

Professional Chamber SANATOR the Union of Biotronicists of Josef Zezulka

Member of the EU Health Policy Platform of the European Commission

Member of ANME – Association for Natural Medicine in Europe

Member of EUAA – European Ayurveda Association

presents the publication

ALTERNATIVE MEDICINE (CAM) IN THE WORLD

What is silenced

2019

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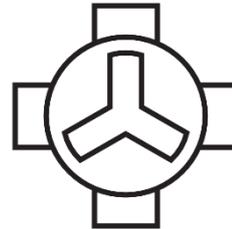


**The Professional Chamber Sanator – the Union of Biotronicists of Josef Zezulka
ALTERNATIVE MEDICINE (CAM) IN THE WORLD**

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Translated from the Czech original **Alternativní medicína (CAM) ve světě.**

This book is not to be sold and is intended to serve educational purposes only.

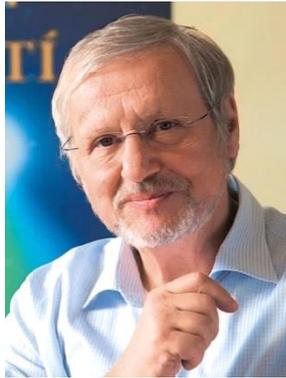
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Foreword



Should a relationship be established, the partners need to get to know each other. The same applies to Biotronics and medicine. The aim of this publication is to present information which has been spread minimally in the Czech Republic.

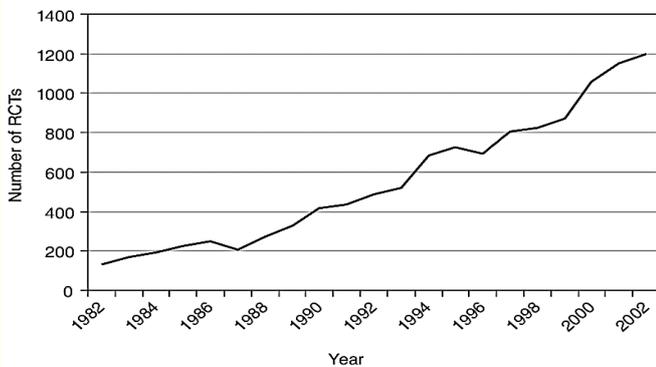
For some time now, the professional and general public in the Czech Republic have been receiving incomplete and often biased information on complementary and alternative medicine (CAM). Leading European and world authorities – the World Health Organization (WHO), the Council of Europe, European research CAMbrella funded by the European Commission, European network EUROCAM, are all entirely in favour of CAM, and without exception recommend CAM research and integration into the routine care. The contradiction between 'here and there' is literally explosive. The 'world' is entirely elsewhere. Respective details are given in the information publication 'Alternative Medicine (CAM) in the World', published by the Professional Chamber Sanator – the Union of Biotronicists of Josef Zezulka.

Our Professional Chamber has recently become a member of ANME – Association for Natural Medicine in Europe, EUAA – European Ayurveda Association and joined the European Commission's EU Health Policy Platform. We hope that our activities will contribute to the education of the professional public in the realm of CAM.

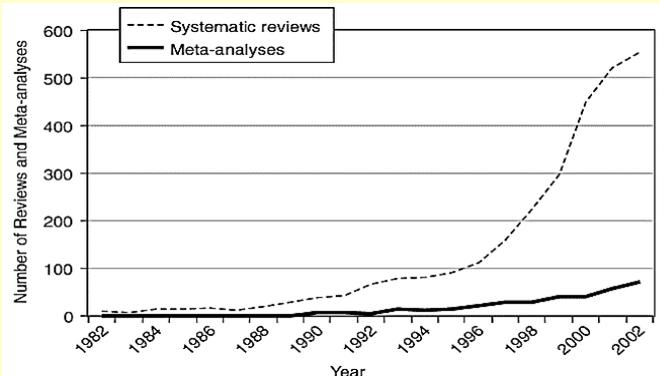
Tomáš Pfeiffer

Director of the Professional Chamber Sanator –
the Union of Biotronicists of Josef Zezulka

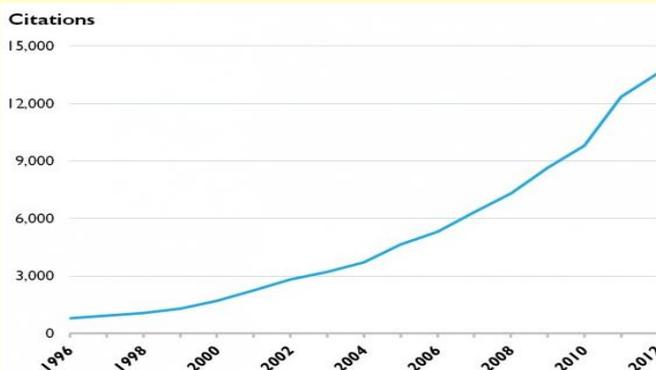
These charts say everything:



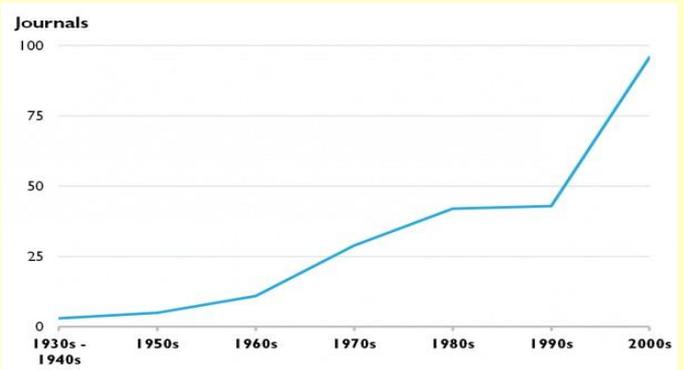
Picture 1 – Increase in **randomized controlled trials of CAM** according to the PubMed database (see page 32).



Picture 2 – Increase in **CAM systematic reviews and meta-analyses** according to the PubMed database (see page 33).



Picture 3 – Increase in citations of **CAM journals and articles** according to the database Ulrich (see page 36).



Picture 4 – Increase in **CAM scientific journals** according to the database Scopus (see page 36).



Used resources

Picture 1 – Increase in *randomized controlled trials of CAM* according to the PubMed database

Picture 2 – Increase in *CAM systematic reviews and meta-analyses* according to the PubMed database

INSTITUTE OF MEDICINE (US). Committee on the Use of Complementary and Alternative Medicine by the American Public. *Complementary and Alternative Medicine in the United States* [online]. Washington (DC): National Academies Press (US); 2005. p. 131 [cit. 2016-06-12]. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK83790/>

Picture 3 – Increase in *citations of CAM journals and articles* according to the Ulrich database

Picture 4 – Increase in *CAM scientific journals* according to the Scopus database

HALEVI, Gali. Ancient medicine in modern times. *Research Trends* [online]. December 2013

[cit. 2012-02-21]. Available from:

<http://www.researchtrends.com/issue-35-december-2013/ancient-medicine-in-modern-times/>



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Alternative Medicine (CAM) in the World – abstract

The Czechs are kept in the dark

Complementary and Alternative Medicine (CAM) has experienced great development abroad over the past 25 years.

However, **the Czech public has not been informed about this in the least.** On the contrary, it is mostly a selection of negative cases that are published. This results in **A COMPLETELY DISTORTED PICTURE** of alternative medicine being presented to the eyes of the people. **This picture does not correspond to the reality of this area of healthcare on a global scale at all.**

The Internet takes over the role of a watchdog when media remains silent

A working group of the Professional Chamber Sanator – The Union of Biotronicists of Josef Zezulka has studied the information regarding the current situation of CAM from the foreign resources available: **the database of the scientific literature MEDLINE (PubMed), the declaration of the World Health Organization (WHO), the World Health Assembly (WHA), the Council of Europe, the documents published by the European Parliament, NATO, the results of international surveys, etc.**

An analysis of the research regarding the efficiency of alternative medicine (CAM) in the most prestigious scientific databases Cochrane

How else can we prove that alternative medicine is not fake?

The comparison of an analysis of 145 reviews of randomized controlled trials (RCT) in the area of CAM in the database Cochrane and an analysis of 1016 reviews of RCT in the area of medicine proved that complementary and alternative medicine (CAM) is **far safer** than scientific medicine. It has also shown that the positive effects which are only slightly lower than those of scientific medicine (see page 62).

	(Possible) positive effect	Likely to have no effect	Likely to be harmful	Insufficient evidence
CAM	37,2%	4,8%	0,69%	56,6%
Medicine in general	44,4%	0,98%	7%	47,8%

Chart 1

Alternative medicine (CAM) has

- **Provable positive effects** – only by 7% lower than those of medicine,
- **Minimal negative effects**

The results are provable – the insufficient provability of CAM is **only 9% more frequent** than the insufficient provability of medicine



A single benchmark, please!

Medicine requires CAM to be based on high-quality evidence, which proves its efficiency and safety BUT...

1) Is conventional medicine always based on evidence?

In the database PubMed, a mere **3% of all nearly 450,000 citations in the research area** are stated as randomized controlled trials (RCT).*

2) It is common practice that conventional medicines are also prescribed for unregistered (untested) indications.

Nearly **75% of paediatric medicines** are prescribed for unregistered (i.e. untested) indications. *
Are children guinea pigs?

3) Conventional medicine is high in cost and not as safe as would be expected.

The cost of healthcare in the USA will have reached 20% of the GNP by 2024. *
Death caused by an incorrect medical intervention is **the third most frequent cause of death** in the USA. *

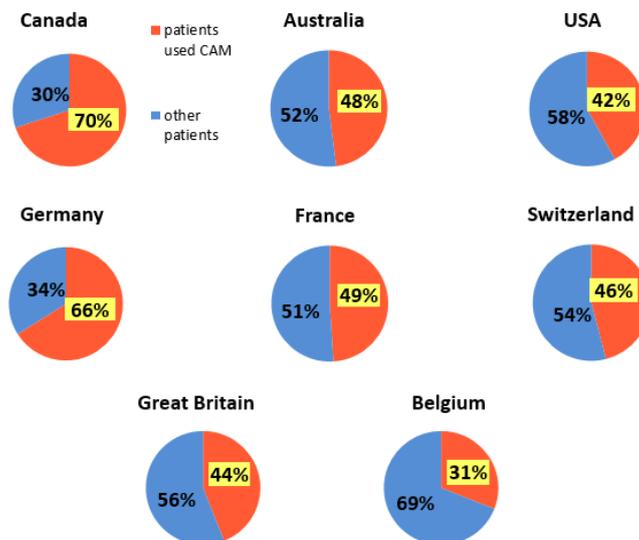
‘Perhaps what is being witnessed is a **double standard** of the expectation that CAM modalities must be evidenced-based, when **in reality most conventional treatments are not.**’*

* Source: Technical report of the NATO Science and Technology Organization (2017), see page 140 and the following pages.

The public in developed countries uses CAM increasingly

So, should we really feel embarrassed about seeing a homeopath?

The interest in complementary and alternative medicine (CAM) has **increased exponentially** on a global scale over the last 25 years (see page 162).



Picture 5

30–70% of the citizens in developed countries use CAM.

Haven't you ever had herbal tea?



Alternative medicine (CAM) at universities

Do you want to obtain a degree in CAM? It is not possible here in the Czech Republic, you have to go to England!

The most common methods of complementary and alternative medicine (CAM) can be studied **at universities abroad as accredited specializations** (see page 178). Many **medical faculties** include CAM courses in the curriculum as part of young doctors' education (see page 180). The specializations are guaranteed by national **professional organizations**, not by medicine (see page 182).

Some of the universities where CAM methods are taughts as separate specializations		
USA	AUSTRALIA	EUROPE
Univ. of Bridgeport	Macquarie University	University of Southampton (GB)
Western States Univ.	Murdoch University	Univ. of Zurich; Univ. of Bern
Southern California Univ. of Health Sc.	Royal Melbourne Inst. of Tech.	Charité Universitätsmedizin Berlin
Northwestern Health Sc. Univ.	Central Queensland Univ. (CQU)	University of Nantes (FR)
National Univ. of Health Sc.	CANADA	University of Tromsø (NOR)
Logan Univ.		Can. College. of Naturop.Med.
Keiser Univ.		Stockholm Univ.
D'Youville College		Univ. of South. Denmark

Chart 2

Some of the European medical faculties that organize CAM courses	
France	Nantes
Germany	Berlin
	Duisburg/Essen
	Rostock
	Munich
Hungary	Pécs
Italy	Florence
	Bologna
Norway	Tromsø
Sweden	Stockholm
Switzerland	Bern
Great Britain	Exeter
	Sheffield
	Southampton
	Thames
	Valley

Chart 3

How many medical faculties offer the courses in CAM methods within the medical programme?	
USA	50.8% of medical faculties
EU ('old member states')	42% of medical faculties
EU ('new member states')	20% of medical faculties

Chart 4



The developed countries support research of alternative medicine (CAM)

...which sets them apart from us.

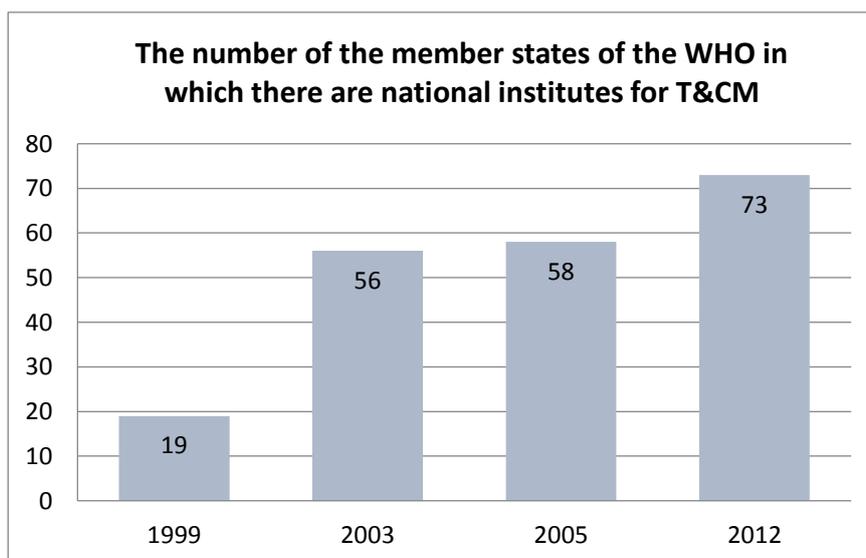
The number of **research centres for CAM** has increased substantially since the nineties. **In the EU alone there are 112 CAM research centers**, with others operating in **the USA, Canada, and Australia**, not to mention Eastern Asia (see page 40). More and more countries have their own **national CAM research institute** at their disposal (see page 40). The number of **scientific CAM journals** has reached **358** according to the Ulrich database (see page 35).

Number of research centres for CAM in developed countries			
Germany	42	Israel	3
Italy	20	The Netherlands	3
USA	19	Denmark	3
Great Britain	14	Hungary	2
Austria	9	Belgium	1
Switzerland	6	France	1
Spain	5	Norway	1

Chart 5

A few of the university CAM research centres	
Great Britain	University of Southampton
	University of York
Germany	University of Duisburg-Essen
	University of Freiburg
	Universitätsmedizin Berlin
Norway	NAFKAM, Tromsø
Switzerland	IKOM – University of Bern
USA	University of Michigan
	University of Maryland
	University of Texas
	University of Minnesota

Chart 6



Picture 6

WHO: The number of national research centres for CAM has been substantially growing on a global scale.



Picture 7

In the developed EU states there are tens of research centres for the complementary and alternative medicine (CAM). The map shows the number and location the centres in Europe. Unfortunately, the Czech Republic does not have any.



The number of serious research trials in the area of CAM

Is it really true that there is no evidence?

The number of *serious research trials RCT, systematic reviews and meta analysis* in the area of CAM **has grown distinctly**, (see page 31). According to the PubMed database, **more than 18 400** randomized controlled trials had been conducted in the area of CAM (see page 33) up until 2015. **The number of citations connected with CAM has been growing by 25% annually** in recent years (see page 142). The Cochrane database registers **4,000 RCT** in the area of CAM (see page 151).

A sharp increase in the number of serious CAM trials		
Randomized controlled trials (RCT) on CAM	1984	200
	2002	1200
	2015	18 400
Systematic reviews on CAM	1994	90
	2002	550

Chart 7

The number of serious research trials that have been conducted has grown considerably:

*There are currently **18,400** randomized controlled trials related to CAM in the PubMed database, and **4,000** in the Cochrane database.*

CAM in hospitals

When a patient is suffering, it is time to bury the hatchet

*The cooperation between CAM and scientific medicine is also starting to grow. For example, the Royal London Hospital for Integrative Medicine in Great Britain is operates under the auspices of the royal family (see page 196); in Italian Tuscany, the models of cooperation between medicine and CAM are being tested in real situations by teams of doctors (see page 199). In Europe there are **47 centres for integrative oncology** (where CAM methods are used as supportive therapies in cancer treatment, see page 191).*

*At prestigious universities – e.g. Harvard, Yale, Stanford – academic health centres for integrative medicine are being established (the number of member centres of the American Consortium of Health Centres for Intergrative Medicine has increased from **8** in 1999 to **70** in 2018 (see pages 181, 186).*

*In developed countries there are tens of health centres for integrative medicine that enable **the cooperation between scientific and alternative medicine (CAM).***

These centres are often established at prestigious universities:

Harvard, Yale, Stanford



Prestigious hospitals and academic health centres for integrative medicine	
USA	Harvard Medical School, Boston Stanford School of Medicine Yale University School of Medicine
Great Britain	Royal London Hospital for Integrative Medicine
Italy	Centre for Integrative Medicine in Pitiglian, Tuscany

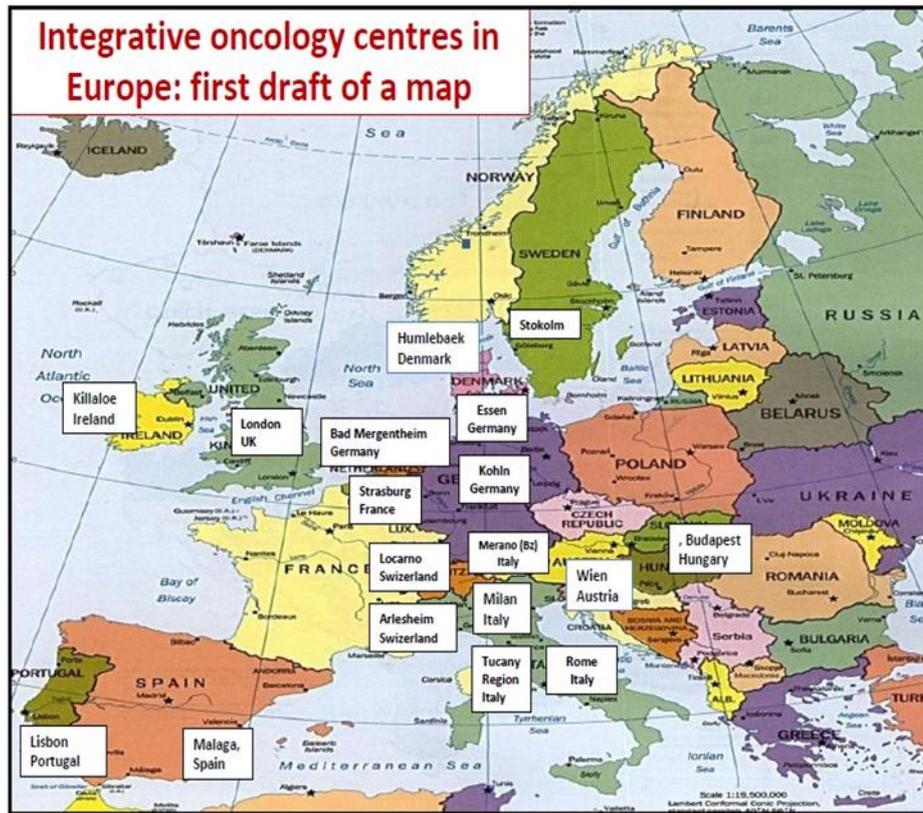
Chart 8

European research of centres for integrative oncology:
The location of centres for integrative oncology in the EU



Picture 8

*In the European Union, there are **47 health centres** that implement complementary and alternative medicine (CAM) as **supportive cancer treatment***



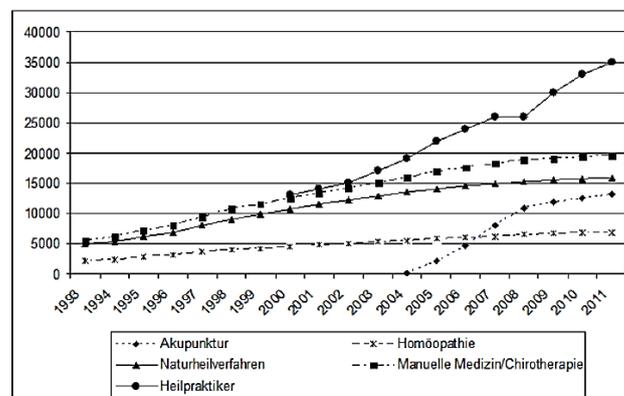
Picture 9

**Centres for Integrative Oncology in the European Union
(CAM as supportive cancer treatment)**

General practitioners

What to do if conventional treatment does not suffice?

According to surveys conducted in Great Britain, Switzerland and Germany, **40–60% of doctors** provide their patients with CAM treatment or recommend such treatments. In Japan, this number reaches **60–70%** (see page 164).



Picture 10

[Quelle: Gesundheitsberichterstattung des Bundes: www.gbe-bund.de]

**Number of doctors using CAM is on the rise:
40–60% doctors in developed countries either use or recommend CAM**

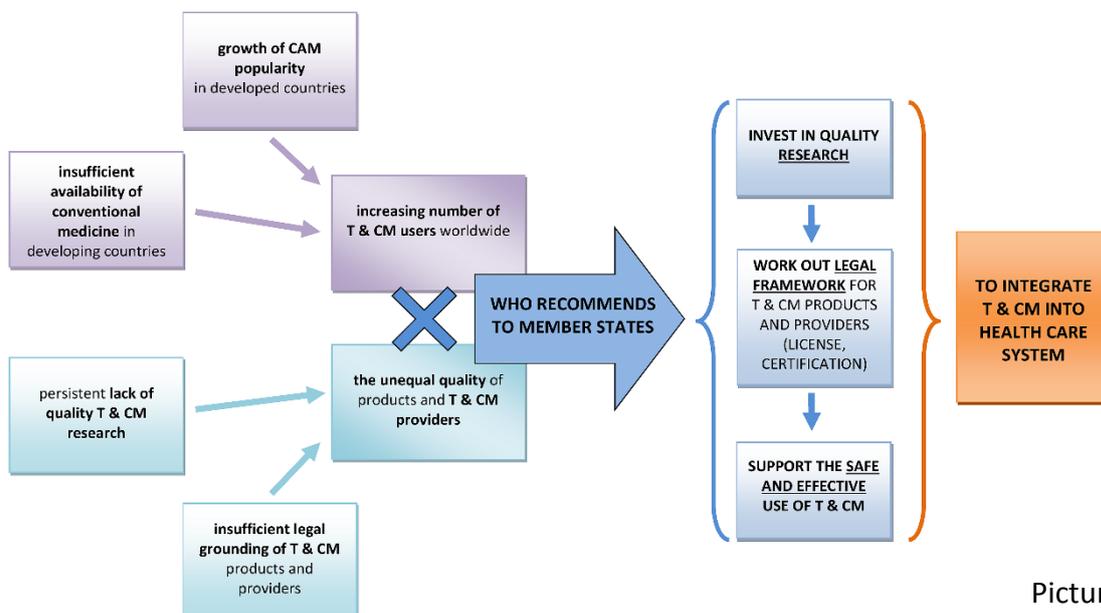


International Institutions

Europe and the world take alternative medicine (CAM) into consideration

WHO

The World Health Organization (WHO) has been involved with CAM since the seventies and actively supports the research, legislative implementation and **integration of traditional/complementary and alternative medicine (T/CAM, T&CM)** into national healthcare systems on a global scale (see picture 11) since 2001. The current WHO document regarding CAM is the **WHO for Traditional Medicine Strategy 2014–2023** (see page 87).



Picture 11

The World Health Organization (WHO) has repeatedly recommended that the integration of alternative medicine (CAM) be integrated into healthcare systems.

WHA

In 2014, **The World Health Assembly (WHA)**, with members from 194 states, unanimously voted in favour of the **Declaration of the WHA on traditional medicine** which urges the national states to implement the Strategy of WHO for Traditional Medicine 2014–2023, i.e. it urges them to the gradually integrate CAM into the healthcare systems (see page 92).

The World Health Assembly (WHA) In its unanimously approved declaration by the representatives of 194 states in 2014 **The World Health Assembly (WHA) URGES THE NATIONAL GOVERNMENTS** to develop national policies for alternative medicine (CAM) and integrate them into their healthcare systems.



European Commission

The European Commission financed the pan-European research project CAMbrella (2010–2012) within the 7th Framework Programme for Research and Technological Development. This project forms the basis of a prospective coordinated approach to CAM in the EU. A total of 16 research institutes from 12 European countries participated in the project. The final report on the project and the following document A Research Roadmap for Complementary and Alternative Medicine – What We Need to Know by 2020 unambiguously recommend further research in the area of CAM and its rational integration into the EU member states' healthcare systems (see page 97).

2010–2012 – Pan-European Research Project CAMbrella

Scientists from 12 countries studied the status of alternative medicine (CAM) in the EU.

RECOMMENDATIONS to the creators of national healthcare policies:

- Develop **CAM research**
- Evaluate the **health and economic advantages of CAM**
- Expand **the models for integrating CAM** into healthcare

European Parliament

The European Parliament approved the Resolution on the status of non-conventional medicines as early as in 1997 (see page 130). Since 2010 the European Parliament has regularly discussed the use of CAMs potential in light of the recent crises regarding the financial sustainability of healthcare systems and the strengthening menace of antimicrobial resistance (see page 126). Some of the discussed topics:

April 2011	Healthy ageing, chronic diseases and CAM	Chart 9
March 2012	Cancer and the contribution of CAM	
June 2013	CAM: Investment in health	
April 2014	CAM: Decrease of the consumption of antibiotics	

On 9th October 2012 the international conference 'CAM: Innovation and Added Value for European Healthcare' (see page 126) was held in the European Parliament. The final resolution 'Call for Action' was approved by all the participants of the conference (see page 134) and contains the following:

The current situation of CAM in Europe:

- More than **100 million European citizens** utilize CAM.
- CAM has important potential regarding health and finance.
- The evidence base concerning the safety and efficiency of CAM has grown substantially thanks to the conducted research.
- High-quality university education guaranteed by professional chambers has been developed.

The member states should therefore:

- Ensure the rational use of CAM by citizens and an equal access to CAM for all citizens,
- Integrate CAM into their national healthcare systems in a suitable manner,
- Introduce qualifications, accreditation or license systems for CAM providers.

9 October 2012 – International Conference on CAM

in the European Parliament – the final resolution 'Call for Action':

CAM is a requested, promising and professionally developed area of care.

The member states should:

- **provide** their citizens with a rational use of CAM
- **integrate CAM into the national healthcare systems,**
- **introduce licence systems for CAM providers.**



On 16 October 2017 the international workshop Complementary and Alternative Therapy for Patients Today and Tomorrow was organized in the European Parliament by the Committee on the Environment, Public Health and Food Safety (ENVI) (see page 128). The following topics were discussed:

The current situation in Europe:

- *The current healthcare situation is not sustainable in the long term.*
- *The number of chronically ill patients is growing.*
- *The resistance of antibiotics is deteriorating.*
- *197,000 European citizens die from the side effects of medicines annually.*

Suggestions:

- *It is necessary to consider the use of forms of healthcare which as of yet are unrecognized but that are empirically proven.*
- *It is necessary to further CAM research with the aim of integrating it into the healthcare systems.*
- *It is necessary to focus on prevention as 70–80% of the costs may be saved due to prevention.*

***16 October 2017 – International workshop on CAM
in the European Parliament:***

As the crises of European healthcare systems continue it is necessary to:

- ***utilize the potential of CAM***
- ***further CAM research with the aim of integrating it into healthcare systems***
- ***focus on prevention (potentially considerable cost reduction)***

NATO

In 2017, the NATO Science and Technology Organization published a comprehensive report Integrative Medicine Interventions for Military Personnel (see page 140), which addresses the use of CAM within the forces of NATO, based on long-term research:

Situation:

- *The supply and demand CAM within the military structures have both grown substantially (more than 50% of the military personnel utilizes CAM).*
- *Dissatisfaction with the existing healthcare systems is growing and yet the cost of conventional treatment is rising and becoming a threat.*
- *Government programmes are increasingly involved in CAM and investments in the research and development of CAM are rising: the National Centre for Complementary and Integrative Healthcare in the USA has increased its budget from 1 million (1993) to 123 million dollars (2014).*

The target of the research group NATO RTG HFM-195:

- *To evaluate the current situation for CAM; to evaluate the possible contribution of CAM in increasing the efficiency of healthcare within NATO forces: to form the basis for further research (for further implementation of the selected methods of CAM into the army healthcare systems).*

2017 – Technical Report NATO – Science and Technology Organization

Integrative Medicine Interventions for Military Personnel

- *conventional treatment is high in **cost** yet **the trust** in such treatment **is declining***
- *use of **CAM** within the army **is growing** considerably (**50%** of military personnel utilizes CAM)*
- *it is necessary to further the research on CAM and on use it as a base for **implementing the selected modalities of CAM** in order to **increase the efficiency of** healthcare within the NATO forces*



The Council of Europe

The Council of Europe is an international organization consisting of **47** countries. **In 1999, The Parliament Assembly of Council of Europe approved the Resolution of the Parliament Assembly of Council of Europe 1206 (1999): A European approach to non-conventional medicines:**

The Council of Europe **supports that non-conventional medicines should be accepted** and patients are given the **freedom of choice** in the area of healthcare; **it emphasizes that the qualifications of practitioners of non-conventional medicines are should be enhanced** in connection with the Resolution of the European Parliament from 1997, which highlights the importance of **research programmes** concerning the safety and efficiency of CAM (see page 138).

1999 – Resolution 1206 (1999) of the Parliament Assembly of the Council of Europe:

A European approach to non-conventional medicines:

- support that **CAM be accepted** and patients' **freedom of choice**
- focus on the **development of research** (safety and efficiency of CAM)
- focus on the development of **university education** in CAM

National Governments

Citizens call for CAM. It is the duty of democratic governments to create an environment conducive to developing it

Countries have responded to the high demand and development of CAM by gradually taking steps that lead towards **integrating CAM into the public healthcare systems** (see page 167) – the most progressive countries, besides East Asian states, are **Australia, Canada, the USA** and “the old EU member states, especially **Switzerland, Great Britain and Germany** (e.g. Switzerland integrated homeopathy, acupuncture, anthroposophic medicine, traditional Chinese and plant medicine into the healthcare system in 2017 and these methods are covered by the health insurance (see page 172).

Country	National or university CAM research institute	University education – CAM methods as specializations	Cooperation between CAM and conventional medicine in hospitals	CAM covered by health insurance
USA	YES	YES	YES	YES
Switzerland	YES	YES	YES	YES
Great Britain	YES	YES	YES	YES
Germany	YES	YES	YES	YES
Czech Republic	NO	NO	NO	NO

Chart 10



The Situation in the Czech Republic

Those who are ignorant about serious alternative medicine (CAM), become easy victims for swindlers

The public:

According to research from the agency STEM/MARK, **85% of Czech citizens** agree that alternative medicine should be an accepted form of treatment (see page 207). One example of an issue that gained great support from the public is the **Petition for the Support of Josef Zezulka Biotronics**, which was **signed by 40,722 people** (see page 452). Czechs use CAM as other European citizens, but due to **a complete lack of reliable information**, they are more likely to become easy victims for swindlers.

Research:

Research is conducted only minimally and without any state support. There are no high-quality scientific journals dedicated to CAM. **Neither the public nor professionals in medicine have access to objective information** regarding: the current state of the development and research of CAM; experience from foreign clinical practice; the possibilities and limits of particular CAM methods; reliable CAM providers **at their disposal** in the Czech Republic.

Qualifications:

There are no universities which provide CAM qualifications as a Bachelor's, Master's or PhD degree. Only a limited number of universities provide their students with any information regarding CAM in the form of optional seminars.

The stance of the political representation:

There is no state support for the development of CAM. CAM is either **ignored** or efforts are made to constrict this area, regardless of the global development and **without any deeper knowledge on the topic**.

Conclusion

It is time to make space for the rational development of alternative medicine (CAM) in the Czech Republic

Against the background of the global development in healthcare it is clear that the area of complementary and alternative medicine (CAM) is **an entirely neglected, marginalized and even misunderstood domain in the Czech Republic**, despite a significant amount of interest from the public. It lies in the national interests of the Czech Republic to pay attention to the experience that foreign colleagues have gained over the past 25 years, during which CAM gradually developed in other countries (including the models of applied legislation, qualifications, certification, etc.). We must evaluate the possibilities of utilizing **the potential of CAM for the benefit of the citizens of the Czech Republic** and gradually take the first steps in this direction. This informative publication Alternative Medicine (CAM) in the World was written with this aim in mind and we believe it will become a useful source of current information regarding this diverse area of healthcare and that it **will contribute to the further development of complementary and alternative medicine (CAM) in the Czech Republic**.



Professional Chamber Sanator – the Union of Biotronicists of Josef Zezulka (KoS)

The professional chamber Sanator – the Union of Biotronicists of Josef Zezulka (hereinafter the professional chamber Sanator, abbreviation KoS) is a professional organization – chamber, representing the branch Josef Zezulka Biotronics.

***Josef Zezulka Biotronics** (hereinafter Biotronics) is a branch of spiritual influence, which was formed in Prague in the fifties of the 20th century. Biotronics is related, by its character, to the methods of CAM, which work with bioenergy or life force. Josef Zezulka, the founder of Biotronics, elaborated an exact methodology of this branch and proved its efficiency throughout his lifelong practice and also during a trial at a medical workplace in 1982. This, however, was further discontinued by the communist regime.*

*At present, Josef Zezulka Biotronics is represented by his disciple and follower, **biotronicist – sanator Tomáš Pfeiffer**. He chairs the professional chamber Sanator whose mission it is to unite, train, educate and send into practice the candidates of the Josef Zezulka Biotronics; to **guarantee the qualifications of biotronicists, designated in Josef Zezulka Biotronics**; and to cooperate with other spiritual teachings, organizations, medicine and other related branches.*

*In 2017, the professional chamber Sanator became a member of **the EU Health Policy Platform of the European Commission**. Since 2017 its representatives have regularly participated in **international conferences and workshops on CAM**, organized by national institutions and organizations (see page 447).*



Pictures 12, 13 – *sanator **Tomáš Pfeiffer**
at the International Conference on **CAM** in the European Parliament
on 16th October 2017*

Petition for the Support of Josef Zezulka Biotronics

The interest of the Czech public is also evidenced by the Petition for the Support of Josef Zezulka Biotronics (see page 452).

The petition collected a total of

40,722 signatures.

The petition was handed over to the representatives of the Parliament and the Senate of the Czech Republic on 29th June and 18th July 2018.

We would like to thank everyone who signed the petition for their help and support.

The professional chamber Sanator – the Union of Biotronicists of Josef Zezulka



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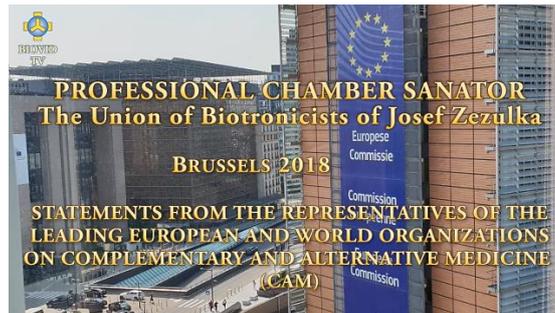




Appendix to the book on the Internet

1. The recording of the discussion between the Sanator Tomáš Pfeiffer, the representative of the Professional Chamber Sanator, and the world's leading experts in CAM in Brussels on 6 June 2018.

<https://www.dub.cz/en/conference-in-brussels>



2. Responses to the biotronic therapy – video recordings of the interviews

<https://www.dub.cz/en/the-treatment-of-cancer-20-years-of-the-successful-treatment-by-biotronic-healing>



<https://www.dub.cz/en/treatment-of-cancer-with-biotronics>



3. All responses to the biotronic therapy – letters and e-mails

<https://www.dub.cz/en/peoples-experience-with-biotronics>



List of Abbreviations

ANME	Association for Natural Medicine in Europe
CAM	Complementary and alternative medicine
CIM	Complementary and integrative medicine
CAMbrella	A pan-European research project, conducted from 2010 to 2012, to map the situation in CAM in Europe. It is also the name of the organization that conducts the research in Europe in order to further the practical integration of CAM into healthcare.
CAMDOC	An alliance of about 130 European associations of doctors practicing CAM with the mission to develop and ease the integration of well-established and respectable CAM methods into European healthcare policies.
CAMIG	CAM Interest Group – an informal group of members of the European Parliament with a special interest in complementary and alternative medicine. The aims of the group are to put and maintain CAM on the EU policy programme, to create a forum to discuss and support raising the awareness of CAM and its importance within healthcare.
ČAOL	Czech Association of Professional Healing
ČLK	Czech Medical Chamber
DH	Distant healing
EBM	Evidence-based medicine
ECCH	European Central Council of Homeopaths
ECH	European Committee for Homeopathy
ECHAMP	European Coalition on Homeopathic and Anthroposophic Medicinal Products.
ECPM	European Council of Doctors for Plurality in Medicine
EFCAM	European Federation of Complementary and Alternative Medicine
EFHPA	European Federation of Homeopathic Patients' Associations
EFO	European Federation of Osteopaths
EFPAM	European Federation of Patients' Organisations for Anthroposophic Medicine
EHTPA	European Herbal & Traditional Medicine Practitioners Association
EPAAC	European Partnership for Action Against Cancer
ETCMA	European Traditional Chinese Medicine Association
EU	European Union
EUAA	European Ayurveda Association
EUHPP	EU Health Policy Platform. The European Commission's discussion forum open to various organizations which are interested in contributing to a better EU healthcare policy. Discussions are held both online and offline.
EURAMA	European Ayurveda Medical Association



EUROCAM	The network of European multinational patient and medical organizations of CAM, CAM tutors and trained practitioners who aim to support CAM in order to contribute to better healthcare in Europe. The largest, and principal, CAM organization for unified communication with the EU, where it pursues the integration of CAM into the legislation of the European Union.
GP	General practitioner
IAVH	International Association for Veterinary Homeopathy
ICMART	International Council of Medical Acupuncture and Related Techniques
ISCMR	International Society for Complementary Medicine Research
IVAA	International Federation of Anthroposophic Medical Associations (Internationale Vereinigung Anthroposophischer Ärztgesellschaften)
KAM	The Czech abbreviation for CAM – komplementární (doplňková) a alternativní medicína
KoS	Professional Chamber Sanator – the Union of Biotronicists of Josef Zezulka (<u>K</u> omora <u>S</u> anator)
M.D.	Medical Doctor
MEDLINE	The largest bibliographic database for biomedicine and healthcare operated by the National Medical Library in the USA. It is freely accessible through the portal PubMed.
NAFKAM	Norway's National Research Centre in Complementary and Alternative Medicine (Nasjonalt forskningscenter innen komplementær og alternativ medisin).
NATO	North Atlantic Treaty Organization
NCCAM	National Center for Complementary and Alternative Medicine. The original name of NCCIH.
NCCIH	National Center for Complementary and Integrative Health. Previously NCCAM.
NHS	National Health Service
OCCAM	Office of Cancer Complementary and Alternative Medicine (in the USA).
PUBMED	Web portal for free access to the database MEDLINE
RCT	Randomized controlled trial
TCM	Traditional Chinese Medicine
TM	Traditional Medicine
T&CM	Traditional and Complementary Medicine
WHO	World Health Organization





PART 1

**Complementary and Alternative
Medicine**

(CAM)

in the World



*'The only great art of medicine is to cure the patient.
It is not important how it is accomplished.'*

Hippocrates



Basic Terms

Throughout the world, a variety of terms are used for non-medical treatments. We will start by defining the terms we use in this book. The most common term is “**complementary and alternative medicine**” (**CAM**). This compound term suggests that, in relation to conventional medicine, all other treatments are currently perceived (and used in practice) in one of two ways: as a different path – **an alternative**, or as a **complement**. Other general terms used for this field of care are e.g., “non-conventional medicine”, “natural medicine”, and “traditional medicine”. The terminology has not been fully unified.

This publication uses the term “**complementary and alternative medicine**” and based on the current prevalent usage of the European Union and the US, we also adopt the abbreviation **CAM**.

Traditional Medicine vs. Complementary and Alternative Medicine

The World Health Organization (WHO) has studied alternative non-medical treatments worldwide for a long time and uses the terms “traditional medicine” and “complementary and alternative medicine”.

WHO primarily uses the term **traditional medicine (TM)** in documents concerning Africa, Latin America and Asia, where non-medical treatment is often directly linked to local tradition.

In documents about Europe, North America and Australia, WHO used the term **complementary and alternative medicine**, which reflects the central position of scientific medicine in these places.

The terms TM and CAM are not identical but overlap considerably as traditional eastern therapies (e.g., traditional Chinese medicine, acupuncture, etc.) have been increasingly used in Western countries, where they are classified under CAM. In documents of a more general nature, WHO, therefore, often uses the abbreviations **TM/CAM**¹ and **T&CM**².

Integrative Medicine

The term “**integrative medicine**” (**IM**, sometimes also translated as “integrated medicine”) refers to a modern approach to patient care where **conventional medicine is combined with complementary and alternative medicine**.

It is not a simple case of adding one method to another, but a **new concept of health and healthcare**. This reflects the definition of health from 1950s according to which health is “a state of complete physical, mental and social well-being and not just the absence of disease or illness” (WHO, 1948)³. Integrative medicine respects the fact that human health is determined by many different factors, including lifestyle and social environment.

IM is characterized by its **holistic approach** and emphasis on **preventive measures and a healthy lifestyle**. It stimulates the innate **self-healing abilities of the organism** and rationally **combines appropriate therapeutic procedures** in order to find the best treatment.

¹ WHO. WHO Traditional Medicine Strategy 2002–2005 [online]. 2002, p. 7, 8 [cit. 2018-04-01]. Available from: http://www.wpro.who.int/health_technology/book_who_traditional_medicine_strategy_2002_2005.pdf

² WHO. WHO Traditional Medicine Strategy 2014–2023 [online]. 2013, ISBN 978 92 4 150609 0, p. 7 [cit. 2018-04-01]. Available from: http://www.who.int/medicines/publications/traditional/trm_strategy14_23/en/.

³ INSTITUTE OF MEDICINE (US). Committee on the Use of Complementary and Alternative Medicine by the American Public. *Complementary and Alternative Medicine in the United States* [online]. Washington (DC): National Academies Press (US); 2005, p. 210 [cit. 2016-06-12]. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK83790/>



CAM Treatment Methods

The classification of CAM treatment methods has not been fully unified. This is one of the most commonly used classification systems, which was put together by the US National Center for Complementary and Alternative Medicine (NCCAM, NCCI today) in 2000:

1. **alternative treatment systems** (e.g., traditional Chinese medicine, Ayurveda, homeopathy, and naturopathy),
2. **“mind-body” therapy** (mind-based therapy that has a subsequent effect on the body, such as meditation),
3. **biologically based treatment methods** (herbal, mineral and other natural remedy therapies),
4. **manipulation and body-based methods** (chiropractic, massage, etc.), and
5. **energetic therapies** (therapies using the human energy field, e.g., qi-kung/qi gong (part of traditional Chinese medicine), reiki, and healing touch).⁴

⁴ Ibid., page 18.



1 CAM from the Perspective of World Science

1.1 Published CAM Research in Figures

*The past 25 years have seen **crucial advances in research** methodology for complementary and alternative medicine. **The scientific public is increasingly interested in the therapeutic potential of CAM therapy.***

*The best source of “hard data” documenting the extent of research activity in one direction or another are **electronic databases containing citations and annotations from conducted research.***

*With regard to medicine and related sciences, one of the most important information sources is **the database MEDLINE**. MEDLINE is a “bibliographic database for biomedicine and healthcare that became a gold standard thanks to its range, user comfort and the ongoing development of the portal PubMed.”⁵ The **US National Medical Library** is used by medical students, physicians and other healthcare professionals around the world and contains over 24 million records from 1966 and forward. This extensive database contains records with bibliographic descriptions and abstracts of articles from about 5,200 professional journals published worldwide in 40 different languages (the majority in English). The database is updated daily and about 700,000 entries are added annually. It is accessible online via the **PubMed** portal and is available to the public free of charge⁶.*

*The following surveys (from 2003 and 2015) are based on MEDLINE (PubMed). They **show a noticeable increase in CAM research activity.***

1.1.1 Increase in the Number of Randomized Controlled Studies and Meta-Analyzes in the Field of CAM from 1982 to 2002

(MEDLINE – PubMed survey)

*One of the MEDLINE surveys was conducted at the request of the National Institute of Health (NIH) and the US Agency for Health Research and Quality as a part of preparing a comprehensive report on the CAM situation in the US. This survey unambiguously illustrates the **increase in randomized controlled research and meta-analyses in CAM between 1982 and 2002.***

⁵ LF UPOL. MEDLINE a PubMed: základní fakta a vyhledávání „krok za krokem“. *Výukový portál Lékařské fakulty Univerzity Palackého v Olomouci* [online]. 2011 [cit. 2018-07-02]. [Faculty of Medicine and Dentistry, Palacký University in Olomouc. MEDLINE and PubMed: Basic Facts and Step-by-Step Search. *Educational Portal of the Faculty of Medicine at the Palacký University, Olomouc* [online]. 2011 [cit. 02/07/2018].] Available from: <https://mefanet.upol.cz/clanky.php?aid=50>

⁶ INSTITUTE OF MEDICINE (US). Committee on the Use of Complementary and Alternative Medicine by the American Public. *Complementary and alternative medicine in the United States* [online]. Washington, D.C.: National Academies Press, 2005, p. 130 [cit. 2018-07-02]. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK83790/>.



The report assesses the situation of CAM in the US. It was prepared by the Institute of Medicine, and it was published under the title Complementary and Alternative Medicine in the United States in 2005. We further quote this report:

“Figure 5-1 charts (here Figure 1, editor's note) the tremendous growth in the number of RCTs over the past 20 years, and Figure 5-2 (here Figure 2, editor's note) shows that the rate of increase of reviews and meta-analyses is even greater. These increases parallel general trends of growth in trials and meta-analyses over the past twenty years (...). Despite these developments, however, limitations of MEDLINE persist: not all studies in MEDLINE are indexed with the appropriate terms (...), and many reports, especially in the field of CAM, are not included on MEDLINE (...).”⁷

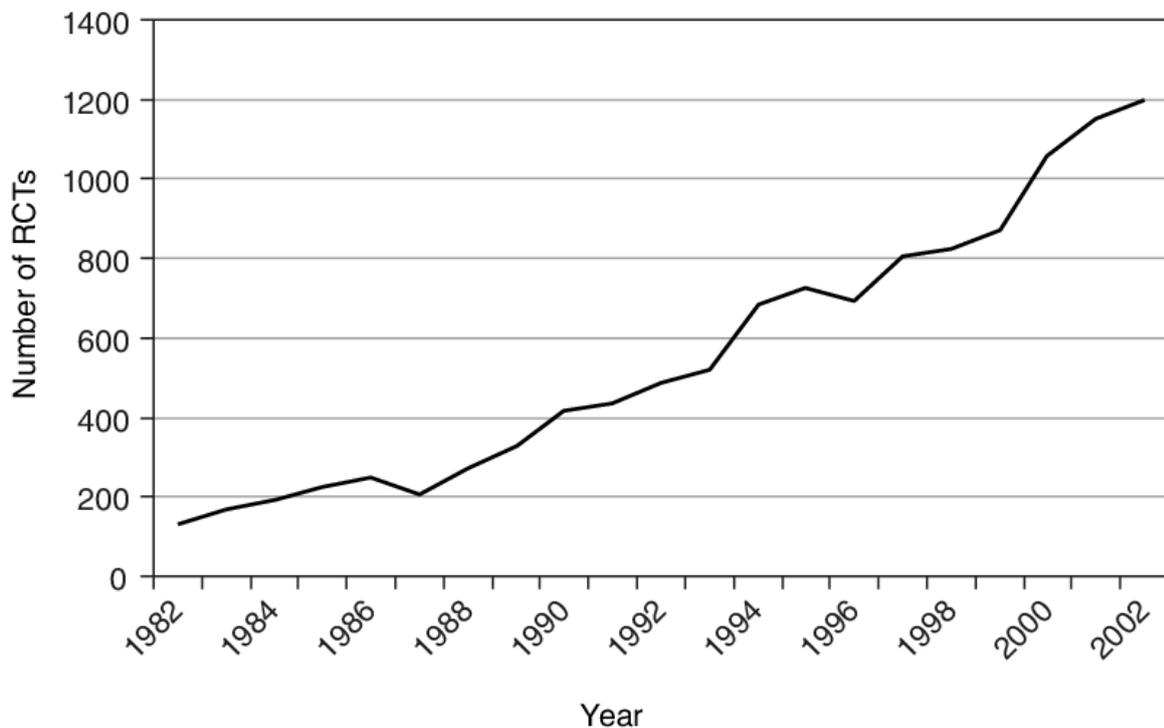


Figure 1 – Number of **randomized controlled CAM studies** listed in MEDLINE, **1982 to 2002**. Data from December 11, 2003.

Source: *Complementary and alternative medicine in the United States* [online].
<http://www.ncbi.nlm.nih.gov/books/NBK83790/>

⁷ INSTITUTE OF MEDICINE (US). Committee on the Use of Complementary and Alternative Medicine by the American Public. *Complementary and alternative medicine in the United States* [online]. Washington, D.C.: National Academies Press, 2005. p. 130 [cit. 2016-06-12]. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK83790/>.

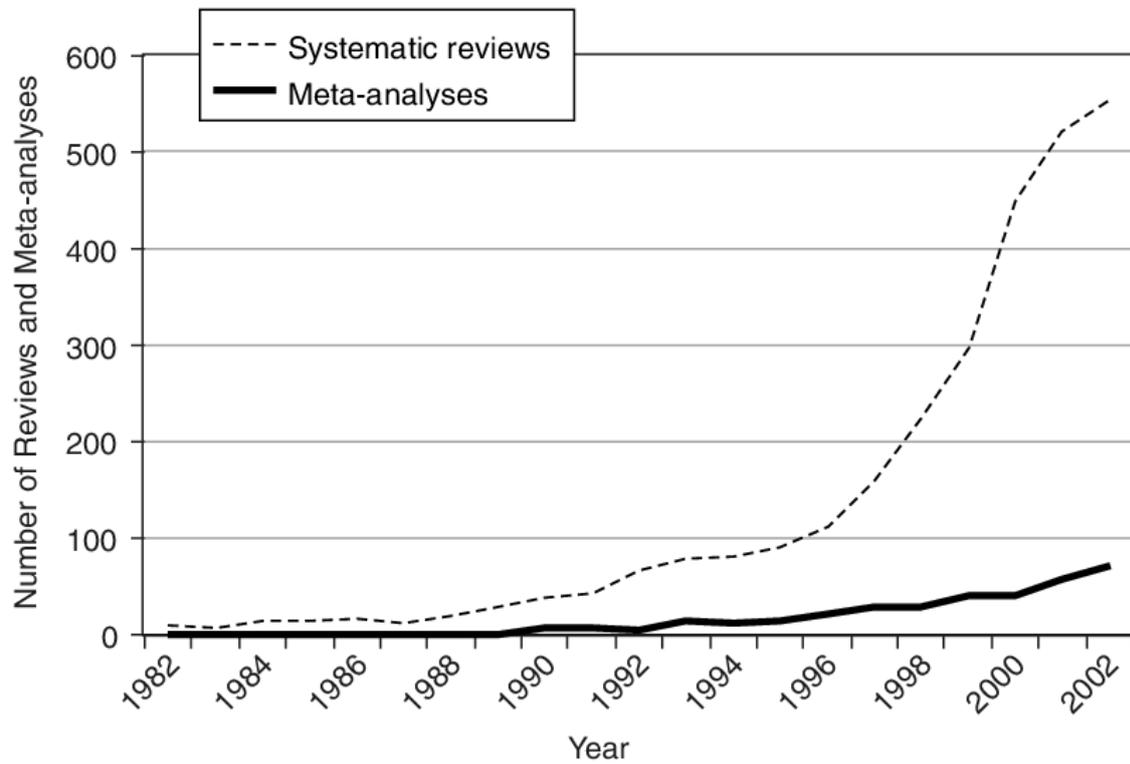


Figure 2 – Number of **systematic reviews and meta-analyses** related to CAM listed in MEDLINE from **1982 to 2002**. Data from December 11, 2003.

Source: *Complementary and alternative medicine in the United States* [online].
<http://www.ncbi.nlm.nih.gov/books/NBK83790/>

1.1.2 Overview of Randomized Controlled Research for Individual CAM Therapies up until 3 December, 2015

(database PubMed)

Another PubMed database survey on **CAM research** was presented at the **International Congress for Integrative Health and Medicine in Stuttgart (9-11 June, 2016)**. Professor Dieter Melchart, Director of the Competence Center for Complementary Medicine and Naturopathy (CoCoNat)⁸ at the Technical University of Munich, a prominent CAM researcher not only in Germany, but also in Switzerland and China, used the results of the survey in his presentation *Integrative Medicine Research in CoCoNat*. The following chart (Figure 3) shows the **number of trials of individual therapies conducted up until 3 December, 2015**.

TOP 10 of CAM-Research in PubMed

accessed on 3 December 2015

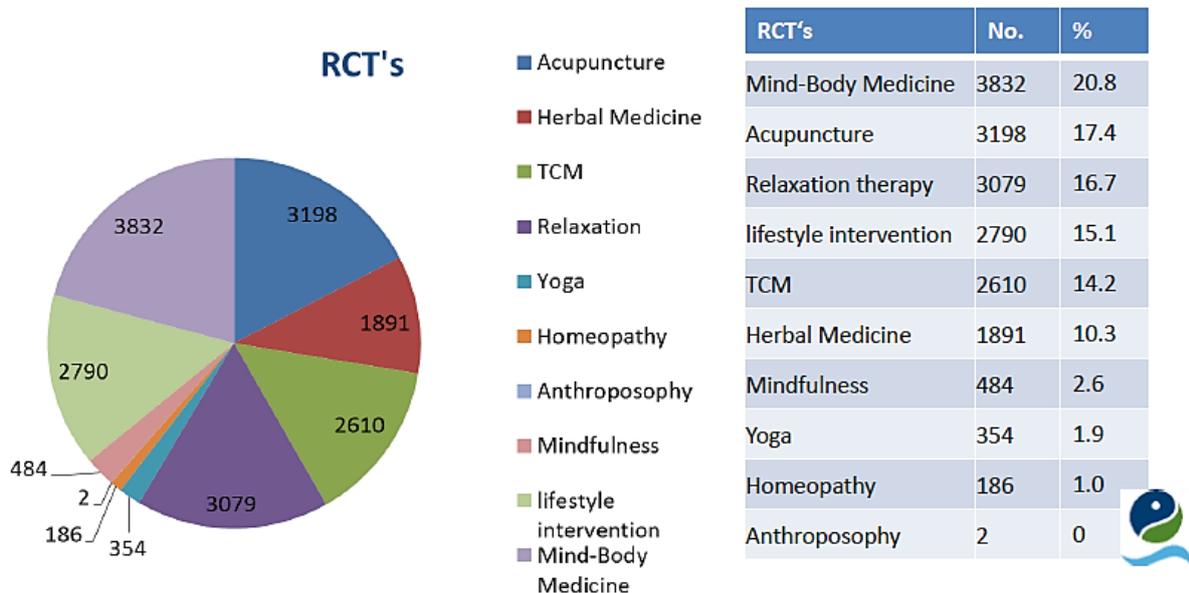


Figure 3 – Number of **randomized controlled research studies of the ten most studied CAM methods**. Overall, over **18,400** randomized controlled trials had been carried out within CAM up until 3 December, 2015.

Source: MELCHART, Dieter. Integrative Medicine-Research in CoCoNat [online]. <http://icim.damid.de/en/presentations/28-friday-june-10-2016-freitag-10-juni-2016/281-track-12.html>.

⁸ MELCHART, Dieter. Integrative Medicine-Research in CoCoNat [online]. International Congress for Integrative Health & Medicine June 2016 – Stuttgart. p. 3 [cit. 2016-06-26]. Available from: <http://icim.damid.de/en/presentations/28-friday-june-10-2016-freitag-10-juni-2016/281-track-12.html>.



1.2 Professional Journals and CAM Publications in Figures

1.2.1 Rising Number of Scientific Journals on CAM

There are also other sources, in addition to MEDLINE (PubMed) that provide information describing the activity in a given field of science. International scientific databases of periodicals providing information on scientific journals are especially important. Examples of these are **Web of Science**, **Scopus**, **ERIH**, and **Ulrich's Periodicals Directory**.

The online magazine **Research Trends** regularly publishes the most up-to-date findings on scientific trends based on bibliometric analyses. In 2013, Dr. **Gali Halevi** published an article called **Ancient Medicine in Modern Times**⁹, which addresses the development of CAM, as reflected in the number of quotes from professional journals dedicated to this area of health care. His study, which we cite here, is based on the international scientific databases Ulrich's Periodicals Directory and Scopus. The published charts correspond to the PubMed database analyses and, again, **confirm the global trend of significant development of complementary and alternative medicine:**

“According to Ulrich's Global Serials Directory¹⁰ (<http://ulrichsweb.serialssolutions.com>) there are **358 active scientific journals categorized as CAM journals**. Figure 1 visualizes the top publishing countries in the area of CAM.”¹¹

“It is interesting, though, to see leading Western countries such as the United States and Canada in North America and the United Kingdom, Germany, and France in Europe taking a leading role in the publication of CAM journals. This could be interpreted as an indicator of the high penetration rate of alternative medicine in the Western world.”

“The number of new CAM journals launched in the past few decades tells a lot about the increasing scientific interest in Alternative Medicine.”

“The growth of scientific journals focusing on CAM can be attributed to the direct funding of CAM research received in the 1990s. In 1998, for example, the United States congress established the National Center for Complementary and Alternative Medicine (NCCAM) at the National Institutes of Health. The NCCAM funds university-based centres for research on CAM.”

“In addition to the trends in growth of journals published in this area, we also examined the citations characteristics of this topic and especially the growth of cited references to CAM journals, the top **cited** CAM journals and the top **citing** journals from disciplines other than CAM. The purpose of this analysis was to try and establish how this topic evolved in terms of its scientific activity and the manner of exchange between CAM research and other disciplines.”

“As can be seen in Figure 4 (*here Figure 5, editor's note*), there is an evident and significant growth in the number of cited references to CAM journals and articles through the years. This could indicate a growing research agenda and scientific network around topics and issues related to CAM.”

“Moreover, Alternative Medicine and complementary health services are becoming an integral part of mainstream medical practices and are in many countries sponsored by governments' health

⁹ HALEVI, Gali. Ancient medicine in modern times. *Research Trends* [online]. December 2013 [cit. 2012-02-21]. Available from: <http://www.researchtrends.com/issue-35-december-2013/ancient-medicine-in-modern-times/>.

¹⁰ *Ulrich's global directory of periodical literature*

¹¹ *Editor's note: Colour highlighting - KoS (applies to the entire publication).*



systems. Practices that could have been considered esoteric or exotic a couple of decades ago, are now to be found almost everywhere in the world.”

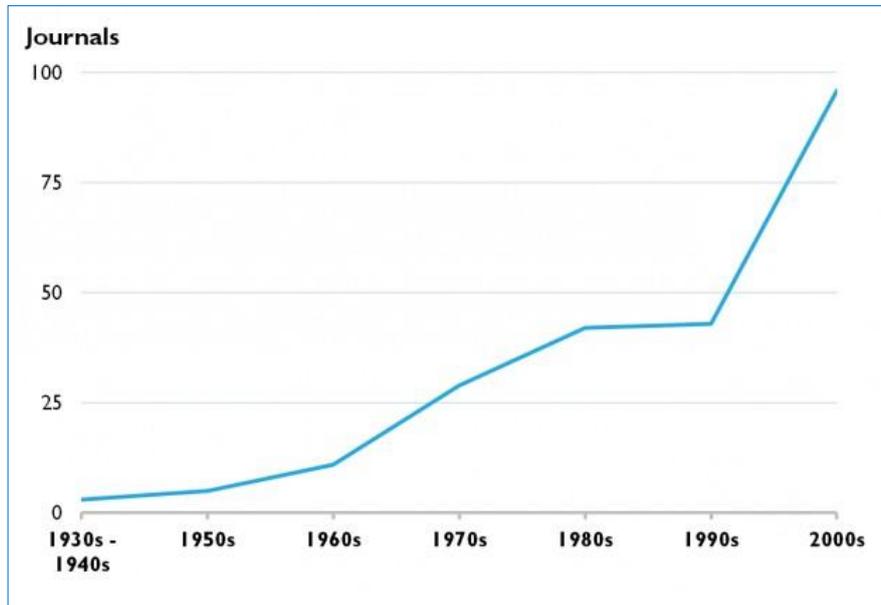


Figure 4 – **Growth in the number of CAM journals launched.** Source: Ulrich’s Global Serial Directory

Source: HALEVI, Gali. Ancient medicine in modern times [online].
<http://www.researchtrends.com/issue-35-december-2013/ancient-medicine-in-modern-times/>.

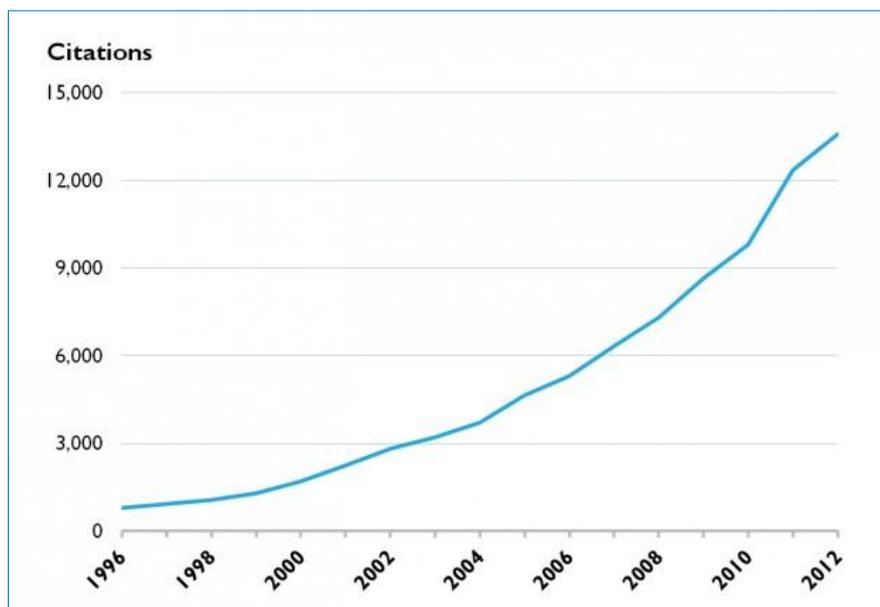


Figure 5 – **Cited References to CAM journals and articles.** Source: Scopus.com

Source: HALEVI, Gali. Ancient medicine in modern times [online].
<http://www.researchtrends.com/issue-35-december-2013/ancient-medicine-in-modern-times/>.

See the Recommended Links on page 232 for a selection of reviewed scientific journals about CAM.



1.2.2 Growth in the Number of Acupuncture-Related Publications between 1980 and 2016

(PubMed)

Giuseppe Lupi, President of SIRAA (Italian Society of Reflexology, Acupuncture and Auriculotherapy) is the author of the following report based on PubMed. The report was presented at the International Congress for Integrative Health and Medicine in Stuttgart on 11 June, 2016 as part of his lecture on the positive results of using acupuncture on oncology patients undergoing chemotherapy or radiotherapy¹².

Acupuncture is one of the most frequently used CAM methods and has already been recognized and legalized in many developed countries. This chart shows a **steady increase** in the publishing activity in the field of acupuncture **from the beginning of the 21st century to the present**.

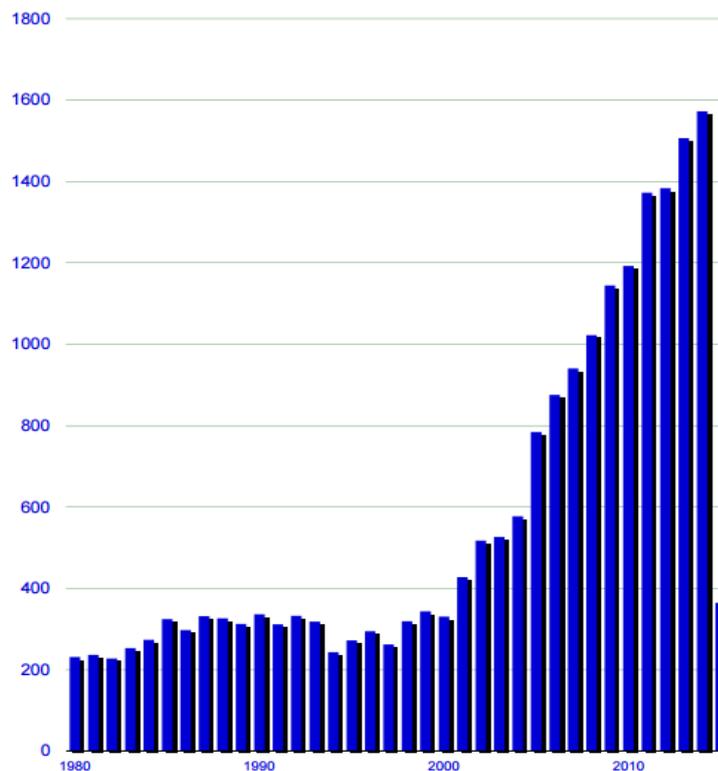


Figure 6 – **Acupuncture PubMed Publications: 1980 to present**

Source: LUPI, Giuseppe. Acupuncture as a complementary therapy in patients with cancer: the experience of a Regional Public Health Service in Italy [online].

http://icihm.damid.de/images/Presentations/Track19_Lupi_Stoccarda_2016_def.pdf

¹² LUPI, Giuseppe, MD. Acupuncture as a complementary therapy in patients with cancer: the experience of a Regional Public Health Service in Italy [online]. International Congress for Integrative Health & Medicine June 2016 – Stuttgart, p. 4 [cit. 2016-06-26]. Available from:

http://icihm.damid.de/images/Presentations/Track19_Lupi_Stoccarda_2016_def.pdf



1.2.3 Growth in the Number of Phytotherapy-Related Publications between 1990 and 2007

(PubMed)

Similar to acupuncture, a steady upward trend was observed in the case of phytotherapy, i.e. herbal, plant therapy. The following chart, showing an increase in publications on phytotherapy in PubMed, was presented at the Workshop on Alternative Medicines held at the European Parliament in Brussels on 30 November, 2011. The meeting was initiated and held by the European Parliament's Committee on the Environment, Public Health and Food Safety (ENVI) and representatives of the European Commission participated.¹³

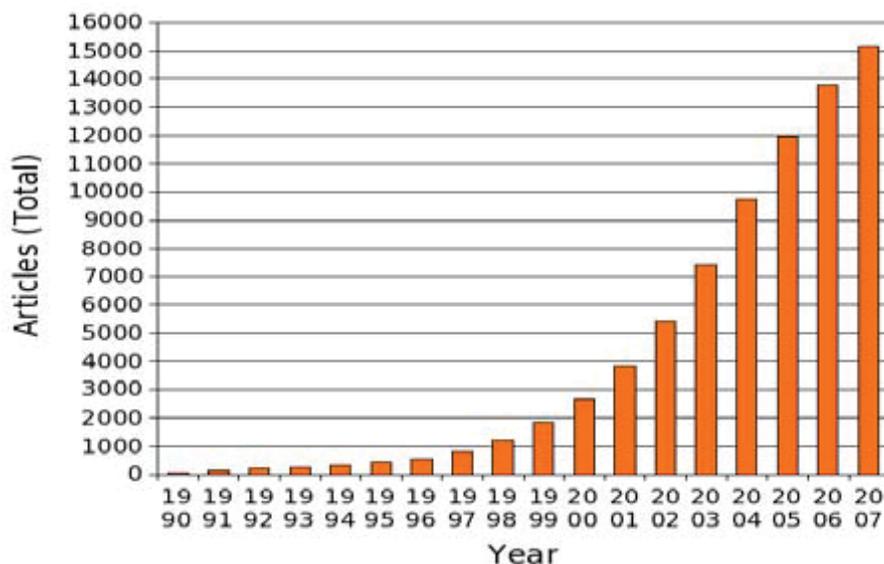


Figure 7 – **Publications on phytotherapy in PubMed:**
from 1990 to 2007

Source: European Parliament. *Workshop Alternative Medicines 2011* [online].
[http://www.europarl.europa.eu/RegData/etudes/workshop/join/2011/475079/IPOL-ENVI_AT\(2011\)475079_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/workshop/join/2011/475079/IPOL-ENVI_AT(2011)475079_EN.pdf)

¹³ European Parliament. *Workshop Alternative Medicines 2011* [online]. p. 81 [cit. 2016-07-17]. Available from: [http://www.europarl.europa.eu/RegData/etudes/workshop/join/2011/475079/IPOL-ENVI_AT\(2011\)475079_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/workshop/join/2011/475079/IPOL-ENVI_AT(2011)475079_EN.pdf)



1.2.4 Increase of the Term Energy Medicine in Books Published in English between 1968 and 2008

In English-speaking countries, the term “energy medicine” refers to therapies that work with the human energy system. They primarily work with bioenergy, i.e. vital energy, and include “Healing Touch”, qi-kung/qi gong, and reiki. Other therapies are sometimes included in this category as well.

*Energy medicine is the subject of **James Oschman**'s book Energy Medicine: The Scientific Basis from 2016¹⁴. The book presents the following chart, which shows an increasing usage of the term “energy medicine” in literature written in English, and demonstrates the increased interest in such aid.*

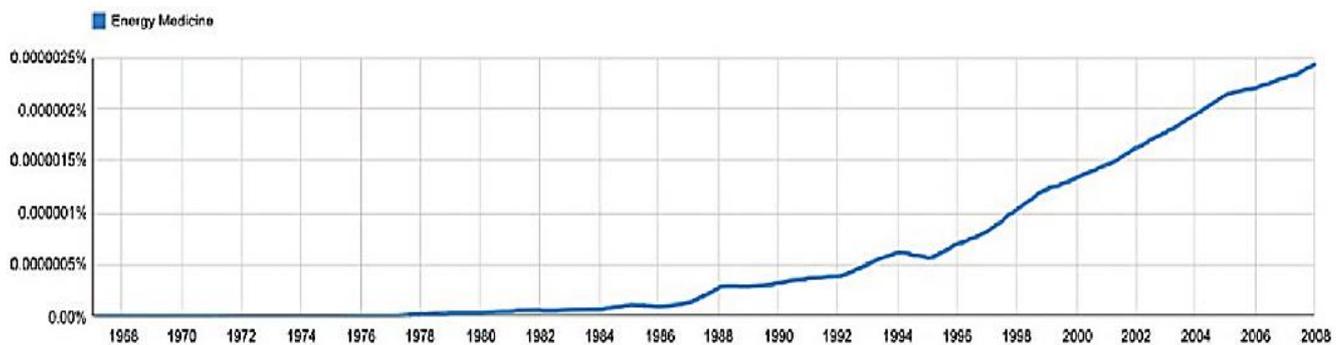


Figure 8 – **Increased occurrence of term 'Energy Medicine' in books published in English between 1968 and 2008**

Source: Oschman, James L. *Energy Medicine: The Scientific Basis* [online].

<https://books.google.cz/books?id=5S6DCgAAQBAJ&lpg=PP1&ots=VUTJH7rTmx&dq=energy%20medicine&lr&hl=cs&pg=PR13#v=onepage&q=energy%20medicine&f=false>

¹⁴ OSCHMAN, James L. *Energy Medicine: The Scientific Basis* [online]. Second Edition, 2016, Elsevier Health Sciences, p. 13 (xiii), ISBN 978-0-443-06729-7 [cit. 2016-08-21]. Available from: <https://books.google.cz/books?id=5S6DCgAAQBAJ&lpg=PP1&ots=VUTJH7rTmx&dq=energy%20medicine&lr&hl=cs&pg=PR13#v=onepage&q=energy%20medicine&f=false>



1.3 CAM Research Centres

The WHO Traditional Medicine Strategy 2014–2023 states that, since 1999, significant progress has been made in establishing **national research institutes** for traditional and complementary medicine worldwide (see Figure 9).

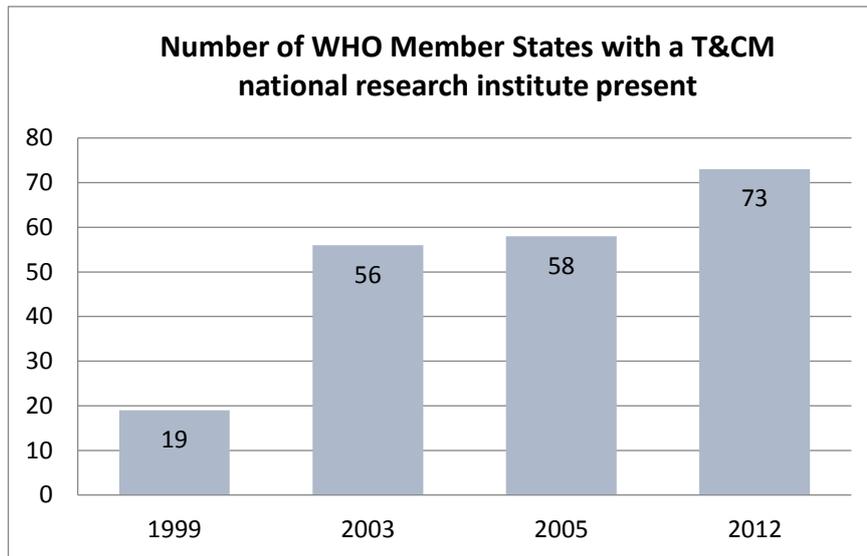


Figure 9 – **Increase in the number of national research institutes** targeting T&CAM research worldwide between 1999 and 2012 (out of **129**, the total number of countries surveyed).

Source: WHO. WHO Traditional Medicine Strategy 2014–2023 [online].
http://www.who.int/medicines/publications/traditional/trm_strategy14_23/en/

1.3.1 CAM Research Centres in the EU

(CAMbrella overview)

Between 2010 and 2012, a **list of 112 CAM research sites in the EU¹⁵**, was created during the previously mentioned pan-European survey, **CAMbrella**. The list can be found in full on pages 42–50 (see table 1). The centres that participated in the CAMbrella project are marked in gray.

The map (see Figure 10) was created using the CAMbrella table and shows the location of the **CAM research centres in the EU**. The countries marked in green have active research centres. The numbers indicate how many centres there are in each country. The countries marked in red do not have any known research centres at present.

The centre in Belgium (ECH – European Committee for Homeopathy)¹⁶ has been added to the map.

¹⁵ CAMBRELLA. Final Report of CAMbrella Work Package 8 (leader: Bettina Reiter) – CAMbrella strategy for dissemination of project findings and future networking [online]. 2012, pp. 72-80 [cit. 2016-07-12]. Available from: http://www.cam-europe.eu/dms/files/CAMbrella_Reports/CAMbrella-WP8final.pdf

¹⁶ The European Comitee for Homeopathy [online]. [cit. 2018-07-08]. Available from: www.homeopathyeurope.org/Research

There may be research centres in other European countries as well, however, there is not enough reliable information about them at present.



Figure 10 – **Number of CAM research centres in the EU countries** where complementary and alternative medicine is being studied.

*The countries marked in **green** have active research centres. The numbers indicate how many centres there are in each country. The countries marked in **red** do not have any known research centres at present. Creator of the map: KoS.*

Sources: CAMbrella. Final Report of CAMbrella Work Package 8 – CAMbrella strategy for dissemination of project findings and future networking, Annex 11: List of CAM research centres within the EU [online]. http://www.cam-europe.eu/dms/files/CAMbrella_Reports/CAMbrella-WP8final.pdf ; The European Committee for Homeopathy [online]. www.homeopathyeurope.org/Research



Annex 11: List of CAM research centres within the EU

Name	Affiliation	Country	Type of organization	Contact person	e-mail	website
Clinical Division of Oncology/Department of Medicine I	Medical University of Vienna	Austria	University	Prof. Dr. Michael Frass	michael.frass@meduniwien.ac.at	http://www.onkologie-wien.at/english/
Department of Obstetrics and Gynecology	Medical University of Vienna	Austria	University	Prof. Dr. Leo Auerbach	leo.auerbach@meduniwien.ac.at	http://www.meduniwien.ac.at/brustC/index.php?id=12
Division of Medical Biochemistry	Medical University of Innsbruck	Austria	University	Prof. Dr. Florian Überall; Dr. Johanna Gostner; Dr. Oliver Wrulich	florian.ubereal@i-med.ac.at ; johanna.gostner@i-med.ac.at ; oliver.wrulich@i-med.ac.at	http://www.i-med.ac.at/imcbc/medclinchemfolder/medclinchem.html
Institute for Homeopathic Research (IHF)	Institute for Homeopathic Research (IHF)	Austria	Public Corporation	Prof. Dr. Michael Frass; Ilse Muchitsch	ilse.muchitsch@homresearch.org ; michael.frass@homresearch.org	http://www.homresearch.org/en_index.html
International Academy for Holistic Medicine Vienna (GAMED)	International Academy for Holistic Medicine Vienna (GAMED)	Austria	Non-profit Organisation	Prof. Dr. Wolfgang Markt; Dr. Bettina Reiter	office@gamed.or.at ; markt@amed.or.at ; reiter@gamed.or.at	http://gamed.or.at
Institute of Pharmaceutical Sciences/Department of Pharmacognosy	University of Graz	Austria	University	Prof. Dr. Rudolf Bauer	rudolf.bauer@uni-graz.at	http://www.kfunigraz.ac.at/bhg
Platform for Integrative Health Research	Europ. Society for Integrative, Holistic and Environment Related Health Research	Austria	Non-profit Organisation	Dr. Hedda Sutz-Klein	office@gesundheitsforschung.at	www.gesundheitsforschung.at
Research Center Graz - Traditional Chinese Medicine	University of Graz/Medical University of Graz	Austria	University	Prof. Dr. Rudolf Bauer; Prof. Dr. Gerhard Litscher	rudolf.bauer@uni-graz.at ; gerhard.litscher@medunigraz.at	http://tcm-graz.at/english%20version/eindex.html
Research Group 'Physics of Physiological Processes'/Faculty of Physics	University of Vienna	Austria	University	Prof. Dr. Karl W. Kratky	Karl.Kratky@univie.ac.at ; karl.kratky@meduniwien.ac.at	http://homepage.univie.ac.at/karl.kratky/
COESCAM - Center for Cross-disciplinary Evaluation Studies of Complementary and Alternative Medicine	University of Southern Denmark	Denmark	University	Prof. Dr. Helle Johannessen	hjohannessen@health.sdu.dk	http://www.sdu.dk/en/cescam
Interdisciplinary CAM-research (KUFAB)	University of Copenhagen	Denmark	University	Assist. Prof. Dr. Niels Viggo Hansen	nvh@soc.ku.dk	http://kufab.ku.dk/english/
VIFAB - Knowledge and Research Centre for Alternative Medicine	Danish Ministry of Health & Prevention	Denmark	Independent under the Ministry	Dr. Helle Lønroth	hlo@vifab.dk	http://www.vifab.dk/uk/
Department of Complementary and Integrative	University Paris 13	France	University	Prof. Dr. Antoine Lazzarus	dumenat@smbh.univ-paris13.fr ; lazarus@univ-paris13.fr	http://www.smbh.univ-paris13.fr/



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Faculty of Health/Centre for Integrative Medicine	University Witten/Herdecke	Germany	University	Prof. Dr. Peter F. Matthiessen	PeterF.Matthiessen@uni-wh.de	http://www.uni-wh.de/universitaet/personenverzeichnis/details/showEmployee/matthiessen/
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Hospital for Anaesthesiology/Pain Research	University of Munich Medical Center	Germany	University	PD Dr. Dominik Imrich	dominik.imrich@med.uni-muenchen.de	http://www.klinikum.uni-muenchen.de/Klinik-fuer-Anaesthesiologie/de/forschung/Arbeitsgruppen/schmerzforschung/ag-irnich/index.html
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Department for Complementary Medicine	Medical School/University of Pécs	Hungary	University	Prof. Dr. Gabriella Hegyi	drhegyi@hu.inter.net	http://english.pte.hu/menu/96/26
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Permanent Committee of Consensus and Coordination for Non Conventional Medicine in Italy (ComCAM)		Italy	Non-profit Organisation	Dr. Paolo Roberti di Sarsina (Chairperson)	comitatomnc@comitatomnc.org; paolo.robertidisarsina@unimib.it	http://www.comitatomnc.org
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Department Public Health and Community Medicine, Sector Pharmacology	University of Verona	Italy	University	Prof. Dr. Anita Conforti	anita.conforti@univr.it	http://www.dspmc.univr.it/?ent=persona&id=1110&lang=en
Endocrinology Unit/Department of Systems Medicine,	Tor Vergata University, Rome	Italy	University/Individual	Prof. Dr. Giovanna Franconi	giovanna.franconi@uniroma2.it	http://www.giovannafranconi.it/
Institute of Translational Pharmacology	CNR - National Research Council - Rome	Italy	Public	Dr. Luigi Manni	luigi.manni@ift.cnr.it	http://www.cnr.it/sitocnr/EnglishVersion/EnglishVersion.html
Observatory and Methods for Health, Department of Sociology and Social Research	University of Milan-Bicocca	Italy	University	Prof. Dr. Mara Tognetti Bordogna (Director); Dr. Paolo Roberti di Sarsina	mara.tognetti@unimib.it; paolo.robertidisarsina@unimib.it	http://www.sociologiadiip.unimib.it/dipartimento/ricerca/centri.php ; http://www.master-sistemisanitari-medicinenonconvenzionali.org
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Scuola Superiore Sant'Anna	University of Pisa	Italy	Public	Prof. Dr. Maria Francesca Romano	mariafrancesca.romano@sssup.it	http://www.sssup.it/
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Department for Physics and Astronomy	University of Florence	Italy	University/Individual	Dr. Marco Romoli	matkro@tin.it	http://www.unifi.it/cercachischeda.php?f=p&codice=4315
Department of Psychosomatic Medicine	Riga Stradins University	Latvia	University	Dr. Vladimirs Voicehovskis	zv@rsu.lv	http://www.rsu.lv/eng/
Klapeida University	Klapeida University	Lithuania	University	Prof. Dr. Algimantas Kirkutis	algimantas.kirkutis@gmail.com	http://www.ku.lt/en/
Louis Bolk Institute		Netherlands	Research	Dr. Miek C. Jong	m.jong@louisbolk.nl	http://www.louisbolk.org/



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Clinical Research Centre for Health Professions	University of Brighton	United Kingdom	University	Dr. Janine Leach	c.m.j.leach@brighton.ac.uk	http://www.brighton.ac.uk/sohnp/research/
Complementary and Alternative Medicine Birmingham Research Alliance (CAMBRA)	School of Health and Population Sciences, University of Birmingham	United Kingdom	University	Dr. Nicola Gale	nicola.gale@bham.ac.uk ; m.e.crook@bham.ac.uk	http://www.birmingham.ac.uk/research/activity/mds/domains/health-pop/service-delivery/complementary-and-alternative-medicines/index.aspx
Complementary and Integrated Medicine Research Unit	School of Medicine/University of Southampton	United Kingdom	University	Prof. Dr. George Lewith	gl3@soton.ac.uk	http://www.southampton.ac.uk/camresearchgroup/index.page?
East Medicine Research Unit	University of Westminster	United Kingdom	University	Dr. Volker Scheid	V.G.Scheid@westminster.ac.uk	http://www.westminster.ac.uk/research/az/perspectives
Faculty of Health and Social Care/Allied Health Sciences	London South Bank University	United Kingdom	University	Prof. Dr. Nicola Robinson	robinns4@lsbu.ac.uk	http://www.lsbu.ac.uk/hsc/departments/allied-health.shtml
Health and Rehabilitation Sciences Research Institute, School of Health Sciences	University of Ulster	United Kingdom	University	Prof. Dr. Suzanne McDonough; Dr. Ciara Hughes	s.mcdonough@ulster.ac.uk ; cm.hughes@ulster.ac.uk	http://www.science.ulster.ac.uk/hsr/
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Royal London Hospital for Integrated Medicine	University College London Hospital NHS Trust	United Kingdom	NHS Trust	Dr. Peter Fisher; Dr. John Hughes	Peter.Fisher@uclh.nhs.uk ; John.Hughes@uclh.nhs.uk	http://www.uclh.nhs.uk/OurServices/OurHospitals/RLHIMP/ages/Home.aspx
School of Health & Related Research, Faculty of Medicine	University of Sheffield	United Kingdom	University	Dr. Claire Relton; Petteer Viksveen	c.relton@sheffield.ac.uk	http://www.sheffield.ac.uk/scharr
School of Healthcare/Faculty of Medicine and Health/Trad. Complementary and Alternative Medicine	University of Leeds	United Kingdom	University	Prof. Dr. Andrew Long	A.F.LONG@LEEDS.AC.UK	http://www.healthcare.leeds.ac.uk/profile/details/924482/



School of Social and Comm Medicine/Academic Unit of Primary Healthcare	University of Bristol	United Kingdom	University	Dr. Ali Heawood; Dr. Lesley Wye	ali.heawood@bristol.ac.uk ; lesley.wye@bristol.ac.uk	http://www.bristol.ac.uk/primaryhealthcare/
Integrated Healthcare Unit	University of Central Lancashire	United Kingdom	University	Kate Chatfield; Jean Duckworth; Hazel Partington; Graeme Tbyn; Alison Denham	KChatfield@uclan.ac.uk	<a href="http://www.uclan.ac.uk/schools/school_of_health/di
visions/integrated_healthcare_unit.php">http://www.uclan.ac.uk/schools/school_of_health/di visions/integrated_healthcare_unit.php

Explanation:

*University/individual refers to persons which are involved in CAM research without a special department for CAM at the respective university.

CAMBrella Participant

Table 1 – **List of CAM research sites in the EU. The list was developed within the framework of the CAMBrella European survey (2010–2012).**

Source: CAMBrella. *Final Report of CAMBrella Work Package 8 – CAMBrella strategy for dissemination of project findings and future networking, Annex 11: List of CAM research centres within the EU* [online]. http://www.cam-europe.eu/dms/files/CAMBrella_Reports/CAMBrella-WP8final.pdf



1.3.2 Global and European CAM Research Centres

On the following pages, we provide an overview of the global research centres dedicated to CAM therapy research together with a brief description of the focus of their activities. Many of these centres were established decades ago, and their activity proves **the long tradition of complementary and alternative medicine research in Europe and in the world**. In many cases, the centres are **located at prestigious universities in Europe or elsewhere around the world**.

Great Britain

• Cancer Research UK

- <https://www.cancerresearchuk.org>
- <https://www.cancerresearchuk.org/about-cancer/cancers-in-general/treatment/complementary-alternative/research>
- *The largest cancer research organisation in the world outside the USA, the European leader in the development of new anti cancer drugs, also focuses on complementary and alternative medicine research (CAM), including life-energy healing research.*

• RCCM – Research Council for Complementary Medicine

- <https://www.rccm.org.uk>
- *“The RCCM is a charity founded in 1983, dedicated to developing high quality research in CAM.”*

• University of Southampton – Research on Complementary and Integrated Medicine

- <https://www.southampton.ac.uk/camresearchgroup>
- *The complementary and integrated medicine research group at Southampton University Medical School, one of Great Britain’s primary CAM research centres, has combined CAM research with conventional medicine since 1995.*

• Peninsula Medical School – Exeter

- <http://sites.pcmd.ac.uk/compmed>
- <http://www.cam-cancer.org/About-the-Collaboration/Peninsula-Medical-School-Exeter-UK>
- *“Internationally recognised centre of excellence in the area of complementary medicine research.”*

• University of York – Complementary Medicine Evaluation Group

- <http://www.york.ac.uk/healthsciences/research/health-policy/research/#tab-3>
- *“We focus on evaluating the clinical and cost effectiveness of complementary therapies that are used for health maintenance, disease prevention and for the treatment of ill health. Our evaluative research is conducted to the highest standards using randomised controlled trials and systematic reviews of trials, published in mainstream top medical journals.”*



- **NFSH Charitable Trust Ltd – The Healing Trust**

- <http://www.thehealingtrust.org.uk>
- <http://www.thehealingtrust.org.uk/research>
- *The largest and oldest foundation of spiritual healers in the UK. Founded in 1954, has over 50 treatment centres across the UK and also conducts research that is subsequently published on their website.*

- **The Haven – Breast Cancer Support Centres**

- <http://thehaven.org.uk/our-research>
- <http://thehaven.org.uk/our-research/haven-research-publications> (*published research*)
- *Free service for breast cancer patients – offers a wide range of emotional, physical and practical support that includes over 40 additional therapies, counselling, nutrition counselling, exercise, financial counselling and support groups. The Haven also carries out its own research.*

Note: In the UK, **healers are often asked to cooperate with GPs** (General Practitioner). The **Doctor-Healer Network**¹⁷ was founded in 1988 and brings together doctors, nurses, and other healthcare workers with healers. Together, they combine a wide range of treatment methods to best assist their patients.

Germany

- **University of Duisburg-Essen – Faculty of Medicine**

- <https://www.uni-due.de/naturheilkunde/87-0-Home.html>
- *Research and education in the field of evidence-based medicine and complementary medicine.*
- *As an example, one area of research is Chinese medicine and Ayurveda, the relationship between mind and body, with a focus on oncology.*

- **University of Freiburg – Medical Centre**

- <http://ims.uniklinik-freiburg.de/index/clinics/naturopathie.html>
- *The Centre for Complementary Medicine is one of the largest institutions in Europe with patients from all around the world.*
- *The doctors at the centre are experts in both conventional and complementary treatments.*
- *In addition to research, the centre also provides therapeutic and diagnostic services (homeopathy, acupuncture, traditional Chinese medicine, phytotherapy, etc.), and focuses on the potential treatment of cancer and autoimmune disorders with substances extracted from plants.*

- **Competence Centre for Complementary Medicine And Naturopathy – München**

- <https://www.kokonat.med.tum.de>
- <https://www.muemo.med.tu-muenchen.de>

¹⁷ The Doctor-Healer Network, <http://www.doctorhealer.org>.



- *The Competence Centre (CoCoNat) for Complementary Medicine and Naturopathy is one of the world's leading centres for high-quality research in naturopathy and complementary medicine. The centre dates back 20 years and focuses on traditional Chinese medicine.*
- *It also offers advice on alternative methods for treating cancer.*

- **Klinikum Nuernberg – Department of Oncology and Hematology**

- <http://www.agbkt.de>
- *Since 1989, a research group has examined and evaluated the effectiveness and safety of complementary and alternative medicine in the treatment of cancer patients.*

- **Charité – Universitätsmedizin Berlin**

- https://paedonko.charite.de/forschung/ag_integrative_medizin
- *Working group at the Children's Oncology Ward, research at one of Europe's largest university hospitals.*
- https://epidemiologie.charite.de/en/research/complementary_and_integrative_medicine_research_unit
- *Prof. Dr. med. Benno Brinkhaus – CAM research.*

Norway

- **NAFKAM – The National Research Center in Complementary and Alternative Medicine**

- <http://www.nafkam.no>
- *Researches alternative medicine, including cancer treatment.*
- *Resides at the Faculty of Health Sciences, the Arctic University of Norway, funded by the Norwegian Ministry of Health and Care Services.*
- <http://nafkam-camregulation.uit.no> – *detailed information about the regulation of complementary and alternative medicine in various countries.*

Denmark

- **Danish Cancer Society**

- <https://www.cancer.dk>
- <http://www.cam-cancer.org/About-the-Collaboration/Danish-Cancer-Society>
- *Researches complementary and alternative medicine, prevention and support for cancer patients.*

Switzerland

- **Institute of Complementary Medicine**

- <http://www.naturheilkunde.usz.ch>
- *Complementary and integrative medicine research at the University Hospital of Zurich, including research on cancer treatment.*



- **IKOM – Institute of Complementary Medicine at the University of Bern**
 - <http://www.ikom.unibe.ch>
 - *Integrates conventional and alternative medicine in patient care, research and education.*
 - *Deals mainly with anthroposophic medicine, homeopathy, nerve therapy and Chinese medicine.*

Belgium

- **ECH – European Committee for Homeopathy**
 - <https://www.homeopathyeurope.org/Research>
 - *“ECH represents all medical doctors with an additional qualification in homeopathy, organised in: 40 associations, 25 European countries.”*
 - *Homeopathy research.*

Australia

- **NICM – National Institute of Complementary Medicine**
 - <https://www.nicm.edu.au>
 - *National Institute of Complementary Medicine for alternative medicine research.*
- **ARCCIM – Australian Research Centre for Complementary and Integrative Medicine in Sydney**
 - <https://www.uts.edu.au/research-and-teaching/our-research/arccim>
 - *The first centre in the world for critical research and enforcement of CAM.*
- **NIIM – National Institute of Integrative Medicine**
 - <https://www.niim.com.au>
 - *The largest medical institute for integrative medicine in Australia. It is engaged in both researching complementary and integrative therapies, as well as in educating the public and the medical community on this topic.*
- **PRACI – Practitioner Research and Collaboration Initiative**
 - <https://praci.com.au>
 - *Most likely the world’s largest network of researchers in the field of complementary medicine research; a research project of national and international significance.*



India

- **S-VYASA Deemed University – The School of Integrative Medicine**

- <http://svyasa.edu.in/academics/the-school-of-integrative-medicine/>
- *In addition to education, the School of Integrative Medicine focuses on research of complementary therapies, in particular yoga and the relationship between the body and mind, and the influence of the mind on the body's physiological processes.*
- *It also studies vital forces – <http://svyasa.edu.in/bio-energy-laboratory> .*

- **NIAMR – National Institute of Alternate Medicine & Research – Acupuncture Cam Therapy Institute India**

- <http://www.acupuncturecamtherapyinstitute.com>
- <http://www.acupuncturecamtherapyinstitute.com/complementary-alternative-medicine.htm>
- <http://www.acupuncturecamtherapyinstitute.com/niamr.htm>
- *The National Institute of Alternative Medicine & Research is operated under the auspices of the International Himalayan Institute of Acupuncture and Complementary Medicine, in Dehradun, Uttaranchal, Uttarakhand, India. Courses are held in Ayurveda, acupuncture, acupressure, astrology, yoga, and alternative medicine. The institute also develops and researches alternative medicine.*

USA

- **NCCIH – National Center for Complementary and Integrative Health**

- <https://nccih.nih.gov>
- *Scientific research on complementary and integrative medicine.*
- *Researches such fields as the influence of meditation and yoga on pain relief, acupuncture, Ayurveda, Chinese medicine, therapeutic touch, and many others.*
- *The first of the 27 institutes and centres that make up the National Institutes of Health (NIH) within the US Department of Health and Human Services.*

- **OCCAM – Office of Cancer Complementary and Alternative Medicine**

- <https://cam.cancer.gov>
- *An institute for research on complementary and alternative medicine in relation to cancer treatment.*
- *The institute was established in October 1998 in order to coordinate and strengthen the National Cancer Institute (NCI) of Complementary and Alternative Medicine (CAM).*

- **Samueli Institute**

- <http://www.samueliinstitute.org>
- <http://www.samueliinstitute.org/research-areas>
- *Research on the effectiveness of complementary and alternative medicine.*
- *Studies acupuncture, yoga, natural products etc.*



- **MSKCC – Memorial Sloan Kettering Cancer Center**

- <https://www.mskcc.org>
- <https://www.mskcc.org/cancer-care/treatments/symptom-management/integrative-medicine/research-clinical-trials>
- <https://www.mskcc.org/cancer-care/patient-education/complementary-therapies-ease-way-during-treatment-and-recovery>
- *A global leader regarding complementary (integrative) oncology - treatment, education and research.*

- **SIO – Society for Integrative Oncology**

- <https://www.integrativeonc.org>
- *Multidisciplinary professional organization for nonprofit integrative oncology, since 2003 enables communication, education, research.*

- **UMIM – University of Michigan Integrative Medicine Research Center**

- <http://www.med.umich.edu/umim/research/cam.html>
- *Performs innovative research on holistic human treatment, and integrative and alternative medicine with the aim to facilitate mutual cooperation between the disciplines.*
- *The research center was established in 2007. Formerly known as the Complementary and Alternative Research Center (CAMRC).*

- **The Center for Integrative Medicine – University of Maryland School of Medicine**

- <http://www.compmed.umm.edu>
- http://www.compmed.umm.edu/research_over.asp
- *Research centre for integrative and alternative medicine at the University of Maryland.*
- *Evaluates the scientific basis of alternative therapies as part of its research.*

- **The Complementary and Integrative Medicine Program – Department of Medicine at Mayo Clinic**

- <http://www.mayo.edu>
- <http://www.mayo.edu/research/centers-programs/complementary-integrative-medicine/complementary-integrative-medicine-program/overview>
- *A research programme at the Mayo Clinic that focuses on complementary and integrative medicine research in response to patients' growing interest in non-conventional treatments.*

- **MD Anderson Cancer Center – Integrative Medicine Program – The University of Texas, Houston**

- <https://www.mdanderson.org>
- *Integrative medicine research programme at the University of Houston.*
- *Examples of studied fields include acupuncture, meditation, yoga as a part of cancer treatment; the use of plants and other natural substances in treatments; and the effect of physical exercise, nutrition and stress on human health.*



- **Oregon Center for Complementary & Alternative Medicine in Neurological Disorders (ORCCAMIND)**
 - <https://www.ohsu.edu/xd/research/centers-institutes/neurology/orccamind/about/index.cfm>
 - *The centre focuses on implementing unbiased approaches to study alternative medicine, such as food supplements, yoga, acupuncture, meditation etc., within neurology.*
- **U.S. Department of Veterans Affairs**
 - <https://www.research.va.gov/topics/cih.cfm>
 - *An organization that helps veterans to cope with stress. The aim is to fill a lacuna in research on complementary and alternative curative methods and to identify effective and safe treatments.*
- **University of North Carolina School of Medicine – Program on Integrative Medicine**
 - <https://www.med.unc.edu/phyrehab/pim/research>
 - <https://www.med.unc.edu/phyrehab/pim/education/fellowship-in-research-in-integrative-medicine>
 - *Research on complementary, alternative and integrative medicine at the Department of Physical Medicine and Rehabilitation and at the UNC Hospitals Neurology Clinic.*
- **Healing Beyond Borders**
 - <https://www.healingbeyondborders.org/index.php/research-integrative-health/research>
 - <https://www.healingbeyondborders.org/index.php/research-integrative-health/research/about-our-research>
 - *Researches the Healing Touch method and publishes surveys of research results on their website.*
- **Johns Hopkins Medicine (Johns Hopkins University of Medicine & The Johns Hopkins Hospital)**
 - <https://www.hopkinsmedicine.org/cam>
 - *One of the largest hospitals in the world.*
 - *Connects doctors and scientists from the Johns Hopkins University of Medicine with organizations and healthcare workers at the Johns Hopkins Hospital.*
 - *Also researches complementary and alternative medicine.*
- **UC San Diego – Center for Integrative Medicine**
 - <http://cim.ucsd.edu/research>
 - *The centre also focuses on treating patients and research on complementary and alternative medicine.*
- **IMI – Integrative Medicine Institute**
 - <http://www.integrativemed.org/html/research.html>
 - *Integrative medicine research since 1992.*



- **HTWF – Healing Touch Worldwide Foundation, Inc. – Houston**
 - <https://www.htwffoundation.org/resources-a-news/research>
 - *A nonprofit founded in 1997. The Healing Touch method is widely respected and increasingly accepted, not only in the United States but in many countries around the world. It conducts research at the Wake Forest University School of Medicine, Stanford University Medical Center, among others.*
- **Wake Forest School of Medicine**
 - <https://www.wakehealth.edu/Research/Center-for-Integrative-Medicine>
 - <https://www.wakehealth.edu/Center-for-Integrative-Medicine>
 - *Centre for integrative medicine at the hospital and at the Wake Forest training centre, conducts complementary and alternative medicine research.*
- **University of Minnesota – Center for Spirituality & Healing – Minneapolis**
 - <https://www.csh.umn.edu/discover/index.htm>
 - *Conducts CAM research focusing on stress reduction, Chinese medicine etc.*

Canada

- **IN-CAM Research Network**
 - <https://www.incamresearch.ca>
 - *IN-CAM is a collaborative and interdisciplinary research community in Canada for the acquisition of knowledge through research on complementary, alternative and integrative medicine with the aim to improve health and healthcare in Canada.*
- **University of Calgary – Canada Research Chair in Complementary Medicine**
 - <https://www.ucalgary.ca/marjaverhoef/researchprogram>
 - <https://www.ucalgary.ca/marjaverhoef/researchstaff>
 - *Research on complementary and alternative medicine.*

Israel

- **NMRC – The Louis L. Borick Natural Medicine Research Center
Hadassah Medical Center**
 - <http://www.hadassah-med.com/medical-care/clinics/the-natural-medicine-research-center>
 - *Focus on research of traditional Chinese medicine, Tibetan medicine, and stress reduction.*
- **The Israeli Society for Complementary Medicine**
 - <http://www.cam.org.il/inner.asp?page=English>
 - *Israeli Society for Complementary Medicine, founded in 2002.*



- **Rambam Health Care Campus**

- <http://www.rambam.org.il>
- <https://www.rambam.org.il/EnglishSite/AboutRambam/Publications/NewsandEvents/Pages/Don%E2%80%99t-worry,-Do-Reiki.aspx>
- <http://www.spiritualarts.org/blog/spiritual-healing/spiritual-healing-for-cancer/>
- *One of Israel's most prestigious hospitals, where the beneficial effects of alternative therapies among cancer patients are studied.*

South Korea

- **KIOM – Korea Institute of Oriental Medicine**

- <https://www.kiom.re.kr>
- <http://www.cam-cancer.org/About-the-Collaboration/Korea-Institute-of-Oriental-Medicine>
- *Institute for Oriental Medicine Research, collaborates with WHO (World Health Organization).*
- *Myeong Soo Lee, Ph.D. - Principal Researcher at the Institute.*
- <http://www.acupunctureresearch.eu/symposium-speakers/myeong-soo-lee-ph-d>

International Research Centres

- **ISCMR – International Society for Complementary Medicine Research**

- <http://www.iscmr.org/content/about-iscmr>
- *“ISCMR is an international multidisciplinary scientific organization established to foster the development and dissemination of new knowledge regarding whole person healing and whole systems healthcare research, including all traditional, holistic, alternative, complementary and integrative forms of medicine (TCAIM). It provides a platform for knowledge and information exchange of TCAIM research to enhance international communication and collaboration.”*

- **The Center for Reiki Research**

- <http://www.centerforreikiresearch.org/Downloads/HospitalListTable.pdf>
- *A list of 76 hospitals, medical clinics and hospices, where reiki is offered as a regular part of the treatment (mostly located in the USA, but also in Canada, Great Britain, Argentina, Belgium, Egypt, etc.), is available on the Reiki Research Center website.¹⁸*

¹⁸ See also: <http://www.thehealingpages.com/benefits-of-reiki-in-hospitals>



1.4 Research on the Efficacy and Cost Effectiveness of CAM

1.4.1 CAM Research Results in the Context of Medical Efficacy Assessment

*Modern medicine has been developing since the **mid-19th century** when doctors began to address the question of the evidence of their empirical experience. There has been a growing need to demonstrate the efficacy of diagnostic and therapeutic procedures. With the development of physics, chemistry, biology, and the technical expansion of civilization, the current form of medicine is gradually developing hand in hand with the development of science and its increasing **focus on technology**. The evidence requirement of a given diagnostic or therapeutic procedure has become a focal point in medicine creating what we know as **evidence-based medicine (EBM)**. **The term EBM originated in the United States as a response to appeals from insurance companies**, when there was a need for a monetary expression of the particular medical act.*

*Health insurance in the Czech Republic is based on the so-called **solidarity principle** (based on the German Bismarck health insurance system); each citizen has a legal obligation to contribute a certain amount of money to their health insurance. The money earmarked for health insurance **goes to the state budget and the state, respectively the Ministry of Health, co-operates with providers of health insurance to decide how the money will be redistributed throughout the system**. Each year, approximately CZK 300 billion flows through the system.*

*Educational literature from CTU (Czech Technical University) defines **evidence-based medicine (EBM)** as: "Conscious, transparent and judicious use of the best available evidence in decision-making regarding the care of each individual patient. The recommendation to exclusively use scientifically validated procedures was roughly formulated in the 1970s, but it was not until the 1990s that it became more widespread."¹⁹*

*EBM according to Jiří Heřt: "This new form of medicine was created in the US, primarily due to pressure from insurance companies. The principles of EBM were mainly elaborated by D. L. Sackett. According to his definition, EBM is a "care **that integrates clinical experience with the patients' interests and scientific evidence on the efficacy of a treatment**". It is clear from his definition, and from the way it is promoted and applied today, **that EBM is not merely about blindly adhering to proven efficacy results, but also about respecting the clinical and personal experience of the doctor, as well as the patient and his or her opinion and interests.**"²⁰*

*Evidence-based medicine, or EBM, is **based on the concept of evidence hierarchy**, where the highest level within the evidence hierarchy is meta-analysis, and the lowest level is an individual observation / case study.²¹ (see Figure 11)*

¹⁹ ROGALEWICZ, Vladimír, JUŘIČKOVÁ, Miroslava. *Hodnocení zdravotnických technologií [Health Technology Assessment]*. Kladno, the Czech Republic, 2014. Educational material. CTU.

²⁰ HEŘT, Jiří. *Alternativní medicína a léčitelství. Kritický pohled [Alternative and Non-Conventional Medicine. A Critical View]* [online]. Chomutov, the Czech Republic, 2010, p. 17 [cit. 2018-07-06]. Available from: https://www.sisyfos.cz/old/files/Alternativni_medicina_Hert.pdf

²¹ ROGALEWICZ, Vladimír, JUŘIČKOVÁ, Miroslava. *Hodnocení zdravotnických technologií [Health Technology Assessment]*. Kladno, the Czech Republic, 2014. Educational material. CTU.

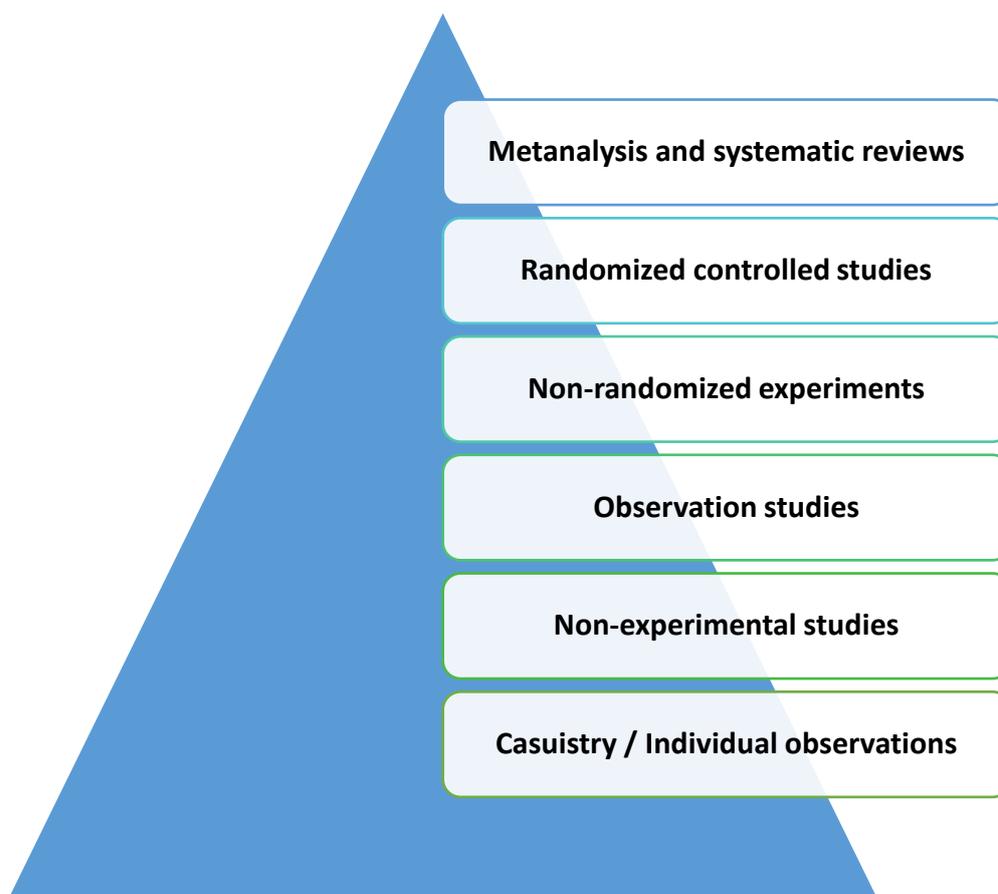


Figure 11 – **Hierarchy of evidence** for evidence-based medicine (EBM). The highest level within the evidence hierarchy is meta-analysis and the lowest level is individual observations / case reports.

Meta-analysis and systematic reviews – literally "an analysis of analyses" is a **statistical summary of the results of previously published studies**. The term was coined by the German sociologist Glass in 1976 and was soon adopted by various other disciplines, particularly medicine and clinical research. Glass considered it crucial to **integrate the results of large numbers of analyses, i.e. to make the large quantities of results from various studies and analyses accessible within a single study, which experts could subsequently use as a reliable advisor**. For example, meta-analysis can help strengthen the evidence of efficacy when individual studies are too small or have other limitations. A meta-analysis may also give rise to new areas to be considered in future clinical trials. **A team of statisticians and representatives of medicine is required to conduct a meta-analysis**. In practice meta-analyses often compares two types of treatment.²² Here is a specific example of a meta-analysis that compares CAM and conventional medicine:

In 2004, 145 randomized controlled CAM studies in the database Cochrane (a non-profit NGO that performs independent medical tests, studies and meta-analyses) were analyzed. The results were then compared with a similar analysis of 1,016 general medical reviews. The data for this analysis was also from 2004. One example of the results of this analysis is that the efficacy of CAM is only

²² KRAJÍČKOVÁ, Pavla. *Meta-analýza klinických pokusů [Meta-Analysis of Clinical Trials]*. Brno, the Czech Republic, 2017. Dissertation. Masaryk University, Faculty of Science. Thesis supervisor Gejza WIMMER.



a few percent lower than that of general medicine, and that it has a positive or potentially positive effect in 37.2% of the cases.

	(Possible) positive effect	Likely to have no effect	Likely to be harmful	Insufficient evidence
CAM	37,2%	4,8%	0,69%	56,6%
Medicine in general	44,4%	0,98%	7%	47,8%

Chart 2 – Results from the database *Cochrane*

Source: EUROCAM. CAM 2020 The contribution of Complementary and Alternative Medicine to sustainable healthcare in Europe [online]. <http://ehtpa.eu/pdf/CAM2020-FINAL.pdf>

Educational material from CTU defines **the Cochrane Collaboration** as an independent non-profit organization that aims to provide accessible information on the outcomes (effects) of health interventions. It is mainly active in preparing, preserving and disseminating systematic studies of randomized controlled trials (RCTs) in the field of health care.²³

In his publication from 2010, Jiří Heřt says about the database Cochrane: ‘If we want to manage the results of clinical trials, **we need to rely on the organization which is most respected for its abilities in assessing the quality and the results of medical studies in the field of both scientific and alternative medicine. This organization, the "Cochrane Collaboration", was founded in 1993 by Archie Cochrane, a former war surgeon, later a professor of lung disease. Today, the Cochrane Collaboration includes twelve scientific centres around the world and 10,000 scientists from 90 countries work voluntarily within the organization. These experts analyze published studies, and provide systematic overviews on the treatment outcomes of various diseases. This book often refers to conclusions reached by the Cochrane Collaboration.**’²⁴

Heřt further states in his publication that: **“Most pseudoscientific experiments are not carried out by experienced scientists at serious workplaces, and their work is not published in recognized, peer-reviewed journals.”**²⁵

Randomized controlled studies – study participants that are randomly divided into an **intervention group** (which is administered the test drug) and a **control group** (which is administered a placebo or a different medication).

²³ ROGALEWICZ, Vladimír, JUŘIČKOVÁ, Miroslava. *Hodnocení zdravotnických technologií [Health Technology Assessment]*. Kladno, the Czech Republic, 2014. Educational material. CTU.

²⁴ HEŘT, Jiří. *Alternativní medicína a léčitelství. Kritický pohled [Alternative and Non-Conventional Medicine. A Critical View]* [online]. Chomutov, the Czech Republic, 2010, p. 27 [cit. 2018-07-06]. Available from: https://www.sisyfos.cz/old/files/Alternativni_medicina_Hert.pdf

²⁵ Ibid. p. 25.



Double-blind controlled studies – **neither the patients nor the doctors assessing the treatment (double-blind studies) are familiar with group assignments; this kind of study is considered to be the golden scientific standard.**

Non-randomized experiments – an observation of a given sample (e.g. population) without randomization that is performed to confirm / rebut a hypothesis; the conditions under which the experiment is performed are manipulated during the experiment; it should be possible to repeat the experiment at any time.

Observation study – a type of epidemiological study based on observations of the natural development of a given phenomenon in a particular population or a sample of a population.

Non-experimental studies – include: case studies, correlation research, comparative research and longitudinal research:

- **case studies** – research on a particular group or individual, it is generally not possible to extrapolate the results of a case studies to an entire population

- **correlation research** – compares two variables to see if there is a correlation between them (e.g. students' school results and the amount of attention received from the teachers)

- **comparative research** – compares specific subsets based on selected characteristics

- **longitudinal research** – research performed on a selected sample of the population over a longer period of time, usually several years²⁶

Individual observations / case reports – the experiences of individual doctors / patients; a case report is a medical record mapping a diagnosis

Summary: The development of modern medicine began in the early 19th century; the concept of EBM, evidence-based medicine, was created in the 1970s following an appeal from insurers – as way to quantify individual healthcare procedures financially. There is a certain hierarchy of evidence within EBM – meta-analyses rank highest and the weakest form of evidence is case reports or individual observations. However, according to Heřt, the patient's personality and the doctor's opinion should also be taken into account when evaluating a therapeutic treatment. The Cochrane Collaboration is one of the most relevant and respected scientific sources and is governed by the principles of EBM. One of the studies provided by the Cochrane database compares the efficacy of medicine and CAM – the table with the results is one of the strongest arguments in favour of CAM (see Table 2).

If the therapeutic method / approach can not be evaluated according to EBM parameters, should it be considered non-existent?

²⁶ WALKER, Ian. *Výzkumné metody a statistika [Research Methods and Statistics]*. Prague, the Czech Republic: Grada, 2013. From the perspective of psychology. ISBN 978-80-247-3920-5.



1.4.2 Research on the Efficacy of Energy Therapies

CAM energy therapies – i.e. *Therapeutic Touch, reiki, Spiritual Healing, Distant Healing, biofield, and the related Josef Zezulka Biotronics* – all assume that the existence of a **vital force, bioenergy**. Other therapeutic systems, particularly Eastern therapeutic systems, such as traditional Chinese medicine, Ayurveda etc., also work with this energy. It is known as Chi or Prana and is part of every living organism, including the human body. When an imbalance or an undesirable state occurs, it may cause a pathological process. By working with this energy we can influence the patient's health positively (see pages 273, 287).

However, this view is not generally accepted despite the fact that these therapies are being used increasingly in hospitals (see page 188). The reasoning of some sceptics is presented below:

“The existence of Chi – a general all-pervasive energy that roughly corresponds to Indian prana and similar terms such as mana, eter, orgone energy, od, Hahnemann dynamis, fluid and others – has not been proven and there is no evidence of its existence. According to the Chinese concept of Chi, it is supposed to be spiritual. However, all manifestations attributed to it, bodily control, the origin of diseases and their treatment, all of these are material processes which occur on a physical, biochemical and molecular level, i.e. they cannot be influenced by the spirit. The term spiritual energy is a contradiction as energy is defined as the capability to produce an effect or a result, and a spiritual force cannot logically influence a substance. The law of energy conservation renders it impossible. It is also not possible for Chi to be material, as the laws of physics only recognise four fundamental forces – the electromagnetic force, the strong and weak nuclear forces and the gravitational force. All physical, chemical and biological phenomena can be explained using these forces. Whether healthy or ill, the functions of the human organism can be explained without the assumed existence of a new force, which is unknown as of yet.”²⁷

*In another words, one could claim that **the existence of bioenergy does not correspond to current scientific knowledge**. Its existence, however, cannot be excluded. We are not yet sure whether we have discovered all natural laws. Human knowledge **continues to advance**. Certain previously accepted views have now become obsolete. For example, scientists once claimed that stones could not fall from the sky. But it turned out that they sometimes can (meteorites). It is the other way round – **the knowledge of bioenergy laws can help improve and provide a more comprehensive explanation of a range of so far unexplained phenomena**, e.g. the fact that some people can hold various objects (such as a spoon) on their chest.*

*The existence of bioenergy has not yet been proven. One problem is that **it cannot be measured by material instruments as it is of a non-material nature – it is not inorganic**. It can only be measured indirectly by monitoring changes in the patient's condition. It can be captured by Kirlian's photograph (e.g. a visible difference can be observed between the fingertips of an active and inactive psychotronic) to a certain extent. However, the photograph only shows the radiation of bioenergy on the interface between the material and bioenergetic spheres, as bioenergy cannot be measured materially or photographed. However, it can be perceived by people endowed with this ability.*²⁸

²⁷ HEŘT, Jiří. *Alternativní medicína a léčitelství. Kritický pohled [Alternative and Non-Conventional Medicine. A Critical View]* [online]. Chomutov 2010, p. 77 [cit. 2018-27-06].

Available from: https://www.sisyfos.cz/old/files/Alternativni_medicina_Hert.pdf

²⁸ For more details see Josef Zezulka: One of the healer's opinions – Report for the conference in Monte Carlo 1975, see page 284.



*Irrespective of the fact that the existence of bioenergy has not been recognized by science, **CAM energetic therapies are sought-after and used** worldwide. Based on the report of the NATO Science and Technology Organization – Integrative Medicine Interventions for Military Personnel the availability of Spiritual Healing grew by 500%²⁹ from 2005 to 2009. The effects are also subject to **scientific examination**.*

*In the following chapter, we mention some of the **foreign research that has been carried out and published in peer-reviewed magazines and which indicate the positive effect of CAM energy therapies**. Some of these studies deal with energy therapies in general, others with the effects of individual energy therapies, i.e. the effectiveness of Healing Touch, spiritual healing, Distance Healing, reiki, biofield healing, etc. The results of the research on the efficacy of Josef Zezulka Biotronics will be dealt with in other parts of this publication.*

*The conclusions of these studies must be viewed in the **context of the development of both medicine, and bioenergy methods**. We must be aware of the fact that, unlike scientific medicine, **research on these therapeutic methods was still in its infancy** up until recently, despite the fact that these methods have been used successfully for many years. It is common for **new disciplines to try to understand how to provide adequate therapy within the context of the existing healthcare systems in the early stages of development**.*

*Nevertheless, the number of trustworthy studies has increased significantly over the past 20 years. This indicates a rising interest among experts. The results of these studies show that **this field deserves more attention and should be examined systematically**.*

*Some of these studies also **disprove** some frequently repeated **views from sceptics concerning the placebo effect in these cases**. For example, in certain studies one of the control groups is exposed to a placebo. Moreover, we also included studies which did not examine the therapeutic effect in a living patient, but the **chemical changes in human osteoblasts in vitro** exposed to the influence of biofield and **positive changes in the growth of plants, or soil fertility** exposed to biofield. In these cases, the placebo effect cannot be called upon.*

*It is notable that positive effects of energy therapies are often observed when treating diseases such as **cancer**. The Josef Zezulka Biotronics ranks cancer among **diseases of bioenergetic origin**, as is stated in the texts written by healer Josef Zezulka during the totalitarian regime in the Czech Republic.³⁰*

In the chapter Recommended Links on page 220 you can find references to scientific databases and lists of CAM studies where further CAM research can be looked up.

Studies on the Efficacy of Spiritual Healing and Distant Healing

1) The efficacy of "distant healing": a systematic review of randomized trials (2000)

Source: ASTIN, J. A., HARKNESS, E., ERNST, E. The Efficacy of "Distant Healing": A Systematic Review of Randomized Trials. *Annals of Internal Medicine* [online]. 6 June 2000, Vol 132, No. 11 [cit. 2018-07-28]. Available from: <http://annals.org/article.aspx?articleid=713514> ; <http://www.ncbi.nlm.nih.gov/pubmed/10836918>

²⁹ NATO. SCIENCE AND TECHNOLOGY ORGANIZATION. *Integrative Medicine Interventions for Military Personnel (STO Technical Report)* [online]. 2017, chap. 4.4, p. 88 [cit. 2018-07-07] ISBN 978-92-837-2035-5. DOI: 10.14339/STO-TR-HFM-195. Available from:

https://www.sto.nato.int/publications/Pages/Technical_Reports_list.aspx

³⁰ PFEIFFER, Tomáš arranged. *Zezulka's Biotronics*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha, 2015. ISBN978-80-85238-73-0. p. 65. Available from: <https://www.dub.cz/en/zezulkas-biotronics-online-book>



Published in the peer-reviewed scientific journal Annals of Internal Medicine – <http://annals.org> .

Detail: To conduct a systematic review of the available data on the efficacy of any form of "distant healing" (prayer, mental healing, Therapeutic Touch, or spiritual healing) as treatment for any medical condition. A total of 23 trials involving 2774 patients met the inclusion criteria and were analyzed.

Conclusion: The methodologic limitations of several studies make it difficult to draw definitive conclusions about the efficacy of distant healing. However, given that approximately 57% of trials showed a positive treatment effect, the evidence thus far merits further study.

