

Integrative Medicine

The best of two worlds

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Structure of the Presentation

- ❖ Terminology
- ❖ Citizens' demand
- ❖ Provision by healthcare professionals
- ❖ Models of health and disease
- ❖ Principles and benefits of Integrative Medicine
- ❖ Integrative Medicine in chronic disease (NCDs)
- ❖ Evidence base of Integrative Medicine
- ❖ WHO policy
- ❖ Integrative Healthcare

Terminology

- ❖ Traditional Medicine = Chinese Medicine, Japanese Medicine, Korean Medicine, Ayurveda, Siddha, Unani and many indigenous healing traditions
- ❖ Complementary Medicine or CAM = all healing methods not belonging to mainstream biomedicine in the “Western” world
- ❖ Traditional Medicine and Complementary Medicine overlap
- ❖ WHO uses the term Traditional & Complementary Medicine (T&CM).

Terminology

The term Traditional,
Complementary and Integrative
Medicine – TCIM

is increasingly used by WHO



Citizens' demand

- ❖ Around 25% of the general population in Europe use T&CM, i.e. one-third of GP visits (75%).
- ❖ T&CM use varies greatly by country.
- ❖ T&CM use is two to fourfold greater among those with health problems.
- ❖ T&CM use is more common among women and those with a higher education.

[Kemppainen L et al (2017). Scandinavian Journal of Public Health, 1–8]

Citizens' demand

- ❖ 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
- ❖ Dissatisfaction with conventional Western biomedicine, i.e. unpleasant side effects, ineffective treatment, long-term – or even lifelong – drug regimens.

Examples of TCM therapies

- ❖ Acupressure
- ❖ Acupuncture
- ❖ Anthroposophic medicine
- ❖ Aroma therapy
- ❖ Ayurveda
- ❖ Chiropractic
- ❖ Herbal medicine
- ❖ Homeopathy
- ❖ Hypnosis
- ❖ Meditation
- ❖ Music therapy
- ❖ Naturopathic medicine
- ❖ Neural therapy
- ❖ Osteopathy
- ❖ Reflexology
- ❖ Reiki
- ❖ Shiatsu
- ❖ Taiji & Qigong
- ❖ Therapeutic Touch
- ❖ Traditional Chinese Medicine (TCM)
- ❖ Yoga

Traditional & Complementary Medicine provision

❖ 150,000 MDs with additional T&CM qualification

- acupuncture 80,000
- homeopathy 45,000
- naturopathy 15,000
- anthroposophic medicine 4,500
- neural therapy 1,500

❖ as a comparison: 27,000 ENT specialists, 19,000 neurologists, 22,000 gastroenterologists in Europe

[CAMbrella figures 2014]

Traditional & Complementary Medicine provision

❖ > 160,000 T&CM qualified and registered practitioners

- acupuncture 16,000
- reflexology 24,000
- chiropractic/osteopathy 5,000
- shiatsu 7,000
- homeopathy 5,000
- yoga
- herbalism 29,000
- tai chi & qigong
- naturopathy 7,000

[CAMbrella figures 2014]

Origin of Integrative Medicine

- ❖ In response to the growing demand for T&CM among citizens, by some academic health centres.
- ❖ Integrative Medicine has become increasingly prevalent in conventional healthcare in recent years.
- ❖ The US Academic Consortium for Integrative Medicine & Health in the US now includes over 70 academic centres, including Harvard Medical School, Yale University, Stanford University, Mayo Clinic, etc.
- ❖ In Europe (and other continents) the number of academic centres providing Integrative Medicine is increasing.

What is Integrative Medicine?

US Academic Consortium for Integrative Medicine and Health
definition

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, and makes use of all appropriate therapeutic approaches, healthcare professionals, and disciplines to achieve optimal health and healing.

What is Integrative Medicine?

- ❖ The best of two worlds – Biomedicine and Traditional/Complementary Medicine (T&CM)
- ❖ What do these worlds look like?
- ❖ These worlds use different models of health and disease
- ❖ What do these models look like?
- ❖ How do they complement each other?

