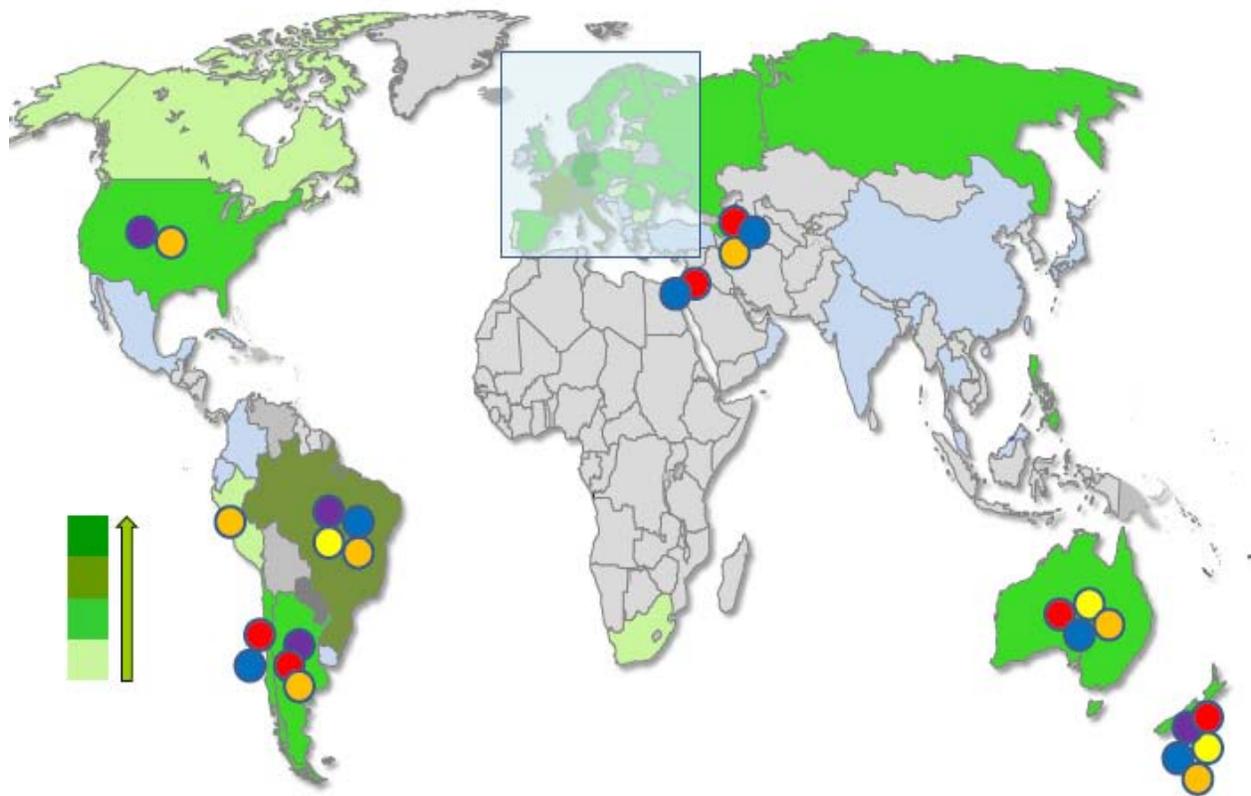




Internationale Vereinigung Anthroposophischer Ärztgesellschaften
International Federation of Anthroposophic Medical Associations
Fédération Internationale des Associations Médicales Anthroposophiques

Facts and Figures on Anthroposophic Medicine Worldwide



Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

Challenges for evaluating Anthroposophic Medicine in Facts and Figures

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

As far as AM is concerned, a particular challenge lies in the nature of anthroposophic medicine, which ranges from prevention and medical assistance related to the anthroposophic view of the human being in educational follow up in Waldorf (Steiner)-schools¹, over OTC (over-the-counter) self medication for minor disorders to highly sophisticated “on prescription only” treatment schemas for severest conditions like cancer, cardiovascular or chronic disease, supplied in university teaching hospitals by dual-trained medical doctors of almost all medical specialties with additional education in AM.

A challenge for the comparability of data is the variation in recognition of AM in the EU member states. The level of recognition extends from statutory integration as specific therapeutic system within national law (Germany and Switzerland) to special exemption where AM is only allowed to be practised within the context of a particular clinic (Vidarkliniken, Sweden). A further challenge is the fact that AM with its 90-years’ tradition is a relatively young medical system if compared to other CAM-systems like for example homeopathy. Since the initiation of AM by the philosopher Dr Rudolf Steiner (1861-1925) and the physician Dr.med. Ita Wegman (1876-1943) in 1920 this science based medical system has rapidly developed and the facts and figures outdate very quickly.

For 2012 the outstanding figures for AM worldwide are:

- **In Europe** AM is practiced by more than 2700 fully AM trained licensed medical doctors in 22 EU member states, Norway and Switzerland. In addition AM is prescribed by about 15.000 physicians with various levels of training (estimate, based on various data). **Outside Europe** work about 500 fully AM trained physicians and another 1.000 doctors with various levels of training, respectively
- **In Europe** AM is provided in 24 hospitals in 5 EU member states and Switzerland (14 of those have Accident&Emergency services, 2 of those are university teaching hospitals). **Outside Europe** there are still no fully working hospitals established.

