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Poster Abstracts
Handout for the poster presentation
Durable clinical remission of a Calvarian skull metastasis under intra-lesional Viscum album extract therapy – A Case report

Paul Georg Werthmann, MD¹; Ruman Huber, MD, Prof.²; Gunver Sophia Kienle, MD¹•²

1. Institute for Applied Epistemology and Medical Methodology at the University of Witten/Herdecke, Zechenweg 6, D-79111 Freiburg, Germany;
2. Center for Complementary Medicine, Institute for Environmental Health Sciences and Hospital Infection Control, Medical Center – University of Freiburg, Breisacher Str. 115B, D-79106 Freiburg, Germany

Background: Metastasis to the skull is rare and mostly asymptomatic, but it can present with pain and carries the risk of invasion into the brain. Radiotherapy can be effective and surgical excision is sometimes used with mixed results; however, clinical studies for comparative treatment options or evidence-based practice guidelines are not available (1). Viscum album extracts (VAE) are used as adjunct treatment in cancer patients showing immune modulating and cytotoxic properties, positive impact on quality of life and sometimes survival. Durable regressions of malignant and pre-malignant lesions after intratumoral application were reported in case reports (2-6).

Case presentation: A 68-year-old woman was diagnosed rectal cancer and lung metastases were seen. After surgery different chemotherapies lead to stable disease periods. Further in the course, metastases to multiple bone sites, the chest wall and the liver were seen. Histologic examination of one of the bone lesions revealed a follicular thyroid carcinoma. An osteolytic parietal bone lesion progressed to a calvarian skull metastasis despite radiation and chemotherapy. The patient asked for additional integrative medicine treatment for this painful metastasis. Intralessional VAE were applied weekly. After the first application the patient felt pain relief and softening of the lesion. Under continued treatment the metastasis showed partial remission (>=50%), remained stable for 2 years and the patient remained in a good state of health. After this time the patient died from progressive disease 77 months after initial diagnosis.

Conclusion: This case shows a durable clinical remission of a skull metastasis in a patient with rectal and thyroid cancer. Case reports about high dose intratumoral VAE treatment in different cancers showed positive results. Therefore, further investigations of intratumoral VAE treatment seems highly worthwhile – especially in symptomatic skull metastasis which don’t respond to radiotherapy or systemic therapies.

Funding: We thank the Stiftung Integrative Medizin, Stuttgart, Germany for financial support.

Literature:

Complete remission and long-term survival of a patient with melanoma metastases treated with high-dose fever-inducing Viscum album extract – A case report

Paul Georg Werthmann, MD; Alexander Hintze, MD; Gunver Sophia Kienle, MD

1. Institute for Applied Epistemology and Medical Methodology at the University of Witten/Herdecke, Zechenweg 6, D-79111 Freiburg, Germany;
2. Klinik Arlesheim, Pfeffingerweg 1, CH-4144 Arlesheim, Switzerland;
3. Center for Complementary Medicine, Institute for Environmental Health Sciences and Hospital Infection Control, Medical Center – University of Freiburg, Breisacher Str. 115B, 79106 Freiburg, Germany

Background:
Metastatic malignant cutaneous melanoma (MCM) – a highly immunogenic cancer – shows poor prognosis. Viscum album extracts (VAE) have strong immune stimulating, apoptogenic and cytotoxic effects.

Case presentation:
A 66-year old MCM patient with newly diagnosed lymph node metastases (mandibular right and hilar right) opted for sole VAE treatment. VAE were initially applied subcutaneously, and then later in high, fever inducing doses, both intravenously and intralesionally. The metastases shrunk over the following months and after 2 years all lesions had completely remitted. The patient is tumor free since 3 ¼ years till the time of publication (5 years after initiation of intensified VAE treatment). Besides fever and flu like symptoms and local skin reactions no side effects occurred.

Conclusion:
We presume that VAE triggered an increased release of tumor associated antigens, enhanced immunologic recognition, increased immune response against the tumor tissue and induced tumor remission.

