# Forschende Komplementärmedizin

**Wissenschaft • Praxis • Perspektiven**

## Research in Complementary Medicine

**Research • Practice • Perspectives**

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Disclosure Statement

The Editors declare that they have no conflict of interest.
6th European Congress for Integrative Medicine (ECIM) together with the 5th German Congress for Integrative Medicine

October 4–5, 2013, Berlin

ABSTRACTS

Guest-Editors

Gustav Dobos, Essen
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The challenge of chronic diseases

Berman, B.

University of Maryland, President of the Institute for Integrative Health

The rising tide of chronic disease is no longer creeping up on us – we are facing a full-blown tsunami. Seventy-five percent of the world’s population has one chronic condition; 50% has 2 or more conditions. In the treatment of many diseases, modern medicine has relied on an acute care model which, many argue, merely plugs the dam and is no longer able to keep the waters at bay. Professor Brian Berman, Director of the University of Maryland Center for Integrative Medicine and President of the Institute for Integrative Health, will discuss a new and vital interdisciplinary approach that integrates different medical therapies with lifestyle behavior changes, provides comprehensive out-patient care, and emphasizes disease prevention and health promotion. To accomplish this vision of promoting health and well-being, he will propose our tools for assessing optimal interventions and healing programs.

Disclosure: No conflict of interest disclosed.

Integrative Medicine in patients with allergic rhinitis – evidence and challenges for the future

Brinkhaus, B.

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Allergic rhinitis (AR) affects an estimated about 15 percent of the population in the industrialised countries. Direct yearly costs for AR in Europe are estimated at 1.0–1.5 billion Euros annually, whereas indirect costs are estimated at 1.0–2.0 billion Euros. A remarkable number of patients are turning for relief to Complementary and Alternative Medicine (CAM) including homeopathy, herbal medicine (of various traditional medicine systems), and acupuncture. The lifetime prevalence of CAM use in patients with AR ranges from 27% to 46%, and most of the patients who have not yet used CAM intend to do so in the future.

However, the evidence for the efficacy of CAM for AR is still limited. We performed three RCT trials to evaluate the efficacy as well as the effectiveness of acupuncture in allergic rhinitis providing good evidence for overall and specific effects for acupuncture in AR. In addition there is some evidence that other CAM treatments such as the homeopathic remedy Galphimia glauca and the herbal medicine remedy Petasites hybridus are beneficial for AR patients. For other treatments often used in Germany CAM such as autologous blood injection and bioresonance technique there is no clear scientific evidence mainly due to a lack of clinical trials. The topic of this plenary session presentation will be to present data on the CAM use in the field of AR and to provide the scientific evidence of the most used CAM techniques in this common atopic disease. In addition the question of challenges for the clinical and research future will be discussed.

Disclosure: No conflict of interest disclosed.

Learning from the framework of corporate culture in «mergers» for integrative medicine

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Clear guidance about how complementary medicine could be successfully and efficiently integrated into conventional health care settings is lacking. Combining conventional and complementary medicine into, for example, integrative oncology can be regarded as a kind of merger. In a merger, two or more organizations – usually companies – are combined in-to one in order to strengthen a financial and strategic situation. The corporate culture and integration models have a strong influence on the success of such integration. To identify relevant corporate culture aspects that might influence the success of integrative oncology clinics, two qualitative case studies were performed, one in a German breast cancer clinic another in an integrative medicine cancer service in the USA. According to the theoretical framework of mergers, both clinics selected a different integration type, but developed a similar corporate culture that has a strong focus on research and safe and evidence-based treatments, and fosters a holistic and patient-centered approach (Mittring et al. 2013). Based on these results and the theoretical framework of corporate culture in «mergers», practical guidance for the development of a cultural basis for integrative medicine, which could be used to build an integrative medicine department or integrative medicine service, was developed using an expert consensus procedure.
Five general strategic dimensions of integration management have been identified: the definition of the medical model, motivation for integration, clarification of the available resources, development of the integration team, and development of a communication strategy. Furthermore four cultural differences have been identified that could lead to a clash of cultures: the clinic environment, the professional language, the professional image, and the implementation of evidence-based medicine (EBM). The key recommendations to mitigate cultural differences will be presented.

Disclosure: No conflict of interest disclosed.

Reference

OP6
Oatmeal diet in patients with severe insulin resistance – an overview and possible mechanisms of action
Zerr, R.1,2, Kröz, M.1,2,3, Girk, M.1,2
1Research Institute Havelhöhe (FIH), Berlin, 2Department of Internal Medicine at Gemeinschaftskrankenhaus Havelhöhe, Berlin, 3Institute for Social Medicine, Epidemiology, and Health Economics Charité University Medicine, Berlin

Background: The prevalence of Diabetes mellitus type 2 (DM2) is on the increase like no other disease. In Germany the prevalence is already around 7.2%. Lifestyle modifications have a primary as well as secondary prophylactic effect on DM2. Diet is a mainstay among lifestyle modifications. Recent studies showed that two so-called oatmeal days (OMD) for DM2 with severe insulin resistance (SIR) can significantly reduce the required amount of insulin and improved blood glucose levels at the mean time. This effect continued for up to 4 weeks.

Methods: The pathogenesis of insulin resistance with special emphasis on visceral adiposity is represented. In contrast, the characteristics of oat with respect to its ingredients and effects in the human body as well as the possible mechanisms of action on the diabetic metabolic state are discussed. The retrospective evaluation of two OMD in 45 own inpatients with DM2 and SIR is presented. Statistics: T-Test in case of normal distribution.

Results: Oat can significantly improve SIR in DM2. Possible mechanisms of action are the delay in the passage of the upper GI tract, increased excretion of bile acids, faster satiation, and a beneficial effect on intestinal bacterial with increased proliferation of butyrate-producing bacteria. These are typically reduced in DM2. Adiponectin, a protective adipokine has increased significantly after 4 weeks following the OMD. The retrospective evaluation of two OMD in 45 inpatients with DM2 and SIR are presented. Statistics: T-Test in case of normal distribution.

Discussion: No conflict of interest disclosed.

Reference

OP12
Effect of healing ceremonies on participant’s quality of life
Rowold, J.
TU Dortmund University, Dortmund

In line with the growing interest in integrated health care approaches, both non-indigenous (e.g., western) and indigenous people are participating in healing ceremonies. However, little is known about the potential health-related benefit of healing ceremonies. Thus, the current study sought to close this gap in the literature by exploring the effect of healing ceremonies on participant’s self-rated quality of life. Data were gathered from N = 25 participants at three points in time (T1: four weeks prior to ceremony; T2: two days before ceremony; T3: four weeks after ceremony). The results revealed that participation in a healing ceremony increased mental, physical, emotional, and spiritual quality of life. Implications for practice and future research are discussed.

Disclosure: No conflict of interest disclosed.

Reference

OP10
Physicians’ attitude toward Complementary and Alternative Medicine and their knowledge of specific therapies – an 8-year follow-up report of an academic medical center
Wahner-Roedler, D., Lee, M., Chon, T., Cha, S., Loehrer, L., Bauer, B.
Mayo Clinic, Rochester, MN

Background: The purpose of this study was to determine changes in attitude and knowledge of specific Complementary and Alternative Medicine (CAM) therapies of Mayo Clinic internists between 2004 and 2012.

Methods: In 2004 we performed a web-based survey (53 questions addressing 3 areas of CAM therapy: a) utilization & outcomes, 7 questions, b) familiarity & experience, 27 questions, c) attitudes towards CAM, 19 questions) of 660 Mayo Clinic internists (published: Evid Based Complement Alternat Med. 2006). The same survey was e-mailed to 645 Mayo Clinic internists in 2012. We chose not to update the survey in 2012 (we now use the term «Integrative Medicine» at Mayo, not CAM) so that we could compare the exact questions over the 8 year span. Pearson Chi-Square test for discrepancy and Mantel-Haenszel test for trends were used to compare the results between 2004 and 2012.

Results: Response rate 29%. Physicians participating in the 2012 survey were more likely to refer patients to a CAM practitioner than physicians in 2004 (71% in 2012; 44% in 2004, p<0.001). While in 2004 75% of physicians had never referred a patient to a CAM practitioner this percentage had dropped to 31% by 2012 (p<0.001). The percentage of patients with whom possible benefits of CAM therapies was discussed was significantly higher in 2012 than in 2004 (p=0.006) and more physicians initiated this discussion than in our previous survey (41% vs 26%, p=0.002). Seventy-seven percent of physicians surveyed in 2012 thought that incorporation of CAM therapies would have a positive impact on patient satisfaction vs 57% in 2004, p<0.001). In looking at understanding of proposed medicinal use and feeling comfortable in counselling patients about various CAM treatments only acupuncture stood out as being significantly better understood in 2012 compared to 2004.

Conclusion: This study is unique in that it evaluates the change of physicians’ attitude towards CAM and the change in knowledge of specific therapies at an 8 year interval since a CAM program was developed at Mayo Clinic Rochester. It shows that the attitude of physicians in our Department of Medicine towards CAM has become more positive and that physicians utilize more CAM now than in 2004 while knowledge and experience with many specific CAM treatments did not show any change. The results of this study will be utilized to develop further educational interventions and research studies.

Disclosure: No conflict of interest disclosed.

Reference

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Use of Complementary and Alternative Medicine in children with cancer treated at a Swiss pediatric oncology unit: A retrospective study

Magi, T.; Torchetti, L.; Leibundgut, K.; Frei-Erb, M.

1Institute of Complementary Medicine KIKOM – University of Bern, Bern
2Division of Pediatric Hematology/Oncology, Department of Pediatrics, University of Bern, Bern, Switzerland

Background: Aim was to investigate retrospectively the use of Complementary and Alternative Medicine (CAM) in the treatment of pediatric oncology patients for the first time in Switzerland. The proportion of general CAM-use and of the specific methods applied were examined. Of interest were also the communication between medical staff and patients regarding CAM, the reasons for choosing (respectively not choosing) CAM, as well as its perceived effectiveness.

Methods: All patients treated between 2002 and 2011 at the pediatric oncology unit of the University Hospital of Bern, were retrospectively surveyed about their CAM use during and after the conventional cancer treatment. Of the 257 patients contacted, 143 (55.6%) returned the questionnaire, and data of 131 (50.9%) patients could be analyzed. 61 of the children were girls (46.6%), the mean age at diagnosis was 6.7 years (range 0–17 years), and 16 (12.2%) had deceased.

Results: 66 (50.4%) patients indicated to have used CAM methods in conjunction with the cancer treatment. 28 children (21.4% of the total sample) had applied one or two different methods, and 38 (29%) had applied more than two methods. The most commonly used CAM methods were classical homeopathy (56.1% of the children using CAM), dietary supplements (30.3%) and over-the-counter homeopathy (28.8%). In conjunction with cancer treatment, 33 (25.2%) of all responding patients were informed by the medical staff about CAM, and 69 (52.7%) would have desired such information. Among the 66 CAM users, 51 (77.3%) of the children applying CAM expected an improvement of the general condition, 45 desired to strengthen the immune system (68.2%) and 40 intended to abate the adverse effects of conventional treatment (60.6%). 86.5% of the CAM-users perceived only positive, 3% both positive and negative, and 9% no effects of the CAM treatment. The most frequent reasons for not choosing CAM in 65 children were ignorance of this option (27.7%), avoiding further emotional stress for the child (26.2%) and belief of the ineffectiveness of CAM (24.6%).

Conclusion: CAM was used in about one half of pediatric oncology patients. Patients were only selectively informed by the medical staff about CAM as an additional treatment option. A majority of the CAM users reported positive effects of the respective treatment. More information on the possibilities of CAM as add-on in the treatment of pediatric oncology patients is needed for both, oncologic medical staff, and concerned families.

Disclosure: No conflict of interest disclosed.

OP27
Administration of Cardiodoron® in patients with functional cardiovascular disorders and/or sleep disorders – results of a non-interventional study

Rother, C.; Weyers, G.; Hufnagel, R.

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Background: Functional cardiovascular disorders (FCD) can be attributed to around 30–40% of all heart patients, i.e. organic causes are not detectable. Characteristic symptoms are tachycardia, palpitations, cardiac arrhythmia, hyperventilation, vertigo, vasovagal syncope and sleep disorders (SD); with the latter being a problem on its own. Disturbed vegetative rhythms form the basis of these diseases. The medicinal product Cardiodoron® counteracts the dysfunctional vegetative rhythmicity with three medicinal plants – Primula veris, Hyoscyamus niger and Onopordum acanthium.

Aim: Development of disease-specific disorders under Cardiodoron® treatment

Methods: In a prospective, multicentre, non-interventional study patients with FCD and/or SD were observed who have been treated with Cardiodoron® (drops) for 3 to 6 months. After an initial examination, a final examination after 90 days and, in case of continuation of therapy, a follow-up examination after 90 days was carried out. During each examination the severity of FCD and/or SD plus 30 characteristic symptoms were assessed by the physician from 0 (not present) to 3 (severe). The patients rated their condition on the basis of the Complaints-List according to Zerssen (B-L=B-L’) and the Pittsburgh Sleep Quality Index (PSQI) according to Buysse.

Results: 501 patients, documented by 92 physicians, were evaluated (mean age 53 years, 74% females, 24% FCD, 9% SD, 67% both diagnoses). The severity of FCD was significantly reduced from 1.9 points at the beginning of treatment to 0.9 after 3 months and 0.6 after 6 months; as well as sleep disorders from 2.0 to 0.9 respectively 0.7. All documented 30 disease-specific symptoms were improved, so that the total symptom score decreased from on average 22.2 to 8.9 at the follow-up. The total score of the Complaints-List (B-L’=B-L’) was significantly reduced from 24.1 to 10.1 at the follow-up. In patients with SD the PSQI decreased from initially 11.3 to 5.1. On average, patients reported initial improvement after 13 days of treatment. Tolerability was almost consistently assessed with «very good/good». The acceptance of the preparation was good which resulted in 70% in a very good compliance. 52% of patients used additional therapies.

Conclusion: Cardiodoron® shows positive effects in medical practice; it is a well-tolerated medicinal product for treatment of functional cardiovascular and/or sleep disorders with or without concomitant therapies.

Disclosure: This study was financed by Weleda AG Germany. Dr. C. Rother and R. Hufnagel are employees of Weleda AG. Dr. G. Weyers, cardiologist, participated in the study.

OP30
Heavy metals and Alzheimer’s disease

Loef, M.; Walach, H.

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Background: Alzheimer’s disease (AD) is becoming a health issue on global society. Its risk might be influenced by heavy metals; both elements that are essential for human life and those that are toxic at any dose.

Methods: We conducted four systematic reviews on the impact of five elements on AD. Since copper and iron are both transition metals with similar chemical features they were investigated in parallel, whereas zinc, lead, and mercury were analyzed individually. With regard to the respective literature we applied different selection criteria for each review, extracted the data narratively, and discussed the evidence in respect to the knowledge of the molecular mechanisms.

Results: In total, we searched 13 databases including MEDLINE, EMBASE, and XTOXLINE. We included 86 human studies for mercury, five studies for lead, 108 for copper and iron, and 55 for zinc. Although animal studies clearly indicated relevance for each of the metals in the pathogenesis of AD, the evidence that derives from studies in humans is much less conclusive. Iron and mercury appear to be accumulated in the brain of patients with AD, copper is increased in their serum, and zinc might be subclinically deficient. Any further evidence is inconclusive.

Conclusion: The biological roles of heavy metals in AD are complex and not completely understood; while the evidence from human studies is tentative. Mercury should be removed from human circuits by any means, and iron overload and zinc deficiency avoided for the prevention of AD. Future research should include long-term studies on the association between different measures of multiple metals and AD.

Disclosure: No conflict of interest disclosed.
Viscum album L. extracts composed of triterpene acids and mistletoe lectins exhibit synergistic apoptosis induction in paediatric Ewing’s Sarcoma cells in vitro

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Background: Aside from Osteosarcoma, Ewing’s Sarcoma is the most abundant form of bone sarcoma in children and adolescents. This malignancy derives from a mesenchymal stem cell and is associated with poor therapeutic outcome and prognosis. Viscum album L. extracts (VAE) are popular in complementary cancer medicine but little is known about its effects on paediatric Ewing’s Sarcoma cells. The biologically effective compounds of mistletoe include hydrophilic lectins (ML) and viscotoxins and hydrophobic triterpene acids. Triterpene acids are difficult to extract and hardly solubilised in water. All commercially available VAE are water-based. By using cyclodextrins it was possible to solubilise mistletoe triterpene acids (mainly oleanolic acid) resulting in a VAE with high levels of triterpene acids and ML in combination (ViscumTT). The objective of this work is to study the effects of VAE composed of ML and viscotoxins (Viscum) or triterpene acids (TT) and the combination ViscumTT on Ewing’s Sarcoma cell lines in vitro for the first time.

Methods: Human Ewing’s Sarcoma cell lines were treated with ML and/or triterpene acids containing VAE. Effects on proliferation were measured by CASYCounter®. Apoptosis induction and its mechanisms were analysed by FACS using Annexin/PI, Caspase-8/-9/-3 staining and JC-1.

Results: VAE composed of triterpene acids (TT) or ML and viscotoxins (Viscum) induce apoptosis dose-dependently in Ewing’s Sarcoma cells. The proliferation is inhibited as well. In addition, their combination (ViscumTT) shows synergism in apoptosis induction and anti-proliferative effect. The apoptosis mechanism is subject of current investigation.

Conclusion: A new VAE formulation containing ML and solubilised triterpene acids (ViscumTT) shows high anti-tumour effectiveness in vitro and may represent a new promising therapy option in paediatric Ewing’s Sarcoma. Therefore the therapeutic effect of ViscumTT should be evaluated in vivo.

Disclosure: No conflict of interest disclosed.

Defining Ayurveda as a whole medical system: Examples of clinical encounters in real life situations

Manohar P.R.
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Background: Clinical research on Ayurveda has more than often evaluated single herbs, formulations or component therapies to comply with reductionistic research designs. On the other hand, complex forms of individualised and multimodal Ayurvedic treatments combining pharmacological and non-pharmacological interventions are administered in real life situations, especially in India, where Ayurveda has a long history and tradition of clinical practice. There is a need to look at the gap between clinical research and clinical practice in the field of Ayurveda to design and develop research methodologies that are rigorous but flexible enough to accommodate the complexity of Ayurveda.

Methods: Observational studies and clinical trials conducted at AVC, a 100 bed Ayurvedic hospital in India on more than 1000 patients (AMRA Trial on Rheumatoid Arthritis, RUDRA Observational Studies on Osteoarthritis, Diabetes, Bronchial Asthma, Cervical Spondylosis and Lumbar Spondylosis), have generated data on outcomes of complex Ayurvedic clinical interventions. These diseases have also been studied with conventional research designs and data is accessible from published research providing the opportunity to characterise the complexity of Ayurvedic treatments administered in clinical practice vis a vis those administered in clinical research by comparing research designs, outcome measures and treatment outcomes.

Results: The complexity of Ayurvedic clinical interventions in actual clinical practice could be delineated highlighting the approaches to individualisation of treatments as well as the iterative and recursive nature of its therapies. Ayurvedic nosology differs from modern classification of diseases implicating the need for specific strategies in setting inclusion/exclusion criteria and defining treatment outcome measures. A comparative study of Ayurvedic interventions in rheumatoid arthritis revealed variations in treatment outcomes based on differences in research design, diagnostic protocols and outcome measures. The implications were found to be same for other diseases.

Conclusion: Conventional research demands modification of Ayurvedic treatment protocols to fit into the study designs. As a result, Ayurveda is evaluated in research settings using treatment protocols that differs from actual practices, pointing out the relevance of modifying research designs to accommodate the whole medical system (WMS) features of Ayurveda with examples that identify the gaps between research and practice in Ayurveda.

Disclosure: No conflict of interest disclosed.

Integrative health care challenges with African traditional medicine: Academic insights into the practices of indigenous South African traditional healers

Naidoo, N.T., Truter, I.
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Background: African traditional medicines are used by a vast majority of the indigenous South African population. The Nelson Mandela Metropolitan University (NMMU) through its bio-psycho-social oriented Faculty of Health Sciences, and Departments of Pharmacy and Nursing Science in particular, has over the past decade engaged with African traditional healers in the region with a view to promoting cross-cultural understanding, in a medically diverse pluralistic society. Lessons learnt highlight the challenges faced for integrative healthcare.

Objectives: To gain insight for prospects in integrative primary health care, through the collective experience of postgraduate students in Pharmacy and Nursing at the NMMU in engaging with African traditional healers.

Methods: The recommendations emanating from postgraduate studies involving 51 African traditional healers in the metropole were reviewed.

Results: A co-operative model of healthcare between «conventional» primary care health professionals and traditional healers, could ensure culturally congruent care, awareness of herbal intoxication, and sensitisation towards the cultural attributes and traditional beliefs of indigenous healers and their patients.

Conclusion: The integration of African traditional healers into the primary health care system is limited by the cultural divide. The role of higher education institutions in bridging this gap through curricular development, research, and engaging jointly with traditional and «conventional» health care sectors cannot be understated.

Disclosure: No conflict of interest disclosed.

Tumor-size dependent circadian endocrine disturbances in untreated patients with primary prostate cancer

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The aim of this study was to analyse the circadian profiles of central and peripheral circulating hormones in patients with unoperated primary localized prostate cancer (PC) as well as in age-matched controls with...
benign prostatic hyperplasia (BPH) in order see whether tumor-specific endocrine disturbances may occur. The hormones analysed in serum included melatonin, prolactin (PRL), growth hormone (GH), thyroid-stimulating hormone (TSH), total thyroxine (T4), luteinizing hormone (LH), testosterone (T), and cortisol (Cor). Blood was collected at four-hourly intervals over one complete 24-h cycle from 19 patients with PC (68±3 years; T1N0M0-T4NxM0) and 20 patients with BPH (69±3 years; BPH-1→BPH++++). The most prominent result was that the circadian amplitude of melatonin was drastically depleted in PC (-71%) compared to BPH, and patients with T2 as well as T3/4 showed extremely low melatonin leading to a loss of circadian rhythmicity. A similar trend existed for PRL where no circadian rhythms were detectable in PC with larger tumors. Loss of circadian rhythmicity was also observed for GH in PC, and TSH-concentrations were clearly depleted by 43–53% in patients with T2 and T3/4 tumors compared to patients with medium- and large-sized BPH although T4 was within normal limits. LH as well as T and Cor did not show any changes in PC compared to BPH. This indicates that the growth of PC leads to specific endocrine changes affecting melatonin, PRL, GH and TSH without influencing peripheral hormones (T4, T, Cor) as well as LH. The possible significance of these findings for the prognosis of patients with PC is discussed, as well as the potential underlying mechanisms focusing on the question why circulating melatonin may be diminished in PC and whether this could be functionally involved in the observed endocrine disturbances.

Disclosure: No conflict of interest disclosed.

OP51 Pomegranate seed oil for menopausal symptoms – an individually controlled cohort study Huber, R., Schultz, S., Linke-Cordes, M., Schultz, C., Braeunig, M., Fischer, H. University Medical Centre Freiburg i.Br.

Background: In the folk medicine of Mediterranean countries pomegranate seed oil has been used to treat menopausal symptoms. Effectiveness and tolerability have not yet been investigated.

Methods: 78 patients with a mean duration of menopausal symptoms of 46 months were included in this investigator initiated, mono-center cohort study. After 4 weeks without treatment (individual control) they took 2x500mg pomegranate seed oil for 8 weeks. At baseline, after 4 weeks without treatment and every 4 weeks during treatment the symptoms severity was scored on the German version of the menopausal rating scale (MRS). 17β estradiol was determined at baseline and after 8 weeks treatment.

Results: In the intention to treat analysis most MRS symptoms were significantly and relevantly reduced, e.g. hot flushes from 2.3±1.0 to 1.4±1.1 (p<0.001; 0=absence of symptoms, 4=very strong symptoms). Remarkably, also urogenital tract symptoms (dry vagina) significantly improved (from 1.3±1.4 to 0.9±0.2, p<0.045). Except gastrointestinal symptoms in few patients tolerability was excellent. 17β estradiol was unchanged.

Conclusion: The results suggest efficacy of pomegranate seed oil to reduce menopausal symptoms which should be confirmed in a placebo-controlled study.

Disclosure: No conflict of interest disclosed.

OP56 Client experiences with anthroposophic healthcare Koster, E.1, Raaphorst, N.1, Baars, E.1, Delnoij, D.2

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Background: Accounting for the patients’ perspective on quality of care has become increasingly important within governmental policies. Next to biomedical and predecondition quality, perceived quality of care has become one the three pillars within the quality of care discourse in the Netherlands. Within this domain not only objectified patient experiences are addressed, but also concepts as quality of life and perceiving of care are taken into account. Client experiences with anthroposophic healthcare (AH) have recently been measured systematically by means of quantitative research. However, little is known about the qualitative experiences of AH clients and these have not been measured systematically. In addition, many clients who participated in the quantitative research experienced insufficient possibilities of the measuring instrument to address the essence of their experiences with AH. To enable accountability of quality of care from the patients’ perspective in a way that addresses on the one hand the different aspects of perceived care and on the other hand the essence of AH according to the clients better, this study aims at getting a deeper insight into the qualitative client experiences of AH.

Methods: A mixed-method approach: 1. Qualitative survey of 2000 patients of anthroposophic GPs, based on a single open item regarding the contribution of the AH treatment to quality of life of the CQ-Index AH. 2. Qualitative survey among patients of anthroposophic nurses (external applications therapy) based on one open item regarding perceived therapy effects of a patient evaluation questionnaire. 3. Qualitative semi-structured interviews regarding the experiences with AH treatment and AH practice-method.

Qualitative analyses: Grounded theory approach with open, axial and selective coding, and qualitative coding.

Results: Response: survey anthroposophic GPs: n=1000; survey nurses: n=34; qualitative interviews: n=24. The specific domains of the experiences regarding AH treatment and practice-method in general and quality of life will be presented.

Conclusion: There is an overall positive image of the client experiences with AH. The experiences indicate a substantial contribution of the AH practice-method to the quality of life, health promotion and self-management of clients. These experiences show a potency of the AH practice-method with regard to the practical realisation of individual self-management and health promotion within the current healthcare policies.

Disclosure: No conflict of interest disclosed.

OP64 Homeopathic drug proving of Okoubaka aubrevillei: A randomised placebo-controlled trial Teuf, M. Charité Universitätsmedizin Berlin, Institute for Social Medicine, Epidemiology and Health Economics

Background: Homeopathic drug proving is a basic concept in homeopathy. This study aimed to record symptoms produced by a homeopathic drug compared with placebo.

