



INTERNATIONAL fEDERATION OF aNTHROPOSOPHIC aRTS & eURYTHMY tHERAPIES

“The Contribution of Anthroposophic Medicine to the Development of Integrative Medicine”, 26. Juni, 2014 (öffentlicher Kongress)

Leiden is about one hour train ride from Amsterdam and has a famous picturesque old city and the oldest university in the Netherlands with an old strong tradition of promoting Medicine which is a good precondition for the Congress at the Hogeschool(HS) or University of Applied Science (UAS) in Leiden situated in the green area of the Leiden Bio Science Park



The Congress had a tight schedule but through the friendly welcome and care of **Erik Baars** and his staff the participants were very well looked after and the breaks gave enough space for meeting and connecting with each other. A highlight was the congress dinner in a relaxed atmosphere in the top restaurant of a Hotel.

This report will give a few spotlights looking at the Congress from the perspective of AAT and EuTh.

What is IM?

1. Integrative Medicine is the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health and healing.

(“The Integrative Medicine Consortium”, 2004, edited May 2009)

In the first, and open to the public, part of the conference with 125 participants the definition of IM as a Whole Medical System (WMS) was given by **Peter Heusser**. He defined two ways of approaching IM.

1. Conventional Medicine (CON) is combined parallel with Complementary Medicine (CAM) but each in his own way within its system.
2. A real integration of the different systems as it happens already in Anthroposophic Medicine (AM) integrating CON according to its place within the four levels of: body, Etheric and Astral body and the I.

Whole medical systems (WMS) have specific concepts of the human being and include:

1. Naturopathy
2. Traditional Chinese Medicine (TCM)
3. Ajurveda
4. Homeopathy
5. AM- matter, life, soul and spirit

They combine two sorts of diagnosis:

1. CON and individualized
2. expert knowledge, intuition and skills of system thinking

The aims of treatment are to stimulate:

1. salutogenetic potentials
2. active cooperation of the patient

As Erik Baars pointed out during the conference:

“Integrate Medicine is our future”

Manja Wodowoz de Boon, Katherina Beaven, Erik B.



“4th International Scientific Congress on Anthroposophic Medicine“

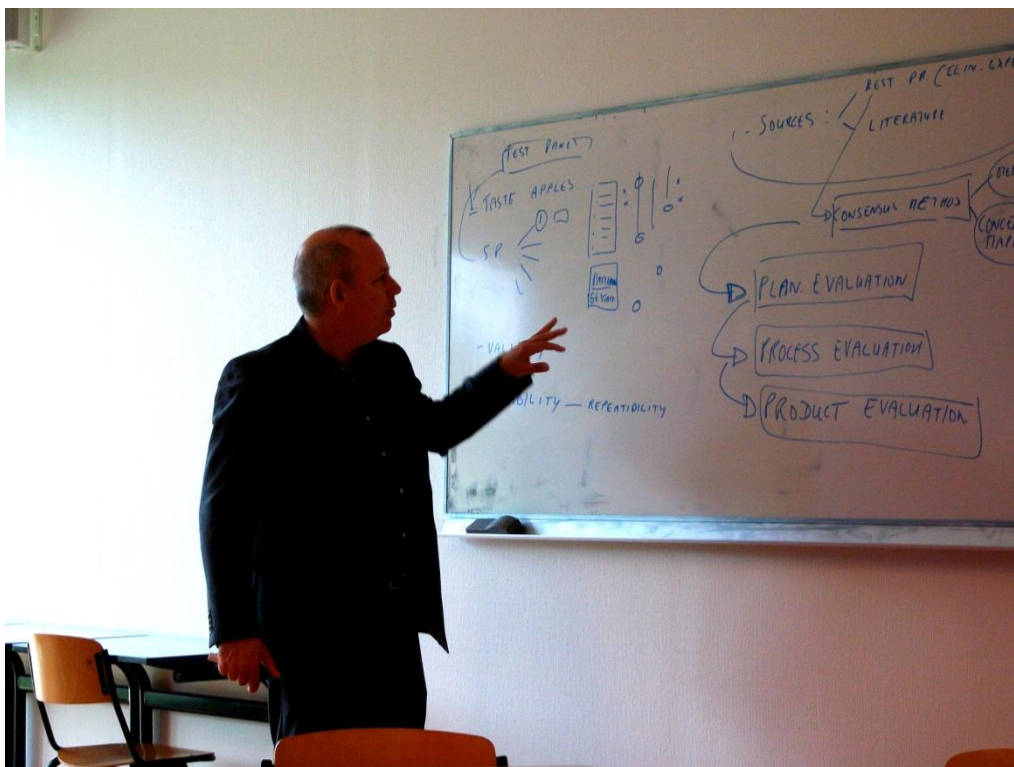
Thursday June 26 (8:00 pm) - Saturday June 28, 2014 (2:00 pm): (open only for AM researchers and AM healthcare professionals)

The second Congress with 75 participants from Netherlands, Germany, UK, Switzerland, Brasil and Australia comprised oral presentations of research studies, workshops, poster exhibition and round table discussions in small groups.

