Overview of CAM therapies in Europe

Workshop
"Complementary and alternative therapies for patients today and tomorrow",
European Parliament, 16 October 2017
by Dr Ton Nicolai, EUROCAM spokesperson

EUROCAM

- EUROCAM is a foundation uniting European organisations representing CAM patients and trained CAM health professionals, (medical doctors, veterinarians and other practitioners)

- Aim: promoting the contribution of CAM - Complementary and Alternative Medicine - to better health in Europe.

- Objectives:
  - promoting and facilitating CAM's role in maintaining citizens' health
  - highlighting the health promotion and illness prevention aspects of CAM for EU public health policy and programmes,
  - advancing the accessibility, affordability and availability of CAM

Citizens' demand for CAM

- ❖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 side effects, ineffective treatment, long-term – or even lifelong – drug regimens.

CAM – its use in Europe

- One out of every two European citizens use CAM either by seeing a CAM professional or using OTC CAM medicinal products
- Up to 90% of people with chronic conditions, such as arthritis, asthma, migraine, etc., more than 50% of all breast cancer patients
- Majority of EU citizens would like conventional MDs to be more supportive of and more knowledgeable about CAM, and have a greater role in terms of referral to CAM and as sources of information.

CAM – its use in Europe

- 150,000 medical doctors with additional CAM qualification

- > 180,000 CAM practitioners without a full medical education

- Mostly provided by medical doctors:
  - acupuncture 80,000 MDs (also 16,000 practitioners)
  - homeopathy 45,000 MDs (also 4,500 practitioners)
  - naturopathy 15,000 MDs
  - anthroposophic medicine 4,500 MDs
  - neural therapy 1,500 MDs

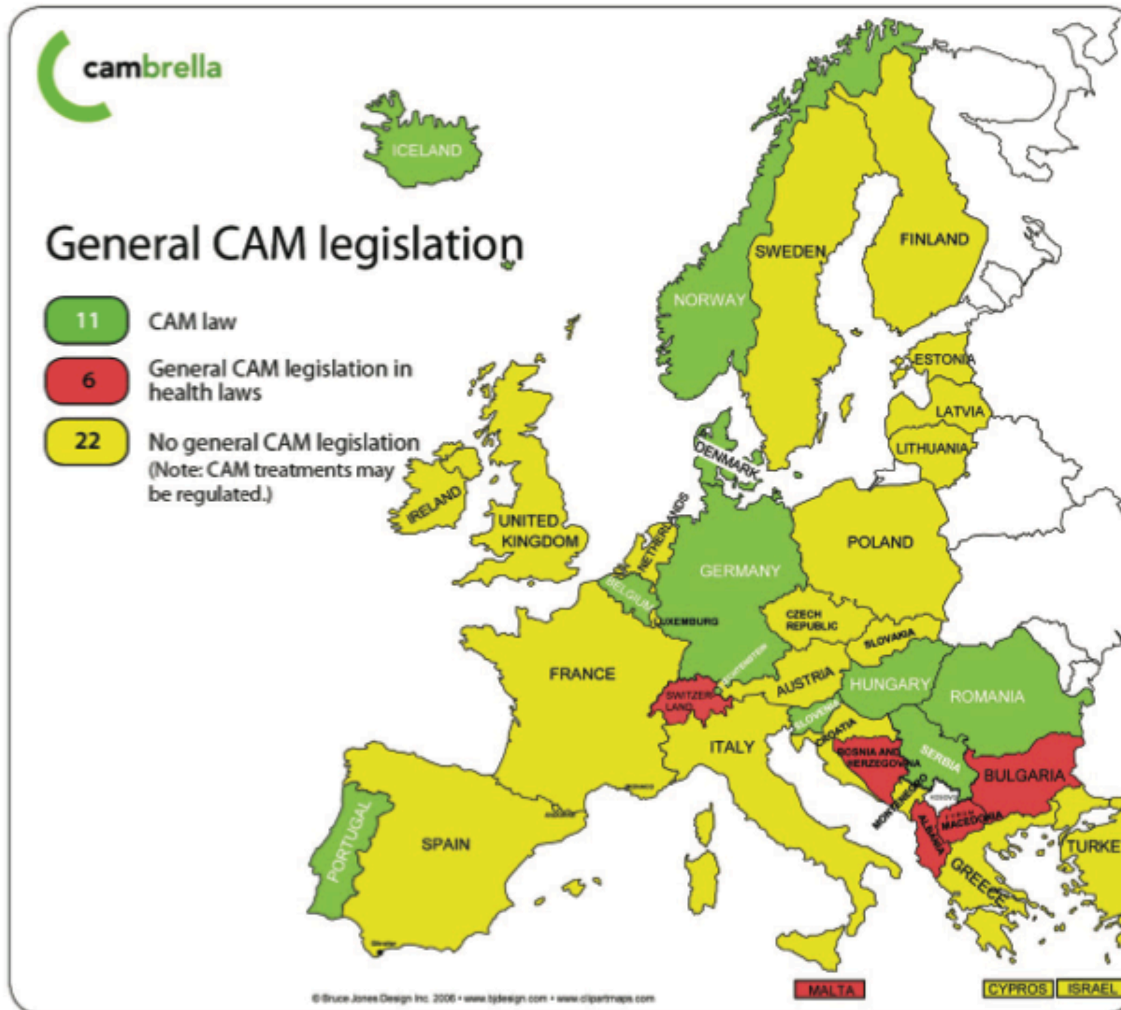
- Mostly provided by CAM practitioners without a full medical education:
  - herbalism, manual therapies (osteopathy, chiropractic), reflexology, shiatsu, yoga, tai chi & qigong.