Methods: This multicentre, randomised, double-blind, placebo-controlled phase 1 trial consisted of a 7-day run-in period, a 5-day intervention period and a 16-day post-intervention observation period. Subjects, investigators and statisticians were blinded for intervention groups and identity of the homeopathic drug. Subjects in the intervention group received Okoubaka aubrevillei (potency C12) and subjects in the placebo group received optically identical sucrose globules. Dosage in both groups was five globules taken five times per day over a maximum period of 5 days. Subjects documented the symptoms they experienced in a semi-structured online diary. The primary outcome parameter was the number of characteristic proving symptoms compared with placebo after a period of 3 weeks. Characteristic symptoms were categorised using content analysis. Secondary outcome parameters were the qualitative differences in profiles of characteristic and proving symptoms and the total number of all proving symptoms. The number of symptoms was quantitatively analysed on an intention-to-treat basis using analyses of covariance with the subject’s expectation and baseline values as covariates.

Results: Thirty-one subjects were included (19 Okoubaka and 12 placebo). Data for 29 participants could be analysed. No significant differences
Conclusion: Combined results of qualitative and quantitative methods did not result in a significant difference of characteristic proving symptoms between O. abbrevielle C12 and placebo. The qualitative comparison of the symptom profiles leaves some open questions. The nocebo effect might be a plausible explanation for most of the phenomena observed in this trial.

Disclosure: No conflict of interest disclosed.

OP71
The effect of a 3 months home use of cupping massage on chronic non-specific neck pain

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Background: Chronic nonspecific neck pain (CNP) is of high economic importance. Latest research on cupping therapy has proven its efficacy in the treatment of CNP. This study aimed to investigate the effects of a 3-month home use of cupping massage (CM) compared to progressive muscle relaxation (PMR) on neck pain, disability, well-being and pressure pain sensitivity in patients with CNP.

Methods: 84 patients with CNP were included into the study, one fourth of them withdrew before randomization. After baseline assessment and randomization, 30 patients and partners were trained in CM, the other 31 were instructed in PMR. Patients were asked to apply treatment twice weekly for 3 months. Outcomes included pain intensity (VAS, primary endpoint), pain related to movement (VAS), functional disability (NDI), well-being (FEW16), stress perception (PSQ20), quality of life (SF36), pressure pain threshold (PPT) at predefined neck muscles and adverse events (AE). Outcomes were analyzed using ANCOVA with post-treatment as dependent variable, group as classified factor, patients’ expectations and respective baseline values as covariates.

Results: The majority of patients was female (74%) and 54.1 ± 12.7 years on average. No group differences were found regarding baseline scores. Analyses revealed no group differences for pain intensity, however pre-post comparisons showed significant and clinically relevant improvements in CM and PMR. No group differences were found for disability, stress perception and quality of life at 3 months, but for aspects of well-being (higher vitality, p = 0.049; more inner peace, p = 0.02) and pressure pain thresholds (4 out of 7 areas, higher thresholds in CM). One serious (disc prolapse) and two slight AEs (increased pain) were observed in this trial.

Conclusion: This study found that the home use CM is no more effective than the use of PMR. Results for well-being and PPT however suggest different modes of action of both techniques. Both techniques seem to be safe and well accepted by patients with chronic neck pain.

Disclosure: No conflict of interest disclosed.

OP72
A systematic review and meta-analysis of Qigong for the fibromyalgia syndrome

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Background: The fibromyalgia syndrome (FMS) is a chronic pain condition. A systematic review and meta-analysis of the effectiveness of Qigong for fibromyalgia syndrome is presented here.

Methods: The Pubmed/MEDLINE, Cochrane Library, EMBASE, Cinahl and CAMBASE databases were screened until December 2012 to identify randomized controlled trials comparing Qigong to any control intervention. Major outcome measures included pain and quality of life; and secondary outcomes included sleep quality, fatigue, depression and safety. Standardized mean differences (SMD) and 95% confidence intervals were calculated.

Results: Seven trials were included in the analysis with a total of 395 FMS patients. Analyses revealed low quality evidence for short-term improvement of pain (SMD = −0.69; 95% CI −1.25 to −0.12; P = 0.02), generic quality of life (SMD = 0.84; 95% CI 0.49 to 1.18; P < 0.001) and sleep quality (SMD = −0.67; 95% CI −1.01 to −0.34; P < 0.001); and very low quality evidence for improvement of fatigue after Qigong for FMS, when compared to usual care (SMD = −0.56; 95% CI −1.07 to −0.06; P = 0.03). No evidence was found for superiority of Qigong, when compared to active treatments. No serious adverse events were reported.

Conclusion: This systematic review found that Qigong may be a useful approach for FMS patients. According to the quality of evidence only a weak recommendation for Qigong can be made at this point. Further high quality RCTs are required for the conclusive judgment of its long-term effects.

Disclosure: No conflict of interest disclosed.
Combined data shows manipulative therapies had a significant effect – reducing average crying time by 712 minutes per day (mean difference (MD) = 1.20; 95% CI = 1.189 to 1.51). This conclusion is sustained for studies with a low risk of selection bias and attrition bias (When analysing only those studies with a low risk of performance bias (parental blinding) the improvement in daily crying hours was not statistically significant (MD = 0.57; 95% CI = 2.24 to 1.09).

One study found that a greater proportion of infants receiving manipulative therapies reported clinically significant improvements than did those receiving no treatment (reduction in crying to less than two hours: odds ratio (OR) 6.33; 95% CI 1.54 to 26.00; more than 30% reduction in crying: OR 3.70; 95% CI 1.15 to 11.86).

One study measured infant sleeping time and found manipulative therapy resulted in statistically significant improvement (MD 1.17; 95% CI 0.22 to 2.12).

The quality of the studies was variable. There was a generally low risk of selection bias but a high risk of performance bias. One of the studies recorded adverse events and none were encountered.

**Conclusion:** Parents of infants receiving manipulative therapies reported fewer hours crying per day than parents whose infants did not and this difference was statistically significant. However, most studies had a high risk of performance bias due to the fact that the assessors (parents) were not blind to who had received the intervention. When combining only those trials with a low risk of such performance bias, the results did not reach statistical significance. Further research is required where those assessing the treatment outcomes do not know whether or not the infant has received a manipulative therapy.

**Disclosure:** No conflict of interest disclosed.

**OP75**

**Characteristics of acupuncture treatment associated with outcome: Analyses of 17,922 patients with chronic pain in randomised controlled trials**

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**Background:** Recent evidence shows that acupuncture is effective for chronic pain. However we do not know whether there are characteristics of acupuncture or acupuncturists that are associated with better or worse outcomes.

**Methods:** An existing dataset, developed by the Acupuncture Trialists' Collaboration, included 29 trials of acupuncture for chronic pain with individual data involving 17,922 patients. The available data on the characteristics of acupuncture included style of acupuncture, point prescription, location of needles, use of electrical stimulation and moxibustion, number, frequency and duration of sessions, number of needles used and acupuncturist experience. We used random-effects meta-regression to test the effect of each characteristic on the main effect estimate of pain. Where appropriate we used multivariable random-effects meta-regression.

**Results:** There was little evidence that different characteristics of acupuncture or acupuncturists modified the effect of treatment on pain outcomes. Increased number of needles and more sessions appear to be associated with better outcomes when comparing acupuncture to non-acupuncture controls. This suggests that dose of acupuncture could be more important than previously thought. Trials that can evaluate the potentially small differences in outcome associated with different acupuncture characteristics are likely to require large sample sizes.

**Disclosure:** No conflict of interest disclosed.

**OP76**

**The effect of Therapeutic Touch on bio-behavioral stress markers in vascular surgical patients**

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**Background:** Therapeutic Touch is a complementary modality that has been demonstrated to effect psychological distress and help patients to relax, and has been used by nurses to help patients to manage pain and anxiety. It is unclear how TT works and if there is an impact of TT on bio-behavioral markers such as cortisol and natural killer cells (NKCs). There is some preliminary evidence that suggests relaxation may have positive effects on the immune system.

**Purpose:** The purpose of this research was to test the effect of Therapeutic Touch (TT) on stress in patients recovering from vascular surgery.

**Framework:** The study was grounded in a Psychoneuroimmunology framework to addresses how stress interferes with recovery in surgical patients.

**Methods:** Design: This was a between subjects intervention study with repeated measures. Sample: Twenty-one post-operative vascular surgical patients. Measures: Measures of level of pain, anxiety, wellbeing, ability to sleep and vital signs were done before and after a TT treatment. Levels of cortisol and natural killer cells were drawn before, and immediately after a TT treatment and one hour later. Open ended questions were asked at the end of the TT treatment.

**Results:** Compared to those who received usual care, participants who received TT had significantly lower systolic BP, better ability to sleep, lower level of pain, lower Cortisol and higher NKC levels. Responses to open ended questions indicated TT provided relaxation and aided participants’ ability to sleep.

**Conclusions & Implications:** There is evidence that supports TT as a beneficial intervention with patients with many conditions. There is evidence to support incorporating TT into nursing practice as a complementary modality to help patients relax, decrease pain and provide comfort.

**Disclosure:** No conflict of interest disclosed.

**OP79**

**Homeopathic therapy in paediatric atopic diseases from 1998 to 2012: Long-term outcomes in dermatitis, asthma and allergic rhinitis**

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**Aim:** To study the socio-demographic features of the paediatric population homeopathically treated for respiratory diseases, the follow-up and the long-term results in atopic dermatitis, asthma and allergic rhinitis.

**Materials and Methods:** An observational longitudinal study was conducted 739 paediatric patients (24.7%) mean age < 14 years, consecutively visited at the Homeopathic Clinic of Lucca from 1998 until 2012, and 466 (62.1%) were aged 0–6 years, and 273 (36.9%) were aged 7–14 years. At least one follow-up visit was performed 363 (49.1%) children. The GH-HOS (Glasgow Homeopathic Hospital Outcome Score) was used to assess
outcome. The reference values of the GHGOS scale were distributed according to a Likert scale from -1 to +4. Moreover, parents of all paediatric patients suffering from allergic respiratory complaints with at least 5 years of follow up, were telephonically called and invited for a re-evaluation.

**Results:** Children with atopic diseases were 281 (38% of the paediatric patients), mainly with asthma: 109 (14.8%); allergic rhinitis: 58 (7.8%); atopic dermatitis, included urticaria 110 (14.9%) and 4 (0.5%) with food intolerance. Atopic paediatric patients with follow up were 135 (48%). Paediatric patients with asthma with follow up were 56 (51.4%), 39 of them with significant improvement or resolution (GHGOS +2+3+4). Followed up patients with allergic rhinitis were 30 (51%) and 26 of them with significant improvement or resolution; children with dermatitis in follow up were 48 (43.6%) and 40 with GHGOS +2+3+4. Only one patient with food intolerance was followed up.

Atopic paediatric patients visited till 2007, with at least 5 years of follow up, was 185. The long-term results of homeopathic therapy in dermatitis, asthma and allergic rhinitis are in course of evaluation. Till now we had the possibility to contact parents of 128 (69.2%) atopic children with long term follow up, 48 with asthma, 26 allergic rhinitis, and 54 with dermatitis after a period of at least 5 years (range 5–12 years). We found 36 (70.6%) with a complete remission of asthma and 15 (29.4%) with persisting asthma, 12 of episodic and 3 with food intolerance. Atopic paediatric patients with follow up were 135 (48%). Paediatric patients with asthma with follow up were 56 (51.4%), 39 of them with significant improvement or resolution (GHGOS +2+3+4). Followed up patients with allergic rhinitis were 30 (51%) and 26 of them with significant improvement or resolution; children with dermatitis in follow up were 48 (43.6%) and 40 with GHGOS +2+3+4. Only one patient with food intolerance was followed up.

**Conclusion:** The results seem to confirm that homeopathic medicine produces a positive therapeutic response in children presenting atopic complaints.

**Disclosure:** No conflict of interest disclosed.

**OP99**

**Complementary and Alternative Medicine (CAM) as part of primary health care – differences in patients consulting GPs and non-medical CAM practitioners**

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**Background:** There has been a steady increase in the use of Complementary and Alternative Medicine (CAM) worldwide in the last years. In Germany, CAM is provided by doctors with or without additional qualifications and from Heilpraktiker (= state-licensed, non-medical CAM practitioners). Both the number of doctors with additional CAM qualifications and the number of Heilpraktiker has more than tripled in the last 15 years. However, until now there are no data available about patterns of consultation and characteristics of patients consulting non-medical CAM practitioners compared to medical doctors in Germany. Therefore, the aim of our study is to describe and to identify possible differences in patients consulting a general practitioner (GP) with or without additional CAM qualification or a non-medical CAM practitioner with regard to reasons for the consultation, socio-economic factors and further characteristics.
(health status, health behavior, quality of life, willingness to pay extra for health services etc.).

Methods: A questionnaire was developed consisting of validated instruments (MYMOP, EQ5D) and additional questions. We aimed to collect data from 600 patients in 20 practices of non-medical CAM practitioners and 40 practices of GPs (10 patients from each practice). Data collection takes place consecutively during normal consultation hours.

Results: The data are currently being analyzed. Results will be presented at the conference.

Discussion: The results of the study will contribute to the understanding of the role non-medical CAM practitioners play within primary health care in Germany. Assuming that we can identify differences in reasons for encounter and further characteristics this may present a basis for further research.

Disclosure: No conflict of interest disclosed.

OP102 Herbal medicinal products vs. botanicals: Clear boundaries are necessary

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Background: In the EU, the boundaries between herbal medicinal products (HMPs) and dietary supplements of herbal origin (botanicals) are discussed politically. In this context the use of health claims based on traditional use was proposed for botanicals.

Methods: According to EU definition, HMPs have pharmacological effects and are used for therapy, relief, prevention or diagnosis of diseases, while botanicals have physiological effects and are primarily used for nutrition or health-related effects by healthy consumers.

Results: A transfer of the «traditional use» principle from HMPs to botanicals is not possible as, according to regulations, botanicals are not defined for treatment of diseases. Also, for HMPs usually a long-standing tradition of medicinal use for a well-defined indication, of composition, of posology and of formulation is documented. In contrast, for botanicals this information is usually lacking. Also they are often subject to frequent changes in manufacturing, composition, quality, and nutritional use.

The Society for Phytotherapy, Germany, has submitted a statement to the German federal government arguing against the introduction of «traditional» health claims for botanicals and other dietary supplements and nutraceuticals. The German government followed this position in its statement submitted to the EU commission. The subject still is under further discussion in the EU.

Conclusions: The assessment of botanicals should be based on relevant health-related effects that have been proven by adequate scientific evaluations and on whether the dose or serving is equivalent to that consumed nutritionally. These preconditions are necessary for providing efficacious and safe products. A traditional health claim is not adequate for botanicals.

Disclosure: No conflict of interest disclosed.

OP101 Opposite directions – prescriptions and costs of drugs significantly decrease for integrative care pain and stress patients and significantly increase for matched conventional care patients – findings from a national registry analysis in Sweden

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Background: To compare prescribed defined daily dosages (DDDs) and cost of drugs for patients with pain and stress disorders referred to anthroposophic integrative care (IC) or conventional care (CC).

Methods: Retrospective analyses of national high quality registry data 2005 to 2010. Changes in DDDs and costs 90/180 days before and after index visit to IC or CC. Patients matched on ICD-10 diagnoses M79 (pain) and F43 (stress), age, gender, sociodemographics. ATC drug categories: M (anti-inflammatories, muscle relaxants), N02 (analgesics, opioids) and N05 (psycholeptics, hypnotics, sedatives).

Results: After index visits, CC pain patients (n = 1094) vs. IC patients (n = 213) were prescribed significantly more N02 and N05; average (95% CI) group difference for N02 at 90 and 180 days: 15.5 (10.2 to 20.8) and 22.0 (13.8 to 30.1) DDDs/patient; for N05 at 90 days: 5.7 (0.1 to 11.3) DDDs/patient. CC stress patients (n = 1589) vs. IC patients (n = 161) were prescribed significantly more N05 at 90 and 180 days after the index: 38.3 (27.8 to 48.7) and 60.9 (45.5 to 76.2) DDDs/patient. The cost of drugs were significantly higher for CC at 90 days: N02 for pain patients: 10.6 (1.6 to 19.7) EUR; N05 for stress patients: 16.9 (1.1 to 32.7) EUR. Effect sizes (Cohen’s d) were generally small (costs) to moderate (DDDs).

Conclusion: Our national registry analysis show that prescription drugs and costs significantly decrease for IC pain and stress patients and significantly increase for matched CC patients. Future analyses include measures of national savings, health care utilisation, sick-leave, adverse drug reaction, and co-morbidity.

Disclosure: Conflict of interest disclosed.

OP110 Education opportunities and the implementation of Integrative Medicine in the health care system

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Background: Integrative medicine is the medicine of the 21st century. On the basis of scientific achievements of official medicine in the prevention, diagnosis and treatment of disease, integrative medicine has taken the best from the complementary medicine. The idea of integrative medicine that originated in the United States is that in recent years it has been established in Europe by organizing many national associations. Many universities have established departments of integrative medicine, master and postgraduate studies. Serbian Association of Integrative Medicine was founded in 2008 and brings together a large number of doctors. It has organized numerous meetings, symposiums and training in the field of integrative medicine. Integrative medicine includes the use of the best possible treatment and procedures of science, allopathic medicine in combination with the best methods of Complementary and Alternative Medicine (CAM) and based on the individual needs of the patient. It integrates both medical systems adapting them to the individual, and using the safest, least invasive and
significance of HRV analysis in cancer patients is limited due to the lack of studies linking the overall health status of cancer patients to parameters indicating the status of the ANS.

Disclosure: No conflict of interest disclosed.

OP120
Adaptierte Umsetzung der TEM (Traditioneller Europäischer Medizin) in Anwendung, Lehre und Forschung in Bad Kreuzen, Österreich

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Die TEM (Traditionelle Europäische Medizin) ist ein holistisches Denkmodell, das bis heute die europäische Gesellschaft und Medizin prägt. Es war also naheliegend in den Kneipp Traditionshäusern der Marienschwestern vom Karmel, die seit über hundert Jahren Kneippmedizin pflegen, nach den Wurzeln der Kneippmedizin zu fragen. Pfarfer Sebastian Kneipp hatte die Gabe, durch (Selbst-) Anwendungs erfahrung schnell Schlüsse mit allgemeiner therapeutischer Gültigkeit ziehen zu können. Zuerst las er aber in alten Büchern über naturreligi onelle Verfahren - hauptsächlich hydrotherapeutische Anwendungen. Er hatte diese Anwendungen verfeinert und berühmt gemacht.


Traditional Medicine in Saudi Arabia: Can we integrate it?

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Background: Traditional Arab Medicine is often referred to as Unani-Tibb or Greco-Arab Medicine. A large proportion of the population of Saudi Arabia believes in some forms of traditional medicine and they call it Islamic or traditional medicine. The aim of this study is to evaluate how common Traditional Medicine practices in Saudi Arabia and mapping of the integrated services.

Methods: A review of two regional surveys in the central region of Saudi Arabia. Both used the same multistage sampling technique. 1408 were included in the first survey in Riyadh region and 1160 were included in the second survey in Gassim region.

Results: Overall use ranged from 68% to 75%. Spiritual therapy was the leading practice (26.7–50.3%) followed by herbal medicine (23.2–39.5%). Honey and bee therapy (14.9–39%). The remaining practices were: wet cupping (al-hijamah), therapy with camel milk and urine, cataract surgery (al-wasim), and Bone setting (al-tajbeer). Western oriented Complementary practices like Acupuncture, chiropractic and osteopathy were represented (1–2%). No integrated Complementary or traditional practices were offered in the public sectors. Spiritual healings are not integrated in conventional health care but Islamic chaplains are available in the majority of hospitals for guidance.

Conclusion: Traditional medicine rather than complementary medicine is widely used in Saudi Arabia. Most of the western models of integration are based on the western most common complementary medicine practices. Saudi Arabia should adopt a novel model of integration to integrate the common traditional practices with the increased evidence in it health care system. Wet cupping was integrated in three governmental practices and its evaluation.

Disclosure: No conflict of interest disclosed.

A 12-month follow-up of yoga for chronic neck pain

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Background: As a recent randomized controlled trial has demonstrated short-term effects of yoga for chronic neck pain, this 12-month follow-up aimed to assess the long-term effects of a 9-week yoga intervention for chronic neck pain.

Methods: Patients with chronic non-specific neck pain were initially randomized to either an immediate 9-week Iyengar yoga intervention or a wait-list control group that started the yoga intervention 10 weeks after inclusion. For this 12-month follow-up, data from both groups were pooled. The final assessment took place 12 months after the end of the yoga intervention. Main outcome measure was neck pain intensity (100 mm visual analog scale;VAS); secondary outcome measures included functional disability (Neck Disability Index; NDI), health-related quality of life (Short Form-36 questionnaire; SF-36), generic disability (days with restricted activities), and global improvement (5-point Likert-type scale). Linear forward stepwise regression analyses were used to analyze the role of sustained yoga practice as a possible predictor of treatment success.

Results: Fifty-one patients (mean age 47.8 years; 82.4% female) were included. Of those, 36 patients (70.6%) completed the 12-month follow-up assessment. From baseline to 12-month follow-up, pain intensity improved from 48.8±17.71 to 32.3±20.68 (p < 0.001). Twenty-three patients (63.9%) obtained a reduction in pain intensity from baseline at least 30%; 17 patients (42.2%) obtained a reduction of at least 50%. Neck-related disability decreased from 25.26±9.02 to 19.49±11.52 (p = 0.001); and bodily pain (SF-36) improved from 49.37±12.40 to 59.26±17.57 (p = 0.005). Generic disability did not decrease significantly. Twenty-four patients (68.6%) rated their health as at least somewhat improved. Weekly minutes of yoga practice during the 12 months predicted improved neck-related disability (r²=0.21, p = 0.037) or bodily pain (r²=0.19, p = 0.031) reduction in pain intensity. Regular yoga practice during the past 12 months predicted improved neck-related disability (r²=0.24, p = 0.001) and bodily pain (r²=0.26, p = 0.006).

Disclosure: No conflict of interest disclosed.

Traditional pharmacy, complementary and alternative medicine (CAM) – developing a new curriculum for medical schools

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Background: In medical education, naturopathy is taught mandatory with rehabilitation and physical medicine for one term, CAM therapies only in elective courses. Due to the fact that there was no joint curriculum for this field, a program was developed within an educational project at the university Hannover with teaching materials like slides e.g. [1]. As medical faculties can decide to which extent naturopathy and CAM are scheduled and several universities increasingly offer naturopathy and CAM in elective courses, it was considered appropriate to update the collection and integrate new aspects of medical education to support lecturers in this field.

Methods: The curriculum is a cooperation of medical lecturers from Germany and Switzerland. In this textbook collection scientifically evaluated theories on modern education are explained, supplemented by a work-book developed in the Center for Medical Education in Bochum. Furthermore it includes the four year teaching course «homeopathy», which is field proved in medical education in Bern (Switzerland). A selection of therapies in naturopathy and CAM are described and supplemented with current studies (PubMed literature search). PowerPoint presentations were compiled by thirteen experts providing a compact introduction to each domain.

Results: Aim of the present project was to integrate two new aspects in a textbook for medical teachers. The first part provides a chapter on new findings on modern education. Beside a theoretical approach, a workbook gives examples and instructions on how to integrate interactive teaching methods to improve teaching skills. A second part provides the detailed curriculum on how homeopathy can be integrated in medical curriculum enlarged with the teaching material used in the courses at Medical University Bern. The last part includes the previous curriculum subdivided into history, definition, basic principles, indications and an updated list of important publications. Two new chapters were incorporated into the catalogue of therapies: manual medicine and chronomedicine.

Disclosure: No conflict of interest disclosed.
**Conclusion:** A 9-week yoga intervention can induce statistically significant and clinically meaningful improvements of pain intensity and neck-related disability for at least 12 months. Sustained yoga practice seems to be the most important predictor of long-term effectiveness of yoga in patients with chronic neck pain.

**Disclosure:** No conflict of interest disclosed.

**OP128**

**Comprehensive Approach to Lowering Blood Pressure (CALM-BP): A randomized controlled trial of a multifactorial lifestyle intervention**

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**Background:** Complementary medicine advocates the use of a multifactorial approach to address the varied aspects of hypertension. The aim of this study was to compare the blood pressure (BP) effect and medication use of a novel Comprehensive Approach to Lowered Measured Blood Pressure (CALM-BP), based on complementary medicine principles, with the standard recommended Dietary Approach to Stop Hypertension (DASH).

**Methods:** A total of 113 patients treated with antihypertensive drugs were randomly assigned to either CALM-BP treatment (consisting of rice diet, walks, yoga, relaxation and stress management) or to a DASH-exercise control group (consisting of DASH and walks). Ambulatory 24-h home BP were monitored over a 16-week programme, followed by 6 months of maintenance period. Medications were reduced if systolic BP dropped below 110 mm Hg accompanied by symptoms of low blood pressure.

**Results:** In addition to BP reduction, medications were reduced because of symptomatic hypotension in 70.7% of the CALM-BP group compared with 32.7% in the DASH group, P=0.0001. After 6 months, medication status was not altered in the majority of individuals. Significant reductions in body mass index, cholesterol and improved quality-of-life scores were observed only in the CALM-BP group.

**Conclusion:** Lifestyle and diet modifications based on complementary medicine principles are highly effective with respect to BP control, medication use and cardiovascular risk factors.

**Disclosure:** No conflict of interest disclosed.

**OP130**

**Dementia in Germany – results of an interdisciplinary expert workshop**

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**Background:** In Germany the demographic change will have a strong impact on society and the health care sector and will require large amounts of resources and money to provide caring for persons with dementia. To address the complex societal consequences of dementia and offer solutions a multi-disciplinary approach is necessary. The aim was to consider dementia and its complexity from different perspectives and to develop recommendations that included approaches from complementary medicine.

**Methods:** In February 2012 we conducted a participative, multi-disciplinary workshop with 21 national experts (8 medical doctors, 1 music therapist, 1 representative of the German Alzheimer self-help organization, 7 researchers in the fields of nursing science, clinical and basic research and 4 research funders) in Berlin, Germany. The conference was followed by written Delphi rounds.

**Results:** In three parallel working groups followed by the Delphi consensus method the experts identified gaps in public awareness of the overall problem, diagnosis, care and treatment. Complementary medicine might contribute to well-being and quality of life in patients and their caregivers. The following recommendations were made:

1) Political perspective: Focusing on a stigma-reducing media promotion of dementia; translation of positive results from research into the health care system; allocation of adequate financial resources
2) Health care perspective: diagnostic, educational and psychosocial support for persons with dementia and their caregivers; increased networking of corresponding medical care institutions; development of person-centered care models by taking the biographic background of persons with dementia into account; adjustment of legal requirements and financial regulations to meet the special needs of this population; continuing professional development of professionals working with persons with dementia; development and coordination of wellness and treatment offers as well as educational programs for caregivers to enhance resilience.
3) Research perspective: Evaluation of effectiveness and cost-effectiveness of non-pharmaceutical therapies and complex interventions; identification of protective lifestyle factors in the development and progression of dementia; further development of research methods to evaluate complex interventions and suitable patient-centered outcomes.

**Conclusion:** The multi-disciplinary approach of the workshop places dementia in a wider perspective and allowed the development of broader recommendations, which included aspects of complementary medicine.