Acknowledgements:
We thank the research department of the Klinik Arlesheim for providing the temperature data of the patient and for practical help, Dr. Helmut Kiene for revision of the manuscript and the “Stiftung Integrative Medizin” for financial support.
How can clerkships in Anthroposophic Medicine be realized? - Conditions and experiences within the Integrated Curriculum for Anthroposophic Medicine (ICURAM) at Witten/Herdecke University

Diethard Tauschel 1,2, Friedrich Edelhäusser 1,2,3, Christian Scheffer 1,2,3

Faculty of Health, Witten/Herdecke University, Germany; 1 Integrated Curriculum for Anthroposophic Medicine (ICURAM), 2 Institute for Integrative Medicine; 3 Gemeinschaftskrankenhaus Herdecke, Germany

Background and question: Anthroposophic Medicine (AM) is a holistic and scientific medical system of European origin (1). It has an underlying non-reductionistic scientific basis and anthropology and broadens natural scientific medicine (2). AM can be understood as a specific realization of Integrative Medicine (IM), which is no subject itself but defined as a “practice” (3,4). Clerkships allow direct contact between students and patients. They are important educational settings. How can AM clerkships in undergraduate medical education be developed and implemented?

Material and methods: Development and implementation of subject-specific AM clerkships with the patient and student centered ESPRIT - approach (5) under expansive participation conditions (6). Curricular integration of these clerkships in the model medical curriculum of Witten/Herdecke University (WHU), Germany (7).

Results: From 2004-2017, AM clerkships were developed and sustainably implemented in 7 subjects (Medicine, Surgery, Neurology, Psychiatry, Gynecology & Obstetrics, Pediatrics). In Geriatrics, the clerkship could only be conducted for two years. Additionally, a 4-week clerkship elective for Anthroposophic Medicine is offered in which an international team of educators provide the opportunity to work in depth with a few patients, including teaching and practicing of how to write case studies. All subjects are legally required during undergraduate medical education in Germany, four of them especially as clerkships (8). This happens in an interprofessional educational setting, involving art therapy students. The clerkships are conducted in three different teaching hospitals, all of them having a long lasting patient care with Anthroposophic Medicine. The AM clerkships are fully integrated in the model medical curriculum of WHU and the Integrated Curriculum for Anthroposophic Medicine (ICURAM), a 6 year optional track for medical students. The AM clerkships last 3-4 weeks (min. 2, max. 6). They are offered to medical students in year 3 to 5. The number of participants/clerkship usually ranges from 3 to 10. Altogether, 249 IM clerkships were conducted over a period of 13 years.

Conclusion: Clerkships in Anthroposophic Medicine can be developed and sustainably implemented in an undergraduate medical curriculum. Promoting conditions seem to be a model curriculum, a longitudinal AM-curriculum, and teaching hospitals having established patient care with Anthroposophic Medicine.

Please note: This abstract is an updated version of an abstract that has already been published (9)

References
(3) http://imconsortium.org/about/about-us.cfm; called 12th of May, 2016
(8) Bundsgesetzblatt Jahrgang 2002 Teil I Nr. 44, S. 2413
The Elementary Health Care for a Woman with Chronic Polyarthritis

Erna Weerts
Interuniversitaires Kolleg, Graz/Schloss Seggau,
Lectors: Christian Endler, Albrecht Warning

Introduction: This study describes the salutogenetic treatment with Elementary Health Care Therapy of a seventy-one year old female patient suffering from Chronic Polyarthritis (CP) and is designed as a documented, qualified single case study based on the question, whether a seven-week long application could have noticeable effect on joint pain and limited range of movement.

Methods: The Elementary Health Care Method, derived from the basic human experiences of touch, warmth and movement, was developed in the 1980s. Nurse Erna Weerts was motivated by modern scientific research to further translated these original elements of care into a system, that is easy to implement. Core of this concept is the stimulation of body temperature (Regulative Warmth Stimulation), as well as the stimulation of minimal movements inherent in the human body (Minimal Movement Stimulation) and including reflective effects.

Physical and mental aspects, describing a patient suffering from CP, are quoted from medical literature, including results from anthroposophic medical research.