[Ref: CAMbrella report]

CAM – its use in Europe

- 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

Statutory regulation of CAM



[Ref: CAMbrella report]

Statutory regulation of CAM

- Only 8 EU Member States have general legislation on CAM
  - 7 of these have a specific CAM law
  - 1 MS has sections on CAM included in its health law
- Some countries have regulations on individual CAM therapies, but they are fragmented and not harmonised.
- Lack of availability of CAM medicinal products in many Member States in spite of EU regulation
- No harmonised regulation of the qualifications of CAM professionals across the EU

CAM therapies in Europe

- Acupuncture
- Anthroposophic medicine
- Ayurveda
- Herbal medicine / Phytotherapy
- Homeopathy
- Naturopathic medicine
- Osteopathy
- Traditional Chinese Medicine (TCM)
- and more

Do these therapies have anything in common?

Examples from actual practice

1. Patient seriously ill, affected by highly virulent bacteria Antibiotics are live saving.

2. Patient having recurrent infections, many courses of antibiotics. No adequate solution. Also leading to antimicrobial resistance.

It's about **susceptibility**

CAM can diminish susceptibility, enhance the patient's level of health and resilience. No (or rare) further infections.

Examples from actual practice

1. Patient with asthma or migraine or hypertension, etc.
Conventional treatment: management of symptoms by long--term use of conventional medication. No final, effective solution.

2. Same patient with asthma or migraine or hypertension, etc.
CAM professional: what made this patient susceptible?

It's about **susceptibility**

CAM can diminish susceptibility, enhance the patient's level of health and resilience. Less or even no conventional medication at all required.

Different models of healthcare

- Conventional medicine in the Western world is based on a specific – biomedical – model which is so deeply interwoven within our society and healthcare system that it may be forgotten that it is just one specific approach.
- A comparison of Western medicine and CAM could give a misleading impression that there are just differences in the technology and instruments used.
- The essential difference lies in the basic concepts of health and disease/illness.

