparative Effectiveness Study. J Altern Complement Med. 2018. doi: 10.1089/acm.2018.0002.

3. O'Connor B, Eisenberg DM, Buring JE, Liang C, Osypiuk K, Levy DB, Wayne PM. Within-team Patterns of Communication and Referral in Multimodal Treatment of Chronic Low Back Pain Patients by an Integrative Care Team. Global Adv Health Med 2015;4:36-45.

4. Eisenberg DE, Kaptchuk T, Post D, Hrbek A, O'Connor B, Osypiuk K, Wayne PM, Buring JE, Levy D. Establishing an Integrative Medicine Program Within an Academic Health Center: Essential Considerations. Academic Medicine, 2016; 91(9):1223-30.

5. Jacobson E, Meleger A, Bonato P, Wayne PM, Langevin H, Kaptchuk TJ and Davis RB. Structural Integration as an adjunct to outpatient rehabilitation for chronic non-specific low back pain: a randomized pilot clinical trial. Evid-Based Comp and Alt Med 2015: doi.org/10.1155/2015/813418.

6. Lauche R, Stumpe C, Fehr J, Cramer H, Cheng YC, Wayne PM, Rampp T, Langhorst J, Dobos G. The effects of Tai Chi and neck exercises in the treatment of chronic non-specific neck pain: A randomized controlled trial J. Pain 2016; 17(9):1013-27.

Universität Zürich[UZH]

Medizinische Fakultät

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UniversitätsSpital Zürich
Institut für komplementäre und integrative Medizin
Sonneggstrasse 6
CH 8091 Zürich

https://www.med.uzh.ch/de/UeberdieFakultaet/fraueninderwissenschaft/wittclaudia.html

WIR SIND BESONDERS.

Mehr als 40.000 Patientinnen und Patienten haben in den vergangenen zwei Jahrzehnten die einzigartige Kombination aus wissenschaftlich gesicherten naturheilkundlichen Verfahren und modernster Medizin erfahren. Diese Integrative Medizin

Standorte der Fachklinik

KEM | Evang. Kliniken Essen-Mitte
Evang. Krankenhaus Essen-Steele
Klinik für Naturheilkunde & Integrative Medizin

https://kem-med.com/kompetenz-in-kliniken/fachkliniken/klinik-fuer-naturheilkunde-integrative-medizin/

About the Congress

The International Congress on Integrative Medicine and Health (ICIMH) will take place at the Hilton Cleveland Downtown in Cleveland, Ohio on April 28 - May 1, 2020. The Congress is convened by the Academic Consortium for Integrative Medicine and Health.

http://www.icimh.org/#home

PLURALISMUS IN DER MEDIZIN

- Vielfalt in der Gesundheitsversorgung
- Methodenpluralismus
- Therapiefreiheit
- Offener und konstruktiver Dialog zwischen verschiedenen Therapierichtungen
- Integration von Schulmedizin und Komplementärmedizin

Dialogforum Pluralismus in der Medizin

- seit 2000
- Prof. Jörg-Dietrich Hoppe
- Prof. Dr. Peter F. Matthiessen

Prof. Dr. Peter F. Matthiessen †

Bildquellen: https://de.wikipedia.org/wiki/Jörg-Dietrich_Hoppe
https://www.uni-wh.de/detailseiten/news/nachruf-auf-peter-f-matthiessen-1944-2019-7624/

INTEGRATIVE MEDICINE

„Now on the horizon is a more pluralistic, pragmatic approach to medicine

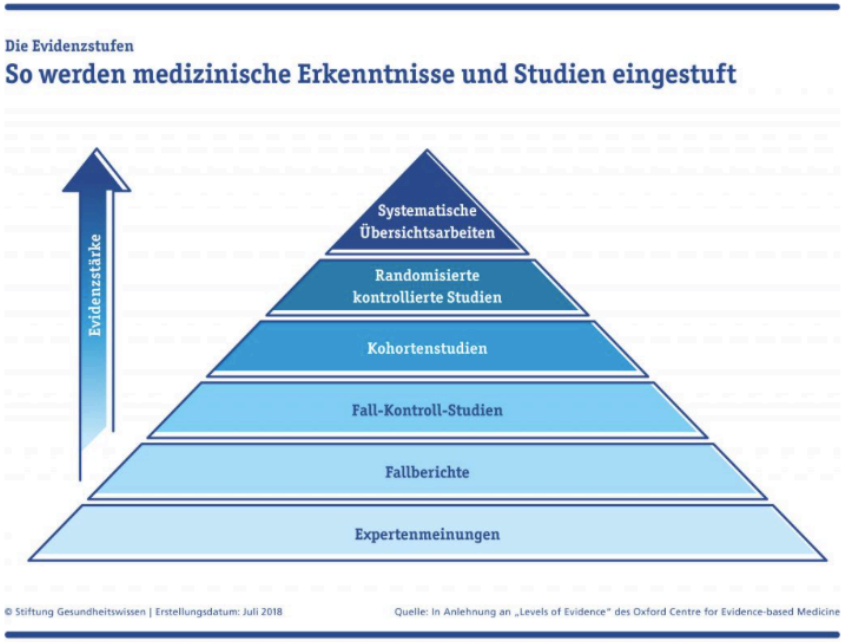
- that is patient-centered
- that offers the broadest range of potential therapies
- that advocates not only the holistic treatment of disease
- but also prevention, health and wellness

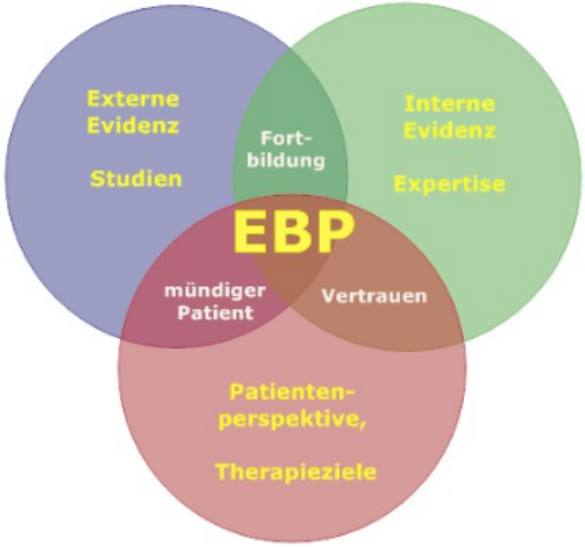
Sierpina V, University of Texas Medical Branch, Galveston
Dalen J, University of Arizona, Tucson