2) A randomized double-blind study of the effect of distant healing in a population with advanced AIDS (1998)

Source: SICHER, F., TARG, E., MOORE, D. 2nd et al. A randomized double-blind study of the effect of distant healing in a population with advanced AIDS. Report of a small scale study. *The Western Journal of Medicine* [online]. 1998 December; 169 (6): 356363. PMID: PMC1305403, Geraldine Brush Cancer Research Institute, Kalifornie Pacific Medical Center, San Francisco, USA [cit. 2018-07-28]. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1305403/>; <http://www.ncbi.nlm.nih.gov/pubmed/9866433>

Published in the peer-reviewed scientific journal The Western Journal of Medicine – <http://www.ncbi.nlm.nih.gov/pmc/journals/183> .

Detail: Various forms of distant healing (DH), including prayer and "psychic healing," are widely practiced, but insufficient formal research has been done to indicate whether such efforts actually affect health. We report on a double-blind randomized trial of DH in 40 patients with advanced AIDS. Subjects were pair-matched for age, CD4+ count, and number of AIDS-defining illnesses and randomly selected to either 10 weeks of DH treatment or a control group. DH treatment was performed by self-identified healers representing many different healing and spiritual traditions. Healers were located throughout the United States during the study, and subjects and healers never met. Subjects were assessed by psychometric testing and blood draw at enrollment and followed for 6 months. At 6 months, a blind medical chart review found that treatment subjects acquired significantly fewer new AIDS-defining illnesses (0.1 versus 0.6 per patient, $P = 0.04$), had lower illness severity (severity score 0.8 versus 2.65, $P = 0.03$), and required significantly fewer doctor visits (9.2 versus 13.0, $P = 0.01$), fewer hospitalizations (0.15 versus 0.6, $P = 0.04$), and fewer days of hospitalization (0.5 versus 3.4, $P = 0.04$). Treated subjects also showed significantly improved mood compared with controls (Profile of Mood States score -26 versus 14, $P = 0.02$). There were no significant differences in CD4+ counts.

Conclusion: These data support the possibility of a DH effect in AIDS and suggest the value of further research.

3) Chronically ill patients treated by spiritual healing improve in quality of life: results of a randomized waiting-list controlled study (2001)

Source: WIESENDANGER, H., WERTHMÜLLER, L., REUTER, K. et al. Chronically ill patients treated by spiritual healing improve in quality of life: results of a randomized waiting-list controlled study. *Journal of Alternative and Complementary Medicine* [online]. University Hospital Freiburg, Institute of Environmental Medicine and Hospital Epidemiology, Germany, 2001 Feb;7(1):4551. [cit. 2018-07-28]. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/11246935>

Published in the peer-reviewed scientific journal Journal of Alternative and Complementary Medicine – <http://www.liebertpub.com/acm> .

Detail: Sixty patients were treated by various methods of distant healing over 5 months; 59 patients were put on a waiting list (control).



Conclusion: Quality of life improved significantly ($p < 0.0005$) in the treated group (10 points), while it remained stable in the control group. Positive expectation was significantly correlated with outcome. Chronically ill patients who want to be treated by distant healing and know that they are treated improve in quality of life.

4) Effects of spiritual healing for women undergoing long-term hormone therapy for breast cancer: a qualitative investigation (2013)

Source: BARLOW, F., WALKER, J., LEWITH, G. Effects of spiritual healing for women undergoing longterm hormone therapy for breast cancer: a qualitative investigation. *Journal of Alternative and Complementary Medicine* [online]. 2013 Mar;19(3):2116. doi: 10.1089/acm.2012.0091. Epub 2012 Sep 28. Health Experiences Research Group, University of Oxford, Oxford, United Kingdom [cit. 2018-07-28]. Available from:

<http://www.ncbi.nlm.nih.gov/pubmed/23020610>

Published in the peer-reviewed scientific journal Journal of Alternative and Complementary Medicine – <http://www.liebertpub.com/acm>.

Detail: The qualitative observation study took place in a specialist research facility in a general hospital. Spiritual Healing was provided by 4 healers registered with the National Federation of Spiritual Healers. Twelve (12) patients with breast cancer undergoing long-term hormone treatment and who found the effects onerous, self-referred themselves and were given ten weekly sessions of approximately 40 minutes each.

Conclusion: The positive effects of Spiritual Healing included alleviation of the physical side-effects of their treatment, increased energy levels, enhanced well-being, emotional relaxation, and reengagement with precancer activities. Although 1 participant admitted considering a drug holiday prior to joining the study, none of the participants felt tempted to stop their hormonal treatments while receiving Spiritual Healing.

These qualitative findings indicate that Spiritual Healing has the potential to support patients with breast cancer in the maintenance of their long-term orthodox treatments. Further research is needed to test Spiritual Healing as a cost-effective complementary therapy, for those undergoing long-term cancer treatments.

5) Distant healing and diabetes mellitus. A pilot study. (2002)

Source: EBNETER, M., BINDER, M., KRISTOF, O. et al. Distant healing and diabetes mellitus. A pilot study. *Forschende Komplementärmedizin und Klassische Naturheilkunde* [online]. 2002 Feb;9(1):2230. Abteilung Naturheilkunde, Departement Innere Medizin, Universitätsspital Zürich, Schweiz, Germany. mebnetter@gmx.net [cit. 2018-07-28]. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/11893844>

Published in the peer-reviewed scientific journal Forschende Komplementärmedizin und Klassische Naturheilkunde / Research in Complementary and Classical Natural Medicine – <http://www.karger.com/Journal/Details/224242>.

Detail: 14 diabetic patients were observed for a period of 16 weeks. Within this time they underwent a treatment of 4 consecutive weeks (weeks 9-12) by 5 experienced and trustworthy healers each. Patients were informed about the duration of the treatment but not about the time point of its beginning. Patients and healers never met and there was no contact between researchers and patients during the study period.

Conclusion: With regard to medical parameters, reduction in fructosamine level was observed during the healing period, increasing fructosamine level after the end of the healing period. Sensitivity, measured only at the beginning and at the end of the study period, decreased significantly. The other parameters showed some significant changes but there was no correlation to the Distant Healing



intervention. Regarding the psychological data, only improvements were observed. The results indicate the possibility that a Distant Healing intervention could have certain effects on patients with diabetes mellitus.

6) A pragmatic randomised controlled trial of healing therapy in a gastroenterology outpatient setting (2016)

Source: R.T.Lee^a, T.Kingstone^b, L.Roberts^c, S.Edwards^d, A.Soundy^e, P.R.Shah^a, M.S.Haque^f, S.Singh^g. A pragmatic randomised controlled trial of healing therapy in a gastroenterology outpatient setting [online]. Received 6 September 2016, Revised 24 November 2016, Accepted 29 November 2016, Available online 29 November 2016. <https://doi.org/10.1016/j.eujim.2016.11.017> [cit. 2018-08-05]. Available from: <https://www.sciencedirect.com/science/article/pii/S187638201630422X#tbl0010>

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Published in the peer-reviewed scientific journal European Journal of Integrative Medicine, Volume 9, January 2017, Pages 110-119. More detailed information on this research was published in the book "Healing in a Hospital: Scientific Evidence That Spiritual Healing Improves Health" by Sandy Edwards (<http://www.healinginahospital.uk>).

Detail: Introduction – To determine the benefits of healing therapy (spiritual healing) as an adjunct to conventional management in irritable bowel syndrome (IBS) and inflammatory bowel disease (IBD). Methods – 200 outpatients with IBS or IBD were randomised to either conventional treatment (control) or conventional plus five sessions of healing therapy (intervention). After 12 weeks controls also had healing therapy. Outcomes used were, the Measure Yourself Medical Outcomes Profile (MYMOP), IBS-QoL, IBDQ, and symptom measures. Results – There was a significant improvement in the MYMOP score at week 6 ($p < 0.001$) which was maintained to week 12 ($p < 0.001$) and 24 ($p < 0.001$). Improvements in MYMOP were significantly greater in the intervention group at both 6 ($p < 0.001$) and 12 weeks ($p < 0.001$) with effect sizes of 0.7 (95% CI: 0.4–1.1) and 0.8 (95% CI: 0.4–1.2). Condition-specific data for IBS showed that most QoL dimensions had a significant minimum 10-point score improvement at 6 and 12 weeks. The overall score improvement was 12.9 units at week 6 ($p < 0.001$), 12.4 units at week 12 ($p < 0.001$) and 13.8 units at week 24 ($p < 0.001$). In IBD there was also similar score improvement, but only up to week 12 were there associations of improved social and bowel functions ($p < 0.001$, respectively). Between group differences were identified for QoL scores in IBS at both week 6 ($p < 0.001$) and 12 ($p < 0.001$) but only for week 12 ($p < 0.001$) in the IBD group. **Conclusion:** The addition of healing therapy to conventional treatment was associated with improvement in symptoms and QoL in IBS, and to a lesser extent in IBD.

Studies on the Efficacy of Biofield Therapies

7) In vitro Evaluation of Biofield Treatment on Viral Load Against Human Immunodeficiency-1 and Cytomegalo Viruses (2015)

Source: Mahendra Kumar TRIVEDI, Alice BRANTON, Dahryn TRIVEDI al. In vitro Evaluation of Biofield Treatment on Viral Load Against Human Immunodeficiency-1 and Cytomegalo Viruses. *American Journal of Health Research* [online]. Vol. 3, No. 6, 2015, pp. 338-343. doi: 10.11648/j.ajhr.20150306.14. Published online November 9, 2015 [cit. 2018-07-28]. Available from:



https://www.researchgate.net/publication/284513487_In_vitro_Evaluation_of_Biofield_Treatment_on_Viral_Load_Against_Human_Immunodeficiency-1_and_Cytomegalo_Viruses

Published in the peer-reviewed scientific journal American Journal of Health Research.

Abstract

Viral load quantification is the amount of particular viral DNA or RNA in a blood samples. It is one of the surrogate biomarker of AIDS. High viral load indicates that the immune system is failed to fight against viruses. The aim of this study was to evaluate the impact of biofield treatment on HIV-1 and HCMV in terms of viral loads as surrogate marker. The viral load assay was performed on stored stock cultures of HIV infected human plasma samples before and after 7 days of biofield treatment using Roche COBAS® AMPLICOR analyzer. Viral load (HIV-1 RNA and HCMV DNAemia) was considered as surrogate marker for assessment of the impact of Mr. Trivedi's biofield treatment in HIV infected stored plasma samples. The viral load quantification of HIV-1 RNA in infected stored plasma samples was significantly reduced by 65% in biofield treated group as compared to control. Additionally, viral load of HCMV DNAemia in infected stored plasma samples was also reduced by 80% in the biofield treated group as compared to control.

Because, children are more prone to HCMV infection and adults are generally liable to suffer from HIV-1 infection. As the biofield treatment has reduced HCMV DNAemia, it could be beneficial for HIV infected children populations. Altogether, data suggest that biofield treatment has significantly reduced the viral load quantification in HIV-1 and HCMV infected stored plasma samples and could be a suitable alternative treatment strategy for AIDS patients in near future.

8) Biofield therapies: helpful or full of hype? A best evidence synthesis (2010)

Source: JAIN, S., MILLS, P.J. Biofield therapies: helpful or full of hype? A best evidence synthesis. *International Journal of Behavioral Medicine* [online]. 2010 Mar;17(1):116. doi: 10.1007/s1252900990624. UCLA Division of Cancer Prevention and Control Research, Los Angeles, CA, USA. sjain@ucsd.edu. [cit. 2018-07-28]. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/19856109>

Published in the peer-reviewed scientific journal International Journal of Behavioral Medicine – <http://www.sbm.org/publications/international-journal-of-behavioral-medicine> .

Detail: Biofield therapies (such as Reiki, therapeutic touch, and healing touch) are complementary medicine modalities that remain controversial and are utilized by a significant number of patients, with little information regarding their efficacy. This systematic review examines 66 clinical studies with a variety of biofield therapies in different patient populations. We conducted a quality assessment as well as a best evidence synthesis approach to examine evidence for biofield therapies in relevant outcomes for different clinical populations.

Conclusion: Studies overall are of medium quality, and generally meet minimum standards for validity of inferences. Biofield therapies show strong evidence for reducing pain intensity in pain populations, and moderate evidence for reducing pain intensity hospitalized and cancer populations. There is moderate evidence for decreasing negative behavioral symptoms in dementia and moderate evidence for decreasing anxiety for hospitalized populations. There is equivocal evidence for biofield therapies' effects on fatigue and quality of life for cancer patients, as well as for comprehensive pain outcomes and affect in pain patients, and for decreasing anxiety in cardiovascular patients. There is a need for further high-quality studies in this area. Implications and future research directions are discussed.



9) Biofield considerations in cancer treatment (2005)

Source: HIBDON, S.S. Biofield considerations in cancer treatment. *Seminars in Oncology Nursing* [online]. 2005 Aug;21(3):196200. Student Health and Wellness Center, University of North Texas, Denton, TX, USA. Hibdon@dsa.admin.unt.edu [cit. 2018-07-28]. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/16092808>

*Published in the peer-reviewed scientific journal *Seminars in Oncology Nursing* – <http://www.seminarsoncologynursing.com>.*

Detail: Current research and national reports on biofield approaches in complementary therapies.

Conclusion: Caring for the biofield is important in assisting the patient with cancer to enhance vitality, reduce pain, fatigue, and other side effects as a result of cancer treatments. Cancer care must be holistic to provide maximal healing opportunities for patients. Consideration of the biofield is an important aspect of this care.

10) The Effects of Oscillatory Biofield Therapy on Pain and Functional Limitations Associated with Carpal Tunnel Syndrome: Randomized, Placebo-Controlled, Double-Blind Study (2016)

Source: Reza NOURBAKSH, Thomas J. BELL, Jason Benson MARTIN et al. The Effects of Oscillatory Biofield Therapy on Pain and Functional Limitations Associated with Carpal Tunnel Syndrome: Randomized, Placebo-Controlled, Double-Blind Study. *The Journal of Alternative and Complementary Medicine* [online]. August 2016, DOI: 10.1089/acm.2016.0083 [cit. 2018-07-28]. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/27487406>

https://www.researchgate.net/publication/305826142_The_Effects_of_Oscillatory_Biofield_Therapy_on_Pain_and_Functional_Limitations_Associated_with_Carpal_Tunnel_Syndrome_Randomized_Placebo-Controlled_Double-Blind_Study

*Published in the peer-reviewed scientific journal *The Journal of Alternative and Complementary Medicine* · August 2016, DOI: 10.1089/acm.2016.0083.*

Abstract

Objectives: Biofield treatments have been used for pain control in patients with cancer and chronic pain. However, research on the effect of biofield treatment on specific somatic disorders is lacking. This study intends to investigate the effect of oscillating biofield therapy (OBFT) on symptoms of carpal tunnel syndrome.

Design: Randomized, placebo-controlled, double-blind study.

Participants: Thirty patients with chronic carpal tunnel syndrome participated in the study.

Intervention: Patients were randomly assigned to active or placebo treatment groups. Those in the treatment group received six sessions of OBFT with intention to treat during a period of 2 weeks. Patients in the placebo group had the same number of treatment sessions with mock OBFT treatment.

Outcome measure: The Disabilities of the Arm, Shoulder and Hand (DASH) questionnaire; Symptom Severity Scale (SSS); and Functional Status Scale (FSS) were used for outcome assessment.

Results: Both clinically and statistically significant changes in intensity of pain with activity (95% confidence interval [CI], 2.5-4.2; $p = 0.000$), night pain ($p = 0.000$, 95% CI, 3.2-5.7), DASH questionnaire (95% CI, 12.0-21.9; $p = 0.000$), SSS (95% CI, 0.64-1.15; $p = 0.003$), and FSS (95% CI, 0.41-0.97; $p = 0.029$) were found between the treatment and placebo groups. Statistically significant reduction in number of patients with positive results on the Phalen test (87%; $p = 0.000$), Tinel sign (73%; $p = 0.000$), and hand paresthesia (80%; $p = 0.000$) was noted in the treatment group. During 6-



month follow-up, 86% of patients in the treatment group remained pain free and had no functional limitations.

Conclusion: OBFT can be a viable and effective treatment for improving symptoms and functional limitations associated with chronic carpal tunnel syndrome.

11) In Vitro Evaluation of Biofield Treatment on Cancer Biomarkers Involved in Endometrial and Prostate Cancer Cell Lines (2015)

Source: Mahendra Kumar TRIVEDI, Shrikant PATIL, Harish SHETTIGAR et al. In Vitro Evaluation of Biofield Treatment on Cancer Biomarkers Involved in Endometrial and Prostate Cancer Cell Lines. *Journal of Cancer Science & Therapy* [online]. 2015, 7:8 [cit. 2018-07-28]. Available from: <http://dx.doi.org/10.4172/1948-5956.1000358>; https://www.researchgate.net/publication/281587211_In_Vitro_Evaluation_of_Biofield_Treatment_on_Cancer_Biomarkers_Involved_in_Endometrial_and_Prostate_Cancer_Cell_Lines; <http://www.omicsonline.org/open-access/in-vitro-evaluation-of-biofield-treatment-on-cancer-biomarkers-involved-in-endometrial-and-prostate-cancer-cell-lines-1948-5956-1000358.php?aid=58658>

Published in the peer-reviewed scientific journal Journal of Cancer Science & Therapy.

Abstract

Increasing cancer rates particularly in the developed world are associated with related lifestyle and environmental exposures. Combined immunotherapy and targeted therapies are the main treatment approaches in advanced and recurrent cancer.

An alternate approach, energy medicine is increasingly used in life threatening problems to promote human wellness. This study aimed to investigate the effect of biofield treatment on cancer biomarkers involved in human endometrium and prostate cancer cell lines.

Each cancer cell lines were taken in two sealed tubes i.e. one tube was considered as control and another tube was subjected to Mr. Trivedi's biofield treatment, referred as treated.

Control and treated samples were studied for the determination of cancer biomarkers such as multifunctional cytokines viz. interleukin-6 (IL-6) and tumor necrosis factor-alpha (TNF- α), interleukin-2 receptor (IL-2R), prostate specific antigen (PSA), and free prostate specific antigen (FPSA) concentrations using ELISA assay on day 10. Experimental results showed a significant reduction of IL-6 level in endometrium (12%) and prostate (98.8%) cancer cell lines while a significant increase was observed in TNF- α level in endometrium (385%) and prostate (89.8%) cancer cell lines as compared to control. No alteration of PSA level was observed in biofield treated endometrium and prostate cell line. Similarly, no alterations were evident in IL-2R and FPSA levels in endometrium and prostate cell lines after biofield treatment as compared to control. In conclusion, results suggest that biofield treatment has shown significant alterations in the level of cytokines (IL-6 and TNF- α) in both endometrium and prostate cancer cell lines.

12) The Potential Impact of Biofield Treatment on Human Brain Tumor Cells: A Time-Lapse Video Microscopy (2015)

Source: Mahendra Kumar TRIVEDI, Shrikant PATIL, Harish SHETTIGAR et al. The Potential Impact of Biofield Treatment on Human Brain Tumor Cells: A Time-Lapse Video Microscopy. *Journal of Integrative Oncology* [online]. 2015, 4: 141. doi:10.4172/2329-6771.1000141 [cit. 2018-07-28]. Available from: https://www.researchgate.net/publication/283036746_The_Potential_Impact_of_Biofield_Treatment_on_Human_Brain_Tumor_Cells_A_Time-Lapse_Video_Microscopy

Published in the peer-reviewed scientific journal Journal of Integrative Oncology.



Abstract

Study background: Glioblastoma (GBM) is the most common subtype of primary brain tumor in adults. The aim was to evaluate the impact of biofield treatment potential on human GBM and non-GBM brain cells using two time-lapse video microscopy technique.

Methods: The human brain tumor, GBM cultured cells were divided into two groups viz. GBM control and GBM treatment. Similarly, human normal brain cultured cells (non-GBM) were taken and divided into two groups viz. non-GBM control and non-GBM treatment. The GBM and non-GBM treatment groups were given Mr. Trivedi's biofield treatment for the assessment of its potential. Two time-lapse (10 hours prior; 10 hours after) video microscopy experiment was performed on tumor and non-tumor brain cells in six replicate (n=6). For each microscopic field, the total cell number was counted and each cell was tracked over the 20 hours period. The potential impact of biofield treatment was assessed by comparing cell death rate in both GBM and non-GBM cells before and after biofield treatment.

Results: GBM control cells showed a basal level of cell death 10 hours prior and 10 hours after the biofield treatment, and the rate remained unchanged over the 20 hours period, while in treatment group of GBM, cell death rate was exponentially increased (41%) after biofield treatment as compared to control. The treated non-GBM cultured cells showed a significant reduction (64%) of cell death rate i.e. protective effects as compared to non-GBM control.

Conclusion: Altogether, data suggests that biofield treatment has significantly increased the cell death rate of treated GBM cells and simultaneously boost the viability of normal brain cells. Therefore, biofield treatment could be a suitable alternate treatment strategy for cancer patients in near future.

13) Evaluation of Vegetative Growth Parameters in Biofield Treated Bottle Gourd (*Lagenaria siceraria*) and Okra (*Abelmoschus esculentus*) (2015)

Source: Mahendra Kumar TRIVEDI, Alice BRANTON, Dahryn TRIVEDI et al. Evaluation of Vegetative Growth Parameters in Biofield Treated Bottle Gourd (*Lagenaria siceraria*) and Okra (*Abelmoschus esculentus*). *International Journal of Nutrition and Food Sciences* [online]. Vol. 4, No. 6, 2015, pp. 688-694. doi: 10.11648/j.ijnfs.20150406.24 [cit. 2018-07-28]. Available from: <https://www.researchgate.net/publication/288629552>

Published in the peer-reviewed scientific journal International Journal of Nutrition and Food Sciences.

Abstract: The objective of the study was to assess the growth contributing characters of biofield treated bottle gourd (*Lagenaria siceraria*) and okra (*Abelmoschus esculentus*) seeds. The seeds of both crops were divided into two groups, one was kept aside and denoted as untreated, while the other group was subjected biofield energy treatment. The variabilities in growth contributing parameters were studied and compared with their control. Further the level of glutathione (GSH) in okra leaves, along with DNA fingerprinting in bottle gourd were analyzed using RAPD method.

After germination, the plants of bottle gourd were reported to be strong and erect with better canopy as compared with the control. The vegetative growth of okra plants after biofield energy treatment was found to be stout with small canopy, strong stem, and more fruits per nodes, that contributed high yield as compared with the control. However, endogenous level of GSH in the leaves of okra was increased by 47.65% as compared to the untreated group, which may suggest an improved immunity of okra crops. Besides, the DNA fingerprinting data, showed polymorphism (42%) between treated and untreated samples of bottle gourd. The overall results suggest that the biofield energy treatment on bottle gourd and okra seeds, results an improved overall growth of plant and yield, which may enhance flowering and fruiting per plant. Study results conclude that the biofield energy treatment could be an alternate method to improve the crop yield in agricultural science.



14) Impact of Biofield Energy Treatment on Soil Fertility (2015)

Source: Mahendra Kumar TRIVEDI, Alice BRANTON, Dahryn TRIVEDI et al. Impact of Biofield Energy Treatment on Soil Fertility. *Earth Sciences* [online]. Vol. 4, No. 6, 2015, pp. 275-279. doi: 10.11648/j.earth.20150406.19. [cit. 2018-07-28]. Available from: <https://www.researchgate.net/publication/288828716>

Published in the peer-reviewed scientific journal Earth Sciences.

Abstract: Measurement of soil components such as microbial population, minerals and obviously the content of organic carbon play the important roles for the productivity of crops and plants. The present study was attempted to evaluate the impact of Mr. Trivedi's biofield energy treatment on soil for its physical (electrical conductivity), chemical (minerals) and microbial flora (bacteria and fungi). A plot of lands was assigned for this study with some already grown plants. This plot was divided into two parts. One part was considered as control, while another part was subjected to Mr. Trivedi's biofield energy treatment without physically touching and referred as treated.

In the treated soil the total bacterial and fungal counts were increased by 546 and 617%, respectively as compared to the untreated soil. Additionally, the conductivity of soil of the treated plot was increased by 79% as compared to the soil of control plot. Apart from microbes, the content of various minerals were also changed in the biofield energy treated soil. The calcium carbonate content showed 2909 ppm in the control, while in the treated soil it was increased to 3943 ppm i.e. 36% increased. Various other minerals such as nitrogen and potassium were increased by 12% and 7%, respectively as compared to the control.

Besides, the level of some minerals such as potassium, iron, and chloride were decreased by 9%, 23%, and 41%, respectively as compared to the control. Apart from chemical constituents of soil, the content of organic carbon was also reduced by 8% in the treated soil as compared to the control soil. The overall results envisaged that the biofield energy treatment on the soil showed a significant improvement in the physical, chemical, and microbial functions of soil component. Thus, improved the conductance, supportive microbes, minerals and overall productivity of crops. In conclusion, the biofield energy treatment could be used as an alternative way to increase the yield of quality crops by increasing soil fertility.

Studies on the Efficacy of Therapeutic Touch

15) The effect of therapeutic touch on pain and fatigue of cancer patients undergoing chemotherapy (2008)

Source: AGHABATI, N., MOHAMMADI, E., POUR ESMAIEL, Z. The Effect of Therapeutic Touch on Pain and Fatigue of Cancer Patients Undergoing Chemotherapy. *Evidence-Based Complementary and Alternative Medicine* [online]. 2010 Sep; 7(3): 375–381. Published online 2008 Feb 2. doi: 10.1093/ecam/nen006, PMCID: PMC2887328 [cit. 2018-07-28]. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2887328/>

Published in the peer-reviewed scientific journal Evidence-Based Complementary and Alternative Medicine – <http://www.hindawi.com/journals/ecam/>.

Detail: Despite major advances in pain management, cancer pain is managed poorly in 80% of the patients with cancer. Due to deleterious side effects of pharmacology therapy in these people, there is an urgent need for clinical trials of non-pharmacological interventions. To examine the effect of therapeutic touch (TT) on the pain and fatigue of the cancer patients undergoing chemotherapy, a randomized and three-groups experimental study-experimental (TT), placebo (placebo TT), and control (usual care)-was carried out. Ninety patients undergoing chemotherapy, exhibiting pain and fatigue of cancer, were randomized into one of the three groups in the Cancer Center of Imam



Khomeini Hospital in Tehran, Iran. Pain and fatigue were measured and recorded by participants before and after the intervention for 5 days (once a day). The intervention consisted of 30 min TT given once a day for 5 days between 10:00 a.m. and 10:30 a.m. The Visual Analogue Scale (VAS) of pain and the Rhoten Fatigue Scale (RFS) were completed for 5 days before and after the intervention by the subjects.

Conclusion: The TT (significant) was more effective in decreasing pain and fatigue of the cancer patients undergoing chemotherapy than the usual care group, while the placebo group indicated a decreasing trend in pain and fatigue scores compared with the usual care group.

16) An investigation of the effects of therapeutic touch plan on acute chemotherapy-induced nausea in women with breast cancer in Isfahan, Iran, 2012-2013 (2015)

Source: MATOURYPOUR, P., ZARE, Z., MEHRZAD, V. et al. An investigation of the effects of therapeutic touch plan on acute chemotherapy-induced nausea in women with breast cancer in Isfahan. *Journal of Education and Health Promotion* [online]. Iran, 2012-2013. 2015; 4: 61. Published online 2015 Aug 6. doi: 10.4103/22779531.162380, PMID: PMC4579769, Department of Adult Health Nursing, School of Nursing and Midwifery, Tarbiat Modares University, Tehran, Iran [cit. 2018-07-28]. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/26430688>

Published in the peer-reviewed scientific journal Journal of Education and Health Promotion – <http://www.jehp.net>.

Detail: A quasi-experimental, single-blind, randomized control trial with three groups (control, placebo and intervention) was performed at the Isfahan Seyedolshohada (AS) Teaching Hospital, Isfahan, in 2012-2013. The intervention was therapeutic touch plan on women with breast cancer, with the three groups receiving the same medicine regimen. Information was recorded by a checklist after infusion of chemotherapy drugs. Data analysis was performed by SPSS, ANOVA and Kruskal-Wallis tests. The ANOVA test showed that the therapeutic touch plan was significantly effective in reducing the duration of nausea compared with the control and placebo groups ($P < 0.001$). The Kruskal-Wallis test showed that the frequency of occurrence of nausea was also reduced in the intervention and placebo groups compared with the control group ($P < 0.001$). The therapeutic touch plan was significantly effective in delaying the onset of nausea compared with the control and placebo groups ($P < 0.001$).

Conclusion: This research showed that the therapeutic touch plan is effective in reducing acute chemotherapy-induced nausea; thus, education and implementation of the therapeutic touch plan is proposed for clinical nurses.

17) Evaluation of healing by gentle touch in 35 clients with cancer (2004)

Source: WEZE, C., LEATHARD, H.L., GRANGE, J. et al. Evaluation of healing by gentle touch in 35 clients with cancer. *European Journal of Oncology Nursing* [online]. 2004 Mar;8(1):40-9, School of Health, Medical Sciences and Social Work, Faculty of Health & Social Care, St. Martin's College, Lancaster LA1 3JD, UK [cit. 2018-07-28]. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/15003743>

Published in the peer-reviewed scientific journal European Journal of Oncology Nursing – <http://www.ejoncologynursing.com>.

Detail: An uncontrolled, preliminary evaluation of healing by gentle touch in clients with cancer was carried out at The Centre for Complementary Care in Eskdale, Cumbria. All clients attending The Centre between 1995 and 2001 were invited to participate. Data were collected from 35 clients with cancer. Outcome measures included pre- to post-treatment changes in physical and psychological functioning. Assessments were made using a questionnaire with visual analogue scales for subjective rating of symptoms and the EuroQoL (EQ5D), a generic state of health measure.



Conclusion: Wilcoxon Signed Ranks tests showed statistically significant improvements in psychological and physical functioning, with positive effects on quality of life. The most pronounced improvements were seen in ratings for stress and relaxation, severe pain/discomfort, and depression/anxiety, particularly in those with the most severe symptoms on entry. The study found no adverse effects resulting from the treatment. These findings indicate that healing is a safe and effective adjunct to conventional medical treatment with the potential to ameliorate some of the more stressful aspects of cancer, including those inherent in current cancer treatment strategies. Rigorous evaluation of this modality by prospective, randomised, controlled trial is strongly warranted, as are investigations into its potential for use in palliative care.

18) The effect of therapeutic touch on behavioral symptoms of persons with dementia (2005)

Source: WOODS, D.L., CRAVEN, R.F., WHITNEY J. The effect of therapeutic touch on behavioral symptoms of persons with dementia. *Alternative Therapies in Health and Medicine* [online]. 2005 JanFeb;11(1):6674, College of Nursing, University of Arkansas for Medical Sciences, USA [cit. 2018-07-28]. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/15712768>

Published in the peer-reviewed scientific journal Alternative Therapies in Health and Medicine – <http://www.alternative-therapies.com>.

Detail: Approximately 80% of nursing home residents who suffer from Alzheimer's disease and related dementia develop behavioral symptoms of dementia. Given the deleterious side effects of pharmacologic therapy in this population there is an urgent need for clinical trials of nonpharmacologic interventions. To examine the effect of therapeutic touch on the frequency and intensity of behavioral symptoms of dementia. A randomized, doubleblind, three-group experimental study: experimental (therapeutic touch), placebo (placebo therapeutic touch), and control (usual care). Fifty-seven residents, aged 67 to 93 years, exhibiting behavioral symptoms of dementia, were randomized to one of the three groups within each of three Special Care Units within three Long-Term Care facilities in a western Canadian province. Behavioral observation was completed every 20 minutes from 8:00AM to 6:00PM for three days pre-intervention and for three days post-intervention by trained observers who were blind to group assignment. The intervention consisted of therapeutic touch given twice daily for 5-7 minutes for three days between 10:00AM and 11:30PM and between 3:00PM and 4:30PM (N = 57). The main outcome variable was overall behavioral symptoms of dementia, consisting of six categories of behaviors: manual manipulation (restlessness), escape restraints, searching and wandering, tapping and banging, pacing and walking, and vocalization.

Conclusion: Analysis of variance (ANOVA) ($F = 3.331, P = .033$) and the Kruskal-Wallis test ($\chi^2 = 6.661, P = .036$) indicated a significant difference in overall behavioral symptoms of dementia, manual manipulation and vocalization when the experimental group was compared to the placebo and control groups. The experimental (significant) was more effective in decreasing behavioral symptoms of dementia than usual care, while the placebo group indicated a decreasing trend in behavioral symptoms of dementia compared to usual care.

Therapeutic touch offers a nonpharmacological, clinically relevant modality that could be used to decrease behavioral symptoms of dementia, specifically manual manipulation (restlessness) and vocalization, two prevalent behaviors.

19) Therapeutic Touch Affects DNA Synthesis and Mineralization of Human Osteoblasts in Culture (2008)

Source: JHAVERI, A., WALSH, S. J., WANG, Y. et al. Therapeutic Touch Affects DNA Synthesis and Mineralization of Human Osteoblasts in Culture. *Journal of Orthopaedic Research* [online]. Received 1 August 2006; accepted



27 March 2008; Published online 3 June 2008 in Wiley InterScience (www.interscience.wiley.com). DOI 10.1002/jor.20688 [cit. 2018-07-28]. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/18524012>

Published in the peer-reviewed scientific journal Journal of Orthopaedic Research.

Abstract: Complementary and alternative medicine (CAM) techniques are commonly used in hospitals and private medical facilities; however, the effectiveness of many of these practices has not been thoroughly studied in a scientific manner. Developed by Dr. Dolores Krieger and Dora Kunz, Therapeutic Touch is one of these CAM practices and is a highly disciplined five-step process by which a practitioner can generate energy through their hands to promote healing.

There are numerous clinical studies on the effects of TT but few in vitro studies. Our purpose was to determine if Therapeutic Touch had any effect on osteoblast proliferation, differentiation, and mineralization in vitro. TT was performed twice a week for 10 min each on human osteoblasts (HOBs) and on an osteosarcoma-derived cell line, SaOs-2. No significant differences were found in DNA synthesis, assayed by [³H]-thymidine incorporation at 1 or 2 weeks for SaOs-2 or 1 week for HOBs. However, after four TT treatments in 2 weeks, TT significantly ($p = 0.03$) increased HOB DNA synthesis compared to controls.

Immunocytochemistry for Proliferating Cell Nuclear Antigen (PCNA) confirmed these data. At 2 weeks in differentiation medium, TT significantly increased mineralization in HOBs ($p = 0.016$) and decreased mineralization in SaOs-2 ($p = 0.0007$), compared to controls. Additionally, Northern blot analysis indicated a TT-induced increase in mRNA expression for Type I collagen, bone sialoprotein, and alkaline phosphatase in HOBs and a decrease of these bone markers in SaOs-2 cells. In conclusion, Therapeutic Touch appears to increase human osteoblast DNA synthesis, differentiation and mineralization, and decrease differentiation and mineralization in a human osteosarcoma-derived cell line.

Studies on the Efficacy of Reiki

20) Integrative Reiki for cancer patients: a program evaluation (2014)

Source: FLEISHER, K.A., MACKENZIE, E.R., FRANKEL, E.S. et al. Integrative Reiki for cancer patients: a program evaluation. *Integrative Cancer Therapies* [online]. 2014 Jan;13(1):627. doi: 10.1177/1534735413503547. Epub 2013 Oct 7. University of Pennsylvania, Philadelphia, PA, USA [cit. 2018-07-28]. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/24105356>

Published in the peer-reviewed scientific journal Integrative Cancer Therapies – <http://ict.sagepub.com>.

Detail: Of the 213 pre-post surveys of first-time sessions in the evaluation period, we observed a more than 50% decrease in self-reported distress (from 3.80 to 1.55), anxiety (from 4.05 to 1.44), depression (from 2.54 to 1.10), pain (from 2.58 to 1.21), and fatigue (from 4.80 to 2.30) with $P < .001$ for all. Using conservative estimates that treat missing data as not endorsing Reiki, we found 176 (82.6%) of participants liked the Reiki session, 176 (82.6%) found the Reiki session helpful, 157 (73.7%) plan to continue using Reiki, and 175 (82.2%) would recommend Reiki to others.

Conclusion: Qualitative analyses found that individuals reported that Reiki induced relaxation and enhanced spiritual well-being. An integrative Reiki volunteer program shows promise as a component of supportive care for cancer patients. More research is needed to evaluate and understand the impact that Reiki may have for patients, caregivers, and staff whose lives have been affected by cancer.



Studies on the Efficacy of Energy Therapies and Spiritual Healing

21) Energy therapies in oncology nursing (2012)

Source: COAKLEY, A.B., BARRON, A.M. Energy therapies in oncology nursing. *Seminars in Oncology Nursing* [online]. 2012 Feb;28(1):5563. doi: 10.1016 /j.soncn.2011.11.006 [cit. 2018-07-28]. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22281310>

Published in the peer-reviewed scientific journal Seminars in Oncology Nursing – <http://www.seminarsoncologynursing.com> .

Detail: To review the published research related to the interventions of Reiki, Therapeutic Touch, and Healing Touch representing energy therapies in relation to oncology nursing.

Conclusion: There is growing evidence that energy therapies have a positive effect on symptoms associated with cancer. While there is need for further research, it is clear that an appreciation for the value of research methods beyond the randomized control trial is important. Energy therapies offer additional strategies for oncology nurses providing integrated nursing care to alleviate suffering and symptom distress of patients with cancer.

22) Energy therapies in advanced practice oncology: an evidence-informed practice approach (2013)

Source: POTTER, P.J. Energy Therapies in Advanced Practice Oncology: An Evidence Informed Practice Approach *Journal of the Advanced Practitioner in Oncology* [online]. 2013 MayJun; 4 (3): 139-151. Published online 2013 May 1, PMID: PMC4093427 [cit. 2018-07-28]. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4093427/>; <http://www.ncbi.nlm.nih.gov/pubmed/25031994>

Published in the peer-reviewed scientific journal Journal of the Advanced Practitioner in Oncology (JADPRO) – <http://www.advancedpractitioner.com/about-jadpro> .

Detail: This article offers an EIP approach to energy therapies, namely, Therapeutic Touch (TT), Healing Touch (HT), and Reiki, as supportive interventions in cancer care; a description of the author's professional experience with TT, HT, and Reiki in practice and research; an overview of the three energy healing modalities; a review of nine clinical studies related to oncology; and recommendations for EIP.

Conclusion: These studies demonstrate a response to previous research design critiques. Findings indicate a positive benefit for oncology patients in the realms of pain, quality of life, fatigue, health function, and mood. Directionality of healing in immune response and cell line studies affirms the usual explanation that these therapies bring harmony and balance to the system in the direction of health. Foremost, the research literature demonstrates the safety of these therapies. In order to consider the varieties of evidence for TT, HT, and Reiki, EIP requires a qualitative examination of patient experiences with these modalities, exploration of where these modalities have been integrated into cancer care and how the practice works in the oncology setting, and discovery of the impact of implementation on provider practice and self-care. Next steps toward EIP require fleshing out the experience of these modalities by patients and health-care providers in the oncology care setting.



23) Evidence for Correlations Between Distant Intentionality and Brain Function in Recipients: A Functional Magnetic Resonance Imaging Analysis (2006)

Source: ACHTERBERG, J., COOKE, K., RICHARDS, T. et al. Evidence for Correlations Between Distant Intentionality and Brain Function in Recipients: A Functional Magnetic Resonance Imaging Analysis. *Journal of Alternative and Complementary Medicine* [online]. January 2006, DOI: 10.1089 / acm.2005.11.965. [cit. 15-05-2018]. Available from: <https://www.liebertpub.com/doi/abs/10.1089/acm.2005.11.965>

Published in the peer-reviewed scientific journal The Journal of Alternative and Complementary Medicine, January 2006, DOI: 10.1089 / acm.2005.11.965.

Abstract

This study, using functional magnetic resonance imaging (fMRI) technology, demonstrated that distant intentionality (DI), defined as sending thoughts at a distance, is correlated with an activation of certain brain functions in the recipients. Eleven healers who espoused some form for connecting or healing at a distance were recruited from the island of Hawaii. Each healer selected a person with whom they felt a special connection as a recipient for DI. The recipient was placed in the MRI scanner and isolated from all forms of sensory contact from the healer. The healers sent forms of DI that related to their own healing practices at random 2-minute intervals that were unknown to the recipient. Significant differences between experimental (send) and control (no send) procedures were found ($p < 0.000127$). Areas activated during the experimental procedures included the anterior and middle cingulate area, precuneus, and frontal area. It was concluded that instructions to a healer to make an intentional connection with a sensory isolated person can be correlated to changes in brain function of that individual.

24) A randomized, blinded study of the impact of intercessory prayer on spiritual well-being in patients with cancer (2012)

Source: OLVER, I.N., DUTNEY A. A randomized, blinded study of the impact of intercessory prayer on spiritual wellbeing in patients with cancer. *Alternative Therapies in Health and Medicine* [online]. 2012 SepOct;18(5):1827. Royal Adelaide Hospital Cancer Centre, South Australia, Australia. ian.olver@cancer.org.au [cit. 2018-07-28]. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22894887>

Published in the peer-reviewed scientific journal Alternative Therapies in Health and Medicine – <http://www.alternative-therapies.com>.

Detail: Participants were patients at the cancer center between June 2003 and May 2008. Of 999 participants with mixed diagnoses who completed the baseline questionnaires, 66.6% provided follow-up. The average age was 61 years, and most participants were married/de facto (living with partners), were Australians or New Zealanders living in Australia, and were Christian. Intervention The research team asked an external group offering Christian intercessory prayer to add the study's participants to their usual prayer lists. They received details about the participants, but this information was not sufficient to identify them.

Conclusion: Results The intervention group showed significantly greater improvements over time for the primary endpoint of spiritual well-being as compared to the control group ($P = .03$, partial $\eta^2 = .01$). The study found a similar result for emotional well-being ($P = .04$, partial $\eta^2 = .01$) and functional well-being ($P = .06$, partial $\eta^2 = .01$). Participants with cancer whom the research team randomly allocated to the experimental group to receive remote intercessory prayer showed small but significant improvements in spiritual well-being.

25) Complementary spiritist therapy: systematic review of scientific evidence (2011)

Source: LUCCHETTI, G., LUCCHETTI, A.L., BASSI, R.M. et al. Complementary spiritist therapy: systematic review of scientific evidence. *Evidence-Based Complementary and Alternative Medicine* [online].



2011;2011:835945. doi: 10.1155/2011/835945. Epub 2011 May 11, Research Department, São Paulo Medical Spiritist Association, Avenida Juriti 367 SP Apto 131, 04520000 São Paulo, SP, Brazil [cit. 2018-07-28]. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21687790>

Published in the peer-reviewed scientific journal Evidence-Based Complementary and Alternative Medicine – <http://www.hindawi.com/journals/ecam/>.

Detail: Spiritism is the third most common religion in Brazil, and its therapies have been used by millions worldwide. These therapies are based on therapeutic resources including prayer, laying on of hands, fluidotherapy (magnetized water), charity/volunteering, spirit education/moral values, and disobsession (spirit release therapy). This paper presents a systematic review of the current literature on the relationship among health outcomes and 6 predictors: prayer, laying on of hands, magnetized/fluidic water, charity/volunteering, spirit education (virtuous life and positive affect), and spirit release therapy. All articles were analyzed according to inclusion/exclusion criteria, Newcastle-Ottawa and Jadad score.

Conclusion: At present, there is moderate to strong evidence that volunteering and positive affect are linked to better health outcomes. Furthermore, laying on of hands, virtuous life, and praying for oneself also seem to be associated to positive findings. Nevertheless, there is a lack of studies on magnetized water and spirit release therapy. In summary, science is indirectly demonstrating that some of these therapies can be associated to better health outcomes and that other therapies have been overlooked or poorly investigated. Further studies in this field could contribute to the disciplines of Complementary and Alternative Medicine by investigating the relationship between body, mind, and soul/spirit.



1.4.3 CAM in Economic Terms – The Potential to Reduce the Cost of Care

*Long-term practical experience and cooperation between conventional medicine and CAM has led to a number of available studies on the benefits of this cooperation. Both **the therapeutic effect on patients** and **the cost effectiveness** are covered in the studies. The EUROCAM document CAM 2020 – The Contribution of CAM to Sustainable Health Care in Europe (see page 149) is another clear and comprehensive source of information and arguments in favour of CAM.*

*In this chapter we focus on assessing the cooperation between conventional medicine and CAM financially. We present the results of several foreign researches which confirm that the **combination of conventional therapy and alternative therapies significantly increases the effectiveness of the treatment**. This positively impacts, not only on the patient, but it also **reduces the cost of healthcare considerably**.*

Dutch Research on the Cost-Effectiveness of CAM (2006–2009)

From 2006 to 2011 a study on the relationship between CAM and the cost of healthcare was carried out in the Netherlands by Peter Kooreman and Erik Baars. Kooreman is a professor at the Department of Economics at Tilburg University, the Netherlands. He specializes mainly in health care economics. Baars is a medical doctor and epidemiologist. He works as a researcher and professor of Anthroposophic Healthcare at the University of Applied Sciences in Leiden, the Netherlands.³¹

*The aim of the study was to **compare the results of work carried out by CAM-certified general practitioners and general practitioners without this certification**. The CAM therapies included in the study were anthroposophic medicine, homeopathy and acupuncture. The research was based on data provided by the insurance company Azivo, which operates mainly in the Haag. The data was documented between 2006 and 2009.*

The results were published in 2011 in the study “Patients whose GP knows complementary medicine tend to have lower costs and live longer”³². The authors won the Award of Excellence in Integrative Medicine Research from the European Society of Integrative Medicine (in the category “clinical research”). We cite the abstract of this study:

“Abstract

Background

Health economists have largely ignored complementary and alternative medicine (CAM) as an area of research, although both clinical experiences and several empirical studies suggest cost-effectiveness of CAM.

Objective

To explore the cost-effectiveness of CAM compared with conventional medicine.

³¹ <https://www.tilburguniversity.edu/webwijs/show/p.kooreman-2.htm>;

<https://www.hsleiden.nl/antroposofische-gezondheidszorg-english/employees/erik-baars>

³² KOOREMAN, P., BAARS, E.W. Patients whose GP knows complementary medicine tend to have lower costs and live longer. *The European Journal of Health Economics* [online]. 2012;13(6):769-776. doi:10.1007/s10198-011-0330-2 [cit. 2016-07-17]. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3482459>



Methods

A dataset from a Dutch health insurer was used containing quarterly information on healthcare costs (care by general practitioner (GP), hospital care, pharmaceutical care, and paramedic care³³), dates of birth and death, gender and 6-digit postcode of all approximately 150,000 insurees, for the years 2006-2009. Data from 1913 conventional GPs were compared with data from 79 GPs with additional CAM training in acupuncture (25), homeopathy (28), and anthroposophic medicine (26).

Results

Patients whose GP has additional CAM training have 0 - 30% lower healthcare costs and mortality rates, depending on age groups and type of CAM. The lower costs result from fewer hospital stays and fewer prescription drugs.

Discussion

Since the differences are obtained while controlling for confounders including neighborhood specific fixed effects at a highly detailed level, the lower costs and longer lives are unlikely to be related to differences in socioeconomic status. Possible explanations include selection (e.g. people with a low taste for medical interventions might be more likely to choose CAM) and better practices (e.g. less overtreatment, more focus on preventive and curative health promotion) by GPs with knowledge of complementary medicine. More controlled studies (replication studies, research based on more comprehensive data, cost-effectiveness studies on CAM for specific diagnostic categories) are indicated.”

The same authors, professor Peter Kooreman and Dr. Erik Baars, published a more detailed report in 2014 based on the same research from 2006–2011. A 6-year comparative economic evaluation of healthcare costs and mortality rates of Dutch patients from conventional and CAM GPs³⁴. The summary of this report was published on the EUROCAM website in 2016. A quote from the summary follow below:

“Dutch patients whose GP additionally completed training in CAM on average have €192 (10.1%) lower annual total compulsory and supplementary healthcare costs and do not live longer or shorter than patients with a conventional GP.

This is the conclusion of a Dutch study that calculated the healthcare costs and mortality rates of 1,521,773 patients (98.8%) with a conventional (CON) general practitioner (GP) and compared them with data of 18,862 patients (1.2%) with a GP who has additionally completed training in complementary and alternative medicine (CAM).”³⁵

³³ *Transl. note.: In the Netherlands the expression “paramedic care” is understood in a quite wide way: it includes a wide group of professions performed by a specialized non MD staff such as a physiotherapists, logoped, radiotherapeutic technician, occupational therapist, nutritionist and others. Source: <https://nl.wikipedia.org/wiki/Paramedicus>*

³⁴ BAARS, E.W., KOOREMAN, P. A 6-year comparative economic evaluation of healthcare costs and mortality rates of Dutch patients from conventional and CAM GPs. *BMJ Open* [online]. 2014, 4:e005332 doi:10.1136/[cit. 2018-07-28]. Available from: <http://m.bmjopen.bmj.com/content/4/8/e005332.full>; <http://bmjopen.bmj.com/content/4/8/e005332>

³⁵ EUROCAM [online]. 4. 1. 2016 [cit. 2016-07-17]. Available from: <http://www.cam-europe.eu/news2.php?id=136605100634>



A Systematic Overview of Economic Assessments of CAM Published in 2001–2010 (USA)

The demand for CAM in the USA is ever-growing and according to surveys, at least one in three American adults regularly makes use of it. In 2007, CAM therapy expenses accounted for 11% of all health care expenses in the USA. In relation to this trend, the economic assessment of cost effectiveness of CAM therapies has been carried out over time.

*Public health and healthcare economics experts from several US universities (including the University of Arizona; the University of Maryland School of Medicine; Harvard Medical School; and Harvard School of Public Health) have compiled a **complete systematic overview of published economic assessments of CAM** based on bibliographic databases. The aim was to **identify and revise the published economic assessments of CAM, and to formulate recommendations for public health care strategies**. In comparison to similar studies, this study involved a significantly higher number of economic assessments (338 in overall) published in 1979–2011.*

The results were published in 2012 in the article Are complementary therapies and integrative care cost-effective? A systematic review of economic evaluations³⁶.

In regards to the potential economic contribution of CAM, the results are favourable and it is recommended that further research is carried out. The abstract of the article is cited below:

“Abstract

Objective:

A comprehensive systematic review of economic evaluations of complementary and integrative medicine (CIM) to establish the value of these therapies to health reform efforts.

Data sources:

PubMed, CINAHL, AMED, PsychInfo, Web of Science and EMBASE were searched from inception through 2010. In addition, bibliographies of found articles and reviews were searched, and key researchers were contacted.

Eligibility criteria for selecting studies:

Studies of CIM were identified using criteria based on those of the Cochrane complementary and alternative medicine group. All studies of CIM reporting economic outcomes were included.

Study appraisal methods:

All recent (and likely most cost-relevant) full economic evaluations published 2001-2010 were subjected to several measures of quality. Detailed results of higher-quality studies are reported.

Results:

A total of 338 economic evaluations of CIM were identified, of which 204, covering a wide variety of CIM for different populations, were published 2001–2010. A total of 114 of these were full economic evaluations. And 90% of these articles covered studies of single CIM therapies and only one compared usual care to usual care plus access to multiple licensed CIM practitioners. Of the recent full evaluations, 31 (27%) met five study-quality criteria, and 22 of these also met the minimum criterion for study transferability (‘generalisability’). Of the 56 comparisons made in the higher-quality studies,

³⁶ HERMAN, P. M., POINDEXTER, B. L., WITT, C. M., EISENBERG, D. M. Are complementary therapies and integrative care cost-effective? A systematic review of economic evaluations. *BMJ Open* [online]. 2012;2:e001046. doi:10.1136/bmjopen-2012-001046 [cit. 2016-07-17]. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22945962>; <http://bmjopen.bmj.com/content/2/5/e001046.full>



16 (29%) show a health improvement with cost savings for the CIM therapy versus usual care. Study quality of the cost-utility analyses (CUAs) of CIM was generally comparable to that seen in CUAs across all medicine according to several measures, and the quality of the cost-saving studies was slightly, but not significantly, lower than those showing cost increases (85% vs 88%, $p=0.460$).

Conclusions:

This comprehensive review identified many CIM economic evaluations missed by previous reviews and emerging evidence of cost-effectiveness and possible cost savings in at least a few clinical populations. Recommendations are made for future studies.”

The study shows that participants of the BHI programme (yoga and meditation teaching) visit a doctor 43% less often.

“The core belief of the Benson-Henry Institute (BHI) that teaching patients mind body approach like meditation and yoga can reduce their stress and improve overall physical health – was proven correct in a preliminary study published this fall in the journal PLOS ONE. The study found that **patients who participated in BHI programs reduced their medical visits on average by 43% in the year after taking part.**”

The study was led by Dr. James E. Stahl of the MGH Institute for Technology Assessment. Dr. Stahl was previously affiliated with BHI and is Chief of General Internal Medicine at Dartmouth-Hitchcock Medical Center.

“Our study’s primary finding is that programs that train patients to elicit the relaxation response – specifically those taught at the BHI – can also dramatically reduce health care utilization,” Dr. Stahl said. “These programs promote wellness and, in our environment of constrained health care resources, could potentially ease the burden on our health delivery systems at minimal cost and at no real risk.”

The relaxation response was first described more than 40 years ago by Herbert Benson, MD, founder and director emeritus of the BHI and a coauthor of the study. The physiologic opposite of the well-documented fight-or-flight response, the relaxation response is elicited by practices including meditation, deep breathing and prayer and has been shown to be helpful in the treatment of stress-related disorders ranging from anxiety to hypertension. The paper’s authors note that stress-related illnesses such as anxiety and depression are the third highest causes of health expenditures in the U.S. after heart disease and cancer, which also are affected by stress.

“Studies show that 60 to 90 percent of all medical visits are stressrelated. This research proves that we can greatly improve the lives of our patients by integrating stress reduction into our healthcare delivery model,” Dr. Benson said. “This could improve patients’ overall health and reduce healthcare costs dramatically. It’s time to integrate this approach into mainstream medicine.”

Other co-authors of the PLOS One paper³⁷ include BHI Executive Director Dr. Gregory L. Fricchione, Director of Research John W. Denninger, MD, PhD, Medical Director Darshan Mehta, Researcher Michelle Dossett, MD, PhD, and Roberta Goldman; and Scott LaJoie, PhD, University of Louisville.

³⁷ Stahl JE, Dossett ML, LaJoie AS, Denninger JW, Mehta DH, Goldman R, et al. (2015). Relaxation Response and Resiliency Training and Its Effect on Healthcare Resource Utilization [online]. PLoS ONE 10(10): e0140212. doi:10.1371/journal.pone.0140212.



“The results are promising and it gives us hope that more rigorous study will bear out the findings of this report,” Dr. Fricchione said. “We are committed to doing the rigorous study because we believe it is so important to the health of our healthcare system.”³⁸

“Relaxation-response techniques, such as meditation, yoga, and prayer, could reduce the need for health care services by 43 percent, according to a study at Harvard-affiliated Massachusetts General Hospital (MGH) that looked at participants in a relaxation-response-focused training program.

Previous studies have shown that eliciting the relaxation response – a physiologic state of deep rest – not only relieves stress and anxiety, but also affects physiologic factors such as blood pressure, heart rate, and oxygen consumption.

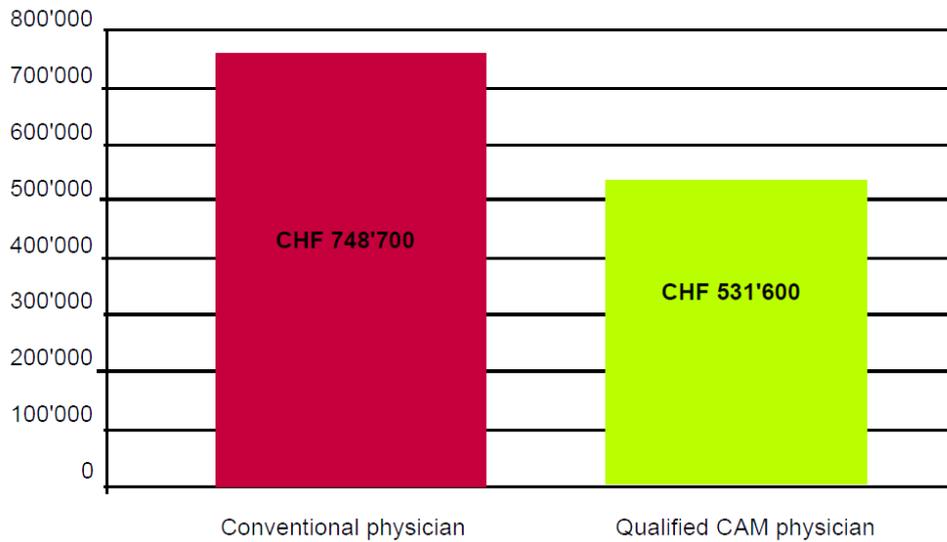
The paper’s authors noted that stress-related illnesses, such as anxiety and depression, are the third-highest causes of health expenditures in the United States after heart disease and cancer (which also are affected by stress).³⁹

³⁸ Benson-Henry Institute for Mind Body Medicine. Study Shows BHI Participants Reduced Doctors Visits by 43% [online]. [cit. 2016-07-17]. Available from: <http://www.bensonhenryinstitute.org/news-and-events/bhi-news/223-study-shows-bhi-participants-reduced-doctors-visits-by-43>.

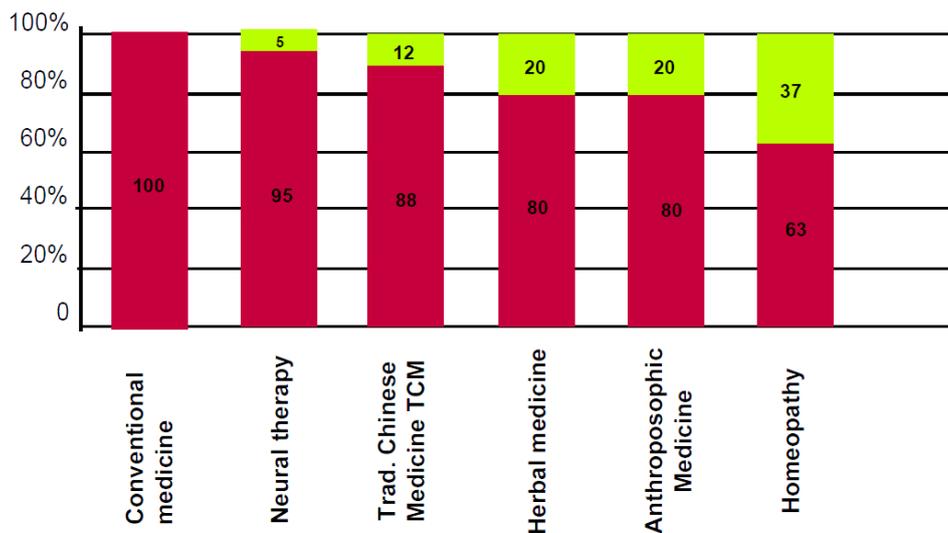
³⁹ Harvard Gazette. Relaxation response proves positive - Study reveals how mindbody medicine could cut health care costs [online]. 13. 11. 2015 [cit. 2016-07-17]. Available from: <http://news.harvard.edu/gazette/story/2015/10/relaxation-response-proves-positive>.



Cost saving by CAM practice⁴⁰



A comparison of the annual treatment costs provided by a conventional doctor and a CAM-certified doctor covered by compulsory health insurance.



A comparison of the average annual cost per patient for single CAM modalities in percentage (2008).

⁴⁰ European Parliament. Workshop Alternative Medicines 2011 [online]. p. 55 [cit. 2016-07-17]. Available from: [http://www.europarl.europa.eu/RegData/etudes/workshop/join/2011/475079/IPOL-ENVI_AT\(2011\)475079_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/workshop/join/2011/475079/IPOL-ENVI_AT(2011)475079_EN.pdf).

Source of data for graph 1: – HP Studer, A Busato (2010). Ist ärztliche Komplementärmedizin wirtschaftlich? Schweizerische Ärztezeitung, 5 May 2010. 2010;91(18):707–711. DOI :

<https://doi.org/10.4414/saez.2010.15150>. Available from: <https://saez.ch/de/article/doi/saez.2010.15150>

Source of data for graph 2: – Santésuisse data pool (2008).





2 Views of International Organizations and Institutions on CAM

2.1 World Health Organization WHO – Long-term Support of the Development of CAM

The World Health Organization (WHO) is a UN agency with its headquarters in Geneva. It is an important public health authority. It is comprised of **194 member states**, including the Czech Republic.

“The World Health Organization’s main duties include preparing health care policies and consulting member states depending on their needs. WHO further supports nations in preparing national health care strategies, monitors health indicators among populations as well as indicators assessing individual countries’ healthcare systems. It also develops and tests new technologies and procedures aimed at handling diseases and health care management.”⁴¹

The World Health Assembly (WHA) is the supreme decision-making body within the WHO. It is comprised of **representatives of the 194 member states** and gathers once a year. The Executive Board, which is comprised of 32 health care experts, executes the WHA’s decisions and strategies and gathers twice a year.⁴²

WHO has been engaged in complementary and alternative medicine for a long time. The first WHA resolution on this matter dates back to the 1970s. **The Program “Traditional, complementary and integrative medicine”** is one of WHO’s long-term projects.

Since the beginning of the 21st century, WHO has published **a series of important documents on traditional, complementary and alternative medicine (TM/CAM)**. The most important are the following:

- 1) Legal Status of Traditional Medicine and Complementary/Alternative Medicine: A Worldwide Review (2001)
- 2) WHO Traditional Medicine Strategy 2002–2005 (2002)
- 3) WHO Traditional Medicine Strategy 2014–2023 (2013)

In all of its documents, **WHO expresses strong support for TM/CAM** both in developing countries and in highly developed states. It emphasizes that TM/CAM has a **significant positive potential** in both cases and can be beneficial to patients. However, extensive, high-quality research must first be carried out in order to substantially develop the knowledge base. A **relevant legal framework** for TM/CAM will then be created based on this knowledge and **will be integrated into the standard health care systems**.

⁴¹ The World Health Organization. *Ministerstvo zdravotnictví České republiky [The Ministry of Health of the Czech Republic]* [online]. [cit. 2018-04-01]. Available from: https://www.mzcr.cz/obsah/svetova-zdravotnicka-organizace_3115_8.html. Translation – KoS.

⁴² Tamtéž.



The document **The legal status of traditional medicine, complementary/alternative medicine: a worldwide review**⁴³ (2001) is the result of intensive work spanning ten years. It provides information concerning the TM/CAM situation in 123 countries. Unfortunately, the Czech Republic is among the countries for which reliable data could not be obtained. The material points out that TM/CAM has been used increasingly both in developing and in highly developed countries. However, many countries (in 2001) did not have national policies and relevant legislations to regulate this health care sector. The safety, quality and effectiveness of these therapies and products was thus not ensured, which subsequently prevented them from being integrated into the health care system. The document includes information on TM/CAM utilization rates, legal regulations for general practitioners and products, health insurance in relation to TM/CAM, and further education among TM/CAM-certified general practitioners in 123 countries.

The document discusses the **empirically verified efficacy of TM/CAM**:

“Traditional and complementary/alternative medicine has demonstrated efficacy in areas such as mental health, disease prevention, treatment of non-communicable diseases, and improvement of the quality of life for persons living with chronic diseases as well as for the ageing population. Although further research, clinical trials, and evaluations are needed, traditional and complementary/alternative medicine has shown great potential to meet a broad spectrum of health care needs.”⁴⁴

The already cited WHO **Traditional Medicine Strategy 2002–2005**⁴⁵ from 2002 is another important document aiming to map the development of the TM/CAM situation in the member states.

This document drew attention to the **steep increase in popularity** of TM/CAM in both developing and highly developed countries. It also pointed out the **growing efforts of individual governments to provide legal clarifications for TM/CAM and to legalize and regulate it in the interest of the patient**. The document further mentions the **growing public financing** of research and development in this area. At the same time, it pointed out the current **lack of reliable, high-quality research** on the effects of individual therapies and medicaments used by TM/CAM.

This material was followed up 11 years later by the most recent strategic WHO document. **The WHO Traditional Medicine Strategy 2014-2023**⁴⁶ was published in 2013 and emphasizes the significant positive potential of CAM on the current national health care systems.

The worldwide development of CAM and further related facts are summarized in the document as follows:

- 1) Continuously use of TM/CAM (member states should enable their citizens to make informed choices)
- 2) The growing financial importance of TM/CAM (the possibility to reduce healthcare costs)
- 3) The globality of TM/CAM (global use of local products requires international cooperation to ensure safety)
- 4) The uneven levels of accreditation and control of TM/CAM, and varying levels of education among TM/CAM practitioners (a particularly serious issue in the globalized world)
- 5) The significant progress of TM /CAM research and its development since 2002
- 6) The urgency of protecting the rights of local communities (taking into account the growing popularity of TM)

⁴³ WHO. *Legal Status of Traditional Medicine and Complementary/Alternative Medicine: A Worldwide Review* [online]. 2001 [cit. 2018-04-06]. Available from: <http://apps.who.int/medicinedocs/en/d/Jh2943e/>

⁴⁴ WHO. *Legal Status of Traditional Medicine and Complementary/Alternative Medicine: A Worldwide Review* [online]. 2001, p. 4 [cit. 2018-04-06]. Available from: <http://apps.who.int/medicinedocs/en/d/Jh2943e/> .

⁴⁵ WHO. *WHO Traditional Medicine Strategy 2002–2005* [online]. 2002 [cit. 2018-04-01]. Available from: http://www.wpro.who.int/health_technology/book_who_traditional_medicine_strategy_2002_2005.pdf

⁴⁶ WHO. *WHO Traditional Medicine Strategy 2014–2023* [online]. 2013, ISBN 978-92-4-150609-0 [cit. 2018-04-01]. Available from: http://www.who.int/medicines/publications/traditional/trm_strategy14_23/en/



7) *The need for better integration into healthcare systems*⁴⁷

The WHO Traditional Medicine Strategy 2014–2023 states that, since 2002, **further significant advancement has been made regarding the approach of national health policies to TM/CAM worldwide**. It describes the increasingly successfully and **scientifically verified studies of TM/CAM therapies and the subsequent legal regulations regarding safe and efficient practices**. However, it also sets out **priority tasks and challenges** to be addressed by 2023⁴⁸: Selected passages of this extensive document are available on page 90.

WHO’s approach to CAM is also illustrated by the statement from the WHO director-general Margaret Chan MD on the relationship between the conventional medicine and TM/CAM:

“The two systems of traditional and Western medicine need not clash. Within the context of primary health care, they can blend together in a beneficial harmony, using the best features of each system, and compensating for certain weaknesses in each. This is not something that will happen all by itself. Deliberate policy decisions have to be made. But it can be done successfully.”⁴⁹

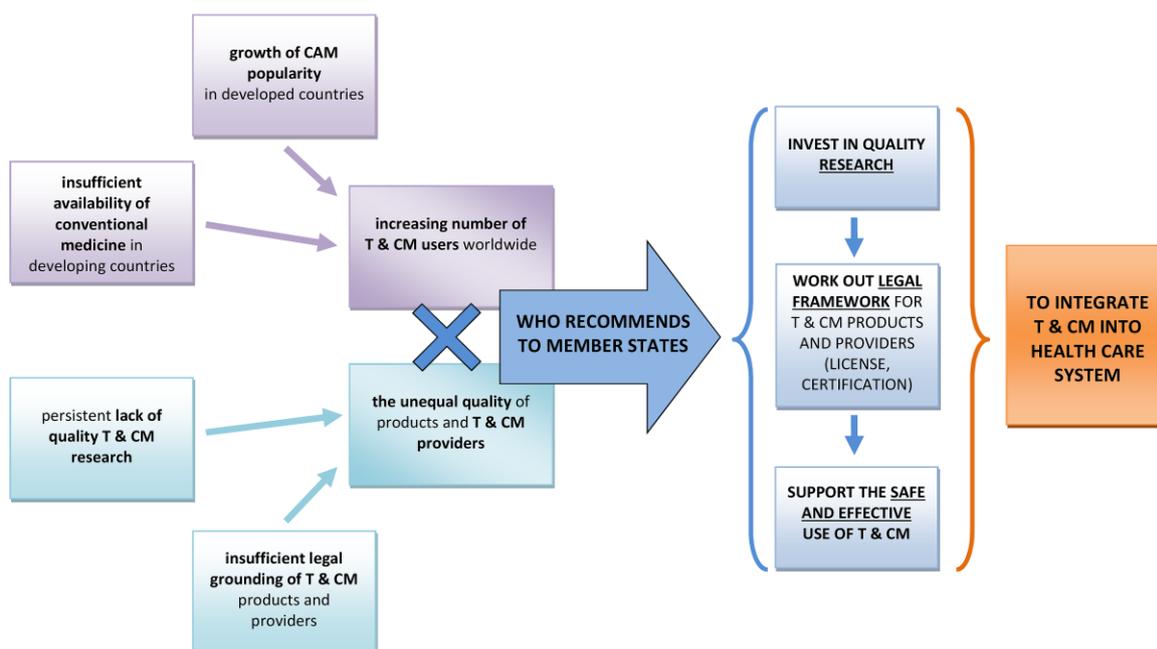


Figure 12 – *The World Health Organization’s (WHO) recommendations for national health care policy-makers concerning traditional, complementary and alternative medicine (T&CM)*. Author of the diagram – KoS.

⁴⁷ Ibid., 18–19
⁴⁸ Ibid., 21–23.
⁴⁹ Ibid., 37.



2.1.1 WHO Traditional Medicine Strategy 2014–2023

(selected passages from the document⁵⁰)

“Executive summary

Traditional medicine (TM) is an important and often underestimated part of health services. In some countries, traditional medicine or non-conventional medicine may be termed complementary medicine (CM). TM has a long history of use in health maintenance and in disease prevention and treatment, particularly for chronic disease.

The *WHO Traditional Medicine (TM) Strategy 2014-2023* was developed in response to the World Health Assembly resolution on traditional medicine (WHA62.13). The goals of the strategy are to support Member States in:

- harnessing the potential contribution of TM to health, wellness and peoplecentred health care;
- promoting the safe and effective use of TM by regulating, researching and integrating TM products, practitioners and practice into health systems, where appropriate.

The strategy aims to support Member States in developing proactive policies and implementing action plans that will strengthen the role TM plays in keeping populations healthy.”⁵¹

“T&CM continues to be widely used in most countries, and its uptake is increasing rapidly in other countries. At the same time, interest in T&CM is expanding beyond products to focus on practices and practitioners.”⁵²

“WHO support for T&CM

WHO’s mission is to help save lives and improve health. In terms of T&CM, WHO promotes these functions by:

- facilitating integration of T&CM into national health systems by helping Member States to develop their own national policies in this sector;
- producing guidelines for T&CM by developing and providing international standards, technical guidelines and methodologies for research into products, practices and practitioners;
- stimulating strategic research into T&CM by providing support for clinical research projects on its safety and effectiveness;
- advocating the rational use of T&CM through the promotion of its evidencebased use;
- and mediating information on T&CM by acting as a clearing-house to facilitate information exchange.”⁵³

⁵⁰ WHO. *WHO Traditional Medicine Strategy 2014–2023* [online]. 2013, ISBN 978-92-4-150609-0, pp. 11-19 [cit. 2018-04-01]. Available from: http://www.who.int/medicines/publications/traditional/trm_strategy14_23/en/.

⁵¹ Ibid., 11–13.

⁵² Ibid., 15.

⁵³ Ibid., 16.



“The need for a new strategy

(...) The T&CM sector now plays a significant role in the economic development of a number of countries. At the same time, with prevailing current global financial constraints, use of T&CM for health promotion, self-health care and disease prevention may actually reduce health-care costs.”⁵⁴



Figure 13 – *Rational or safe and effective use of traditional/complementary medicine (T/CAM, or CAM) within healthcare systems in accordance with WHO’s recommendations.*
Author of the diagram – KoS.

Source: WHO. *WHO Traditional Medicine Strategy 2002–2005* [online].
http://www.wpro.who.int/health_technology/book_who_traditional_medicine_strategy_2002_2005.pdf

⁵⁴ Ibid., 18.



2.1.2 The World Health Assembly's Resolution on Traditional Medicine – 2014

(full document⁵⁵)

“SIXTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA 67.18

Agenda item 15.1

24 May 2014

Traditional medicine

The Sixty-seventh World Health Assembly,

Having considered the report on traditional medicine,⁵⁶

Recalling resolutions WHA22.54, WHA29.72, WHA30.49, WHA31.33, WHA40.33, WHA41.19, WHA42.43, WHA44.34, WHA54.11, WHA56.31, WHA61.21, and in particular WHA62.13 on traditional medicine, which requested the Director-General, inter alia, to update the WHO traditional medicine strategy 2002–2005, based on countries' progress and current new challenges in the field of traditional medicine;

Affirming the growing importance and value of traditional medicine in the provision of health care nationally and globally, and that such medicines are no longer limited exclusively to any particular regions or communities;

Noting the heightened level of interest in aspects of traditional and complementary medicine practices and in their practitioners, and related demand from consumers and governments that consideration be given to integration of those elements into health service delivery with the aim of supporting healthy living;

Noting also that the major challenges to the area of traditional and complementary medicine include deficiencies in: knowledge-based management and policy, appropriate regulation of practices and practitioners; monitoring and implementation of regulation on products; and appropriate integration of traditional and complementary medicine services into health care service delivery and self-health care,

1. TAKES NOTE of the WHO traditional medicine strategy: 2014–2023, its three objectives, and the relevant strategic directions and strategic actions that guide the traditional medicine sector in its

⁵⁵ WORLD HEALTH ORGANIZATION. *World Health Assembly, 67. Traditional medicine* [online]. 2014 [cit. 2018-07-04]. Available from: <http://www.who.int/iris/handle/10665/162860>; http://www.cam-europe.eu/dms/files/WHO_resolutions/WHO_resolution_WHA67.18_-_2014.pdf

⁵⁶ Document A67/26



further development and the importance of key performance indicators in guiding the evaluation of the implementation of the strategy over the next decade;

2. URGES Member States, in accordance with national capacities, priorities, relevant legislation and circumstances:

(1) to adapt, adopt and implement, where appropriate, the WHO traditional medicine strategy: 2014–2023 as a basis for national traditional and complementary medicine programmes or work plans;

(2) to develop and implement, as appropriate, working plans to integrate traditional medicine into health services particularly primary health care services;

(3) to report to WHO, as appropriate, on progress in implementing the WHO traditional medicine strategy 2014–2023;

3. REQUESTS the Director-General:

(1) to facilitate, upon request, Member States' implementation of the WHO traditional medicine strategy: 2014–2023, supporting their formulation of related knowledge-based national policies, standards and regulations, and strengthening national capacity-building accordingly through information sharing, networks and training workshops;

(2) to continue to provide policy guidance to Member States on how to integrate traditional and complementary medicine services within their national and/or subnational health care system(s), as well as the technical guidance that would ensure the safety, quality and effectiveness of such traditional and complementary medicine services with emphasis on quality assurance;

(3) to continue to promote international cooperation and collaboration in the area of traditional and complementary medicine in order to share evidence-based information, taking into account the traditions and customs of indigenous peoples and communities;

(4) to monitor and allocate appropriate funds in accordance with the WHO programme budget towards the implementation of the WHO traditional medicine strategy: 2014–2023;

(5) to report to the World Health Assembly periodically, as appropriate, on progress made in implementing this resolution.

Ninth plenary meeting, 24 May 2014
A67/VR/9"



2.1.3 The World Health Assembly's Resolution on Traditional Medicine – 2016

The following pages provide the full wording of the World Health Assembly Resolution (WHA 69.24) dated 28 May, 2016.⁵⁷ Among others, it refers to the resolution WHA67.18 (2014) on traditional medicine, and, in section 2.(5), it encourages the member states to integrate traditional and complementary medicine into their healthcare systems.

“SIXTY-NINTH WORLD HEALTH ASSEMBLY

WHA 69.24

Agenda item 16.1

28 May 2016

Strengthening integrated, people-centred health services

The Sixty-ninth World Health Assembly,

Having considered the follow-up of the report on the framework on integrated, people-centred health services;⁵⁸

Acknowledging Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) including target 3.8, which addresses achieving universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality and affordable essential medicines and vaccines for all;

Recalling resolution WHA64.9 (2011) on sustainable health financing structures and universal coverage, which urged Member States to continue investing in and strengthening health-delivery systems, in particular primary health care and services, and adequate human resources for health and health information systems, in order to ensure that all citizens have equitable access to health care and services;

Reaffirming resolution WHA62.12 (2009) on primary health care, including health system strengthening, which requested the Director-General to prepare implementation plans for four broad policy directions, including putting people at the centre of service delivery, and also reaffirming the need to continue to prioritize progress on the implementation plans on the other three broad policy directions included in resolution WHA62.12: (1) dealing with inequalities by moving towards universal coverage; (2) multisectoral action and health in all policies; and (3) inclusive leadership and effective governors for health;

⁵⁷ WORLD HEALTH ORGANIZATION. *World Health Assembly, 69. (2016). Strengthening integrated, people-centred health services* [online]. Geneva: WHO, 2016 [cit. 2018-07-14]. Available from:

<http://www.who.int/iris/handle/10665/252804>;

http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R24-en.pdf.

⁵⁸ Document A69/39



Recalling resolution WHA63.16 (2010) on the WHO Global Code of Practice on the International Recruitment of Health Personnel and its recognition that an adequate and accessible health workforce is fundamental to an integrated and effective health system, and to the provision of health services;

Recalling also resolution WHA64.7 (2011) on strengthening nursing and midwifery, which emphasized the implementation of strategies for enhancement of interprofessional education and collaborative practice as part of people-centred care, and resolution WHA66.23 (2013) on transforming health workforce education in support of universal health coverage;

Reaffirming resolution WHA60.27 (2007) on strengthening health information systems, which acknowledged that sound information is critical in framing evidence-based health policy and making decisions, and fundamental for monitoring progress towards internationally agreed health-related development goals;

Recalling resolution WHA67.20 (2014) on regulatory system strengthening for medical products, resolution WHA67.21 (2014) on access to biotherapeutic products, including similar biotherapeutic products, and ensuring their quality, safety and efficacy, resolution WHA67.22 (2014) on access to essential medicines, resolution WHA67.23 (2014) on health intervention and technology assessment in support of universal health coverage and resolution WHA67.18 (2014) on traditional medicine,

1. ADOPTS the framework on integrated, people-centred health services;
2. URGES Member States:
 - (1) to implement, as appropriate, the framework on integrated, people-centred health services at regional and country levels, in accordance with national contexts and priorities;
 - (2) to implement proposed policy options and interventions for Member States in the framework on integrated, people-centred health services in accordance with nationally set priorities towards achieving and sustaining universal health coverage, including with regard to primary health care as part of health system strengthening;
 - (3) to make health care systems more responsive to people's needs, while recognizing their rights and responsibilities with regard to their own health, and engage stakeholders in policy development and implementation;
 - (4) to promote coordination of health services within the health sector and intersectoral collaboration in order to address the broader social determinants of health, and to ensure a holistic approach to services, including health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services;
 - (5) to integrate, where appropriate, traditional and complementary medicine into health services, based on national context and knowledge-based policies, while assuring the safety, quality and effectiveness of health services and taking into account a holistic approach to health;
3. INVITES international, regional and national partners to take note of the framework on integrated, people-centred health services;
4. REQUESTS the Director-General:
 - (1) to provide technical support and guidance to Member States for the implementation, national adaptation and operationalization of the framework on integrated, people-centred health services, paying special attention to primary health services as part of health system strengthening;



- (2) to ensure that all relevant parts of the Organization, at headquarters, regional and country levels, are aligned, actively engaged and coordinated in promoting and implementing the framework on integrated, people-centred health services;
- (3) to perform research and development on indicators to trace global progress on integrated people-centred health services;
- (4) to report on progress on the implementation of the framework on integrated people-centred health services to the Seventy-first and Seventy-third World Health Assemblies and at regular intervals thereafter.

Eighth plenary meeting, 28 May 2016
A69/VR/8”



2.2 European Commission – the Europe-Wide Research Project CAMbrella

2.2.1 About CAMBRELLA

Since the late 1990s, European institutions have reflected the increasing use of CAM and the resulting need to institutionalize these methods. The first step was the very general but favourable resolution by the European Parliament in 1997 (see p. 130) and the subsequent resolution from the Council of Europe in 1999 (see p. 138).

From **2010 to 2012**, with the financial support of the **European Commission**, an international project on complementary and alternative medicine was carried out. It was funded under the EU's 7th Framework Programme for Research and Technological Development. This extensive survey called **CAMBRELLA**⁵⁹ has brought forth concrete information about the CAM situation in the EU Member States and cleared a path for further development towards this diverse non-medical healthcare sector being coordinated and institutionalized in Europe.

A Europe-wide scientific research network for complementary and alternative medicine was created within the CAMbrella project. It consists of **16 partner institutions from 12 European countries: Spain, Germany, Denmark, Great Britain, Hungary, France, Romania, Sweden, Italy, Switzerland, Norway, and Austria**. This team of scientists was tasked with **assessing the CAM situation in Europe and providing recommendations for the possibility of including CAM in the established EU healthcare systems**.

“Work Package”	Research task	Location
WP 1	Terminology and definitions of CAM methods	University of Zurich, UZH
WP 2	Legal status and regulations	University of Tromsø, NAFKAM
WP 3	Needs and attitudes of citizens	University of Southern Denmark, SDU
WP 4	CAM use – the patients' perspective	University of Southampton
WP 5	CAM use – the providers' perspective	University of Bern, UNIBE
WP 6	The global perspective	Karolinska Institute, KI
WP 7	The Roadmap for CAM research in Europe	University Medical Center Berlin, Charité
WP 8	Communication and dissemination	Österreichische Gesellschaft für Arbeitsmedizin, GAMED, Vienna

Table 3 – **Structure of CAMbrella** – work packages, their research task and main investigators.

Author of the table – KoS.

Source: CAMBRELLA. CAMbrella (GA No. 241951) Final Report, Reporting period: 01/01/2010 – 31/12/2012, Publishable summary [online]. http://cordis.europa.eu/result/rcn/57185_en.html

⁵⁹ Project website: www.cambrella.eu



2.2.2 Results of CAMBRELLA

The project ran from **2010 to 2012**. The **CAMbrella research team's**⁶⁰ findings are fully consistent with WHO documents and can be summarized as follows:

1) High popularity of CAM among EU patients

“...utilisation of specific methods such as acupuncture, homeopathy, (...) has increased exponentially in Western industrialised nations over the last 25 years.” (see p. 104)

“Citizens in the EU wish to have access to increased and diverse CAM provision.” (see p. 109)

“Citizens express a wish for more support and acknowledgement regarding their CAM use.” (see p. 110)

“Citizens need easily accessible and trustworthy information...” (see p. 110)

2) High number of CAM providers in Europe

“CAM provision in the EU27+12 is maintained by more than 150,000 registered medical doctors (MDs) with additional CAM certification and more than 180,000 registered and certified non-medical CAM practitioners. This suggests up to 65 CAM providers (35 nonmedical practitioners and 30 physicians) per 100,000 inhabitants, compared to the EU figures of 95 general medical practitioners per 100,000 inhabitants.” (see p. 113)

3) Inconsistencies in legislations and terminology within the EU

“The organisation and regulation of health care is a national responsibility within the European Union. There is no common approach to the regulation of CAM practice in Europe.” (see p. 108)

“The status of complementary and alternative medicine (CAM) in Europe is characterised by enormous heterogeneity in all aspects, including the terminology used, the methods provided, the prevalence, as well as the national legal status and regulation.” (see p. 104)

4) A lack of reliable CAM research in Europe, especially in the new member states

“CAM is a neglected area of research...” (see p. 104)

“European research in the field of CAM is limited and our knowledge about CAM is very poor.” (see p. 117)

“Scientific bias hampers the free exchange of ideas, concepts, treatment techniques and comparison of clinical outcomes.” (see p. 117)

5) A lack of public financial support

“There is almost no significant investment in any EU country in a CAM research structure or strategy.” (see p. 117)

“Compared to other regions such as North America, Asia and Australia the level of investment in CAM is low in Europe.” (see p. 104)

⁶⁰ CAMBRELLA. CAMbrella (GA No. 241951) Final Report, Reporting period: 01/01/2010 – 31/12/2012, Publishable summary [online]. [cit. 2016-06-30].

Available from: http://cordis.europa.eu/result/rcn/57185_en.html; www.cambrella.eu;
<http://www.cam-europe.eu/cambrella-reports.php>



“Europe lags well behind other regions such as North America, Asia and Australia in terms of the level of investment in CAM research and the integration of research results into health policy and health regulation.” (see p. 116)

On page 103 (and the following pages) we cite selected passages from the Final CAMbrella Report, which was presented at the **European Parliament in November 2012**.

2.2.3 Recommendations Based on CAMBRELLA

The CAMbrella research team’s **recommendations for health policy makers** at both European and national levels are, again, in line with the WHO recommendations:

- 1) **Perform high-quality research on the therapeutic effects of CAM**, with an emphasis on the most widespread health problems of Europeans.
- 2) Quantify the **possible economic benefits** of using CAM within European healthcare.
- 3) Evaluate the possible models for **integrating CAM into healthcare systems**, including providing training and certifications.
- 4) **Create a pan-European approach to CAM**, including **financial support** for R&D within this sector.

(See page 99, more details on page 103 and the following pages.)

The proposal was substantiated by, among other things, the following arguments:

- 1) Due to the **popularity** of CAM in the EU, it is necessary to obtain and provide patients with **reliable information on the effectiveness and safety** of CAM methods and the quality of their providers. It is also necessary to ensure predictable conditions for the use and provision of CAM for patients and practitioners moving across EU countries.
- 2) European healthcare systems face a **crisis linked to the demographic developments** in Europe – an ageing population, **chronic diseases and cancer**. CAM can potentially provide solutions to preventing, treating and rehabilitating these diseases.
- 3) In comparison to other countries, **CAM research and the potential health benefits** for European citizens **are underestimated and underfunded in Europe**. (See page 103 and the following pages.)

“Recommendations for Policy Makers – CAMbrella calls on

the Members of the European Parliament, the European Commission, and the national health and research policy makers:

to develop and implement a coherent CAM research strategy based on the findings of the CAMbrella project, especially the “roadmap”, which aims to

- establish a European-wide approach to assess the prevalence of use of core CAM treatment disciplines
- identify the citizens’ access to and preferences for CAM provision as well as their perspectives on education, training and practice of CAM providers



- identify the most promising CAM treatment options for the most prevalent health conditions in Europe (chronic diseases like cancer, diabetes, musculoskeletal problems, obesity, and many others in an ageing population) with a clear emphasis on concurrent evaluation of CAM as an additional or alternative treatment strategy in real-world settings
- quantify the economic effects of CAM in European healthcare
- give clear guidance on CAM safety issues
- research and evaluate different models of CAM healthcare integration into routine care programmes
- address the diversity of training, education, regulation and provision of CAM across Europe
- collect and disseminate valuable CAM research findings for the European citizens and CAM providers and the scientific community
- foster the pan-European collaboration between CAM researchers by financial support of academic exchange and improve European CAM research capability by establishing career opportunities for excellent researchers in the field of CAM.”⁶¹

Based on the CAMbrella project, a CAMbrella output document was approved on 26 September, 2012 – **A research roadmap for complementary and alternative medicine what we need to know by 2020**⁶². The document is available in full on page 123 (and the following pages). Its most important suggestions are summarized below:

“Our vision for 2020 is that there is an evidence base that enables European citizens to make informed decisions about CAM, both positive and negative. This roadmap proposes a strategic research agenda for the field of CAM designed to address future European health care challenges.”⁶³

Six basic research areas have been proposed⁶⁴:

1. Research into the prevalence of CAM in Europe (i.e., how Europeans use CAM).
2. Research into differences regarding citizens’ attitudes and needs towards CAM.
3. Research into safety of CAM.
4. Research into the comparative effectiveness of CAM (i.e., determine when CAM is a sensible alternative).
5. Research into effects of context and meaning.
6. Research into different models of CAM health care integration.

Other suggestions:

“We propose that the EU actively supports an EU-wide strategic approach that facilitates the development of CAM research. This could be achieved in the first instance through funding a European CAM coordinating research office...”⁶⁵

⁶¹ CAMBRELLA. *European Policy Brief – The Roadmap for European CAM Research* [online]. 2012, p. 12 [cit. 2016-06-01]. Available from:

http://www.forewards.eu/app/download/8360376/Roadmap_for_CAM_Research.pdf.

⁶² FISCHER, F., LEWITZ, G., WITT, C.M. et al. A research roadmap for complementary and alternative medicine what we need to know by 2020. *Forsch Komplementmed* [online]. 2014; 21(2):e116. doi: 10.1159/000360744. Epub 2014 Mar 24. [cit. 2015-08-31]. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/24851850> .

⁶³ Ibid.

⁶⁴ Ibid.

⁶⁵ Ibid.



“With the aim to develop sustainability as second step, a European Centre for CAM should be established that takes over the monitoring and further development of a coordinated research strategy for CAM...”⁶⁶

*It is necessary to emphasize that the document A research roadmap for complementary and alternative medicine what we need to know by 2020 is **only a strategy recommended by the CAMbrella research team to the European Union. The European Commission has not yet issued a binding resolution based on the conclusions from this research.** However, meetings are currently being held with both medical and non-medical CAM associations, in the European Commission and the European Parliament. The subject matter is being discussed with increasing frequency. Reports from some of the meetings are included in the following parts of the publication (see page 126 and the following pages).*

*The pan-European research network CAMBRELLA continues to promote this idea throughout the EU. It mediates communication between involved parties (patients, CAM providers, representatives of conventional medicine, funding institutions, etc.) and **presents its findings at conferences and in the European media.***

*George Lewith is one of those who actively presents the CAMbrella project’s findings and the research team’s recommendations to the public. **George Lewith is a professor of medical research at Southampton University, England** and one of the researchers involved in the CAMbrella project.*

*Here are some excerpts from his article Why we need to research the use of complementary medicine⁶⁷ **published in one of Britain's most prestigious periodicals – The Guardian – in 2012.** In his article, professor Lewith highlights the urgent need for a strategic **pan-European approach to CAM** in order to ensure its quality and its equal accessibility to all European citizens. However, it seems that there are still **enormous differences between EU states regarding their approaches to CAM:***

“The UK has one of the most organised approaches to registration and regulation for non-medically qualified practitioners who provide most of these clinical interventions. In the rest of the EU, particularly in Germany and France, these treatments are almost always part of medical practice in both the community and in hospitals.”⁶⁸

“The lack of good quality research, indeed its total absence in some of the new EU members in eastern Europe countries, is a major problem.”⁶⁹

At the same time, Lewith draws attention to the fact that, in comparison to other countries, this sector suffers from a lack of financing throughout the EU:

“While the United States, China, Australia and India have a clear, government-funded and strategic approach to CAM research, this is not the case within the EU. CAM is a neglected area of research with little academic support and it needs active encouragement.”⁷⁰

“In order to achieve these objectives, an EU research office for CAM should be established. We need to grasp every opportunity to improve and develop our healthcare resources, while supporting and

⁶⁶ Ibid.

⁶⁷ LEWITH, George. Why we need to research the use of complementary medicine. *The Guardian* [online]. 29. 11. 2012. [cit. 2015-06-07]. Available from: <https://www.theguardian.com/healthcare-network/2012/nov/29/complementary-alternative-medicine-research-regulation>

⁶⁸ Ibid.

⁶⁹ Ibid.

⁷⁰ Ibid.



improving approaches to self-care especially for chronic long-term problems that can consume vast resources in ageing populations.”⁷¹

On March 5, 2013, prof. George Lewith introduced the CAMbrella project at a conference in the UK House of Commons organized by the UK Parliamentary Group on Integrated Healthcare (see p. 122).

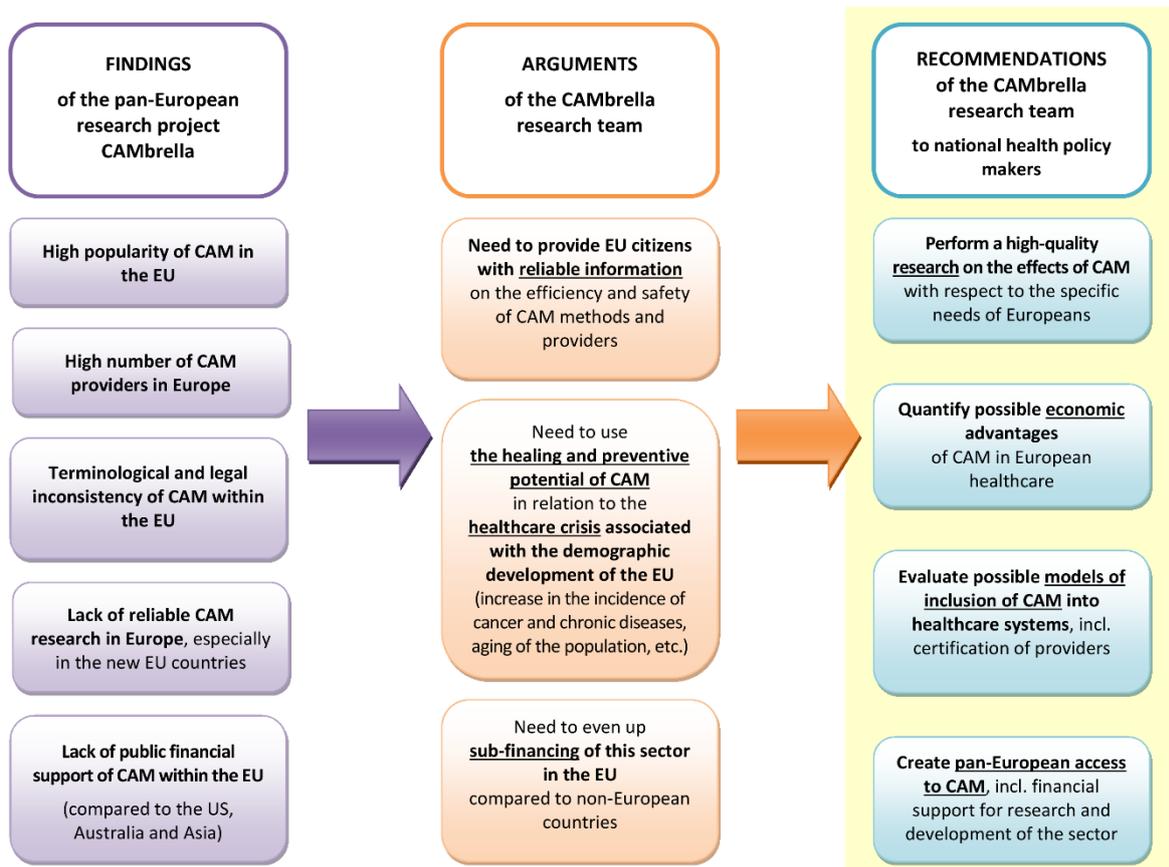


Figure 14 – **Output of the pan-European CAMbrella project: findings on the CAM situation in the EU, recommendations for health policy makers (both at the national and European level) and the most important arguments.** Author of the graphic and translation – KoS.

Source: CAMBRELLA. CAMbrella (GA No. 241951) Final Report, Reporting period: 01/01/2010 – 31/12/2012, Publishable summary [online]. http://cordis.europa.eu/result/rcn/57185_en.html; www.cambrella.eu

⁷¹ Ibid.



2.2.4 CAMBRELLA in Documents

CAMbrella Final Report

(selected passages from the document ⁷²)

CAMbrella (GA No. 241951) Final Report

Reporting period: 01/01/2010 – 31/12/2012

Publishable summary

2013-02-28 241951 1161600 Final Report Publishable Summary.pdf
http://cordis.europa.eu/result/rcn/57185_en.html

Executive summary

Background: The status of complementary and alternative medicine (CAM) within the EU needs clarification. Terminology of CAM, therapies, legal status, regulations and approaches used vary from country to country but there is widespread use by EU citizens.

Objectives and Methods: The project aimed to evaluate the conditions surrounding CAM use and provision in Europe and to develop a roadmap for CAM research in Europe. Specific objectives were to establish an EU network involving centres of research excellence for collaborative projects, to develop consensus-based terminology to describe CAM interventions, to create a knowledge base that facilitates the understanding of patient demand for CAM and its prevalence, to review the current legal status and policies governing CAM provision, and to explore the needs and attitudes of EU citizens with respect to CAM. Based on this information a roadmap was to propose that will enable sustainable and prioritised future European research in CAM.

Findings: Due to various language dependent cultures and traditions in Europe the consensus process regarding CAM terminology proved to be difficult. The broad scope of CAM is reflected by a pragmatic definition of CAM which the group could agree on. There is no common approach to the regulation of CAM practice in Europe. All 39 countries that were studied do it their own way. However, market authorization of herbal and homeopathic products is regulated similarly in each country in accordance with EU Directives. Several EU Directives and other legal and informal documents have a direct and indirect influence on how patients, practitioners and researchers can relate to CAM in Europe.

Many citizens in Europe have positive attitudes to CAM although their attitudes and needs have not been consistently researched across Europe. They wish to have access to increased and diverse CAM provision, they need easily accessible and trustworthy information regarding CAM and they require the transparent regulation of CAM and the training of those who practise CAM.

⁷² CAMBRELLA. CAMbrella (GA No. 241951) Final Report, Reporting period: 01/01/2010 – 31/12/2012, Publishable summary [online]. [cit. 2016-06-30]. Available from:
http://cordis.europa.eu/result/rcn/57185_en.html.

See also: www.cambrella.eu; <http://www.cam-europe.eu/cambrella-reports.php>.



A literature review on CAM use provided inconclusive data. Reported prevalence rates were between 0.3 and 86%. Many of the studies are of poor methodological quality. There are reliable data in a few countries but in the majority of the 27 EU member states there is no data. However, use of herbal medicine was reported most frequently. Musculoskeletal problems were the most reported condition. Piloting an existing questionnaire translated into 4 languages resulted in the finding that the questionnaire still has many weaknesses and will require major revision.

No common approach could be identified as regards the provision of CAM practice in Europe. Both medical and non-medical practitioners play an important role in the provision of CAM in Europe. Teaching and certification are subject to international, national or in some countries even regional regulations. There is a complete lack of coherence in training, education and provision of CAM.

Key stakeholders on the global arena of CAM R&D vary greatly in terms of capacity, mission, and funding source (private/public). A common shift in R&D strategy was noted. Where ten years ago research focused mainly on exploring efficacy and mechanisms, the majority of stakeholders today emphasise the importance of a broad spectrum of research including methodologies exploring context, safety and comparative effectiveness of whole systems of care. Compared to other regions such as North America, Asia and Australia the level of investment in CAM is low in Europe.

A literature review including 170 scientific papers identified the following key issues in CAM research: practical problems in CAM research (e.g. randomization, blinding), use of quantitative and qualitative research methods, research strategies/priorities and issues related to specific modalities of CAM. Based on these findings and a comprehensive discussion process the proposed roadmap for European CAM research results in following conclusions:

- 1) CAM is a neglected area of research which needs more activities.
- 2) CAM research must reflect the needs of citizens, patients, providers and other stakeholders.
- 3) It must reflect the real-world settings of health care in Europe.
- 4) Consequently, a centralized and academically supported EU CAM centre would be welcome to facilitate this process.

Communication and dissemination of CAM research played an essential role in this coordination project. It proved important to support capacities, coherence and collegiality of any multicentered research group, to ensure the sustained dissemination of the results to the public at large and the stakeholder groups in particular, and to translate the scientific results into public outreach for the general public.

Summary description of project context and objectives

The status of complementary and alternative medicine (CAM) in Europe is characterised by enormous heterogeneity in all aspects, including the terminology used, the methods provided, the prevalence, as well as the national legal status and regulation. The diversity and plurality of opinions and attitudes towards CAM, even within a relatively small academic CAM community, renders a coordinated European approach to CAM research difficult. On the other hand, utilisation of specific methods such as acupuncture, homeopathy, herbal medicine, massage, reflexology and Reiki healing has increased exponentially in Western industrialised nations over the last 25 years. There is an urgent need to gather more information to gain an overview of the issues surrounding the availability and the safe and legitimate provision of CAM to EU citizens. Due to the use of different definitions with respect to CAM and the associated treatment methods, reliable comparisons between EU member states are currently unavailable. EU-wide consensus in this field is essential to develop an understanding of EU citizens' behaviour with respect to CAM and establish appropriate health policies in this area.



A comprehensive coordination action was designed and launched in response to this challenge: 'CAMbrella – a pan-European research network for Complementary and Alternative Medicine'.

CAMbrella is designed to fulfil the following objectives:

1. To develop consensus on a series of definitions for the terminology used to describe the major CAM interventions used clinically in Europe.
2. To create a knowledge base that allows an accurate evaluation of patient demands for CAM and the prevalence of its use in Europe.
3. To review the current legal status of CAM in EU member or associated states.
4. To explore EU citizens' needs and attitudes with respect to CAM.
5. To explore the providers' perspectives on CAM treatment in Europe.
6. To propose an appropriate research strategy for CAM that will help develop an understanding of CAM use and its effectiveness within an EU context in response to the needs of healthcare funding bodies, providers and patients. This will take account of the issues of effectiveness, cost, safety, and the legal requirements for the production of medicinal substances. To develop a process for prioritising future EU research strategy, current policies within the EU have to be considered.
7. To facilitate and foster sustainable, high quality collaboration and networking of European CAM researchers.

To achieve the project's goals, a consortium was established which encompasses 16 partners predominantly affiliated to universities from 12 European countries with nearly 40 scientists and experts in research and clinical practice directly involved. CAMbrella is coordinated and monitored by a management board and directed by a scientific steering committee with support of an advisory board and involves all the major stakeholders in CAM research in Europe including consumers, practitioners, clinical providers, and manufacturers of CAM medicinal products. The board members provide advice on healthcare and technical and political issues, thereby complementing the scientific perspective of the consortium. Most of the institutions that have joined the board are umbrella organizations which operate at European level and thus represent a significant number of members.

The basic concept of the project, its objectives, the consortium members and the organization of the work plan are depicted in an article published during the early phase of the project run-time (Weidenhammer W et al. EU FP7 Project 'CAMbrella' to Build European Research Network for Complementary and Alternative Medicine. *Forsch Komplementmed* 2011;18:69–76).⁷³

Main results

The following part provides an overview on the specific objectives, the methodology and working procedure, and the main findings of all eight CAMbrella Work Packages generating the overall project's results. Most results are already published in a peer-reviewed scientific journal and available on an open-access basis (see the references in the following chapters).

Work package 1: Terminology and definitions of CAM methods

Leading beneficiary: University of Zurich (UZH)

Objectives:

⁷³ Weidenhammer, W. et al. 7th Framework Programme for Research and Technological Development (EU FP7), Project 'CAMbrella' to Build European Research Network for Complementary and Alternative Medicine. *Forsch Komplementmed* 2011;18:69–76



The overall aim of this work package was to develop a pragmatic definition of 'Complementary and Alternative Medicine' (CAM), that is acceptable Europe-wide, and could be used systematically to research the prevalence and legal status of CAM in Europe, as well as to investigate the citizens' demands and providers' perspectives related to CAM in general and within the CAMbrella coordinating activities. The specific objectives were to:

- identify and analyse the existing terms and definitions of CAM used in scientific publications of researchers and by organisations (e.g. World Health Organisation – WHO)
- integrate aspects of terms and definitions of CAM used in surveys about its use or prevalence and publications of stakeholders
- provide a core set of CAM disciplines and methods used consistently all over Europe and an additional list of country specific CAM disciplines and methods to take into account the different traditions and cultures of the EU member states
- develop a practical pan-European definition of CAM, its disciplines and respective methods.

Description of work:

WP1 carried out a detailed search in the data base PUBMED for various lead terms such as 'alternative medicine' linked to 'definition' without any restriction to language or date of publication. It also screened a large amount of (nationally published) scientific literature about CAM terminology for provision of definitions. Definitions from the home pages of relevant CAM organisations were also incorporated.

In order to develop a rough estimate for a core set of disciplines used across Europe, the WP developed a questionnaire about the awareness, knowledge and use of major disciplines for each country to be answered by national experts in the field. It soon became evident that there are few experts with a broad enough overview of the many disciplines in their country; thus the WP was not able to identify experts for all 27+12 European countries and had to stick to the participating countries in CAMbrella.

Findings:

Worldwide, the terms used for defining CAM, CAM methods and procedures, or therapies related to CAM vary greatly. A certain method, procedure or therapy might be regarded as part of CAM in one country while in other countries the very same procedure might not be related to CAM, but to normal life style, conventional medicine, psychology or philosophy. There is a huge variety of definitions which is impractical, both as concerns research purposes and with regard to EU conformity. There are numerous other terms which are widely used as synonyms for 'CAM', along with terms used outside the scientific literature, including, for instance 'experience-based medicine' (Erfahrungsheilkunde), 'holistic medicine' (Ganzheitsmedizin), 'natural medicine' (medicina naturista, Naturheilkunde), and 'other medicine' (médecine deuxième). Other terms include 'traditional medicine (TM)' and 'person-centred medicine.'

There is a great variety of classification systems for the many disciplines and methods covered by CAM and it is almost impossible to place them into a hierarchy. No real operational definition is available to determine which of them would relate to CAM. After long and most intensive discussions the working group agreed on a pragmatic definition (see below) based on the WHO definition from 2000 which addresses the issue of an overlap between CAM and conventional medicine:

'CAM, as utilized by European citizens, represents a variety of different medical systems and therapies based on the knowledge, skills and practices derived from theories, philosophies and experiences used to maintain and improve health, as well as to prevent, diagnose, relieve or treat physical and mental illnesses. CAM therapies are mainly used outside conventional health care, but in many countries some therapies are being adopted or adapted by conventional health care'



(Falkenberg T et al. Towards a Pan-European Definition of Complementary and Alternative Medicine – a Realistic Ambition? *Forsch Komplementmed* 2012;19(suppl 2):6-8).⁷⁴

The following seem to be among the most important CAM disciplines in the EU (in alphabetical order): acupuncture (various methods), anthroposophic medicine, herbal medicine, homeopathy, manual therapies (chiropractic, massage, osteopathy, reflexology), natural medicine (including aromatherapy, herbal medicine, nutrition, food supplements, exercise, lifestyle advice and psychological techniques), and Traditional Chinese Medicine (various methods and related techniques).

Some of the presumed country-specific disciplines/methods are classified as conventional medicine rather than CAM in other countries, e.g. balneology, which is related to physical medicine in Germany and elsewhere. There are examples which might be considered as relevant country-specific disciplines (not exhaustive): Austria: energetic medicine; Denmark: visualization; France: mesotherapy; Germany: breath therapy, neural therapy (according to Ferdinand Huneke), hydrotherapy or water therapy according to Sebastian Kneipp; Hungary: dance therapy; Sweden: naprapathy, Rosen method. It seems that with regard to a range of methods, the patterns of use are similar in certain groups of culturally related countries like Scandinavia, the Mediterranean nations and German-speaking countries.

Work package 2: Legal status and regulations

Leading beneficiary: University of Tromsø (NAFKAM)⁷⁵

Objectives:

The objectives of WP2 were twofold: firstly to review and describe for each member or associated state the legal status of CAM, the regulatory status, governmental supervision and reimbursement status of CAM practices, and the reimbursement status and regulation of CAM medicinal products; and secondly to review the status of and potential obstacles for EU wide regulation of CAM practices and medicinal products.

Description of work:

The status quo of each country was taken as at the start date of the project. WP2 took as its base the report 'How are European patients safeguarded when using complementary and alternative medicine (CAM)? Jurisdiction, supervision and reimbursement status in the EEA area (EU and EFTA) and Switzerland'⁷⁶ (NAFKAM 2005). The group developed a new report on the regulatory status of CAM medicinal products, while the report on EU wide regulation and potential obstacles to such regulation was built partly on the NAFKAM report and partly on other published work in the area.

The NAFKAM report on the legal, regulatory, supervisory and reimbursement status of CAM practices was revised and expanded. The WP contacted health ministries using a structured questionnaire, supplementing the primary data with publicly available written documentation. A sample of five countries was selected for personal visits and interviews with the bureaucrats responsible for this area of jurisdiction, to find areas that need deeper investigation, and local experts double checked

⁷⁴ Falkenberg, T. et al., Towards a Pan-European Definition of Complementary and Alternative Medicine – a Realistic Ambition? *Forsch Komplementmed* 2012;19(suppl 2):6-8

⁷⁵ National Research Centre for Complementary and Alternative Medicine (Nasjonalt forskningscenter innen komplementær og alternativ medisin, NAFKAM), Norway.

⁷⁶ "How are European patients safeguarded when using complementary and alternative medicine (CAM)? Jurisdiction, supervision and reimbursement status in the EEA area (EU and EFTA) and Switzerland"



draft reports for each country. The report on the status with regard to the regulation of CAM medicinal products was developed following the same methodology.

The work was summarised in a report on the status of and potential obstacles for EU wide regulation of CAM practices and medicinal products. The current and previous regulatory system was described based on the current and previous EU rules and regulations in the area.

Findings:

The regulatory environment determines how a provider can be educated, certified and offer services. The organisation and regulation of health care is a national responsibility within the European Union. There is no common approach to the regulation of CAM practice in Europe. This results in a considerable variety in regional, national, European and international legal regulations, which make any comparison of CAM practice and provision in any respect almost impossible. Medicinal products are regulated at the Union level. Herbal and homeopathic products are uniformly regulated with regard to market authorization throughout Europe (Wiesener S et al. Legal status and regulation of Complementary and Alternative Medicine in Europe. *Forsch Komplementmed* 2012;19(suppl 2):29-36).⁷⁷

As regards legislation of CAM, 19 of the 39 countries have a general legislation, of which eleven have a specific CAM law and eight have sections on CAM included in their health laws (such as 'Law on health care' or 'Law on health professionals'). In addition to general CAM legislation, some countries have regulations on specific CAM treatments. Several EU directives and other legal and informal documents have an indirect influence on how patients, practitioners and researchers can relate to CAM in Europe. However, the heterogeneity of the legal status and regulations for CAM in Europe creates the following obstacles:

for patients: when patients cross borders in search of CAM treatment, they may encounter substantial differences in the professional background of apparently identical CAM providers, who in addition tend to work under completely different reimbursement systems. This situation influences CAM patients' rights, access and potential safety, and constitutes a challenge to a harmonized national and European follow-up of the new patients' rights according to the cross-border health care Directive 2011/24/EU.

for practitioners: when practitioners cross borders they will encounter a substantial variety of CAM practice in Europe. While CAM professions in some countries are tightly regulated, the same professional categories in other countries are totally unregulated, meaning that it is almost impossible to establish professional common ground.

for researchers: when researchers cross borders they will experience that practices and practitioners are not comparable across national boundaries, and any observational or experimental study can therefore be generalised only within a narrow national or cultural context.

It is crucial to mention that the European Union has decided that the organization and regulation of health care is a national responsibility, while medicinal products are regulated at the Union level. The situation with regard to CAM regulation can be summarized in three points:

A) There is no common approach to the regulation of CAM practice in Europe. All 39 countries that were studied do it their own way.

B) Market authorization of herbal and homeopathic products is regulated similarly in each country in accordance with EU Directives.

⁷⁷ Wiesener, S. et al. Legal status and regulation of Complementary and Alternative Medicine in Europe. *Forsch Komplementmed* 2012, 19 (suppl 2): 29-36



C) Several EU directives and other legal and informal documents have an indirect influence on how patients, practitioners and researchers can relate to CAM in Europe. Although diversity in health care regulation and legislation enables a wider choice of options with regard to CAM aspects of health care, the same diversity seriously hampers any efforts to establish EU-wide predictable conditions for both treatment and research.

Work Package 3: Needs and attitudes of citizens

Leading beneficiary: University of Southern Denmark (SDU)

Objectives:

The objectives of WP3 were to identify cross-European indicators for population based needs and attitudes regarding CAM, and to identify, map and provide information on the needs of European citizens with respect to CAM, and their attitudes towards CAM.

Description of work:

A purposeful sample of stakeholders was selected, taking account of the wide geographical range (EU, regional and national) and the diversity of knowledge and/or interests (e.g. academic, non-governmental, and governmental) in CAM in Europe. These stakeholders attended a workshop (Vienna, 24-25 June 2010) which sought

- a) to identify how to explore the needs and attitudes of EU citizens to CAM,
- b) to share relevant sources of information about CAM, and
- c) to identify how citizens' needs and attitudes to CAM can be measured and compared across the EU.

The workshop resulted in initial suggestions concerning relevant sources of information and participants identified three key issues regarding citizens' needs and attitudes to be considered in the systematic literature search:

- independent and easily accessible information about CAM, based on the strength of available evidence to support informed decision making,
- quality of care that comprises CAM services, providers and products, and
- equal access to CAM services.

Based on these three central issues WP3 then carried out a systematic review of literature concerning EU citizens' needs and attitudes using the search terms mentioned above in the main relevant databases (PubMed, Web of Science, CINHAL, AMED, PsycINFO/Articles). These searches identified a broad range of quantitative and qualitative literature, and the reporting quality of the identified articles was assessed using acknowledged quality assessment.

Findings:

It was only possible to research the attitudes and needs of citizens in Europe concerning CAM in 18 of 39 European countries; substantial research based knowledge is only available from the UK. Nevertheless, the following tendencies can be reported:

a) Citizens in the EU wish to have access to increased and diverse CAM provision: Studies indicate that citizens wish CAM to be available as part of their options for health care, for example in hospital and general practice care. They also wish CAM provision to be delivered not only by medical doctors and/or doctors trained in CAM specialities, nurses or other conventional health care providers, but also by CAM providers with therapy specific training. There is a wish for more CAM provision offering the broad spectrum of different therapies.



b) Barriers in the access to CAM: EU citizens seem to meet considerable barriers in the access to CAM: CAM treatments are predominantly paid for privately and are difficult to access due to lack of availability and limited accessibility.

c) Citizens express a wish for more support and acknowledgement regarding their CAM use: CAM use is often not disclosed by patients in other treatments because of the assumed or known hostile attitude of the medical professionals towards CAM treatments.

d) Citizens need easily accessible and trustworthy information: European citizens wish to have access to reliable and trustworthy information that can support an informed decision about treatment options.

e) Citizens require transparent regulation of CAM practice and training: Citizens' confidence in the provision of CAM would be supported by public frameworks regulating the practice of CAM and by CAM being provided by members of professional CAM organisations that ensure educational as well as ethical standards.

Methodology and findings of the literature review are described in detail in a published article (Nissen N et al. What attitudes and needs do citizens in Europe have in relation to Complementary and Alternative Medicine? *Forsch Komplementmed* 2012;19(suppl 2):9-17)⁷⁸. Another article is focussing on findings of the literature review with implications on ethics in public health providing CAM.

This article (Nissen N et al. Public health ethics for Complementary and Alternative Medicine. *Europ J of Integr Med.* 2012, doi:10.1016/j.eujim.2012.11.003)⁷⁹ is drawing on theoretical considerations of public health ethics to examine some of the ethical issues which arise from pertinent findings from this previously published review. Public health ethics is concerned with social justice and equity in health, the need to respect individual autonomy, and the obligation to prevent harm. The explorations presented draw attention to multiple dilemmas and tensions concerning the public health ethics of CAM.

Summarizing, one can state that many citizens in Europe have positive attitudes to CAM although their attitudes and needs have not been consistently researched across Europe. In addition they wish to have access to increased and diverse CAM provision, they need easily accessible and trustworthy information regarding CAM, and they demand for transparent regulation of CAM and the training of those who practise CAM.

Work package 4: CAM use – the patients' perspective

Leading beneficiary: University of Southampton (US)

Objectives:

The objectives of WP4 were to:

- address the prevalence of CAM use in Europe, taking into account regional and national variations, and creating a summary of current information about prevalence of CAM use and its trajectory
- identify the major conditions treated with CAM, based on existing literature as well as suggesting future research strategy to overcome relevant evidence gaps

⁷⁸ Nissen, N. et al., What attitudes and needs do citizens in Europe have in relation to Complementary and Alternative Medicine? *Forsch Komplementmed* 2012;19(suppl 2):9-17

⁷⁹ Nissen, N. et al., Public health ethics for Complementary and Alternative Medicine. *Europ J of Inter Med.* 2012, doi:10.1016/j.eujim.2012.11.003



- explore the reasons why patients choose CAM through a systematic review of survey material and existing databases
- identify a standardised questionnaire for CAM use in at least 3 European languages that will provide a consistent EU approach to a widespread, but clearly defined range of CAM.

Description of work:

First, WP4 used a developed systematic review protocol in order to perform the original literature searches, so as to evaluate the use of CAM by EU citizens. Over 5,500 papers were identified in the peer-reviewed literature. After removing duplicates and excluded opinion pieces, editorials or letters, guidelines, reviews, pharmacological, historical or geographical studies, effectiveness or efficacy studies and ethno botanical research, qualitative studies pertaining to the attitudes of CAM patients, CAM practitioners or CAM education and any studies of CAM use in disease specific populations, a total of 190 papers left potentially containing CAM use prevalence in general population surveys. Full papers were retrieved from the publishing journals, and further papers were excluded that did not meet the inclusion criteria. In the end 87 eligible studies were included in the final analysis. This selection process resulted in the fact that for 25 EU member states (64%) no general population data on CAM use was located. The main characteristics of the included studies were that:

- a) the studies were generally of poor quality,
- b) in 32% of the papers, CAM was not defined to survey participants, and
- c) only 29% reported pilot studies of the questionnaire used and 79% reported data collection strategies that were subject to recall bias (recall over 12 months or more).

Second, a standardised European Questionnaire (I-CAM-Q)⁸⁰ was translated from English into German, Italian, Spanish, Hungarian, Romanian and Dutch. Country specific instructions were added as some terms differ across countries, e.g. the term chiropractor does not exist in Romania and would be poorly understood. It was also noted that there were differences in provider qualifications between countries, and with respect to education (MD or non MD). The translation of terms with explanations was also used on a country specific basis. A protocol was developed to perform a pilot-study with 50 people (40 people completed the questionnaire alone and returned it by post, and 10 completed it with a researcher).

Findings:

There is a lack of reliable data on the prevalence of CAM. However, use of herbal medicine was the most frequently reported use of CAM. Musculoskeletal problems were the most reported condition (Eardley S et al. A systematic literature review of Complementary and Alternative Medicine prevalence in EU. *Forsch Komplementmed* 2012;19(suppl 2):18-28)⁸¹. While there are a few rigorous prevalence studies that are based on nationally representative samples, the vast majority are small and of poor quality. Most EU countries do not have any data at all. Reported prevalence rates of CAM use were between 0.3% and 86%. We were unable to calculate the overall prevalence rate for herbal medicine, homoeopathy, chiropractic, acupuncture or reflexology by either country or across the EU or to differentiate between practitioner (doctor) based prescriptions and over the counter purchases of homeopathic and herbal medicines.

Prevalence rates of the main therapies in use were reported as follows:

- *Herbal medicine* (31 studies): prevalence rates varied from 5.9 - 48.3% of the population studies. However herbal medicine was not well defined (it may be included in naturopathy, folk medicine or traditional Chinese medicine) and variously categorised as medical herbalism, herbal remedies, herbal teas, phytotherapy. Some specific herbs were reported by name such as St John's Wort.

⁸⁰ International questionnaire to measure use of complementary and alternative medicine, I-CAM-Q

⁸¹ Eardley, S. et al. A systematic literature review of Complementary and Alternative Medicine prevalence in EU. *Forsch Komplementmed* 2012, 19(suppl. 2):18-28



- *Homeopathy* (25 studies): prevalence rates varied from 2 - 27% of the populations studied.
- *Chiropractic* (17 studies): sometimes reported as 'Chiropractic or osteopathy' (1 study), as one of a group of CAMs (4 studies) and as 'manual or manipulative treatments' (2 studies). Prevalence rates were 0.4 - 20.8% of the populations studied. Acupuncture (14 studies): was poorly defined. Prevalence rates were 0.44 - 23% of the populations studied. Eight further studies reported acupuncture as part of groups of CAMs.
- *Reflexology* (11 studies): and in a group of CAMs in one other study. Prevalence rates varied from 0.4 - 21% of the populations studied.
- *Dietary supplements*: calcium supplement use was reported in 9 studies. Use of all other dietary supplements, vitamins, minerals, fish oils, glucosamine and other products was reported heterogeneously in groups, singly or combinations of supplements in 28 papers. It was not possible to distinguish whether the dietary supplements were bought over the counter or prescribed at consultations.

As regards a reliable method to measure CAM prevalence the analysis of the pilot study identified common problems across countries including a 'hard to read' layout, misunderstood terminology and uncertainty in choosing response options. Quantitative analysis confirmed that a substantial minority of respondents failed to follow questionnaire instructions and some questions had substantial rates of missing data. As a self-complete questionnaire, there were serious indications that I-CAM-Q has low face validity, low acceptability, and is likely to produce biased estimates of CAM use if used in England, Romania, Italy, Netherlands or Spain. There is need for major revision before it can be widely utilized for this purpose (Eardley et al. A pilot feasibility study of a Questionnaire to determine European Union-wide CAM use. *Forsch Komplementmed* 2012;19:302-310).⁸²

Work package 5: CAM use – the providers' perspective

Leading beneficiary: University of Bern (UNIBE)

Objectives:

WP5 sought to identify the different models of CAM provided by registered physicians and CAM practitioners (including non-medical providers with no academic background) by country within European public health systems. It aimed to:

- review literature addressing the providers' perspective of CAM use in Europe, find out how many providers offer CAM and which different CAM methods are provided
- identify the health problems for which CAM is utilised (in cooperation with WP4)
- explore how CAM research and the relevant evidence base are integrated into CAM practice
- describe the impact of research results on health care practice.

Description of work:

There are only few peer reviewed publications that deal with this topic and present reliable data. For physicians, registration bodies enable data sampling in a more or less reliable manner through internet searches, whereas non-medical practitioners are rarely organised and thus much less accessible through the internet. With decreasing 'levels' of professional organisation the precision and accuracy of the available data diminishes.

As regards physicians, four of the five most provided CAM therapies were clearly identified: acupuncture, manual therapies, homeopathy, and herbal medicine are represented in almost all EU27+12 countries. A population based ranking of the next 5 to 15 therapies demonstrates decreasing accuracy with decreasing order due to lack of reliable data, mostly in the new EU member

⁸² Eardley et al. A pilot feasibility study of a Questionnaire to determine European Union-wide CAM use. *Forsch Komplementmed* 2012, 19: 302-310



states and some of associated countries. For some of the professionally organised non-medical practitioners, web-derived data of varying reliability are available. However, even for some western EU countries, including France, Germany, Italy, Portugal and Spain, this data must be collected from the “yellow pages”. In summary, there is a North to South and West to East decline concerning the reliability of data for both medical and non-medical CAM providers.

