



Presentation at CAM Interest Group meeting,  
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# What is CAM?

- Acupuncture
- Ayurveda
- Anthroposophic medicine
- Chiropractic
- Herbal medicine
- Homeopathic medicine
- Kinesiology
- Naturopathic or Traditional European Medicine
- Osteopathy
- Reflexology
- Shiatsu
- Traditional Chinese medicine
- Yoga

# What do they have in common?

- Human beings are seen as adaptable living systems with an innate constitutional vitality and resistance to disease.
- When confronted with physiological and mental/emotional stress, healthy organisms are able to adapt and self-manage, but if this coping strategy is not successful, illness may result.
- In case of illness, CAM can stimulate, support and strengthen their constitutional vitality and self-regenerating capacity back to health.
- CAM modalities are gentle and natural.
- Correction by conventional interventions (prescription drugs, surgery) in case disease has progressed too far to be amenable to CAM modalities alone.

# Citizens' demand for CAM

- **One out of two European citizens now use CAM (50%)**
- CAM is a societal phenomenon in the whole Western world; strong increase over the last 2 decades
- Increasing personal responsibility for one's own health
- Preference of a more holistic view of health and healing that goes beyond managing symptoms
- Preference of more gentle and natural therapies first, before more potent or synthetic ones
- Dissatisfaction with conventional medicine, i.e. unpleasant/harmful side effects, ineffective treatment, long-term – or even lifelong – drug regimens.

# CAM and health professionals

- > 145,000 MDs with additional CAM qualification
- > 160,000 non-doctor CAM practitioners
- Increasing numbers of GPs referring to CAM professionals
- Increasing numbers of hospitals providing integrated healthcare (conventional and CAM), mostly out-patients, also in-patients
- Professorial CAM chairs in France, Germany, Hungary, Italy, Norway, Sweden, Switzerland and United Kingdom
- CAM familiarisation courses in undergraduate medical curricula at 30-40% of European universities

# Benefits of CAM

- Can reduce the need of high-impact medical interventions and conventional prescription drugs and the long-term dependency on them.
- Can reduce the need of antibiotics, thus reducing the problem of antimicrobial resistance.
- High patient satisfaction, increased quality of life, and reduction of workforce absenteeism.
- Mostly low-cost treatment helping to reduce the need for high-cost interventions.
- Generally safe treatment with hardly any adverse effects.
- Increasing evidence for its effectiveness and cost-effectiveness.

# Is CAM evidence based?

- Growing amount of clinical evidence for the effectiveness of CAM published in peer-reviewed scientific journals.
- Review of 145 Cochrane systematic reviews of CAM therapies: 37.2% a positive or possibly positive effect, 4.8% no effect, 0.69% a detrimental effect, 56.6% insufficient evidence of an effect. *Comparable figures for medicine in general.*
- Observational studies in thousands of patients: consistent positive results in 40-70% of patients as regards disease symptoms, overall wellbeing and reduction of conventional medication. Most of these patients have chronic conditions, multiple pathologies and have not (well or sufficiently) responded to previous conventional treatment.

# Is CAM evidence based?

## For references to relevant research studies:



### Research in Complementary and Alternative Medicine (CAM)

Research into CAM has increased over the last few decades. This is due to a significant change in how health professionals and patients view and use complementary therapies. Research is carried out in order to strengthen the scientific base of the individual CAM modalities, improve CAM practice, establish efficacy and verify its clinical effectiveness. An important aim is making its practice more effective and reliable in a wider range of conditions. Basic, clinical, and health services research in CAM are all essential to facilitate the inclusion and integration of CAM in health care systems. Collecting clinical evidence for the effectiveness in various clinical conditions and investigating efficacy and mechanisms of action also leads to more scientific credibility. Cost-effectiveness studies are important to evaluate the impact of CAM treatment on health systems and health insurance costs.

The Cochrane Collaboration<sup>1</sup>, an international effort to develop an evidence base for a wide variety of medical therapies, both conventional and CAM, lists more than 4,000 randomized trials for various CAM therapies in its electronic library. Furthermore, a number of Cochrane Collaboration systematic reviews of this worldwide research literature have identified the potential benefits of CAM and related approaches and products for a number of chronic conditions. At the Cochrane Summaries website over 600 Cochrane reviews<sup>2</sup> related to CAM can be found. Any individual scientific paper related to CAM is accessible at 'CAM on PubMed'<sup>3</sup>, a subset of PubMed at the US National Library of Medicine.

**Or: EUROCAM website: <http://www.cam-europe.eu/research.php>**



# CAM as a cost-effective treatment - 1

- 29% of approx. 300 economic evaluations show that a CAM treatment provides better value relative to the treatment that is currently in use.
- Patient groups (400-3000) with chronic headache, neck pain, low back pain, osteoarthritis, dysmenorrhea and allergic rhinitis show cost-effectiveness for adjunctive acupuncture comparing with usual care alone.
- Manual therapy including osteopathy cost-effective in patients with low back pain.
- Tai Chi as a prevention of hip fractures.

[Ref: Herman PM et al (2012) BMJ Open, 2:e001046]

# CAM as a cost-effective treatment - 2

- Dutch study involving some 1,500,000 individuals: patients whose GP had additionally completed training in complementary and alternative medicine (CAM) homeopathy, acupuncture or anthroposophic medicine had substantially **lower annual healthcare costs (around 10%)**.