¹ Salutogenesis (<http://www.worldshiftnetwork.org/action/salutogenesis.html>)

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

- **In Europe** AM is provided in >120 outpatient centres (physician and at least 1 anthroposophic therapist) in 14 EU member states, Norway and Switzerland. **Outside Europe** another 60 outpatient centres are established.
- **In Europe** anthroposophic therapies are provided by >7000 anthroposophic therapists (“classical anthroposophic therapies”) and nurses in 25 EU members, in Norway and Switzerland. **Outside Europe** another 700 therapists offer anthroposophic therapies.
- **In Europe** AM is provided in >500 institutes for people with learning difficulties in 19 EU member States, Norway and Switzerland² with several thousands of anthroposophic social workers. **Outside Europe** more than 1000 anthroposophic social professional are engaged in the work with people with learning difficulties.
- **In Europe** AM is regularly taught at universities and medical schools in 7 EU member states and Switzerland (university chairs in Germany and Switzerland). **Outside Europe** regular AM teaching at universities is established in Brazil, Peru, The Philippines and in the United States.
- **In Europe** AM-full training with certificate is provided for medical doctors in 7 EU member states and Switzerland. **Outside Europe** full training curricula in AM are established in Argentina, Brazil, Chile, Israel, Peru, The Philippines and in the United States.

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

In 2012 the survey was enlarged outside Europe by sending a questionnaire to the IVAA member associations worldwide. Data are missing only from Canada, Russia, South Africa and the Ukraine.

What is Anthroposophic Medicine?

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

² Reference: [KHS Verzeichnis 2010.pdf \(application/pdf Object\)](#)

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

being (ego). Anthroposophic specific mental training techniques provide skills to make those additional levels accessible. In this model, illness occurs if interaction of these levels is disturbed.

AM offers specific therapies enhanced according to anthroposophic principles. It uses both conventional and anthroposophic medicinal products (AMP). Both the treatment approach and the use and selection of medicinal products and other therapies are highly individualized and intend to bring about a 'process of development' within the patient, reinforcing the patient's natural ability for self-healing and restoring of the health balance. In this respect anthroposophic medicine can be regarded as a best practice example of a person centred medicine.

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

AM represents a best practice example of "Integrative Medicine" as defined by the Consortium of Academic Health Centres for Integrative Medicine³ (www.im-consortium.org).

AMPs are produced according to anthroposophic pharmaceutical principles and processes, some of which they share with homeopathy and some of which are specific non-homeopathic processes that reflect the interrelationship between human beings and the world of nature. They are manufactured according to the standards of Good Manufacturing Practice (GMP), and their quality is controlled by the criteria and parameters of official pharmacopoeias.

The International Federation of Anthroposophic Medical Associations IVAA



As the international umbrella organization the IVAA (International Federation of Anthroposophic Medical Associations) represents and coordinates the national anthroposophic doctors' associations on both, the European and international level in regard to political and legal concerns.

³ "Integrative medicine is the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health and healing." (www.im-consortium.org)

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

In 2012 the IVAA has 31 member organizations in 16 EU member states (Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Great Britain, Netherlands, Italy, Latvia, Austria, Poland, Romania, Spain, Sweden) as well as in Norway and in Switzerland, and in a further 13 countries worldwide (Argentina, Australia, Brazil, Canada, Israel, New Zealand, Georgia, Peru, Philippines, Russia, South Africa, Ukraine, USA).

Anthroposophic doctors practice also in 6 further EU member states (Bulgaria, Ireland, Greece, Hungary, Lithuania and Portugal). Worldwide anthroposophic medicine is provided in 66 countries.

National Laws and Recognition of Anthroposophic Medicine

Recognition of Anthroposophic Medicine

Europe

With the exception of Germany, where AM is defined as “special therapeutic system” [Besondere Therapierichtung] in the Code of Social Law (Sozialgesetzbuch V)⁴, and Switzerland, where AM is defined as part of CAM under constitutional law, legal recognition is restricted to pharmaceutical regulations in some of the member states (see Figures 1a, 13 and 14a-b). AM-treatments were refunded by compulsory health insurance in Switzerland between 1999-2005⁵, and again are refunded since 2012 with a time limit till 2017⁶.

National Laws Regulating Anthroposophic Medicine as a Distinct Therapeutic System

Only in Germany AM is recognised as a distinct therapeutic system under statutory regulations. In Denmark, Finland, Sweden and the UK, anthroposophic medicinal products (AMP) are mentioned to varying degrees in national pharmaceutical laws in particular in connection with simplified registration procedures for homeopathic medicinal products. In Sweden the anthroposophic clinic (Vidarkliniken) has a permit from the Minister of Social Affairs, but doctors are only allowed to practise AM if they do so at, or in connection with the Vidarkliniken. To the best of our knowledge Sweden is the only EU member state where professional law restricts physicians to use AM (outside of the Vidarkliniken). In all other EU member states physicians may use AM in addition to or instead of conventional medicine within their professional responsibility. The code of the medical professional law in Finland contains the claim that physicians should prefer methods which are “generally accepted”, however there is no definition what exactly is meant by this.

⁴ Sozialgesetzbuch 4. Fünftes Buch – Gesetzliche Krankenversicherung – (SGB V, ab 1.1.1989). BGBl. I S. 2477, 2482, 20.12.1988

⁵ Melchart D., Amiet M, Mitscherlich A, Koch P. Programm Evaluation Komplementärmedizin. Schlussbericht PEK, (Bern, 25.4.2005, last updated 3.6.2005), www.bag.admin.ch/themen/krankenversicherung/00263/00264/04102/index.html

⁶ www.bag.admin.ch/dokumentation/publikationen/01435/11505/index.html

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

Also the *Points to Consider* guidance document on homeopathic use for homeopathic medicinal products registered in accordance with article 14 of Directive 2001/83 explicitly refers to the German Commission C monographs recognizing by this the specific anthroposophic tradition and approach of this therapeutic system⁷.