WP5 tested various forms of communication and meeting formats to understand and develop appropriate research methods, and to identify the national approaches to medicine and health care barriers. Research was restricted to registered CAM practitioners, both medical and non-medical, and further contributions from NGOs were included in the final deliverable. Together with WP4, WP5 identified the health problems for which CAM is used and contacted national registration bodies for information to allow cross-referencing of data for physicians and non-medical practitioners. The data obtained were displayed in tables and country and discipline specific maps. As regards education and training, three levels of qualification and certification were identified:

- medically trained professionals like dentists, pharmacists, physicians (MD) veterinarians and sometimes midwives, fully trained in both, conventional medicine and CAM, according to national (MD) and international CAM standards with national diploma and registration, continuous medical education (CME) and repeated certifications
- non-medical practitioners with full CAM training of various levels according to national or international standards (e. g. ECCH⁸³ diploma), and
- MDs and non-medically trained practitioners who receive a lower level of education within their chosen CAM discipline.

No specific data were obtained for impact of research on education and practice, but we assume no differences compared to conventional medicine, where scarce data is available. WP5 also identified a lack of information regarding CAM products. Hence, the European Coalition on Homeopathic and Anthroposophic Medicinal Products (ECHAMP) and the Association of Natural Medicine in Europe (ANME) were asked for their specific and, where available, general data concerning the market for CAM products.

Findings:

CAM provision in Europe comprises health care practitioners and physicians with different healing attitudes, medical background, training, certification, and practice. Data are only available if they are registered in any specific body open to the public, and are therefore scarce, scientific publications are almost lacking completely. Both medical and non-medical practitioners play an important role in the provision of CAM within the healthcare system in Europe.

CAM provision in the EU27+12 is maintained by more than 150,000 registered medical doctors (MDs) with additional CAM certification and more than 180,000 registered and certified non-medical CAM practitioners. This suggests up to 65 CAM providers (35 non-medical practitioners and 30 physicians) per 100,000 inhabitants, compared to the EU figures of 95 general medical practitioners per 100,000 inhabitants.

Acupuncture is the most frequently provided method (53% of all practitioners) with 80,000 physicians and 16,000 non-medical practitioners trained in the therapy, followed by homeopathy (27% - 45,000 and 4,500, respectively). These two disciplines are both dominated by physicians. Herbal medicine and manual therapies are almost exclusively provided by non-medical practitioners. Naturopathy, on the other hand, is dominated by 15,000 (mostly German) physicians, as is

⁸³ European Central Council of Homeopaths, ECCH



anthroposophic medicine (4,500) and neural therapy (1,500). For more details see (von Ammon K et al. Complementary and Alternative Medicine provision in Europe – First results approaching reality in an unclear field of practices. *Forsch Komplementmed* 2012;19(suppl 2):37-43).⁸⁴

CAM provision in Europe has not yet gained governmental interest at large; state funded research based knowledge is mainly available for Denmark, Germany, Norway, Switzerland, and the UK. This calls for more research in this field throughout the EU and associated countries. Public demand can be noted:

- for transparent harmonisation of CAM training, medical education and certification
- that standards of regulation and registration bodies are open to the public for both therapists and products.

Work package 6: The global perspective

Leading beneficiary: Karolinska Institute (KI)

Objectives:

The aim of WP6 was to map the international position and status of CAM within health care policy so as to view the EU situation in context. This approach was founded on the WHO Global strategy for Traditional Medicine (TM) and/or CAM, and its main objectives were to:

- incorporate experiences from countries in which CAM Research and Development (R&D) is integrated and publicly supported (US/Canada), while exploring its use as TM in developing countries (China/India)
- understand the pros and cons of CAM R&D internationally addressing issues of patient rights and need, cost, regulation (of practitioner and product), evidence base and research policy/strategy
- consider the risks of over harvesting medicinal plants and the protection of traditional inherited knowledge of traditional medicine used within CAM
- identify the strategies we need to address from an EU perspective, as well as develop an understanding of how the EU might relate to international developments.

Description of work:

Through a nomination and prioritisation process, fifteen global R&D stakeholders were identified based on their international relevance as indicated by number of publications, funded research projects and financial research allocations:

- Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH), India - State funded department/institute
- Central Council for Research in Ayurveda & Siddha (CCRAS), AYUSH, India - State funded department/institute
- China academy of Traditional Chinese Medicine, China - State funded department/institute
- The Consortium of Academic Health Centers for Integrative Medicine (here referred to as IM consortium) (CAHCIM), North America - Research association
- Federal Ministry of Health/Complementary and Alternative Medicine, Brazil – State funded department/institute
- International Society for Complementary Medicine Research (ISCMR), International - Research association
- Japan Society of Oriental Medicine, Japan - Research organisation
- Korean Institute of Oriental Medicine, Korea - State funded department/ institute

⁸⁴ Ammon, K. et al. Complementary and Alternative Medicine provision in Europe – First results approaching reality in an unclear field of practices. *Forsch Komplementmed* 2012, 19 (suppl 2): 37-43



- National Center for Complementary and Alternative Medicine, National Institutes of Health, USA - State funded department/institute
- National Institute of Complementary Medicine (NCIM), Australia - Research organisation (partly state funded)
- Natural Health Product Directorate, Health Canada, Canada - State funded department/institute (time limited initiative)
- Osher Program for integrative medicine, located centers in USA & Sweden – Research organisation
- Research Council for Complementary Medicine, international, UK based – Research association
- Samueli Institute, USA - Research organisation
- World Health Organization, Traditional Medicine, international - Global health organisation

WP6 developed a protocol for data collection, partly based on structure, process and outcome indicators published by WHO, to facilitate the development of evidence based national policies on medicinal products. The main topics in the protocol included the mission statement, R&D activities, and explicit or implicit R&D strategies.

We collected information from policy documents from the prioritised stakeholders and carried out personal interviews with them, selecting documents on the basis of their relevance in answering the questions in the research protocol, including policy documents and information on websites. Although documents were available for all prioritised stakeholders independent of the interviews, the interviews proved to be very valuable for finding the most relevant, accurate and up to date documents.

An international meeting in Chengdu, China, was arranged so as to benefit from a wider audience of CAM researchers present at the large international research meeting ICCMR⁸⁵ 2011. At this meeting the WP6 results were presented and participants were invited to comment on the findings. In addition, separate interviews were arranged with high level Korean and Chinese experts.

WP6 analysed the interviews with key stakeholders and documentary information collected from all stakeholders using principles of content analysis. Data of descriptive character included the budget, source of funding, number of funded research projects, and focus area (e.g. TM/CAM vs. specific therapies). The explorative analysis included data from both documents and interviews concerning mission statements and R&D strategies. R&D strategies could be categorised as follows:

- context, paradigms, philosophical understanding and utilization
- safety status
- comparative effectiveness
- component efficacy
- biological mechanisms.

Findings:

The findings indicate that activities of key stakeholders vary greatly in terms of capacity, mission, and source of funding (private/public). R&D activities among selected stakeholders ranged from a mere provision of research funding to a comprehensive R&D and communication agenda.

Key stakeholders on the global arena of CAM R&D vary greatly in terms of capacity, mission, and funding source (private/public). They ranged from only providing research funding to having a comprehensive R&D and communication agenda. A common shift in R&D strategy was noted where ten years ago, research focused mainly on exploring efficacy and mechanisms while the majority of

⁸⁵ International Society for Complementary Medicine Research, ICCMR



stakeholders today, emphasise the importance of a broad spectrum of research including methodologies exploring context, safety and comparative effectiveness of whole systems of care.

Europe lags well behind other regions such as North America, Asia and Australia in terms of the level of investment in CAM research and the integration of research results into health policy and health regulation. An emerging trend among many of the stakeholders was to prioritise studies focusing on clinical effectiveness of whole systems of care. The choice of method(s) for any particular project or experiment should be based on the specific scientific question and should focus on delivering safe and effective health interventions to EU citizens.

The lessons from this analysis of CAM R&D amongst international stakeholders provided valuable input into the EU CAM research roadmap. In line with our findings (Hök J et al. International Development of Traditional Medicine/Complementary and Alternative Medicine Research – What can Europe learn? *Forsch Komplementmed* 2012;19(suppl 2):44-50)⁸⁶, the CAM research strategy for Europe should be based on the popularity of a specific intervention and related to the national or regional public health needs and disease burden. The work of WP6 supports a formation of a centralized and academically supported EU CAM research centre.

Work package 7: The Roadmap for CAM research in Europe

Leading beneficiary: University Medical Center Berlin (Charité)

Objectives:

The main objectives of WP7 were to:

- to analyse the research methods already used to identify prevalence and use of CAM in the EU,
- to develop research methods and strategies for CAM that take into account the needs and attitudes of EU citizens and providers,
- and to develop research strategies and a road map to enable future clinical and epidemiological research in the field of CAM regarding effectiveness, efficacy, cost effectiveness and safety.

Description of work:

WP7 collected data and expert opinions on research into CAM. The working group conducted a systematic literature search for papers published between 1990 and 2010 in 7 electronic databases (Medline, Web of Science, PsychArticles, PsycInfo, CINAHL, EMBASE and Cochrane library). Additionally, experts were asked to nominate relevant papers. Inclusion criteria were publication dealing with research methodology, priorities or complexities in the scientific evaluation of CAM. All references were assessed in a multistage process to identify relevant papers.

Furthermore, methodological aspects of WPs 3, 4 and 5 were reviewed. Based on these findings, we organised a workshop (Sept 2011) with international, distinguished experts. The workshop developed methodological recommendations in a consensus process. These recommendations were formulated into the Roadmap for CAM research in Europe within WP7 and approved by the CAMbrella final consensus conference and CAMbrella's scientific steering committee.

Findings:

Reviewing the literature revealed that from 3.279 references derived and 98 references contributed by CAM experts, 170 papers fulfilled the criteria and were included in the analysis. The following key issues have been identified: difficulties in past CAM research (e.g. randomisation, blinding), utility of quantitative and qualitative research methods in CAM, priority setting in CAM research and specific

⁸⁶ Hök, J. et al. International Development of Traditional Medicine/Complementary and Alternative Medicine Research – What can Europe learn? *Forsch Komplementmed* 2012;19(suppl 2):44-50



issues in regard to various CAM modalities (Fischer F et al. Key issues in clinical and epidemiological research in Complementary and Alternative Medicine – a systematic literature review. *Forsch Komplementmed* 2012;19(suppl 2):51-60).⁸⁷

Furthermore, it is evident that the majority of previous clinical trials have assessed the efficacy rather than the effectiveness of CAM, meaning that there is a lack of data on the clinical outcomes of CAM treatments in comparison with conventional treatments in realworld settings. It can also be shown that unspecific effects seem to have significant value in CAM treatments and that reliable data about safety and adverse effects of CAM in realworld settings are scarce.

The current situation can also be characterized that there is too little knowledge about the prevalence of use of CAM in most European countries, the needs and attitudes of EU citizens, patients and providers regarding CAM, and about the types and ways of CAM provision in Europe.

There is considerable heterogeneity within CAM in the EU and these differences have hampered the development of combined European research efforts. The challenges now are

- a) to gather comparable information about the real situation as regards provision, use and regulation of CAM in all countries of Europe,
- b) to identify and address the areas in which CAM could play a role in the improvement of health care to European citizens, and
- c) to establish a scientific knowledge base that enables all stakeholders including policy makers, researchers, health care providers and citizens to make informed decisions about CAM.

Conclusions and recommendations:

In order to consider employing CAM as part of the solution to the health care challenges we face in 2020, it is vital to obtain reliable information on its prevalence of use, effectiveness, safety and cost in real world settings. This research strategy aims to provide the EU and its citizens with valuable scientific information for stakeholder decisions about CAM treatments.

1) European research in the field of CAM is limited and our knowledge about CAM is very poor. There is almost no significant investment in any EU country in a CAM research structure or strategy. The CAM industry is small and there are no major financial or/and industrial interests driving research efforts in this field. Scientific bias hampers the free exchange of ideas, concepts, treatment techniques and comparison of clinical outcomes. CAM is organised mostly in private provider settings (medical and non-medical), thus the academic experience among CAM providers is scarce and there are few academic centres of research, resulting in a substantial lack of funding for research programmes. Career opportunities in an academic setting are limited. In order to pay proper attention to the real situation of use and provision of CAM in Europe, and to understand why CAM is so popular within the EU, structural and sufficient financial support is needed at all levels: private, university bound, national and European.

2) An EU research strategy for CAM must reflect the needs of the citizens, patients, providers and other stakeholders. CAM is frequently employed in prevention, health literacy and self-management of chronic long-term conditions. Therefore it could contribute to meet the upcoming health care challenges in Europe. Consequently, it is needed to

- a) establish a European-wide approach to assess the prevalence of use of core CAM disciplines,
- b) address the diversity of training, education and provision of CAM across Europe,
- c) identify the most promising CAM treatment options for the most prevalent health conditions in Europe (obesity, chronic diseases like diabetes, cancer, musculoskeletal problems, healthy ageing and others),

⁸⁷ Fischer, F. a kol. Key issues in clinical and epidemiological research in Complementary and Alternative Medicine – a systematic literature review. *Forsch Komplementmed* 2012;19(suppl 2):51-60



- d) quantify the economic effects of CAM in European health care. Stakeholders might have different views on CAM which should be taken into account in order to achieve meaningful research and to allow informed decisions for future health planning. Consequently, following approaches should be taken into account:
- e) identify the citizens' access to and preferences for CAM provision as well as their perspectives on education, training and practice of CAM providers,
 - f) determine how best to disseminate scientifically sound information about CAM to the European public, in line with the EU objective to enhance the ability of citizens to make better and informed decisions about their health care,
 - g) give clear guidance on CAM safety issues, and
 - h) explore and evaluate different models of integration of CAM into routine care programmes.

3) Research methods must reflect the real-world settings of health care in Europe. Everyone needs to know in what situation CAM is a reasonable choice. Therefore we recommend a clear emphasis on concurrent evaluation of CAM as an additional or alternative treatment strategy in real-world settings. In general, CAM should be considered along the same scientific lines that apply to medical research in general. However, the strategy for the investigation of CAM should include a broad range of mixed-method research strategies including comparative effectiveness research, qualitative and quantitative designs. Stakeholders such as citizens, patients and providers should be closely involved to ensure real world relevance for the research. This would imply

- a) to implement comparative effectiveness research (CER) and concurrent health economic evaluation of different treatment strategies including CAM,
- b) to put emphasis on the investigation of CAM safety in clinical contexts, e.g. by support of country-wide registers, observational studies, single case studies or case histories, and
- c) to address the impact of context and meaning factors (generally known as non-specific effects and may include the "placebo effect") such as preferences and expectations in clinical research.

4. Currently there is little research on CAM in Europe and no structure through which research can be co-ordinated within the EU. There is a widely recognised need to ensure high quality research to enable scientific knowledge that is considered adequate for informed decision making by both providers and patients of CAM.

CAMBrella proposes that the EU actively supports an EU-wide strategic approach to facilitate the development of CAM research, through the funding of an EU centre for CAM that looks into the situation of CAM and gives research-based guidelines on how to address it. The aim of such a European centre for CAM would be to actively stimulate high quality research on CAM in the EU based on pan-European collaboration, through an independent research strategy aligned with EU health policy.

Work package 8: Communication and dissemination

Leading beneficiary: Gamed⁸⁸, Vienna

Objectives:

The specific objectives of WP8 were:

- to foster communication among the CAMBrella consortium members and between the consortium and CAM stakeholders including patient and public health care organizations
- to establish, host and maintain a website as the common platform for CAMBrella: www.cambrella.eu. The website will make all documents generated by the project publicly accessible.

⁸⁸ Austrian Society for Occupational Medicine (Österreichische Gesellschaft für Arbeitsmedizin, GAMED)



- to identify CAM stakeholders and appropriate target audiences in Europe through which to disseminate information generated by the project
- to plan and organize the final CAMbrella conference.

Description of work and results:

From the beginning of CAMbrella Work Package 8 acted as the connecting / networking body within the group and at the same time developed the tools for sustainable dissemination during and after the completion of the project. We prepared proposals for a project logo already in advance for the kick off meeting in Munich in January 2010. The whole group discussed the image of CAMbrella given in the logo.

This resulted in the development and implementation of an appropriate Corporate Identity: Corporate Design, such as a Logo and guidelines for the graphics and work of all WPs, creating templates for spreadsheets and text processing; Implementation of Corporate Identity in the other WPs and their respective activities.

The next important step was to set up the project's website providing all relevant information. A newsletter was launched that has sent out 12 issues of information about the project, but also about CAM in Europe, giving stakeholder portraits, reports about the CAM field in different European countries, pointing out relevant findings and other CAM related projects, announcing conferences and scientific events etc. Via the website interested readers were able to subscribe to the newsletter, a feature which was used by about 750 readers.

We tried to invite and facilitate the dialogue with relevant stakeholders and the public at large in order to know more about their informational needs about CAM in general and research in particular. The website invited to register as a stakeholder in CAM. 53 institutions did so and have been contacted via letters. In an online questionnaire we approached international stakeholders in order to know more about their informational needs towards CAM. In turn the results of this online survey were the starting point for the discussion with international stakeholders at a workshop in Brussels, dedicated specially to the needs in terms of information about CAM.

The preparation and organization of the final conference with contributions from WP1 to WP7 was the major goal of WP8. It is a disseminative action that targets policy makers on the European level, especially the EU Commission, DG Health and Consumers (Sanco) and DG Research and innovation as well as interested stakeholders and the public at large. Organising the final conference was made substantially easier by the kind support of Dr. Angelika Niebler, Member of the European Parliament, who was kind enough to invite her colleagues to a workshop devoted to the CAMbrella findings on November 28, 2012 inside the Parliament. The project was presented in a more comprehensive way on a full-day final conference the following day. This meeting was kindly hosted by the Bavarian representation in Brussels which proved very useful for all the backstage organisation a conference like this entails.

Disseminative actions and documents had to be established and prepared: A Policy Brief, the document that informs the EU Commission and policy makers about the findings and gives recommendations for future activities. The Policy Brief was achieved in a consensus building process that involved all work packages and was given a final discussion and approval at a meeting of the Scientific Steering Committee. A Project Brochure that summarises the work of CAMbrella for the interested public, practitioners, laymen and stakeholders alike was prepared mostly by the autonomous input of the work packages, WP8 taking the editing role here. We were able to



enhance the visibility of the scientific dissemination in pooling many of the papers in a supplement of Research in Complementary Medicine: Forsch Komplementmed 2012;19 (suppl 2).⁸⁹

In all public outreach WP8 always had the task to “translate” the scientific results into texts dedicated for the broader public, for example in the newsletter. WP8 acted as interface between the project and the interested audiences around. Differing interests in the target groups for the newsletter have to be considered in order to catch the attention of readers with different backgrounds.

The project’s website was a state-of-the-art tool to connect with the stakeholders, to enable exchange with them, allow them some participation and interaction. In order to address a younger audience a facebook account was set up as well. To complete the project’s presence in the Social Media media Twitter was added to our public outreach activities as well. All this formed part of the dissemination strategy.

A description of the major features of the CAMbrella dissemination strategy is published (Reiter B et al. Building a sustainable Complementary and Alternative Medicine research network in Europe. Forsch Komplementmed 2012;19(suppl 2):61-68)⁹⁰. In collaboration with the work package leaders WP8 created a unique project slogan compressing the key messages of all work packages: “CAMbrella – the Roadmap for European CAM Research”.

Potential impact:

The central platform for the dissemination of the information generated by CAMbrella is the project website (www.cambrella.eu) which was established, hosted and maintained under responsibility of a specific Work Package. It offered information on the current status of the project, its progress and the work plan for upcoming project milestones. The website was also used as an instrument for disseminating reports and WP activities. The website was to encourage and stimulate dialogue between the project consortium and interested parties, including the publication of a regular newsletter that combined information on the project with information on relevant CAM research results. Following these objectives 12 newsletters were provided during the 3-years project time. The concept was that each newsletter should focus on one country, on one Work Package to be presented in detail, and to introduce one CAM stakeholder group (as a representative of the Advisory Board). In total, the newsletters comprise more than 60 short reports and articles. The website will stay available after the project has finished, and thus keeping the platform alive for further information and communication of the established research network. The project group will make use of this communication tool in order to facilitate future research projects. Furthermore, the group is discussing ways how to organize itself as European CAM research consortium in order to achieve a sustainable form of entity.

The impact achieved by the project’s processing and its outcomes is multi-faceted:

i) The scientific perspective:

The project’s WPs were designed to enhance the knowledge of CAM in the EU by developing consensus on terminology and collecting information about CAM use, demand for CAM and the legal regulations on CAM provision. Further objectives were to identify major conditions treated with CAM and to explore the reasons why patients choose CAM. Based on the available information, a reasonable roadmap for future research projects has been suggested to fill the existing knowledge gaps and to facilitate that CAM practice is based on appropriate evidence. All actions intend to inform EU policies and decision makers in order to identify and support research programs of excellence and ensure a solid evidence base for the delivery of all aspects of healthcare to European citizens.

⁸⁹ Research in Complementary Medicine 2012;19 (suppl 2)

⁹⁰ Reiter, B. et al. Building a sustainable Complementary and Alternative Medicine research network in Europe. Forsch Komplementmed 2012;19(suppl 2):61-68



The project successfully published a paper describing the background, the objectives, the concept and the organization of the work plan available with open access at the beginning of the second project year. After successful negotiations with Karger Publisher a supplement issue of 'Forschende Komplementärmedizin / Research in Complementary Medicine'⁹¹ was established including articles with the main findings of all Work Packages. The issue was printed and accessible online for free from the time of the final conference. Some more articles already published in various peer-reviewed journals describe further findings and aspects deriving from some working groups. Some more manuscripts are under preparation, especially one presenting the proposal for a roadmap of CAM research in Europe.

CAMBrella is just publishing all deliverables as Work Package Reports⁹² at Phaidra, an open electronic repository hosted by the University of Vienna (<https://phaidra.univie.ac.at/>). The system is operating in close cooperation with the EU-project OpenAIRE and warrants that the data in Phaidra is archived university-wide, permanently secured, systematically input, set up as metadata, and available worldwide around the clock without logging in.

CAMBrella was presented at several international conferences on CAM research, and thus bringing the European project in an international academic discussion. In April 2013, the project findings will be presented in a 2-hour special symposium at the International Conference on Complementary Medicine Research (<http://www.iccmr2013.org/>). The roadmap for CAM research as a main part of the outcome will be presented in a plenary session with expected 500 attendees.

In Italy, CAMBrella project partner ASSR (Agenzia Sanitaria et Sociale Regionale, Emilia-Romagna) will hold a symposium in Bologna on February 28, 2013. The intention is to present and to discuss the CAMBrella CAM research roadmap for regional or national usage in Italy. For this purpose the document has been translated into Italian to reach a maximum of impact for the Italian health care systems.

ii) The perspective of a broader target group beyond science:

In line with the nature of the project as a coordination action this perspective has been considered vital. Several measures were adopted in order to initiate and facilitate the communication with authorities, policy makers and various stakeholder groups in the field of health care, public health and CAM.

A specific 'Stakeholder Workshop' was held in order to learn more on the informational needs of different associations and stakeholder groups regarding CAM and to discuss improved strategies for future communication. Apart from the scientific articles a Policy brief as well as a more in-depth Project Brochure was compiled to transport the main findings of the project in a concise way understandable for a broader public.

The importance of this approach was mirrored in the concept of the final conference split into two events addressing two different target groups. There was a workshop on one side held in the European Parliament dedicated to policy makers, and on the other side the bigger conference addressing a mixture of scientific representatives, stakeholder groups and NGOs.

Altogether, about 60 dissemination activities were documented during the project run-time (see listing in section 4.2 of this report). The most frequent type of activity has been presentations giving an overview of the project or focussing on single aspects from the work groups in various countries

⁹¹ "Research in Complementary Medicine"

⁹² "Work Package Reports"



addressing different target groups. Posters and flyers were created and disseminated, and several interviews were performed on general topics related to CAM or more specifically project oriented.

A lot of reports mentioning CAMbrella appeared in the media. A press review as a result of a Google search and a systematic review of media agencies revealed a list of about 80 hits (see the list attached to the final report). This collection is not more than a rough indicator since it includes predominantly German-speaking reports due to the fact that the coordination and management of the project was located in Germany. Unfortunately, it was not feasible to screen systematically all national and regional media activities in other countries represented in the project.

In UK, the Parliamentary Group for Integrated Healthcare is organizing a conference in the House of Commons on March 5, 2013, where CAMbrella will be presented by project partner George Lewith and Advisory Board member Stephen Gordon from ICCH. The purpose of this meeting is to share the project's recommendations.

Finally, CAMbrella will be presented at the 'Forum Life Science' on March 13-14, 2013, in Munich (www.bayern-innovativ.de/fls2013). Project partner BayFOR is involved in the organisation of this fair covering a broad spectrum of scientific areas linked with various economic and societal fields.

iii) The coordination perspective:

The project was creating and maintaining a coordinated EU network of researchers and stakeholders within the EU and beyond its borders. The network also aimed to foster dialogue with patients, research and healthcare funders (both public and private) and specific provider groups such as homeopaths and acupuncturists. Various organisations, including those representing conventional medicine or patients' interests in general, were encouraged to participate in the project. The information generated by the university-based, research-focused core of the collaboration will thus have a substantial and strong impact on how CAM is looked at and provided in the EU's diverse healthcare systems. The outreach of the project will go beyond the European Union as CAM organizations in Russia indicated interest as well as CAMbrella became already apparent in US where the project will be presented again in May 2013 at the symposium of the American Academy of Medical Acupuncture. Two members of the project group are consultants of WHO on Traditional Medicine, and thus CAMbrella findings may also feed into these international projects. CAMbrella will also keep close linkage to the European Chapter, a regional interest group within the International Society for Complementary Medicine Research ISCMR.

The outcome of the CAM-focused CAMbrella project is designed to contribute to the process of developing an appropriate strategy for better healthcare in Europe. This will be soundly evidence-based and is likely to involve a wide range of different interventions. To make the suggested roadmap for CAM research in Europe operational a centralized and academically supported EU CAM centre should be established. CAMbrella proposes that the EU actively supports an EU-wide strategic approach to facilitate the development of CAM research, through the funding of such an institution that looks into the situation of CAM and gives research-based guidelines on how to address it. Its aim would be to actively stimulate high quality research on CAM in the EU based on pan-European collaboration, through an independent research strategy aligned with EU health policy.

Regarding the upcoming EU Framework Programme Horizon 2020 CAMbrella supported efforts aiming that CAM research projects should be adequately represented in the work programme's topics to apply for grants. The proposal of the European Commission concerning the Specific Programme 'Tackling Societal Challenges', section 'Health, demographic changes and well-being' opens with the basic statement "The challenge is to improve the lifelong health and wellbeing of all". With increasing life expectancy the incidence of chronic diseases and cancer will rise. Interventions of Complementary Medicine will potentially provide promising solutions for prevention, treatment



and rehabilitation of these diseases. But there is still need for rigorous research projects to assess the evidence. As a first step the Committee on Industry, Research and Energy (ITRE) agreed on an amendment to the section on health, demographic changes and well-being including explicitly CAM as medical discipline to be considered (Report A7-0002_2013 on the proposal for a Council decision establishing the Specific Programme Implementing Horizon 2020 – The Framework Programme for Research and Innovation (2014 – 2020). Committee on Industry, Research and Energy (ITRE). Rapporteur: Maria Da Graça Carvalho).

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A research roadmap for complementary and alternative medicine – what we need to know by 2020

(Proposal for a CAM research plan for the EU by 2020 based on the CAMbrella project – complete document⁹³)

Abstract

BACKGROUND: The CAMbrella coordination action was funded within the Framework Programme 7. Its aim is to provide a research roadmap for clinical and epidemiological research for complementary and alternative medicine (CAM) that is appropriate for the health needs of European citizens and acceptable to their national research institutes and healthcare providers in both public and private sectors. One major issue in the European research agenda is the demographic change and its impact on health care. Our vision for 2020 is that there is an evidence base that enables European citizens to make informed decisions about CAM, both positive and negative. This roadmap proposes a strategic research agenda for the field of CAM designed to address future European health care challenges. This roadmap is based on the results of CAMbrella's several work packages, literature reviews and expert discussions including a consensus meeting.

METHODS: We first conducted a systematic literature review on key issues in clinical and epidemiological research in CAM to identify the general concepts, methods and the strengths and weaknesses of current CAM research. These findings were discussed in a workshop (Castellaro, Italy, September 7 - 9th 2011) with international CAM experts and strategic and methodological recommendations were defined in order to improve the rigor and relevance of CAM research. These recommendations provide the basis for the research roadmap, which was subsequently discussed in a consensus conference (Järna, Sweden, May 9 - 11th 2012) with all CAMbrella members and the CAMbrella advisory board. The roadmap was revised after this discussion in CAMbrella Work Package (WP) 7 and finally approved by CAMbrella's scientific steering committee on September 26th 2012.

RESULTS: Our main findings show that CAM is very heterogenous in terms of definitions and legal regulations between the European countries. In addition, citizens' needs and attitudes towards CAM as well as the use and provision of CAM differ significantly between countries. In terms of research methodology, there was consensus that CAM researchers should make use of all the commonly

⁹³ FISCHER, F., LEWITZ, G., WITT, C.M. et al. A research roadmap for complementary and alternative medicine what we need to know by 2020. *Forsch Komplementmed* [online]. 2014; 21(2):e116. doi: 10.1159/000360744. Epub 2014 Mar 24. [cit. 2015-08-31]. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/24851850> .



accepted scientific research methods and employ those with utmost diligence combined in a mixed methods framework.

CONCLUSIONS: We propose 6 core areas of research that should be investigated to achieve a robust knowledge base and to allow stakeholders to make informed decisions.

These are:

Research into the prevalence of CAM in Europe:

Reviews show that we do not know enough about the circumstances in which CAM is used by Europeans. To enable a common European strategic approach, a clear picture of current use is of the utmost importance.

Research into differences regarding citizens' attitudes and needs towards CAM:

Citizens are the driver for CAM utilization. Their needs and views on CAM are a key priority, and their interests must be investigated and addressed in future CAM research.

Research into safety of CAM:

Safety is a key issue for European citizens. CAM is considered safe, but reliable data is scarce although urgently needed in order to assess the risk and costbenefit ratio of CAM.

Research into the comparative effectiveness of CAM:

Everybody needs to know in what situation CAM is a reasonable choice. Therefore, we recommend a clear emphasis on concurrent evaluation of the overall effectiveness of CAM as an additional or alternative treatment strategy in real-world settings.

Research into effects of context and meaning:

The impact of effects of context and meaning ("non-specific effects"⁹⁴) on the outcome of CAM treatments must be investigated; it is likely that they are significant.

Research into different models of CAM health care integration:

There are different models of CAM being integrated into conventional medicine throughout Europe, each with their respective strengths and limitations. These models should be described and concurrently evaluated; innovative models of CAM provision in health care systems should be one focus for CAM research. We also propose a methodological framework for CAM research. We consider that a framework of mixed methodological approaches is likely to yield the most useful information. In this model, all available research strategies including comparative effectiveness research utilising quantitative and qualitative methods should be considered to enable us to secure the greatest density of knowledge possible. Stakeholders, such as citizens, patients and providers, should be involved in every stage of developing the specific and relevant research questions, study design and the assurance of real-world relevance for the research. Furthermore, structural and sufficient financial support for research into CAM is needed to strengthen CAM research capacity if we wish to understand why it remains so popular within the EU. In order to consider employing CAM

⁹⁴ Translator's note



as part of the solution to the health care, health creation and self-care challenges we face by 2020, it is vital to obtain a robust picture of CAM use and reliable information about its cost, safety and effectiveness in real-world settings. We need to consider the availability, accessibility and affordability of CAM. We need to engage in research excellence and utilise comparative effectiveness approaches and mixed methods to obtain this data. Our recommendations are both strategic and methodological. They are presented for the consideration of researchers and funders while being designed to answer the important and implicit questions posed by EU citizens currently using CAM in apparently increasing numbers. We propose that the EU actively supports an EU-wide strategic approach that facilitates the development of CAM research. This could be achieved in the first instance through funding a European CAM coordinating research office dedicated to foster systematic communication between EU governments, public, charitable and industry funders as well as researchers, citizens and other stakeholders. The aim of this office would be to coordinate research strategy developments and research funding opportunities, as well as to document and disseminate international research activities in this field. With the aim to develop sustainability as second step, a European Centre for CAM should be established that takes over the monitoring and further development of a coordinated research strategy for CAM, as well as it should have funds that can be awarded to foster high quality and robust independent research with a focus on citizens health needs and panEuropean collaboration. We wish to establish a solid funding for CAM research to adequately inform health care and health creation decisionmaking throughout the EU. This centre would ensure that our vision of a common, strategic and scientifically rigorous approach to CAM research becomes our legacy and Europe's reality. We are confident that our recommendations will serve these essential goals for EU citizens.



2.3 European Parliament – the Search for a Single Stance

Starting with the general, yet favourable, **European Parliament resolution from 1997**⁹⁵ (see p. 130), CAM documents issued by European institutions since the late 1990s have shown an **increasing awareness of the need to respect the wishes of the public and to create adequate legislation** regarding CAM. This would provide non-medical healthcare with transparent regulations enabling citizens to make free and responsible decisions regarding their own health.

Although this area currently lies entirely within the competence of national governments, it is becoming increasingly clear that an appropriate **pan-European strategy and coordinated approach to CAM**, including the field of research, will be necessary.

The approach of the European Parliament and the Council of Europe to CAM can generally be characterized as favourable. However, they have consistently highlighted the necessity of high-quality research on the safety and efficacy of CAM methods. This would provide a basis for the subsequent recognition and legislation of these methods, i.e. integrating CAM therapies into healthcare systems.

Partially based on these documents, CAMbrella, a pan-European CAM survey providing a more concrete picture of the CAM situation in Europe, was carried out in 2010–2012.

However, the process continues. **Since 2010, meetings on CAM issues have been held regularly in the European Parliament.** Participants have repeatedly stated that CAM's potential to prevent disease and to promote a healthier lifestyle should not be overlooked. CAM can contribute to the long-term sustainability of European healthcare in times when its **funding is facing serious problems due to economic and demographic developments.**⁹⁶

9 October, 2012, a conference on complementary and alternative medicine named **CAM: Innovation and Added Value for European Healthcare** was held by EUROCAM. Representatives of the following associations also participated: the European Central Council of Homeopaths, the European Committee for Homeopathy, the European Council of Doctors for Plurality in Medicine, the European Federation of Complementary and Alternative Medicine, European Federation of Homeopathic Patients' Associations, the European Federation of Patients' Associations for Anthroposophic Medicine, the International Council for Medical Acupuncture and Related Techniques, and the International Federation of Anthroposophical Medical Associations.

On page 134 (and the following pages) you will find the full version of the statement Call to Action, which was endorsed by the conference participants. The statement contains **specific steps** that, according to the representatives of the organizations involved, have been carried out by the European Parliament, the European Commission and the Member States' health policy makers in the field of CAM.

The **CAM Interest Group** was established in the European Parliament. It is an informal group of European Parliament Members (MEPs) with a special interest in complementary and alternative medicine. This group (in cooperation with EUROCAM) organizes regular meetings in the European

⁹⁵ EUROPEAN PARLIAMENT. 9. Non-conventional medicines, A4-0075/97: Resolution on the status of non-conventional medicine [online]. [cit. 2015-08-21]. Available from: <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+REPORT+A4-1997-0075+0+DOC+XML+VO//EN>

⁹⁶ EUROCAM. CAM conferences. EUROCAM. Complementary and Alternative Medicine CAM – for a healthier Europe [online]. [cit. 2018-06-30]. Available from: <http://www.cam-europe.eu/cam-conference.php>



Parliament where MEPs and representatives of the parties involved in CAM (patients, providers and drug manufacturers) take part in joint discussions. The meetings are usually also attended by a representative of the European Commission to represent the Commission's position.

Six such meetings were held between 2010 and 2018, each dealing with a different aspect of the use of CAM in Europe. Examples of these aspects include CAM legislation, CAM in the context of demographic developments in Europe (healthy ageing), CAM research, the use of CAM in cancer treatment, financial aspects of using CAM, and CAM in relation to antimicrobial resistance. An overview of CAM events held in the European Parliament is provided in Table 4. More detailed reports on the content of some of these negotiations can be found on pages 131 and 132.

November 2010	<i>EU Directives are not working for products used in CAM</i>
April 2011	<i>Healthy ageing, chronic disease management and the potential contribution of CAM in these areas</i>
October 2011	<i>The need for research into health promotion and CAM</i>
March 2012	<i>Cancer and the contribution of CAM (see page 131)</i>
October 2012	International conference <i>“CAM: Innovation and Added Value for European Healthcare”</i>
June 2013	<i>CAM: An investment in health (see page 132)</i>
April 2014	<i>CAM: Reducing the need for antibiotics</i>
July 2015	<i>Ensuring the availability of CAM medicinal products for the benefit of EU citizens in order to exploit their potential to address some major health issues of our time such as antimicrobial resistance and chronic disease</i>
October 2017	International workshop <i>“Complementary and alternative therapies for patients today and tomorrow”</i> <i>Organizer: Committee on the Environment, Public Health and Food Safety (ENVI)</i>
February 2018	<i>Complementary and Alternative Medicine (CAM): its benefits for EU citizens with musculoskeletal disorders</i>

Table 4 – An overview of the major **CAM meetings in the European Parliament**

Source: EUROCAM. CAM Interest Group meetings [online]. <http://www.cam-europe.eu/cam-interest-group-meetings.php>.



The workshop **Complementary and alternative therapies for patients today and tomorrow** took place⁹⁷ in the European Parliament in Brussels 16 October, 2017. This event was organized by the Committee on the Environment, Public Health and Food Safety (ENVI).

“The aim of the workshop was to provide background and technical information and advice to the members of the ENVI Committee on the latest findings and trends in the field of complementary and alternative therapies. The current state of play of complementary and alternative therapies in Europe was highlighted during the first part of the workshop. Presentations focused on CAM in practice and academic research. The second part of the workshop focused on the policy and legal framework in Europe and the integration of CAM into EU healthcare systems.”⁹⁸



Figure 15 – **Tomáš Pfeiffer**
in the European Parliament in Brussels 16 October, 2017. Photo KoS.

Tomáš Pfeiffer, the representative of the professional chamber **Sanator – the Union of Biotronicists of Josef Zezulka** (KoS), and a member of the EU Health Policy Platform, was invited to participate in the meeting in the European Parliament.

A summary of the results:

“The current state of EU citizens’ health is difficult to sustain in the long term. Therefore, it is important to consider using forms of health care that are not yet officially recognized but that have been empirically tested. The necessity of further CAM research in order to find a solution to the increasing number of chronically ill patients, who do not always find effective primary care, has been highlighted. The issue of increasing antibiotic resistance has also been addressed. Here too, the importance of prevention, which is always a better choice than any treatment, is gaining ground. This

⁹⁷ EUROPEAN PARLIAMENT THINK TANK. *Complementary and alternative therapies for patients today and tomorrow* [online]. 23.10.2017 [cit. 2018-06-29]. Available from: [http://www.europarl.europa.eu/thinktank/en/document.html?reference=IPOL_STU\(2017\)614180](http://www.europarl.europa.eu/thinktank/en/document.html?reference=IPOL_STU(2017)614180) .

⁹⁸ Ibid.



is also proved by statistics stating that 197,000 Europeans die annually in Europe due to undesirable medical side effects. Prevention can potentially lower the cost of healthcare by 70% - 80%.

The presentation by the WHO representative expressed support for CAM research and stressed the need for more such research as well as the possibility to include CAM into health systems, both in Europe and globally.”⁹⁹



Figure 16 – **Tomáš Pfeiffer** at the **International CAM conference** in the European Parliament in Brussels 16 October, 2017. Photo KoS.

⁹⁹ *Sanator – the Union of Biotronicists of Josef Zezulka* [online].[cit. 2018-06-30]. Available from: <https://www.sanator.cz/en/activities>



2.3.1 EU Policy on CAM

(EFCAM: Report on the European Parliament resolution from 1997 – complete report¹⁰⁰)

“EU Policy on CAM

The EU has few policies that specifically refer to CAM, even though a significant proportion of the population use CAM as part of their healthcare provision. There are some measures relating to some CAM medicines and products but none concerning the right to work and practice.

European Parliament Resolution – the Lannoye/Collins Report

In 1997 the European Parliament adopted a resolution on “non-conventional medicine”¹⁰¹. No action has been taken in relation to this since then.

The resolution was enacted as follows:

1. Calls on the Commission, if the results of the study allow, to launch a process of recognising non-conventional medicine and, to this end, to take the necessary steps to encourage the establishment of appropriate committees.
2. Calls on the Commission to carry out a thorough study into the safety, effectiveness, area of application and the complementary or alternative nature of all non-conventional medicines and to draw up a comparative study of the various national legal models to which non-conventional medical practitioners are subject.
3. Calls on the Commission, in formulating European legislation on non-conventional forms of medicine, to make a clear distinction between non-conventional medicines which are “complementary” in nature and those which are “alternative” medicines in the sense that they replace conventional medicine.
4. Calls on the Council after completion of the preliminary work referred to in paragraph 2 above to encourage the development of research programmes in the field of nonconventional medicines covering the individual and holistic approach, the preventive role and the specific characteristics of the non-conventional medical disciplines; undertakes to do likewise.
5. Urges the Commission to submit a report as soon as possible to the Council and European Parliament on the results of the studies and research already carried out under budget item B-7142 which, since 1994, has been earmarked for research into the effectiveness of homeopathy and other non-conventional medicines.
6. Calls on the Commission, in examining the effectiveness of forms of therapy used in non-conventional medicine, to ensure that none of the treatments used in the Member States makes use of medicines made from the organs of threatened animal species, which would constitute involvement in illegal trafficking.

¹⁰⁰ EFCAM. EU Policy on CAM. *European Federation for Complementary and Alternative Medicine* [online]. [cit. 2018-07-05]. Available from: <http://www.efcam.eu/cam-regulation/eu-policy-on-cam/>.

¹⁰¹ *Editor's note*: European Parliament. *9. Non-conventional medicines, A4-0075/97: Resolution on the status of non-conventional medicine* [online]. [cit. 2015-08-21]. Available from: <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+REPORT+A4-1997-0075+0+DOC+XML+V0//EN>



7. Calls on the Commission to submit a proposal for a Directive on food supplements which are frequently situated on the border between dietary and medicinal products. Such legislation should help guarantee good manufacturing practice with a view to consumer protection without restricting freedom of access or choice and ensure the freedom of all practitioners to recommend such products; calls on the Commission to remove trade barriers between Member States by giving manufacturers of health products free access to all the markets in the EU.

8. Instructs its President to forward this resolution to the Council, the Commission and the governments of the Member States.”

2.3.2 Cancer and the contribution of CAM

(EUROCAM: Report from the European Parliament meeting held 27 March 2012 – selected passages¹⁰²)

“A Round Table Meeting of the European Parliament Interest Groups MEPs Against Cancer and MEPs for CAM on Cancer and the contribution of Complementary and Alternative Medicine (CAM) took place on 27 March 2012.

The meeting, a joint initiative of the CAM Interest Group – MEPs for CAM and the MAC Interest Group – MEPs Against Cancer, was aimed at presenting and discussing what role CAM can play in the treatment of cancer patients. Cancer remains one of the pressing health challenges for European citizens and surveys have shown that more than a third of cancer patients in Europe use Complementary and Alternative Medicine (CAM) to increase their body's ability to overcome the disease, to help deal with the side effects of conventional treatment, to enhance their health and to alleviate physical and/or psychological distress.

The meeting was chaired by MEP Sirpa Pietikäinen, EPP¹⁰³ Finland.

As speakers, MACCAM had invited Ass. Prof Dr Harald Matthes, Director of the Community Hospital Havelhöhe Berlin, Germany, Prof Dr Gustav Dobos, Chair of Complementary and Integrative Medicine at the University Duisburg-Essen, Germany, Mrs Hedi Broson of the Norwegian Cancer Society, Oslo Norway and MEP Alojz Peterle, EPP, Slovenia. Due to a strike at the airport in Berlin, Dr Matthes was unable to attend and his contribution was presented by Dr Madeleen Winkler, Vice-President of the International Association of Anthroposophic Doctors.”

“Dr. Matthese concluded that patients are best served by a combination of conventional medicine and CAM, that evidence of the effectiveness of CAM in the treatment of patients with cancer is growing but that **there is pressing need for further research** in this important area.”

“Prof Dobos in his presentation gave an introduction to the model of integrative oncology, its aims and methodology. He presented a range of scientific studies demonstrating the effectiveness of several individual CAM modalities on the side effects of chemotherapy, on anxiety, fatigue,

¹⁰² EUROCAM. Cancer and the contribution of CAM. *EUROCAM. Complementary and Alternative Medicine. CAM – for healthier Europe* [online]. 2012 [cit. 2016-07-13]. Available from: <http://www.cam-europe.eu/cancer-and-the-contribution-of-cam.php>.

¹⁰³ *Editor's note:* European People's Party, EPP



depression, on the motivation for lifestyle change, on the quality of life and on the survival of cancer patients.”

“The joint CAM-MAC meeting concluded with an agreement that modern oncology needs to increasingly adopt an integrated approach that uses **the best of both approaches**, used together in an individualised manner for each patient.

About 40 guests attended the CAM-MAC meeting, including MEPs and delegates from the Commission and other European institutions, as well as health professional and Non-Governmental Organizations.”

Presentations and documents available for downloading:

<http://www.cam-europe.eu/cam-interest-group-meetings.php>

2.3.3 CAM: An investment in health

(EUROCAM: Report from the European Parliament meeting held 27 June 2013 – selected passages¹⁰⁴)

“On 27 June 2013 a Joint Meeting of the European Parliament Interest Groups MEPs Against Cancer and MEPs for CAM was held, entitled "CAM: An Investment in health", alluding to the Commission Staff Working Document "Investing in health".

Across the institutions of the EU there is general agreement that the EU is facing a growing health crisis. A combination of an aging population, rising levels of chronic diseases such as cancer, diabetes and heart disease, a growing burden of mental ill-health and the challenge of anti-microbial resistance are all underpinned by the impact of the strain of austerity on healthcare systems. Such a situation begs the question as to whether there are ways to approach healthcare other than the current disease-focused, pharma-based model that seems to cost ever more to provide. It was in this context that the conference took place.

About 60 guests attended the CAM-MAC¹⁰⁵ meeting, including MEPs and delegates from the Commission and other European institutions, as well as health professional and Non-Governmental Organizations. The conference was co-hosted and chaired by Alojz Peterle MEP (Slovenia), himself a beneficiary of CAM treatment for cancer, and Sirpa Pietikäinen MEP (Finland).

In a clear sign that the EU Commission is taking CAM more seriously, the keynote opening speech was given by European Commissioner for Health Mr Tonio Borg. In his address he stated: ‘It is an important principle of the Union's pharmaceutical legislation that patients should have access to the medicinal products of their choice. This includes innovative medicines as much as traditional herbal and homeopathic medicinal products... Patient empowerment is on the increase. It progressively serves to put patients in the driver's seat – taking charge and control of their own health. Patients often know what treatment works for them, and which healthcare is efficient for their condition. This can include the use of complementary medicine.’“

¹⁰⁴ EUROCAM. CAM: An investment in health. *EUROCAM. Complementary and Alternative Medicine. CAM – for healthier Europe* [online]. 2013 [cit. 2016-07-13]. Available from: <http://www.cam-europe.eu/cam-an-investment-in-health.php>.

¹⁰⁵ Editor's note: *MEPs Against Cancer (MEPs Against Cancer, MAC)*



“Other speakers presented recent studies on the economics of CAM. These studies seem to support the proposition that its widespread use and integration could potentially result on cost-savings for health systems. One study in particular that involved ‘mining’ the large data-base of Dutch health insurers, appears to show that **patients of GPs who use CAM in their practices live longer healthier lives and yet cost less in overall care**, mainly due to reduced pharmaceutical use and reduced secondary referrals. Evidence for effectiveness and cost-saving was also presented from the pioneering **health service in the Tuscany region in Italy where the widespread integration of CAM across hospital-based healthcare services is having a positive impact on patient care and showing early evidence of cost reductions**. The Tuscany Region is actively involved in the EU European Partnership for Action Against Cancer (EPAAC) and brings the contribution of CAM in the complementary care of cancer patients to the project discussion table.

In their closing remarks MEPs Peterle and Pietikäinen called for the potential contribution of CAM to healthcare in the EU to be taken more seriously by the EU Commission and member states. They specifically called for the EU to invest more in researching the effectiveness and cost-effectiveness of CAM and to take action to resolve the highly confused and inhibiting regulatory situation that currently exists for products, providers and patients.”

Presentations available for downloading:

<http://www.cam-europe.eu/cam-interest-group-meetings.php>



2.3.4 Call for Action

(The final document from the Conference on Complementary and Alternative Medicine held in the European Parliament on 9 October, 2012 – complete document¹⁰⁶)



CALL FOR ACTION

The CAM associations of patients, practitioners and doctors organising the October 9th 2012 conference on Complementary and Alternative Medicine, CAM, in the European Parliament have made the following conclusions and Call for Action.

Conference Conclusions

- Complementary and Alternative Medicine, CAM, includes a variety of different medical and other healthcare therapies used to maintain and improve health, as well as to prevent, diagnose, relieve or treat the health needs of the whole person. CAM encompasses diagnostic and therapeutic approaches founded on the common understanding that the human being is a whole living system whose self-maintaining capacities can be stimulated, supported and strengthened to maintain or regain health.
- Over 100 million European citizens use CAM and its products, either as complementary treatments or on their own. According to the World Health Organization, up to 70% - 80% of the population in many developed countries have used CAM.
- CAM is used, inter alia, due to public access to health information, an increased awareness and

¹⁰⁶ EFCAM (European Federation for Complementary and Alternative Medicine). *CAM Conference Declaration & Call for Action* [online]. EU CAM Conference, October 9th 2012 [cit. 12-06-2015]. Available from: http://www.efcam.eu/images/stories/Declaration_and_Call_for_Action.pdf. The logo picture is included.



sense of personal responsibility, health education for health maintenance and self-care, an increased sense of entitlement to quality of life, a participative patient-centred approach to healthcare, a desire for partnership approach, and a more sustainable approach to the rise in the prevalence of chronic disease.

- It is delivered by CAM professionals: practitioners, physicians and other medically trained practitioners, mostly in private practice outside, but in some EU Member States also within, public healthcare systems.
- In most countries, CAM must be paid for out of pocket, since reimbursement is currently not standard resulting in a state of inequality of access.
- CAM therapies are considered by users to be safe and effective. CAM research has expanded over the recent years increasing the evidence base on effectiveness and safety. They can add value to the conventional care approach by (a) reducing incidence of disease through preventive measures, (b) using complementary interventions for better treatment outcomes, and (c) reducing hospital admissions and costs of medicines and medical procedures.
- The particular innovative strengths of CAM methods are the combination of individualised holistic care, capacity to provide health maintenance, illness prevention and non invasive illness treatment as part of a package. Given the rise in prevalence of chronic disease and concern over the side-effects of ever more potent drugs, this is highly attractive to users who report high satisfaction ratings.
- CAM can add innovative value to public health programmes by improving health literacy, self responsibility for health, motivation for sustained healthy lifestyle change, increased healthy longevity and community based interventions for healthy nutrition and living.
- Emerging evidence on cost-effectiveness shows CAM can deliver cost savings to healthcare systems in areas such as prevention and treatment of chronic diseases, and supporting active and healthy ageing.
- CAM health professionals offer a new resource for EU health systems providing professionals and skill sets complementary and supportive to conventional medicine.
- CAM education is highly developed in many European countries, offered by established schools and by CAM professional associations. CAM is increasingly taught at universities at undergraduate and postgraduate levels.
- CAM research has expanded over the recent years increasing the evidence base for safety, clinical effectiveness and cost-effectiveness.
- CAM can play an important role in building up an integrated network of holistic patient-centred care in European health systems and contributing to their future sustainability.

CALL FOR ACTION

The organising CAM associations of patients, practitioners and doctors call on the European Commission

- to promote equitable access by citizens to Complementary and Alternative Medicine (CAM) in Member States,



- to promote harmonization of information on CAM methods and CAM providers within the EU Member States in order to facilitate cross border movement for citizens and providers using CAM modalities,
- to include CAM in all possible Community Actions dealing with health education and promotion, prevention and treatment of chronic disease, health inequalities, and active and healthy ageing,
- to encourage Member States to explore the ways in which CAM can contribute to sustainable healthcare systems in Europe including its role in health maintenance, health education, self-responsibility for health, motivation for healthy lifestyle change and less invasive and more cost-effective treatment of illness,
- to propose the requisite draft directives, or amendments to existing directives, to ensure freedom of establishment and freedom to provide services for providers of CAM,
- to initiate a process for the appropriate regulation of providers of CAM across the Union taking into account the full extent of the scope of action of CAM modalities across the healthcare spectrum from health maintenance and education to complementary treatment of illness,
- to start a new initiative, in cooperation with the stakeholders concerned, for the regulations on the licensing and use of CAM medicinal products in Europe and in particular to act upon the suggestions outlined in the Commission Communication 2008, notably that “the suitability of a separate legal framework for products of certain traditions should be assessed”¹⁰⁷,
- to take up, following consultation with the CAM stakeholders, the recommendations of the CAMbrella 7th Framework Research Project on the funding of future research into CAM in Europe,
- to ensure that the management of the programmes of the Commission – such as the Health for Growth, Horizon 2020, European Innovation Partnership on Healthy and Active Aging and other relevant programmes – gives an equitable opportunity to CAM projects to participate.

The organising CAM associations of patients, practitioners and doctors call on Member States, as requested by WHO¹⁰⁸

- to formulate national policies, regulations and standards, as part of comprehensive national health systems to ensure appropriate, safe and effective use of CAM, and equitable access to it by citizens,
- to appropriately incorporate CAM into their national health systems,
- to establish systems for the qualification, accreditation or licensing of CAM providers.

The organising CAM associations of patients, practitioners and doctors call the European Parliament

- to support an own-initiative report on CAM building on the conclusion of the ENVI¹⁰⁹ committee’s Workshop on Alternative medicines in the European Parliament, the conclusions of the meetings of

¹⁰⁷ Commission Communication 2008 on the experience acquired as a result of the application of the provisions of Directive 2001/83/EC, as amended by Directive 2004/24/EC, on specific provisions applicable to traditional herbal medicinal products

¹⁰⁸ According to the Beijing Declaration adopted by the WHO Congress on Traditional Medicine, Beijing, China, 8 November 2008.

¹⁰⁹ Editor's note: Committee on the Environment, Public Health and Food Safety (ENVI)



the EP MEP Interest Group on CAM and the findings of the CAMbrella 7th Framework Research Project,

- to call on the Commission to come up with a proposal for an independent and adequate regulation of medicinal products used in “traditional” medicine in line with the Commission Communication 2008,

- to call on the Commission to propose the requisite draft directives to ensure freedom of establishment and freedom to provide services for providers of CAM,

- to call on the Commission to ensure that the management of the programmes of the Commission such as Health for Growth, Horizon 2020, European Innovation Partnership on Healthy and Active Ageing and other relevant programmes gives an equitable opportunity to CAM projects to participate.

And invites the members of the Parliament to participate in the initiatives of their fellow MEPs in the Parliament Interest Group on CAM.

European Central Council of Homeopaths ECCH – www.homeopathy-ecch.org

European Committee for Homeopathy ECH – www.homeopathyeurope.org

European Council of Doctors for Plurality in Medicine ECPM – www.ecpm-europe.ch

European Federation for Complementary and Alternative Medicine EFCAM – www.efcam.eu

European Federation of Homeopathic Patients’ Associations EFHPA – www.efhpa.eu

European Federation of Patients’ Associations for Anthroposophic Medicine EFPAM – www.efpam.org

International Council for Medical Acupuncture and Related Techniques ICMART – www.icmart.org

International Federation of Anthroposophic Medical Associations IVAA – www.ivaa.info



2.4 Council of Europe

2.4.1 A European approach to non-conventional medicines

(Council of Europe Resolution 1206-1999 – complete document¹¹⁰)

Parliamentary Assembly – Council of Europe

Resolution 1206 (1999)

Doc. 8435 Origin – See, report of the Social, Health and Family Affairs Committee, rapporteur: Mrs Ragnarsdóttir.

Text adopted by the Standing Committee, acting on behalf of the Assembly, on 4 November 1999.

1. The Assembly reaffirms the importance it attaches to conventional medicines whose effectiveness has been proved scientifically and which form the basis of European social protection systems. It notes, however, that alternative, complementary and non-conventional forms of medicine are growing in importance in Europe and throughout the world. The extent to which they are recognised and the legal status they enjoy vary greatly from one country to the next.

2. The best established forms include acupuncture, homeopathy, osteopathy and chiropractic. However, these are not alone among less conventional methods, some of which have been in existence for a very long time, and all of which respond to a demand. **Patients themselves are increasingly calling for the use of different forms of treatment. This is a fact that cannot be ignored.** The Assembly recognises the pre-eminence of conventional medicines; however, **the various forms of medicine should not compete with one another: it is possible for them to exist side by side and complement one another.**

3. In the health field, it is important to preserve the diversity of national legislation and practice that is one of Europe's assets: people's attachment to their own systems and traditions must not be called into question. Nevertheless, the Assembly believes that a common European approach to non-conventional medicine based on the principle of patients' freedom of choice in health care should not be ruled out.

4. It welcomes the resolution adopted by the European Parliament on 29 May 1997 on the status of nonconventional medicine, which calls on the European Union to begin a process of recognising non-conventional forms of medicine after the necessary studies have been conducted and also to develop research programmes on the safety and effectiveness of these medicines.

5. The Assembly agrees that, in the current grey area of nonconventional medicine, it is necessary to separate the wheat from the chaff. The demands of public health and the right of individuals to health protection must come first. The limitations of non-conventional medicines must not be ignored nor underestimated. Support should not be given to dubious or intolerant practices that would deny people and, in particular, children, the medical care their state of health demands. Establishing a legal

¹¹⁰ COUNCIL OF EUROPE – PARLIAMENTARY ASSEMBLY. *Resolution 1206 (1999): A European approach to non-conventional medicines* [online]. [cit. 2015-11-14]. Available from: <http://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=16727&lang=en>.



framework for non-conventional medicine is a difficult undertaking, but it is preferable to being too liberal.

6. The Assembly believes that the best guarantee for patients lies in a properly trained profession, which is aware of its limitations, has a system of ethics and self-regulation, and is also subject to outside control. It would be unrealistic to wish to prevent the emergence of new professions in the health sector. The regulations that currently exist in certain European countries on the practice of one or other form of non-conventional medicine open the way for progress. The Assembly calls on the member states to model their approach on their neighbours' experiments and, whenever possible, to co-ordinate their position with regard to these medicines.

7. The Assembly believes that in the future alternative or complementary forms of medicine could be practised by doctors of conventional medicine as well as by any well-trained practitioner of nonconventional medicine (a patient could consult one or the other, either upon referral by his or her family doctor or of his or her free will), should ethical principals prevail. Appropriate courses should be offered in universities to train allopathic doctors in alternative and complementary forms of treatment. **The Assembly therefore calls on member states to promote official recognition of these forms of medicine in medical faculties and to encourage hospitals to use them.**

8. Lastly, as knowledge of alternative forms of medicine is still limited, **the Assembly calls on the member states to support and speed up the comparative studies and research programmes currently under way in the European Union and to disseminate the findings widely.**



2.5 NATO – CAM for Higher Efficiency in Care

The North Atlantic Alliance and CAM

The North Atlantic Alliance (NATO) is another significant multinational organization (the Czech Republic is also a member) which reflects the global developments in the field of healthcare when it comes to the increasing use of CAM methods.

The Science and Technology Organization (STO) was created within the North Atlantic Alliance. It is a NATO subsidiary which has the same legal status as NATO and was created within the framework of the North Atlantic Treaty. The STO was established with the aim utilizing the collective scientific and technological needs of NATO, NATO nations and partner peoples in the best way possible. It operates under the auspices of the North Atlantic Council, which delegates activities to a board of directors. The board is composed of S&T leaders from NATO states and is chaired by a NATO senior scientist, a highly respected head of the NATO S&T Department, who is permanently assigned to the NATO Headquarters in Brussels, and is also NATO's chief scientific adviser.¹¹¹

*In 2010, the Human Factors and Medicine Panel Research Task 195 (HFM-195) was established within STO and was commissioned with the study *Integrative Medicine Interventions for Military Personnel*. HFM-195 consists of integrative medicine experts from France, Italy, Hungary, Germany, the Netherlands and the United States, as well as guest experts from Great Britain and Korea.¹¹²*

The aim of the group was to obtain and evaluate data from the individual countries on: the use of CAM among military personnel (reasons, frequency, accessibility); the extent to which the management of military organizations accepts CAM; and to assess the current legal status of CAM regarding its use and implementation. The group was established as an initial step. It is to be followed up by the work of other research groups, and conferences and symposia focused on the implementation of selected CAM methods throughout NATO, including a simultaneous analysis of the efficacy, cost-effectiveness, suitability and adoption of these methods.¹¹³

*The output is a comprehensive technical report called *Intervention of Integrative Medicine for Military Personnel*, published in 2017. The report documents the current state of complementary and alternative medicine in the NATO states, the possibilities for military staff to utilize CAM, and its acceptance among military personnel.¹¹⁴*

The report is almost 250 pages long. It details the possibilities of using Integrative Medicine as part of NATO's healthcare for military personnel. It evaluates individual healing methods (e.g., acupuncture, meditation, mind-development programmes, biofeedback, spirituality, etc.), as well as entire healthcare systems (e.g., traditional Chinese medicine, Ayurveda, Tibetan medicine). It further discusses their historical and cultural background, the use of integrative medicine within NATO

¹¹¹ NATO. STO. About the STO. NATO. *Science and Technology Organization* [online]. 2018 [cit. 2018-07-07]. Available from: <https://www.sto.nato.int/Pages/organization.aspx>

¹¹² PETRI, Richard P. NATO and Integrative Medicine. *Medical Acupuncture* [online]. Volume 27, Number 5, 2015, DOI: 10.1089/acu.2015.29007 [cit. 2018-07-07]. Available from: <https://www.liebertpub.com/toc/acu/27/5>

¹¹³ NATO. SCIENCE AND TECHNOLOGY ORGANIZATION. *Integrative Medicine Interventions for Military Personnel (STO Technical Report)* [online]. [cit. 2018-07-07] ISBN 978-92-837-2035-5. DOI: 10.14339/STO-TR-HFM-195. p. ES-1. Available from: https://www.sto.nato.int/publications/Pages/Technical_Reports_list.aspx

¹¹⁴ NATO. SCIENCE AND TECHNOLOGY ORGANIZATION. *Integrative Medicine Interventions for Military Personnel (STO Technical Report)* [online]. [cit. 2018-07-07] ISBN 978-92-837-2035-5. DOI: 10.14339/STO-TR-HFM-195. p. 1. Available from: https://www.sto.nato.int/publications/Pages/Technical_Reports_list.aspx



*member states' medical practice, and the US Department of Defense's experience of integrative medicine.*¹¹⁵

The study was conceived due to the following reasons, e.g.:

- *The popularity of CAM, or integrative medicine, is increasing both among the civilian population and military personnel, which is increasingly taking responsibility for its health. Due to the current dissatisfaction with the current health care system and the side effects of medication, people are increasingly favouring non-conventional treatments. Military personnel are reported to use CAM as often, or even more often, than civilians; "Data show that more than 50% of the military population, including dependents, has used CAM interventions in recent years ...".*¹¹⁶
- *The cost of healthcare is growing while military budgets are being reduced. This may jeopardize the sustainability of military healthcare systems, which, therefore, need to adapt and be re-evaluated.*¹¹⁷
- *NATO's educational aspect and international environment must be taken into consideration when training leading military and health professionals in the field of CAM and integrative medicine so that these options are also available internationally.*¹¹⁸

*In addition to conventional medicine, there are other treatment systems – both old and new – that are very popular. "According to the National Health Statistics Report, 2002, up to 62% of patients in the USA used CAM treatments in the preceding 12 months".*¹¹⁹ *The report shows it would be beneficial to consider the possibility of integrating these treatments into the healthcare system. The holistic approach based on integrative health and treatment is attracting more and more attention. New paradigms need to be explored and the possibilities for conventional medicine and alternative medicine to collaborate must be assessed.*¹²⁰

*This view is based on a number of facts. One of them is the dissatisfaction patients feel with due to the impersonal, automated approach of diagnosis and medication. The report states that "... death due to iatrogenic causes is the third leading cause of death in the United States with nearly 50% of the drug errors and adverse reactions preventable ..."*¹¹⁹

*Cost effectiveness is often commonly mentioned and is increasingly affecting health care systems. "Healthcare costs are over 17% of the GNP in the United States and expected to rise to nearly 20% by 2024"*¹¹⁹ *and "The annual cost of U.S. Military Healthcare has more than doubled from \$17 to \$35 billion dollars over the period of 2001 through 2007. By 2015, it was expected to nearly double again. This will represent 12% of the U.S. defense budget."*¹²¹

*One of the main reasons for rejecting CAM systems is the claim that conventional medicine is "evidence-based" while CAM is not. "... when the PubMed key word is "research", there are only 3% of the nearly 450,000 citations listed as RCTs. Not such a good story either."*¹²²

¹¹⁵ NATO. SCIENCE AND TECHNOLOGY ORGANIZATION. *Integrative Medicine Interventions for Military Personnel (STO Technical Report)* [online]. [cit. 2018-07-07] ISBN 978-92-837-2035-5. DOI: 10.14339/STO-TR-HFM-195. pp. ES - 1, 3 - 1, 4 - 1. Available from:

https://www.sto.nato.int/publications/Pages/Technical_Reports_list.aspx

¹¹⁶ NATO. SCIENCE AND TECHNOLOGY ORGANIZATION. *Integrative Medicine Interventions for Military Personnel (STO Technical Report)*. [online]. [cit. 2018-07-07] ISBN 978-92-837-2035-5. DOI: 10.14339/STO-TR-HFM-195. p. xxxii. Available from: https://www.sto.nato.int/publications/Pages/Technical_Reports_list.aspx

¹¹⁷ *Ibid.*, page ES - 1.

¹¹⁸ *Ibid.*, page xxxii.

¹¹⁹ *Ibid.*, page 1 - 5.

¹²⁰ *Ibid.*, page 1 - 12.

¹²¹ *Ibid.*, page 1 - 8.

¹²² *Ibid.*, page 1 - 6.



There is also evidence that brings the following practice to light: “Nearly 75% of pediatric medications are prescribed off-label. This leads you to wonder if our children are not guinea pigs for prescriptions. The Archives of Internal Medicine reported that overall 73% of off-label use has little or no scientific support.”¹²²

Based on these facts, the report considers whether, for example, the practice of "off-label prescription" is not already part of alternative approaches: “Perhaps what is being witnessed is a double standard of the expectation that CAM modalities must be evidenced-based, when in reality most conventional treatments are not.”¹²²

The report also points to the need to differentiate invasiveness of the methods and the possible consequences the patient may experience due to the treatment. Treatments can be more or less invasive and this fact should also be considered in research efforts. “A simple meditative breathing technique shouldn’t require the same level of evidence as that needed for cardiac shent placement. The breathing technique results in little to no harm to patients. Therefore practitioners can use it at the same time research is conducted.”¹²³

The worldwide trend towards the introduction of CAM into healthcare systems is also reflected by the fact that, in the US, there are many initiatives on the federal level concerning CAM research and the introduction of CAM into healthcare systems. For instance: ¹²⁴

- *In 1993, the Office of Alternative Medicine (OAM) was established within the National Institutes of Health (NIH), USA. This office, later renamed the National Center for Complementary and Integrative Health (NCCIH), has increased its annual research budget from approximately \$1 million (in 1993) to more than \$123 million in 2014. This led to a 25% increase in the number of citations in PubMed annually;*
- *In 1999, the first Consortium of Health Centers for Integrative Medicine was established. Today there are 60 institutes working on the curriculum for medical education, standards for integrative medicine research, and the integration of alternative methods into clinical care;*
- *The key initiative of the US Army Telemedicine & Advanced Technology Research Center (TATRC) works on developing integrative medicine services with a focus on optimizing the treatment environment, as well as treating of progressive pain and resistance;*
- *The National Intrepid Center for Excellence (NICoE) in Bethesda, in cooperation with the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, opened a holistic integrative centre for treating soldiers;*
- *In 2014, several high-ranking federal health authorities included integrative health and treatment methods into their systems;*
- *The US Department of Veterans Affairs is working on implementing the White House Commission’s recommendations for a complementary and alternative medicine policy;*
- *In 2014, the United States Department of Defense published a report to congress on Integrative Medicine in the Military Health System, which states that 120 (29%) of 421 military healthcare facilities offer 275 CAM programmes. The overall recommendation of the report was that the military health system should assess and consider extensively implementing cost-effective CAM programmes that meet the guidelines on safety and efficacy.*

CAM’s popularity in the US Department of Defense facilities is also demonstrated by a survey (2005–2009), which showed a significant increase in the integrative medicine services they provided. For example, during this period, the availability of spiritual treatment increased by 500% and the number of integrative medicine providers by 400%. According to a survey by the US Department of Veterans

¹²³ Ibid., page 1 - 6.

¹²⁴ Ibid., pages 1 - 5 to 1 - 7.



Affairs, 88% of facilities under the Veterans Health Administration provide integrated medicine services either on site or on recommendation.¹²⁵

The research team also evaluates the potential of the selected treatments, and considers energy practices to be a self-care techniques. Energy practices are an emerging field of science based on the energy of living organisms (known as life energy, vital energy, prana, life force, etc.). This type of treatment can only be performed by individuals who have undergone proper training.¹²⁶

This technical report offered a new perspective on healthcare and recommends taking further steps towards effectively integrating integrative medicine methods into NATO's military health systems. The report suggests conducting reviews and assessing integrative healthcare and treatment focusing on implementing certain practices; educating patients, providers and policymakers; analyzing clinical outcomes and identifying the best practices; setting up joint cost-efficiency research initiatives, and taking into account new paradigms and models of care.¹²⁷

¹²⁵ Ibid., pages 4 - 4 to 4 - 7.

¹²⁶ Ibid., pages 5 - 6, 5 - 7.

¹²⁷ Ibid., page 12 - 10.



2.6 Professional Organizations of CAM Practitioners – CAM as Way out of Crisis

The number of CAM practitioners, doctors and non-medical doctors, has been growing alongside the increasing demand from patients. Qualified (medical and non-medical) CAM therapy providers have created their own professional organizations and associations, first on a national level, but now also internationally. These associations are a natural way of ensuring the quality of the care, guaranteeing the members' professional competence, and in many countries, they are able to protect patients against under-qualified or even fraudulent services.

2.6.1 EUROCAM

In 2005, the most important pan-European CAM organization – EUROCAM was established, bringing together multinational associations for individual CAM therapies. The organization is based in Brussels and characterizes its work as follows:

“EUROCAM is a foundation uniting European organisations representing CAM patients and trained CAM health professionals, including medical doctors, veterinarians and other practitioners. The aim of EUROCAM is to promote the contribution of CAM - Complementary and Alternative Medicine - to better health in Europe.

EUROCAM covers a broad spectrum of CAM modalities, including acupuncture, ayurveda, anthroposophic medicine, herbal medicine, homeopathic medicine, naturopathic or traditional European medicine, osteopathy and traditional Chinese medicine.

The objective of EUROCAM is to promote and facilitate CAM's role in maintaining citizens' health, highlight the health promotion and illness prevention aspects of CAM for EU public health policy and programmes, to advance the accessibility, affordability and availability of CAM, and generally promote CAM at European level.”¹²⁸

EUROCAM unites the following transnational associations:

EUAA	<i>European Ayurveda Association (including the Czech professional organization Sanator – the Union of Biotronicists of Josef Zezulka)</i>
EURAMA	<i>European Ayurveda Medical Association</i>
ECCH	<i>European Central Council of Homeopaths</i>
ECH	<i>European Committee for Homeopathy (including the Czech Medical Homeopathic Society)</i>
ECPM	<i>European Council of Doctors for Plurality in Medicine</i>
EFHPA	<i>European Federation of Homeopathic Patients' Associations</i>
EFO	<i>European Federation of Osteopaths</i>
EFFAM	<i>European Federation of Patients' Organisations for Anthroposophic Medicine</i>
EHTPA	<i>European Herbal & Traditional Medicine Practitioners Association</i>
ETCMA	<i>European Traditional Chinese Medicine Associations (including the Czech Chamber of Traditional Chinese Medicine)</i>

¹²⁸ EUROCAM. *Complementary and Alternative Medicine CAM – for a healthier Europe* [online]. [cit. 2018-06-30]. Available from: <http://www.cam-europe.eu/index.php#>



IAVH	<i>International Association for Veterinary Homeopathy</i>
ICMART	<i>International Council of Medical Acupuncture and Related Techniques (including the Czech Medical Society for Acupuncture of the JE Purkyně Medical Association of the Czech Republic)</i>
IVAA	<i>International Federation of Anthroposophic Medical Associations (including the Czech Society of Anthroposophic Physicians)</i>

The following paragraphs detail **EUROCAM's vision**. The representatives of EUROCAM pursue this vision through negotiations with major European institutions. The following is cited from the EUROCAM website:

“Vision

In the spirit of the WHO definition of health, EUROCAM’s vision is:

- Of a society which seeks the optimum health of its citizens largely achieved by encouraging and enabling citizens to take responsibility for the maintenance and promotion of their own health whilst also acknowledging freedom of choice in selecting appropriate treatment from a variety of healthcare options, including CAM. In addition, EUROCAM submits that citizens should have access to reliable information supporting effective and safe health provision that includes relevant CAM options. CAM should be available, accessible and affordable at both national and European level.
- Of a paradigm shift that moves the focus of healthcare away from a primarily treatment-oriented agenda to one which also engages people more directly in their personal health and well-being thereby preventing illness and prolonging life. EUROCAM supports the notion of salutogenesis – that is to an approach that primarily supports health and well-being, rather than focusing on factors that cause disease.
- Of a holistic approach to the maintenance and health care of European citizens that takes into account the psycho-spiritual, corporeal and social needs of each individual. (...)
- That the best of conventional medicine and CAM are thoroughly integrated into healthcare schemes for the benefit of European citizens who are free to make an informed choice about treatment they require so there is no dichotomy in the delivery of excellent healthcare.

This means that CAM should be integrated into:

- social, education and health policy, both on a national and a European level.
- healthcare systems both as complementary and/or alternative to conventional medical care whilst also having the opportunity of being offered independently and privately.”¹²⁹

*EUROCAM is an important voice in supporting CAM on a pan-European level. The **CAM Interest Group** (see page 126), was established within the European Parliament as an informal group of MEPs with a special interest in complementary and alternative medicine. **In cooperation with EUROCAM, the CAM Interest Group organizes regular meetings in the European Parliament.** This is an opportunity for representatives of the European Parliament and representatives of CAM parties, patients, healthcare professionals and CAM manufacturers, to engage in joint discussions. A representative of the European Commission usually attends the meetings to represent the European Council's position.*

*EUROCAM also organizes important international meetings for interested parties. One such meeting was the conference **CAM: Innovation and Added Value for European Healthcare**, which took place*

¹²⁹ EUROCAM. Vision. *EUROCAM. Complementary and Alternative Medicine CAM – for a healthier Europe.* [online]. [cit. 2018-06-30]. Available from: <http://cam-europe.eu/vision.php>



in the European Parliament on 9 October, 2012. The conference was funded by the European Commission as well as other sponsors and resulted in a statement named Call to Action (see page 134).¹³⁰

*Together with CAMDOC, EUROCAM has played an important role in the European-wide research project **CAMbrella**, which was conducted from 2010 to 2012 (see page 97 and the following pages).*

2.6.2 CAMDOC

*In addition to EUROCAM, there are a number other major European associations related to CAM. One such association is **CAMDOC**, which **unites over 130 European associations for doctors that use CAM methods as a complement to conventional therapy**. CAMDOC also cooperates with EUROCAM. Its members include the European Committee for Homeopathy (ECH), the European Council of Doctors for Plurality in Medicine (ECPM), the International Council of Medical Acupuncture and Related Techniques (ICMART), and the International Federation of Anthroposophical Medical Associations (IVAA). These organizations are also members of EUROCAM. Czech CAMDOC members include the Czech Medical Homeopathic Society, the Czech Society of Anthroposophic Physicians, and the Czech Medical Acupuncture Society.*

2.6.3 EFCAM and ISCMR

*Another important body is the European Federation for Complementary and Alternative Medicine (**EFCAM**). It was founded in 2004, and it is primarily an **association of non-medical CAM providers**. Its members include European-wide professional organizations, such as the European Shiatsu Federation (ESF), Reflexology in Europe Network (RiEN), as well as national CAM organizations, mainly from Ireland, the Netherlands and Spain.*

*Research organizations working with CAM are united under **The International Society for Complementary Medicine Research (ISCMR)**, an international professional multidisciplinary and non-profit scientific organization. It supports the research on complementary and integrative medicine and provides a platform for exchanging knowledge and information in order to enhance international communication and cooperation.*

¹³⁰ EFCAM. CAM Conference Declaration & Call for Action [online]. EU CAM Conference, October 9th 2012 [cit. 12-06-2015]. Available from: http://www.efcam.eu/images/stories/Declaration_and_Call_for_Action.pdf



2.6.4 ANME – Association for Natural Medicine in Europe

*Another major professional European CAM organization is **ANME – the Association for Natural Medicine in Europe**¹³¹). Based in Schöneck, Germany, it has been active since 2001 and has about 60 member organizations. This is how it is characterized on its website:*

“The Association for Natural Medicine in Europe e.V. is a coalition of organizations, manufacturers, foundations, professionals of health prevention and individuals in Europe who are active in the areas of naturopathy, traditional medicine, complementary and alternative medicine as well as in salutogenesis – health promotion for human beings and animals. The mentioned units have been grouped under the acronym “CAM”.”¹³²

The professional chamber Sanator – the Union of Biotronicists of Josef Zezulka is a member of this association.

¹³¹ Website of the organization: www.anme-ngo.eu

¹³² ANME. The statutes of the Association for Natural Medicine in Europe e.V. *Association for Natural Medicine in Europe e. V* [online]. October 10th, 2012 [cit. 2018-06-30]. Available from: <https://www.anme-ngo.eu/en/anme/statutes.html>

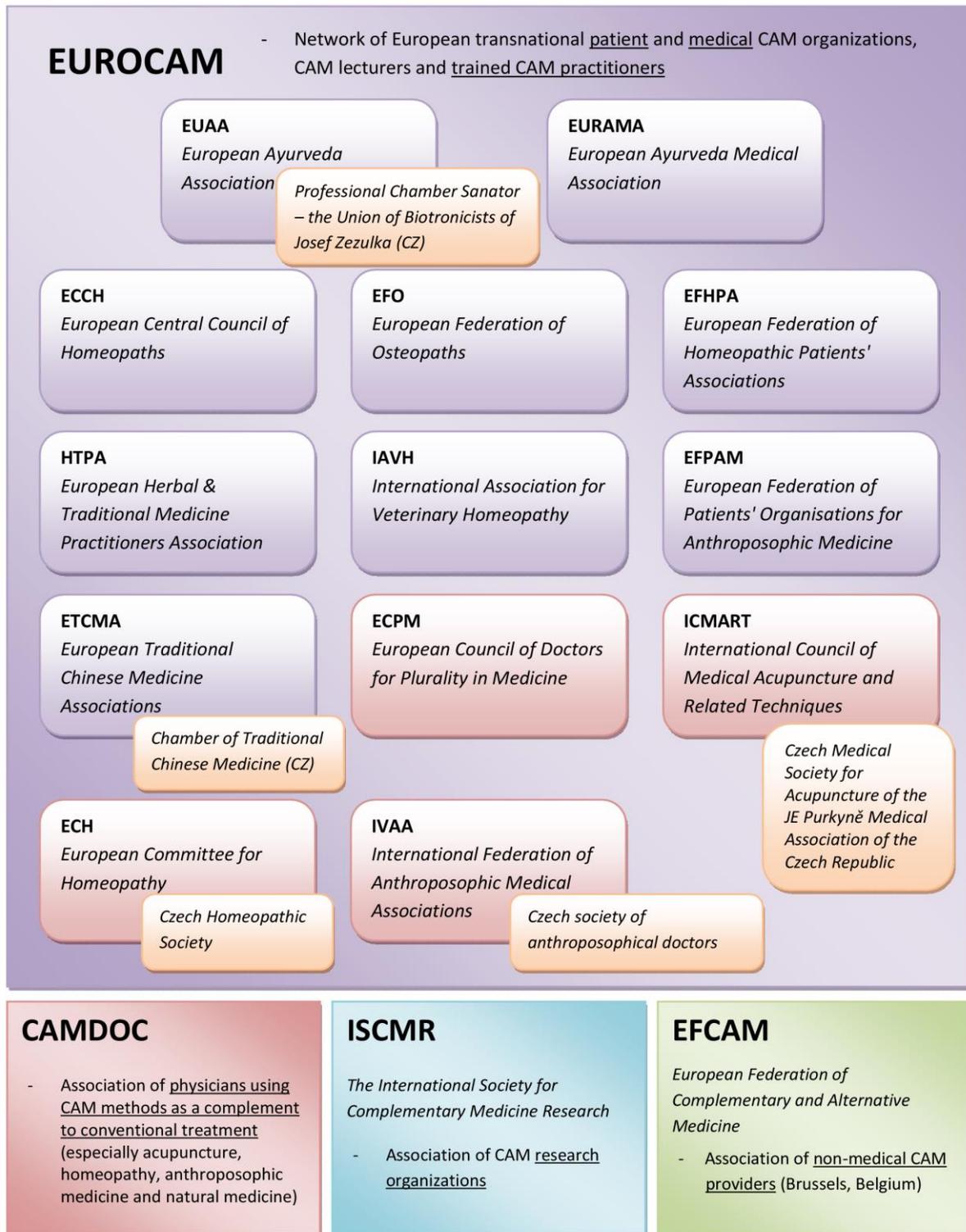


Figure 17 – An overview of significant pan-European **professional CAM organizations**. (Note: the EUROCAM organizations marked in red are also members of CAMDOC). Author of the table – KoS.

You can find an overview of these and other CAM associations including links in the chapter Recommended Links on page 218.



2.6.5 CAM for Sustainable Healthcare in Europe

As is clear from the previous chapter, these transnational organizations are seeking to **increase public support** for CAM research and development at European level. They aim to develop and **implement a functional model of integrated healthcare, i.e. systematic cooperation between conventional medicine and CAM.**

The documents and statements issued by these organizations, and their contributions during discussions with political representations, for instance at the European Parliament, repeatedly state **why it is meaningful to support this sector and utilize its healing potential within the European healthcare services.**

The publication *CAM 2020 – The Contribution of Complementary and Alternative Medicine to Sustainable Healthcare in Europe*¹³³, provides a thorough overview of this debate published by EUROCAM in 2014. Other useful sources include the numerous articles on the CAM website, CAM conferences (mainly organized by these professional organizations) and, last but not least, reports from the European Parliament's deliberations on the individual aspects of CAM's potential in European healthcare.

The arguments in favour of CAM are summarized in the following section.

EUROCAM:

“Benefits of CAM

- CAM is aimed at restoring the patients' own natural systems for fighting disease and maintaining health and is therefore highly relevant in chronic disease management.
- CAM helps reduce the need of high-impact medical interventions and conventional prescription drugs and the long-term dependency on them.
- CAM helps reduce the need of antibiotics, thus reducing the problem of antimicrobial resistance.
- CAM is characterised by a high patient satisfaction, increased quality of life, and reduction of absenteeism.
- CAM is mostly low-cost treatment and helps reduce the need for high-cost interventions.
- CAM is a safe treatment with hardly any adverse effects.
- There is increasing evidence for CAM's effectiveness and cost-effectiveness.”¹³⁴

¹³³ EUROCAM. *CAM 2020 – The contribution of Complementary and Alternative Medicine to sustainable healthcare in Europe* [online]. 2014 [cit. 2015-10-17]. Available from: <http://ehtpa.eu/pdf/CAM2020-FINAL.pdf>

¹³⁴ EUROCAM. Benefits of CAM. *EUROCAM. Complementary and Alternativ Medicine. CAM – for healthier Europe* [online]. [cit. 2018-07-17]. Available from: <http://www.cam-europe.eu/cam-benefits.php>



Why does it make sense to systematically use CAM within European healthcare?

1) European citizens want CAM

*This simple statement sums up the findings of existing surveys on the attitude of European citizens towards CAM. It is estimated that 100,000,000 European citizens already use CAM,¹³⁵ and the number is growing. The CAMbrella research project also confirmed that **Europeans would like CAM to be available, to be of high quality and to be socially recognized**. They would also like **reliable information about the treatment** and its consequences in order to help them make responsible choices (see page 97, 109). Such a large interest should generate a commitment from the democratically elected political representations. The popularity of CAM is not just a trend – on the contrary, it appears to be rational and well-founded:*

The most common reasons for the high popularity of CAM in Europe are as follows:

1. CAM respects patients as partners, and recognizes their responsibility for their own health, and their right to choose.

This aspect of CAM is repeatedly mentioned in comparison to the sometimes authoritative attitude of conventional medicine, and also in relation to the prevention of illnesses and diseases:

“Personal responsibility for one’s own health is a vital aspect in the prevention of illness. CAM has always been a strong proponent of:

- a more prominent role for the patient in the healthcare system
- the right of patients to assume responsibility for their own healthcare
- encouraging and enabling citizens to become more knowledgeable about health related subjects.”¹³⁶

2. CAM works with patients as a whole, it recognizes the complexity and uniqueness of each person.

Patients' expectations and preferences are gradually changing – patients increasingly appreciate a holistic approach that does not only solve individual problems but considers the uniqueness of each patient and perceives the illness in the context of their life situation.

“Personalised medicine is a medical approach which is tailored to the patient or a group of patients – whether for prevention, prognosis or treatment. In other words, it moves away from the common ‘one size fits all’ medical model. This approach is now being financially supported by the European Commission.”¹³⁷

¹³⁵ LEWITH, George. Why we need to research the use of complementary medicine. *The Guardian* [online]. 29. 11. 2012. [cit. 2015-06-07]. Available from: <https://www.theguardian.com/healthcare-network/2012/nov/29/complementary-alternative-medicine-research-regulation>

¹³⁶ EUROCAM. *CAM 2020 – The contribution of Complementary and Alternative Medicine to sustainable healthcare in Europe* [online]. 2014, p. 22 [cit. 2015-10-17]. Available from: <http://ehpta.eu/pdf/CAM2020-FINAL.pdf>

¹³⁷ Ibid.



3. CAM therapy is gentler and has no side effects compared to conventional medicine.

“CAM is generally considered safe and this is a major reason for its popularity. Individual risk levels may however vary from one CAM therapy to another but adverse effects noted in research literature are rarely of a serious nature.”¹³⁸

This is particularly important when caring for patients with higher rates of treatment responsiveness, e.g. young children (see page 164), seniors or chronically ill patients.

“EU statistics reveal that 8-12% of patients admitted to hospital suffer adverse events from conventional medicine while receiving care and at least 198,000 patients die each year from medical errors whether from adverse drug reactions, antibiotic resistant micro-organisms, wrong diagnosis or surgical error.”¹³⁹

The report by the NATO Organization for Science and Technology also mentions the undesirable consequences of conventional healthcare provision; it states that it is the third most common cause of death in the US (see page 141).

4. CAM therapies are more natural and less invasive. They are more focused on the body's self-healing ability.

“CAM is aimed at restoring the patients' own natural systems for fighting disease and maintaining health and is therefore highly relevant in chronic disease management.”¹⁴⁰

“CAM helps reduce the need of high-impact medical interventions and conventional prescription drugs and the long-term dependency on them.”¹⁴¹

2) There is reliable scientific data on CAM

The level of CAM research has changed significantly over the past 25 years. Not only has the number of high-quality scientific database research increased (see page 31 and the following pages), but we now also have access to data on the level of patient satisfaction and the cost-effectiveness of combining conventional medicine and CAM. This data is based on the lengthy practical implementation of CAM in clinical praxis.

1. Several serious research projects have focused on the safety and efficacy of CAM

“Over the last few decades an increasing amount of research has been published on the effectiveness of CAM modalities. In fact, the Cochrane Collaboration, an international effort to develop an evidence base for a wide variety of medical therapies, both conventional and CAM, lists more than 4,000 randomized trials for various CAM therapies in its electronic library. Furthermore, a number of Cochrane Collaboration systematic reviews of this worldwide research literature have identified the potential benefits of CAM and related approaches and products for a number of chronic conditions. At the Cochrane Summaries website over 600 Cochrane reviews related to CAM can be found. Any individual scientific paper related to CAM is accessible at ‘CAM on PubMed’, a subset of PubMed at the US National Library of Medicine.

¹³⁸ Ibid., page 23.

¹³⁹ Ibid., page 23.

¹⁴⁰ EUROCAM. Benefits of CAM. *EUROCAM. Complementary and Alternativ Medicine. CAM – for healthier Europe* [online]. [cit. 2018-07-17]. Available from: <http://www.cam-europe.eu/cam-benefits.php>

¹⁴¹ Ibid.



A review of 145 Cochrane reviews of RCTs in the field of CAM using the 2004 database revealed that 24.8% concluded with a positive effect or possibly positive effect (12.4%), 4.8% concluded that there was no effect, 0.69% concluded that there was a harmful effect, and 56.6% concluded that there was insufficient evidence. These figures have similarities to data obtained from an analysis of 1016 systematic reviews of RCTs in medicine in general using the 2004 database: 44.4% of the reviews concluded that the interventions studied were likely to be beneficial (positive), 7% concluded that the interventions were likely to be harmful (negative), and 47.8% reported that the evidence did not support either benefit or harm (non-conclusive).

	(Possible) positive effect	Likely to have no effect	Likely to be harmful	Insufficient evidence
CAM	37,2%	4,8%	0,69%	56,6%
Medicine in general	44,4%	0,98%	7%	47,8%

Table 5 – A comparison of the **efficacy and safety of CAM versus medicine in general**. Based on the Cochrane database analysis

Source: EUROCAM. CAM 2020 – The contribution of Complementary and Alternative Medicine to sustainable healthcare in Europe [online]. <http://ehpta.eu/pdf/CAM2020-FINAL.pdf>

Several long-term outcome studies have shown that CAM therapies can be at least as effective as conventional care with fewer side effects and higher patient satisfaction. Other research studies have shown that three quarters of chronically ill patients undergoing CAM treatment described themselves as ‘moderately better’ or ‘much better’. CAM modalities may be particularly helpful in motivating and supporting healthy lifestyle change thereby helping people to maintain health and prevent illness.”¹⁴²

2. Economic analyses of the cost-effectiveness of CAM

“CAM modalities are typically not dependent on complex and expensive technological interventions, instead providing low-cost treatments. In contrast with conventional prescription drugs, homeopathic, herbal and anthroposophic medicines are generic, non-patentable medicinal substances that are produced at relatively low costs. By and large they do not incur any further costs caused by adverse effects.”¹⁴³

“The use of CAM modalities may therefore offer significant cost savings to public health systems and to the economy more widely. Several research studies have demonstrated that patients who were treated with various CAM modalities used fewer medications, had better health, fewer days off sick, and fewer visits to medical specialists than patients of conventional physicians all of which can contribute to long-term compound savings in health budgets.”

As mentioned on page 82, the recent comprehensive systematic review of complementary and integrative medicine (CIM) showed that patients whose GP was also trained in a CAM method spent less on healthcare than those whose GP did not have such training.

¹⁴² EUROCAM. CAM 2020 – The contribution of Complementary and Alternative Medicine to sustainable healthcare in Europe [online]. 2014, pp. 23–24 [cit. 2015-10-17]. Available from: <http://ehpta.eu/pdf/CAM2020-FINAL.pdf>

¹⁴³ Ibid., page 25.



3) European healthcare is in crisis and in urgent need of CAM's contribution

It is becoming more and more evident that the current concept of healthcare is unsustainable in the long run and that a radical change will have to happen sooner or later:

“While the organisational structure and funding mechanisms of health systems varies across Europe, the general reliance on the biomedical model of healthcare with all its associated costs, inefficiencies, inequalities of access and patient dissatisfaction calls for a radically new approach. With increasing costs of the treating of chronic disease, the inexorable increase in costs associated with an ageing population and the demands of ever more expensive medical technologies, there appears little prospect that resources can match demand. Systemic change is required.”¹⁴⁴

The technical report of the NATO Science and Technology Organization, mentioned on page 140, reaches the same conclusion.

The untapped potential of CAM lies in the following:

- *Promoting responsibility for one's own health, health literacy and healthy lifestyle (it is estimated that **preventive measures and emphasis on maintaining good health could decrease healthcare costs in Europe by 70% - 80%**, see page 129).*

- *Promoting disease prevention through cheaper interventions that potentially lead to long-term outcomes.*

“There is a small but growing amount of evidence to show that the introduction of CAM into primary care can improve morbidity and mortality while reducing healthcare costs.”¹⁴⁵

1. Ageing population

Estimates suggest that by 2025, a third of Europe's population will be over 60 and many people will be over the age of 80:

“Without a sea change that sees positive measures implemented to support the aims of Healthy Ageing, the burden on care services may become intolerable.

CAM's focus is on salutogenesis is inherently geared to supporting healthy active longevity.”¹⁴⁶

2. An increase in the occurrence of chronic diseases

Preventing non-transmissible diseases

“The Organisation for Economic Co-operation and Development (OECD) notes that only 3% of health budgets are spent on prevention and promotion, leading to calls for a paradigm shift away from treating illness and towards helping individuals to make healthier choices and take greater responsibility for their own health. This is an area where CAM professionals can provide added value by supporting their patients to adopt healthy behaviour, a key challenge in tackling lifestyle-related chronic conditions.”¹⁴⁷

*Such issues include **healthy eating, exercise, but also improving the quality of sleep, managing stress, finding a work-life balance, and so on.***

¹⁴⁴ EUROCAM. CAM 2020 – The contribution of Complementary and Alternative Medicine to sustainable healthcare in Europe [online]. 2014, pp. 28-29 [cit. 2015-10-17]. Available from: <http://ehpa.eu/pdf/CAM2020-FINAL.pdf>

¹⁴⁵ Ibid.

¹⁴⁶ Ibid.

¹⁴⁷ Ibid.



“Supporting good health and prevention of illness is now recognised as having the greatest cost-effective and health outcome potential both for citizens and health systems.”¹⁴⁸

CAM and cancer treatment

*Oncology is one of the areas where the integrative approach is strongly promoted. In **integrative oncology** CAM therapy is used as a **complementary method to improve oncology and anticancer therapies, including the psychological stress** associated with severe diseases. Patients state that CAM significantly contributes to **improving the quality of their lives** (see page 191).*

“A recent meta-analysis (2012) has suggested an increase in CAM use in cancer care from an estimated 25% in the 1970s and 1980s to more than 32% in the 1990s and to 49% after 2000.”¹⁴⁹

“‘Complementary and alternative medicine (CAM) in cancer care’ is one of the deliverables of EPAAC, the European Partnership for Action Against Cancer (EPAAC). EPAAC is an initiative started by the European Commission in 2009 with the support of many partners and cofounded by the European Union. This action – which collected the efforts of the European Commission, member States and corresponding Health Ministries, associations of patients, clinicians and researchers, industry and civil society – intended to face the cancer issue in an effective and harmonised way within the European Union.”¹⁵⁰

3. The threat of antimicrobial resistance

“Antimicrobial resistance (AMR) is recognised by the WHO and EU as a major worldwide threat to public health. They have warned that, if measures are not taken immediately to counter AMR, the implications for human health will be devastating.”¹⁵¹

“In the light of this crisis and in order to reduce the use of antibiotics, there is sufficient evidence and practical experience that some CAM modalities can contribute to the greater efforts needed to encourage healthy lifestyles reducing the need for antibiotic use. In addition, increasing evidence suggests that herbal, anthroposophic and homeopathic medicine can offer effective alternatives to antibiotics. They must therefore be seriously considered and investigated by the EU, both for human health and animal health.”¹⁵²

¹⁴⁸ Ibid., page 25.

¹⁴⁹ EUROCAM. *CAM – for a healthier Europe: CAM in cancer care – a European report* [online]. 16. 7. 2015 [cit. 2015-10-16]. Available from: <http://www.cam-europe.eu/news2.php?id=136605166994>

¹⁵⁰ Ibid. *Editor's note: The document "Complementary and Alternative Medicine (CAM) in Cancer Care" is available here:*

http://www.epaac.eu/images/END/Final_Deliverables/D5_Complementary_and_alternative_medicine_CAM_in_cancer_care_development_and_opportunities_of_integrative_oncology.pdf

¹⁵¹ EUROCAM. The role of Complementary and Alternative Medicine (CAM) in reducing the problem of antimicrobial resistance. *EUROCAM. Complementary and Alternative Medicine CAM – for a healthier Europe* [online]. [cit. 2016-06-29]. Available from: <http://cam-europe.eu/the-role-of-complementary-and-alternative-medicine-cam-in-reducing-the-problem-of-antimicrobial-resistance.php>

See also: EUROCAM. *The role of Complementary and Alternative Medicine (CAM) in reducing the problem of antimicrobial resistance* [online]. Brussels, November 2015 [cit. 2018-08-02]. Available from:

http://www.cam-europe.eu/dms/files/Position_Papers/EUROCAM_PositionPaper_CAM_and_AMR_November2015.pdf ;
<http://www.efpam.eu/D20-2015-CAM-and-AMR.pdf>

¹⁵² EUROCAM. *CAM 2020 – The contribution of Complementary and Alternative Medicine to sustainable healthcare in Europe* [online]. 2014, p. 27 [cit. 2015-10-17]. Available from: <http://ehpta.eu/pdf/CAM2020-FINAL.pdf>



“EUROCAM calls for the potential of CAM in reducing the problem of AMR to be given serious consideration and for further research to be carried out in this area to determine in which conditions, both in human and veterinary healthcare, specific CAM modalities are particularly effective. Compared with other avenues, such as the identification and development of new antibiotics, such trials would be relatively easy and inexpensive to carry out. In return for this small investment, the potential rewards could be enormous.”¹⁵³

4. Costs associated with faulty medical interventions amount to billions

“EU statistics reveal that 8-12% of patients admitted to hospital suffer adverse events from conventional medicine while receiving care and at least 198,000 patients die each year from medical errors (...). The costs of dealing with the consequences of these events run into billions of euros annually. The good safety profile of CAM is another cogent reason for CAM to be integrated into health systems, thereby reducing some of the more high-risk interventions which inevitably pose more risks to patient safety.”¹⁵⁴

¹⁵³ Ibid.

¹⁵⁴ EUROCAM. *CAM 2020 – The contribution of Complementary and Alternative Medicine to sustainable healthcare in Europe* [online]. 2014, p. 23 [cit. 2015-10-17]. Available from: <http://ehpa.eu/pdf/CAM2020-FINAL.pdf>



Why does it make sense to use CAM in European healthcare?	
Europeans want CAM	CAM is already used by 100 million Europeans
	<ul style="list-style-type: none"> ▪ CAM recognizes the patient's own responsibility and right of choice ▪ CAM respects the uniqueness and complexity of each patient (a personalized and holistic approach) ▪ CAM has no side effects (gentle, safer) ▪ CAM activates the self-healing ability of the organism (it is more natural – does not cause drug addiction) ▪ CAM often provides relief where conventional treatment cannot
There is evidence-based information on CAM	CAMbrella Research Project: Europeans want CAM to be:
	<ul style="list-style-type: none"> ▪ AVAILABLE (governments should support CAM development): <i>We want to be able to use CAM if necessary.</i> ▪ OF HIGH QUALITY (governments should provide education, certification, licensing): We do not want to have to worry about damaging our health or suffering financial damage. ▪ TRANSPARENT (governments should ensure that information is readily available): <i>We want to have reliable information to make decisions about our health.</i> ▪ RESPECTED (governments should create conditions conducive for conventional medicine and CAM to communicate and cooperate): <i>We do not want to feel ashamed about seeking CAM treatment and talking to a doctor about it.</i>
European healthcare systems are FINANCIALLY UNSUSTAINABLE	<p>An increase in the occurrence of lifestyle and chronic diseases: cancer, diabetes, heart disease, mental disorders...</p> <ul style="list-style-type: none"> ▪ CAM emphasizes on health literacy and health sustainability (diet, exercise, life rhythm, stress management, etc.) – it prevents civilization diseases ▪ CAM helps improve the quality of life for patients with incurable conditions ▪ CAM helps manage the side effects of conventional treatments (cancer)
	Ageing population
CAM is a way out of the crisis	<ul style="list-style-type: none"> ▪ CAM promotes healthy, active ageing ▪ CAM helps improve the quality of life
	High costs of healthcare
Antimicrobial resistance – a serious global threat	<ul style="list-style-type: none"> ▪ CAM helps reduce the need for expensive medical interventions ▪ CAM prevents disease by low-cost interventions ▪ CAM helps to increase the effectiveness of conventional treatment (in collaboration with medicine)
	Billions spent on medications associated with erroneous medical interventions
	<ul style="list-style-type: none"> ▪ CAM is safe and does, therefore, not create the risk of subsequent financial compensation

Table 6 – *An overview of the arguments in favour of systematically using CAM in European healthcare. Author of the table – KoS.*

Sources: EUROCAM documents, CAMbrella final report



2.6.6 Integrative Medicine – a Modern Concept In Health Care

The term **Integrative Medicine (IM)** refers to a modern approach to patient care that **combines conventional medicine with complementary and alternative medicine**.

It is not a simple case of adding one method to another but a **new concept of health and healthcare**. This is in line with the new definition of health (from the 1950s), according to which health is "a state of complete physical, mental and social well-being and not just the absence of disease or illness" (WHO, 1948)¹⁵⁵. Integrative medicine respects the fact that human health is determined by many different factors, including lifestyle and social environment.

IM is mainly characterized by its **holistic approach** and emphasis on **preventive measures and a healthy lifestyle**. It stimulates the innate **self-healing abilities of the body and rationally combines appropriate treatments** in order to find the best option. This mainly involves complementing conventional medicine with non-medical treatment methods.



Figure 18 – What is the difference between **integrative** and **conventional medicine**?
The specifics of integrative medicine as a new approach to the patient.
Author of the schema – KoS.

¹⁵⁵ INSTITUTE OF MEDICINE (US). Committee on the Use of Complementary and Alternative Medicine by the American Public. *Complementary and Alternative Medicine in the United States* [online]. 2005, p. 210 [cit. 2018-04-01]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK83793>; https://www.ncbi.nlm.nih.gov/books/NBK83799/pdf/Bookshelf_NBK83799.pdf



Statements and documents issued by professional CAM organizations and other CAM advocates employ the term *complementary and alternative medicine*, abbreviated as CAM (see the previous chapter). The emphasis is put on CAM's potential, its advantages and benefits in comparison with and in contrast to conventional medicine. All these associations and initiatives strive **to see both approaches cooperating organically and rationally**. This promotes the concept of ***integrative medicine***, a new approach to patient care which, as is increasingly evident, corresponds to the needs and challenges of the health sector of the 21st century:

“Integrative health and medicine has emerged as a movement that focuses on the whole person, considering the individual in its physical, psychological, spiritual, social and environmental context, and is inclusive of all professions and practices that use this approach.

Integrative health and medicine stands for an evidence-informed integration of conventional biomedicine with traditional and complementary medicine (T&CM). All appropriate therapeutic approaches and healthcare disciplines are used to achieve optimal health and healing, while recognizing and respecting the unique contribution from many medical systems.”¹⁵⁶

The term *integrative medicine* appears not only in the names of institutions and associations active in CAM (e.g. NCCIH, National Center for Complementary and Integrative Health in the USA, originally called NCCAM), but has also become an umbrella term for important events related to complementary and alternative medicine and its relation to current healthcare systems.

For example, one such global event was the ***International Congress of Integrative Health and Medicine***.¹⁵⁷ The main organizers were the Academy of Integrative Health and Medicine (AIHM), the largest association for integrative health and medicine in the US, and DAMiD (Dachverband Anthroposophische Medizin in Deutschland), an umbrella organization for anthroposophic medicine in Germany. The conference was supported by many other organizations, including EUROCAM and CAMDOC.

This important meeting took place **9-11 June, 2016 in Stuttgart, Germany** under the auspices of the Prime Minister of Baden-Württemberg, Winfried Kretschmann. The event was supported by the German Minister of Health, Herman Gröhe.

The congress was attended by **600 representatives from 46 states spread over six continents, including representatives of the United Nations, WHO, PAHO** (Pan American Health Organization) and other important guests. Doctors and representatives of various health professions engaged in discussions and various contributions showed how integrative medicine can contribute to addressing global health problems. They also demonstrated that successful integrative care models exist across a range of fields including cardiology, oncology, pain management, mental health, pediatrics, and more.

The closing statement of the congress is the ***Stuttgart Integrative Health and Medicine Declaration***. The statement was adopted and approved by the participants. The declaration is fully in line with the WHO Strategy on Traditional Medicine 2014–2023 and, once again, highlights growing **global health problems**, such as non-transmissible diseases (cardiovascular disease, cancer, diabetes, etc.) and **antimicrobial resistance**. It also highlights the public's changing demands and expectations on health care. **Integrative healthcare, where all appropriate therapeutic disciplines are used to identify the optimal treatment, is the answer to this global development and a way to achieve sustainable health development**. As some countries have not responded to the WHO Strategy Papers on traditional and alternative medicine sufficiently, **the declaration once again urges governments to recognize integrative health care as a society-wide concept that will help achieve sustainable**

¹⁵⁶ International Congress for Integrative Health & Medicine. *Stuttgart Integrative Health & Medicine Declaration* [online]. 9. – 11. June 2016, Stuttgart [cit. 13-05-2017]. Available from: https://www.srab.dk/files/Aktuelt/2016/ICiHM2016_DECLARATION_STUTTGART_en_final.pdf

¹⁵⁷ Website of the congress: <http://icihm.damid.de/en/> .



development goals. *It further urges governments to support research, develop licensing systems for TM/CAM practitioners and develop appropriate regulation and integration models.*

The following pages contain selected passages from the Stuttgart Integrative Health and Medicine Declaration.

You can find an overview of other CAM conferences and congresses worldwide in the chapter Recommended Links on page 219.

Stuttgart Integrative Health & Medicine Declaration

(Closing statement from the International Congress on Integrative Health and Medicine (2016)¹⁵⁸ – selected passages)



“The Stuttgart Declaration was originally endorsed by the participants of the International Congress for Integrative Health & Medicine, June 9-11, 2016 in Stuttgart, Germany: www.ichm.org

The Stuttgart Declaration is a call for action on governments, the WHO and professional organizations.”

“Demand for traditional and complementary medicine (T&CM) is high in all countries because people experience the limitations of the biomedical model to respond to all their health needs. People look for an approach to healing that focuses on the person as a whole, supports self-healing and health creation, and is participative.”

“There is growing and in many cases good evidence on efficacy, including quality of life, safety and cost-effectiveness of traditional and complementary medicine, integrative health and medicine and the integrative care model, but more investment in research is needed.

The Integrative Health & Medicine model is fully aligned with the WHO Traditional Medicine Strategy 2014-2023, providing models of a meaningful integration into healthcare systems. Some countries are making significant progress in integrating T&CM into their healthcare system but many countries are lagging behind despite several resolutions by the World Health Assembly - the supreme decision-making body of the WHO - urging them to do so.

¹⁵⁸ International Congress for Integrative Health & Medicine. *Stuttgart Integrative Health & Medicine Declaration* [online]. 9. – 11. June 2016, Stuttgart [cit. 13-05-2017]. Available from:

https://www.srab.dk/files/Aktuelt/2016/ICIM2016_DECLARATION_STUTTART_en_final.pdf.

Including the picture of the logo.

Also available at: <http://www.ichm.org> , <https://www.aihm.org/events/stuttgart-2016/about-stuttgart-2016/> , <http://ichm.damid.de/en>; http://ayurveda-association.eu/files/declaration_stuttgart.pdf



A Call for Action

Based on our commitment to reach the Sustainable Development Goals 2030 and a shared vision to improve human health and wellbeing for all, we aim to build a concerted, global movement to advance the integrative health & medicine approach, based on mutual respect, exchange, collaboration and cooperation.

We commit ourselves and call on others to take action to address pressing global health needs such as antimicrobial resistance and the rising burden of non-communicable disease by further developing, evaluating, sharing and implementing integrative prevention and care models.”

“We call on governments:

- * To recognize integrative health and medicine as a whole society approach that will help to reach the Sustainable Development Goals;
- * To include integrative T&CM into national health service delivery and self-care, as agreed in the WHO Traditional Medicine Strategy 2014-2023 and several World Health Assembly resolutions;
- * To collaborate with integrative health and medicine research centers, practitioners and civil society in establishing integrative health and medicine policies;
- * To create and fund ambitious public research programs to increase evidence of T&CM treatments and integrative care models;
- * To establish and support systems for qualification, accreditation or licensing of integrative medicine practitioners;
- * To ensure inclusion of integrative health concepts in the education programs of all health professionals
- * To adopt medicine regulation pathways tailored to the specific nature of traditional and complementary medicines.”

International Congress for Integrative Health & Medicine · June, 09 – 11, 2016 · Stuttgart · www.ICIHM.org ·
Organizers: Dachverband Anthroposophische Medizin in Deutschland e.V. (DAMiD) · www.damid.de
The Academy of Integrative Health & Medicine (AIHM) · www.aihm.org



3 CAM in the World

3.1 Public Interest in CAM

Recent surveys show that CAM treatment methods are used extensively around the world and are only increasing in popularity. Different countries value and use CAM therapies for various reasons. These reasons can be summarized as follows¹⁵⁹:

1) In many countries where conventional medicine is not available, traditional medicine is the **primary source of care** as it is locally available and financially attainable. For example, the ratio of traditional healers to the population in **Africa** is 1:500, while the ratio of medical doctors to the population is 1:40,000. Similarly, in **India**, according to a government survey, traditional non-medical treatments are the only source of health care for 65% of the population¹⁶⁰.

2) In other countries, often **developed Asian countries**, traditional non-medical treatments are **culturally and historically** strongly rooted and are commonly used by most of the population, despite having access to conventional healthcare. For example, **76%** of **Singapore's** population uses traditional medicine, and in the **Republic of Korea**, the number is even higher – **86%**¹⁶¹. In **China**, traditional medicine accounts for about **40%** of all provided health care¹⁶².

3) In **developed countries**, such as **Australia** or **North American and European countries**, conventional healthcare is highly advanced. The past 20 years has seen an increase in the use of CAM as a **supplement to standard care**. According to studies published between 1998 and 2001, the number of citizens in developed countries who had used a CAM method at least once is as follows: **Canada 70%, Australia 48%, USA 42%** (an increase from 34% in 1990 to 42% in 1997¹⁶³), **France 49%, Belgium 31%**. In **Germany**, this number even increased to **two thirds** of the population¹⁶⁴, according to data from 2002. Finally, **44%** of the population in **Great Britain** has taken advantage of a CAM method (according to a 2010 survey)¹⁶⁵.

¹⁵⁹ WHO. *WHO Traditional Medicine Strategy 2014–2023* [online]. 2013, ISBN 978-92-4-150609-0, p. 27 [cit. 2018-04-01]. Available from: http://www.who.int/medicines/publications/traditional/trm_strategy14_23/en/

¹⁶⁰ WHO. *WHO Traditional Medicine Strategy 2002–2005* [online]. 2002, p. 13 [cit. 2018-04-01]. Available from: http://www.wpro.who.int/health_technology/book_who_traditional_medicine_strategy_2002_2005.pdf

¹⁶¹ WHO. *WHO Traditional Medicine Strategy 2014–2023* [online]. 2013, ISBN 978-92-4-150609-0, p. 27 [cit. 2018-04-01]. Available from: http://www.who.int/medicines/publications/traditional/trm_strategy14_23/en/

¹⁶² WHO. *WHO Traditional Medicine Strategy 2002–2005* [online]. 2002, p. 11 [cit. 2018-04-01]. Available from: http://www.wpro.who.int/health_technology/book_who_traditional_medicine_strategy_2002_2005.pdf.

¹⁶³ *Ibid.*, pages 11–12.

¹⁶⁴ JOOS, S., MUSSELMANN, B., SZECSENYI, J. Integration of complementary and alternative medicine into family practices in Germany: results of a national survey. *Evidence-based complementary and alternative medicine* [online]. 2011;2011:495813. doi: 10.1093/ecam/nep019. Epub 2010 Oct 19. [cit. 2016-06-29]. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/19293252>

¹⁶⁵ DOLÁKOVÁ, Klára. *Možnosti využití CAM v České republice [Possibilities of using CAM (Complementary Alternative Medicine) in the Czech Republic]*. Prague, 2018. Diploma thesis. Central European Management Institute. Advisor Eva MATOUŠKOVÁ. Page 56.

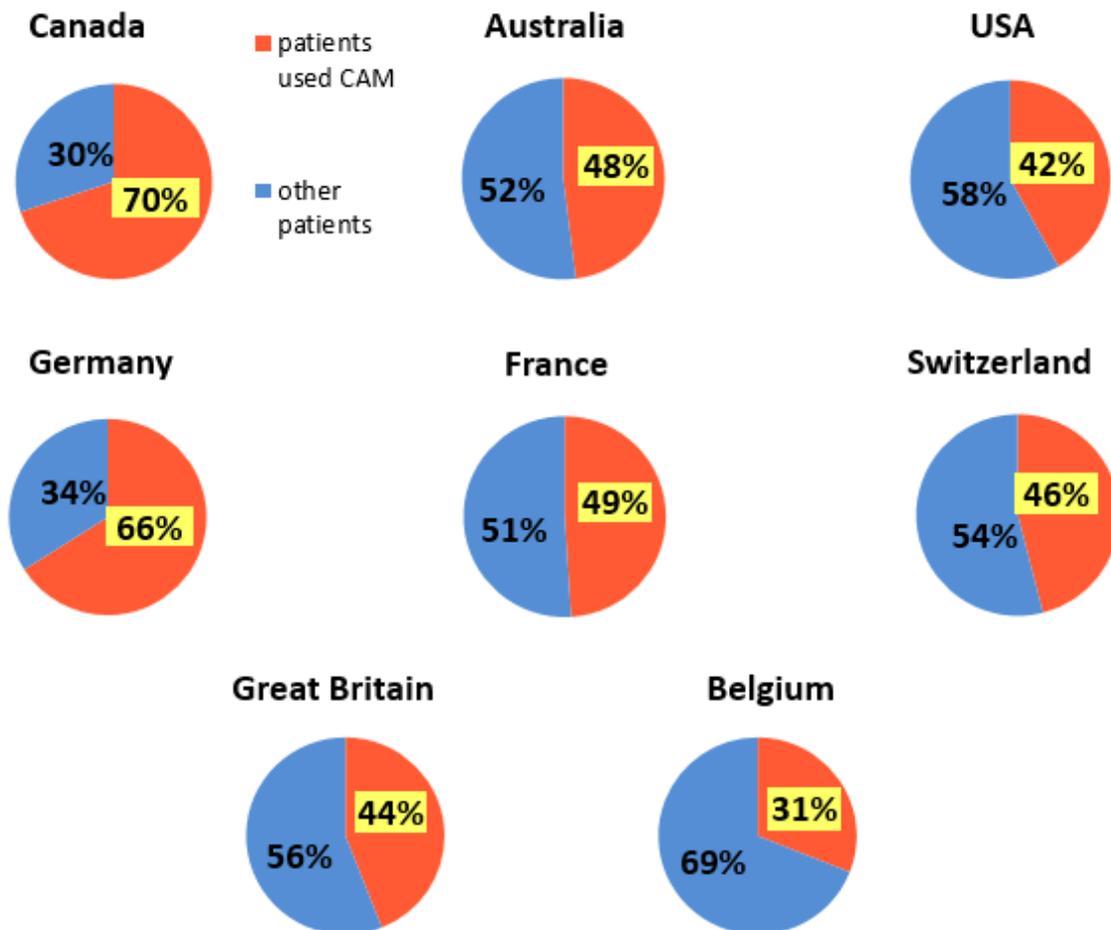


Figure 19 – Number of developed country citizens using CAM therapy as a complement to conventional treatment (surveys from 1997–2010). Author of the graphs – KoS.

For sources see page 161.



The reasons why people in **developed countries** are looking for alternative options vary from country to country, but the most common reasons are¹⁶⁶:

- growing dissatisfaction with existing health care services,
- interest in the holistic approach to the patient,
- focus on a healthy lifestyle and emphasis on disease prevention,
- the need to improve the quality of life in cases of incurable diseases,
- failure of conventional treatment (regarding a specific problem),
- concerns about the undesirable side effects of conventional chemical drugs,
- interest in a less intrusive CAM therapy,
- personal or cultural preferences.

There is a growing tendency among citizens of developed countries to **take responsibility** for their own health¹⁶⁷. This tendency is also supported by the increasing availability of information and growing awareness of available treatment options.

At the same time, **chronic illnesses**, such as heart disease, cancer, diabetes and mental disorders, **are increasing** due to demographic developments. In some cases, conventional medicine fails to offer the patient a satisfactory solution – sometimes the treatment is not effective enough or comes only at the cost of serious side effects.¹⁶⁸

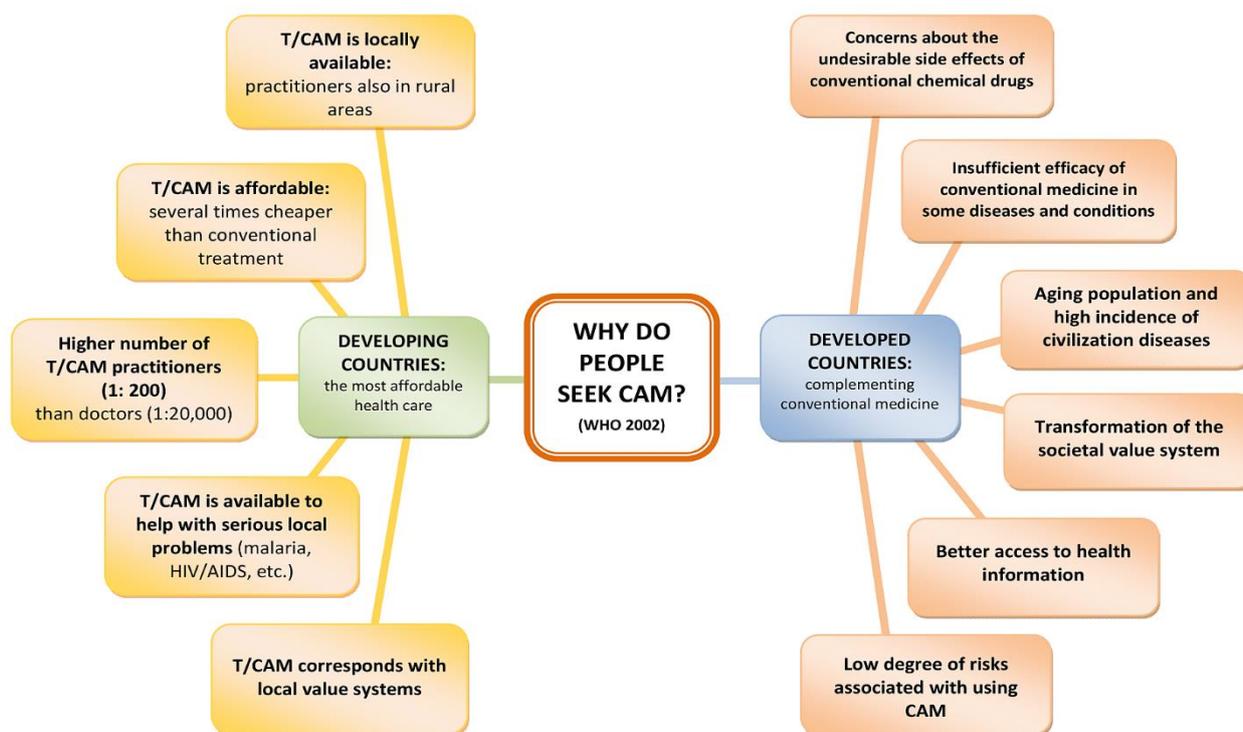


Figure 20 – Overview of reasons **why patients across the world are looking for traditional/complementary and alternative medicine (T/CAM or CAM)**.

Author of the schema – KoS.

Source: WHO. WHO Traditional Medicine Strategy 2002–2005 [online].

http://www.wpro.who.int/health_technology/book_who_traditional_medicine_strategy_2002_2005.pdf

¹⁶⁶ WHO. WHO Traditional Medicine Strategy 2014–2023 [online]. 2013, ISBN 978-92-4-150609-0, p. 27 [cit. 2018-04-01]. Available from: http://www.who.int/medicines/publications/traditional/trm_strategy14_23/en/

¹⁶⁷ Ibid., page 28.

¹⁶⁸ WHO. WHO Traditional Medicine Strategy 2002–2005 [online]. 2002, p. 2, 14, 15, 21 [cit. 2018-04-01]. Available from:

http://www.wpro.who.int/health_technology/book_who_traditional_medicine_strategy_2002_2005.pdf



3.2 Use of CAM by General Practitioners

There is a growing interest in alternative treatment methods among physicians as well as patients.

*As mentioned above, in **developed Asian countries**, traditional non-medical practices are highly recognized socially, are supported by the state, and are widely used alongside conventional medicine. It is common for allopathic doctors to recommend non-medical therapies. According to a Japanese survey, for example, **60-70% of all physicians** regularly prescribe kampo medication (traditional Japanese herbal medicine).¹⁶⁹*

*However, CAM therapies are also widely used and recommended by GPs in **developed Western countries**. A survey showed that **46% of Swiss doctors** use some form of CAM therapy, most often homeopathy and acupuncture. This number corresponds to the percentage of CAM users among the Swiss population. The situation in the UK is comparable – nearly **40% of British doctors** offer or recommend some form of CAM¹⁷⁰. CAM is very popular in Germany – according to a survey, **60% of German family doctors** use CAM in their practice (see page 166).*

*In this chapter, we present surveys showing that many **GPs welcome the opportunity to use CAM therapies as a supplement to conventional treatments**, especially for minor problems (e.g. in children) when an alternative procedure or remedy can replace chemical drugs and their negative side effects.*

3.2.1 International Survey: 99% of Pediatricians use CAM Remedies

*The report Usage and attitudes towards homeopathy and natural remedies in general paediatrics: a cross-country overview¹⁷¹ was published in 2016. The survey was conducted by an international team of experts (from Germany, Holland, Italy, Spain, Bulgaria, Lithuania, Ukraine, Serbia and Israel) under the direction of Dr. André-Michael Beer (Klinik Blankenstein, Hattingen, Germany). Its aim was to gain an unbiased **overview of pediatricians' attitudes towards using natural remedies and homeopathy when treating children up to 12 years of age**. It also aimed to get an overview of the attitudes and differences in attitudes between physicians in different countries, and to evaluate the factors influencing the use of natural remedies by patients and doctors.*

*The survey included countries with different cultural backgrounds, namely Western Europe (**Germany**), Eastern Europe (**Russia, Bulgaria**), Southern Europe (**Spain**), Latin America (**Colombia**) and **Israel**. The data was collected through a structured online questionnaire addressed to pediatricians and general practitioners in **May and June 2014**. The survey included physicians who had treated at least 50 patients in the age group 0-12 years in the past 3 months.*

*A total of 7,766 doctors were contacted and 1,145 of them agreed to participate. Of these, **582 doctors** (Germany, n = 151, Spain, n = 150, Russia, n = 150, Bulgaria, n = 50, Colombia, n = 51, Israel n = 30) met the survey criteria. The average age of the doctors was 48, and they had on average 19 years of experience in their expertise. One third of the physicians had obtained a formal education*

¹⁶⁹ Ibid., page 11.