- The American Journal of Medicine, Vol 126, No 8, August 2013

EVIDENZBASIERTE MEDIZIN (EbM)

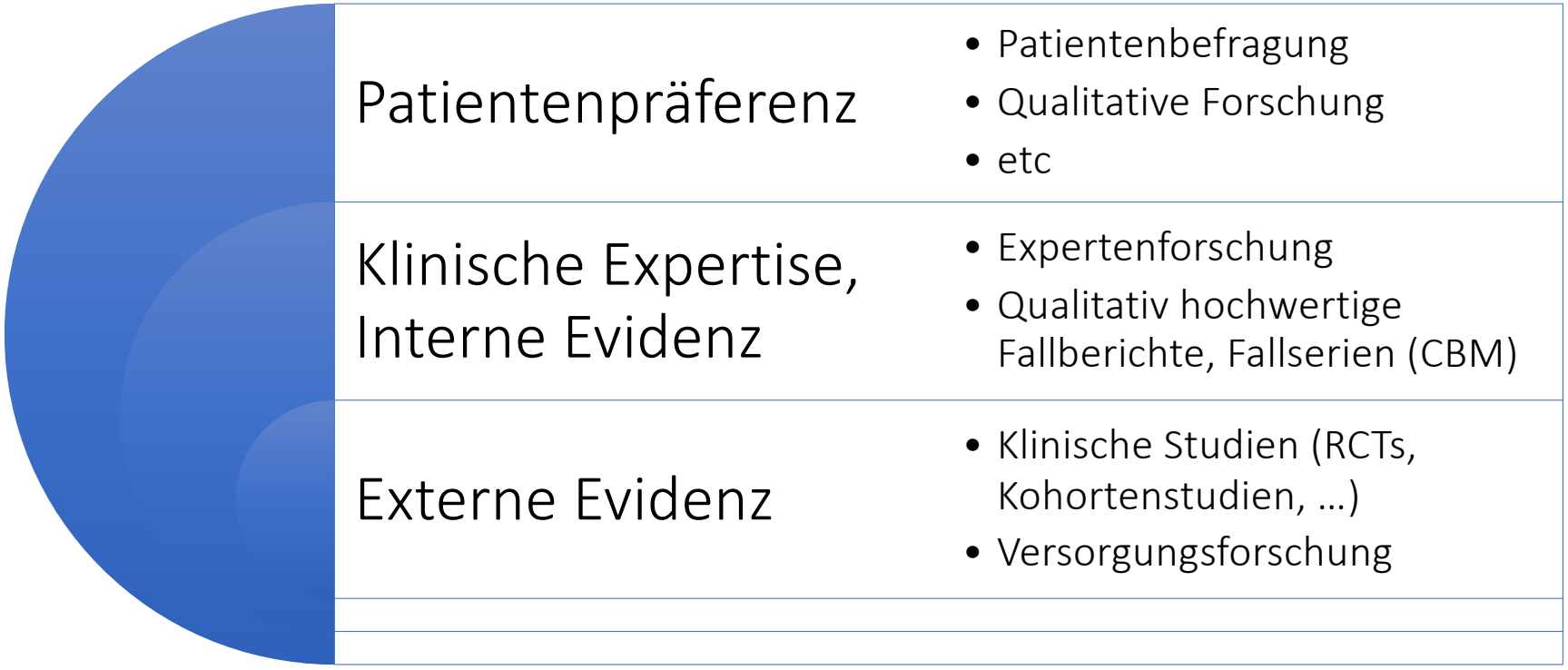
Gordon Guyatt / David Sackett (McMaster University), Kanada





Bildquelllen: Stiftung für Gesundheitswissen & https://patient4you.info/ebm

EVIDENZBASIERTE MEDIZIN (EbM)



CAM – Forschung in Europa

USA - Office of Alternative Medicine:

- 1995: Conference on Research Methodology in CAM
  - at the National Institute of Health (NIH) in Bethesda, MD
  - invited from Europe: Harald Walach, Klaus Linde, Dieter Melchert, Andrew Vickers, George Lewith

European Union:

- COST B4 action:
- **CAM-Cancer project: www.cam-cancer.org**
  - 5th Framework Programme in 2000 (1998-2000)

European Partnership Action Against Cancer (EPAAC)
Chapter „CAM in Cancer Care“

WP 7 – Healthcare

Initiated in 2009

- by the European Commission

Associate member

- The Region of Tuscany Health Department

Chapter „CAM in Cancer Care“
European Partnership Action Against Cancer (EPAAC)

Speaker - Dr Elio Rossi

Born in Alessandria (Italy) in 1954, graduated cum laude at the University of Milan (Italy) in Medicine in 1979; specialized in Infectious Diseases in 1982. Since 1991 Member of the Faculty of Homeopathy of London (MFHom).

Member of CAM National Commission of Italian Ministry of Health 1996-2001 and CAM Regional Commission of Tuscany since 1998. Director of the Homeopathic Clinic, Regional Center of Reference and of the Complementary Medicine in Oncology Clinic of the Hospital of Lucca. Co-president of the 5th ECIM 2012 congress in Florence.

Scientific responsible of the chapter CAM in cancer care of the European Partnership Action Against Cancer and member of the Quality Assurance Scheme Development Group for breast cancer services.

Bildquelle: http://cam-amr-conference.eu/speakers/dr-elio-rossi/

Support Care Cancer. 2015 Jun;23(6):1795-806. doi: 10.1007/s00520-014-2517-4. Epub 2014 Dec 4.

Complementary and alternative medicine for cancer patients: results of the EPAAC survey on integrative oncology centres in Europe.

Rossi E[1], Vita A, Baccetti S, Di Stefano M, Voller F, Zanobini A.

⊕ Author information

Abstract

BACKGROUND: The Region of Tuscany Health Department was included as an associated member in WP7 "Healthcare" of the European Partnership for Action Against Cancer (EPAAC), initiated by the EU Commission in 2009.

AIMS: The principal aim was to map centres across Europe prioritizing those that provide public health services and operating within the national health system in integrative oncology (IO).