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

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

Worldwide

Anthroposophic medicine as specific medical system is recognized by law only on The Philippines. However, some Medical Councils (Argentina, Israel), Competent Authorities (Brazil, Chile, Georgia Israel) and others (communities, assurance companies and organizations) recognize AM as medical system on some levels (Australia, Brazil, Peru, The Philippines).

In Argentina, Georgia, Israel and The Philippines a special qualification for AM ("Title) is provided where the system of AM is acknowledged.

⁷<http://ebookbrowse.com/hmpwg-points-to-consider-on-justification-of-homeopathic-use-2010-05-10-pdf-d56970451>

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

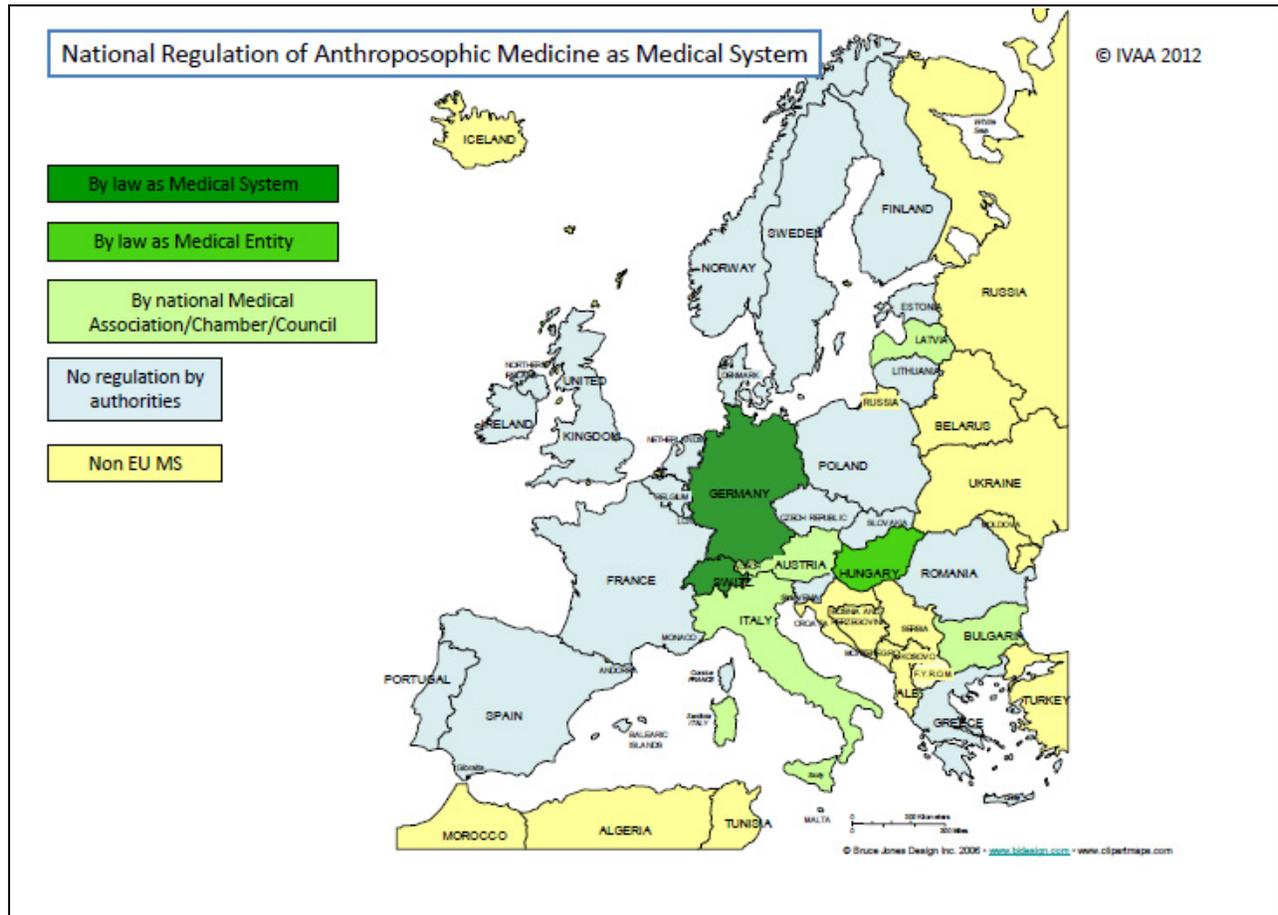


Figure 1a: National regulation of anthroposophic medicine as medical system in Europe