**Disclosure:** No conflict of interest disclosed.

**OP141**

**Standardized vs. individualized acupuncture for chronic low back pain – a randomized controlled trial**


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**Background:** To compare the effectiveness of individualized and standardized acupuncture treatment in patients with chronic low back pain. Study Design Single-centre randomized controlled single-blind trial.

**Methods:** A general medical practice in Germany run by a Chinese born medical doctor trained in Western and Chinese medicine. Participants: 150 outpatients with chronic low back pain, who were randomly allocated to two groups (78 standardized and 72 individualized acupuncture).

Interventions: Patients received either standardized acupuncture or individualized acupuncture. Treatment encompassed between 10 to 15 treatments based on individual symptoms with two treatments per week. Main outcome measure: Area under the curve (AUC) summarizing eight weeks of daily rated pain severity measured with a visual analogue scale (0 mm = no pain, 100 mm = worst imaginable pain).

**Results:** No significant differences between groups were observed for the AUC (individualized acupuncture mean: 1768.7 [95% CI, 1460.4;2077.1]; standardized acupuncture 1482.9 [1177.2; 1788.7]; group difference, 285.8 [-33.9; 605.5] P = 0.080).

**Conclusion:** In this single-centre trial individualized acupuncture was not superior to standardized acupuncture for patients suffering from chronic pain. As a next step a multi-centre non-inferiority study should be performed to investigate whether standardised acupuncture treatment for chronic low back pain might be applicable in a broader usual care setting.

**Disclosure:** No conflict of interest disclosed.
OP142
Interprofessional collaboration in Complementary and Alternative Medicine in Germany – realistic or utopic?
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Background: Despite continued controversy surrounding the scientific acceptance of Complementary and Alternative Medicine (CAM), there has been a steady increase in the use of CAM over the past years [1,2]. In Germany, CAM may be delivered by either doctors with or without additional qualifications and by Heilpraktiker (state-licensed, non-medical CAM practitioners) [3]. According to the German federal Medical Association’s professional «Code of Conduct», collaboration between German doctors and Heilpraktiker is forbidden [4]. The aim of this study was to explore the perspectives of patients, general practitioners (GPs) and Heilpraktiker on CAM in primary health care. The focus of this analysis was collaboration as currently perceived by patients, GPs and Heilpraktiker and how they imagine it could be in the future.

Methods: Within a qualitative approach, semi-structured interviews with 30 patients and 30 Heilpraktiker as well as five focus groups with 31 GPs were carried out. The interviews and focus groups were recorded, transcribed and qualitative analyzed according to Mayring and supported by the software package ATLAS.ti.

Results: Data is currently being analyzed under the following themes: appraisal of the current situation with regard to collaboration between doctors and «Heilpraktiker», information on how patients handle the use of different (CAM) providers and for example what they do with inconsistent therapy recommendations. Detailed results will be presented at the congress.

Conclusion: The results contribute to the understanding of the current situation in primary health care with regard to CAM in Germany, in light of the increasing use of CAM by patients and the growing number of «Heilpraktiker» in practice. The results of this study, therefore, may be used as a basis for an open discussion of the future of primary health care in Germany.

NB: The project was funded by the «Nachwuchsakademie Versorgungsforschung Baden-Württemberg», Germany.

Disclosure: No conflict of interest disclosed.

References

OP143
Faith as a resource in patients with multiple sclerosis is associated with a positive interpretation of illness and experience of gratitude / awe
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Background: Aim of the study was to investigate which resources to coping were used by patients with multiple sclerosis (MS) compared to their spiritual/religious counterparts. We focussed on patients’ conviction that their faith might be a strong hold in difficult times and on their engagement in different forms of spirituality.

Methods: Cross-sectional anonymous survey with standardized questionnaires among patients with MS enrolled in 4 specialized clinics.

Results: We analysed data of 213 patients (75% women; mean age 43 ± 11 years; 51% RMMS, 25% PRMS, 23% CMPS). Most of them regarded themselves as neither religious nor spiritual (54% R-S-), 16% as not religious but spiritual (R+S-), 19% as religious but not spiritual (R+S+), and 12% as both religious and spiritual (R+S+).

For 29%, their faith was a strong hold in difficult times. Having this resource or not was neither related to patients’ EDSS scores, life affections, social state, fatigue (FSMC), negative mood states (ASTS), life satisfaction (BMLSS), nor positive attitudes (AKU). Instead it was moderately associated with Reappraisal (Positive Interpretation of Illness) (AKU; r = .41), and experience of Gratitude/Awe (SpPEUK-P; r = .48). Positive mood (ASTS) and Conscious Way of Living (AKU) were only marginally associated (r = .19). Further findings were observed with respect to engagement in Religious practices (SpPEUK-P). Faith as resource was not influenced by gender, family state, educational level or course of disease, while it was found particularly in R+S+ (67%) and R+S- (60%). Compared to SpR patients, R-S- individuals had significantly (p < .0001) lower Reappraisal scores (F = 14.2), lower engagement in spiritual mind-body practices (F = 18.5), existential practices (F = 19.7), and Gratitude/Awe (F = 14.3), while their engagement in humanistic practices was lower only in trend (F = 2.5: p = .060).

Conclusion: Although spirituality is a relevant strategy to cope also in relatively young individuals with MS, faith as a resource was not significantly associated with mood states, course of disease or life satisfaction. Instead, this resource was associated with their ability to reflect on what is essential in life, with the conviction that illness may have meaning and could be regarded as a chance for development, and to appreciate and value life. This ability was lacking in R-S- individuals who may have either no specific interest in these issues or are less willing to reflect them.

Disclosure: No conflict of interest disclosed.

References

OP144
Effect of therapeutic speech on well-being, sleep, blood pressure regulation and heart rate variability: A study with hypertensive and normotensive patients
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Background: Therapeutic speech (TS) affects heart rate, blood pressure, circulation and metabolism, causing harmonization and increased sense of self. A previous study showed improved well-being and some changes

Disclosure: No conflict of interest disclosed.

References
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in heart rate variability (HRV) in healthy volunteers. Here, we have investigated the effect of TS on well-being, sleep-quality, baroreflex sensitivity (BRS) and heart rate variability (HRV) in a group of hypertensive (HP) and normotensive (NoP) patients.

**Methods:** In this exploratory, prospective cohort study, patients received 3–4 TS treatments during 2–3 weeks. Well-being questionnaire was filled-in before and after each therapy session. ECG (MK3, TOM-Signal) was recorded over whole sessions and evaluated by time and frequency domain analysis of HRV. BRS was calculated by the sequence method. To assess long term tendencies in sleep-quality and HRV, up to 5 sleep-quality questionnaires and 5 24 h-ECGs, respectively, were analyzed over the study period. Statistical analyses were performed by StatView® or SPSS®; significance of differences between outcomes was calculated using the paired t-test (for normal data distribution), or the Wilcoxon signed-rank test.

**Results:** Between 1/2002 and 1/2008 22 HP (70% female; age 50.6±9.1 years) and 10 NoP (65% female; age 43.9±10.4 years) were included in the present study. Well-being questionnaire revealed significant improvements during all therapy sessions, which were more pronounced for NoP than for HP. HP and NoP showed a tendency for improved sleep-quality during the study period for the items «regeneration» (2.0 to 2.9 between 0–5) and item «general grade» (2.6 to 3.2 between 0 and 5); other sleep-quality items did not change over period of treatment. Systolic blood pressure did not change significantly over the study period. BRS was generally lower in HP in comparison to NoP (6.4 vs. 8.4 ms/mmHg) and improved overall in the period between both groups, significantly for HP (AIBRS = 1.580 for HP, p = 0.03 and AIBRS = 1.542 for NoP, p = 0.11).

**Conclusion:** The results suggest that TS contribute to improve well-being and might help for better sleep-quality. TS seems not to reduce high blood pressure immediately, but increases significantly BRS in HP, which could reflect an improvement of blood pressure regulation. Further analyses of HRV are ongoing and the corresponding data will be correlated with findings on well-being and BRS.

**Disclosure:** No conflict of interest disclosed.

**OP147**

**Specific problems of study design in Chinese Herbal Medicine (CHM)**

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Due to specific diagnostic and therapeutic steps in CHM (multiple syndrome patterns, combination of 2 herbs in 1 formula) and the modern rules of pharmacological research a new approach has been necessary, to study CHM in Germany. This study design and first results of the trial, treating chronic rhinosinusitis with CHM cultivated in Bavaria are presented in this oral presentation.

**OP153**

**Contributions to a CAM research strategy for Europe – basic research and horizon 2020**

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**Background:** European health systems face challenges, such as rapidly increasing health costs, demographic change, unhealthy lifestyles, increase in chronic diseases, and continuous rise in drug resistance, along with constantly expanding life expectancies. So called Complementary and Alternative Medicine (CAM) approaches can contribute to the European strategic objectives, i.e. to increase the number of healthy days and to improve the sustainability of the health systems [1–3]. While in North America, Australia and in several Asian countries CAM research is integrated in health research strategies [4], such programmes are lacking in Europe.

**Methods:** We listed successful research projects, which reveal the potential of Traditional European Medicine (TEM) approaches, documented according to good clinical practice (GCP) and evidence based medicine (EBM) guidelines. Based on a national survey for a CAM research roadmap, we strongly recommend more basic and applied CAM research in Europe.

**Results:** Examples of successful CAM projects based on TEM reveal research competences and high medicinal potential:

1. «Waterfall and aerosol research»: Field studies identified the relevant components of «waterfall therapies», a European healing tradition for lung diseases. This low cost treatment showed significant and sustainable health improvements in asthmatic children. [5]

2. «Photodynamic Inactivation» (PDI) is partly based on TEM knowledge. Light sensitive herbal extracts are activated by laser light, which selectively reduces drug resistant bacterial strains [6].

3. The continuous evaluation of the preventive potential and specific treatment strategies of TEM such as «Kneipp Medicine» (Marienschwestern, Austria) show the need for translational research on health promoting stimuli, particularly with respect to chronic diseases.

4. The Austrian Survey and Workshop on CAM Research revealed a high potential for basic research on medicinal herbs and specific topics of naturopathy [7,8].

**Conclusion:** More research is needed to specify the CAM contributions to improve sustainability of health systems. Based on the collected data Europe-wide research should be focussed on:

- basic, translational and applied (clinical and epidemiological) research on TEM and TEM innovations,
- chronobiology, integrative prevention and treatment based on European and Asian traditions including music and art therapies,
- environmental health in combination with CAM («Mind-body medicine» etc.) and psycho-social support,
- transdisciplinary and systemic research analysing health related learning processes of humans and environments (ecological systems).

CAM research focusing on integrative health approaches should be adopted by the forthcoming Horizon 2020 (8th European Framework Programme for Research).

**Disclosure:** No conflict of interest disclosed.

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How reliable are clinical indications in homeopathic treatment — a critical analysis based on Arnica Montana

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Background: Homeopathic treatment requires a complex first consultation and a profound knowledge on repertorisation and which remedy is appropriate to patients' symptoms. Another more practical approach using generalized clinical indications for the choice of homeopathic remedies was already mentioned by Hahnemann and elaborated by other homeopaths in the last decades. General recommendations like Belladonna for febrile infections or Aconitum as first aid remedy in common cold-symptoms are well known recommendations and discussed in many textbooks. Aim of this literature review was to screen scientific literature and textbooks to find proven evidence for the efficacy of Arnica Montana for certain indications.

Methods: Arnica Montana is one of the best investigated homeopathic substances in studies and well known in daily practice. Systematic literature research in PubMed was carried out on studies published later than 2005 [1]. Textbooks recommended by several institutions and journals were analyzed and screened for information. Information was classified under the following headings: indication and form of application, doses, potencies, source of information, type of publication (case study, clinical trial, expert opinion), level of evidence, leading symptoms, modalities, numbers of patients, results.

Results: Arnica Montana shows proven evidence in clinical indication for injuries and surgery in general. Studies with high level of evidence as well as textbooks and case reports give enough indication to recommend Arnica after cruciate ligament reconstruction, tooth extraction, bruises and wounds. A clinical indication of Arnica during pregnancy and birth (cephalhematoma of the newborn, length of birth and restitution of uterus) is not reliable based on the assessed studies but recommended in literature. The same applies for the indication «muscle soreness» although recommended in general. While previous indications have a fairly good data basis, the following statements are based mainly on low evidence level. According to that, Arnica showed evidence following clinical indication in case reports on treatment of stroke, cardiac disease and Angina pectoris. Clinical Studies as well as authors use and recommend different potencies, application forms and dosage of Arnica Montana.

Conclusion: The results of the study show a heterogeneous picture of the clinical evidence of Arnica Montana and its recommendation for clinical indications.

Disclosure: No conflict of interest disclosed.

Health status and satisfaction of patients with breast cancer with or without additive Homeopathy

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Background: Although discussed controversially, homeopathy is very popular and well accepted among the Austrian population. Homeopathy is a healing method «Likes cure like» founded more than two centuries ago by the German physician Samuel Hahnemann.

Methods: Since 2004, cancer patients of the Department of Medicine I at the General Hospital of Vienna are treated with homeopathy additively to conventional medical therapy. Additive homeopathy tries to alleviate the side effects of chemotherapy and radiation in cancer patients and to enhance quality of life. In this study, subjective evaluation of health status and satisfaction of breast cancer patients with or without additive homeopathy are compared by help of a questionnaire.

Results: Surprisingly, despite comparable expectations of the patients of both groups, many parameters in the group of patients with additive homeopathy showed significantly better results as compared to the group treated with conventional medicine without additive homeopathy.

Conclusion: Data suggest that additive homeopathy might exert a positive effect in breast cancer patients.

Disclosure: No conflict of interest disclosed.

Mindfulness-based stress reduction for fibromyalgia — a systematic review of randomized-controlled trials

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Background: Aim of this systematic review and meta-analysis is to judge the effectiveness of mindfulness-based stress reduction (MBSR) for the use in patients with the fibromyalgia syndrome (FMS).

Methods: The Pubmed/EMBASE, Cochrane Library, Psycinfo and CAMBASE databases were screened in May 2013 to identify randomized and non-randomized controlled trials comparing MBSR to control interventions. Major outcome measures were quality of life and pain; secondary outcomes included sleep quality, fatigue, depression and safety. Standardized mean differences and 95% confidence intervals were calculated.

Results: Six trials were located with a total of 674 FMS patients. Analyses revealed low quality evidence for short-term improvement of quality of life (SMD = −0.32; 95% CI −0.57 to −0.12; P = 0.002) and pain (SMD = −0.23; 95% CI −0.46 to −0.01; P = 0.04) after MBSR, when compared to usual care; and for short-term improvement of quality of life (SMD = −0.32; 95% CI −0.59 to −0.04; P = 0.02) and pain (SMD = −0.44; 95% CI −0.73 to −0.16; P = 0.002) after MBSR, when compared to active control interventions. Effects were not robust against bias. No evidence was further found for secondary outcomes or long-term effects of MBSR. No serious adverse events were reported.

Conclusion: This systematic review found that MBSR might be a useful approach for FMS patients. According to the quality of evidence only a weak recommendation for MBSR can be made at this point. Further high quality RCTs are required for a conclusive judgment of its effects.

Disclosure: No conflict of interest disclosed.

Italy approves national rules for the education and practice of Complementary Medicine

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Background: On February 7th, 2013 the State and the Regions and Autonomous Provinces Conference approved the Agreement on national rules for the education and practice in acupuncture, herbal medicine, homeopathy, anthroposophy and homotoxicology for medical doctors and dentists, veterinaries and pharmacists. The process which led to this important event started in 2007 when the Tuscan Council approved the Regional Law n. 9 which regulates the education and practice of acupuncture, herbal medicine and homeopathy defined as Complementary Medicine (CM). This legislation stipulates that Regional Professional Associations are to draw up lists of experts in CM based on the requirements defined by the Regional Law and by the Regional Committee for CM education, and to issue specific certification.
Methods: On proposal of the Tuscan Region, on December 20th 2012 the Conference of the Presidents of Italian Regions and Autonomous Provinces passed a document on the education in acupuncture, herbal medicine and homeopathy including only medical doctors and dentists. After the discussion between the Conference and government representatives, the rules were extended to anthroposophy and homotoxicology and also to veterinaries and pharmacists with the final approval of the Agreement on February 7th 2013. Now Italy is one of the few European States with a national law stating rules for the education in CM.

Results: The Agreement defines the training and accreditation of professionals and education institutions in acupuncture, herbal medicine, homeopathy, anthroposophy and homotoxicology and provides for the establishment of lists of CM professionals who practice these disciplines. Those wishing to register must have a certificate issued by accredited public and private training centres and have completed a course of no less than 500 training hours, included 100 hours of clinical practice, after passing a theoretical-practical examination at the end of each year and discussing a final thesis. Courses for MDs cannot last less than 3 years.

Conclusion: Italian rules on the education in acupuncture, herbal medicine, homeopathy, anthroposophy and homotoxicology could be a benchmark for the process of harmonisation of education rules in Complementary and Integrative Medicine for medical doctors and dentists, veterinaries and pharmacists in all the member States.

Disclosure: No conflict of interest disclosed.

OP169
Extracts of Helleborus niger induce apoptosis and inhibit proliferation in human osteosarcoma cells

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Background: Osteosarcoma is the most frequent malignant bone tumor in pediatrics. Although strategies of therapy improved during the last decades, it still has a poor prognosis because of its early metastatic spread and often poor response to common chemotherapeutics.

Helleborus niger (Ranunculaceae), which is usually known as Christmas rose, is already used in anthrопosophic adjuvant cancer therapy as a supportive treatment of different tumor entities, for example bronchial carcinoma, lymphoma and prostate cancer. However, there are few data about mechanisms and effects of Helleborus niger. Purpose of this study was to examine the cytotoxicity of four different Helleborus niger extracts in human osteosarcoma cells in vitro: Root (HNR), Leaves (HNL), Flowers (HNF) and a mixture of the three (HNH).

Methods: The human osteosarcoma cell line 143B-HOS was treated with the four extracts of Helleborus niger in increasing concentrations. The inhibition of proliferation was measured using CASyCounter®. To analyze apoptosis induction AnnexinV/PI assay was performed. Besides, LDH assay was used to exclude unwanted early cytotoxic effects of the extracts. For better understanding of the mechanisms of apoptosis, measurements of mitochondrial membrane potential by JC-1, amount of active caspases in the cells and Western Blot analyses were performed.

Results and Conclusion: Apoptosis induction and inhibition of proliferation could be demonstrated for the extracts in dose-dependent manner, with exception of HNL. Because HNR and HNM showed the strongest effects, further investigations were performed only with the two of them. Induction of apoptosis due to loss of mitochondrial membrane potential could be excluded. The activation of caspase 8 and 9 and Western Blots are being analyzed currently. All in all the results demonstrate a cytotoxic effect of Helleborus niger in human osteosarcoma cells so far. Further investigation will be needed to identify the effective ingredients of the extracts. Moreover the next step could be to analyze the effects of Helleborus niger in vivo.

Disclosure: No conflict of interest disclosed.

OP170
Implementation of integrative oncological therapies in daily care of a certified breast cancer center

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Background: Approved breast cancer centers have to meet specified technical and structural requirements, must have an approved quality system and diagnosis and treatment have to take place in accordance with the guidelines of the German Society for Senology and the German Cancer Society. In 2012 the Hospital Havelhoehe got approval and is up to now the only certified breast cancer center in Berlin offering an integrative oncological (IO) setting. In addition to conventional therapeutic options, a full range of Anthroposophic treatments are also available to promote the salutogenic powers and to have positive influence on the recovery process.

Methods: In the present study we evaluated the therapy of breast cancer patients of the last two years. We analyzed data of 188 breast cancer patients with primary C50 diagnosis between 01-07-2010 through 01-07-2012 that were collected by Hospital Havelhoehe, Berlin and the medical care center Havelhoehe in a conjoint clinical registry.

Results: Age at first diagnosis ranged from 31yrs through 90yrs, median age was 57yrs. 25% were younger than 47yrs and 10% were younger than 41yrs. Tumor stages according to UICC were: 0: 2.0%, I: 39.1%, II: 37.7%, III: 13.2%, IV: 7.9%. 95% received surgery, 43% radiation and 41% a systemic cancer therapy. Of these in 70% more detailed information was available. 64% received antihormonal substances, 44% cytostatic drugs, 24% received antibodies. Most frequently given drug was tamoxifen with 29%, followed by a combination of cyclophosphamide and epirubicin (11%) and anastozole (10%). 38% received Anthroposophic mistletoe therapy and 92% received at least one of the non-pharmacotherapeutical interventions (NPI) (e.g. nursing interventions, art therapy, music therapy, movement therapy and Psychological massage). Patients chose up to nine and in median six different of these NPIs. Most frequent choices were the groups of nursing interventions including embrocations, massages, therapeutic unctions (81%), psycho-oncological support (80%), movement therapies (80%) and art therapies including music therapy, drawing and modeling (67%).

Conclusion: To accompany a patient professionally and personally during the stressful time that follows a diagnosis of cancer is one of the major aspects in IO. Our data evidently shows that IO therapies can successfully be integrated in daily care of a certified breast cancer center and are chosen by a high degree of patients.

Disclosure: No conflict of interest disclosed.

OP171
Head down! A multicenter, prospective, practice-based evidence study of Integrative Medicine

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Background: Breech presentation account for 3.5–4.5% of all births; in most of cases the causes remain unknown. In the literature, few prospective studies exist regarding the trend of spontaneous cephalic version during the third trimester. Almost all breech babies are delivered by elective cesarean section. RCOG guidelines recommend to offer proved effective interventions for obtaining cephalic version to pregnant women with breech presentation at 36 weeks. External cephalic version (ECV, an effective conventional treatment) and moxibustion or acu-moxibustion (two promising unconventional treatments) are widely available in the Healthcare Services of Emilia Romagna Region, the first (ECV) actively
promoted by the health decisors, the others spontaneously introduced by midwives and/or MDs expert in acupuncture.

Methods: This study has been promoted and funded in the framework of the 2nd Unconventional Medicines Experimental Program of Emilia Romagna Region. Thirty-nine centers (the Obstetric Units of 21 hospitals and 18 Family planning clinics) participated in the study with 3 main objectives: 1. Evaluate frequency of spontaneous cephalic version in the third trimester of pregnancy; 2. Evaluate factors associated to it; 3. Evaluate characteristics of women who seek for one or more treatments for correcting breech presentation and frequency of cephalic version in this group. Depending on the human and technological resources available locally, each center could choose whether collaborating to the first only, or to the first two, or to all three objectives. From September 2010 to September 2012, 1468 women with breech presentation were recruited at the routine ultrasound executed between 30 and 34 weeks, screened again for breech presentation at 36–38 weeks, and followed up until birth. Among the total observed sample, 434 women didn’t get any treatment, while 769 treated themselves at home by moxibustion and 147 were treated by acu-moxibustion. Among those with persisting breech at the last ultrasound examination (36–38 weeks), 118 (whose 60 previously treated by moxibustion) were treated by RME in hospital. The treatments’ procedures were established before the start of the recruitment by the participating midwives and MDs through consensus meetings. Questionnaires were administered in order to get qualitative information on attitudes regarding breech presentation, and preferences/satisfaction about the treatments. A dedicated website was created for the data input.

Results: The statistical analysis is now in course and the main results will be presented in October at the ECIM 2013.

Conclusion: «Head Down!» is a practice-based evidence study of integrative medicine which describes what happens in the real (not in artificial) settings of the Healthcare Service of Emilia Romagna Region to women with breech presentation during the third trimester, and their attitudes, preferences, and satisfaction about the treatments. This type of studies has multiple qualitative/qualitative outcomes and can be particularly useful for evaluating impact, problems, pros and cons of the integration of «new» promising treatments in the normal routines and for facilitating a decision about definitively including or not including them among those offered by the Regional Healthcare Service.

Disclosure: No conflict of interest disclosed

References


tion of causal links and on issues of generalizability. Methods for multiple case report synthesis have to be developed.

Conclusion: Case studies and case series are an important and widely used tool. Standardized, high quality case reports can add important information from the point of care, inform clinical trials and strengthen the link between clinical expertise and external evidence. Core methodological features of case assessments have to be further elaborated.

Disclosure: No conflict of interest disclosed.

OP184
Health benefit of public health program using the Traditional Medicine in Korea: A cross-sectional study
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Background: Public health programs using traditional Korean medicine (PHP-TKM) have been developed and implemented by public health sector in Korea, which are very unique public health programs implemented throughout world. However, very little information is known about the health benefits reported by community people who participate the program.

Objectives: This study examines the health benefits of PHP-TKM for community people, as well as participants’ overall satisfaction.

Methods: We conducted a community-based cross-sectional survey of the local residents participating PHP-TKM in 2012. We analyzed data from 3,163 participants at randomly selected 102 public health centers (94.5% response rate). The survey instrument included 38 questions regarding general characteristics, respondents’ health status, overall satisfaction and perceived health benefits of PHP-TKM. Health benefits measured include changes in self-reported depression level, self-confidence of health, the number of orally administrated drugs and frequency of visiting outpatient department of clinics/hospitals.

Results: General satisfaction among the participants of the program was high. Forty-six percent of participants reported self-reported depressed mood was decreased. About sixty percent experienced increased mood was decreased. About sixty percent experienced increased. Forty-six percent of participants reported self-reported depressed mood was decreased. About sixty percent experienced increased.

Conclusion: This study examines the health benefits of PHP-TKM for community people, as well as participants’ overall satisfaction.

Disclosure: No conflict of interest disclosed.

OP187
Why patients with chronic back pain visit Traditional Korean Medicine facilities in Korea?
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Background: Since traditional Korean medicine has increasingly become part of conventional medical plans for patients with back pain, it is imperative to understand why they use traditional medical approaches. To date, little is known about the perceptions and experiences of using traditional Korean medicine for back pain.

Objectives: The objective of this study was to investigate factors associated with use of TKM among patients with back pain within health care system in which both practitioners of traditional Korean medicine and practitioners of modern Western medicine coexisted.

Methods: The design of the study was descriptive cross-sectional, and data were collected using a 39-items questionnaire. The subjects were two hundred seven of the patients with back pain who visited or admitted to health care facilities in three cities, Seoul, Suwon and Bucheon in Korea.

Results: The prevalence of the use of TKM among the patients with chronic back pain was 74.4%. The most commonly used TKM were acupuncture and herbal medicine. The study showed higher patient satisfaction with acupuncture treatment than others. Perceived severity of the chronic back pain and negative perception of the conventional approaches were associated with the use of CAM.

Conclusion: Participants, who have negative perception of the conventional approaches, have positive attitudes towards TKM, have regularly visited TKM health care facilities. Physicians should be aware of the interests in and use TKM among patients with chronic back pain.

Disclosure: No conflict of interest disclosed.

OP190
Patients perception of homeopathic treatments – a qualitative study
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Background: In spite of the ongoing controversy of the scientific context of homeopathy, patients insist on the use of homeopathic treatment settings. Qualitative studies of the homeopathic setting considered the perspective of the practitioners, and from patients for certain specific conditions, but astonishingly the generic perspectives of patients using homeopathic settings have rarely been studied. Therefore the questions of our study were: How do patients perceive the medical care through medical doctors working homeopathically, following this setting more than one year?