METHODS: A cross-sectional descriptive survey design was used to collect data. A questionnaire was elaborated concerning integrative oncology therapies to be administered to all the national health system oncology centres or hospitals in each European country. These institutes were identified by convenience sampling, searching on oncology websites and forums. The official websites of these structures were analysed to obtain more information about their activities and contacts.

RESULTS: Information was received from 123 (52.1 %) out of the 236 centres contacted until 31 December 2013. Forty-seven out of 99 responding centres meeting inclusion criteria (47.5 %) provided integrative oncology treatments, 24 from Italy and 23 from other European countries. The number of patients seen per year was on average 301.2 ± 337. Among the centres providing these kinds of therapies, 33 (70.2 %) use fixed protocols and 35 (74.5 %) use systems for the evaluation of results. Thirty-two centres (68.1 %) had research in progress or carried out until the deadline of the survey. The complementary and alternative medicines (CAMs) more frequently provided to cancer patients were acupuncture 26 (55.3 %), homeopathy 19 (40.4 %), herbal medicine 18 (38.3 %) and traditional Chinese medicine 17 (36.2 %); anthroposophic medicine 10 (21.3 %); homotoxicology 6 (12.8 %); and other therapies 30 (63.8 %). Treatments are mainly directed to reduce adverse reactions to chemo-radiotherapy (23.9 %), in particular nausea and vomiting (13.4 %) and leucopenia (5 %). The CAMs were also used to reduce pain and fatigue (10.9 %), to reduce side effects of iatrogenic menopause (8.8 %) and to improve anxiety and depression (5.9 %), gastrointestinal disorders (5 %), sleep disturbances and neuropathy (3.8 %).

CONCLUSIONS: Mapping of the centres across Europe is an essential step in the process of creating a European network of centres, experts and professionals constantly engaged in the field of integrative oncology, in order to increase, share and disseminate the knowledge in this field and provide evidence-based practice.

Chapter „CAM in Cancer Care“

European Partnership Action Against Cancer (EPAAC)

Speaker - Dr Elio Rossi

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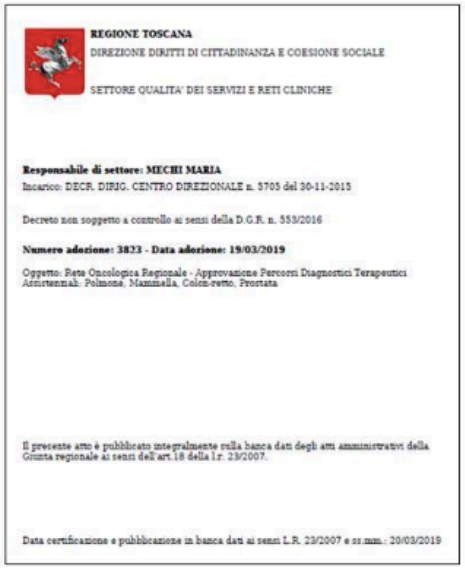
Klinischer Behandlungspfad für die Behandlung des Mamma-Karzinoms in der Toskana

PDTA Mammella - Regione Toscana

DECRETO DIRIGENZIALE N. 38 DEL 19.3.2019



REGIONE TOSCANA
DIREZIONE DIRITTI DI CITTADINANZA E COESIONE SOCIALE

SETTORE QUALITA' DEI SERVIZI E RETI CLINICHE

Responsabile di settore: MECHI MARIA
Incarico: DECR. DIRIG. CENTRO DIREZIONALE n. 5705 del 30-11-2015

Decreto non soggetto a controllo ai sensi della D.G.R. n. 553/2016

Numero adozione: 3823 - Data adozione: 19/03/2019

Oggetto: Rete Oncologica Regionale - Approvazione Percorsi Diagnostici Terapeutici Assistenziali: Polmone, Mammella, Colon-retto, Prostata

Il presente atto è pubblicato integralmente nella banca dati degli atti amministrativi della Giunta regionale ai sensi dell'art.18 della l.r. 23/2007.

Data certificazione e pubblicazione in banca dati ai sensi L.R. 23/2007 e ss.mm.: 20/03/2019

ALLEGATO B)

