

Ursula Wolf, Madeleen Winkler, Marco Ephraïm, Harald J. Hamre, Danielle Lemann



The Challenge of Complexity – anthroposophic and conventional medicine in dialogue

The general goals of this “wild card” workshop were to make anthroposophic medicine (AM) visible for the regular mainstream of family doctors as a reliable integrative medicine; and to meet regular colleagues who are interested in AM.

The potential of uncertainty in medicine

Ursula Wolf, Bern, Switzerland

Patients and their context (including their doctors) often constitute a multifactor system, and thus physicians are familiar with complexity. Along with complexity often comes uncertainty. Uncertainty may result in insecurity, and therefore the aim is often to avoid it. However, uncertainty may also leave room for valuable questions, thoughts and novel approaches to thinking and conceiving in a wider context. Accepting and integrating uncertainty in daily practice can be learned. Anthroposophic medicine perceives the potential of uncertainty and implements it, thus leading to a broader therapeutic spectrum for the patient's benefit.

Why doctors practice anthroposophic medicine

Madeleen Winkler, Gouda, The Netherlands

For years doctors can engage passionately as general practitioners. They can count on GP professional standards, but still feel the lack of a tool for personal treatment of the individual in his or her own personal biographical context. They wish for a holistic approach to understanding of the patient in the context of his or her social environment and biography. Anthroposophic medicine is an integrative medicine incorporating, in general practice, anthroposophic images of a human being.

The literature shows that GPs make 70–80% of their diagnoses as so-called “flash diagnoses” in first 10 seconds. In this diagnostic process anthroposophic GPs add their anthroposophic diagnosis. An AM doctor is trained to form an image of the interaction of the patient's body, soul (the psychosocial aspects) and spirit. In AM “spirit” means the unique individuality, which is always in the process of developing.

Feeling healthy means harmony between body/soul/spirit.

In all complaints or diseases disharmony between body, soul and spirit is found.

The GP looks for individualised therapy, patient autonomy and biographical development and meaningfulness.

Besides standard GP therapy interdisciplinary teamwork contributes adequate individual treatment with several AM therapeutic modalities such as anthroposophic medical products, art therapy and movement therapy, plus psychological and biographic counselling.

Why is there patient demand for anthroposophic medicine?

Marco Ephraïm, Zoetermeer, The Netherlands

Many of our patients look for a doctor who combines mainstream and complementary medicine in a safe and reliable way. Need an

integrative approach mainly in times of transition: pregnancy, delivery, childhood, sudden severe illness, in chronic diseases and in palliative care. AM can help us to talk to our patients about questions which arise in these situations from a broad viewpoint, respecting their personal convictions.

Anthroposophic medicine at a state hospital

Danielle Lemann, Langnau i.E., Switzerland

In an 11-year-old pilot project Emmental Regional Hospital in Switzerland has set up a 12-bed Department of General and Complementary Medicine run by three general practitioners. The pathway to a project like this is a complex undertaking and paved with many uncertainties but, in view of a particularly high degree of patient satisfaction, a very rewarding one.

How does anthroposophic medicine perform in clinical practice?

Harald J. Hamre, Freiburg i. B., Germany

Clinical research in AM is faced with several challenges. Randomised allocation of patients into therapy and control groups is often rejected by AM physicians and their patients – for ethical reasons, because the physician-patient relationship is disturbed by randomisation, and because of strong therapeutic preferences. The number of AM therapy options is large, with approximately 1650 different medications and several non-medical therapies. Also, therapy is often individualised, with a flexible combination of medications and therapies to address individual needs. In consequence, randomised trials are difficult to conduct in anthroposophic settings.

To circumvent these challenges, randomised trials have been conducted to investigate some AM therapy options outside AM settings. Also, anthroposophic treatment (AT) has been evaluated as a whole system, usually in observational studies.

Two large system evaluations of AT may be cited. The first was a comparison of 1016 primary care patients from four European countries and the United States, treated under routine practice conditions by anthroposophic or conventional physicians for acute respiratory and ear infections. Compared to conventional therapy, AT was associated with reduced use of antibiotics and antipyretics, quicker recovery, fewer adverse reactions, and greater therapy satisfaction. These differences remained after adjustment for country, age, gender, and four markers of baseline severity.

The second system evaluation was the Anthroposophic Medicine Outcomes Study (AMOS), a prospective cohort study of 1642 outpatients in Germany, 81% of whom were enrolled in primary care. Patients were starting new AT for a chronic disorder under routine conditions.

The AT modalities in AMOS were eurythmic therapy, used by half of the patients, as well as art therapy, rhythmic massage therapy, and medical therapy (counselling and medication provided by AM physicians). The most frequent indications were depression, asthma, low back pain, attention deficit hyperactivity disorder,

headache syndromes and anxiety disorders. During the first six study months disease symptoms were significantly reduced, by 43% of baseline scores on average, and quality of life was also improved. These improvements were sustained during the four-year follow-up and were comparable among patients receiving either of the four major AT modalities. Similar improvements were also found in adults and children and in all evaluable diagnosis groups.

An economic analysis of the AMOS study included costs of anthroposophic and conventional therapies, inpatient hospital and rehabilitation treatment and sick leave. Total costs in the first study year did not differ significantly from costs in the pre-study year, although the patients were starting new AT. In the second year the costs were significantly reduced (by 13%) from the pre-study year. This decrease was largely due to a reduction in hospital costs not explicable by secular trends during the study period. A subsequent economic analysis showed that the cost reduction was most pronounced in patients treated for depression.

Most clinical studies of AT concern *mistletoe therapy for cancer*. AM mistletoe products are widely used in Central Europe. In Germany, these products amount to 41 million defined daily doses yearly,

corresponding to 22.5% of all chemotherapy agents sold. Numerous preclinical studies of mistletoe extracts have shown cytotoxic effects on cancer cells, immune modulating effects and DNA stabilising properties. The best documented clinical effects of anthroposophic mistletoe products are improvement of quality of life and reduction of side effects from chemotherapy and radiation. Tumour remissions have been described following local or high-dose administration. A survival benefit has also been shown but the finding is open to criticism.

In safety studies AT is generally well tolerated. Adverse reactions are infrequent and usually mild to moderately severe. AT had adverse event rates similar to or lower than conventional treatment.

More information: www.kikom.unibe.ch, www.vaoas.ch, www.anthromedlibrary.com, www.ivaa.info.

Correspondence:
Dr Danielle Lemann
Bernstrasse 13
3550 Langnau i. E.
albolem@hotmail.com

Lerchengesang

Lerchen tragen Lieder hoch hinauf
ein Singen füllt den Morgenwind
Müheloses geht durch lichtiges Blau

seit ich in deinen Augen bin

bin ich in dir ein Steigen
ein weisser Berg, der endlos lang
in blaue Himmel dringt
als möchte er das Ewige erreichen
bin ich das tastende Motiv
in deiner Symphonie
das Noch-nicht eines Lieds
dem du die Schönheit gibst
und dann
ein wiederkehrender Gesang
in immer grösserem Triumph
bis dass zuletzt ein Horn
in deinen Jubel stösst

Lerchen schwirren hoch im Wind

Thomas Schweizer, Hausarzt in Liebefeld