¹⁷⁰ Ibid., pages 11–12.

¹⁷¹ BEER, André-Michael, BURLAKA, Ievgeniia, BUSKIN, Stephen et al. Usage and attitudes towards homeopathy and natural remedie in general paediatrics: a cross-country overview. *Global Pediatric Health* [online]. Jul 1 2016, doi: 10.1177/2333794X15625409 [cit. 2018-01-07]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4959793/>



in homeopathy (ranging from 20% in Israel to 46% in Bulgaria), and 24% received had obtained a formal education in phytotherapy (ranging from 10% in Israel to 28% in Russia).¹⁷²

The findings of the study are summarized in an article by Lara Sutherland: New Study Reveals 99% Doctors Have Recommended Natural Remedies for Children¹⁷³, from which we cite:

- **“76% of doctors have also recommended homeopathic medicine for a child**
- Doctors advocated complementary and alternative medicines (CAM) where they associated a lower risk of side effects compared to conventional medications
- Doctors involved in the study reported a higher usage of CAM than conventional drugs”

“... A new international study of 582 paediatric physicians published today has found almost all have prescribed or recommended a complementary and alternative medicine (CAM) for a child in the last year. 99% of the doctors involved in the study – Usage and attitudes towards homeopathy and natural remedies in general paediatrics: a crosscountry overview – had recommended a natural remedy and 76% a homeopathic medicine. Study lead Professor André-Michael Beer, head physician of the Department of Natural Medicine in Blankenstein Hospital, Germany, comments: ‘Evidence suggests an increased use of natural medicine prescribing in children, but this study shows us, for the first time, the almost universal acceptance of complementary medicine and the factors influencing doctors’ decision making.’”

“Side effects, when compared to conventional medications, were a key driver for doctors’ decision making; 70% associated homeopathic preparations with a lower risk of side effects and 60% for natural medicines. Dr María Pilar Riveros-Huckstadt, a paediatrician at the Centro de Salud La Cala in Mijas Costa, Spain, adds: ‘In paediatrics, it is good for doctors to have other options such as homeopathy and natural remedies to recommend for mild ailments such as infant colic and teething that avoid the potential side effects of conventional treatments. These natural remedies are effective and can positively impact the quality of life for young children and their families.’”

For which illnesses is CAM recommended?

The study showed that in homeopathy a key indication is teething: 37% of doctors stated a frequent use. 53% of doctors frequently advocated natural remedies for upper respiratory tract infections, 45% for infant colic and 33% for sleep disturbances.

Higher usage of CAM than conventional drugs

The study, published today in peer-reviewed journal Global Paediatric Health, confirms an increased global interest in alternative remedies for children. In fact, this study highlights a higher usage of CAM than for conventional drugs. CAM – comprised of vitamins, minerals and supplements (VMS), phytotherapy (extracts of natural origin) and homeopathy in this study – accounted for 57% of doctors’ recommendations compared to 43% for conventional drugs in the same time period.”

“Recognition of the benefits of homeopathy

Four out of five agreed they consider all potential therapies, not just conventional medicine, for childhood illnesses, with 95% of doctors in the study agreeing with the principles of complementary medicine – integrating CAM and conventional drugs. Recognition of the benefits and usage of homeopathy was positive:

¹⁷² Ibid., page 3.

¹⁷³ SUTHERLAND, Lara. New Study Reveals 99% Doctors Have Recommended Natural Remedies for Children. *Business Wire* [online]. 3. 7. 2016 [cit. 2016-07-09]. Available from: <http://www.businesswire.com/news/home/20160703005011/en/Study-Reveals-99-Doctors-Recommended-Natural-Remedies>



- Over three-quarters of the doctors in the study had recommended a homeopathic medicine for a child
- More than half (51%) agreed homeopathy can enhance recovery and symptom relief
- The study found that recommendation of homeopathic remedies is driven by doctors' belief that they are associated with a lower risk of side effects (70%)”

3.2.2 60% of German Family Practitioners use CAM

The study Integration of Complementary and Alternative Medicine into Family Practices in Germany: Results of a National Survey was published in 2010. It was co-authored by a team of German physicians from the University of Heidelberg and Tübingen led by Professor Stefanie Joos, and sums up the results of a nationwide survey that was conducted in Germany in 2007.

*The introduction to the study describes the CAM situation in Germany: **The percentage of people who had utilized CAM in Germany increased from 52% in 1970 to 73% in 2002.** Some CAM disciplines (naturopathy, chiropractic, homeopathy, physiotherapy, acupuncture, etc.) are accredited by the German Federal Medical Chamber. Family physicians can obtain additional CAM qualifications once they have completed their theoretical and practical training. At the end of 2006, there were 47,193 registered CAM qualifications among Germany's 407,000 doctors. In addition, Germany offers a wide range of CAM therapies which are provided by licensed non-medical practitioners, so-called **Heilpraktiker**. This profession does not require a medical education. However, a Heilpraktiker must pass a test to demonstrate basic medical knowledge and skills in order to obtain a license from the state. Due to the growing demand for CAM in Germany, the number of Heilpraktiker increased from 9,000 in 1993 to 20,000 in 2007.*

*The survey clearly shows that **CAM is highly valued by German family physicians** and contributes significantly to healthcare in Germany. The authors of the study state that **patients expect** not only a combination of CAM and conventional medicine, but an integrated system. **Integrative medicine is such a system that adopts** a complex approach to the patient.¹⁷⁴*

The following abstract from this study was originally published in PubMed:

“Abstract

More than two-thirds of patients in Germany use complementary and alternative medicine (CAM) provided either by physicians or non-medical practitioners ("Heilpraktiker"). There is little information about the number of family physicians (FPs) providing CAM. Given the widespread public interest in the use of CAM, this study aimed to ascertain the use of and attitude toward CAM among FPs in Germany. A postal questionnaire developed based on qualitatively derived data was sent to 3000 randomly selected FPs in Germany. A reminder letter including a postcard (containing a single question about CAM use in practice and reasons for non-participation in the survey) was sent to all FPs who had not returned the questionnaire. Of the 3000 FPs, 1027 (34%) returned the questionnaire and 444 (15%) returned the postcard. Altogether, 886 of the 1471 responding FPs (60%) reported using CAM in their practice. A positive attitude toward CAM was indicated by 503 FPs (55%), a rather

¹⁷⁴ JOOS, S., MUSSELMANN, B., SZECSENYI, J. Integration of complementary and alternative medicine into family practices in Germany: results of a national survey. *Evidence-based complementary and alternative medicine* [online]. 2011;2011:495813. doi: 10.1093/ecam/nep019. Epub 2010 Oct 19. [cit. 2016-06-29]. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/19293252>



negative attitude by 127 FPs (14%). Chirotherapy, relaxation and neural therapy were rated as most beneficial CAM therapies by FPs, whereas neural therapy, phytotherapy and acupuncture were the most commonly used therapies in German family practices. This survey clearly demonstrates that CAM is highly valued by many FPs and is already making a substantial contribution to first-contact primary care in Germany. Therefore, education and research about CAM should be increased. Furthermore, with the provision of CAM by FPs, the role of non-medical CAM practitioners within the German healthcare system is to be questioned.”¹⁷⁵

3.2.3 Development of physicians with CAM qualification and "Heilpraktiker" in Germany

Professor Stefanie Joos of the University of Tübingen, the lead author of the above-mentioned survey, also held a presentation called Integration of Complementary and Alternative Care in Primary Health Care¹⁷⁶ at the International Congress for Integrative Health and Medicine in 2016 in Stuttgart. Below is a graph illustrating the increase in the number of physicians with CAM qualifications and licensed non-medical practitioners, Heilpraktiker, who also provide a number of CAM therapies in Germany:

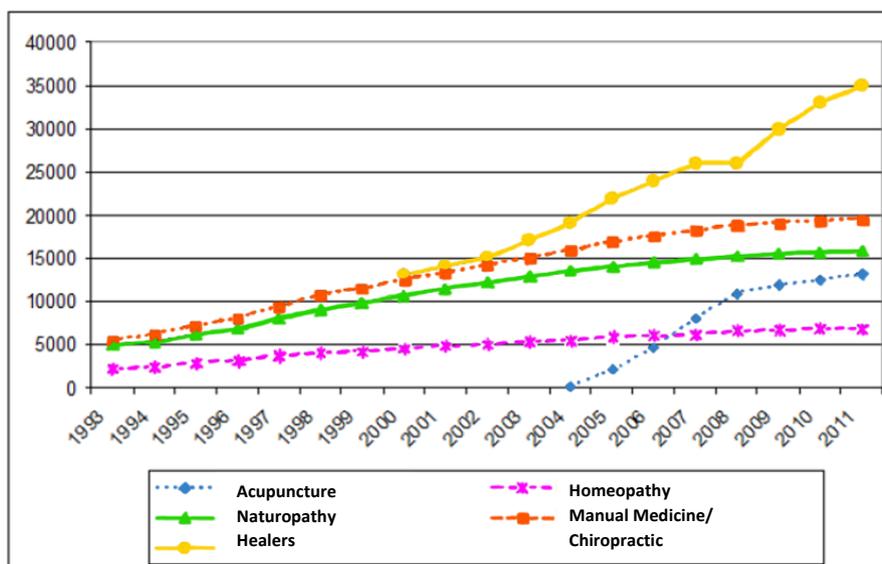


Figure 21 – The number of CAM qualified physicians and "Heilpraktiker" (healers) who specialize in CAM therapy increased significantly in recent years in Germany (survey from 1993 to 2011)

Source: Joos, Stefanie. *Integration of Complementary and Alternative Care in Primary Health Care* [online]. http://icim.damid.de/images/Presentations/Track18_Stefanie_Joos_CAM_primary_care_06_2016_final.pdf. Translation and color adjustment – KoS.

¹⁷⁵ Joos S, Musselmann B, Szecsenyi J. *Integration of complementary and alternative medicine into family practices in Germany: results of a national survey* [online]. *Evid Based Complement Alternat Med* 2009; Mar 17 [cit. 2016-06-29]. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/19293252>.

¹⁷⁶ Joos, Stefanie. *Integration of Complementary and Alternative Care in Primary Health Care* [online]. International Congress for Integrative Health & Medicine June 2016 – Stuttgart, p. 7 [cit. 2016-06-26]. Available from: http://icim.damid.de/images/Presentations/Track18_Stefanie_Joos_CAM_primary_care_06_2016_final.pdf



3.3 CAM and National Health Care Systems

A strong global interest in CAM is demonstrated by transnational surveys supported or directly organized by governmental and non-governmental organizations, WHO¹⁷⁷, the Institute of Medicine (USA), as well as, for example, the European Commission (see page 97).

Individual governments are gradually reacting to this trend by trying to legally define non-medical treatments and to develop the rules for their provision. The progress in different countries varies considerably in this respect¹⁷⁸.

*In Asian countries, such as **China** or **South Korea**, where natural healing practices have a long tradition, **TM/CAM** is fully integrated into public healthcare: TM/CAM is included in the national drug policy; providers and manufacturers are registered; TM/CAM therapies are provided in hospitals; TM/CAM treatment is covered by patients' health insurance; research is publicly funded; and there are TM/CAM educational programs.*

*Some developed countries, such as **Canada**, the **USA** and **Australia**, have developed **their own models for legalizing and regulating** the most used **CAM therapies**. The models are either run by the government (e.g. a specialized department within the Ministry of Health) or non-governmental organizations (e.g. national professional associations of practitioners). The CAM therapies can be provided by either doctors or non-medical doctors that meet eligibility criteria and are properly registered. There are specialized research centres dedicated to various CAM methods that also provide the public with information on the efficacy and safety of individual methods. One example is The National Center for Complementary and Integrative Health – **NCCIH** in the USA. These countries also have working education and certification systems available for CAM providers; for some CAM areas, there are even university degree programmes and titles. Familiarization with selected CAM therapies is included in the study plans of a significant number of medical faculties.*

*In most **developed European countries**, the integration of CAM into public healthcare has not advanced as much. However, there are already national and **European professional associations**, in particular for **CAM practitioners** (EUROCAM, EFCAM, CAMDOC, etc.), **specialized CAM departments** at major European universities, and an advance in multi-disciplinary research. This means that there is a growing amount of reliable information on the effects of CAM therapies. This can be used as a base for considering different models for **legalizing and integrating CAM therapies into public healthcare**. In recent years, the EU has seen a growing number of patients, doctors and non-medical CAM providers **calling for a coordinated and strategic pan-European approach to CAM, in order to ensure affordable CAM care of adequate quality for all European citizens**.*

CAM is also reimbursed by certain health insurance companies. There is an overview of, mainly European, health insurance companies that cover CAM (including energy therapies) in the chapter Recommended Links on page 222.

¹⁷⁷ WHO. WHO Traditional Medicine Strategy 2002–2005 [online]. 2002, p. 2 [cit. 2018-04-01]. Available from: http://www.wpro.who.int/health_technology/book_who_traditional_medicine_strategy_2002_2005.pdf

¹⁷⁸ Ibid., pages 15–18.

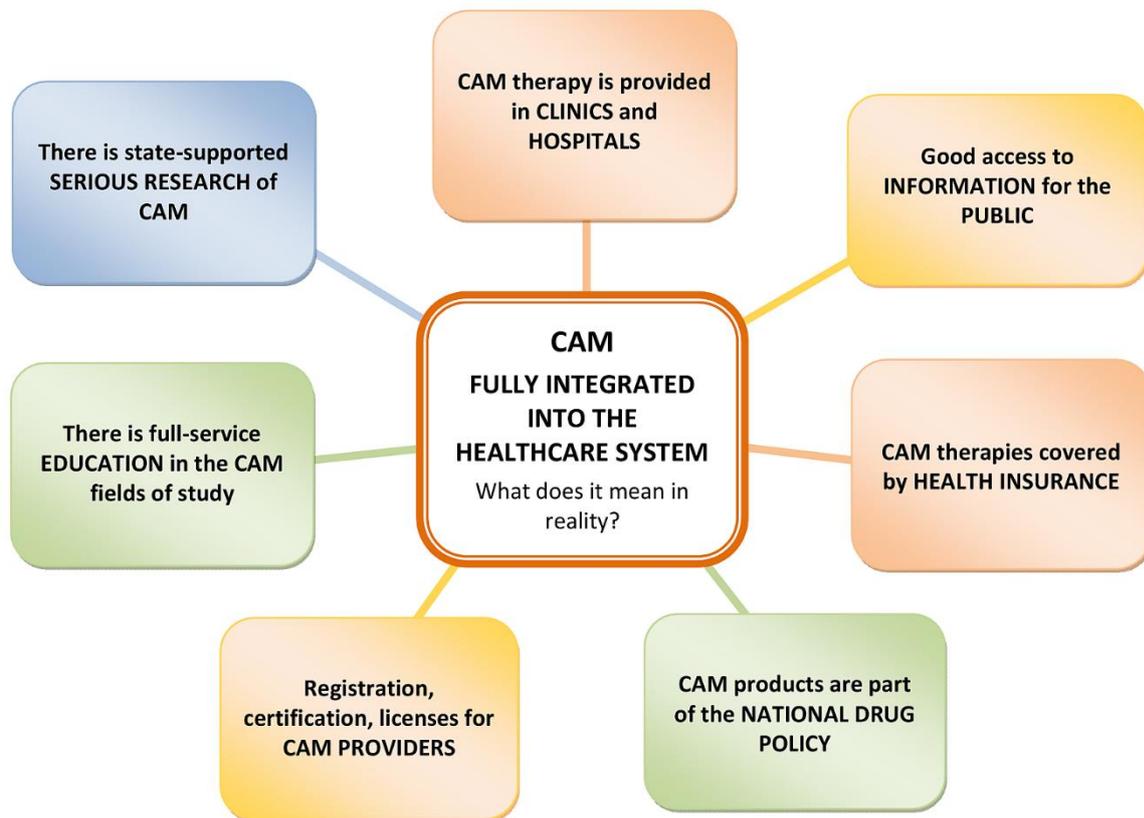


Figure 22 – What does it mean when **complementary and alternative medicine (CAM)** is **fully integrated** into the health care system?

The picture shows a situation that is currently, for example, in **China or South Korea**. Countries such as Switzerland, USA, Canada, Australia, the UK or Germany are in differently advanced phases of the **gradual integration of CAM into the system**. In these countries, some of the above mentioned points are fulfilled completely, some partially.
Author of the schema – KoS.

Source: WHO. WHO Traditional Medicine Strategy 2002–2005 [online].
http://www.wpro.who.int/health_technology/book_who_traditional_medicine_strategy_2002_2005.pdf



3.3.1 Varying Approaches to CAM in Europe

European countries differ in their approach to CAM. The first country to **systematically integrate CAM** into its healthcare system was **Switzerland**¹⁷⁹. Non-conventional medicine has been part of the Swiss federal constitution since 2009. Certain selected therapies have even been included in the compulsory health insurance¹⁸⁰. Traditionally, **Great Britain** is very progressive in regards to CAM and CAM treatments may be provided by people without a medical education. Some therapies are regulated by the state while others are guaranteed by national professional organizations. Great Britain is also home to some important CAM organizations, such as the Institute for Complementary Medicine, which carries out CAM research and provides information to the public¹⁸¹.

However, in some **countries of the former Eastern Bloc, including the Czech Republic**, the situation differs a fair amount from the situation in the "old" EU states. There are no specialized departments within public institutions or academic workplaces at universities. Research is almost non-existent, legal grounding is inadequate, there is no public debate – and if there is, it is emotional rather than factual as the debaters are seldom sufficiently informed about all aspects of the subject matter.

CAM methods are still sought after and used by patients, but there is a lack of reliable information on the quality of CAM options and reputable providers. It is, therefore, easy to become a victim of fraudsters. **This situation, in both Europe and around the world, is unsatisfactory and literally unsustainable.**

George Lewith, a professor of medical research at the University of Southampton, England, also highlighted this problem in his article Why we need to research the use of complementary medicine (*The Guardian* 2012)¹⁸².

Professor Lewith draws attention to the fact that, although complementary and alternative medicine is **used by 100 million European citizens**, there is not yet a common approach to CAM within the EU. Efforts in this direction, however, struggle with the **enormous differences among EU states** regarding the accessibility of CAM. Coordinated action at EU level requires, above all, enough reliable information on the CAM situation in **all EU member states. High quality data, however, is currently mainly available from western and northern European countries, while the "new" member states are clearly lagging behind in this respect:**

“The UK has one of the most organised approaches to registration and regulation for non-medically qualified practitioners who provide most of these clinical interventions. In the rest of the EU, particularly in Germany and France, these treatments are almost always part of medical practice in both the community and in hospitals.”¹⁸³

“The lack of good quality research, indeed its total absence in some of the new EU members in eastern Europe countries, is a major problem. We have derived most of our information from

¹⁷⁹ WHO. *WHO Traditional Medicine Strategy 2014–2023* [online]. 2013, ISBN 978-92-4-150609-0, p. 38 [cit. 2018-04-01]. Available from: http://www.who.int/medicines/publications/traditional/trm_strategy14_23/en/

¹⁸⁰ LUPTÁKOVÁ, Adéla. *Postavení nekonvenční medicíny v zemích EU, ve světě a v ČR [The Status of Non-Conventional Medicine in EU Countries, in the world and in the Czech Republic]* [online]. České Budějovice, 2016. University of South Bohemia in České Budějovice. Faculty of Education. Thesis supervisor Markéta KASTNEROVÁ. p. 54 [cit. 2018-04-01].

Available from: http://theses.cz/id/xi2mwr/Bakal_sk-prce_Adla_Luptkov.pdf

¹⁸¹ Ibid., pages 51–52.

¹⁸² LEWIT, George. Why we need to research the use of complementary medicine. *The Guardian* [online]. 29. 11. 2012. [cit. 2015-06-07]. Available from: <https://www.theguardian.com/healthcare-network/2012/nov/29/complementary-alternative-medicine-research-regulation>

¹⁸³ Ibid.



Germany, Switzerland, the UK and Scandinavia. It is very difficult to provide or legislate for medical services in this diverse population without good information.”¹⁸⁴

*EUROCAM also drew attention to the varying situations in the EU countries in the document CAM 2020 – The contribution of CAM for Sustainable Health Care in Europe, under the section on **equal access to health services**:*

“The different regulatory framework for CAM across the EU further adds to such inequalities, as patients in some Member States have access to more treatment choices than do the populations of other Member States.”¹⁸⁵

*The **practical implications** of this situation were also addressed in the final report of the CAMbrella project (WP2):*

“The organisation and regulation of health care is a national responsibility within the European Union. There is no common approach to the regulation of CAM practice in Europe. This results in a considerable variety in regional, national, European and international legal regulations, which make any comparison of CAM practice and provision in any respect almost impossible.”

“As regards legislation of CAM, 19 of the 39 countries have a general legislation, of which eleven have a specific CAM law and eight have sections on CAM included in their health laws (such as ‘Law on health care’ or ‘Law on health professionals’). In addition to general CAM legislation, some countries have regulations on specific CAM treatments. Several EU directives and other legal and informal documents have an indirect influence on how patients, practitioners and researchers can relate to CAM in Europe. However, the heterogeneity of the legal status and regulations for CAM in Europe creates the following obstacles:

for patients: when patients cross borders in search of CAM treatment, they may encounter substantial differences in the professional background of apparently identical CAM providers, who in addition tend to work under completely different reimbursement systems. This situation influences CAM patients’ rights, access and potential safety, and constitutes a challenge to a harmonized national and European follow-up of the new patients’ rights according to the cross-border health care Directive 2011/24/EU.

for practitioners: when practitioners cross borders they will encounter a substantial variety of CAM practice in Europe. While CAM professions in some countries are tightly regulated, the same professional categories in other countries are totally unregulated, meaning that it is almost impossible to establish professional common ground.

for researchers: when researchers cross borders they will experience that practices and practitioners are not comparable across national boundaries, and any observational or experimental study can therefore be generalised only within a narrow national or cultural context.”¹⁸⁶ (CAMbrella WP2, see page 173 for more details.)

¹⁸⁴ Ibid.

¹⁸⁵ EUROCAM. *CAM 2020 – The contribution of Complementary and Alternative Medicine to sustainable healthcare in Europe* [online]. 2014, p. 28 [cit. 2015-10-17]. Available from: <http://ehtpa.eu/pdf/CAM2020-FINAL.pdf>

¹⁸⁶ CAMBRELLA. *CAMBrella (GA No. 241951) Final Report, Reporting period: 01/01/2010 – 31/12/2012, Publishable summary* [online]. [cit. 2016-06-30]. Available from: http://cordis.europa.eu/result/rcn/57185_en.html. See also: www.cambrella.eu; <http://www.cam-europe.eu/cambrella-reports.php>.



An overview of CAM-related EU resolutions, according to CAMbrella's final report (selected passages from the 3rd part of WP2) can be found on page 173.

3.3.2 Switzerland Recognizes CAM as a Legitimate Medical Treatment

Switzerland is one of the most progressive European countries in terms of complementary and alternative medicine. According to surveys published in 2006 and 2007, up to **57% of the Swiss population use CAM and 40% of Swiss doctors are fully or partially active in the field of CAM.** According to further surveys, a large proportion of other doctors would resort to CAM if necessary.¹⁸⁷

On 1 June, 1999, five selected CAM methods were added to the national health insurance system for a limited period of six years. The five methods were anthroposophic medicine, homeopathy, neural therapy, phytotherapy and traditional Chinese medicine. These therapies were included in the basic health insurance programme based on scientific evidence of their efficacy, suitability and cost-effectiveness (within the **Complementary Medicine Evaluation Programme, "Project Evaluation Komplementärmedizin", abbr. PEK). The PEK programme ended in 2006. Although the interim research reports and the final report of the program supported the use of these five CAM methods as rational based on objective findings, the **Minister of Health excluded CAM from the health insurance system again 3 June, 2005.****¹⁸⁸

Swiss CAM advocates, the Forum on Holistic Medicine in particular, realized that there is no national or cantonal political will in favour of CAM recognition in Switzerland. They therefore decided to try to change the federal constitution via a referendum. Almost all professional and interest groups for CAM came together to form a referendum committee consisting of medical and non-medical practitioners, therapists, pharmacists, nurses, drug manufacturers and patient organizations.¹⁸⁹

The "Yes to complementary medicine" referendum was launched on 21 September, 2004 as it had received 140,000 signatures within 12 months. The government and parliament rejected the referendum in its original version, but a counter-proposal containing a somewhat milder wording, to which the referendum organizers also agreed, was approved. The referendum took place on 17 May, 2009¹⁹⁰ and two thirds of the Swiss citizens said yes to complementary medicine in Switzerland. Complementary medicine is now embedded in the Swiss federal constitution.

EUROCAM published an online report on the major step in the process of integrating CAM into the system of public health care in Switzerland 5 April, 2016: Switzerland to recognize complementary therapies as legitimate medicine:

"The Swiss interior ministry has announced plans to give four complementary therapies, i.e. homeopathy, anthroposophic medicine, herbal medicine and traditional Chinese medicine the same status as conventional medicine by May 2017 when it comes to health insurance. Acupuncture – another complementary therapy – has this status already at present.

¹⁸⁷ RIST, L., SCHWABL, H. Komplementärmedizin im politischen Prozess. Schweizer Bevölkerung stimmt über Verfassungsartikel „Zukunft mit Komplementärmedizin“. *Forsch Komplementmed* [online]. 2009, doi 10.1159/000203073. p. 1 [cit. 2018-07-20]. Available from:

https://www.researchgate.net/publication/232450190_Komplementarmedizin_im_politischen_Prozess;
http://www.ayurveda-association.eu/files/swiss_referendum_on_cam_-_forschkomplementmed_2009.pdf

¹⁸⁸ Ibid.

¹⁸⁹ Ibid.

¹⁹⁰ Ibid., page 2.



The ministry will allow reimbursements of treatment costs by compulsory health insurance.”¹⁹¹

In the Czech Republic, the magazine Šifra published an article on this crucial step, Breakthrough: The Swiss government officially recognizes homeopathy as a legitimate medical treatment:

“The Swiss Government has shifted the boundaries of medicine towards alternative treatment methods. Last year, they decided that health insurance would cover a range of treatment methods including homeopathy, acupuncture, traditional Chinese medicine, phytotherapy and holistic medicine from May 2017.”

“Following the Swiss health authorities withdrawal of the legitimacy of alternative medicine in 2005, people in Switzerland spoke out in favour of it. In 2009, two thirds of the Swiss population voted for five important treatment methods to be added to the list of paid health services. In 2012, all supplementary methods were added to the compulsory basic insurance within a six-year probationary period. At the end of the trial period, their "efficacy, cost-effectiveness and suitability" were assessed.”¹⁹²

3.3.3 Legal status and regulation of CAM in Europe – An Overview

(An overview of CAM-related EU resolutions according to CAMbrella’s final report – selected passages from the 3rd part of WP2¹⁹³)

“Part III - CAM regulations in EU/EFTA/EEA

(...)

5. EU Resolutions, Information and Questions of importance for CAM

In this chapter we list EU Resolutions, Information and Questions of interest for CAM. Thereafter we describe the content of the documents with a CAM perspective.

¹⁹¹ EUROCAM. Switzerland to recognise complementary therapies as legitimate medicine. *EUROCAM. Complementary and Alternative Medicine CAM – for a healthier Europe* [online]. 5. 4. 2016 [cit. 2016-07-17]. Available from: <http://www.cam-europe.eu/news2.php?id=142287296159>

¹⁹² Breakthrough: The Swiss government officially recognized homeopathy as a legitimate treatment. *Šifra* [online]. 6. 5. 2017 [cit. 14-05-2017]. Available from: <https://www.casopis-sifra.cz/prulom-svycarska-vlada-oficialne-uznala-homeopatii-jako-legitimni-zpusob-lecby>;
<http://www.epochtimes.de/gesundheit/schweizer-regierung-erkennt-homoeopathie-offiziell-als-legitime-heilmethode-an-a1324622.html>

The article refers to a report published on April 30, 2017 in the German edition of the Epoch Times:
<http://www.epochtimes.de/gesundheit/schweizer-regierung-erkennt-homoeopathie-offiziell-als-legitime-heilmethode-an-a1324622.html>;

see also: <https://www.admin.ch/gov/de/start/dokumentation/medienmitteilungen.msg-id-37173.html>

¹⁹³ CAMBRELLA. *Final report of CAMbrella Work Package 2 (leader: Vinjar Fønnebø): Legal status and regulation of CAM in Europe – Part III – CAM regulations in EU/EFTA/EEA* [online]. 2012, pp. 22-24 [cit. 2015-08-21]. Available from: <http://cam-europe.eu/cambrella-reports.php>; http://www.cam-europe.eu/dms/files/CAMbrella_Reports/CAMbrella-WP2-part_3final.pdf.



- **The status of “non-conventional medicine”. Resolution A4-0075/97¹⁹⁴ (11)**
The European Parliament Resolution on how non-conventional medicine should be included more formally as a special field in the European legislation.
- **Common values and principles in health systems, 2006/C 146/01 I (Information) Council 22.6.2006 C 146/1¹⁹⁵ (12).**
The Council of the European Union conclusions on Common values and principles in the European Health Systems.
- **Women’s health. 2006/C 146/02 I (Information) Council 22 June 2006 C 146/2¹⁹⁶ (13).**
The Council of the European Union conclusions on women’s health.
- **Question from The Greek Association of Homeopathic Medicine, 2001¹⁹⁷ (14).**
A question forwarded to the Commission about recognition of doctors practicing homeopathy.
- **Question about Naturopathy from Christina Muscardi, 17 June, 2002¹⁹⁸ (15).**
A question forwarded to the Commission regarding the recognition of naturopathy.

5.1 Resolution on the status of non-conventional medicine. OJ C 182, 16/06/1997 P. 0067¹⁹⁹ (11)

The European Parliament in this Resolution indirectly calls on the Commission to formulate European legislation in the area of **non-conventional forms of medicine**. They outlined specific areas that should be emphasized and linked to the legislation. Areas of importance were connections to conventional medicine, regulation and training of health professionals, medicinal products and European citizens’ rights and consumer protection.

“Non-conventional medicine” was previously used as the EU term for “alternative medicine”, “natural medicine” and “complementary medicine”. In the EU FP7 R&D Framework programme 2007-2013 and the current EU Health Framework programme 2008-2013 the term used is “complementary and alternative medicine”. (*Remark: in the CAMbrella reports the notion is mostly “complementary and alternative Medicine (CAM)”*).

The Resolution underlined that the suggested activities on non-conventional medicine should focus on legislation and research on:

- Quality and safety of non-conventional medicinal products; including homeopathic medicinal products and food supplements.
- The effectiveness and regulation of other therapeutic methods than conventional therapies, **“in particular chiropractic, homeopathy, anthroposophic medicine, Chinese traditional medicine (including acupuncture), shiatsu, naturopathy, osteopathy, phytotherapy, etc.”**
- Making a clear distinction between alternative and complementary nonconventional medicine disciplines.

¹⁹⁴ OJ C 182, 16/06/1997 P. 0067

¹⁹⁵ 2006/C 146/1

¹⁹⁶ OJ C 146 22.6.2006

¹⁹⁷ E-2297/01

¹⁹⁸ E-1734/02

¹⁹⁹ OJ C 182, 16/06/1997 P. 0067



- Developing harmonized forms of legislation and recognition of non-conventional medicine at the European level and within the member states.

With regard to health professionals (doctors mentioned specifically) the Resolution emphasizes the right to provide the treatment that they think will be the best for their patients. The Resolution outlines that the Treaties' rights on free movement of persons and freedom of establishment in the member states should not be limited by heterogeneous regulation of non-conventional medicinal therapies and providers.

The Resolution underlined the patients' rights to choose treatment, to be protected against unqualified individuals, to be guaranteed maximum safety and have access to accurate information.

The development of the legislation in this field in the European Union is described below. See particularly the EU legislation on **the right to move and reside freely – Directive 2004/38/EC²⁰⁰ (8)** and **The Cross-border Healthcare Directive. /2011²⁰¹ ("The Patient Rights Directive") (9)**.

The Resolution established that non-conventional medicine disciplines should be clearly identified and defined. Consequently the legislation in the European bodies and in the member states' **national legislation** should be developed so they would become **more homogeneous**. To outline the development on this issue the national regulation of some of the main treatments mentioned above is described in the CAMbrella WP2 report part I "Legal, regulatory, supervisory and reimbursement status for each member state and the associated states".

The Resolution stated that **training criteria** for non-conventional medical providers should be **harmonized**, and training of conventional health professionals should include an introduction to non-conventional disciplines. **Mutual recognition of qualifications** of health personnel in Europe has been developed through **Directive 2005/36/EC²⁰² Professional Qualifications (7)**, but does not make any specific reference to CAM disciplines.

The Resolution emphasises research on effectiveness and safety of non-conventional medicine therapies and medicinal products. Directives of importance are **Directive 2001/83/EC²⁰³ (16)** relating to medicinal products for human use, Directive 2004/24/EC²⁰⁴ (17) as regards traditional herbal medicinal products²⁰⁵ and Directive 2002/46/EC on food supplements²⁰⁶ (18). Development of the European legislation on medicinal products and food supplements is described in the CAMbrella WP2 Report part II on CAM medicinal products.

Note that this Resolution is merely an indication of where the parliament would like the EU to move in the future. The Lisbon treaty still stands: ". **Union action shall respect the responsibilities of the Member States for the definition of their health policy and for the organization and delivery of health services and medical care**".

(...)

6. The Council of Europe

²⁰⁰ OJ L 158, 30.4.2004, pp. 77–123

²⁰¹ 2008/0142 (COD)

²⁰² OJ L 255, 30.9.2005, p.22

²⁰³ OJ L 311, 28.11.2001, p.67

²⁰⁴ OJ L 136 30.4.2004, p.85

²⁰⁵ Amended Directive 2001/83/EC

²⁰⁶ OJ L 183, 12.7.2002, p. 51



The Council of Europe is not included in the European Union legislative system. However, they have passed one **CAM Resolution in 1999** as a follow-up of the European Parliament Resolution on the status of non-conventional medicine from 1997(11).

A European Approach to non-conventional medicines. Resolution 1206(1999) (19)

The Council of Europe is “an international organization in Strasbourg which comprises 47 countries of Europe. It was set up to promote democracy and protect human rights and the rule of law in Europe”(20). Except for Israel, all the countries included in the WP2 CAMbrella reports are members of the Council of Europe.

The Parliamentary Assembly outlines in the Resolution 1206(1999) 8 points on how nonconventional medicines should be met with a common approach in Europe. At the same time as they confirm the importance of preserving national legislation, they encourage the recognition of non-conventional medicines and the patients’ freedom of choice in European health care. The Resolution supports the European Parliament **Resolution A4-0075/97²⁰⁷ The status of “non-conventional medicine”(11) (see below)** which emphasizes the importance of research programmes especially on safety and effectiveness of CAM medicines.

The importance of professional training is discussed in the Resolution, both for doctors and for other practitioners of non-conventional medicines. University courses and official recognition are pointed out as important efforts to strengthen this field.”

References²⁰⁸

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2. Treaty of Lisbon amending the Treaty on European Union and the Treaty establishing the European Community, signed at Lisbon, 13 December 2007, entered into force December 1, 2009, (2007).
3. EFTA. The European Economic Area (EEA) Fact sheet. Geneva: EFTA; 2007.
4. DIRECTIVE 2004/38/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 29 April 2004 on the right of citizens of the Union and their family members to move and reside freely within the territory of the Member States, (2004).
5. REGULATION (EC) No 883/2004 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 29 April 2004 on the coordination of social security systems (Text with relevance for the EEA and for Switzerland), (2004).
6. DIRECTIVE 2006/123/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 12 December 2006 on services in the internal market, (2006).
7. DIRECTIVE 2005/36/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 7 September 2005 on the recognition of professional qualifications (Text with EEA relevance), (2005).

²⁰⁷ OJ C 182, 16/06/1997 P. 0067

²⁰⁸ Editor's note: Although we have only cited selected parts of the report, we refer to the whole chapter as it also contains a useful list of relevant legal documents on CAM. Source: CAMBRELLA. *Final report of CAMbrella Work Package 2 (leader: Vinjar Fønnebo): Legal status and regulation of CAM in Europe – Part III – CAM regulations in EU/EFTA/EEA* [online]. 2012, pp. 22-24 [cit. 2015-08-21]. Available from: <http://cam-europe.eu/cambrella-reports.php>; http://www.cam-europe.eu/dms/files/CAMBrella_Reports/CAMBrella-WP2-part_3final.pdf



8. DIRECTIVE 2005/36/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 7 September 2005 on the recognition of professional qualifications (Text with EEA relevance) (OJ L 255, 30.9.2005, p. 22) Amended up to March 2011, (2005).
9. DIRECTIVE 2011/24/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 9 March 2011, on the application of patients' rights in cross-border healthcare (OJ L 88, 4.4.2011, p.45), (2011).
10. The European Commission. Regulated professions database. Brussels: EUROPA; 2011 [cited 2012 February 10,]; Available from: http://ec.europa.eu/internal_market/qualifications/regprof/index.cfm?fuseaction=regProf.index.
11. The European Parliament. Resolution on the status of non-conventional medicine. Brussels: The European Union, 1997 OJ C 182, 16/06/1997 P. 0067.
12. Council Conclusions on Common values and principles in European Union Health Systems (2006/C 146/01), (2006).
13. Council conclusions on women's health (2006/C 146/02), (2006).
14. The European Parliament and The Commission of the European Union, Alavanos A. Parliamentary Question; Subject: Recognition of homeopathy in Greece. E-2297/01 Brussels: The European Union; 2001.
15. The European Parliament and the Commission of the European Union, Muscardini C. WRITTEN QUESTION by Cristiana Muscardini (UEN) to the Commission; Subject: Recognition of naturopathy. E-1734/02. Brussels: The European Union; 2002.
16. Directive 2001/83/EC of the European Parliament and of the Council of 6 November 2001 on the Community code relating to medicinal products for human use, (2001).
17. Directive 2004/24/EC of the European Parliament and of the Council of 31 March 2004 amending, as regards traditional herbal medicinal products, Directive 2001/83/EC on the Community code relating to medicinal products for human use, (2004).
18. The European Parliament and of the European Council. Directive 2002/46/EC of the European Parliament and of the Council of 10 June 2002 on the approximation of the laws of the Member States relating to food supplements (Text with EEA relevance). OJ L 183, 1272002, p 512002.
19. Council of Europe. Resolution 1206 (1999) An European approach to non-conventional medicines; November 4, 1999. In: Official Gazette of the Council of Europe, editor. Resolution. Strasbourg: Council of Europe 1999.
20. Council of Europe. Council of Europe in Brief. Strasbourg: Council of Europe; 2011 [cited 2011 June 23]; Available from: <http://www.coe.int/aboutCoe/index.asp?page=nepasconfondre&l=en>.
21. Maddalena S. Alternative medicines: on the way towards integration?; A comparative legal analysis in Western countries. Bern: University of Neuchâtel School of Law and Economics, Peter Lang Pub, Inc; 2005. 648 p.
22. Commission Regulation (EEC) NO 1251/70 of 29 June 1970 on the right of workers to remain in the territory of a member state after having being employed in that state, (1970).
23. Council Regulation (EC) No 539/2001 of 15 March 2001 listing the third countries whose nationals must be in possession of visas when crossing the external borders and those whose nationals are exempt from that requirement, (2001).
24. European Parliament resolution of 15 November 2007 on application of Directive 2004/38/EC on



the right of EU citizens and their family members to move and reside freely within the territory of the Member States, (2007).

25. DECISION OF THE EEA JOINT COMMITTEE No 158/2007 of 7 December 2007 amending Annex V (Free movement of workers) and Annex VIII (Right of establishment) to the EEA Agreement, (2007).

26. GREEN PAPER On the European Workforce for Health, (2008).

27. The European Commission. Guidelines on free movement and residence rights of EU citizens and their families. Brussels: The European Union; 2009; Available from:
<http://europa.eu/rapid/pressReleasesAction.do?reference=MEMO/09/311&format=HTML&aged=0&language=EN&guiLanguage=en>

3.4 CAM at Colleges and Universities

*The position of **CAM methods are given in a country's education system** is certainly indicative of the level of the methods' development and their position in a country's society. The diversity of CAM also reflects this (not all methods are equally developed) and, of course, the **cultural anchorage** of a given method plays a significant role in each country. For instance, in Japan, South Korea, China and other countries, CAM has a dominant position in traditional eastern healing practices, and it is possible to study these disciplines full time at an institute of higher education.*

The situation in Western countries such as the US, Canada, Australia and countries within the European Union is different. Chinese medicine, acupuncture, homeopathy, phytotherapy, osteopathy and chiropractic are among the most developed CAM methods. Energy therapies are also developing.

*In this regard, one can see the **profound difference between these countries**. On the one hand, ancient CAM methods have had a **chance to develop**, their healing potential has been verified and they have gained adequate recognition in society due to being taught at universities. In the **Czech Republic**, on the other hand, CAM has developed minorly and is often frowned upon by **state institutions**. There is very **little awareness** of this field of care.*

In foreign higher education systems, CAM methods appear in two forms:

- a) **University studies** – Students study a given CAM method for several years and obtain a university degree becoming qualified specialists in the field.
- b) **College courses, seminars and internships** – Students take a course in a specific CAM method or CAM methods in general while studying another, related field. These courses are often offered at medical schools and to students of other health professions (e.g. nursing).

3.4.1 CAM at Universities

*In developed countries such as the USA, Australia, Canada, but also the United Kingdom and others, more and more often, CAM treatment methods are becoming consolidated, their methodology refined, and **appropriate curricula** are being developed (in cooperation with **professional organizations**). These methods are then given the status of an independent field of study. **New fields are thus being taught at universities. Although the treatment techniques have a long history, they are only just entering universities.***



The following foreign **universities**²⁰⁹ **teach at least one CAM therapy as an independent field of study**. Research teams from some European universities have also participated in the research project CAMbrella (see page 97). The following list is not exhaustive:

USA:

- University of Bridgeport, University of Western States, Cleveland University-Kansas City, D'Youville College, Keiser University, Logan University, National University of Health Sciences, Life University, Northwestern Health Sciences University, Parker University, Southern California University of Health Sciences, South Baylo University, Akamai University (also teaches energy therapies)

CANADA:

- e.g. Université du Québec à Trois-Rivières

AUSTRALIA:

- Macquarie University, Murdoch University, Royal Melbourne Institute of Technology (RMIT), Central Queensland University (CQU), Southern Cross University

GREAT BRITAIN:

- University of Southampton, University of Exeter, University of Sheffield, University of West London, London South Bank University (LSBU), University of Westminster, University of South Wales, Swansea University Prifysgol Abertawe, BPP University, Wrexham Glyndŵr University, Cardiff Metropolitan University

GERMANY:

- Charite – Medical University of Berlin (Charité Universitätsmedizin Berlin), European University Viadrina Frankfurt/Oder, University of Duisburg-Essen, Ludwig Maximilian University of Munich, Witten-Herdecke University, University of Rostock (Universitätsmedizin Rostock), SRH University of Health Gera

ITALY:

- University of Bologna, University of Florence, University of Messina, University of Milano-Bicocca, Sapienza University of Rome, University of Rome Tor Vergata, University of Siena, University of Urbino,

SPAIN: Fundación Universitaria Iberoamericana (FUNIBER)

HUNGARY: University of Pécs

SWITZERLAND: University of Zurich, University of Bern

NORWAY: University of Tromsø

FRANCE: University of Nantes

SWEDEN: Stockholm University

PORTUGAL: University of Porto

GREECE: University of the Aegean

AUSTRIA: Danube University Krems

²⁰⁹ CAMBRELLA. *Final Report of CAMbrella Work Package 5: Health Technology Assessment (HTA) and a map of CAM provision in the EU* [online]. 4.7 [cit. 2016-11-16]. Available from: http://www.cam-europe.eu/dms/files/CAMbrella_Reports/CAMbrella-WP5final.pdf
http://www.cam-europe.eu/dms/files/CAMbrella_Reports/CAMbrella-WP2-part_1final.pdf;
CAMDOC ALLIANCE. *The regulatory status of Complementary and Alternative Medicine for medical doctors in Europe* [online]. 2010 [cit. 2015-09-01]. Available from:
http://www.camdoc.eu/Pdf/CAMDOCRegulatoryStatus8_10.pdf ;
<http://www.camdoc.eu/Survey/Introduction.html>
<http://www.mastersportal.eu> and other sources found via Google.



Examples of specialized universities and colleges:

Canadian College of Naturopathy Medicine (CCNM), Canadian Memorial Chiropractic College (Canada), ISMET – Formación en salud y terapias naturales (Spain, Catalonia), ICTCM – Irish College of Traditional Chinese Medicine (Ireland), The International Academy of Osteopathy (Belgium), The London School of Osteopathy (Great Britain), California Institute of Integral Studies (USA), Pacific College of Oriental Medicine (USA), New York Chiropractic College (USA), Palmer College of Chiropractic (USA), Texas Chiropractic College (USA), Sherman College of Chiropractic (USA), Alabama College of Osteopathic Medicine (USA), University Natural Medicine (USA), Energy Medicine University (USA).

*These institutes offer bachelor, master, and sometimes even **doctoral programs** in individual CAM fields.*

For more detailed information about the colleges and universities, including links, see page 226.

3.4.2 CAM at Medical Schools

Survey: Half the medical schools in the US offer CAM courses

*Three surveys of CAM classes at medical schools have been conducted in the United States. The first survey from 1998 concluded that 64% of medical schools offered a CAM course. The second survey from 2002 found that there were 84% of such schools in the US. Another survey was conducted **between 2012 and 2013**. It was more extensive, and hence more accurate, than the previous two and **analyzed the curricula of 96.2% of the medical schools in the US**. The survey only included schools that awarded a Doctor of Medicine degree, not osteopathic or naturopathic colleges. According to the study, **half the medical schools in the US offer at least one CAM course or CAM internship**. In some cases, the CAM therapy courses focused primarily on self-care (rather than patient care). Some courses were theoretical, while others provided opportunities to watch CAM practitioners at work or try techniques either as a client or a practitioner²¹⁰. The thematic composition of these courses in terms of CAM modalities is shown in Table 7. We cite the abstract of the article Complementary and Alternative Medicine in US medical schools from 2015, where the results of the survey were published:*

“Abstract

An analysis of complementary and alternative medicine (CAM) in US medical school curriculum was undertaken. Websites for 130 US medical schools were systematically analyzed for course listings and content. Half of the schools (50.8%) offered at least one CAM course or clerkship. A total of 127 different course listings were identified, embracing a range of topics and methods of instruction. The most frequently listed topics were traditional medicine, acupuncture, spirituality, and herbs, along with the general topic of CAM. Nearly 25.0% of the courses referenced personal growth or self-care through CAM practices, while only 11.0% referenced inter-professional education activities involving interaction with CAM providers. The most frequently reported instructional methods were lectures, readings, and observation of, or receiving a CAM treatment. The findings of this analysis

²¹⁰ COWEN, V.S., CYR, V. Complementary and alternative medicine in US medical schools. *Advances in Medical Education and Practice* [online]. Dove Press, 2015;6:113-117. doi:10.2147/AMEP.S69761 [cit. 2016-07-17]. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4334197/>



indicated fewer medical schools offered instruction in CAM than previously reported and a wide range of approaches to the topic across the schools where CAM is taught.”²¹¹

Topic	Number of courses containing topic	%
CAM	40	31.5
Traditional medicine	25	19.7
Acupuncture	22	17.3
Meditation	21	16.5
Spirituality	18	14.2
Herbs	17	13.4
Massage	14	11.0
Energy medicine	14	11.0
Chiropractic	10	7.9
Osteopath	10	7.9
Yoga	9	7.1
Biofeedback	7	4.7
Hypnosis	5	3.9
Creative arts therapies	5	1.6
Tai Chi	2	3.9
Naturopathy	2	1.6

Table 7 – **CAM therapies** which were part of **medical school courses in the US** – according to a survey from **2012–2013**, which included 96% of medical faculties in the US

Source: COWEN, V.S., CYR, V. Complementary and alternative medicine in US medical schools. *Advances in Medical Education and Practice* [online]. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4334197/>

Consortium of Academic Medical Centers for Integrative Medicine in the USA

The importance of integrative medicine is growing continuously in the US. This is evident in the changing attitudes of major universities in the United States and the long-term trend towards integrating CAM into conventional healthcare. In 2010, the following information was published in the article Current Issues Regarding Complementary and Alternative Medicine (CAM) in the United States:

“In recognition of the widespread popularity of CAM, leading academic institutions are increasingly incorporating CAM into medical education, clinical practice, and research. A national Consortium of Academic Medical Centers for Integrative Medicine has been formed, composed of 42 academic centers whose goal is to advocate and foster research on CAM and integrative medicine. With support from the federal government, medical and nursing schools are incorporating lessons about CAM and dietary supplements into the education and training of physicians and nurses. For example, the University of Arizona Center for Integrative Medicine has medical residency programs in hospitals

²¹¹ Ibid.



nationwide. The University of Minnesota also offers an elective course in alternative healing methods at a Hawaiian medical center. Although Harvard University does not claim to advocate or teach alternative medicine, students there are offered electives in mind-body medicine.”²¹²

The Consortium of Academic Medical Centers for Integrative Medicine was established in Michigan in July 1999. Its founding members were the Integrative Medicine centres at the following eight universities: ***Duke University, Harvard University, Stanford University, San Francisco University of California, Arizona University, Maryland University, University of Massachusetts, and University of Minnesota.*** All the centres had previous experience in education, clinical care and research in this field and received significant support from the universities. The aim was to coordinate current developments and promote mutual awareness and cooperation within the field. The long-term vision was to contribute to creating a new paradigm for modern medicine, a paradigm that will truly integrate the best approaches to healthcare at all levels. Many other academic medical centres have since joined the consortium. ***Today, more than 70 academic medical centres across North America have joined, whereas in 2002 it still only had 11 members.*** Working groups meet regularly to develop curricula and research standards for integrative medicine, as well as to work on models for integrating CAM methods into clinical healthcare. ²¹³

Three quarters of US medical students agree that CAM and Western medicine should be integrated

In 2011, a CAM report on US hospitals – Complementary and Alternative Medicine Survey of Hospitals – stated that Western society is moving towards a new concept of patient care that is in line with integrative medicine:

“CAM appears to be gaining more popularity and interest by the new generation of physicians who are influenced by the growing consumer interest. Researchers at the University of California, Los Angeles, and the University of California, San Diego, measured medical students’ attitudes and beliefs about CAM and found that three-quarters of them felt conventional Western medicine would benefit by integrating more CAM therapies and ideas.”²¹⁴

²¹² VENTOLA, C.L. Current Issues Regarding Complementary and Alternative Medicine (CAM) in the United States: Part 1: The Widespread Use of CAM and the Need for Better-Informed Health Care Professionals to Provide Patient Counseling. *Pharmacy and Therapeutics (P&T)* [online]. August 2010, Vol. 35, No. 8, s. 466 [cit. 2016-07-17]. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2935644/>

²¹³ Academic Consortium for Integrative Medicine and Health. *History* [online]. 2018 [cit. 2018-06-26]. Available from: <https://www.imconsortium.org/about/history.cfm>

²¹⁴ SAMUELI INSTITUTE. *2010 Complementary and Alternative Medicine Survey of Hospitals: Summary of Results* [online]. 2011, p. 5 [cit. 2016-07-30]. Available from: http://www.samueliinstitute.org/File%20Library/Our%20Research/OHE/CAM_Survey_2010_oct6.pdf.



CAM at European universities

*CAM is not represented as broadly at higher education institutes in Europe as it is in the US, Canada, Australia and East Asia. The vast majority of CAM education in Europe is provided by **non-profit organizations and private educational institutions**. Certain CAM methods can be studied at university in some countries, and in many countries medical students **learn about CAM therapies as part of their studies**. However, as mentioned above, there is a significant difference between the so-called old and new EU countries.*

We cite from EUROCAM's website:

“Most training in CAM in Europe is designed and delivered by non-profit associations and institutions and by private teaching/training centres for each CAM modality. In some Member States CAM therapies are now taught at universities to Bachelor of honours level. Curriculum content, knowledge and skill levels, and examination procedures are generally overseen by the individual professional bodies of each CAM modality (...).”²¹⁵

“CAM training and education for medical doctors is mostly provided through non-profit associations and privately run schools and courses, but also at a number of European universities as postgraduate training courses. Professorial chairs of CAM exist in at least 8 EU Member States and in some Member States there are also chairs in a specific CAM modality. Familiarisation courses about CAM modalities are provided in the medical undergraduate curriculum in most EU Member States; this study is optional in most countries, obligatory in some.”²¹⁶

The CAM professions are working with both health and education authorities on a national level to institute state recognised training courses and accreditation. A much faster take up of these initiatives and progress towards European level awards and mutual recognition is desirable.”²¹⁷

CAMDOC published a report named The regulatory status of Complementary and Alternative Medicine for medical doctors in Europe, from which we cite an extract that discusses CAM in education:

“CAM at universities

Professorial chairs of CAM and/or Integrative Medicine exist in France (Nantes), Germany (Berlin, Duisburg/Essen, Rostock, Munich), Hungary (Pécs), Italy (Firenze and Bologna), Norway (Tromsø), Sweden (Stockholm), Switzerland (Bern) and the United Kingdom (Exeter, Sheffield, Southampton, Thames Valley).

According to a survey published in 2006 (Orsolya Varga O, Márton S, Molnár P /2006/. Status of Complementary and Alternative Medicine in European Medical Schools. Forschende Komplementärmedizin, 13:41–45)²¹⁸, CAM education is available in 42% of medical faculties in the EU-15 countries and in 20% of faculties in the ‘new’ EU countries. CAM education is conducted by a separate department in 10% of medical faculties in the EU-15 countries and in 7% of faculties in the ‘new’ EU countries. Separate familiarisation courses in CAM are available in 42% of the EU-15

²¹⁵ EUROCAM. CAM Training and Education. *EUROCAM. Complementary and Alternative Medicine CAM – for a healthier Europe* [online]. [cit. 2018-06-30]. Available from: <http://www.cam-europe.eu/cam-training.php>.

²¹⁶ Ibid.

²¹⁷ Ibid.

²¹⁸ Orsolya Varga, O.; Márton, S.; Molnár, P.; (2006). Status of Complementary and Alternative Medicine in European Medical Schools. *Forschende Komplementärmedizin*, 13: 41-45



and in 20% of the 'new' EU member state medical universities. Separate CAM courses are compulsory in 13% of medical faculties in the EU-15 member states. There are no compulsory CAM courses in any of the medical faculties in the 'new' EU countries."²¹⁹

²¹⁹ CAMDOC ALLIANCE. *The regulatory status of Complementary and Alternative Medicine for medical doctors in Europe* [online]. 2010 [cit. 2015-09-01]. Available from:
http://www.camdoc.eu/Pdf/CAMDOCRregulatoryStatus8_10.pdf ;
<http://www.camdoc.eu/Survey/Introduction.html>



3.5 Collaboration between Medicine and CAM in Clinical Practice

As has been mentioned, **the demand** for alternative treatment methods in developed countries is steadily increasing. This gradual transformation of patients' and clients' demands naturally also influences medical institutions – GPs and hospitals. The vision of an effective collaboration between conventional and alternative medicine is no longer been merely utopian. Since the **1990s**, projects integrating the two approaches in practice have been developed. – **Integrative medicine** or **integrated health care** has emerged as a new concept and is gaining more and more supporters among physicians as well as medical students.

In the Western world, significant steps have been taken toward integrating the two approaches, in particular in the United States – centres of integrative medicine have been established even at renowned universities such as Harvard, Yale, Stanford, etc. In Europe, Great Britain is a pioneer in integrative medicine; some integrative medicine centres, such as the Royal London Hospital for Integrated Medicine, have a long tradition and are part of the national health system. These centres have subsequently inspired similar projects in other European countries, such as Italy.

Due to the demands from their clients, the number of hospitals that **offer alternative therapies**, such as energy therapies like reiki or healing touch, is growing.

The following pages provide a **information about the practical integration of conventional medicine and CAM in each country. The information is not exhaustive.**

You can find an overview of and links to specific hospitals and health centres, especially in Europe, where CAM (including energy therapies) is used in the chapter Recommended Links on page 239.

3.5.1 USA

A CAM Survey in US Hospitals

The Samuelli Institute²²⁰ and the Health Association of the American Association of Hospitals²²¹ cooperated on a report named 2010 Complementary and Alternative Medicine Survey of Hospitals²²².

The main findings of the report are:

- 1) **42% of the 714 hospitals that participated in the survey reported that they offer one or more CAM treatment methods.**

²²⁰ Samuelli Institute – a nonprofit research organization that supports scientific research on healing processes, their effects and their role in health care. Their research focuses on complementary and alternative medicine (acupuncture, yoga, natural products, mind-body therapy, etc.), integrative medicine, the influence of the medical environment, health care in the army, and the veterans' research organizations etc. It is mentioned as an important survey institute in the CAMbrella report. <http://www.samueliinstitute.org/>

²²¹ Health Forum – An American Hospital Association Company; <http://www.aha.org/>; <http://www.healthforum.com/>

²²² SAMUELI INSTITUTE. 2010 Complementary and Alternative Medicine Survey of Hospitals: Summary of Results [online]. [cit. 2016-07-30]. Available from: http://www.samueliinstitute.org/File%20Library/Our%20Research/OHE/CAM_Survey_2010_oct6.pdf



- 2) Hospitals across the country have responded to patients' demands and integrate Complementary and Alternative Medicine (CAM) services with conventional, routine services.
- 3) CAM hospitals express the desire to heal the whole person – body, mind and spirit.
- 4) Reasons for introducing CAM: 85% of the hospitals offering CAM report that patients' demands was the primary reason; 70% reported clinical efficacy as the second major reason.
- 5) As most CAM services are not included in insurance plans, the costs were most often covered by the patients themselves.

The conclusion of the report calls for the positive integration of CAM into hospital care – given the ageing population and the rise in chronic illnesses, the authors recommend that hospitals pay attention to alternative therapies. They point to CAM's potential in treating conditions that are otherwise difficult to treat, such as cancer, AIDS, chronic pain, and diabetes. Patients who receive integrated care are generally more satisfied with the hospital's services. Patients with cancer report that CAM therapy helps them cope better with the conditions associated with their illness and the side effects of conventional therapy, and also reduces their suffering.²²³

Integrated medicine in US hospitals

EUROCAM reported the following in its 2014 report on the Situation of Integrated Healthcare in the US:

“Integrated Healthcare is a relatively new term that emphasizes the combination of CAM and biomedicine (conventional medicine). It emphasises a collaborative approach to patient care among practitioners of different disciplines, and the practice of conventional, complementary, and alternative healthcare that is evidence-based. In the USA this amalgamation of CAM and conventional medicine is known as Integrative Medicine. In the USA the Consortium of Academic Health Centers for Integrative Medicine (CAHCIM)²²⁴ includes **57 highly esteemed academic medical centres (amounting to 20% of all US academic medical centres)**. Among them are Harvard Medical School, Yale University, Stanford University, Mayo Clinic, Johns Hopkins University, etc.”²²⁵

“Healing Touch” in US hospitals²²⁶

“Healing Touch and Healthcare

Healthcare facilities, hospitals, hospices, nursing and medical schools, and allied health professions throughout the world are increasingly embracing Integrative Medicine therapies as consumer demand multiplies and as research is showing beginning support for its use.

The popular demand for Complementary and Alternative Medicine (CAM) therapies was demonstrated by the 1997 National Household Survey which showed **the total visits to CAM providers (629 million) exceeded the total number of visits to all primary care physicians (386 million) in the United States in 1997**. The 2002 Veteran Affairs (VA) CAM report showed that 84% of

²²³ SAMUELI INSTITUTE. 2010 Complementary and Alternative Medicine Survey of Hospitals: Summary of Results [online]. 2011, p. 20 [cit. 2016-07-30]. Available from: http://www.samueliinstitute.org/File%20Library/Our%20Research/OHE/CAM_Survey_2010_oct6.pdf

²²⁴ www.imconsortium.org. Accessed 20/04/14.

²²⁵ EUROCAM. CAM 2020 – The contribution of Complementary and Alternative Medicine to sustainable healthcare in Europe [online]. 2014, p. 16 [cit. 2015-10-17]. Available from: <http://ehpa.eu/pdf/CAM2020-FINAL.pdf>

²²⁶ Healing Touch and Healthcare. Healing Touch Worldwide Foundation [online]. [cit. 2016-06-28]. Available from: <http://www.healingtouchprogram.com/resources/healthcare>



facilities provide some form of CAM. Today, Healing Touch is frequently considered by hospitals and other health care facilities that are pursuing the introduction of CAM therapies.

Healing Touch skills are becoming increasingly validated in health care systems around the world. Research studies demonstrate that there is support for considering Healing Touch for providing integrative care and that patients evaluate it highly. It is actively being used in many healthcare facilities and hospitals across the country. Hospitals that support the practice of Healing Touch as part of their integrative health care system have found that it facilitates the return of compassion to the forefront of patient care.

Healthcare Facilities Using Healing Touch

Healing Touch Program provides this Healthcare Facility Directory site as a central information source for those interested in information about facilities who offer Healing Touch. We hope that this site will allow facilities to network and discover new opportunities to provide Healing Touch and other CAM modalities. All of you who have generously offered to share your information, thank you. Healing Touch Program makes no claims as to the accuracy of the information provided.”

Hospitals (23)

Abbott Northwestern Hospital	Minneapolis, MN
Alamance Regional Medical Center	Burlington, NC
Albany Medical Center	Albany, NY
All Children’s Hospital	St. Petersburg, FL
Bon Secours DePaul	Norfolk, VA
Childrens Hospitals and Clinics of Minnesota	Minneapolis, MN
DePaul Health Care	Bridgeton, MO
Exempla Good Samaritan Medical Center (EGSMC)	Lafayette, CO
Grant Medical Center	Columbus, OH
Greenwich Hospital	Greenwich, CT
The Healing House	St. Paul, MN
Integrative Medicine Clinic	Minneapolis, MN
Kona Community Hospital	Kealahou, HI
Memorial Hospital Central	Colorado Springs, CO
Memorial Hospital of South Bend	South Bend, IN
Nemours / Alfred I duPont Hospital for Children	Wilmington, DE
The Queens Medical Center	Honolulu, HI
Regions Hospital	St. Paul, MN
Stanford University Medical Center	Stanford, CA
St. Joseph’s Hospital	Tampa, FL
St. Mary’s Hospital	Amsterdam, NY
William W. Backus Hospital	Norwich, CT
Yuma Regional Medical Center	Yuma, AZ

Hospice (7)

Holisticare Hospice	NJ
Horizon Hospice & Palliative Care	Chicago, IL
Hospice & Palliative Care of Northern Colorado, Inc.	Greeley, CO
Hospice of Cincinnati	Cincinnati, OH
Hospice of Saint John	Lakewood, CO
Legacy Home Health and Hospice	Meridian, ID
Sharp HospiceCare	La Mesa, CA

Other (10)

Arbor Acres United Methodist Retirement Community	Winston-Salem, NC
Atlantic Hematology Oncology Group	Galloway, NJ
Catawba Valley Living at Rock Barn	Claremont, NC
Ethel Lund Medical Center	Juneau, AK
Harmony Pointe Nursing Center	Lakewood, CO
Health Sphere Wellness Center	Brentwood, TN
Kapi’olani Medical Center for Women & Children	Honolulu, HI
Lake Delton Integrative Medicine	Lake Delton, WI
Saint Francis Home of Richmond	Richmond, VA
Witherell Chiropractic Health Center	Homestead, FL



Reiki in US hospitals

US Hospitals are extending their offer of CAM methods that work with life forces. William Lee Rand, founder and president of the Reiki Research Center and the International Reiki Teaching Center²²⁷, published an article called Reiki in Hospitals about integrating Reiki into the healthcare offered by American hospitals. The article mentions the 2007 research which showed that energy therapy, including Reiki, was sought by 1.2 million adult Americans in the previous year. This article is cited below:

“Reiki is also gaining wider acceptance in the medical establishment. Hospitals are incorporating it into their roster of patient services, often with their own Reiki-trained physicians, nurses and support staff. Reiki was in use in hospital operating rooms as early as the mid-90's.²²⁸ Since then its acceptance in medicine has grown. It is now listed in a nursing "scope and standards of practice" publication as an accepted form of care,²²⁹ and a 2008 *USA Today* article reported that **in 2007 15% of U.S. hospitals (over 800) offered Reiki as a regular part of patient services.**^{230, 231}

Reiki is an accepted form of care in US hospitals

*In the reviewed quarterly journal *Journal of Holistic Nursing (JHN)* (<http://journals.sagepub.com/home/jhn>), which focuses on the integration of holistic health concepts into classical Western medicine was in 2013 published the second edition of the document *Scope and Holistic Nursing "Scope and Standards of Practice"* (<http://journals.sagepub.com/doi/full/10.1177/0898010115614094>). The document was first published in 2007 by the American Holistic Nurses Association in collaboration with the American Nurses Association. In this document, Reiki is considered to be an acceptable form of nursing care.²³²*

Energy Therapies in US hospitals in 2005

*The article Energy healing: a complementary treatment for orthopaedic and other conditions²³³: from 2005 also refers to the use of energy therapies in US hospitals. The author, Ellen DiNucci, has worked with alternative therapy, including energy therapy, her whole life. She is a major contributor to the Complementary and Alternative Medicine Program at **Stanford (CAMPS) University in California**. We present an abstract from this article, which was published in the PubMed database:*

²²⁷ Center for Reiki Research <http://www.centerforreikiresearch.org>; The International Center for Reiki Training <http://www.reiki.org>

²²⁸ Chip Brown, "The Experiments of Dr. Oz," *The New York Times Magazine*, July 30, 1995, 20-23.

²²⁹ American Holistic Nurses Association and American Nurses Association (2007), *Holistic Nursing: Scope and Standards of Practice* (Silver Spring, MD: Nursesbooks.org.)

²³⁰ L. Gill. More hospitals offer alternative therapies for mind, body, spirit [online]. *USA Today*, September 15, 2008 [cit. 2016-06-28]. Available from: http://usatoday30.usatoday.com/news/health/2008-09-14-alternative-therapies_N.htm

²³¹ RAND, W.L. Reiki In Hospital. *The International Center for Reiki Training* [online]. © 1990-2018 [cit. 2016-06-28]. Available from: http://www.reiki.org/reikinews/reiki_in_hospitals.html

²³² DAHLC. 9 fact about Reiki. *Mayo Clinic* [online]. Dan Abraham Healthy Living Center, 29. 12. 2015 [cit. 01-05-2018]. Available from: <https://dahlc.mayoclinic.org/2015/12/29/9-facts-about-reiki/>

²³³ DINUCCI, E.M. Energy healing: a complementary treatment for orthopaedic and other conditions. *Orthopedic nursing* [online]. 2005 Jul-Aug;24(4):259-69 [cit. 2016-06-28]. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/16056170>



“Abstract

Complementary and alternative therapies continue to grow in popularity among healthcare consumers. Among those modalities is energy healing (EH) (Eisenberg et al., 1998). EH is an adjunctive treatment that is noninvasive and poses little downside risk to patients. Well more than 50 major hospitals and clinics throughout the United States offer EH to patients (DiNucci, research table on healthcare facilities that offer Reiki, unpublished data, 2002²³⁴). The National Institutes of Health is funding numerous EH studies that are examining its effects on a variety of conditions, including temporomandibular joint disorders, wrist fractures, cardiovascular health, cancer, wound healing, neonatal stress, pain, fibromyalgia, and AIDS (National Institutes of Health, 2004a). Several well-designed studies to date show significant outcomes for such conditions as wound healing (Grad, 1965) and advanced AIDS (Sicher, Targ, Moore, & Smith, 1998), and positive results for pain and anxiety (Aetna IntelliHealth, 2003a; Wardell, Weymouth, 2004), among others (Gallob, 2003). It is also suggested that EH may have positive effects on various orthopaedic conditions, including fracture healing, arthritis, and muscle and connective tissue (Prestwood, 2003). **Because negative outcomes risk is at or near zero throughout the literature, EH is a candidate for use on many medical conditions.”**

Philadelphia Research: Positive Effects of CAM Utilization in Oncology

In 2013, a team of scientists, mostly from the Pennsylvania University of Philadelphia, conducted a survey on the effects of CAM therapies on oncology patients. The results were subsequently published in a study called Complementary and Alternative Medicine Use and Benefit Finding Among Cancer Patients²³⁵. The research was conducted at three outpatient oncology clinics at the Pennsylvania University Abramson Oncology Center in Philadelphia. The research consisted of a cross-sectional survey of a large heterogeneous sample of oncology patients aged 18 and above. Based on their medical documentation, patients were approached (with the consent of the oncologist) in the waiting rooms of the oncology clinics. Those that agreed to participate in the study, then filled in a questionnaire. The study was approved by the Institutional Control Board of Pennsylvania University. We present an abstract of this study, which was published in the PubMed database:

“Abstract

Purpose: An increasing number of cancer patients are choosing Complementary and Alternative Medicine (CAM) as an active way to manage the physical, psychological, and spiritual consequences of cancer. This trend parallels a movement to understand how a difficult experience, such as a cancer diagnosis, may help facilitate positive growth, also referred to as benefit finding. Little is known about the associations between the use of CAM and the ability to find benefit in the cancer experience.

²³⁴ DiNucci, research table on healthcare facilities that offer Reiki, unpublished data, 2002

²³⁵ GARLAND, S.N., VALENTINE, D., DESAI K. et al. Complementary and Alternative Medicine Use and Benefit Finding Among Cancer Patients. *The Journal of Alternative and Complementary Medicine* [online November 2013, 19(11): 876881.doi:10.1089/acm.2012.0964 [cit. 2016-07-17]. Available from: <http://online.liebertpub.com/doi/abs/10.1089/acm.2012.0964> ; <https://www.ncbi.nlm.nih.gov/pubmed/23777242>; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3842868/>



Methods: We conducted a cross-sectional survey of medical oncology outpatients in an urban academic cancer center. Patients completed measures of CAM use and benefit finding following a diagnosis of cancer. A hierarchical regression, adjusting for covariates, was performed to evaluate the unique contribution of CAM use on benefit finding. The relationship between specific CAM modalities and benefit finding was explored.

Results: Among 316 participants, 193 (61.3%) reported CAM use following diagnosis. Factors associated with CAM use were female gender ($p=0.005$); college, or higher, education ($p=0.09$); breast cancer diagnosis ($p=0.016$); and being 12 to 36 months postdiagnosis ($p=0.017$). In the hierarchical regression, race contributed the greatest unique variance to benefit finding (23%), followed by time from diagnosis (18%), and age (14%). Adjusting for covariates, CAM use uniquely accounted for 13% of the variance in benefit finding. Individuals using energy healing and healing arts reported significantly more benefit than nonusers. Special diet, herbal remedies, vitamin use, and massage saw a smaller increase in benefit finding, while acupuncture, chiropractic, homeopathy, relaxation, yoga, and tai chi were not significantly associated with benefit finding.

Conclusions: Patients who used CAM following a cancer diagnosis reported higher levels of benefit finding than those who did not. More research is required to evaluate the causal relationship between CAM use, benefit finding, and better psychosocial well-being.”



3.5.2 Europe

Integrative oncology in the EU

Cancer treatment is one of the areas that repeatedly discussed in connection with the current health crisis. The occurrence of cancer is on the rise worldwide. Conventional cancer treatments are not always successful, yet they are very expensive and have severe side effects for the patients.

In 2014, EPAAC (European Partnership for Action Against Cancer²³⁶) produced an extensive report named Complementary and alternative medicine (CAM) in cancer care – Development and opportunities of Integrative Oncology²³⁷. The main authors were experts from Tuscany with have long-term experience in the field (see p. 198). The report points out that, although CAM's direct influence on cancer development is still rather limited, **the ability of CAM therapies to alleviate the problems associated the disease as well as the side effects of the treatment is very promising**. Such side effects include long-term pain, nausea, vomiting, flushing, xerostomia, mucositis, sleep disturbances, anxiety, depression, etc.²³⁸ Oncology patients often seek out alternative methods without harsh side effects to improve the quality of their lives²³⁹. **The authors of the report emphasize that oncology patients and their physicians should be properly and adequately informed about CAM options**. Access to cancer treatment should be multidisciplinary and provide every patient with the best possible comprehensive care²⁴⁰.

In 2013, Tuscan scientists conducted **a survey of the distribution of integrative oncology centres in the EU**. Doctor Elio Rossi worked on the survey and published his results at the International Congress on Integrative Health and Medicine in 2016. Figure 23 is a survey map which was used during his presentation. As shown in the annexed table (Table 8), 123 of the 236 centres that were approached took part in the survey (i.e. 52.1%). The results showed that of the 99 centres that met the research criteria, **47 centres within the EU provided integrative oncology care**. Twenty-four of these centres are in Italy and 23 are in other EU countries. The most common CAM therapies used in the care of oncological patients are **acupuncture (55.3%), homeopathy (40.4%), herbal medicine (38.3%),**

²³⁶ Editor's note.: The European Partnership for Action Against Cancer (EPAAC) was launched in 2009, after the European Commission published its Communication on Action Against Cancer: European Partnership. This initiative is currently connects 37 partner organizations across Europe. The partnership is co-funded by the EU Public Health Programme and its main objective is to gather knowledge about preventing and treating cancer, and to identify the areas that need to be addressed in the future. <http://www.epaac.eu/home;>

²³⁷ EPAAC. *Complementary and alternative medicine (CAM) in cancer care Development and opportunities of Integrative Oncology* [online]. 2014 [cit. 2017-12-31]. Available from: http://www.epaac.eu/images/END/Final_Deliverables/D5_Complementary_and_alternative_medicine_CAM_in_cancer_care_development_and_opportunities_of_integrative_oncology.pdf

²³⁸ Viz též: LUPI, Giuseppe, MD. *Acupuncture as a complementary therapy in patients with cancer: the experience of a Regional Public Health Service in Italy* [online]. [cit. 2016-06-26]. http://icihm.damid.de/images/Presentations/Track19_Lupi_Stoccarda_2016_def.pdf

²³⁹ Viz též: MOLASSIOTIS, A. Use of complementary and alternative medicine in cancer patients: a European survey. *Annals of oncology : official journal of the European Society for Medical Oncology* [online]. 2005 Apr;16(4):655-63. Epub 2005 Feb 2. DOI: 10.1093/annonc/mdj110 [cit. 2016-07-17]. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/15699021>

²⁴⁰ EPAAC. *Complementary and alternative medicine (CAM) in cancer care Development and opportunities of Integrative Oncology* [online]. 2014, p. 339 [cit. 2017-12-31]. Available from: [http://www.epaac.eu/images/END/Final_Deliverables/D5_Complementary_and_alternative_medicine_CAM_in_cancer_care_development_and_opportunities_of_integrative_oncology.pdf,](http://www.epaac.eu/images/END/Final_Deliverables/D5_Complementary_and_alternative_medicine_CAM_in_cancer_care_development_and_opportunities_of_integrative_oncology.pdf)

*traditional Chinese medicine (36.2%), anthroposophic medicine (21.3%) and homotoxicology (12.8%)*²⁴¹.

European survey of integrative oncology centres:
Distribution of integrative oncology centres in EU



Figure 23 - Medical centres in the EU that combine conventional cancer treatment with CAM methods as supportive therapy

Source: ROSSI, Elio. *Integrative medicine in Italy and the Tuscany experience* [online].
http://icim.damid.de/images/Presentations/Track9_Rossi_E_Integrative_medicine_in_Italy_2016.pdf

In the "Recommended Links" section on page 235, there is an overview with links to hospitals and health centres, mainly in Europe, where CAM is used alongside conventional cancer treatment. The list includes links to the centres.

²⁴¹ EPAAC. *Mapping the landscape of cancer care in Europe* [online]. 2014, pp. 31–32 [cit. 2017-12-31]. Available from: http://www.epaac.eu/images/END/Final_Deliverables/WP_7_FINAL_DELIVERABLE_Mapping_landscape_of_cancer_care_in_Europe.pdf



European survey of integrative oncology centres:

Summary data of the survey: centres contacted, respondents, respondent meeting inclusion criteria of the survey, and respondents meeting inclusion criteria and providing integrative oncology therapies.

	total		Italy		other EU countries	
	n	%	n	%	n	%
Contacted	236	-	74	31.4	162	68.6
Respondents	123	52.1	53	43.1	70	56.9
Respondents meeting inclusion criteria	99	80.5	41	41.4	58	58.6
Respondents meeting inclusion criteria and providing IO/ respondent centres	47	47.5	24	51.1	23	48.9
Respondents meeting inclusion criteria and providing IO /contacted centres	47	19.9	24	32.4	23	14.1

6,5% (3) of centres included in the survey were identified thanks to cooperation of associated/collaborating partners of EPAAC.

Table 8 - Results of the 2013 survey that focused on **the distribution of integrative oncology centres in the EU**

Source: ROSSI, Elio. *Integrative medicine in Italy and the Tuscany experience* [online].
http://icim.damid.de/images/Presentations/Track9_Rossi_E_Integrative_medicine_in_Italy_2016.pdf



Dr. Elio Rossi (Tuscany Network for Integrative Medicine) has studied the use of CAM in the care of oncology patients for a long time. Figure 24 provides an overview of the distribution of integrative oncology centres in Europe. Rossi published the map in connection with **the Workshop on Alternative Medicine** which was held in **the European Parliament in 2011**.

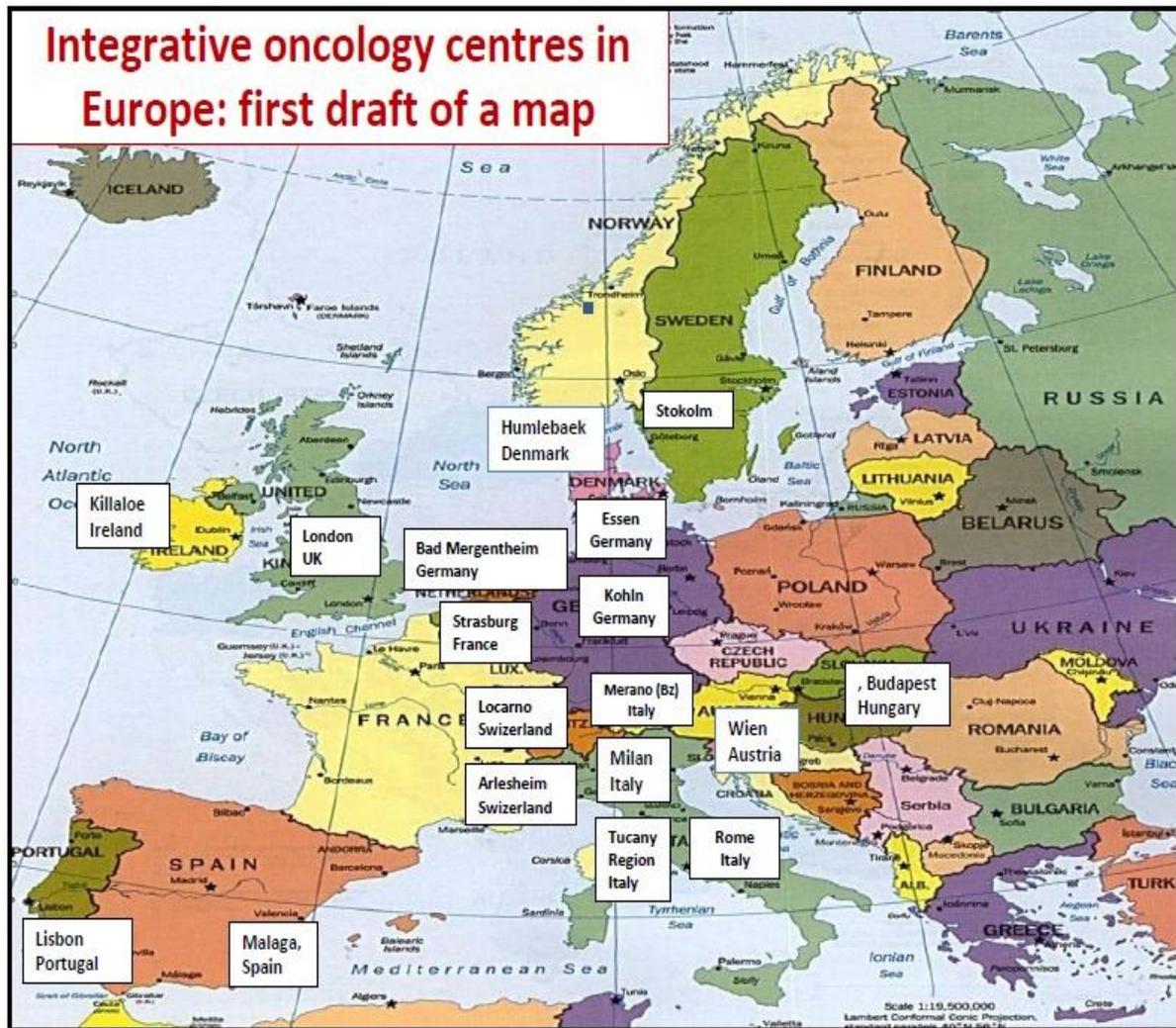


Figure 24 - Distribution of **integrative oncology centres** in the European Union (Data from 2011)

Source: European Parliament. *Workshop Alternative Medicines 2011* [online].

[http://www.europarl.europa.eu/RegData/etudes/workshop/join/2011/475079/IPOL-ENVI_AT\(2011\)475079_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/workshop/join/2011/475079/IPOL-ENVI_AT(2011)475079_EN.pdf)



Great Britain

Long-term collaboration between CAM and conventional medicine in the UK

WHO published the extensive document *Legal Status of Traditional and Complementary/Alternative Medicine: A Worldwide Review*²⁴² in 2001. The document provides information on the legal status of TM/CAM in different countries. The study included 123 of the 191 member states. It was not possible to obtain reliable information about the remaining countries, including the Czech Republic, and these countries were, therefore, not included in the survey. Within Europe, **Great Britain is considered to be very progressive in terms of its attitude to CAM:**

“Successive governments have ensured that as long as patients require complementary/alternative treatment, access to it will be guaranteed. As a result, the United Kingdom is the only country in the European Union with public-sector hospitals for complementary/alternative medicine. Indeed, there are National Health Service homeopathic hospitals in London, Glasgow, Liverpool, Bristol, and Tunbridge Wells²⁴³. At Saint Mary's Hospital, where relaxation, dietetic, yoga, and meditation therapies are available, allopathic physicians work closely with non-physicians. Homeopathy provided by allopathic physicians is included in the National Health Service²⁴⁴.”

Complementary/alternative medications, homeopathic products, and other natural remedies are becoming increasingly popular and are now widely available in health food stores and pharmacies²⁴⁵.

In response to the increased use of complementary/alternative medicine by the public and the Government's concern over its effectiveness, the British Research Council on Complementary Medicines was formed in 1982. Among other things, it noticed the major role of complementary/alternative medicine in reducing the costs of the health care system²⁴⁴.

In general, in order to become a member of a professional organization, nonallopathic practitioners must be covered by insurance and adhere to the Code of Professional Ethics²⁴⁴.

Statistics

During the past 20 years, interest in complementary/alternative medicine has increased³. Seventy per cent of the public is in favour of complementary/alternative medicine becoming widely available in the National Health Service – particularly osteopathy, acupuncture, chiropractic, and homeopathy.”

²⁴² WHO. *Legal Status of Traditional Medicine and Complementary/Alternative Medicine: A Worldwide Review, United Kingdom of Great Britain and Northern Ireland* [online]. 2001 [cit. 2016-07-02]. Available from: <http://apps.who.int/medicinedocs/en/d/Jh2943e/7.21.html>

²⁴³ Liga Medicorum Homeopathica Internationalis, ed. *World homeopathy 1998*. Selva, Spain, Liga medicorum homeopathica internationalis, 1998.

²⁴⁴ Liga Medicorum Homeopathica Internationalis, ed. *World homeopathy, 2000*. Selva, Spain, Liga Medicorum Homeopathica Internationalis, 2000.

²⁴⁵ Maddalena S. *The legal status of complementary medicines in Europe — a comparative analysis*. Bern, Stämpfli, 1999.



Royal London Hospital for Integrated Medicine

The **Royal London Hospital for Integrated Medicine** illustrates Britain's long-term positive relationship to alternative medicine. The hospital was founded nearly 170 years ago, and its work in alternative and integrated medicine is carried out under the auspices of the royal family. The hospital's website describes the turbulent history²⁴⁶ of this unique project:

The hospital was founded in London in 1849 as a homeopathic hospital. The founder was a Dr. Frederick Foster Hervey Quin, one of the first homeopaths in Britain. Dr. Quin personally knew the founder of homeopathy Hahnemann, and was an important person in his time, as he cared for members of the royal family.

London's homeopathic hospital became more widely acknowledged **during the cholera epidemic in 1854, during which it achieved remarkable success.** Its good reputation continued to spread and the hospital gained more support and expanded its premises. The most commonly treated diagnoses included **tuberculosis, bronchitis, rheumatism, gastric ulcer, and female health problems.**

In 1936, the hospital received **his Majesty's Patronage from King George VI** and subsequently added "royal" to its name. The hospital became part of the **National Health Service** in 1948 alongside homeopathic hospitals in Glasgow, Liverpool, Bristol and Turnbridge Wells as **Aneurin Bevan, Minister of Health, guaranteed the future of homeopathy within the NHS.**

Unfortunately, in 1972, the hospital suffered a devastating loss as an airplane carrying a large group of doctors on their way to the International Homeopathic Congress in Brussels crashed near Heathrow Airport. **Sixteen homeopathic hospital specialists died in the tragedy, including the most experienced doctor, Dr. John Raesid.** As a result of this loss, the hospital's position deteriorated dramatically and it even lost its independence. However, the hospital responded by beginning to develop its work in other fields. As a result, **it started to offer services in other fields of complementary medicine.**

In the early 1990s the hospital regained its independence and began to develop **educational programmes and research projects** aimed at demonstrating the efficacy of complementary therapy within evidence-based medical practice. In 2002, the hospital **joined the University College London Hospitals NHS Foundation Trust which enabled an even closer collaboration between complementary therapies and conventional medicine.**

From 2002 to 2005, the hospital was renovated extensively and was officially reopened by the Prince of Wales on 12 October, 2005. In his speech, the Prince said:

"To read the newspapers, one would think that complementary and conventional medicine are virtually at war, with complementary and alternative medicine in retreat. How refreshing, then, to come to this corner of Bloomsbury, with its unique concentration of world-famous specialist hospitals and medical institutes, to find that the reality on the ground in the NHS is quite different. Instead of hostility, there is collaboration and integration: health professionals with expertise in complementary and conventional medicine are working together freely and enthusiastically, in this splendidly redeveloped building with a single, shared objective: to improve the outcome of treatment for patients."²⁴⁷

²⁴⁶ NHS FOUNDATION TRUST. History of The Royal London Hospital for Integrated Medicine. *University College London Hospitals NHS Foundation Trust*. [online]. [cit. 2016-07-17]. Available from: <https://www.uclh.nhs.uk/OURSERVICES/OURHOSPITALS/RLHIM/Pages/historyofrlhim.aspx>

²⁴⁷ NHS FOUNDATION TRUST. History of The Royal London Hospital for Integrated Medicine. *University College London Hospitals NHS Foundation Trust*. [online]. [cit. 2016-07-17]. Available from: <https://www.uclh.nhs.uk/OURSERVICES/OURHOSPITALS/RLHIM/Pages/historyofrlhim.aspx>



*The hospital has been expanding since 2007. Under its current name the Royal London Hospital for Integrated Medicine, it is expanding the services it offers to patients, and it also develops research and education, as well as informs the public about the possibilities of complementary medicine.*²⁴⁸

The University College London Hospitals NHS Foundation Trust website describes the hospital as follows:

“The Royal London Hospital for Integrated Medicine (RLHIM) is part of University College London Hospitals NHS Foundation Trust and is Europe’s largest public sector centre for integrated medicine.

The hospital offers a range of therapies which are fully integrated in to the NHS and with conventional medicine.

All therapies are provided by registered health professionals who have additional training in complementary medicine.

With a few exceptions, clinics at RLHIM focus on conditions, or patients, rather than specific therapies. Each clinic offering a range of therapies adapted to the individual needs of the patient. The conditions treated are often complex chronic conditions.

All the doctors at the RLHIM are qualified in conventional medicine and therefore they are able to prescribe and advise on conventional as well as complementary treatment.

Integrated medicine brings together conventional medicine with safe and effective complementary medicine. It emphasises the importance of the doctor patient relationship and the use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve healing and optimal health. At RLHIM patients are active participants in their health care.”²⁴⁹

²⁴⁸ Ibid.

²⁴⁹ NHS FOUNDATION TRUST. About RLHIM. *University College London Hospitals NHS Foundation Trust*. [online]. [cit. 2016-07-17]. Available from: <http://www.uclh.nhs.uk/OurServices/OurHospitals/RLHIM/Pages/AboutRLHIM.aspx>



France

CAM in Paris hospitals

At the closing conference of the CAMbrella International Project, held on 29 November 2012, Dr Catherine Viens-Bitker presented a report on the inclusion of CAM in public hospital care in Paris. An article²⁵⁰ was published on the CAMbrella website, from which we quote:

“The Paris hospitals have adopted a strategic plan to include, evaluate and integrate CAM in their services.”

“(…) the ‘Assistance Publique – Hôpitaux de Paris’ (AP-HP) will include CAM services in their routine care programmes.”

“The ‘Assistance Publique – Hôpitaux de Paris’ is the organisational body for the public hospitals of the City of Paris. It is the largest hospital system in Europe, about 90.000 health professionals work in it and receive about 4.5 million patients visits per year.”

Dr. Catherine Viens-Bitker is the author of a report that describes how CAM can be incorporated into public hospitals, and she is now leading this process.

Italy

*In Italy, individual regions are making efforts to increase the use of CAM in healthcare. Although the Government Act from 2001 excluded acupuncture, phytotherapy, homeopathy and other CAM therapies from the basic healthcare (LEA), **some regions, such as Tuscany, Bolzano, Umbria, Valle d'Aosta, have included CAM in their regional healthcare.***

The situation for alternative medicine – especially homeopathy – in Italy was also reported by the Czech server "svethomeopatie.cz" in the article Homeopathy has become part of Italian healthcare:

“Some regions, including Tuscany, have decided to include complementary medicine among the basic healthcare and to create appropriate systems in order to integrate complementary medicine into the public health system. A homeopathic clinic was established in Lucca, Tuscany, in 1998 as part of a pilot project to assess the feasibility of a plan to incorporate complementary medicine into the public health system. To date, over 4,000 patients have been treated at the Lucca clinic. During this time, the efficacy of homeopathy has been investigated among all patients and among children, women and parents.

Another study looked at the effect of homeopathy on atopic diseases, respiratory tract diseases and the side effects of cancer treatment among women. Other parts of the research looked at the financial cost of the individual treatments, the sociodemographic characteristics of the patients, and compliance with standards and risk management. The results show that homeopathy can be effectively integrated into the healthcare system and, in some cases, can replace allopathic medicine.

²⁵⁰ REITER, B. CAM will be part of public hospital care in Paris. *CAMbrella* [online]. [cit. 2016-07-14]. Available from: <http://www.cambrella.eu/home.php?il=214>

Tuscany can be a useful example when creating national or European systems for incorporating complementary medicine.”²⁵¹

Tuscany’s experience of integrating CAM into the healthcare system

As mentioned above, **Tuscany has been gradually integrating complementary medicine into public healthcare since the late 1990s**. Dr Elio Rossi summarized the development of CAM’s status within the Italian healthcare system in his presentation at the International Congress on Integrative Health and Medicine in 2016²⁵². Below are two of his maps showing an overview of **Tuscan clinics that CAM methods** (Figures 25 and 26).

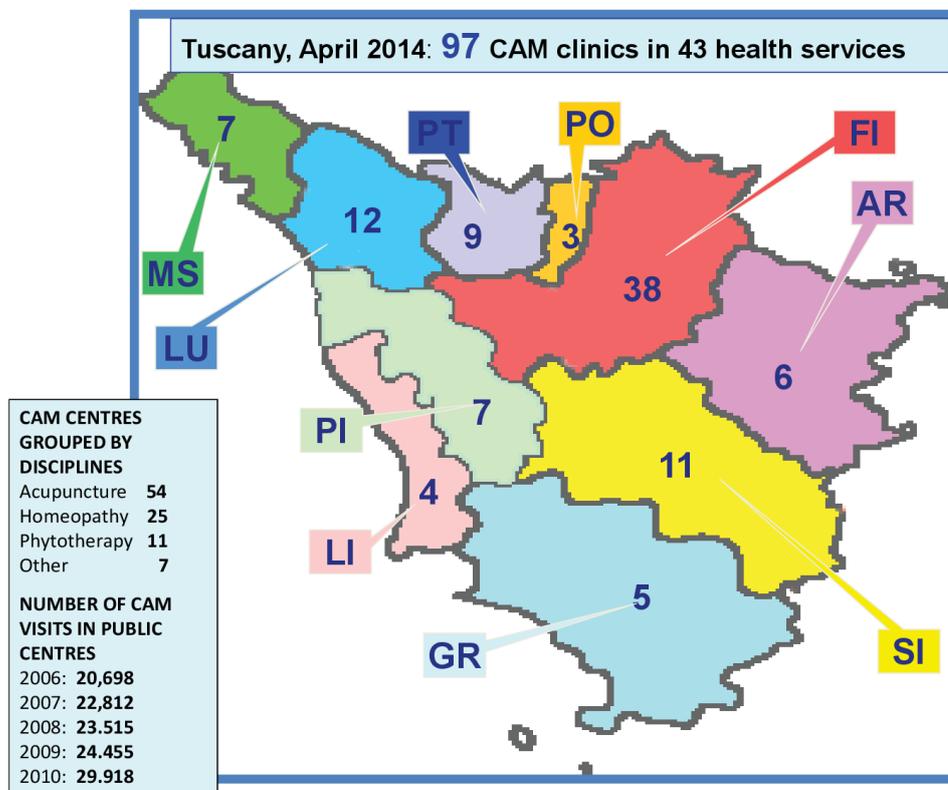


Figure 25 - Tuscany (Italy): the **97 clinics where CAM** is provided in Tuscany (data from April 2014). The figures on the left show the number of visitors per year.

Source: ROSSI, Elio. *Integrative medicine in Italy and the Tuscany experience* [online].

http://www.icihm.org/images/Presentations/Track9_Rossi_E_Integrative_medicine_in_Italy_2016.pdf

²⁵¹ Homeopathy has become part of Italian healthcare. *World of Homeopathy* [Homeopatie se stala součástí italského zdravotnictví. *Svět homeopatie*] [online]. [cit. 02-05-2017]. Available from: <https://svethomeopatie.cz/cs/2243-homeopatie-se-stala-soucasti-italskeho-zdravotnictvi>

²⁵² ROSSI, Elio. *Integrative medicine in Italy and the Tuscany experience* [online]. Homeopathic Clinic – Hospital of Lucca, Tuscan Network for Integrative Medicine, pp. 34-35 [cit. 2016-06-26]. Available from: http://www.icihm.org/images/Presentations/Track9_Rossi_E_Integrative_medicine_in_Italy_2016.pdf

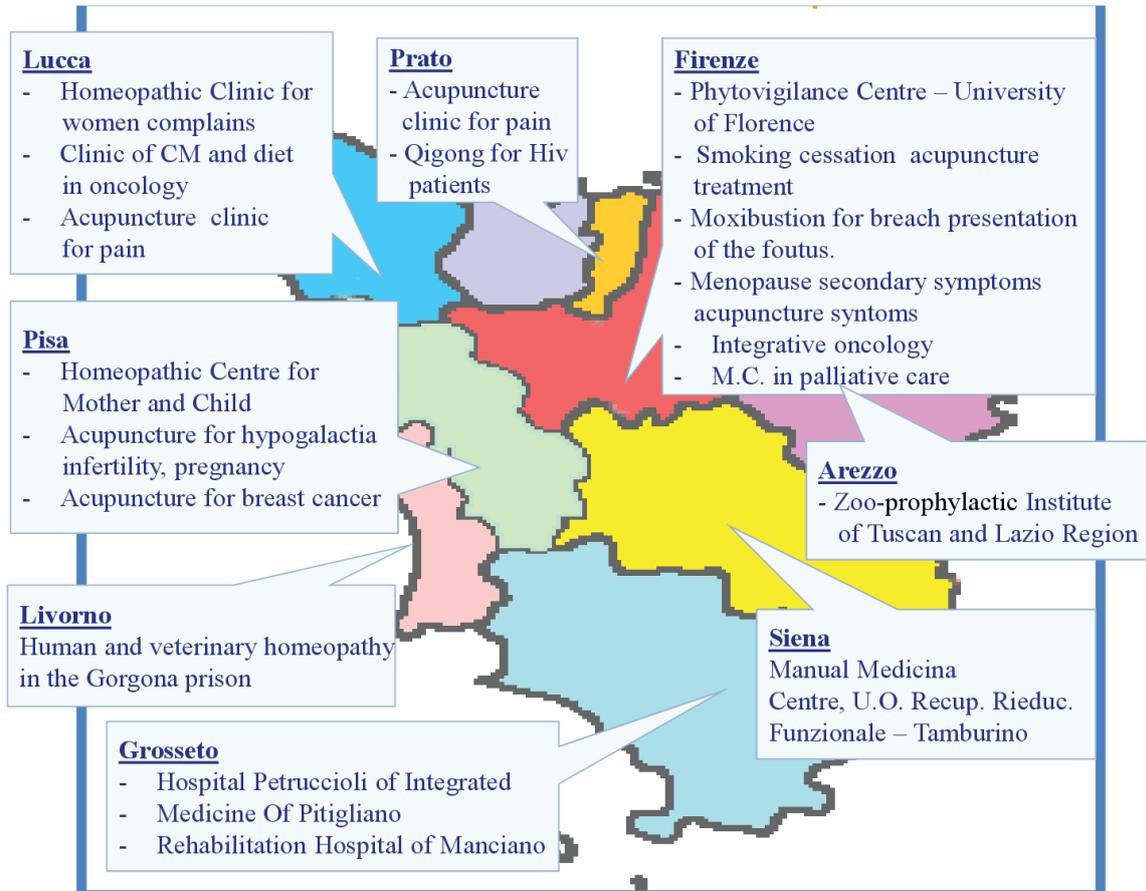


Figure 26 - Tuscany (Italy) - examples of clinics where CAM is provided in Tuscany

Source: ROSSI, Elio. *Integrative medicine in Italy and the Tuscany experience* [online].
http://www.ichm.org/images/Presentations/Track9_Rossi_E_Integrative_medicine_in_Italy_2016.pdf

In 2007, a regional law was adopted in Tuscany which allowed selected fields of complementary medicine to be used within public health facilities. In **Pitiglian, Tuscany, the first hospital of integrated medicine in Italy** was established – a breakthrough in integrating conventional and alternative medicine. After two years of preparation, **the Center for Integrated Medicine opened in 2011** making it the first hospital to provide hospitalized patients with CAM. Representatives of conventional medicine on the one hand, and **homeopathy, acupuncture and traditional Chinese medicine** specialists on the other hand, began to cooperate within a single medical team. Part of the project's inspiration came from the experiences of the Royal London Hospital for Integrated Medicine - a representative of the RLHIM was even a member of the scientific team that developed the Pitiglian project.

More details about the project and its results can be found in the article [Integration between orthodox medicine, homeopathy and acupuncture for inpatients: Three years experience in the first hospital for Integrated Medicine in Italy](#)²⁵³, from 2015. The abstract and some excerpts from this article are cited below:

²⁵³ BERNARDINI, S., CRACOLICI, F., FERRERI, R. et al. Integration between orthodox medicine, homeopathy and acupuncture for inpatients: Three years experience in the first hospital for Integrated Medicine in Italy. *Journal*



“Abstract

The hospital in Pitigliano (Tuscany) is the first hospital in Italy to put into practice a model of Integrated Medicine. This clinical setting caters for the use of complementary medicine (homeopathy and acupuncture (針灸zhen jiǔ)) alongside orthodox therapies (conventional medicine). The therapeutic model implicates doctors who are experts in complementary and alternative medicine (CAM; 補充與替代醫學 bǔ chōng yǔ tì dài yī xué) and the rest of the hospital personnel working together as equals. This contribution explains the difficulties, critical aspects and potential of this innovative setting.

The clinical setting for Integrated Medicine was evaluated in part through observation and in part through the analysis of approval questionnaires. The writers of the questionnaires were the orthodox medical personnel and the hospital patients.

The project is still evolving today in spite of the initial partial contrariety of some doctors in the hospital and some external doctors in the area. However, it can already be considered a positive experience, as confirmed by the high approval gained from many health workers and most of the hospital patients. Moreover, the follow-up carried out through specific surgeries dedicated to CAM is extremely positive.

Up to now 532 inpatients suffering from acute illnesses, relapse of a chronic illness or neurological or orthopaedic rehabilitation following strokes, brain haemorrhage, neurological illness or limb prosthesis operations have been treated.

This work has tried to illustrate the innovative and positive experience for the Italian public health authorities so that it may also be useful to anyone who would like to promote similar initiatives within its public health Institution.”²⁵⁴

Effectiveness and appreciation of Integrated Medicine
Results of 532 inpatients evaluation

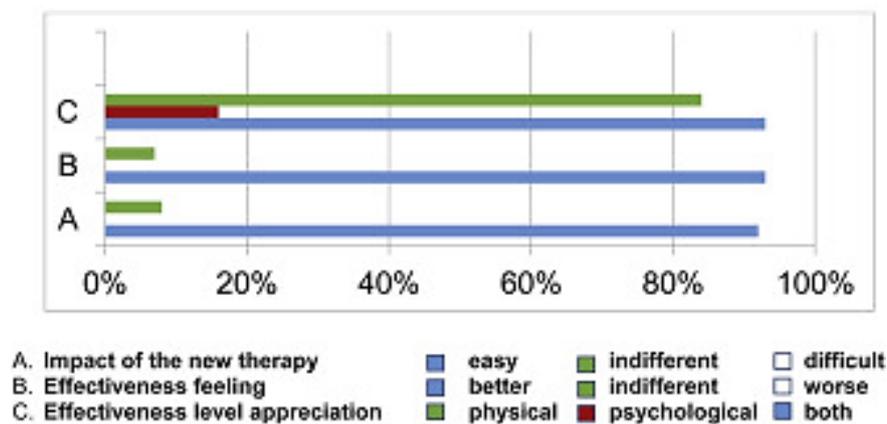


Figure 27 - Hospital in Pitigliano (Tuscany) - **Integrated medicine model in practice: Evaluation of the results of 532 inpatients**

Source: S. Bernardini, F. Cracolici, R. Ferreri, M. Rinaldi, R. Pulcri. *Integration between orthodox medicine, homeopathy and acupuncture for inpatients: Three years experience in the first hospital for Integrated Medicine in Italy* [online] <http://www.sciencedirect.com/science/article/pii/S2225411015000450>

of *Traditional and Complementary Medicine* [online], Volume 5, Issue 4, October 2015, Pages 234-240 [cit. 2016-06-01]. Available from: <http://www.sciencedirect.com/science/article/pii/S2225411015000450>

²⁵⁴ *ibid.*, page 234.



“1. Introduction

Complementary medicine is not officially recognised by orthodox medicine in most of the Western countries, Italy included. This is mainly due to cultural barriers, therefore it has not been possible to set out regulations nor to find credit within the Institutions. However, the opportunity given by the Italian Regional Government to apply operational measures within the region allowed the Centre for Integrated Medicine of Pitigliano (Tuscany) to implement an innovative healthcare approach (see Appendix 1).

The Centre for Integrated Medicine of Pitigliano was founded by the Health Government of the Tuscany Region in February 2011 in order to provide assistance to patients and to carry out scientific research projects. The Centre is the first public hospital in Italy which provides inpatients with homeopathy remedies, acupuncture (針灸 zhēn jiǔ) treatment as well as Traditional Chinese Medicine (中醫 zhong Yi, TCM). The cutting-edge project entails several objectives to be achieved within the Italian public healthcare system:

- (i) to potentially establish a clinical setting between orthodox medicine and complementary and alternative medicine (CAM; 補充與替代醫學 bǔ chōng yǔ tì dài yī xué) practitioners, based on mutual agreement and close cooperation in terms of therapy and treatment;
- (ii) to test the interdisciplinary approach among inpatients;
- (iii) to verify the beneficial effects deriving from the approach regarding the improvement of the quality of life in patients suffering from chronic diseases as well as the decrease of side-effects triggered by conventional therapy;
- (iv) to verify the potential advantages of integrated medicine in terms of cost management regarding the regional healthcare system.

This contribution describes the hospital clinical setting of Integrated Medicine, the operational plan, the difficulties regarding its fulfilment, the crucial points, the opportunities and beneficial effects experienced by practitioners and patients three years after the beginning of the project. Among the tasks, CAM physicians (homeopathy, acupuncture and TCM) provide patients with Integrated Medicine, at five clinics (for outpatients) and in hospital wards, as well as at the neurological and orthopaedic Rehabilitation Centre (for inpatients) in Manciano (Tuscany). Patients at the Centre in Manciano have experienced cerebral vascular accidents or suffer from chronic neurological diseases (ALS, multiple sclerosis, Parkinson's syndromes and so on), or have undergone surgery for knee and hip implants. This represents a ground-breaking project for the Italian healthcare system whose preparatory plan lasted for two years (from 2008 to 2010) (see Appendix 1).²⁵⁵

“4. Conclusions

In the present contribution we have endeavoured to describe the characteristics of an innovative clinical setting of Integrated Medicine in Italy, the principle difficulties encountered and the solutions adopted to solve them. We hope that this article is useful to health professionals who wish to define a common strategy of integration, and at the same time that it may provide useful information to those who are aiming to adopt similar health initiatives. On our part, albeit with great difficulty on the part of orthodox physicians, we were able to demonstrate that:

- (i) it is possible to realise a clinical setting of Integrated Medicine based on a close collaboration between orthodox and CAM (補充與替代醫學 bǔ chōng yǔ tì dài yī xué) physicians;**
- (ii) this model of health assistance is very much appreciated by the patients;**
- (iii) the perception of the well-being of the patients who receive integrated treatment in the hospital is enhanced.**

²⁵⁵ Ibid. pages 234-235.



We are convinced that a small hospital has simplified the realisation of such a health project through the establishment of a stronger collaboration between the individuals involved in the setting. The coexistence and collaboration among the physicians, both orthodox and complementary, are very much appreciated by the patients, who declare that they have more trust in the orthodox medicine offered in the hospital since the introduction of homeopathic and TCM (中醫 zhōng yī) therapies. Moreover, we consider the appreciation on the part of elderly and very elderly patients, who have little knowledge of CAM due to the local cultural background, an added value. In our opinion, it would be important that this new health model be imported into larger sanitary structures in Italy, and for this reason we hope that our particular experience, which did not fail and is continually growing, may be an example for similar future initiatives.”²⁵⁶

“Appendix 1

The Tuscany Region has been providing Complementary Medicine services as components of its public healthcare system since 1996. Three regional centres for homeopathy, acupuncture (針灸 zhēn jiǔ), TCM (中醫 zhōng yī) and phytotherapy have been operating since 1999 in Tuscany. The patients can benefit from the service by paying a ticket which is similar to the one paid for other healthcare services provided by orthodox medicine. The Regional Law n° 9 approved in 2007 recognises four complementary medicines (manual medicine, acupuncture, homeopathy and phytotherapy) as “official” medicines of the regional healthcare service, which may be applied to the population within the public healthcare facilities of the Region. Currently there are more than one hundred outpatient clinics which provide complementary medicine services located around Tuscany.

Law No. 9 permitted the setting-up of the first hospital for Integrated Medicine in Italy, and it provides CAM (homeopathy and acupuncture and TMC) to inpatients too. The scientific Committee, appointed by the Tuscany Region, drafted and developed a research project from 2008 to 2010. The Committee is composed of delegates of the healthcare system governing bodies of Tuscany; physicians with great experience in homeopathy, phytotherapy, acupuncture and TCM; the Deans of the Faculties of Medicine of the Universities of Florence and Siena; an expert in legal medicine; the Administration of the local health Authority ASL 9 ; the Head Physician of internal medicine of the Hospital of Pitigliano and the Medical Director of the Royal London Hospital for Integrated Medicine; and it is coordinated by a Doctor specialised in Integrated Medicine nominated by the Tuscany Region. In 2010 the project was approved through appropriate norms adopted by the Tuscany Region that consented the opening of the hospital centre for Integrated Medicine in order to provide inpatients and outpatients with CAM assistance and to carry out scientific research.”²⁵⁷

²⁵⁶ Ibid. page 239.

²⁵⁷ BERNARDINI, S., CRACOLICI, F., FERRERI, R. et al. Integration between orthodox medicine, homeopathy and acupuncture for inpatients: Three years experience in the first hospital for Integrated Medicine in Italy. *Journal of Traditional and Complementary Medicine* [online], Volume 5, Issue 4, October 2015, Pages 234-240 [cit. 2016-06-01]. Available from: <http://www.sciencedirect.com/science/article/pii/S2225411015000450>



Norway

Use of CAM within Norwegian hospitals

In 2013, a survey on the use of complementary and alternative medicine in Norwegian hospitals was conducted in Norway. The survey was carried out by Renate Jacobsen from the University of Tromsø, Norway and her team. A summary of the results of the survey was published in the 2015 article: Use of complementary and alternative medicine within Norwegian hospitals.²⁵⁸

*According to the study, the demand for CAM is increasing in Western countries, including Norway, and certain CAM therapies are gradually being integrated into national health systems. Two CAM surveys were conducted in Norway in 2001 and 2008. According to these surveys, **the proportion of Norwegian hospitals offering CAM increased from 25% in 2001 to 50.5% in 2008**. The most frequently offered therapy was acupuncture. The aim of Jacobsen's new survey was to assess the situation in 2013 and assess the changes that have occurred since 2008. The survey covered all of the country's public hospitals (59) and 21 private hospitals. **The survey showed a further increase in the proportion of hospitals in Norway that offer CAM – from 50.5% in 2008 to 64.4% in 2013**. We cite the abstract of this study:*

“Abstract

Background

Over the recent decades complementary and alternative medicine (CAM) use within and outside of the public health care system in Norway has increased. The aim of this study is to describe to what extent CAM is offered **in Norwegian hospitals in 2013** and investigate possible changes since 2008.

Methods

In January 2013 a one-page questionnaire was sent to the medical director of all included hospitals (n = 80). He/she was asked to report whether or not one or more specific CAM therapies were offered in the hospital. Fifty-nine (73.8%) hospitals responded and form the basis for the analyses.

Results

CAM was offered in 64.4% of the responding hospitals. No major differences were found between public and private, or between somatic and psychiatric, hospitals. Acupuncture was the most frequent CAM method offered, followed by art- and expression therapy and massage.

The proportion of hospitals offering CAM has increased from 50.5% in 2008 to 64.4% in 2013 ($p = 0.089$). The largest increase was found in psychiatric hospitals where 76.5% of hospitals offered CAM in 2013 compared to 28.6% in 2008 ($p = 0.003$). A small decrease was found in the proportion of hospitals offering acupuncture between 2008 (41.4%) and 2013 (37.3%).

Conclusions

²⁵⁸ JACOBSEN, R., FØNNEBØ, V. M., FOSS, N. et al. Use of complementary and alternative medicine within Norwegian hospitals. *BMC Complementary and Alternative Medicine* [online]. 2015;15:275. doi:10.1186/s12906-015-0782-5 [cit. 2016-02-21]. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4534010/>



A majority of Norwegian hospitals offer some sort of CAM. The largest increase since 2008 was found in psychiatric hospitals. Psychiatric hospitals seem to have established a practice of offering CAM to their patients similar to the practice in somatic hospitals. This could indicate a shift in the attitude with regard to CAM in psychiatric hospitals.”²⁵⁹

²⁵⁹ JACOBSEN, R., FØNNEBØ, V. M., FOSS, N. et al. Use of complementary and alternative medicine within Norwegian hospitals. *BMC Complementary and Alternative Medicine* [online]. 2015;15:275. doi:10.1186/s12906-015-0782-5 [cit. 2016-02-21]. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4534010/>





4 CAM in the Czech Republic

4.1 The Interest of the Czech Public in CAM

The media image of complementary and alternative medicine in the Czech Republic does not correspond to reality regarding the extent to which CAM has developed and is utilized abroad. The media tends to mainly focus on the negative cases. Despite this, CAM methods are not unknown in the Czech Republic; as many Czechs regularly seek out and use such therapies for various reasons. A more positive view of CAM is spreading among Czechs thanks to personal experience and recommendations from other with experience of CAM.

There is very little objective information about Czechs' attitudes towards alternative medicine. The Czech Republics one of the EU countries that has not yet provided international research teams with the necessary information regarding CAM in the Czech Republic. Therefore, the Czech Republic does not feature in any international surveys (by WHO, CAMbrella, NATO etc.).

However, there is a certain amount data, from which tentative conclusions can be drawn. The following chapter presents some of this data.

4.1.1 STEM / MARK Survey: 85% of Czechs Would Like Alternative Medicine to Be Officially Recognized

*On Aug. 27, 2014, an article entitled "Recognition of Alternative Medicine would welcome 85% of people" was published on the "Deník.cz" server.²⁶⁰ A survey conducted by the company STEM / MARK showed that the overwhelming majority of Czechs would like certain alternative methods **to be officially recognized and even incorporated into the public health insurance systems.***

Herbal treatment is one of the traditional methods that is well-known and popular in the Czech Republic – **80%** of the respondents have either used it themselves or know someone who has. Most of the respondents are also familiar with **acupuncture and acupressure** and consider them to be beneficial. In addition, Czechs also perceive **chiropractic and homeopathy** to be beneficial. These are the five most commonly used alternative therapies in the Czech Republic and Czechs are open to seeing them incorporated in the national health insurance systems.

*Interestingly enough, **90%** of the respondents **agreed that whether or not the effects of a treatment have been scientifically proven does not say anything about its efficacy.** The following are excerpts from the article:*

"Prague – Eighty-five percent of Czechs would like to see certain alternative methods recognized as an official supplement to conventional treatments and to be included in health insurance policies. However, except for herbal treatments, very few people have actually had any personal experience with any alternative treatments. This was the result of a survey by STEM / MARK."²⁶¹

²⁶⁰ Deník.cz. *Uznání alternativní medicíny by uvítalo 85 procent lidí, zjistil průzkum [85% of the population would like alternative medicine to be officially recognized]* [online]. 27. 8. 2014 [cit. 2016-09-08]. Available from: http://www.denik.cz/z_domova/uznani-alternativni-mediciny-by-uvitalo-85-procent-lidi-zjistil-pruzkum-20140826.html. Translation - KoS.

²⁶¹ Ibid.



“According to almost 90% of the population, the fact that the effect of an alternative method has not been scientifically proven, does not mean that there is no effect. The same number of people also think that some alternative methods may work, even though they have not been scientifically proven. The survey was conducted in August on a sample of 500 people aged 15 to 59.”²⁶²

4.1.2 Survey Results: 90% of Czech Pharmacists and Pharmaceutical Assistants Are Positive towards CAM

The journal "Clinical Pharmacology and Pharmacy" published the article What Czech Pharmacists and Technicians believe and recommend about CAM therapies. The authors of the article were Dr. Jitka Pokladníková, professor at the Faculty of Pharmacy at Charles University, and Dr. Lie Desiree, professor at the University of Southern California (Keck School of Medicine).

Dr. Jitka Pokladníková, has worked with integrative medicine for many years and has developed her expertise at top research centres and clinics in the US, Canada, the Netherlands and Sweden. She also has experience from hospital pharmacies and clinics at Stanford University and Toronto, Canada. Once she returned to the Czech Republic, she founded a working group for Integrative and Complementary Medicine at the Faculty of Pharmacy at Charles University. The working group collaborates with her previous colleagues at research centres at prestigious institutes such as Karolinska Institutet in Sweden, Stanford University in the United States, and the University of California in Irvine and Los Angeles.²⁶³ *This working group is one of the few initiatives connected with modern complementary, alternative and integrative medicine in the Czech Republic. The article is cited below:*

“Background: No data exists regarding the attitude of practicing Czech pharmacists toward CAM and their interaction with patients about CAM therapies.

Objectives: Describe attitudes of Czech pharmacists and pharmacy technicians toward complementary and alternative medicine (CAM), their self-reported CAM use and client recommendation behaviors.

Methods: Design: A cross-sectional study using a validated self-administered survey (CAM Health Belief Questionnaire (CHBQ) and other questions).

Setting: Community and hospital pharmacies.

Subjects: Convenience sample of pharmacists and pharmacy technicians.

Outcome measures: CHBQ score, self-reported CAM use, recommendation to clients and perceived CAM efficacy and safety.

Results: Response rate was 99% (203 of 205). 80% were pharmacists and 20% pharmacy technicians. CHBQ mean score was 50.3 (maximum score 70) affirming positive attitudes toward CAM. Herbs, vitamins, massage and homeopathy were the most common therapies reported as used by respondents. Self-reported use of therapies was correlated with self-reported recommendation to patients. Ninety five percent recommended CAM; over 90% perceived CAM as effective and safe. Self-reported use of evidence-based resources was minimal.

Conclusions: Czech pharmacists and pharmacy technicians have positive attitudes about CAM. Pharmacist and pharmacy technicians' recommendation of CAM therapies to clients is based on a culture of belief and self-use rather than knowledge of current evidence. Strategies for improving

²⁶² Ibid.

²⁶³ EBSTYLE [online]. [cit. 2018-07-06]. Available from: <http://www.ebstyle.cz/cs/nas-tym>



recommendation practices will need to address self-use and the inclusion of CAM evidence-based medicine training.”²⁶⁴

²⁶⁴ POKLADNÍKOVÁ, J., DESIREE, L. Postoje českých lékárníků a farmaceutických asistentů ke komplementární a alternativní medicíně (KAM). *Klinická farmakologie* [The Attitudes of Czech Pharmacists and Pharmaceutical Assistants to Complementary and Alternative Medicine (CAM). *Clinical Pharmacology*] [online]. 2014; 28(2): 49–54 [cit. 2016-09-13]. Available from: http://www.klinickafarmakologie.cz/artkey/far-201402-0003_CAM_Attitudes_Self-reported_Use_and_Client_Recommendations_of_Czech_Pharmacists_and_Pharmacy_Technicians_Impl.php.



4.2 Attitudes towards CAM among Czech Health Authorities

4.2.1 The Scientific Council of the CMC on Uncertified Healing Procedures in Oncology

The Czech Medical Chamber approved the document The Scientific Council of the CMC on Uncertified Healing Procedures 2 February, 2012. The document names certain non-medical practices that are sought after and used by oncological patients, alongside comments on how to approach these practices from a medical point of view and during consultations with patients. A quote from the document follows:

“ The attitude towards healers (paramedics) should not be a priori negative. If the healer cooperates with the doctor, his counselling and/or natural medicine may improve the patient’s overall condition and quality of life.

Approved by the Scientific Council of the Czech Medical Chamber 2 February, 2012.”²⁶⁵

4.2.2 An Open Attitude to Folk Medicine Does Not Mean Efforts to Scientifically Evaluate its Efficacy Will Cease

(extract from the journal Medical Ethics & Bioethics²⁶⁶)

“Alternative medicine. Current biomedical research is often characterized by scepticism and sometimes by open contempt for alternative, non-allopathic methods in diagnosis and treatment. From a historical point of view, alternative medicine has, for many centuries, contributed to people feeling healthy and in many countries, particularly in China, alternative medicine is still used today. An open attitude to folk medicine does not mean that efforts to scientifically evaluate its efficacy will

²⁶⁵ ČESKÁ LÉKAŘSKÁ KOMORA. *Stanovisko vědecké rady ČLK k neověřeným léčitelským postupům v onkologii* [CZECH MEDICAL CHAMBER. The Scientific Council of the CMC on Uncertified Healing Procedures in Oncology] [online]. 2. 2. 2012 [cit. 2016-06-18]. Available from: http://www.lkcr.cz/doc/cms_library/01_stanovisko_vr_clk_neoverenym_lecitelskym_postupum_onkologii-100384.pdf . Translation - KoS.

²⁶⁶ Cíle medicíny: Určení nových priorit. Závěrečná zpráva mezinárodního multicentrického výzkumného projektu. *Medicínská etika & Bioetika* [Medical goals: Identifying New Priorities. Final report of from international multicenter research project. Medical Ethics & Bioethics] [online]. 4 (1) 1997, p. 15 [cit. 2016-02-09]. Available from: www.bioethics.sk/files/journal/1997-1.pdf



cease. In many developed countries, 30–40% of the population turns to alternative forms of medicine. This suggests a lack of trust in current scientific medicine and the desire to find more satisfactory treatment and care than the predominant Western models of health care provide. This should be an indication that more attention should be devoted to studying what alternative medicine offers its patients. An important subject of research for both scientific and folk medicine is the relationship between the body and soul. It is not an easy topic to define, but it concerns the essence of human being.”²⁶⁷

4.2.3 Minister of Health: Traditional Chinese Medicine Can Complement Modern Treatments

“Prague, 23 February, 2017 – ‘Traditional Chinese medicine can become a suitable complement to Western medicine and modern medical practices. Its psychosomatic aspects can also enhance Western therapy.’ This was a statement made by Minister of Health, Miloslav Ludvík (CSSD), to journalists earlier today. A seminar about the integrating Western and traditional Chinese medicine is taking place in Chamber of Deputies. Participants include experts from China and prestigious Western universities, including Cambridge and Yale.”²⁶⁸

“‘Traditional Chinese medicine will never replace our Western evidence-based medicine, but it is becoming an appropriate complement and a sort of alternative to how systems can coexist,’ said Ludvík. According to Ludvík, Western medicine today is ‘impersonal and too technical’, Chinese medicine add a psychosomatic aspect. ‘A physical disease will not necessarily only be regarded as physical, but may also be connected to the soul’ the minister added.”²⁶⁹

4.2.4 Czech Doctors and Healers Are Able to Collaborate

(a snippet from the programme Medialogy²⁷⁰)

Moderator of the programme Medialogy: “Can various so-called alternative methods, and their supporters co-operate with classical science and medicine? Are these two camps ready to

²⁶⁷ Medicínská etika & Bioetika. *Cíle medicíny: Určení nových priorit. Závěrečná zpráva mezinárodního multicentrického výzkumného projektu* [Medical goals: Identifying New Priorities. Final report of from international multicenter research project. Medical Ethics & Bioethics] [online]. 1997 [cit. 2016-02-09]. Available from: www.bioethics.sk/files/journal/1997-1.pdf . Translation - KoS.