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

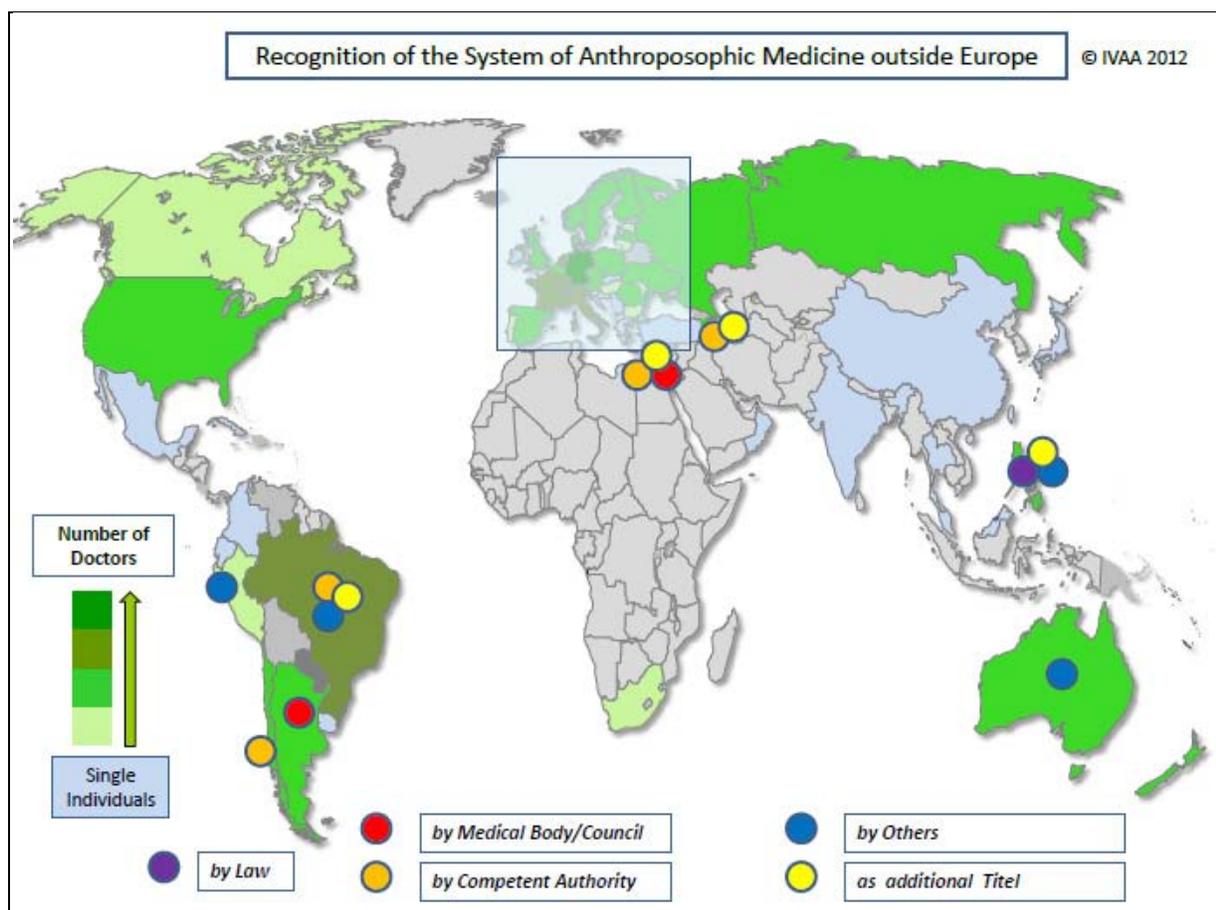


Figure 1b: National regulation of anthroposophic medicine as medical system worldwide

Reimbursement

Compared to the situation in Europe reimbursement of anthroposophic services is much more established in countries outside Europe. For example doctors' consultations are reimbursed by the National Health Service in Australia, Brazil, Chile, Israel, New Zealand and the USA. In addition reimbursements by private corporations, insurance companies etc. are possible in Chile, Georgia, Israel, New Zealand and Peru.

NHS-reimbursement for remedies is provided in Brazil and New Zealand, privately in Australia, Chile, New Zealand and Peru.

Like in Europe reimbursement for anthroposophic therapies does not exist with the exception of Brazil, where some therapies are refunded both by the NHS and privately.