Results: The study documents improvement in the client’s range of mobility through this salutogenetic application, both administered by myself and self-applied. Furthermore, joint pain was decreased, and the client’s attitude of resignation towards her illness changed into the confidence, that the course of the disease can be influenced.

Conclusion:The WHO’s mandate for nurses to consult patients in regards to health issues and to deliver health promotion is updated by Elementary Health Care. Based on the results it seems to be timely to investigate Elementary Health Care in a nursing research as well as transdisciplinary salutogenetic research framework.

Literature: Erna Weerts: Dynamisierende Selbstregulation. hpsmedia, Nidda 2017


Elementare Gesundheitspflege bei einer Patientin mit chronischer Polyarthritis

Autorin: Erna Weerts
Betreuung: Interuniversitaires Kolleg, Graz/Schloss Seggau, Christian Endler, Albrecht Warning

Einführung: Die vorliegende Studie beschreibt eine salutogenetisch orientierte Behandlung mit Anwendungen aus der Elementaren Gesundheitspflege bei einer 71jährigen Klientin mit Chronischer Polyarthritis (CP) im Design einer dokumentierten qualitativen Einzelfallstudie mit der Fragestellung, ob in einer siebenwöchigen Behandlungszeit ein erkennbarer Einfluss auf die Gelenkschmerzen und die Bewegungseinschränkungen erreicht werden kann.


Ergebnis: Das Ergebnis der Studie zeigt, dass die Klientin durch die salutogenetisch orientierten Behandlungsformen in der Selbst- und Fremdanwendung im Vergleich zu vorher mehr Beweglichkeit erreicht hat, die Schmerzempfindungen nachgelassen haben und sich die resignative Ergebenheit in das Krankheitsgeschehen in eine neu erworbene Zuversicht der Beeinflussbarkeit des Krankheitsverlaufes gewandelt hat.


Literatur: Erna Weerts: Dynamisierende Selbstregulation. hpsmedia, Nidda 2017


Towards a patient and student centered education: Pediatric clerkships within the Integrated Curriculum for Anthroposophic Medicine (ICURAM) in comparison to conventional pediatric clerkships of the medical curriculum at Witten/Herdecke University

Diethard Tauschel 1,2, Friedrich Edelhäuser 1,2,4, Christian Scheffer 1,2,4, Tycho Zuzak 2,4, Alfred Längler 2,3,4

Faculty of Health, Witten/Herdecke University, Germany; 1 Integrated Curriculum for Anthroposophic Medicine (ICURAM), 2 Institute for Integrative Medicine, 3 Professorship for Integrative Pediatrics; 4 Gemeinschaftskrankenhaus Herdecke, Germany

Question: Pediatric clerkships in Germany are a legal requirement during undergraduate medical education (1). In the model medical curriculum of Witten/Herdecke University (WHU) in Germany (2), pediatric clerkships of four weeks duration are conducted in year 4. One of them was widened with Anthroposophic Medicine (AM) by and within the Integrated Curriculum for Anthroposophic Medicine (ICURAM). Does the structure and evaluational results of the AM pediatric clerkship differ, compared with the other pediatric clerkships at WHU?

Material and methods: Logbook-based comparison of structure and components of pediatric clerkships (AM clerkship = intervention group - IG) with two other pediatric clerkships at WHU (control groups - CG). Quantitative analysis of key questions of a clerkship questionnaire (3) given to students after clerkship (9-point scale with 1 = very bad; 9 = very good).

Results: Three cohorts in the period 2013-2015 showed main differences of structure and components in schedules, concepts concerning patient presentation, mentoring and seminars, as well as assessment. N=75 answered the clerkship questionnaire (return rate 76%). Data of the following key questions showed mean values for (IG/CG1/CG2)
- time spent in clerkship being in an effective proportion to climbing of learning curve (7.9/5.3/6.1)
- quality of seminars (7.2/6.6/7.3)
- quality of mentoring (8.0/6.5/6.5)
- overall rating (7.5/6.5/6.7).