Methods: Qualitative interviews using an interview guideline. Interviews took place in patients’ homes, lasting 60–180 minutes. Interviewees gave informed written consent. The sample strategy included gender, age, education, insurance, children, duration of disease. Interviewees were recruited in two regions in Baden-Württemberg (Germany). Patients had to be treated by doctors having a certificate of the German homeopathic medical association. Interviews were transcribed verbatim and anonymised. The content was analysed using the qualitative content analysis after P. Mayring, using a multidisciplinary interpretation group. This study was realised by an interprofessional qualitative study group (AKG - Arbeits- und Koordinierungsstelle Gesundheitsversorgungsforschung, Bremen) and funded by AOK Baden-Württemberg.

Results: 22 interviews out of 68 were analysed according to the following criteria: 1. Patient’s motivations for contacting homeopathic practices. 2. Perceived effectiveness. 3. Side effects and non-effectiveness. 4. The patient’s concepts of healing and illness. 5. A comparison between
biomedical and homeopathic setting. As effective treatment patient’s de-
be an interesting therapeutic target. Aerobic training is established as the
titudes when dealing with their symptoms. Further research should study
the effects of the attitude of medical practitioners towards the person and its
symptoms.

Disclosure: No conflict of interest disclosed.

OP192
Cancer related fatigue and chronobiological aspects of cancer
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Background: Cancer related fatigue (CRF) is a common concomitant complaint of cancer or result of cancer treatment with strong negative influence on quality of life. Although the pathogenesis is multifactorial, changes in the circadian rhythm (CR) play a crucial role. There are relevant overlaps with psychophysiological insomnia which can be used therapeutically. On the other hand, there are a variety of data from animal experiments and epidemiological observations which show a carcinogen-ic effect of CR disorders. Moreover, in patients with metastatic cancer, a robust circadian rhythm is a strong independent prognostic marker.

Methods: Literature research for rhythm alterations as a risk factor for cancer and as prognostic factor respectively. The actigraphy to quantify circadian rhythm disorders is presented based on study data and own measurements in CRF patients.

Results: Numerous animal studies showed that spontaneous or induced alterations of the CR are associated with shorter survival and increased tumor growth. A robust CR in cancer patients is associated with longer survival, better quality of life and less CRF.

Conclusion: The improvement of the CR in cancer patients appears to be an interesting therapeutic target. Aerobic training is established as the gold standard in the treatment of CRF, which emphasizes the phase of activity during the day. Other therapeutic interventions to support the CR have yet to be established and evaluated in terms of survival and quality of life.

Disclosure: No conflict of interest disclosed.

OP193
Efficacy of musical intervals on psychological parameters in healthy students – a randomized controlled trial
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Background: A person’s vegetative and cognitive functions can both be improved through music, and in hospitals with integrative complementary therapies, music therapy plays an important role. Few studies have examined the effectiveness of musical intervals, the basic elements of music, on psychological parameters. This study, executed under randomized controlled conditions, investigated the effectiveness of specific musical intervals on mood change.

Methods: The study was carried out on 30 healthy high school pupils and 36 student teachers. Both groups were split into sub-groups 1, 2 or 3, according to a planned randomization process. The intervals had previously been played on a grand piano and recorded on a CD to ensure that each group of subjects heard identical sounds. The major seventh, the fifth and the minor third musical intervals were consecutively played, using high level speakers, to the study subjects in a randomized order. Each interval was played for 10 seconds in three variations (= 30 seconds) for each of the 12 different musical tones of the chromatic scale (12 × 30 seconds = 6 minutes). The subjects evaluated their experiences before and after each 6 minute interval periods using the Basler-Mood-Questionnaire with four different sumscores: «intrapsychic equilibrium (IE)», «Vitality (VT)», «Social extraversion (SE)» and «Attentiveness (AT)». Differences between the before and after scores were calculated and then compared using the Wilcoxon signed rank test. The p-values were adjusted for multiple testing by the Bonferroni-Holm method.

Results: For IE there was a statistically significant difference between the third and the seventh (adj. p = 0.0005) and the fifth and the seventh (adj. p = 0.0002), with higher IE-values for the third and the fifth interval. For VT there was a statistically significant difference between the third and the fifth (adj. p = 0.0166), with higher VT-values for the fifth. For SE there was also a statistically significant difference between the third and the fifth (adj. p = 0.0026), with lower SE-values for the third. For AT there were no differences between the three intervals.

Conclusion: The minor third, the fifth and the major seventh musical intervals influenced a selection of Basler-Mood-Questionnaire sumscores in a specific manner. Further research is necessary to clarify the underlying mechanisms.

Disclosure: No conflict of interest disclosed.

OP195
Comparison of heart rate variability biofeedback and eurythmy therapy to reduce stress in nurses – a randomized, controlled trial
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Background: High tonic heart rate variability (HRV) is associated with physical and mental well-being. Contrarily, low HRV is associated with autonomic dysregulation and physical and mental illness. With heart rate variability biofeedback (HRV BF), HRV can be increased and thus, improve the state of general health. Other methods can also help increase HRV, e.g. Eurythmy therapy (EYT), an anthroposophic movement therapy. In the present study, a group of female hospital nurses, health professionals who are particularly prone to stress, participated in a six-week training course.

Methods: Half the participants (n = 12) completed a 15-minute daily HRV BF session (HRV BF group), the other half (n = 12) practiced EYT exercises (EYT group). Before and after the intervention period, the subjective well-being of the subjects was measured with a battery of questionnaires (Maslach Burnout Inventory, MBI; Short Form 12 Health Survey, SF-12; Trier Inventory for chronic stress, TICS; Center for Epidemiological Studies Depression Scale, CES-D; Pittsburgh Sleep Quality Index, PSQI).

Results: The TICS revealed a decrease of perceived stress. In the PSQI subjects reported improved sleep quality. These improvements were reported in both intervention groups, but the TICS gains were higher for the EYT group. The MBI demonstrated a decrease in burnout symptoms in the HRV BF group. The CES-D yielded decreased depressive symptoms in the HRV BF group.

Conclusion: Both HRV BF and EYT can be considered as promising approaches in terms of workplace health promotion. While EYT seemed to influence the perceived stress level, HRV affected more indirect meas-
ures of stress, such as depressive and burnout symptoms. To clarify the underlying mechanisms, further research is needed.

Disclosure: No conflict of interest disclosed.

OP200
Ethanol in herbal medicinal products for children: Study data from 50,425 children and pharmacovigilance data support safety

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Herbal medicinal products in fluid form for use in children often contain ethanol, as ethanol water mixtures are probably the best extraction solvents for herbal drugs and as additional preservatives are not needed. For answering the question, whether these products are safe, as earlier publications (1–4) suggest, a systematic evaluation of pro- and retrospective studies as well as a broad survey of market figures and pharmacovigilance data was conducted. Therefore, 17 studies with herbal medicinal products indicated for the use in children in Germany covering 50,425 children aged 0–12 years were evaluated. None of the 15 adverse events reported were related to the ethanol content of the products. During the past few years more than 764 million daily doses have been sold. In terms of packages, 10.8 millions sold in Germany were reimbursed by the health insurance between 2005 and 2009, which indicates that they were prescribed to children. In parallel, no adverse effects attributable to the ethanol content have been reported in the pharmacovigilance system. These data show that the ethanol content of herbal medicinal products does not give causes for concerns, even regarding their safety in children.

References

OP210
Autonomic regulation – a psychometric concept for the measurement of hygiogenesis

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Background: Cancer-Related Fatigue (CRF) and insomnia are frequent and burdensome symptoms in disease-free breast cancer patients (BC). Aerobic training (AT) actually is the first-choice therapy showing the best evidence for clinical benefit in the treatment of CRF. However, AT appears to be insufficient for treating cognitive fatigue and insomnia. We therefore established a new multimodal concept of therapy (MM), consisting of psycho- and sleep education, eurythmy therapy (EYT) - a mindfulness-based movement therapy - and painting therapy (PT).

Methods: At the Community Hospital Havelhöhe, Berlin and at the Medical Highschool Hannover a ten-week intervention programme has been implemented for breast cancer survivors with chronic CRF. The main focus of the MM therapy concept was the impact of disease and emotion management, patient competence, sleep-hygiene and restriction, stimulus control, chronobiological education, and EYT and PT on the relaxation response and fine motor skills. The following scales were administered: Cancer Fatigue Scale (CFS-D), Pittsburgh Sleep-Quality-Index (PSQI), State autonomic Regulation (aR), Self-Regulation (SRS), Internal Coherence Scale (ICS) and the EORTC QLQ C30 as a health-related quality of life measure (HRQL). In addition, a patient satisfaction questionnaire and physiological measurements including 24 h ECG and 48 h actigraphy were applied.

Results: This new MM concept of therapy has been implemented with a high satisfaction of patients. First results show improvements with regard to global CRF and EORTC-fatigue symptom scale, global quality of sleep, aR, rest/activity regulation, SRS and in subscales physical and role functioning of the EORTC QLQ C30 in MM (all p < 0.05) but no significant changes in cognitive fatigue, HRV or actigraphy could be observed.

Conclusion: In disease-free BC patients with CRF the MM therapy concept can contribute to an improvement in CRF, sleep quality, self-regulation, autonomic, rest/activity regulation and HRQL. It therefore may offer a treatment option in addition to aerobic training. In a second step we are currently investigating the efficacy of a combined multimodal-aerobic therapy in a confirmatory study.

Disclosure: No conflict of interest disclosed.

Results: In a series of studies, aR-scales captured significant differences in patients with chronic conditions such as breast cancer, diabetes type 2, rheumatic conditions and multimorbid patients compared to healthy controls in the sum-scale and subscales. Other conditions did not show a reduced aR (Colorectal cancer) or minor aR-reduction (coronary heart disease). A higher stability was detected for the Trait aR, and for the State aR scale a higher responsiveness. Physiological correlations of the aR scales to actigraphically measured rest/activity, heart rate variability (HRV) and a prospective six years influence of aR in long-term breast cancer survivors on less Cancer-related Fatigue and distress give the first hints for a hygienetic impact of these scales.

Conclusion: Initial findings support the hypothesis that the trait and state autonomic regulation scales could be useful questionnaires in integrative medicine research. However, more research is necessary to evaluate their clinical value.

Disclosure: No conflict of interest disclosed.

OP211
The concept of a new multimodal approach based on Anthroposophic Medicine in the treatment of chronic cancer-related-fatigue in breast cancer patients

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Background: Cancer-Related Fatigue (CRF) and insomnia are frequent and burdensome symptoms in disease-free breast cancer patients (BC). Aerobic training (AT) actually is the first-choice therapy showing the best evidence for clinical benefit in the treatment of CRF. However, AT appears to be insufficient for treating cognitive fatigue and insomnia. We therefore established a new multimodal concept of therapy (MM), consisting of psycho- and sleep education, eurythmy therapy (EYT) - a mindfulness-based movement therapy -, and painting therapy (PT).

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Results: This new MM concept of therapy has been implemented with a high satisfaction of patients. First results show improvements with regard to global CRF and EORTC-fatigue symptom scale, global quality of sleep, aR, rest/activity regulation, SRS and in subscales physical and role functioning of the EORTC QLQ C30 in MM (all p < 0.05) but no significant changes in cognitive fatigue, HRV or actigraphy could be observed.

Conclusion: In disease-free BC patients with CRF the MM therapy concept can contribute to an improvement in CRF, sleep quality, self-regulation, autonomic, rest/activity regulation and HRQL. It therefore may offer a treatment option in addition to aerobic training. In a second step we are currently investigating the efficacy of a combined multimodal-aerobic therapy in a confirmatory study.

Disclosure: No conflict of interest disclosed.
Praying in the treatment and prevention of disease

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Spirituality is the belief in God or a higher power. Spiritual medicine, by using different methods, attempt to increase the strength of patients defense against disease and increase confidence of patients and help them in coping with chronic diseases and solving their problems.

One of the ways is «therapy prayer» that is found in almost every culture. Prayer is communicating with absolute perfection. Although it is possible that absolute perfection be had several names. People can pray at any time and place, and does not require any equipment or cost. Most people believe that prayer plays a role in their recovery. A study done in America (1996) showed that 82% of people believed in role of themselves-prayer in cure their disease, 73% of people believed in greater impact of prayer in cure their disease, 73% of people believed God’s role in the treatment of incurable or dangerous Diseases. Repeated and valid scientific studies have proved the role of prayer in the treatment of many mental disorders and chronic diseases such as Rheumatoid Arthritis. Alexis Carrel, writer of «man, the unknown», said «religionists were treated among my patients». Subject of this study was to evaluate the effectiveness of prayer in the treatment of diseases and compare this belief and comparisons this belief for treatment of patients referred traditional medicine and modern medicine.

Therefore, a case-control study was performed. The case group consisted of 100 patients treated with traditional medicine and the control group consisted of 100 patients were treated with modern medicine. Information was collected by using patient’s responses to questions (questionnaire). 5/83% of traditional patients believed to role of praying and asked God to treat disease. This rate was 69% in patients with new therapies. This difference is statistically significant. The following results, about opinion of Patients in both groups on religious tasks, obtained. 75/5% of traditional medicine patients knew their duty to perform religious duties. This amount in modern medicine of patients was 58% that the difference is statistically significant. As mentioned in the introduction and the results of this observation was known, belief in the effectiveness of prayer in the treatment of disease is high among both patients but patients referred to the traditional medicine have more belief to this issue.

In Integrative Medicine as well as complementary medicine is used together with the evidence-based medicine and on this basis should also be known that praying is not an alternative method but is complementary to other therapies and people with serious diseases must not select pray as first-line treatment and delay their treatment.

Natural drugs to combat bad bugs: Photodynamic Inactivation based on water-soluble formulations of hypericin or curcumin as novel approach to cure bacterial infections

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Background: According to the WHO, antimicrobial resistance is a major health issue today. Due to various reasons, pathogenic bacteria may develop resistance to each new antibiotic. As a consequence, the need for alternative treatment modalities to avert a developing global crisis in health care is increasingly urgent. Photodynamic Inactivation (PDI) represents a novel tool based on a very gentle and rapid procedure. In a first step, a harmless light sensitive substance (the photosensitizer) is applied to the infected area and rapidly accumulates in microorganisms.

After very short incubation the photosensitizer is illuminated with visible light. This induces the formation of reactive oxygen molecules that kill the microorganisms. Due to the very unspecific method of action, resistance of microorganisms towards PDI can be excluded.

Methods: We have tested the phototoxicity of water-soluble formulations of the naturally occurring photosensitizers hypericin, extracted from St. John’swort, and curcumin, a major component in the roots of turmeric, towards the Gram(+) bacterial model strain Staphylococcus aureus and Gram(-) Escherichia coli upon illumination with light of the appropriate wavelength. The bactericidal effect was determined by counting of colony forming units (CFUs) following PDI.

Results: The phototoxic components of both formulations significantly differ in terms of photostability and absorption wavelength (hypericin: 595 nm, curcumin: 483 nm). Photodynamic Inactivation using a water-soluble formulation of hypericin (polyvinylpyrrolidone (PVP)-hypericin) is highly effective against Staphylococcus aureus. Incubation with 100 nM PVP-hypericin for 15 minutes followed by red light illumination (135 J cm-2) induced a 5log10 reduction in bacterial count. A comparable inactivation rate was achieved with 5 µM PVP-curcumin (incubation period 15 min) followed by blue light illumination at lower fluence (33.8 J cm-2). A PDI with 50 µM PVP-curcumin (same illumination conditions) accounted for > 8log10 units in CFU reduction. Additionally, a PDI based on PVP-curcumin (50 µM photosensitizer + 500 mM CaCl2, 15 min incubation, 33.8 J cm-2) eliminated more than 99.9% of Escherichia coli.

Conclusions: Photodynamic Inactivation represents a gentle and very powerful tool for the future treatment of bacterial infections of humans. Both photosensitizers tested in this study feature high phototoxicity combined with good biocompatibility due to their natural origin. PVP-hypericin is, when compared to PVP-curcumin, effective against Staphylococcus aureus at lower concentrations and is chemically more stable, while PVP-curcumin is capable of eliminating both, the Gram(+) and Gram(-) bacterial strain employed in this study. Either of them may be applicable e.g. for the cure of microbial infections of the skin, the oral cavity or the bladder. Furthermore, PDI treatment of animals or the usage in disinfection of foodstuff should be considered.

Disclosure: No conflict of interest disclosed.

Towards improving the reporting quality of clinical case reports in Complementary Medicine: Assessing and illustrating the need for guideline development

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Background: Case reports have had a varying level of recognition as a source of evidence throughout the history of medicine. In recent years, there has been a revival of interest in clinical case reports in both conventional and complementary medicine. There is a need to further improve the reporting quality of clinical case reports of different Complementary and Alternative Medicine (CAM) therapies. To provide an overview of the different objectives for clinical case reports, identify those that are most relevant for CAM, and to develop a conceptual framework for purpose oriented clinical case reporting guidelines for CAM therapies.

To practically illustrate the chosen approach by developing a clinical case reporting guideline for homeopathic cases.

Methods: The various objectives of clinical case reports were described by Prof. Milos Jenicek, and the potential relevance of these objectives for CAM were discussed and graded by a mixed panel of experts. A conceptual framework for developing clinical case reporting guidelines for CAM treatments with specific objectives was established. The aim is to integrate both «generic» and «Cam therapy specific» quality items. This framework was practically applied to the development of a reporting guideline for clinical case reports in homeopathy. For this, a broad panel
of experts, including clinicians and methodologists were consulted using the Delphi consensus technique.

Results: An overview is given of the clinical case reporting literature as well as ongoing initiatives. The conceptual framework for the development of purpose orientated CAM clinical case reporting guidelines is presented. This framework is based on maximizing alignment with available «generic» clinical case reporting guidelines, whilst addressing the CAM specific elements at the same time. Available results of the reporting guideline project for homeopathic cases will be presented and discussed.

Conclusion: This project identified areas where there is scope for clinical case reporting guideline development in CAM. A process for developing CAM specific clinical case reporting guidelines was established and illustrated. Further improvements in clinical case reporting in CAM will greatly contribute to CAM research and education, as well as to improved patient care.

Disclosure: No conflict of interest disclosed.
CAM in Different Countries

CC50
Implementation project in integrative practices in the city of Betim -Minas Gerais- Brazil

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As we are actually living a crises in the hegemonic medical model, with its higher prices and hard technology, great iatrogenic capacity and its difficulties to deal with the subjective aspects involved of human sickness process, it has created a favorable atmosphere in the international scene to the development from other types of Health care systems, actually called as Traditional, Natural, Alternatives or Non-Conventional Health Systems. In Brazilian Public Health System all kinds of medical treatment should be offered to all different types of population as a democratic principle. Following the WHO directories, Brazil has since the 70’s created a National Program of Traditional Medicine to implement public politics on this areas. Since then Brazilian Government has invested in health practices that has as principles spiritual knowledge, plants based principles, mineral as cure principles, holistic medicines and other wellness/health care systems. In the city of Betim on Minas Gerais State, we have developed a system that integrate the Complementary Medicines in everyday life of citizens. We are actually offering Traditional Chinese Medicine (Liang Gong, Acupunthure, Tai Chi Chuan), homeopathic, anthroposophic medicine and Phytotherapy. A lot of advantages had been shown like reducing outcomes, higher wellness feelings among the users, promoting effectively health prevention of chronic diseases, human warmness health care with enlargement of human being vision as psychological, social, cultural and spiritual creature. We can also realize that a detailed listen stimulates self-care and self-health with minimized side effects. The Phytotherapy in Betim is very well constituted with a brand new pharmacy that produces its own medicaments including homeopathic, anthroposophic medicine. The city hall also stimulates courses from all those kinds of complementary and integrative medicines for free to all health workers, doctors, nurses, dentists and so on. In a near future we hope to have in Betim complementary medicine in all levels of medical care.

Disclosure: No conflict of interest disclosed.

CC106
Homeopathic drug regulation

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Although holistic and integrative physicians are by and large highly supportive of nutritional supplementation, herbs, homeopathic remedies and many other natural products, they are concerned about gaps in quality. It is need to pay attention to the issues of quality, safety, science, or lack thereof, and issues of how claims are made. There are also issues of poor quality raw materials entering the supply stream, writting or unwriting false labelling, exaggerated claims, borrowed science and product inconsistency, all of which worry doctors who utilize supplements in their clinical practices. It is necessary to urged leaders in the supplement industry, companies that have firm commitments to quality control and the integrative healthcare community to become involved in the policy-making process. Therein lies the challenge for the natural products industry and the integrative medical community alike: how to envision and establish a regulatory system that truly ensures quality and safety and protects the public without completely «pharmaceuticalizing» the marketplace, making nutraceuticals into prescription-only products, restricting access, or unfairly penalizing companies that already have long-standing commitments.

Disclosure: No conflict of interest disclosed.

CC103
Traditional herbal drugs-regulatory issues

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According to the Guideline on the use of the CTD format in the preparation of a registration application for traditional herbal medicinal products /2012/ and according to Article 16 of Directive 2001/83/EC, the application for traditional use registration of herbal medicinal products shall be accompanied by the particulars and documents as well as the results of the pharmacutical tests, referred to in Article 8(3). The summary of product characteristics, could be without the data related to pharmacological properties. Bibliographical or expert evidence of the medicinal product effect or of a corresponding product that has been in medicinal use throughout a period of at least 30 years preceding the date of the application, including at least 15 years of usage in EU, could be sufficient. The Committee for Herbal Medicinal Products -HMPC shall draw up an opinion on the adequacy of the evidence of the longstanding use of the product. Submitting bibliographic review of safety data together with an expert report is necessary for assessing the product safety. The application shall be accompanied by the following documents: Applicant’s and manufacturer’s personal issues; Name of the medicinal product; Qualitative and quantitative particulars of all the constituents, including the reference to INN recommended by the WHO, where an INN for the medicinal product exists, or a reference to the relevant chemical name; Evaluation of the potential environmental risks posed by the medicinal product; Description of the manufacturing method; Therapeutic indications, contraindications and adverse reactions; Posology, pharmaceutical form, method and route of administration and expected shelf-life.; Reasons for any precautionary and safety measures to be taken for the storage of the medicinal product, its administration to patients together with an indication of potential risks presented by the medicinal product for the environment.; Description manufacturer control methods, summary of the product characteristics, «mock-up»), package leaflet and document showing that the manufacturer is authorized in his own country to produce medicinal products. Medicines and Medical Devices Agency of Serbia follows the same standards that have been incorporated into the relevant national Law.

Disclosure: No conflict of interest disclosed.
CC116
Knowledge and attitudes of primary health care physicians towards the integration of Complementary and Alternative Medicine (CAM) in Riyadh region, Saudi Arabia

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Background: The provision of CAM in Saudi Arabia is mostly by private sector, and the fact that number of patients who are seeking CAM is increasing reflects without doubt an unmet need. In planning any integrative services, physicians’ knowledge and attitude is an important factor. This study therefore aimed to assess level of PHC physicians’ knowledge, attitude and utilization of CAM.

Methods: A cross sectional study including all physicians working at the PHC centers in Riyadh region, Saudi Arabia from 1st of April 2010 to end of June 2010. Using a self-administered questionnaire, 1113 physicians answered questions regarding knowledge, knowledge, attitudes, and utilization of CAM and the potential of integration.

Results: Most of them were unfamiliar with Reflexology, Energy healing, Aromatherapy, Ozone therapy, Homeopathy or Chiropractic (77.4%, 71.3%, 71.2%, 67.2%, 65.7% and 63.9% respectively). On the other hand, they could understand and feel comfortable about counseling patients about common traditional practices like; Rouqyah (spiritual healing), Honey and bee products, Dietary supplement, Massage therapy, Relaxation, herbal medicine and cupping (40.3%, 38.3%, 34.9%, 34.4%, 25.8%, 22.8% and 21.4% respectively). More than half (51.7%) of physicians used CAM for themselves or their family but only 14.2% referred their patients to CAM practitioners. 85.1% of studied physicians agreed that physicians should have knowledge about commonly used CAM therapies in the region. Although less than 30% of studied physicians agreed about the safety or effectiveness of CAM practices (23.4%–95% CI: 20.93–25.98; and 28.9%–95% CI: 26.30–31.71) with the majority uncertain or disagreeing about the true effect of CAM (58.9%–95% CI: 55.98–61.8), more than 50% accepted the fact that incorporating CAM in PHC services would attract more patients and would increase their satisfaction. 82.5% agreed that health authorities should have a role in regulating CAM, and 75.7% agreed that the physicians’ knowledge about CAM practice leads to better patient outcome.

Conclusion: Physician knowledge is mainly related to traditional than complementary medicine. Although 50% agree that integrating CAM in health services would attract more patients, there is a reluctance to discuss or to refer patient to CAM providers.

Disclosure: No conflict of interest disclosed.

CC137
Out Of Pocket (OOP) spending on Complementary and Traditional Medicine in Saudi Arabia

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Background: Complementary and Traditional Medicine (C&TM) are widely used in Saudi Arabia but the comprehensive picture is not yet developed. The aim of this study was to determine the Out Of Pocket (OOP) spending on C&TM in Qassim province in Saudi Arabia.

Methods: Using a multistage sampling technique, 1167 adults (>18 years) attendants of primary health care, were included in a cross sectional survey in Qassim region, Saudi Arabia. A modified structured questionnaire was used to collect data on types and cost of visit of different C&TM practices and different products purchased in the last 12 months before the survey.

Results: Participant spent 300 & 260 USS/person/year, on visiting C&TM providers and buying C&TM products respectively. The leading spending on C&TM providers were; Honey and bee therapists (1035S), herbalist (675S), wet cupping provider (515S) and catarization provider (175S) per person/year. The leading spending on purchasing C&TM products were; honey and bee products (1365S), herbal products (85S), and vit/minerals (16S) per person/year. Although spiritual healers were the leading providers visited in the last 12 months before the survey, the OOP spending was the least, as the majority is offering their services for free. According to our study, it was estimated that adults living in Qassim province are spending 325 million USS per year on C&TM. Assuming the same pattern of spending, the national OOP spending on C&TM in Saudi Arabia can be extrapolated to be 8.2 Billion USS/year.

Conclusion: C&TM use and OOP spending should be included in the national health surveys. The OOP spending on C&TM in Saudi Arabia reflects unmet demand. Supportive environment should be encouraged to integrate C&TM in the conventional health care system.

Disclosure: No conflict of interest disclosed

CC123
Modern medical pluralism in Austria based on Asian practices

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Two-thirds of the Austrians trust in complementary medical services, whereas every second one has already experience. Medical pluralism is the existence of several medical practices within a system. Pluralism of modern medicine, as described by Cant and Sharma (1999), shows the biomedicine which still has a dominant position and plays a major role in this process.

In this abstract, the modern medical pluralism is based on traditional Asian healing techniques and practices as Ayurveda, Traditional Tibetan Medicine and Traditional Chinese Medicine, in Austria. These Asian practices have a different level of legitimacy and professionalism and compete with each other. Conditions are set by the state, but do not reflect the practice of education, practice and use of the methods by consumers, who have a major role in this system.

