

## **IVAA**

Internationale Vereinigung Anthroposophischer Ärztegesellschaften  
International Federation of Anthroposophic Medical Associations  
Fédération Internationale des Associations Médicales Anthroposophiques



**International Association  
of  
Anthroposophic Pharmacists  
IAAP**

*ASSOCIATION EUROPEENNE DES FABRICANTS  
DE MEDICAMENTS UTILISES EN  
THERAPEUTIQUE ANTHROPOSOPHIQUE*



**Workshop on Anthroposophic Medicine  
EMA, HMPC, London, March 6th 2008**

## Objectives

- Give an outline on specific aspects of AM in clinical settings with examples from Gemeinschaftskrankenhaus Herdecke
- Discuss the understanding of acute crisis and the therapeutic needs for the critically ill patient in AM
- Demonstrate typical features of AM therapy in hospitals - Multimodal approach
- Focus on the relation of specific anthroposophic therapies and conventional medicine: AM as an Integrative Medicine system
- Illustrate this with treatment strategies for acute pneumonia and quality assurance data



- founded 1969
- situated in the eastern Ruhrgebiet area
- teaching hospital of University Witten/Herdecke
- community hospital *and* center for AM
- financed by health insurance funds
- 480 beds / 15 departments / in- and outpatients



## Acute crisis - Understanding in AM

- dangerous instability of the human being as a whole
- salutogenic chance to develop a renewed and sustainable individual balance of health
- AM goals:       as less symptomatic suppression as possible  
                      as much salutogenic support and stimulation as possible  
                      holistic and multimodal approach  
                      process-related therapy

# Multimodal approach I: Medical intervention

Intensive Care

Surgery

Endoscopy

Vascular catheterization

Diagnostic interventions

...

⇒ No difference to other hospitals

⇒ Staff is well-trained

⇒ AM is no „alternative medicine“



# Multimodal approach II: AM Medication

Wide range of AM pharmaceuticals

Parenteral application of particular importance (i.v., s.c.) - about 25% of total prescriptions

AM pharmaceuticals used in intensive care as well as for chronic disease

Indication / selection:  
medical condition  
affected organs  
individual constitution  
process-related

⇒ „individualized therapy“



# Multimodal approach III: Nursing and physical therapies

Compresses

Medical washings / medicinal baths  
(whole body, foot bath)

Rhythmic massage (oil, ointment)

Inhalation

- ⇒ specific AM techniques
- ⇒ AM pharmaceuticals for external use
- ⇒ very effective in acute medical conditions
- ⇒ differentiated therapy, not wellness!



# Multimodal approach IV: Art therapy / Therapeutic eurythmy

Art therapy:            Painting / design  
                              Speech therapy  
                              Sculpture  
                              Music therapy

Therapeutic eurythmy: movement therapy

- ⇒ patient is active in the healing process
- ⇒ based on psycho-somatic interaction:  
creativity ↔ impression and expression  
↔ physiological functions
- ⇒ available in bedside setting



## AM as an Integrative Medicine System

- Diagnostic and therapeutic methods of conventional medicine (CM): well known and used whenever indispensable
- Diagnostic and prognostic assessment in any individual case will determine whether a „pure“ AM or a combined AM/CM therapy is established
- AM doctors in hospitals are clinical specialists who dispose of skills and knowledge in AM + CM.
- Conventional therapy can be regarded as one modality of therapy, complemented by others in the multimodal approach of AM

# Individual therapeutic strategy

## Patient

- pathologic condition
- comorbidity
- salutogenetic resources

⇒ „Shared decision making“

## Interdisciplinary team (IT)

- initiation of therapy plan by doctors, interdisciplinary adjustment in the IT
- different modalities = different perspectives on the patient and his course
- evaluation of course and therapy: daily by doctors and nurses, weekly by the whole IT in therapy meetings



# Pneumonia I - acute critical phase

Examples of AM (drug and nursing) therapy

- Pneumodoron I (Aconit / Bryonia)
- Ginger lung compresses (warm)
- Lemon leg compresses (cold), if high fever
  
- Petasites D3 if associated with bronchitis
- Bryonia / Stannum if associated with painful pleuritis
  
- Argentum metallicum praep. D30 s.c. / i.v. if high fever / hyperdynamic circulation / criteria of sepsis positive
- Ferrum phosphoricum D6 / Echinacea D3 if no fever
  
- Antibiotic therapy always necessary if criteria for severe sepsis positive; other patients: individual assessment, shared decision making
- Stibium metallicum praep. D6 i.v., if criteria for severe sepsis positive

## Pneumonia II - phase of stabilisation / early recovery

- Pneumodoron II (Tartarus stibiatus / Phosphorus)
- Yarrow lung compresses (warm)
  
- Petasites D3 if associated with bronchitis
- Prunus spinosa, Summitates D3 / D6 if associated with fatigue
- Bryophyllum 50% Trit. if associated with substantial loss of weight
  
- Ferrum metallicum D6 or Pulmo / Vivianit
- Eurythmy therapy or speech therapy to direct the healing process
  
- ✓ *Many variations according to the individual course!*
- ✓ *Total spectrum of ~40 different pharmaceuticals!*

**QA-Data**  
**Community acquired pneumonia, Quality Assessment Program**  
**Federal State of Nordrhein-Westfalen 2005**  
**330 Hospitals / 47993 patients included**

	<u>GKH</u>	<u>Average NRW</u>
Antibiotic therapy in first 8 hours	53,8%	88,3%
In-hospital mortality	9,4% (percentile P90)	14,3%