ISPRO

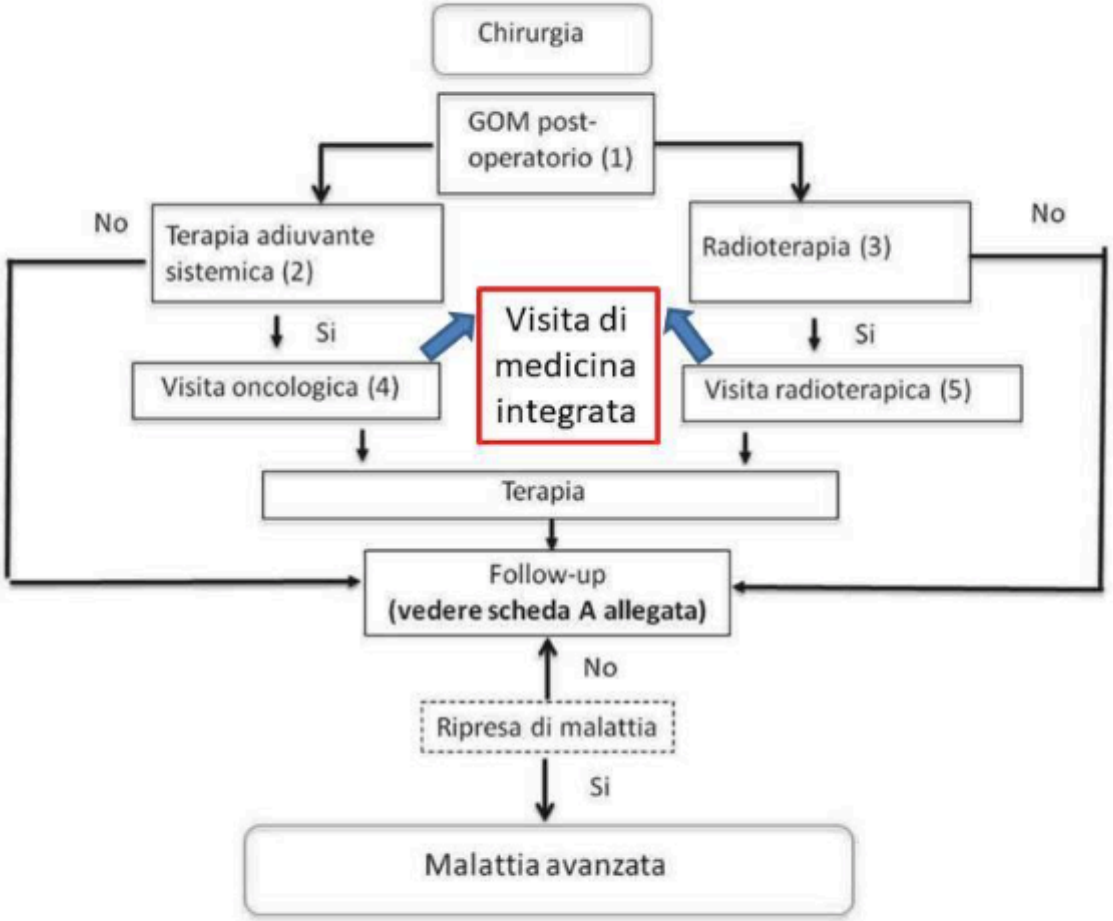
SST Servizio Sanitario della Toscana

Percorsi diagnostici terapeutici e assistenziali
Tumori della mammella

PDTA mammella
rev. febbraio 2019

*** Percorso Diagnostico Terapeutico Assistenziale**

Trattamento adiuvante e follow-up



Nella tabella sovrastante, ai punti (4) e (5) va considerato anche il possibile invio della paziente ad una visita, con eventuale relativa terapia, di medicina integrata.

MEDICINA INTEGRATA PER IL TRATTAMENTO DEGLI EFFETTI COLLATERALI DELLA TERAPIA

La DGR n. 418/2015 ha definito le modalità di integrazione dei trattamenti complementari nella rete oncologica regionale stabilendo il diritto dei cittadini a essere curati con le medicine complementari (MC) dimostrate efficaci.

Successivamente la DGR 1224/2016 ha invitato le Aziende USL e AOU toscane a prevedere l'utilizzo delle medicine complementari nei PDTA del paziente oncologico, dato che l'oncologia viene considerata settore prioritario di intervento a livello regionale nel quale dovrà essere garantita l'attività di medicina complementare e integrata.

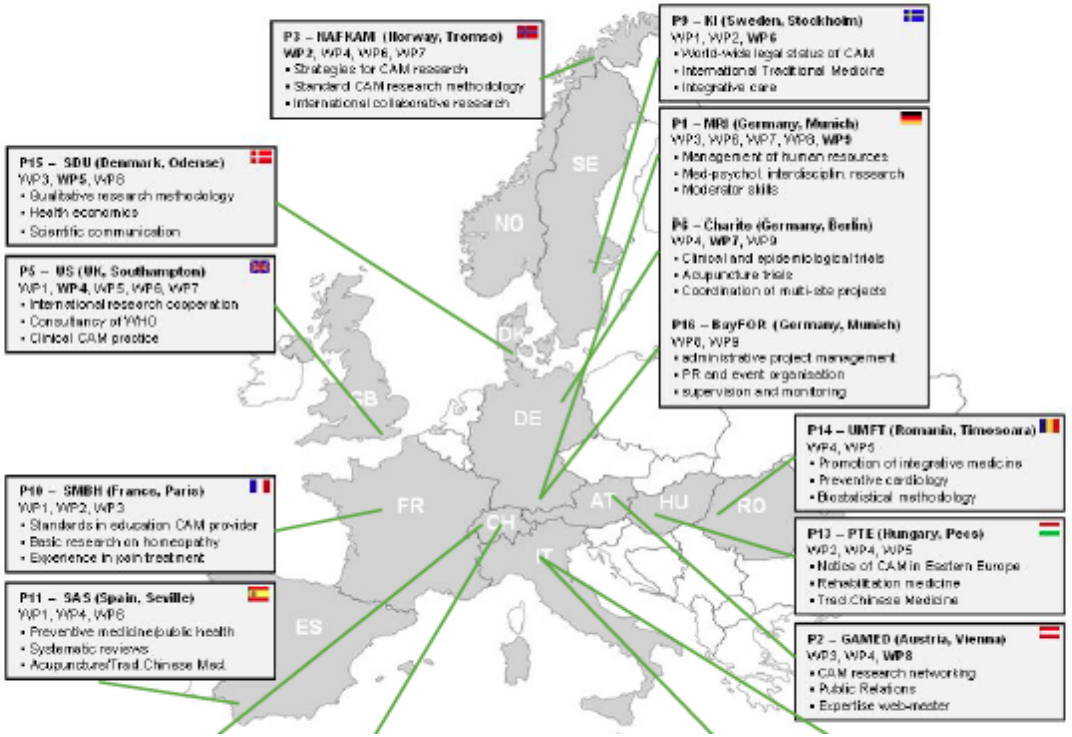
Secondo la normativa nazionale l'agopuntura, la fitoterapia e l'omeopatia sono discipline di pertinenza medica mentre altre tecniche di Medicina Tradizionale Cinese (auricoloterapia, fior di Prugna, digitopressione ecc) possono essere effettuate da altro pesronale sanitario opportunamente formato. Pertanto si propone un modello organizzativo che prevede:

- **interventi di primo livello** - esclusivamente con tecniche di MTC, realizzati, previa indicazione del medico responsabile del percorso assistenziale, da personale infermieristico o di altro profilo sanitario dei dipartimenti oncologici, opportunamente formato per il trattamento dei seguenti sintomi: nausea, vomito, dolore, insonnia, ansia, lievi disturbi dell'umore e qualità della vita. L'attività di MTC dovrà entrare a far parte della regolare attività del reparto, coprendo l'intero orario di cura.
- **interventi di secondo livello** - trattamento presso gli ambulatori di MC dei seguenti sintomi:
  1. agopuntura e MTC: dolore post chirurgico, caldane e dolore da inibitori dell'aromatasi.
  2. fitoterapia: dolore resistente a terapia standard; depressione
  3. omeopatia: caldane

CAMbrella

- EU funded project (FP7)
- 2010 – 2012
- 31 EU/EFTA countries and 8 associate states
- to develop a CAM network
- to develop a roadmap for research strategies
- www.cambrella.eu
- Forsch Komplementmed 2012; 19(suppl 2)

CAMbrella



Quelle: https://cambrella.eu/home.php

CAMbrella

1. Terminology and definitions
2. Legal status and regulations
3. Needs and attitudes of citizens
4. CAM use – the patients‘ perspective
5. CAM use – the providers‘ perspective
6. CAM use – the global perspective
7. Roadmap for future CAM research
8. Dissemination and communication
9. Management

Quelle: https://cambrella.eu/home.php

CAM – COMPLEMENTARY AND ALTERNATIVE MEDICINE

„Complementary and Alternative Medicine (CAM) utilised by European citizens represents **a variety of different medical systems and therapies**

based on the *knowledge, skills* and *practices* derived from *theories*, philosophies and *experiences*

used to maintain and improve *health*, as well as to *prevent, diagnose*, relieve or *treat physical and mental illnesses*.

