Facts and Figures on
Anthroposophic Medicine (AM)
in Europe
(October 2011)
Challenges for evaluating Anthroposophic Medicine in Facts and Figures

Any holistic medical system which is based on conventional medicine, but goes beyond the conventional approach like anthroposophic medicine (AM), is very complex to describe as facts and figures for several reasons: It may be hard to define, where conventional medicine ends and complementary medicine starts. Physicians prescribe CAM treatments and medications out of different levels of training in the particular CAM-method, therefore no register of “prescribers” exist. Some “hard” figures may exist in form of members of professional associations, however a significant amount of physicians are not members of these professional associations.

As far as AM is concerned, a particular challenge lies in the nature of anthroposophic medicine, which ranges from prevention and medical assistance related to the anthroposophic view of the human being in educational follow up in Waldorf (Steiner)-schools\(^1\), over OTC (over-the-counter) self medication for minor disorders to highly sophisticated “on prescription only” treatment schemas for severest conditions like cancer, cardiovascular or chronic disease, supplied in university teaching hospitals by dual-trained medical doctors of almost all medical specialties with additional education in AM. A challenge for the comparability of data is the variation in recognition of AM in the EU member states. The level of recognition extends from statutory integration as specific therapeutic system within national law (Germany and Switzerland) to special exemption where AM is only allowed to be practised within the context of a particular clinic (Vidarklinikken, Sweden). A further challenge is the fact that AM with its 90-years’ tradition is a relatively young medical system if compared to other CAM-systems like for example homeopathy. Since the initiation of AM by the philosopher Dr Rudolf Steiner (1861-1925) and the physician Dr.med. Ita Wegman (1876-1943) in 1920 this science based medical system has rapidly developed and the facts and figures outdate very quickly.

For 2011 the outstanding figures for AM in Europe are:

- AM is practiced by more than 2700 fully AM trained licensed medical doctors in 22 EU member states, Norway and Switzerland. In addition AM is prescribed by about 15.000 physicians with various levels of training (estimate, based on various data)
- AM is provided in 24 hospitals in 5 EU member states and Switzerland (14 of those have Accident&Emergency services, 2 of those are university teaching hospitals)
- AM is provided in >120 outpatient centres (physician and at least 1 anthroposophic therapist) in 14 EU member states, Norway and Switzerland.
- Anthroposophic therapies are provided by >7000 anthroposophic therapists (“classical anthroposophic therapies”) and nurses in 25 EU members states (exception of Luxembourg and Slovakia), in Norway and Switzerland.
- AM is provided in >500 institutes for people with learning disabilities in 19 EU member States, Norway and Switzerland\(^2\)
- AM is regularly taught at universities and medical schools in 7 EU member states and Switzerland (university chairs in Germany and Switzerland).

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\(^1\) Salutogenesis (http://www.worldshiftnetwork.org/action/salutogenesis.html)

\(^2\) Reference: KHS_Verzeichnis_2010.pdf (application/pdf Object)
AM-full training with certificate is provided for medical doctors in 7 EU member states and Switzerland.

The data presented below are based mainly on questionnaires which the IVAA conducted within the councils of its member associations in 2009 with an update in 2011. Parts of the data from the 2009 questionnaire are published in the CAMDOC-Alliance joint publication “The regulatory status of Complementary and Alternative Medicine for medical doctors in Europe 2010” which is available as pdf-download on www.ivaa.info and www.camdoc.eu.

What is Anthroposophic Medicine?

Anthroposophic medicine integrates conventional medicine with an anthroposophic perception of the human being. It starts with a conventional diagnosis, but encompasses in the assessment of the patient in addition to the physical body, the psychological or mental and spiritual dimensions, the capacity for self-healing and recovery – best epitomized by the term ‘life-force’ – and the ability for continuous development. Amongst others the human being is seen in four levels or organization principles: (1) material or physical level accessible by physical/technical examination as in conventional medicine; (2) level of life-force (vitality), (3) level of psychological or emotional realm, and (4) the level of the spiritual individuality of the human being (ego). Anthroposophic specific mental training techniques provide skills to make those additional levels accessible. In this model, illness occurs if interaction of these levels is disturbed.

