

Complementary and alternative medicine in medical students' compulsory curriculum at the University of Bern, Switzerland

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Background

- ▶ In Switzerland, up to 1/3 of the population older than 15 years uses complementary and alternative medical methods (CAM)¹.
- ▶ Due to the high demand and acceptance, two thirds of electors claimed yes for a comprehensive integration of CAM into the health system in a public vote in May 2009. One of the aims of this initiative is integration of physicians' CAM into research and teaching.
- ▶ Additionally, CAM has great importance in medical general practitioners' (GP) surgery: A survey of 750 GPs all over Switzerland showed 38% of them practising at least one of the methods themselves or referring patients to colleagues practising CAM².
- ▶ Politically, efforts are made to implement some knowledge of CAM into compulsory teaching of medical students. Legal provision concerning medical education will be completed in terms of CAM.
- ▶ In a statement after the vote in May 2009, the Swiss medical students association declared that there is no need to teach all medical students in CAM, but all medical students should have knowledge about CAM in an evidence-based manner.
- ▶ At Swiss universities, there are two institutes for CAM, the Institute of Naturopathy at Zürich and the Institute of Complementary Medicine at Bern. Both institutes are established since 16 years with experience in research and teaching.

References

- 1 Schweizerische Gesundheitsbefragung 2007, CD Nr. 213-0705-01, Bundesamt für Statistik, 2/2009
- 2 Déglon-Fischer A, Barth J, Ausfeld-Hafter B. [Complementary and alternative medicine in primary care in Switzerland]. *Forschende Komplementärmedizin* 2009;16(4):251-5.

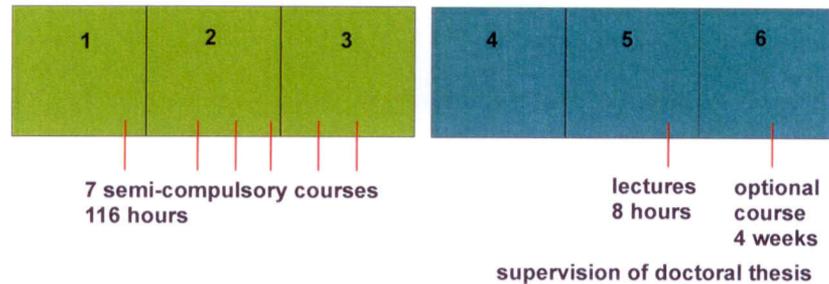


Figure 1 University of Bern: Courses and lectures in CAM until academic year 2008/2009

Procedure

At the University of Bern, implementation of Bologna reform has started at the medical faculty in 2008. In this context the curriculum of medicine is revised. This was an opportunity to revise also the courses organized by the institute of Complementary Medicine (figure 1). As a result of this review, our institute elaborated a new concept in collaboration with the medical faculty.

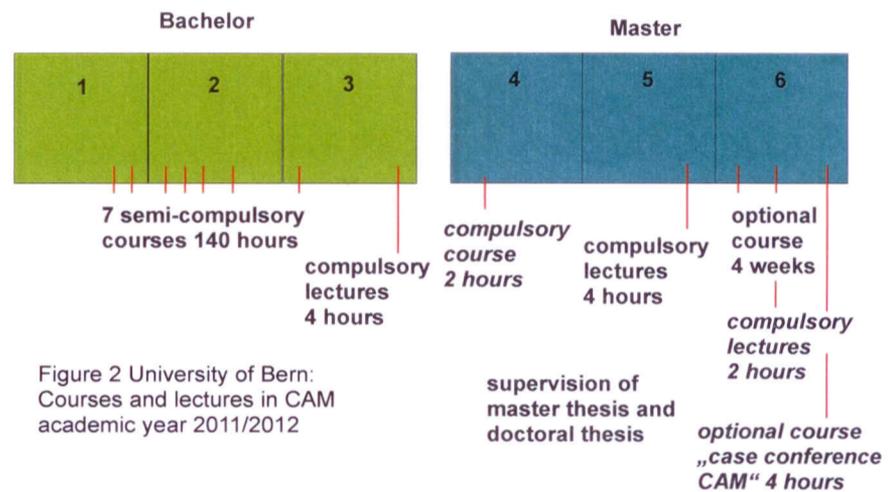


Figure 2 University of Bern: Courses and lectures in CAM academic year 2011/2012

Result

During the first three years, leading to a Bachelor degree, several duty-elective practical trainings are offered. Starting with year three, KIKOM offers at least one compulsory and examination relevant lesson each year. There is no intention to teach practical skills, but students get basic knowledge in the four respective methods needed for qualified caring of patients. But students will be able to participate in academic as well as scientific discussions, and to form their own opinions, and to help patients to make their own decisions. Academic lessons in the third, and fifth year are successfully implemented already, and rated positively by the majority of students. Lessons of years 4, and 6, during master studies, will start in the academic year 2011/2012.