CAM has been mainly used outside conventional health care, but in some countries certain treatments are being adopted or adapted by conventional health care.“

- Europäische Definition: CAMbrella – Konsensus-Meeting im Mai 2012
- Basis: WHO Definition für Traditionelle Medizin (kursiv)

WHO Strategy on T&CM 2014-2023

[…] The WHO Traditional Medicine Strategy 2014-2023 will help health care leaders to develop solutions that contribute to a broader vision of improved health and patient autonomy. **The strategy has two key goals**:

1. to support Member States in harnessing the potential contribution of T&CM to health, wellness and people-centred health care and
2. to promote the safe and effective use of T&CM through the regulation of products, practices and practitioners.

These goals will be reached by implementing **three strategic objectives**:

1. building the **knowledge base** and formulating **national policies**;
2. strengthening safety, quality and effectiveness through **regulation**; and,
3. promoting universal health coverage by **integrating T&CM services and self-health care into national health systems**.

Quelle: https://apps.who.int/iris/handle/10665/92455

DER GESETZLICHE UND REGULATORISCHE STATUS VON CAM IN EUROPA

Patient safety + Risk governance

- European patients make their CAM treatment and provider choices based on insufficient and not trustworthy information. The diversity of European CAM provider´s skills and regulation may challenge patient safety
- **Risk governance giving preference to patient safety, includes regulation as an important management tool**

(Wiesener, 2013)

GESETZLICHE REGELUNG DER HOMÖOPATHISCHEN PRAKTIKER

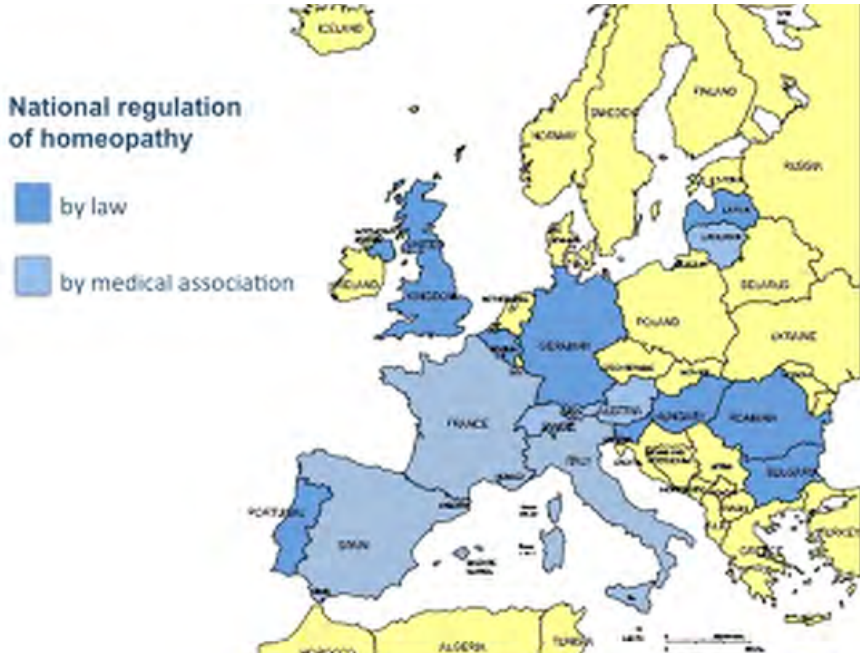
In Österreich: **Arztvorbehalt**

- Approbierte Ärzte, Tierärzte, Zahnärzte, Hebammen

In Deutschland:

- auch Heilpraktiker

Länder „gelb“: keine Regelung



Quelle: https://cambrella.eu/home.php

GESETZLICHE REGELUNG DER HOMÖOPATHISCHEN MEDIZINPRODUKTE

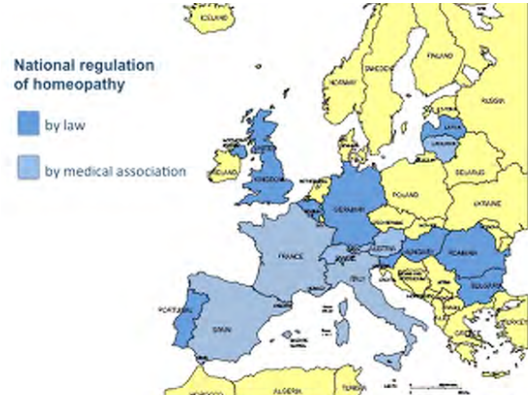
Medicinal products

- In 1965 the European Economic Community (ECC) started harmonising national legislation on medicinal products
  - Adoption of Directive 65/65/EEC
  - to remove existing barriers to trade
  - to protect pulic health (in reaction to the thalidomide case)

Homeopathic medicinal products

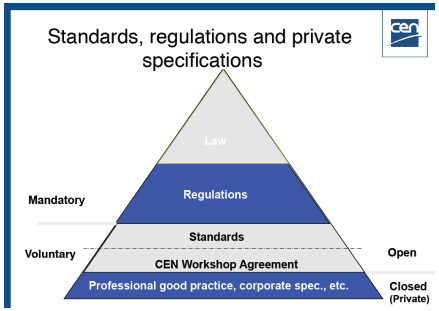
- Included since 1992
  - Directive 92/73/ECC (human use)
  - Directive 92/74/EEC (veterinary use)
  - Directive 2001/83/EC and Annex I (Directive 2003/63/EC): codification of the content of Directive 92/73/ECC
  - 2004: Directive 2001/83/EC amended by Directives 2004/24/EC and 2004/27/EC