²⁶⁸ ČTK České noviny. *Tradiční čínská medicína může vhodně doplnit moderní léčbu* [ČTK Czech newspapers. *Traditional Chinese medicine can complement modern medicine*] [online]. 23. 2. 2017 [cit. 08-05-2017]. Available from: <http://www.ceskenoviny.cz/zpravy/ludvik-tradicni-cinska-medicina-muze-vhodne-doplnit-moderni-lecibu/1453499> ; https://zdravi.euro.cz/clanek/tradicni-cinska-medicina-muze-doplnit-moderni-lecibu-484469?seo_name=mlada-fronta-noviny-zdravi-euro-cz . Translation - KoS.

²⁶⁹ Ibid.

²⁷⁰ 1. Lékařská fakulta Univerzity Karlovy ve spolupráci s deníkem Mladá Fronta DNES. *Medialogy – Alternativní medicína v Čechách* [1st Faculty of Medicine, Charles University, in cooperation with the newspaper Mladá Fronta DNES. *Medialogy – Alternative Medicine in the Czech Republic*] [online]. 10. 11. 2015, video from 1:23:40 [cit. 01-06-2018]. Available from: <https://www.lf1.cuni.cz/medialogy> . Translation - KoS.



communicate with each other? Since we don't have a healer here, I'm asking you if doctors and supporters of that classical Western medicine are ready to communicate with healers?"

MUDr. Radkin Honzak, CSc., Psychiatrist and pedagogue, Department of General Medicine, 1st Faculty of Medicine: "Of course."

Prof. MUDr. Aleksi Šedo, DrSc., Dean of the 1st Faculty of Medicine: "As with everything, sensible people can always reach an understanding."

Prof. MUDr. Roman Prymula, CSc., Ph.D., former director of Hradec Králové University Hospital: "I think we should perhaps consider the possible methods offered as an alternative, consider them to be complementary to the methods we use in Western medicine, so I am open to having a dialogue. But there are also a number of methods we could never accept and so discussing them would be pointless."



5 Recommended Links

- Institutions (p. 213)
- CAM Associations (p. 214)
- CAM conferences and congresses (p. 219)
- CAM research databases and indexes (p. 220)
- Health insurance companies that reimburse CAM treatments (p. 222)
- CAM at universities (p. 226)
- Peer-reviewed CAM journals (p. 232)
- Oncology and other medical centres that offer CAM (p. 235)
- Interesting books, documents and articles (p. 243)
- News about CAM (p. 244)

Sanator – the Union of Biotronicists of Josef Zezulka (KoS)

<https://www.sanator.cz/en>

The Society of Josef Zezulka and his educational system Spiritual University Bytí

<https://www.dub.cz/en>

Institutions

WORLD HEALTH ORGANIZATION (WHO)

Traditional, complementary and integrative medicine

“The WHO Traditional Medicine Strategy 2014–2023 was developed and launched in response to the World Health Assembly resolution on traditional medicine (WHA62.13). The strategy aims to support Member States in developing proactive policies and implementing action plans that will strengthen the role traditional medicine plays in keeping populations healthy.”²⁷¹

<http://www.who.int/medicines/areas/traditional/en/>

“The main functions of WHO are to produce health policies and provide guidance according to the needs of the member states; provide professional assistance in elaborating national health strategies; monitor health indicators and indicators for assessing countries’ health systems; develop and analyze new technologies and methods for tracking diseases and managing healthcare.”²⁷²

<http://www.who.cz/index.php/zaklinfo>

EUROPEAN COMMISSION

EU Health Policy Platform

The EU Health Policy Platform is the main forum for communication and cooperation between health interest groups and organisations, and the European Commission. It falls under DG SANTE (the European Commission’s Directorate-General for Health and Food Safety, formerly DG SANCO). Organizations specialized in CAM may also participate in the discussion (e.g. EFCAM participates). Mutual communication takes place either in form of personal meetings or online. Sanator – the Union of Biotronicists of Josef Zezulka (KoS) is a member of this platform.

²⁷¹ WHO. *Traditional, complementary and integrative medicine* [online]. [cit. 04-08-2018]. Available from: <http://www.who.int/traditional-complementary-integrative-medicine/en/>

²⁷² Ministry of Health of the Czech Republic. *WHO* [online]. [cit. 04-08-2018]. Translation - KoS. Available from: http://www.mzcr.cz/kvalitaabezpeci/obsah/spoluprace-s-who_2862_15.html



https://ec.europa.eu/health/policies/interest_groups_cs

EUROPEAN PARLIAMENT

“The CAM Interest Group is an informal group of members of the European Parliament with a special interest in Complementary and Alternative Medicine. The aims of the Interest Group are:

- putting and keeping CAM on the EU policy agenda
- activating a Forum for discussion and action
- promoting awareness of CAM and the value of a more holistic approach to health.”²⁷³

<http://www.cam-europe.eu/cam-interest-group-meetings.php>

COUNCIL OF EUROPE

“The Council of Europe is an international European organization which ensures the cooperation of the member states, especially in order to uphold democracy and to protect human rights as well as social rights and freedom.”²⁷⁴ *The Council of Europe is not a part of the European Union. The resolution 1206 (from 1999) on a European approach to non-conventional medicine, calls on the member states (including the Czech Republic) to promote official recognition of these forms of medicine in medical faculties and to encourage hospitals to use them.*

<http://hub.coe.int>, <http://www.radaevropy.cz>

CAMBRELLA

A European scientific research network for complementary and alternative medicine (CAM) that conducted a research program regarding all important aspects of the situation for CAM in Europe between 2010 and 2012. The research was financed by the European Commission.

<http://www.cambrella.eu>

CAM Associations

Europe

EUROCAM

EUROCAM is probably the largest association of multinational European CAM organization aimed at patients and physicians, tutors and trained practitioners interested in CAM. “The aim of EUROCAM is to promote the contribution of CAM - Complementary and Alternative Medicine - to better health in Europe. (...) The objective of EUROCAM is to promote and facilitate CAM’s role in maintaining citizens’ health, highlight the health promotion and illness prevention aspects of CAM for EU public health policy and programmes, to advance the accessibility, affordability and availability of CAM, and generally promote CAM at European level.”²⁷⁵ EUROCAM is a united voice for CAM organizations when communicating with EU institutions.

<http://www.cam-europe.eu/>

²⁷³ EUROCAM. *CAM Interest Group meetings* [online]. [cit. 04-08-2018]. Available from:

<http://www.cam-europe.eu/cam-interest-group-meetings.php>

²⁷⁴ Radaevropy.cz. *The Council of Europe* [online]. [cit. 04-08-2018]. Translation - KoS. Available from:

<http://www.radaevropy.cz>

²⁷⁵ EUROCAM. *Website* [online]. [cit. 04-08-2018]. Available from: <http://www.cam-europe.eu>



Affiliated Organisations:

- EUAA** European Ayurveda Association
<http://www.euroayurveda.eu>
(from the Czech the Professional Chamber Sanator – the Union of Biotronicists of Josef Zezulka – <http://www.sanator.cz>)
- ECCH** European Central Council of Homeopaths
<http://www.homeopathy-ecch.org>
- ECH** European Committee for Homeopathy
<http://www.homeopathyeurope.org>
(from the Czech Republic the Czech Medical Homeopathic Society is a member – <http://www.clhs.cz>)
- ECPM** European Council of Doctors for Plurality in Medicine
<http://www.ecpm-europe.ch>
- EFHPA** European Federation of Homeopathic Patients' Associations
<http://www.efhpa.eu>
- EFFO** European Federation and Forum for Osteopathy
<http://www.effo.eu>
- EFPAM** European Federation of Patients' Organisations for Anthroposophic Medicine
<http://www.efpam.eu>
- EHTPA** European Herbal & Traditional Medicine Practitioners Association
<http://ehtpa.eu>
- ETCMA** European Traditional Chinese Medicine Associations
<http://www.etcma.org>
(from the Czech Republic the Czech Chamber of Traditional Chinese Medicine is a member – <http://www.komoratcm.cz>)
- IAVH** International Association for Veterinary Homeopathy
<http://iavh.org>
- ICMART** International Council of Medical Acupuncture and Related Techniques
<http://www.icmart.org>
(from the Czech Republic the Czech Medical Society for Acupuncture of the Czech Medical Association of J.E. Purkyne is a member – <http://www.akupunktura.cz>)
- IFAAET** International Federation of Anthroposophic Arts and Eurythmy Therapies
<http://ifaaet-medsektion.net>
- IVAA** International Federation of Anthroposophic Medical Associations
<http://www.ivaa.info>
(from the Czech Republic the Czech Society of Anthroposophic Physicians is a member – <http://www.anthroposof.cz>)

Associate partners:

- DAKOMED** Dachverband Komplementärmedizin Schweiz
<https://www.dakomed.ch>
Hufelandgesellschaft e.V.
<http://www.hufelandgesellschaft.de>



CAMDOC Alliance

“Jointly represent about 130 European associations of medical doctors practising CAM.”²⁷⁶

“The **mission of CAMDOC** is to develop and facilitate the integration of the well established and respectable CAM methods into European Health Policies with the aim to provide the European citizens with the added value to medicine that CAM can provide.”²⁷⁷

CAMDOC Members: ECH, ECPM, ICMART and IVAA (they are also members of EUROCAM).

<http://www.camdoc.eu>

EFCAM – European Federation of Complementary and Alternative Medicine

“EFCAM is a Federation of European Federations of specific CAM modalities and national CAM umbrella organisations. Originating in December 2004 as a forum, before becoming a registered not for profit association, it has become the major voice for practitioners of CAM in Europe embracing some 20 CAM modalities in 23 countries.”²⁷⁸

<http://www.efcam.eu>

“EFCAM Members:

PAN-EUROPEAN PROFESSIONAL CAM ORGANISATIONS

ESF European Shiatsu Federation

<http://www.shiatsufederation.eu>

(from the Czech Republic the Czech Shiatsu Association is a member –

<http://www.shiatsuasociace.cz>)

RiEN Reflexology in Europe Network

<http://www.reflexeurope.org>

NATIONAL CAM UMBRELLA ORGANISATIONS

FICTA Ireland: Federation of Irish Complementary Therapy Associations

<http://www.ficta.com>

RBCZ Holland: Rijksregister Beroepsbeoefenaars Complementaire Zorg

<http://www.rbcz.nu>

APTN-COFENAT Spain: Asociación Española de Terapias Naturales y No Convencionales

<http://www.cofenat.es>²⁷⁹

European Council of Doctors for Plurality in Medicine – ECPM

“ECPM is a European Federation of Medical Doctors’ Associations with more than 50000 members practising Alternatives and Complementary Medicines (CAM). In addition to the 45 medical member associations (homeopathy, anthroposophic medicine, chinese medicine and acupuncture, herbal medicine, naturopathy, neural therapy, manual medicines), ...”²⁸⁰

<http://www.ecpm-europe.ch>

²⁷⁶ ICMART. *ICMART European Chapter* [online]. [cit. 04-08-2018]. Available from:

<https://www.icmart.org/about-icmart/icmart-chapters-and-committees/icmart-european-chapter.html>

²⁷⁷ CAMDOC Alliance. *What is CAMDOC Alliance?* [online]. [cit. 04-08-2018]. Available from:

<http://www.camdoc.eu>

²⁷⁸ EFCAM. *EFCAM Mission / Vision* [online]. [cit. 04-08-2018]. Available from:

<http://www.efcam.eu/efcam/efcam-missionvision/>

²⁷⁹ EFCAM. *EFCAM Members* [online]. [cit. 04-08-2018]. Available from:

<http://www.efcam.eu/efcam/efcam-members/>

²⁸⁰ ECPM. *What is ECPM?* [online]. [cit. 04-08-2018]. Available from:

<http://ecpm-europe.ch/en/ECPM>



Worldwide

International

International Society for Complementary Medicine Research – ISCMR

“ISCMR is an international multidisciplinary scientific organization established to foster the development and dissemination of new knowledge regarding whole person healing and whole systems healthcare research, including all traditional, holistic, alternative, complementary and integrative forms of medicine (TCAIM). It provides a platform for knowledge and information exchange of TCAIM research to enhance international communication and collaboration.”²⁸¹

<http://www.iscmr.org>

International Council of Medical Acupuncture and Related Techniques – ICMART

“ICMART is a non-profit international organization comprising about 80 Medical Acupuncture associations and colleges worldwide. It includes over 35,000 doctors practising acupuncture and related techniques.”²⁸²

<http://www.icmart.org>

Consortium of Academic Health Centers for Integrative Medicine – CAHCIM

“The mission of the Consortium is to advance integrative medicine and health through academic institutions and health systems.”²⁸³

<http://www.imconsortium.org>

USA

National Cancer Institute – Office of Cancer Complementary and Alternative Medicine – OCCAM

“The Office of Cancer Complementary and Alternative Medicine (OCCAM) is an office of the National Cancer Institute (NCI) in the Division of Cancer Treatment and Diagnosis. OCCAM is responsible for NCI’s research agenda in complementary and alternative medicine (CAM) as it relates to cancer prevention, diagnosis, treatment, and symptom management.”²⁸⁴ <https://cam.cancer.gov>

National Center for Complementary and Integrative Health – NCCIH

“The National Center for Complementary and Integrative Health (NCCIH) is the Federal Government’s lead agency for scientific research on the diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine. NCCIH was formerly known as the National Center for Complementary and Alternative Medicine.”²⁸⁵ (NCCAM, Ed.)

<https://nccih.nih.gov>

²⁸¹ ISCMR. *About ISCMR* [online]. [cit. 30-08-2018]. Available from:

<http://www.iscmr.org/content/about-iscmr>

²⁸² ICMART. *Website* [online]. [cit. 04-08-2018]. Available from:

<https://www.icmart.org>

²⁸³ Academic Consortium for Integrative Medicine & Health. *Website* [online]. [cit. 04-08-2018]. Available from: <https://imconsortium.org/>

²⁸⁴ OCCAM. *About Us* [online]. [cit. 04-08-2018]. Available from:

https://cam.cancer.gov/about_us/default.htm

²⁸⁵ NCCIH. *About NCCIH* [online]. [cit. 04-08-2018]. Available from: <https://nccih.nih.gov/about>



Index of professional associations that work with energy therapies:

“ACEP – Association for Comprehensive Energy Psychology

<http://www.energypsych.org>

ACPEM – Association of Chartered Physiotherapists in Energy Medicine

<http://www.energymedphysio.org.uk>

AET – Association of Energy Therapists

<http://www.energytherapists.org.uk>

AETEPA – Asociación Española de Terapia Energética por Arquetipos

<http://terapeutasunidos.com>

AIMC – Asociación Internacional de Medicina Cuántica

<https://aimedicinacuantica.wordpress.com/>

ALAS – Asociación Latinoamericana de Sanación Reiki

<http://www.alasreiki.com/>

AMT – The Association for Meridian & Energy Therapies

<http://theamt.com/>

ASANUMED – Asociación de Sanadores Universales Mediante Energía a Distancia

<http://asanumed.org>

BAHA – The British Alliance of Healing Associations

<http://www.britishalliancehealingassociations.com>

CH – Council for Healing

<http://councilforhealing.org/>

CPT – Consejo Profesional de Terapeutas Holísticos

<http://www.terapeutas.eu>

CPT – Council of Holistic Professional Therapists

<http://www.terapeutas.org>

CRCH – Commission on Religious Counseling and Healing

<http://crch.rbsocc.org/>

EHA – Energetic Healers Association

<http://www.energyhealersassociation.org>

EMA – Energy Medicine Association

<http://www.informationenergymedicine-association.com/>

ES – Energie Santé

<http://www.energie-sante.net>

FEB – Federação Espírita Brasileira

<http://www.febnet.org.br>

FSEM – Federation of Subtle Energy Medicine

<http://www.subtlehealth.org>

FSHLB – Federation of Spiritual Healer Licensing Boards

<http://fshlb.com>

IARP – International Association of Reiki Professionals

<http://iarp.org>

IEHA – International Energetic Healing Association

<http://www.internationaleha.org>

INEH – International Network for Energy Healing

<http://www.ineh.org/>

ISSSEEM – International Society of Subtle Energies & Energy Medicine

<http://www.issseem.org>

MF – Meditation France

<http://www.meditationfrance.com>

NFSH – National Federation of Spiritual Healers – The Healing Trust

<http://www.thehealingtrust.org.uk>



TCHA – The Complementary Healing Association
<http://www.thecha.co.uk/>
TCHO – The Confederation of Healing Organisations
<http://www.the-cho.org.uk/>²⁸⁶

Other references:

Practitioners and research organisations listed by Country
<http://www.education.canterbury.ac.nz/healthsciences/enzcam/organisations.shtml>

CAM conferences and congresses

Conferences in Europe:

CAM: Innovation and Added Value for European Healthcare – European Parliament, Brussels, 9 October, 2012. A conference held in the European Parliament. Organizers: EUROCAM. Financed by: the European Commission, the Robert Bosch Foundation and some other sponsors.
<http://cam-europe.eu/cam-conference.php>

WORLD CONGRESS INTEGRATIVE MEDICINE & HEALTH – Berlin, Germany, May 3-5th, 2017.
The 10th European Congress for Integrative Medicine and the 12th International Congress on Complementary Medicine Research sponsored by the International Society for Complementary Medicine Research (ISCMR).
<http://www.ecim-iccmr.org>

INTERNATIONAL CONGRESS FOR INTEGRATIVE HEALTH & MEDICINE – Stuttgart, Germany, June 9-11, 2016.
<http://www.icihm.org>

INTERNATIONAL CONFERENCE ON ALTERNATIVE MEDICINE – London, United Kingdom, February 26-28, 2018. 9th Edition of International Conference on Alternative Medicine.
<http://alternativemedicine.euroscicon.com>

ICCAIMH 2017: 19TH INTERNATIONAL CONFERENCE ON COMPLEMENTARY, ALTERNATIVE, INTEGRATIVE MEDICINE AND HEALTH – London, United Kingdom, May 25-26, 2017.
<https://www.waset.org/conference/2017/05/london/ICCAIMH/home>

CAMSTRAND CONFERENCE – Warwick University, United Kingdom, June 6, 2017.
The conference provides a forum for researchers with a range of experience as well as health professionals and therapists/practitioners/students with an interest in complementary medicine research.
<http://www.rccm.org.uk/node/291>

²⁸⁶ Bircham International University. *Energy Healing* [cit. 20-05-2017]. Available from:
<https://www.bircham.edu/energy-healing>



Other conferences worldwide:

TRADITIONAL AND ALTERNATIVE MEDICINE – Dubai, United Arab Emirates, 24–26 October, 2017.
7th International Conference and Exhibition on Traditional and Alternative Medicine.

<http://traditionalmedicine.conferenceseries.com>

CAM WORLD CONGRESS – Cartagena de Indias, Colombia, South America, 31 August – 2 September, 2017. 1st World Congress focused on state of the art research and knowledge in the field of alternative medicine and complementary therapies. Supported by the Pan American Health Organization and World Health Organization in Colombia.

<http://www.camworldcongress.com>

INTERNATIONAL MEETING ON COMPLEMENTARY & ALTERNATIVE MEDICINE AND THERAPIES – Charlotte, USA, 18–19 September, 2017.

<http://complementarymedicine.cmesociety.com>

INTERNATIONAL CONGRESS ON INTEGRATIVE MEDICINE AND HEALTH (ICIMH) – Las Vegas, USA, May 17-20, 2016.

<http://www.icimh.org>

ISSSEEM CONFERENCE – Lee Summit, USA, September 21-24, 2016.

24th annual conference on energy medicine, energy psychology and subtle energies. ISSSEEM (The International Society for the Study of Subtle Energies and Energy Medicine) is an international society that serves as an open forum for scientific and intuitive exploration of integrative healing, applied spirituality, and the subtle realms.

<http://isseem.org/conference.html>

Lists of past and upcoming CAM conferences:

<https://www.conferenceseries.com/alternative-healthcare-meetings>

<https://www.omicsonline.org/alternative-healthcare-conferences.php>

<https://www.omicsonline.org/alternative-medicine-journals-conferences-list.php>

<http://www.townsendletter.com/conferencecalendar.htm>

CAM research databases and indexes

CAM on PubMed

PubMed provides access to more than 28 million citations for biomedical literature from the database MEDLINE, life science journals, and online books. CAM on PubMed is a subset of PubMed citations that focus on CAM:

<http://nccam.nih.gov/research/camonpubmed>

MEDLINE

The leading bibliographic database of biomedicine administered by the US National Library of Medicine. The free online version is called PubMed.

<http://www.pubmed.gov>



EMBASE

The second largest biomedical database after Medline. Paid source.

<http://www.embase.com/>

COCHRANE LIBRARY

One of the largest databases of certified information on biomedicine.

<http://www.cochranelibrary.com/>

ClinicalTrials.gov

A database of clinical studies conducted in various countries, provided by the US National Library of Medicine:

<http://www.clinicaltrials.gov/>

CINAHL – Cumulative Index to Nursing and Allied Health Literature

A database of selected journal articles about nursing, allied health, biomedicine and healthcare, including CAM.

<http://www.ebscohost.com/cinahl/>

GOOGLE SCHOLAR

An online search engine for scientific literature run by Google Inc.

<https://scholar.google.com/>

NCCIH Clinical Trials A–Z

The National Center for Complementary and Integrative Health's (NCCIH) website with CAM references to the ClinicalTrials.gov database of clinical studies:

<https://nccih.nih.gov/research/clinicaltrials/alltrials.htm>

MedlinePlus.gov

An online service with links to various information about CAM from the website MedlinePlus, run by the US National Library of Medicine:

<https://medlineplus.gov/complementaryandintegrativemedicine.html>

Cancer Research UK

Research on CAM and cancer care in the United Kingdom and internationally.

<http://www.cancerresearchuk.org/about-cancer/cancer-in-general/treatment/complementary-alternative-therapies/research/complementary-therapy>

CAM Quest

A European-wide search portal for clinical CAM studies, possible to searched according to method and disease:

<http://www.cam-quest.org/en/>

AMED Allied and Complementary Medicine

A database by the British Library that focuses on complementary medicine.

<http://www.ovid.com/site/catalog/databases/12.jsp>

CAMBASE

A literature database of complementary and alternative medicine provided by the Department of Medical Theory and Complementary Medicine at the Witten/Herdecke University in Germany.

<http://www.cambase.de>



Cochrane Complementary Medicine

A database of clinical CAM studies provided by the Center for Integrative Medicine at the University of Maryland.

<http://cam.cochrane.org/>

Lists of research databases that also include research on CAM:

http://www.amfoundation.org/dir_databases.htm

<http://libguides.gwumc.edu/c.php?g=27780&p=170378>

<http://researchguides.uic.edu/complementarymedicine>

Probably the largest summary of scientific research on Reiki

It contains about 105 clinical studies and 33 published articles (December 2017).

See the PDF document Reiki – The Scientific Evidence.

<https://www.reikifed.co.uk/research/>

Some other lists of research on Reiki:

<http://www.reikicouncil.org.uk/Reiki-Research.php>

<http://www.cancer-support.eu/wellness/reiki/reiki-studies-and-use-in-hospitals>

A Czech list of scientific databases by the Centre of Scientific Information of the Institute of Physiology CAS:

http://sun2.biomed.cas.cz/fgu/knihovna/ezdroje_database.html

Health insurance companies that reimburse CAM treatments

Insurance companies in Europe:

SWITZERLAND

The following therapies are reimbursed by the compulsory federal health insurance: homeopathy, anthroposophic medicine, herbal medicine, traditional Chinese medicine and acupuncture. Some insurance companies also reimburse many other CAM methods, including bioenergy therapy (Reiki) as part of their supplemental health insurance.

<http://www.cam-europe.eu/news2.php?id=161967201459>

GROUPE MUTUEL

http://groupemutuel.ch/content/gm/en/accueil/privees/vos_attentes/medecine_douce.html

List of covered CAM methods (46 methods, including Reiki, a bioenergy therapy):

http://groupemutuel.ch/content/dam/gm/docs/en/products/health/terms_and_conditions/global/conditions_Particulieres_global_en.pdf

Insurance offers: GLOBAL 1, 2, 3, 4, BONUS

http://groupemutuel.ch/content/gm/en/accueil/privees/nos_produits/assurance_maladie_complementaires/global.html

http://www.fonctionpublique.ch/content/gm/en/accueil/privees/nos_produits/assurance_maladie_complementaires/bonus.html



HELSANA

Helsana cooperates with a large network consisting of more than 14,000 recognized CAM therapists.
<https://www.helsana.ch/en/blog/complementary-medicine>

List of covered CAM methods (72 methods):

<https://www.helsana.ch/docs/therapeutic-methods-in-complementary-medicine.pdf>

Insurance offers: SANA, COMPLETA

<https://www.helsana.ch/en/individuals/insurance/supplementary-insurance/outpatient/sana>

<https://www.helsana.ch/en/individuals/insurance/supplementary-insurance/outpatient/completa>

SWICA

List of covered CAM methods (100 methods):

http://www.swica.ch/p/033_e_Liste_Komplementaermedizin.pdf

Insurance offers: COMPLETA TOP, OPTIMA

<https://www.swica.ch/en/for-private-clients/insurance-solutions/supplementary-insurance/completa-top>

<https://www.swica.ch/en/for-private-clients/insurance-solutions/supplementary-insurance/optima>

ATUPRI

List of covered CAM methods (chiropractic, acupuncture):

[https://www.atupri.ch/sites/default/files/2017-](https://www.atupri.ch/sites/default/files/2017-03/Versicherungsangebot_Leistungs%C3%BCbersicht_0.pdf)

[03/Versicherungsangebot_Leistungs%C3%BCbersicht_0.pdf](https://www.atupri.ch/sites/default/files/2017-03/Versicherungsangebot_Leistungs%C3%BCbersicht_0.pdf)

Insurance offers: MIVITA REALA, MIVITA EXTENSA

<https://www.atupri.ch/de/private/versicherungen/zusatzversicherungen/mivita>

VISANA

List of covered CAM methods (39 methods):

https://www.visana.ch/dam/internet/dokumente/01_privatkunden/06_listen/vertragsspitaeler_hotel_plus_de0.pdf

Insurance offers: KOMPLEMENTÄR I, II, III

<https://www.visana.ch/de/privatkunden/leistungen/zusatzversicherung/komplementaer>

KPT-CPT

List of covered CAM methods (6 methods):

<https://www.kpt.ch/de/services/faq/Seiten/leistungen.aspx>

Insurance offers: NATURA

<https://www.kpt.ch/de/produkte/zusatzversicherungen/Seiten/natura.aspx>

INNOVA

Insurance offers and a list of covered methods (anthroposophic medicine, homeopathy):

SANVITA PLUS ONE, SANVITA PLUS TWO

https://www.innova.ch/innova-de/fuer_private/zusatzversicherung/ambulant.html

SANITAS

List of covered CAM methods (110 methods):

<https://www.sanitas.com/en/index/private-customers/services/leistungen/alternativmedizin.html>



Insurance offers: CLASSIC, FAMILY, JUMP

<https://www.sanitas.com/en/index/private-customers/products/supplementary-insurance.html>

ÖKK

List of covered CAM methods (44 methods):

https://www.oekk.ch/~media/medien/pk/service/pk_alternativmedizin_fam_op_pr_de.pdf?la=en

Insurance offers: FAMILY, FAMILY FLEX, OPTIMA, PREMIUM

<https://www.oekk.ch/en/private-clients/offers/supplementary-insurance/>

ASSURA

Insurance offers and a list of covered methods: NATURA, MEDNA

<https://de.assura.ch/krankenkasse/zusatzversicherungen-fuer-komplementaermedizin>

GERMANY

SECURVITA

List of covered CAM methods (acupuncture, homeopathy, anthroposophic medicine, osteopathy, chiropractic, traditional Chinese medicine, Reiki for preventive causes is also reimbursed):

https://www.securvita.de/fileadmin/user_upload/PDF-Dateien/krankenkasse/m-erstattungssetze-39.pdf

Insurance offers: SECURVITA

<https://www.securvita.de/krankenkasse.html>

BARMENIA

A list of covered CAM methods (57 methods):

http://www.barmenia.de/media/dokumente/tarifbedingungen_bk/K4610.pdf

Insurance offers: EINSA EXPERT, EXPERT +, PRIMA, PRIMA +, PRIMEX

<http://www.barmenia.de/de/produkte/krankenversicherung/private-krankenversicherung/uebersicht.xhtml>

TECHNIKER KRANKENKASSE

List of covered CAM methods (phytotherapy, homeopathy, anthroposophic medicine):

<https://www.tk.de/tk/beratung/zuzahlungen-und-erstattungen/alternative-arzneimittel/916258>

BKK VBU

List of covered CAM methods (acupuncture, anthroposophic medicine, homeopathy, osteopathy, herbal medicine):

<https://www.meine-krankenkasse.de/naturheilkunde/>

Other insurance companies worldwide:

INDIA

HDFC ERGO

Insurance offers (for more than 6,000 hospitals): Health Suraksha

List of covered CAM methods (Ayurveda, homeopathy, Siddha, Unani):

<https://www.hdfcergo.com/health-insurance/health-suraksha-medical-insurance-policy.html>



TATA AIG INSURANCE

Insurance offers (for more than 3,000 hospitals): MediPrime
List of covered CAM methods (Ayurveda, homeopathy, Siddha, Unani):
<https://www.tataaiginsurance.in/health-insurance/medi-prime.html>

USA

AETNA

List of covered CAM methods (acupuncture, chiropractic):
http://www.aetna.com/cpb/medical/data/300_399/0388.html

KAISER PERMANENTE

List of covered CAM methods (acupuncture, naturopathy, chiropractic, massage therapy):
<https://www.ghc.org/html/public/services/alternative>

MEDICARE

List of covered CAM methods (chiropractic):
<https://www.medicare.gov/coverage/is-your-test-item-or-service-covered.html>

BLUE CROSS

List of covered CAM methods (acupuncture, chiropractic, mind-body therapies):
https://m.bcbstx.com/bam/blue_alternative.html
<https://www.bcbs.com/>

CIGNA

List of covered CAM methods (chiropractic, therapeutic massage, acupuncture):
<https://www.cigna.com/cigna-healthcare-policies>

Insurance offers: Cigna Healthy Rewards
<https://www.cigna.com/individuals-families>

HEALTH PARTNERS

List of covered CAM methods (acupuncture, chiropractic):
<https://www.healthpartners.com/public/coverage-criteria/>

Lists of insurance companies that support CAM:

<https://www.moneyland.ch/en/supplemental-health-insurance-comparison>
<https://www.moneyland.ch/en/health-insurance-alternative-medicine>
<https://www.krankenkassen.de/krankenkassen-vergleich/gesetzliche-krankenkassen/alternative-medicin/>

Context:

“A recent survey of 18 major HMOs and insurance providers, including Aetna, Medicare, Prudential, and Kaiser Permanente, found that 14 of them covered at least 11 of 34 alternative therapies. Chiropractic, massage therapy, and acupuncture are the three most-covered therapies followed by naturopathic medicine. Other therapies that are increasingly being included are herbal remedies, homeopathy, mind-body stress management, and meditation.”

Source: Verywell.com. *Health Insurance and Alternative Medicine* [online]. 22. 6. 2016 [cit. 29. 4. 2018]. Available from: <https://www.verywell.com/questions-insurance-alternative-medicine-88734>



WHO review about the situation of CAM in various countries. Also includes the aspect of health insurance coverage:

WHO. *Legal Status of Traditional Medicine and Complementary/Alternative Medicine: A Worldwide Review* [online]. 2001 [cit. 2018-04-06]. Available from:
<http://apps.who.int/medicinedocs/en/d/Jh2943e>

CAM at universities

Lists of universities that offer CAM courses or study programmes:

HealthCareStudies.cz – a database of healthcare study programmes at universities, including programmes that cover alternative medicine. Links to bachelor, master and doctoral study programmes in alternative medicine.

<https://www.healthcarestudies.cz/Bakalář/Alternativní-medicína/>
<https://www.healthcarestudies.cz/Magistr/Alternativní-medicína/>
<https://www.healthcarestudies.com/PhD/Alternative-Medicine/>

Study.com – a database of universities that offer formal training in alternative and complementary medicine.

http://study.com/articles/Top_Schools_for_Alternative_and_Complementary_Medicine.html

Study.com – universities that offer training in energy medicine.

http://study.com/articles/Energy_Medicine_Schools_and_Colleges_How_to_Choose.html
http://study.com/energy_healing_school.html

MastersPortal.eu – a database of university study programmes at that include complementary and alternative medicine.

<http://www.mastersportal.eu/disciplines/228/complementary-alternative-medicine.html>

TheCompleteUniversityGuide.co.uk – CAM tuition at universities in Great Britain.

- Selective listing of universities with links to CAM courses at these universities.

<https://www.thecompleteuniversityguide.co.uk/league-tables/rankings?s=Complementary%20Medicine>

- General information about complementary medicine.

<https://www.thecompleteuniversityguide.co.uk/courses/complementary-medicine/>

- Further information about studying complementary medicine and why to study it.

<https://www.thecompleteuniversityguide.co.uk/courses/complementary-medicine/guide-to-studying-complementary-medicine/>

Postgrad.com – postgraduate courses for complementary medicine in Europe.

<https://www.postgrad.com/courses/complementary-medicine/europe>

Whatuni.com – complementary medicine courses in the United Kingdom.

<https://www.whatuni.com/degree-courses/search?subject=complementary-medicine>

Hotcourses.com – 158 alternative medicine courses in the United Kingdom (2018).

<https://www.hotcourses.com/uk-courses/search/?subject=324>



Bircham.edu – an international database of distance degree programmes that include complementary and alternative medicine, and energy therapy.

<http://www.bircham.edu/programs/faculty-of-natural-health-science.html>

<http://www.bircham.edu/bioenergetic-therapy.html>

<https://www.bircham.edu/energy-healing.html>

CAMbrella – a list of CAM universities from the final report of WP5, chapter 4.7, page 17.

http://www.cam-europe.eu/dms/files/CAMbrella_Reports/CAMbrella-WP5final.pdf

CAM universities in Germany.

<http://www.uniforum-naturheilkunde.de>

A list of universities in Europe.

<http://vysoke-skoly.studiumvevrope.eu>

Universities in Europe that offer tuition in CAM or used to offer it:

HUNGARY

University of Pécs^{1,2} (non-public university)

Department CAM.

<https://pte.hu/english>

ITALY

University of Bologna^{1,2} (public university)

<http://www.unibo.it>

University of Florence^{1,2} (public university)

<http://www.unifi.it/changelang-eng.html>

University of Messina¹ (public university)

<http://www.unime.it/en>

University of Milano-Bicocca¹ (public university)

Health care systems, traditional and non-conventional medicine.

<http://www.master-sistemisanitari-medicinenonconvenzionali.org>

<http://www.unimib.it/go/102/Home/English>

Sapienza University of Rome¹ (public university)

<http://www.uniroma1.it>

University of Rome Tor Vergata¹ (public university)

<https://web.uniroma2.it/home/newlang/english>

University of Siena¹ (public university)

<https://en.unisi.it>

University of Urbino¹ (public university)

<http://informatica.uniurb.it/en/home-en>



SWITZERLAND

University of Zurich¹ (public university)

<http://www.degrees.uzh.ch/en/phd/50000976/50729165/50729101> (doctoral degree in chiropractic)

<http://www.iki.usz.ch/ueber-das-institut/seiten/lehre.aspx> (Institute of Complementary and Integrative Medicine)

University of Bern^{1,2} (public university)

http://www.ikom.unibe.ch/index_eng.html (Institute of Complementary Medicine)

<http://www.unibe.ch>

GERMANY

Charite – Medical University of Berlin (Charité Universitätsmedizin Berlin)^{1,2}

<https://www.charite.de/en>

European University Viadrina Frankfurt/Oder¹ (public university)

<https://www.europa-uni.de/en>

University of Duisburg-Essen^{1,2} (public university)

<https://www.uni-due.de/naturheilkunde/87-0-Home.html> (Chair of Complementary and Integrative Medicine)

<http://www.zusatzbezeichnungnaturheilkunde.de> (naturopathy)

<http://www.ausbildungayurveda.de> (traditional Indian medicine)

Ludwig Maximilian University of Munich^{1,2} (public university)

<http://www.med.uni-muenchen.de/index.html>

<http://www.kokonat.med.tum.de/aus--und-fortbildung/studentische-ausbildung/querschnittsfach-12-rehabilitation-physikalische-medicin-naturheilverfahren-> (alternative medicine and naturopathy)

Witten-Herdecke University¹ (non-public university)

<https://www.uni-wh.de/gesundheits/departement-fuer-humanmedizin/lehrstuehle-institute-und-zentren/lehrstuhl-fuer-medizintheorie-integrative-und-anthroposophische-medicin>

(anthroposophic medicine)

<http://www.uniforum-naturheilkunde.de>

University of Rostock (Universitätsmedizin Rostock)^{1,2} (public university)

<https://naturheilkunde.med.uni-rostock.de/lehre> (naturopathy, acupuncture, Chinese medicine, phytotherapy)

SRH University of Health Gera³ (non-public college)

<https://www.gesundheitshochschule.de/de/studium/bachelor/osteopathie-b-sc> (osteopathy)

NORWAY

University of Tromsø^{1,2} (public university)

<https://en.uit.no>



UNITED KINGDOM

University of Southampton ² (public university)

<https://www.southampton.ac.uk/camresearchgroup/seminars/index.page>

<https://www.southampton.ac.uk/camresearchgroup/research/teachingresearch/CAMintheundergraduatuemedicalcurriculumtheSouthamptonexperience.page>

University of Exeter ² (public university)

<http://www.exeter.ac.uk>

University of Sheffield ² (public university)

<https://www.sheffield.ac.uk>

University of West London ² (public university)

<http://www.uwl.ac.uk>

London South Bank University (LSBU) ³ (public university)

<https://www.lsbu.ac.uk> (chiropractic, acupuncture, Chinese medicine)

<http://www.lsbu.ac.uk/courses/course-finder/chiropractic-masters>

<http://www.lsbu.ac.uk/courses/course-finder/chinese-medicine-acupuncture-masters-m-mac>

University of Westminster ³ (public university)

<https://www.westminster.ac.uk/complementary-medicine-courses> (Chinese medicine, acupuncture, herbal medicine)

University of South Wales ³ (public university)

<http://www.southwales.ac.uk>

<http://www.southwales.ac.uk/courses/master-of-chiropractic> (chiropractic)

<http://www.southwales.ac.uk/courses/master-of-chiropractic-including-foundation-year>

Swansea University Prifysgol Abertawe ³ (public university)

<http://www.swansea.ac.uk/undergraduate/courses/human-and-health-sciences/mostosteopathy> (osteopathy)

The British College of Integrative Medicine (BCIM) ³ (college)

<http://www.integrativemedicine.uk.com> (British college of integrative medicine, postgraduate education for doctors, nurses and other graduate healthcare professionals)

The British College of Osteopathic Medicine (BCOM) ³ (college)

<https://www.bcom.ac.uk/> (osteopathy)

Middlesex University London & The European Academy of Ayurveda ³ (public university)

(Ayurveda, Master's degree MSc Ayurvedic Medicine – Master of Science in Ayurvedic Medicine, in partnership with Middlesex University London)

<https://www.ayurveda-akademie.org/en/studium-hochschulprogramm/academic-study-courses/introduction>

http://www.mdx.ac.uk/__data/assets/pdf_file/0035/48797/Complementary-Medicine-Ayurvedic-Medicine-Integrated-Masters-1314.pdf

BPP University ³ (non-public university)

<http://www.bpp.com/undergraduate-course-details/d/undergraduate/MChiro/137> (chiropractic, private university)



Wrexham Glyndŵr University³ (public university)

<https://www.glyndwr.ac.uk/en/Undergraduatecourses/Foundationyear/Acupuncturefoundationyear> (acupuncture)

<https://www.glyndwr.ac.uk/en/Undergraduatecourses/Foundationyear/ComplementaryTherapiesforHealthcarefoundationyear> (complementary therapies for healthcare)

<https://www.glyndwr.ac.uk/en/undergraduatecourses/complementarytherapiesforhealthcare/> (massage, reflexology and aromatherapy)

Cardiff Metropolitan University³ (public university)

<http://www.cardiffmet.ac.uk/health/Pages/Complementary-Therapies.aspx> (holistic massage, aromatherapy, reflexology)

FRANCE

University of Nantes² (public university)

<http://www.univ-nantes.fr/english-version>

SWEDEN

Stockholm University² (public university)

<http://www.su.se/english>

PORTUGAL

University of Porto³ (public university)

<https://sigarra.up.pt>

GREECE

University of the Aegean¹

<http://www1.aegean.gr/aegean2/index.html>

SPAIN (Catalonia)

ISMET – Formación en salud y terapias naturales³

<http://ismet.es> (kinesiology, Chinese medicine, acupuncture, naturopathy, osteopathy, reflexology)

IRELAND

ICTCM – Irish College of Traditional Chinese Medicine³

<http://www.ictcm.ie> (traditional Chinese medicine)

http://www.ictcm.ie/courses/doctoraldegree_tcm.htm (doctoral degree in Chinese medicine)

BELGIUM

The International Academy of Osteopathy³

<http://www.osteopathie.eu/en> (osteopathy)

AUSTRIA

Danube University Krems³ (non-public university)

<http://www.donau-uni.ac.at/en/> (traditional Chinese medicine and complementary medicine)

[http://www.donau-](http://www.donau-uni.ac.at/en/studium/medizin_gesundheit_soiales/traditionelle_chinesische_medin_und_kompl)

[uni.ac.at/en/studium/medizin_gesundheit_soiales/traditionelle_chinesische_medin_und_kompl](http://www.donau-uni.ac.at/en/studium/medizin_gesundheit_soiales/traditionelle_chinesische_medin_und_kompl)
[ementaermedizin/index.php](http://www.donau-uni.ac.at/en/studium/medizin_gesundheit_soiales/traditionelle_chinesische_medin_und_kompl)



Sources:

1 – CAMbrella. *Final Report of CAMbrella Work Package 5: Health Technology Assessment (HTA) and a map of CAM provision in the EU* [online]. 4.7 [cit. 2016-11-16]. Available from:

http://www.cam-europe.eu/dms/files/CAMbrella_Reports/CAMbrella-WP5final.pdf

http://www.cam-europe.eu/dms/files/CAMbrella_Reports/CAMbrella-WP2-part_1final.pdf

2 – CAMDOC ALLIANCE. *The regulatory status of Complementary and Alternative Medicine for medical doctors in Europe* [online]. 2010 [cit. 2015-09-01]. Available from:

http://www.camdoc.eu/Pdf/CAMDOCREgulatoryStatus8_10.pdf ;

<http://www.camdoc.eu/Survey/Introduction.html>

3 – <http://www.mastersportal.eu> and other sources found via Google.

The type of university was found in the database of European universities –

<http://vysoke-skoly.studiumvevroe.eu>.

Other universities worldwide:

Akamai University – a university offering study programmes in complementary and alternative medicine, including energy therapy (USA).

<http://www.akamaiuniversity.us/ComplementaryandAlternativeMedicine.html>

University Natural Medicine – a university of integrated and natural medicine (USA).

<http://universitynaturalmedicine.org/college-body-mindintegrative-studies/course-descriptions>

Energy Medicine University – a university of energy medicine (USA).

<http://energymedicineuniversity.org/futureem.html>

Canadian College of Naturopathy Medicine (CCNM) – (Canada)

State-accredited higher education of naturopathy – Doctor of Naturopathy

<http://www.ccnm.edu/future-students/doctor-of-naturopathy>

Context:

Details about the type of university (state, public, private, graduate or undergraduate studies) can be found here:

https://is.muni.cz/do/rect/el/estud/praf/ps13/pravo_vs/web/04.html

Details about types of academic degrees (Bachelor's, Master's, Doctor, etc.).

<http://www.vysokeskoly.cz/clanek/co-ze-me-bude-prehled-titulu>

“In Austria, Germany and Switzerland university degrees in homeopathy are fully accredited by the respective medical chambers. In Switzerland, in line with the results of the constitutional referendum, homeopathy is reimbursed by health insurance companies. It is apparent that we have a lot of catching up to do in the Czech Republic.”

Source: Zdravotnictví a medicína [Healthcare and medicine]. *V ČR chybí legislativní rámec pro praktikování homeopatie [The Czech Republic lacks legislation for homeopathy]* [online]. 1/2015, 28. 1. 2015 [cit. 22-10-2017].

http://zdravi.euro.cz/clanek/v-cr-chybi-legislativni-ramec-pro-praktikovani-homeopatie-477896?seo_name=mlada-fronta-noviny-zdravi-euro-cz

CAM at universities in New Zealand.

<http://www.education.canterbury.ac.nz/healthsciences/enzcam/education.shtml>



About energy medicine tuition at US universities.

<http://www.faim.org/energy-medicine-in-the-united-states>

Search the National Center for Education Statistics – NCES database for universities in the USA according to various criteria.

<https://nces.ed.gov>

Peer-reviewed CAM journals

Journals (most journals cover general topics, but many of them also focus on a specific field):

The Journal of Alternative and Complementary Medicine

Impact factor 1.622 (2016).

<http://www.liebertpub.com/overview/journal-of-alternative-and-complementary-medicine-the/26/>

Complementary Therapies in Medicine

Impact factor 2.013 (2016).

<https://www.journals.elsevier.com/complementary-therapies-in-medicine/>

Evidence-based Complementary and Alternative Medicine (eCAM)

Impact factor 1.740 (2016).

<https://www.hindawi.com/journals/ecam/>

BMC Complementary and Alternative Medicine

Impact factor 2.288 (2016).

<https://bmccomplementalternmed.biomedcentral.com/>

Alternative Medicine Review

Impact factor 3.833 (2014).

<http://www.altmedrev.com/>

Complementary Therapies in Clinical Practice

Impact factor 1.436 (2016).

<https://www.journals.elsevier.com/complementary-therapies-in-clinical-practice>

The European Journal of Integrative Medicine (EuJIM)

Impact factor 0.801 (2016).

<https://www.journals.elsevier.com/european-journal-of-integrative-medicine/>

Explore – The Journal of Science & Healing

Impact factor 1.363 (2016).

<http://www.explorejournal.com/>

Advances in Integrative Medicine

<https://www.journals.elsevier.com/advances-in-integrative-medicine/>

Integrative Medicine Insights

<http://insights.sagepub.com/journal-integrative-medicine-insights-j21>



Integrative Medicine Research (IMR)

<https://www.journals.elsevier.com/integrative-medicine-research/>

Subtle Energies Magazin

<http://issseem.org/subtleenergiesbridges.html>

Energy Psychology: Theory, Research, and Treatment

<http://energypsychologyjournal.org/>

Alternative Medicine Studies

<http://www.pagepress.org/journals/index.php/ams/>

Alternative Therapies in Health and Medicine

Impact factor 1.326 (2015).

<http://www.alternative-therapies.com/>

Integrative Cancer Therapies

Impact factor 1.923 (2016).

<http://journals.sagepub.com/home/ict>

Journal of Experimental and Integrative Medicine

<http://www.jeim.org/?sec=archive>

Journal of Complementary and Integrative Medicine (JCIM)

<https://www.degruyter.com/view/j/jcim>

Research in Complementary Medicine (Forschende Komplementärmedizin)

<https://content.karger.com/Journal/Home/224242>

Journal of Evidence-Based Complementary & Alternative Medicine

<http://journals.sagepub.com/home/chp>

Alternative & Integrative Medicine

Impact factor 0.78.

<https://www.omicsonline.org/alternative-integrative-medicine.php>

Alternative and Complementary Therapies

<http://www.liebertpub.com/act>

Journal of Alternative Medicine Research (JAMR)

https://www.novapublishers.com/catalog/product_info.php?products_id=6404



Lists of scientific CAM journals:

http://www.cam-europe.eu/dms/files/CAMbrella_Reports/CAMbrella-WP8final.pdf (CAMbrella, pages 81-83)
<http://www.sciencedirect.com/science/journals/sub/compalt/all>
<http://www.rccm.org.uk/node/19>
<http://opensciences.org/journals/medicine-health-and-healing>
http://www.integrative-medicine.fi/EN/IM_journals_EN.html
<http://guides.lib.uci.edu/ebscam/journals>
http://www.scimagojr.com/journalrank.php?category=2707&page=1&total_size=96
<http://www.medbioworld.com/journals.php?topic=1&concept=Complementary%20Therapies>
<http://www.medbioworld.com/journals.php?concept=Complementary+Therapies&cmdSearch=Search>
<http://www.education.canterbury.ac.nz/healthsciences/enzcam/newsletters/2013-january-february.pdf>
<https://www.omicsonline.org/alternative-medicine-journals-conferences-list.php>
<http://www.researchtrends.com/issue-35-december-2013/ancient-medicine-in-modern-times/>
<http://www.aip.cz/produkty/medicina-zdravi/ostatni/komplementarni-alternativni-medicina/>

An interesting scientifically oriented journal, not peer-reviewed:

Human Eniology – scientific journal (Eniologie člověka – vědecko odborný časopis)

“ A printed journal about humans’ physical, energetic, informational, enioanatomical, PSI-phenomenal and spiritual essence and the unity between humans and the world around them.”²⁸⁷

<https://www.eniologiecloveka.cz>

Interesting scientific articles on energy therapy:

A special issue of a peer-reviewed scientific medical journal on Biofield energy therapy

A special issue of Global Advances in Health and Medicine Journal (GAHMJ) in 2015 on the energy therapy Biofield. One of the most comprehensive scientific overviews on this subject.

<https://www.chi.is/biofield-science-and-healing-special-issue/>

²⁸⁷ Eniologie člověka [Human Eniology]. *Website* [online]. [cit. 04-08-2018]. Translation - KoS. Available from: <https://www.eniologiecloveka.cz>



Oncology and other medical centres that use CAM

Lists of centres:

CANCER COMPLEMENTARY THERAPY CENTERS EUROPE

<https://www.healthytrefrog.com/cancer-resources/cancer-complementary-therapy-centers-europe/>

ALTERNATIVE CANCER CLINICS WORLDWIDE

<https://tratamientanticancer.wordpress.com/2013/10/08/alternative-cancer-clinics-worldwide/>

CANCER TUTOR'S CLINIC DIRECTORY

The largest database of clinics offering natural cancer treatment.

<https://www.cancertutor.com/clinics/>

DIRECTORY OF ALTERNATIVE-CANCER CLINICS – THE CANCER CURE FOUNDATION

<http://www.cancure.org/directory-of-clinics>

EXPLORE PLACIDWAY MEDICAL CENTERS

European medical centres that use alternative medicine.

https://www.placidway.com/medical-centers/,,Europe,,Alternative_Medicine/Relevance

List of European hospitals offering CAM according to CAMbrella research program

CAMbrella WP5, chapter 4.5, page 16.

http://www.cam-europe.eu/dms/files/CAMbrella_Reports/CAMbrella-WP5final.pdf

INTEGRATIVE MEDICINE IN AMERICA – How Integrative Medicine Is Being Practiced in Clinical Centers Across the United States (February 2012)

A list of CAM centres in the USA, page 86.

<http://bravewell.org/content/Downloads/IMinAm.pdf>

List of European centres offering anthroposophic medicine

<https://eliant.eu/en/engagement/integrative-medizin/hospitals/>

Lists of centres that use energy therapy:

A list of hospitals and centres that use Reiki (USA, Canada, United Kingdom, Portugal, Spain).

“Reiki in America

The Hospitals that apply Reiki are rising and this trend seems unstoppable. In the USA, the Johns Hopkins Hospital is one of many top facilities that are adopting it along conventional treatments. Also, the Johns Hopkins is one of the Top 3 Cancer Hospitals that include Reiki among their Integrative Care Programs, the others being the MD Anderson Cancer Center and the Mayo Clinic. Canada has been doubling the use of alternative therapies in the last 10 years. In the case of Reiki, several clinical facilities are adopting this therapy to use alongside conventional treatments.

Reiki in Europe

Reiki in the United Kingdom is becoming a referent of collaboration between Healthcare Facilities and the Trusts. In Spain there are many cities whose hospitals are offering Reiki therapy, the only setback being that Madrid has banned the promotion of these so called “pseudotherapies”. Portugal is another european country in which Reiki has been integrated among Integrative and Holistic Programs.”²⁸⁸

²⁸⁸ Human Frequencies. *Reiki in hospitals* [online]. [cit. 04-08-2018].



<http://www.humanfrequencies.com/category/blog/reiki-hospitals/>
<https://www.humanfrequencies.com/reiki-hospitals/>

A list of 57 hospitals and other conventional healthcare institutions in the United Kingdom where Reiki and other energy therapies are used.

“Energy Healing in the NHS

The number of NHS hospitals and other UK conventional healthcare institutions offering Reiki and other form of Complementary energy healing is growing as administrators, physicians and the nursing profession adopt a more integrated, or holistic, approach to patient care. Listed below are some of the NHS hospitals which offer energy healing to patients and/or staff.”²⁸⁹

<http://c4362503.myzen.co.uk/wp-content/uploads/2014/02/NHS-energy-healing.pdf>

REIKI IN HOSPITALS

“University College London Hospitals NHS, London:

- Reiki treatments offered to patients with stress and mood disorder
- Reiki treatments offered to complement conventional cancer treatments
- Reiki treatments offered to complement the treatments of endometriosis

Southampton University Hospitals NHS, Southampton:

- Reiki treatments offered to palliative care cancer patients (day care)

Aintree University Hospitals NHS, Liverpool:

- Reiki treatments offered by elderly medicine services

Wallace Cancer Care (works with Addenbrooke’s Hospital-Cambridge University Hospitals NHS), Cambridge:

- Reiki treatments offered to complement conventional cancer treatments

South Tees Hospitals NHS, Middlesbrough:

- Reiki treatments offered to complement conventional cancer treatments

Newham University Hospital NHS, London:

• Project to offer complementary therapies including Reiki treatments to the staff and later to the patients (UKRF newsletter Feb/March 2006, p. 7)

Great Ormond Street Hospital, London”²⁹⁰

<http://www.reikiken.com/uk-hospitals-who-use-reiki>

Other lists of hospitals that use Reiki:

<https://www.humanfrequencies.com/reiki-usa-top-cancer-hospitals/>

<https://reikiinmedicine.org/clinical-practice/reiki-in-hospitals-an-update/>

Available from: <http://www.humanfrequencies.com/category/blog/reiki-hospitals/>

²⁸⁹ Beauty & Soul. *Energy Healing in th NHS* [online]. 2014 [cit. 04-08-2018]. Available from:

<http://c4362503.myzen.co.uk/wp-content/uploads/2014/02/NHS-energy-healing.pdf>

²⁹⁰ ReikiKen.com. *Reiki in Hospitals* [online]. [cit. 02-05-2018]. Available from:

<http://www.reikiken.com/uk-hospitals-who-use-reiki>



Centres that combine conventional medicine and CAM:

UNITED KINGDOM

Bristol Homeopathic Hospital (Bristol)

A homeopathic hospital.

<http://www.uhbristol.nhs.uk/patients-and-visitors/your-hospitals/homeopathy/>

Centre for Integrative Care – Glasgow Homeopathic Hospital (Glasgow)

A hospital that offers acupuncture, homeopathy, mistletoe therapy, anthroposophic medicine and more. They offer also complementary cancer treatment.

<http://www.nhsggc.org.uk/patients-and-visitors/main-hospital-sites/gartnavel-campus/nhs-centre-for-integrative-care/> (A hospital garden that complements the treatment:

<http://ghh.info/welcome.htm>)

Liverpool Medical Homeopathy Service, LMHS (Liverpool)

A homeopathic clinic.

<http://www.lmhs.co.uk>

Royal London Hospital for Integrated Medicine (London)

A hospital that offers acupuncture, homeopathy, mistletoe therapy (Isador), mindfulness, relaxation and visualization, and more. They offer also complementary cancer treatment.

<https://www.uclh.nhs.uk/OurServices/OurHospitals/RLHIM/Pages/Home.aspx>

University College Hospital Macmillan Cancer Centre (London)

A hospital and medical centre that offers aromatherapy, massage, reflexology, Reiki and relaxation. They offer also complementary cancer treatment.

<https://www.uclh.nhs.uk/OurServices/ServiceA-Z/Cancer/CSS/CCT/Pages/Home.aspx>

The Hale Clinic (London)

The first clinic in Great Britain to combine conventional and complementary medicine. It offers many CAM methods – e.g. acupuncture, homeopathy, shiatsu, chiropractic, traditional Chinese medicine, Ayurveda, and energy and release therapies.

<http://www.haleclinic.com>

Marylbone Health Centre (London)

A healthcare centre that offers osteopathy, massage therapy, homeopathy, acupuncture, herbal medicine.

<http://www.marylbonehealthcentre.co.uk/info.aspx?p=6>

SWITZERLAND

Klinik Arlesheim (Arlesheim)

A clinic that offers anthroposophic medicine, art and music therapy. They offer also complementary cancer treatment.

<http://www.klinik-arlesheim.ch/en>

Paracelsus-Spital (Richterswil)

A hospital that offers anthroposophic medicine. They offer also complementary cancer treatment.

<https://paracelsus-spital.com> - <https://integrative-onkologie.ch>



Seeklinik Brunnen AG (Brunnen)

A hospital specialized mainly in psychiatric diseases. It also treats other diseases. It offers homeopathy and other methods.

<https://www.seeklinik-brunnen.ch>

Höhenklinik (Braunwald)

A rehabilitation clinic that offers traditional Chinese medicine. They offer even humour therapy ☺.

<https://www.rehaclinic.ch/kompetenzen/die-therapeutischen-angebote/traditionelle-chinesische-medizin>

Aeskulap Praxis – Integrative Medizin (Zug)

A healthcare centre that offers acupuncture, homeopathy, anthroposophic medicine, phytotherapy and more. They also offer complementary cancer treatment.

<http://www.aeskulap-praxis.ch>

Paracelsus Klinik Lustmühle AG (Teufen AR)

A clinic that offers biological medicine, detoxication, immune system strengthening, and regeneration. Focus more on the root cause of an illnesses. They also offer complementary cancer treatment.

<https://www.paracelsus.ch>

Clinica Dr. Spinedi – Homöopathische Klinik (Orselina)

A homeopathic clinic with accommodation facilities. They also offer complementary cancer treatment – they reduce the side effects of chemotherapy and radiotherapy. They state on their website that it has been proven that cancer patients under complementary homeopathic treatment have a significantly better quality of life.

<http://www.clinica-dr-spinedi.ch>

Institut für komplementäre und integrative Medizin – UniversitätsSpital Zürich (Zürich)

Offers mind-body medicine, yoga, qigong, acupuncture. They also offer complementary cancer treatment.

<http://www.iki.usz.ch>

SWEDEN

The Vidar Clinic – Integrative Care Science Center (Järna)

A rehabilitation healthcare centre with accommodation that offers anthroposophic medicine and complementary cancer treatment.

<https://vidarrehab.se/> - <http://www.integrativecare.se/en/>

GERMANY

Community Hospital Herdecke (Herdecke)

A hospital that offers anthroposophic medicine in addition to conventional medicine. They also offer complementary cancer treatment.

<http://www.gemeinschaftskrankenhaus.de/de/startseite/>

Paracelsus-Krankenhaus (Bad Liebenzell-Unterlengenhardt)

A hospital that offers anthroposophic medicine in addition to conventional medicine. They also offer complementary cancer treatment.

<http://www.paracelsus-krankenhaus.de>



Filderclinic – Center for Integrative Oncology (Filderstadt-Bonlanden, Stuttgart)

A hospital that offers anthroposophic medicine in addition to conventional medicine. They also offer complementary cancer treatment.

<http://www.filderklinik.de>

The Center for Integrative Oncology.

<http://filderklinik.integrative-onkologie-stuttgart.de/zentrum-fuer-integrative-onkologie.html>

Community Hospital Havelhöhe (Berlin)

A hospital that offers anthroposophic medicine in addition to conventional medicine. They also offer complementary cancer treatment.

<http://www.havelhoehe.de>

Center for Integrated Oncology Köln Bonn (CIO Köln Bonn) (Köln, Bonn)

An ambulatory clinic – the Center for Integrated Oncology - that offers naturopathy. They also offer complementary cancer treatment.

<https://www.cio-koeln-bonn.de/leben-mit-krebs/komplementaermedizin/>

Bio Med Klinik (Bad Bergzabern)

A hospital that offers holistic medicine. They also offer complementary cancer treatment.

<https://www.biomedklinik.de/english/our-medical-concept/methods-of-integrative-cancer-medicine/>

Kliniken Essen-Mitte – Clinic for Complementary and Integrative Medicine (Essen)

A hospital that also provides ambulatory care services. They offer naturopathy, traditional Chinese and Indian medicine, phytotherapy, homeopathy, mind-body medicine, and more. They also offer complementary cancer treatment.

<http://www.kliniken-essen-mitte.de/leistung/fachabteilungen/naturheilkunde-u-integrative-mezizin/home.html>

<https://www.uni-due.de/naturheilkunde/90-0-Clinical-Institutions.html>

Jerusalem-Hospital (Hamburg)

A hospital that offers holistic medicine, traditional Chinese medicine, acupuncture, naturopathy. They also offer complementary cancer treatment.

<http://jerusalem-hamburg.de/ihre-brustgesundheits/komplementaermedizin>

Arcadia-Clinic (Bad Emstal)

An ambulatory clinic that also has accommodation facilities. They offer various natural complementary methods, traditional Chinese medicine, acupuncture, detoxication programs, an anticancer diet, mistletoe therapy, thermotherapy, relaxation and others. They also offer complementary cancer treatment.

<http://www.arcadia-cancer-treatment.com>

Habichtswald Clinic (Kassel/Bad Wilhelmshöhe)

A clinic with accommodation facilities. The clinic offers holistic and naturopathic medicine, nutritional therapy, homeopathy, traditional Chinese medicine, psycho-oncology, relaxation, Ayurveda, aromatherapy, phytotherapy and more. They also offer complementary cancer treatment.

<http://habichtswaldklinik.de/therapie/komplementaermedizin/>

Klinik Öschelbronn – Center for Integrative Medicine (Niefern-Öschelbronn)

A hospital that offers anthroposophic medicine, mistletoe therapy, thermotherapy, psycho-oncology and more. They also offer complementary cancer treatment.

<http://klinik-oeschelbronn.de>



Hospital Kantonsspital (St. Gallen)

A hospital that also provides ambulatory care services. It offers anthroposophic medicine, traditional Chinese medicine, osteopathy and more. They also offer complementary cancer treatment.

http://www.onkologie.kssg.ch/home/integrative_onkologie.html -

<https://www.kssg.ch/integrative-medin>

Hufeland Clinic (Bad Mergentheim)

A hospital that offers holistic medicine focused on activating the immune system, regeneration and detoxification, e.g. homeopathy, acupuncture, hyperthermy. They also offer complementary cancer treatment.

<http://www.hufeland.com>

St. George Hospital (Bad Aibling)

A hospital that offers osteopathy, chiropractic, acupuncture, reflexology, homeopathy, Reiki and more. They also offer complementary cancer treatment.

<https://www.klinik-st-georg.de>

Klinik Marinus Am Stein – Private Clinic for Holistic Cancer Therapy (Brannenburg)

A clinic with accommodation facilities. The clinic offers holistic medicine, naturopathy, thermotherapy, acupuncture and more. They also offer complementary cancer treatment.

<http://www.klinik-marinus.de>

3E Centre (Remshalden-Buoch)

A healthcare centre with accommodation. The centre offers an oil-protein diet, detoxification, stress reduction and more. They also offer complementary cancer treatment.

<http://www.3e-centre.com>

Robert-Bosch-Hospital (RBK) (Stuttgart)

A hospital that offers naturopathic medicine. They also offer complementary cancer treatment.

<https://www.rbk.de/standorte/robert-bosch-krankenhaus/abteilungen/naturheilkunde-und-integrative-medin.html>

Krankenhaus für Naturheilweisen (Munich)

A hospital that offers naturopathic medicine, homeopathy, phytotherapy, nutritional therapy (vegetarian diet) and more. They also offer complementary cancer treatment.

<https://www.krankenhaus-naturheilweisen.de>

TCM-Klinik Bad Kötzing

A hospital that offers a combination of traditional Chinese medicine and psychotherapy.

<http://www.tcm-klinik-koetzing.de>

ITALY

Integrative Medicine Center – Pitigliano Hospital (Tuscany)

The first hospital in Italy to offer CAM (homeopathy, acupuncture) within the publicly funded healthcare. They also offer complementary cancer treatment (to reduce adverse effects of conventional treatment).

<http://www.usl9.grosseto.it/default.asp?idLingua=1&idContenuto=939>



HUNGARY

United Cancer Research Institute (Budapest)

A healthcare centre with accommodation. The centre offers Gerson therapy. They also offer complementary cancer treatment.

<http://www.gerson.hu>

AUSTRIA

The Kroiss-Cancer-Center for Alternative Cancer Therapy (Vienna)

An ambulatory clinic that offers IPT (insulin potentiation therapy) cancer treatment. They also offer complementary cancer treatment.

<http://www.kroisscancercenter.com>

SPAIN

Budwig Center Clinic (Malaga)

A clinic with accommodation. The clinic specializes in Dr. Budwig's diet and natural therapies for treating cancer and other chronic diseases. They also offer homeopathy, hyperthermy, reflexology, complementary cancer treatment and more.

<http://www.budwigcenter.com>

NORWAY

Balderklinikken (Oslo)

An ambulatory clinic that offers acupuncture, homeopathy, chiropractic, osteopathy, yoga and more.

<http://balderklinikken.no>

USA

Integrative Medicine Primary Care – Institute for Health & Healing (San Francisco)

An ambulatory clinic that also cooperates with hospitals. It offers traditional Chinese medicine, acupuncture, chiropractic, osteopathy, Ayurveda and more. They also offer complementary cancer treatment.

<http://www.sutterpacific.org/services/integrative/clinic/>

Dana-Farber Cancer Institute (DFCI) (Boston)

A healthcare centre and a hospital that offer homeopathy, aromatherapy, acupuncture, massage, music therapy, reflexology, Reiki and more. They also offer complementary cancer treatment.

<http://www.dana-farber.org/Adult-Care/Treatment-and-Support/Patient-and-Family-Support/Zakim-Center-for-Integrative-Therapies.aspx>

The centre cooperates with the Harvard research community to improve the quality of their research (Dana-Farber/Harvard Cancer Center). <http://www.dfhcc.harvard.edu/about-dfhcc/>

Memorial Sloan-Kettering Cancer Center (New York)

A healthcare centre and a hospital. They offer acupuncture, yoga, music therapy, massage, herbal and dietary counselling, mind-body relaxation therapy, Reiki and more. They also offer complementary cancer treatment.

<https://www.mskcc.org/cancer-care/patient-education/complementary-therapies-ease-way-during-treatment-and-recovery>

<https://www.mskcc.org/cancer-care/diagnosis-treatment/symptom-management/integrative-medicine>



M.D. Anderson Cancer Center (Houston)

It offers acupuncture, music therapy, meditation, nutrition consultation, oncology massage and more. They also offer complementary cancer treatment.

<https://www.mdanderson.org/patients-family/diagnosis-treatment/care-centers-clinics/integrative-medicine-center.html>

<https://www.mdanderson.org/treatment-options/complementary-and-integrative-medicine.html>

Johns Hopkins Hospital (Baltimore)

A hospital that offers acupuncture, traditional Chinese medicine, mind-body therapy, Reiki, therapeutic massage and more. They also offer complementary cancer treatment.

https://www.hopkinsmedicine.org/integrative_medicine_digestive_center/services/index.html

https://www.hopkinsmedicine.org/the_johns_hopkins_hospital/services_amenities/services/integrative-health.html

NewYork-Presbyterian Hospital / Columbia University Medical Center (New York)

A hospital that offers acupuncture, massage therapy, mind-body therapy, Reiki and more. They also offer complementary cancer treatment.

<http://www.nyp.org/clinical-services/integrative-health-program>

Abramson Cancer Center – University of Pennsylvania (Philadelphia)

A hospital that offers acupuncture, aromatherapy, art therapy, shiatsu, massage, yoga, Reiki. They also offer complementary cancer treatment.

<https://www.pennmedicine.org/cancer/navigating-cancer-care/treatment-types/integrative-oncology>

George Washington University Hospital (Washington)

A hospital that offers a number of integrative medicine methods including Reiki. They also offer complementary cancer treatment.

<https://www.gwhospital.com/conditions-services/cancer-care/breast-cancer>

The hospital cooperates with the GW Center for Integrative Medicine –

<http://www.gwcim.com/about/why-gw-cim/>

California Pacific Medical Center (California)

A healthcare centre that offers Chinese medicine, osteopathy, chiropractic, massage, and Reiki. They also offer complementary cancer treatment.

<http://www.sutterpacific.org/services/integrative/clinic/sf.html>

<http://www.sutterpacific.org/services/integrative/clinic/santarosa.html>

Mayo Clinic (Minnesota)

A hospital and a healthcare centre. Their provided services include Reiki and healing touch.

<https://www.mayoclinic.org/departments-centers/integrative-medicine-health>

<https://www.mayoclinic.org/about-mayo-clinic/volunteers/minnesota/volunteer-opportunities/reiki-and-healing-touch>

<https://dahlc.mayoclinic.org/2015/12/29/9-facts-about-reiki/>

<https://dahlc.mayoclinic.org/hubcap/relaxation-services/>



Context:

A total of **103 (31%)** hospitals in the United Kingdom offer CAM, and **70%** of all oncology centres offer CAM treatment free of charge. “**70%** of centres have no charges for any complementary therapies to patients, carers and staff.”

Source: Dr. Michelle Kohn, MB BS, BSc, MRCP (UK). *The State of CAM in UK Cancer Care: Advances in Research, Practice and Delivery* [online]. p. 81 a 92 [cit. 02-05-2018]. Available from:

<https://cam.cancer.gov/docs/cam-in-uk-summary-508.pdf>

Complementary and alternative medicine (CAM) in cancer care – Development and opportunities of Integrative Oncology (European Partnership for Action Against Cancer)

http://www.epaac.eu/images/END/Final_Deliverables/D5_Complementary_and_alternative_medicine_CAM_in_cancer_care_development_and_opportunities_of_integrative_oncology.pdf

Medical Wellness Clinic – Medical spa Bohdaneč

A healthcare facility in the Czech Republic where CAM methods (traditional Chinese medicine, holistic medicine of bioresonance method, cryotherapy, oxygen therapy, cupping therapy, music therapy and more) are offered alongside spa treatments.

<http://mwclinic.cz/o-nas>

https://pardubice.idnes.cz/v-bohdanci-nove-leci-alternativnimi-zpusoby-fma-/pardubice-zpravy.aspx?c=A160408_2237846_pardubice-zpravy_msv

Interesting books, documents and articles

Daniel J. Benor, M.D. SPIRITUAL HEALING – Scientific Validation of a Healing Revolution. Wholistic Healing Publications, 2001, ISBN 0-9754248-5-8. *Probably the most comprehensive book about research on spiritual healing.* Available from:

<https://danielbenor.com/product/ebook-healing-research-vol-i-pop-ed-spiritual-healing/>

Edwards, Sandy. HEALING in a HOSPITAL – Scientific evidence that spiritual healing improves health. 2016. ISBN 978-0-9575169-1-5. *A book about one of the largest randomized controlled trials of spiritual healing in recent years, 200 hospital patients took part. The study was conducted by the University of Birmingham.* For more information see: <http://www.healinginahospital.uk>

CAMDOC ALLIANCE – The regulatory status of Complementary and Alternative Medicine for medical doctors in Europe (2010)

http://www.camdoc.eu/Pdf/CAMDOCRegulatoryStatus8_10.pdf

<http://www.camdoc.eu/Survey/Introduction.html>

Complementary medicine (CAM) – Its current position and its potential for European healthcare

<http://www.anthromed.org/UploadedDocuments/CAM%20brochure%20complete.pdf>

Disharmonized regulation of CAM in Europe – implications for patient safety

<https://brage.bibsys.no/xmlui/handle/11250/184764>

Complementary and alternative therapies for patients today and tomorrow

The report from a workshop held at the European Parliament in Brussels, 16 October 2017. It presents the latest findings and trends in complementary and alternative therapies. Available from:

[http://www.europarl.europa.eu/thinktank/en/document.html?reference=I_POL_STU\(2017\)614180](http://www.europarl.europa.eu/thinktank/en/document.html?reference=I_POL_STU(2017)614180)

Overview and descriptions of various kinds of energy therapies

Mapping the Field of Subtle Energy Healing

<https://noetic.org/research/projects/mapping-the-field-of-subtle>



News about CAM

ScienceDaily.com – *one of the most popular scientific news websites with more than 5 million monthly visitors from around the world. There is a separate section for news about alternative medicine.*

https://www.sciencedaily.com/news/health_medicine/alternative_medicine/

MedicalNewsToday.com – *news about the latest research on complementary and alternative medicine from prestigious universities and journals throughout the world.*

https://www.medicalnewstoday.com/categories/complementary_medicine



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- **Figure 26** (p. 200) – *Tuscany (Italy) – examples of clinics where CAM is provided in Tuscany.* Source: ROSSI, Elio. *Integrative medicine in Italy and the Tuscany experience* [online]. Homeopathic Clinic – Hospital of Lucca, Tuscan Network for Integrative Medicine, p. 34-35 [cit. 2016-06-26]. Available from: http://www.icim.org/images/Presentations/Track9_Rossi_E_Integrative_medicine_in_Italy_2016.pdf
- **Figure 27** (p. 201) – *Hospital in Pitigliano (Tuscany) – Integrated medicine model in practice: Evaluation of the results of 532 hospitalized patients.* Source: BERNARDINI, S., CRACOLICI, F., FERRERI, R. et al. *Integration between orthodox medicine, homeopathy and acupuncture for inpatients: Three years experience in the first hospital for Integrated Medicine in Italy.* *Journal of Traditional and Complementary Medicine* [online], Volume



5, Issue 4, October 2015, Pages 234-240 [cit. 2016-06-01]. Available from:
<http://www.sciencedirect.com/science/article/pii/S2225411015000450>

- **Table 1** (p. 50) – **List of CAM research sites in the EU developed in the framework of the CAMbrella European survey (2010–2012)**. Source: CAMBRELLA. *Final Report of CAMbrella Work Package 8 (leader: Bettina Reiter) – CAMbrella strategy for dissemination of project findings and future networking* [online]. 2012, p. 72-80 [cit. 2016-07-12]. Available from: http://www.cam-europe.eu/dms/files/CAMbrella_Reports/CAMbrella-WP8final.pdf
- **Table 2** (p. 62) – **Results from the database Cochrane**. Source: EUROCAM. *CAM 2020 – The contribution of Complementary and Alternative Medicine to sustainable healthcare in Europe* [online]. 2014, p. 24 [cit. 2015-10-17]. Available from: <http://ehpta.eu/pdf/CAM2020-FINAL.pdf>
- **Table 3** (p. 97) – **CAMBrella structure – work packages, their research tasks and main researches**. Author of the table – KoS. Source: CAMBRELLA. *CAMBrella (GA No. 241951) Final Report, Reporting period: 01/01/2010 – 31/12/2012, Publishable summary* [online]. [cit. 2016-06-30]. Available from: http://cordis.europa.eu/result/rcn/57185_en.html; www.cambrella.eu.
- **Table 4** (p. 127) – **An overview of the major CAM meetings in the European Parliament**. Source: EUROCAM. *CAM Interest Group meetings. EUROCAM. Complementary and Alternative Medicine. CAM – for healthier Europe* [online]. [cit. 2018-07-07]. Available from: <http://www.cam-europe.eu/cam-interest-group-meetings.php>.
- **Table 5** (p. 152) – **A comparison of the efficacy and safety of CAM versus medicine in general. Based on the Cochrane database analysis**. Source: EUROCAM. *CAM 2020 – The contribution of Complementary and Alternative Medicine to sustainable healthcare in Europe* [online]. 2014, p. 24 [cit. 2015-10-17]. Available from: <http://ehpta.eu/pdf/CAM2020-FINAL.pdf>
- **Table 6** (p. 156) – **An overview of the arguments in favour of systematic use of CAM in European healthcare**. Author of the table – KoS.
- **Table 7** (p. 181) – **CAM therapies which were part of medical school courses in the US – according to a survey from 2012–2013, which included 96% of medical faculties in the US**. Source: COWEN, V.S., CYR, V. *Complementary and alternative medicine in US medical schools. Advances in Medical Education and Practice* [online]. Dove Press, 2015;6:113-117. doi:10.2147/AMEP.S69761 [cit. 2016-07-17]. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4334197/> ; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4334197/pdf/amep-6-113.pdf>
- **Table 8** (p. 193) – **Results of the 2013 survey that focused on the distribution of integrative oncology centres in the EU**. Source: ROSSI, Elio. *Integrative medicine in Italy and the Tuscany experience* [online]. Homeopathic Clinic – Hospital of Lucca, Tuscan Network for Integrative Medicine, p. 83 [cit. 2016-06-26]. Available from: http://icim.damid.de/images/Presentations/Track9_Rossi_E_Integrative_medicine_in_Italy_2016.pdf



Glossary of the Key Terminology

acupressure	A therapeutic method of traditional Chinese medicine that aims to establish bodily balance and consequently remove or alleviate health problems. Fingers or blunt instruments are used to press the body's acupressure points. It is similar to acupuncture, but the acupressure points are pressed, no needles are inserted into them.
acupuncture	A therapeutic method based on inserting thin needles into the body's acupuncture points. It is a part of traditional Chinese medicine. Science has already recognized the efficacy of acupuncture for certain health problems, but it has not yet accepted all aspects of acupuncture.
alternative medicine	A therapeutic approach used instead of scientific medicine.
anthroposophic medicine	A therapeutic and diagnostic method that recognizes current scientific medicine but it extends it by adding a mental and spiritual level. In addition to drug remedies it also uses various therapeutic procedures, e.g. art therapies, therapeutic eurythmy, and rhythmic massages. It also emphasizes the importance of preventive methods.
aromatherapy	A therapeutic method that uses essential oils from plants in order to enhance the body's balance and harmony physically and mentally. The oils are either inhaled or used as massage oils, in baths, etc.
aura	A field of life energy around the body. Some people can feel or even see it. This information can then be used to diagnose the causes of health problems.
Ayurveda	Traditional Indian health care that consists of a unique system of nutrition, herbal therapy, relaxation, yoga, meditation, and various treatments including massage, body detoxification and regeneration, aromatherapy and colour therapy.
bioenergy	The life (vital) force that, according to the philosophy of Josef Zezulka, is one of the three components of existence, alongside the material and the spiritual component. It is also one of the components of a living organism. This vital force originates in the essence of existence and gives life to the material and the spiritual component. The same way we divide matter into inorganic matter and organic matter, the vital force can be divided into the inorganic vital force and the organic vital force. Some people have the ability to pass on this organic vital force to others in order to improve their health. A disease can originate in the material, spiritual (psychic) or vital component. Medicine is the best treatment for diseases that originate in the material component. Psychotherapy is most useful for diseases that originate in the spiritual (psychic) component, and Biotronics is the most effective treatment for diseases originating in the third component, the vital force. Vital energy is not directly measurable by material instruments but it can be perceived or seen by sensitive people. It can also be measured indirectly by observing changes in the patient.
bioenergy therapy	A treatment that involves a healer transferring vital energy to a patient in order to enhance and balance the patient's energetic system.
biofield	A term that has begun to be used within science as a unified definition of the life energy used by various energy therapies. The idea is to simplify further research and mutual communication.
biotronicist	A person who passes on the life (vital) force to others in order to enhance and balance their body's life energy and thus improve their health. The method was created by Josef Zezulka, the founder of Biotronics.
Biotronics	A non-medical branch that treats patients suffering from diseases caused by a bioenergetic insufficiency. It is a branch of spiritual healing that was founded and established in the middle of the 19 th century by the Czech philosopher and biotronicist Josef Zezulka. Tomáš Pfeiffer is his disciple and entrusted successor. As the name Biotronics has also started to be used by



	other healers, the name Josef Zezulka Biotronics is now used to avoid confusion.
complementary and alternative medicine (CAM)	An established name for a number of complementary and alternative therapeutic procedures that have not yet been integrated into scientific medicine.
complementary medicine	A therapeutic approach used as a complement to scientific medicine (before, simultaneously or after scientific medicine).
conventional medicine	See scientific medicine.
classical medicine	See scientific medicine.
energy healing	A treatment that involves a healer transferring vital energy to a patient in order to enhance and balance the patient's energetic system. There are various kinds of energy healing (Biotronics, Reiki, Therapeutic Touch, etc.). Josef Zezulka Biotronics is a kind of energy healing that originated in the Czech Republic.
esotericism	This term currently refers to all sorts of activities that relate to spiritual cognition, non-conventional medicine, a healthy lifestyle in harmony with nature and the universe, various unusual human abilities (e.g. clairvoyance), spiritual art, astrology, and other related fields that acknowledge the existence of something beyond the material world. As in all areas, there are people who are active within esotericism mainly in order to try to earn money or gain something for themselves. However, this does not mean that everyone in this area is like that.
folk medicine	An older term for complementary and alternative medicine.
healer	A generally established term for a person that heals others and/or makes a diagnosis with the aid of non-conventional medicine.
healing touch (HT)	A treatment that involves a healer transferring vital energy to a patient in order to enhance and balance the patient's energetic system.
Heilpraktiker	Licensed non-medical practitioners that provide various CAM treatments in Germany. To obtain a license they must pass an exam proving they have basic medical knowledge and skills.
herbal medicine	Therapeutic treatments based on the effects of various plants. See phytotherapy.
herbalism	Therapeutic treatments based on the effects of various plants. See phytotherapy.
holistic medicine	A method that considers the whole person – body, mind, soul, emotions – when treating a patient.
homeopathy	A therapeutic method that uses the principle "fight fire with fire". The same substance that caused the symptoms is used to cure these symptoms, doing so in very small doses diluted in a water solution.
charlatan	A deceitful or inexperienced healer that harms the patient.
chiropractic	A manual therapeutic method that aims to remedy imbalances in the musculoskeletal system (bones, joints, muscles) through manipulating the spine and limbs, thereby influencing the internal organs' health.
integrative health	In contrast to the term "integrative medicine" that focuses on clinical care, "integrative health" focuses on the overall well-being of body, mind and soul of individuals and society alike. It covers a number of factors, not only by clinical care.
integrative medicine	A therapeutic approach that combines conventional medicine with therapeutic procedures from complementary/alternative medicine.
integrative oncology	Integrative medicine focused on oncology. It is used in many medical centres (Europe has 47 such centres according to a survey from 2013).
iridology	Diagnosing diseases based on the iris.
kinesiology	A therapeutic method that uses the muscles' reactions to gentle pressure from the hand. Any kind of stress or disease can be seen in the way the muscles react. A therapist thus communicates with the patient's subconscious looking for the root cause and solutions to the patient's problems.



massage therapy	Various kinds of massages that can provide health benefits and can therefore be classified as CAM methods.
meta-analysis	Research that statistically combines the results of several research studies and tries to reach more general conclusions.
mind-body medicine	A therapeutic method that emphasizes a balance of the body and mind, as the mind strongly affects our health. It tries to enhance the body and mind's natural healing abilities. It uses various methods – relaxation, hypnosis, visualisation, meditation, yoga, biofeedback and more.
natural medicine	A term generally used to refer to non-conventional medicine that uses natural therapeutic products or procedures. It is also called naturopathy.
naturopathy	A natural treatment method which assumes that diseases are caused by harmful and toxic substances accumulating in the body. Removing the harmful substances leads to recovery. Cures include dieting, physical exercises, massages, psychotherapy, etc.
nocebo	The opposite of a placebo. A medical state is exacerbated due to the patient's negative expectations of a treatment method.
non-conventional medicine	In short, all therapeutic methods that are not part of conventional medicine.
osteopathy	A therapeutic method that diagnoses mechanical disorders in the skeletal system and tries to remedy them. It is based on the knowledge that many diseases are related to problems with posture. Fixing these problems can therefore influence these diseases. It uses gentle manipulation techniques to release tension and restore the skeletal system to a normal state of being.
peer-reviewed scientific journal	A scientific journal that publishes articles that have been peer-reviewed, i.e. other experts in the field have provided comments and remarks on the article in order to maintain the highest possible scientific quality. An article published in a peer-reviewed journal is of utmost importance in science.
phytotherapy	A therapeutic method that uses various parts of plants either on their own or in various mixtures (e.g. tea, extracts, tinctures, wine, dragée and salves). It is also referred to as herbalism. It is part of traditional Chinese medicine.
placebo	When a medical state is improved due to the patient's positive expectations of a treatment or method. Sceptics often argue that non-conventional medicine works mainly due to the placebo effect.
psychosomatic medicine	It is similar to holistic medicine, but it is a part of conventional medicine. The term "psychosomatic" means that some bodily problems originate in our psyche.
qigong	A form of exercise that works with the life energy in order to improve health. It is part of traditional Chinese medicine.
randomized	A random allocation of research subjects to control groups. It ensures an equal distribution of factors that could affect the outcome.
reflexology	A therapeutic method that uses massage or pressure on specific points on the feet or hands. Individual zones on the feet etc., correspond to individual body parts and organs. An American variant of acupressure.
reiki	A treatment that involves a healer transferring vital energy to a patient in order to enhance and balance the patient's energetic system.
scientific medicine	Classic, conventional medicine based on scientific evidence (hence also evidence-based medicine).
shiatsu	A system of massage techniques originally from Japan. Pressure is placed on energetic channels and certain points on the body or they are touched energetically or physically in order to balance out the circulation of bodily energy.
Sisyfos	Czech Sceptics' Club.
spiritual healing	See energy healing.
systematic review	A summary of all available studies that are combined in order to answer specific questions.
therapeutic touch	A treatment that involves a healer transferring vital energy to a patient in order to enhance and balance the patient's energetic system.



traditional Chinese medicine	A set of therapeutic and diagnostic methods originally from China. It includes herbal treatments, acupuncture, massages, qigong, etc.
traditional medicine	A set of therapeutic methods that originate in specific countries' traditions, e.g. traditional Chinese or Indian medicine. In other countries, this traditional medicine can then be classified as complementary and alternative medicine.
wellness	A general term for various healthcare services, healthy lifestyles, and mental and physical well-being, i.e. massages, various physical exercises, bathing, spa, salt caves, healthy diets, etc. Centres that offer complementary and alternative medicine sometimes use this term.
yoga	Physical exercises that can be of assistance on a spiritual journey towards unifying one's personal "I" with the universal Existence. Its use for health improvement is also being researched within CAM.





PART 2

**Complementary and Alternative
Medicine (CAM)**

and Josef Zezulka Biotronics





1 CAM – a Varied Area of Healthcare

1.1 Definitions of CAM

*Complementary and alternative medicine is very extensive field which is characterized by great variety. Critics sometimes claim that it is a “disparate jumble of methods”²⁹¹. However, the past twenty years has seen a significant shift in this respect. Since the beginning of the 21st century, several important organizations (WHO, NCCAM, later NCCIH, European Commission, etc.) have attempted to **gain an overview of CAM**. This gave rise to a need to first establish a **general definition** which would cover the entire spectrum of these treatments and methods and to design a suitable **classification system** that would match the nature of the various therapies.*

WHO created a basis to which definitions formulated by other European and American institutions and organizations have been added. The most significant definitions are summarized in Table 9.

*Differences between the definitions reflect the approach of the organization that coined the definition. WHO has a global focus and thus uses the concept “traditional medicine” as a base and emphasizes **the ancient, pre-scientific origins** of these therapies. Organizations representing modern alternative medicine providers (often in developed Western countries), on the other hand, emphasize **the holistic concept of man**, the body’s **self-healing abilities** etc. and considers these to be the defining features of CAM in relation to scientific medicine.*

*Some definitions also point to the fact that CAM therapies are often based on a specific **philosophical foundation** and not completely in line with the official scientific worldview. Practices within traditional methods are the **result of the practical experience of many generations of physicians and nurses**. Although they cannot yet be explained in terms of our current scientific knowledge, they are being used and are sought after by therapists and patients who consider them to be effective. Modern alternative therapies are often based on new alternative, non-materialist worldview systems (anthroposophy, etc.).*

²⁹¹ Heřt, Jiří. *Alternativní medicína a léčitelství. Kritický pohled [Alternative and Non-Conventional Medicine. A Critical View] [online]. Chomutov 2010, p. 240 [cit. 2018-27-06]. Available from: https://www.sisyfos.cz/old/files/Alternativni_medicina_Hert.pdf*



WHO (2002)	Traditional medicine (TM)	“WHO (...) defines traditional medicine as including diverse health practices, approaches, knowledge and beliefs incorporating plant, animal, and/or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness.” ²⁹²
WHO (2013)	Traditional medicine (TM)	“Traditional medicine has a long history. It is the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.” ²⁹³
	Complementary and Alternative Medicine (CAM)	“The terms ‘complementary medicine’ or ‘alternative medicine’ refer to a broad set of health care practices that are not part of that country’s own tradition or conventional medicine and are not fully integrated into the dominant health-care system. They are used interchangeably with traditional medicine in some countries.” ²⁹⁴
EU project CAMbrella (2010–2012)	Complementary and Alternative Medicine (CAM)	“CAM, as utilized by European citizens, represents a variety of different medical systems and therapies based on the knowledge, skills and practices derived from theories, philosophies and experiences used to maintain and improve health, as well as to prevent, diagnose, relieve or treat physical and mental illnesses. CAM therapies are mainly used outside conventional health care, but in many countries some therapies are being adopted or adapted by conventional health care ...” ²⁹⁵
EU CAM Conference European parliament (2012)	Complementary and Alternative Medicine (CAM)	“Complementary and Alternative Medicine, CAM, includes a variety of different medical and other healthcare therapies used to maintain and improve health, as well as to prevent, diagnose, relieve or treat the health needs of the whole person. CAM encompasses diagnostic and therapeutic approaches founded on the common understanding that the human being is a whole living system whose self-maintaining capacities can be stimulated, supported and strengthened to maintain or regain health.” ²⁹⁶
USA Institute of Medicine (2005)	Complementary and Alternative Medicine (CAM)	“Complementary and alternative medicine (CAM) is a broad domain of resources that encompasses health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the dominant health system of a particular society or culture in a given historical period. CAM includes such resources perceived by their users as associated with positive health outcomes. Boundaries within CAM and between the CAM domain and the domain of the dominant system are not always sharp or fixed.” ²⁹⁷

Table 9 – More important definitions of CAM formulated since the beginning of the 21st century. Author of the spreadsheet – KoS.

²⁹² WHO. *WHO Traditional Medicine Strategy 2002–2005* [online]. 2002, p. 7 [cit. 2018-04-01]. Available from: http://www.wpro.who.int/health_technology/book_who_traditional_medicine_strategy_2002_2005.pdf

²⁹³ WHO. *WHO Traditional Medicine Strategy 2014–2023* [online]. 2013, ISBN 978-92-4-150609-0, p. 15 [cit. 2018-04-01]. Available from: http://www.who.int/medicines/publications/traditional/trm_strategy14_23/en/

²⁹⁴ Ibid. p. 15.

²⁹⁵ CAMBRELLA. *CAMbrella (GA No. 241951) Final Report, Reporting period: 01/01/2010 – 31/12/2012, Publishable summary* [online]. [cit. 2016-06-30]. Available from: http://cordis.europa.eu/result/rcn/57185_en.html

²⁹⁶ EFCAM. *CAM Conference Declaration & Call for Action* [online]. EU CAM Conference, October 9th 2012 [cit. 12-06-2015]. Available from: http://www.efcam.eu/images/stories/Declaration_and_Call_for_Action.pdf ; <http://www.efcam.eu/cam-conference-declaration-call-to-action/>

²⁹⁷ INSTITUTE OF MEDICINE (US). Committee on the Use of Complementary and Alternative Medicine by the American Public. *Complementary and Alternative Medicine in the United States* [online]. 2005, p. 18 [cit. 2018-04-01]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK83793/>; https://www.ncbi.nlm.nih.gov/books/NBK83799/pdf/Bookshelf_NBK83799.pdf



1.2 Classification of CAM

The classification and terminology for CAM treatment methods has not yet been fully unified. Here are some of the CAM classifications so far.

WHO (2002) divides TM/CAM therapies based on whether they use **medications** (plant, animal and/or mineral medicines) **or not** (acupuncture, manual therapy and other physical, mental, spiritual and other therapies).²⁹⁸ According to WHO, the world's most widely used TM/CAM therapeutic procedures are: **herbal medicine, acupuncture / acupressure, various types of manual therapies, spiritual therapy, including hypnosis, healing and meditation, and various types of exercise, such as yoga.** These procedures are then specifically utilized and combined within specific therapeutic systems such as **traditional Chinese medicine, Ayurveda, Unani, naturopathy, osteopathy, homeopathy, chiropractic** and others.²⁹⁹

The CAMbrella project surveyed the CAM situation **within the European Union** (see page 97 et seq.), The following set of CAM therapies are the most frequently used in Europe:

“Acupuncture (various methods), anthroposophic medicine, herbal medicine, homeopathy, manual therapies (chiropractic, massage, osteopathy, reflexology), natural medicine (including aromatherapy, herbal medicine, nutrition, food supplements, exercise, lifestyle advice and psychological techniques), and Traditional Chinese Medicine (various methods and related techniques).”³⁰⁰

*In addition to these, other therapies specific to certain countries are also used in Europe: “Austria: energetic medicine; Denmark: visualization; France: mesotherapy; Germany: breath therapy,”*³⁰¹ etc.

*In Europe, but even more commonly in the US or Canada, **life-force methods** are also being developed. Life-force methods have been used in the **United Kingdom** since the 1930s; Harry Edwards was among its prominent representatives. These methods are also referred to as Spiritual Healing and work with the human energy system. They are closely related to **Josef Zezulka Biotronics**, which has been used for over sixty years in the Czech Republic.*

*In 2000, **the National Center for Complementary and Alternative Medicine** (NCCAM, NCCIH) compiled the following classification of CAM therapies. This classification is often referred to in CAM studies and surveys:*

1. **Alternative medical systems** (therapies based on working with the mind and that have a subsequent effect on the body, such as meditation),
2. **Mind-body interventions** (work-based therapies that have a subsequent effect on the body, such as meditation),
3. **Biologically based treatments** (therapy using herbs, minerals and other natural medicines),
4. **Manipulative and body-based methods** (chiropractic, massage therapy etc.),

²⁹⁸ WHO. WHO Traditional Medicine Strategy 2002–2005 [online]. 2002, p. 7 [cit. 2018-04-01]. Available from: http://www.wpro.who.int/health_technology/book_who_traditional_medicine_strategy_2002_2005.pdf

²⁹⁹ Ibid. p. 8.

³⁰⁰ CAMBRELLA. CAMbrella (GA No. 241951) Final Report, Reporting period: 01/01/2010 – 31/12/2012, Publishable summary [online]. [cit. 2016-06-30]. Available from: http://cordis.europa.eu/result/rcn/57185_en.html

³⁰¹ Ibid.

5. **Energy therapies** (therapy that uses the body's energy field e.g. qi gong, Reiki, and therapeutic touch).³⁰²

The following graphic was created based on current classifications (Figure 28).

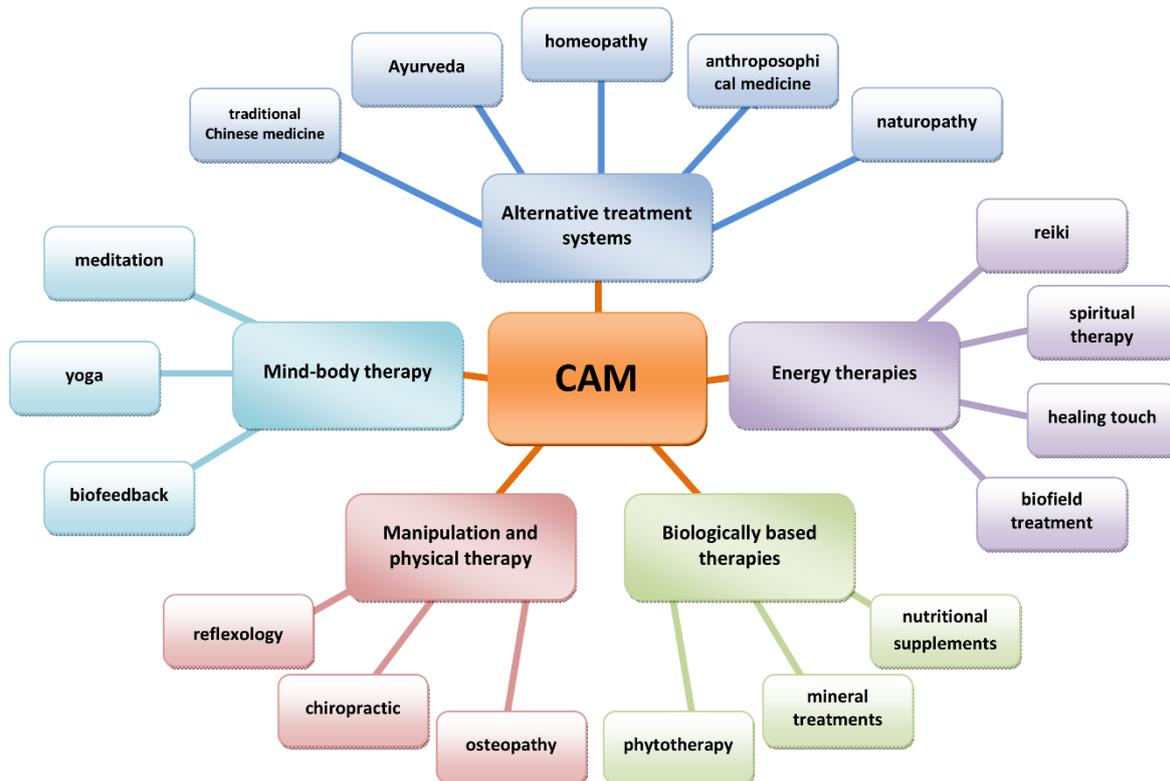


Figure 28 - The most common CAM methods and classifications.
Author of the graphic – KoS.

³⁰² INSTITUTE OF MEDICINE (US). Committee on the Use of Complementary and Alternative Medicine by the American Public. *Complementary and Alternative Medicine in the United States* [online]. 2005, p. 18 [cit. 2018-04-01]. Available from: https://www.ncbi.nlm.nih.gov/books/NBK83799/pdf/Bookshelf_NBK83799.pdf



1.3 The Most Common CAM therapies

As mentioned, there are many different types of CAM therapies. The following pages list the most common CAM methods along with a brief description of their main characteristics. The descriptions are only indicative and provide the basic idea behind the therapeutic procedures.

1.3.1 Alternative Treatment Systems

Traditional Chinese Medicine

- One of the oldest treatment systems in the world. It originated in China 3,000–4,000 years ago.
- Basic principles: Reality is a manifestation of **the vital force "chi"**, and this force also flows through the human body. There are 365 **acupuncture points** on the 12 main and 8 secondary energy trajectories, or– meridians. The entire universe (including man) is under the influence of the opposing forces of yin and yang; a year has 5 seasons, there are 5 elements, 5 tastes and 5 emotions; the day is structured into zones during which the organs are either activated or dampened.
- Uses diagnostic methods (based on language, pulse, motoric ability, sensory perception. etc.)
- Medical procedures: **nutrition, acupuncture, cupping, physical exercise and breathing exercises, massage**. The purpose is to restore the **correct flow of "chi"**, emphasis on preventive methods.³⁰³

Ayurveda

- Traditional **Indian** medicine, **5,000** years old (the oldest preserved health system in the world), translates as "science of life and longevity".
- It is based on the principle that life is in accordance with its own **constitution** and natural laws. It has a **holistic approach**; does not repress symptoms but seeks and heals the root cause; health as a **balance of energy**. It recognizes differences in individuals and takes an **individual approach** to care.
- Procedures: **personalized diets, nutrition, herbal medicines, procedures, yoga, aromatherapy, breathing exercises, meditation, massage, colour and stone therapy**, emphasis on preventive methods and longevity.³⁰⁴

Homeopathy

- Founded **1810** by **German physician Samuel Hahnemann** (1755-1843).
- Basic principle: treat like with like, i.e. the same substance that causes the symptoms of a disease are used to treat it. It typically uses **very highly diluted medications** (chemically free of any active substance molecule) based on the principle that intangible information is transferred from the active substance to the resulting drug.³⁰⁵
- Drugs are most commonly administered as granules, but other forms (ointments, etc.) are possible.
- The treatment is **individual** and bespoke (two people may be prescribed different medications for the same problem).³⁰⁶

³⁰³ KŘÍŽOVÁ, Eva. *Alternative Medicine in the Czech Republic*. Prague: Karolinum, 2015. ISBN978-80-246-2498-3. p. 77,78. Translation - KoS.

³⁰⁴ Ayurvedic Medicine. Frequently Asked Questions [online]. [cit. 2018-27-06]. Available from: <http://www.ayurveda.cz/caste-otazky.htm>. Translation - KoS.

³⁰⁵ Křížová, Eva. *Alternative Medicine in the Czech Republic*. Prague: Karolinum 2015. ISBN978-80-246-2498-3. p. 48. Translation - KoS.

³⁰⁶ NATO. SCIENCE AND TECHNOLOGY ORGANIZATION. *Integrative Medicine Interventions for Military Personnel (STO Technical Report)* [online]. ISBN 978-92-837-2035-5. DOI: 10.14339/STO-TR-HFM-195. p. xxiii [cit. 2018-07-07]. Available from: https://www.sto.nato.int/publications/Pages/Technical_Reports_list.aspx



Naturopathy

- First developed in Europe, **especially in Germany, during the 16th–17th century**. Includes hydrotherapy, herbal therapy and other traditional practices. Modern naturopathy originated in **North America in the first half of the 20th century**. It was codified in 1986 in the US.
- Main principles: First and foremost – do not cause harm but **heal using the healing power of nature**. Heal the cause and **the whole person**. The doctor is also a teacher. Emphasizes disease prevention and health promotion.
- Naturopathic theories include the following principles: **vitality**, vitality theory, unity of disease, Hering's Law of Cure, therapeutic procedures, elimination organs, naturopathic methods (detoxification, revitalization, stabilization and regeneration), toxicology theory, the naturopathic triad of health, humoral theory and complex systems theory.³⁰⁷

Anthroposophic Medicine

- Originated in the 1920s and is based on the spiritual-scientific direction known as Anthroposophy, founded by the German philosopher **Rudolf Steiner** (1861-1925).
- Anthroposophy (**wisdom about man**) understands **disease within the context of man's personal development**. The disease is not caused by external factors (e.g. infections), but a person's inability to cope with them. The therapist seeks the causes behind the imbalance not only in the body but also in the **patient's relationship to life and fate**; a holistic approach that respects the uniqueness of the patient
- Medicines: from mineral, plant and animal sources, sometimes homeopathic or conventional medicine.
- Procedures: passive procedures – massage, wiping or wrapping the body, baths, etc. - active procedures – art therapy (painting, sculpting, music therapy), eurythmy, psychotherapy, speech therapy.³⁰⁸

1.3.2 Mind-Body Therapy

Mind-body therapy collectively refers to all procedures that, simply put, work with the mind in order to help the body. They are based on the assumption that the mind and body are inextricably linked and intertwined. Just as psychological imbalances can manifest themselves as physical difficulties, physical symptoms (often chronic, without any obvious physical cause) can help one achieve a desired mental state. This group includes therapeutic procedures such as **relaxation, meditation, controlled imagination**, various types of creative therapies (**art therapy, music therapy**, etc.), biofeedback, cognitive-behavioural therapy, and support groups. It may also include prayer and certain types of physical exercises such yoga or qigong, which can also be classified as energy therapies due to their origin and primary purpose.³⁰⁹

³⁰⁷ Česká naturopatická společnost [Czech naturopathic society]. *O naturopatii [About naturopathy]* [online]. [cit. 2018-06-22]. Available from: <http://naturopati.cz/o-naturopatii/>, translation - KoS; College of Naturopathic Medicine. *What is Naturopathy?* [online]. [cit. 2018-06-22]. Available from: <https://www.naturopathy-uk.com/>

³⁰⁸ SALF. Společnost antroposofických lékařů a farmaceutů [Society of Anthroposophic Physicians and Pharmacists]. *Antroposofická medicína [Anthroposophic medicine]* [online]. [cit. 2018-06-22]. Available from: <http://salf.cz/antroposoficka-medicina/>. Translation - KoS.

³⁰⁹ THE CENTER FOR SPIRITUALITY AND HEALING. Mind-Body Therapies. *University of Minnesota. Taking charge of your health & wellbeing* [online]. [cit. 2018-06-22]. Available from: <https://www.takingcharge.csh.umn.edu/explore-healing-practices/what-are-mind-body-therapies>



Meditation

- An ancient technique of Eastern origin that has been used since time immemorial to achieve **deep mental peace and physical relaxation**. It is also used to improve psychological balance, or to facilitate disease management and to improve one's **overall health and well-being**.³¹⁰
- There are several different types of meditation. Their common elements include: **a quiet place** with minimal distraction, **a comfortable body position**, **a focus of attention** (e.g. a specific word, an object or one's breath) **and an open, unbiased attitude** that allows disturbing elements to come and go without being evaluated or judged.
- According to surveys, it can have a positive influence when used as a complementary therapy, especially in the case of high blood pressure, chronic pain, or psychological problems such as anxiety, stress, depression, sleep disturbances, etc.

Yoga

- A technique that focuses on the mind and body, originated in **ancient Indian philosophy**.
- A combination of **physical positions, breathing techniques and meditation or relaxation**.
- There are many different kinds of yoga.
- Has positive effects when used as a complementary therapy for certain types of chronic pain, high blood pressure, asthma, anxiety, depression or insomnia.³¹¹

Biofeedback

- Originated in the 1960s and 1970s.
- A training technique that allows the patient to gain a certain amount **of control over autonomic bodily functions**: "Biofeedback is a process that enables an individual to learn how to change physiological activity for the purposes of improving health and performance. Precise instruments measure physiological activity such as brainwaves, heart function, breathing, muscle activity, and skin temperature. These instruments rapidly and accurately "feed back" information to the user. The presentation of this information — often in conjunction with changes in thinking, emotions, and behavior — supports desired physiological changes. Over time, these changes can endure without continued use of an instrument."³¹²
- Effectively affects conditions such as migraines, headaches, incontinence, high blood pressure and anxiety.
- A **neurofeedback** technique (also known as EEG-biofeedback) that can be used for attention disorders, hyperactivity, autism spectrum disorders, brain injuries, post-traumatic stress, seizures, and depression. It is also used by executives, artists and athletes to enhance performance.³¹³

³¹⁰ Note: Josef Zezulka Biotronics views meditation differently – it is not primarily used within healthcare, but one's state of health may improve as a side-effect.

³¹¹ NCCIH. Yoga. National Center for Complementary Integrative Health [online]. [cit. 2018-06-22]. Available from: <https://nccih.nih.gov/health/yoga>

³¹² AAPB. About Biofeedback. The Association for Applied Psychophysiology and Biofeedback (AAPB) [online]. 2011 [cit. 2018-06-22]. Available from: <https://www.aapb.org/i4a/pages/index.cfm?pageid=3463>

³¹³ Ibid.



1.3.3 Manipulative and Body-Based Therapies

Chiropractic

- A *physiotherapeutic method during which the therapist manually corrects the articulated connections and restores their mobility.*
- *It was created by Daniel David Palmer (USA) in 1885. It is based on the assumption that deflection of a part of the skeleton can pressure nerves, which then has other negative consequences.*
- *The connection between the spine and/or other joints and the nervous system is of utmost importance: accidents, falls, stress or overload may cause changes to the spine or other joints. This may subsequently adversely affect the tissues, the nervous system and other areas. If this is not corrected, the patient may be more susceptible to other chronic problems.*
- *Blockages in the cervical spine cause pain and headaches, nausea etc. Blockages in the thoracic spine cause pain in the area of ribs and difficulty in breathing, etc. These are some of the most common blockages.*
- *Chiropractic treatments reduce pain, improve mobility and increase performance. Patients can often avoid surgery and drug use as a result of chiropractic treatments.*
- *Chiropractic treatment must be preceded by an examination to make sure there are no internal or surgical problems.*³¹⁴

Reflexology

- *A therapy based on the idea that every organ in the body organs **corresponds** to certain points on the foot.*³¹⁵ *A practitioner massages specific **points on the feet** and thus positively affects other **organs that are connected to those points**. Reflexologists use special **maps**.*
- “The method was created independently of acupuncture but is similar to traditional acupressure as well as microsystem methods. However, it works exclusively with feet. It was created in 1913 by Dr. William Fitzgerald (1872-1942), and was then known as zonal therapy.”³¹⁶
- “In the 1930s, the method was improved by E. Ingham, who called it reflexology. It has spread throughout the world from the United States.”³¹⁷
- “For example, reflexology holds that a specific spot in the arch of the foot corresponds to the bladder. When a reflexologist uses thumbs or fingers to apply appropriate pressure to this area, it may affect bladder functioning.”³¹⁸
- *It is used as a complement to other treatments for anxiety, asthma, cancer, diabetes, headaches, etc.*³¹⁹

³¹⁴ Palmer College of Chiropractic. *What is chiropractic* [online]. 2018 [cit. 2018-06-22]. Available from: <http://www.palmer.edu/about-us/what-is-chiropractic>; Fyziotom [Physiotherapist]. *Chiropraxe a mobilizace páteře, žebér a kloubů, měkké techniky [Chiropractic and Mobilizing the Spine, Ribs and Joints. Soft Techniques]* [online]. [cit. 2018-06-22]. Available from: <https://www.fyziotom.cz>

³¹⁵ Heřt, Jiří. *Alternativní medicína a léčitelství. Kritický pohled [Alternative and Non-Conventional Medicine. A Critical View]* [online]. Chomutov 2010, p. 103 [cit. 2018-27-06]. Available from: https://www.sisyfos.cz/old/files/Alternativni_medicina_Hert.pdf. Translation - KoS.

³¹⁶ Ibid.

³¹⁷ Ibid.

³¹⁸ THE CENTER FOR SPIRITUALITY AND HEALING. Reflexology. *University of Minesota* [online]. [cit. 2018-06-22]. Available from: <https://www.takingcharge.csh.umn.edu/reflexology>

³¹⁹ Ibid.



Osteopathy

- A manual therapy similar to chiropractic. It was created in **1879 by the American physician Andrew Taylor Still** (1828-1917). Osteopaths mainly use soft manipulation techniques, massage, **soft tissue conditioning and muscle activation**.³²⁰

- "A natural medicine, which aims to restore the body's functions by treating the causes of pain and imbalance. To achieve this goal, osteopathy relies on the quality and softness of its palpation and works with the position, mobility and quality of tissues."³²¹

- Emphasizes the **body's natural self-healing abilities**. Osteopathy aims to improve the body's natural ability to regulate and correct itself.

- **Palpation** is a diagnostic skill used by osteopaths to feel the condition of the examined tissues or systems. This includes many sensory aspects of touch (perceiving moisture, texture, differences in temperature and the movement of soft tissue). It is a trained skill that takes several years to develop. Experienced osteopaths can palpate not only superficially but also deep inside the body. The ability to detect very fine modifications in the quality of the tissue (overload, dehydration, scarring, stiffness, density and loss of elasticity as well as mobility) is tantamount to being able to select an appropriate treatment for the patient.³²²

Acupuncture

- A Chinese healing technique with a thousand-year tradition. It was originally a part of traditional Chinese medicine but has spread throughout the world during the 20th century.

- Thin solid metal **needles** are used to stimulate specific points along the **meridians** through which the energy "chi" (or vital energy) flows – there are 365 acupuncture points on 12 meridians.

- **By selecting and stimulating the right points, the flow of "chi" is harmonized and the organism is rebalanced.**

- Other associated methods: **acupressure and Tui na massage** (stimulating pressure points), **moxibustion** (heat treatment – heating certain points with dried mugwort), **cupping** (stimulating points with vacuum).³²³

³²⁰ Heřt, Jiří. *Alternativní medicína a léčitelství. Kritický pohled [Alternative and Non-Conventional Medicine. A Critical View]* [online]. Chomutov 2010, pp. 142-143 [cit. 2018-27-06]. Available from: https://www.sisyfos.cz/old/files/Alternativni_medicina_Hert.pdf. Translation - KoS.

³²¹ Osteopathy Defined. *Canadian College of Osteopathy. Toronto Campus* [online]. [cit. 2018-06-22]. Available from: <http://www.osteopathy-canada.com/osteopath-definition/>

³²² Ibid.

³²³ TCM Clinic. *Akupunktura [Acupuncture]* [online]. 2018 [cit. 2018-23-06]. Available from: <https://www.tcmclinic.cz/cinska-medicina/lecebne-metody/akupunktura>. Translation - KoS.



1.3.4 Biologically Based Therapies

Herbalism

- *Treatments that use herbal medications such as **tea, extracts, tinctures, ointments, etc.***³²⁴

“Herbalism is one of the oldest treatment methods. Plants are an almost inexhaustible source of various substances, many of which have a significant effect on live beings, both harmful and beneficial. The Austrian herbalist Marie Treben famously stated that there is no plant in the world that does not serve a purpose.”³²⁵

- *It is based on traditional knowledge and **many years of experience of the effects of various plants and their parts.***

- *It is part of many traditional healing systems (including traditional Chinese medicine and Ayurveda).*

Phytotherapy

- *Sometimes referred to as **herbalism or herbal therapy, or herbal medicine.** However, it should be distinguished from traditional herbal medicine. In Western countries it is often used by doctors and naturopaths.*

- *Phytotherapy is a **herbal medicine based on science** and was created by **the French physician Henri Leclerc (1870–1955), who also coined this term (in 1913).***³²⁶

- “Phytotherapy is the use of medicinal products from plants to treat and prevent diseases. Phytotherapy is a science-based medical practice and differs from other, more traditional approaches, such as herbalism. Herbalism relies on the empirical evaluation of medicinal herbs and is often associated with traditional knowledge. It has generally not been assessed in controlled clinical trials or strictly biomedical studies. Phytotherapy differs from herbalism as a number of tests and pharmacological studies on specific phytotherapeutic agents have been carried out. The interpretation and acceptance of the phytotherapeutic evidence differs between countries. In some countries, phytotherapeutic medications are considered valid, while in other countries phytotherapy is still considered to be a form of traditional medicine.”³²⁷

- *Certain phytotherapeutic remedies are readily known and used: **Ginkgo biloba (for treating minor cognitive disorders etc.), St John's wort, Hypericum perforatum (for treating milder forms of depression etc.), and Echinacea augustifolia (for preventing and treating colds and other respiratory problems).***³²⁸

³²⁴ Heřt, Jiří. *Alternativní medicína a léčitelství. Kritický pohled [Alternative and Non-Conventional Medicine. A Critical View]* [online]. Chomutov 2010, p. 45 [cit. 2018-27-06]. Available from: https://www.sisyfos.cz/old/files/Alternativni_medicina_Hert.pdf. Translation - KoS.

³²⁵ Ibid.

³²⁶ Phytotherapy. *Encyclopaedia Britannica* [online]. ©2018 [cit. 2018-23-06]. Available from: <https://www.britannica.com/science/phytotherapy>

³²⁷ Ibid.

³²⁸ Ibid.



1.3.5 Energy Therapies

The report from the NATO Science and Technology Organization on Integrative Medicine in the Army defines energy therapies as follows:

“Energy medicine (therapy, healing) is a sub-practice of “alternative medicine” that manipulates the energies (often subtle energies) of the human body to create a positive influence. Examples include Reiki, Therapeutic Touch, Alpha-stimulation and spiritual healing. Acupuncture can be considered a form of energy medicine since acupuncture is based on the movement of energy (Qi).”³²⁹

The National Center for Complementary and Integrative Health (NCCIH), which is part of the US National Institute of Health, uses a different definition:

“Energy healing therapy

A technique that involves channeling healing energy through the hands of a practitioner into the client’s body to restore a normal energy balance and, therefore, health. Energy healing therapy has been used to treat a wide variety of ailments and health problems, and it is often used with other alternative and conventional medical treatments.”³³⁰

*The basis for all therapies in this subgroup is the concept of **life force or bioenergy**. It is a concept that is not yet accepted by scientific medicine, yet is inherent in many alternative treatment systems and practices, both traditional and modern. In traditional Chinese medicine, bioenergy is referred to as “qi”, in Ayurveda as “prana”³³¹.*

*The following pages provide a brief description of the approaches and methods that cooperate in one way or another. As there is currently no reliable source of information on these therapies in Czech, and foreign sources differ in their description, we have often used foreign **organizations and companies offering these therapies as sources**. The various methods not only use different intervention techniques, but also treat different disorders. They also differ a lot in how exactly they explain the mechanism of the methods they use.*

Spiritual Healing

- This type of energy therapy has a long and rich tradition in, among others, the UK

- one of the oldest schools for spiritual healing in Europe, is the school of the famous British healer **Harry Edwards** (1893-1976). The school was founded in **1946** and is still active today (Healing Sanctuary, Shere, England). In its concept, the school defines Spiritual Healing as follows:

“Spiritual Healing is a simple, safe and supportive energy therapy that aims to bring balance to mind/body and soul, as well as to stimulate the body’s own natural healing ability. The healer links to the healing energy in a method called ‘attunement’ and is a channel through which the healing energy flows to the person/animal who may or may not be present. It is complementary to all forms of treatment as it is non invasive and patients are always encouraged to seek medical advice for their conditions.”³³²

³²⁹ NATO. SCIENCE AND TECHNOLOGY ORGANIZATION. *Integrative Medicine Interventions for Military Personnel (STO Technical Report)* [online]. ISBN 978-92-837-2035-5. DOI: 10.14339/STO-TR-HFM-195. p. xxi [cit. 2018-07-07]. Available from: https://www.sto.nato.int/publications/Pages/Technical_Reports_list.aspx

³³⁰ NCCIH. Terms Related to Complementary and Integrative Health. *National Center for Complementary Integrative Health* [online]. 2017, [cit. 2018-06-27]. Available from: <https://nccih.nih.gov/health/providers/camterms.htm>

³³¹ KRŽIŽOVÁ, Eva. *Alternativní medicína v České republice [Alternative Medicine in the Czech Republic]*. Prague: Karolinum, 2015. ISBN978-80-246-2498-3. p. 30. Translation - KoS.

³³² Harry Edwards Healing Sanctuary. What Is Spiritual Healing? [online]. [cit. 2018-06-24]. Available from:



- Harry Edwards was a founding member of the **National Federation of Spiritual Healers (NFSH)**, founded in 1954 (under the name of The Healing Trust). Their website provides further information about the nature and effects of spiritual healing in this context:
- When a healer heals, he helps the patient to help himself, **allows him to use his own innate self-healing skills**, and thus recover his balance and health in the best possible way.
- The curative energy is **never harmful**. It has no side effects.
- Treatment is possible even remotely and is then called "Distant Healing".
- The healing energy is **always attracted to wherever it is most needed**. The healer does, therefore, not need to know the diagnosis.³³³
- Improvement may occur **in any area: physical, psychological, spiritual or emotional**. The patient's attitudes, clarity of thinking and quality of life may also improve. The treatment is effective as an auxiliary therapy and is also effective for children and animals.³³⁴

The Josef Zezulka Biotronics

- A field of spiritual healing, which originated in Prague in the middle of the 20th century.
- The field was created and developed by the **Czech philosopher and healer Josef Zezulka**, who devised and created the name "**Biotronics**". This name was used for the first time after **1945**.
- The current representative of the branch is the biotronicist-sanator, **Tomas Pfeiffer**.
- The theoretical basis is the **philosophy created by Josef Zezulka**: Biotronics is primarily a philosophy, and biotronic healing is its practical application – **spiritual biotronic treatment is always based on spiritual philosophy and is, therefore, always connected to religious philosophy**.
- The basis of Josef Zezulka Biotronics as a method of spiritual activity is the following: man consists of three basic parts, **a physical body, a psyche and vitality** – medicine is the most effective **treatment** for a physical disease, psychotherapy is the most effective treatment for the psyche, and **spiritual biotronic healing** is the most effective treatment for disorders in the vital system.
- In many cases, a disease is caused by more than one factor, and the respective disciplines should then cooperate in order to provide the best care.
- The biotronicist **holds his hands a few centimetres away from the patient** and treats him by transmitting vital energy of **a certain quality**, according to the nature of the disease.
- Only a **gifted individual** who develops his innate ability through extensive studies under the guidance of a teacher can become a biotronicist. The most powerful biotronicist is called a "**sanator**".
- The Josef Zezulka Biotronics is dealt with in detail in the following chapters (see pages 277 et seq.):



Figure 29 –
Biotronicist-sanator
Josef Zezulka

Source: www.dub.cz

www.harryedwardshealingsanctuary.org.uk

³³³ THE HEALING TRUST. What is healing? *The Healing Trust* [online]. 2018 [cit. 2018-06-24]. Available from: <http://www.thehealingtrust.org.uk>

³³⁴ THE HEALING TRUST. Discover Healing. *The Healing Trust* [online]. 2018 [cit. 2018-06-24]. Available from: <http://www.thehealingtrust.org.uk/home/discover-healing/>



Healing Touch

- The method was established by **Janet Mentgen in the 1980s**.
- It is a kind of energy therapy where a therapist **consciously uses his or her hands to promote physical, emotional, mental and spiritual health and healing**. The practitioner uses very light touches, or places his hands in close proximity to the body to affect the energy field that permeates the body and surrounds the patient.
- It aims to restore balance and harmony in the energy system and to enable the patient to activate the self-healing process.³³⁵
- It is based on a friendly, caring relationship in which the energy of the practitioner and the client meet and thus support the healing process.
- The founder of the Janet Mentgen method, was convinced that this energy method could be learned by **anyone with a compassionate heart and a desire to help the needy**.³³⁶

Therapeutic Touch

- An energy therapy that consists of **intentional and compassionate use of universal energy to promote balance and health in the patient**. It is a consciously controlled process of energy exchange, during which the practitioner facilitates the whole process with his **hands**.
- The method was developed by Professor **Dolores Krieger** and the natural healer **Dora Kunz** in the early 1970s.
- The method was developed based on **initial tests** performed by the authors: one group of patients was subjected to energy therapy while a control group was not. Haemoglobin levels in both groups were measured before and after a series of healing interventions. The treated patients had significantly higher haemoglobin levels than the control group. These initial tests were followed by other tests and studies which confirmed the treatment's efficacy.
- The method's efficacy has been demonstrated on **oncology patients** as well as **premature babies** and **coma patients** (making it difficult to claim that the effects were due to the placebo effect).
- The authors began teaching the method in the 1970s and it has gradually spread to up to 90 countries. The largest representation is found in **the US and Canada**.
- The method is simple and creates a personal connection between the practitioner and the patient. The method can be learnt by anyone.³³⁷

Biofield Therapy

- This term refers to a **group of energy therapies within CAM that directly work with the energy and information field that surrounds all living systems, i.e. Reiki, Healing Touch, Therapeutic Touch etc.:** "Biofield therapies are noninvasive therapies in which the practitioner explicitly works with a client's biofield (interacting fields of energy and information that surround living systems) to stimulate healing responses in patients. While the practice of biofield therapies has existed in Eastern and Western cultures for thousands of years, empirical research on the effectiveness of biofield therapies is still relatively nascent."³³⁸

³³⁵ Healing Touch Program. *Worldwide Leaders in Energy Medicine. What is Healing Touch?* [online]. August 2018 [cit. 2018-06-19]. Available from: <https://www.healingtouchprogram.com/about/what-is-healing-touch>

³³⁶ Ibid.