AM offers specific therapies enhanced according to anthroposophic principles. It uses both conventional and anthroposophic medicinal products (AMP). Both the treatment approach and the use and selection of medicinal products and other therapies are highly individualized and intend to bring about a ‘process of development’ within the patient, reinforcing the patient’s natural ability for self-healing and restoring of the health balance.

Anthroposophic treatments include external applications like compresses, hydrotherapy, medical washes, medicinal baths and specific inhalations – nursing, physiotherapy and rhythmical massage therapy, dietetics, eurythmy therapy (a special technique of body movement), therapeutic arts (music, drawing and painting, sculpture, speech), anthroposophic psychotherapy and other anthroposophic therapeutic and life-style approaches.

AM represents a best practice example of “Integrative Medicine” as defined by the Consortium of Academic Health Centres for Integrative Medicine

AMPs are produced according to anthroposophic pharmaceutical principles and processes, some of which they share with homeopathy and some of which are specific non-homeopathic processes that

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3 “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.” (www.im-consortium.org)
Facts and Figures on Anthroposophic Medicine (AM) in Europe
October 2011

reflect the interrelationship between human beings and the world of nature. They are manufactured according to the standards of Good Manufacturing Practice (GMP), and their quality is controlled by the criteria and parameters of official pharmacopoeias.

The International Federation of Anthroposophic Medical Associations IVAA

As the international umbrella organization the IVAA (International Federation of Anthroposophic Medical Associations) represents and coordinates the national anthroposophic doctors’ associations on both, the European and international level in regard to political and legal concerns.
In 2011 the IVAA has 31 member organizations in 16 EU member states (Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Great Britain, Netherlands, Italy, Latvia, Austria, Poland, Romania, Spain, Sweden) as well as in Norway and in Switzerland, and in a further 13 countries worldwide (Argentina, Australia, Brazil, Canada, Israel, New Zealand, Georgia, Peru, Philippines, Russia, South Africa, Ukraine, USA).

Anthroposophic doctors practice also in 6 further EU member states (Bulgaria, Eire, Greece, Hungary, Lithuania and Portugal) and in more than 30 further countries worldwide.

National Laws and Recognition of Anthroposophic Medicine

Recognition of Anthroposophic Medicine
With the exception of Germany, where AM is defined as “special therapeutic system” [Besondere Therapierichtung] in the Code of Social Law (Sozialgesetzbuch V)\(^4\), and Switzerland, where AM is defined as part of CAM under constitutional law, legal recognition is restricted to pharmaceutical regulations in some of the member states (see Figures 1 and 13). AM-treatments were refunded by compulsory health insurance in Switzerland between 1999-2005\(^5\), and again are refunded since 2012 with a time limit till 2017\(^6\).

National Laws Regulating Anthroposophic Medicine as a Distinct Therapeutic System
Only in Germany AM is recognised as a distinct therapeutic system under statutory regulations. In Denmark, Finland, Sweden and the UK, anthroposophic medicinal products (AMP) are mentioned to varying degrees in national pharmaceutical laws in particular in connection with simplified registration procedures for homeopathic medicinal products. In Sweden the anthroposophic clinic (Vidarkliniken)

\(^6\) [www.bag.admin.ch/dokumentation/publikationen/01435/11505/index.html](http://www.bag.admin.ch/dokumentation/publikationen/01435/11505/index.html)
has a permit from the Minister of Social Affairs, but doctors are only allowed to practise AM if they do so at, or in connection with the Vidarkliniken.

To the best of our knowledge Sweden is the only EU member state where professional law restricts physicians to use AM (outside of the Vidar Clinic). In all other EU member states physicians may use AM in addition to or instead of conventional medicine within their professional responsibility. The code of the medical professional law in Finland contains the claim that physicians should prefer methods which are “generally accepted”, however there is no definition what exactly is meant by this.

Also the Points to Consider guidance document on homeopathic use for homeopathic medicinal products registered in accordance with article 14 of Directive 2001/83 explicitly refers to the German Commission C monographs recognizing by this the specific anthroposophic tradition and approach of this therapeutic system.