Conclusion

Experiences so far tell us, that co-operation in academic teaching is possible between doctors practicing conventional and complementary medicine.

Fifteen years of homeopathic consultations at a University clinic - a retrospective analysis

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Aim

To demonstrate referrals, procedures, follow-up and outcome of homeopathic service integrated into a University hospital from 01.07.1996 to 30.06.2010

Background

A cantonal public vote in 1992 for a chair of complementary medicine, led to the implementation of the institute of Complementary Medicine KIKOM, at the University of Bern in 1995, comprising departments of anthroposophic medicine, classical homeopathy, neural therapy and traditional chinese medicine including acupuncture.

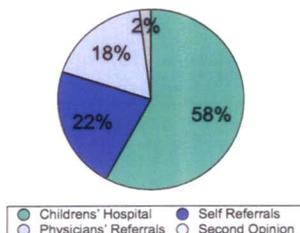
Method

The files are analysed retrospectively, to age, diagnosis, referrals according to institutions and regions, duration of follow-up and outcome using the Glasgow Homeopathic Hospital Outcome Score (GHHOS)

Results

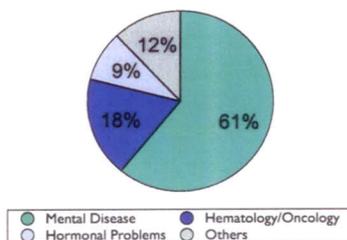
Four hundred thirty-six (436, 218/218) patients, between newborn and 78 years of age, were referred. The average age was 19.8 years, due to 58% referrals through childrens' hospital, department of neurology/neuropsychology and hematology/oncology. Self referrals count for 22%, 18% were referrals of physicians, 2% ask for second opinion.

Referrals 1995 - 2010



The diagnoses include a wide spectrum with focus on attentive and neurologic disorders including epilepsy (61%), hematologic and oncologic diseases (18%), hormonal problems (9%), and others (12%).

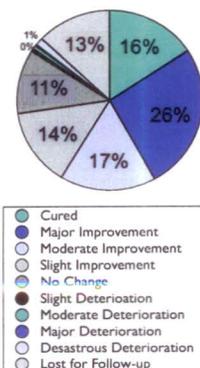
Diagnoses



Most of the patients live in the Canton of Bern (86%), 5% each in Fribourg and Valais, 2.5% in Solothurn.

The average follow-up is 10 months, having either performed the task or transferred the patients to a physician close to the patients.

Outcomes



Outcome (GHHOS)

- +4 Cured **n=69**
(daily living is back to normal)
- +3 Major improvement **114**
(major effect on daily living)
- +2 Moderate improvement **73**
(effect on daily living)
- +1 Slight improvement **61**
(no effect on daily living)
- 0 No change **50**
- 1 Slight deterioration **2**
(no effect on daily living)
- 2 Moderate deterioration **3**
(some effect on daily living)
- 3 Major deterioration **1**
(major effect on daily living)
- 4 Disastrous deterioration **6**
(death)
- Lost for Follow-up **57**

Discussion

Limitations of this study are retrospective analysis through treating physicians of a highly selected referred population at a University hospital, lack of patients' perspective, and independent analysis. Better conditions for clinical services are mandatory for being able to conduct such a study prospectively.

Conclusion

Homeopathic service through an affiliated institute of complementary medicine is a successful example of integrating the techniques of classical homeopathy in academic medicine at a University hospital.

Reference:

Bikker AP, Mercer SW, Reilly D. A pilot prospective study ... on the Glasgow Homoeopathic Hospital. J Altern Complement Med 2005 Aug;11(4):591-600.



Integrated medical treatment in children suffering from attention deficit disorder with or without hyperactivity - long-term follow-up

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Background

Attention deficit disorder with or without hyperactivity (ADD/ADHD) is one of the most important neuropsychological and psychiatric diagnoses in childhood and adolescence, affecting 3 to 5% of school-age children in Switzerland. Conventional therapy consists of administration of stimulants. Classical homeopathy seems to be a reliable complementary or alternative medical therapy of this disease.¹⁻⁴

Objective

To assess long-term follow-up of children treated by a combination of stimulants and potentised homeopathic remedies.

Method

Prospective observational study in children, age 6-16, diagnosed according to DSM-IV with individualized homeopathic remedies, and supplementary methylphenidate (MPH), atomoxetine (ATX), or without any therapy during follow-up (F-U). In the screening phase, MPH was reduced in 11 children due to beneficial effects of homeopathic therapy. In the following RCT, no stimulants were administered at all. During ongoing open label extension study, treatments were according to patients' needs including both, stimulants and homeopathic remedies. Conners' Global Index (CGI) is primary outcome-variable. Statistics: Multivariate intention-to-treat-analysis with last-values-carried-forward.