Conclusion: After changing didactics in the AM pediatric clerkship in 2008 (4), the evaluation results were sustainably on a high level. In comparison to the control groups, the higher evaluation scores might be due to a student centered learning environment based on expansive participation (5) resp. the didactic change referring to the ESPRI² model (6) with
- focus on patient contact,
- more time for self-studying instead presence in seminars,
- one-to-one mentoring with mentors on specialist level,
- formative assessment with feedback,
- and the widening with AM itself.

The evaluation is limited to one perspective (students) at the lower levels of Kirkpatrick’s pyramid (7). As being newly developed, the IG received continuous, department-tailored councelling for development and implementation.

More data should be collected in order to calculate for significance, and investigation on summative assessment results in pediatrics should be conducted.

Please note: This abstract is an updated version of an abstract that has already been published (8)

References
1. Bundesgesetzblatt Jahrgang 2002 Teil I Nr. 44, S. 2413
Background
EYT is a self-activating movement therapy invented by Rudolf Steiner in the first decades of the 20th century which understands itself as a major intervention in anthroposophic medicine (AM). It intends to provide therapeutic guidance for a wide spectrum of symptoms. Eurythmy therapists’ diagnosis offers an approach to the patient’s individual and general understanding of illnesses and symptoms. Comparatively little research has been accomplished on the effectiveness in EYT in the past 40 years. This contrasts with the results from interviews with freelance ETs, which show how many insights on positive efficacy in EYT are made in everyday practice. However, these insights are not documented and published and are therefore not available for further research and reliable proof of efficacy. Since the initial times of EYT only a small number of case reports and case studies provide evidence for its effectiveness. Beyond these rare publications, there is a wide range of different treatment strategies – symptoms treated in clinics vary from those treated by freelancers and are therefore not as much focused on in clinical trials.

Objectives
- collecting data on EYT treatment effect in everyday practice
- providing evidence for specific treatments on specific symptoms showing effective treatment results of EYT and extending the evidence of data published to date
- establishing an approach to understanding and treating symptoms in anthroposophical medicine (AM)
- establishing EYT as an equal and therefore adequately financed therapy concept in National Healthcare

Method
Providing a consensus based documentation tool that is simple to handle in everyday practice, but still provides reliable data and can be used as report sheet towards healthcare insurance and medical doctors as well as a (self-)evaluation tool for eurythmy therapists (ETs) in the therapeutic setting.

✓ documentation should not take longer than 5 minutes per setting
✓ outcome parameters should be
  o the patient’s inside view (first-person perspective): Quality of Life questionnaire, measurement of consumed medication, on date symptoms’ severity scores and frequency of home exercise
  o ET documentation: (a) scores on the patient’s movement qualities which are simple to observe and (b) documentation of exercises and observations on modus operandi
✓ catalogue of intentions and indications for applied exercises should be part of the documentation tool

Discussion
Up to now, case studies as a reliable scientific tool are challenging in time and realisation, and are therefore not an integrative part of everyday EYT practice. The wording for observations is often difficult to find and may be misunderstood. A simple to handle tool that is accepted by freelance ETs offers the perspective to effectively collect more data on EYT exercises with the following criteria: they are applied to specific symptoms and their efficacy is measured by the patient’s inside view (first-person perspective). The collection of data will provide a promising showcase for a deeper understanding of EYT efficacy. However, it will be a challenge to encourage ETs to join in such a project. Therefore, this poster aims to invite for collaboration.

Contact: k.gerlach@well2move.de
Wirksamkeit von Überwärmungsbädern bei Depression

R. Huber, L. Denkel, I. Kruza, C. Sadaghiani, J. Naumann

Uni-Zentrum Naturheilkunde, Freiburg

Hintergrund: Überwärmungsbäder (ÜB) werden schon seit längerer Zeit im Rahmen der Anthroposophischen Medizin zur Behandlung bei Patienten mit Depressionen eingesetzt.