Biomedical model

- ❖ How can we combat disease?
- ❖ What is wrong in this person and how to counteract or fix it?
- ❖ Treatment:
 - Eradicating, neutralising or managing a physical problem
 - Destroying infectious agents or cancer cells
 - Inhibiting/blocking biochemical pathways

Biomedical model - strengths

Highly effective for

- ❖ Acute medical and surgical emergencies (trauma medicine, intensive care, antisepsis, blood transfusions)
- ❖ Life-threatening conditions
- ❖ Serious psychiatric conditions (psychotropic drugs)
- ❖ Conditions with irreversible tissue damage
- ❖ Conditions requiring medical technology (use of miniature robots for surgery, genetic therapies, growing replacement organs and tissues)

Biomedical model - limitations

- ❖ Limited ability to change the course of chronic disease
- ❖ Need for keeping inhibiting/blocking the biochemical pathway, so need for long-term/life-long drug regimens
- ❖ Also other pathways are affected, so adverse effects
- ❖ Other symptoms require more drugs, leading to polypharmacy
- ❖ Does not restore patients to health and autonomy

Traditional and Complementary Medicine model

- ❖ How can we promote health?
- ❖ What made this person susceptible to disease and how to enhance his/her resilience?
- ❖ Treatment:
 - Restoring balance to whole psychosomatic system by mobilising and stimulating organism's innate healing capacity (*vis medicatrix naturae*).
 - Body, mind and spirit are interrelated, and must all be considered in healing.
 - Use of whole medical systems pharmacotherapy and nonmedicinal therapies with system effects.

T&C Medicine model - strengths

- ❖ Care is individualized and aimed at restoring the person to a healthier state of being and their personal emergence and resilience.
- ❖ Can be used as early first therapeutic option, which reduces the need for high-impact, high-cost interventions with potential adverse effects and long-term dependency on conventional medication.
- ❖ In case of infectious diseases T&CM modalities, by their capacity to boost the immune system, can reduce the need for antibiotics and the problem of AMR.
- ❖ T&CM treatment is mostly low-cost.

T&C Medicine model - limitations

- ❖ T&CM therapies can only play a secondary complementary role in:
 - serious, life-threatening diseases (sepsis, cancer, etc.), because protection of life itself always has the highest priority. Biomedical interventions then are indispensable and should explicitly be given primacy.
 - conditions that are too far out of balance for the self-regenerating capacity. Biomedical interventions then are needed to give the body time to deal with the matter itself: setting up a broken leg, surgery, medication to reduce disruptive or harmful symptoms to a viable or acceptable level and the like.

TCIM provision in Europe

- ❖ 65 Integrative Medicine health professionals and 95 General Practitioners per 100,000 inhabitants
[CAMbrella figures 2014]
- ❖ Increasing numbers of university hospitals and care centres providing Integrative Healthcare
- ❖ Professorial Integrative Medicine chairs in Austria, France, Germany, Hungary, Italy, Norway, Sweden, Switzerland and United Kingdom

Integrative Medicine for chronic disease

- ❖ 1. lifestyle changes are the primary approach to the management of chronic disease and, more importantly, prevention. Some chronic disease can even be reversed.

Lifestyle medicine (healthy nutrition, i.e., whole, plant-based food, increasing physical activity and stress management) has been practised for thousands of years as a part of several T&CM modalities and is becoming mainstream nowadays.

- ❖ 2. If lifestyle changes alone are not sufficient, low-risk T&CM modalities come into play, aimed at mobilising and stimulating organism's innate healing capacity, and restoring the person to a healthier state of being and strengthening their resilience.

- ❖ 3. If this approach is not sufficient, the biomedical approach is necessary. Meanwhile lifestyle changes and T&CM support remain essential.

Integrative Medicine – its evidence base

- ❖ TCIM evidence production has increased significantly over the last 20 years
- ❖ There is a fair amount of evidence for the effectiveness of a variety of T&CM therapies
- ❖ To be found at websites of
 - PubMed, using its Complementary Medicine filter
 - PAHO Virtual Health Library (PAHO = Pan American Health Organisation = WHO Regional Office for the Americas)

Integrative Medicine – its evidence base

Thousands of scientific studies in PubMed about Complementary and Integrative Medicine

Search term	Filter	Hits
Complementary medicine	None	182,753
Complementary medicine	Clinical Trials	25,787
Complementary medicine	Systematic Reviews	5,703
Complementary medicine	Meta-analyses	3,348
Complementary medicine	Animals	66,038
Integrative medicine	None	15,408

PubMed search 30 June 2021

Integrative Medicine – its evidence base

- ❖ Pan American Health Organization (PAHO), in collaboration with the Ministry of Health of Brazil and the Brazilian Academic Consortium for Integrative Health (CABSIN) set up the Virtual Health Library (VHL) specialised in Traditional, Complementary & Integrative Medicine (TCIM).
- ❖ They brought together a group of researchers and experts in the field to develop clinical evidence maps on TCIM. They used high-quality mainstream PRISMA guidelines and AMSTAR 2 criteria to analyse the quality of the included systematic reviews.
- ❖ The evidence maps provide valuable information on TCIM for policymakers, health practitioners, and patients. Available from the TCIM Evidence Map website.