Based on the analysis of the training facilities, exercise facilities and legal framework of Asian medicine in the Austrian health care system, the three methods were analyzed and compared to their degree of institutionalization and professionalism. Selected players from biomedicine, public institutions and Asian practitioners were interviewed concerning their personal background, their attitude to the respective method, the current and future importance of the Asian practices in Austria.

Are there differences between Asian practitioners and training officers with or without biomedical background? Which criteria are important for consumers? Which are the important formal, legal and institutional settings?

Due to the powerful position of the health care system and the conflict within the Asian players, special attention had to be paid on the source of criticism. Reflection of the own position in this field of research was needed and will be discussed at the end of the lecture.

Disclosure: No conflict of interest disclosed.

CC189
Use of Complementary and Alternative Medicine among University Hospitals’ Radiologist in Korea

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Background: The use of Complementary and Alternative Medicine (CAM) has increased among health care professionals. As radiation’s usage in medical field is growing, university hospital’s radiologist...
is being asked to scale-up their role. As a result, their interest in CAM is increasing. However, little attention has been given to identify the factors affecting the use of CAM among hospital radiotechnologists in Korea. The purpose of this study was to examine the prevalence of Complementary and Alternative Medicine among university hospital’s radio-technologists and their perceived health benefit.

**Methods:** The design of the study was descriptive cross-sectional, and data were collected using a 42-items questionnaire. The subjects were two hundred seventy two radiotechnologists who working for university hospital Seoul and Gyeonggi Province in Korea. Data were analyzed using «SPSS Statistics 18.0 Network Version» (on release 18.0.1 of PASW Statistics) program. Logistic regression analysis was employed in order to determine the predicting variables of CAM use by them.

**Results:** The prevalence of CAM by radiotechnologist of university hospitals is 52.2% with a statistically significant difference in gender, age, income, residential area, heath status, the level of self-health management. They use more often multivitamins (67.3%) and herbal medicine (51.1%). The main benefits from CAM were the improvement of their physical health and strength.

**Conclusion:** The most university hospital’s radiotechnologist has a great interested in CAM for health preservation and improvement. They showed that CAM use is helpful in symptomatic treatment. Moreover, they are willing to use continuously. But some users have raised the efficacy and safety of CAM. Thus, it is of importance to be recognized correctly by verifying the efficacy and safety through.

**Disclosure:** No conflict of interest disclosed.

**CC 214**

Factors and drugs affecting on appetite and relationship between appetite and humors from Iranian Traditional Medicine viewpoints

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Appetite disorder and energy imbalance cause weight change and several complications such as obesity or malnutrition. Despite extensive researches on appetite and its modifier factors, treatments of appetite disorders are still associated with many problems. Since the Integrative Medicine is holistic and the combination of practices and methods of Complementary Medicine with evidence based medicine, the Complementary Medicine Seems to be effective in improving the current situation. Iranian Traditional Medicine, as a type of complementary medicine, has certain views in this field and having information about them may be helpful. In this study are attempted to determine and investigate the relationship between appetite and its disorders, appetite and four humors (akhlat arbace), factors and drugs affecting on appetite referring to the credential scientific books written by Avicenna, Razi and other Iranian Traditional Medicine authors. This study showed that each one of natural humors has a specific effect on appetite and any change in the quantity and quality of humors can cause changes in the appetite. Also every variation in the temperature of organs, such as brain, heart and particularly stomach and liver has a great impact on the change of appetite, so that repairment of it can control appetite disorders. There are also many other underlying diseases which can cause changes in appetite. Assessed different drugs revealed that many simple substances which exist in drugs (advie mofrade) have a kind of effect on the appetite and can be used in order to control the appetite. According to Iranian Traditional Medicine viewpoints about the issue of appetite and the drugs prescribed to control it, by researching and studying more in this field of study, new approaches might be revealed to treat appetite disorders.

**Disclosure:** No conflict of interest disclosed.

**CC216**

An Integrative Medicine clinic in a Taleghani general hospital, Tehran, Iran

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**Background:** Integrative medicine describes a clinical philosophy based on conventional medical treatments. It attempts to combine these two for optimizing the care of patients and their acceptable satisfaction. This approach concentrates on treating the patient as a whole, body, mind and spirit on «evidence-based». We report on the creation of an integrative medicine clinic for the first time in Iran. This setting arranged in a team working by internal medicine, nutrition, psychology with different kind of complementary alternative medicine such as Acupuncture, Yoga, massage therapy, Reiki, Aurveda, Hypnosis and TA deemed be necessary.

**Methods:** In this prospective case series study of 215 chronic disease patients who were interviewed and visits based on functional flow chart. In all patients demographic characteristics, clinical, paraclinical, nutrition life style, SF36, and SCL-90R tests performed. Different kind of CAM or alternative such as, Yoga, Acupuncture, Family consult, Aurveda, Reiki, TA (Transactional analysis), NLP (Nero linguistic programming) according patients demand performed. Fifty one eligible patients followed in one year. Data were reported as mean ± SD, frequency and relative frequency for quantitative and categorical data respectively. Repeated measure analysis was done for evaluating the trend of continuous variables. SPSS version 16 statistical package for Windows (SPSS Inc., Chicago Illinois, USA) was used for all statistical analysis.

**Results:** Totally 215 patients with mean age 39.84 ± 15.76 (7–78) years were registered in this study. Of these, 91 (42.3%) were male and 124 (57.7%) were female. Just 10% of the cases had integrative medicine experience in the past. 60.8% of the patients had academic education at least bachelor. It sounds that 75.6% of the patients suffered from psychosomatic problem, such as chronic sinusitis, asthma and allergy totally (26.0%), affective disorders (19.9%), musculoskeletal pain (16.7%), anxiety disorder (5.4%), irritable bowel syndrome (1.1%), and 6.5% of the patients had history of suicide attempted by drug poisoning. The rest (24.4%) was as known cases by different diseases. External stimulators were the main cause of stress (84.3%) among 51 followed patients. Relaxation techniques were recognized in 13.8%. In 18 patients from 51 followed, nutrition life style improved. Alternative therapy, such as acupuncture (n = 9), aurveda (n = 9), reiki (n = 7), TA (n = 6) energy therapy (n = 5) and massage therapy (n = 4) in followed patients performed. Of 51 patients, SCL-90R test was done in 40 cases. Paranoid, depression and obsessive were the most common issues. More than 75% of the patients were satisfied from different kind of integrative therapy.

**Conclusion:** This study experience suggests that an integrative medicine clinic made patient’s better satisfaction by changes in symptom intensity, progress toward achieving health well-being by life style changes approach. Although in our country history of traditional medicine based on botanical and Avesina approach exist for a long time.

**Disclosure:** No conflict of interest disclosed.
Health Care Research

HR63
Knowledge and use of natural home remedies – a cross sectional questionnaire study among patients in Germany

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Background: Natural home remedies are used in many cases as a medical aid enabling patients to be independent concerning minor health problems by self treatment. Mostly the knowledge about natural home remedies (e.g. plants, teas, belt sleeves, baths and many more) is passed on from generation to generation. In some cases natural home remedies can be sufficient to recover from minor health problems and might even replace the consultation with a general practitioner. Some natural home remedies with proven evidence are recommended in guidelines (e.g. steam inhalation for common cold).

The extent to which natural home remedies are known and for what kind of health problems they are used is unclear. The aim of the presented study was to explore the knowledge and use of natural home remedies in Germany.

Methods: A questionnaire was developed and pretested in a pilot study phase. The revised questionnaire comprises questions about the knowledge and experienced efficiency of specific natural home remedies, the use of natural home remedies for common complaints, general questions about the use of natural home remedies and socio-demographic data. Patients were recruited via randomly selected addresses of general practitioners in three regions of Germany (Heidelberg, Erfurt and Hanover and surrounding areas). The questionnaire was handed out in the waiting area by the first author. It is planned to include 400 patients. The data will be analyzed descriptively. Additionally, within an exploratory approach subgroup analyses (e.g. gender, region, age) will be performed.

Results: By now 150 patients have completed the questionnaire. First results will be presented in October 2013.

Conclusions: The results of the study will provide a comprehensive overview on knowledge and use of natural home remedies from the patient’s perspective. Hence, the study will contribute to a better understanding of patient self treatment in minor health problems.

Disclosure: No conflict of interest disclosed.

HR93
A useful instrument for evaluating complementary therapies in primary care? – Validity and sensitivity to change of the German version of the Measure Yourself Medical Outcome Profile (MYMOP)

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Background: A patient-centred outcome questionnaire should encompass the aims, values and treatment effects that are prioritised by individuals. Furthermore it should enable each patient to provide an unambiguous assessment of change over time. The Measure Yourself Medical Outcome Profile (MYMOP) was developed for the evaluation of conventional and complementary medicine treatment in primary care settings and is widely used in research projects [1,2,3]. This study aims to adapt the MYMOP questionnaire into German and to assess its validity and sensitivity to change in a sample of patients consulting general practitioners (GPs) and complementary medicine practitioners (Heilpraktiker) in Germany.

Methods: The MYMOP2 questionnaire was translated into German language according to international guidelines including forward-backward translation by native speaker and Think Aloud technique in a pilot sample. It was planned to include 600 patients from 40 GP practices and 20 complementary medicine practices (10 patients from each practice). Patients were asked to complete the German version of the MYMOP2 twice within 4 weeks. Quality of life (EQ-5D) was assessed to analyze construct validity. Sensitivity to change was analyzed using patient-rated perceived change of symptoms (improved, no change, worsened).

Results: Data are currently being analyzed. Results will be presented at the congress.

Discussion: Assuming that our findings will support the validity and responsiveness of the German version a useful instrument for the evaluation of complementary therapies in primary care will be available.

Disclosure: Conflict of interest disclosed.

HR77
Exploring nursing practice interventions that effect the sleep experience of hospitalized adult patients

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Background: It has been well documented in the literature that adequate restorative sleep is vital to the well-being and healing of hospitalized patients. The acute care hospital setting and the pathological states of certain disease processes are not conducive to restorative sleep. Due to the ill-effects of poor sleep quality found in patients in acute care settings, there is a need to study sleep promotion interventions. Nurses caring for ill-effects of poor sleep quality found in patients in acute care settings, nurses manage their stress and help them recover to pre-operative functional status. Therapeutic Touch (TT) is a complementary intervention, used by nurses, that has been demonstrated to affect psychological distress and decrease pain. TT is an intervention not a cure, and is very low tech, low cost and within the scope of nursing practice.

Specific Aims of this proposed pilot investigation:
• To investigate if certain nursing interventions such as Therapeutic Touch can have an effect of the sleep experiences of patients hospitalized in an acute care setting.
• To identify the patient perceptions of their sleep experience in an acute care setting after select nursing interventions have been provided.

Research Design and Methods: Study will be a randomized clinical trial with a convenience sample of 30 post orthopedic surgery patients.
• Fifteen subjects will receive specific nursing interventions: coordination of care for pain/sleep medications & vital sign checking, offering of Therapeutic Touch, decrease in lights and noise.
• Fifteen subjects (control group) will receive standard nursing care. Subjects will be offered a Therapeutic Touch treatment at the end of the study.
• Patients in both groups will be asked to complete the following:
  1. Visual analog scale (VAS) for pain, energy and sleep
  2. Profile of Moods survey
  3. The following questions with the research nurse tape-recording responses:
     • Can you tell me about the experience of getting a Therapeutic Touch treatment?
     • Can you tell me about your sleep over the past week prior to this admission?
     • Can you tell me about your sleep while you have been in the hospital?
     • What interferes with your ability to sleep at night in the hospital?
     • What helps you to sleep in the hospital?
     • Do you have any suggestions to improve how hospitalize patients sleep?

Implications: There is a need to evaluate interventions such as Therapeutic Touch that can contribute evidence needed to guide nursing practice.
Prescription of Complementary and Alternative Medicine remedies in elderly with cardiovascular diseases

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Background: In the discussion about medication in elderly we conducted an analysis to investigate whether prescription of remedies from Complementary and Alternative Medicine (CAM) depends on age.

Methods: From year 2004 to 2010 the EvaMed Network (Evaluation of anthroposophic medicine) collected data, provided by 39 physicians for their own documentation and health insurance accounting. Patients at least 65 years of age and with one diagnosis in the chapter of the International Statistical Classification of Diseases (ICD): «Diseases of the circulatory system (I00–I99)» were included in the analysis.

Multiple diagnoses in one chapter were counted as one diagnosis. The code «V60» and the letters «H» and «P» from the chemical/therapeutic/pharmacological subgroup in the anatomical therapeutic chemical classification system (ATC) were summarised as CAM remedies. The proportion of CAM remedy prescriptions out of all drug prescriptions was calculated.

Analysis was conducted using «R: A Language and Environment for Statistical Computing» (ver. 2.15.1, R Development Core Team 2012).

Results: The analysis included 3448 patients, 36.9% (n=1274) male and 63.1% (n=2174) female, treated by 25 physicians. The patients were at mean 74.6 years (95% confidence interval (CI) 74.4–74.9) (male 73.2 (95% CI 72.9–73.6); female 75.5 (95% CI 75.1–75.8)). More than half (53.6%, n=1815) of the patients received a CAM remedy, the proportion of all medical prescriptions made up by CAM was 30.7% (95% CI 29.3–31.9%).

Age and the proportion of CAM remedies were weakly correlated. With increasing age the proportion of CAM decreased.

In the logistic regression the likelihood of receiving CAM remedies was 80% (95% CI 40–120%) higher for female in comparison to male and 90% (95% CI 70–120%) higher for patients with at least three different diagnoses in comparison to patients with less than three diagnoses. Advanced age had no influence on the prescription of CAM remedies. In combination with gender, females between 75 and 84 years had a 30% (95% CI 50–0%) reduction and females at least 85 years had a 60% (95% CI 70–30%) reduction in receiving CAM remedies.

Conclusion: For patients with at least one diagnosis of cardiovascular disease the prescription of CAM remedies was age dependent. Females 75 years and older had a small chance of receiving any CAM remedies. With increasing age the proportion of CAM remedies decreased.

Disclosure: No conflict of interest disclosed.

Routine Outcome Monitoring in anthroposophic art therapy: Results from a Dutch pilot study

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Background: The development of evidence-based practice (EBP) within anthroposophic art therapy is still at the beginning. At this stage, it is important for the development of art therapy, that art therapists become more aware of the value and importance of good documentation, assessments of the effects of their therapy, both for clinical practice and research. Systematic measurement with Routine Outcome Monitoring (ROM) is a simple, low budget method that provides information at a basic evidence level. In its most essential form, ROM measurements are executed routinely at the start and the end of treatment. ROM provides healthcare professionals information on the effectiveness of treatment that can be used for self-evaluation and for communication with stakeholders. In addition, the information can be used to learn, explore, share experiences, approaches and treatments in order to subsequently optimize tailored art therapy.

Methods: A ROM infrastructure is designed and implemented that includes a set of measurement instruments: two VAS scales (degree of health and degree of complaints); two quality of life questionnaires (BMLSS-8; SF-36); two health promotion questionnaires (State-AR, SoC-13); and a short therapist questionnaire that is developed to map indications, the image-forming and diagnostic process, treatment goals and therapy plan. A single arm, prospective pilot study, with pre- and post-treatment measurements, is executed between November 2012 and October 2013 in the practices of 5–10 Dutch art therapists. Student t-tests are used to analyze the data. Additional analyses are performed to minimize bias resulting from observational study design. Both client and therapist experiences with ROM are explored.

Results: The results of the ROM will be presented and include the indications, effects, treatment periods, and client and therapist experiences with ROM in practice.
Conclusion: Conclusions will be presented with regard to the experiences of clients and art therapists with ROM, the effects of art therapy, and the improvements of the ROM procedure. Based on the conclusions, a large scale, prospective, single arm study will be designed and executed aiming at the identification of Best Practices in art therapy. These Best Practices will subsequently serve for the selection of indications for art therapy that will be studied by means of comparative effectiveness research.

Disclosure: No conflict of interest disclosed.

HR186
Use of Complementary and Alternative Medicine (CAM) among infertile female in Korea
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Background: There has been a growing interest in the treatment of infertility using CAM. Recently, the prevalence of the use of CAM by infertile female is increasing in Korea. To date, however, there were only few studies addressing the prevalence and types of, and utilization of CAM, compared to the well-documented escalating use of CAM among patients with chronic diseases in Korea.

Objectives: The study explores the prevalence of and the factors affecting CAM use among infertile female in Korea.

Methods: We analyzed data from a survey (n=286) of infertile female who visited infertility clinics in Seoul. The survey instrument included 47 questions regarding the utilization of CAM, causes of infertility, self-rated health status, use of infertility services, and socio-demographic profile of study participants.

Results: Sixty-two percent of study participants reported the use of CAM. The most commonly used CAM were Vitamins, herbal medicines and Spar. Experiencing side effects of infertility treatment and positive self-perceived health status was positively associated with the use of CAM.

Conclusion: Infertile women’s use of CAM is relatively high for fertility enhancement. As CAM use is prevalent among patients, these topics should be taken into account in the development of a holistic approach for infertile women and an efficient management system in Korea.

Disclosure: No conflict of interest disclosed.

IC38
Die Situation der ärztlichen Ausbildung in Ayurvedamedizin im deutschsprachigen Raum – strukturelle und organisatorische Herausforderungen
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Für den deutschsprachigen Raum werden die einzelnen Anbieter dargestellt und die spezifischen Ausrichtungen erläutert. Im Einzelnen handelt es sich um:

- Europäische Akademie für Ayurveda (REAA) Birstein
- Seva-Akademie München
- Europäisches Institut für Ayurveda Medizin (EIFAM) Berlin
- Steuernagel Ayurveda-Schule (EurAsia-Med) Bad Homburg
- Deutsche Ayurveda Akademie (DGA) Regensburg
- Ayurveda am Klinikum Essen-Mitte (Universität Duisburg-Essen)

Die Berufsverbände sind nunmehr gefordert, diese noch heterogenen Angebote mit einheitlichen Qualitätsstandards abzusichern und mit geeigneten Zertifikaten zu versehen. Die Deutsche Ärztegesellschaft für Ayurveda Medizin (DÄGAM) als Berufsvertretung der in Deutschland approbierten Ayurvedärzte bemüht sich um verbindliche Standards in der Ausbildung und um die Anerkennung des Systems als Zusatzbezeichnung für Ärzte. Die Einzelheiten dieser Qualitätsrichtlinien werden erläutert und kritisch diskutiert.

Disclosure: No conflict of interest disclosed.

HR207
A new Integrative Medicine approach increases quality of life in chronic patients
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Background: Integrative Medicine (IM) aims to build a holistic, comprehensive and integrative view of the person as a whole in health and disease. A new method for IM evaluation and treatment of patients was developed in an IM outpatient’s clinic. The treatment plan usually includes a multidisciplinary approach, where several therapists deal with the patient and the doctor responsible for the program supervises the process and accompanies the patient on the way to recovery. Acupuncture, homeopathy, osteopathy, nutritional counselling and orthomolecular supplementation are often combined and the treatment plan is tailored to the individual patient.

Methods: The Evaluation of Quality of life was assessed by the validated Spanish version of the SF-12 questionnaire (4-week recall), during the baseline visit and 1-2-3 and 6 months after, in all patients visited in 2012 using this new IM approach. Only patients with at least 3 visits assessed were included. A total of 145 patients were included for the final evaluation.

Results: A mixed group of chronic conditions, including depression, anxiety, allergies and asthma, migraine, fibromyalgia and chronic pain were present. Significant increases in both Physical and Mental Health Composite Scores (PCS & MCS) were seen throughout all evaluation visits. Role functioning and pain were also significantly improved. Increases in quality of life remained significant 6-months after the initial visit.

Conclusion: A comprehensive new method for IM evaluation and treatment of patients was developed in an IM outpatient’s clinic. This new model permits to assess health comprehensively, integrating conventional medicine and a holistic approach. Combining acupuncture, homeopathy, osteopathy, nutritional counseling and orthomolecular supplementation leads to significant increases in the quality of life in chronic patients.

Disclosure: No conflict of interest disclosed.
Background: Burnout in physicians, nurses and psychologists is widespread and a rising concern in clinical settings. Mindfulness Based Stress Reduction (MBSR) as an intervention and prevention seems to reduce the quality of life of the participants in the last seven days led to improved levels after the course. The qualitative results show that the intervention has exceeded the expectations of the participants and led to more inner peace and humor in everyday situations. Regular exercises are essential to achieve sustainable benefits.

Conclusion: This study confirm results of other investigations. The results also show that the intervention needs to be adjusted and optimized. In particular, the standardized survey is to optimize to reduce factors for controlling study biases. The results are an important step for the implementation of a larger study. The results of other studies were confirmed and show the importance of MBSR to prevent burnout in interdisciplinary teamwork.

Disclosure: No conflict of interest disclosed.

IC160 Non-response and hypersensitivity success with CAM after failure with conventional medicine. A conceptual framework for CAM rapid assessment in clinical practice

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Background: In the context of clinical practice where complementary & alternative medicine (CAM) is included (e.g. a pilot CAM implementation in a conventional hospital, with a required evaluation), it is not always possible to conduct a classical prospective randomized controlled trial to measure the effects of the CAM of interest. In such cases, other types of assessment are required; these should fulfill criteria of scientific rigour and clinical meaningfulness in order to produce results convincing for other clinicians of the health system.

Method: A series of consensus-findings group discussions with conventional medicine clinicians, heads of clinical wards and epidemiologists in the Medical Faculty and University Hospital of Lausanne, Switzerland, as well as with CAM practitioners and researchers, was focused on CAM rapid assessment when a classical experimental design is not feasible.

Results: A consensus was found on a conceptual framework based on the following rationale: For chronic or recurrent diseases, up to 80% of CAM users have previously experienced a non-response (or insufficient response) to conventional treatment. Others have a problem of hypersensitivity, i.e. they have undesired effects with the conventional treatment indicated for their condition. If we focus the assessment of CAM on this sub-population of non-responders and hypersensitive patients, with a follow-up of progress (<response> after CAM treatment (which can also be done retrospectively), it is possible to produce results in terms of % success with CAM after failure with conventional medicine. Such results are both informative and useful for clinicians of conventional medicine in allowing them to share with their patients decisions based on benefit/risk estimate and appropriateness of referral to a CAM treatment.

Conclusion: A consensus acceptable to clinicians, scientists and CAM practitioners was found on CAM rapid assessment. Pilot assessments with this framework can now be conducted with careful evaluation of results, not only in clinical terms but also in terms of conventional clinicians’ confidence in the results of the CAM assessment and change in referral practices to the assessed CAM within the health system.

Disclosure: No conflict of interest disclosed.

References

IC176 Summer School for Integrative Medicine – Are we able to close the gap?

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Background: There is a gap between the medicine we see and the medicine we would like to see. There is a gap between the medical education that we see and the medical education we would like to see. To provoke change a group of students initiated the Summer School for Integrative Medicine (SSIM) at the University of Witten/Herdecke in Germany in the year 2010. Since then this one week’s course has been taking place once a year and has been extraordinarily successful. It has developed into the largest event of its kind in Europe. The SSIM wants to broaden the perspective of the participants in the field of complimentary and alternative medicine (CAM) and thus set off a debate about the medicine of the future which may be an Integrative Medicine. It also opens a platform for self-reflection and the work on personal abilities such as empathy and mindfulness. Finally it wants to cross-link like-minded people and empower them to shape the future according to their visions.

Participants can choose from a large pool of lectures, theoretical and practical workshops and numerous other activities. After all an integrative therapy plan will be delivered to a patient who will be present for the whole duration of the course.

In general SSIM receives very positive feedback from participants and instructors. With this study we want to find out if there are any measurable benefits and long-term effects of SSIM. We want to answer the question about the impact that SSIM can have on closing the gap.

Methods: We have established an online questionnaire based on KuLM (Planning of Life and Career in Medicine), PSS (Perceived Stress Scale), IRI (Interpersonality Reactivity Index) and GLS (Questionnaire on Health Promotion, Quality of life and Handling of stress at medical school).

We have a few own questions. Results of one group, who are participants of SSIM 2012, will be compared with a matched control group of non-participants. Data will be collected 3 times: before SSIM 0 weeks and 6 weeks after SSIM.

Results: There are 136 participants 68 in each group. First results will be presented on ECIM 2013 and conclusions will be drawn.

Disclosure: No conflict of interest disclosed.
IC198
It’s not just what you do, but how you do it – success factors of a TCM-elective course
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Background: Since 2008 the Institute for General Practice at the Otto-von-Guericke University (Magdeburg, Germany) offers a 40-hours elective course in Traditional Chinese Medicine (TCM) to fourth- and fifth-year medical students. The course is always evaluated very positive by the students and demands regularly overtake the possible attendance. A qualitative study was designed to identify the factors that explain the positive evaluation.

Methods: We used a qualitative approach utilizing focus groups. At the end of each course all participants attended a focus group. Discussions followed a semi-structured question route. Focus groups were audio-taped, transcribed and analyzed by two independent researchers according to Mayring. The statements were encoded and clustered.

Results: Five focus groups (participants 6–10) of 90 minutes duration were conducted (2008–2013). The principal investigator conducted in-interview 1 and 2, interview 3–5 were conducted by postdoctoral research fellows.

Among our participants three different clusters of factors were mentioned, that contributed to the high satisfaction: Factors that supported the generation of self efficacy: The students described positive characteristics like being able and asked to actively decide what to do and to perform the intervention themselves, to observe the results on others or themselves and to experience both the physician and the patient role.

Heuristic approach: Students clearly referred to the difference between «western» medicine and TCM concerning an integrated approach (i.e. perceiving psychosocial context, own and family history, physical signs). Condition based approach rather than disease based approach: students appreciated the new strategy of decision making, that is based on the patients’ personal hierarchy of discomfort, compared with a rather mechanistic approach in treating diseases according to their biomedical severity.

Conclusion: This study shows, that the positive evaluation of an elective course in TCM for medical students can be explained with factors, that are strongly related to TCM-philosophy, but can also be used in traditional western medicine. Supporting self efficacy would be helpful for every physician, independently of the medical concept. Heuristic and condition based approach can be a useful extension of western medicine, that adds perceiving psychosocial context, own and family history, physical signs).

Disclosure: No conflict of interest disclosed.

References


Oncology

ON42
Review of clinical trial design in cancer research employing whole-system Ayurvedic Medicine
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Background: Ayurvedic care aims to provide person-focused, rather than disease oriented care. Studies on cancer in traditional systems of medicine may fail to measure meaningful outcomes in palliative care, such as patient self-empowerment, improvement in quality of life, measurement of perceived well-being, if the inherent whole system methodology is not incorporated in clinical trials. Examining previous studies employing whole system intervention in cancer will inform future research strategies in traditional and integrative medicine.

Methods: Critical appraisal of methodological insufficiencies in a randomized controlled trial, which investigated Ayurvedic treatment primarily focusing on the change in tumor size in patients with advanced Cancer of the cervix uteri.