Research in the fields of AAT and EuTh

Several very interesting **studies of AAT and EuTh** have been presented during the oral presentations and one in the poster exhibition, yet it became clear that increased cooperation with the scientists and their methods of research would help further to create the necessary data in future studies to show the reliability and **Evidence of the nonmedical therapies** besides or place of medical interventions.

Gunver Kienle led a workshop on writing Case Reports explaining some basic guidelines, these can be found at <http://www.care-statement.org/>. She normally offers a two day course on this subject with participants bringing examples from their work.



Erik Baars offered a special workshop on Saturday to help the nonmedical therapists with their research questions.

He said: **“There has been very little research in the past and only a few studies reached the necessary standard. We should have started twenty years earlier but let us now look into the future!”**

And he continued: “As the nonmedical therapies don’t provide enough studies, showing their evidence, they are more and more driven into niches. **The therapies are most threatened within the AM**, because of the trend of the healthcare systems to kick out what does not have the most Evidence. Once you are out of the system you will only get into it again by showing Evidence.”

Further on he outlined how to structure a research study from the starting point with the basic question: **what to research?**

1. What are the best practises in my field = *inside look*
2. What are the problems of healthcare = *outside look*
3. Funds – *there are more funds in fields of health care where a problem is to be solved*

e.g. the **EYT-study (EuTh) on hay fever** presented by **Annette Weisskircher from Alanus University:**

- CON has as answer mainly the use of Antihistamines
- The EuTh study shows evidence by applying TRSMA, without the need to use other Medications parallel.

Erik Baars wants to encourage all non medical therapists to do research studies starting with single-case-studies, which is more likely to be possible as in general practice you won’t easily find a test group of around ten or more patients with the same diagnosis or/and symptoms.

HSLeiden plans to offer a workshop this year to train nonmedical therapists to enable them doing research with single-case-studies.

The necessity of including research and single-case-studies within the basic trainings of AAT and EuTh has been emphasized.



Other questions related to AAT and EuTh:

Erik Baars suggested working towards the inside by building a **quality control panel** that is able to decide about quality questions and standards of the therapeutic means and to draw out guidelines for presenting EuTh and AAT to the outside.

Manja Wodowoz de Boon (NL) reported from their group being founded to work on quality questions. They have started to find a consensus in the qualities of producing the sounds T, R, S, M, A, and in defining the distinguishing marks of each sound on the levels of matter, life, soul and I. Therapists from AAT in Netherlands are working on quality standards as well. HSLeiden greatly supports the development of AAT and EuTh.

In a small round table discussion the question of therapists of AAT and EuTh to the general practitioners, **why they don't prescribe more nonmedical therapies**, was answered as follows:

The times have changed and the modern nonmedical therapists have enough independence and skills of diagnosis to apply the therapies without waiting for prescriptions and work more as partners with the medical professionals.

There was also the suggestion of creating a **"Vademecum" for EuTh and AAT**, either collecting data about the use of e.g. each sound, tone or colour, or according to the diagnosis.

Shall we rename Anthroposophic Medicine?

This question aroused in several discussions and was brought to the plenary round. It was suggested to rename AM to meet the challenge of public prejudice and resentments against Anthroposophy. For half an hour the most different and controversial opinions were expressed by the participants. The final statement was given by **Michaela Glöckler**:

1. Rudolf Steiner has named the Medicine developed by him as AM.
2. Many international documents like EU-documents carry the name AM. All this work can hardly be reproduced and it would be too timely and costly.
3. Her personal opinion is that we are responsible to clear the old problems that caused the bad image and to create a new and better image of AM for the new generation to follow.

She also expressed the necessity of increasing the use of internet.

How can we cooperate (better) within AM?

The question was to be discussed in small groups and **Helmut Kiene** pointed out in his plenary introduction that he was told by a high official in EU Health Care that there is no other group of CAM as well organized as the AM-Movement, due to the good cooperation and coordination within.

Overall there was a positive mood for the future of AM in developing towards IM.