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

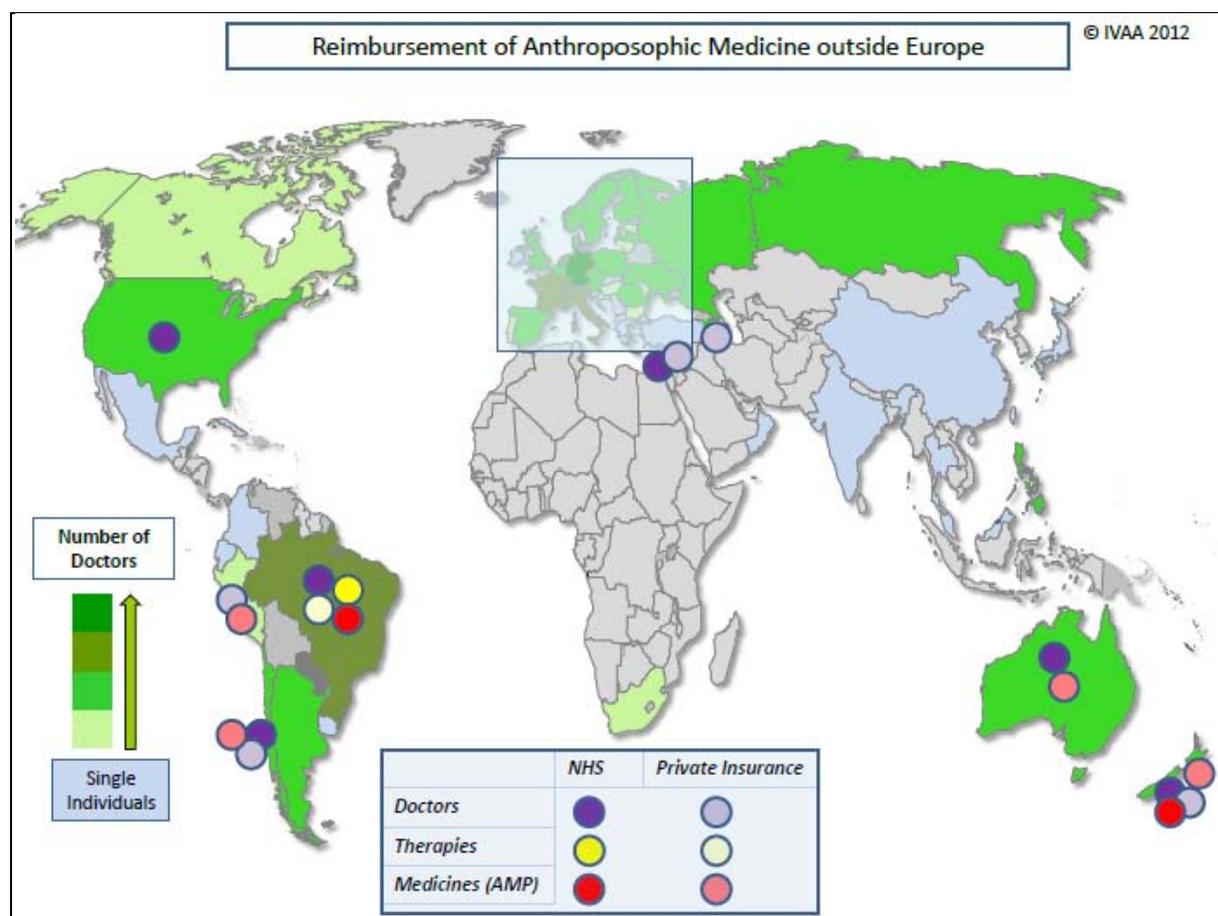


Figure 2: Reimbursement of anthroposophic medicine worldwide

Numbers of Anthroposophic Doctors practicing Anthroposophic Medicine

Europe

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

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

Figure 3a below shows that the biggest association is located in Germany with more than 1000 members, followed by France, Italy, Holland and Switzerland with several hundreds of members, whereas in the other regions the numbers of the national member associations the numbers range between 10 and 100 for example in Scandinavia, the UK, Spain, Austria and part of the Eastern European countries.

In addition an estimate can be calculated of almost 15.000 physicians who prescribe AM with a varying degree of training. This estimate is based on the experiences of the national councils of the anthroposophic doctors associations in their countries, the number of “known” physicians who work according the principles of AM, the numbers of participants in training events and information supplied by the local distributors of anthroposophic medicinal products AMPs etc. The number is a rough but empiric estimate and difficult to validate, as no registers exist for prescribers. Competent authorities in some EU member states (for example Finland) demand documentation of the prescriptions and prescribers of AMPs in the pharmacies. However, many AMPs are available without prescription as OTC (over-the-counter) medications or as nutritional additives, therefore distributed without any tracing.

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

This estimate of potential prescribers increases to a total of 36.000 physicians who are interested in AM and get regularly informed by the producers of AMP⁸.

Worldwide

According to the 2012 update of the questionnaire almost 500 fully AM trained anthroposophic physicians work in 44 countries outside Europe. In addition about 1000 physicians with various levels of training prescribe anthroposophic medicines and other treatments in these countries. Figure 3b shows the distribution across the world: The biggest doctors’ association works in Brazil with 270 physicians followed by the United States and Argentina with more than 60 physicians.