Recruitment and participant flow

- 140 Children are interested in study participation due to public lectures
- 83 fulfill AD(H)D criteria (DSM-IV)
- 70 (84%) fulfill RCT inclusion criteria (CGI > 50% better) after 5 (range 1 -18) or 6 months with previous MPH
- 5 deny RCT participation
- 3 reach RCT criteria too late
- 58 RCT finisher
- 56 with 8 year follow-up: 1 lost, 1 dead

References:

1. Frei H, Thurneysen A: Treatment for hyperactive children: homeopathy and methylphenidate compared... Brit J Homeop (2001) 90:183-8
2. Frei H et al: Homeopathic treatment of children with attention deficit hyperactivity disorder: ... Eur J Pediatr (2005) 164:758-67
3. Frei H, von Ammon K, Thurneysen A: Treatment of hyperactive children: increased efficiency through modification... Homeopathy (2006) 95:163-70
4. Frei H, Everts R, von Ammon K, et al.: Randomized controlled trials of homeopathy in hyperactive children ... Homeopathy (2007) 96:35-41
5. von Ammon K et al.: Long-term follow-up and costs in classical homeopathic treatment of children with ADHD ... (submitted for publication)

Figures

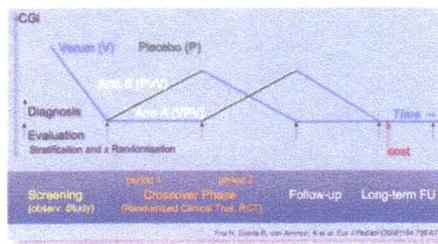


Fig. 1: Study-Design²

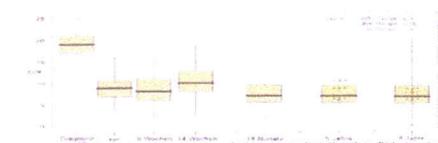


Fig. 2: Long-term follow-up (Conner's Index)

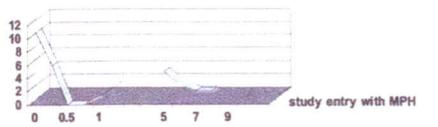


Fig. 3: Numbers of MPH therapy demand in primarily MPH medicated children (n=11)

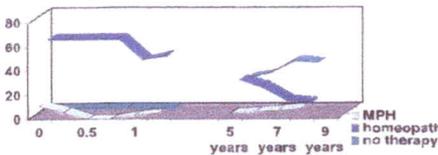


Fig. 4: Course of all medicated children (n=62)

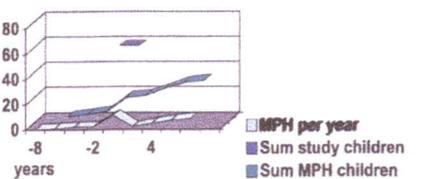


Fig. 5: Sum of all 30 MPH medicated children (Figs. 3-5: Unfortunately missing data of yrs 3-4)

Thanks to all 57 families with 62 children, tolerating 12 weeks of re-worsening, and the following sponsors:
Gertrude von Meissner Stiftung, Basel; software AG, D-Darmstadt;
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SBB, Bern.

Results

1. CGI is ameliorated by at least 50% in 70/83 children (85%) due to individualised homeopathy in approximately 6 months.
2. This therapeutic effect is stable over time, resulting in 38 children (61% being off any therapy after 8 years)
3. Nine (9/62) children (14.5%) need homeopathic therapy at 8 years.
4. Altogether, 30/62 children (48%) need MPH during their disease.
5. MPH is necessary in 6-9/62 children (10-15%) during year 5-8 of F-U.
6. Two (2) of 11 children (18%) with MPH at study begin still need MPH one (1) other needs ATX in year 8
7. Eight (8) other children need add-MPH between year 2 and 7 of F-U
8. Classical homeopathy is a valuable safe, and cost-effective, option* for children refusing or being intolerant of conventional stimulant medication (*data not shown⁵)

Discussion – strenghts

1. Prospective observational study in paediatric practice with multimodal and various therapy options
2. Modular, innovative, study design general purpose:
 - a) screening phase - remedy finding
 - b) Randomized Clinical Trial (RCT)
 - c) long-term follow-up
 - d) cost calculation
 - e) subgroup analysis, single-cases

Discussion – weaknesses

1. Monozentric study
2. Selection criteria in screening- and RCT-Phase are different from usual paediatric practice
3. RCT participation intended („selection bias“)
4. Length of homeopathic remedy finding despite optimization of diagnostic procedure
5. Individual treatments deserve qualitative measurements
6. Sum of individual treatments allow quantitative procedures