Figure 1: National regulation of anthroposophic medicine as medical system

Regulation of the Profession of Anthroposophic Doctors by the Medical Association/Council/Chamber

As mentioned above, in some countries where the government delegates the tasks of authorisation, registration and supervision of practitioners to national medical associations, statutory regulation of anthroposophic doctors requires an ‘additional qualification’ issued by the medical association/council/chamber (Austria, Bulgaria, Germany, Latvia and Switzerland). In Italy AM is recognised through statutory regulation by the local medical associations/chambers/councils in Bologna, Terni and Palermo.
Numbers of Anthroposophic Doctors practicing Anthroposophic Medicine

According to the results of the IVAA survey – update 2011 more than 2700 medical doctors work in in 21 EU member states and in Norway and Switzerland with a full training and diploma in AM. This number is based on the number of full members (licensed medical doctors) of the IVAA member associations plus the number of fully AM trained physicians who are not members of the professional organizations. In 2011 the IVAA has as members Anthroposophic Medical Associations in 16 EU member states (Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Great Britain, Netherlands, Italy, Latvia, Austria, Poland, Romania, Spain, Sweden) as well as Norway and Switzerland. In addition anthroposophic doctors practice without an existing national doctors association in 6 further EU member states (Bulgaria, Eire, Greece, Hungary, Lithuania and Portugal). This population represents the group with the highest qualification in AM.

Figure 2 below shows that the biggest association is located in Germany with more than 1000 members, followed by France, Italy, Holland and Switzerland with several hundreds of members, whereas in the other regions the numbers of the national member associations the numbers range between 10 and 100 for example in Scandinavia, the UK, Spain, Austria and part of the Eastern European countries.

In addition an estimate can be calculated of almost 15,000 physicians who prescribe AM with a varying degree of training. This estimate is based on the experiences of the national councils of the anthroposophic doctors associations in their countries, the number of “known” physicians who work according the principles of AM, the numbers of participants in training events and information supplied by the local distributors of anthroposophic medicinal products AMPs etc. The number is a rough but empiric estimate and difficult to validate, as no registers exist for prescribers. Competent authorities in some EU member states (for example Finland) demand documentation of the prescriptions and prescribers of AMPs in the pharmacies. However, many AMPs are available without prescription as OTC (over-the-counter) medications or as nutritional additives, therefore distributed without any tracing.

Another particular problem for the exact assessment of prescribers of AM is the fact that a remarkable amount of AMPs used in for example in oncology (preparations from mistletoe) are prescribed by conventionally trained physicians, who do not want necessarily to be associated with AM.

This estimate of potential prescribers increases to a total of 36,000 physicians who are interested in AM and get regularly informed by the producers of AMP8.

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8 Reference: Personal communication Weleda AG
Anthroposophic Medicine in Hospitals

AM is provided in 24 hospitals across Europe, mainly in Germany and Switzerland, also in Italy, the Netherlands, Sweden and in the UK. Of those, 14 hospitals located in Germany and Switzerland provide Accident & Emergency services. AM is integrated into general and specialized public healthcare in Austria, Germany, Italy, Netherlands, Sweden, Switzerland and the UK. All specialties are represented in AM, including Internal Medicine, Obstetrics, Psychiatry, Surgery, Intensive Care Units and Accident & Emergency services.

Anthroposophic hospitals include:
- university teaching hospitals (Germany, Switzerland)
- other hospitals integrated into public basic health care (Germany, Sweden and Switzerland)
- departments of AM in public hospitals (Germany and Switzerland)
- clinics for special disorders (UK, Italy, Netherlands, and Switzerland)
Education in Anthroposophic Medicine

Anthroposophic Medicine at Universities
University professorial chairs for AM are established at universities in Germany (Witten-Herdecke and Alfter), and within the context of CAM in Switzerland (Bern).
AM is taught at medical schools in several EU Member states and in Switzerland. There are different types of teaching at medical schools:
- integrated into the basic medical curriculum (Austria and Germany, Switzerland).
- provided in specifically tailored curricula (Italy and Spain).
Introductory courses in AM are offered at universities/medical schools as an optional part of the medical undergraduate curriculum in Austria, France, Germany, Italy, Spain and Switzerland. The courses are usually integrated into courses on CAM in general.
Postgraduate education events in AM for doctors are offered at universities/medical schools in Austria, Germany, Hungary, Latvia and Switzerland.
Regular postgraduate education events in AM for doctors outside universities/medical schools are provided at private teaching centres in Austria, Denmark, Estonia, Finland, France, Germany, Hungary, Italy, Latvia, Holland, Romania, Spain, Sweden, the United Kingdom, Norway and Switzerland, usually under the auspices of the national associations of anthroposophic doctors.