Results: The clinical trial comprised 30 patients with cancer of the cervix uteri stage 3b. Despite marked improvement in the performance status on ECOG/WHO/Zubrod score and other quantitative tools, non-inclusion of qualitative methods in the study design greatly limited the opportunity to report patient perceptions and experience of receiving Ayurvedic
Hypnosis as an additional intervention for women with breast cancer – a systematic review

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**Background:** Hypnosis is frequently used to cope with pain and symptoms associated with cancer or conventional cancer treatment. The aim of this systematic review was to evaluate the strength of recommendation for hypnosis in women experiencing symptoms related to breast cancer, its diagnostic procedures, or treatment.

**Methods:** MEDLINE, Scopus, the Cochrane Library, PsyCINFO and CAMBASE were screened through April 2013. Randomized controlled trials (RCTs) comparing hypnosis to control interventions in women with breast cancer or women undergoing diagnostic breast biopsy were included. Main outcome measures were pain, distress, fatigue, nausea/vomiting, and hot flashes; safety was defined as secondary outcome. Two authors independently assessed risk of bias using the Cochrane risk of bias tool.

**Results:** While the evidence found in this review was weak, the data suggest that hypnosis might be a useful and safe additive to conventional treatment in breast cancer care. At this point, a weak recommendation can be made for the ancillary use of hypnosis in the management of breast cancer-related symptoms.

**Disclosure:** No conflict of interest disclosed.

Are integrative oncological therapies used by different patient populations?

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**Background:** In an integrative oncological setting (IO) non-pharmacotherapeutic interventions (NPI) are offered to patients, to respond to their individual needs, support recovery processes and to promote patients’ salutogenic powers. Nevertheless patient populations of the different NPI responders might differ and patients’ choice might be largely influenced by cancer locality, severity of diagnosis or by factors like age and gender. In the present study we try characterize different NPI populations and compare them among each other.

**Methods:** We evaluated the therapy data collected by the Network Oncology within the last two years (01-07-10 until 01-07-12). The Network Oncology is a conjoint clinical register of German hospitals and out-patient practitioners in Anthroposophic Medicine with a special emphasis on IO. We used only cancer localities that occurred at least ten times in each gender and focused on NPI groups the «nursing interventions» (including embrocations, massages, therapeutic unctions), «movement therapies», (including eurythmy therapy, physiotherapy), «art therapies» (including music therapy, drawing, work therapy and mediellation) and psycho-oncological support.

**Results:** In total 1006 patients [619 (61.5%) female, 387 (38.5%) male] were recorded. Men received NPI groups in general less frequently than women and showed higher variation between cancer localities.
[e.g. 4.5 × differences in psycho-oncol. support]. Men showed lowest difference to women in movement therapies [279 (45.1%) women, 138 (35.7%) men] and highest in psycho-oncological support [357 (57.7%) women, 88 (22.7%) men] and art therapies [289 (46.7%) women, 77 (19.9%) men]. In nursing interventions the difference was 405 [65.4%] women to 165 [42.6%] men. Patients received up to nine different NPI. Genders were significantly different in the median number of NPI chosen (p<0.001), women chose 3 and men 1 NPI. Female breast cancer patients chose all NPI groups to a high percentage of more than 60%. Highest percentage showed female pancreas patients where 76.4% received nursing interventions. Lung cancer patients show in both genders the lowest percentage in movement therapies [31.0% women, 24.9% men].

Conclusions: We observe strong/relevant gender specific differences, as women showed higher acceptance in general and specifically for art therapies and psycho-oncological support. Also acceptance among different cancer localities varied more in men than in women.

Disclosure: No conflict of interest disclosed.

ON154 European survey of integrative oncology structures/ centres: EPAAC preliminary data Russo, E.G.1, Vita, A.2, Di Stefano, M.1, Fedi, P.2, Zanobini, A.3, Vita, A.4
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Background: Tuscan Region Health Department was included as Associate member in WP7 ‘Healthcare’ of the European Partnership for Action Against Cancer (EPAAC) initiated by the EU Commission in 2009. The main aim was to assess the evidence and use of Complementary Medicine (CM) in cancer care and map the EU centers providing CM in cancer care (survey).

Aims: Mapping of the structures and centers across Europe prioritizing those providing public health services in integrative oncology to create a European network of centers, experts and professionals constantly engaged in the field of integrative oncology.

Methods: To carry out the European survey of «integrative oncology» structures/centers a questionnaire was elaborated to be administered to every structure/center identified by a research on websites focused on oncology and through the analysis of the official website of every structure/center to obtain more information about their activities and contacts. Moreover, other structures, mainly CM centers not included in the field of oncological hospitals were identified through published studies in literature. The questionnaire included general information about the type of complementary services provided; number of patients and visits performed yearly, use of therapeutic protocols and evaluation systems of results, fields of application, studies/researches in course or carried out.

Results: The survey is in course of evaluation and therefore these results are preliminary. Till April 30th 194 questionnaires were sent; 35 filled questionnaires were received and 26 report to use CM. Among them 21 structures/centers were included in the survey, 7 from European countries and 14 from Italy. Public centers were 13, private 6, other types of centers 2, with an average number of patients seen per year of 246. Complementary therapies more frequently provided are acupuncture (11) and other techniques of TCM (7); herbal medicine (7); homeopathy (9); homotoxicology (3); anthroposophy (3); other therapies (9). 13 of them use fixed protocols and 16 have systems for the evaluation of results. The fields of application of treatments are mainly the adverse reactions to chemo-radiotherapy (16), pain (6), nausea and vomiting during/post chemotherapy (6); Quality of life QoL (6); palliative care (4).

Conclusion: Mapping of the structures and centers across Europe is an essential step in the process of creating a European network of centers and professionals expert in the field of integrative oncology.

Disclosure: No conflict of interest disclosed.

ON173 Viscum album L. whole plant extracts cause apoptosis and inhibition of proliferation in pediatric osteosarcoma cells in vitro Kauczor, G.1, Delebinski, C.1, Jäger, S.2, Seeger, K.1,2, Seifert, G.1
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Background: Pediatric osteosarcoma is a highly metastatic bone cancer with poor prognosis. There is an urgent need for new remedies, as osteosarcomas are often resistant to current therapeutic approaches. Viscum album L. (mistletoe) is a promising candidate that is, as an aqueous extract, already being used as complementary cancer therapy in anthroposophic medicine. Following anthroposophic ideas, whole plant extracts are rather to be used than single components. However, all commercial available mistletoe extracts are aqueous containing only the plant’s water soluble compounds (lectins and viscosotixin). The water insoluble fraction of mistletoe extracts are aqueous containing only the plant’s water soluble compounds.

Methods: In the preclinical phase the extracts are being tested on human osteosarcoma cell lines in vitro. The cells were treated with increasing concentrations of the mistletoe extracts viscum, TT or viscumTT. Inhibition of cell proliferation was measured using a CASY-Cellcounter®. The induction of apoptosis was analyzed by Annexin/PI assays and flow cytometry. In order to exclude necrotic effects of the extracts on the cells, LDH release was measured after two hours of incubation. To examine the mechanism of apoptosis and distinguish between intrinsic and extrinsic pathway, several biochemical assays were performed.

Results and Conclusion: The two different active ingredient groups of TT and viscum cause antitumor effects in pediatric osteosarcoma cancer cells. Treatment with mistletoe extracts induces apoptosis and inhibits proliferation of the cancer cells in a dose-dependent manner. Strong synergistic effects could be revealed for the treatment with the whole plant extract viscumTT. Both the intrinsic and the extrinsic apoptosis pathway are activated in osteosarcoma cells after treatment with viscumTT. Apoptosis is induced by loss of mitochondrial membrane potential and activation of caspase-3, -8 and -9. All together the results demonstrate that the whole plant mistletoe extract is highly effective in vitro, hence the next aim will be an evaluation of these mistletoe extracts on primary patient cells ex vivo and in a mouse model in vivo.

Disclosure: Conflict of interest disclosed.

ON181 The use of Integrative Medicine among patients with breast cancer: A cross-sectional study in Korea Han, D.1,2, Kim, J.W.3, Choi, J.S.3,4, Kim, J.Y.3,2
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Background: The patients with breast cancer highly use CAM in Korea. But their use of Integrative medicine, operationally defined as simultaneous use of CAM and conventional medicine, is not reported. The objective of this study was to identify the prevalence of IM, and to explore health benefits of Integrative medicine, and to determine the factors influencing use of IM by the patient with breast cancer.

Methods: To collect data for this study, questionnaire surveys were conducted on outpatients who visited 4 hospitals in Seoul, Korea during around 3 weeks from May 31, 2012. Total number of respondents was 288. Data were analyzed using SPSS 18.0 to find health benefits from of IM, and to determine the factors related to use of IM.
Results: Major results of this study are as follows. First, 3.8% of patients with breast cancer reported that they used IM. Second, the major benefit of IM was reduction of the severity of the main symptoms such as self-reported pain, fatigue, depression, anorexia, appearance change, and anxiety. Third, the reasons to do not consult with his/her doctor were the perception that patients had no need to tell doctor, and the doctor might be negative to use IM. Factors that affect the use of IM were analyzed by Linear Logistic Regression and the results showed that age, level of education, post-operative period are significantly related.

Conclusions: Comparing previous studies, it could be seen that patients with breast cancers were highly interested in and used CAM, in which conventional medicine and CAM are used simultaneously. Knowledge on the integrative use of CAM and conventional medicine is necessary for health care service providers to help patients make informed choices. Health care service providers should communicate correct information on the CAM or IM use that has been scientifically verified and talk with each other openly. The fact that the significant correlation between predictive factors for the use of IM was identified through the present study is quite meaningful.

Disclosure: No conflict of interest disclosed.

PT111
Colorpuncture and Energetic Emission Analysis (EEA) for chronic pain therapy
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Background: The hypothesis of the research is that electromagnetic signals can be emitted and received by a biological/organic system on different levels (from a single molecule, to a cell, to the entire system) allowing for the restoration of a pattern of interference at a level that guarantees the biological response of organs and systems. It can therefore be hypothesized, that it is possible to induce healing in an ill organism by encouraging the organism’s power for self-regulation by administering a signal (in this case, a light signal, which biological systems already use as a means of communication between themselves. Cells communicate via infra-red and ultraviolet light between approximately 200–800 nm. These same wavelengths are utilized in Colorpuncture to encourage a bio-cybernetic regulation of the body’s biological systems. Forty clinical cases have been chosen within a strict diagnostic framework, to which, will be added the technique of Energetic Emission Analysis (EEA), which diagnoses the energy mass, as described by the German researcher, Peter Mandel and the German physicist, F A Popp, through his studies in bio-photonics. This allows the physicians to decipher the effects and interactions between tissue – energy and information, interpretations of the causal chains of patients. The light signal (information) administered in the practice of Colorpunture, induces variations within the tissue – energy systems leading to an immediate change in the patient on three levels. Purpose is the evaluation of Colorpuncture effectiveness for chronic pain therapy (rheumatic pathologies, arthritis, arthrosis, headache, migraine)

Methods: Forty Patients with a chronic painful pathology were enrolled for this study. Each patient was asked to report the general painful symptoms. Pain intensity was assessed in terms of quantity on a scale of 1 to 10 (VAS Visual Analogic Scale). Patients received 10 Colorpuncture treatments and afterward were evaluated pain intensity on the same scale of 1 to 10.

Results: Patients enrolled in this research were affected by painful pathology the difference in the pain intensity evaluated on a scale of 1 to 10 (VAS Visual Analogic Scale) before and after the treatment was 4,3 points average

Conclusion: Results are sufficiently encouraging to consider Colorpuncture a valid therapeutic instrument in the chronic pain therapy.

Disclosure: No conflict of interest disclosed.
Pharmacology and Therapeutics

1. Oral administration of Ashwagandha 500 mg t.d., Shilajit 500 mg o.d., and Emblica 100 mg t.d. for short timed results (2–3 hours pain reduction).

2. Two sessions a week of Sarvanga Abhyanga (whole body massage) using Dhanvanthara Oil alternated with Kati Basti (local application of oil) using Kottamchukkadi oil on lombotomy site, associated with Shiro Pichu (oil application on the forehead) using Dhanvantara Oil. The treatments where carried out by expert certified ayurvedic therapists.

3. Personalized life style as well as nutritional advices.

During Ayurvedic treatment both conventional drugs and acupuncture were suspended.

**Results and Conclusions:** The neuropathic pain was reduced after the first week of treatment, and after 4 months its intensity measured with NRS-11 scale, was decreased to 2–3 from the initial 8–9. Some rare peaks of increased pain were still present but for very short time.

The patient went back to work and his sleep improved. It is worth noting that the patient’s occupation is carpenter, which can be carried out only if in good health conditions.

The treatments are still ongoing and the patient’s situation keeps improving as well as his quality of life.

This case provides important evidence of the therapeutical possibilities of Ayurveda multidimensional approach to chronic conditions, such as neuropathic pain, which are difficult to resolve with conventional means.

**Disclosure:** No conflict of interest disclosed.

**PT165**

**Integrative primary care model for patients with chronic musculoskeletal pain**

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**Background:** In the Netherlands, most patients do not disclose use of Complementary and Alternative Medicine (CAM) to their General Physician (GP) as CAM is mainly practiced outside the world of mainstream medicine.

**Objective:** The aim of our study was to develop and implement a primary care model for patients with chronic musculoskeletal pain, in which CAM is structurally embedded.

**Methods:** An IPC model was developed on the basis of cross-sectional surveys, focus groups and interviews with patients, patients organisations, GPs, CAM practitioners and health care insurance companies.

**Results:** A cross-sectional survey among 416 patients with chronic musculoskeletal pain demonstrated that the majority of patients (70%) prefers a GP that informs and refers them to CAM on the basis of shared-decision making. Taking these patient preferences into account, an IPC model was developed through focus groups and interviews. Consensus of all participating parties (patients, GPs, CAM practitioners and insurance companies) was obtained for a model in which the GP structurally informs patients about possible treatment options for musculoskeletal pain. This includes information on five selected CAM therapies; homeopathy, acupuncture, osteopathy, tai-chi and naturopathy. The GP and the patient together decide which CAM therapy is most suitable for the patient following the principles of evidence-informed practice: 1. Patients preference and previous experience; 2. Scientific evidence for this CAM therapy; 3. Clinical experience of CAM practitioners. Subsequently, the GP refers the patient to selected and qualified CAM practitioners in the neighbourhood. The IPC model is implemented at 13 healthcare centres in Amsterdam and 5 in the city of Groningen. For a period of two years, the outcome of this IPC model will be investigated compared to standard primary care, on quality of life, pain, fatigue and satisfaction of at least 214 patients with chronic musculoskeletal pain. So far, the first 23 patients have been randomized into the study, 12 in the intervention group (possible referral to five selected CAM therapies) and 11 in the control group (receiving standard care only).

**Conclusions:** We successfully developed an integrative model for primary care disease management of chronic musculoskeletal pain with consensus of all parties involved. It is currently being investigated whether patients will benefit from such an active involvement of GPs concerning CAM communication/referral.

**Disclosure:** No conflict of interest disclosed.

**Disclosure:** No conflict of interest disclosed.

**PT151**

**Ayurvedic treatment in refractory neuropathic pain after lombotomy for renal cancer: A case report**

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**Background:** Neuropathic pain is a complex, chronic condition which derives from disfunction or damage of nerve fibers. It is very difficult to treat with conventional medicine and only a minority of patients may achieve partial relief.

Ayurveda, the traditional medicine of India based on peculiar system of diagnosis and personalized therapies, offers promising treatments for this pathology.

One patient, male, 58 y., carpenter, diabetic n.i.d., developed severe neuropathic pain after lesion of ileo-inguinal nerve during lombotomy for renal cancer. The pain was continuous and disabling, rating 8–9 (NRS-11 scale), associated with insomnia and depression.

He underwent a 6 months treatment with NSAIDs, Morphine, Pregabalin, antidepressants (Duloxetine, Sertraline) and Benzodiazepines with no significant results. Acupuncture was also performed but with limited and short timed results (2–3 hours pain reduction).

**Methods:** The patient was evaluated according to Ayurveda and the following therapy has been administered for 4 months:

1. Oral administration of Ashwagandha 500 mg t.d., Shilajit 500 mg o.d., Triphala 1500 mg o.d.
2. Two sessions a week of Sarvanga Abhyanga (whole body massage) using Dhanvantara Oil alternated with Kati Basti (local application of

**Disclosure:** No conflict of interest disclosed.
RE43
Bridging systems: Connecting conventional and WMS thinking in clinical trials
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Background: Ayurveda, the Traditional Medicine of India, uses a complex therapeutical approach based on specific diagnostic processes considering various relevant bio-psycho-social aspects of the individual. This results in highly personalized therapeutic strategies, significantly differing from conventional biomedical approaches. However, Ayurveda has rarely been studied in its multidimensional perspective and the manner in which it is actually being practiced clinically today. Studies using fixed combinations (e.g. of pharmacological formulations), not allowing an individualization of therapy, are not testing the therapeutic possibilities of WMS-Ayurveda, and are not valid for proving or disproving efficacy and/or effectiveness of Ayurvedic medicine.

Methods: Aims are (a) to briefly outline the specific WMS characteristics of Ayurveda relevant for clinical research (b) to give 3 concrete examples of running clinical trials on Ayurveda in the European Union (Italy; Pilot study on chronic migraine; Germany: CARAKA-trial on osteoarthritis, KANTA trial on fibromyalgia syndrome), incorporating principles of WMS research methodology and (c) to discuss the scope of generalizability of Ayurveda-research for other WMS. These applied trial examples will be illustrated, analyzed and assist as templates for outlining possible future trials on Ayurveda.

Results and Conclusion: Clinical trials on WMS-Ayurveda are faced with methodological difficulties related to aspects of nomenclature, approach and paradigm. The main challenge of novel and adapted trial methodology is to demonstrate that Ayurveda and its own logic axioms are able to generate rigorous scientific evidence. Main topics to be addressed will include: personalization of treatment; the application of multiple target therapeutic modalities dispensed in various dosages and ways over time; as well as the qualitative evaluation of patients’ health conditions. WMS-Ayurveda research will benefit from incorporating both conventional and WMS approaches into trial designs, allowing the integration of traditional knowledge systems with the latest scientific advances in global medicine.

Disclosure: No conflict of interest disclosed.

RE59
Concept analysis of therapeutic «external applications» in nursing care: An integrative review for concept development
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Background: Since the 1950s, studies about the phenomenon of «Therapeutic Touch» are carried out (Busch, 2001). To date, various therapeutical «external applications» have been developed, based on the idea of «Therapeutic Touch». They can be assigned to «complementary alternative methods», «external applications» (compresses, wet wraps, manual manipulation), or «basic stimulation» (1–3, 5–7). A scientific conceptualization of these terms to one definition is missing.

The aim of this ongoing concept analysis is to systematically research and review the international literature as well as to characterize aspects of different therapeutic «external applications» and to formulate a general definition.

Methods: Firstly, an integrative review was conducted to gain an overview of the literature concerning therapeutic «external application». Secondly, a concept analysis was performed, based on the recommendations of Wilson (8) to define commonalities, differences and connections between the various terms for interventions in this context.

Results: The identified terms are used differently and a general definition comprising various types of therapeutic «external applications» does not exist.

The philosophical underpinnings range from Far-Eastern approaches to the anthroposophical world view. As a commonality of «external applications», the interplay between the mechanisms of action, closeness, touch, physical effects and substrate can be identified.

Conclusion: Despite different underlying worldviews similarities between therapeutic «external applications» can be identified which are suitable to prepare the ground for a general definition. The comprehensive analysis of the literature highlights the need for a general definition including different types of therapeutic «external applications». This study will offer such a definition.

Disclosure: No conflict of interest disclosed.
Valerian: No clinically relevant interactions

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Background: In recent popular publications directed to cancer patients as well as in widely-used patient information websites (e.g. www.cancer.org or www.mskcc.org) valerian is claimed to have a potential of adverse interactions with anti-cancer drugs, thereby questioning its widespread use as a safe replacement for benzodiazepines.

Methods: A systematic review on the interaction potential of valerian preparations was conducted. Literature on Valeriana officinalis L. was retrieved by systematic data base search and by search in a clinical drug interaction data base (MedIQ). Thereafter a systematic assessment of publications was performed.

Results: In several in vitro and in vivo animal studies on CYP 450 isoenzymes (CYP 450 1A2, 2D6, 2E1 and 3A4), p-glycoprotein and two uridine 5’-diphospho-glucoronosyltrans-ferase (UGT) isoenzymes (UGT) a rather weak interaction potential was shown. However, the methodological assessment of these studies does not support their suitability for the prediction of clinically relevant interactions. Clinical studies on CYP 450 1A2, 2D6, 2E1 and 3A4 and case reports did not reveal relevant interaction potentials of valerian root preparations.

Conclusion: The interaction potential of valerian preparations is low and unlikely to be clinically relevant, suggesting that their use is safe also in cancer patients.

Disclosure: No conflict of interest disclosed.

Investigation of regeneration effects in triathletes after therapeutic treatment

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Background: Especially in competitive sports regeneration is very important. Training and recovery should be closely linked. There are not many scientific reports about the influence of regeneration for performance enhancement. It is known, that regeneration is enhanced by an increased circulation and by the reduction of lactate. One aim of this study was to investigate the effects of a magnetic field therapy (Andumed system, use one time per day) regarding the lactate elimination.

Methods: 31 triathletes (15 active treated / 16 placebo) completed two performance diagnostics tests (t1/t2) on a bicycle ergometer (50/50/3) at a distance of approximately 8 weeks. In between the members of the active treated group used a functional magnetic field therapy system after each training session. The members of the placebo group used a non-functional one. The lactate levels after exposure where used to quantify the regeneration. The differences between the test time points were calculated by analysis of variance with repeated measures (SPSS).

Results: The lactate values of t1 and t2 decreases noticeably in the active treated group compared with the placebo group (tab.1). Analysis of variance showed significant results in the factors, after exposure time (AET) (F(3/1,27) = 106.5, p = 0.00; eta2 = 0.78) and measured time point (MTP) (F(3/1,27) = 5.7, p = 0.024, eta2 = 0.16). The interaction between AET*group (F(3/1,27) = 1.4, p = 0.244; eta2 = 0.05) MTP*group (F(3/1,27) = 0.58, p = 0.451; eta2 = 0.02) and MTP*group*AET (F(3/1,27) = 0.32, p = 0.752, eta2 = 0.01) were not significantly associated with low to medium effect sizes.

Conclusion: The lactate values of the regeneration phase up to +10min after exposure show a significantly improved lactate reduction during active treated group compared with the placebo group from t1 to t2. Because of the effect sizes a study to replicate the results should be considering despite the lack of significance.

Disclosure: No conflict of interest disclosed.

Reference

Forsch Komplementmed 2013;20(suppl 3):1–50 Abstracts

Therapeutic Approaches

Lemon and quince for treatment of hay fever

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Background: Preparations from lemon juice and quince extract are used within Anthroposophic Medicine to treat hay fever. Previous in vitro studies have shown that the extract inhibits histamine release of mast cells and basophilic cells. Therefore, a clinical study was performed.

Methods: 41 patients with proven grass pollen allergy were included in an investigator initiated, mono-center, placebo controlled cross over study. Patients were three times provoked with grass pollen allergen: at screening to check eligibility and after one week treatment with the lemon/quince preparation or placebo as nasal spray, respectively. The wash out phase between the treatments was 1 week. Outcome parameters were nasal flow measured with rhinomometry (primary), a validated hay fever symptom score and histamine content in the nasal mucous after provocation with grass pollen allergen.

Results: In the per protocol analysis (exclusion of 10 patients with common cold or major protocol deviations during one of the measurements after treatment) all outcome parameters were in favor of the lemon/quince preparation: mean inspiratory flow after provocation was 8% (p = 0.081) higher, the mean symptom score (0 = minimum, 6 = maximum) was 0.5 scores lower (p = 0.088) and the histamine content in the nasal mucous was 87% lower compared to placebo treatment (p = 0.119).

Conclusion: Despite statistical significance was just missed, the congruent improvement of objective and subjective measurements indicate a specific effect of the lemon/quince nasal spray in the prevention of hay fever symptoms.

Disclosure: No conflict of interest disclosed.

Effectiveness of rhythmical massage: A prospective cohort study in a real-world clinical setting

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Background: Rhythmical massage (RM) is a form of massage therapy extensively used in anthroposophic medicine. Its effectiveness is supported by empirical evidence and one prospective observational study on chronic diseases performed with patients from medical practices [1]. Here the effectiveness of RM was investigated in a hospital setting, in both chronic and acute conditions; in some patients, effects of RM on surface temperature and on heart rate variability (HRV) were additionally determined [2].

Methods: Patients (n = 79) referred for any indication to RM at the Paracelsus-Hospital Richterswil, Switzerland, were enrolled in the present study. They received in average 9 RM sessions, each including the massage itself and a therapeutic rest immediately thereafter. As in the previous study, clinical effectiveness was assessed by determining Disease and Symptom Scores and by using the health-related quality-of-life questionnaire SF-36. In addition, patients were interviewed about their individual expectations on RM and the eventual fulfillment of these expectations assessed using a Goal Attainment Scaling (GAS). All outcomes were determined at the beginning of the therapy (baseline) and after the last therapy; a follow-up took place at 6 months after the first session.

Results: Fifty-nine (59) patients completed the study per protocol. Most common indications were mental disorders (35.6%; primarily fatigue and depression), neoplasms (22.0%) and musculoskeletal diseases (13.6%; primarily back and neck pain). Mean duration of the RM course was 95.4
days (range 27–205). All outcomes improved in a statistically significant way between baseline and end of therapy. Improvements from baseline to therapy end were (mean ± S.E.M.): −3.2 ± 0.32 (self-reported symptom score), −2.1 ± 0.33 (physicians’ disease score), +2.9 ± 0.99 (SF-36 physical health summary measure), +8.3 ± 1.78 (SF-36 mental health summary measure), +2.1 ± 0.15 (GAS, first personal goal), +2.3 ± 0.28 (GAS, second personal goal). All these improvements were maintained until follow-up. There was no report of serious adverse reactions to RM.

Conclusions: Patients receiving RM for any indications showed reduction of symptoms and disease severity accompanied by improvement of health-related quality of life; furthermore, self-defined therapy goals were partially attained in the course of the therapy. These improvements were still apparent 6 months after starting the therapy.

Disclosure: No conflict of interest disclosed.

TH89
Indication of leech therapy (Jalaukavacharana) in TIM-Ayurveda

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Current debates show that leech therapy is getting more popular among complementary and alternative medical practitioners. The studies carried out to evaluate the working of this therapy mainly focus on the effect it has on the reduction of pain. In Europe and in USA, thousands of patients are healed due to leech therapy. Many of the traditional medical systems like Greek medicine, Arabic medicine, Russian medicine, etc mentioned about the usage of leeches.