Ergebnisse: 45 Patienten wurden in die Studie eingeschlossen und ausgewertet. In der Überwärmungsgruppe (ÜB) stieg die Temperatur im Mittel um 2,5 Grad Celsius an. Der HAMD-17 war in der ÜB-Gruppe nach zwei Wochen Behandlung gegenüber der Baseline und gegenüber der Bewegungstherapie-Gruppe (BT) signifikant verbessert (p= 0.002). Der gleiche Effekt zeigte sich bei der Selbsteinschätzung mittels BDI (p= 0.002). Nach acht Wochen waren die Gruppenunterschiede schwächer ausgeprägt, die ÜB-Gruppe aber tendenziell besser. (HAMD-17: p= 0.048; BDI: p= 0.441). Die Compliance war in der ÜB-Gruppe deutlich besser als in der BT-Gruppe. Per Protocol haben in der ÜB-Gruppe 19 und in der BT-Gruppe 10 Patienten die Studie beendet. Subjektiv wurde die Wirksamkeit in beiden Gruppen als „gut“, die Verträglichkeit als „sehr gut“ bis „gut“ eingeschätzt.


Korrespondenzadresse: Prof. Dr. R. Huber, Uni-Zentrum Naturheilkunde, Breisacherstr. 115B, D-79110 Freiburg, Email: roman.huber@uniklinik-freiburg.de
Background: Clinical and therapeutic institute "Metera" presents the report of the study, which was conducted over five years to study the state of the human body in the process of diagnosis and therapy of various diseases, from the standpoint of subjective and objective Anthroposophically oriented approaches. By subjective approach, we mean the detailed analysis of patients' complaints (characterizing the state of internal organs, the state of thermal organism, the three-membered and binomial anthroposophically oriented analysis of the human individuality, and also the qualitative assessment of the state of main sensory organs). At the same time, we assess both complaints: about the current situation and complaints that have occurred at a certain time interval.

By objective approach, we mean the assessment of the dynamic reaction of the skin to color-light effects of the visible spectrum of colors, using the innovative approaches of spectro-dynamic phototherapy with biofeedback.

Materials and methods
684 people were questioned to obtain the subjective assessment of the patients' condition. The algorithms of complaints' analysis are based on the theory of "color-meridian diagnostics and therapy", as well as on the anthroposophically oriented philosophical, theoretical and applied aspects of Chinese medicine. The information theory, Fibonacci number series and the theory of neural networks were used as a mathematical apparatus. To evaluate the dynamic reaction of the skin to color-light exposure we used the method of spectro-dynamic photo-therapy with biofeedback. This method is implemented by means of two devices, which are created by the clinical and therapeutic institute "Metera" and certified in Ukraine. 1) The first is - The system of spectro-dynamic phototherapy with biofeedback "Synergia" that uses the visible spectrum of colors, sequentially directed to the patient's skin, and the spectro-photometric method, to determine the deficit of any color of proposed spectrum. The color, deficit of which was determined as a result of diagnostic, is directed to the patient's skin again, as a therapy, to restore the balance of the color-body (etheric body). 2) The second is - The diagnostic device "Metera" that allows to perform the dynamic monitoring of the state of the Rhythmic system of the human body, during the process diagnostic and therapy through the researches of: photoplethysmography, rheography, electrocardiography and breathing rhythms (both: external breathing and counted through the hemodynamic parameters).

Results
The obtained results describe the dynamics of changes in the patients' state from the positions of the Anthroposophically-oriented approaches with a high degree of reliability (the state of internal organs and systems, the state of the thermal organism, the states of neuro-sensorical and metabolic poles and the rhythmic system of the patient from the positions of the three-membered and binomial human, and the state of sense organs).

Conclusions
1) These methods have proved to be practical in pediatric practice in various diseases, as well as in the treatment of various adult diseases, include a small amount of oncological patients.
2) These methods can be recommended for widespread use in Anthroposophic clinics and institutes to improve the effectiveness of the drug therapy in a harmonious relationship with all other therapies.
3) These methods are in the process of detailing and further development, as a verification methods scientifically prove the effectiveness of the approaches and methods of Anthroposophic medicine.
Effectiveness of eurythmy therapy in migraine

Pohlman Urs¹ and Gerlach Katharina²
Alanus University of Arts and Social Sciences, Therapeutikum Krefeld