³³⁷ TTIA. What is TT. *Therapeutic Touch International Association* [online]. 2018 [cit. 2018-06-24]. Available from: <http://therapeutictouch.org/what-is-tt/>

³³⁸ JAIN, S., HAMMERSCHLAG, R., MILLS, P. et al. Clinical Studies of Biofield Therapies: Summary, Methodological Challenges, and Recommendations. *Global Advances in Health and Medicine* [online]. 2015,



Reiki

- A method that **involves placing ones hands** over the patient's body.
- It **originated at the end of the 19th century**; it was created and expanded by **the Japanese Christian monk Mikao Usui** (1865-1926). The monk studied ancient healing techniques (including ancient Christian texts that spoke of Jesus' healing of the sick) for many years before receiving his healing power through fasting and meditation.³³⁹
- It involves learning to work with spacial energy; "Rei" means space, life-giving, and "Ki" means energy.
- Life energy – Reiki – removes pollutants from the body. It encourages and releases blockages, harmonizes energy streams in the body, and flows **wherever it is most needed**. It is not limited by **distance**.³⁴⁰
- The energy system of the human body consists of seven basic **chakras**. When something is wrong, it means that blocks that disturb the energy flow have emerged. Reiki **can remove these blocks** and the positive energies can then flow back to the chakras.³⁴¹

Qi gong

- A traditional Chinese **exercise** technique.
- It originated **in China more than 3,000 years ago**. Alongside acupuncture, massage, herbal healing and dietetics, it is one of the five pillars of traditional Chinese medicine. The Chinese name "Qi gong" can be translated as "**working with life energy**".
- It is not a martial art (unlike Tai Chi); **it only focuses on health and care**.
- The purpose is to eliminate the "chi" blocks, thereby improving both physical and mental health.
- It involves slow movements, stretching, controlled breathing and attention. Patients thus reach a **meditative state**, and experience relaxation and inner peace. **The energetic pathways, acupuncture points and self-healing forces of the body are activated** when the body is in such a state, and increased quantity of life energy "Qi" can freely flow through the body.
- It strengthens the immune system, promotes mobility, concentration and general health. It also exercises the joints, tendons and muscles. Through regular exercise, the patient learns to control his breath, improve his Qi intake, and engage in dialogue with himself.³⁴²

4(Suppl), 58–66. doi: 10.7453/gahmj.2015.034.suppl [cit. 2018-06-24]. Available from:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4654788/>

³³⁹ Reiki.cz. *Historie reiki [The History of Reiki]* [online]. [cit. 2018-06-27]. Available from:
<http://www.reiki.cz/historie-reiki.php>. Translation - KoS.

³⁴⁰ Ibid.

³⁴¹ Ibid.

³⁴² Cvičení Qigong DYYSG [Qigong Exercise DYYSG]. *Co je Qigong [What is Qigong]* [online]. [cit. 2018-06-24]. Available from: <https://www.cviceniqigong.cz/co-je-qigon>. Translation - KoS.



1.4 Biotronics and the System of Curative CAM methods

As mentioned above, **energy therapies** are a part of the CAM therapy complex. They are based on the concept of the **vital force**, or **bioenergy**. According to the sanator Josef Zezulka's interpretation, this energy forms a unity (body spirit energy) together with the material body and the psychic component³⁴³. We will address this issue in more detail in the following section of this publication. Here is a short quote from an article by Zezulka, published in **1976**:

“When we hear the word energy, the majority of us associate it with electricity, radiation, a magnetic field, etc. We do not even consider that we have only been studying one kind of energy, an energy which can be called inorganic. This energy comes in useful in industry; we can shine and heat with it, but we also use it in healthcare.

When we use inorganic energy in healthcare, it almost always involves a destructive effect. It is used to remove, disturb, destroy everything that needs to be destroyed in order to benefit someone's health or to save a human life. Therefore, its usage is prevalingly destructive and it hardly ever has a constructive and curative effect.

In contrast to this, ORGANIC ENERGY instead of inorganic energy is emerging in the scientific field. It is also a kind of energy, and yet it is different. Only very little is known about it so far, however, it is without any doubt that organic energy is much more complex, and the theorems and rules which are valid for inorganic energy cannot be fully valid for organic energy.

The difference between organic and inorganic energies is similar to the difference between organic and inorganic substances, and both energies have as much in common as the organic and inorganic matters do.

Organic energy is constructive for a living body. We call it BIOENERGY or the VITAL FORCE.

Organic energy belongs to a living organism and it is an inseparable part of everything that is alive. It would be a good idea to get accustomed to this new breakdown and to distinguish between these two kinds of energy.”³⁴⁴

*The bioenergetic component of the organism is not shapeless, but forms a finely structured system. Its core axis is the **chakra** system, the main energy centres of the organism, and a complex system of higher and lower energy centres. This complicated system may be disrupted due to internal or external factors, and this disruption manifests itself as a disease.*

The energy described by the various CAM therapies – such as Spiritual Healing, Distant Healing, Biofield Therapy, Reiki, Healing Touch, Therapeutic Touch, but also traditional Chinese medicine (acupuncture, qi-kung) or Ayurveda – work with bioenergy, i.e. the vital force in different ways. Josef Zezulka Biotronics is a discipline that is related to these methods and yet is fundamentally different at the same time.

The Josef Zezulka Biotronics is a discipline of spiritual healing that focuses on diseases caused by bioenergetic insufficiency. It works with the same phenomenon as the energy therapies – **the vital force**, i.e. **bioenergy**. During an intervention, a qualified practitioner – biotronicist places their palms over the surface of patients' bodies and moves the palms accurately along their bodies in a precise manner.

³⁴³ ZEULKA, Josef. *Přednášky II [Lectures II]*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha, 2014. ISBN 978-80-85238-44-0. pp. 151–171. Available from: <https://www.dub.cz/cs/josef-zezulka-prednasky-ii-online-kniha>; Organised by Tomáš PFEIFFER. *ZEZULKA'S BIOTRONICS*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha, 2015. ISBN 978-80-85238-37-2. p. 10. Available from: <https://www.dub.cz/en/zezulkas-biotronics-online-book>

³⁴⁴ Organised by Tomáš PFEIFFER. *ZEZULKA'S BIOTRONICS*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha, 2015. ISBN 978-80-85238-37-2. pp. 51-52. Available from: <https://www.dub.cz/en/zezulkas-biotronics-online-book>



Their hands emanate bioenergy, which is invisible to most people, but it is sensed as warmth or a tingling sensation.

On the surface, the intervention of a biotronicist (i.e. practitioners using the method created by the biotronicist Josef Zezulka) may appear to resemble certain energy therapies. However, there are some significant differences:

*Josef Zezulka Biotronics is a **developed discipline** that has its own systematic **theory**, including specific terminology, and an elaborate **practical application**.*

***Zezulka's philosophy**³⁴⁵ is the general theoretical basis. It consists of a logical and internally coherent system that is **understandable** even to lay people. This philosophical system, among other things, outlines the direction of future research. In the future, it will be possible to logically explain empirically documented phenomena, which today are incompatible with contemporary scientific knowledge and therefore seem irrational. The **principle of bioenergy** is interpreted as another type of energy which can already be observed (the traditional wisdom in many different cultures proves its existence), but which has not **yet been given enough scientific attention and has not been studied sufficiently**³⁴⁶. There is nothing mystical about it, as some sceptics claim. On the contrary, it shows the potential development of human knowledge.*

*Zezulka's philosophy also defines **how Biotronics relates to scientific medicine**³⁴⁷ and other fields of health care in a broad sense (see Figure 30). In addition to that, it specifies the scope of Biotronics, i.e. in which cases Biotronics affects the root cause of the disease and thereby achieves the greatest effect, and in which cases Biotronics can be used as an auxiliary treatment.³⁴⁸*

*The theory of Biotronics **as a spiritual treatment method is built on this general theoretical basis**; it is a compulsory part of the professional biotronicist education, namely biotronic **pathology** and the **science of vital forces**.³⁴⁹ It is followed by a practical **methodology of using vital forces** in biotronic intervention. A biotronicist must not only be theoretically familiar with the methodology but also be fully able to apply it.³⁵⁰ **Biotronics is, therefore, a spiritual philosophy that is applied within treatment.***

*As mentioned above, the human energetic system is not homogeneous. On the contrary, it is complicated and has a comparable level of complexity to the material body (the subject of the demanding studies at medical school). This complexity must also be reflected in the nature of the intervention. Biotronicists do not work with a formless, generic, and mysterious force. They perform **precise, targeted interventions using a force of a specific quality** that precisely reflects the nature and degree of the given disease³⁵¹.*

³⁴⁵ ZEZULKA, Josef. *BYTÍ – EXISTENCE – A Philosophy for Life*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha, 2000. ISBN 978-80-85238-30-6. Available from: <https://www.dub.cz/en/josef-zezulka-byti-existence-a-philosophy-for-life-online-book>

³⁴⁶ ZEZULKA, Josef. *Přednášky II [Lectures II]*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha, 2014. ISBN 978-80-85238-44-0. pp. 151–171. Available from: <https://www.dub.cz/cs/josef-zezulka-prednasky-ii-online-kniha>

³⁴⁷ ZEZULKA, Josef. *Přednášky II [Lectures II]*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha, 2014. ISBN 978-80-85238-44-0. pp. 151–171. Available from: <https://www.dub.cz/cs/josef-zezulka-prednasky-ii-online-kniha>

³⁴⁸ ZEZULKA, Josef. *Přednášky II [Lectures II]*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha, 2014. ISBN 978-80-85238-44-0. pp. 151–171. Available from: <https://www.dub.cz/cs/josef-zezulka-prednasky-ii-online-kniha>

³⁴⁹ PFEIFFER, Tomáš. *A Life of Přinašeč (the Bringer)*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha, 2012. ISBN 978-80-85238-76-1. p. 29. Available from: <https://www.dub.cz/en/tomas-pfeiffer-a-life-of-prinasec-the-bringer-online-book>

³⁵⁰ Organised by Tomáš PFEIFFER. *ZEZULKA'S BIOTRONICS*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha, 2015. ISBN 978-80-85238-37-2. pp. 18–32. Available from: <https://www.dub.cz/en/zezulkas-biotronics-online-book>

³⁵¹ Ibid.



Therefore, to become a biotronicist, one must have an **innate ability**. However, a future biotronicist must **still study** extensively to understand the entire field and its **development**. This is done under the guidance of a teacher. Due to the fact that the quality of the healing power is influenced by other circumstances (lifestyle), a number of other criteria are also placed on biotronicists³⁵². It is only when the expectant biotronicists meet these strict criteria that their teacher and the **professional chamber Sanator** can deem them ready to become a practising biotronicist³⁵³. Unlike some other energy practices, Biotronics is not a simple method that can be learnt by anyone wanting to help those in need.

By its very nature, the work of a biotronicist **does not include diagnostics**.³⁵⁴ Therefore, it is good to have a diagnosis from a doctor, i.e. to cooperate with traditional medicine.

The above-mentioned reasons show that common sceptical objections (being incomprehensible, irrational, vague, confusing, a panacea, etc.) do not apply to Biotronics.³⁵⁵

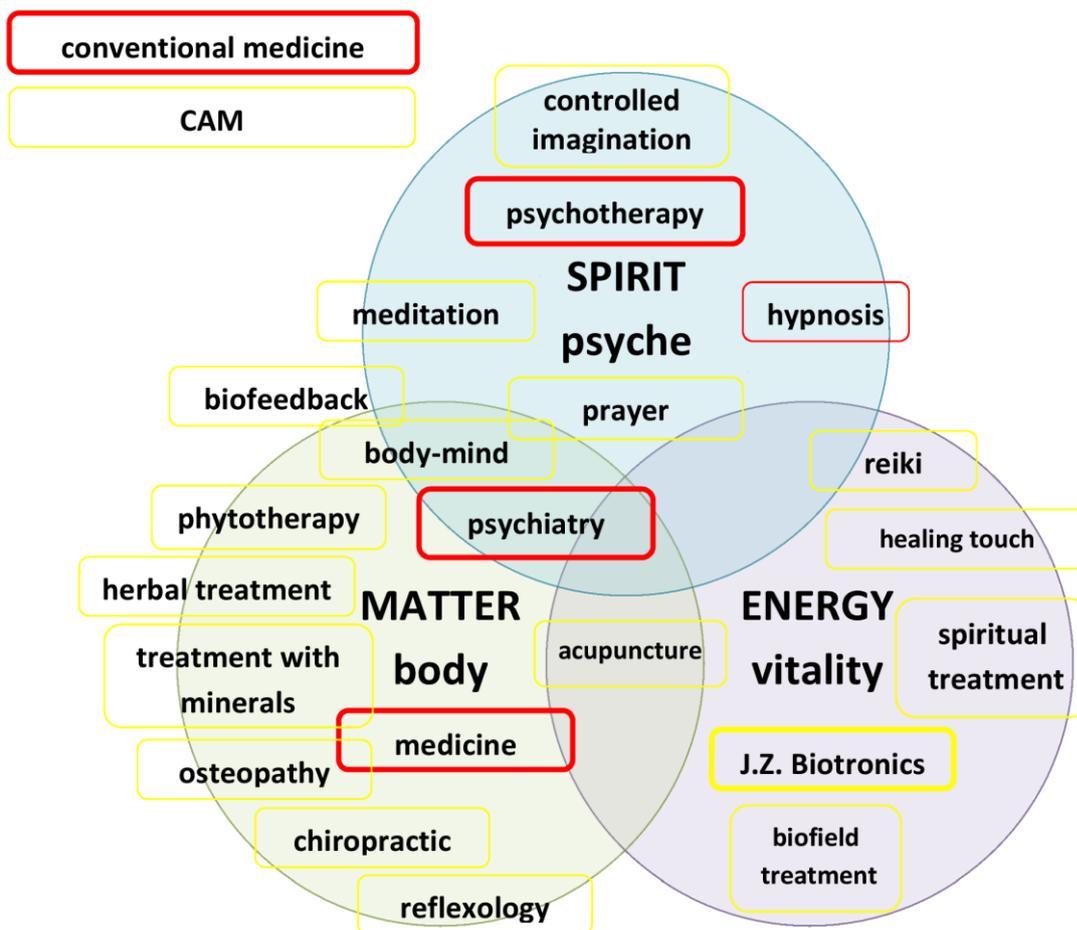


Figure 30 – The diagram suggests the approximate interrelation between the three aspects of a human being – **the physical, mental (psychic) and energy components**. The various areas of healthcare (in a broad sense) are depicted in the diagram according to their dominant area of activity, i.e., in which area they are most effective. Author of the scheme – KoS.

³⁵² Ibid., p. 67, 68.

³⁵³ Ibid., p. 65.

³⁵⁴ Ibid., p. 63, 64.

³⁵⁵ Heřt, Jiří. *Alternativní medicína a léčitelství. Kritický pohled [Alternative and Non-Conventional Medicine. A Critical View]* [online]. Chomutov 2010, pp. 240–241 [cit. 2018-27-06]. Available from: https://www.sisyfos.cz/old/files/Alternativni_medicina_Hert.pdf. Translation – KoS.



2 Josef Zezulka Biotronics

2.1 Josef Zezulka's Treatises on Biotronics – Fundamental Texts

2.1.1 One of the Healer's Opinions

*The report for the conference in Monte Carlo 1975*³⁵⁶

Josef Zezulka – Czechoslovakia, Prague

Bioenergetic healing is slowly but surely entering healthcare. By bioenergetic healing I mean the direct and conscious passing of vital human forces from a competent healer onto a patient with the aim to eliminate an illness. I consider that this is the oldest branch of healthcare, however, it has been forgotten by the majority of people in the world and neglected by those who knew it. Nowadays, it is being developed again and its core is being verified by new scientific discoveries.

Officially it is only medicine that has helped man against his illnesses. This works through pharmacotherapy developing bodily reactions, or disinfecting, it removes ill tissues with a knife or disturbs them by destructive radiation, it improves deformations, supports healing, etc. Bioenergetic healing differs to medicine by its core and character. A healer influences the bioenergetic bodily system, supports bodily resistance, and the equalization of homeostasis by transferring his or her own vital forces.

Due to the substantial differences between these two branches of healthcare, it is possible that a healer may view a particular illness differently to a doctor in some cases. A healer may also have a different attitude towards the illness and may have a different opinion about its character as well as a different healing experience, of course.

In my experience as a healer, I have gained what I consider to be important knowledge. This is the knowledge of how to cure cancer by healing. Doctors have not been able to cure this illness as they do not have any suitable medicine yet. Therefore, quite rightly, they focus on saving the patient by removing all the cancer cells or trying to destroy them by radiation or, in some cases, they slow down the living processes in tissues by cytostatics and thus prolong the patient's life.

On the contrary, a healer can, to a certain extent, depending on their healing quality and quantity values, create or influence the curative process and work towards the patient's recovery. Then, they can also observe what interferes with their work.

During my 20 years of healing activities, I have helped patients with cancer with results that are proportionate to various circumstances. I soon learnt that healing cancer is slowed down or precluded entirely by the following:

- 1) The presence of carcinogenic substances, especially carcinogens contained in food or inhaled.
- 2) The lack of raw, vital food.

³⁵⁶ First published: Organised by Tomáš PFEIFFER. *ZEZULKA'S BIOTRONICS*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha, 2015. ISBN978-80-85238-73-0. The picture is included. Available from: <https://www.dub.cz/en/zezulkas-biotronics-online-book>



I prescribed a diet from which I eliminated highly dangerous carcinogens and included vital food. Provided the patient kept the diet stringently and no other disturbing factors occurred, the healing results were surprising. There were cases justifying the correctness of this diet. In these cases a patient sticking to the diet was recovering, but before the end of the treatment, he infringed it. Then the patient experienced a significant deterioration, a reversal in the recovery process – a relapse which was already very difficult to halt. There were many such cases, always with the same result, and they clearly proved the correctness of the prescribed diet.

This is how I became convinced that all types of cancer are related to a HYPERSENSITIVITY to carcinogens and a lack of a particular type of vital forces. This obstructs the healing process by supporting the whole cancerous process.

I consider that this knowledge can also come in useful in medical interventions and as a necessary recovery factor in precancerous conditions. This leads me to presenting my knowledge to the scientific public for scientific verification, and I hope it will soon be put into practice.

I prescribe the diet in all cases of cancer and in all states which may potentially be a precancerous condition. The diet must be followed very strictly and consistently because there is already a hypersensitivity, and even a small dose of carcinogens may have a damaging effect. Perhaps this is the reason why it is so hard, with just insignificant partial results, to heal bronchogenic and pulmonic cancers as it is impossible to prevent the patient from inhaling carcinogens in a town environment. There is a better prognosis for types of cancer that attack tissues.

My patients suffering from cancer are immediately instructed about the diet during their first visit and they receive a copy on a sheet of paper so as not to forget these instructions.

A quote:

PROHIBITED:

Smoking – avoid all food which has been smoked (e. g. smoked meat, salami, ham, smoked cheese, etc.) – Avoid all roasted food including drinks made from the infusion of roasted food (e.g. coffee, ersatz coffee, chocolate, etc.) – Avoid all baked food. When a kind of food has to be eaten baked (e.g. bread), it is necessary to remove the crust. All other pastry (e.g. rolls) should be eaten as little as possible and it should not be baked too much, it should keep its light colour. – Avoid tins with benzoic acid. Avoid the places with concentrated exhaust fumes. – Avoid everything which contains tar (e.g. ointment). Do not sunbathe.

RECOMMENDED:

Raw, and especially fresh, food (e.g. fruit, vegetables, milk, butter, etc.). If any food is processed in the kitchen, it should only be boiled or steamed.

There is a basic rule that the food must contain water when it is being processed by fire.

This diet must be kept very consistently because the patients to whom it is prescribed are already sensitive to the substances which the prohibited foods contain. Even a minor infringement of the diet may endanger or ruin the healing process.

Many more carcinogenic substances are known to medical science. There are plenty of them, for example some hormones, hydrocarbons, etc. I do not think that these others slow down or preclude healing to such an extent as those substances forbidden in the diet. I consider them to be aggravating factors rather than the essential factors which create the base of malignity. Their role in causing cancer seems to be different.

The body is able to cope with the prohibited carcinogens until the cancer has broken out as an overall bodily process. Once the disease has broken out, they become malignant. However, this does not mean that they are not harmful in other ways to a healthy body as well.

No animal prepares its food using fire other than man. We certainly cannot say that the human body, or any other animal body, has adjusted to this effect. How strong the effect is can be seen from the extent to which fire is able to change any food. If the sole influence of fire is present during the preparation, i.e. without water or air, tar quickly starts to form in the food. This happens e.g.



when frying, baking, roasting. Food can also quickly absorb tar when smoked, which is actually preservation with tar. Food prepared in this unnatural way is therefore unsuitable for the body. And now, we should realise how much such food man eats every day at present.

If one claimed that origin of cancer occurred as man started using fire to prepare food, one would surely not be far from the truth. And it was not only the beginning of cancer. The second component which my diet is based on, is the insufficiency of vital food. What does this expression mean?

Everything that is alive has, besides other things, also the vital force in a certain intensity and quality (biological or life energy). This ancient knowledge has been proven scientifically for example by Kirlian's photograph.

A plant, or a part of a plant that has just been plucked or cut off, at first radiates fully in the photo, showing it has full vital capacity. However, during a short interval, the radiation weakens until it disappears. The length of the time interval varies. Leaves have the shortest interval. It is longer for fruit, and kernels, seeds and roots have the longest period, with a stable vital capacity lasting a long time. This means that plants have a vital capacity which gradually weakens once the plant has been separated from its essential life source, until it disappears. We know that, on our planet, one life arises from another life. Only green plants live off inorganic food. Other evolutionary types receive organic food, which is also alive. That means they receive food that contains the vital force – life energy besides the well-known material substance.



Kirlian photography of Mr Zezulka

The difference between ordinary and strong vital force radiation in a non-healer (left) and healer's hand (right). Treatment is performed through the means of this radiation.

A vegetarian diet has naturally been intended to fulfil man's dietary needs, because man, regardless of whether he wants to admit it or not, has developed evolutionarily as a vegetarian – a frugivore.

It starts to become clear, that – besides solid, liquid and gaseous food, with the known proteins, vitamins, etc. – the body needs to have the vital force in its food. This vital force is necessary for life demonstration of the bodily matter. Unless the body has the vital force, it suffers from a deficiency, which causes of the body to weaken overall, decreases the bodily activity, and maybe also visceral activity, and hence reduces the basic resistance to noxious substances in the environment.

Let us reflect on our diet. We prevalingly eat food that is not fresh, without the vital force, or even a preserved form of it. If we can get fruit and vegetables at the market, they have generally been picked quite a while ago, and there is little to no vital force in them. We only find the full value in root vegetables and fresh kernels – in the parts of plants which are able to renew life and grow



upon potentially being planted. Therefore, there are two components in our food which we have to pay attention to in the case of cancer. The first one, which is harmful, is a carcinogen, and the second one is essential and there is a lack of it. The carcinogenic component can be eliminated quite quickly in the case of cancer, provided the patient is disciplined. Although the second component can be integrated into our diet immediately, it will not always bring us such a fast outcome as is needed. The body is not able to transform the accepted vital forces from food into the bodily forces very quickly, especially not when a cancerous process has already manifested itself.

In the future, a biotronicist (a sanator), who is able to pass on the vital forces in the necessary modified form, and who is able to use these modified vital forces to influence the recovery process, will start working at this stage.

I developed the biotronic method to help during the cancerous disease and I have been using this method since 1955, with good healing results. The results are naturally individual and depend on the circumstances.

In addition to the standard, which involves removing the disorderly changed plasma and the replenishing the vital force overall, I influence the liver locally. I try to increase its detoxification activity and strengthen it in general. I focus mainly on the part close to the centre line on the right, next to the sternal bone.

In the next phase I influence the morphological centre (my opinion and expression), which I assume to be in the cerebrum. This is a centre which controls the physical form of the body as a whole, as well as the organs and cells. I do not know in which part of the brain I should look for it, and I do not know whether the correlation with the cerebellum works here or not. Therefore, I influence both the cerebrum and the cerebellum. I tune the current of forces towards calm and balance. In doing so, I try to eliminate pathological neoplasia and achieve a balance in the morphological orders whose chaos may be caused afferently and efferently.

I do not influence the tumour locally until the last phase of the healing process. I focus on its cells and tune the current of forces towards calm. I try to penetrate the organism of the cells and eliminate their burning activity. There is never enough of the calm element. Therefore, I like to use warm water as a complement when using my hands to radiate. I radiate with wet hands. This way I modify the aggregate vital force and intensify its element of calm. Later on, I influence the tumour the same way so it dissolves. It is not always possible to successfully dissolve a tumour, and it differs depending on the particular type of cancer. For this reason, after the biotronic treatment, one should pass the patient on to a surgeon who will excise the tumour. The location of the tumour, the locus minoris resistentiae, is where a potential relapse could develop later on. However, in the future, it will be possible to pass the patient on once the treatment has been completed, as a planned surgery does not often need to be performed. If a doctor decides to operate, then the previous healing treatment prevents, or at least decreases, the risk of metastasis. Then it depends on the healer's ability and the time period available before the surgery. After the performed medical operation, it is necessary to perform this treatment again as soon as possible.

During the post-operation treatment, besides calming the tissue, a healer focuses on the centripetal healing. If it is possible, water is soon to be used as a complement again.

Moreover, during the following five years, at least, the preventive treatment is to be retaken twice a year. It is necessary to keep the diet strictly during the whole period, and preferably to follow it forever. Man can do without the prohibited foods quite easily, and the recommended foods are beneficial in general, so it needn't be a problem.

I believe that in the future the above-indicated procedure will be a self-evident part of healthcare. However, at present this is not yet possible.

Josef Zezulka



2.1.2 Professional Training to Become a Biotronicist

Josef Zezulka Biotronics is a field that requires an innate ability to transfer vital forces. People with this ability are called magnetisers. On the following pages, we include a passage from one of the key texts written by the sanator Josef Zezulka, which describes what kind of training biotronicists must undergo.

“Magnetisers wanting to continue their education undergo three essential phases of learning:

The first is scientific. Healing is predominantly an art, unlike medicine that is science. Medicine can be learned, healing cannot. One can study to become a physician, but you need to be born a healer. The innate ability can then be deepened, directed and refined.

Gifted magnetisers who have proven their abilities and have decided to pursue an education in this field first acquire material knowledge. The anatomy of the human body is studied using the same terminology and language as conventional physicians so that they can understand each other and cooperate. Physiology is another field that is studied in order to understand the functions of each part of the human body. Anatomical and physiological pathology, i.e. diseases, how they manifest themselves and their consequences, is another topic. Magnetisers do not need to study these topics in as much detail as physicians, but the acquired knowledge must be sufficient for healing. A magnetiser is, of course, welcome to delve deeper into these topics and learn more beyond the basic knowledge that is a strict requirement. A magnetiser may also study medical fields they do not need for healing (e.g. medicine, prescriptions, biological and chemical testing, histological and cytological examinations, reading EEG and ECG recordings etc.). Such knowledge may help them communicate better with physicians, or understand medical literature, etc.

Alongside their medical knowledge, students study the knowledge of sanators. The knowledge students gain here may differ from what they learn during their medical studies, as a sanator and a physician may view the same thing differently. This discrepancy is caused by the different characteristics of the fields and different knowledge. At times, physicians may not see what is obvious to a healer. For example, doctors cannot cure a certain disease but only protect the patients (e.g., before surgery) or prolong their lives by slowing down the onset of the disease (e.g., by administering cytostatic drugs in case of cancer). Physicians are not familiar with the healing processes that sanators can sometimes initiate. They cannot see what is inhibiting or preventing the healing process (e.g., not-complying with the anti-cancer diet, an absolute necessity when treating cancer, as all sanators know).

It is also good for the magnetisers and sanators to make sure they are up to date with new medical findings published in professional journals and that they confront physicians with their own findings. This helps develop healthcare as a whole. Travellers should study the landscape around them and not just follow the path.

The second phase of learning is the most fundamental.

In this phase, students learn about the correct life philosophy, a philosophy that must be understood and accepted by the students. A magnetiser studies religious/philosophical disciplines. They revise their current life philosophy and strive for a deeper, correct philosophical understanding. They change themselves, their inner quality, and their attitude towards life and all beings. Through this, they become a positive component in the world. As they acquire this deep knowledge, they learn to fully understand the laws of life, justify them and apply them in their own lives. Once they have learnt these truths of life truth, they stand on an ethically pure foundation, leaving behind the bad habits that have accumulated as human society has developed. For example, they return to a lifestyle that is as natural as possible and stop eating meat due their higher understanding. They no longer eat the corpses of other creatures and do not kill. They also do not let themselves be the cause of other creatures dying only to be eaten. By improving their attitude, the students become more cultivated. They refuse alcohol, smoking and other poisons and narcotics. Of course, all of this is



a requirement for any magnetiser, but for a sanator it is a natural necessity. If they did not follow this lifestyle, their powers could never be perfected to the level of a sanator. The combination of this lifestyle and the clear manifestation of the sanator's forces, which most patients must be able to feel, is what a sanator shows the world and what people see and assess.

Why do healers need go through such a personal change towards a better life philosophy and attitude? Why is this so important?

Healers transfer healing powers from their body to the patients'. The forces that pass through healers are modified and coloured by the healer. In this way, the psychic form and the quality of the healer indirectly influences both the body and the psychic component of the patient. The healer uses positive, constructive forces on the patient's body to restore the balance of the forces. Therefore, the forces must be constructive, essentially natural and pure.

The natural quality can be achieved by leading a natural lifestyle, the lifestyle their body was built for and adapted to – of course, this must be adapted to the healer's current conditions, but they must try as much as possible.

The other component, the purity of the transferred forces, depends on their inner attitude towards people, live beings and the entire Creative Work and the Podstata (i.e. the fundamental existence beyond time and dimensions).

In medicine, a pharmacist tries to keep medications clean, free from any undesirable ingredients. When preparing medications, they use pure or distilled water, not water that is cloudy or contaminated. The healer's own quality colours the quality of the transferred force, and their life force energizes the flow. Perfection, i.e. the range of the force spectrum and its intensity, requires that the forces are in perfect tune with the cosmic source. If not, the forces would not provide a good and full intake for the patient and the quality of the healing would not be high enough to develop further.

This is why healing has always been reserved for religious movements and cults. They have always tried to change people for the better. Whether through naive or blind faith, or deep religious philosophy, the aim has always been to create better humans. This is a good aim.

In the third phase, students learn about their own strengths,

and how to develop and apply them. Unlike magnetisers, sanators are not solely dependent on the aggregate vital force. Sanators do use the force, but as they learn to recognize, control, combine, and pass on the force, they also develop it. They learn when, how, and what forces to use, and what combination of forces is needed for a particular intervention. They also learn to change the forces during the intervention itself. This is why they need to learn how sanators view various diseases, which, as we stated above, sometimes differs from doctors's views.

The journey from an initial magnetiser to a well-developed sanator is all-absorbing and requires complete devotion. Therefore, not every capable magnetiser is willing to accept and embark upon this path.

However, even if a magnetiser decides not to become a sanator, they should still strive towards conscious and purposeful cultural improvement. In the future, magnetisers will assist sanators. The sanator will establish a patient's treatment and prescribe an assistant-magnetisers who is in tune with the patient. It is the magnetiser who will continue to replenish the basic vital forces. The sanator will periodically return to the patient to supplement the basic vital forces with any necessary elements and adjust their ratio. It will be a similar relationship as that between a senior doctor and an attending physician. At the same time, the magnetiser can be trained and led to higher levels to achieve better quality and, eventually, aim to become a sanator.

The field in which a sanator works has been created independently and will always be a separate field. It provides new opportunities for treating certain diseases, and in cooperation with medicine, it will be incredibly beneficial to humanity one day. In the future, physicians will refer to Biotronics, the way they currently do to medicine and spa treatments, and will combine Biotronics with their own approaches. But that is the future. For the time being, Biotronics should be accepted as a part of healthcare systems and provide magnetisers and sanators with healthcare facilities, wages and



the same legal protection as doctors. This would be beneficial to people as it would enable healers to work legally and thus at their full potential.

I am writing this in 1974. What the situation of Biotronics will be like when you read these lines, I do not know. Perhaps most of this will already have been taken care of. It should be. Why should mankind condemn what is good and needed? No other animal would do so.”

Josef Zezulka



2.2 Tomáš Pfeiffer's Treatise on Biotronics

2.2.1 What is Biotronics?

Biotronics is a non-medical discipline that serves to help patients suffering from diseases caused by bioenergetic insufficiency. It is the area of life-forces that are bound to organic matter and which are of a rather different character, in contrary to the inorganic forces. The word – Biotronics – was first introduced after 1945 by Mr. Josef Zezulka who devised and established this term for a treatment discipline; he structured the discipline into biotronic pathology, vital forces science, science of vital forces application during intervention, and particularly into the philosophy, which stands as its basis. Biotronics is a philosophy and the actual treatment is its practical application, based on the knowledge that humans are made of three basic components. Matter, spirit and vitality. In case of the cause of disease lying within the physical part, the most effective management is through the administration of medications, it is the field of medicine. Problems concerning the psychic part should be treated mainly with psychic force, i.e. psychotherapy or, in a case of severe conditions, with deep hypnosis which is not practised in this form today. Harmed cellular, organ and whole-body vital systems are treated with Biotronics. In many cases the disease is caused by multiple factors and as such it is necessary for the respective disciplines to cooperate.

The vital force is an energetic manifestation of living matter, it is organic energy bound to living matter, so far put rather aside from the scientific interest which has been fully focused on the inorganic energy research, such as various radiation, electricity, magnetism, etc. The vital force is primarily responsible for cellular, organ and whole-body processes and procedures, as mentioned above. Biotronics is an independent branch with its own rules and laws. It has no side effects, treats the whole organism, organ or a group of cells comprehensively. The healing activity is performed in a manner that the biotronicist removes the ill-conditioned biological plasma and then reinforces this place with vital force – biotronic healing. A biotronicist always works selflessly and needs to have other qualities which are mandatory for this work.

Biotronics does not serve as a substitute for medical care but it helps where possible. This may be, for example, even after the termination of medical treatment. Biotronics principles are part of state-of-the-art research. Only in recent years has it been confirmed what Biotronics has taken into account for a long time – the effect of certain substances on malignant tumour formation in a body. Those cancer-causing agents are, for instance, substances contained in so popular smoked meats.

I am seeking to continue the legacy of my teacher Josef Zezulka. Meeting with him was fated for me, it was a peaceful and, in fact, genius education in the area of the life philosophy of Existence, and Biotronics, i.e. disciplines which Mr. Josef Zezulka developed and put into practice. Just before leaving his physical body, Mr. Josef Zezulka called me over and did something that became my commitment, promise and life-fulfilment for all the time to come. He said: "Tomáš, I am giving you Biotronics as well as the philosophy of Existence – you shall lead it now. I am giving you the knowledge; you are to bear it and protect it. And when your time comes to an end, you will give it to another one." Then he said a sentence that is still echoing in my head and heart: "I am giving you our Common Interest." And, of course, he did not mean anything personal.



Biotronics was conceived by the legendary Czech philosopher and healer Josef Zezulka (he was born on 30 March 1912 in Brno and died on 13 December 1992 in Prague). The Biotronics discipline was established by J. Zezulka after 1945. The discipline had been developed by him and he also devised many publications pertaining to the branch. Thereafter, Josef Zezulka became part of a global awareness as far as alternative treatment branches are concerned. He interacted with both Western and Eastern research (Prof. Parker, Dr. Stanley Krippner and Prof. Injusin from Almaty, Kazakhstan). His works were published in foreign periodicals and books, e.g. in New York, Paris, London and his essays were published in various Western publications too.^{357, 358, 359, 360}

The then political system in the communist Czechoslovakia was not favourable for that kind of activities; Josef Zezulka was working, giving lectures and healing secretly in his flat in the Smíchov district, Prague. Nevertheless, a notable part of society found their way to his door, including people from the field of arts or politics. He treated, for instance, our president Svoboda who in fact had already been medically declared dying but the treatment provided by Josef Zezulka was successful and as a consequence the president recovered for another half a year from an absolutely hopeless condition. In 1973 the contemporary president of the communist academy of sciences (academic Kožešník) had, due to the positive experience, released a testimonial designating Mr. Zezulka as a capable and successful researcher working in a new branch of science. Josef Zezulka practised healing for more than 40 years. His speech at the International Congress on Psychotronic Research held in Prague in 1973 was a great success. Mr. J.Z. also published his essays for the Psychotronic Congresses held later in Monte Carlo in 1975 and Tokyo in 1977. His official research in non-medical therapies, carried out in Vimperk hospital in 1982, was remarkable. Mr. Zezulka demonstrated excellent treatments within the research project and physicians were coming from across the region to witness the treatments.

Public edition of Josef Zezulka's philosophical-religious books was carried out only after 1989. Since then a number of articles and information was published in the media.^{361, 362} We have been presenting Biotronics as help for the wider public already since 1994. People have shared their personal experiences of how Biotronics has helped them in their conditions. Examples of these experiences can be found on our website www.dub.cz.^{363, 364} The stories are beautiful. Moreover, the Petition for Support of Biotronics demonstrates public support and interest in Biotronics – today the petition counts more than 40 thousands signatures. We are doing our utmost so that Biotronics could, beside other disciplines of complementary and alternative medicine, assist and serve all people in need.

³⁵⁷ <http://www.dub.cz/en/foreign-publications-about-josef-zezulka.php>

³⁵⁸ Dr. Stanley Krippner, Alberto Villoldo: *The Realms of Healing*, 3rd ed. (Celestial Arts Press) (rev. ed. 1977) ISBN 0-89087-474-3 p. 177-

195 <https://books.google.cz/books?hl=cs&id=uXsoAQAAMAAJ&focus=searchwithinvolume&q=zezulka>

³⁵⁹ Dr. Stanley Krippner: *Psychoenergetic Systems: The Interface of Consciousness, Energy and Matter* (Gordon & Breach) 1979 pp. 131–133

https://books.google.cz/books?hl=cs&id=exp_AAAAMAAJ&dq=stanley+Krippner%3A+Psychoenergetic+Systems+google+books&focus=searchwithinvolume&q=zezulka

³⁶⁰ Daniel J. Benor, M.D., *Spiritual Healing*, 2001, pp. 64-66, <https://danielbenor.com/product/ebook-healing-research-vol-i-pop-ed-spiritual-healing/>

³⁶¹ <http://www.dub.cz/en/biotronics.php>

³⁶² <http://www.dub.cz/en/josef-zezulka.php>

³⁶³ <http://www.dub.cz/en/peoples-experience-with-biotronics.php>

³⁶⁴ <http://www.dub.cz/en/treatment-of-cancer-with-biotronics.php>

<http://www.dub.cz/en/the-treatment-of-cancer-20-years-of-the-successful-treatment-by-biotronic-healing.php>



2.2.2 Biotronics on the Cause and Treatment of Certain Diseases³⁶⁵

Cancer diseases

The second most frequent reason of death in our republic is cancer. Its occurrence is increasing; this ominously includes newborns and children. After all, a few decades ago it was not necessary to build specialised children departments for this disease. Together with the increase in number of ill adults it means that this disease has not been conquered in terms of medicine and prevention. Mr Josef Zezulka, the founder of Biotronics, has worked out the healing system of this illness and has described its pathogenesis. I am going to inform you of his findings.

Cancer, or as the ancient ones used to say - The Morbus Prométheí - the illness of Prometheus - is an illness caused by the overuse of fire. Fire produces among other things one of the strongest carcinogens - tar. Of course, many man-made substances are carcinogens, too.

This illness has two main causes. Firstly, if the ability of detoxification of your body is overburdened in long term by too many carcinogens, it becomes weakened or broken down after a certain time. Then a carcinogen, which is actually a cell poison, reaches a cell and the cell becomes out of the control of the organism and the process of pathological growth starts. Secondly, morphological centres in our brain are weakened as well. These centres are responsible for the shape of our body. They take part in the healing of wounds and are responsible for the emergence of benign neoplasms - that's why the increased number of various moles and protuberances is a sign of the increased risk of the tumour process.

Anti-carcinogen diet of J.Z.

Forbidden!

Do not smoke. Don't eat anything which is smoked (for example smoked meat, salami, ham, smoked cheese) - Anything that is roasted, decoctions of roasted things (for example coffee, roasted rye, cocoa, chocolate). - Anything that is fried. - Anything that is roasted or baked. If it is unavoidable to eat baked food (for example bread), cut off the crust. Use other pastry (for example not well-baked rolls) as little as possible. - Avoid tins containing benzoic acid. - Avoid everything that contains tar (for example ointments).

Recommended:

Fresh food (for example fruit, vegetables, milk, butter). If the food is cooked in the kitchen, it should be only boiled or stewed. It is important that food to be processed by fire contains water.

This diet is to be followed strictly since patients are hypersensitive to substances included in the forbidden food. Even a slight breach can jeopardise or make the healing process impossible.

The diet is suitable for oncology patients and for the prevention of the carcinoma process.

Today, when the occurrence of carcinogens has increased many times and when they attack us everywhere, it is important to decrease their consumption as much as possible. Therefore it is nonsense to spread the resignation sometimes expressed with following words: "We live in so polluted an environment that it makes no difference what we eat, whether we smoke etc." On the contrary, even the slightest decrease is important. For sure we must breathe, eat and drink and so we accept a certain amount of such substances, but it is possible to decrease the risk of cancer significantly. Tar in all its forms is one of the worst carcinogens. Therefore we should avoid any food that contains it. The worst food of all is smoked goods. Meat, problematic food on its own, is

³⁶⁵ BYTÍ journals. Prevence [Prevention]. 6/1995 to 14/1996, Prague, Tomáš Pfeiffer – Dimenze 2+2 Praha.
<https://www.dub.cz/en/anti-carcinogen-diet-of-josef-zezulka>



saturated with tar from the smoke used for preservation. It is so poisonous that even bacteria can't eat it. This is the essence of tar preservation. Man does not realise it and in recent decades he has been eating smoked goods even several times a day. But this is not all, unfortunately. Food made by roasting contains tar, too. This includes for example coffee, cocoa, roasted rye: natural seeds are roasted until they begin to become brown and black. Tar is created in them. Then man grinds them and macerates them in liquid, coffee or cocoa, or he uses the powder - for example in chocolate. Children receive in their parents' or grandparents' opinion "the best" - ham or chocolate. The saddest chapter is child cancer. It is absolutely unnecessary. Mothers often create this illness through their unwise behaviour. Why do they smoke, drink coffee and eat smoked goods during pregnancy? Don't they realise that the baby in their womb cannot disconnect from the circulation of his mother and must therefore suffer all her whimsies? Unborn babies are poisoned by alcohol as well as other substances including carcinogens without any protection of the developing organism. It is unjustified and it is criminal and selfish. Adults can choose their lifestyle and must face the consequences. But why should an innocent baby face the consequences of his mother's ignorance? Perhaps the time will come one day when people will treat life in all its forms with a sacred respect and strive for more balance in their attitudes and deeds. Another pollutant causing human cancer is everything that undergoes kitchen preparation by fire without the presence of water: everything that is baked and fried. Thus, this way of cooking should not prevail, or you should at least cut off the blackened surface - i.e. the crust of the bread.

Another group of carcinogens are the substances used for chemical preservation of food. For example benzoic acid is a strong carcinogen. If added to food, it makes it inedible for microbes. Food does not spoil. But it is another example of inconvertible preservation. We eat the preservative together with the food which is of course undesirable. On the contrary, preservation by drying, freezing, sterilisation or by use of natural substances is harmless. Our food should consist of as many fresh fruit and vegetables as possible. These shouldn't be cooked so they preserve the nutrients - even those still unknown to present science. Cancer is a process which is a consequence of the pathologically changed functions of the organism. Therefore cancer as an illness starts a year or more before first degenerated cell of the tumour appears. If we remove the tumour, we have not healed the cancer; we have just removed its symptom. Besides removing the tumour itself it is necessary to affect the damaged functions of the organism that allowed cancer cell to emerge and multiply in the body, which is very unnatural. That's why the mere removal or healing of a tumour cannot be considered a cancer cure. It's only treatment of the symptoms of the illness. Mr. Zezulka was the first to talk about cancer as a process caused by a bio-energetic insufficiency that leads to the unbalance of certain organ centres. The consequence is for example loss of the defences against carcinogens. They reach a cell instead of being expelled from the body. Here, then, excitation asserts, like for example a chronic pathological process, gastric ulcers or any other place (possibly just mechanically irritated by coarse materials or cells irritated by ionizing radiation and so on.). The irritation itself causes an increased concentration of carcinogen in this place and the tumour emerges here. The mechanism of its further spreading is given by the localisation and aggressiveness of the process. Cancer, just like everything else, has dimensions. There are very aggressive and fast growing as well as slow, smouldering tumours that can last for many years. People have proposed many theories explaining the illness. Once it was thought that the cause was viruses, another time the immune system or the afflicted cell itself and its genetic code was blamed. The logic of Zezulka's description of the role of the carcinogen as well as morphological brain centres, and other pieces of knowledge impossible to state here for their high expertise, is amazing. For many people it is incredible that this man was able to conclusively and repeatedly heal cancer and thus corroborate his views in reality. Perhaps hundreds of people with the diagnosis were treated during his forty-year practice. They were mostly "common people" but also famous ones. Even doctors and professors of medicine were among them.



Immune system disorders

Another group of illnesses that may affect us, and which have become more prominent recently, are immune disorders. They come in a variety of forms. Initially we may barely notice them, whereas the more severe forms lead to the loss of immunity, a condition that can lead to death. Let us consider some of the causes.

The sudden development of the current technical civilization, which celebrates the cold rational approach free of emotions has caused an enormously rapid geological change to the environment we live in. It has led to mass production and the use of artificial substances and energies that were not created by nature. Plants, animals, and humans have, therefore, not been able to adapt to them. Man has begun creating and using means and forces that enable entire mountains to be moved, trees to be cut down at an unprecedented rate, crop yields on the fields to increase, and so on. This created living conditions for an unnaturally large number of people, which again justified, for example, ensuring people's livelihoods, and thus more interventions into nature's natural cycle. And the demands kept growing. The mad spiral of consumption for consumption's sake and mankind's, often absurd, demands started cutting the branch on which we all sit. The fact that every life, whether a plant, animal or human, has the same right to exist, is no longer understood and accepted by humans in their narcissism. The balance between reason and emotion – wisdom – has been lost. Instead of using their ability to reason to serve others, humans reduced their surroundings to slavery. Inevitably, as other beings' living conditions started to worsen, people, too, started to feel the impact of their actions. The increasing number of carcinogens that occur mainly in combustion processes have caused an unprecedented development of cancer; unnatural noises, vibrations and stress destroy our nervous system. As the population increases, food must be manufactured using artificial fertilizers and pesticides, contaminating the food with undesirable substances. This is the cause of the increasing number of genetic disabilities and high-risk pregnancies. In addition, there are global changes, such as global warming and ozone depletion, as well as others that science has not yet discovered, for example, the impact of waste on the orbit around Earth and its force structure. It seems that this philosophical experiment with humans fighting against and conquering nature with reason is coming to an end. We seem to be reaching the evolutionary limit of a unilaterally technical civilization and, above all, we are reaching the limit of how many humans the Earth can handle. The Earth has become small for us. The problem is that there is no other planet for us. Mr Zezulka recommends that we immediately start reducing the human population in order to ward off an imminent catastrophe. We have two options. The first option is negative. It involves the self-regulatory natural laws, some of which I have indicated above, such as war and unrest caused by social changes in a degenerated and overpopulated society. The other option is a gradual, voluntary process. It is possible to have only one child, which would significantly reduce the population within a few generations. If people are taught to understand the seriousness of the present state, the prevailing good in human beings will trigger a voluntary decrease in births as a new universal, social norm. This is the most important step.

You may be under the impression that the previous chapters have nothing to do with human immunity problems. However, I believe that the link is very strong. Chemical substances, artificially created by humans, often attack children even before they are born. It is no coincidence that mothers in the northern, more polluted, part of the Czech Republic often experience complications when pregnant. In addition, the situation is sometimes exacerbated by the mothers smoking, drinking alcohol and coffee, and consuming inappropriate food, etc. But things are no easier once the baby has been born. The immune system of a child does not have the time to develop. Therefore, taking the child to a clean environment at the seaside can sometimes help. This way, the immune system can relax for a few days, and once it has stabilized, the child's health problems improve, sometimes for a long period of time. The fact that a significant number of children suffer from allergies should be a wake-up call. The consequences of a deficient immune system ranges from an exacerbated reaction to a harmful substance to the complete loss of immunity. However, chemical substances are



not the only factor that damages the immune system. Electromagnetic fields and other unnaturally intensified radiation, for example due to the gradual loss of Earth's ozone layer, are part of our environment. Several years ago, there were reports regarding a certain disease that had been observed in people who worked with more efficient computers, children who played with remote-controlled toys, and people living within in the reach of airport radars etc. The symptoms were similar: increased fatigue, frequent colds, slight temperatures, upset stomachs, etc. Electromagnetic smog was the suspected culprit. After all, computers use the frequencies of the short-wave transmitter directly under our hands, regardless the proximity of the screen. The remote controls for toys are very weak transmitters, but they are held right in our hands and the body forms a counter pole. Digital watches, although extremely weak, also have direct contact with the body. Zezulka believed that the same way cancer is predominantly caused by chemical carcinogens, disruption or failure of the immune system is mainly connected to this unnatural radiation. His view of the loss of immunity differs from that of medicine, and this difference will be discussed in the following chapter.

AIDS, the loss of immunity, is a relatively recent disease. Well, that is not entirely true; at least one person suffered from AIDS long before the 1980s. There was a family living in Europe, and almost the entire family fell ill with a then unknown disease, which very much resembled what we now know as AIDS. At the time, doctors collected blood samples and deposited them. The HIV virus was detected in them much later. It is generally believed that a virus causes the disease. Mr. Zezulka did not believe this to be the case. On the contrary, he believed that the virus is the consequence of the illness. Altered conditions in the body allow this viroid to exist. Under certain circumstances, the virus may be transmitted to a susceptible individual, but it often arises from the body itself without having been transferred. According to Mr. Zezulka, the immune system is like a band of soldiers and when they lose their morale – when the bioenergy system that governs the body's immunity is disrupted – the immune system fails. Immune cells then see the enemy, but do not attack or notify the others. It is yet to be proven that the disease is actually caused by the HIV virus. The virus is in the body, but it may have been there for a long time due to the defective "immunity police". After all, defective defences can open up to all sorts of troubles. Fungi, viruses, bacteria, yeasts, etc., almost anything can be found in an organism with defective defences. Doctors' recommendations regarding prevention are effective and not to be ignored, however, according to Mr. Zezulka, the mechanism is sometimes different to what doctors think. Let us consider why the risk groups are susceptible to this disease. The strong sexual activity in some of us weakens our vital system extensively. The act moves energy from the lower and upper body to a place where it either discharges without any benefit or creates a new life. Both homosexuals and prostitutes are found among the risk groups, as well as American immigrants from Haiti. Another group is addicts. For them, the drug is a major blow to the organization of all life processes, including vital processes, and the virus is easily transmitted through their blood. On the contrary, remarkably few dentists are infected with HIV, even though they often come into contact with blood during surgery and despite the fact that they are the least protected in comparison to other medical professions. Aerosols often arise as a dentists work and up until recently the protection for dentists was seriously lacking. According to the theory of HIV transmission, the logical result would have been an increased number of infected dentists, which is the indirect evidence of the claim. It is also quite striking that this disease is tied to certain large cities in highly developed countries and, at the same time, to countries where technology has only been introduced recently. For example, in Africa, there are places where population growth has been halted due to this disease and where a significant part of the population suffers from AIDS. I will give you a possible explanation for this later.

Biotronics believes that AIDS, as well as many other, less serious, immune disorders, has a very strong link to electromagnetic smog, among other things. Just as tumors to a large extent are caused by too many chemical carcinogens, the unnatural radiation affects the immune cells. The disease comes from our civilization, it is the price we pay for the explosion of various transmitters and other electromagnetic smog sources we have surrounded ourselves with. For example, computers work



with the frequency of the shortwave transmitter just under the operator's hands. Just as the Czech author Karel Čapek predicted, robots start out serving people, but then they start to turn on them. However, there are also many other technical devices that emit radiation such as microwaves, cordless telephones, remote-controlled toys for children' that use a weak transmitter, and even the power distribution in flats. In addition, a significant percentage of people now live in reinforced concrete buildings, that in practice are impenetrable metallic Faraday cages. The radiated electromagnetic field within the flat is thus amplified by the reflections of the walls, which exacerbates the situation. Perhaps this is one of the reasons why so many children that live in blocks of flats suffer from immune deficiency problems. The level of electromagnetic smog is at its highest in big cities and technologically advanced countries. People in big cities also live far away from a natural environment, in a desert of concrete and asphalt. This is also the case regarding the occurrence of AIDS in large American cities. This may seem to contradict the fact that AIDS is also spreading in Africa and third world countries. However, in these countries people had been living in relatively close contact with a clean environment until recently. They have not adapted to technology as much as people in more developed countries. In recent years, they have begun to move into cities and change their lifestyle. TV and radio transmitters are being built at a rapid rate. In addition, the situation is exacerbated all over the planet, including in Africa, due to the changes caused to the Earth's protective layers. An exhaustive explanation of the frequency of occurrences in various locations is beyond the scope of this publication. To sum it up: AIDS is a purely bioenergetic disease that is caused mainly by excessive sex which depletes our vitality. Anything that weakens our physical vitality exacerbates this: drugs, long-term lack of sleep, and bad eating habits. Some people need regular transfusions and medicines from blood derivatives, which is a burden on their immune system. The root cause, however, is the impact of radiation, especially electromagnetic fields, on life. Not only human life is affected by this but quite likely also lower forms of life. Prevention includes not only a balanced sexual life and following doctors' recommendations, but, if possible, it is especially beneficial to remove oneself from the sources of electromagnetic waves. There are plenty of sources around us – earphones, digital watches, microwaves, computers, cordless phones, etc. The list could go on and on. This theory can explain the cases where the patient's symptoms fully match AIDS, but no HIV virus is found, or cases when a healthy baby is born and falls ill even though no conditions for contracting the virus were present. The current official theory cannot explain these cases.

Rheumatoid diseases

In my opinion, cholesterol is not the only harmful substance we absorb when consuming animal proteins. People are neither predators nor scavengers, so they are naturally unable to process this type of food. When digesting meat, metabolites are formed – salts that the body cannot eliminate. As a result, they are deposited in joint spaces, where they damage the surface of the joint heads and create small growths, creating arthrosis. They are also stored in the muscles. The joint spaces and muscles are then increasingly prone to inflammation. Rheumatism is not caused by cold water or a draught, as some people claim, but by an unfavourable environment that triggers an inflammation in the place of least resistance, i.e. where these deposits are causing chronic irritation. Ionic imbalance due to even the tiniest draught from the window is bad, as are force changes in the atmosphere when fronts or storms pass. The transition between the constructive (spring, summer) and destructive (autumn and winter) seasons also involves certain challenges. Therefore, rheumatic diseases tend to be exacerbated in spring and autumn. If the organism is weakened by, say, a cold, this will also affect the situation. The immune system perceives these places as a foreign substances and reacts accordingly. On the other hand, people who have never eaten meat do not suffer from rheumatism or cholesterol clogging their blood vessels, especially if their parents were vegetarians too. This group of diseases is not as life-threatening as other blood vessel diseases, but they can be very difficult to live with, and often come with chronic difficulties. Let me remind you that at the beginning of the 20th century, meat was only eaten once or twice a week and these diseases were



rare. Today, meat is eaten several times a day and these diseases occur much more often. How we interpret this information is up to us.

Diabetes

Biotronics also considers the pathogenesis of diabetes, a defect in the body's insulin production, to result from eating animal protein. The fact that we have a pancreas means we are herbivores. The pancreas helps convert plant-based food to provide our bodies with what they need. Predators consume animal protein directly and therefore have a completely different digestive system. When eating animal proteins, the pancreas is no longer needed. If the body does not use something, it atrophies. This includes the cells that produce insulin in the pancreas. If an unnatural diet leads to the pancreas not utilizing its full capacity long term, perhaps even over several generations, this will eventually lead to hereditary diabetes. Such cases are very difficult to treat as the disease is part of the genetic code. Note that doctors recommended eating as much meat as possible, which is logical as our ability to be herbivores has been decreasing. The occurrence of diabetes also coincides with the change in people's diet at the beginning of the 20th century, back when the meat was eaten once or twice a week. Diabetes is also still a rare disease in nations that have partially eliminated animal proteins from their diet. Patients who suffer from diabetes tend to wonder what they should eat as Biotronics recommends avoiding meat, but their illness means they need to do so. I think the most suitable food in this case is soy. The amount of digestible proteins in soy is higher than in meat. It also has another large advantage: No harmful byproducts arise when digesting soy, and the last residues of insulin production in the Langerhans islets are not lost due to eating meat. The increased number of patients suffering from diabetes is partly the result of prolonging patients' lives through treatment and more efficient diagnoses. However, Biotronics considers the main reason to be a diet that is composed of animal protein. Diabetes is also influenced by stress. Thus, seeming paradoxes arise, when predominantly vegetarian populations also have an increased incidence of diabetes. Diet is not the only influential factor.

The course of the treatment and its results

Biotronic intervention aims to increase the body's insulin production, or at least revive what remains of it. Biotronicists focus on the cells that produce insulin as well as the entire bodily force system in general. If the Langerhans islets have not developed due to genetic reasons, as with type 1 diabetes, there is nothing to strengthen or revive, which makes it impossible to treat. Biotronics is also not successful when treating patients who have been treated with insulin for a long time, as this means that the body's own insulin production has been substituted and the atrophic process of the production cells has thus been accelerated. If the type of diabetes is suitable for biotronic treatment, the results can easily be documented during regular check-ups at the doctor's. Based on screening tests and accurate laboratory results, doctors often reduce the amount of prescribed insulin (or other medications) or stop it completely. It is only doctors who have the right to take these steps. I hope that, one day, physicians will cooperate with Biotronics and will be aware of the possibility of treating diabetes with Biotronics.

Note:

Biotronics is an independent discipline that has its own view on certain methods that are used within alternative medicine. For example, if animals or humans suffer or are killed due to the preparation or production of a medicinal product, it cannot be used.



2.3 Knowledge in Evolution

2.3.1 Scientific Versus Alternative Medicine – Establishing a Dialogue

*In previous chapters we have many times touched upon the fact that the present healthcare situation can by no means be considered satisfactory. Many people even say the **healthcare systems are suffering a crisis**. This rings true for the Czech Republic as well. Let's not forget that the Czech Republic has one of the highest cancer rates in the world³⁶⁶. **It is therefore of utmost importance that the entire therapeutic potential available in our country is utilized to help our patients as they find themselves in this difficult situation. Good health and effective health care are the fundamentals of a country's economical welfare.***

*Healthcare in the Czech Republic currently lies almost exclusively in the hands of scientific medicine. We are of course aware of and respect the success of scientific medicine. It has greatly developed diagnostic and therapeutic methods, medications, medical technologies, etc. We also highly respect the professional work of specialists and the selfless work that general practitioners and other medical personnel perform every day. Yet it is no longer possible to overlook the fact that in other countries, the development is headed in a different direction. This was pointed out in the first part of this publication. Continuous progress is being made in developing **integrative medicine** – a concept that systematically encourages various therapeutic procedures and methods to cooperate, and judiciously supplements **scientific medicine with complementary and alternative methods**. This approach is favoured by a large majority of patients.*

However, alternative and scientific medicine cannot cooperate unless they are able to establish a dialogue. Unfortunately, this has not happened in the Czech Republic.

The main goal of this publication is to facilitate a factual dialogue based on rational arguments free of ideological attitudes, stereotypes and phrases that are automatically on repeat. Due to the current health situation, the Czech Republic cannot afford to keep refusing help. We are deeply convinced that the time has come to “break the ice” and start communicating. May the following paragraphs be perceived as an invitation to establish a dialogue.

We chose to start this chapter with a graphic overview of the differences between scientific and alternative medicine.³⁶⁷ This table was published in Jiří Heřt's book Alternative and Non-Conventional Medicine – A Critical View. In this table the author presents in which ways these two approaches to healthcare differ – as the author is known for his views, it will be no surprise that the conclusion of the table favours scientific medicine and rejects alternative medicine entirely. The table can, therefore, be considered a synoptic overview of the main arguments against alternative medicine (or CAM) from the part scientific community that has a so-called “sceptical” attitude towards CAM, i.e. a strongly dismissive attitude. This, however, is not a unified opinion of the scientific community as

³⁶⁶ LINKOS. Národní onkologický program. Česká republika a rakovina v číslech [National Oncological Programme. *The Czech Republic and Cancer in Numbers*] [online]. © 2018 Česká onkologická společnost České lékařské společnosti J. E. Purkyně [The Czech Society for Oncology of the Czech Medical Association of J. E. Purkyně] [cit. 2018-07-05]. Available from: <https://www.linkos.cz/narodni-onkologicky-program/co-musite-vedet/ceska-republika-a-rakovina-v-cislech/>

³⁶⁷ HEŘT, Jiří. *Alternativní medicína a léčitelství. Kritický pohled* [Alternative and Non-Conventional Medicine. *A Critical View*] [online]. Chomutov 2010, p. 241 [cit. 2018-07-06]. Available from: https://www.sisyfos.cz/old/files/Alternativni_medicina_Hert.pdf



a whole, as is proven by the favourable statements made by specialists and physicians that encountered biotronic healing in person and saw the results with their own eyes (see page 363).

In this chapter, we will go through the individual claims presented in Jiří Heřt's table step by step. For each claim, we will also present the opinion held by the professional chamber Sanator – the Union of Biotronicists of Josef Zezulka (KoS), and the arguments this position is based on.

*The claims in J. Heřt's table can be sorted into three thematic areas. These are the **three basic points on which scientific medicine (according to Jiří Heřt) objects to complementary and alternative medicine (CAM):***

- A. The theoretical assumptions of alternative medicine contradict current scientific knowledge.*
- B. Neither the theory behind nor the research on CAM meet current scientific requirements.*
- C. Practice in the area of CAM does not meet the standards of medical practice.*

This criticism from representatives of science will be addressed in detail in the following three chapters.

A. Is current knowledge a phase or the end of the road?

Question of the relationship between CAM and current state of knowledge

An often-repeated argument, especially by some representatives of science, is the alleged contradiction between the assumptions of alternative medicine and current scientific knowledge. The following claims have been extracted from Jiří Heřt's table:

Claim: Scientific medicine observes the laws of nature, whereas alternative medicine assumes alternative or irrational forces.³⁶⁸

*We find this claim logically incorrect: **the laws of nature themselves are not in line with our knowledge of these laws of nature.** This claim follows from the false premise that all natural laws are already known to science. However, as we learn from history, the evolution of science illustrates the exact opposite, namely that scientific consensus is permanently evolving (see page 318). This is natural and there is nothing wrong about it. However, we constantly need to be aware of the relativity of our knowledge and remember that what mankind considers to be an unquestionable truth at present may be radically revised in the future.*

Josef Zezulka Biotronics (represented by the professional chamber Sanator) of course acknowledges the laws of nature but claims that, in addition to the natural laws that are already known and have been scrutinised, there are others that are yet to be systematically investigated by man. Bioenergy, also known as the vital force, is among these laws. Ancient therapeutic systems (e.g. traditional Chinese medicine, acupuncture, Ayurveda) as well as modern alternative therapies all work with this phenomenon in various ways. The effects of this force have been systematically investigated more and more in recent years, and the results lean towards proving its existence and the possibility of using it therapeutically (see page 64). It is not an "irrational force" but **an energy that can be observed, and the effects of it can be investigated and outlined scientifically.**

³⁶⁸ Editor's note: The claims in Jiří Heřt's table are only brief points. The claims that we present here are based on his table, but they are not exact quotations from the author.



Claim: Scientific medicine is based on evidence, and alternative medicine contradicts scientific findings.

Claim: The efficacy of scientific medicine is based on evidence, while the efficacy of alternative methods has not been verified.

*There has been a marked increase in **serious research on CAM** over the past 25 years (PubMed: more than 18,500 RCT, Cochrane: 4,000 RCT). **This research provides more and more objective information on the effects of various CAM methods.** The results of the research so far are promising and it is recommended that the research continue. However, as the nature of alternative therapies differs considerably from scientific medicine, it is still necessary **to develop research methods that would correspond to the nature of individual therapies** as precisely as possible. This would mean respecting the specific mechanism of the method while not disturbing it.*

Claim: Scientific medicine works on a physical level, whereas alternative medicine works on a spiritual level.

This claim is true for certain CAM therapies. As we show on page 279, CAM comprises the purely physical methods, such as phytotherapy, methods that belong to the psychic/mental area, e.g. meditation, as well as energetic methods, such as spiritual healing. The latter methods do indeed work on a spiritual level.

B. Does only scientific knowledge count as knowledge?

The next area of criticism was outlined as follows: Neither the theory behind nor the research on CAM meet current scientific requirements.

*This criticism follows from the fact that **the methods of CAM, by their nature, differ significantly to scientific medicine.** As scientific medicine (and science in general) evolved, it elaborated a system of “rules” or standards that guarantee and maintain its professional level. There are **standards for theory, research, practical applications, as well as internal communication and sharing new findings.** In all these areas, science and scientific medicine strive for maximum **accuracy, systematization, experimental verifiability, etc.***

*The emphasis on these aspects is due to the very nature of the scientific medicine that is dominant today. However, these aspects **are by no means automatically valid for all knowledge.** In addition to making new discoveries, the ability to handle these discoveries responsibly and humbly in the interest of all is an essential part of knowledge. We need not only intelligence, but also **WISDOM** as an equilibrium of reason and intuition. Knowledge is as old as mankind, the history of knowledge goes much further back than the birth of modern science, and it is by no means limited to rational knowledge.*

The nature of scientific medicine is primarily rational and material. Today, the standards developed specifically for scientific medicine are being applied to historical therapeutic methods of an entirely different nature.** Yet CAM therapies are increasingly refining their methodology and theoretical basis to such an extent that they are entering universities and becoming separate branches. This evolution towards certain accuracy, which is more acceptable to science, is also important as it enables communication with classical medicine. **A language that is mutually intelligible to both sides is imperative.** As this would enable cooperation. Yet it must not be that case that the requirements of scientific medicine would reshape CAM therapies in its own image. **The benefit of CAM therapies to current healthcare lies precisely in the way they differ to scientific medicine – that is why these



methods are being labelled alternative and complementary. Ideally, the two fields would be able to cooperate in mutual respect.

Question of rationality, coherence, and accuracy of the theoretical basis of CAM

Claim: Scientific medicine has a logical system, whereas the interpretation of alternative medicine contradicts logic.

*As opposed to scientific medicine, which is based on rational knowledge, CAM methods also work with intuitive knowledge, which – despite not being respected in society today – is as important as rational knowledge. **Josef Zezulka Biotronics** (represented by the professional chamber Sanator) **claims that comprehensive knowledge must include a balance of the two – the rational, intellectual side, and the intuitive, emotional side.** If one side becomes too strong, it leads to an imbalance that has negative consequences. This is one of the ways in which **CAM methods could potentially complement or balance out the occasional unilateralism of scientific medicine.***

Claim: Scientific medicine is characterised by exact expressions, whereas alternative medicine uses inaccurate and vague terms.

Claim: Scientific medicine uses professional terminology, whereas alternative medicine uses pseudoscientific jargon.

Regarding individual CAM therapies, it is a question of gradual evolution, as explained above.

*As for Josef Zezulka Biotronics, the situation is different: **Biotronics is a comprehensive branch that has its own precise theory** (biotronic pathology and theory of the vital forces) **and application, a developed methodology for biotronic intervention** (a theory on how the vital force is used during an intervention). Each part has its own terminology that was created by the sanator Josef Zezulka especially for this method, and that corresponds perfectly to its nature and essence – which of course differs significantly from scientific medicine. Scientific medicine is not able to adequately assess the quality of the theoretical basis and the accuracy of terminology for a distinct branch which is so different in its nature, especially not without at least preliminary knowledge of the theory and the effects of the therapy. **The aim of the professional chamber Sanator is to facilitate a development of this mutual familiarisation. Biotronicists should be familiar with medical knowledge** (this has been a part of professional biotronic training since the birth of the branch, see page 284) **and vice versa, the physician is to be acquainted with the principles and findings of Biotronics. Only then, when both sides learn the language of their partner can they engage in a genuine dialogue and subsequently cooperate.***

Question of validity and verifiability of the effects of CAM methods

Claim: The efficacy of scientific medicine is based on evidence, while the efficacy of alternative medicine has not been verified.

Claim: Scientific medicine is objective, based on experiments, while alternative medicine is subjective, based on speculation.

***Scientific medicine works with dangerous chemicals and uses highly invasive interventions.** Therefore, it is absolutely logical and necessary to always verify that the interventions are more beneficial than harmful, and medicine certainly approaches this responsibly. Yet the significantly*



negative side effects of chemical drugs cannot be denied, and neither can the fact that drugs are applied beyond the scope of the registered indications surprisingly frequently (see page 142). In this regard, therapeutic procedures within alternative and complementary medicine are markedly different. The majority of **these methods are not as invasive and the level of risk is incomparably low compared to scientific medicine**. This gives rise to the question of whether or not CAM methods should have to be as precise in their experimental verification as scientific methods (see page 141). In any case, these long-standing methods have already been verified by practice and are increasingly being studied scientifically. The amount of serious research in this area has been growing since the beginning of 21st century.

Unfortunately, science has not yet shown any interest in studying Josef Zezulka Biotronics. The only research that has been permitted to date was immediately stopped by State Security. Yet the research that had already been performed at that point convincingly proves the efficacy of this branch (see page 321).

Claim: The results of scientific medicine can be reproduced, whereas the results of alternative medicine are unique.

The results of Josef Zezulka Biotronics can be reproduced as is corroborated by, among others, medical records and attestations issued by physicians who observed the efficacy of biotronic healing on their patients (see pages 321, 363, 372).

Claim: Scientific medicine has precise diagnostics, but diagnostics is not possible within alternative medicine.

This objection, again, is due to the distinct differing nature of the two approaches. **In contrast to the majority of CAM methods, scientific medicine, by nature, needs precise diagnostics** due to, for example, the invasiveness of its procedures. However, the highly sophisticated diagnostic procedures themselves often have **negative side effects**, and the diagnostic technology puts a significant **burden on the budgets** of healthcare systems.

As for diagnostic methods within CAM, many alternative systems have their own diagnostics depending on the nature of the method. **Josef Zezulka Biotronics does not perform diagnostics**, which means that medical findings are beneficial for biotronic intervention – cooperation with scientific medicine would, therefore, be ideal.

Question of specialisation of CAM methods

Claim: Therapies within scientific medicine are causal, symptomatic, whereas therapies within alternative medicine are global, holistic.

Claim: Scientific medicine is characterised by specific treatments, alternative medicine uses a panacea.

The fact that **scientific medicine** is so **specialized** is increasing being perceived not only as an advantage (i.e. accuracy, targeted therapies) but also as a **limitation** – the fact that it does not regard the patient as a whole is seen as a problem. On the contrary, **the holistic nature of many CAM methods is one of the reasons why they are so sought-after**. CAM methods would, therefore, be especially beneficial as a complement to scientific medicine, again – the best solution would be cooperation.



However, CAM also has its own structure (see page 279) and many therapies are dominant in particular areas, where they achieve the best results. **Josef Zezulka Biotronics** does not pretend to be equally suitable for all medical conditions, **on the contrary its main field of activity is precisely defined** (see page 287). Beyond this field of activity, biotronic healing can be a complement to other treatments.

Question of organisation of practice of CAM methods

Claim: Scientific medicine keeps proper documentation and records, whereas alternative medicine does not.

*In the Czech Republic, this objection follows from the disparity between the working different conditions for scientific medicine and CAM. Josef Zezulka's Biotronics has been working in very difficult conditions so far. Therefore, its **efforts must focus, first and foremost, on the patients**. It would surely be possible to dedicate more attention to the records and documentation under better working conditions.*

Question of relationship between CAM, scientific discourse, and evolution of knowledge

Claim: The methods for scientific medicine have been developed collectively, whereas the methods within alternative medicine have been invented by individuals.

Claim: Scientific medicine is characterized by continuous evolution, while alternative medicine is characterized by dogmas or originality.

*These claims are not true – many therapeutic systems within CAM go back **thousands of years, and the procedures were developed and passed on from generation to generation**. On the other hand, the development of scientific medicine was also influenced by **influential characters** who entirely changed the way of thinking in a given area. CAM is no different.*

Claim: There is a collective cooperation within scientific medicine, whereas alternative medicine is characterised by an individual approach.

*In regards to collective collaboration and sharing information, the situation today is changing markedly. CAM methods are becoming more **organised nationally and internationally** (see page 144) are cooperating with each other (e.g. Western integrative medicine is establishing cooperation with traditional systems from eastern Asia), and organising, for example, major **international conferences and congresses**. In addition to this, systematic cooperation with scientific medicine is happening increasingly worldwide, and **professional communication** between the two fields is taking place: articles on CAM are being **published**, not only in specialised professional CAM periodicals, but also **in peer-reviewed medical journals**. CAM courses are also being included in study programmes at medical faculties (see page 180). Practical cooperation is progressing as well, for example at centres for integrative medicine or in hospitals.*

Claim: Scientific medicine is open to new methods, whereas certain CAM methods are closed.

Certain branches within CAM remain closed in order to protect their patients against possible abuse or misuse of the method. Josef Zezulka Biotronics is fully open to cooperating with scientific medicine as well as other alternative and complementary branches of care.



*On the other hand, we find that scientific medicine is not always as open – our experience in the Czech Republic, for example, shows that **health authorities reject new therapeutic methods and attempt to restrict them**, despite the fact that general practitioners are showing interest in alternative and complementary medicine.*

C. CAM is not yet in the system – to ban or accept?

The following objections, summarized by the words “Practice in the CAM field does not correspond to the standards of medical practice”, stem from the different positions scientific medicine and CAM have in the Czech healthcare system. The situation for alternative and complementary medicine is entirely different abroad.

Question of relationship between CAM and educational system

Claim: Scientific medicine is practised by erudite physicians, whereas alternative medicine is often practised by laymen.

This claim is entirely false for many CAM branches. Many countries already offer accredited education, even at university level. We believe that the situation in the Czech Republic will change in this respect as well.

*Within Josef Zezulka Biotronics, **education provided by its own professional organisation, the professional chamber Sanator – the Union of Biotronicists of Josef Zezulka, which guarantees the quality and professional level of its members.** As part of the programme, biotronicists must **study scientific medicine to a certain extent**, in order to be able to communicate and cooperate properly with physicians when treating patients.*

*On the contrary, **Czech physicians sometimes unfortunately comment on branches of CAM from a position of authority without actually having sufficient knowledge of these branches.** In our opinion, this problem should be corrected by systematically including at least theoretical CAM courses in study programmes at medical faculties. This is already a common occurrence abroad (see page 180).*

*It is also important to keep in mind that, despite the level of education among doctors, scientific medicine is still responsible for **a large number of mistakes** – according to surveys, medical error is the third most frequent cause of death in the USA (see page 141).*

Question of professionalism and respectability of CAM providers

Claim: Scientific medicine is honest and serious, whereas alternative medicine takes advantage of demagoguery, advertising and fraud.

*Serious scientists are not expected to comment on something they have not studied, and **they are not expected to close their eyes to an indisputable reality in order to preserve current official consensus.** Quite the opposite, science is expected to be open to new discoveries based on new information and new observations, even if it may mean re-evaluating its current stance.*



Unfortunately, science is also not free of fraud, as we learn from history, not to mention advertisements for pharmaceutical drugs.

The professional quality and respectability of biotronicists appointed by Josef Zezulka Biotronics is guaranteed by the professional chamber Sanator. Josef Zezulka Biotronics is characterized by the high ethical standards that are part of its essence – a biotronicists quality of work is directly related to his lifestyle and the quality of his character. Josef Zezulka Biotronics also does not ask for any financial remuneration.

Question of general intelligibility of CAM

Claim: Scientific medicine is intelligible (for those conversant with the field), whereas alternative medicine is mysterious, full of mysticism and magic.

*Josef Zezulka's philosophy forms the basis of Biotronics, and according to this philosophy, EVERYTHING can be explained based on the laws of nature. If something cannot be explained, it means that there is a law that is not yet known. **Therefore, one should always remain humble even towards our current knowledge.** This philosophy is intelligible even for laymen, and the philosophy emphasises that faith is not enough, knowledge is equally necessary to ensure that intuitive and rational knowledge are in balance.*

*There is great opportunity to investigate the mechanisms behind the effects of various CAM methods. So far, **we know through practice that many procedures are effective, but the laws on which they are work have not yet been defined. This is a major potential for advances in human knowledge.** What appears to be mysterious today may be a commonly understood and acknowledged part of our lives in future.*

2.3.2 Repeated Claims about Biotronic healing and CAM

The following pages summarize the opinions and claims that we have collected from Czech media and healthcare authorities regarding alternative medicine. Focus lies on the sceptical, i.e. dismissive, attitudes towards alternative medicine. Some of them express a distrust, which can be understood to a certain extent, others arise from a single bad experience. However, neither the former nor the latter change the fact that, worldwide, alternative medicine is in a completely different place today than it was 25 years ago. Today, the previously common expressions to "believe" or "not believe" are no longer used when speaking about alternative medicine, at least that is the case outside of the Czech Republic. We now have access to hard data based on serious research, including years of practical experience of scientific and complementary medicine cooperating in hospitals and economical analyses of this cooperation.

"WHO's recommendations to integrate CAM into healthcare systems are mere recommendations."

- *According to a survey by the agency STEM/MARK in the Czech Republic, 85% of the population would like non-conventional medicine to be recognized (see page 207).*



- *The increase in morbidity rates and the low efficacy of medicine when treating certain diseases should also logically lead to an increased interest in research on anything that has not yet been sufficiently investigated, especially if positive assessments of the effects are already available.*

“WHO’s recommendations to integrate CAM into healthcare systems only concern developing countries, such as countries in Africa.”

- *WHO’s recommendations concern all 194 member states, which is essentially the whole world, including the Czech Republic, see the WHO Traditional Medicine Strategy 2014–2023. By no means does it concern only third world countries (see page 87).*

“Research is needless, therefore, no research will be allowed.”

- *CAM methods are being studied increasingly around the world. In Europe alone, there are 112 research centres (according to CAMbrella’s data from 2012) for complementary and alternative medicine. WHO, the Council of Europe, and sessions in the European Parliament all recommend that more CAM research be conducted.*
- *The search for medical cures for cancer, AIDS, and other diseases has not yet been successful. One could say that it is pointless to continue, and yet research continues in hope. Then why not to continue researching CAM as well?*
- *On the one hand, science says that CAM has been researched enough without yielding results and that it is therefore needless to continue. On the other hand, science objects that the research on CAM is insufficient. If the research is insufficient, surely more research, properly performed, should be encouraged in order to provide more precise and clearer results.*

“The results are due to the placebo effect or spontaneous healing.”

- *No research on Biotronics has proved these claims, which are hence only unsupported assumptions. Research on Biotronics has not yet been permitted. Josef Zezulka Biotronics differs from previously studied methods and cannot be compared to them.*
- *Patients are able to determine when the biotronic healing starts and finishes, despite not having any physical contact with the biotronicist. This cannot be a placebo effect. The placebo effect can also not explain that people are able to see this energy and correctly describe a sequence of various colours that correspond to the four basic forces.*
- *When biotronic spiritual healing successfully manages to treat cancer, is it scientifically appropriate to immediately dismiss it as a placebo effect and spontaneous healing? Should it not first be studied scientifically before drawing conclusions? Biotronics has drawn attention to such cases many a time and also provided medical records. And yet science shows no interest in these records.*
- *A number of foreign randomised controlled trials of spiritual healing show that we cannot be certain that it is the placebo effect that is at work. Research in this area is not yet complete.*
- *Some people have been able to repeatedly demonstrate their ability to hold spoons and other (non-magnetic) objects on their chest. This has been confirmed by science, but not satisfactorily explained. Is it also the placebo effect, since there were no instruments measuring the bioenergy? Or perhaps it is bioenergy that enables this phenomenon?*

“No spiritual energies have been detected.”

- *Bioenergy cannot be directly measured by material instruments because it is not material, it is non-organic. It can be measured indirectly by observing changes in the patient’s condition.*
- *To a certain extent, bioenergy can be captured by Kirlian photography (e.g. the difference between a biotronicist at rest and a biotronicist at work can be seen on their fingertips). The*



overflow of bioenergy is photographed on the border between the material and the bioenergetic realm, but the bioenergy cannot be physically measured or photographed directly. However, it can be perceived by people with certain abilities.

- *That something has not yet been proved to exist does not mean that it has been proved not to exist. Science should thus be more careful with its claims.*

“No research has sufficiently proved the efficacy of bioenergetic treatment.”

- *The lack of evidence regarding the efficacy of energetic therapies may be due to several factors, such as a lack of powerful, high-quality healers, or the fact that some of these branches have only just begun to develop. As new branches develop, it is natural that these branches are only beginning to discover the most efficacious treatments. Medicine has also not always been as efficacious as it is today.*
- *Some studies have shown a non-negligible efficacy, which is at least reason for further and better research.*
- *Sceptics themselves state that research in this area is not yet sufficient, so their dismissive attitude cannot be firmly based on research. Rather, it is due to premature conclusions, which should be avoided by reputable science. It would be better to encourage further and better research.*
- *No medical research has yet been able to find a treatment that focuses on the cause of cancer. And yet the research continues in the same direction. Likewise, the research on CAM should continue.*

“Some studies showed only an improvement in the patients’ mood, but no physical influence on the disease.”

- *Any relief is beneficial for the patient.*
- *Patients’ experience as well as medical records demonstrate that Biotronics also influences diseases physically. Hopefully, science will take an interest in verifying it at some point.*
- *Biotronic healing does not claim to be efficacious for all medical conditions; it can only complement medical procedures regarding certain diseases, similar to how spa treatments work.*

“What has CAM research found so far? We are wasting money on useless research.”

- *For example, research has found that cancer treatment on patients who utilized CAM at the same time exhibits greater efficacy than treatments on patients who did not utilize CAM. Many studies show that the positive influence of CAM treatment is generally only about 7% lower than scientific medicine (see page 152).*
- *Observations of Biotronics show a high probability of success.*
- *Increasingly improved studies of spiritual healing abroad also show that there is a probability of success.*
- *A small pilot study on a limited number of patients prior to more extensive research, would limit the financial resources needed. If necessary, we could financially support this research ourselves.*

“If the biotronic energy is not material, then it can neither be investigated nor regulated by the state.”

- *It is possible to observe changes in the patient.*
- *Biotronic energy is not material, therefore, it cannot be measured by material instruments. It can, however, be measured by observing changes in the patient. Or it can be measured by*



sensitive people who are able to perceive this energy. Their statements can then be compared, thus proving the existence of bioenergy.

- *Science claims that what cannot be measured does not exist – what randomised controlled trial has proven this claim? How can we be certain that there is nothing but matter when science does not want to investigate areas that indicate an existence of something beyond matter (i.e. near-death experiences, memories of past lives, etc.)? This can only be considered as an unsupported assumption.*
- *It is also possible to study the theory of Biotronics, for example to appraise the biotronic theory of various diseases. We can also refer to the fact that several biotronic theories have already been subsequently confirmed by science. It is also possible to review the philosophy that Biotronics is based on, as biotronic healing comprises a practical application of the philosophy.*
- *Before any kind of legislation is made, the various branches must be studied, explored and categorised. Regulations can then be created in cooperation with the chamber of biotronicists, which is responsible for the appointed biotronicists, analogous to a the medical chamber. Instead of stating in advance that it is not possible, let us discuss the matter and try to find possible solutions to help patients as much as possible.*

“Omitting medical care can be fatal.”

- *Biotronics never leads the patient away from the physician and never discourages medical care. If there were any cooperation between medicine and Biotronics, the patient would be primarily under the physician’s care.*
- *Omitting complementary care does not make it easier for patients to cope with disease. This has been shown by a number of studies.*
- *Millions may already be threatened by the fact that new therapeutic methods have not been studied. Potential new major discoveries that could help many people, are sometimes delayed for up to several decades.*
- *Research could begin with less serious diseases and then move on to more serious ones.*

“Biotronics is incompatible with evidence-based medicine.”

- *Biotronics can be studied and based on research and evidence, but first research must be permitted.*
- *Biotronics has always been interested in scientific verification and basing its results on evidence, but such verification has not been permitted. Research was rejected on such grounds as the lack of evidence of efficacy. The efficacy of Biotronics is, however, something that could be provided by research, so it is a vicious circle. There are plenty of medical records that demonstrate its efficacy and plenty of positive observations have also been made. Medical records from successful, but unfinished, research on Biotronics at Vimperk hospital in 1982 prove this, yet science has not shown any interest in studying these records.*
- *Biotronics does not have to merge with medicine but can become an official branch within general healthcare alongside medicine, i.e. a complementary branch to medicine, such as spa treatments are. The two branches would thus continue to be independent branches, but would be able to cooperate.*
- *There are many diseases for which science has not yet been able to find a treatment. Yet when a potential treatment, including practical results, are offered, science is not interested in verifying the results but dismisses it and, at times, even tries to suppress it. Why is it so? It is, after all, a remarkable opportunity for new knowledge and could potentially help patients.*
- *David Sackett, MD, a Canadian physician widely known as one of the pioneers of evidence-based medicine, expressed serious concerns about researchers and physicians considering randomised controlled trials to be the only way to determine whether or not a treatment is efficacious. Such claims would have to lead to admitting that virtually all surgical procedures are “unscientific” or*



“unproven” as only a few of them were subjected to randomised controlled trials. In order for a treatment to be indicated as efficacious or scientifically proven, a much more complex evaluation of what works and what does not must be carried out.

“The records are only comprised of thank-you letters.”

- *This is not true. There are not only letters of thanks but also medical records attesting that the patients have been cured. This evidence can be provided again.*
- *The medical records cannot be considered verified proof of the treatments efficacy, but they provide reasonable grounds for initiating further research or at least a greater interest in this branch of care that could provide help for those in need.*

“The provided records do not suffice unless they have been reviewed by a medical commission.”

- *We agree. Why has the Minister of Health not appointed a commission based on the provided records? What can we do in order for the provided records to be reviewed by a medical commission?*

“There are very few biotronicists.”

- *As soon as there is a greater interest in Biotronics and better working conditions are created, more people will become biotronicists.*
- *Biotronicists can heal many people simultaneously thanks to collective healing, e.g. via television. This is possible as they do not pass on their own powers, but connect to a universal source which can provide enough energy for everyone.*

“There are no publications on how the treatment works.”

- *The method of biotronic healing cannot be published due to possible abuse or misuse.*
- *And yet, in comparison to many other methods, Biotronics provides much greater detail about how it works and what the causes and treatments for various diseases are. It also provides practical results as evidence and can explain many phenomena that science has yet to explain.*
- *Publications about the biotronic method are not important, what is essential is whether or not it helps patients.*

“Some healers – charlatans – use others’ misfortune to make money.”

- *Yes, some do, but Biotronics does not. Treatments and lectures are free.*

“I do not believe it.”

- *According to the scientific and medical approach, mere belief does not suffice. It must be verified by regular research.*
- *It is not enough to only believe or not believe. One must know, verify, and justify why it is or it is not so.*

“Biotronics is a pseudoscience.”

- *In 1973 the chairman of the Czechoslovak Academy of Sciences, Jaroslav Kožešník, acknowledged Biotronics as a new branch of science, which deserved suitable working conditions. To this day, suitable working conditions have not been created.*



“We are working on a new law to make charlatans more liable for leading patients away from physicians and threatening their health or life.”

- *First, we must consider what should be regulated by law.*
- *When proposing a law, it is not enough to collect only negative experiences with healers but also necessary positive experiences to ensure objectivity.*
- *Healers should also be invited to join the discussion and express their opinion on the new law.*

“We cannot give Biotronics so much media attention or we would be promoting an ideology.”

- *The Christian television programme *Křesťanský magazín* could also be considered to be promoting an ideology, and yet it is still broadcast.*
- *There is no need to believe any spiritual ideas in order to be cured by biotronic healing. Patients do not even need to show an interest in it, although, it is true that a positive attitude facilitates healing.*
- *However, we are not wanting to turn Biotronics into a television programme, but to create suitable working conditions for biotronicists, to improve the level of the debate on this topic, to investigate it more, and to potentially integrate Biotronics into the healthcare system, making it a non-medical branch of human aid.*



2.3.3 Josef Zezulka – Ahead of His Time

Views expressed by Josef Zezulka, that were later confirmed by science

Smoked meats are among the most powerful carcinogens, but any meat supports the growth of cancer.

Týden.cz. *Nezdravá vejce? Dnes už jen mýtus [Smoked meat and red meat causes cancer according to WHO]* [online]. 26. 10. 2015. Available from: http://www.tyden.cz/rubriky/zdravi/uzeniny-a-cervene-maso-zpusobuji-rakovinu-uedla-who_360270.html

Original sources:

Véronique Bouvard, Dana Loomis, Kathryn Z Guyton, Yann Grosse, Fatiha El Ghissassi, Lamia Benbrahim-Tallaa, Neela Guha, Heidi Mattock, Kurt Straif on behalf of the International Agency for Research on Cancer Monograph Working Group. *Carcinogenicity of consumption of red and processed meat* [online]. Lancet Oncol. 2015 Dec;16(16):1599-600. doi: 10.1016/S1470-2045(15)00444-1. Epub 2015 Oct 29. Available from: [http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(15\)00444-1/fulltext](http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(15)00444-1/fulltext)

IARC, WHO. *Q&A on the carcinogenicity of the consumption of red meat and processed meat* [online]. October 2015. Available from: https://www.iarc.fr/en/media-centre/iarcnews/pdf/Monographs-Q&A_Vol114.pdf
<http://www.who.int/features/qa/cancer-red-meat/en/>

Josef Zezulka:

“Let us also notice how the occurrence of cancer has sharply increased in recent years. This is caused by the lack of vital substances in food and by a superfluous intake of carcinogens that do not belong to normal food and to such a large influx of which the body cannot tolerate for a long time.

*Man uses **smoke to preserve food** for a longer time not to be spoilt by microbes. He has no idea that **it is one of the worst and most harmful ways of preservation ever.***

Firstly, he smokes meat, which as we have said is not a natural food for man. Secondly, smoking is the PERMANENT preservation by tar, which means that we cannot dispose of the preservation elements before we start eating unlike for example dried or frozen food. Here, we eat the preserved food directly, this means food prepared to be inedible even for germs.”

(ZEZULKA, Josef. *BYTÍ – EXISTENCE – A Philosophy for Life*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha, 2008. ISBN 978-80-85238-30-6. p. 178-179. Available from: <https://www.dub.cz/en/josef-zezulka-byti-existence-a-philosophy-for-life-online-book>)



Humans are able to digest eggs.

uLekare.cz. *Nezdravá vejce? Dnes už jen mýtus [Unhealthy eggs? No longer a fact]* [online]. 16. 12. 2009. Available from:
<http://www.ulekare.cz/clanek/nezdrava-vejce-dnes-uz-jen-mytus-10793>

Original sources:

ScienceDaily.com. *Eggs Have A Lipid That Lowers Cholesterol Absorption, Kansas State University Nutrition Research Finds* [online]. 29. 10. 2001. Available from:
<https://www.sciencedaily.com/releases/2001/10/011029073601.htm>

ScienceDaily.com. *Egg-Irony: High Cholesterol Food May Reduce Blood Pressure* [online]. 1. 3. 2009. Available from: <https://www.sciencedaily.com/releases/2009/02/090218224655.htm>

Diabetics should not eat meat.

Novinky.cz. *Proč při cukrovce vadí konzumace masa [Why is meat consumption problematic for diabetics?]* [online]. 8. 8. 2013. Available from:
<http://www.novinky.cz/zena/zdravi/309794-proc-pri-cukrovce-vadi-konzumace-masa.html>

Original source:

Serena Tonstad, MD, PHD, Terry Butler, DRPH, Ru Yan, MSC, and Gary E. Fraser, MD, PHD. *Type of Vegetarian Diet, Body Weight, and Prevalence of Type 2 Diabetes* [online]. *Diabetes Care*. 2009 May; 32(5): 791–796. doi: 10.2337/dc08-1886. Available from:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2671114/>

Josef Zezulka

“I found out, for example, why people have diabetes, which doctors do not know. When I was a small boy, it used to be said that diabetes was the illness of good food, of a good livelihood. In those days, only the rich would eat meat a few times a week. The pancreas participates in the transformation of vegetal proteins into the animal ones, nevertheless. It is the organ which makes us vegetarians. When it is not used sufficiently as we directly eat animal proteins – carcasses, its function diminishes; the organ atrophies. Therefore, a meat diet can cover the defect, unfortunately, at the cost of even faster devastation.”

(Organised by Tomáš Pfeiffer. *ZEZULKA'S BIOTRONICS*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha, 2015. ISBN 978-80-85238-37-2. p. 71-72. Available from: <https://www.dub.cz/en/zezulkas-biotronics-online-book>)

Solariums cause cancer.

“Artificial sunbathing is just as dangerous as smoking cigarettes, stated the World Health Organization.” Aktualne.cz. *Pochyby zmizely, solária způsobují rakovinu [No doubt about it, solariums cause cancer]* [online]. 29. 7. 2009. Available from:
<http://zpravy.aktualne.cz/zahranici/pochyby-zmizely-solaria-zpusobuji-rakovinu/r~i:article:643689/>



Mammographies may cause cancer.

iDnes.cz. *Vyšetření mamografem může vyvolat rakovinu, varují lékaři [Doctors warn that mammographies may cause cancer]* [online]. 13. 8. 2009. Available from: http://ona.idnes.cz/vysetreni-mamografem-muze-vyvolat-rakovinu-varuji-lekari-pa3-/zdravi.aspx?c=A090812_212654_domaci_vel

Vegetarianism is healthy and safe.

- a) “It is the position of the American Dietetic Association and Dietitians of Canada that appropriately planned vegetarian diets are healthful, nutritionally adequate, and provide health benefits in the prevention and treatment of certain diseases.”
Dietetic Association and Dietitians of Canada, American. *Vegetarian diets: Position of the American Dietetic Association and dietitians of Canada* [online]. Journal of the American Dietetic Association. 64. 62-81. 10.1053/jada.2003.50142. Available from: https://www.researchgate.net/publication/286022167_Vegetarian_diets_Position_of_the_American_Dietetic_Association_and_dietitians_of_Canada
- b) “Doctors want to introduce vegetarian food in hospitals. The American Medical Association, an association of 200,000 doctors, says it is time to drop carcinogenic food from hospital menus.”
Soucitne.cz. *Lékaři požadují zavést v nemocnicích rostlinná jídla [Doctors want to introduce plant foods in hospitals]* [online]. 10. 1. 2018. Available from: <http://soucitne.cz/lekari-pozaduji-zavest-v-nemocnicich-rostlinna-jidla>
- c) “Our desire to eat meat is destroying our planet (The Guardian). According to the World Wildlife Fund report, 60% of the biodiversity loss is due to eating meat – an animal-based diet is putting too much pressure on our planet's resources.”
Soucitne.cz. *Naše touha po mase ničí Zemi [Our desire to eat meat is destroying our planet] (The Guardian)* [online]. 14. 11. 2017. Available from: <http://soucitne.cz/nase-touha-po-mase-nici-zemi-guardian>

Josef Zezulka:

“Harmfulness of meat – No man can eat that which his body is not made for. Try to give a swallow a delicious piece of cake made from the best ingredients. If you gave it just a few crumbs, you would harm it. If you gave it more, you would kill it. Man had to get used to meat very slowly too, so today, when he eats much of it, it does not kill him, it just harms him. **There are many illnesses which are more or less caused by eating meat.** They multiply and combine in various ways so it is difficult to determine which harmful substance plays the main role in a disease. Then there are many other causes of illnesses apart from food. **Man lives in a better and healthier way when he doesn't eat meat.** After all, there are many vegetarians among us, even people whose parents and grand parents did not eat meat. And these people are much healthier than the eaters of dead corpses. And I am talking only about health issues, not the higher ones – the spiritual ones.”

(ZEZULKA, Josef. *Přednášky I [Lectures I]*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha, 2014. ISBN 978-80-85238-45-7. p. 72. Available from: <https://www.dub.cz/cs/josef-zezulka-prednasky-i-online-kniha>)



Climate changes will increase, the Czech Republic will develop a subtropical climate.

Novinky.cz. *Česko se posouvá do subtropů, do roku 2060 stoupne teplota o 2,5 stupně* [The Czech Republic moves into the subtropics, by 2060 the temperature will have risen by 2.5 °C] [online]. 24. 6. 2015. Available from: <http://www.novinky.cz/domaci/373233-cesko-se-posouva-do-subtropu-do-roku-2060-stoupne-teplota-o-2-5-stupne.html>

There will be a significant increase in the occurrence of cancer.

iDnes.cz. *Hrozí alarmující nárůst rakoviny* [The occurrence of cancer may increase at alarming rates] [online]. 16. 4. 2003. Available from: http://zpravy.idnes.cz/hrozi-alarmujici-narust-rakoviny-dlh-zahranicni.aspx?c=A030415_224728_vedatech_pol

Fried food causes cancer.

iDnes.cz. *Vědci: Smažené jídlo způsobuje rakovinu* [Researchers: Fried food causes cancer] [online]. 27. 6. 2002. Available from: http://zpravy.idnes.cz/vedci-smazene-jidlo-zpusobuje-rakovinu-fct-zahranicni.aspx?c=A020626_214810_vedatech_was

Josef Zezulka:

*“It applies to roasting and **frying**, when fire engages its full-undiluted power. The crust on pastry turns brown slowly. Tar is created. The more baked the pastry will be, the more tar exhalations the crust will contain. When frying, we immerse the food into fat to prevent air reaching it, and tar is again created in it. When roasted, grain will turn brown until it becomes completely tarry (coffee).*

These tarry substances are among the worst and most dangerous eaten by man. It is well known that tar is one of the worst carcinogens – substances that play the biggest role in the cancer process.”

(ZEZULKA, Josef. *BYTÍ – EXISTENCE – A Philosophy for Life*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha, 2008. ISBN 978-80-85238-30-6. p. 177. Available from: <https://www.dub.cz/en/josef-zezulka-byti-existence-a-philosophy-for-life-online-book>)

The world will become overpopulated.

The solution: one child per marriage for a limited amount of time.

iDnes.cz. *Boj se změnou klimatu? Mějte méně dětí a vynechte létání, radí studie* [How to fight climate change? Have fewer children and skip flying, study says] [online]. 17. 7. 2017. Available from: http://zpravy.idnes.cz/klimaticka-zmena-vedci-radi-mit-o-dite-min-f1i-zahranicni.aspx?c=A170712_160448_zahranicni_kha

ČT24. *Nemít děti je nejlepší cesta, jak zpomalit změny klimatu, ukazuje studie* [Not having children is the best way to curb climate change, studies show] [online]. 14. 7. 2017. Available from: <http://www.ceskatelevize.cz/ct24/veda/2181424-nemit-deti-je-nejlepsi-cesta-jak-zpomalit-zmeny-klimatu-ukazuje-studie>

Original source:

Seth Wynes and Kimberly A Nicholas. *The climate mitigation gap: education and government recommendations miss the most effective individual actions* [online]. 2017 Environ. Res. Lett. 12



074024. Published 12 July 2017. Available from: <http://iopscience.iop.org/article/10.1088/1748-9326/aa7541>

Josef Zezulka:

“Questioner: I would like to ask about the term “war”. Is it karma affecting us as a whole?

*J. ZEZ.: Whatever a person does, it comes back to him. If he tries to be a predator, i.e. destroy, he will be destroyed in return. You could argue that if there were no wars mankind would suffer from overpopulation. But no! **If mankind was to realize that it can control itself, it would regulate the birthrate around the whole world and there would be no overpopulation. But mankind is not there just yet.***

Look at how people treat other creatures. With hostility. We murder them. It has even been turned into a sport. Humans go and murder other creatures and call it a sport. Yet animals are also beings like us. We only differ in intelligence. The price of life is the same. What, then, can mankind expect? To be murdered in return!”

(ZEZULKA, Josef. *Odpovědi 1976-1982 [Answers 1976–1982]*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha, 2014. ISBN 978-80-85238-46-4. pp. 145-146. Available from: <https://www.dub.cz/cs/josef-zezulka-odpovedi-1976-1982-online-kniha>. Written 28 March, 1979, published 30 March, 2014.)

“Questioner: A lot of people are being born at this time. Why do you think this is so?

*J. ZEZ.: It's in fate. Fate can be changed more or less. Not the events themselves, but the quality of the events. So it is up to mankind if the population continues to grow or not. Anyway, right now, the population is increasing. As was prophesied. **The human population is exploding** and it is a choice humans have made. I think you know we are heading towards a sort of balance, reconciliation. There will be fewer people on the planet and it will start to be a little different.”*

(ZEZULKA, Josef *Odpovědi 1976-1982 [Answers 1976–1982]*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha, 2014. ISBN 978-80-85238-46-4. p. 175. Available from: <https://www.dub.cz/cs/josef-zezulka-odpovedi-1976-1982-online-kniha>. Written April 1980, issued 30 March, 2014.)

Views expressed by Josef Zezulka that are currently being confirmed

Coffee causes cancer.

Novinky.cz. *V Kalifornii musí káva nést varování před rakovinou, rozhodl soud [Californian court declares coffee must carry a label warning against cancer]* [online]. 30. 3. 2018. Available from: <https://www.novinky.cz/zahranicni/467791-v-kalifornii-musi-kava-nest-varovani-pred-rakovinou-rozhodl-soud.html>

Josef Zezulka:

“When roasted, grain will turn brown until it becomes completely tarry (coffee). These tarry substances are among the worst and most dangerous eaten by man. It is well known that tar is one of the worst carcinogens – substances that play the biggest role in the cancer process.” (...)

“Tar – Smoking meat is even less sensible. Man puts meat into a chimney to become soaked with tar and then he eats it. Tar is one of the strongest carcinogens. But not the only one. People consume more of them. They drink coffee. In order to get as many carcinogens as possible, they roast the grains



and thus make it full of tar. Then they grind it and macerate it with boiling water. Just to get as much tar into the drink as possible. Then they drink so that the tar gets absorbed in the digestive system. They even light a cigarette or pipe and absorb even more tar with their lungs.”

(ZEZULKA, Josef. *BYTÍ – EXISTENCE – A Philosophy for Life*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha, 2008. ISBN 978-80-85238-30-6. p. 177. Available from: <https://www.dub.cz/en/josef-zezulka-byti-existence-a-philosophy-for-life-online-book> ; ZEZULKA, Josef. *Přednášky I [Lectures I]*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha, 2014. ISBN 978-80-85238-45-7. p. 112. Available from: <https://www.dub.cz/cs/josef-zezulka-prednasky-i-online-kniha>)

DNA from genetically modified organisms settle in humans when consumed.

Svobodnenoviny.eu. *DNA z geneticky modifikovaných organismů se přemísťuje do lidí, kteří je konzumují [DNA from genetically modified organisms settle in humans when consumed]* [online]. 24. 6. 2014. Available from: <http://svobodnenoviny.eu/potvrzeno-dna-z-geneticky-modifikovanych-organismu-se-premistuji-do-lidi-kteri-je-konzumuji/>

Original source:

Spisák S, Solymosi N, Ittész P, Bodor A, Kondor D, Vattay G, et al. *Complete Genes May Pass from Food to Human Blood* [online]. PLoS ONE 8(7): e69805. 30. 7. 2013. Available from: <https://doi.org/10.1371/journal.pone.0069805>
<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0069805>

Josef Zezulka:

“There are more and more people who are overweight. They suffer from excessive and often badly-proportioned deposits of fat. The causes can be various. Sometimes it is excessive food intake, sometimes the lack of exercise, but there are also illnesses, endocrine malfunctions (malfunctions of the glands of inner secretion), when the hormone balance is disrupted. Many such cases are serious and the afflicted people do not realise it. Often it is inherited in families genetically. I know the cause of these malfunctions:

*I hope not to express myself wrongly if I say that here the ill-conceived greed of human society revenges itself. People long for greater profits from fattening animals. They work hard so that a pig or goose is as heavy and fat as possible. Without realising the consequences, they artificially cause them serious endocrine diseases by selective breeding and interbreeding and they are successful. They breed species with serious hormone malfunction, which is then encoded in every particle of their body. When they have destroyed the animal so laboriously, they eat it and use its fat. The body can resist this malfunction for a long time. A man can according to his adaptive ability resist for years, sometimes even his whole life. When it however happens that the illness surfaces, it is too late. **The disease of the animal adapts to the human body – its composition and conditions.** Since the afflicted man does not recognise his disease and does not connect it with the disease of the consumed animal, he carries on eating bad meat and thus nourishes and fixes his disease. It then infiltrates his being and is carried to descendants, strengthened and passed on.”*

(ZEZULKA, Josef. *BYTÍ – EXISTENCE – A Philosophy for Life*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha, 2008. ISBN 978-80-85238-30-6. p. 181-182. Available from: <https://www.dub.cz/en/josef-zezulka-byti-existence-a-philosophy-for-life-online-book>)



Ultrasounds are not safe, especially not for the fetus.

AC24.cz. Study: *Studie: Ultrazvuk způsobuje u plodů poškození mozku [Ultrasounds damage fetuses' brains]* [online]. 30. 10. 2013. Available from: <http://www.ac24.cz/zpravy-ze-sveta/2969-studie-ultrazvuk-zpusobuje-u-plodu-poskozeni-mozku>

Original source:

Eugenius S. B. C. Ang Jr, Vicko Gluncic, Alvaro Duque, Mark E. Schafer and Pasko Rakic.

*Prenatal exposure to ultrasound waves impacts neuronal migration in mice** [online]. PNAS, August 22, 2006. 103 (34) 12903-12910; <https://doi.org/10.1073/pnas.0605294103>.

Available from: <http://www.pnas.org/content/103/34/12903>

(*Editor's note: *We do not agree with testing on animals.*)

Electromagnetic radiation is harmful to health.

a) Šifra magazine. *Rakouská lékařská komora požaduje od státu ochranu před mobilním zářením. Může podle ní způsobit rakovinu či neplodnost. Ohroženy jsou především děti, veřejnost není informována [The Austrian Medical Chamber requests state protection against radiation from mobile phones. They claim it can cause cancer or infertility. Especially children are at risk, and the public is not being informed]* [online]. 4. 1. 2018. Available from: <https://www.casopis-sifra.cz/rakouska-lekarska-komora-pozaduje-od-statu-ochranu-pred-mobilnim-zarenim-muze-podle-ni-zpusobit-rakovinu-ci-neplodnost-ohrozeny-jsou-predevsim-deti-verejnost-neni-informovana/>

Original source:

OTS.at. *EMF-Leitlinie propagiert Vorsorgeprinzip bei elektromagnetischen Feldern* [online]. 23. 3. 2017. Available from:

https://www.ots.at/presseaussendung/OTS_20170323_OT0127/emf-leitlinie-propagiert-vorsorgeprinzip-bei-elektromagnetischen-feldern

Press statement:

Diagnose: Funk. *Ärztikammern fordern Schutz vor Mobilfunkstrahlung – Erklärung und Positionspapier von Nikosia* [online]. 4. 12. 2017. Available from:

<https://www.diagnose-funk.org/publikationen/artikel/detail?&newsid=1242>

Other related sources about the possible harmful effects of electromagnetic radiation:

<https://www.diagnose-funk.org/publikationen/dokumente-downloads/dokumentationen>

b) LetemSvětémApplem.cz. *Ministerstvo zdravotnictví v Kalifornii varuje před používáním smartphonů [The California Department of Health warns against using smartphones]* [online]. 22. 12. 2017. Available from:

https://www.letemsvetemapplem.eu/2017/12/22/ministerstvo-zdravotnictvi-v-kalifornii-varuje-pred-pouzivanim-smartphonu/?utm_source=www.seznam.cz&utm_medium=sekce-z-internetu

Original source:

The California Department of Public Health (CDPH). *CDPH Issues Guidelines on How to Reduce Exposure to Radio Frequency Energy from Cell Phones* [online]. 13. 12. 2017. Available from:

<https://www.cdph.ca.gov/Programs/OPA/Pages/NR17-086.aspx>



c) Novinky.cz. *Mobil způsobil nezhoubný nádor na mozku, rozhodl italský soud [Cell phone caused malignant brain tumor, according to ruling of Italian court]* [online]. 20. 10. 2012. Available from: <https://www.novinky.cz/internet-a-pc/mobil/282165-mobil-zpusobil-nezhoubny-nador-na-mozku-rozhodl-italsky-soud.html>

d) Eliatv.cz. *Francie schválila přelomový zákon o vystavení elektromagnetickému záření: zákaz wi-fi ve školkách a jeslích [France approves groundbreaking law on exposure to electromagnetic radiation: Wi-Fi to be banned in nurseries and pre-schools]* [online]. 30. 6. 2015. Available from: <http://eliatv.cz/francie-schvalila-prelomovy-zakon-o-vystaveni-elektromagnetickemu-zareni-zakaz-wi-fi-ve-skolkach-a-jeslich/2862>

Original source:

StopSmartMeters.org.uk. *WiFi BANNED in pre-school childcare facilities by French Government* [online]. 1. 2. 2015. Available from: <http://stopsmartmeters.org.uk/wifi-banned-in-pre-school-childcare-facilities-by-french-government-2/>

e) Elektrosmog.cz. *Výzva 200 vědců k OSN proti záření [Two-hundred UN scientists' speak out against electromagnetic radiation]* [online]. 17. 5. 2015. Available from: <http://1elektrosmog.pise.cz/181-vyzva-200-vedcu-k-osn-proti-zareni.html>

Original source:

EMFScientist.org. *International EMF Scientist Appeal* [online]. 11. 5. 2015. Available from: <https://emfscientist.org/index.php/emf-scientist-appeal>

f) Britské listy [British news]. *Rada Evropy doporučuje zakázat používání mobilních telefonů a wifi sítí ve školách [The Council of Europe recommends banning the use of cell phones and Wi-Fi networks inside schools]* [online]. 15. 5. 2011. Available from: <https://blisty.cz/art/58601-rada-evropy-doporucuje-zakazat-pouzivani-mobilnich-telefonu-a-wifi-siti-ve-skolach.html>

Other sources:

Electromagnetic Radiation Safety – Scientific and policy developments regarding the effects of electromagnetic radiation (collection of links).

<https://www.saferemr.com/>

Elektrosmog Blog [Electro smog Blog]. *Vědecké důkazy biologické účinnosti VF EMP [Scientific proof of the biological effects of VF EMP]* [online]. 21. 4. 2011.

<http://elektrosmog.blog.cz/rubrika/vedecke-studie>

Josef Zezulka:

*“Until man had fur, he used it not only for thermo-regulation, he accepted certain forces from the universe by his hairs as antennas – it was a gentle very important radiation. Today, he no longer has the opportunity; **there is much unnatural radiation around which harms him too.** It is not just radioactivity; there are also **radio and TV waves** around us. We can prove their existence by turning on the radio. We don't perceive them with our senses, they have a hidden and slow effect upon our nerve cells. We can say that the nervous and psychic condition of man is almost catastrophic today.”*
(ZEZULKA, Josef. *Přednášky I [Lectures I]*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha, 2014. ISBN 978-80-85238-45-7. p. 111. Available from: <https://www.dub.cz/cs/josef-zezulka-prednasky-i-online-kniha>)



Time doesn't exist. There is no past, no future, all exists now.

National Geographic. *Čas neexistuje. Všechno probíhá najednou, tvrdí respektovaný fyzik [Time does not exist. Everything is happening at the same time, according to respected physicist]* [online]. 10. 4. 2018. Available from: <https://www.national-geographic.cz/clanky/cas-neexistuje-vsechno-probiha-najednou-tvrdi-respektovany-fyzik.html>

Josef Zezulka:

*“Everything is just an idea and there is nothing that would not be one. I don't mean the product of thinking that we call an idea. I mean the mental substance of the entire being. **It is the central consciousness of the entire being** – and it is naturally of mental substance. **It is a large and complete action in which the past, present and future is complete, constant and now.** Nothing is the past and nothing is the future. Everything is finished and stable. **There is no time, only constant duration.**”*

(ZEZULKA, Josef. *BYTÍ – EXISTENCE – A Philosophy for Life*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha, 2008. ISBN 978-80-85238-30-6. p. 23. Available from: <https://www.dub.cz/en/josef-zezulka-byti-existence-a-philosophy-for-life-online-book>)

*“There is no past. There is no future. **Everything is now!** The Creative Work endures in its motionlessness. The past and the future are simultaneous. Only we, our “I am”, rove in the completed events and create the notion of time in our minds.”*

(ZEZULKA, Josef. *BYTÍ – EXISTENCE – A Philosophy for Life*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha, 2008. ISBN 978-80-85238-30-6. p. 87. Available from: <https://www.dub.cz/en/josef-zezulka-byti-existence-a-philosophy-for-life-online-book>)

The universe has a beginning and an end, it is a cycle that constantly repeats itself (cyclic model of the cosmos).

Český rozhlas Plus [Czech Radio Plus]. *Cyklický model kosmu a řešení problému kosmologické konstanty [Cyclic model of the cosmos and solving the problem of the cosmological constant]* [online]. 24. 9. 2010. Available from: http://www.rozhlas.cz/leonardo/vesmir/_zprava/248792

Josef Zezulka:

*“Two eras pulse in the infinite universe: Origin and termination. The matter of the universe glows and diffuses. Planets are born and perish. Only invisible magnetic centres stay as forces, as the manifestation of the great fundamental idea of eternal organisation. The universe lives one of its eras, we can call it for example “the era of universal exhalation”. Then, “the era of universal inhalation” follows and it's as long as the previous one. Glowing gases concentrate around the magnetic centres, they cool down, liquidise and solidify. Depending on the power of the centres they concentrate into big or small planets and cool down faster or slower. Life forms as we know them emerge on the planets. The life form grows only to perish with the whole universe one day again and later to emerge again in the regular rhythm. **It is the eternal rhythm of the universe, origin and termination**, and it is analogical in all areas of the Creative Work.”*

(ZEZULKA, Josef. *Přednášky I [Lectures I]*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha, 2014. ISBN 978-80-85238-45-7. p. 122. Available from: <https://www.dub.cz/cs/josef-zezulka-prednasky-i-online-kniha>)



*“The Creative Work is a part of the Podstata in its full quality. It differs from the Podstata only by the fact that it is limited in terms of dimensions and time for us and that it is gradually comprehended in the notion of time. **It began and therefore it has its end as well.** Since it is identical with the Podstata, it contains everything that is in the Podstata. There is unity as well as duality, time as well as timelessness, dimensions as well as no dimensions. Everything is there with its latent duality which manifests itself in rhythm to become unified again. This rhythm is life. It is the same in the Podstata, motionless, but manifested in a regular rhythm within the Creative Work. We may compare it to the rules of breathing. **The eternal Podstata rhythmically develops into a duality to become unified again in the next stage. This inhalation and exhalation of the Podstata is the beginning and the end of the Creative Work.**”*

(ZEZULKA, Josef. *BYTÍ – EXISTENCE – A Philosophy for Life*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha, 2008. ISBN 978-80-85238-30-6. p. 151-152. Available from: <https://www.dub.cz/en/josef-zezulka-byti-existence-a-philosophy-for-life-online-book>)



2.3.4 Scientific opinions in time, making errors is only human

Today sceptics in science call for ‘common sense’. Throughout the history of science, rationally thinking scientists have invoked ‘common sense’, yet knowledge took a different turning regardless of their ‘common sense’. Have we really learned from the mistakes of the past or are we constantly repeating them?

“It has been proven that it is impossible for one to rise or at least remain in the air.”

(Academic Lalande in Journal de Paris, less than a year before the first Montgolfier balloon took off with a human crew, 1782) (1)

“Introducing the railroad would come at the expense of public health. Speeds above 41 kilometres per hour would inevitably cause the passengers concussions and madness and bystanders dizziness and nausea. If the railroad was introduced, it would have to be hidden between two fences as tall as the locomotive and wagons.”

(Bavarian Royal Medical Council, 1837) (1)

“A wise and humane surgeon would never operate on the abdomen, chest or brain.”

(Sir John Eric Ericksen, British surgeon, appointed Expert Surgeon by the Queen, 1873) (1)

“Electricity can never be a practical form of power because the losses in the line are too great. It would be more effective to use rope drives that would run from pulley to pulley so they would stretch for miles across whole regions.” (Osborne Reynolds, eminent engineering technician, 1888) (1)

“We would have to reject a long line of discoveries and bright theories if fire, air, water, and earth were no longer recognized as simple elements.”

(Academic Baumé, inventor of the hydrometer, after Lavoisier's discovery that air was composed of oxygen and nitrogen, 1789) (1)

“The proposal must be rejected primarily because no lamp can of course burn without a wick.”

(The French Academy of Sciences on Phili Lebon's gas light, 1797) (1)

“Luise Pasteur's theory of germs is ridiculous fiction.”

(Pierre Pacht, professor of physiology in v Toulouse, 1872) (1)

“In assessing the value and practical applicability of the invention, the commission must note that it is not likely to be used. It takes a considerable amount of training and constant practice to use it at any kind of speed, and even with such practice one will never be able to achieve the same speed and accuracy as when writing by hand.”

(Two professors invited to the polytechnic institute, where Peter Mitterhofer presented his prototype typewriter to be evaluated by the Ministry of Trade in Vienna, 1866) (1)

“There is no reason anyone would want a computer in their home.”

(Ken Olson, president, founder and director of Digital Equipment Corp., 1977) (1)



“While we can conceive of the possibility of determining their shapes, their sizes, and their motions, we shall never be able by any means to study their chemical composition or their mineralogical structure.”

(Auguste Comte, 1857, on studying stars five years before spectroscopy was invented and applied within astronomy) (1)

“Rocks cannot fall from the skies, therefore they don’t.”

(in 1790, a meteor landed in a field in French Aquitania, later called Barbotan; a local peasant took a piece of it to the French Academy of Sciences to be studied. The academics refused to look at it stating that rocks cannot fall from the sky) (2)

“Space travel is utter bilge.”

(Richard Wooley, British royal astronomer, in 1956, 5 years before the first flight of Jurij Gagarin) (3)

“Anyone who expects a source of power from transformation of these atoms is talking moonshine.”

(Ernest Rutherford, 1871–1937, one of the foremost atomic physicist) (3)

“Light travels faster through water than through empty space.”

(Isaac Newton, 1642–1727, greatest scientist and mathematician of the 17th century) (3)

“I hope you avoid the great mistake called alternating current.”

(Lord Kelvin, 1824–1907, in a letter to the Niagara Falls Hydraulic Power & Manufacturing Company) (3)

“It is apparent to me, that the possibilities of an aeroplane have been exhausted.”

(Thomas Alva Edison, 1847–1931, one of history’s most significant inventors and a holder of more than 1,000 patents) (3)

“Aerial flight is one of that class of problems with which men will never have to cope.”

(Simon Newcomb, 1835–1909, the most significant astronomer of his time) (3)

“I had an idea for a new type of pen that would use a ball instead of a tip. But I figured it would not work, so I dropped it.”

(Chester Carlson, 1906–1968, American inventor of the Xerox photocopier that made him a millionaire) (3)

“I do not think that wireless waves I discovered will have any practical application.”

(Henrich Rudolf Herz, 1857–1894, discovered radio wave transmission) (3)

“Ultra-violet rays have a beneficial effect on our health.”

(Sir J. Arthur Thomson, 1890–1977, professor of natural history at the University of Aberdeen) (3)

“Lister’s antiseptis is theoretically nonsensical and practically impossible.”

(George Bernard Shaw, 1856–1950, English playwright, prose writer and essayist of Irish descent, Nobel Prize winner in Literature in 1925) (3, 4)

“The abolishment of pain in surgery is a chimera. It is absurd to go on seeking it.... Knife and pain are two words in surgery that must forever be associated in the consciousness of the patient.”

(Professor Alfred Velpéau from Paris Faculty of Medicine, 1839) (3)



“Even the largest vehicles with a piston engine will not have a capacity greater than 1,000 cm³ in the future.”

(Professor A. M. Low) (3)

“After I invented an ophthalmoscope, one of my respected surgical colleagues told me he would never use it because it would be too dangerous to shine a light into a sick eye.”

(Hermann von Helmholtz, 1821–1894) (3)

“So-called cosmic radiation does definitely not come from cosmos.”

(William Francis Swann, director of the Franklin institute of physics) (3)

“If the facts which reasoning is based on are wrongly identified or erroneous, the whole reasoning collapses or leads to the wrong conclusion. Therefore it can be said, that the errors of scientific theories arise mostly from incorrect background information.” (TRISTAN BERNARD) (1) I would add that even when the basic information is correct, a wrong assessment and conclusion will sometimes nevertheless occur.