⁸ Reference: Personal communication Weleda AG

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

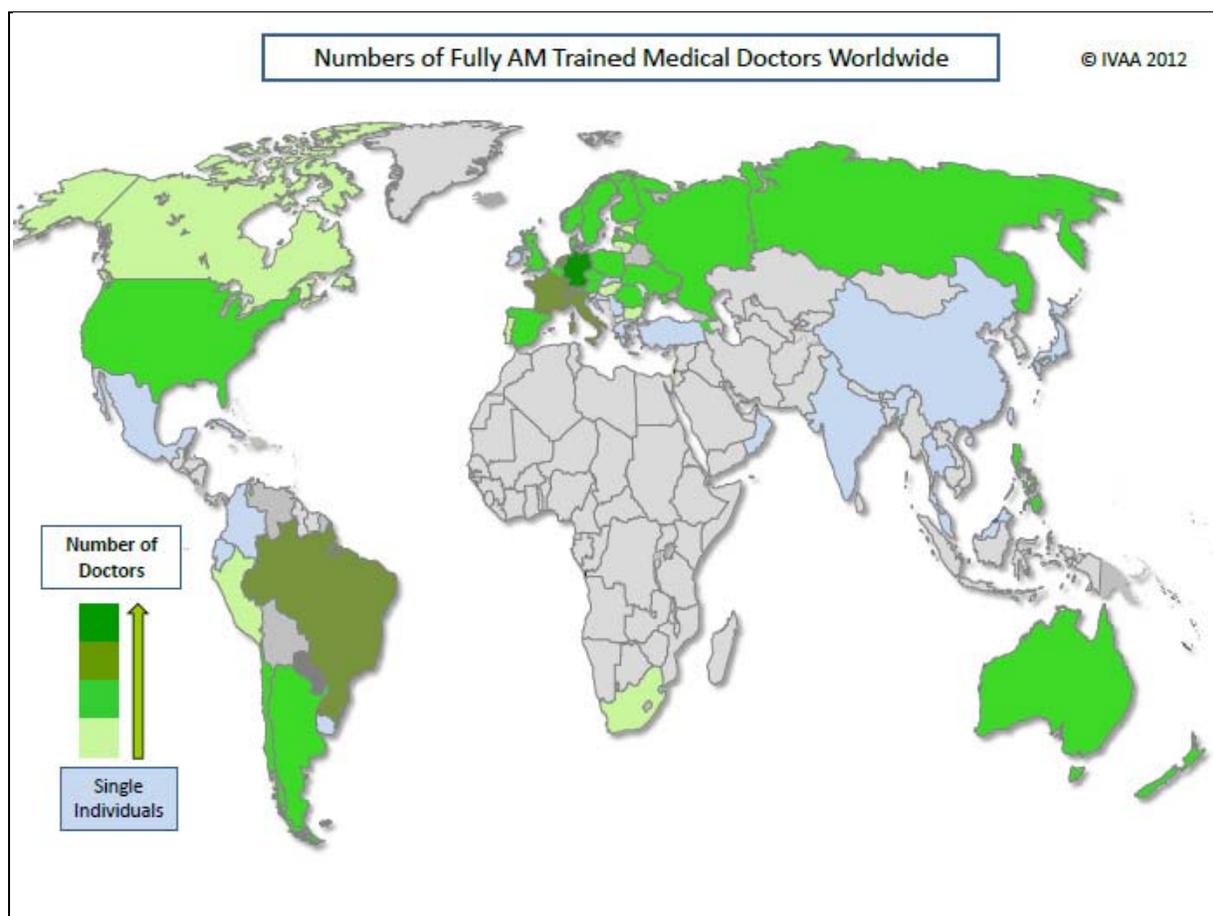


Figure 3b: *Distribution of fully AM trained medical doctors worldwide*

Anthroposophic Medicine in Hospitals and Institutes

Europe

AM is provided in 24 hospitals across Europe, mainly in Germany and Switzerland, also in Italy, the Netherlands, Sweden and in the UK. Of those, 14 hospitals located in Germany and Switzerland provide Accident & Emergency services.

AM is integrated into general and specialized public healthcare in Austria, Germany, Italy, Netherlands, Sweden, Switzerland and the UK.

All specialties are represented in AM, including Internal Medicine, Obstetrics, Psychiatry, Surgery, Intensive Care Units and Accident & Emergency services.

Anthroposophic hospitals include:

- university teaching hospitals (Germany , Switzerland)
- other hospitals integrated into public basic health care (Germany, Sweden and Switzerland)
- departments of AM in public hospitals (Germany and Switzerland)

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

- clinics for special disorders (UK, Italy, Netherlands, and Switzerland)