Diplomas for Anthroposophic Doctors
Diplomas for anthroposophic doctors are issued after satisfactory fulfillment of the required criteria for training and qualification in AM. In all member states with full curricula training institutions (Austria, France, Germany, Hungary, Italy, Holland, Spain and Switzerland) the curricula are established under the auspices and supervision of the national association of anthroposophic doctors. In most EU member states, diplomas for anthroposophic doctors are issued by the national associations of anthroposophic doctors.

Only in Austria and Switzerland such diplomas are both, issued and authorized by the national medical associations/chambers/councils. In Germany, Italy and Switzerland the diplomas are authorized by the national medical associations/chambers/councils, but issued by the national association of anthroposophic doctors.

In countries without national training facilities, doctors can apply for international certification which is issued by the Medical Section at the Goetheanum in Dornach. The criteria for this international certification have been worked out and agreed by the International Federation of Anthroposophic Medical Associations. Doctors can also apply for the international diploma in member states where national training facilities exist. However, this is possible is valid only with the authorization of the national association of anthroposophic doctors in this particular member state.

Continuous Medical Education
Continuous Medical Education (CME) in general (conventional) medicine is obligatory for all medical doctors in Belgium, France, Italy, Latvia, Lithuania, Slovakia (controlled by the government) and in Austria, Bulgaria, Czech Republic, Germany, Holland, Hungary, Lithuania, Poland, Romania, Slovakia, Slovenia, Switzerland and the United Kingdom (controlled by the national medical associations/chambers/councils).

In addition to this general requirement, the national associations of anthroposophic doctors in Germany, Holland, Hungary, Romania and Switzerland require their members to complete significant numbers of hours of CME in AM.

Further education courses in AM for doctors (postgraduate courses) are recognized as part of the CME in Austria, France, Germany, Holland, Hungary, Italy, Latvia, Romania, and in Norway and Switzerland. In 2009 AM was an official part of the Continuing Education Programme (CEP) for doctors in Germany and Romania.
Figure 5: AM Teaching at universities/medical schools and training
Anthroposophic therapists

Anthroposophic therapies such as eurythmy therapy (a special movement therapy), artistic therapy (painting, modelling, singing, music), therapeutic speech, anthroposophic physiotherapy and rhythmical massage, and anthroposophic nursing etc. are an essential part of anthroposophic medicine. They can be defined as “classical” anthroposophic therapies as they were initiated together with anthroposophic medicine in the 1920ies. Every therapist is well trained according to curricula specific to the respective therapy. A special feature of anthroposophic medicine is that these therapists provide their skills/services in accordance with a medical prescription from a doctor, as part of the integrated anthroposophic approach to medicine. In 2011 more than 7000 anthroposophic therapists practice in 25 EU member states, Norway and Switzerland.

Figure 6: Distribution of “classical” anthroposophic therapies in Europe
**Eurythmy Therapy**

Eurythmy therapy is provided by almost 1200 fully trained eurythmy therapists in 19 EU member states (Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Holland, Hungary, Ireland, Italy, Portugal, Romania, Slovakia, Spain, Sweden, United Kingdom) and in Norway and Switzerland. Full training is available in Germany, Sweden, UK and in Switzerland with the possibility of a BA-degree at the University of Alfter in Germany. Professional bodies exist in Austria, France, Germany, Holland, Italy, Sweden, UK and in Switzerland. Further information is available on [www.forumhe-medsektion.net/english/home.html](http://www.forumhe-medsektion.net/english/home.html).