This reduction results mainly from lower hospital care costs and lower pharmaceutical care costs.

[Ref: Baars EW, Kooreman P. A 6-year comparative economic evaluation of healthcare costs and mortality rates of Dutch patients from conventional and CAM GPs. BMJ Open 2014;4:e005332]

# CAM and European health priorities

- CAM can contribute to multiple European health priorities such as
  - chronic disease management
  - patient safety
  - health promotion and disease prevention
  - healthy ageing
  - reducing healthcare costs
  - reducing antimicrobial resistance

# CAM and chronic disease

- CAM aims to restore patients' own natural systems for fighting disease and maintaining health
- CAM supports the adoption by patients of healthy behaviour, self-responsibility and health literacy, all key challenges in tackling lifestyle-related chronic conditions
- CAM delivers less costly treatments that lead to long-lasting outcomes.
- CAM reduces the need for high-cost interventions and long-term – or even lifelong – drug regimens.

# CAM and patient safety

- Adverse effects of CAM treatment noted in research literature are rarely of a serious nature.
- WHO: **CAM is generally safe**, but adverse events do occasionally occur, e.g. when CAM providers are not fully trained, do not follow the professional code of ethics, or when the treatment is not adjusted or modified according to the condition or constitution of the patient, or when there is inadequate quality control.
- EUROCAM aims to establish European standards for CAM health professionals further ensuring the safety of CAM treatments.

# CAM and antimicrobial resistance

- CAM promotes healthy lifestyles and enhances people's resilience, thus reducing their susceptibility to infections and the need for antibiotics
- Herbal, homeopathic and anthroposophic medicine can offer effective alternatives to antibiotics in humans and in animal husbandry
- CAM should therefore be seriously considered and utilised by the EU and Member States for both human and animal health.

# Aims for CAM in Europe

- Equal access by citizens to both mainstream Western medicine and CAM, which means availability, accessibility and affordability of CAM healthcare services and CAM medicinal products.
- That means:
- Freedom of establishment of CAM health professionals, freedom to provide CAM treatment services and mutual recognition of their professional qualifications between the EU Member States.
- Full availability of CAM medicinal products

# Statutory regulation of CAM

- Wide variation among EU Member States:
  - government-administered regulations or laws on CAM practice
  - regulation of specific CAM therapies
  - government-sanctioned voluntary register of CAM practitioners
  - no CAM regulation at all.
- Some Member States: diplomas of doctors with additional qualification in CAM issued and recognised by national medical associations.
- No mutual recognition of qualifications between the EU Member States, which impedes the free movement of CAM professionals.
- **Statutory regulation is the competence of the Member States.** The European Union can harmonise existing regulations and qualifications, i.e. under Directive 2005/36/EC.





# Legislation of CAM medicinal products

- **Legislation** of CAM medicinal products is the responsibility of the **European Union**. Directive 2001/83/EC applies to all pharmaceutical products including CAM medicinal products
- **Registrations of herbal and homeopathic medicinal products are national and thus not harmonised** and applications are often treated differently between EU Member States.
- **Anthroposophic medicinal products** can be registered as homeopathic and others as herbal medicinal products, but the **most typical and widely used anthroposophic medicinal products cannot be authorised** either as homeopathic or as herbal medicines.  
[EUROCAM's CAM 2020 report]

# Availability of CAM medicinal products

- The Matrix Insight report was commissioned by DG Health and Food Safety. The report recognises problems of availability and states it is ***‘expected to inform policy options for the Commission to consider in order to address the issue of unavailability.’***
- Matrix report concludes:
  - *‘Although availability problems concerning these groups of products have not been identified by the NCAs or other non-industry stakeholders, the implementation of existing EU provisions concerning these products could be further improved’.*
  - *‘Given the demand for such products, there is a need for further action that should focus on ensuring that the process of authorisation of herbal, homeopathic and anthroposophic medicinal products is more consistent, both with the text of the existing provisions and between Member States’.*

# Response by the Commission

in a letter to EUROCAM and answer to an MEP's WQ

- National competent authorities and other non-industry stakeholders have **not confirmed availability problems** for herbal and homeopathic medicinal products.
- The demand for herbal and homeopathic products may be variable and in some Member States [....] some products might not be registered through the simplified registration procedure. [...] this does not necessarily imply that the herbal products are not on the market, as they may be available as medicinal products authorised by a marketing authorisation or, for instance, food supplements.

# Response by the Commission

in a letter to EUROCAM and answer to an MEP's WQ

- The findings of the report highlight that there are generally **no major issues regarding the availability of homeopathic and anthroposophic medicinal products** for specific symptoms and, in general, the availability of such products in all Member States is not particularly problematic, with the products surveyed generally being available when ordered in advance.
- The European Commission has currently **no plans to revise the legal framework** for traditional herbal or homeopathic medicinal products or to introduce a specific framework for anthroposophic medicinal products

# EUROCAM's position

- The Matrix report did **not** identify the community of patients, doctors and practitioners in the CAM sector as stakeholders and therefore did not include their position.
- There are more availability problems than the Matrix Insight report has identified.
- The next presentations will show more details.