

CAM: Where are You Going in Europe? Proposals for Collaboration and Strategy

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Short Communication

The European status of complementary and alternative medicine is characterized by an enormous heterogeneity in all of its aspects: from the terminology currently used to the methods provided and from its prevalence (use) to the national legal status and regulations. The vast diversity and plurality of opinions and attitudes towards CAM even within the relatively small academic CAM community renders a coordinated European approach to CAM research difficult. Consequently, a comprehensive Coordination Action was funded by the European Commission is the most powerful response to prepare the ground for future European scientific research in the CAM area ("CAMbrella": a Pan-European Project, performed in 2010-2012).

Needs of Communities

Europe-based research in this field is limited because of the poor level of available funding; for instance in the Hungary, 0.00085% of medical research funds are spent on CAM research, while over 40% of the Hungarian population uses CAM each year and approximately 50% are lifetime users. Nevertheless this area is of substantial epidemiological, economic and political importance within public health [1]. The European and international recommendations (World Health Assembly and the Beijing declaration) with respect to CAM support the urgent need for further strategic research to enable appropriate decision making (EP A6-0379/2006, Decision No. 1350/2007/EC; WHO fact sheet No.134, revised May, 2003).

The Stakeholders

There are several national centers of CAM research excellence within the EU. We appreciate the work of Karolinska Institute, Charitee University, Bologna University, Vienna University and e.t. A recent unpublished survey identified 30 units from 9 different countries largely located within University departments, like CAM Department or Traditional Chinese Medicine Confucius Institute of Pecs University, Hungary (since 2008). In Pecs University Doctorate School, we have 12 MD-s who want to achieve PhD-s level in CAM research! While this list is far from complete and we have been able to identify, though our own contacts and networks, almost twice this number of university based research units within the EU, it did indicate a high level of expertise in the EU within this field. We have fused these existing units into a powerful collaborative effort that will be able to deliver a coherent and thoughtful strategic plan as well as involving other international organizations such as the WHO and the Samueli Institute (US) who had expressed a real enthusiasm for working with us to develop our roadmap. This coordination project was designed to improve the current EU situation by developing a vital consensus on CAM terminology, while creating an evidence base of our current knowledge about CAM use, demand for CAM and the legal regulations for CAM provision in Europe. Based on the available information a reasonable roadmap for future research projects has to be suggested to fill the recently existing knowledge gaps and develop EU healthcare strategy since 2012, finishing "CAMbrella" Project. All actions intended to inform EU policies and decision makers in order to identify and support research programs of excellence and ensure

a solid evidence base for the delivery of all aspects of health care to European citizens [2].

It is time to be recognized the importance of a holistic approach to public health and that CAM should be taken into account. This must be based on sound accepted scientific and strong clinical evidence and we have to plan to provide the roadmap that will underpin and enable this process with non-European institutes working in this field like Harvard CAM department and e.t.

Specific Objectives

The further coordination action allows us to fulfill the following specific objectives

Commensurate with the HEALTH-2009-3.1-3 topic, they are the follows:

- To develop a consensus on a series of definitions for the terminology used to describe the major CAM interventions used clinically in Europe [3],
- To create a knowledge base that allows us to accurately evaluate the patient demands for

CAM and its prevalence of use in Europe,

- To review recent current and further developed legal status of CAM in Europe, since 2012,
- To explore the recently needs, beliefs and attitudes of the EU citizens with respect to CAM,
- To explore the providers' perspectives, future educations on CAM treatment in Europe,
- To propose an appropriate further research strategy, that will develop our understanding of CAM use and its effectiveness within an EU context in response to the needs of healthcare funders, providers and patients. This will take account of the issues of effectiveness, cost, safety and the legal requirements for the production of medicinal substances. To develop a process for prioritizing future EU research strategy the current policies within the EU have to be considered strongly...Reason is for this the voice of strengthened anti-CAM groups like Skeptical association on the World and in some European

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country, where they activity is growing influencing national situation-it seems to be appeared widely in recent European situation of Homeopathy),

- To facilitate and foster a sustainable, high quality collaboration of European CAM researchers by actively supporting a regional interest group within an already existing international society for CAM research (ISCMR) [4].

How Will We Achieve Them?

A considerable number of initiatives promoting the development of CAM exist within the EU. They often promote the needs of particular interest groups such as patient's organizations, specific therapies and manufacturers of various CAM medicinal products. However, a well-organized research platform for CAM does not exist on a broader European level. Our collaboration will allow for the creation of this essential platform that will support to achieve the goals of the project. The scientific and technological targets, as listed above should be achieved in 10 years through further networking and dialogue between researchers from more EU member and associated states. We have to take a bidding to set up a mechanism that will allow fruitful and thoughtful discussion throughout the EU; it is the time to listen everyone to have his/her says [5].

The proposal for the future are as follows: to facilitate the coordinating actions the project will be delivered in 9 independent but really very interacting work packages (WPs), as they were constructed in "CAMbrella" project. It should have been coordinated and monitored by a management board and directed by a scientific steering committee with support of an advisory board and will involve all the major stakeholders within CAM research in Europe with collaboration non-European experts too.

