

ECHAMP NEWS

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EDITORIAL



Homeopathy is growing and very much alive': this could be the headline of this issue of ECHAMP News. The subtitle might be, 'the time is right for the integration of complementary medicine in European Healthcare'. Conferences in London

and Rotterdam recently dealt with these topics. You can also read reports on the role of low potencies in homeopathy and anthroposophic hospitals in Europe. However, most important in this issue is the situation regarding two major EU programmes in the field of healthcare. Please give the first article of this news your special attention, because very soon the European Parliament will decide on the health policy trends for the coming seven years. I hope that you will enjoy reading this issue and that you will act to encourage your local and national representations in the European Parliament to vote in favour of the amendments dealing with complementary medicine (CM).

Nand De Herdt,
General Secretary

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THE EUROPEAN PARLIAMENT WILL VOTE TWICE ON THE FUTURE OF CAM IN EUROPE

(NDH) There are two major decisions pending that will affect the future of health policy in the European Union. One is a proposal by the European Commission for a new 'Health and Consumer Protection Programme 2007-2013'. The first plenary vote in the European Parliament (EP) will take place on Thursday March 16th.

The second is the Commission's proposal for the '7th Research Framework Programme' (also 2007-2013). The discussion on this item has started and the MEPs will have to vote on it on May 15th.



The European Parliament

The European Parliament (EP)'s decision is at stake for both. For the Health and Consumer Protection Programme the rapporteur in the EP is the Greek MEP, Antonios Trakatellis. For the 7th Research Framework Programme it is the Czech MEP Janos Buzek.

Important amendments for supporting of action and research regarding Complementary and Alternative Medicine (CAM) have been tabled on both proposals. These amendments are supported by hundreds of doctors, practitioners and patients associations in all the EU Member States.

Most MEPs are in favour of bringing CAM to a higher level of recognition in the Community, but it is nevertheless quite a big step for MEPs to move from simply saying 'yes' to the stakeholders to voting 'yes' during the parliamentary sessions. The famous gap between politicians and citizens still exists and is a big one.

Nevertheless we are hopeful that the millions of CAM patients and the hundred of thousands of CAM doctors and practitioners will this time succeed in convincing the European Parliament to give CAM the place it deserves within the European Union. The next few months will decide the future of EU health policy for the next seven years so we must succeed in integrating CAM into this policy. On request we can send you the amendments of several European Associations on these two proposals. In any case you will hear more very soon.

HOMEOPATHY: GROWING AND VERY MUCH ALIVE! IMPROVING THE SUCCESS OF HOMEOPATHY 5:



A GLOBAL PERSPECTIVE

The Royal London Homeopathic Hospital

(FB) On the 26th and 27th January the Academic Unit of the Royal London Homeopathic Hospital organized the fifth in its series of "Improving the Success of Homeopathy" conferences, this time with a global theme. More than 200 participants from 26 countries heard contributions from 12 countries.

The Conference aimed to explore homeopathy's potential to contribute to the health of the world's population, as well as its additional application in agriculture and veterinary medicine.

In his opening address Dr. Peter Fisher (RLHH) read a message by Dr. Xiaouri Zhang, Coordinator, Traditional Medicine of the World Health Organisation, who - for pressing reasons - was prevented from delivering her key note speech. Homeopathy was described as an emerging and rapidly growing global phenomenon. The interest of health insurance companies was emphasised -

who consider homeopathy users to be "healthy risks"- and the tendency to incorporate homeopathy in national health systems.

Improved techniques of data exchange enhance global research collaboration. Clinical research should not only make advances in the field of pure medicine, but should also examine what differences would result from adding homeopathy to existing treatments.



Dr. Miek Jong (Netherlands) brought the results and conclusions of the International Integrative Primary Care outcomes study IIPCOS-2. The study reported the high satisfaction rate of the patients treated (89% for homeopathy). Dr. Melanie Trichard from France analysed the prescription behaviour of French homeopathic practitioners in relation to the total offering of medicinal products in France.

Interesting developments were presented on the application of homeopathy to farm animals, and growth stimulation of vegetables through homeopathic potencies of plant growth substances (Dr. Stephen Baumgartner, Bern University). Favourable results of treating mastitis-infected milk cows in organic farming were presented by Dr. Christian Fidelak (Free University of Berlin).