GESETZLICHE REGELUNG DER HOMÖOPATHISCHEN PRAXIS



- CEN - European Standard
  - in Zusammenarbeit mit dem Austrian Standards Institute (ASI)
  - EN 16872: 2016 - Service Provision of Medical Doctors with additional Qualification in Homeopathy

- **Österreichisches Ärztekammerdiplom für Komplementärmedizin: Homöopathie (seit 1995)**



https://standards.cen.eu/dyn/www/f?p=204:110:0::::FSP_LANG_ID,FSP_PROJECT:25,41763&cs=11F8C789311D9BB0CA26F624164542DB0

ÖÄK-Diplom Komplementärmedizin


ÖSTERREICHISCHE ÄRZTEKAMMER

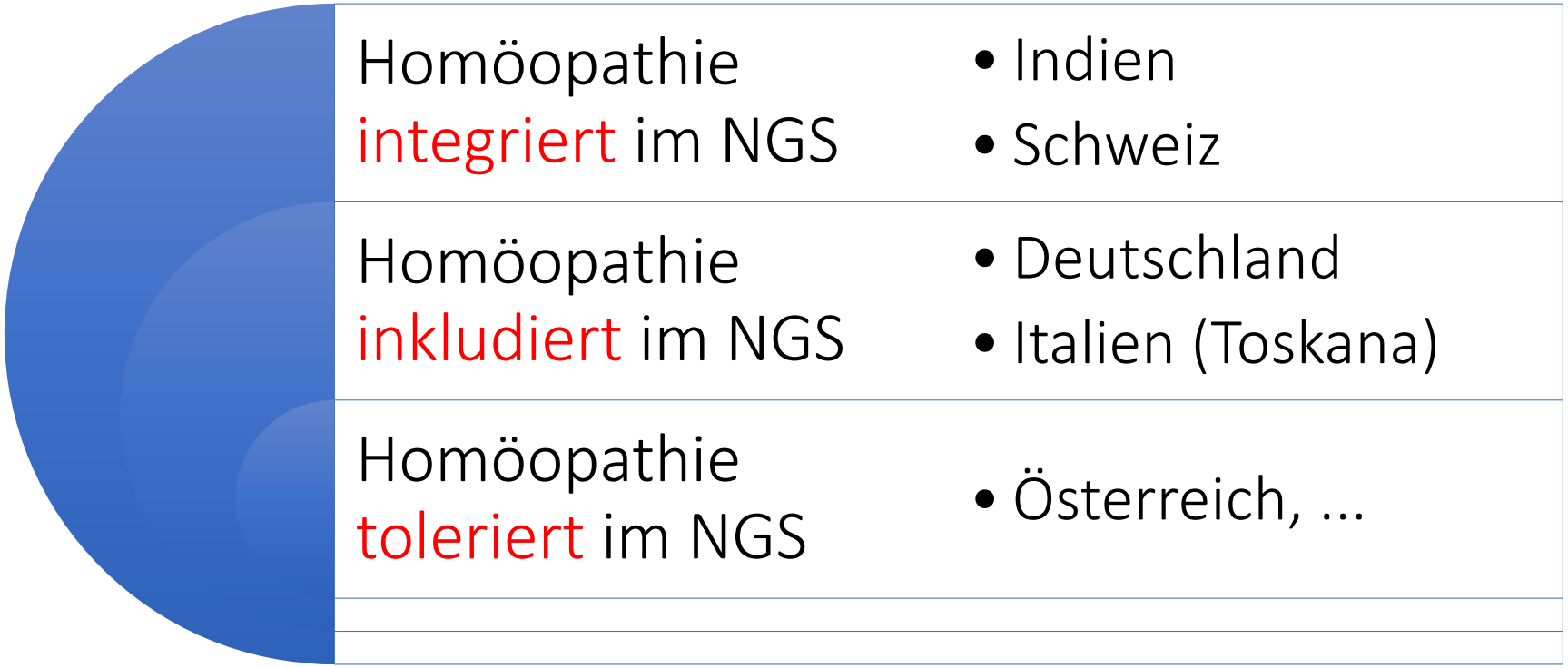
Dr. Kerstin Wagner
ist gemäß den Fortbildungsrichtlinien für Akupunktur der Österreichischen Ärztekammer berechtigt, das

ÖÄK-DIPLOM KOMPLEMENTÄRE MEDIZIN
AKUPUNKTUR zu führen.

- Akupunktur
- Anthroposophische Medizin
- Funktionelle Myodiagnostik (Applied Kinesiology)
- Begleitende Krebsbehandlung
- Chinesische Diagnostik und Arzneitherapie
- Diagnostik und Therapie nach Dr. F.X. Mayr
- Homöopathie
- Kneippmedizin
- Manuelle Medizin
- Neuraltherapie
- Orthomolekulare Therapie
- Phytotherapie

https://www.arztakademie.at/diplome-zertifikate-cpds/oeaek-diplome/

Integration im Nationalen Gesundheitssystem



Homöopathie integriert im NGS	• Indien • Schweiz
Homöopathie inkludiert im NGS	• Deutschland • Italien (Toskana)
Homöopathie toleriert im NGS	• Österreich, ...

Integration ins Gesundheitssystem

Integration: Schweiz

- Bestimmte komplementärmedizinische Methoden sind offiziell anerkannt und in alle Gesundheitsbereiche integriert
- 1998 – 2005: PEK - Studie
- 2009: Eidgenössische Volksinitiative „Ja zur Komplementärmedizin“
- Aufnahme in die Grundversicherung
    - Anthroposophische Medizin
    - Homöopathie
    - Neuraltherapie,
    - Phytotherapie
    - Traditionelle Chinesische Medizin
- IKOM – Institut für Komplementärmedizin, Universität Bern
    - Forschung
    - Lehre
    - Patientenversorgung

https://www.presseportal.ch/de/pm/100017013/100496366

Homöopathie im hausärztlichen Kontext

EVIDENZ:

- **PEK-Studie (1998-2005, Schweizer Gesundheitsministerium):**
  - 562 ärztliche Grundversorger mit und ohne komplementärmedizinischer Expertise
  - Eine homöopathische Praxis verursacht nur **die Hälfte der Kosten einer durchschnittlichen Grundversorgungspraxis**
  - Homöopathisch behandelte Patienten müssen **seltener stationär** behandelt werden, nehmen **weniger teure Spezialbehandlungen** in Anspruch und **leiden weniger an Nebenwirkungen von Arzneimitteln** als konventionell behandelte Patienten