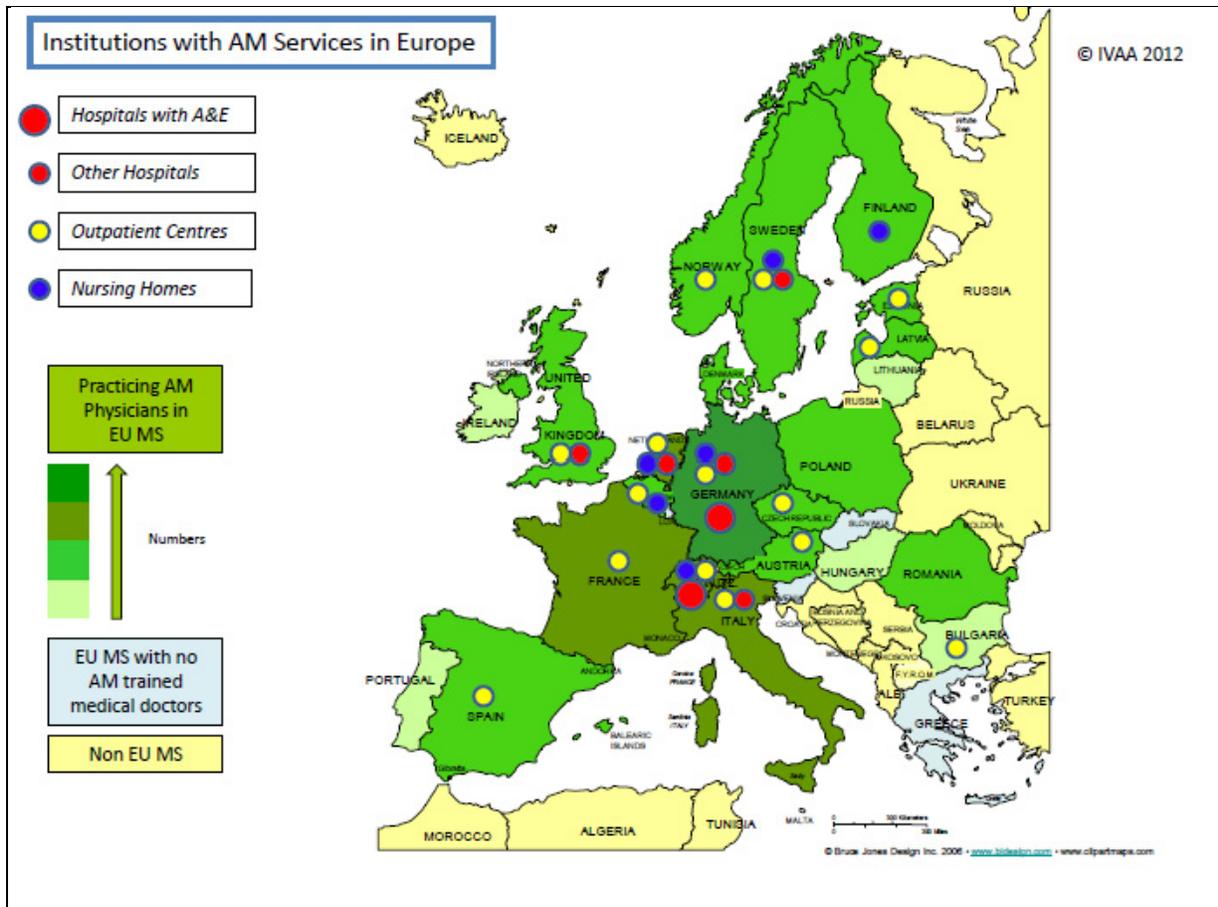


Figure 4a: Institutes with AM services in Europe

Worldwide

In several countries outside Europe are initiatives to establish anthroposophic hospitals (Brazil, USA). However in 2012 there are no fully equipped anthroposophic hospitals outside Europe. However, as shown in Figure 4b more than 60 outpatient centres provide the spectrum of anthroposophic therapies in 10 countries (Argentina, Australia, Brazil, Chile, Georgia, Israel, New Zealand, Peru, The Philippine and the USA). Nursing homes are established in Australia and the USA. In addition, there are about 40 institutes for people with learning difficulties in 8 countries (Argentina, Australia, Chile, Georgia, Israel, New Zealand, Peru and the USA).

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

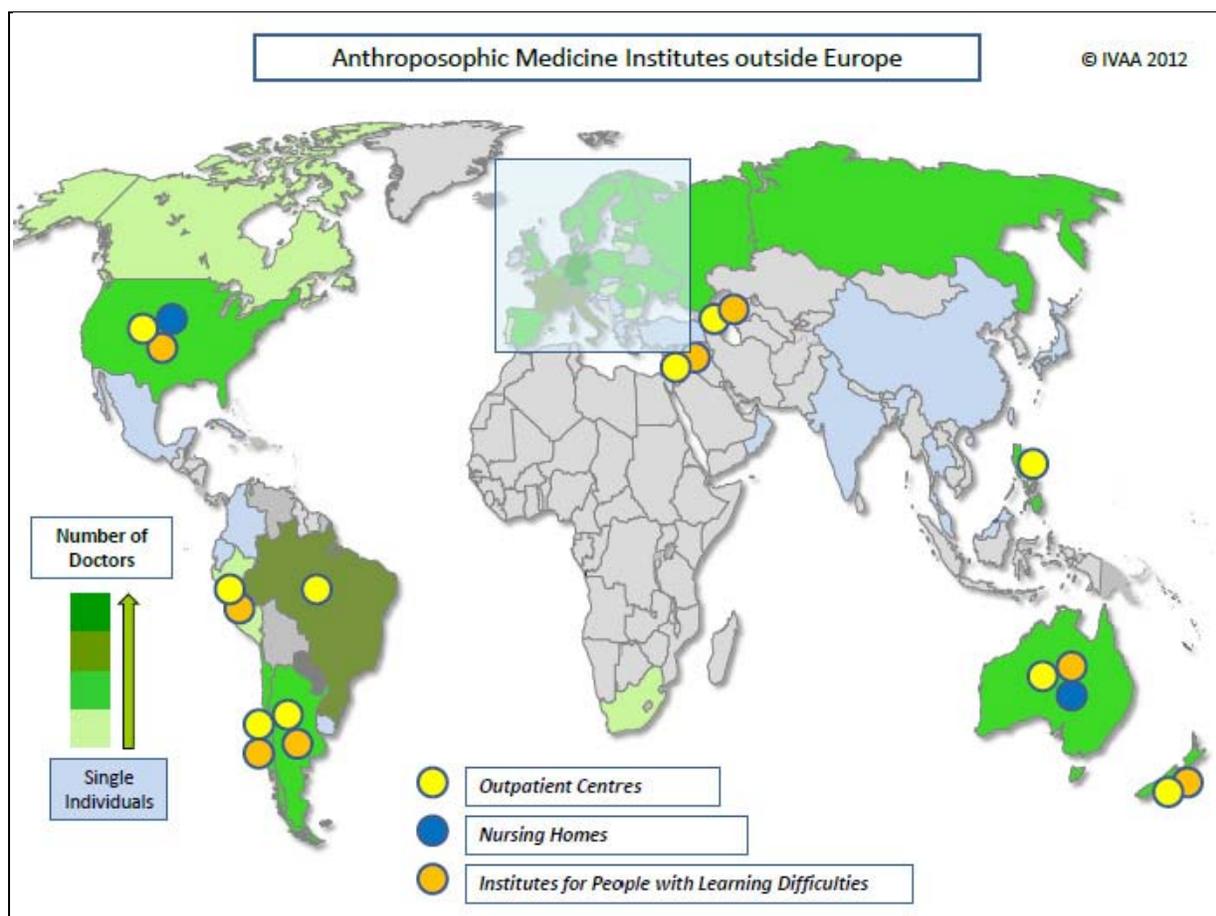


Figure 4b: Institutes with AM services worldwide

Education in Anthroposophic Medicine

Europe

Anthroposophic Medicine at Universities

University professorial chairs for AM are established at universities in Germany (Witten-Herdecke and Alfter), and within the context of CAM in Switzerland (Bern).

