

Innovative use of CAM in health care and public health systems

Associate Professor Torkel Falkenberg

Leader – Research Constellation for Studies of Integrative Health Care,
Department of Neurobiology, Care Sciences and Society, Division of Nursing,
Karolinska Institutet, Sweden



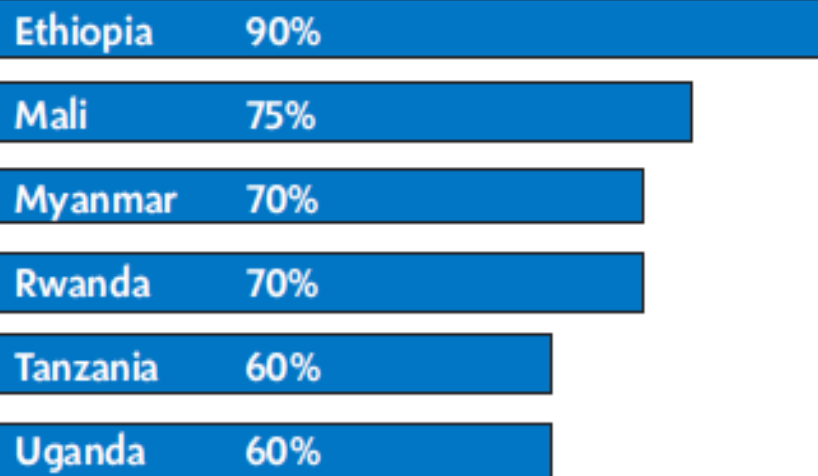
Leader – Research Foundation I C – The Integrative Care Science Center, Sweden



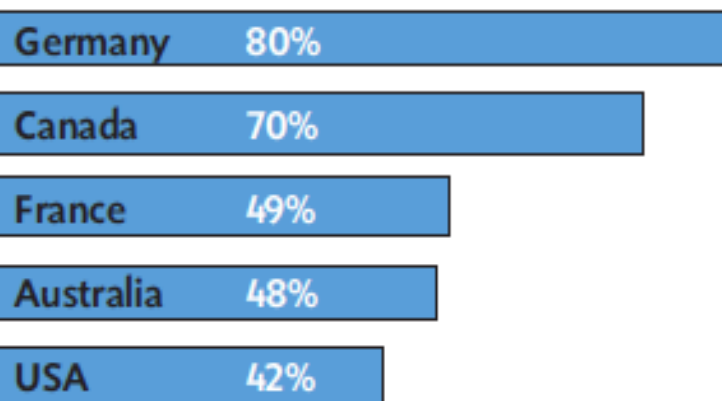
*From uninformed scepticism
or uncritical enthusiasm
towards a well informed and
balanced healthcare systems
perspective...*

Use of traditional medicine (TM) in selected developing countries and use of complementary and alternative medicine (CAM) in selected developed countries

Populations using traditional medicine for primary care



Populations in developed countries who have used complementary and alternative medicine at least once