Other highlights were presentations by the team from the University of Bristol concerning the Avon Longitudinal Study of Parents and Children (ALSPAC) by Dr. Elisabeth Thompson and Dr. Lesley Wye. The epidemiological study, otherwise known as 'Children of the 90s', closely follows 14,000 mothers over a period of 15 years (since 1991). Rich data has been generated to date, including the use of CAM by families included in the study.

Initial findings were presented of childrens' use of homeopathic products generated from various time points over a period of 8.5 years. The evening before the scope of the study was presented by Prof. Jean Golding at the Blackie Memorial Lecture.

Copies of the papers will be available on line at <http://www.rlhh.org.uk/conference/index.html>.

COMPLEMENTING ALLOPATHY - ANTHROPOSOPHIC HOSPITALS IN EUROPE



Willkommen in der Filderklinik

Filderklinik - Germany

(AA) There are currently 22 hospitals in Europe which have an exclusive or very prominent emphasis on Anthroposophic Medicine, from the Vidarkliniken in Järna, Sweden to the Casa die Salute Raphael in Roncegno, Italy. However, history, size and therapeutic focus make every one of these clinics unique: from specialised oncological hospitals such as the Lukaslinik in Arlesheim, Switzerland, to the Geriatric Rehabilitation Centre in Bad Steben or probably the largest clinic in Europe, the Gemeinschaftskrankenhaus in Witten-Herdecke, both in Germany. The latter has a total of 463 beds and employs some 1,200 staff. 11,000 patients receive treatment here every year and more than 1,000 children are born here.

More than 85 years after the first Anthroposophic Clinic was founded by Ita Wegmann, a companion of Rudlof Steiner, in Arlesheim, Switzerland, the original idea seems to have increased in attraction, as the demand for anthroposophic therapy indicates.

Despite the heterogeneous occurrence, the special characteristics of these hospitals still have one thing in common: the aim of complementing allopathic methods with anthroposophic therapies like anthroposophic drugs, speech therapy, art therapy or Eurhythmy, thereby giving patients not only relief from their symptoms but also an activation of their own healing capabilities.

Further details about anthroposophic Hospitals can be found at:

Germany:

www.anthro-kliniken.de

Italy:

www.casaraphael.com



The Lukas Klinik
Switzerland

Ita Wegman Klinik
Switzerland



Sweden:

www.vidarkliniken.se

Switzerland:

www.wegmannklinik.ch

www.lukasklinik.ch

www.paracelsus-spital.ch

www.casadi cura.ch

United Kingdom:

www.parkattwood.org

www.weleda.co.uk/rmc/rmc.htm

WHO - REPORT UPDATE

(FB) Following the premature leak of the contents of the draft WHO report on homeopathy towards the end of last year, this long expected report is now expected to be published later this year. The editing process is still in progress, with a small group of editors now finalising the document. Constructive criticism will result in a qualitative improvement of the document.

FUSION ROTTERDAM: VARIATION IN PEOPLE - DIVERSITY IN CARE

"Too often we stand with empty hands..."

(FB) Dr. C.P. Kaiser, President of the Royal Dutch Society of Medicine (KNMG) - Rotterdam section opened a well-attended congress on 9 February 2006. Under the title of "FUSION", a scientific look was given at the development and co-existence of regular and complementary health care. The aim was to contribute to a dialogue between regular and complementary healthcare practitioners in an objective and scientific approach, keeping patient's interests at the centre.

Health and health care are a much debated issue in the Netherlands. The switch to a national health insurance system and repressive actions against homeopathic pharmacists and alternative health-care practitioners by the Health Inspection policy makers are backward steps that are out of tune with public opinion.

For most patients the distinction between regular and complementary care is not relevant and the poor communication between the two fields are incomprehensible to them.

Drs. M.J.A.M. Bos, spokesman for the health insurance companies, remarked that the former system was no longer affordable. Citizens were choosing to take out an additional and voluntary insurance to cover CAM. Prof. Dr. J van der Greef, a systems biologist, described most diseases as multi-factorial and wondered why that was not the case with treatment. Most recent developments made even an individual clinical trial (n=1) possible.