Integration ins Gesundheitssystem

Inklusion: Deutschland

- Selektivverträge Homöopathie nach §§140a ff sowie §73c SGB V
- Mehr als die Hälfte der Bevölkerung Deutschlands können Homöopathie als Kassenleistung in Anspruch nehmen

Integration ins Gesundheitssystem

Inklusion: Akupunktur in Österreich

- 1986: Anerkennung der Akupunktur als wissenschaftliche Methode durch den Obersten Sanitätsrat Österreichs
- 1991: Einführung des offiziellen Ärztekammer-Diploms für Akupunktur
- 2012: Akupunktur-Ambulanz im Neurologischen Zentrum Rosenhügel
    - Behandlung auf Krankenkassenkosten
    - größtes Akupunktur-Ausbildungszentrum für Ärzte in Europa

Integration ins Gesundheitssystem

Toleranz: Homöopathie in Österreich

- Das nationale Gesundheitssystem basiert grundsätzlich auf konventioneller, wissenschaftlicher Medizin, aber einige komplementärmedizinische Methoden werden per Gesetz toleriert.
- 1995: Einführung des offiziellen Ärztekammer-Diploms für Homöopathie
  - postpromotionell 350 Fortbildungsstunden in 3 Jahren (ÄKH, ÖGHM)
- Seit 2004: Spezialambulanz “Homöopathie bei malignen Erkrankungen“, Medizinische Universität Wien, Klinik für Innere Medizin I, Prof. Frass

- KH Barmherzige Schwestern Linz (1841 – 1901)
- Dr. Simon Reiß (1810-1870)

- AKH Wien, Spezialambulanz "Homöopathie bei malignen Erkrankungen"
- Univ. Prof. Dr. Michael Frass

Complement Ther Med. 2015 Jun;23(3):309-17. doi: 10.1016/j.ctim.2015.03.004. Epub 2015 Mar 23.

Influence of adjunctive classical homeopathy on global health status and subjective wellbeing in cancer patients - A pragmatic randomized controlled trial.

Frass M[1], Friehs H[2], Thallinger C[3], Sohal NK[4], Marosi C[5], Muchitsch I[6], Gaertner K[7], Gleiss A[8], Schuster E[9], Oberbaum M[10].

⊕ Author information

Abstract

OBJECTIVES: The use of complementary and alternative medicine has increased over the past decade. The aim of this study was to evaluate whether homeopathy influenced global health status and subjective wellbeing when used as an adjunct to conventional cancer therapy.

DESIGN: In this pragmatic randomized controlled trial, 410 patients, who were treated by standard anti-neoplastic therapy, were randomized to receive or not receive classical homeopathic adjunctive therapy in addition to standard therapy. The study took place at the Medical University Vienna, Department of Medicine I, Clinical Division of Oncology.

MAIN OUTCOME MEASURES: The main outcome measures were global health status and subjective wellbeing as assessed by the patients. At each of three visits (one baseline, two follow-up visits), patients filled in two different questionnaires.

RESULTS: 373 patients yielded at least one of three measurements. The improvement of global health status between visits 1 and 3 was significantly stronger in the homeopathy group by 7.7 (95% CI 2.3-13.0, p=0.005) when compared with the control group. A significant group difference was also observed with respect to subjective wellbeing by 14.7 (95% CI 8.5-21.0, p<0.001) in favor of the homeopathic as compared with the control group. Control patients showed a significant improvement only in subjective wellbeing between their first and third visits.

CONCLUSION: Results suggest that the global health status and subjective wellbeing of cancer patients improve significantly when adjunct classical homeopathic treatment is administered in addition to conventional therapy.

TRIAL REGISTRATION: ClinicalTrials.gov NCT00861432.

NAFKAM
Tromsø, Norwegen

CAM Cancer is hosted by NAFKAM

Norway's National Research Center in Complementary and Alternative Medicine

Les mer om NAFKAM

Other websites from NAFKAM:

NAFKAM | CAM Regulation

http://nafkam.no

CAM Cancer is an open-access, non-profit web resource providing health professionals with evidence-based information about complementary and alternative medicine (CAM) for cancer.

Aims

The aims of CAM-Cancer are:

- To prepare and disseminate information for health professionals based on the best available evidence in order to assist them in making informed treatment decisions together with their patients. Our summaries can be found here.
- To maintain and develop an international authoritative network around CAM in cancer: the CAM-Cancer Collaboration.

http://nafkam.no

CAM Cancer is hosted by NAFKAM

Norway's National Research Center in Complementary and Alternative Medicine

http://nafkam.no

CAM CANCER

Breuss Cancer Cure

9. January 2019

CAM CANCER

Maitake (Grifola frondosa)

8. January 2019

CAM CANCER

Macrobiotic diet

8. January 2019

CAM CANCER

Gerson therapy

8. January 2019

CAM CANCER

Colostrum

8. January 2019

CAM CANCER

Budwig diet

8. January 2019

CAM CANCER

Shark cartilage

8. January 2019

CAM CANCER

Amygdalin/Laetrile

8. January 2019

CAM CANCER

Propagermanium

8. January 2019

CAM CANCER

Insulin potentiation therapy

7. January 2019

CAM CANCER

Fermented wheat germ extract

7. January 2019

CAM CANCER

Ornish diet and lifestyle modification programme

7. January 2019

ARTICLE

Melatonin

22. November 2016

ARTICLE

Shiitake

22. November 2016

http://nafkam.no

Milk thistle (Silybum marianum)

29. January 2019

Artemisia absinthium

28. January 2019

Cat's claw (Uncaria spp)

9. January 2019

Black cohosh (Actaea racemosa)

9. January 2019

CAM CANCER

Ukrain

8. January 2019

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Spirulina (blue-green algae)

8. January 2019

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Red clover (Trifolium pratense)

8. January 2019

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PC-SPES

8. January 2019

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Noni

7. January 2019

CAM CANCER

Pomegranate (Punica granatum)