To Patients Need

The use of specific CAM interventions such as acupuncture (Traditional Chinese Medicine), Homeopathy, herbal medicine, massage-traditional and eastern forms, reflexology, prolotherapy, Manual therapy-Osteopathy, Ayurveda medicine and Reiki healing (Mind and Body techniques) has increased exponentially in Western industrialized nations countries over the last 25 years. The WHO Centre for Health Development published a global atlas of traditional, complementary and alternative medicine by a text and map volume. The authors concluded that for the European region CAM is highly prevalent, but were unable to draw a clear picture of CAM use across the whole EU as the evidence available has been drawn from just a few EU member states. We have to continue to make clearer this picture in the future.

We are aware and strongly convinced, that CAM is mainly used in addition to conventional care for many chronic and some acute health conditions as well as for maintaining health. For example, more than half of all breast cancer patients use some form of CAM as well as up to 90% of people with benign conditions such as arthritis. Consequently CAM treatment goals are often more focused on a detailed interest in patients' wellbeing in conjunction with recommendations concerning lifestyle and their quality of life. However as mentioned already, existing nationwide surveys on CAM do not allow reliable comparisons between the countries because they use different definitions with respect to CAM and the associated treatment methods.

The provision of complementary medicine throughout the member states of the EU is very variable. In some countries (France) homeopathy

and acupuncture are well integrated into primary care and are very much part of Health Service provision within the community. France like Germany has large homeopathic pharmaceutical manufacturers producing high quality medicines to good manufacturing practice standards and distributing them not only in France but throughout Europe and indeed overseas. Recently in Germany the provision of acupuncture has been a much debated and very well investigated issue. The major German health insurers have decided that acupuncture is a suitable treatment that should be provided by appropriately trained medical practitioners through the German health service for certain specific conditions such as osteoarthritis of the knee, back pain and migraine. In Hungary the situation is the same, acupuncture, manual medicine and neural therapy are officially accepted by Academy of Science (established in 1825) since 1998 and well integrated into Health Care in the frame of public health, paid by Health Insurance Company. This judgment and situation is in spite of the fact that many of the large German trials have shown little advantage for acupuncture over various sham control interventions, but do show that acupuncture, as a whole system is a very effective and indeed cost effective Intervention when compared to conventional care.

What the Researchers' Needs?

We have repeatedly identified in Europe, that large numbers of patients are seeking complementary medicine; approximately half of patients with some common cancers such as breast and prostate seek CAM during the disease. Based on surveys in both the UK and Germany it would appear that between 10 and 20% of the population use CAM each year, in Hungary 30% to 45% according to recently performed surveys. In those with chronic illnesses, such as arthritis the use may increase dramatically and with this in mind it is absolutely essential that we make a structured and thoughtful investment in CAM research; we owe this to our citizens particularly as most of these products cannot be patented.

The only major EU initiative to develop a cogent national research policy for CAM has been as a consequence of the House of Lords report, which promoted the development of the research capacity. This was a very successful but short-lived initiative. At the moment, the Hungary spends 0.00085% of its national medical research budget on investigating complementary medicine, a paltry percentage, which is most unlikely to ever yield a meaningful database and clearly fails to respond to the perceived patient need and the often ill informed debate that surrounds CAM provision.

Equally research councils such as the MRC in the UK or INSERM in France need clear strategic guidance concerning research methodology. We consider these nationally funded institutions as well as the many research charities that have spread throughout Europe as essential stakeholders within this collaboration and we are uniquely placed to identify and cooperate with these organizations.

CAM in Hungary

The recent situation: The National law controls the activity in this field (since 1997). The entire provider should be a part of National Health Care system officially with right and obligations. It means they should work in the frame of this system and achieve 250 continuous credit units pro every 5 years.

Only medical doctors and medical professionals can provide some CAM issues only after delivering exams at Pecs University, CAM Department:

- TCM, acupuncture and related techniques (electro-, laser-, magnet-, e.t. techniques),
- Manual Medicine, (like Osteopathy),
- Neuraltherapy, (according to Hunecke, originated from Germany)
- Homeopathy,
- Anthroposophic Medicine,
- Tibetan medicine,
- Ayurveda Medicine,
- Life-style adviser.

For non-medical doctors-without medical diploma, but as a responsible member of the Health Care system, after state exams:

- Acupressure,
- Reflexology,
- Life-style adviser,
- Kinesiology,

- Eye-trainer,
- Herbal medicine expert,
- Mind and Body technician.

We believe that the effort for legislation and acceptable researches can lead toward a stronger recognition-according to demand of citizens, stakeholders; providers-CAM will be an official part of “mainstream” medicine.

References

1. The European Parliament and of the European Council. Directive 2002/46/EC of the European Parliament and of the Council of 10 June 2002 on the approximation of the laws of the Member States relating to food supplements.
2. <http://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=16727&lang=en>
3. Council of Europe (2011) Council of Europe in Brief. Strasbourg: Council of Europe.
4. http://www.camdoc.eu/Pdf/CAMBrella-WP2-part_3final.pdf
5. Hegyi G, Fonnebo V, Johanna Hok, Hök J, Wiesner S (2013) A komplementer medicina jogállása és szabályozása Európában Lege Artis Medicinae. Journal Article/Survey paper/Scientific 23: 350-363.