The Amsterdam Slotervaart Hospital: positive experience of applying CAM in paediatrics

The event offered an extensive choice of workshops looking at 'best practice' from acupuncture and pain treatment to oncology and diagnostic research. The positive experience of applying CAM in paediatrics at the Amsterdam Slotervaart Hospital appealed not only to the medical professionals but also to insurers.

At the round table the socialist parliamentarian Mrs. Van Heteren suggested that insurance companies are in a stronger position than ever to make an analysis of CAM treatment in relation to regular treatment. The offer to the public should be adapted in line with the conclusions. The patients' representative, Mr. Sijpersma, emphasised the need for both types of care, and stressed that patients who are in favour of CAM are fed up having to pay a premium for the regular care. They do not want to pay extra for their needs.

The organisers of the platform gave a remarkable impulse to the discussion about the medical possibilities of collaboration between regular and

complementary approaches. In his closing statement Kaiser gave the impression that the day had exceeded his expectations.

THE USE AND ROLE OF LOW POTENCIES IN HOMEOPATHY

(FB) Article 14 of the Directive 2001/83/EC allows for the simplified registration of a homeopathic substance from dilutions of 1: 10.000 and higher only. By introducing this highly arbitrary safety threshold, this rule excludes the prescription of potencies below 4X and mother tinctures. A marketing authorization is required to make these low potencies available. This means for most of the EU Member States that a formal regular marketing authorization application must be submitted. De facto this means exclusion from the market of that category of medicines - also for harmless substances like Calendula (Marigold), Natrium muriaticum (kitchen salt) and many more. Many have been on the market for tens of decades without reports of negative effects. It also means a serious infringement on traditional homeopathic prescribing.



Two prominent authors recently came out with an article in press at Elsevier's "Complementary Therapies in Medicine". It is "A Review of the Use and Role of Low Potencies in Homeopathy" by Prof. Robert Jütte from the Institute for History of Medicine and Dr. David Riley MD from the University of New Mexico School of Medicine.

the University of New Mexico School of Medicine.

The authors reviewed the literature on potency selection and found that both low and high potencies are firmly established in the market. This is valid for all areas of homeopathy ranging from prescribing for acute or chronic conditions to constitutional treatment. Low potencies are prominent in systems of homeopathy focusing on the organotropic effects of the remedy, sometimes combined with conventional medicine diagnosis and treatment. Low potencies are also frequently used for drainage and sustaining an organ or a function in the body.

Mother tinctures are employed in homeopathy as well as in herbal medicine. Only the clinical context makes the difference (the application of the Law of Similars). Data from basic research on

low and high potencies do not suggest a superiority of either category.

Low potency medications have been available since the beginning of homeopathy. Both categories have shown effectiveness in clinical trials. In the absence of a definitive mechanism of action for homeopathy the full range of potencies for homeopathic medicines should be maintained. This ranges from mother tinctures to homeopathic medicinal products with no measurable concentration. Since the beginning of homeopathy low and high potencies are inextricably linked and a vital part of the homeopathic heritage concerning case management and posology. Therefore it is necessary that concrete and constructive legislative steps are taken to take away the unnecessary and arbitrary exclusion of low potencies and mother tinctures.

(Ref.: A review of the use and role of low potencies in homeopathy, Robert Jütte, David Riley, Complementary Therapies in Medicine, www.elsevierhealth.com/journals/ctim).

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Are you interested in publishing information on homeopathy or anthroposophic medicine? Do you want to highlight an event or activity?

Please send in regulatory news, research projects, publications, conferences, etc. to office@echamp.be

Deadline for an article is the **20th of each month.**

For the editing team,
Sônia Costa & Ellen Van Rompaye

ECHAMP Agenda

Mar 9	Board Meeting	ECHAMP Brussels
Mar 15	WP PR	ECHAMP Brussels
Mar 22	SG Nosodes	ECHAMP Brussels
Mar 29	Umbrella Meeting	Brussels
Apr 24-25	Board Meeting / Workshop	
	Membership Assembly	Vienna (Austria)

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