Integrative Medicine & Organic Agriculture

- ❖ In agriculture the use of herbicides and pesticides have to be limited to improve the quality of crops and soil.
- ❖ The same principle is applicable to the treatment of humans and animals.
- ❖ Lowering the use of high-impact drugs to combat disease, while giving preference to treatment that promotes health and resilience of humans and animals.
- ❖ That is what integrative medicine offers.

Integrative Healthcare

- ❖ More accurate to use term “healthcare” as opposed to a more narrow focus on “medicine”. Medical care is but one of many factors that contribute to citizens’ health.
- ❖ Integrative healthcare integrates a continuum of services: health promotion, disease prevention, wellness and health maintenance.
- ❖ Integrative healthcare is interdisciplinary whereby biomedical and complementary treatments work together in a non-hierarchical way for the good of the patient.

World Health Assembly resolutions

WHA resolution 69.24 (2016), recalling previous resolutions, **urges** Member States to **integrate**, where appropriate, **traditional and complementary medicine** (T&CM) into health services, based on national context and knowledge-based policies, while assuring the safety, quality and effectiveness of health services and taking into account a holistic approach to health.

WHO's policy on T&CM

WHO Traditional Medicine Strategy 2014-2023
has two key goals:

- ❖ supporting Member States in harnessing the potential contribution of T&CM to health, wellness and people-centred healthcare
- ❖ promoting the safe and effective use of T&CM through the regulation of products, practices and practitioners.



WHO's policy on T&CM

- ❖ Benchmarks for Practice in specific T&CM modalities
- ❖ Benchmarks for Training in specific T&CM modalities
- ❖ Global guidelines on quality and safety of herbal medicines
- ❖ International Terminology and Classification of T&CM
- ❖ International Classification of Diseases (ICD 11) with supplementary chapter on Traditional Medicine

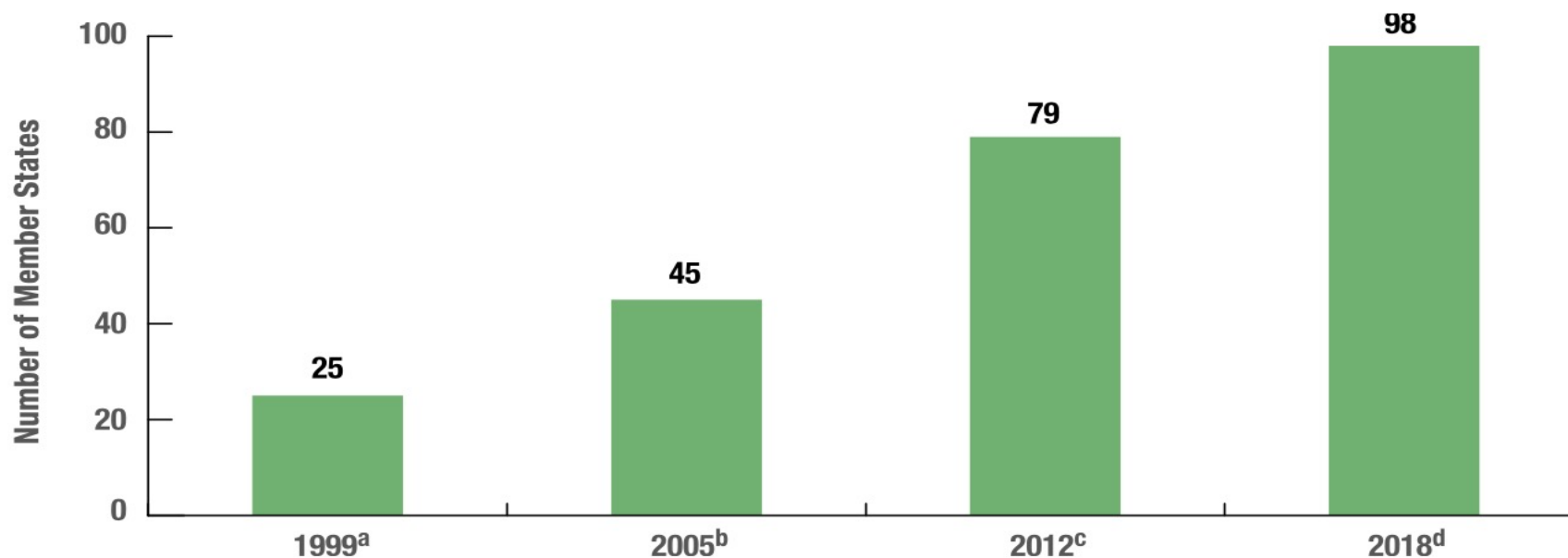
WHO Global Report on T&CM



- ❖ WHO is halfway through implementing the WHO Traditional Medicine Strategy 2014–2023.
- ❖ Their current focus is to develop norms, standards and technical documents to support Member States in providing safe, qualified and effective T&CM services and their appropriate integration into health systems for achieving universal health coverage and the Sustainable Development Goals.