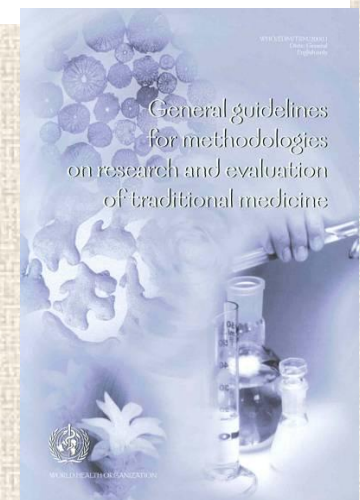
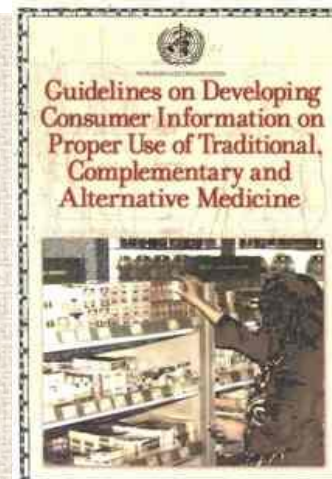
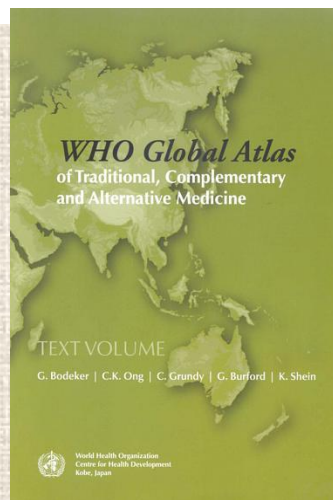
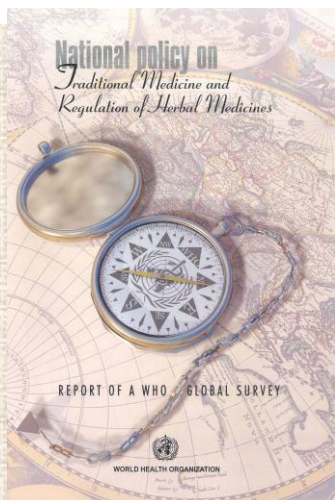
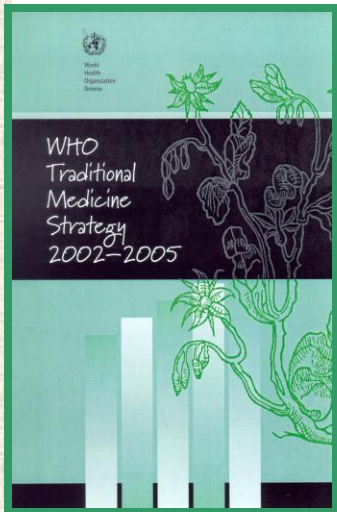
FIFTY-SIXTH WORLD HEALTH ASSEMBLY

Resolution 56.31

Traditional medicine

Noting further that many Member States have taken action to support the proper use of traditional medicine in their health systems,

1. TAKES NOTE of WHO's strategy for traditional medicine, and its four main objectives of framing policy, enhancing safety, efficacy and quality, ensuring access, and promoting rational use;
2. URGES Member States, in accordance with established national legislation and mechanisms:
 - (1) to adapt, adopt and implement, where appropriate, WHO's traditional medicine strategy as a basis for national traditional medicine programmes or work plans;



124th Session

Agenda item 4.5



EB124.R9

26 January 2009

The Executive Board,

Traditional Medicine

RECOMMENDS to the Sixty-second World Health Assembly the adoption of the following resolution:

The Sixty-second World Health Assembly, recalling the Declaration of Alma-Ata which states, inter alia, that “The people have the right and duty to participate individually and collectively in the planning and implementation of their health care”, and “Primary health care relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community”;

Noting that the term “traditional medicine” covers a wide variety of therapies and practices, which may vary greatly from country to country and from region to region;

Recognizing traditional medicine as one of the resources of primary health-care services that could contribute to improved health outcomes, including those in the Millennium Development Goals;

Recognizing that Member States have different domestic legislation, approaches, regulatory responsibilities and delivery models related to primary health care; **Noting the progress that many governments have made to include traditional medicine into their national health systems...**

Evidence-based Healthcare

How to make health policy and management decisions

- ◆ for many patients, the process of **care** is as important as the **outcome**;
- ◆ the process of **care can influence the outcomes of care**, not only with respect to patient satisfaction but also in terms of the patient's state of health and effectiveness of treatment;
- ◆ modern medicine and complementary medicine can be used together in what has been called '**integrative medicine**' ;

Health Technology Assessment & Evidence Based Decision Making

“Hierarchies of evidence should be replaced by accepting - indeed embracing - a diversity of approaches.”

Sir Henry Rawlins, president NICE, UK

Science, Practice and Mythology: A Definition and Examination of the Implications of Scientism in Medicine

For we always think the horizon of what we know is also the horizon of what is true and real, as opposed to what our knowledge allows us to see...