Background
The third most common disease in the world is migraine with a global prevalence estimated of 14.7% and more prevalent than asthma, diabetes, and epilepsy combined. Research provides the estimate of 3,000 migraine attacks per day for each million of the general population. Beyond the personal, this leads to high economic impact of direct and indirect costs (treatment costs and sick leave). The genesis of migraine is still in question. Conventional drug treatments can reduce the frequency and severity of attacks, however, with a limited success rate. No mainstream treatment provides a healing. The satisfaction rate of migraine patients with their conventional treatment is below 50%. Thus, it is not surprising, that the remaining health problems are the most frequently cited reasons for consulting alternative therapies. Within the group of clinically active ETs (eurythmy therapists) there are common experiences with successful and sustainable treatments: attack frequency and drug consumption are reported to be significantly reduced, however, there is very little published evidence and controlled studies on the success and treatment.

Objectives
- Showing effective treatment results of eurythmy therapy (EYT) in migraine and extending the evidence of data published to date
- Providing evidence for specific treatments with short and long-term effect
- Establishing an approach to understanding and treating migraine in anthroposophical medicine (AM)

Method
- Collecting migraine treatment data with clinically active eurythmy therapists and medical doctors including a documentation of possible different treatment approaches
- Providing a documentation tool that is easy to handle in every day practice and yet provides reliable data
- Outcome parameters should be Quality of Life questionnaires, measurement of consumed medication (Basic and attack treatments), symptoms and severity scores, and specific features of treatment and their intensity.

Discussion
Clinical evidence for treatment success with EYT (and integrated medication from AM) provides a promising showcase for a relevant understanding of disease and treatment concepts. It offers an important field for contributing to the improvement of patient care. EYT could show its potential in this exemplary field. It is a common disease without a satisfactory treatment from conventional medicine. Thus, an extension of treatment concepts would shed new light on EYT and AM. The poster aims to invite for collaboration.

urs.pohlman@alanus.edu; k.gerlach@well2move.de
A clinical evaluation of a community-based rehabilitation and social intervention programme for patients with chronic pain and associated multi-morbidity

Ellen Wright, Roxaneh Zarnegar, Ingrid Hermansen and David McGavin.


Background
Does anthroposophic medicine and therapy have a place in rehabilitation of patients suffering complex chronic pain and multimorbidity? Kairos Rehabilitation Trust provides medical supervision and two one-to-one therapies, rhythmical massage and eurythmy. Consultations carry the elements of information gathering, goal setting and action planning that are set out in the Kings Fund’s ‘Delivering better services for people with long term conditions’ (1). The aim is first to reduce the symptoms and problems most important to the patient; and then to enable active engagement in social and work-related activities to improve self-confidence and independence.

Materials & methods
29 of the first 30 patients referred by their GP to the Kairos Project gave their consent to collection, analysis and publication of their data. Their conditions had already proved unresponsive to primary or secondary care pain clinic interventions. Five patients were excluded from the analysis as their first language was not English and translators had been used to help with questionnaire responses in a non-standard way.

Results
On presentation the sample (n = 24) greater average pain intensity, poorer health status and greater pain related disability compared to the general population of chronic pain patients referred to pain clinics in England and Wales published in the UK National Pain Audit (2). There was a statistically significant improvement in mean (European Quality of Life 5-Dimensions, 3-Leaves EQ5D-3L health status, median average pain intensity on (Brief Pain Inventory) BPI and an overall reduction in clinically-significant depression using (Patient Health Questionnaire) PHQ-9 scores, 19 months after participating in the project. There was 41% reduction in repeat analgesic and psychotropic medication prescribing and a 51% fall in the number of attendances to secondary care services 19 months after participating in the project.

Conclusion
A community based method of anthroposophic care for patients with chronic pain delivered by a charity, working in partnership with the National Health Service (NHS), was successful in improving many aspects of chronic pain related disability and reducing healthcare use. Matching the best of primary care practices with the strengths of a person-centred charity has been the key to balancing the partnership tasks of treating illness and activating the personal resources of the sufferer. Furthermore, the charity may be governed by non-medical professionals with direct personal experience of chronic illness. The end-product is in line with current thinking in the management of long term conditions.


Viscum album neutralizes tumor-induced immunosuppression in a human in vitro cell model

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