In Traditional Indian Medicine (TIM)- Ayurveda, tissues play a major role in the production of disease by giving place for the development of pathophysiology. If a disease arises depends on the involvement of corresponding tissues with the influence of three Doshas (vata, pitta & kapha). When the three Doshas are disturbed, due to several intrinsic and extrinsic factors, the harmony between the Doshas and tissue is interrupted, ultimately ending up in the production of disease. Pitta, one of the three factors, is closely related with the blood tissue. Bloodletting is practiced when the disease pathology is in the blood. It is done in several methods depending on the quantity and region and the body. One of these methods is the application of leeches.

The leeches are commonly known as Jalauka in Sanskrit. Phylum- Annelida, class- Hirudinea, Hirudo Medicinalis is the species used for bloodletting. Leeches are used to suck out the deranged blood from a specific region. Bloodletting is done a) According to the stage of Dosha b) According to the condition of blood and c) According to the condition of the patient.

The mechanism of action appears to be the secretion of biologically active substances from the salivary glands of the leech onto living organisms. The saliva of leech consists of anesthetic agents, anti-coagulant, anti-platelet aggregation factor, antibiotic, anti-inflammatory substances, and gelatinous substances. Saliva of leech consists of anti-coagulant, Hirudin, which prevents the clotting of blood, dissolves thrombi, and clears the partial and complete blocks of distal arteries. Leeches suck the excess blood, reduce the swelling in the tissues and as such promote healing by allowing fresh oxygenated blood to reach the area until normal circulation can be restored.

Several studies on the effect of leech therapy were being carried out in different parts of the world. Action of leech therapy on complicated varicos veins, osteoarthritis and action of the leech’s salivary gland are some of the studies conducted in India, Germany and in Russia.

Disclosure: No conflict of interest disclosed.

TH101
Antibacterial, antifungal and antimutagenic activity of Swertia chirayita Linn.: A Unani herbal drug

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Background: The importance of Integrative Systems of Medicine has now been recognized worldwide. Herbal drugs are playing an important role in healthcare programs in the world. Herbal medicines also play a great role in the development of primary health care because of their effectiveness with safety and lesser side effects. The increasing incidence of infectious diseases necessitates to search for quick, effective and safe natural remedies for these health problems and this give a search for herbal anti-microbial drug and follow the slogan of World Health Day, 2011 under their theme «Combat Drug Resistance».

The present study was aimed to explore antibacterial, antifungal and antimutagenic activity of a well known Unani drug – Swertia chirayita Linn. Materials and Methods: Kirby Bauer’s Disk Diffusion Method was used according to CLSI Guidelines by W.H.O. to explore antibacterial and antifungal activity against various bacterial and fungal isolates of clinical origin. The activity was compared with the standard drug and Plane control i.e. the solvent used. The prepared plates were incubated at 370C for 24 hrs. The antibacterial activity was evaluated by measuring the Zone of Inhibition – (ZOI in mm.) of drug extract. Minimum Inhibitory Concentration (MIC) was also screened. Ames test was performed using tester strains S.typhimurium TA97, TA98 and TA100 to identify its antimutagenic activity. All the experiments were conducted in triplicates and in sterilized conditions.

Results: The results were analyzed statistically by using ANOVA. It was found that Chirayita was effective against a large number of microbial strains i.e. among gram positive strains S.aureus (MIC-19.53 μg/ml), S.mutans (MIC-156.25 μg/ml), S.epidermidis (MIC-625 μg/ml), and among gram negative strains P.vulgatus (MIC-625 μg/ml) and fungal strain C.albicans (MIC-19.53 μg/ml). Results of the present investigation indicate that S.chirayita possesses antimicrobial properties against tested micro-organisms. Antimutagenic Inhibition of tester strains was found as 98% inhibition was seen against TA100 while 85% against TA98 and 60% against TA97 tester strain.

Conclusion: This study concludes that S.chirayita Linn. is effective against microbial organisms. And has a potent antimutagenic activity. However further clinical studies are needed in this direction so, that it can be used safely and effectively.

Disclosure: No conflict of interest disclosed.
acuity, attention-concentration deficit, headaches, dizziness and double vision. However, despite this substantial ease of clinical classification, many cases of CI are incorrectly diagnosed and the patient’s discomfort is attributed to other, non-opthalmologic factors, with no specific therapy provided and subsequent development of complications (e.g. at school). The treatment of CI is mainly based on vision therapy exercises, which can be adapted according to the particular features of the case history. Since the accommodation process is based on the complex interaction and symmetrical functional coordination of 6 ocularmotor muscles (4 rectus and 2 oblique in each eye), CI can be interpreted as a specific form of «dysmetria» underlying an asymmetrical activation of muscle groups, which by location and function ought to be symmetrical. Modern radio-electromagnetic treatment instruments have generally proven to be highly effective in the normalisation of «functional dysmetria». One of these, the radioelectric asymmetric conveyer (REAC), which produces a micro-stimulation of the pinna, was used in the treatment of ocular convergence insufficiencies.

Methods: Twenty-one patients (eleven females and ten males, average age 23.3 ± 1.7 years) underwent two REAC treatment protocols, known as neuropostural optimisation (NPO) and neuropsychophysical optimisation (NPPO). A comparison was then made between the near point of convergence before NPO, immediately after NPO, two hours after NPO, and after a course of 18 NPPO sessions (about 3 weeks). No vision therapy exercises were performed by the sample group under examination.

Results: The near point of convergence was 13.1 cm at baseline, 10.8 cm immediately after NPO, 9.8 cm two hours after NPO, and 9.0 cm after a course of NPPO.

Conclusion: The results obtained with the REAC seem to confirm the «dimetric-functional» nature of ICs, revealing radio-electromagnetic treatment techniques as a promising therapeutic prospect, also in view of their particularly favourable tolerability and safety.

Disclosure: No conflict of interest disclosed.

TH138
Inhibition of monocarboxylate transporter-mediated absorption of valproic acid by Gegen-Qinlian-Tang
Hsueh, L-Jung
Valproic acid (VPA), an anti-epileptic drug with narrow therapeutic index, was a substrate of monocarboxylate transporter (MCT). In this study, we investigated the effect of Gegen-Qinlian-Tang (GQT), a Chinese Medicine prescription containing Puerariae Radix (PR), Scutellariae Radix (SR), Coptidis Rhizoma (CR) and Glycyrrhiza Radix (GR), on the pharmacokinetics of VPA, as a probe drug of MCT, in rats and the underlying mechanism. Sprague–Dawley rats were orally administered VPA with and without GQT in crossover design. The serum concentrations of VPA were determined by a fluorescence polarization immunoassay. The results showed that coadministration with 2.0 and 4.0 g/kg of GQT remarkably decreased the Cmax of VPA by 72 and 74% and reduced the AUC0-t by 63 and 53%, respectively. The mechanism study using Caco-2 cells revealed that the uptake function of MCT was inhibited by GQT and each component herb. In conclusion, the MCT-mediated absorption of VPA was significantly decreased by GQT and its component herbs.

Disclosure: No conflict of interest disclosed.

TH191
Effects of inner and heard speech in arts speech therapy on cerebral oxygenation and hemodynamics
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Background: The aim of the present study was to contributing to researching physiological effects of arts speech therapy by (i) investigating effects of inner and heard speech on cerebral hemodynamics and oxygenation, and (ii) analyzing if these changes were affected by alterations of the arterial carbon dioxide pressure (PaCO2).

Methods: In 29 healthy adult volunteers we measured changes in cerebral absolute oxyhemoglobin ([O2Hb]), deoxyhemoglobin ([HHb]), total hemoglobin ([Hb]) concentrations and tissue oxygen saturation (StO2) (over the left and right anterior prefrontal cortex (PFC) using functional near-infrared spectroscopy (fNIRS) as well as changes in end-tidal CO2 (PETCO2) using capnography. Each subject performed six different tasks: three types of task modalities, i.e. inner speech, heard speech from a person and heard speech from a record, and, two recitation texts, i.e. hexameter and alliteration on different days according to a randomized crossover design.

Statistical analysis was applied to the differences between the baseline, two task and four recovery periods. The two brain hemispheres, i.e. left and right PFC, and six tasks were tested separately.

Results: During the tasks we found in general a decrease in PETCO2 (significantly only for inner speech), StO2, [O2Hb], [HHb] as well as an increase in [Hb]. There was a significant difference between hexameter and alliteration. Particularly, the changes in [Hb] at the left PFC during tasks and after them were statistically different. Furthermore we found significant relations between changes in [O2Hb], [HHb], [Hb] or StO2 and the participants’ age, the baseline PETCO2, or certain speech tasks.

Conclusions: Changes in breathing (hyperventilation) during the tasks led to lower PaCO2 (hypocapnia) for inner speech. During heard speech no significant changes in PaCO2 occurred, but the decreases in StO2, [O2Hb], [HHb] suggest that changes in PaCO2 were also relevant here. Different verse types (hexameter, alliteration) led to different changes in [Hb]. Consequently, StO2, [O2Hb], [HHb] and [Hb] are affected by interplay of both PaCO2 reactivity and task dependent functional brain activity.

Disclosure: No conflict of interest disclosed.
Dalinger (1966) even recommended the use of Eleutherococcus for patients with blood pressure values below 180/90 mm Hg, based on the results of his small study (5). He mentioned no adverse effects.

Later citations of these two studies (3,5) tended to mix up their results, frequently indicating secured adverse effects in hypertensive patients. They are neither in accordance with the original data, nor are they supported by other published data, which rather point to potential antihypertensive effects.

Conclusions: The contraindication «arterial hypertension» is not evidence-based and should be carefully re-evaluated for not unnecessarily excluding a large patient group from the benefits of Eleutherococcus.

Disclosure: No conflict of interest disclosed.

TH220
The Integrated Medicine improves rehab performances after stroke, cerebral hemorrhage and neurological disease. Results of a comparative study at Centre of Integrated Medicine of Pitigliano Hospital
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Background: In February 2011 the first Italian hospital for Integrated Medicine of the public health service was opened in Tuscany region, including practitioners for homeopathy and acupuncture as healthcare professionals. The groundbreaking healthcare project aims to assess the benefit of integrated medicine in terms of improving quality life, health conditions and reducing traditional medication.

In order to assess the effectiveness of integrated treatment with homeopathy and acupuncture when improving the rehab performances of inpatients suffering from degenerative nerve diseases (multiple sclerosis, amyotrophic lateral sclerosis, Parkinson’s disease), stroke and brain hemorrhage in the a Unit of neurological rehabilitation Centre in Manciano (Tuscany).

Methods: The inpatients suffering from stroke, brain hemorrhage and degenerative nerve diseases stay within the hospital structure for an average period of three weeks. During this period the functional recover is evaluated for each inpatient through the filling in of four scales to measure neurological and mobility rehabilitation (The Barthel index; The Groningen Activity Scale, GARS; The Trunk Control Test; The Motricity Index). The assessment has been carried out at the beginning of the hospitalisation and at the end of it by healthcare practitioners and physiotherapists employed at the rehabilitation centre.

The doctor’s part of the integrative medicine team does not take part to the filling in of the mentioned forms. Further, the inpatients have even been administered a questionnaire (SF-12) on the quality of life at the beginning and at the end of the hospitalisation, as well as at the first and second follow-up visits at the Centre of integrative medicine in Pitigliano.

In addition to that, all the inpatients filled in an anonymous questionnaire on the level of satisfaction given by integrative medicine. The results had from the 80 inpatients tested between 2011 and 2012 with conventional plus acupuncture ad homeopathic medicines (Integrative Medicine) have been compared to those relating to 65 inpatients treated in 2010 only with orthodox medicine. A statistical research design has been applied for the mentioned comparison.

Results: The comparison has shown that, overall, inpatients under integrated medicine have a higher functional recovery by 15-20%, showing a positive trend on three scales and a widely significant pattern on the most important evaluation scale for Motricity (New Barthel Index) - as compared to the inpatients treated with only orthodox medicine. The level of satisfaction for integrative cures is fairly high as well. The SF12 questionnaires performed during the follow up period show an improvement in the QoL, especially regarding the daily activities and the health perception, both physical and mental. Finally the cost of integrated therapy, with the use of a magistral homeopathic formula, was very modest, on average: about seven Euros per week for each inpatient.

Disclosure: No conflict of interest disclosed.

TH222
Inter-rater reliability in homeopathic repertorisation and remedy selection – a follow up study
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Background: Repertorisation, i.e. the technique of finding a suitable homeopathic remedy, starts with observing a patient’s symptoms. These symptoms are then compared with existing databases which were compiled by testing a remedy for its effects on healthy subjects (remedy proving). By matching the symptoms of their patient with the symptoms reported to have been provoked in healthy subjects, homeopaths are able to narrow down the number of candidate remedies a) to a few or, in the ideal case, b) to the one best fitting remedy. In a previous study 1, 8 homeopathy students in an early stage of training each studied 5 video-documented case-takings. A) In repertorisation, the first-ranking remedy was selected on average by 70% of the students, the second by 57%, 3: 45%, 4: 31%, 5: 28%, 6: 22%, 7: 22%, 8: 19%, 9: 15%, 10: 13% (selection of more than one remedy was permitted). B) When a single remedy for each of the 5 cases had to be selected, the first-ranking remedy was selected by 48%, 2: 35%, 3: 16% (only one remedy permitted). Objective: To test whether different students of homeopathy performing a repertorisation and selecting a remedy for one and the same patient would come to analogous conclusions.

Methods: In our study 2011/12, 20 video-documented case-takings were studied by 9 advanced students of homeopathy. Each student independently a) performed their own repertorisation to narrow down the number of candidate remedies and b) finally selected one single remedy.

Results: A) In each of the 20 cases a list of highest-ranking remedies was generated from the students’ repertorisations. The first-ranking remedy was selected on average by 97% of the students, the second by 77%, 3: 61%, 4: 48%, 5: 34%, 6: 23%, 7: 12%, 8: 4% . B) When students were asked to select a single remedy for each of the 20 cases the first-ranking remedy was selected by 72%, 2: 19%, 3: 9% (Fleiss’ Kappa for inter-rater-reliability = 0.55).

Conclusion: Different students of homeopathy performing a repertorisation and selecting a remedy for one and the same patient do, to a certain amount, come to analogous conclusions, but there are differences between homeopathy students at an early stage of training (see background) and advanced students. The experimental design presented here should be further investigated by experienced homeopaths.

Disclosure: No conflict of interest disclosed.

Reference:

TH223
Observation of responses over time to administration of homeopathic remedies
Müller-Traut, M., Wagner, C., Kiefer,P.M., Endler P.C.
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Objective: To standardise the observation and description of responses over time to administration of homeopathic remedies.

Introduction: Initial aggravation is a phenomenon seen in many forms of regulative therapy, where it is taken as an indication of successful trigger-
ing of the organism’s regulatory system. Detection of the initial response can serve as an indication of the remedy’s (initially inverse) effectiveness.

**Methods:** This was an observational application study, meaning that no attempt was made to eliminate psychosocial co-factors. 12 patients were recruited from the current practice of a homoeopath (M.M.-T.) on the basis of inclusion and exclusion criteria and in compliance with the requirements of voluntariness and anonymity. Between 6 and 11 conspicuous symptoms were noted in each patient. Patients were requested to keep a symptom diary. In three successive observation rounds the degree of aggravation (−1: slight, −2 marked, +3: severe) or alleviation (+1: slight, +2: marked, +3: complete) experienced over the last three days was retrospectively documented, as was the occurrence of any new symptoms.

**Results:** In the first observation round the patients together reported a mean aggravation of −2.4; from there to the second round the mean change was +1.3 and from there to the third it was +5.8. The four patients with the greatest degree of initial aggravation showed changes of aggravation by −6.1 in round 1, improvement by +0.2 in round 2 and improvement by +4.9 in round 3. The 4 patients who had experienced no initial aggravation showed changes of improvement by +0.8 in round 1, improvement by +2.6 in round 2 and improvement by +8.0 in round 3. Thus, aggravation only occurred in the early stage of treatment, then to recede and yield to alleviation. No correlation was observable between the degree of subsequent alleviation and that of initial aggravation.

**Conclusion:** Initial aggravation also occurred in the present study. Its degree, however, did not correlate with that of subsequent alleviation. It would be interesting to investigate whether it is possible to predict the occurrence of initial aggravation on the basis of a patient’s response status (cf. Wagner et al., ECIM 2013). This could provide guidance in efforts to minimise the degree of initial aggravation through use of suitable preparation methods, potency levels and administration frequencies and provide insights into how different homoeopathy schools differ in this respect.

**Disclosure:** No conflict of interest disclosed.

**TH224 Predictability of responses over time to administration of a homoeopathic remedy**

**Wagner, C., Müller-Traut, M., Kiefer, P.M., Endler, P.C.**

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**Objective:** To examine the predictability of initial aggravation to administration of a homoeopathic remedy.

**Introduction:** Predictability of response is an important criterion in assessing the merits of a therapeutic method. In homoeopathy this issue has mostly been addressed in single-case studies. The present study is based on a systematisation introduced by Candegabe and Carrara (1999) with the intent of determining the patient’s response disposition in advance in order to optimise the process of finding a remedy.

**Methods:** This observational application study from the current practice of a homoeopath (C.W.) comprised 12 patients recruited on the basis of inclusion and exclusion criteria. The procedure was as follows: case-taking, repertorisation, cross-review with a materia medica, remedy administration and then: a) a prognosis by the therapist of the most probable initial response and three days later b) an in-depth interview with the patient in the course of which any aggravation or amelioration and occurrence of any new symptoms were documented. The outcome analysed was the degree of concurrence between the prognosis (a) and the patient’s actual response (b). A detailed record of patients’ responses is provided in Müller-Traut et al., ECIM 2013.

**Results:** In regard to an initial aggravation the prognosis was that there would be a short (1–3 days) initial aggravation in 5 cases and one of longer duration (3–5 days) in 7 cases. In 3 of 5 cases the prognosis of a short initial aggravation was matched by the response, while the other two showed prolonged or no aggravation, respectively. The prognosis of prolonged initial aggravation was matched in 4 of 7 cases, the remainder being one short, one indeterminate and no initial aggravation, respectively. The prognosis was thus matched in 7 out of 12 cases (58.3%).

**Conclusion:** The occurrence found between the therapist’s prognosis and the patient’s actual response is of scientific interest in that it can contribute to explaining the phenomenon of initial aggravation. Beyond this, the ability of a therapist to judge patients’ response in advance is a requirement for finding a suitable homoeopathic remedy (in terms of preparation method, potency and administration frequency). This pilot study is of interest in both respects, and its results deserve validation on the basis of larger patient numbers. A further promising line of inquiry would be to determine correlations between prognosticated and actual responses when treatment is given according to other schools of homoeopathy.

**Disclosure:** No conflict of interest disclosed.

**Treatment of Different Disease Pattern**

**DI5 The anomalous increase of magnetic field – cause of atherosclerosis**

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**Background:** Man is created, lives and dies in the natural Earth magnetic field. Anomalous Earth magnetic fields (EMF) are harmful to human organism.

**Objective:** To examine the predictability of initial aggravation to administration of a homoeopathic remedy.

**Introduction:** Predictability of response is an important criterion in assessing the merits of a therapeutic method. In homoeopathy this issue has mostly been addressed in single-case studies. The present study is based on a systematisation introduced by Candegabe and Carrara (1999) with the intent of determining the patient’s response disposition in advance in order to optimise the process of finding a remedy.

**Methods:** This observational application study from the current practice of a homoeopath (C.W.) comprised 12 patients recruited on the basis of inclusion and exclusion criteria. The procedure was as follows: case-taking, repertorisation, cross-review with a materia medica, remedy administration and then: a) a prognosis by the therapist of the most probable initial response and three days later b) an in-depth interview with the patient in the course of which any aggravation or amelioration and occurrence of any new symptoms were documented. The outcome analysed was the degree of concurrence between the prognosis (a) and the patient’s actual response (b). A detailed record of patients’ responses is provided in Müller-Traut et al., ECIM 2013.

**Results:** In regard to an initial aggravation the prognosis was that there would be a short (1–3 days) initial aggravation in 5 cases and one of longer duration (3–5 days) in 7 cases. In 3 of 5 cases the prognosis of a short initial aggravation was matched by the response, while the other two showed prolonged or no aggravation, respectively. The prognosis of prolonged initial aggravation was matched in 4 of 7 cases, the remainder being one short, one indeterminate and no initial aggravation, respectively. The prognosis was thus matched in 7 out of 12 cases (58.3%).

**Conclusion:** The occurrence found between the therapist’s prognosis and the patient’s actual response is of scientific interest in that it can contribute to explaining the phenomenon of initial aggravation. Beyond this, the ability of a therapist to judge patients’ response in advance is a requirement for finding a suitable homoeopathic remedy (in terms of preparation method, potency and administration frequency). This pilot study is of interest in both respects, and its results deserve validation on the basis of larger patient numbers. A further promising line of inquiry would be to determine correlations between prognosticated and actual responses when treatment is given according to other schools of homoeopathy.

**Disclosure:** No conflict of interest disclosed.
D119

Effects of Dr Gifing® chrononutrition program on obesity and lipid profile

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Background: During 21st century, obesity has emerged as one of the most serious public health concerns. Morbidity and mortality associated with obesity continue to increase. Various factors can cause obesity; among others, the most important one is food consumption that exceeds one's need, eating at irregular time intervals, as well as taking food during the day when it is not most convenient and in accordance with our metabolic and circadian rhythms on nutrition. Practically, that means that by changing the time of food intake, number of meals per day, macronutrient supplementation etc., it is possible to influence obesity and regulate metabolism of lipids, blood sugar and so on. This all, in turn, may reduce risk for cardiovascular diseases and numerous metabolic disorders.

Aim: The aim of the study is to examine effects of Dr Gifing® chrononutrition program on obesity and lipid profile.

Material and Method: The study enrolled 50 patients. All of them underwent examination prior commencing Dr Gifing® chrononutrition program. Examination included: body weight (BW), %BF measurement by Bioelectrical Impedance Analysis (BIA), and laboratory analysis of total cholesterol (Chol), and triglyceride (TG). All of examinees were instructed how to behave related to food intake respecting procedures of Dr Gifing® chrononutrition program. This program is based on human metabolism and defines what kind of food one should take in relation to day time. Control examination for each subject enrolled in the study was done one month after the program has started. Mean lowering of BW, %BF, Chol, and TG were calculated. Also, differences in all these parameters between men and women were calculated. Basic methods of descriptive statistics were applied and Student's t-test for paired samples was used for statistical analysis.

Results: Mean age of male examinees was 50.8 ± 8.1yrs and mean age of female examinees was 52.5 ± 9.9yrs. There was no statistically significant difference (p = 0.549). Significant decrease of BW, %BF, Chol, and TG levels was found in observed time period (p < 0.001). Also, decrease of TG was found to be more pronounced in men compared to women (p=0.002). However, no statistically significant decrease in the value of BW, %BF, and Chol in relation to sex was found.

Conclusion: Nutrition can substantially affect human health. Dr Gifing® chrononutrition program, as well as, other nutritional programs can become valuable integrative tool, both in prevention and treatment of obesity and its related health issues.

Disclosure: No conflict of interest disclosed.

D122

Acupuncture helps regain postoperative consciousness in patients with traumatic brain injury: A case study

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Background: This report of one case illustrates the potential effect of acupuncture therapy in addition to Western medicine for regaining postoperative consciousness in patients with traumatic brain injury (TBI). A 65-year-old man experienced a TBI after being involved in a motor vehicle accident. His initial Glasgow Coma Scale (GCS) score was E1V1M2, and brain computerized tomography showed a rightsided subdural hemorrhage. He received emergency medical treatment and underwent craniotomy to remove the lacerated portions of brain as well as subtemporal decompression, followed by a decompressive craniectomy the following day to remove an intracerebral hematoma due to late-onset tempo-parietal rebleeding. Twelve days after surgery, the patient remained in poor condition due to serious complications and the GCS was E2VeM4. His family then underwent counseling and he subsequently received acupuncture treatment.

Methods: This patient was treated with acupuncture three times each week, consisting of strong stimulation at GV26 (Shuiou) and the 12 Well points using the half-needling technique.

Results: After 3 weeks of consecutive treatment, his GCS score improved to E4VM6. In addition, he regained consciousness and could tolerate rehabilitation programs.

Conclusions: We believe that an experienced physician may use acupuncture as complementary therapy in patients with TBI who fail to regain consciousness postoperatively.

Disclosure: No conflict of interest disclosed.

D137

History of fatty liver in medieval Iranian medicine

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Today's society is especially vulnerable to fatty liver disease (FLD) due to its high prevalence and irreversible complications as well as absence of non invasive diagnostic methods. There is insufficient knowledge of pathogenesis of fatty liver and also there are several causes which develop this disease, in other words it is a sort of multifactorial disease. Thus, no effective and proven treatment has been introduced for it and only reducing major risk factors such as obesity and hyperlipidemia as well as controlling of diabetes are emphasized. There is a worldwide positive approach to Complementary and Alternative Medicine (CAM) and World Health Organization (WHO) emphasizes on using existing methods offered by CAM. In this study Avicenna’s opinions – (980–1037 A.D) physician and noble scholar of Iranian Traditional Medicine – on fatty liver are described. This study resulted in that fatty liver is caused by coldness and moisture of liver and increased phlegm level in body as well due. Due to the cause various diagnostic, preventive and therapeutic methods are introduced. Some of these therapeutic methods such as weight loss and exercise are confirmed by modern medicine so far. There are other recommendations for therapeutic procedure which need more investigations. Studies on causes of FLD and its symptoms based on Avicenna’s view could open the new way to control and treat FLD and reduce burden of this highly prevalent disease in society subsequently.

Disclosure: No conflict of interest disclosed.

D138

Avicenna's view point on Alopecia areata

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Alopecia areata is a relatively common form of unpredictable hair-loss condition as affecting 1 to 2% of the general population (1). Several factors are involved in etiopathogenesis of this disease as follows: the genenic constitution of the patient, atopic state, autoimmune reactions and possibly emotional stress (2). There is no effective conventional therapy and no cure for alopecia areata. Because its treatment is challenging and
also hair loss can often have a severe psychosocial impact, therefore, any initiative which proves itself effective in controlling of this disease is valuable (3). This disease was explained in «Qanon fi-al-teb» – written by Avicenna the great Iranian scholar – as «Da-ol-Saalab» (4). It is defined as hair loss that is more occurred on the head, beard and eyebrows and the shape is circular (5).

In modern medicine, alopecia areata is related to various atopic and autoimmune diseases such as vitiligo, lupus erythematosus, psoriasis, atopic dermatitis, autoimmune thyroid disease, arthritis, allergic rhinitis, pernicious anemia, diabetes mellitus, and others but its mechanisms are still unknown (2). Due to Qanon of Avicenna, abnormal phlegm not only causes alopecia areata but also leads to other disease. Some of these diseases include arthritis (oijae Mafasel), Vitiligo (Baras), eczema (saacke khotshk) and atopic dermatitis (saafe tur) (4). Perhaps to be aware of this issue by creating a new approach can lead to new explanation of Physiopathology and strategies for treatment of this disease.

To understand the perspective of Avicenna’s on alopecia areata, it is necessary to explain some principles.

