



Documentation of Anthroposophic Use

Understanding clinical indications / experience in Anthroposophic Medicine

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Overview

1. Anthroposophic Medicine (AM): indications in clinical practice
2. Types of indications: AM indications and conventional diagnoses
3. The Commission C monographs and AM literature
 1. Pragmatic regulatory proposals
 2. Future perspectives

AM indications in clinical practice

EXAMPLE 1: HOMEOPATHIC MEDICINE WITH AM INDICATION

BELLADONNA

- ✓ acute infectious fever with hyperexcitation – hands cold, head hot
 - ✓ epilepsy
 - ✓ acute pulsating headache with plethoric face
 - ✓ spasmodic pain / colic
 - ✓ arterial „red“ hypertension (plethoric type)
 - ✓ cataract
- ✧ ONE AM indication → different symptoms
different organs
different diseases / conditions

AM indications in clinical practice

EXAMPLE 2: MEDICAL CONDITION WITH COMPLEX AM THERAPY

METABOLIC SYNDROME WITH HYPERTENSION

- ✓ Aurum, Belladonna, Hyoscyamus (composition)
- ✓ stimulating rosemary washings (external application)
- ✓ constitutional therapy: Ferrum sidereum / Phosphorus
- ✓ ACE-inhibitor / thiazide-diuretic
- ✓ dietary therapy / movement therapy (eurythmy therapy)
- ✓ life style program

- ✧ ONE medical condition → different pharmaceuticals
symptomatic / constitutional
specific indication according to „modalities“

Types of indications

Conventional medicine: disease-related indication

	Medical condition 1	Medical condition 2	Medical condition 3
pathologic mechanism 1	drug 1	drug 1	drug 1
pathologic mechanism 2	drug 2	drug 2	drug 2
pathologic mechanism 3	drug 3	drug 3	drug 3
pathologic mechanism 4	drug 4	drug 4	drug 4

Types of indications

AM: process-related indication

	Medical condition 1	Medical condition 2	Medical condition 3
Pathologic process 1	medicine 1	medicine 1	medicine 1
Pathologic process 2	medicine 2	medicine 2	medicine 2
Pathologic process 3	medicine 3	medicine 3	medicine 3
Pathologic process 4	medicine 4	medicine 4	medicine 4

Types of indications

Integrative indication approach: condition with specific modalities due to the processual understanding

	Medical condition 1	Medical condition 2	Medical condition 3
Pathologic process 1			
Pathologic process 2			
Pathologic process 3	specific modality of disease → specific medication		
Pathologic process 4			

Commission C monographs

➤ focus on specific *pathologic processes*

➤ indications appear seemingly vague / inaccurate

example: “structuring of dystopic and heightened metabolic processes in local inflammatory conditions with a tendency towards suppuration and sepsis, e.g. sinusitis, otitis, cellulitis, lymphadenitis (Argentum/Quarz)“

➤ need for understanding of AM-specific process-orientated approach

➤ specific descriptions sometimes needs translation, if not familiar with AM systematics

	Medical condition 1	Medical condition 2	Medical condition 3
Pathologic process 1	medicine X	medicine X	medicine X

AM literature with disease-focusing approach

Medical condition X

process description
→ medicine 1

process description
→ medicine 2

Process description
→ medicine 3

- focus on AM understanding of typical dysregulation of 4 levels / 3 systems in a specific condition
- give differentiated indications according to constitution and processual type of imbalance
- offer actual reports of clinical use
- difficulty for regulatory needs:
 - identify „standard“ literature
 - identify „good AM clinical practice“
 - find all relevant sources

Vademecum approach

- focus on practical experience
- focus on clinical judgement
- focus on results and reliability of therapeutic experience

- Evolutive teamwork project, regular updates scheduled
- 1st Edition May 2008, English translation 2009, French translation 2010, 2nd Edition planned 2011

	Condition	
Pathologic process	Specific modality of disease → specific medication	

Pragmatic regulatory proposals

1. Use of the existing monographs

- ❖ German monographs were developed for german marketing authorisation process in the 1980s. Would not fit nowadays regulatory needs for european authorization, but should be sufficient for registration
- ❖ Adequate for record of anthroposophic use
- ❖ Use competence in „reading“ and „translating“ monographs in the HMPWG (BfArM and others)
- ❖ If indications remain unclear: use IVAA International Medical Expert Group for report

Pragmatic regulatory proposals

2. Use of the existing AM literature

- ❖ Useful, if
 - there is no monograph
 - a monograph is not sufficiently specific to document anthroposophic use
 - additional information is required

- ❖ IVAA offers to develop a ***consistent AM literature list*** including articles / books reflecting AM treatment standards/ AM clinical practice

Future perspectives

- ✧ Vademecum process
- ✧ Updating of monographs
- ✧ Monographs for purposes of european regulation of AM pharmaceuticals
- ✧ Training in anthroposophic medicine
- ✧ IVAA expert group as quickly reacting „task force“ for comments and reporting