Western biomedical model

- ❖ Mind and body are separated; body as an object, a complex machine.
- ❖ Disease results from biochemical or localised tissue disruption or specific pathogen; disease is a mechanical fault, an abnormal entity in the body.
- ❖ Treatment: combating disease by repairing, neutralising, or intervening in pathological process with the aid of chemical substances (prescription drugs) or surgery.
- ❖ Treatment as much standardised as possible (treatment protocols and guidelines).
- ❖ The doctor primarily responsible, patient as a passive recipient of treatment.

Successes of the biomedical model

- ❖ Trauma medicine, intensive care
- ❖ Antisepsis
- ❖ Blood transfusions
- ❖ Surgery
- ❖ Transplantations
- ❖ Treatment of life-threatening diseases (antibiotics, cortisone, chemotherapy)
- ❖ Treatment of serious psychiatric conditions (psychotropic prescription drugs)
- ❖ Vaccination

Limits to the biomedical model

- Biomedicine usually manages symptoms of chronic diseases and does not restore patients to health and autonomy.
- EMA: 197,000 European citizens die annually from the effects of conventional prescription drugs, leading to a total cost to society in the EU of €79 billion.
- Use of prescription drugs often lead to long-term dependency including risk of ‘adverse’ effects.
- Because in biomedicine every medical condition is seen as a separate pathology and needs to be addressed accordingly, there is a great risk of polypharmacy, i.e. the use of multiple medications, especially in the elderly.
- Polypharmacy is associated with a decline in physical and instrumental activities of daily living, with negative consequences, such as increased risk of morbidity and mortality. In addition, it increases medical costs.

CAM model

- ❖ Human beings as adaptable, self-regulating biological systems.
- ❖ Illness/disease is a disturbed life process with causes at physical, emotional, social, mental, spiritual levels.
- ❖ Patients themselves take responsibility for mental and physical health.
- ❖ Treatment: mobilising and stimulating self-regulating capacity with the eventual aim: creating and maintaining the health and wellbeing and reinforcing the autonomy and resilience of the patient.
- ❖ Care is individualised; responsibility shared between physician and patient.

Benefits of CAM

- Supporting and inducing the self-regenerating process of the person; if recovery can occur from this, the need for later high-impact, high-cost interventions is reduced.
- Safe treatment with hardly any adverse effects.
- Reduced need of conventional prescription drugs and long-term dependency on them.
- Reduced need of antibiotics, thus helping to reduce the problem of antimicrobial resistance.
- High patient satisfaction, increased quality of life, and reduction of absenteeism.
- Mostly low-cost treatment.

Limits to CAM

- Protection of life itself always has the highest priority, so in serious, life-threatening diseases (septicaemia, cancer, etc.), CAM therapies are relegated to a secondary, additional role.
- If technical solutions are required, e.g. operations because of disabling anatomical abnormalities, CAM therapies have no role to play.
- In a number of EU Member States CAM practices and medicinal products are unregulated and may pose risks to the health and safety of patients. CAM professions should therefore be regulated, based on clearly defined qualifications and competences. CAM medicinal products should comply with quality and safety standards.

Collaboration of both models

- A collaborative approach is making headway in the USA and has started in Europe.
- The **Academic Consortium for Integrative Medicine & Health** in the USA emphasises a collaborative approach to patient care among practitioners of different disciplines, and the practice of conventional, complementary, and alternative healthcare that is evidence-based.
- The Consortium now includes over 70 highly esteemed academic medical centres in the USA, including Harvard Medical School, Yale University, Stanford University, Mayo Clinic, Johns Hopkins University, etc.

Concluding statement

Dr Margaret Chan,
WHO Director-General
2006–2017,
in Beijing, 2008.

The two systems of traditional and Western medicine need not clash. Within the context of primary health care they can blend together in a beneficial harmony, using the best features of each system and compensating for certain weaknesses in each. This is not something that will happen all by itself. Deliberate policy decisions have to be made....The time has never been better, and the reasons never greater, for giving traditional medicine its proper place in addressing the many ills that face all our modern – and our traditional – societies.