**Figure 7: Distribution of eurythmy therapy across Europe**
Anthroposophic Artistic Therapies

Anthroposophic artistic therapies are practiced by 1285 therapists who are fully trained in one of the anthroposophic artistic therapies painting, modelling, singing, music, therapeutic speech in 19 EU member states including Malta, and in Norway and Switzerland. In addition an estimate of about 200 fully trained anthroposophic artistic therapists are not registered with professional bodies otherwise registered (in countries without professional bodies). This group works partly in conventional medical institutes. Full curriculum training is provided in 11 EU member states and professional bodies exist in 9 EU member states. In Holland and Germany MA-degrees are possible.

Figure 8: Distribution of anthroposophic artistic therapy across Europe
Anthroposophic Nursing

Anthroposophic nurses practice in 15 EU member states, Norway and Switzerland. Full curriculum training is provided in Austria, France, Germany, Holland, Sweden, the UK and in Switzerland. Professional bodies exist in Austria, France, Germany, Holland, Sweden and in the UK.

The numerous distribution of the almost 3800 anthroposophic nurses across Europe shows a pattern of relatively high numbers in 4 EU member states, Germany (n=2400), Switzerland (n=570), Sweden (n=396), and Holland (n=300) and a quite continuous distribution of low numbers in the remaining 11 EU member states. This is due to the fact that the main working areas of anthroposophic nurses are the hospitals; therefore the high numbers represent the countries with well established anthroposophic hospitals. However, anthroposophic nurses work also in institutes of conventional health care, outpatient’s centres and homes for the elderly.

Figure 9: Distribution of anthroposophic nursing across Europe
Anthroposophic Physiotherapy and Rhythmical Massage

Anthroposophic Physiotherapy and Rythymical Massage is provided in 20 EU member states, Norway and Switzerland by more than 600 fully trained therapists. Full curriculum training is provided in Austria, Germany, Italy, Holland and Switzerland. Professional bodies exist in Germany, Italy, Holland, Spain, the UK and in Switzerland. In Austria and Holland it is possible to acquire a Masters degree. The highest numbers of anthroposophic physiotherapist are found in the countries where AM started, but there is a continuous distribution across almost all EU member states even in countries without anthroposophic doctors like Greece.

Figure 10: Distribution of anthroposophic physiotherapy and rhythmical massage across Europe
Anthroposophic Psychotherapy

In addition to the “classical” anthroposophic therapies some medical disciplines like psychotherapy have enlarged their professional scope with the knowledge out of anthroposophy and developed “Anthroposophic Psychotherapy”. In 2011 a total of almost 400 anthroposophic psychotherapists are working in 19 EU member states and in Norway and Switzerland. Full training in anthroposophic psychotherapy is available in 9 EU member states (Germany, Holland, Hungary, Italy, Latvia, Portugal, Spain, United Kingdom) and Switzerland. A master of bachelor degree in anthroposophic psychotherapy is available in Germany, Holland, Italy and the UK. In these countries are also professional bodies established.

Figure 11: Distribution of anthroposophic psychotherapy across Europe
Anthroposophic “Heilpraktiker”
A relative new development of the last 20 years in particular in Germany is the profession of Anthroposophic Heilpraktiker. This is still a very small group of Heilpraktiker (as defined by the German Heilpraktiker-Gesetz) who provide Heilkunde (as defined by the German Heilpraktiker Gesetz) out of the view of anthroposophy. The so far only professional body exists in Germany (AGAHP=Arbeitsgemeinschaft anthroposophischer Heilpraktiker) with 74 members who fulfill the strict criteria for a membership. Outside Germany a working group exists in Switzerland and single individuals in Italy, Holland and Denmark collaborate with AGAHP. However it should be noticed that in Germany about 10.000 non anthroposophic Heilpraktiker prescribe anthroposophic medicinal products (AMP) and some of them also anthroposophic therapies.