Sources:

- 1 i60.cz. *Několik citátů [Some Quotes]* [online]. 19. 11. 2013 [cit. 2016-07-21]. Available from: <http://www.i60.cz/clanek/detail/6309/nekolikcitatu>
- 2 Wikipedia. *Alternative medicine [Alternativní medicína]* [online]. [cit. 2016-07-21]. http://www.wikiskripta.eu/index.php/Alternativn%C3%AD_medic%C3%ADna
- 3 YOUNGSON, Robert M. *Scientific Blunders, Mistakes and Fallacies [Vědecké omyly, bludy a podvrhy]*. Prague: H&H Vyšehradská s.r.o., 2004. Issue 1. ISBN 80-86022-84-6.
- 4 Wikipedia. *George Bernard Shaw* [online]. [cit. 2016-08-15]. https://cs.wikipedia.org/wiki/George_Bernard_Shaw



3 Josef Zezulka Biotronics – Proven Results

3.1 Clinical Research in Vimperk



Mr J.Z. during his healing of a patient in Vimperk hospital

“Later, the psychoenergetic laboratory of the former Minister of Education, professor Kahuda, was founded. The range of interest of this institute was wide. Many of the research tasks were properly discussed in front of the opposing scientific committee. But let us speak about that later.

In 1982, this institute carried out research in cooperation with the hospital in Vimperk, where the results of Mr J.Z.’s healing were observed in two terms.

Especially, one of the patients healed by Mr J.Z. became the center of attention of the doctors from all the surroundings, even obstetricians came to see him. And they had a good reason to. As you will see from the documentation provided and signed by a doctor from the hospital in Vimperk – Dr Pekárek – and Dr Martínková, who worked for the psychoenergetic laboratory and led the research there, having been authorized to do so by professor Kahuda in person.

According to the documentation, the patient was dying of a stomach tumor. The excretory duct from the large intestine was made for him so that stools could pass from his body. At that time, the patient was already completely exhausted.

Having begun the treatment, the patient started recovering very quickly; he began walking again, the excretory duct closed itself without any operation and stools started passing naturally via the rectum. There is only one expression for this – a miracle. After the first period of treatment, the patient left the ward fully recovered. Only a specialist can judge what a success it was.

The treatment of other Mr J.Z.’ patients also brought remarkable results as you can see from the documentation. Here, you can see some reports from the hospital in Vimperk. We must take into consideration that the results stated there were achieved during a very short period often with diagnosis lasting even for years. From this perspective, these are often remarkable results.”³⁶⁹

³⁶⁹ PFEIFFER, Tomáš. *A Life of Přinašeč (the Bringer)*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha, 30. 3. 2012. ISBN 978-80-85238-76-1. pp. 169-171.



Coksarthrosa 1.sin., ulcus cruris 1.dx.

(The copy of the scanned original - the original follows the text)

The report on the bioenergetic healing in the ward of internal medicine in the Vimperk hospital, planned in the period from 1st March to 14th March 1982

Healer's name:	Josef Zezulka
Patient's name:	Chxxxxxxxxxxxx
Date of birth:	1911
Number of the medical report:	656
Diagnosis:	Coxarthrosis l. sin., ulcus cruris l.dx.
Place of healing:	The ward of internal medicine in the Vimperk hospital
Doctor's name:	Dr Jitka Martinková
Date of healing:	
1) 1st March 1982	8) the research discontinued
2) 2nd March	9) the research discontinued
3) 3rd March	10) the research discontinued
4) 4th March	11) the research discontinued
5) 5th March	12) the research discontinued
6) 6th March	13) the research discontinued
7) 7th March	14) the research discontinued

Healer's signature:

Doctor's signature:



PSYCHOENERGETICKÁ
LABORATOR
Praha 7 - Pábeně
Kotlářská 20
Tel. 274491
PSČ 170 00

**Protokol o bioenergetické léčbě na interním oddělení nemocnice
ve Vimperku, plánované v době od 1.3. do 14.3.1982**

Jméno léčitele: Josef Zezulka
Jméno pacienta: Ch [REDACTED]
Datum narození: 1911
Číslo chorobopisu: 656
Diagnosa: Gokarthrosa l.sin., ulcus cruris l.dx.
Místo výkonu: Interní oddělení nemocnice ve Vimperku
Jméno lékaře: MUDr. Jitka Martínková

Datum výkonu:	1.	1.3.1982	8.	výzkum přerušen
	2.	2.3.	9.	"-
	3.	3.3.	10.	"-
	4.	4.3.	11.	"-
	5.	5.3.	12.	"-
	6.	6.3.	13.	"-
	7.	7.3.	14.	"-

Podpis léčitele:

Podpis lékaře:

Jiřina Prachatice
N.s.P. Vimperk
interní oddělení
MUDr. Jitka Martínková



(The copy of the scanned original - the original follows the text)

Patient: Chxxxxxxxxxxxx

Diagnosis: Coxarthrosis l. sin., ulcus cruris l.dx.

The patient has been suffering from excruciating pains in her joints and in the torpid ulcer on her right shank. She can only walk with the support of two crutches.

On 2nd March 1982, during the first healing, she strongly perceived the warmth from the healer's hands, at night, she slept exceptionally well without an interruption. She had a feeling of an instant relieve from pain, after the first intervention, she was able to walk away with one crutch only. The shank ulcer hurt intensely in the evening, objectively – the bottom of the ulcer had a shape of a crater, without any signs of granulation.

On 3rd March 1982, she fell asleep immediately after healing for about an hour. All over the day, she had considerable pains in her joints both in her upper and lower limbs. The ulcer is also intensively painful. On the bottom of the ulcer, there are new fresh granulations.

On 4th March 1982, she slept very well at night, intensive pains in her joints persist all over the day. The pain in the ulcer is lesser.

On 5th March 1982, her sleep was good, the pains in her joints have relieved significantly. In the ulcer, she felt burning pain, on the bottom of the ulcer, there are new, small granulations, filling the bottom gradually.

On 6th March 1982, she slept deeply both in the afternoon and at night, the ulcer persists painful, she feels pain in her joints only when she is walking. She can walk with only one crutch permanently.

On 7th March 1982, the pains in her joints, which she had even in a relaxed state at the beginning of the healing therapy, have persisted only when she is walking, yet they are significantly lesser. She uses only one crutch to support her walking.

Conclusion: The improvement of the patient's condition is provable and apparent both subjectively and objectively.

Doctors' signatures:



Pacientka: Ch [REDACTED]
Diagnosa: Coksarthrosa l.sin., ulcus cruris l.dx.

Pacientka dlouhodobě trpí úpornými bolestmi v kloubech a v torpidním vředu na pravém bércei. Chodí s pomocí dvou holí.

2.3.1982:

Při první léčbě vnímala dobře teplo z léčitelových rukou, v noci výjimečně dobře spala bez probouzení. Měla pocit okmažitě úlevy v bolesti, po prvním zásahu byla schopna odejít pouze s jednou holí. Bércový vřed silně k večeru bolel, objekt.-spodina vředu kráterovitá, bez známek granulace.

3.3.1982:

Bezprostředně po výkonu usnula asi na hodinu. Celý den má zvýšené bolesti v kloubech ručních i nožních. Bolesti výrazné jsou také v ulcus cruris. Na spodině vředu jsou dnes patrné čerstvé nové granulace.

4.3.1982:

Na dnešek dobře spala, zvýšené bolesti v kloubech přetrvávají po celý den. Ve vředu menší bolestivost.

5.3.1982:

Spánek dobrý, bolesti v kloubech přes den výrazně slabší. Ve vředu pálivá bolest, na spodině vředu drobné nové granulace, vyplňující postupně spodinu.

6.3.1982:

Spánek odpoledne i v noci vydatný, ve vředu přetrvává bolestivost, bolesti v kloubech pouze při chůzi. Chodí již trvale jen s jednou holí.

7.3.1982: Bolesti v kloubech, které na počátku léčby byly i klidové, nyní přetrvávají pouze při chůzi a i tak výrazně slabší. K podpoře chůze používá jedné hole.

Závěr: Zlepšení bioenergetickou léčbou je prokazatelné a patrné subj. i objektivně.

Podpis lékaře:

90
ČINNOST PRACOVNÍKŮ
Národního ústavu
pro léčbu
interní oddělení
Gruhačova



Hypertension II. Ischemic changes of the heart Chronic pancreatitis

(The copy of the scanned original - the original follows the text)

The report on the bioenergetic healing in the ward of internal medicine in the Vimperk hospital, planned in the period from 1st March to 14th March 1982

Healer's name:	Josef Zezulka
Patient's name:	xxxxxxxxxxxxxx
Date of birth:	17 June 1940
Number of the medical report:	602
Diagnosis:	Hypertension II. Ischemic changes of the heart Chronic pancreatitis
Place of healing:	The ward of internal medicine in the Vimperk hospital
Doctor's name:	Dr Jitka Martinková
Date of healing:	
1) 1st March 1982	8) the research discontinued
2) 2nd March	9) the research discontinued
3) 3rd March	10) the research discontinued
4) 4th March	11) the research discontinued
5) 5th March	12) the research discontinued
6) 6th March	13) the research discontinued
7) 7th March	14) the research discontinued
Healer's signature:	Doctor's signature:



**Protokol o bioenergetické léčbě na interním oddělení nemocnice
ve Vimperku, plánované v době od 1.3.1982 do 14.3.1982**

Jméno léčitele: Josef Zezulka
Jméno pacienta: [REDACTED]
Datum narození: 17. 6. 1940
Číslo chorobopisu: 602
Diagnosa: Hypertense II. Ischemické změny
srdeční. Chronická pancreatitis.
Místo výkonu: Interní oddělení nemocnice ve Vimperku
Jméno lékaře: MUDr. Jitka Martínková

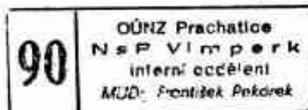
Datum výkonu:	1. 1.3.1982	8. výzkum přerušen
	2. 2.3.	9. -" -
	3. 3.3.	10. -" -
	4. 4.3.	11. -" -
	5. 5.3.	12. -" -
	6. 6.3.	13. -" -
	7. 7.3.	14. -" -

Podpis léčitele:

Josef Zezulka

Podpis lékaře:

Jitka Martínková





(The copy of the scanned original - the original follows the text)

Patient: Fxxxxxxxxxxxxxx

Diagnosis: Hypertension II. Ischemic changes of the heart Chronic pancreatitis

The patient has been complaining about diarrhea and headaches recently.

On 2nd March 1982, during healing, she felt such warmth from the healer that she was sweating, she had pins and needles in her legs. During the healing therapy, she felt very fresh for about three hours, usual pains in her calves disappeared, she was able to walk to the gate.

On 3rd March 1982, she had a headache in the afternoon, she felt tired on the whole, during the healing therapy, she felt warmth again, especially on her chest and on her back.

On 4th March 1982, a headache ceased during the healing therapy, after about three hours, headache returned again. Immediately after today's healing therapy, headache was relieved.

On 5th March 1982, in the afternoon, a headache which had been persisting until that time, was soothed, diarrhea ceased.

On 6th March 1982, the stool became normal, just a slight headache in the morning, she feels fresh and without any problems.

On 7th March 1982, the stool was normal again, no headache, she feels significantly calmer, after yesterday's healing therapy, she had paresthesia in her limbs for about an hour again.

Conclusion: The health problems have been subsiding gradually by the influence of bioenergetic healing.

Doctors' signatures:



Pacientka : F [REDACTED]
Diagnosa: Hypertense II. Ischnické změny srdeční.
Chronická pankreatitis.

Pacientka si stěžuje na průjmy, bolesti hlavy v poslední době.

2.3.1982:

Při léčbě pociťovala tak výrazné teplo léčitele, až se zpotila, měla pocit mravenčení v nohou. Po léčbě se cítila asi 3 hodiny velmi svěží, obvyklé bolesti v lýtkách vymizely, došla k vrátnici.

3.3.1982:

Odpoledne měla bolesti hlavy, cítila se celkově unavená, při léčbě opět vnímala teplo, zvláště na prsou a v zádech.

4.3.1982:

Během léčby bolesti hlavy přestanou, asi po 3 hodinách bolest začíná znovu. Bezprostředně po léčbě dnes bolesti hlavy ^{ne}zůstaly, zůstává pouze zaujatost.

5.3.1982:

Odpoledne se ztišila bolest hlavy, která do té doby přetrvávala, průjem ^{ne}zůstal.

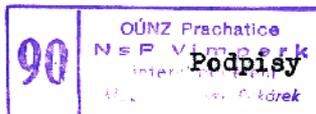
6.3.1982:

Stolice se upravila, bolest hlavy pouze slabá ráno, cítí se svěží bez potíží.

7.3.1982:

Stolice opět normální, bolesti hlavy nepociťuje, cítí se výrazně klidnější, včera po léčbě asi hodinu vnímala opět parestezie v končetinách.

Závěr: Vlivem bioenergetické léčby dochází k pozvolnému ústupu potíží.





Bronchial Asthma, Spastic Bronchitis

(The copy of the scanned original - the original follows the text)

Report on bioenergetic treatment at the internal department of Vimperk hospital, planned from 1 March to 14 March, 1982.

Healer's name:	Josef Zezulka
Patient's name:	xxxxxxxxxxxxxx
Date of birth:	14 December 1956
Number of the medical report:	Treated as an outpatient
Diagnosis:	Bronchial Asthma, Spastic Bronchitis
Place of healing:	The internal medicine ward at Vimperk hospital
Doctor's name:	Dr Jitka Martinková

Date of healing:	
1) 1st March 1982	8) the research discontinued
2) 2nd March	9) the research discontinued
3) 3rd March	10) the research discontinued
4) 4th March	11) the research discontinued
5) 5th March	12) the research discontinued
6) 6th March	13) the research discontinued
7) 7th March	14) the research discontinued

Healer's signature:

Doctor's signature:



**PSYCHOENERGETICKÁ
LABORATOR**
Praha 7 - Eubenež
Komenského 20
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PSC 170 00

**Protokol o bioenergetické léčbě na interním oddělení nemocnice
ve Vimperku, plánované v době od 1.3. do 14.3.1982**

Jméno léčitele: Josef Zezulka
Jméno pacienta: [REDACTED]
Datum narození: 14.12.1956
Číslo chorobopisu: *diagnóza ambulantní*
Diagnosa: Asthma bronchiale, spastická bronchitis
Místo výkonu: Interní odd. nemocnice ve Vimperku
Jméno lékaře: MUDr. Jitka Martínková

Datum výkonu:	1.	1.3.1982	8.	výzkum přerušen
	2.	2.3.	9.	-"-
	3.	3.3.	10.	-"-
	4.	4.3.	11.	-"-
	5.	5.3.	12.	-"-
	6.	6.3.	13.	-"-
	7.	7.3.	14.	-"-

Podpis léčitele:

Josef Zezulka

Podpis lékaře:

Martínková Jitka

90 OÚNZ Prachatice
NáP Vimperk
interní oddělení
MUDr. Jitka Martínková



(The copy of the scanned original - the original follows the text)

Patient: xxxxxxxxxxxxxx
Diagnosis: Bronchial Asthma, Spastic Bronchitis

She has suffered bronchial asthma since she was 2.5 years old. She had no other allergies. Her grandmother and her mother sometimes suffer from hives. The patient has been hospitalized many times for frequent complications and pneumonia. The spa treatment in Kynzsvart did not have any effect. Vaccine treatments did not have any effect either. The patient takes Xantadrillets, CA effervescens, Rhinopront, and often antibiotics. Since the age of 2.5, she has suffered from seizures 3–5 times a month. At the end of December, in the middle of a collapse, she was treated by Mr Zezulka's bioenergy for the first time. After the first intervention, she became very pale and was wheezing for about half an hour before calming down. She then slept for about three hours (unusual for her). Then she woke up she concentrated intensively on drawing; she was calm and did not have any problems or need any medication until the morning.

Mr. Zezulka treated the patient a total of four times in December 1981. The second treatment also without any trouble, she went for a walk, and there were no complications. In addition to the immediate effects, an overall psychosomatic relaxation was noted. The patient did not suffer any further problems until 7 March, 1982, when four of her family members caught the flu. The patient was also infected, and suffered her first seizure following a 2.5-month break.

Conclusion: The beneficial effects of bioenergetic treatment have been demonstrated both subjectively and objectively.

Doctor's signature:



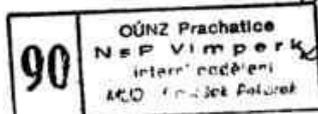
Pacientka: [REDACTED]
Diagnosa: Asthma bronchiale, spastická bronchitis

Asthma bronchiale má od 2 a půl let. Jiné projevy alergie neměla. V rodině babička a matka mívaly občas kopřivky. Pacientka byla mnohokrát hospitalizována, časté komplikace s pneumonií. Prodělala lázeňskou léčbu v Kynžvartě bez efektu. Léčby vakcínou byly rovněž bez efektu. Užívá Xantadrillety, CA effervencens, Rhinopront, často antibiotika. Od dvou a půl let mívala obvykle 1X měsíčně záchvaty trvající 3-5 dnů. Koncem prosince ~~zproneklá~~ uprostřed záchvatu byla prvně léčena bioenergeticky p. Zezulkou. Po prvním zásahu bezprostředně po výkonu silně zbledla, sípala, asi po půl hodině se zklidnila, usnuše asi na 3 hodiny (pro ni netypické), poté se velmi dobře soustředila na kreslení, byla klidná, do rána bez potíží a bez medikamentů.

Celkem byla v prosinci 1981 p. Zezulkou 4 x, podruhé rovněž bez potíží šla i na procházku, komplikace žádné nenastaly. Kromě okamžitého efektu bylo pozorovat uklidnění celkové-somatické i psychické. Pacientka byla bez potíží až do 7.3.82, kdy byla v rodině u 4 členů chřipka, kterou nakonec sama také dostala a objevily se po dvou a půl měsíční přestávce první záchvat.

Závěr: Příznivé působení bioenergetické léčby prokázáno subjektivně i objektivně

Podpis lékaře: 





Ulcerative Colitis

(The copy of the scanned original - the original follows the text)

Report on bioenergetic treatment at the internal department at Vimperk hospital, planned from 1 March to 14 March, 1982.

Healer's name:	Josef Zezulka
Patient's name:	xxxxxxxxxxxxx
Date of birth:	15 June 1951
Number of the medical report:	Treated as an outpatient
Diagnosis:	Ulcerative Colitis
Place of healing:	The internal medicine ward at Vimperk hospital
Doctor's name:	Dr Jitka Martinková

Date of healing:	
1) 1st March 1982	8) the research discontinued
2) 2nd March	9) the research discontinued
3) 3rd March	10) the research discontinued
4) 4th March	11) the research discontinued
5) 5th March	12) the research discontinued
6) 6th March	13) the research discontinued
7) 7th March	14) the research discontinued

Healer's signature:

Doctor's signature:



PSYCHOENERGETICKÁ
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Praha 7 – Pohořelá
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PŠC 170 60

**Protokol o bioenergetické léčbě na interním oddělení nemocnice
ve Vimperku, plánované v době od 1.3. do 14.3.1982**

Jméno léčitele: Josef Zezulka
Jména pacienta: XXXXXXXXXX
Datum narození: 15.6.1951
Číslo chorobopisu: *ambulantní pacientka*
Diagnosa: Collitis ulcerosa
Místo výkonu: Interní oddělení nemocnice ve Vimperku
Jméno lékaře: MUDr. Jitka Martínková

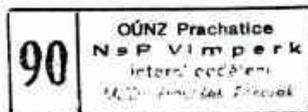
Datum výkonu:	1. 1.3.1982	8. výzkum přerušen
	2. 2.3.	9. -"-
	3. 3.3.	10. -"-
	4. 4.3.	11. -"-
	5. 5.3.	12. -"-
	6. 6.3.	13. -"-
	7. 7.3.	14. -"-

Podpis léčitele:

Josef Zezulka

Podpis lékaře:

MUDr. Jitka Martínková





(The copy of the scanned original - the original follows the text)

Patient: xxxxxxxxxxxxxx
Diagnosis: Ulcerative Colitis

The patient has suffered from severe ulcerative colitis for four years as confirmed by a biopsy.

2 March, 1982: She is currently suffering from constant diarrhoea currently, her legs are swelling, she is very neurotic. She underwent her first bioenergetic treatment today; she was clearly aware of the warmth from the healer's hands during the procedure.

3 March, 1982: After the first treatment, she had spasms in her lower abdomen. The same day the long-lasting diarrhoea ceased. She now feels calmer and more refreshed.

4 March, 1982: The patient is still calm today, no diarrhoea, only severe flatulence.

5 March, 1982: The diarrhoea practically disappeared, she has only a loose stool 3 times a day, as opposed to 6–8 times a day previously. The flatulence has disappeared. She feels refreshed, calm.

6 March, 1982: Status idem. (Condition unchanged)

7 March, 1982: No occurrence of flatulence or diarrhoea throughout the treatment so far. The patient felt much stronger and neurally more stable.

Conclusion: The beneficial effects of bioenergetic treatment have been demonstrated both subjectively and objectively.

Doctor's signature:



Pacientka: [REDACTED]

Diagnosa: Collitis ulcerosa

Pacientka trpí 4 roky těžkou ulcerosní collitidou, potvrzenou i biopticky.

2.3.1982: V současné době má trvalé průjmy, otékají jí nohy, je silně neurotická. Dnes poprvé bioenergeticky léčena, vnímala zřetelně teplo z rukou léčitele při výkonu.

3.3.1982: Po prvním léčení měla křeče v podbřísku, týž den ustal průjem, který do té doby prolongovaně trval. Nyní se cítí klidnější a více svěží.

4.3.1982: Stav se dále klidní, dnes bez průjmů, pouze silná plynatost.

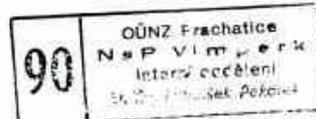
5.3.1982: Průjem prakticky zmizel, má jen řidší stolice 3x denně, dříve 6-8x. Plynatost zmizela. Cítí se svěží, klidná.

6.3.1982: Status idem.

7.3.1982: Plynatost a průjem se po celou dosavadní léčbu neobjevil, cítí se mnohem silnější a nervově více stabilizovaná.

Závěr: Příznivý efekt bioenergetické léčby, subjektivně i objektivně prokazatelný.

Podpis lékaře:





Progressive polyarthritis

(The copy of the scanned original - the original follows the text)

The report on the bioenergetic healing in the ward of internal medicine in the Vimperk hospital, planned in the period from 1st March to 14th March 1982

Healer's name:	Josef Zezulka
Patient's name:	Pxxxxxxxxxxxxx
Date of birth:	4th July 1916
Number of the medical report:	349
Diagnosis:	Progressive polyarthritis
Place of healing:	The ward of internal medicine in the Vimperk hospital
Doctor's name:	Dr Jitka Martinková

Date of healing:	
1) 1st March 1982	8) the research discontinued
2) 2nd March	9) the research discontinued
3) 3rd March	10) the research discontinued
4) 4th March	11) the research discontinued
5) 5th March	12) the research discontinued
6) 6th March	13) the research discontinued
7) 7th March	14) the research discontinued

Healer's signature:

Doctor's signature:



PROFESNÍ KAMAR
SANATOR
Praha 7 - Dubenáš
Kamionická 20
Tel. 376694
PSČ 170 00

**Protokoly o bioenergetické léčbě na interním odd.nemocnice
ve Vimperku v době od 1.3. do 14.3.1982**

Jméno léčitele: Josef Zezulka
Jméno pacienta: P [REDACTED]
Datum narození: 4.7.1916
Číslo chorobopisu: 349
Diagnosa: Polyarthrititis progressiva
Místo výkonu: Interní oddělení nemocnice ve Vimperku
Jméno lékaře: MUDr.Jitka Martínková

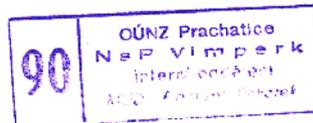
Datum výkonu:	1.	1.3.1982	7.	7.3.1982
	2.	2.3.1982	8.	výzkum přerušen
	3.	3.3.1982	9.	- " -
	4.	4.3.1982	10.	- " -
	5.	5.3.1982	11.	- " -
	6.	6.3.1982	12.	- " -
			13.	- " -
			14.	- " -

Podpis léčitele:

Josef Zezulka

Podpis lékaře:

Martínková Jitka





(The copy of the scanned original - the original follows the text)

Patient: xxxxxxxxxxxxxxxxxxxx

Diagnosis: Progressive polyarthritis

The patient was treated for her disease by pharmacotherapy for a long time, she got injections with gold, was treated by ultrasound without any apparent effect, she moves on a wheelchair or with difficulties on her own, being supported by two crutches.

During the week from 1st February to 7th February 1982, she was healed by Mr Cimbál. During each intervention, she perceived the warmth from the faith healer's hands and felt a temporary relief from pains in her joints of lower limbs, lasting approximately 1-2 hours.

During the week from 1st March to 7th March 1982, she was healed by Mr Zezulka. She came for the first healing with difficulties being supported by crutches. During healing, she perceived the warmth from the healer's hands and an immediate relief from pains in her legs, which was demonstrated by the fact that she was able to walk back to her ward without crutches. At night, she had intense pains in her legs and today she came to her healing session being supported by crutches again.

On 3rd March 1982, she felt warmth again and an immediate relief during healing. In the afternoon, she had slight pain in her lower limbs then at night, she did not have any pains. Today after therapy, she walked without crutches in the doctor's office.

On 4th March 1982, after healing, she walked without crutches freely again, she had the same feelings as the previous day.

On 5th March 1982, after healing, she felt tired in a very enjoyable way, in the afternoon, she slept for about three hours then at night, she slept uninterruptedly again. She felt pains neither during the day, nor at night.

On 6th March 1982 – status idem (the same state)

On 7th March 1982, she had temperature and headache in the evening, in the morning, she had no more problems. The patient walked without crutches in the doctor's office, then went to her ward without crutches as well. She did not have any pains all over the day.

Conclusion: The influence of biotronic healing was significantly positive, provable both subjectively and objectively.

Doctor's signature:



Pacientka [REDACTED]

Diagnosa: Polyarthrititis progressiva

Pacientka byla pro své onemocnění dlouhodobě léčena medikamentosně, injekcemi zlata a ultrazvukem bez výrazného efektu, pohybuje se na pojízdném vozíku nebo s obtížemi s dvěma berlemi.

V týdnu od 2.2. - 7.2.1982 byla bioenergeticky léčena panem Cimbálem. Při každém zásahu vnímala teplo z léčitelových rukou a cítila přechodnou úlevu v bolestech kloubů DK, trvající průměrně 1-2 hodiny.

V týdnu od 1.3.-7.3.1982 léčena bioenergeticky p.Zezulkou. Na první léčbu přichází těžce za pomoci berlí. Při výkonu vnímala teplo z rukou a okamžitou úlevu v bolestech v nohou, což se projevilo tím, že zpátky na pokoj došla bez berlí. V noci měla silné bolesti v nohou, na dnešní léčbu přišla opět s berlemi. (2.3.)

3.3.1982 - opět cítila teplo při léčbě a okamžitou úlevu. Odpoledne slabší bolesti v DK, v noci byla bez bolestí. Dnes po terapii chodí v ordinaci bez berlí.

4.3.1982 - po léčbě chodí opět bez berlí volně, pocity stejné jako minulý den.

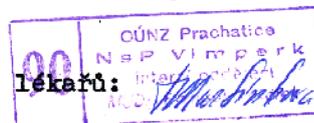
5.3.1982 - po léčbě se cítila velmi příjemně unavená, spala odpoledne asi 3 hodiny, v noci též spala bez přerušování. Bolesti nepociťovala ani přes den, ani v noci.

6.3.1982 - status idem.

7.3.1982 - večer zvýšená teplota, bolest hlavy, ráno už bez obtíží. Pacienta chodí v ordinaci bez berlí, odchází bez nich také na pokoj. Celý den nepociťuje žádné bolesti.

Závěr: Vliv biotronické léčby výrazně pozitivní a prokazatelný subjektivně i objektivně.

Podpis lékaře:





CA ventriculi

(The copy of the scanned original - the original follows the text)

The report on the bioenergetic healing in the ward of internal medicine in the Vimperk hospital, planned in the period from 1st March to 14th March 1982

Healer's name:	Josef Zezulka
Patient's name:	Rxxxxxxxxxx
Date of birth:	31st May 1943
Number of the medical report:	3476
Diagnosis:	CA ventriculi
Place of healing:	the ward of internal medicine in the Vimperk hospital
Doctor's name:	Dr Jitka Martinkova

Date of healing:	
1) 1st March 1982	8) the research discontinued
2) 2nd March	9) the research discontinued
3) 3rd March	10) the research discontinued
4) 4th March	11) the research discontinued
5) 5th March	12) the research discontinued
6) 6th March	13) the research discontinued
7) 7th March	14) the research discontinued

Healer's signature:

Doctor's signature:



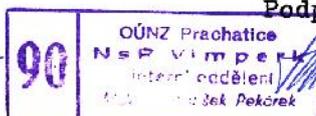
Protokol o bioenergetické léčbě na interním oddělení nemocnice
ve Vimperku, plánované v době od 1.3. do 17.3.1982

Jméno léčitele: Josef Zezulka
 Jméno pacienta: R [REDACTED]
 Datum narození: 31.5.1943
 Číslo chorobopisu: 3446
 Diagnosa: CA ventriculi
 Místo výkonu: Interní odd. nemocnice ve Vimperku
 Jméno lékaře: MUDr. Jitka Martínková

Datum výkonu:	1.	1.3.1982	8.	výzkum přerušen
	2.	2.3.	9.	-"-
	3.	3.3.	10.	-"-
	4.	4.3.	11.	-"-
	5.	5.3.	12.	-"-
	6.	6.3.	13.	-"-
	7.	7.3.	14.	-"-

Podpis léčitele:

Josef Zezulka



Podpis lékaře:

Jitka Martínková



(The copy of the scanned original - the original follows the text)

Patient: Rxxxxxxxxxxxxxx

Diagnosis: CA ventriculi

A stomach carcinoma, the state after colostomy. The patient is exhausted, complains about diarrhoea, stomachache, has not got any appetite, sleeps badly.

The first healing - 28th December 1981. The patient slept calmly after the first healing, on the second day, diarrhoea ceased. He is still very tired. His pains are continuing.

29th December 1981 – diarrhoea is relieved, the patient slept well, in the evening, he felt pressure in the area around the orifice

30th December 1981 – feels hungry for the first time, tiredness is disappearing, his pains are being relieved as well

31st December 1981 – the patient feels overall fresh, tiredness has disappeared, his appetite has improved significantly, his pains are being relieved

1st January 1982 – diarrhoea has ceased completely, the overall state is improving quickly. There are signs of the fast epithelization of the after-operation wound.

3rd January 1982 – the epithelization of the colostomy is continuing quickly, the orifice is practically closed, the stool is leaving the body through rectum again.

3rd January 1982 – subjectively, the patient is without any problems, his tiredness has disappeared, he feels fresh, walks, the colostomy has closed

This series of healing has finished

2nd March 1982 – during two months, the patient's condition deteriorated significantly, the patient is cachectic, he has had strong pains, vomited, was not able to eat, therefore, it was necessary to proceed to a surgery – anastomosis. He perceived radiation during healing, he feels very tired and still has diarrhoea. His appetite is bad.

3rd March 1982 – diarrhea has ceased, he slept well.

4th March 1982 – his appetite is better, the patient had diarrhea after milk.

5th March 1982 – after healing, he felt quite fresh, slept in the afternoon. Diarrhoea has ceased again. The scar in the middle area is partly open. He perceived radiation markedly even through his pyjamas.

6th March 1982 – his appetite is still improving, he feels gradually fresher and fresher

Further healing therapy has been discontinued.

Conclusion: temporary improvement during healing, the definitive evaluation will be given after the end of the therapy.

We should realize what we are reading here – the orifice of colostomy has closed itself without a surgeon's intervention and the intestine which had been cut into two parts has united again!!!



Pacient: R [REDACTED]
Diagnosa: CA ventriculi

Carcinom žaludku, stav po kolostomii. Pacient je velmi malátný, stěžuje si na průjmy, bolesti v oblasti žaludku, nemá chuť k jídlu, špatně spí.

První léčba 28.12.1981. Po první léčbě spal klidně, druhý den přestal průjmem. Je stále velmi unavený. Bolesti trvají.

29.12.1981 - průjem ustupuje, pacient spal dobře, večer po-
ciťoval tlak v oblasti vývodu.

30.12.1981 - dnes poprvé hlásí chuť k jídlu, malátnost mizí,
rovněž potíže bolesti ustupují.

31.12.1981 - pacient celkově se cítí svěží, únavnost zmizela,
chuť k jídlu se výrazně zlepšila, bolesti ustupují.

1.1.1982 - průjem ustoupil, celkový stav se rychle zlepšuje.
Jsou známky rychlé epitheliasace pooperační rány.

2.1.1982 - epitheliasace colostomie rychle pokračuje, vývod
prakticky uzavřen, stolice odchází opět dolem.

3.1.1982 - pacient je subjektivně bez potíží, amlátnost zmizela,
cítí se svěží, chodí, colostomie uzavřena.

Léčba v tomto turnusu skončena.

2.3.1982 - během dvou měsíců došlo k podstatnému zhoršení stavu,
pacient je kachektický, měl silné bolesti, zvracel, nepřijímal
potravu, bylo proto nutno sahnout k dalšímu operačnímu zákroku-
k anastomose. Vnímá záření při léčbě, cítí se velmi malátný,
má stále průjem. Chuť k jídlu špatná.

3.3.1982- průjem ustal, spal dobře.

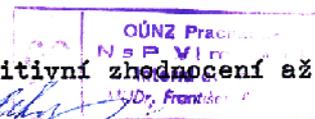
4.3.1982- chuť k jídlu zlepšena, průjem se dnes pã mléce obnovil.

5.3.1982 - po léčbě se cítil poměrně svěží, odpoledne spal. Průjem
opět ustal. Jizva ve střední části otevřena. Záření vnímal zře-
telně i přes pyžamo.

6.3.1982- chuť k jídlu se dále lepší, postupně pociťuje větší svěžest.

Další léčba byla přerušena.

Závěr: přechodné zlepšení během léčby definitivní zhodnocení až
po skončení léčby *J. Zezulka* *M. ...*





Perinatal encephalopathy, DMO

(The copy of the scanned original - the original follows the text)

The report on the bioenergetic healing in the ward of internal medicine in the Vimperk hospital, planned in the period from 1st March to 14th March 1982

Healer's name:	Josef Zezulka
Patient's name:	Vxxxxxxxxxxxx
Date of birth:	22nd January 1971
Number of the medical report:	an outpatient
Diagnosis:	Perinatal encephalopathy, DMO
Place of healing:	The ward of internal medicine in Vimperk hospital
Doctor's name:	Dr Jitka Martinková

Date of healing:	
1) 1st March 1982	8) the research discontinued
2) 2nd March	9) the research discontinued
3) 3rd March	10) the research discontinued
4) 4th March	11) the research discontinued
5) 5th March	12) the research discontinued
6) 6th March	13) the research discontinued
7) 7th March	14) the research discontinued

Healer's signature:

Doctor's signature:



**Protokol o bioenergetické léčbě na interním oddělení nemocnice
ve Vimperku, plánované v době od 1.3.do 14.3.1982**

Jméno léčitele: Josef Zezulka
Jméno pacienta: V [REDACTED]
Datum narození: 22 . 1.1971
Číslo chorobopisu: *ambulantní pacientka*
Diagnosa: Perinatální encefalopatie, DMO.
Místo výkonu: Interní oddělení nemocnice ve Vimperku
Jméno lékaře: MUDr.Jitka Martínková

Datum výkonu:	1.	1.3.1982	8.	výzkum přerušen
	2.	2.3.	9.	-"-
	3.	3.3.	10.	-"-
	4.	4.3.	11.	-"-
	5.	5.3.	12.	-"-
	6.	6.3.	13.	-"-
	7.	7.3.	14.	-"-

Podpis léčitele:

Josef Zezulka

Podpis lékaře:

MUDr. Jitka Martínková





(The copy of the scanned original - the original follows the text)

Patient: Vxxxxxxxxxxxx

Diagnosis: Perinatal encephalopathy, DMO

The patient attends bioenergetic healing in an ambulatory way with her parents. She complains about pains in her knees and hands, rigidity in her limbs, her motor activity is very weak, she is not able to walk without support. She has been healed by the healer altogether five times.

Immediately after the first healing, she feels lesser rigidity in her legs, approx. two hours after healing, she feels very sleepy and falls asleep for a few hours. Generally, she feels more relaxed both mentally and motor-wise.

After the second intervention, she is moving her legs spontaneously, she feels relaxed again and very good on the whole. She perceives the influence of bioenergy during the healing intervention sensitively.

After the fourth healer's intervention in the afternoon, she got dressed herself, walked to the other room without anybody's help, washed the dishes, opened the window and sang. This activity is very unusual for her. Her parents are giving information about this with a great surprise and joy and are evaluating the progress in her recovery, visible both on the child's motor activity and her mental state.

Conclusion: Significant positive influence of bioenergetic healing

Doctors' signatures:



Pacientka: V [REDACTED]
Diagnosa: Perinatální encefalopatie, DMO

Pacientka dochází na bioenergetickou léčbu ambulantně s rodiči. Stěžuje si na bolesti v kolenou a rukou, ztuhlost v končetinách, motoricky je velmi špatná, chůze bez opory prakticky není možná. Je léčitелеm léčena celkem 5 x.

Po první léčbě bezprostředně má pocit menší ztuhlosti v nohou, asi za dvě hodiny po léčbě dostavuje se silná ospalost a na několik hodin usíná. Celkově se cítí uvolněnější psychicky i motoricky.

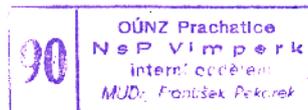
Po druhém zásahu hýbe spontánně nožičkami, cítí se opět uvolněná a celkově velmi dobře. Vnímá citlivě vliv bioenergie při léčebném zásahu.

Po čtvrtém zásahu léčitele odpoledne se sama oblékla, došla bez pomoci do druhé místnosti, umyla nádobí, otevřela okno a zpívala si. Toto je aktivita u nás zcela neobvyklá. Rodiče s velkým překvapením a radostí toto sdělují a hodnotí pokroky léčby, patrně na motorice i psychice dítěte.

Závěr: Velmi výrazně pozitivní ovlivnění vlivem bioenergetické léčby.

Podpisy lékařů:

Markéta S. P.





Chronic bronchitis

(The copy of the scanned original - the original follows the text)

The report on the bioenergetic healing in the ward of internal medicine in the Vimperk hospital, planned in the period from 1st March to 14th March 1982

Healer's name:	Josef Zezulka
Patient's name:	Kxxxxxxxxxxxxx
Date of birth:	18th November 1926
Number of the medical report:	565
Diagnosis:	Chronic bronchitis
Place of healing:	The ward of internal medicine in the Vimperk hospital
Doctor's name:	Dr Jitka Martinkova

Date of healing:	
1) 1st March 1982	8) the research discontinued
2) 2nd March	9) the research discontinued
3) 3rd March	10) the research discontinued
4) 4th March	11) the research discontinued
5) 5th March	12) the research discontinued
6) 6th March	13) the research discontinued
7) 7th March	14) the research discontinued

Healer's signature:

Doctor's signature:



Protokol o bioenergetické léčbě na interním oddělení nemocnice ve Vimperku, plánované v době od 1.3. do 14.3.1982

Jméno léčitele: Josef Zezulka

Jméno pacienta: K [REDACTED]

Datum narození: 18.11.1926

Číslo chorobopisu: 565

Diagnosa: Chronická bronchitida

Místo výkonu: Interní oddělení nemocnice ve Vimperku

Jméno lékaře: MUDr. Jitka Martínková

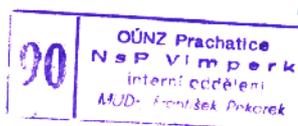
Datum výkonu:	1.	1.3.1982	7.	7.3.1982
	2.	2.3.	8.	výzkum přerušena
	3.	3.3.	9.	- " -
	4.	4.3.	10.	- " -
	5.	5.3.	11.	- " -
	6.	6.3.	12.	- " -
			13.	- " -
			14.	- " -

Podpis léčitele:

Josef Zezulka

Podpis lékaře:

Jitka Martínková





(The copy of the scanned original - the original follows the text)

Patient: Kxxxxxxxxxxxxxxxxxx
Diagnosis: Chronic bronchitis

2nd March 1982:

She came for the healing therapy for the first time, she complained about pressure in her heart area and breathing problems. The patient asked for bioenergetic healing herself, she was accepted beyond the plan.

3rd March 1982:

She felt warmth from the healer's hands and she had pins and needles in her lower limbs. In the afternoon, she had a headache for a while, no other problems.

4th March 1982:

She felt generally fresher and calmer after the therapy. She does not have any problems at the moment.

5th March 1982:

Status idem (the same state)

6th March 1982:

The patient slept immediately after the therapy, in the afternoon and all the night for the first time. She feels fresh, her breathing problems and the pressure in her heart area have disappeared.

7th March 1982:

She slept for 3-4 hours after the healing therapy, in the evening her temperature rose to 37.4 C, during two hours the reaction subsided. However, the patient did not have any problems, any cold, her temperature is ascribed to a reaction to biotronic healing.

Further biotronic healing was made impossible as the research was discontinued.

Preliminary conclusion: A favourable effect of biotronic healing has been proved.

Doctors' signatures:



Pacientka: K [REDACTED]
Diagnosa: Chronická bronchitida

2.3.182:

Dnes poprvé jde na léčbu, stěžuje si na tlaky v srdeční krajině a dýchací potíže. Pacientka si vyžaduje bioenergetickou léčbu sama, přijata mimo plán.

3.3.1982:

Při léčbě pociťovala teplo z léčitelových rukou a měla brnění dolních končetin. Odpoledne chvíli bolest hlavy, jinak bez potíží.

4.3.1982:

Po léčbě se cítí též celkově více svěží a klidná. Potíže nemá nyní žádné.

5.3.1982:

Status idem.

6.3.1982:

Pacientka poprvé spala bezprostředně po léčbě, odpoledne i celou noc vydatně. Cítí se svěží, dýchací potíže i tlak v srdeční krajině vymizely.

7.3.1982:

Po léčbě spala 3-4 hodiny, večer vystoupila teplota na 37,4⁰C, během 2 hodin reakce odezněla. Pacientka žádné potíže ani ve smyslu nachlazení při tom neměla, zvýšení teploty přičítá reakci po bioenergetické léčbě.

Další pokračování v léčbě pro přerušení výzkumu nebylo možné.

Předběžný závěr: Příznivý efekt biotronickou léčbou prokázán.

Podpis lékaře:


90 OÚNZ Prachatice
N s P Vimperk
Interní medicína
MUDr. J. Zezulka



susp. Thyroid carcinoma

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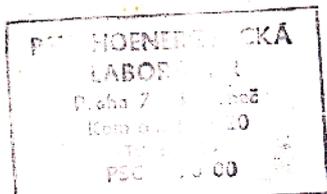
The report on the bioenergetic healing in the ward of internal medicine in Vimperk hospital, planned in the period from 1st March to 14th March 1982

Healer's name:	Josef Zezulka
Patient's name:	Rxxxxxxxxxx
Date of birth:	26th June 1910
Number of the medical report:	680
Diagnosis:	susp. Thyroid carcinoma
Place of healing:	The ward of internal medicine in the Vimperk hospital
Doctor's name:	Dr Jitka Martínková

Date of healing:
1) 5th March 1982
2) 6th March
3) 7th March
4) the research discontinued

Healer's signature:

Doctor's signature:



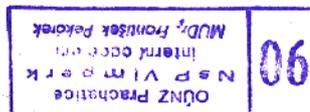
Protokol o bioenergetické léčbě na interním odděl.nemocnice Vimperk,
plánovaná v době od I.3. do I4.3.I982

Jméno léčitele : Josef Zezulka
Jméno pacienta : R [REDACTED]
Datum narození : 26.6.I910
Číslo chorobopisu : 680
Diagnosa : Susp. ca štítné žlázy
Místo výkonu : interní odd.nemocnice ve Vimperku.
Jméno lékaře : MUDr Jitka Martínková

Datum výkonu : I. 5.3.I982
2. 6.3.
3. 7.3.
4. výzkum přerušen

Podpis léčitele :

Podpis lékaře :





(The copy of the scanned original - the original follows the text)

Patient: xxxxxxxxxxxxxxxxxxxx

Diagnosis: susp. Thyroid carcinoma

On 5th March, she perceived healing like a warm radiation. After the healing, it seemed to her as if she had salty saliva.

On 6th March, immediately after the healing therapy, she had a feeling of changed colour vision. She saw the chandelier as if it was red and then she saw red stripes in space in daylight.

On 7th March, yesterday after the healing therapy, she had intense pain in her cervical nodes. She experienced a change of colour vision again after about an hour after the healing therapy. It seemed to her as if she saw red stripes and circles on the ceiling. She is somehow perturbed by this as she had never experienced anything like that.

Conclusion: It is not possible to evaluate the results of the healing therapy for its transience.

The doctors' signatures:

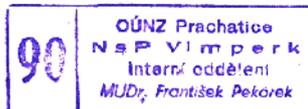


Pacientka: [REDACTED]
Diagnosa : susp.ca štítné žlázy

- 5.3. Vnímala léčbu ja ko tepelné záření Po léčbě měla pocit, že má slané sliny.
- 6.3. Bezprostředně po léčbě měla pocit změněného barevného vnímání. Lustr vnímala ja ko červený a červené pruhy v prostoru -za denního světla.
- 7.3. Včera po léčbě silná bolestivost v krčních uzlinách. Opět změna ba revného vnímání a si I hodinu po léčbě. Na stropě, opět za deního světla, vnímala červené pruhy a kruhy. Je tím poněkud zneklidněna, protože e nikdy se jí nic podobného nepřihodilo.

Závěr : Pro krátkost léčby nelze hodnotit.

Podpis lékařů :





(The copy of the scanned original - the original follows the text)

The report on the bioenergetic healing in the ward of internal medicine in the Vimperk hospital, planned in the period from 1st March to 14th March 1982.

During this period, altogether 20 patients were healed by Mr Josef Zezulka from Prague. The evaluation of the effect of bioenergetic healing after the end of the therapy was conducted by the senior consultant of the ward of internal medicine, Dr Fr. Pekárek and Dr Martínková from the psychoenergetic laboratory who had been observing the therapy all the time. The conclusion of the evaluation is stated at the end of each particular report. The conclusiveness of bioenergetic healing was evaluated on 14 patients. It was not possible to evaluate 2 patients out of the whole number as the results of the therapy were inconclusive. It was not possible to evaluate other 4 patients as the therapy was discontinued prematurely (they had only experienced 2-3 healing interventions).

We had made effort to select patients mainly with psychosomatic illnesses as we had expected that the effect of the therapy should be the most remarkable on them. According to the contemporary knowledge, we had aimed to select a group of patients for observation especially with these diagnoses: asthma bronchiale, ulcus duodeni or ventriculi, rheumatism and malignant tumours. Unfortunately, the composition of the patients in the ward had not contained a sufficient number of these diagnoses and therefore, we had had to include also patients with other diseases in this group. We had not expected an unambiguous effect with those other illnesses, e. g. cardiac diseases, hypertension.

Despite not being allowed to process a sufficient, planned group of patients, observed for a sufficiently long period, despite the fact that the patients had been healed for merely a half of the planned period, despite all these extremely unfavourable conditions, the results of most of the cases were provable and it was possible to evaluate them, comparatively to the particular opportunities and time which had been allotted to us, naturally.

In the course of the observation of healing interactions, we observed a strong, usually, one-off reaction after the first interventions in a form of heavy sleep immediately or a few hours after the end of the therapy. Otherwise, a very significant temporary aggravation of the current problems arose, or, on the contrary, a sudden relief came. Sporadically, temperatures were observed and these dropped spontaneously within two or three hours. If such reactions developed, they always signaled patient's high responsiveness to bioenergetic healing and in most of the cases, the results of the therapy were relatively greater.

Besides the observation of the patient's clinical state, simultaneously, the urine examination was being conducted by the method of Dr Dolejší's palmetto test, in which we observed the changes of biochemical indicators in urine, according to the diagnosis and also in dependence on the healer's bioenergetic intervention. The analysis of the results can be seen in the enclosure.

Furthermore, blood tests in the solution of CuC₂ were carried out: the blood of the patients who had not been healed by the bioenergetic method yet usually formed a radial, closed structure which changed its character after a bioenergetic intervention in such a way that the structures became rougher, they had a felly structure and the continuity of the diagram was either completely disintegrated or opened on one or more places of the circumference. The circular structure sometimes completely disappeared until only separated felly figures, forming strange diagrams, stayed. The changes in the structures of blood were so striking and interesting that we can recommend further observation and development of this method. Unfortunately, only a part of the photographic documentation can be evaluated because of technical imperfections. Similarly,



the observation of FW in the patients' blood samples showed very interesting results when one group of samples had been left aside for juxtaposition and the second group (in vitro) had been influenced by the healer. A few cases demonstrated the difference of 20 or even more than 40 points in the value between the influenced blood and the normal blood. However, the performance of this method struggled with big technical problems. Firstly, only one sedimentation device was at our disposal in the ward. Secondly, this led to difficulties with storing the blood samples from the two groups completely separately, which was not possible. For these reasons and also for a lack of time, it was not possible to carry out a greater number of the experiments. However, these one-off experiments led to surprising and promising findings which are worth consideration and further verification in favourable conditions.

I am presenting this brief report not at the end of the research, as I had hoped I would do so, but at its very beginning. Under such circumstances, one cannot claim the right to give a general opinion or a conclusion, naturally. After all, in similar situations, there is nothing to present. If I present it despite this fact, I do so, in strong conviction and knowledge that bioenergy does exist and heal. I wish these proves, notes and suggestions were used as inspiration by people who will, in more positive and more enlightened conditions, undoubtedly, in the near future, take charge of the task to study this energy, which is a gift of life and rightfulness in man, independently, without prejudice, with goodwill and a pure heart and uplift it to a place which it deserves, how the Czech poet and philosopher, Otakar Březina says:

"And slowly comes the time when man is approaching his greatest discovery in this world – his own body, his hidden abilities and possibilities."

In Prague, on the 23rd March 1982

Dr Jitka Martínková



Zpráva o bioenergetické léčbě na interním oddělení nemocnice
ve Vimperku v plánovaných termínech od 27.12.1981 do 3.1.1982
a 1.3. až 15.3.1982

V této době bylo na interním odd. léčeno bioenergeticky
léčitelem panem Josefem Zezulkou z Prahy celkem 20 pacientů.
Hodnocení efektu bioenergetického léčení bylo po skončení
léčby provedeno primářem interního odd. MUDr.Fr.Pekárkem
a MUDr.Martínkovou z PEL, kteří tuto léčbu po celou dobu sle-
dovali. Závěr hodnocení je zapsán na konci každého jednotli-
vého protokolu o léčbě. Průkaznost bioenergetického působení
byla hodnocena u 14 pacientů; 2 pacienti z celkového počtu
nebyli hodnotitelní pro neprůkazné výsledky léčby samé,
další 4 nebylo možno hodnotit z důvodu předčasného přerušeni
léčby (měli pouze 2-3 zásahy).

Naší snahou bylo vybrat pacienty především s psychoso-
matickými chorobami, u kterých jsme předpokládali, že efekty
léčby by měly být nejvýraznější. Dle dosavadních poznatků
jsme chtěli vybrat ke sledování soubor pacientů, u kterých
by byly především tyto diagnózy: asthma bronchiale, ulcus
duodeni či ventriculi, revmatismus a maligní nádory. Bohužel
skladba pacientů na oddělení v této době neobsahovala dosta-
tečný počet těchto nemocných a proto jsme byli nuceni zařadit
do sledovaného souboru i pacienty s chorobami, u kterých jsme
jednoznačný efekt nepředpokládali - např.:kardiaky, hyper-

toniky. Přesto, že nám nebylo umožněno zpracovat
dostatečný plánovaný soubor pacientů sledovaných dostatečně
dlouhou dobu a přestože pacienti v tomto období byli léčeni
sotva polovinu plánované doby, zůstává skutečností, že i za
těchto krajně nepříznivých podmínek výsledky ve většině pří-
padů prokazatelné a hodnotitelné byly, samozřejmě poměrně
ke konkrétním možnostem a času, které nám byly určeny.



- 2 -

V průběhu sledování léčitelských zásahů jsme u některých pacientů pozorovali silnou zpravidla jednorázovou reakci po prvních zákrocích ve formě hlubokého spánku bezprostředně nebo po několika hodinách po skončení léčby. Jindy nastalo velmi výrazné přechodné zhoršení stávajících potíží nebo naopak okamžitá silná úleva. Ojediněle byly pozorovány i zvýšené teploty, spontánně odeznívající během dvou až třech hodin. Vždy pokud se takovéto reakce dostavily, signalizovaly zvýšenou vnímavost pacienta na bioenergetickou léčbu a zpravidla výsledky léčby pak byly úměrně větší.

Vedle sledování klinického stavu pacienta bylo u nemocných souběžně prováděno vyšetření moče metodou palmitového testu doc.Dolejšího, kdy jsme sledovali změny biochemických ukazatelů v moči dle diagnózy a také v závislosti na bioenergetickém působení léčitele. Rozbor výsledků-viz příloha.

Dále byly dělány zkoušky krve v roztoku CuCl_2 , které u pacientů dosud neléčených bioenergeticky tvořily zpravidla rovnoměrně paprscitou uzavřenou strukturu, která po bioenergetickém zásahu nabývala jiného charakteru v tom smyslu, že struktury se stávaly hrubšími, loukořovitého tvaru a kontinuita obrazce byla rozrušena buď celá nebo otevřena buď na jednom nebo více místech obvodu. Někdy kruhová struktura úplně vymizela a zůstávaly pouze ojedinělé loukořovité útvary tvořící až bizarní obrazce. Změny struktury krve byly natolik nápadné a zajímavé, že lze doporučit další sledování a rozvíjení této metodiky. Fotografická dokumentace k tomu účelu dělaná je vlivem technických nedokonalostí bohužel hodnotitelná jen z velmi malé části. Rovněž sledování FW nabíraných u pacientů dvojmo-jedna sada ponechána pro kontrolu a druhá in vitro ovlivněna léčitelem ukázala v některých případech velmi zajímavé výsledky.



- 3 -

U několika případů dosahoval rozdíl hodnoty mezi ovlivněnou a neovlivněnou krví 20 - někdy až 40 i více dílků. Provádění této metody naráželo však na velké technické potíže. Především byl k dispozici jen jediný sedimentační přístroj na oddělení a tím dán též i problém odstínění neovlivněné krve v těsném sousedství působení léčitele na krev ovlivňovanou. Z těchto důvodů i z důvodu časové tísně nebylo v naší moci provést žádoucí větší množství těchto pokusů. Ale i tyto dosud ojedinělé pokusy vedly k překvapivým a nadějným zjištěním vhodným k zamýšlení a dalšímu ověřování v příznivých podmínkách pokusů.

Tuto otručnou zprávu předkládám nikoliv na konci tohoto výzkumu, jak jsem věřila, že nám bude umožněno, ale jsem nucena ji podat na samém jeho prahu. Za těchto okolností si přirozeně nemůže dělat nárok na jakýkoliv zobecňující názor či závěr. Vždyť sa podobné situace obvykle není co předkládat. Nestliže přesto toto předkládám, činím tak v hlubokém přesvědčení a poznání toho, že bioenergie existuje a léčí. Nechť tyto důkazy, poznámky a náměty slouží jako inspirace těm, kteří v pozitivnějších a osvětenějších podmínkách nepochybně v nedalší budoucnosti se ujmou úkolu, aby tuto energii, která je věnem života a zákonitosti v člověku, svobodně a nepředpojatě, s dobrou vůlí a čistým srdcem zkoumali a pozvedli na místo, které jí náleží v tom smyslu, o kterém mluví český básník a filosof Otakar Březina, když praví:

" A pomalu přichází doba, kdy člověk se blíží k největšímu svému objevu na této zemi - svému tělu. Jeho skrytým schopnostem a možnostem."

V Praze dne 23.března 1982

MUDr. Jitka Martinková

Source: PFEIFFER, Tomáš. *The Life of Přinašeč - a Bringer*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha, 30 March 2012. 978-80-85238-76-1. Available from: <https://www.dub.cz/en/tomas-pfeiffer-a-life-of-prinasec-the-bringer-online-book>

SANATOR – the Union of Biotronicists of Josef Zezulka. *Reports from the Biotronics Research Carried Out in Vimperk Hospital* [online]. [cit. 2016-03-30]. <http://www.dub.cz/en/biotronics-josef-zezulka.php>



3.2 Statements from Medical and Scientific Authorities

The statement of the then Chairman of the Academy Of Science – Jaroslav Kožešník

(The copy of the scanned original - the original follows the text)

The chairman of the Czechoslovak Academy of Science

The comrade Josef Zezulka, domiciled Prague 5 – Smíchov, 25, J. Plachty Street is involved in a new scientific branch – bioenergetical therapy, which is rather rare in our republic.

In the person of Josef Zezulka, we see a very competent and successful researcher. Further development of his experimental activity, which serves to the interest of the public, requires the creation of suitable conditions for his work.

Academician Jaroslav Kožešník

In Prague, 4th January 1973



**PŘEDSEDA
ČESKOSLOVENSKÉ AKADEMIE VĚD**

Soudruh Jo sef Z e z u l k a , bytem Praha 5-Smíchov,
J.Plachty čp. 25, se zabývá novým vědním oborem - bioenergotherapií,
svého druhu v naší republice dosti ojedinělým.

V osobě s. Jo sefa Zezulky spatřujeme velmi schopného
v tomto směru úspěšného výzkumného pracovníka. Další rozvoj
jeho experimentální činnosti, která slouží zájmům veřejnosti vyža-
duje, aby mu byly vytvořeny také odpovídající pracovní podmínky.



myta
Akademik Jaroslav Kožešník

V Praze dne 4.ledna 1973



Recommendation of the Coordination group

PhDr. Zdeněk Rejdák, Doc. Dr. Jaroslav Suchý, CSc, Doc. Dr. Jiří Cvekl, CSc

Unfortunately, during all his life, Mr J.Z. did not manage, to our loss, to create the conditions for his activities.

(The copy of the scanned original - the original follows the text)

In Prague, 31st March 1969

Recommendation

The members of the Coordination group for research of psychotronics, whose signatures can be seen underneath, have been observing the activities of Mr Josef Zezulka for a long time. Based on the results achieved so far, they have reached the conclusion that his extraordinary abilities should become the subject of systematic serious scientific research. Mr Zezulka is able to develop a certain kind of interpersonal interaction by touch or at distance and this way, he is able to influence some conditions favourably, in some cases, he is able to reverse them completely without interfering disturbingly into the therapy conducted by the doctor (please, see the copies of some statements).

It is vitally important for further objective research that a great number of documents required for scientific evaluation are collected.

Therefore, we recommend that it is enabled Mr Zezulka to be fully involved in this activity which he has been performing beneficently among his acquaintances so far.

We are interceding on behalf of Mr Zezulka as he approaches his activities with requisite seriousness, openness and responsibility, he is one of few people who are able to establish the interpersonal interaction, mentioned above, and there is also an opportunity to teach other people with similar abilities in the future. The support of his effort pursues the interest of further development of scientific research of human qualities, which have not been studied yet, and also the interest in health of people, who could be helped this way.

Dr Zdeněk Rejdák, Social psychology
Associate professor Jaroslav Suchý, Antropology
Associate professor Jiří Cvekl, Philosophy



V Praze dne 31. března 1969.

D o p o r u č e n í

Podepsaní členové Koordinační skupiny pro výzkum problematiky psychotroniky sledují již delší čas činnost pana Josefa Z e z u l k y ; na základě dosud dosažených výsledků dospěli k závěru, že jeho mimořádné schopnosti by se měly stát předmětem soustavného vážného vědeckého bádání. Jmenovaný je schopen dotykově nebo i na vzdálenost vyvolávat určitý druh meziosobní interakce, a tak příznivě ovlivňovat průběh některých onemocnění, případně je likvidovat, anáž by při tom rušivě zasahoval do terapie prováděné lékařem (viz opisy některých vyjádření).

Pro další objektivní výzkum je nezbytně nutné, aby byl shromážděn velký počet dokladů, potřebných k vědeckému zhodnocení. Doporučujeme proto, aby jmenovanému bylo umožněno cele se věnovat této činnosti, kterou zatím provozuje charitativně jen v okruhu svých známých.

Přimlouváme se za to proto, že pan. J. Zezulka přistupuje ke své činnosti s potřebnou vážností, otevřeností a odpovědností, je jedním z mála lidí, schopných navazovat výše zmíněnou meziosobní interakci a pro budoucnost se ukazuje, že by zde byla i možnost výchovy dalších osob s obdobnými schopnostmi. Podpora jeho snah je tedy v zájmu dalšího rozvoje vědeckého poznání dosud neprobádaných vlastností člověka i v zájmu lidského zdraví osob, kterým by touto cestou mohlo být pomoheno.

PhDr. Zdeněk Rejčák,
sociální psychologie

Dr. Zdeněk Rejčák
Doc. Dr. Jiří Cvekl, CSc
filosofie

Jiří Cvekl

Doc. dr. Jaroslav Suchý, CSc
antropologie

Jaroslav Suchý



Recommendations in support of Biotronics research
Associate Professor, Doctor Jaroslav Suchý, The deputy to the Dean for Scientific Studies,
The Pedagogical Faculty of Charles University in Prague, 14th June 1971

(The copy of the scanned original - the original follows the text)

The Pedagogical Faculty of Charles University in Prague
Prague 1 – Nové Město, 4, M. D Rettigové
Telephone 228-751-9,
for long-distance connections 228-750

Number: 4220 In Prague, 14th June 1971
Concern: Recommendation

On 3rd May this year, the Rector's Office of Charles University turned to the local faculty with the letter n. 3409/71/Sh-E II/3 referring to the letter from the Associate Professor, doctor V. M. Iňušin, the Head of the section of Bioenergetics in the Kazakh Soviet Republic, asking us to help our researchers organize cooperation in this branch.

Josef Zezulka, an experimenter in the field of bioenergetic therapy, is a member of the Czechoslovak scientific researching team. Therefore, I recommend that the appropriate ONV (Regional National Committee) takes the fact into account and confers the right to be allocated a study on Mr Zezulka, a researcher. Furthermore, I ask employees of other institutions to support his activities, if possible.

Associate Professor, Doctor Jaroslav Suchý
The deputy to the Dean for Scientific Studies



PEDAGOGICKÁ FAKULTA UNIVERSITY KARLOVY V PRAZE

Praha 1-Nové Město, M. D. Rettigové 4
telefon 228-751 – 9, pro meziměstský styk 228-750

Čís. skart.: 4220
Věc: Doporučení
Přílohy:

V Praze dne 14. června 1971

Rektorát university Karlovy obrátil se dne 3. května tr na zdejší fakultu přípisem č. 3409/71/Sh-E II/3 a s odvoláním na dopis doc. dr. V. M. Injušina, vedoucího sekce BIOENERGETIKA v Kazašské SSR nás žádá, abychom byli nápomocni našim badatelům v tomto oboru při organizaci spolupráce.

Členem československého vědecko-výzkumného týmu je Josef Zezulka, experimentátor v oboru bioenergoterapie. Doporučuji proto, aby příslušný ONV vzal tuto skutečnost v úvahu a přiznal jmenovanému právo na pracovní místo jako vědeckému pracovníkovi. Zároveň žádám pracovníky jiných institucí, aby podle svých možností jeho činnost podporovali.

Doc. RNDr. Jaroslav Suchý CSc.
proděkan pro vědeckou práci

© Tomáš Pfeiffer



Experiments conducted at the Institute for Higher Nervous Activity in the late 60s and early 70s (treatment testimonial – pulmonary metastases), MUDr. Jarmila Chládková

(The copy of the scanned original - the original follows the text)

Experiments with Josef Zezulka Biotronics at the Institute for Higher Nervous Activity,
late 60s and early 70s.

Fikar MD took part in an experiment with transmit biotronic energy. Mr. Zezulka was located in a room with leaded walls that not even X-ray radiation could not penetrate. Through a small window, Mr Zezulka gestured to another doctor as he started to transmit his energy. A patient in a separate room was connected to an electroencephalograph. Whenever Mr. Zezulka concentrated, the encephalograph showed a deflection. This experiment shows that this energy force can penetrate any matter.

I read a beautiful letter that Mr. Zezulka had received from a lady ... At that point, the lady was living in America and in her letter she thanked Mr. Zezulka for the biotronic help he had sent to her in America and which she had clearly registered. This has shows that biotronic energy can be targeted at any distance.

At the Vinohrady hospital, the X-ray examination – confirmed by Mr. Lochar MD – proved that lung metastases disappeared following Mr. Zezulka's healing. Unfortunately, further attempts were forbidden by communist cadres.

This energy acts through the central nervous system, affecting the smooth muscles, which helps to dilate the capillaries in the affected area. The skin then reddens, for example as the bronchi branches that are inflamed become visible.

There is no doubt that Biotronics is a field that has a beneficial effect on a number of diseases. It should therefore be respected alongside medical disciplines.

In any case, Biotronics cannot harm anyone. Therefore, there is also no reason why it could not be included among other paramedics disciplines, such as homeopathy, acupuncture, etc.

Jarmila Chládková MD
Na Šafráce 41
Prague 10



Pokusy s biotronikem p. Jos. Zezulkou
v ústavu pro vyšší nervovou činnost, koncem
60-tých a začátkem 70-tých let.

Pokusy s přenosem biotronické energie prováděl tehdy MUDr. Fikar. P. Zezulka byl umístěn do místnosti odstíněné olovnatými stěnami, které nepropouští rtg. záření. Malým okénkem byl sledován lékařem, který sledoval, kdy mu dá p. Zezulka pokyn, že začíná vysílat energii. V odlehle místnosti byl napojen na elektroencefalograf pacient. Kdykoliv se p. Zezulka soustředil, ukázal encephalograf výchylku. Tímto pokusem bylo dokázáno, že tato energetická síla proniká jakoukoliv hmotou.

Četla jsem krásný dopis, který dostal p. Zezulka od pí. [redacted], která tehdy bydlela v Americe a děkovala tímto dopisem za biotronickou pomoc, kterou vyslal p. Zezulka za ní do Ameriky, a kterou ona jasně zaregistrovala. Tím bylo dokázáno, že biotronická energie může být cíleně přenášena na jakoukoliv vzdálenost.

Ve vinohradské nemocnici bylo rtg. vyšetřením potvrzeno vymizení plicních metastaz po léčení u p. Zezulky panem MUDr. Lochařem. Žel, že tehdy další pokusy byly komunistickými kádry zakázány.

Tato energie působí přes centrální nervový systém, ovlivňuje hladké svalstvo, pomocí jehož dochází k dilataci kapilár v postižené oblasti. Toto se projeví sčervenáním kůže, na př. zobrazením rozvětvení průdušek při jejich zánětu.

Není pochyb o tom, že biotronika je obor, který působí blahodárně na řadu onemocnění a proto by jí mělo být dáváno důstojné místo po boku lékařských oborů.

V žádném případě však nemůže biotronika nikomu ublížit. Proto též není důvodu, proč by nemohla být alespoň zařazena mezi další paramedicinské obory, jako je homeopatie, akupunktura a pod.

Mudr. Jarmila Chládková
Na Šafránce 41
Praha 10.



MUDr. Lubomír Oliva (oncologist)

(Transcript from the film Hidden Healer³⁷⁰)

“In the beginning of our interest in healing there was our personal experience with Mr. Josef Zezulka, an outstanding Prague healer. Our experience was highly positive. A patient suffering from **cancer in the stage of generalisation, was healed. It happened almost eighteen years ago. We had two more similar experiences with Mr. Josef Zezulka. There were two people with cancer. Both of them were healed. This happened ten years ago in both cases.**

I met Mr. Zezulka personally; he made a very good impression on me because, while being a layman, he was able to discuss things with me as if he were one of my colleagues. He had mastered our medical terminology. He was also educated in philosophy and is the creator of a very interesting philosophical system which attracts me very much, but I do not have enough strength and persistence to apply it in my own life. Otherwise I can vouch for the fact that he used to follow our professional journals to an extent that surprised and even confused me. He was aware of such acute problems that I was sometimes unable to follow him. For example, I visited him when I still wasn't aware of AIDS. But he already knew about it and so I naturally pretended that I knew as well. So we had a conversation about this topic. I felt rather uncomfortable – only half a year later the first information about this disease came out in one of the professional journals.”



³⁷⁰ BIOVID. *The film titled Hidden Healer* [online]. 2009 [cit. 2016-03-30]. Available from: <https://www.dub.cz/en/hidden-healer-video>



3.3 Medical Confirmations of Realized Biotronic Interventions and Their Effects

(The copy of the scanned original - the original follows the text)

**Treatment Testimonial – The lung tumorous process (patient, aged 77)
Prof. MUDr VI. Hlaváček, Chief of ENT department at Královské Vinohrady University
Hospital, The Faculty Hospital in Prague 10 – Vinohrady, 16th September 1967**

The Institute of National Health of the Capital City of Prague
The Faculty Hospital in Prague 10 – Vinohrady, Škrobárova 50, tel. number 923941-8

Report on request of Mr Josef Zezulka
Prague – Smíchov, 25 J. Plachty Street

Medical report

Mr Vxxxxxxxxxxx, born on 12th September 1889, living in Prague 10, 41 Na Šafránce Street, was examined at the radiologic clinic in Prague 10 on 9th and 17th November 1966. Two globular shadows of the sizes of 3 x 5 cm and 2 x 2 cm were discovered paracardiacly on the left upper lung area paracardialis. Suspicion fell on the lung tumorous process. Considering his old age, the patient was not sent to the bronchoscopic examination and the probing excision. He was neither treated by irradiation, operated nor treated by cytostatics. He regularly saw Mr Zezulka for healing on his own request. The patient neither lost weight nor clinical signs of tumor disease appeared. The X-ray examination from 14th September 1967 proved that his lungs were practically clean. This auspicious case deserves that the results of Mr Zezulka's healing process should be scientifically investigated.



ÚSTAV NÁRODNÍHO ZDRAVÍ NV HLAVNÍHO MĚSTA PRAHY

Fakultní nemocnice Praha 10 - Vinohrady, ŠROBÁROVA 50 - TELEF. 923941-8

Vystaveno na žádost
p. Josefa Zezulky, Praha-Smíchov
ul. J. Plachty č. 25.

Váš dopis značky / ze dne

Naše značka

Vyřizuje / linka

V Praze dne 26. září 1967

Věc:

L é k a ř s k á z p r á v a .

..., narozený 1889, bytem v Praze
, byl vyšetřen na radiologické klinice v Praze 10
dne 9. a 17. listopadu 1966. Byly zjištěny parakardiálně vlevo
v dolním plicním poli dva kulovité stíny velikosti 3x5 cm a
nižší 2x2 cm. Bylo vysloveno podezření na plicní nádorový pro-
ces. Vzhledem k vysokému věku nebyl nemocný podroben broncho-
skopickému vyšetření a probatorní excisi. Nebyl léčen ani oza-
řováním, ani operativně, ani cytostatiky, docházel na vlastní přá-
ní na léčení k p. Zezulkovi. Pacient nezhubl, ani se neobjevily
klinicky známky nádorového onemocnění. Při rtg. kontrole 14. IX 1967
byla pole plicní prakticky čistá.
Tento příznivý případ zasluhuje, aby byl ověřeny výsledky léčby p. Zezulkou.

Ústav národního zdraví NV hl. m. Prahy
Fakultní nemocnice v Praze 10
Vinohrady, Šrobárova 50
Klinika pro nemoci štít. žlázy, kůže, krtků
Přednost: Prof. MUDr. V. Hlaváček

ST 21 - s-66 - 0581

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(The copy of the scanned original - the original follows the text)

Treatment Testimonial – Malignant lymphogranuloma, left lung tumor infiltration with large metastases (patient, aged 76)

Professor, Doctor Vladimír Chládek, Dr Sc., Oto-laryngological clinic of the Hygienic Faculty in Prague 10, 10th April 1969

Confirmation

In reaction to the certificate issued by the team of members of the coordinating group for research of psychotronics, signed by the associate professor Dr J. Suchý, Z. Rajdák, a doctor of philosophy and the associate professor, doctor J. Cvekl, I can give my own observations which report on the positive influence of Mr Josef Zezulka on patients' diseases, which was performed by a particular kind of personal interaction:

The first patient was treated at an aural clinic in Prague 10 in the fifties with a histologically proved diagnosis of malignant lymphogranuloma (Hodkin), affecting the nodes along her larynx and trachea. It was necessary to conduct an operation opening her trachea. Despite having been operated, the patient continued having serious breathlessness resulting from the compression of the trachea. After Mr Zezulka's healing, breathlessness disappeared, it was possible to discharge the patient to homecare and she lived with this serious illness for the following 7-8 years.

The second observation concerns a member of my family. A patient, aged 76, was diagnosed by an X-ray examination with a tumorous penetration on his left lung in a form of two globular shadows, the first one of a size of a mandarin, the second one slightly smaller with extensive metastasis in mediastinal nodes. Considering the patient's age and his heart badly damaged by heart attacks, it was not possible to indicate an operation. After Mr Zezulka's healing the tumorous penetration in his lungs diminished substantially to the size of a nut according to the next X-ray examination and the patient felt quite good, giving normal performance for about 2 years and a half. Later, the tumour enlarged again, the left vocal cord became paralysed and the patient died 3 years after the discovery of the illness without obtrusive breathlessness having only small pains. After his death, cancer was proved histologically. This kind of tumour usually leads to the patient's death within 1 year after the X-ray diagnosis.

Based on the reported observations, I fully support the recommendation of the members of the Coordination group for research of psychotronics.

In Prague, 10th April 1969

Professor, Doctor Vladimír Chládek, Dr Sc.
Oto-laryngological clinic of the Hygienic Faculty in Prague 10



P o t v r z e n í .

K dobrozdání kolektivu pracovníků koordinační skupiny pro výzkum problematiky psychotroniky, podepsané doc. Dr. J. S u c h ý m , Csc., Ph. Dr. Z. R a j d á k e m a doc. Dr. J. C v e k l e m mohu uvést vlastní pozorování, která dokumentují příznivý vliv pana Josefa Z e z u l k y na chorobné stavy nemocných působením určitého druhu osobní interakce:

První nemocná byla ošetřována na ušní klinice v padesátých letech v Praze 10 s histologicky ověřenou diagnosou lymfogangliom maligní /Hodkin/ s postižením uzlin podél hrtanu a průdušnice. U jmenované pacientky bylo nutno operativně otevřít průdušnici. Přesto však trvala těžká dušnost z komprese průdušnice. Po zásahu p. Zezulky dušnost zcela vymizela, nemocná mohla být propuštěna do domácího ošetřování a žila s tímto těžkým onemocněním ještě 7-8 let.

Druhé pozorování se týká člena mé rodiny. Nemocný ve věku 76 let měl zjištěn roentgenologicky nádorový infiltrát levé plic ve formě dvou kulovitých stínů, jeden velikosti mandarinky, druhý o něco menší s rozsáhlými metastázami v mediastinálních uzlinách. Vzhledem k věku a těžkému poškození srdce infarkty nebylo možno indikovat operativní léčbu. Po zásahu p. Zezulky se infiltrát v plicích při rtg kontrole podstatně zmenšil na velikost lískového oříšku a pacient se cítil po dobu asi 2 1/2 roku celkem dobře s normální výkonností. Později se nádor opět zvětšil, ochrnula levá hlasivka a pacient bez nápadnější dušnosti a jen s malými bolestmi umírá vcelku za 3 roky od objevení nemoci pod štítem. Histologicky byla ověřena po smrti rakovina. Tento druh nádoru zpravidla vede k úmrtí do 1 roku od roentgenologické diagnózy.

Na základě uvedených pozorování se plně stavím za doporučení členů Koordinační skupiny pro výzkum psychotroniky V Praze dne 10. dubna 1969.

Chládek
Prof. Dr. Vladimír Chládek, Dr. Sc.
oto-laryngologická klinika
fakulty hygienické v Praze 10



(The copy of the scanned original - the original follows the text)

Treatment Testimonial – Breast cancer

Copy

On 3rd May 1966, I had an ambulatory surgery in hospital Na Františku, conducted by Dr Livora who removed a tumor of the size of a bean from my left breast.

A week later, after the removal of the sutures, I discovered another new tumor which was growing rapidly. The histologic finding indicated another operation – ablation of the left breast without delay.

On 22nd May 1966, I visited Mr J. Z when the tumor was already approximately 6 cm big. After his first healing I felt generally better and the feeling of vigour started growing gradually.

Mr Zezulka called smoking, coffee, cocoa, all scorched and fried food and all kinds of smoked meat as feeding ground for expansion of cancer and asked me to avoid these completely.

During five meetings the tumor diminished to the size of a pea.

Dr Livora, consequently after the change which was against all rules, wanted to avoid ablation, however, he asked the head doctor Čermák for approval. The head doctor agreed with him and suggested a mere resection which he conducted himself on 2nd June 1966.

The histological finding after this operation (2nd June) was negative and I was informed by Dr Roth (hospital Na Františku) that the tissue was completely alright.

After the comeback from hospital I visited Mr Zezulka a few times again. The feeling of vigour and higher performance was growing greatly, I put on weight and despite the short time after the operation I can do even manually demanding work without any pain and tiredness.

Mr Zezulka refuses honoraria although I feel embarrassed that his help stays unreciprocated.

Mxxxxxxx

In Prague 1, xxxxxxxx 7th July 1966



O P I S

3.V.1966 mi byl v nemocnici na Františku Dr. Livorou ambulantně vyjmut z levého prsu nádor tvaru a velikosti fazole.

O týden později, po odstranění stehů, jsem zpozorovala nový nádor, který se velmi rychle zvětšoval. - Histologický nález indikoval v nejkratším termínu další operaci a sice amputaci prsu.

22.V.1966 - Přišla jsem k panu Zezulkovi, když měl nádor již velikost palce. /asi 6 cm/ Hned po první návštěvě u p. Zezulky jsem se cítila celkově lépe a pocit svěžesti se dále stupňoval.

Pan Zezulka označil kouření, kávu, kakao, vše pražené, smažené a navíc veškeré druhy uzenin, jako živnou půdu pro vzrůst rakoviny a žádal, abych je ze svého jídelníčku vyškrtla.

Během pouhých pěti /5/ návštěv se nádor zmenšil na velikost hrášku.

Dr. Livora, následkem této změny, která se vymykala pravidlům, chtěl upustit od amputace, vyžádal si však schválení primáře Dr. Čermáka. Primář byl téhož názoru a navrhoval pouze resekci, kterou 2.VI.1966 sám provedl.

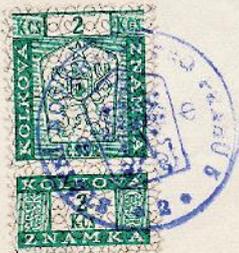
Histologický nález po této operaci /2.VI./ byl negativní a bylo mi sděleno Dr. Rothem /nem. na Františku/, že tkáň je v naprostém pořádku.

Po návratu z nemocnice jsem navštívila p. Zezulku ještě několikrát. Pocit síly a výkonnosti se značně stupňoval, přibrala jsem na váze a vzdor krátkému časovému odstupu od operace, mohu bez bolesti a bez pocitu únavy vykonávat i náročné manuální práce.

Pan Zezulka odmítá honoráře, přesto že je mi ta jednostrannost velmi trapná.

M

V Praze 1, [redacted] dne 7. VII. 1966



Potvrzuji, že tento opis souhlasí doslovně s předloženým mně prvopisem, na
archu napsaným, kolikem za korun čl.
opatřeným - nekolikovaným. Státní notářství
pro Prahu 5, dne 31. října 1966

Kaučur



(The copy of the scanned original - the original follows the text)

Treatment Testimonial – Sclerosis multiplex

This illness has been considered incurable until these days. It is only possible to mitigate its development, which is important. However, Mr J.Z. was able to stop its development completely – the patient’s state improved and then it fluctuated slightly often until the distant end of their life.

I was asked by Mr N. who lives in Prague, Karlovo náměstí, to report on his son’s health. I have been occasionally seeing the family of Mr Nováček, a clerk of the 1st birth clinic, where I am employed as well, since spring 1955.

His son, Mr Nxxxxxxxx junior, was diagnosed with sclerosis multiplex by neurologists. The disease kept deteriorating. Yet, at the beginning of summer 1955, the patient had a strong tremble of his limbs, trunk and head whenever he tried to make a small move. He suffered from incontinence of urine.

His father having tried all recommended kinds of therapy, asked Mr Zezulka, who heals by so called magnetism, for help. I do not know Mr Zezulka in person and I was never present when he saw the patient but I must state that the condition of Mr Nxxxxxxx junior is noticeably getting better. I am surprised that he is able to sit down himself which was not possible before. Walking, which was practically impossible for strong ataxia and unmanageability of the right lower limb (amyotonia), is now possible although he has to use crutches. Ataxia has relieved significantly and his sight has improved. Urinal incontinence has disappeared although the patient still needs to urinate often. However, I am aware of the fact that the disease may have spontaneous remissions.

Dr Libuše Holasová



Byla jsem požádána panem Nováčkem, bytem Pha II. Karl. n., abych se vyjádřila o zdravotním stavu jeho syna. Docházím do rodiny p. No-
██████, úředníka I. porod. kliniky, kde jsem zaměstnána, k občasným návštěvám asi od jara 1955.

U jeho syna p. Z██████████, byla neurologicky diagnostikována sclerosis multiplex. Choroba se neustále horšila. Ještě na sklonku léta 55 byl u pacienta patrný silný třes okončetin, trupu i hlavy při sebemenším pokusu o pohyb. Docházelo k inkontinenci moče.

Jeho otec po vyzkoušení vší možné terapie doporučené, obrátil se s prosbou na pana Zezulku, který léčí t. zv. magnetismem. Pana Zezulku osobně neznám a jeho návštěvám jsem nikdy nebyla přítomna, ale musím konstatovat, že se stag p. N██████ mladšího nápadně lepší. Byla jsem překvapena, že si spontánně sedne, což dříve možné nebylo. Chůze, která byla dříve prakticky nemožná pro silnou ataxii, a neovladatelnost pravé dolní končetiny /oc ablost/, je sice s oporou, ač přece jen možná. Ataxie se význačně zmenšila i schopnost zraku. Inkontinence moče již není, i když pacient dosud často močí. Jsem si ovšem vědoma toho, že tato choroba má spontánní remise.

MUDr. Libuše Holasová.

Libuše Holasová



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Treatment Testimonial – Breast cancer

This patient is a doctor who I have been sometimes meeting at my lectures of the Spiritual University Byti until these days. Nowadays, it is the year 2012 and she still enjoys her good health.

Patient Dr M. H., born on 3rd March 1944

In June 1975, nearly a year after the birth of her second child, the patient discovered a resistant object of the size of a little cherry in the upper external quadrant of the left breast. The resistant object moved freely, it was not fixed to the deep part of the breast. After a month, the tumor grew noticeably larger and the doctors recommended that the tumor is removed and that she has an oncological examination. In October, total excision was conducted. The histological examination proved carcinoma medullare. The doctors recommended ablation of the breast. Her operation was planned, however, it had to be postponed for health reasons. When she was accepted at the surgery ward, she got temperature and tonsillitis. A team of consulting doctors agreed that it was too late after the excision for the patient to be operated. Therefore chemotherapy and actinotherapy 30 x cobalt commenced. The same year, the treatment with BCG vaccine was started. However, the patient bore the decacycle of chemotherapy very badly and it was necessary to discontinue it after the 6th series as the level of leucocytes fell below 2000. After three months, she was discharged from hospital to home care. Then difficulties gradually increased: lymphedema of the breast and the arm, pains under the right rib arch, anorexia, a loss in weight, vomiting, pains in her shoulder blade and in her ribs, pain in breast which hardened, metrorrhagie, subfebrility, depression and tiredness, a decrease of urination.

Objective results of examinations from that time:

Scintigraphy of the liver: the spleen, which is enlarged, has taken over part of the function of the liver

Scintigraphy of the kidneys: parenchymatous laesio, especially on the right

X-rays of the shoulder blade, ribs, lungs without metastasis

The breast locally: postradiation changes in subcutis and cutis with teleangiectasis on both sides, small nodules in the armpits

Blood count normal, however, later, a decrease of erythrocytes, leucocytes approx. 3000

Therapy: Furosemid, vitamin E forte, Glyvenolnung, Heparoid, Conferon, Pyridoxin, Pamba, three times abrasion because of metrorrhagia as other kinds of treatment were ineffective.

She underwent biotronic healing in autumn 1979 when she wanted to start hungering because of intense pains in her breast, tiredness and subfebrilia.

In reply to the questions concerning the process of biotronic healing and how she perceived it, the patient said: Mr Josef Zezulka healed me biotronically.

Healing was organized in two series. The first series took 14 days – last week in November and first week in December 1979. The second series was from 3rd March to 7th March 1980. The effects were physical and mental:

1st day: I felt radiance like thousands of quills on my skin as if man was under electric current. Then I felt homogenous warm current, I stopped perceiving my body, after the end of healing I felt damp cheeks from tears and literally streams of water from both of my armpits. Pains were stronger. The whole week continued the same way, only the pains and sweating became less intense. During the second week the breast became softer, indurations disappeared, pains ceased. I felt as if my breast was lighter, immediately after healing I felt as if I should melt in space. During the third week, I stayed at home, relaxing, sleeping a lot. I did not have any pains at all. In December, my menses was still very strong, in the following months I observed improvement, I did not have to take Pamba any



more. Urination improved as well, however, I still had to take Furosemid. After healing in March, all functions normalized fully. I felt light and healthy with desire to live as I could do anything without being tired. I got great appetite and keeping Mr Zezulka's diet, I put on weight.

That was the patient's authentic report.

Clinic findings from VUKEO in Brno from 15 June 1981

Palpation findings in the left breast are stable, still, without evident postradiation changes, in the left axillary there is a small soft node with diameter of 0.5 cm, supraclavicular. Mammographic check-up proved no signs of tumour on either of the sides. Subjectively, she feels good, she does not have any pains, her urination is normal, her period is regular, she does not take any medicines. The patient has been regularly checked up for six years without any signs of relapse or distant metastasis; post-radiation changes, which had been observed during the first five years, disappeared last year.

This is the end of the report from the Yellow Hill in Brno.

The patient's health state has not changed until these days, she does not have any problems at all and works full time.

March 1982



sestra MUDr. O

UVEŘEJNĚNO V OČN.
1971 V (6. 11)

Pacientka Dr. M. H., nar. 3. 3. 1944

dg.-ca mammae l. sin.

V červnu r. 1975, za necelý rok po narození druhého dítěte zjistila pacientka v horním zevním kvadrantu levého prsu rezistenci velikosti malé třešinky, volně pohyblivou, nefixovanou ke spodině. Poměsíci se tumorěk ztelně zvětšil a pacientce bylo doporučeno jeho vnyětí onkologická prohlídka. V říjnu byla provedena totální excise a histologické vyšetření, které prokázalo ca medulare. Pacientce byla doporučena ablace prsu. Než však došlo k plánované operaci, jejíž termín byl kromě jiného posunut i ze zdravotních důvodů / po přijetí na chirurgii: vy skočily teploty, dostala anginu / bylo lékařským konsiliem uznáno, že na operaci je již pozdě vzhledem k době, která uplynula od excise. Proto bylo okamžitě začato s chemoterapií a aktinoterapií - 30x cobra lt. V témže roce bylo začato s léčbou BCG vakcíny. Dekacyklus chemoterapie, kterou pac. velmi špatně snášela, bylo nutno po 6. serii přerušit, neboť došlo k poklesu leuko pod 2000. Po třech měsících byla propuštěna do domácího léčení. Začaly obtíže, které postupně přibývaly. Občas lymfedém prsu a paže, zvláště po nánaze, bolesti pod pravým obloukem žeberním, anorexie, váhový úbytek, emese, bolesti v lopatce a žebrech, bolesti prsu, které tvrdlo, metrorrhagie, subfebrility, deprese a únavy, omezení diuresy. Výsledky objekt. vyšetření v té době.:

Scintigrafie jater: část funkce jater přebírá slezina, která je zvětšena.

Scintigrafie ledvin: těžká parenchymatózní leze, zvláště vpravo.

RTG lopatky, žebere, plic.: bez metastas.

Prs lokálně: postirradiační změny podkoží i kožní s teleangiektasiemi, oboustr. drobné uzlinky v podpaží.

KO v normě, ale později dochází k poklesu erytrocytů, leuko kolem 3000.

Therapie: Furosemid, vit. E forte, Glyvenolung. Heparoid, Conferon, Pyridoxin, Pamba, Kvůli metrorrhagiím 3x abraze, ostatní léčba neúčinná.

Biotronické léčbě se podrobila na podzim r. 1979, kdy kvůli stupňujícím se bolestem v prsu, únavě a subfebrilitám chtěla začít s hladovkou.

Na otázku, jak probíhalo biotronické léčení, jak je vnímala, pacientka odpovídá takto: Biotronicky mne léčil pan Josef Zezulka.

~~Učinky~~ Léčení probíhalo ve dvou cyklech. První byl 14ti denní - poslední týden v listopadu a první týden v prosinci 1979. Druhý od 3. 3. do 7. 3. 1980

Učinky byly fyzické a psychické.:

I. den. Cítím záření jako tisíce bodlinek na kůži, jako když je člověk pod elektrickým proudem. Potom homogenní teplý proud, přetávám vnímat tělo, až po skončení cítím vlhké tváře od slz a doslova proudy vody z obou paží. Bolesti jsou silnější. Tak pokračuje celý týden, ale bolesti a pocení pod pažemi se zmenšuje. Na druhý týden mamma měkne, zatvrdliny mizí, bolesti ustávají. Prs jako by byl lehčí, bezprostředně po zásahu mám pocit, jakoby se měla rozplynout do prostoru.

Třetí týden polehávám doma, a hodně spím. Jsem zcela bez bolesti. V prosinci ještě



str.2

menses velmi silné, v dálejších měsících pozoruji zlepšení, nemusím brát Pambu. I diuresa je lepší, ale přesto občas musím brát Furosemid. Ale po léčení v březnu se veškeré funkce normalisují zcela. Cítím se lehká a zdravá s chutí žít., neboť mohu bez úna vy cokoli dělat. Dostávám velkou chuť k jídlu a při dietě pana Zezulky přibírám na váze.

Tolik z autentického vyjádření pacientky samé.

Klinický náález z VUKEO v Brně. z 15.6.1981

Palpační náález v l. mamě stationární, klidný, bez evidenčních postirradiačních změn, v levé axille drobná měkká uzlinka o prům. 0,5 cm, supraclavic. O

Kontrolní mamografie bez známek TU oboustranně. Subjektivně se cítí dobře, bolesti nemá, diuresa normální, menses pravidelné, léky neužívá žádné. Pacientka sledována 6 let celou dobu bez známek recidivy a reg. či vzdálených metastaz, postirradiační změny, sledované prvých 5 let, v posledním roce vymizely.

Tolik zpráva ze Zlúteho kopce v Brně.

V současné době se stav nezměnil, pacientka je stále bez obtíží a pracuje na plný úvazek.

Březen 1982



(The copy of the scanned original - the original follows the text)

Treatment Testimonial – Breast cancer

What is perhaps the most important sentence in this report is: 'I came to Motol where I had been registered as a dying patient and then I had to tell everything to the associate professor Mr Tesař. I have got a permission to be further healed by Mr Zezulka!'

15th April 1969

Dear Mr Zezulka,

As Mrs Dr Šubrtová from the hospital in Motol is afraid of giving a report on my successful treatment by your method, I decided to report on it myself.

In year 1964, I was histologically diagnosed with a tumour in the left breast. Doctors suggested amputation and irradiation – I refused both. After about 5 months, my condition quickly deteriorated, the breast became harder, I started having pains and I searched Mr Zezulka. He healed me, I kept a diet, all according to his method. The breast became softer after some time, pains disappeared. I was nearly healthy when I got pneumonia and water (on the left side again). I came to Motol where I had been registered as a dying patient. Everybody was surprised that I had survived cancer, then I recovered quickly and even after a puncture, there did not stay the usual rest of water, which normally stays there and absorbs after some time.

Since then, I have been going for check-ups to Motol. Nowadays, I have got a relapse. Based on the advice of the senior consultant of the oncologic ward, I was supposed to go to the surgery ward. I was diagnosed with a lump of the size of a small apricot in my left breast. The day before my arrival to the surgery ward, I was healed by Mr Zezulka. The lump diminished significantly, which was also confirmed by Dr Subertova, who I had asked to check its state before I see the surgeon. She was surprised and she announced her findings to the others. At the surgery, I had to tell everything to the associate professor Mr Tesař. I have got a permission to be further healed by Mr Zezulka.

All the facts, I state here, are written and registered in my documentation at the oncology ward of the hospital in Motol.

D. xxxxxxxxxx



Opis

15./IV.1969.

Vážený pane Zezulko!

Jelikož se pí.Dr.Šubrtová z motolské nemocnice bojí podat o mně zprávu o úspěšném léčení Vaší metodou, podávám ji sama.

V r.64 byl u mne histologicky zjištěn CA levého prsu. Navrhována amputace a ozařování - obojí jsem odmítla. Cca po 5ti měs., kdy se můj stav rychle zhoršil, prso stvrdlo, začala jsem mít bolesti, vyhledala jsem p.Zezulku. Léčila jsem se u něj, dodržovala dietu, vše přesně podle jeho metody. Prso začalo po určité době měknout, přestaly bolesti. Byla jsem skoro vyléčena, když se mě přidružil zápal plic a voda./zase na levé straně/ Přišla jsem do Motola, kde jsem byla zapsána jako umírající. Všichni se divili, že jsem se z toho dostala, rychle se uzdravovala a dokonce ani po punkci tam nezůstal zbytek vody, který norm. tam bývá a po čase se vstřebává.

Od té doby chodím do Motola na kontroly. Nyní, kdy se mně objevila recidiva, měla jsem jít na radu p.primáře onkol.na chirurgii. Byla zjištěna na l.prsu bulka ve velikosti malé merunki. Den před příchodem na chirurgii jsem byla léčena p.Zezulkou. Bulka se značně zmenšila. To potvrdila i Dr.Šubrtová, kterou jsem požádala, aby se na ni podívala, než půjdeme na chirurgii. Byla překvapena a své zjištění říkala i ostatním. Na chirurgii jsem musela vše vypovědět doc.Tesaři. Mám povolení léčit se dále u p.Zezulky.

Toto vše, co zde uvádím, je zapsáno a poznamenáno v mých listinách v motolské nemocnici na odd.onkologie.

Potvrzuji, že tento opis ~~tato úplná fotokopie~~
souladí doslovně s předloženým prvopisem
~~ověřeným opisem~~ stránkovým,
kolkem za Kčs opatřeným, nekol-
kovaným.

Státní notářství Praha 1,
V Praze dne 18. IV. 1969



M. Čáslavský

D.

v.r.

Praha 4-Krč sídl.čp.1278.





(The copy of the scanned original - the original follows the text)

Treatment Testimonial – Pain relief in bronchogenic carcinoma with multiple metastasis in his bones and pathological fractures.

Is it little or a lot when you live it personally?

In the last weeks, I met Mr Josef Zezulka, born 1912, domiciled Prague 5 – Smíchov, 25 Jindřich Plachta's Street, in the period when an acquaintance of his was being treated in our ward. The patient, aged 59, had been hospitalized with a suspicion of the malignant process, with excruciating pains in his bones. He finally died of the bronchogenic carcinoma with multiple metastasis in his bones and pathological fractures. The bronchogenic carcinoma had been proved by a surgery.

In the period, when the metastasis were not proved by X-rays yet, Mr Zezulka had already localized them correctly. After that, the patient underwent a specialized examination of these parts of his body and the metastasis were also discovered by the roentgenologist.

During his healing, Mr Zezulka focused on relieving the pain, and after his healing, the process of the illness became truly atypical in respect of the patient's pains which did not require, with the exception of the very terminal stage, the application of opiates, which such a state would have normally needed.

Dr Ladislav Rosa

In Prague 9th May 1969



V posledních týdnech jsem se seznámil s panem Josefem Zezulkou, nar. 1912, bytem Praha 5 - Smíchov, Jindřicha Plachty 25, v době, kdy byl na našem oddělení léčen jeho známý.

Šlo o 59 l. nemocného, přijatého s podezřením na maligní proces, s úpornými bolestmi v kostech. Pacient nakonec zemřel na sekci ověřený bronchogenní karcinom s mnohočetnými metastázami v kostech a patologickými frakturami.

V době, kdy ještě nebyly rentgenologicky prokazatelné metastázy, správně určil jejich lokalizaci a teprve potom při cíleném vyšetření těchto oblastí byly odhaleny i rentgenologem.

V léčbě zaměřil své působení na tlumení bolesti a skutečně po jeho zásazích onemocnění nabylo atypického průběhu v tom smyslu, že bolesti nevyžadovaly až na vysloveně terminální stadium aplikaci opiátů, jak by bylo možno u podobného stavu oprávněně očekávat.

MUDr Ladislav Rosa
as. II. int. kliniky LFH KU

V Praze dne 9. 5. 1969



(The copy of the scanned original - the original follows the text)

Treatment Testimonial – Convalescence after infectious jaundice

In such cases, the results of liver tests are usually bad for a long period.

In the spring 1966, during an operation, my gall bladder was removed (it had been stuck with stones and the supply ways had been stuck as well), my condition improved and gradually I stopped dieting. In October 1968, I got a voucher to the spa in Piešťany for the treatment of my rheumatism, however, no sooner had I arrived, I was moved to the infection ward with a serious case of infectious jaundice. After seven weeks, I was released and I continued in my convalescence in Prague.

I came back to work on my own request in the middle of January, however, the results of liver tests were really unfavourable and I felt very tired.

Later on, I was recommended to Mr Jos. Zezulka. After his healing, my state improved significantly. Moreover, my results of liver tests have improved and mentally, I have been feeling very good as well.

I am very grateful to Mr Zezulka for his helpfulness, taking into account the fact that he performs all the healing completely free of charge.

In Prague, 28th April 1969

M.xxxxxxxxxxxx

Na jaře r. 1966 byl mi vyoperován žlučník / ucpán kameny i přívodové cesty ucpány /, můj stav se zlepšil a postupně přestávala i dieta. V říjnu 1968 dostala jsem poukaz do Piešťan k léčení reumatismu, ale hned první den po svém příjezdu byla jsem předána na infekční oddělení s vážným případem infekční žloutenky. Po sedmi nedělích jsem byla z léčení propuštěna a v Praze jsem pak pokračovala v rekonvalescenci.

Do zaměstnání jsem nastoupila na vlastní žádost v polovině ledna, ovšem jaterní testy byly ještě značně nepříznivé a i já osobně jsem se cítila hned unavená.

Později jsem byla doporučena k p. Jos. Zezulkovi . Po jeho léčení se můj stav podstatně zlepšil. Zlepšily se jaterní testy a rovněž nervově se cítím velmi dobře.

Jsem mu nesmírně vděčna za jeho ochotu nehledě k tomu, že léčení provádí naprosto nezištně.

V Praze dne 28. dubna 1969.

M. xxxxxxxxxxxxxx
M. [redacted],
Praha 2 - Vinohrady
[redacted]



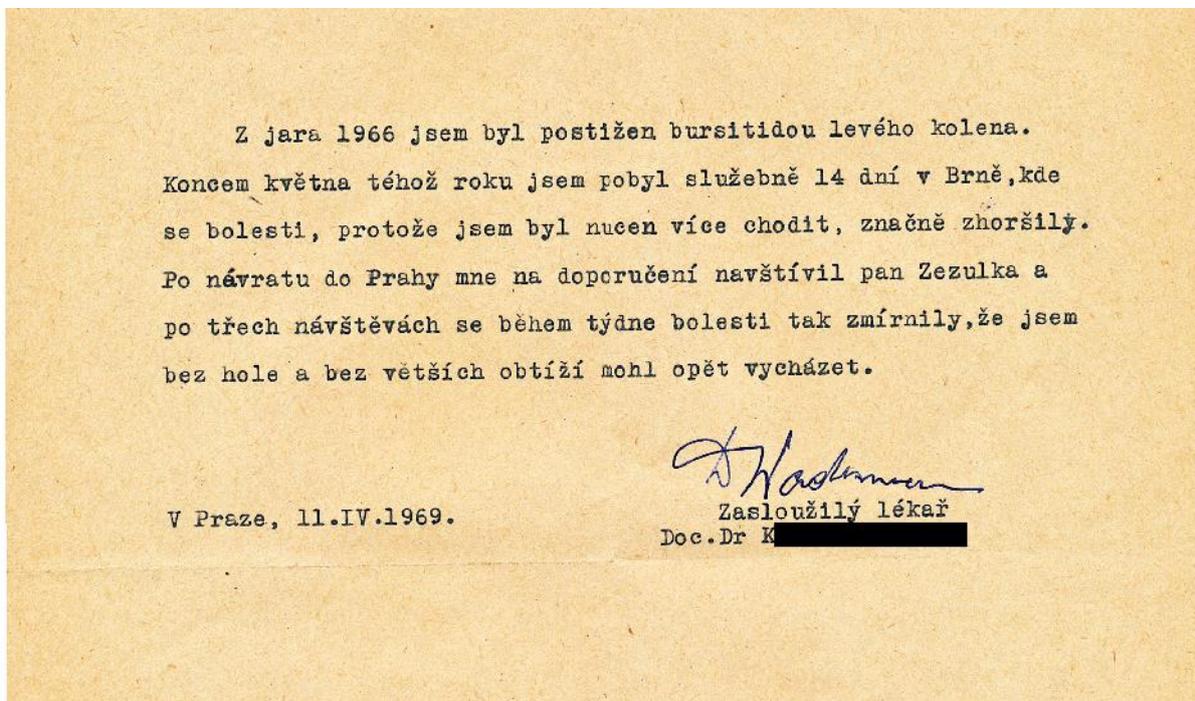
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Treatment Testimonial – Bursitis of my left knee

In the spring 1966, I suffered from bursitis of my left knee. At the end of May, I stayed in Brno on business for a fortnight and as I had to walk more there, the pains deteriorated substantially. After my comeback to Prague, Mr Zezulka saw me, based on a recommendation, and after three sessions during a week, my pains relieved to such an extent that I was able to go for walks without a cane and without biggish difficulties.

In Prague, 11th April 1969

Associate professor,
Awarded doctor Kxxxxxxx





(The copy of the scanned original - the original follows the text)

Treatment Testimonial – Lumboischiadic syndrome, hay fever, periodontitis around

Dr. Chladkova' report on experience with Mr J.Z.' healing

Copy

Confirmation

I know Mr Josef Zezulka, domiciled Prague-Smíchov, Jindřicha Plachty's Street. I have been experiencing his healing results both personally on myself, but also on my family members and acquaintances for many years. I will state here a few particular cases, which I have observed.

During three sessions, he completely relieved my mother's lumboischiadic syndrome which had not been soothed with any medicines and my mother had had to stay in bed for 3 weeks, not being able to move. Although she had been suffering from the illness rather often, after Mr Zezulka's healing, she has had this type of medical condition only rarely and in a mild form.

When I fell ill with appendicitis and was having excruciating abdominal pains and the illness was incorrectly considered as a gynecological disease because of the pelvis position of my appendix, Mr Zezulka's healing helped relieve the symptoms of inflammation and later on, it became possible to proceed to the operation of my appendix without a hurry.

As I have hay fever and I am regularly treated at the allergological ward, I suffer from overall tiredness during the period of pollen activity, a running nose and conjunctiva inflammation. My bronchial tubes sometimes get irritated. Therefore, I used to see Mr Zezulka during the period of pollen activity and he would always ease all the symptoms to such an extent that I was able to perform my job.

As regards his healing at distance, I would like to mention this personal observation: I fell ill with a strong periodontitis around a dead molar which caused me very sudden pains that I was not able to go to emergency on Saturday evening and medicines did not help me any more. My mother called Mr Zezulka and passed me the phone. After his healing, pains were relieved very quickly before we had finished our telephone conversation. The pains did not relapse and during the following week I had the tooth extracted without any hurry. His healing is subjectively perceived like a feeling of warmth, sometimes like a feeling of electric current or slight vibration after which an overall feeling of relieve follows. In the sick part of the body, hyperaemia of the skin arises.

I enclose this report as a proof of Mr Zezulka's healing as he helps people selflessly and follows the rule of love towards man.

In Prague, 10th April 1969

Dr Jarmila Chladková, a dentist



O P I S .

P o t v r z e n í .

Znám p. Josefa Zezulku, bytem Praha-Smíchov, Ul. Jindřicha Plachty, již řadu let a měla jsem mnohokrát možnost sledovat jeho léčebné výsledky a působení nejen na sobě, ale i na členech své rodiny a u známých. Uvedu zde několik konkrétních pozorování:

Přímým působením ve třech návštěvách odstranil zcela dlouhotrvající a na léky nezabírající lumboischiadický syndrom u mojí matky, která předtím byla na 3 týdny upoutána na lůžko, bez schopnosti pohybu. Od té doby se tato choroba, kterou dříve často trpěla objevuje jen vzácně a v mírném průběhu.

Když jsem onemocněla apendicitidou a měla jsem velké bolesti v břiše a onemocnění bylo považováno pro pánevní polohu slepého střeva za gynekologické onemocnění, pomohl zásah jmenovaného k rychlému ústupu zánětlivých příznaků a později bylo možno v klidu přistoupit k operaci slepého střeva.

Protože trpím sennou rýmou, s kterýmžto onemocněním se léčím na alergologickém oddělení, mívám v období pylení těžkou celkovou malátnost, vodnatou rýmu a zánět spojivek. Objevovalo se i podráždění průdušek. V době pylení jsem proto navštěvovala p. Zezulku, který mi tyto obtíže vždy zmírnil do té míry, že jsem byla schopna vykonávat svoje zaměstnání.

Z působení na dálku bych uvedla ještě toto vlastní pozorování: onemocněla jsem prudkým zánětem ozubice u mrtvé stoličky, který mi působil velmi prudké bolesti, takže jsem nebyla schopna dojít na pohotovostní službu /v sobotu večer/ a prášky již nezabíraly. Moje matka se spojila telefonicky s p. Zezulkou a předala mi telefon. Po zákroku nastalo rychlé ode-



znění bolesti, ještě než byl ukončen telefonický rozhovor. Bo-
lesti se již neobnovily a příští týden byl zub v klidu ex-
trahován. Jeho zásah se subjektivně projevuje pocitem tepla,
jindy pocitem proudění elektřiny nebo drobného vibračního
chvění, po nichž následuje pocit celkové úlevy. V místě onemoc-
nění vzniká překrvení kůže.

Příkládám toto potvrzení jako doklad působení p.
Zezulky, který pomáhá lidem nezištně a řídí se zákonem lásky
k člověku.

V Praze, dne 10. dubna 1969.

MUDr. Jarmila Ohládková
odborná zubní lékařka.

V. r.

Potvrzují, že tento opis souhlasí doslova
s předloženým originálem.

Státní notářství Praha-východ
se sídlem: Praha 1, Ovocný trh č. 14

dne 29. VII. 69

Zichová





(The copy of the scanned original - the original follows the text)

Treatment Testimonial – Painful blisters in between her toes and on her feet

Prague-Nusle 4th December 1956

Dear Mr Zezulka!

After successful healing of our ten-year-old Evička this year, we consider it our duty to thank you once more this way for everything you did for her.

The fact that the skin on her feet does not develop painful blisters in between her toes any more is so great that we cannot express it in words. Previously, whenever the weather became just slightly warmer she could not dare to go for a longish walk or to lark around a bit – her skin developed these blisters immediately and then their complicated and never-ending treatment started. So many doctors had we seen! All of them just listened to the details concerning the illness and when they heard my daughter had inherited the disease from her mother who had inherited it from her father, they simply declared the illness as a genetic disease (which we had known as well). Then they described disinfection medicines on the burst blisters and that was always the end of all the treatment. Professor doctor Rejsek said that in her teenage, the blisters might disappear themselves. However, this was a rather weak consolation.

After this experience, we got to the conclusion that medical science is completely helpless in this area.

It was only you who healed our Evička successfully within about 10 sessions. Nowadays, she can lark around as she wishes to and there is no sign of a blister any more. We would like to express our great gratitude to you. We also wish you to get all the good, which you do for suffering man, in return by the God, in whom you believe so dearly and who you love so much.

Yours sincerely,
Ervin and Marie Muzikář
Prague – Nusle, 1, Na Květnici Street



Praha-Nusle 4.12.1956

Pane Zezulko!

Po úspěšné letošní léčbě naší desítileté Evičky, pokládáme za svou povinnost Vám ještě jednou touto cestou za všechno, co jste pro ni učinil, poděkovat.

Skutečnost, že se jí nedělají více na chodidlech a mezi prsty bolestivé puchýře je taková, že to nedovedeme ani slovy vyjádřit. Dříve, jakmile nastalo poněkud teplejší počasí, nemohla se odvážit na delší procházku, nebo si trochu více zaskotačit - hned naskočily puchýře a tu nastalo jejich svízelné ošetřování, které nebralo téměř konce.

Co lékaři jsme vyhledali. Všichni si nechali o chorobě podrobně vyprávět, že jí dcera sdělila po matce a ta opět po otci, prohlásili chorobu za dědičnou / což jsme věděli také / , předepsali

desinfekční prostředky na pražklé puchýře a tím také celá léčba vždy skončila. Prof. Dr. Rejsek řekl, že se jí puchýře možná v pubertě ztratí. To ovšem byla slabá útěcha.

Po těchto zkušenostech jsme dospěli k závěru, že v tomto oboru své působnosti je věda lékařská zcela bezradná.

Teprve Vy jste během asi 10 ti návštěv naší Evičku vyléčil. Nyní může skotačít podle libosti, po puchýřích ani památky.

Za to Vám patří naše veliká vděčnost s přáním, aby všechno to dobro které konáte pro trpícího člověka bylo Vám splaceno tím, v kterého tolik vroucně věříte a kterého tolik milujete.

Vaši
Pavla a Marie Musikářovi

Praha-Nusle, na Květnici č.1



(The copy of the scanned original - the original follows the text)

Treatment Testimonial – Meningitis

On 24th May 1954, our four-year old son fell ill with meningitis. He had to be hospitalized for 6 weeks. As he got 3 – 6 attacks every day despite taking medicines, we searched for further medical help and took him to the Children's Clinic in Prague where he stayed for additional 6 weeks. Immediately on the very first day after his comeback from the Clinic, he got 6 attacks and these graduated to such an extent that they were coming more and more frequently, our child was becoming lethargic, he stopped walking, speaking – until he became paralysed.

By a lucky coincidence, we met Mr Josef Zezulka in this utterly difficult period and he accepted us and healed our little son completely free of charge. We started reducing chemical medicines slowly until we stopped giving them to him entirely. After two-month Mr Zezulka's selfless and successful treatment, his attacks ceased gradually, our child started walking and even speaking again. The overall child's state really improved and we are grateful for that only to Mr Zezulka (see the medical confirmation from 22nd November 1955, n. 06-317).

In Josefuv Důl, 23rd November 1955



Dne 24. května 1954 onemocněl nám náš 4letý synek na zánět moskových blan. Byli jsme nuceni jej dáti do nemocnice, kde byl 6 týdnů. Jelikož měl denně 3 až 6 záchvatů, přes to že užíval pravidelně předepsané léky, hledali jsme dále lékařskou pomoc a dali do Dětské kliniky v Praze, kde dlel opět 6 neděl. Hned první den, kdy se z kliniky vrátil měl 6 záchvatů a to se stupňovalo do takové míry, že jich bylo stále více, dítě bylo otupělé, přestalo chodit, mluvit - až bylo ochrnuté.

Šťastnou náhodou jsme v této pro nás velmi těžké době poznali pana Josefa Zezulku, který se nás ujal a léčil našeho synka a to úplně bezplatně. Chemické léky jsme pomalu ubírali až jsme je úplně přestali dávat. Po dvoutměsíční obětavé a úspěšné léčbě p. Zezulky přestaly pomalu záchvaty, dítě začalo opět chodit a dokonce i mluvit. Celkový stav dítěte se velmi zlepšil a to vděčíme jen p. Zezulkovi /viz lékařské potvrzení ze dne 22./XI.1955 č.j. 06 - 317 /.

V Josefově Dole dne 23./XI.1955.

Chrást Ustková Štěp.

Místo pro nalezení čísla		Okresní úřad nár. zdravotní ústav PŘÍDLANĚ V ČECHÁCH		06-317	06	3
Bydliště (adresy) Josefov DOL, 323		Datum potvrzení 1950		A	032476	
Texta předpisu je nepřipravená bez razítka střediska a podpisu lékaře.		Rp. Lékařské potvrzení.		Sazba Kčs h		
Potvrzuji tímto, že tělesný a duševní stav výše uvedeného dítěte se v poslední době podstatně zlepšil. Dítě netrpí záchvaty, duševně cíle a přibývá na váze.--						
Dne 22. XI. 1955.						
Okresní úřad nár. zdravotní ústav Přídlaně v Čechách Č. úřadu: 310/24-45-4-6						
Dne 22. XI. 1955.		Okresní úřad nár. zdravotní ústav Přídlaně v Čechách Č. úřadu: 310/24-45-4-6		Dětská klinika v Praze		



(The copy of the scanned original - the original follows the text)

Treatment Testimonial – Inoperable esophagus and stomach carcinoma

The Regional Institute of National Healthcare, Prague 5
6, Kartouzská Street
The Oncological Ward
Dr Pekárek

14th April 1969

C o n f i r m a t i o n

I learnt about the healing activities of Mr Josef Zezulka in the meeting of specialists and representatives of the Ministry of Healthcare at the headquarters of the Regional Institute of National Health in Prague 5 in February 1968.

As part of his activities concerns oncological cases, I have met Mr Zezulka several times and read some of his publications in order to get informed about his method of healing.

I have formed my opinion that his healing does not interfere intrusively with the doctor's treatment, on the contrary, this complements it suitably (especially his diet) and improves the prospects of another surgery (by demarcating of the tumour).

I can evaluate Mr Zezulka's healing results of one case only as this has been the only case when there was cooperation with our department.

This was the case of the patient R. R., aged 47, who had been moved to our ward from the Oncological Institute in Prague 8 in March 1968 with the diagnosis: inoperable esophagus and stomach carcinoma with the prognosis of 2-3-month lifespan. In those days, he was already being treated by cytostatics. Later, I learnt that this patient was being simultaneously healed by Mr J. Zezulka. The patient's condition stayed practically without any changes, mentally, he was very relaxed. In November, his state deteriorated (at that time he was not being healed by Mr Zezulka any longer), it was necessary to make an operation (an artificial probe). His condition was being complicated by urgent appendicitis. Later, he was discharged from hospital and the patient is still alive staying in homecare. In the near future, we are going to make an X-ray check-up and advise the patient to continue with Mr Zezulka's therapy again. I remind you that the patients with practically the same diagnosis as Mr R. R. has, who had fallen ill at the same time as him, already died a long time ago.

Therefore, I think the cooperation with Mr J. Zezulka would be favourable for our department and I recommend it for this reason.

Dr Miroslav Pekárek



OÚNZ Praha 5

Kartouzská 6
ONKOLOGICKÉ ODDĚL.
MUDr. M. Pekárek

14. IV. 1969

D o p o r u č e n í .

O léčebné činnosti p. Josefa Z e z u l k y jsem se dozvěděl na schůzce odborníků a zástupců MZd na ředitelství OÚNZ Praha 5 v únoru 1968.

Ježto jedna část jeho léčby se týká onkologických případů, setkal jsem se několikrát s p. J. Zezulkou a četl některé jeho práce, abych se seznámil se způsobem jeho léčby.

Dospěl jsem k názoru, že jeho léčba nezasahuje nijak rušivě do léčby lékaře, naopak že ji vhodně doplňuje (spec. dieta a j.) a zlepšuje vyhlídky na event. další chirurg. léčbu (ohraničení nádoru a p.).

Léčebné výsledky p. Jos. Zezulky mohu posoudit v jediném případě, neboť zatím jen v tomto jediném případě bylo spolupracováno s naším oddělením.

Týká se pac. R.R., stáří 47 r., který byl v březnu 68 předán na naše oddělení z Onkolog. ústavu v Praze 8 s dg.: inoperabilní karcinom jícnu a žaludku, s prognosou 2-3 měsíce života. V té době byl pacient již léčen cytostatiky. Později jsem se dověděl, že tento pacient je zároveň v léčení u p. J. Zezulky. Stav pacienta zůstával prakticky beze změn, psychicky byl ve velmi dobré pohodě. V listopadu se jeho stav zhoršil (to již nebyl v léčení p. J. Zezulky), bylo nutno provést operaci (umělá sonda). Stav se ještě komplikoval akut. zánětem appendixu. Později byl propuštěn a pacient dosud žije v domácím ošetřování. V nejbližší době hodláme provést rtg kontrolu a pacientovi bude doporučeno znovu pokračovat v léčbě u p. J. Zezulky. Připomínám, že pacienti prakticky se stejnou dg jako má p. R.R. a onemocní ve stejnou dobu, jsou již dávno mrtvi.

Domnívám se proto, že spolupráce s p. Jos. Zezulkou by pro naše oddělení byla prospěšná a proto ji doporučuji.

MUDr. Miroslav Pekárek



(The copy of the scanned original - the original follows the text)

**As you can see from this document, Mr J.Z.'s work started arousing interest.
In this institute, he demonstrated healing of a few patients with a breast
tumour.**

The Institute of National Health of the Capital of Prague
31, Jungmannova Street, Prague 1 – Telephone 236441-5, 230052-4

In Prague, 15th February 1968

Mr Josef Zezulka
25, J. Plachty Street, Prague 5

Referring to the personal visit of the employees of our Institute in your place, we want to benefit from your goodwill and accept the offer to demonstrate your method of healing.

We suggest that the meeting is held in the meeting room at the 1st health centre Prague 5, 6, Kartouzská Street, on the 4th floor, respecting a close proximity of the place for the invited doctors from our institute, on Thursday 22nd February 1968 at 12 o'clock.

If this date did not suit you, would you inform us telephonically on the telephone number 23-56-16 and another appointment would be arranged.

The Director of the Institute of National Health
Dr Alois Pokorný



Ústav národního zdraví NV hlavního města Prahy

Jungmannova č. 31, Praha 1 - Telefon 236441-5, 230052-4

Čj. Ř 9h 0-1/68

V Praze dne 15. února 1968

Pan
Josef Z e z u l k a
ul. J. Plachty č. 25, Praha 5.

S odvoláním na osobní návštěvu pracovníků našeho ústavu u Vás, využíváme Vaši ochotu a nabídku předvést Vámi používanou metodu léčení.

V zájmu snadnější dostupnosti pro pozvané lékaře našich zařízení byla by schůzka uskutečněna

v zasedací síni I. polikliniky OÚNZ Praha 5, Kartouzská č. 6,

IV. poschodí - ve čtvrtek dne 22. února 1968 ve 12 hodin.

Pokud by Vám snad tento termín nevyhovoval, podejte nám zprávu na telefon. číslo 23-56-16 a byl by dohodnut termín jiný.

Ředitel ÚNZ NVP :

MUDr. Alois Pokorný



(The copy of the scanned original - the original follows the text)

The documents from the period of the Prague Spring – letter of the associate professor Suchý to the Minister of Healthcare.

In Prague, 8th June 1967

Dear Mr Josef Plojhar
The Minister of Healthcare
Prague

Dear Mr Minister,

I would like to ask you politely for your attention to an issue which could bring a certain benefit to human healthcare.

The issue concerns using extraordinary abilities of people who can interfere with a curative effect, improve patients' health state during some illnesses. Without any medication given to the ill organism, they interact with it by their personal qualities, usually by touch. Rational explanation can be found in the theory of transfer of bioinformation. From an anthropological point of view, a bioenergetic healer is a person who is endowed with a talent, which is very rare in human population.

In our country like abroad, there are very few people, working in this realm, with a different degree of this endowment. The branch of bioenergetic healing does not fit in the scientific understanding of contemporary medicine. However, it should not be fundamentally refused although we cannot exclude the possibility that some charlatans may only pretend this extraordinary endowment. I suggest that the endowment of bioenergetic healing is researched scientifically and further developed by these people. This is not a scientific discipline, which can be studied, but there is a certain similarity to extraordinary artistic talent. The talent in bioenergetic healing, which is led and educated in the appropriate way, may become equally valuable aid to healthcare as for example curative springs or other natural resources. The successes of some foreign bioenergetic healers, who were allowed to work for the public, prove it. Our country has the opportunity to keep one of the top ranks in this branch.

I would like to draw your attention to a bioenergetic healer with exceptional spiritual qualities, he has had a lot of success with even very serious diseases, including malignant proliferation. Considering the current negative attitude of official medicine, the cooperation with doctors is limited to private interest. It would be very meritorious to enable this bioenergetic healer to be able to offer his abilities at disposal to the health of our citizens. The bioenergetic healer is called Mr Josef Zezulka, domiciled in Prague 5, 25, Jindřicha Plachty Street.

As extraordinary human abilities belong to my branch, I took my interest in this case. Therefore, I kindly ask you, dear Mr Minister, to accept both of us, to listen to his suggestions for the practical use of bioenergetic healers in healthcare and to enable their implementation with the power of your authority.

Yours sincerely,



V Praze dne 8. června 1967

Vážený pan
ThDr. h.c. Josef Flojhar
ministr zdravotnictví
P:R A H A

Vážený pane ministře,

dovoluji si obrátit se na Vás se zdvořilou žádostí o pozornost k záležitosti, která může znamenat jistý přínos v péči o lidské zdraví.

Jde o využití mimořádných schopností těch osob, které mohou léčebně zasahovat a zlepšovat zdravotní stav pacientů při některých onemocněních. Aniž by postiženému organismu dodávali jakékoli látky, působí na něj jen svými osobními vlastnostmi, zpravidla dotykem. Racionální vysvětlení lze hledat v teorii o přenosu bioinformací. Z antropologického hlediska je možno označit sanátora za osobu, která je nadána vlohou s velmi vzácným výskytem v lidské populaci.

V našem státě, podobně jako v zahraničí, pracuje malý počet těchto osob, s různým stupněm uvedené vlohy. Obor sanátorů nezapadá do vědeckého pojetí současné medicíny. Neměl by však být zásadně odmítán, i když nelze vyloučit, že někteří šarlatáni mohou mimořádnou vlohou jen předstírat. Navrhují, aby sanátorská vloha byla vědecky zkoumána a u nadaných osob dále rozvíjena. Nejde o vědní disciplínu, kterou lze nastudovat, ale o jistou obdobu mimořádného uměleckého talentu. Náležitým vedením a přiměřeným vzděláním potencovaná sanátorská vloha může se stát stejně cenným spolupracovníkem zdravotnictví jako jsou např. léčivé prameny nebo jiné přírodní zdroje. Úspěchy některých zahraničních sanátorů, jímž bylo umožněno pracovat veřejně, jsou toho dokladem. Náš stát má možnost zaujmout v tomto oboru jedno z předních míst.