Based on Avicenna’s teaching, the body is formed of the four humors: Yellow bile (safrat), Blood (Dam), Phlegm (Balgham) and Black bile (Sauda) (4). The foundation of health is specific balance of humors based on their quality and quantity. Each of humors divided in two categories, normal humor and abnormal humor (6). Normal humor causes health and abnormal causes diseases (4).

Due to Avicenna’s points of view the overall cause of alopecia areata is the accumulation of abnormal humor in growth area of the hair root which destroys the hair root and prevents hair root nutrition. It can be the abnormal type of these humors and abnormal phlegm is one of the reasons for alopecia areata (4).

Abnormal phlegm are produced in conditions of excess intake in the phlegm-producing foods and other conditions such as excessive sleeping, lack of exercise and abnormal gastrointestinal tract (4). The treatment response and prognosis is determined depending on rapid and rate redness of the involved location after a little massage, this means that if this location is turned quickly red after a little massage, response to treatment and prognosis is better (4).

The basic concept of alopecia areata is given as collaborative efforts of both Avicenna’s view point and modern medicine; on the other hand, according to in traditional medicine, there are several distinct strategies for prevention and treatment of abnormal phlegm that may lead to new methods of prevention and treatment of alopecia areata.

Disclosure: No conflict of interest disclosed.

DI52 Homeopathic management of herpes recurrences: A case series


BOIRON

Herpes is a disease caused by a herpes simplex virus that cycle between periods of activation followed by a remission period. Herpes recurrences are the clinical expression of reactivation of the virus. They are characterised by local symptoms associated with pain and discomfort. 20 to 40% of people infected with herpes simplex virus HSV-1 have recurrent episodes of labial herpes. For people suffering from frequent recurrences, a prophylaxis treatment can be recommended.

A prospective, non-comparative, observational pilot study was carried out among a group of French homeopathic general practitioners or dermatologists. The objective was to describe the homeopathic management of herpetic recurrences, regarding the homeopathic and non-homeopathic medications prescribed and the clinical evolution of patients. Practitioners were asked to include all patients suffering from more than 4 episodes of labial or genital herpes by year and for whom they initiated a homeopathic preventive treatment. They collected data on the treatments prescribed and the patients’ auto-evaluation of the symptoms in terms of frequency, intensity, duration. The recommended follow-up duration after treatment initiation was 1 year with a medium-time assessment at 6 months. Patients were delivered a diary to fill in each time they had a herpes episode.

25 practitioners agreed to participate and 42 subjects were included. They were prescribed a mean of 4.5 homeopathic medications. Rhus toxicodendron was the most prescribed homeopathic medication (83%), followed by Vaccinotoxicinum (71%), Natrum muriaticum (45%) and Sepia officinalis (38%). Non-homeopathic medications were prescribed in 19% subjects. The mean annual number of herpes recurrences was declared as 9.7 ± 4.6 before treatment initiation versus 4.6 ± 4.6 at the end of the follow-up (p < 0.05). Intensity and duration of symptoms had improved at 6 months follow-up in 84.8% patients. Homeopathic treatment was well tolerated. 89% of patients were satisfied with the management of the herpes recurrences.

Homeopathic management seemed to have a positive impact on herpes recurrences. There is a scope for further investigation on its effectiveness and its integration in the therapeutic management of herpes when appropriate.

Disclosure: Conflict of interest disclosed.

DI159 Dysmenorrhea in young women: Between self-treatment, conventional and complementary medicine

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3Disclosure: Conflict of interest disclosed.

Background: Dysmenorrhea (menstruation-related pain and other symptoms) have a significant impact on young women’s quality of life. In Switzerland, 86% of young women 16–20-year-old suffer from this syndrome. The objective of this study was to describe treatments used.

Method: Cross-sectional study via an online questionnaire sent to apprentices and university students in Lausanne (Switzerland), and reported outcomes. Questions about menstruation-related pain and other symptoms, treatments and whether desired outcome was obtained.

Results: Of 527 respondents (response rate: 22%, mean age 19.7 years, P25 = 18, P75 = 21), 92% meet the diagnostic criteria for dysmenorrhea and 66% have used some form of treatment. The most frequently used treatments are: ibuprofen (53% of participants who used a treatment), paracetamol (51%), hormonal contraception (40%), hot-water bottle (35%), staying in bed (20%) and a hot bath (13%). Complementary medicine products (food supplements and phytotherapy) together are used by 23% of respondents, the most frequent being Chamomile tea (10% of those who used any treatment). Ibuprofen and a hot-water bottle are the preferred treatments with over 90% of observed outcome being as desired. Over 60% of respondents said their information for choosing a treatment came from a family member; and from a friend for 20%. Only 6% of the participants had seen a doctor for dysmenorrhea.

Conclusion: The treatment of dysmenorrhea is largely self-treatment in this population of young women. Treatments are both pharmacological (NSAID, paracetamol, hormonal contraception, natural products) and physical (hot-water bottle ). Surprisingly, the traditional hot-water bottle was the treatment providing the best observed outcome.

Disclosure: No conflict of interest disclosed.

References
Rhythmical massage and HRV can reduce the pain of dysmenorrhea. A qualitative study


Results: All interviews were included two patients from the control group, and six patients out of each half-structured interviews were conducted, in which the patients described their perception of pain and their individual effects of the treatment.

Methods: The purpose of the study was to describe the effects of dysmenorrhea and of the treatment on the daily life of the affected women. Based on this, the various changes throughout the treatment were studied. Special attention was paid to pain intensity, body image, perception and distribution of body heat and cognitive self-examination of their complaints as well as the multitude of effects achieved through the treatment.

Results: Pain intensity, body image, perception and distribution of body heat and cognitive self-examination of their complaints as well as the multitude of effects achieved through the treatment.

Conclusion: The stress of the affected women throughout the period of pain needs to be taken more seriously than is often done. Treatments to improve body awareness and autonomic regulation can be helpful and without side effects. The analysis also shows the importance of the emotional condition, which can have a strong influence and should be included in the therapy to improve body awareness

Disclosure: No conflict of interest disclosed.

DI109 Representation of integrative therapy in postmenopausal women

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Background: Menopause is a very sensitive period in women’s lives, which is manifested in the form of 16 groups of symptoms. The symptoms of menopause are due to lack of estrogen, usually: different manifestations of psychogenic, manifestations of vasomotor hot flushes-changes
in bone-osteoporosis, changes in the cardiovascular system, increased risk for the development of cardiovascular disease, changes in the skin, urogenital tract, and more. After the application of synthetic hormones in HRT there were significant positive effects, but also increased the incidence of breast cancer and endometrial cancer which caused a lot of controversy. Then there was the need to find that perfect Selective Estrogen Receptor Modulator, which do not act on the endometrium prevents bone resorption, no risk for cancer, exhibits a positive effect on lipids and cardiovascular system, Maintains cognitive function. These phytoestrogens are natural plant hormones with a positive effect of menopause. Relieves menopause symptoms, prevents osteoporosis, increases estrogen levels, protects against cardiovascular disease, Improves sexual function. 

Methods: The study included 43 patients in the Counseling for menopause. The survey was conducted using questionnaires and interviews about the use of therapies for menopause and the effects of therapy, and the knowledge of other forms of therapy.

Results: Of the 43 women all used some type of therapy in menopause. Approximately 93.3% have received treatment from a doctor, and only 3 women have taken the therapy on the recommendation of a friend. Seven women and 16.2% of women were using hormone therapy, HRT, three women received 19.9% other symptomatic pharmacological preparation, and 33 women, or 76.7% preparations phytoestrogens, soy, red clover, evening primrose, and more.

The positive effects of therapy had a 79% of respondents, while the others are correct for therapy as well as combining multiple pharmacological and phyto-medicines, as well as changes in diet and behavior. In the majority of patients showed improvement in quality of life.

Conclusions: Phytotherapy and phytoestrogens are present in a significant percentage in the treatment of menopause. Integrative and holistic approach to the diagnosis and treatment of menopause showed high efficiency in the treatment of showing that is accepted by the majority of doctors in practice. It is very important commitment gynecologist together with other specialists creates multidisciplinary treatment for each patient individually and projected patient motivation and patience to treat.

References

Distal acupoints and oral Low Level Laser Therapy (LLLT) adjacent to conventional therapy in patients with chronic periodontitis – a preliminary study

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Background: The tissue healing capability of low level laser treatment (LLLT) was widely studied for decades and proved effectively as an adjunct to conventional periodontal treatment. (1-4)Since the distal LLLT effect on acupoints for tissue healing was still controversial, few studies was revealed to show the capability of damaged tissue healing of periodontal treatment.(5) This study was designed as a preliminary pilot investigation to find out the distal LLLT effects of on acupoints for tissue healing in these patients.

Methods: Patients with chronic periodontitis diagnosed with dental X-ray and periodontal probing collected in dental clinic. At least 8 affected teeth(area) in each patient was selected into this study. The affected area probing depth was average 4–6 mm. Using the low level laser, 150 mW, total energy output 33/cm², was applied to the affected area and Hegu (LI4), Quchi(LI11) two acupoints. The laser was given during the 4 sessions with conventional subgingival deep curettage for the lesion site. In the first 6 patients whose affected teeth received LLLT on local area, and the distal acupoints were applied with the same energy totally in this 4 sessions combined with the conventional periodontal treatments. Another 6 patients receiving conventional curettage treatment acted as the control group. The measured parameters were bleeding on probing (BOP) and probing pocket depth (PPD) which stand for the inflammation of the gingivae and the root attachment (repair) of the gingival tissue respectively.(6)

Results: LLLT applied to either local affected area and distal acupoints LLLT had more anti-inflammatory effect than the control group (conventional therapy only) at the very first week follow-up.

Conclusion: LLLT has a better anti-inflammatory capability than conventional treatment at the first-week follow up. There are no statistical significance between oral direct LLLT and distal acupoints LLLT in anti-inflammation process. Double-blinded randomized controlled trials are required in the future.

Disclosure: No conflict of interest disclosed.

References

Does acupuncture help to reduce overweight? Acupuncture or auriculopuncture is better for obesity treatment?

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Obesity is a typical and serious health problem of our time. Individu- als who are overweight (BMI >25 kg/m²) or obese (BMI >30 kg/m²) are at greater risk for diabetes, hypertension, dyslipidemia, cardiovascular disease, sleep apnea etc. Therapy for obesity includes: diet restriction, regulation of physical activity, behavior treatment, pharmacotherapy, operation.

The cost of treatment is significant. Pharmacotherapy and surgical operations have side effects and can produce unfavorable psychological changes, even depression. Although relatively new (it has been found effective in weight control since 1980’s), acupuncture therapy for obesity is increasingly accepted by more and more people.

The aim of our study was to survey and compare the effectiveness of obesity treatment with acupuncture and auriculopuncture and estimate their action in weight management.

There were 48 patients (29 female and 19 male) with obesity, at age 23–61 years, included in the study. During the study all participants were following a diet with reduced fats and carbohydrates (rather than total calories) intake. There was no slimming drugs intake during the course of acupuncture.
The patients were allocated into two groups- 1st group (26 patients) treated with classical acupuncture and 2nd group (22 patients) with ear acupuncture. The course consisted of 20 sessions, repeated once a week. Body weight (BW) and waist circumference (WC) were measured at the beginning, weekly and at the end of the course.

Acupuncture was administrated according to the criteria of Traditional Chinese Medicine. The classical points used were: local- Ren6, Ren8, Ren9, Ren12, St 20, St21, St25, St28, Sp16, distant- SJ6, P6, H7, GB43, Liv2, St44, general action: Li11, St16, Sp6, B113, B120, B123.

Ear acupuncture was made in AP-18, AP-22, AP-34, AP-55, AP-84, AP-88.

The results obtained show significant body weight and waist circumference reduction in both groups treated – at an average 9.0 kg loss (~10.5 cm of WC) for the first group/c classical acupuncture/ and 5.5 kg (~7.0 cm of WC) for this with auriculopuncture.

The results demonstrate that both classical acupuncture and auriculopuncture have good effects for weight reduction. We find classical acupuncture more effective than ear acupuncture for the treatment of obesity. The above mentioned data confirm that acupuncture generally can lead to very encouraging results, especially as a part of a complex treatment approach to obesity. After the acupuncture treatment the patients reported such positive changes like improved sleep, increased mood and confidence. A longer follow-up period is suggested to determine the effect of acupuncture as well as its long-term efficacy.

Disclosure: No conflict of interest disclosed

References:
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Di196 What the guidelines say: Aesculus as a well established treatment option in chronic venous disease

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Background: Conservative therapy of chronic venous insufficiency (CVI) consists largely of compression treatment. However, this often causes discomfort and has been associated with poor compliance. Therefore, oral drug treatment (for example oral treatment with extracts from Aesculus hippocastanum L., fructus (horse chestnut seed extract, HCSE)) is an attractive option.

Methods: In this overview the clinical evidence (studies, Cochrane review, monographs, guidelines in this indication) concerning efficacy and safety were reviewed.

Results: Overall, there is an improvement in CVI related signs and symptoms with HCSE compared with placebo. This is reflected in all reviews and monographs (e.g. 1,2,3) as well as in clinical guidelines (e.g. 4,5). Adverse events were usually mild and infrequent. Due to pathophysiological and methodological reasons a study duration of 12 weeks seems appropriate and sufficient to demonstrate clinical efficacy in comparison to compression treatment, as long term compliance is key factor in CVI treatment and is higher for pharmacotherapy than for compression therapy.

Conclusion: The evidence presented suggests that HCSE is an efficacious and safe treatment for CVI, as has been documented in studies of up to 12 weeks duration and allows, in conjunction with the good tolerability documented by pharmacovigilance data, the conclusion that the therapeutic usefulness of HCSE is well established also in long term treatment.

Disclosure: No conflict of interest disclosed.

References:

Di203 Diagnosis and treatment of food intolerance in autistic children

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Background: In 2003 the Nomenclature Review Committee of the World Allergy Organization issued a report of revised nomenclature for global use on food allergy and food intolerance, that has had general acceptance. Food intolerance is described as a «non allergic hypersensitivity» to food. Compounds produced in the digestive system have been linked to autistic-type behavior. What autistic children eat can alter their brain function, say scientists from the University of Western Ontario. The «gut-brain» connection after many parents of autistic children reported significant improvements in the behaviour of their autistic children when they modified their diet, eliminating dairy and wheat products. It is important to be able to distinguish between food allergy, food intolerance, and autoimmune disease in the management of these disorders.

Indirect Bi-Digital O-Ring Test (BDORT), by Y. Omura, can be useful for diagnosis of food intolerance. Aims of this study is to detect food intolerances in autistic patients diagnosed by using indirect BDORT and standard lab testing as to find the best way for treatment food intolerance.

Methods: 25 autistic patients (2–7 years) were diagnosed by using indirect BDORT and standard lab testing as to find the best way for treatment food intolerance.

Results: Most of the children showed an intolerance to gluten and lactose, and various children had another intolerance to different foods. The patients were treated by using strong elimination diet based on BDORT findings, average 2 weeks and in the same time patients drank specific magnetic water (made by MDK chip, Salubris, Serbia). After 2–3 weeks, after control examination by BDORT, 24 (96%) of children returned on only gluten and lactose free diet, and continuing therapy one month by using Digestodoron solution and Hepatodoron tablets (Weleda, Germany).

Results: Most of the children showed significant improvement in behavior after only a few days of treatment and then better understanding. For several days they improved their loose stool.

Conclusion: This integrative, new approach in the treatment of food intolerance, can improve very fast quality of life in autistic patients.

Disclosure: No conflict of interest disclosed.
Research in biological effects exposure of service base station antenna system

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Background: It is necessary to maintain large number of base stations on which the operation of the GSM mobile telephony system is based. These operations are done by service personnel of mobile provider. The roofs of tall apartment buildings are usually the places where the antenna systems of different mobile operators are located. Often, it is very difficult for service technicians to perform interventions in the vicinity of the antenna system of other operators which are not excluded and emit electromagnetic radiation. Therefore, it is important to calculate the intensity of electromagnetic fields and the adverse health effects on exposed professionals. Mobile phone or cell phones operate by communicating with a nearby base station which contains a transceiver and antenna system. There is public concern about possible health risks of RF radiation from these installations [1], particularly for people residing close to the antennas and professional workers who often perform interventions in the vicinity of the antenna system.

Methods: In most cases, the service activities are carried out with the position of workers on the back of the antenna. This paper analyzes the case of exposure of a man who is directly behind the antenna base station which emits electromagnetic radiation. The investigated antenna is a GSM900 base station antenna (type Kathrein [2], with five dipoles and impedance of 50 Ω, power is 625W). In this paper Finite Difference Time Domain Method [3] was used to calculate distributions of electromagnetic field in the body.

Results: In order to calculate the components of electromagnetic fields and specific absorption rate appropriate human body model of 3 mm voxel resolution. The results obtained by simulation for the component fields are shown maximum absorbed energy in region of head and reproductive organs.

Conclusion: Locations maximum energy absorbed in the head and in the reproductive organs indicate on DNA and brain damage, testosteron decrease, damage to sperm motility, viability, and sperm morphology.

Disclosure: Conflict of interest disclosed.

References

Treatment of Mental and Behavioural Disorders

MD98

The Andrews/Reiter approach to epilepsy: Resolving cognitive dissonance per acquisition of developmental skills decreases medically intractable seizures in an individual with bilateral laminar heterotopia

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Background: Epilepsy is a common neurological disorder characterized by recurrent seizures that affects at least 1% of the population worldwide. To date, about one third of individuals with epilepsy continue to have medically intractable seizures. Although basic principles of behavioral approaches to epilepsy have been discussed in the literature for over 30 years, epilepsy specialty clinics have not integrated behavioral therapy into their treatment programs. The usual medical practice tends to screen for only a limited number of seizure precipitants for which clear-cut electrographic evidence has been established in a scientific setting. If those precipitants cannot be estab-
lished, the patients’ seizures may get classified as ‘unprovoked’ events. However this assumed uncertainty about when an epileptic seizure might occur can be far more disabling than the actual number of seizures by decreasing the individual’s sense of self-control.

The Andrews/Reiter intervention has been described in multiple reviews as the leading comprehensive behavioral approach to epilepsy. With this approach every client undergoes extensive psychological testing to allow for the identification of underlying cognitive dissonances that give rise to intense emotional discomfort thereby resulting in triggers for seizures which then informs the development of a personalized treatment plan to address the individual’s seizure condition.

Case Report: C. is a 16-year old male with medically intractable seizures since age two. Imaging shows bilateral gray matter band heterotopia. He presents with nocturnal seizures which occur in clusters of up to four complex partial seizures once or twice a week and daytime seizures once per month. Previous Video-EEG studies suggest localization-related epilepsy. He was diagnosed with a learning disability. The A/R assessment indicates a conflict between insecurity with his performance, fear of failure and high expectations of himself. If a demand is being made C. tends to avoid responsibility. This conflict gets exacerbated by school challenges or social anxiety and tends to precipitate C.’s nocturnal seizure events. The acquisition of developmental skills was employed as the main therapeutic strategy to resolve this conflict.

Results: By the time of this interim report C. has been participating in this intervention for a year. He has not experienced any further daytime seizures after two events that happened during the first two months of the intervention. The frequency of his nocturnal seizures will vary depending on his compliance with the identified proactive behavioral strategies that had been developed to counteract the identified seizure triggers. A maximum of 12–17 days of seizure freedom was achieved intermittently during times of high compliance. After a seizure C. will be able to reliably identify the seizure triggering behavior in which he engaged prior to the seizure and he will be able to name the strategy which he should have employed in order to avoid the seizure triggering behavior.

Conclusion: This case report suggests that an adjunctive behavioral treatment approach that investigates multiple factors underlying seizure ac-
tivity can lead to proactive strategies for avoiding seizure triggers which may also facilitate the transition of an individual’s sense of self-identity from ‘chronically ill’ to ‘normal’ and ‘being in control’.

Disclosure: No conflict of interest disclosed.

References
MD135
Bilateral Symmetric Emitter in the treatment of cognitive, behavioral and psychiatric symptoms of Alzheimer Disease


Background: Behavioral and psychiatric symptoms of dementia (BPSD) are common in Alzheimer’s disease (AD) and disrupt the effective management of AD patients. The study presented explores the use of radio electric brain stimulation performed by a device called the Bilateral Symmetric Emitter (BSE) in patients who have had a poor response to current psychopharmacological treatments.

Methods: Three patients (two females and one male, mean age 61.0 ± 4.0 years) diagnosed with AD by a psychiatrist according to the DSM-IV-TR criteria, were cognitively and psychometrically assessed with the Mini-Mental State Examination (MMSE), the Activity of Daily Living (ADL), the Neuropsychiatric Inventory (NPI), prior to, and after, each of 2 BSE treatment cycles. Each cycle of therapy consisted of 18 sessions of micro-stimulation in 7 specific points of the ear-pavnalim, named T1, associated with 18 sessions of trans-cranial, front-temporal-parietal lobe stimulation, according to a well-established protocol named D/T. The initial T1 and D/T sessions were separated from the following T1 and D/T sessions by half an hour, and patients were submitted to 2 complete T and D/T cycles of treatment, with a sub sequential follow-up period lasting about 40 days.

Results: Scores on the MMSE and all sub-scales of the NPI (frequency, severity, and distress), the ADL, and the IADL were significantly improved following the initial BSE treatment cycle. There was further, significant improvement in all measurements after the second BSE treatment cycle. Of particular interest is the noted decrease in aggressive behavior. All patients maintained their pharmacological treatment.

Conclusion: The improvement of cognitive and behavioral/psychiatric functioning following BSE treatment, suggests that this innovative approach may be an effective, safe, and tolerable alternative to pharmacological treatment of AD patients, especially in the area of BPSD. It may be supposed that elderly patients suffering from other types of dementia may also benefit from BSE treatment.

Disclosure: No conflict of interest disclosed.

MD134
Bilateral Symmetric Emitter Brain Stimulation vs Es-Citalopram in the treatment of Social Anxiety Disorder: An open-label, naturalistic study

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Introduction: Social Anxiety Disorder (SAD), also named Social Phobia, is a severe and disabling condition that affects approximately 5-8% of the general population. In the course of the years, many types of drugs have shown their efficacy in the treatment of this disorder: benzodiazepines, monoamine oxidase inhibitors, tryclics, selective serotonin reuptake inhibitors, serotonin and noradrenaline reuptake inhibitors or benzodiazepines. There are also some data regarding cognitive-behavioral psychotherapy, but very poor data are till now available about the efficacy of the brain stimulation techniques.

To compare the efficacy of brain stimulation performed by the Bilateral Symmetric Emitter (BSE) with the well-known selective serotonin reuptake inhibitor es-citalopram in adults suffering from SAD.

Methods: Design. Six-months, open-label, naturalistic study.
- Setting. Centro Studi Psichici, Cagliari; iMed, Lecce, Italy.
- Participants. 51 patients meeting Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition criteria for SAD were enrolled (BSE = 30, es-citalopram = 26).

Intervention. Patients received two 18-session cycles of BSE treatment, or flexible doses of es-citalopram.

- Outcome Measures. Clinical Global Improvement (CGI) item (much improved or very much improved) and mean change from baseline on the Liebowitz Social Anxiety Scale (LSAS) total score on fear and avoidance components.
- Statistical analysis. t-Test. All measures <0.05 have been considered statistically significant.

Results: Fifteen (50.0%) of 30 subjects on BSE therapy and 8 (32%) of the 26 taking es-citalopram were much improved or very much improved about 20 days after the first BSE cycle (considered as t1). Fifteen (50.0%) of the subjects on BSE therapy and 10 (38%) of the subjects taking es-citalopram were much improved or very much improved about 20 days after the second BSE cycle (considered as t2).

At t1, for BSE therapy, LSAS total «fear» score decreases from 66.0±1.2 to 47.6±2.9 and for es-citalopram from 63.0±4.2 to 55.0±2.1; for BSE therapy, LSAS total «avoidance» score decreases from 68.0±4.3 to 50.2±3.2 and for es-citalopram from 64.0±3.1 to 53.9±2.7.
At t2, for BSE therapy, LSAS total «fear» score decreases from 47.5±2.9 to 30.1±2.2 and for es-citalopram from 55.0±1.9 to 32.8±1.9; for BSE therapy, LSAS total «avoidance» score decreases from 50.2±3.2 to 29.5±1.4 and for es-citalopram from 53.9±2.7 to 33.4±2.5.

Conclusions: BSE is an effective treatment for patients with SAD, allowing substantial and clinically meaningful reductions in symptoms and disability, either in comparison with es-citalopram. Future research should test whether these results may be further reduced by extended BSE treatments.

Disclosure: No conflict of interest disclosed.

References

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Forsch Komplementmed 2013;20(suppl 3):1-50

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Parent's perspectives towards Integrative Medicine in Child and Youth Psychiatry

Branje D., van Kampen-Knijn J., Jong M.
Louis Bolk Institute

Background: Children and youth with a psychiatric diagnosis often make use of Complementary and Alternative Medicine (CAM). In many cases, the use of CAM is undertaken on the family's own initiative, without guidance and disclosure with their main care provider (physician or psychiatrist). It is expected that this group may benefit from an integrative model in mental health care that provides more support and guidance in using CAM and includes other principles, such as a supportive provider-patient relationship, shared-decision making and a healing environment. This study's aim is to explore parents' perspectives towards Integrative Medicine (IM) in child and youth psychiatry in the Netherlands.

Methods: A mixed-methods approach was used, including a cross-sectional survey and focus group

Results: The survey was completed by 653 parents, mostly mothers (96%). Their children were predominantly diagnosed with autism (83%) and/or ADHD (37%). Parents have a positive (46%) or neutral attitude (43%) towards IM, especially information about CAM (91%) and involvement in care (54%) was appreciated. 60% reported CAM use, mostly biological-based supplements and 28% visited a CAM therapist. Complementary therapies such as mindfulness, diet and heart coherency were not often reported in mental health care (<2%). CAM use was not disclosed (28%) and often combined with pharmacotherapy (58%). Reasons for CAM use were: a preference for a holistic treatment, a preference for a «natural» treatment and a belief in a combination of conventional and complementary medicine. In both the survey and focus group, parents often mentioned a standard treatment approach as a drawback of conventional treatment. Instead, they preferred a wide variety of treatment options that suit individual needs. The majority of the parents prefer an advisory (52%) or coaching role of the care provider (29%). A small group prefers the provider to be an «expert». Four themes of the provider-patient relationship were perceived as important: attention, time, cooperation and information sharing.

Conclusion: IM is supported by a large group of parents in child and youth psychiatry and mostly the integration of CAM and involvement of the child in care is appreciated. This group of parents wants more information and support in using CAM and is expected to benefit from an IM model in child and youth psychiatry. For them, IM could fulfill needs that are not addressed yet, such as a variety of treatment options, a personalized approach, active involvement of the child and a different role of the provider (coach). Together with more attention to self-management, it may offer a more sustainable mental health model. However, not all parents are willing to be informed and referred to CAM. IM therefore requires a sensitive approach that departs from the parent and their child's preferences and needs.

Disclosure: No conflict of interest disclosed.

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