And then the danger is quite real to take science as a surrogate for religion and define our reality from that vantage point... (Harald Walach)

Implications for policy and practice

- ◆ Care & Cure!
- ◆ From the patient perspective – optional integrative models in health care!
- ◆ But is it safe, effective, caring and is it financially justifiable?

To answer this we need to break the dominance of the pharmacological model and acknowledge for example:

- Comparative effectiveness research (CER)
- Health economic research
- Mixed methods research
- Qualitative meta synthesis
- Action Research



Increased telomerase activity and comprehensive lifestyle changes: a pilot study

Dean Ornish, Jue Lin*, Jennifer Daubenmier*, Gerdi Weidner, Elissa Epel, Colleen Kemp, Mark Jesus M Magbanua, Ruth Marlin, Loren Yglesias, Peter R Carroll, Elizabeth H Blackburn

Summary

Background Telomeres are protective DNA-protein complexes at the end of linear chromosomes that promote chromosomal stability. Telomere shortness in human beings is emerging as a prognostic marker of disease risk, progression, and premature mortality in many types of cancer, including breast, prostate, colorectal, bladder, head and neck, lung, and renal cell. Telomere shortening is counteracted by the cellular enzyme telomerase. Lifestyle factors known to promote cancer and cardiovascular disease might also adversely affect telomerase function. However, previous studies have not addressed whether improvements in nutrition and lifestyle are associated with increases in telomerase activity. We aimed to assess whether 3 months of intensive lifestyle changes increased telomerase activity in peripheral blood mononuclear cells (PBMC).

Methods 30 men with biopsy-diagnosed low-risk prostate cancer were asked to make comprehensive lifestyle changes. The primary endpoint was telomerase enzymatic activity per viable cell, measured at baseline and after 3 months. 24 patients had sufficient PBMCs needed for longitudinal analysis. This study is registered on the ClinicalTrials.gov website, number NCT00739791.

Findings PBMC telomerase activity expressed as natural logarithms increased from 2.00 (SD 0.44) to 2.22 (SD 0.49; $p=0.031$). Raw values of telomerase increased from 8.05 (SD 3.50) standard arbitrary units to 10.38 (SD 6.01) standard arbitrary units. The increases in telomerase activity were significantly associated with decreases in low-density lipoprotein (LDL) cholesterol ($r=-0.36$, $p=0.041$) and decreases in psychological distress ($r=-0.35$, $p=0.047$).

Interpretation Comprehensive lifestyle changes significantly increase telomerase activity and consequently telomere maintenance capacity in human immune-system cells. Given this finding and the pilot nature of this study, we report these increases in telomerase activity as a significant association rather than inferring causation. Larger randomised controlled trials are warranted to confirm the findings of this study.

Lancet Oncol 2008; 9: 1048-57

Published Online

September 16, 2008

DOI:10.1016/S1470-

2045(08)70234-1

See [Reflection and Reaction](#)

page 1023

*These authors contributed equally

Department of Medicine

(Prof D Ornish MD,

J Daubenmier PhD),

Department of Biochemistry

and Biophysics (J Lin PhD,

Prof E H Blackburn PhD),

Department of Psychiatry

(E Epel PhD), Department of

Urology, The Helen Diller

Family Comprehensive Cancer

Center, School of Medicine

(M J M Magbanua PhD,

Prof P R Carroll MD), University

of California, San Francisco, CA,

USA; and Preventive Medicine

Research Institute, Sausalito,

CA, USA (Prof D Ornish,

G Weidner PhD, C Kemp MSN,

R Marlin MD, L Yglesias BA)

Pub

US Natl
National

Displ

Eur J H

Pati

Koore

Depart

Abstr

BACK

clini

OBJE

METH

hospit

insure

acupu

RESU

type o

DISCL

level,

(e.g. p

focus

studies,

research

based

on

more

research based on more comprehensive data, cost-effectiveness studies on CAI for specific diagnostic categories) are indicated.