Anthroposophic Medicine and the care for people with learning disabilities (Curative Education and Social Therapy)
Anthroposophic curative education and social therapy centres offer educational, early learning, work and residential opportunities for children, young people and adults with a wide range of disabilities and developmental problems. The work with children and young people is called 'curative education' in anthroposophical centres. Education at school or learning opportunities in kindergarten combines with specific therapies and usually also medical care provision in a total concept to stimulate a child's development and provide maximum support. Methods developed in anthroposophy are specifically used, such as Waldorf education, a range of therapies such as eurythmy therapy, and anthroposophical medicine. Curative education will as a rule prove to be particularly fruitful if the parents of the children and young people with disabilities are closely involved in the collaboration.
'Social therapy' is the term used for work with adults. Here it is above all a matter of creating social situations that will enable people with disabilities to have maximum independence and self determination. Suitable work and types of residential accommodation and social and cultural opportunities both outside and in the centres help to create a life situation where the individual is encouraged to develop further, yet also enjoys the necessary security.
Anthroposophical curative education and social therapy centres are privately maintained as a rule. The work is in almost all countries supported and financed on the basis of social legislation. In particular in the countries with long tradition (Germany, Holland, Switzerland, UK, Scandinavia and France) the maintenance costs of the institutions are widely carried by the general social systems.
Education in curative education and social therapy is integrated into academic curricula in several EU member states: i.e. BA at the University of Aberdeen (UK) in collaboration with the Camphill institutions (www.camphill.org), MA in Social Care at the Ita Wegman College in Wuppertal (DE) in collaboration with the University of Plymouth (UK), BA at the University of Leiden (NL), BA Social Care at the Freie Hochschule Mannheim (DE), MA in Governance, Training and Research in the fields of curative education and social therapy at the Alanus University in Alfter (DE) with the possibility for doctoral theses (Dr.päd. or Dr.phil. in pedagogic sciences).
Historian Facts and Figures on Anthroposophic Medicine (AM) in Europe
October 2011

Figure 12: Numbers of institutions for people with learning disabilities (Curative Education and Social Therapy)\(^9\)

**Awareness of AM in Europe – the “Users perspective”**

If the numbers of providers of AM is difficult to present in an adequate way for imaging the prevalence of AM in Europe, it is even more difficult to present data for the “users”.

However there are some indicators for a high and continuously growing interest of the EU citizens in AM and AMPs.

**The pre-citizens’ initiative “Action ELIANT”**

The data from the Action ELIANT (www.ELIANT.eu) show, that even in EU Member states without anthroposophic doctors like Greece, Slowakia or Slowenia several thousand people signed the ELIANT Charta, which was a pre-citizens’ initiative for better EU legislative framework conditions safeguarding

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\(^9\) Reference: [www.khsdornach.org KHS_Verzeichnis_2010.pdf](application/pdf Object)
and promoting activities based on anthroposophy, especially in the fields of agriculture, education, special needs education and medicine. The Charta was signed by more than 1 Million people from all European member states.

**Anthroposophic Medicinal Products (AMP)**

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Anthroposophic medicinal products are on the market in certain EU member states under registration procedures that predate EU framework legislation for medicinal products for human use. The EU Community Code relating to medicinal products for human use does not recognise AMP, whereas it does, for example, recognize homeopathic MP via special simplified registration procedures. This has far-reaching consequences for marketing authorisation and registration of AMP within the European Community. Only one third of AMPs – those manufactured in accordance with homeopathic pharmacopoeias - and another third of AMPs – those which meet the criteria for traditional medicinal herbal products (restricted however to oral or external use without indication) - can be registered under simplified registration procedures. Under procedures of the Community code relating to medicinal products for human use, over 40 percent of AMP - encompassing the majority of AMP prescribed by doctors, with indications, and administered other than orally or externally - require market authorization similar to that for conventional pharmaceutical products. These procedures, however, do not take account of the special features and manufacturing methods of AMP, and are therefore not appropriate. This is one of the reasons to initiate ESCAMP - European Scientific Cooperative on Anthroposophic Medicinal Products [www.escamp.org](http://www.escamp.org) (see below).

**Sales Figures of Anthroposophic Medicinal Products**

The BPI (Bundesverband der Pharmazeutischen Industrie eV.) published in their report for the German market a 7.3% increase of turnover for AMPs between 2006 and 2009. This was significantly more than the general turnover index for all pharmaceutical products in that period of time (3.7%). Even more relevant was the increase of sales figures of package units of AMPs by 8.7%, whereas general sales figures for all pharmaceutical products decreased by 0.7%. The figures on page 62/63 of this BPI report furthermore show a constant increase of sales of AMPs from year to year, revealing an increasing interest of citizens in modern industrial multi-cultural societies in AMPs. This trend is going on also in 2011, as the recent BPI report from 2011 showed a turnover increase of AMPs by 7.1% whereas the general turnover index for all pharmaceutical products decreased by 3.4%.