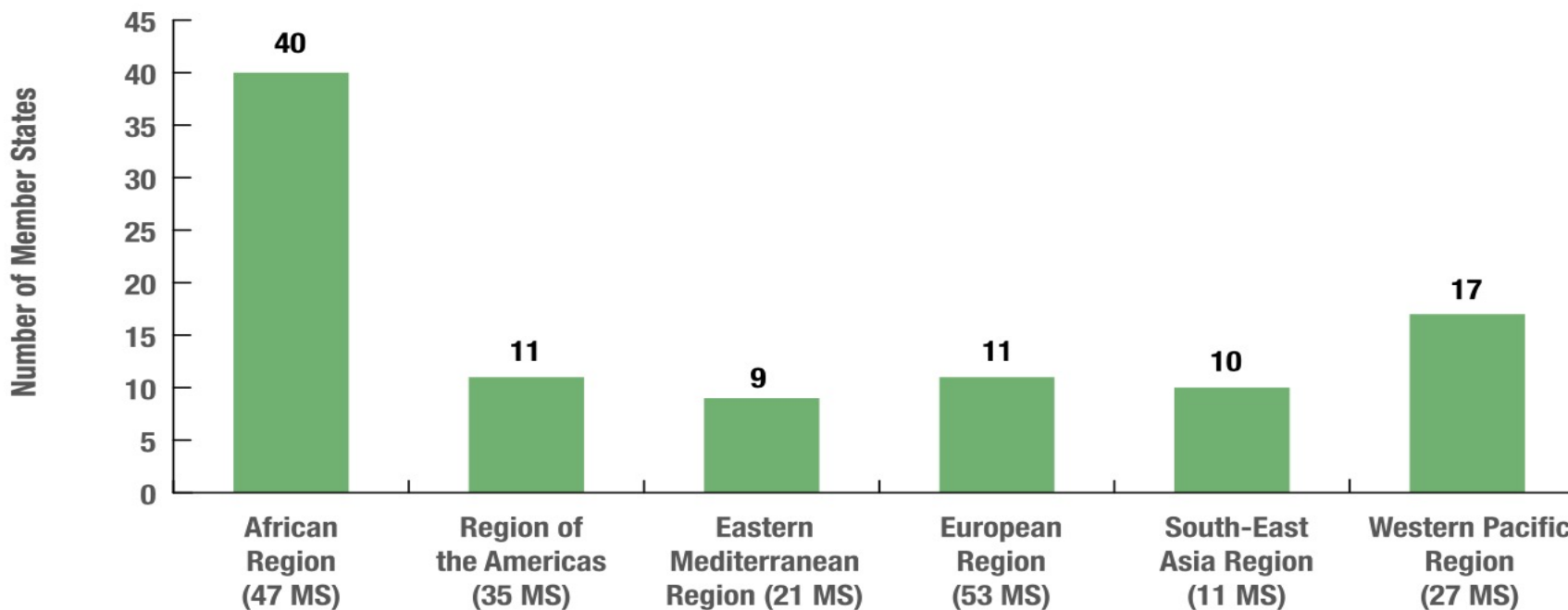
WHO Global Report on T&CM

Fig. 1.1. Growth in the number of Member States with a national policy on T&CM, 1999–2018



WHO Global Report on T&CM

Fig. 1.3. Distribution by WHO region of Member States with national policies on T&CM, as at 2018



United Nations General Assembly

- ❖ Political declaration of the high-level meeting on universal health coverage adopted on 10 October 2019:
- ❖ We [therefore] commit to scale up our efforts and further implement the following actions:
 - (47) Explore ways to integrate, as appropriate, safe and evidence-based traditional and complementary medicine services within national and/or subnational health systems, particularly at the level of primary health care, according to national context and priorities;

Supportive Statement by Dr Tedros



Dr Tedros Adhanom
Ghebreyesus, WHO
Director-General

Countries aiming to integrate the best of T&CM and conventional medicine would do well to look not only at the many differences between the two systems, but also at areas where both converge to help tackle the unique health challenges of the 21st century. In an ideal world, T&CM would be an option offered by a well-functioning, people-centred health system that balances curative services with preventive care.

Thank you for your attention!

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