GP),

nd

ailed

i

On Going Research Projects



David Finer
Fil Lic/Medical
Journalist



CritiCAM



Maria Arman
Associate Prof



Anthroposophic
health care system -
ethical, existential
and spiritual
questions



Lena Oxelmark
Postdoc



Use and attitudes
towards CAM in
Sweden



Riitta Hoffren Larsson
PhD student



Disclosing the
treatment processes of
the Rosen Body
therapy method



Johanna Hök
Postdoc



CAM and Cancer
EU 7fp CAMbrella



Bwira Kaboru
Postdoc



The interface between
biomedical and
traditional health
practitioners in STI
and HIV/AIDS care



Anette Fors
Postdoc



Technological
mediations in
oncoscapes



Fanny Airosa
PhD student



Towards touch
therapies in
emergency care



Tobias Sundberg
Postdoc
Susanne Andersson
Astrid Grensman
PhD Students



Integrative care
research: informing
health sector reform



Maria Niemi
Postdoc



Towards MBCT in the
Vietnamese health
system



VIDARKLINIKEN

EN UNIK KOMBINATION AV SKOLMEDICIN
OCH ANTROPOSOFISK LÄKEKONST



Stockholms läns landsting

**Costs, EQ-5D index and
self-rated health for patients
with chronic pain and stress
disorders**

**Costs, EQ-5D index and
self-rated health for patients
with chronic pain and stress
disorders**

Research article

Highly accessed

Open Access

Towards a model for integrative medicine in Swedish primary care

Tobias Sundberg¹, Jeremy Halpin², Anders Warenmark³ and Torkel Falkenberg^{1*}

* Corresponding author: Torkel Falkenberg torkel.falkenberg@ki.se

▼ Author Affiliations

1 Unit for Studies of Integrative Health Care, Department of Neurobiology, Care Sciences and Society, Division of Nursing, Karolinska Institutet 23300, 141 83 Huddinge, Sweden

2 Axelsons Gymnastiska Institut, Gästrikegatan 10-12, 113 82 Stockholm, Sweden

3 Rågsveds Husläkare, Kumlagatan 15, 124 65 Bandhagen, Sweden

For all author emails, please [log on](#).

BMC Health Services Research 2007, **7**:107 doi:10.1186/1472-6963-7-107

The electronic version of this article is the complete one and can be found online at:
<http://www.biomedcentral.com/1472-6963/7/107>

Received: 21 December 2006

Accepted: 10 July 2007

Published: 10 July 2007

© 2007 Sundberg et al; licensee BioMed Central Ltd.

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.



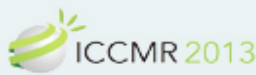
Welcome to a unique Swedish center about Complementary, Alternative and Integrative Care. [Read more](#)

- [Research](#)
- [Education](#)
- [Consultancy](#)
- [About us](#)

BREAKING NEWS ECIM-FLORENCE

Policy News	Research News	CritiCAM	Dialogue
<p>EDITORIAL. Torkel Falkenberg: "Join Us!"</p> <p>Seeing the human being prevents burnout</p> <p>Research guides work in existential care</p>	<p>Meditation or training may cut frequency of UTIs</p> <p>Error exaggerated side effect numbers for tea tree oil</p> <p>Loving kindness meditation may offset affective disorder</p>	<p>Read more about CritiCAM</p>	<p>Dialogue Forum</p> <p>Links</p> <p>FAQ:s</p>

www.integrativecare.se



Science update

NEJM Perspective: From sick care to health care

Webcasts of Plenary Sessions from the Congress Integrative Medicine & He

“The two systems of traditional and Western medicine are not mutually exclusive. We wonder if considering an integrative health care system approach with a diversity of therapeutic options and no particular differentiation between any health care paradigms might be more appropriate...”

Dr Gaboury I, Toupin April K, Verhoef M: A qualitative study on the term CAM: is there a need to reinvent the wheel? BMC Complement Altern M 2012;12:131.





Karolinska
Institutet

THE INTEGRATIVE CARE SCIENCE CENTER • RESEARCH • DEVELOPMENT • EDUCATION • COMMUNICATION

Thank you!