6. January 2019

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Essiac

2. January 2019

CAM CANCER

Echinacea spp

2. January 2019

CAM CANCER

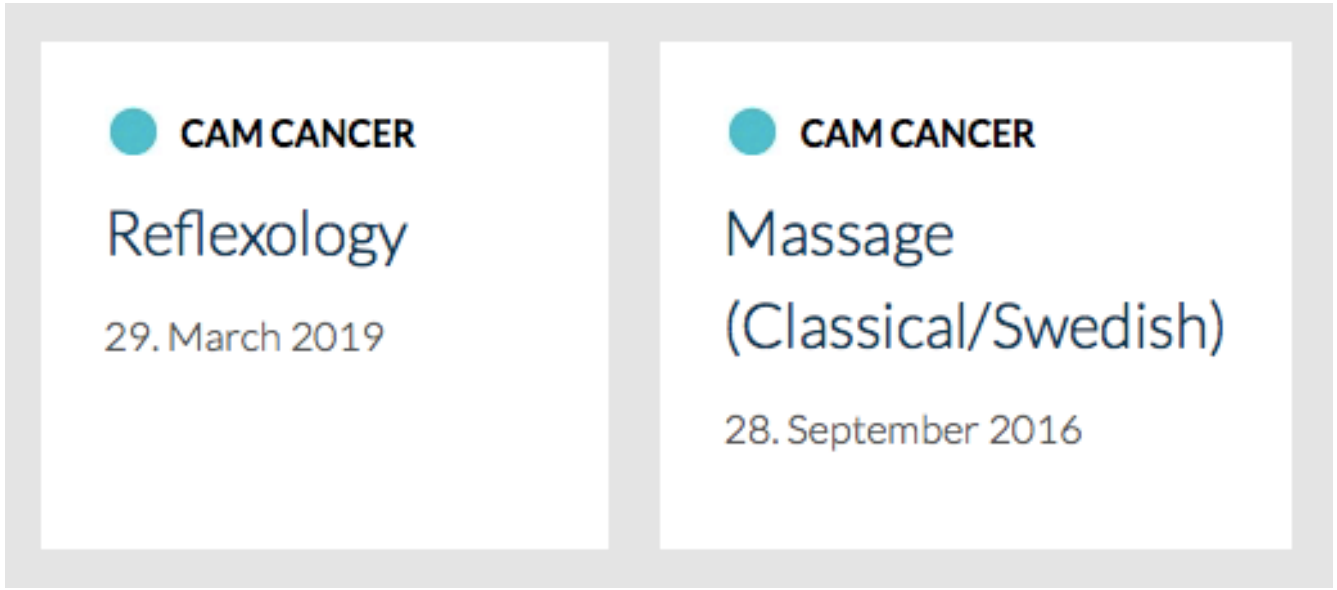
Lycopene

14. December 2018

CAM CANCER

Garlic (Allium sativum)

http://nafkam.no



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CAM CANCER

Acupuncture for treatment-induced leukopenia

31. March 2019

CAM CANCER

Tai Chi

27. March 2019

CAM CANCER

Qigong

27. March 2019

CAM CANCER

Progressive Muscle Relaxation

22. March 2019

CAM CANCER

Simonton Method

8. January 2019

CAM CANCER

Autogenic therapy

8. January 2019

CAM CANCER

Therapeutic Touch

7. January 2019

CAM CANCER

Acupuncture for breathlessness

14. July 2018

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Acupuncture in cancer pain

25. November 2017

Systematic reviews and rendomised controlled trials.

CAM CANCER

Acupuncture for hot flushes

21. October 2017

CAM CANCER

Reiki

10. June 2017

CAM CANCER

Music therapy

20. May 2017

CAM CANCER

Acupuncture for fatigue

16. December 2016

CAM CANCER

Mindfulness

24. October 2016

http://nafkam.no

CAM CANCER

Hypnotherapy

29. April 2016

CAM CANCER

Biofeedback

29. April 2016

CAM CANCER

Acupuncture for chemotherapy-associated nausea and vomiting

27. April 2016

CAM CANCER

Yoga

18. August 2015

http://nafkam.no

CAM CANCER

Ozone therapy

14. December 2018

CAM CANCER

Homeopathy

12. July 2016

CAM CANCER

Vitamin C (intravenous high-dose)

9. July 2014

http://nafkam.no

EUROPÄISCHER RAT DER WISSENSCHAFTSAKADEMIEN
EUROPEAN ACADEMIES´ SCIENCE ADVISORY COUNCIL (EASAC)

HOMÖOPATHIE (20.9.2017)

Methodische Grundlage:

Kernthesen:

Empfehlungen für Entscheidungsträger im Gesundheitssystem auf europäischer Ebene

- Evidenzbasierte Medizin

- es existieren keine glaubwürdigen Nachweise dafür, dass Homöopathie ein wirksames Behandlungsverfahren ist.
- Eventuell vorhandene Therapieeffekte lassen sich ausnahmslos durch Placebowirkung erklären
- Homöopathie ist gefährlich, weil Patienten es versäumen könnten, mutmaßlich wirksamere medizinische Interventionen in Anspruch zu nehmen.

Homöopathie: Hilfe oder Humbug?

Robert G Hahn. Homeopathy: Meta-analysis of pooled clinical data. Forsch Komplementmed, 2013;20(5):376-38

Prof. Hahn fordert, dass

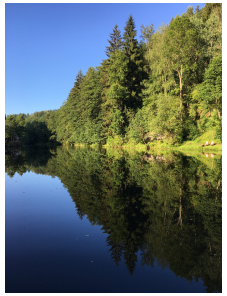
Evidenz immer auf Basis der Datenlage objektiv evaluiert werden muss, bevor klinische Empfehlungen ausgesprochen werden

Im Fall der Homöopathie sieht er dieses Prinzip verletzt, er erkennt eine Evidenz-Verzerrung auf Basis ideologischer Motive, dies erläutert er zB. am Beispiel des Reviews von Edzard Ernst (Br J Clin Pharmacol 2002; 54: 577-582)

Metastudien in der Zukunft zu klar fokussierten klinischen Fragestellungen durchgeführt und nicht nur mit Placebo, sondern auch mit konventionellen Therapien verglichen werden

2014 kam es zu einer Neubewertung der 263 klinischen Studien zur Homöopathie durch die Arbeitsgruppe um R. T. Mathie



DANKE für Ihre Aufmerksamkeit!

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