Chtěl bych Vás upozornit na sanátora vynikajících duchovních kvalit, má řadu úspěchů i při velmi vážných onemocněních, včetně zhoubného bujení tkání. Vzhledem k dosavadnímu negativnímu stanovisku oficiální medicíny však zůstává jeho spolupráce s lékaři omezena jen na soukromý zájem. Bylo by velmi záslužné, umožnit tomuto sanátorovi, aby mohl dát své schopnosti k dispozici pro zdraví našeho obyvatelstva. Je jím

Josef Zzulka, bytem v Praze 5, ul. Jindř. Plachty 25

Jelikož mimořádné lidské schopnosti patří do oboru mého studia, zajímal jsem se o tento případ a prosím Vás proto, vážený pane ministře, abyste nás oba přijal, vyslechl jeho návrhy na praktické využití sanátorů ve zdravotnictví a z moci svého úřadu mu umožnil jejich uskutečňování.

S projevem úcty



(The copy of the scanned original - the original follows the text)

God help us to be healed even if by mere suggestion!

In Prague, 9th September 1969

Dear comrade,
Associate Professor Dr Jaroslav Suchý
The Pedagogical Faculty of Charles University
4, M. Rettigové Street
Prague 1

Dear comrade associate professor,

We have received your letter, regarding the healing abilities of Mr Zezulka, which you had addressed to Mr Minister on 11th July. We have studied the documentation of doctors as well as ordinary people about Mr Zezulka's healing interaction and after the discussion with Dr Rejdák and you, we have reached this conclusion:

Psychotronics is a young branch whose knowledge is not sorted out yet and as we do not know the base of psychotronic phenomena, we do not dare to speak about the possibility that it could be used purposely, especially not in the area of human health. It was stated in the meeting of doctors with Mr Zezulka at the Regional Center of National Health, which was participated by the specialist of the Ministry of Healthcare, Dr V. Dvorak, that Mr Zezulka's putative therapeutic abilities had been recorded with patients who had been simultaneously properly treated by their doctors and for this reason, we cannot speak about a direct favourable effect of Mr Zezulka's healing. Therefore, we consider it important first to collect conclusive experimental evidence, which would clarify that this is not just mere suggestion. It will be possible to conduct the appropriate physiological experiments, if Mr Zezulka is willing to do them, at the Research Institute of Experimental Therapy in Prague Krc, 800, Budějovická Street, under the supervision of the director the professor, doctor O. Šmahel. If you have prepared the proposal for conducting some of the experiments, or, if you have experimental results regarding Mr Zezulka's abilities, will you please contact the professor Šmahel, who has been informed about your interest in psychotronics.

Comrade regards,

Dr Josef Dubský,
The Director of the Department
of the Research of Healthcare and Technology



MINISTERSTVO ZDRAVOTNICTVÍ ● PRAHA 10 – VINOHRADY, TRIDA WILHELMA PIECKA 98

ZN.: ZVT-553.5-Z-16.7.1969

V PRAZE DNE 9. září 1969

REF.: Dr.Kovaříková

V odpovědi se odvolajte na tuto značku

Vážený soudruh
doc. dr. Jaroslav Suchý, CSc.
Pedagogická fakulta KU
M. Rettigové 4
P r a h a 1

Vážený soudruhu docente,

obdrželi jsme Váš dopis, týkající se léčitelských schopností pana Zzulky, který jste adresoval 11. července t.r. panu ministrovi. Prostudovali jsme záznamy lékařů i soukromých osob o léčebném působení pana Zzulky a po rozhovoru s dr. Rejtdákem a Vámi docházíme k tomuto závěru:

Psychotronika je mladý obor, poznatky v tomto směru nejsou ještě utříděné, a jelikož neznáme podstatu psychotronických jevů, neodvažujeme se mluvit o možnosti jejich cíleného využití, zvláště ne v oblasti lidského zdraví. Údajné terapeutické schopnosti pana Zzulky, jak bylo konstatováno na schůzce lékařů s panem Zzulkou na OÚNZ Praha 5, již se zúčastnil i odborník ministerstva zdravotnictví dr. V. Dvořák, byly zaznamenány u nemocných, kteří se současně řádně léčili u svých lékařů, a proto lze těžko hovořit o přímém příznivém efektu léčby pana Zzulky. Proto se nám jeví žádoucím, nashromáždit nejdříve průkazný experimentální materiál, z něhož by bylo jasno, že nejde jen o pouhou sugesci. Příslušné fyziologické pokusy, pokud k tomu bude pan Zzulka svolný, by bylo možno provést ve Výzkumném ústavu experimentální terapie v Praze Krči, Budějovická 800, pod vedením ředitele prof. dr. O. Šmahela, DrSc. Máte-li připraven návrh na provedení některých pokusů, nebo máte-li experimentální výsledky týkající se schopností pana Zzulky, obraťte se laskavě na prof. Šmahela, který je o Vašem zájmu o psychotroniku informován.

Se soudružským pozdravem

MUDr. Josef D u b s k ý
ředitel odboru zdravotnického výzkumu
a techniky



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Letter from Mr. J.Z. to the President

Mr J. Z tried to integrate Biotronika (Biotronics) in the healthcare system all his life, he did not do it for himself, however, when he saw the results of his healing on his patients with a tumour, he used to say he felt very sorry that there would be a need to develop Biotronika (Biotronics) for more people in need.

In Prague, 2nd October 1956

Dear Mr President,

I have got an ability to radiate certain, until this moment unknown energy from my hands onto an ill body of another person and heal this way very efficiently. We have called this kind of therapy healing through magnetism and the healers have been called magnetisers so far.

As I have verified through my long-time experience, it is regeneration of the cell and this radiation, which comes out of my hands onto the ill body, is in most cases so strong that the patient feels it like radiated warmth.

Besides other illnesses, mainly cancer is healed with a great success. I have demonstrated this method to a number of doctors who have evaluated it very positively. Unfortunately, neither official medical science nor the Ministry of Healthcare is interested in this kind of healing as this is non-medical treatment.

In view of the fact that even cancer is successfully healed this way, I consider it the right thing to present this type of healing in the public and establish cooperation with doctors in order to save people.

A problem lies in the fact that there is nobody who could accept me or us and there is nobody who could permit this kind of healing officially. We do not have our department at the Ministry of Healthcare and we even stand with our effort beyond the law and perform something which is not permitted. Personally, I have been performing this kind of healing – in the effort to help the suffering - for more than ten years after my work completely free of charge to avoid prosecution or the calumny of a charlatan.

Therefore, I ask you for protection, the permission of this activity, or for advice how to receive such permission so that I could be entirely involved only in this form of healing and, potentially, in cooperation with doctors, which could save those lives that can be still saved.

Therefore I kindly ask you, dear Mr President, to use the power of your authority to make a decision on this matter.

Josef Zezulka
Prague – Smíchov
25, Jindřicha Plachty Street



Enclosure:

I have been performing healing since the spring 1946. I have not kept a record about my patients but I estimate the average number of healing sessions at 23.500 for about 2.500 people. The diseases were of various kinds, e.g. illnesses of vegetative nerves, endocrine glands, cancer, leukemia, tuberculosis, etc.

For your information, I am giving the names of a few patients, whose addresses I have:

Jan Pšenička, Plzen, 75 Čechova Street

Jindra Feistmantlová, Prague-Vokovice, Osamocená Street

Antonín Chrtěk, Josofodol u Jablonce n./ Nisou

Alena Petranková, Prague 2, 10, Myslíkova Street

Ervín Muzikář, Prague – Nusle, 1, Na Květnici Street

Jaroslav Fišer, Prague 3, 7 Vlašská Street

Věra Burgerová, Prague 3, 3 Tržiště

Moreover, I can give the names of some doctors, who witnessed my activities.

Dr Ignát Kratochvíl, OUNZ, Prague 1, 7, Betlemská Street

Dr Zdeněk Pinta, Prague 7, 79, Stalinova Street

Dr Bohumil Schovanec, Prague 2, 6, Karlovo Square

Dr Pavel Radechovský, Prague 2, 35, Sokolská Street

Dr Bohumil Fischer, Prague 2, 64, Wenceslas Square

Dr N. Doležal, Prague 1, 16, Jilska Street (The Research Institute)

I have also suggested my participation in the research of cancer treatment to the senior consultant Dr P. Radechovský in hospital in Prague 2, 35 Sokolská Street where the patient Karel Červenka's photographs are stored. These photographs prove the successful healing of cancer. Other patients' healing was discontinued after the intervention of the Police.

I kindly ask you to arrange the permission of this kind of healing so that I could give my abilities to our people's benefit. I believe that potential cooperation with doctors will help treat illnesses, which medicine has not reached good results with.

Josef Zezulka,
Prague – Smíchov
25, Jindřicha Plachty Street



V Praze, dne 2. října 1956.

Vážený pane presidente !

Mám schopnost nechat vyzařovat určitou, dosud neznámou sílu ze svých rukou na nemocné tělo druhého a tímto způsobem velmi účinně léčit. Tomuto léčení zatím říkáme léčení magnetismem a lidem takto léčícím říkáme magnetiséři.

Jak jsem se dlouholetou praxí přesvědčil, jedná se o regeneraci buňky a toto záření, které z mých rukou na nemocné tělo vychází, jest ve většině případů tak silné, že nemocný je cítí jako vyzařované teplo.

S velkým úspěchem jest mimo mucha jiných chorob léčena hlavně rakovina. Tento způsob jsem již předvedl mnoha lékařům, kteří se vyslovují velmi příznivě. Bohužel, oficiální lékařská věda, ani ministerstvo zdravotnictví nemá o tento způsob léčení zájem, protože to není léčba medicínská.

Vzhledem k tomu, že tímto způsobem jest úspěšně léčena i rakovina, považuji za správné vystoupiti s tímto léčením veřejně a navázati spolupráci s lékaři pro záchranu lidí.

Potíž jest ovšem v tom, že mne, nebo nás nemá kdo uznat, že nám nemá kdo toto léčení oficiálně povolit. Nemáme svůj odbor na ministerstvu zdravotnictví, dokonce se svojí snahou stojíme mimo právo, a konáme něco, co není povoleno. Já sám, abych se vyhnul trestnímu stíhání, nebo otcuzení příjmem "šarlatán" - ve snaze pomoci trpícím - konám toto léčení přes deset let po své práci úplně zdarma.



Proto Vás prosím o ochránu, o povolení této
činnosti, případně o radu, jakým způsobem tohoto povolení
dosáhnouti, abych se mohl věnovati pouze této
léčbě a abych případně ve spolupráci s lékaři mohl
zachraňovat ty životy, které mohou ještě být zachráněny.

Proto Vás prosím, vážený pane presidente,
abyste moci svého úřadu o této věci rozhodl.

Josef Zezulka,
Praha - Smíchov,
Jindřicha Plachty č.25.



Příloha :

Léčebnou praxi provazuji od jara 1946. Záznamy o pacientech jsem nedělal, ale odhaduji průměrný počet léčebných zásahů na 23.500, u asi 2.500 osob.

Choroby byly velmi různé, na příklad: Choroby vegetativních nervů, endokrinních žláz, rakoviny, leukemie, tuberkulózy a t.á.

Pro informaci uvádím několik pacientů, jejichž adresy náhodou mám.:

Jiřina Pšenička, Plzeň, Čechova 75.
Jiřina Feistmantlová, Praha-Vokovice, Osamocená ul.
Antonín Chrtěk, Josefodol u Jablonce n./Nisou.
Alena Petráňková, Praha 2, Myslíkova 10.
Drova Mazikář, Praha-Nusle, Na Květnici č.1a.
Jaroslav Fišer, Praha III., Vlašská 7.
Eliška Bürgerová, Praha III., Tržiště 3.

Dále mohu uvést jména některých lékařů, kteří se o mé činnosti přesvědčili:

MUDr. Ignát Kratochvíl, OUNZ, Praha 1., Betlémská č.7.
" Zdeněk Pinta, Praha XII., Stalinova 79.
" Bohumil Schovaneč, Praha 2., Karlovo nám. č.6.
" Pavel Radechovský, Praha 2., Sokolská č.38.
" Fischer Bohumil, Praha 2., Václavské nám. č.64.
" N. Dolažal, Praha 1., Jilská 16. /Výzkum.ústav /

Nabídl jsem se též k výzkumu v léčbě rakoviny a p. primáře MUDra P. Radechovského v nemocnici v Praze 2., Sokolská 35., kde jsou též snímky pacienta Karla Červenky dokazující úspěšné léčení rakoviny. U dalších pacientů byla léčba přerušena po návštěvě policie.

Abych tyto schopnosti mohl dát ve prospěch našemu lidu, prosím, aby mě byla tato léčba povolena a věřím, že v případné spolupráci s lékaři bude pomáháno i u chorob, kde ještě lékařská věda nedocíluje kladných výsledků.

Josef Zezulka,
Praha - Smíchov,
Jindřichova Plachty č.25.



Source:

PFEIFFER, Tomáš. *The Life of Přinašeč – a Bringer*. Dimenze 2+2 Praha, 30 March 2012. ISBN 978-80-85238-76-1. Available from: <https://www.dub.cz/en/tomas-pfeiffer-a-life-of-prinasec-the-bringer-online-book>



3.4 Patients' Testimonies to the Effects of Biotronic Interventions

3.4.1 Mrs. M. V. – diagnosis: malignant stomach tumor

(Transcript from the film Mrs. Verner's Testimony of Recovering from Cancer Thanks to Biotronics³⁷¹)

Mrs. Marie Vernerová:

“Well, I was so sick that when they were discharging me in April 1991 after my surgery in Nymburk hospital, the doctor knew in what condition she was letting me go, and what path I would crawl, because I couldn't walk. And she knew that it was a terminal path that I would be crawling; only 2–3 months max and that would be it.”



MUDr. Eva Brunerová (*MUDr. = Doctor of Medicine in the Czech Republic*):

“I can remember Mrs. Marie Vernerová very well. In May it will have been 20 years since she was admitted to the medical ward of Nymburk hospital due to heavy anaemia. She was very slim, extremely thin due to her stomach ache. We found **a tumour in her stomach** and heavy anaemia, so we sent her to the surgical ward for an operation. **There was histological evidence of adenocarcinoma, so it was a case of a malignant tumour in her stomach.**”

Mrs. Marie Vernerová:

“I didn't know anything about that. They kept telling me that I had stomach ulcers, I was not supposed to know the truth. But it was niggling at the back of my mind, ‘Why, I can't walk, I'm so thin, I can't eat.’ When I was go to that hospital, I drank a cup of tea and I got such a terrible pain in my stomach I can't tell you. And when I vomited it, sorry I have to say this, when I got rid of it inside me, it stopped hurting. And it was caused by that tumour which had closed the passage of my stomach, not allowing food to leave, which caused my pain.”

MUDr. Eva Brunerová:

“During that surgery the surgeons called me into the theatre to have a look at her. There was a huge tumour inside the stomach expanding to duodenum, as if enclosing small intestine. The tumour was fused to the posterior abdominal wall, it was inoperable.”

³⁷¹ BIOVID. *The film with testimony by Mrs. Vernerová about her recovery from cancer with the help of Biotronics* [online]. 2011 [cit. 2016-03-30]. Available from: <https://www.dub.cz/en/the-treatment-of-cancer-20-years-of-the-successful-treatment-by-biotronic-healing>



Mrs. Marie Vernerová:

“During that surgery they put in a by-pass so that I could drink and sometimes eat a small bite or two.”

MUDr. Eva Brunerová:

“It is called a palliative performance, so that the patient does not starve to death. Due to the size of the tumour, food could not flow out of her stomach, so the tumour was bridged. That means the stomach was resected, the small intestine was resected, the tumour was left there, and the stomach was joined wall to wall with the small intestine. We supplemented her blood and sent her home. She was able to eat, if only in small quantities; she was suffering from strong paresthesia, which is a tingling sensation in the lower limbs.”

Mrs. Marie Vernerová:

“I was not allowed to take a walk, and I was not able to walk anyway; only from time to time my GP stopped by to ask how I was and what was going on. And I told him, ‘Well, doctor, you didn’t even send me to a spa – nothing,’ and he replied, ‘What would you do there when you can’t walk?’”

MUDr. Eva Brunerová:

“We were giving Marie transfusions, then she also got her pills to supplement her level of iron and that was about it. The oncologists and I made the decision that she shouldn’t have either radiation therapy, or cytostatics, due to her bad overall condition and the extent of the tumour, plus it was 20 years ago when there weren’t the same options as modern medicine has nowadays; at the time, cytostatics was taking off, so to speak, so we decided to let her be, because at that time cytostatic treatment would definitely have hurt her rather than help her.”

Mrs. Marie Vernerová:

“The head physician allegedly said they would be torturing me in vain, that it had no sense.”

MUDr. Eva Brunerová:

“Well, theoretically, it could probably be said like that because Marie was in a very bad condition and if she had been given chemo-therapy at that phase, I don’t think it would have turned out well. I don’t think it would have turned out well because she lacked protein; her whole organism was, in a way, destabilized. So we told ourselves, ‘Well, let’s wait and see whether she will survive this phase, and if she recovers then maybe something can be done in the future.’ In the meantime, she started seeing Mr. Pfeiffer and so we agreed we would try to treat her without chemotherapy, and it worked.”

Mrs. Marie Vernerová:

“I can say I was extremely lucky that I met Mr. Pfeiffer on my way, who stopped me and started treating me. Well, at the beginning, in 1991, Luděk, my son-in-law, used to drive me there three times a week. Of course, Luděk would carry me in his arms upstairs to the second floor where he would hand me over to Mr. Pfeiffer because I could not walk. I didn’t know what was going on, why I was going there, and I just sort of didn’t bother because I was in such horrible health condition, which was a justified excuse. And, at that time, I didn’t care what they did with me. I came back from the hospital completely knocked down, if I can say it like that, absolutely beaten because in hospital they were just injecting food into my veins, and when there was no more place to inject it, they would give me artificial veins. All that made me not think about where I was going, what I was doing, what they were doing to me. I was completely apathetic.

Mr. Pfeiffer, when you get to his office where he heals, firstly, that is something completely different and, secondly, it feels so different, even from a psychic point of view, you do not see anything other than a burning lamp, a small bowl with water and a pleasant man with beautiful hands. And he moves around you when he’s healing you, and he goes like ... He wouldn’t touch your body, not at all. And I’ve always thought, ‘How can this help?’ I still couldn’t grasp it anyhow but I could feel the influence



on myself. When I was going home after the first healing session, that is also interesting, he told me, 'Mrs. Vernerová, do not expose yourself to the sun, that would not be good.' And I was sitting in the back of the car when they were driving me home and suddenly I asked her, 'Could you have a look,' I was sitting at the back of the car, 'is there any sunshine hitting my back?' And she turned and said, 'No, why?' and I said, 'If you knew how hot my back feels, as if sun was shining at it.' And then I thought: 'So this is it, the heat, the strength, that's how it works.'"

MUDr. Eva Brunerová:

"Because we come from the same town, we used to see each other. She always told me how she was feeling – sometimes better, sometimes worse. **Slowly, as she was putting on weight, she started feeling well.**"

Mrs. Marie Vernerová:

"Well, I would like to say, and this is the absolute truth, I wouldn't lie, would I, that I went to see Mr. Pfeiffer on 6 May 1991. Since then, and I can swear on that, I have not had a flu, I have not taken a simple aspirin, since then I have not seen a doctor. I don't even know which doctor has my records, whether they put them in archives or threw them away, and I don't care. I have not seen a doctor for nineteen and three quarters of a year, and it was only because of my high blood pressure – which can be caused by age and worry, and which Mr. Pfeiffer worked on though without long-lasting success – that I had to go to the doctor. So I went from great Mr. Pfeiffer to my second great doctor, Doctor Brunerová."

MUDr. Eva Brunerová:

"I saw Marie in my capacity as a doctor about a year ago when Mr. Pfeiffer sent her to hospital due to her high blood pressure. On that occasion, we agreed we would check what her abdomen was like – what was going on in there."

Mrs. Marie Vernerová:

"You cannot imagine the exam the Doctor gave to me. She even examined under my nails. EKG, ultrasound ..."

MUDr. Eva Brunerová:

"Well, indeed in her abdomen there is an encapsulated, let's say tumour, a formation round in shape, some 8 centimetres large. There is not a single sign of free liquid in her whole abdomen, no metastases in her liver, all organs look very clean. The lab found a slight thyroid deficiency, which we already cured, and a regular level of sedimentation, around 50. No anaemia, no problem, no signs of any troubles. Tumour markers, all completely negative."

Mrs. Marie Vernerová:

"Well, my diet is very strict, which is, I can't have anything dark, such as chocolate, or anything light which turns dark: chocolate, cocoa, coffee, fried onion, bread crust, burnt fat; nothing fried. It is really necessary to follow the diet, it is a true part of the healing and if anyone fails to follow it, then they trip Mr. Pfeiffer up and make his healing more difficult, but then they have to suffer their consequences."

MUDr. Eva Brunerová:

"You know what I think, it is necessary to use all the options available and I believe that when it is under check, it is absolutely all right. Well, I really think that, somehow, Mr. Pfeiffer succeeded."



Mrs. Marie Vernerová:

“Well, I do not like saying it but in November I will be 75. And it is 6 May 2011 today. Thinking about it, **20 normal years have gone by**. And for all of this I would like to say a big thank you to Mr. Pfeiffer, a very, very big thank you, and I wish him success, with God’s help, in healing a lot more patients like me and keep it up because he is irreplaceable. A normal doctor can be replaced but he is a personality, he is the one; you can’t replace him.”

Marie considers her recovery a miracle

(The story was first published in the magazine Meduňka in 2008 ³⁷²)

Marie Vernerová (71) from Pečky u Kolína still has vivid memories of the time when she was dealing with cancer. She was only told by her doctors that she had gone through such a serious disease a year after it had happened. At the beginning of the nineties it was not usual to openly tell patients their diagnosis. She only learned about it after she had survived “by miracle”, as the doctors called it. “I was suffering from great stomach pain and nothing could relieve it. I wasn’t able to eat and, at 173 cm tall, I lost weight down to 48 kg. At the medical examination, I was told I had a gastric ulcer and had an operation recommended, which I underwent at the beginning of April 1991. During my operation, the doctors found out that it was a **malignant tumor** but they didn’t tell me. I only knew that my **stomach**



was obstructed, which was the alleged reason why I vomited any food immediately after I had eaten it, and was writhing in pain. During the operation they made a sort of a bypass around my stomach so that I could eat and drink at least a little bit. I walked out of the hospital on 12th April, even though “walk out” is not the right word, because I was brought to the car as light as a feather. They didn’t give me anything; no medication, nothing. It was only after a year that I learned I had stomach cancer and the doctors were only expecting me to live on for another three months,” Marie remembers.

When she felt the worst, her daughter Maruška, and her husband Luděk, were watching Tomáš Pfeiffer’s show on TV at home one evening, who was giving a general talk on biotronics and was sending his healing power to viewers through the screen. “I still have no idea how they got his contact – my daughter told me I don’t need to know everything, although right after my arrival from hospital, she brought me his dietary instructions, which I immediately started to follow. I had my biotronic session with Tomáš Pfeiffer on 6th May for the first time. My son-in-law used to drive me there, at first three times a week, then only twice a week. I’d never known there were any healers and hadn’t heard of biotronics but I was determined not just to try it but to stick to it. I told myself: It’s in God’s hands now! No one can imagine your feelings when you are so weak you can’t even raise a cup of coffee or wash your hands without help. My daughter had a one-year old son at the time, so she was taking care of two children at once; therefore, I wanted to get better because of her,” she continues.

Her first improvement was very fast. “In July, the young ones moved out since I was able to take care of myself. I was as slow as a tortoise but I was able to do all the necessary things, and that was a miracle. From September 1991 I continued with my healing sessions with Mr. Pfeiffer, but my son-in-law drove me there only a few times then because by autumn I was able to take the train to Prague by myself! I was overjoyed about that. Just imagine: a few months before I was almost

³⁷² Keilová Věra. BIOTRONIKA [BIOTRONICS]. Meduňka Journal, 1 March 2008. Also available at: <https://www.dub.cz/en/biotronics>



dead and suddenly I was living again! It was also my grandson Honzík who gave me the strength to live and handle everything. When he was older I used to take him to Prague with me, because we repeated a series of ten sessions several times in the following years, and Honzík always asked me: “Grandma, when are we going to see that nice uncle again?”

In January 1992, Marie was certified fit for work but instead she applied for her pension. Today, she lives as a satisfied retired person and enjoys very good health. “In the sixteen years since my recovery from cancer thanks to biotronics, after my release from hospital, I haven’t seen a doctor even once, except for a dentist, and I haven’t taken any medicine, including aspirin. I’ve never had to because I haven’t even had the flu. I have been following the diet Mr. Pfeiffer recommended to me, so I don’t know how chocolate or meat tastes any more. I consider my recovery a miracle and a real Resurrection. I was born for a second time; I am very grateful to Mr. Tomáš Pfeiffer and I hold him in high esteem,” Marie says. And she really did because her eyes filled with tears when all she had experienced came back to her during our conversation.

3.4.2 Mrs. H. – diagnosis: malignant lung tumor

(Transcript from the film Mrs. Heldová’s Testimony of Recovering from Cancer Thanks to Biotronics³⁷³)

Mrs. Heldová’s daughter:

“It was 14 February, 1999. My mother phoned us that she was very sick, but we didn’t have a car available at that time, so she said that she would go to hospital by herself, taking a bus.”



Mrs. Heldová:

“I started bleeding from my mouth.”

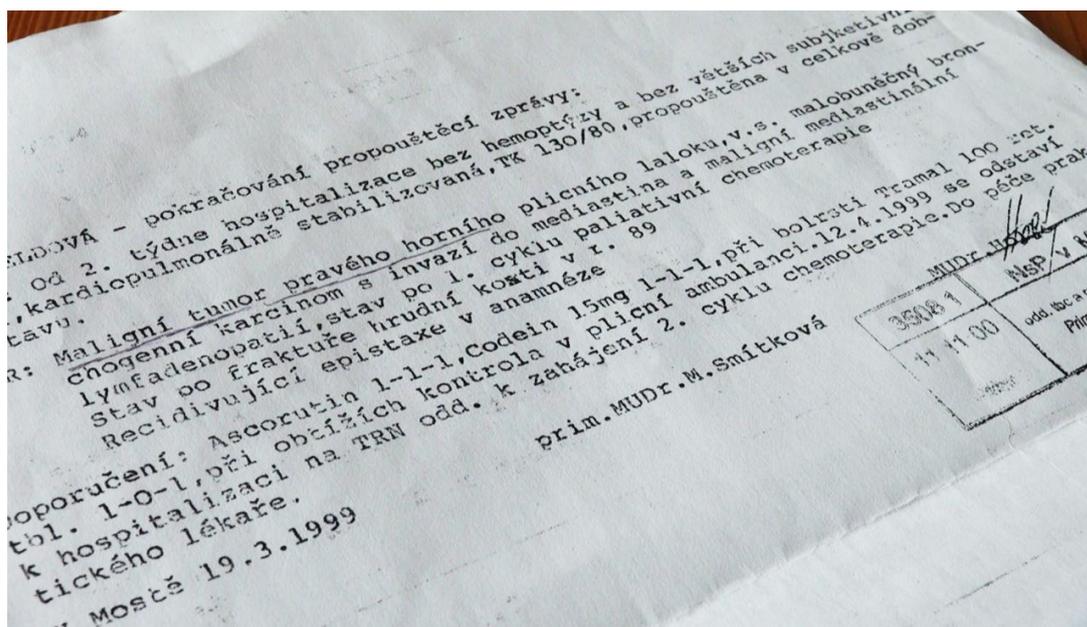
Daughter:

“She left, went to the pulmonary department and there, when the head physician found out that she was spitting up blood, she was immediately transported to hospital.”

Mrs. Heldová:

“Once, the head physician Smítková called me and said: ‘Mrs. Heldová, I don’t have good news for you, you have a **malignant tumour (N.B.: a malignant tumor of the right upper pulmonary lobe)**. It’s malignant. We may, sort of cure it, it will be a drastic treatment, but if you want, we can try it.’ I said that I wanted to, because I was afraid, and I started crying.”

³⁷³ BIOVID. *The film with testimony by Mrs. Heldová about her recovery from cancer with the help of Biotronics* [online]. 2012 [cit. 2016-03-30]. Available from: <http://www.dub.cz/en/treatment-of-cancer-with-biotronics>



Grandson:

“And that was the beginning of the classic ordeal that is practiced with cancer – they started healing her with chemotherapy and all that stuff.”

Mrs. Heldová:

“When I was in hospital for the first time, I had chemotherapy twice. Afterwards, they let me go home, I was still all right then, and then I was admitted on 19 April, they invited me again, saying I would have chemotherapy 12 times. When I received the eighth dose, because they took our blood every day, they found out that my white blood cells were destroyed.”

Daughter:

“She was so unwell that after about a fortnight or three weeks we were told that our mother wouldn’t come back from hospital at all. At that time my son Pepík was there with me and he took me from the hospital because I was crying.”

Grandson:

“I remember driving my mum to that hospital. My mother went there by herself, of course, being a daughter, and when she came out, she told me, ‘Grandma won’t last through the weekend, we are supposed to get ready for it.’”

Mrs. Heldová:

“They just found out that my condition has deteriorated critically and, immediately, all the cleaners had to start wearing masks, my family wasn’t allowed to see me. I was simply in an isolation ward, I don’t know exactly how long. And the nurse said: ‘Well, we’re sorry, it was probably too strong, Mrs. Heldová.’ Anyway, they let me go home though I couldn’t even walk.”

Daughter:

“She couldn’t breathe, she needed a constant support to lean on, was weak, fragile.”

Mrs. Heldová:

“They didn’t invite me for another check-up, nothing at all. I mean, I didn’t even know that my condition was that bad.”



Daughter:

“My mum was a great fighter. A great fighter, because when she was discharged, they told us that they were actually allowing her to die at home. The scenario would be that our mum would suddenly fall asleep and would never wake up again, that the disintegration of the blood cells was so bad that nothing else would ever come.”

Grandson:

“I’m happy today that they admitted it: ‘We aren’t able to do anything. We aren’t.’ Because that meant for us, all of a sudden ... suddenly we began searching for information – what was going on and how it could be solved.”

Daughter:

“Well, two months before that, sometime in March, Pepík had met Helenka, his first wife, who told us that she was in touch with Mr. Pfeiffer, that he was a healer, mainly interested in cases where it has something to do with cancer. And so when our mum got out of hospital and was in a really very, very bad state, they took her to a lecture by Mr. Pfeiffer.”

Grandson:

“We immediately carried her away there – I must say it this way – we carried her there.”

Mrs. Heldová:

“Mr. Pfeiffer got probably startled seeing me, because I looked dead.”

Daughter:

“Well, they arrange it there straight away and my mum became one of the first patients at Soukenická. Pepík and Helen took her there, I think sometime in early June.”

Mrs. Heldová:

“My grandson just even carried me to the second floor. And I can tell you I didn’t want to go to Prague then, because I wasn’t well, and I thought that they had certainly tried everything possible in the hospital, and my grandson said, ‘Grandma, you have to go to Prague, even if it gives you just one more year of life, you have to see Mr. Pfeiffer.’ Well, I’ve been here thirteen years since then; it’s been thirteen years.”

Daughter:

“It was a huge, radical change that happened to my mum. She became so much more alive, easy-going.”

Mrs. Heldová:

“It has such a strong effect on me, I literally feel like I’m spinning, I have to hold onto the handrail. He has such a power in himself, you know, that he passes on to you. **When I was here for the first five days, Mr. Pfeiffer got me out of it. That was in June. They used to come to my place to take blood samples, and when my daughter called them asking about the results after a week of my healing therapy, the doctor said: ‘Mrs. Povová, your mum’s blood cells are all right.’”**

Daughter:

“And she used to go there perhaps every other month, she spent her time there very often and we could really see how much she wanted to live – that she wanted to be here and that she had a strong will.”



Mrs. Heldová:

“Well, I mainly just relax in here. Here it is just ... the energy Mr. Pfeiffer gives us is only meant for us. After the treatment you are actually not supposed to open the windows, you have to air out the room in advance, you know, and you are supposed to lie down for two hours. And I follow all that dutifully. When I'm here, I want to make use of it. I like the facilities here – there is a nice kitchenette where you can store your things in the fridge, there are some instructions about what the patients should follow so that the treatment was effective, you know. Since 1999 I basically haven't eaten a slightest piece of sausage, meat, nothing like that, I faithfully stick to this.”

Daughter:

“Of course, when she was instructed about the diet – to change her dietary habits – she began to follow everything immediately. There was no question of her not doing it. She just wanted to live.”

Grandson:

“The whole family unified all of a sudden, trying to help, trying to somehow deal with it. There were some conditions – this and that must be followed. Do you have a problem with that? Well, since today I'll do it with you.”

Mrs. Heldová:

“My grandson arrived while I was preparing some chops. He took it all away and brought me something else, “Grandma, you mustn't eat this, you may eat that,” and so I have faithfully stuck to that diet ever since. I haven't taken any drugs for my disease, but I have been going for my regular check-ups when they invited me, to check my lungs. **When I met the head nurse and the head physician two years later, they just stared at me. They said: ‘Oh, Mrs. Heldová ...’ And I said, ‘Well, doctor, I'm still alive.’ Last year I went for a lung check-up and doctor Smítková said that I no longer needed to come because everything was in perfect order.** I was lucky to meet Mr. Pfeiffer soon enough. They discharged me on 19 May 1999 and I was at Mr. Pfeiffer's on 7 June, celebrating my 70th birthday on 10 June 1999 there. So, you see, it's been so many years, and on 10 June I turn 83.”

3.4.3 Mrs. O. K. – diagnosis: malignant tumor

(Transcript from the film Hidden Healer³⁷⁴)



Olga Kacetlová:

“Well, I have a lot of experience with biotronics since we were unlucky to have more ill people in our family. I myself was healed in the biotronic way by Mr. Zezulka. **I had a malignant tumour seven years ago and as I had this experience with my son and I believed in this treatment absolutely, I contacted**

³⁷⁴ BIOVID. The film titled Hidden Healer [online]. 2009 [cit. 2016-03-30]. Available from: <https://www.dub.cz/en/hidden-healer-video>



Mr. Zezulka and after ten visits, after ten of these healing sessions I was absolutely cured. The tumour disappeared on its own. It became smaller and smaller with each session, and after the ten visits it was gone for good. Without any treatment by a doctor of medicine I am healthy again today. My father-in-law was also treated in the biotronic way by Mr. Zezulka. He had a malignant tumour on the left hemisphere of his brain. It manifested itself by the fact that he was losing stability and had digestive problems. It was really bad with him. Well, because we knew Mr. Zezulka at that time, he healed my father-in-law as well. So after ten or maybe twelve sessions – my father-in-law had had maybe more treatments than me, but it was ten years ago and I must say that he has been absolutely healthy since then. So we are grateful to Mr. Zezulka for very much. It's a pity we were unable to repay him in full. If you don't meet him personally, it is something unnatural, something you wouldn't believe unless you saw it with your own eyes. And if you receive experience of this first-hand, it will change you, it will change your attitude towards man to a certain extent ... I don't know, I would perhaps help anyone. Man is changed, he is actually born again and so he is very grateful for it, for the help, and thus he becomes a different person. I don't know how to express it in a different way."

3.4.4 Mrs. A. M. – diagnosis: multiple sclerosis

(Transcript from the film Hidden Healer³⁷⁵)



Alenka Moutelíková:

"I had multiple sclerosis when I was about nineteen years old and when they treated me in hospital, there weren't any results. They considered me an untreatable patient, they didn't know what to do with me, and so they let me go home for weekends. And thanks to these days off when I was at home, Mr. Zezulka could visit me and heal me, although he said at first that he didn't know if his treatment would have any positive effect, but that we could try it anyway. And when he came for the second time, third time and fourth time – everytime there was a slight improvement in my state. So when he came to me for the second time, I made perhaps two steps, yes, before that I wasn't able to do even this – I couldn't even stand up, and so I was really astounded. And then, after several visits at our place I was walking, holding my father's hands, like this, and I went from my room to the living room and back again. Otherwise, my parents had to carry me to the toilet, to the bathroom, to the table in the dining room and so on, yes, it was not possible for me. But I was getting better and better. In the end my father would drive me to Mr. Zezulka into his flat in Smichov, where he lived, he told me that in the environment where he lived all the time I was breathing what he was radiating with my whole body. You know, it is very hard to find the appropriate words to describe him. To say that he was a good man and so on, well, yes, this is for sure, but in my opinion this is a very weak

³⁷⁵ BIOVID. The film titled Hidden Healer [online]. 2009 [cit. 2016-03-30]. Available from: <https://www.dub.cz/en/hidden-healer-video>



description of what he was really like. To put it simply, if it were not for my parents and him, I wouldn't stand here now, I would be still lying in some institution for immobile patients or maybe not. **Yes, you know, I was born again thanks to him. They had written me off in the hospital, they had simply said to my parents: "Find her some place where she can live"**, yes, or vegetate in this way, if I can say it like this. They simply wrote me off there, and said: "Sorry, there is nothing else we can do for her, we are not able to do anything." So I am grateful to him and his asceticism – he was able to restrain himself from so many things, so the quality of his energy he gave to the ill ones was as powerful as possible. Yes, he used to live without any partner, he didn't drink any alcohol or smoke, you know, or anything like this. No meat, nothing that would disrupt the energy he was passing on."



Eva Jenčeková:

"Well, I saw many patients who **came here in a really deplorable state and after let's say three months they were extremely happy that Mr. Zezulka had healed them. Some of them were ready to witness that they had been healed by Mr. Zezulka but most of them were afraid of what their doctors would say to them because doctors didn't want to hear this. It was very difficult for it to reach the public.**"³⁷⁶

3.4.5 Mr. L. M. – gastric ulcers

Luděk Munzar (actor)³⁷⁷:

"Well, I met this healer back when not much had been written or said about him, I guess around 1968 or 1969. I was getting a lot of **stomach aches** at that time and I was going through a lot of difficult and complicated examinations, including gastroscopy. Basically, I had **stomach ulcers** and severe problems. I even had to stop working at the theatre for a while. After a lot of going back and forth about whether or not to have the operation and varying advice from doctors, I met this healer, Mr. Zezulka. I tend to be a bit sceptical about a lot things, but I thought, 'Well, I'll try it' because it was one of the few options left other than surgery. And the disease was going to get worse, and there

³⁷⁶ BIOVID. The film titled Hidden Healer [online]. 2009 [cit. 2016-03-30]. Available from: <https://www.dub.cz/en/hidden-healer-video>

³⁷⁷ Československá televize Praha, tvůrčí skupina Jiří Věřčák – Vlasta Pavlíčková. *Dokumentární film: Možnosti psychotroniky [Czechoslovak television Prague, Jiří Věřčák's creative group – Vlasta Pavlíčková. Documentary: The Possibilities of Psychotronics]* [online]. [cit. 2016-02-16]. Available from: <http://www.jasnovidec.estranky.cz/clanky/clanky-o-jasnovidectvi/vido---kurz-psychotroniky---odtajnene-video-s-byvaleho-ceskoslovenska-tajny-vyzkum.html> ; <https://www.youtube.com/watch?v=z94harXSSz0>



would be other related issues, and so I was scared, as anyone would be. Well, he stood me in front of him and started moving his hands, I'm not sure how to describe it, he moved his hands close to my body without touching it. He moved his hands around my head and halfway around here, and then back again and then he said: 'Tell me when you feel some kind of warmth.' He moved his hands back and forth about 5-6 cm, maybe 10 cm, away from me, I can't say exactly. Then suddenly he concentrated on one spot here, where the chest bone is and said, 'It's here.' **That area stopped hurting after what he did and for the first time I felt such a relief.** I also felt a warmth that faded with time, of course. We arranged some more dates, and he told me, 'I don't think that surgery is necessary.' However, I still went for the operation a year later, in 1969. Long story short – they did the **surgery and afterwards the surgeon, professor Placák, told my wife they had cut open my stomach, and even looked at my gall bladder because x-ray images weren't quite consistent, but he just said: 'It looks like he has had gastric ulcers that have healed already.'** So, the gastric ulcers had been there, but all of Mr. Zezulka's visits had managed to cure them. That's what I think."

3.4.6 Mrs. P. – diagnosis: cancer



(Tomáš Pfeiffer:) Mrs. Procházková has not needed any treatment for 24 years. She was treated for 2.5 years for... (Mrs. Procházková:) **Gynecological findings, cancer with metastases, intragastric loops. I had tumours with huge cysts on my peritoneum. I gradually lost weight until I weighed only 40 kg, but I had this huge stomach just like I was about to give birth and the doctors said I had three months to live.** (Tomáš Pfeiffer:) This was the condition Mrs. Procházková was in when she started to be cured. There were other complications. Mrs. Procházková was allergic to rubber, but rubber tubes were used during the examinations, which just exacerbated her condition. Her abdomen was in a desperate condition. What happened next? ... (Mrs. Procházková:) When I met Mr. Pfeiffer, I had had several surgeries, three large abdomen surgeries. My condition was so bad I really only had three months to live. I was lucky that my doctor at Motol Hospital that told me: "Try, whatever you can." At that time, 1989, the Velvet Revolution was in motion; books on alternative medicine were beginning to be published and when my mother saw my condition and the state I was in, she started looking for anything that might help. And at this point I also had two small children at home. My mother had a friend whose boyfriend had been treated by Mr. Zezulka his whole life, and he had hardly ever been ill. We got in touch with Mr. Zezulka but he told us: "I no longer heal, but I'll put you in touch with my student." That is how I found Mr. Pfeiffer. I had already been through chemotherapy and radiotherapy without any effect, and Mr. Pfeiffer said: "Well, since you're freshly irradiated and still radiating a lot, you'll need to hold on for another two months before we can start." I visited him daily, my parents drove me there every day for 18 months. Then, we were able to visit him less often. After 2.5 years **the tumour, the first one that had been the size of a grapefruit, 15 cm in diameter, was gone.**



When I first met him I weighed 40 kg. And I have to say that I went to a medical high school, so I wasn't keen on alternative therapies and I didn't believe in them. My mother pushed me into it. At first, I didn't think the treatment was doing much and I was in terrible pain, so I was taking opiates. **Well, my condition gradually started to improve and the tumour started to shrink. When the doctors saw me 18 months later they didn't even recognize me because I was gaining weight again and looked much better. After 2.5 years, we could actually stop the treatment because the tumour, the metastasis, everything was all right and everything was gone.** That is what happened and how it ended.

Source: Profesní komora Sanátor – svaz biotroniků Josefa Zezulky. *Alternativní medicína (CAM) ve světě – rozpor „tady a tam“ je doslova explozivní. Tisková zpráva.* Duchovní univerzita Bytí [Professional chamber Sanator – the Union of Biotronicists of Josef Zezulka. *Alternative medicine (CAM) in the world – contradiction “here and there” is in one word explosive. Press release.* Spiritual university BYTÍ] [online]. Prague, 30. 11. 2016. [cit. 21-05-2017]. Available from: <https://www.dub.cz/cs/tiskova-zprava-alternativni-medicina-ve-svete>



3.5 Some of the Responses to Biotronic Interventions – Letters and Emails

(The blue colour highlights important parts as regards medicine, the red colour refers to health problems and the green one to health improvements.)

The selected 11 responses have been chosen from approximately 125 letters.

All the responses are available at (not all of them have been translated into English yet):
<https://www.dub.cz/en/peoples-experience-with-biotronics>

2 June, 2006

Dear Mr Pfeiffer,

I am writing to thank you for your treatment which has restored my health. I would like to thank you for the selflessness and love with which you treated me.

Here is a short description of my illness:

In February 2005 my doctors diagnosed me with **multiple metastasis on my lungs** based on a CT scan. (I had undergone a partial surgery of my right breast in 1993 and another operation on my right breast in 1996). A drastic chemotherapy treatment followed, based on the CT scan, and finished in July 2005. In August 2005 I underwent another CT scan, again with the same medical finding as before the chemotherapy treatment, there was no improvement.

In September 2005 I started your biotronic therapy. My lungs were CT scanned again in May 2006 and this time **the result of the scan was n e g a t i v e!**

I am not able to express in words how deeply grateful I am and how much I respect you, your work and your treatment. Only a person who has experienced something similar and who knows how terrifying it is to have such a diagnosis, can understand my gratitude to you and your treatment. Thank you from all my heart.

Please also accept my warmest and kindest thanks for my son's recovery.

May God bless you, help you and protect you.

With respect and humility A. Z.



2 January, 2007

Dear Mr Pfeiffer,

I would like to thank you for the help you gave me in overcoming my illness.

A year ago (on 2 January, 2006) I was diagnosed with **rheumatoid arthritis**. I had two options – either accept the treatment recommended by my rheumatologist, i.e. a radical therapy which could stop the development of the disease but that had side effects, or Biotronics.

I chose Biotronics and turned to you for help. Following my repeated stays in Prague (a total of six stays in 2006), **the illness did not develop and the problems eased off**. The next X-ray check-up was set for the middle of April.

Please find the medical records with all my blood and urine analyses enclosed.

I would like to thank you once more, and I wish you good health and strength in your commendable work in the New Year.

Z.V.

13 June, 2014

Good evening – I would like to recall the year 1998, when Mr T. Pfeifer conducted a biotronic intervention on my son ***** after a car accident – the doctors had let **the comminuted fracture on my sons leg heal incorrectly**. They then had to break his leg again and use screws to connect the bones. Unfortunately, his leg was left very bowed (there are witnesses to this). After Mr T. Pfeiffer's biotronic intervention, **my son's leg straightened again, but the screws were curved due to the intervention. This shocked the doctor to such an extent that he recorded it in the documents**. All the documents are available at Mr T. Pfeiffer's office – both the medical record and the X-ray images as proof of truth.

V. L. – mother

23 June, 2014

Hello, I had **a myoma on my uterus for about 15 years**. During this time, it gradually grew until it was approximately 12 cm large. The only treatment I received was Mr Tomáš Pfeiffer's biotronic therapy, and I am enclosing a medical record of the fact that **the myoma disappeared completely**. I thank Mr T. Pfeiffer and Biotronics from all my heart for the great help.

J. R.



VÝMĚNNÝ LIST - POUKAZ
k odbornému vyšetření, ošetření, ústavnímu léčení

do _____ Kód ZP 117
Jméno pacienta: _____ RČ: _____
Bydliště: _____
Zaměstnavatel: _____
Subj. potíže:
Postmenopauza.
Gyn. bez obtíží.

Objekt. nález: Vulva a vag. b.p.n.,
čípek 0, děloha je v RP, norm.
velikosti, volná, adnexa nezduřená,
Dg: volná, Douglas 0, malá pánevní b.p.r
Dosavadní léčba: Kontrola za rok.

Požadováno: _____
Datum: 30-05-2011 _____
Razítko a podpis lékaře
Tiskárna Radovan Špička, Vokos 16, 789 01 Zámek, tel.: 583 411 176 • n095

23 June, 2014

Hello dear all,

In April 1991 I underwent surgery due to a **malignant tumour in my left breast**. The surgery was followed by chemotherapy. About six months after the chemotherapy, my condition started to deteriorate. My doctor did not give me any medicine even though I had apparent problems. I began searching for help elsewhere and found Mr T. Pfeiffer's biotronic treatment. By that time, **my legs, hands and eyelids had were swollen and I had had pains all over my body**. I will not go into further detail. Mr Pfeiffer put me on Zezulka's anticancer diet. I commuted to Prague by train three times a week. The therapy always consisted of ten biotronic interventions altogether and then there was about a week's break. **My condition slowly started to improve, the lumps and pains were alleviated and I regained my life again**. I have now lived with cancer for 23 years and I thank Biotronics and Mr Pfeiffer for all the help.

Thank you, from all my heart, for life.

J. R.



25 June, 2014

Dear Mr Pfeiffer,

Thanks to your biotronic interventions, I have been healthy for the past ten years. In 1997, I was diagnosed with the **autoimmunity disease hyperthyroidism – Graves' disease. My symptoms included collapses, an irregular heartbeat, endocrine orbitopathy, insomnia, tiredness, nervousness, significant weight loss and hair loss.** My laboratory results were very high, see the enclosed medical record. I was treated by an endocrinologist, I took large doses of Carbimazole, alongside other medications. Whenever the dosage was decreased, it was followed by decompensation and relapse. As a result, I started taking corticoids and my doctors suggested I undergo surgery – a total thyroidectomy followed by radioiodine treatment. I refused this treatment. I was very lucky, as you opened the Biotronic Centre for Social Support in Prague just a year later. I spent five days there in that unbelievably beautiful, peaceful place and received exemplary care from you and your helpers. And all this was provided free of charge. Shortly after I got home, **all my laboratory results had returned to normal. Thanks to you, I have been in perfect health for many years.**

In 2012, I suffered **an injury – a compressive fracture L1, solved by an operation – vertebrae plastic surgery and the synthesis of Th12-L1.** I was hospitalized in Slovakia for three days, before being transported to Brno. Again, you helped me. Your distance biotronic invention came immediately after the injury and in the following days. I can hardly find the words to describe it. If you haven't experienced this, you won't believe it. In hospital, I often thought about how wonderful it would be if the doctor could cooperate with a biotronicist. In my case, my neurosurgeon conducted my operation successfully. A biotronicist, **hanks to your biotronic interventions at distance, my recovery was smooth and quick. I was not in pain, I slept well at night and was soon able to start physiotherapy. This was followed by a week of your care at the Biotronic Centre for Social Support in Prague, and I was then able to return to work again. Nobody believed I would be able to manage this. After another month, I even returned to my three-shift operation job despite the fact that most people with this diagnosis end up on disability retirement.**

I have worked as a nurse for thirty years and I know very well how our healthcare system works. Over the past twenty years, I have also had the opportunity to see how Biotronics works. I have experienced how both treatments work simultaneously. I am convinced that the above-mentioned cooperation between doctors and biotronicists would be a great contribution for all those in need. This has actually been proven by Mr Zezulka during the research trial in Vimperk hospital in 1980. Therefore, it is vital that this branch becomes officially reocognized and has the opportunity to develop and be preserved for the future generations.

Thank you, you have my great respect for what you do for people and for everything.

Best regards,
M.V.



	LÉKAŘSKÁ ZPRÁVA - NÁLEZ
	pro GL
Příjmení, jméno	rodné č. č. pojšťovny
Klin. dg.	Provedeno vyšetření dne
<p>ANAMN: RA: negat. GA: menses reg, 2 porody, AK 0: OA: nastonala, léky 0: NO: několik měsíců váhový úbytek -7kg, pocení, palpatace, únava, adynamie, TSH 0,01 TT4 290 TT3: 8,06 obj. - hyperfunkční, oči 1 sk jinak 0, struma dif. 8* 8x4x2, uzly nehm., uzliny 0 P 110/reg, otoky 0; adynamie 0. RES: hypertyreóza, floridní, čerstvě zjištěná dop.: dnes FT4, FT3, TRAK protilátky, z medik. Carbimazol 3x2, Trimepranol 2x1/2, sedativa, vitaminy, kontroly KO za 14 dnů. K₁idový režim, PN. rp. R.30.9.10, 30hod. při zhoršení dp.</p>	
Tiskárna OLprint, Štápanice	
	LÉKAŘSKÁ ZPRÁVA - NÁLEZ
Označení ústavu, odd., pracoviště	pro ZL
Příjmení, jméno	rodné č. č. pojšťovny
Klin. dg.	Provedeno vyšetření dne
<p>Norbis Graves Basedovi léčená Carbimazolem 3x2 tbt od 1.9.1997, var zna endokrinní orbitopatie bez diplopie, jen otoky víček, a pocit cizího těliska v ODS. 30.9. labor. TSH 0,02 FT4 jen 7,3 FT3: 3,17., protil.tgl: vysoké- mikros. vysoké., TRAK. velmi vysoká 238., sono: št.žl. PL: max. 57 mm., istmus do 9 mm. LL: max. 52 mm., bez uzlů. lehce nehomogení s hypoech okrsky - vs- Basedow.x obj: subj. pocit pálení řezání v očích, diplopie není, lago: 0., G.S.M. negat. chvoštěk negat., struma hmatný dx. lalok. difusní, plapl. nebol. pohybl., kůže sušší, "odpoledne" spavost u stolu" - medikanetosní hypothyreosa dopor: dnes TSH:..... FT4:..... k verifikaci, snížit Carbimazol postupně nyní na 1-2-2 tbt., za 14 dní 1-1-2 tbt, přidat L- Thyroxin 50 ug ráno obden., Lacrisyn oční gtt., kontroly KO a diff. kontrola 28.11.1997 v 9 hod., dále PN. Tmažá skla,</p>	
Dr. Hr	



(6)

LÉKAŘSKÁ ZPRÁVA - NÁLEZ
KOPIE

pro

rodné č. **7. červce 1998** pojišťovny

Příjmení, jméno rok nar. č. prot.

Klin. dg.
 dg: Morbus Graves Basedovi., remise, a opak. recidivy při
 snížení Carbimazolu pod 3 tbt denně.
 Oční postižení t.č. bez klinicky pozitivního nálezu.
 Celý proces je autoimunní s pozitivními protilátkami proti št. žláze / tgl. a PEO /., a vysoký titr protilátek proti resept. TSH.
 Nyní labor. zn.: ppm Mditý při L tbt Carbimazolu., atruma nederivuje při L Thyroxinu 50 ug. lačno., Prednison byl již vysazen. / Le 6,2 Tr:199, TSH: méně než 0,01., T4 167 nmol/L., T3 norma.
 res: po opak. pokusech nelze u pac. dlouhodobě Carbimazol snížit pod 3 tbt denně, / pak. za čas vždy dekomp. /.,
 dopor: Carbimazol 3x1 tbt, L- Thyroxin 50 ug.,
 kontr. Le lx za 1 m., Carbimazol 3 tbt červenec, srpen, září v polovině září TSH dle hodnoty ev. snížit, či ponechat. pak. kontrola s výsl.

*Při embolizaci zoperován
PL Ty + PEO, TRAK*

EOT 119022



II.interní klinika	IČO: [redacted] tel. + [redacted]	Příjmení [redacted] Jméno [redacted] Titul [redacted]	Str. 1
			ČP: [redacted]
	Bydliště: [redacted]	Zaměstnavatel: [redacted] Povolání: [redacted]	Poj 211
	Telefon: [redacted]		
25.11.2003 12:02:06 E050 0254 - 2.IK - ambulance endokrinologická IČP: 72001778 ODB: 104 Příchod 11:43			
subj.dobře,klin.euf.,struma palp.minimn, oči klidné. KO norm., TSH 0,93 FT4: 13,3 FT3: 2,09 Carb. snížit na 1/2 ob den, r.16.3. 11,45 [redacted]			
II.interní klinika	IČO: [redacted] tel. [redacted]	Příjmení [redacted] Jméno [redacted] Titul [redacted]	Str. 1
			ČP: [redacted]
	Bydliště: [redacted]	Zaměstnavatel: [redacted] Povolání: [redacted]	Poj 211
	Telefon: [redacted]		
16.4.2002 12:11:27 E050 0254 - 2.IK - ambulance endokrinologická IČP: 72001778 ODB: 104			
subj.dobře,klin.euf.,struma minim,oči klidné. TRAK 5,2 TSH 0,01 FT4: 15,6 TT3 1,98 FT3: 3,11 RES: imunogenní hypertyreóza t.č.eufunkční při terapii dop.Carbimazol 2x1 a 1x1 střídat 16.7. v 11,00hod, při zhorš.dp.STE nechce [redacted]			
II.interní klinika	IČO: [redacted] tel. + [redacted]	Příjmení [redacted] Jméno [redacted] Titul [redacted]	Str. 1
			ČP: [redacted]
	Bydliště: [redacted]	Zaměstnavatel: [redacted] Povolání: [redacted]	Poj 211
	Telefon: [redacted]		
21.9.2001 13:32:15 E050 0254 - 2.IK - ambulance endokrinologická IČP: 72001778 ODB: 104			
subj.dobře,klin.euf.,struma minim, oči klidné. sono: dx.l. 28x28x60, isthmus 6mm l.l. 22x21x55mm, nehomog.,bez ložiska- TSH 0,04 FT4: 10,8 TT3: 1,12 TRAK odebrán, pac.dodá. RES: imunogenní hyperteyreóza, recid.,t.č.eufunkční dop.:Carbimazol 3xl a 2xl střídat ob den,kontrola za 2 měsíce [redacted]			



IČO: [redacted] tel. + [redacted]	
II.interní klinika	Příjmení [redacted] Jméno [redacted] Titul [redacted] Str. 1
	ČP: [redacted]
	Bydliště: [redacted] Poj
	Zaměstnavatel: [redacted] Povolání: [redacted] 211
Telefon: [redacted]	
24.3.2004 11:55:04 E050 0254 - 2.IK - ambulance endokrinologická IČP: 72001778 ODB: 104 Příchod 11:48	
subj.dobře, klin.euf., oči klidné, struma není hmatná, P 70/reg. TSH 1,76 FT4: 12,24 T3 1,72 dop.Carbimazol 1/2 2x týdně sníženo, příště ev.ex?.r.14.9. v 11,30	
[redacted]	
IČO: [redacted] tel. [redacted]	
II.interní klinika	Příjmení [redacted] Jméno [redacted] Titul [redacted] Str. 1
	ČP: [redacted]
	Bydliště: [redacted] Poj
	Zaměstnavatel: [redacted] Povolání: [redacted] 211
Telefon: [redacted]	
14.12.2004 11:47:08 E050 0254 - 2.IK - ambulance endokrinologická IČP: 72001778 ODB: 104 Příchod 11:33	
subj.dobře, klin.euf., struma není, oči klidné. TSH 1,09 FT4: 12,5 TT3: 1,89 res-tyreotoxikóza v remisi dop.bez terapie, kontrola za 1/2roku, při zhoršení dp.	
[redacted]	
IČO: [redacted] tel. [redacted]	
II.interní klinika	Příjmení [redacted] Jméno [redacted] Titul [redacted] Str. 1
	ČP: [redacted]
	Bydliště: [redacted] Poj
	Zaměstnavatel: [redacted] Povolání: [redacted] 211
Telefon: [redacted]	
5.10.2005 11:56:49 E050 0254 - 2.IK - ambulance endokrinologická IČP: 72001778 ODB: 104 Příchod 11:44	
subj.dobře, klin.eufunkční, struma minim prakt.nehm., uzly o,uzliny o,oči klidné, kůže norm. P 70/reg. TSH 1,99 FT4: 12,8 TT3: 1,84 res-imunogenní hypertyreóza v remisi, bez terapie dop.kontroly u OL u nás za rok, při zhorš.dp.	
[redacted]	



ČO: [redacted] tel. [redacted]

II.interní klinika	Příjmení	Jméno	Titul	Str. 1
	[redacted]			ČP: [redacted]
	Bydliště:	[redacted] Poj		
	Zaměstnavatel:	[redacted] Povolání:		211
Telefon: [redacted]				

10.10.2006 12:07:09 E050 0254 - 2.IK - ambulance endokrinologická IČP: 72001778 ODB: 104 Příchod 11:51

subj.dobře, klin.eufunkční, struma minim, uzly nehm., oči klidné
TSH 2,03 FT4: 13,5 TT3: 2,08
res-imunogenní hypertyreóza v remisi, bez terapie
dop.kontroly u OL u nás za rok, při zhorš.dp. [redacted]

ČO: [redacted] tel. [redacted]

II.interní klinika	Příjmení	Jméno	Titul	Str. 1
	[redacted]			ČP: [redacted]
	Bydliště:	[redacted] Poj		
	Zaměstnavatel:	[redacted] Povolání:		211
Telefon: [redacted]				

3.10.2007 12:12:43 E050 0254 - 2.IK - ambulance endokrinologická IČP: 72001778 ODB: 104 Příchod 11:38

subj.dobře, klin.eufunkční, struma minim, uzly nehm., oči klidné
TSH 1,91 FT4: 11,9 TT3: 1,93
res-imunogenní hypertyreóza v remisi, bez terapie
dop.kontroly u OL u nás za rok, při zhorš.dp. [redacted]

[redacted]	[redacted]	Protokol o výsledku vyšetření 1 / 1	
		Kopie - Tisknuto [redacted]	
Datum uzavření: 23.6.2014 11:12		Datum tisku: 23.6.2014 13:40	

Jméno:	[redacted]
Číslo pojištěnce:	[redacted]
Plátce:	211
Diagnóza:	E042
Datum a čas odběru:	23.6.2014 8:10
Datum a čas příjmu:	23.6.2014 9:47
Studie:	

Požadavek číslo: 23.BC-0589, 23.BR-0589

Metody	Hodnoty	Jednotky	Ref. hodnoty	Grafika
Analyzovaný materiál	Sérum			
Vzhled vzorku	fyziologický			
Sérum-Plazma				
Hormony				
# TSH_S,P	2,42	mUI	0,27 - 4,20	*
# T4 volný (FT4)_S,P	14,23	pmol/l	9,00 - 25,00	*
# T3 celkový_S,P	2,10	nmol/l	1,30 - 3,10	*



1 August, 2014

Tomáš,

I would not be celebrating this birthday if it weren't for you.

My ship was already sinking in the weir when you pulled it to safety. And so I am still sailing. Those a few halting words are not able to express my gratitude and love – the most important things are unspeakable...

Thank you for the recognition that life has meaning even though it hurts at times.

Thanks for the wild river where I try to remember this everyday.

Thank you!!!

M.K. 31 March 2013

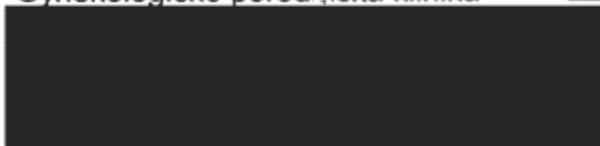
From a woman who was diagnosed with **breast cancer** aged 39.

Biotronic intervention was provided prior to the operation.

Acknowledgement on the occasion of her 50th birthday, 11 years after being diagnosed with the tumour.



Gynekologicko porodnická klinika



Propouštěcí zpráva

p. [redacted], byla hospitalizována na gynekologicko - porodnické klinice [redacted] 25. 8. - 3. 9. 2002

Diagnosa: Carcinoma mammae I. sin. C 50.9

Operace: Segmentectomia mammae I. s. s. pr. sentinela mapping,
Extirpatio sentinel lymph nodes, exenteratio axillae I. sin.
Resectio v. s. mammae accesoriae I. sin. - 26. 8. 2002
- kopie operačního protokolu přiložena

Průběh: Po operaci bez obtíží, eliminace drenů 7.den, aspirace seromu z axily, sutury se hojí per primam intentionem. 8.pooperační den propuštěna do ambulatní péče.

Histologie: Segmentectomie - adenoca mammae, typ medulární, s lymfoidním stromatem, mikrometastáza karcinomu v marginálním splavu v jedné intramamární uzlince v těsném sousedství nádoru, 2 sentinelové uzliny bez nádoru, 15 exstirpovaných axilárních LU bez nádoru, pT2 pN1 pMx, grade 2, akcesorní mamma v. s.

Imunohisto: estrogenové a progesteronové receptory negativní, ERB negat., p-53 minimálně pozitivní

Staging: CA 15-3=35,1...25,8, CEA=1.62...0.55
RTG S+P- norm. nález, SONO jater – bez patologie,
Scinti skeletu – zvýš. metabol. aktivita při horním okraji jamky pr. ramenního kloubu,
proto doplněn RTG snímek pravého ramene – normální nález

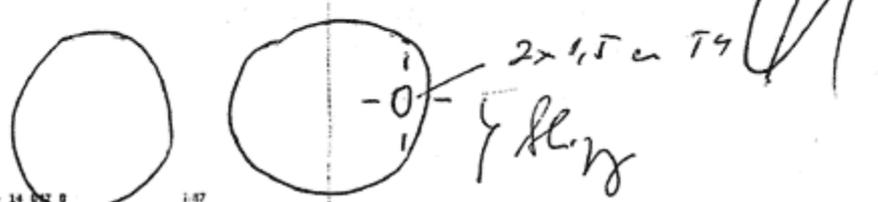
Terapie: Fragmin, infusí, analgetika, Degan

Doporučení: Onkologické konsilium 11. 9. 2002 – [redacted]

Onkologické konsilium - vzhledem k věku a nálezu/negativite HR
dop. chemoterapii sdjv a radioterapii prsu.
převzata do péče onk.





Operační vložka chirurgická do záznamu o zdraví a nemoci		
Označení ústavu	Číslo záznamu	Číslo vložky
Příjmení a jméno nemocného: [redacted]		
Operace dne: 26/8 2002		
Anestezie: [redacted]		
Operátor: [redacted]		
Asistent: [redacted]		
Sestra: [redacted]		
Diagnóza: Carcinoma mammae l. sin		
Bruh operace: Segmentektomie mammae l. sin patent blau mapping extirpatio sentinel lymph nodes exenteratio axillae l. sin Resectio v.s. mammae accesoriae axil. l. sin		
<p>Každ hmatným a verifikovaným karcinomen levého prsu provádíme semicirkul. incizi. Tumor resekujeme i s lemem zdravé tkáně + sampling tkáně z centrální a bazální stěny biopsie.</p> <p>Karcinom na řezu má velikost 2,5x 1,5 cm.</p> <p>infiltrace stěny segmentu patent blau. Incize v přední axil. linii mezi tukové-vazivovým útvarem naléhajícím na záďavý sval a hranici s chlupení. Řež pronikneme do axily resekce tohoto útvaru, který makroskopicky připomíná přídatnou ml. žlázu. Poté identifikujeme 2. a 3. odře sentinelové L0- ad PS (bez tumorů) Od axilární vény v II a I etáži disekce tukové a lymfatické tkáně. Nad vénou detekujeme více L0- jednu z nich odstranujeme na histo.</p> <p>I etáž makro 2 L0 II etáž 2 L0. P. hemostáze elektokoagulací zavádíme vedon a provádíme suturů.</p> <p>Hemostáze dutiny po segmentektomii, 2 hluboké s ehy na s odinu označení lůžka tumoru klipami, traumacel, eap, blau a sutura.</p> <p>Výkon bez komplikací, ztráta do 100 ml. Strana</p>		
		
IT - 14 042 B	1-07	SG-71-0040



stránka 1 z 2

Ústav patológie a molekulárnej medicíny

Jméno: [redacted] Číslo biopsie: [redacted]
Rodné číslo [redacted] Klinika: gyn.por Datum biopsie: 27.8.2002
Pojišťovna: [redacted] Bloky: 38 RN:
Adresa: [redacted]
Klin. dg.: Ca mammae I.sin
Odebral: [redacted]



Biopický nález:

Makro A: sentinel.uzlina I
Lymfaticka uzlina 22x10x6 mm velka, na rezu nasedla.

Makro B: sentinel.uzlina II.
Lymfaticka uzlina 16x8x6 mm velka, na rezu seda, makroskopicky bez nadoru.

Mikro:

PEROPERACNI REZY:

A/ Lymfaticka uzlina je s chronickým katarom splavu, bez nadoru.

B/ Lymfaticka uzlina je s chronickým katarom splavu, bez nadoru.

Vysledek telef.sdelen dne 26.8.2002 v 9.50 hod.

DEFINITIVNI VYSETRENI:

A/ Nalez tyz, uzlina je bez nadoru, jen schronickým katarom splavu.

B/ Nalez tyz. Lymfaticka uzlina i periglandularni tuk jsou bez metastaz.

2/0

Makro C: segmentektomie

Segment mammy celkove velikosti 60x40x30 mm je oznacen stehy jak uvedeno na pruvodce. Na povrchu je temer po celem obvodu clenena tukova tkan, pouze pri kratkem modrem stehu, tedy pri centralnim okraji je tukova tkan s loziskove belavym prouzkovanim. Resekat prokrajzen lamelami horizontalne vedenych rezu tloustky kolem 3 mm.

Na techto rezech byl zastizen zlutobelavy uzel o vel. 21x14x16 mm, který je mene presne ohranicen od okolniho tuku a na pohmat je tuhy. Tento uzel je v nejuzsim miste vzdalen necely 1 mm od spodiny resekatu, od ktore je oddelen makroskopicky fascii. Ve vztahu k medialnimu a lateralnimu okraji je situace zcela dobra, nador je oddelen az nekolik mm silnou vrstvou tuku.

Mikro C:

V resekovanem segmentu mammy byl zastizen adenokarcinom mammy, solidni, s lymfoidnim stromatem, který tvori elementy s vyraznym jaderkem v relativne veljich jadrech. Jen vyjimecte v cytoplasmе nadorovych bunek jsou hlenove vakuoly mucikarmin pozitivni. Tubularnich formaci je minimum, pocet mitoz je vysoký, jaderny polymorfismus je rovněž vysoký, což odpovida jeste stredne diferencovanemu karcinomu (1+3+3= 7 bodu).

Imunohistochemicky jsou estrogenni receptory negativni, progesteron negativni a ERB rovněž negativni.

Protein p-53 je minimalne pozitivni (pod 1%).

V tesnem sousedstvi nadoru byla zastizena drobna lymfaticka uzlina, která je s mikrometastazou tohoto adenokarcinomu v marginalnim splavu. Ohranicení karcinomoveho uzle oproti okoli je dobre, karcinom nikde v porizenych rezech nezasahuje k hranici operacniho rezu, i když v nejuzsim miste je oddelem od nej pouze vazivovym pouzrdem cca 1 mm silnym. Vetsinou je vsak lem okolni zlazove-tukove tkane silnejsi, az 5 mm.

G2

Makro D: spodina segmentektomie

Castka tukove tkane loziskove zahnedla velikosti 30x22x5 mm. Vse zpracovano.

Mikro D:

Tkan ve spodine segmentektomie je charakteru tukoveho vaziva s nekolika dukty v perilobularnich septech a je bez nadoru.

7/1

Makro E: centralni okraj segmentektomie

Castka tukove tkane loziskove belave velikosti 25x15x10 mm. Vse zpracovano.

Mikro E:

Centralni okraj segmentektomie tvori zlazove-tukova tkan mammy, bez nadoru.



Makro F: lymfaticka uzlina nad venou
Drobná lymfaticka uzlina 9 mm velka. Vse zpracovano.
Mikro F:
Lymfaticka uzlina nad venou je bez karcinomovych metastaz.

1/1

Makro G: tukovy utvar z axily
Bochnikovita excize 60x50x20 mm, podelne rozřiznuta je makroskopicky tvorena prevazne jen tukem. V tukove tkani hmatna tuzi belava tkan, která by pripadne mohla odpovidat infiltrovane uzline, dale zastizena i cast kosterniho svalu.

Mikro G:
Jen tukova tkan axily s vazivem obsahujcim drobne aciny a dukty. Je mozne, ze jde o akcesomi mammu.

Makro H: 8 uzlin I.etaze
8 castek velikosti od 15 mm do 25 mm tvorených prevazne lipomatozne zmenenými uzlinami. — 8

Mikro H:
Jde prevazne jen o castky tukove tkane bez lymfatickych uzlin. V jedne ze dvou zastizených lymfatickych uzlin je patrna vyrazna skleratrofie, ve druhe pak chronicky katar splavu. Metastazy neprokazujeme.

Makro CH: tukova tkan I.etaz
Tukova tkan celkoveho objemu 6x5x1 cm rozpadajici se na mensi kousky.

Mikro CH:
Jde o castky tukove tkane bez lymfatickych uzlin a bez nadoru.

2/0

Makro I: II.etaz - tuk+2 uzliny
Tukova castka velikosti 3x2x1 cm a druha mensi o prumeru 15 mm, ve ktere byla zastizena 1 lymfaticka uzlina o prumeru 7 mm, druhou uzlinu nepozorujeme. Vse zpracovano.

Mikro I:
Opet castky tukove tkane, ktere jsou stejne jako zastizena lymfaticka uzlina bez nadoru.

1/0

1/0

Z A V E R :

Adenokarcinom mammy, typ medulami, s lymfoidnim stromatem.
Mikrometastaza karcinomu v marginalnim splavu v jedine intramammarni uzline.
pT2, pN1, pMx

15 04 2014

Kódy:	MKN-O	MKN-10	Pojišt'ovna:
<i>morfologický</i>	<i>lokalizační</i>		
M 8512/32	C 50,9	C 50,9	87231x8,87223,87613,87217,87213x2,87131,87215x 36,87523x3,87511x9
M	C 0	0	
M	C 0	0	

Datum výstupu: 4.9.2002



6. 9. 02 *Čestmír Šimůnek*

pro posudek pře *20. 11. 9. 02*



30 August, 2014

Hello,

in the introduction, I would like to say that I come from a family of doctors, I appreciate medicine very much, it helped me many times and it is still helping me. Likewise, I appreciate the biotronics and the biotronics of the sanator Tomas Pfeiffer (further called T.P.). I have very good personal experience with him, so do my family and friends. Here are some examples of the T.P. biotronic's effects with a positive result:

In 1998, I was **infected with golden staphylococcus during the stomach hernia surgery. I suffered from a so-called open stomach, a thumping wound that was not healing for 3 months.** I was going to a surgical ambulance where they cleaned my wound 2 or 3 times a week. It was very painful, the post-operative wound hurt even when I rested. After three months of this condition I was treated by the biotronic T.P. **After first session with T.P., the wound calmed down and stopped hurting so much. Two days later I had a second session with T.P. after that the wound started to burn a lot and one hour later it opened selflessly, and large amount of pus and thumping stitches came out. The following day, during the regular medical check, the attending physician reported that the wound is healing. I didn't need another medical treatment. After another session with T.P. the wound healed very quickly.** It was very deep postoperative inflammation, the result of it is visible even today.

Between the years of 1991 and 1999, my wife suffered from **enlarged thyroid gland** and she took Letrox regularly. Which didn't change her situation significantly. In 1999, **after a few sessions with T.P. her thyroid stabilized and she hasn't had any further problems without Letrox till today.** She regularly visits her endocrinologist.

In 2001 **my daughter was attacked by German Shepherd his fangs left deep wounds around her right eye,** which needed to be stitched up. After a treatment in the hospital she had several sessions with T.P. within 14 days and the wounds started to heal very quickly. **The scarfs are almost unnoticeable today.**

In 2006, I experienced a **repeated reversal of the right shoulder within 2 months, ligaments were repeatedly damaged.** This was a very painful injury with hand fixation for many months. **After several interventions of T.P. there was a reduction in pain and rapid healing after which a rehabilitation could follow. Today, the shoulder has almost the original momentum.**

In 2006, **a left breast carcinoma** at a close relative was operated. After cessation of oncological treatment (chemotherapy, irradiation), she was treated for a week by T.P. **Since then, no troubles.**

In 2008, there was a **minor laceration injury to my right palm of about 2 cm,** which did not need to be sewn. Present T.P. treated the wound. **Very rapid healing and sealing occurred afterwards.** The whole family watched with surprise the healing process. **On the 4th day, only a scarcely scarred scar was seen.** Normally, this range of wounds in my hand heal to full healing several times longer unless there are any complications.

In 2012, the daughter was injured: **a comminuted fracture of the right arm and a 5-fold fracture of the pelvis.** The daughter was treated by T.P. at a distance due to hospitalization and subsequent bedding. **In the 3rd week she is already able to sit herself on a wheelchair and move to the toilet. In the 4th week she starts walking slowly and attending public healings of T.P. where we drive her by a car. After 6 weeks of injury, the daughter came herself for a control to the attending physician. The doctor looked down at her medical records and asked where the wheelchair was. She had been**



already walking for two weeks. After X-ray, the physician reported complete healing and recommended rehabilitation. Given the overall good momentum the rehabilitation was no longer necessary.

Finally, I would like to say that biotronic sanator Mr. Tomas Pfeiffer treated me my family and friends always for free and has never even asked me about any crown. He did everything with the utmost help.

Thank you very much and I wish you lots of strength and many satisfied patients.

Ing. J.M.

PS: I am sending this message with a cover letter to the Minister of Health, to sarlatani@mzcr.cz and to TV ČT1 in the program You have the word where this issue has been addressed.

CH [redacted]
RČ: [redacted]
ZP: [redacted]
CHAMB [redacted]

Lékařská zpráva:
4.3. 98 - subj: pac. má asi 3 roky vyklenutí v pravém t ísle, které se poslední týden při kašli zvětšeno před 15 dny měl pac. úraz, při kterém porušena břišní stěna (ruptura) v oblasti pravého podbřišku
obj: v pravém třísle hmatné vyklenutí, reponibilní, ale laterálněji spíše v oblasti vnitřního anulu, pravděpod. zde byla ruptura břišní stěny
dop: pac. objednan k přijetí na 8.4. prosím o předoper. vyš. u OL
objednáno ještě sono na 19.3. v 10.00 hod poté kontrola s výsledkem

51012 K 40.9 [redacted]

Prezentováno na 26.3. 10:00 [redacted]



VÝPIS Z AMBULANTNÍ KARTY

Jméno: [redacted] R.č. [redacted]
Ulice: [redacted] Datum narození: [redacted]
Město: [redacted] Pojišťovna: [redacted]
PSČ: [redacted] Telefon: [redacted]

07.04.2006

Stp. opakované distorzi a kontuzi P. ramene, po opakovaném pádu na PO. rameno.
Obj: T.č. výr. alg. oblouk, susp. léze RM a šlachy bicepsu.
RTG: negat.

Dop: MRI P. ramene- 28.04.2006 ve 13.00 hod. kontrola s výsledky. 5.05.2006

LÉKAŘSKÁ ZPRÁVA - NÁLEZ

Pacient/ka: [redacted] Rč.: [redacted] Poj.: [redacted]
Bydliště: [redacted] Dg: [redacted]

05.05.2006

Pro:

Provedeno vyšetření: neurologické dne: 05.05.2006-11:02

Anamn.: nemocný po opak. kontuzi P ramene poslední pád před 5 týdny provedeno MRI pr. ramene s nálezem ložiska ve velkém hrbolu v.s. postkontuzní. pralována aASK Neurol., vyš. žádáno pro potvrzení či vyloučení léze perif nn.

Aa. neg

Obj.neurol.: Lucidní, orientován bez fat. čui gnost. poruchy na MN norm. nález šíje amening HK vážne elevace PHK nafd hprizontálu oslab abdukce i addukce v pr. rameni flexe v lokti síla stisku sym rr C5-8 sym v Mi dx pokles taktikl. hypestezie na zev. ploše paže, vnitř. ploše paže a pronač. ploše předloktí pomezeny rotace v pr. rameni

ré.: parésa plexus brachiális horní typ vpravo s domin. lézí n. axilláris

Závěr: St.p. opak. kontuzích pr. ramene s v.s. parésou plexus brachiális horní typ s domin. postzižením n. axilláris,

Dop.: EMG vyš z medikace Yellon 3x2 týden poté 3x1, milgammaN 3x1, Coxtral 1-0-1, Hanidil R 1-0-1 výhledově vhodná rhb v medikaci pokračovat i po ASK naše kontrola dlp pokud na EMG bude nález vhodné zopakovat cca po 3 měsících a až poté naše kontrola.

Medikace: 05.05.2006

~~31000 YELLON/cps 30x20mg-bli/C 3bal. 3x2 týden poté 3x1~~

32487 COXTRAL/por tbl nob30x100mg/C 2bal. 1-0-1

13814 MILGAMMA N/por cps mol 20/P 1bal. 3x1

75028 XANIDIL RETARD/tbl ret 20x500mg/C 1bal. 1-0-1

čísla receptů: 4301624205, 4301624305

tisk: 05.05.06-11:16/4384



19 September, 2014

Hallo,

In the attachment, I am sending you my personal experience with biotronic healing.

At the beginning of year 2013, I was diagnosed with **a malign tumor on my face. The melanoma was in an incipient stage (lentigo maligna melanom) of the size 7 x 4 mm.** Doctors suggested a surgery to remove the tumor with an ensuring edge of 1cm with a forthcoming covering of the defect with a skin grafting, which is a tissue taken from another part of the body. During the time a sample was being analyzed at the histological ward and then when I was waiting for the date of the operation (6 weeks altogether), the tumor was enlarging, especially in those places where its integrity had been damaged by taking samples of the tissue for tests. In these places the contours of the tumour became less sharp which is one of the symptoms of invasive growth. Approximately 14 days before the operation, the size of the tumour was already 10 x 8 mm.

Therefore I searched for biotronicist Mr. Tomas Pfeiffer's help who healed me several times – both in person and at distance-before the operation. **He managed to diminish the tumour to the size 7 x 7 by the day of the operation, and the contours became sharp again. The surface of the tumour became less tense after each healing session and the tumour somehow shrank optically – this effect was visible within a few minutes after his biotronic healing, even when he was healing me at distance. As a doctor with 20 years of experience, I already know what is and is not possible in medicine, therefore I cannot agree that a tumour could behave this way spontaneously.**

After the agreement with the surgeon, the operation was carried out in a less radical way compared to what had been originally planned-covering the defect, resulting from the removal of the tumor, was finally solved by overlaying the skin directly from the face, which has the advantages of better healing of the tissue, a shorter convalescence and a better esthetic effect compared to skin grafting. I was then healed by Mr. Pfeiffer after the operation which definitely helped that the after-operation process was without problems and I was able to come back to work after a two-week sickness leave ,which was even sooner than the histological result from the operation arrived. The histological test proved both the diagnosis (**Lentigo maligna melanoma Clark I**) and the sufficiency of the extent of the surgery carried out in consideration of the future.

Nowadays, nobody would guess, that two years and a half ago, there was more than a 10-centimetre scar with 17 stiches on my face. Whenever I look at myself in the mirror, I must bow in admiration in front of both the operating surgeon's skillfulness and the curative abilities of biotronics. In my case, both curative branches- classic medicine and biotronics created an ideal combination. In my opinion, it was like it should normally be and I hope it really will be in the future.

Dr. P. V.

5 November, 2014

Good evening Mr. Pfeiffer,

I have been considering for a long time how to support your effort to help the ill and not to allow the announcement of the prohibition by the Ministry of Health. Therefore, I would like to write something about my case. My first experience with your help dates back approximately in year 2000. It was a long time ago. My name was ***. I had great **problems with my pancreas** and I had two weekly cures of your biotronic healing with a month of a break between them. In those days, I had financial problems and therefore my second stay in the BCSP was completely free of charge for me. **After my comeback home I had so much energy and desire to live because my digestion had cured entirely even without taking digestive enzymes an without pains** that I painted all the windows in my house. You became a very respectable person for me and I have been attending your lectures for



years. In the autumn 2009, I was treated for pneumonia, however the treatment was not successful and after a few months and a two-month isolation at the Pulmonary Clinic *** because of suspicion of tuberculosis, I was diagnosed with **pulmonary mycobacteriosis**. The senior consultant thoroughly informed me that this disease was not dangerous for the people around me but its cure would be much more complicated than the cure of tuberculosis, I would have to take five kinds of antibiotics for eighteen months plus antitubercotics and it might not be successful anyway. After my comeback home, I was utterly frustrated. I live alone, without a husband, both of my sons live too far away from my place. I had an idea to call you and ask you for help. After our telephone conversation, I sent you my documentation and my photo through e-mail. You offered me healing at distance. I had been taking all medicines for a year and a half, it was utterly exhausting for my body which weighs 50kg and therefore I had a two-week-stay in your Centre of Biotronics for Social Support. At that time, I was already called***, which is my current name. **You really helped me very much and I have stayed alive thanks to you.** I am very grateful to you. Last year before Christmas, I was travelling by train from a concert of the Moravian Philharmonic Orchestra Olomouc whose great listener I had been for long years, when **suddenly my friend who was a senior consultant ***in hospital***said: “BUT IT IS STRANGE ANYWAY THAT YOU SURVIVED THE ILLNESS.” He is a real expert, however, only on the field of medicine, he is very rational.** So I said just for myself: I know who I should say thank you to.

Kind regards,

H. L.



na plicích (Bakteriologie)
Někdo užíval "T. dubi" + "Sural"



Pacient: [redacted] Rodné číslo: [redacted] ZP 201
Adresa: [redacted]
Datum vyšetření: 03.03.10

Anamnesticky: kontrola dle plánu pro plicní aviární mykobakteriosu. Došel další výsledek citlivosti sputa na AT- nyní z Ostravy, tentokrát odběr z 25.11.2009: M.Avium: resistance: oflox, Rifabutin,RMP,INH,EMB, citlivost: genta,amikacin, clofazimin.

Subjektivně: léky snáší dobře, bere pravidelně, nemusela vynechávat, užívá vše doporučené+ nově Euthyrox. Po bronchoskopickém odsátí hlenů se cítí celkově mnohem lépe, spokojená. Bez teplot, bez pocení.

Oční vyš.: Šternberk: bez očních změn, perimetr v normě.

Vyšetření štítné žlázy Šternberk:- klinická hypothyreosa dle odběrů krve, dle sono v pravém laloku uzlík 12x8mm. Doporučen Euthyrox zpět k užívání a za měsíc kontrolní sono štítné žlázy a případně biopsie uzlíku.

Objektivně: dýchání skřípkové, čisté, akce srd.reg. 72/min, ozvy ohran., bez alterace celkového stavu, kašel vlhký, 56,5 kg.(+1,5kg), netrpí depresí nebo sebevražednými myšlenkami. Zrak nezhoršen.

Mikrobiologie: Kultivace na BK z BAL z 26.1.10: mn, Kultivace Bactec MGIT: Pozitivní - 22. den. Identifikace založena. Výsledek sdělíme dodatečně.

Biochemie-sérum: S_Na: 145, S_K: 4,09, S_Cl: 107, S_Ur: 6,6, S_KREA: 67,0, S_Bi: 5,0, S_ALT: 0,24, S_AST: 0,43, S_ALP: 1,79, S_GGT: 0,68, S_LIP: 0,87

KREVNÍ OBRAZ: B_WBC: 4,8, B_RBC: 4,06, B_Hgb: 133, B_HCT: 0,370, B_MCV: 91,8, B_MCH: 32,6, MCHC: 35,5, B_RDW: 14,0, B_PLT: 214, B_MPV: 7,8

Diferenciál z analyz: B_Ly%: 28,20, B_Mo%: 9,10, B_Ne%: 57,80, B_Eo%: 4,40, B_Ba%: 0,50, B_Ly#: 1,4, B_Mo#: 0,40, B_Ne#: 2,80, B_Eo#: 0,20, B_Ba#: 0,00

RTG S+P: vpravo nepravidelná infiltrace parakardiálně na ploše asi 5x3 cm. St.p.resekcí dorzálních úseků 3.+4.žebra oboustranně (po sympatektomii). Bránice volné,srdeční stín nerozšířen, norm.konfigurace.

Spirometrie:-

Dg. závěr. Plicní aviární mykobakteriosa oboustranně- kultivačně opakovaně pozitivní ze sputa, poslední pozitivita z BAL z 26.1.10

oboustr.bronchiektazie s tvorbou hlenových zátek

Raynauduv sy,st.p.hrudní sympatektomii

Art.hypertenze, chron.pankreatitida

Boreliosa, st.p.úrazu hlavy s přechodnou poruchou hybnosti v anamneze

Doporučení: pokračovat v dřívější medikaci Klacid 500 1-0-1, Sural 3-0-0 (má), Arficin 300 mg cps. 2-0-0, Cycloserin 250 mg cps. 1-0-1(schváleno revizním lékařem, zajištěno lékárnou FNOL, vydáno 1 balení á100 cps.na 50 dnů, doma má ještě na 18 dnů CS). Mukolyticky Erdomed 300 1-0-1 při větším zahlenění, vhodný i dále Omeprazol 20 mg (=APO-OME)1-0-1 k prevenci dyspepsie.

Recep KLACID 500 1-0-1 5 bal. POR POR TBL FLM 14X

ARFICIN 300 2-0-0 1 bal. POR POR CPS DUR 100

ERDOMED 1-0-1 3 bal. POR POR CPS DUR 20X

ACC LONG 1x1 3 bal. POR POR TBL EFF 20X

Příští vyšetření: kontrola 1.4.10 v 10,30 hod. (při kontrole ráno do 8,00 hod. KO+diff, JT, Na,K,Cl, urea, kreatinin, lipasa, sputum na BK, RTG ZP). Dnes také sputum odebráno na BK. Příště vyplíšeme další žádost na CS ke schválení reviznímu lékaři (nyní má zajištěnu th.na 68 dnů).

Diagnózy:

A310 Plicní mykobakteriální infekce

Výkony:

09543 1x REGULAČNÍ POPLATEK ZA NÁVŠTĚVU – POPLATEK UHRAZEN

25022 1x CÍLENÉ VYŠETŘENÍ ODBORNÝM LÉKAŘEM TRN

Zapsal: [redacted] MUDr. 03.03.10 11:05



Pacient: [REDACTED]

Rodné číslo: [REDACTED]

Adresa: [REDACTED]

Datum vyšetření: 30.04.10

Anamnesticky: kontrola dle plánu pro aviární mykobakteriozu v léčbě.

Subjektivně: léky užívá, jen Erdomed vysadila- nyní nemá výraznější potíže s kašlem a zahleněním, sputum je světlejší, cítí se povšechně lépe. Inhalace Mucosolvanem provádí pravidelně- má ale jen zakoupený zvlhčovač, ne inhalátor. Bez teplot, váha stabilní 55,5- 56, 5 kg. Bez svědění kůže nebo alergických projevů. Před týdnem měla 2 dny bolesti v epigastriu, dyspepsie-ale zvládla to bez vysazování medikace.

Perimetr ze spádu z 28.4.10: OD: citl.do 30 st.v normě, 2 ral defekty difusně, OS: citlivost v normě, ale dnes v oblasti Bjarumu relat.defekty. Dop: kontrola za měsíc. [REDACTED]

Objektivně: v celkově dobrém stavu, zlepšená, dýchání sklípkové, čisté, akce srdeční pravidelná, 72/min.

RTG S+P: proti předchozímu snímku nezměněno. Stp. resekci žeber v dorzálního průběhu žeber v hrotové oblasti vpravo. Vpravo proužk. změny perihilozně a na rozhraní středního a dolního plicního pole přibližně stac. Vlevo nepravidelné zastření parakardiálně pod hilem je přibližně stac. Bránice hladké. Srdeční stín hraniční velikosti.

Biochemie-sérum: S_Na: 145, S_K: 4,08, S_Cl: 106, S_Ur: 5,8, S_KREA: 66,0, S_LIP: 0,92

KREVNÍ OBRAZ: B_WBC: 4,97, B_RBC: 4,04, B_Hgb: 128, B_HCT: 0,370, B_MCV: 92,1, B_MCH: 31,7, MCHC: 34,4, B_RDW: 13,4, B_PLT: 196, B_MPV: 9,7

Diferenciál z analyz: B_Ly%: 40,20, B_Mo%: 7,80, B_Ne%: 30,70, B_Eo%: 20,90, B_Ba%: 0,40, B_Ly#: 2,0, B_Mo#: 0,39, B_Ne#: 1,52, B_Eo#: 1,04, B_Ba#: 0,02

Sputum na BK: z 3.3.10 mn kn, z 1.4.2010: mn kultivace založeny.

Dg. závěr: Plicní aviární mykobakteriosa oboustranně- kultivačně opakovaně pozitivní ze sputa, poslední pozitivita z BAL z 26.1.10

Oboustr.bronchiektazie s tvorbou hlenových zátek

Eozinofilie nově -v.s.v souvislosti s užíváním antituberkulotik (nelze vyloučit vliv Erdomedu)

Raynauduv sy,st.p.hrudní sympatektomii

Art.hypertenze, chron.pankreatitida

Boreliosa, st.p.úrazu hlavy s přechodnou poruchou hybnosti v anamneze

Doporučení: vzhledem k příznivému vývoji Arfocilin už ukončíme (jen dobere balení -má na 14 dnů), a pak bude pokračovat ve 3-kombinaci antituberkulotik: Klacid 500 1-0-1, Cycloserin 250 mg cps. 1-0-1, EMB-FATOL 500mg tbl.2-0-0 (má doma na 80 dnů). Dále Mucosolvan do inhalace, ACC long 600mg 1x1 (nebo NAC AL 600 tbl.eff.1x1). Omeprazol 20 mg (=APO-OME) 1-0-1 k prevenci dyspepsie.

Cycloserine 100 cps. á 250mg schválen revizním lékařem-2 balení, dodány lékárnou- jedno z balení dnes vydáváme pacientce (bude mít na 50 dnů léčby+18 dnů ještě má doma, celkem zajištěna th.CS do počátku srpna 2010). --Vzhledem k bronchiektaziím je dlouhodobá inhalační th.plně indikována- předepisuujeme ke schválení reviznímu lékaři inhalátor Clasic.

Recep KLACID 500 1-0-1 4 bal. POR POR TBL FLM 14X
MUCOSOLVAN 3xdenně do inhala3 bal. POR POR GTT SOL+INH
NAC AL 600 ŠUMIVÉ TABLETY 1x1 2 bal. POR POR TBL EFF 20X

Příští vyšetření: kontrola dle plánu 4.6.10 v 10,30 hod. (při kontrole ráno do 8,00 hod. KO+diff, JT, Na,K,Cl, urea, kreatinin, lipasa, sputum na BK, RTG ZP). Přinese výsledek kontrolního perimetru při užívání etambutolu.

Diagnózy:

A310 Plicní mykobakteriální infekce.

Zapsal: [REDACTED] 30.04.10 11:41



19 December, 2014

Hallo,

My sister has been healed by the biotronic healer Mr. Pfeiffer for 11 years. **The treatment is successful**, its results have proved that. My sister works, she lost the right to get her partial pension of a disabled person a few years ago because of the fact that **she did not have problems any more**. The diagnosis, which had been announced to her in 2003, was **multiple sclerosis**. I would like to thank biotronics and Mr. Pfeiffer, who helps people to live normally, work and enjoy their lives, for my sister and my family!

I hope that this small contribution about my life has opened eyes to some people who are still hesitating.

Thank you

Dobrý den,

Sestra je již 11 let léčena biotronicou
léčitелеm p. Pfeifferem.

Léčba je úspěšná, hovoří za to výsledky.
Sestra chodí do zaměstnání, částečný
invalidní důchod jí byl před několika
lety odebrán. Důvodem byla ta skutečnost,
že pacient nemá žádné potíže.

Diagnóza, která jí byla před 11 lety
oznámena, zejména roztroušená skleróza.

Tímto moc děkuji za vstoupení do vaší
rodiny biotroniců a panu Pfeifferovi,
který díky ní pomáhá lidem normálně
žít, pracovat a radovat se!

Věřím, že tento malý příspěvek
se životem otevře oči pár lidem,
kteří ještě pochybují.

Děkuji [redacted]
L.V.



4 Josef Zezulka Biotronics – Keepers of the Branch of Knowledge

4.1 Founder and Creator of the Branch of Knowledge

Josef Zezulka



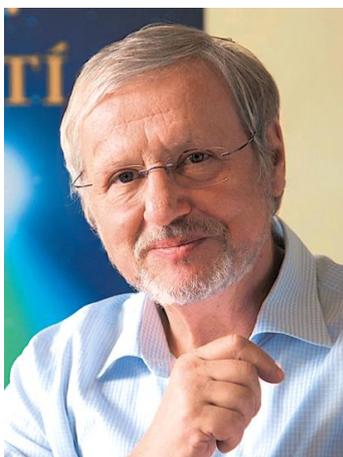
30 March 1912 – 13 December 1992

was a notable personality of Czech spiritual and philosophical culture. On 30 March 1945 at the age of 33 he experienced a state of open consciousness – consciousness of a bringer. Subsequently, he formulated the philosophy of Existence and established a new healing discipline called Biotronics. At a later stage he was involved in Czech and international research aimed at incorporating Biotronics into the public healthcare system. In addition, USA as well as the former Soviet Union expressed interest in his work (Prof. Parker, Stanley Krippner and Prof. Injusin from Almaty). The communist regime, however, disfavoured such efforts.

The publishing of his works was carried out secretly within samizdat while some of them were published in the western countries (Psychoenergetics Systems – published in New York, Paris, London; also the Realms of Healing and others). At the same time he was giving secret lectures. At the end of his life he handed the discipline over to his long-standing disciple Tomáš Pfeiffer so as to take care of the management and continuance of the discipline.

4.2 Designated Successor and Guarantor of the Branch of Knowledge

Tomáš Pfeiffer



30 August, 1953

Tomáš Pfeiffer is a Czech philosopher, biotronicist, sanator. He is the disciple and entrusted successor of Mr. Josef Zezulka (1912 – 1992), the philosopher and founder of Josef Zezulka Biotronics. He established TOMÁŠ PFEIFFER – DIMENZE 2+2 Praha Publishing House aimed at publishing and distributing philosophical works, particularly those of Josef Zezulka. In the first half of the 1990s, Tomáš Pfeiffer became widely known for the Seance TV programme broadcast by Nova TV. Moreover, he participated in many other radio and TV programmes. He worked in the committee for alternative



medicine under the Minister of Health of the Czech Republic and held the position of spokesman for the Czech Association of Professional Healing. He gave rise to the Foundation of Josef Zezulka through which the house of Biotronic Centre for Social Support is being built and operated. It is the location of the Spiritual University Bytí, established in Prague on 30 March 1994. Its lectures are held all over the Czech Republic and are broadcast live by means of BIOVID TV stream at www.dub.cz . He is the representative of the professional chamber Sanator – the Union of Biotronicists of Josef Zezulka, which is in charge of appointing and educating aspiring biotronicists and guarantees the professional standard. The professional chamber is a member of ANME – Association for Natural Medicine in Europe, EUAA – European Ayurveda Association and joined the European Commission's EU Health Policy Platform. Tomáš Pfeiffer organizes multimedia concerts entitled The Common Interest, playing the historical instrument – Aquarius Bell. More than 440 concerts entitled The Common Interest took place between 2007 and 2018. Furthermore, he publishes books, periodicals, CDs and DVDs, and writes on a regular basis. He is the representative of the spiritual-religious society The Society of Josef Zezulka being the 38th state-registered church. He is a sponsor of arts, organizes regular exhibitions, and is also involved in photography, filming and film production. As a traveller, he is devoted to studying foreign cultures, particularly the one of India.



4.3 Professional Chamber Sanator – The Union of Biotronicists of Josef Zezulka (KoS)

4.3.1 Who Are We?

*The professional chamber Sanator – the Union of Biotronicists of Josef Zezulka (hereinafter the professional chamber Sanator, abbreviated KoS) is a non-profit organization. The statutory representative is **Tomáš Pfeiffer**, who is also the guarantor of the professional qualifications of biotronicists designated in the Josef Zezulka Biotronics. Besides uniting, training, educating and appointing **biotronicists of Josef Zezulka**, this Czech organization aims to raise awareness of CAM (Complementary and Alternative Medicine) in the Czech Republic through lectures and publications. The professional chamber Sanator considers **the cooperation between CAM and conventional medicine** to be beneficial, and this is one of the main ideas in the WHO resolution “The WHO Traditional Medicine Strategy”, which, besides other things, **recommends integrating CAM into the national healthcare systems**. The professional chamber Sanator (KoS) has recently extended its activities by participating in conferences of international importance (e.g. WHO Sixth Ministerial Conference on Environment and Health, the EUROCAM conference in Brussels and others) and become **a regular member of the EU Health Policy Platform**.*

*The team of the professional chamber Sanator (KoS) endeavors to continuously **monitor the current situation in CAM** and find new solutions in the areas of public healthcare, preventive care and healthy lifestyles. **In his lectures throughout the Czech Republic, the director of the professional chamber Sanator, Tomáš Pfeiffer, presents the facts he has discovered as well as his own views on the previously mentioned topics within the realm of Biotronics**. The professional chamber Sanator has presented the public with information from the world’s leading authorities such as **WHO** (e.g. The WHO Strategy for Traditional Medicine 2014–2023), **NATO** (a publication by the research group NATO Science and Technology Organization called Integrative Medicine Interventions for Military Personnel), **the European Parliament** (e.g. negotiations and workshops organized by the uniting foundation EUROCAM and other CAM interest groups, which include members of the European Parliament), **the Council of Europe** (e.g. a Resolution from 1999, concerning the European approach to non-conventional medicine), **the European Commission** (e.g. the pan-European research project CAMbrella within the Seventh Framework programme for Research and Technological Development), and a number of scientific databases, such as Cochrane, PubMed/MEDLINE, Science Direct and others.*

*The above-mentioned facts have been collected by the professional chamber Sanator in his **publication Alternative Medicine (CAM) in the world**, which was **presented publicly for the first time at a press conference in November 2016**. Since then, this professional organization has become an active participant in conferences in Europe and further abroad. **The aim of the professional chamber Sanator (KoS) is to bring the newest information about CAM to the Czech Republic and thus help spread significant information about a field that provides help to nearly 100,000,000 European citizens. It is in the interest of many that the professional chamber Sanator spreads this information and provides the citizens of the Czech Republic with a new perspective and understanding of CAM.***



4.3.2 History and Activities of the Professional Chamber Sanator (KoS)

History of the Professional Chamber Sanator

The lifelong efforts of our most advanced spiritual healer, Josef Zezulka, to integrate Biotronics into our healthcare system have experienced a series of successes. One of the most successful events was the negotiations that were held with doctor Vlček, at the time the Minister of Health. The negotiations addressed establishing a biotronic clinic, but were discontinued by the invasion of the Soviet army at the end of the Prague Spring. Another success was when the State permitted Josef Zezulka to run a trial providing the patients of a ward at Vimperk hospital with healing interventions.

Another noteworthy event was Josef Zezulka's cooperation with the representatives of American and Russian research e.g. professor Parker, Dr. Stanley Krippner and professor Injušin. Zezulka contributed to international psychotronic conference proceedings and several other publications such as Psychoenergetic Systems, which was published in London, New York and Paris. A treatise on Josef Zezulka was also included in the The Realms of Healing, by Stanley Krippner and Alberto Villoldo.

In addition to this, as early as in the fifties, Josef Zezulka demonstrated biotronic healing a number of times over a period of several years. The data is, however, currently unavailable. The overall disfavour of the communist regime towards his work always prevented Zezulka from reaching true success, which is why he is sometimes called the hidden healer.

The professional chamber Sanator (www.sanator.cz) – the Union of Biotronicists of Josef Zezulka, abbreviated KoS, is based on the legacy of this man. The statutory representative of the chamber is Tomáš Pfeiffer, the disciple and entrusted successor of Josef Zezulka. This professional chamber further develops the branch Josef Zezulka Biotronics.

Activities of the Professional Chamber Sanator

30 November 2016 – Press conference on the occasion of the issue of the publication “Alternativní medicína (CAM) ve světě”, organised by the professional chamber Sanator in Prague.

1 December 2016 – Press conference on the occasion of the issue of the publication “Alternativní medicína (CAM) ve světě”, organised by the professional chamber Sanator in Brno.

13 – 15 June 2017 – Sixth Ministerial Conference on Environment and Health in Ostrava – a conference of European and global importance, organized by the WHO Regional Office for Europe in cooperation with the United Nations Economic Commission for Europe (UNECE) and the United Nations Environment Programme (UNEP).

July 2017 – Meeting with Dr. Ton Nicolai, representative and spokesperson of EUROCAM.

16 October 2017 – A workshop in the European Parliament in Brussels: The Use of Complementary and Alternative Therapies for Patients Today and Tomorrow; all members of the European Parliament and WHO were present. The professional chamber Sanator submitted the presentation the Josef Zezulka Biotronics.

6 June 2018 – EUROCAM conference in Brussels: “Reducing the Need for Antibiotics, The contribution of CAM” – professional chamber Sanator collaborated on a contribution focused on the prevention of immunity insufficiencies. During this event, a video recording with the statements of the world's



leading experts in favour of the professional chamber Sanator was made. See: <https://www.sanator.cz/en/conference-in-brussels>.

26 July 2018 – Press conference on “Alternative Medicine (CAM) in the World – A Breakthrough in Viewing Alternative Medicine”, organised by the professional chamber Sanator in the house of Biotronic Centre for Social Support in Prague.

25 September 2018 – Public Hearing in the Petition Committee of the Chamber of Deputies of the Parliament of the Czech Republic. As a result, the Resolution was released with following recommendations:

- to promote alternative medicine education at medical faculties;
- to consider the creation of the Centre for Alternative Medicine Research in the Czech Republic;
- to promote the integration of biotronics into the structure of non-medical disciplines.

26 September 2018 – Press conference on “Alternative Medicine (CAM) in the World – A Public Hearing in the Chamber of Deputies of the Parliament of the Czech Republic”, organized by the professional chamber Sanator in the house of Biotronic Centre for Social Support in Prague.

25 October 2018 – Professional conference with international participation on SPIRITUAL CARE, organised by the Centre for Psychosocial and Spiritual Care of the Motol University Hospital.

26 October 2018 – Symposium on INTEGRATIVE MEDICINE IN ONCOLOGY, organized by the Czech Medical Society of Integrative Medicine.

6 November 2018 – Hearing in the Committee on Health and Social Policy of the Senate of the Parliament of the Czech Republic.

8 November 2018 – As part of ANME delegation, the professional chamber Sanator participated in the Meeting in the Senate of the Italian Republic, organised by the European Naturopathy Association.

21 November 2018 – First Ayurveda Day in the European Parliament in Brussels, with the participation of leading authorities from the political and professional area.

22 – 23 November 2018 – Days of Health event, an exhibition dedicated to healthcare and healthy lifestyle held in Pardubice.

January 2019 – Participation in an Indian Television programme with the scientist Dr. Sangeetha Vijay who is devoted to this subject matter.

February 2019 – An invitation to attend a meeting in the Parliament of the United Kingdom - an event organized by the All-Party Parliamentary Group on Indian Traditional Sciences, with participation of members of parliament.

March 2019 – A planned participation in the pan-European assembly of member organizations of ANME in Frankfurt.

March 2019 – A planned participation in the assembly of European Ayurveda Association in Cologne.



4.3.3 Strategy of the Professional Chamber Sanator (KoS) for CAM

- *To update professionals with **relevant information regarding the actual state of CAM** around the world, including the research of standard CAM trials within the European research project CAMbrella and others projects; to correct the unobjective statements which create an information vacuum in the scientific community and the medicine of evidence.*
- *To warn the public about the mistakes of **uninformed declarations made by certain representatives of medicine**. The mistakes become apparent in the light of contemporary research, which sparks possible discussions about facts, especially the factual results of the practical use of biotronic spiritual intervention for the benefit of the patient.*
- *To integrate the professional chamber Sanator as a participant in political and scientific communication about CAM, and later to integrate it into university education as is currently the case at some of the world's most prestigious universities.*
- *For CAM to be part of the healthcare system in the future.*



4.3.4 Suggestions and Recommendations³⁷⁸

- *The Ministry of Health and public service media should provide Czech citizens with relevant, balanced and up-to-date information about CAM, especially in the following areas:*
 - *The state of research on various CAM therapies and methods in the Czech Republic and abroad*
 - *Recommendations from international authorities (WHO, NATO and others) in relation to CAM*
 - *European and international political and/or informal meetings (negotiations) regarding CAM*
 - *To what extent CAM has been integrated into healthcare systems in neighbouring countries and around the world*
- *Obtained information should be part of the curriculum at the medical faculties. That way, future physicians will be informed about CAM methods and the current state of research and will be able to make informed decisions about if and how to combine their field with CAM.*
- *CAM's situation in the Czech Republic should be reviewed in order to be able to provide sufficient information on CAM services and CAM providers (CAM practices) based on the following information:*
 - a. *A categorization of CAM branches in the Czech Republic, created in cooperation with professional CAM organizations (this could be done by setting up a national register of CAM methods, as in Switzerland).*
 - b. *A professional description of fields of study. This could include setting up a specialized commission which would mainly be composed of CAM specialists, one specialist per field to prevent professionals from other fields from intervening.*
 - c. *An assessment of the efficacy of various methods (through clinical studies and pilot projects – such as the hospital in Tuscany that has integrated certain CAM methods into its clinical care – see page 199) and how suitable they are for treating various diseases.*
 - d. *An umbrella organization for CAM (Regulator) which would be an autonomous component of the primary healthcare system.*
 - e. *Appropriate legislation based on cooperation with professional CAM chambers and clinical results.*
 - f. *The guaranteed quality and availability of CAM to all citizens, based on WHO's recommendations.*
- *Conduct research based on the remarkable results described in the medical protocols from the biotropical research at Vimperk. The research should respect the need to study the field under clinical conditions.*
- *Find inspiration in successful models that integrate CAM into the state healthcare systems abroad.*

³⁷⁸ This text was written based on a personal consultation with the director of the professional chamber Sanator, **Tomáš Pfeiffer**. It directly reflects this organizations proposal on how develop CAM in the Czech Republic. The text was first published in 2018 as part of a diploma thesis by K. Doláková (DOLÁKOVÁ Klára. Possibilities for CAM (Complementary and Alternative Medicine) in the Czech Republic, Prague, 2018. Diploma thesis, Central European Management Institute, pp. 69-70). The author agreed to the use of this text for this publication.



4.3.5 Petition to Support Josef Zezulka Biotronics

On June 15, 2014, a petition in support of the Josef Zezulka Biotronics was launched. The aim of this petition was to support this unique field that is needed more than ever today. The petition hopes to contribute to this field being able to develop freely in the interest of anyone in need, and to preserve it for future generations.

*The initiative managed to obtain **40,722 signatures**, a significant number. While this **high number of petitioners expresses the considerable interest of the public in the Josef Zezulka Biotronics as a field**, represented by the sanator Tomáš Pfeiffer and the Professional Chamber Sanator – the Union of Biotronicists of Josef Zezulka (KoS). This shows not only a general support for alternative methods, but it is also a proof that the Czech public is interested in this specific field.*

On 29 June and 18 July 2018, the files with the signatures were handed over to representatives of Chamber of Deputies and the Senate of the Parliament of the Czech Republic respectively.

We thank to all who signed this petition for all your help and support.

Professional Chamber Sanator – the Union of Biotronicists of Josef Zezulka



Presentation of a petition to support the Josef Zezulka Biotronics to the Senate of the Parliament of the Czech Republic July 18, 2018. Photo by KoS.



PETITION FOR SUPPORT OF BIOTRONICS

in accordance with the paragraph 18 of the Charter of Fundamental Rights and Freedoms
and the Law n. 85/1990 Collection on the Petition Right

The petition has been edited on behalf of the Byti Foundation for Philosophy for Life and Biotronic Healing, identification number 60433990, 21 Soukenicka, Prague 1, 110 00

The petition has been addressed to:

The Chamber of Deputies of the Parliament of the Czech Republic, 4 Snemovni Street, Prague 1, 118 26

The Senate of the Parliament of the Czech Republic, 17/4 Valdstejske Square, Prague 1, 118 01

Dear Mr. Milos Zeman, the President of the Czech Republic, Prague Castle, Prague 1, 119 08

The Ministry of Health Care, 4 Palackeho Square, Prague 2, 128 01

Biotronics, established by Josef Zezulka, is a non-medical branch serving as help to people suffering from diseases and weakening caused by bioenergetic insufficiency. The support of Biotronics is one of the main targets of the activities of the Foundation Byti. Being aware of the importance of the preservation and development of this branch for the present and the future, we are presenting this

Petition for support of Biotronics.

We people, signed underneath, declare that we consider Biotronics, which was established by Josef Zezulka (JZ) and which is being developed by his disciple and follower Tomas Pfeiffer, a branch which brings benefit to the quality of our lives. We regard Biotronics as a necessary branch helping people which deserves our attention and respect.

Biotronics is a philosophy and biotronic healing is its practical application. Biotronics does not serve as a substitute for medical care and does not take the patient from a doctor. A biotronicist works selflessly with the effort to help. Biotronics is perceived as a possible complement to classical medical treatment. More information can be found at www.dub.cz.

We express our support to Biotronics by this petition and at the same time we support SANATOR – the union of Biotronics as a professional association for education in JZ Biotronics which was already founded in year 1991. We are turning to the state power bodies with the proposal and the request:

- to permit Biotronics as a possible complement to classical medical treatment
- to create conditions for the development of the biotronic branch so that it could become accessible to the public
- to give the professional association SANATOR – the union of biotronicists, represented by Tomas Pfeiffer, the opportunity to get involved in the integration and establishment of Biotronics into the structure of non-medical branches serving to the improvement of Czech citizens' quality of lives.

We thank you very much in advance,

The Petition Committee:

Dobromila Pribylova, Prague, the chair of the managing board of the Foundation Byti

Jiri Koutsky, Prague, a member of the managing board of the Foundation Byti

Frantisek Kalous, Plzen, a member of the managing board of the Foundation Byti

Vladimir Stanek, Prague, the supervisor of the Foundation Byti



Ms. Dobromila Pribylova is the person authorized to act on behalf of the Petition Committee during the negotiations with the state power bodies.

Established on June 15th 2014

Source: The Byti Foundation for Philosophy for Life and Biotronic Healing. *Petition for support of biotronics* [online]. [cit. 01-06-2017]. <https://www.dub.cz/en/petition-for-support-of-biotronics>



Glossary of the Key Terminology

acupressure	A therapeutic method of traditional Chinese medicine that aims to establish body balance and consequently remove or alleviate health problems by using fingers or blunt instruments to compress acupressure points on the body. It is similar to acupuncture, but instead of application of needles the acupressure points are compressed.
acupuncture	A therapeutic method based on insertion of thin needles into acupuncture points on the body. It is a part of traditional Chinese medicine. Science has already recognized the efficiency of acupuncture for some health problems, but it has not yet accepted acupuncture as a whole.
anthroposophic medicine	A therapeutic and diagnostic method that recognizes current scientific medicine, but it tries to extend it by a mental and spiritual level. Aside from drug remedies it also uses various therapeutic procedures, e.g. art therapies, therapeutic eurhythm, rhythmic massages. It also promotes education in the domain of prevention.
aromatherapy	A therapeutic method using a “scent therapy”. It uses essential oils of some plants in order to enhance the balance and harmony of the body both physically and mentally. The oils are either inhaled or used in the form of a massage oil, bath mix, etc.
aura	An emanation of life energy around the body. It can be perceived, in some cases also seen, by certain people. Causes of health problems, for example, can then be diagnosed according to the aura.
Ayurveda	A system of traditional Indian medicine that uses unique system of nutrition, herbal therapy, relaxation, yoga, meditation, various procedures including massage, body detoxification and regeneration, aromatherapy and colour therapy.
bioenergotherapy	A treatment with the aid of vital energy transfer from the healer to the patient in order to enhance the energetic system of the patient and balance it towards health.
bioenergy	The life (vital) force, that is according to the philosophy of Josef Zzulka one of the three components of existence, alongside the material and the spiritual component, and it is also one of the components of a living organism. This vital force originates in the essence of existence and it gives life to the material and the spiritual component. Similarly as we divide matter into inorganic matter and organic matter we can also divide the vital force into the inorganic vital force and the organic vital force. Some people have the ability to pass on this organic vital force to others in order to improve their health. A disease can originate either in the material, the spiritual (psychic) or the vital component. In the material component it is medicine that helps the best, in the spiritual (psychic) component it is psychotherapy and in the third component of the vital force it is Biotronics. The vital energy is not directly measurable by material instruments, but it can be perceived or seen by sensitive people or it can be measured indirectly by observing changes in the patient.
biofield	A term for the life energy that has begun being used in science for unified definition of the life energy used by various energy therapies in order to simplify further research and mutual communication.
biotronicist	A person who passes on the life (vital) force to others in order to enhance and balance the life energy in their body in order to improve their health, according to the method of the founder of Biotronics, Josef Zzulka.
Biotronics	A non-medical branch that serves patients in treatment of diseases caused by bioenergetic insufficiency. It is a branch of spiritual healing that was founded and established after the year 1945 by the Czech philosopher and biotronicist Josef Zzulka, whose disciple and entrusted successor is Mr. Tomáš Pfeiffer. Because the branch name of Biotronics, given by Mr. Zzulka, has also started being used by other healers, for distinction it is now used the name Josef Zzulka Biotronics.



energy healing	A treatment with the aid of vital energy transfer from the healer to the patient in order to enhance the energetic system of the patient and balance it towards health. There are various systems of this treatment (Biotronics, reiki, therapeutic touch, etc.). In the Czech Republic it is Josef Zezulka Biotronics that is akin to these branches.
healer	A generally established term for a person that heals others, or eventually also makes a diagnosis, with the aid of non-conventional medicine.
herbal medicine	A therapeutic method using effects of various plants. See phytotherapy.
herbalism	A therapeutic method using effects of various plants. See phytotherapy.
holistic medicine	It is a way of treatment that considers the whole person – body, mind, soul, emotions.
homeopathy	A therapeutic method that uses the principle “like cures like”, where a substance that caused the symptoms of a certain disease is used to cure these symptoms, doing so in very small doses diluted in a water solution.
chiropractic	A manual therapeutic method that tries by spinal and limb manipulation to remedy imbalance in the muscoskeletal system (bones, joints, muscles) and thereby to influence health of the internal organs.
massage therapy	Various kinds of massages that can provide health benefits and thereby they can be classified as CAM methods.
mind-body medicine	A therapeutic method that emphasizes a balance of the body and mind, because the mind strongly affects our health. It tries to enhance natural healing abilities of the body and mind. It uses various methods – relaxation, hypnosis, visualisation, meditation, yoga, biofeedback and others.
naturopathy	A method of natural treatment according to which, simply said, diseases are caused by accumulation of harmful and toxic substances in the body. Removing the harmful substances then leads to recovery. To cure it uses dieting, physical exercises, massages, psychotherapy, etc..
phytotherapy	A therapeutic method using various parts of plants either separately or in the form of mixtures (e.g. tea, extracts, tinctures, wine, dragée and salves). It is also referred to as herbalism. It is also a part of traditional Chinese medicine.
psychotronics	A branch investigating phenomena such as telepathy, psychokinesis, clairvoyance and other paranormal human abilities.
qigong	It is an exercise working with the life energy in order to improve health. It is a part of traditional Chinese medicine.
reflexology	A therapeutic method using massages or application of pressure to specific points on the feet or hands. Individual zones, e.g. on the feet, correspond to individual body parts and organs. It is an American variant of acupressure.
reiki	A treatment with the aid of vital energy transfer from the healer to the patient in order to enhance the energetic system of the patient and balance it towards health.
sanator	A biotronicist who is able to consciously use all fundamental forces for the whole spectrum of diseases that can be influenced by biotronics. The word is of foreign origin and means curer or healer. Sanator is also a name for the professional chamber Sanator – the Union of Biotronicists of Josef Zezulka; its mission is to educate and appoint further biotronicists.
shiatsu	A system of massage techniques originally from Japan. It uses pressure or energetic and physical touch on energetic channels and points on the body in order to balance circulation of bodily energy.
spiritual healing	See energy healing.
therapeutic touch	A treatment with the aid of vital energy transfer from the healer to the patient in order to enhance the energetic system of the patient and balance it towards health.
traditional Chinese medicine	A set of therapeutic and diagnostic methods originally from China. It includes for example herbal treatments, acupuncture, massages, qigong, etc.
yoga	Physical exercises that can be an aid for work on a being that goes on the spiritual journey towards unification of personal “I” with the universal Existence. Its use for health improvement is also being sought in the domain of CAM.



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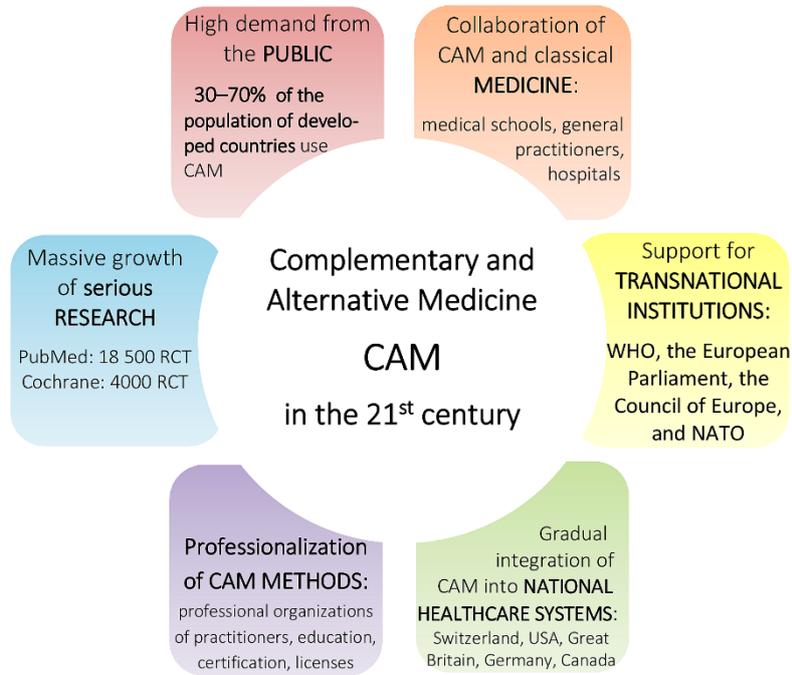
“Bioenergetic healing is slowly but surely entering healthcare. By bioenergetic healing I mean the direct and conscious passing of vital human forces from a competent healer onto a patient with the aim to eliminate an illness. I consider that this is the oldest branch of healthcare, however, it has been forgotten by the majority of people in the world and neglected by those who knew it. Nowadays, it is being developed again and its core is being verified by new scientific discoveries.”

Josef Zezulka

Alternative Medicine (CAM) in the World

What is silenced

COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM) – non-medical treatments such as acupuncture, homeopathy, phytotherapy, chiropractic, life energy therapy (Reiki, spiritual therapy), etc.



The rest of the world has moved on!

Czech media often disparages CAM. In the Western world, however, CAM is increasingly appreciated and developed:

- **Governments are investing** in researching and developing CAM.
- CAM methods are **taught at universities**.
- CAM is provided as a **part of hospital care**.
- CAM methods are covered by **health insurances**.

Transnational organizations (e.g. **WHO**) count on alternative medicine to address **global health threats** (antimicrobial resistance, cancer, an ageing population, and financially unsustainable healthcare systems) in their long-term **health strategies**.

Czech media selectively reports on alternative medicine creating a false image that **does not match reality**. This publication, Alternative Medicine (CAM) in the World, puts forth a wide range of information that has previously not been made available to the public.

The professional chamber Sanator – the Union of Biotronicists of Josef Zezulka and its director, sanator **Tomáš Pfeiffer**, represent the field of bioenergetic spiritual healing – Josef Zezulka Biotronics, which has a successful sixty-year-long tradition in the Czech Republic. In 2017 and 2018, the Union of Biotronicists of Josef Zezulka became a member of **ANME – the Association for Natural Medicine in Europe, EUAA – the European Ayurveda Association** and joined **the European Commission's EU Health Policy Platform**. The Chamber regularly attends international conferences on CAM. Its goal is to pave the way for the rational development of complementary and alternative medicine also in the Czech Republic.

This book is available as a free PDF download at www.dub.cz and www.sanator.cz.
The download includes video attachments.