Similar developments can be seen in Switzerland as reflected by the *Volksentscheid zur Integration der Komplementärmedizin in das Gesundheitswesen in May 2009*. Citizens ask for AMPs also in EU Member states in the periphery of the EU and in other European countries. According to the IVAA questionnaire the sales figures for AMP (2010) were 130.000 packages in Denmark, more than 30.000 package units in Norway and more than 40.000 in Spain.

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10 [http://www.bpi.de/fileadmin/media/bpi/Downloads/Internet/Publikationen/Pharma-Daten/Pharmadaten_2010_DE.pdf](http://www.bpi.de/fileadmin/media/bpi/Downloads/Internet/Publikationen/Pharma-Daten/Pharmadaten_2010_DE.pdf)

11 [http://www.bpi.de/fileadmin/media/bpi/Downloads/Internet/Publikationen/Pharma-Daten/Pharmadaten%202011%20DE%20V2.pdf](http://www.bpi.de/fileadmin/media/bpi/Downloads/Internet/Publikationen/Pharma-Daten/Pharmadaten%202011%20DE%20V2.pdf)

12 Reference: Personal communication with importers of AMPs
Altogether the main manufacturers of AMP sold more than 18 Million package units of AMPs in Europe in 2010\textsuperscript{13}.

\textbf{Figure 13:} The Availability of essential AMP (Injectables and AMPs with indications)

Germany and Switzerland are the only countries in Europe, where the whole spectrum of AMPs is available. In Norway a timely limited permission exists to import AMPs from any EU Member state, provided that they are registered or have a marketing authorization in one of the EU Member states and that they are prescribed by a licensed physician. This permission includes also injections with indications. In France, Denmark and some other Member states some injections are available, however without indications. In Great Britain AMPs have been available under the status of “Product Licence of Rights”. However this regulation recently has been questioned by the local authorities.

\textsuperscript{13} Reference: Personal communication with Weleda, Wala, Helixor and Abnoba
ESCAMP - European Scientific Cooperative on Anthroposophic Medicinal Products [www.escamp.org]

ESCAMP is an international cooperative of researchers and experts in the field of anthroposophic medicinal products (AMPs), founded in March 2010 as an incorporated charitable association with headquarters in Freiburg, Germany.

ESCAMP aims to develop the scientific basis for a permanent regulatory framework for anthroposophic medicinal products (AMPs) in Europe. This includes methods and standards for the scientific assessment of efficacy/effectiveness, safety and cost-effectiveness of AMPs as well as appropriate categories, criteria and documents for regulatory assessment of AMPs.

ESCAMP has a three-stage evaluation strategy:
1. Description of Anthroposophic Medicine and AMPs
2. Evaluation of AMP therapy as a whole system
3. Evaluation of single AMPs and AMP groups in monographs

This evaluation will integrate existing scientific data e.g. from the Anthroposophic Pharmaceutical Codex, the Monographs of the Commission C, and from a health technology assessment report on Anthroposophic Medicine. In addition analyses on existing databases such as the Vademecum of AMPs and the EvaMed-pharmacovigilance database will be performed. Furthermore, ESCAMP may initiate new research projects.

ESCAMP members are nine medical and scientific experts on anthroposophic medicinal products (AMPs), representing six European nationalities. ESCAMP is supported by an Anvisory Board Advisory board, consisting of:
- AnthroMed Hospital Network [www.anthromed.de/de/start]
- European Federation of Patients' Associations for Anthroposophic Medicine [www.efpam.org]
- International Association of Anthroposophic Pharmacists [www.iaap.org.uk]
- International Federation of Anthroposophic Medical Associations [www.ivaa.info]
- Medical Section at the Goetheanum [www.medsektion-goetheanum.org]

Further information is available on [www.escamp.org]

Further information and regular updates on the current situation and development of AM in the EU is available on the IVAA website [www.ivaa.info]

**IVAA 2011**

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