AM is taught at medical schools in several EU Member states and in Switzerland. There are different types of teaching at medical schools:

- integrated into the basic medical curriculum (Austria and Germany, Switzerland).
- provided in specifically tailored curricula (Italy and Spain).

Introductory courses in AM are offered at universities/medical schools as an optional part of the medical undergraduate curriculum in Austria, France, Germany, Italy, Spain and Switzerland. The courses are usually integrated into courses on CAM in general.

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

Postgraduate education events in AM for doctors are offered at universities/medical schools in Austria, Germany, Hungary, Latvia and Switzerland.

Regular postgraduate education events in AM for doctors outside universities/medical schools are provided at private teaching centres in Austria, Denmark, Estonia, Finland, France, Germany, Hungary, Italy, Latvia, Holland, Romania, Spain, Sweden, the United Kingdom, Norway and Switzerland, usually under the auspices of the national associations of anthroposophic doctors.

Diplomas for Anthroposophic Doctors

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

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

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

Continous Medical Education

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

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

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

Further education courses in AM for doctors (postgraduate courses) are recognized as part of the CME in Austria, France, Germany, Holland, Hungary, Italy, Latvia, Romania, and in Norway and Switzerland.

In 2009 AM was an official part of the Continuing Education Programme (CEP) for doctors in Germany and Romania.

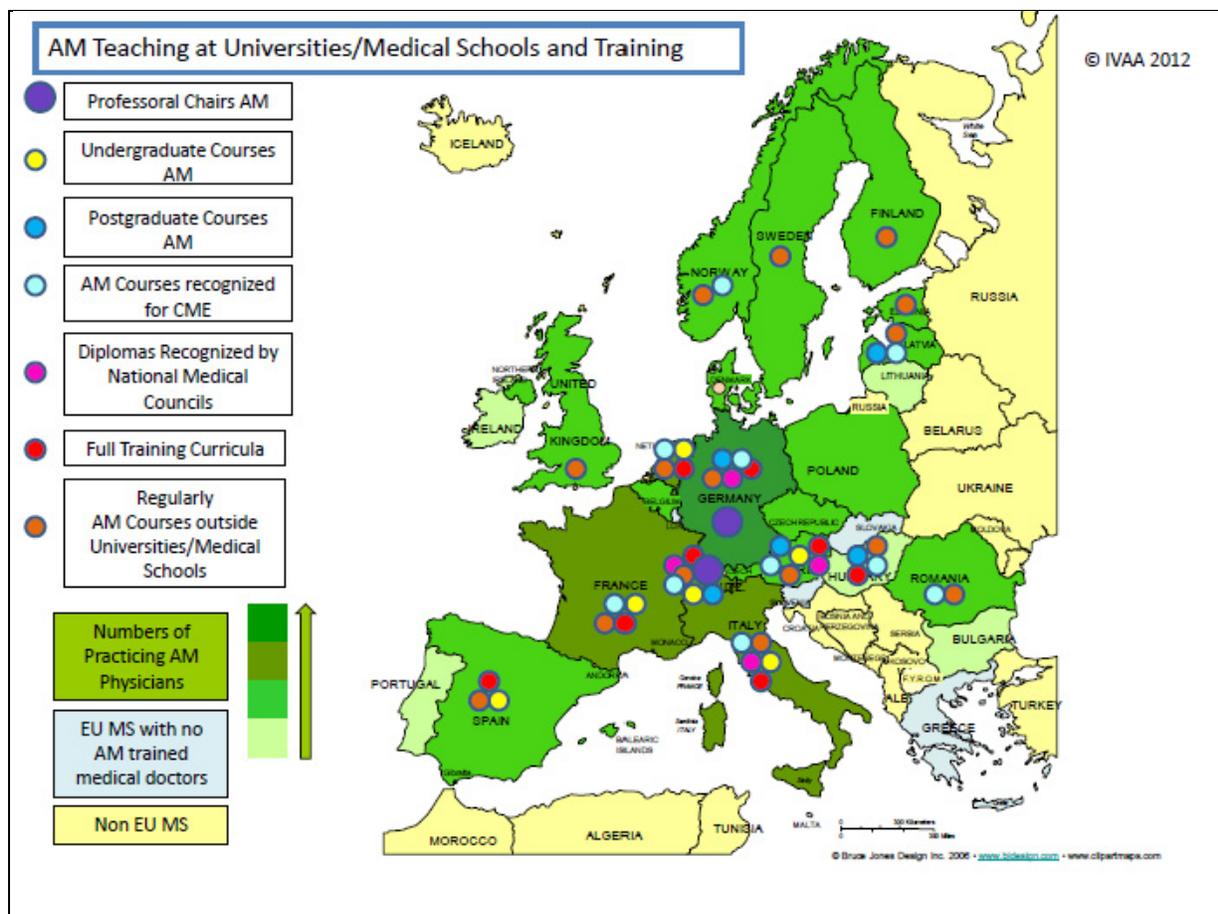


Figure 5a: AM Teaching at universities/medical sctraining outside Europe

Worldwide

Regular AM teaching at universities is established in Brazil, Peru, The Philippines and in the United States. As Figure 5b shows, private courses are provided in many countries. Anthroposophic education acknowledged for continuous medical education (CME) in Australia, Chile, Israel and New Zealand. The International Postgraduate Medical Training program of the Medical Section at the Goetheanum (IPMT) has contributed significantly to the quality of medical training of anthroposophic doctors in many parts of the world. For details see <http://www.medsektion-goetheanum.org/ausbildung/medizin/ipmt/>.

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

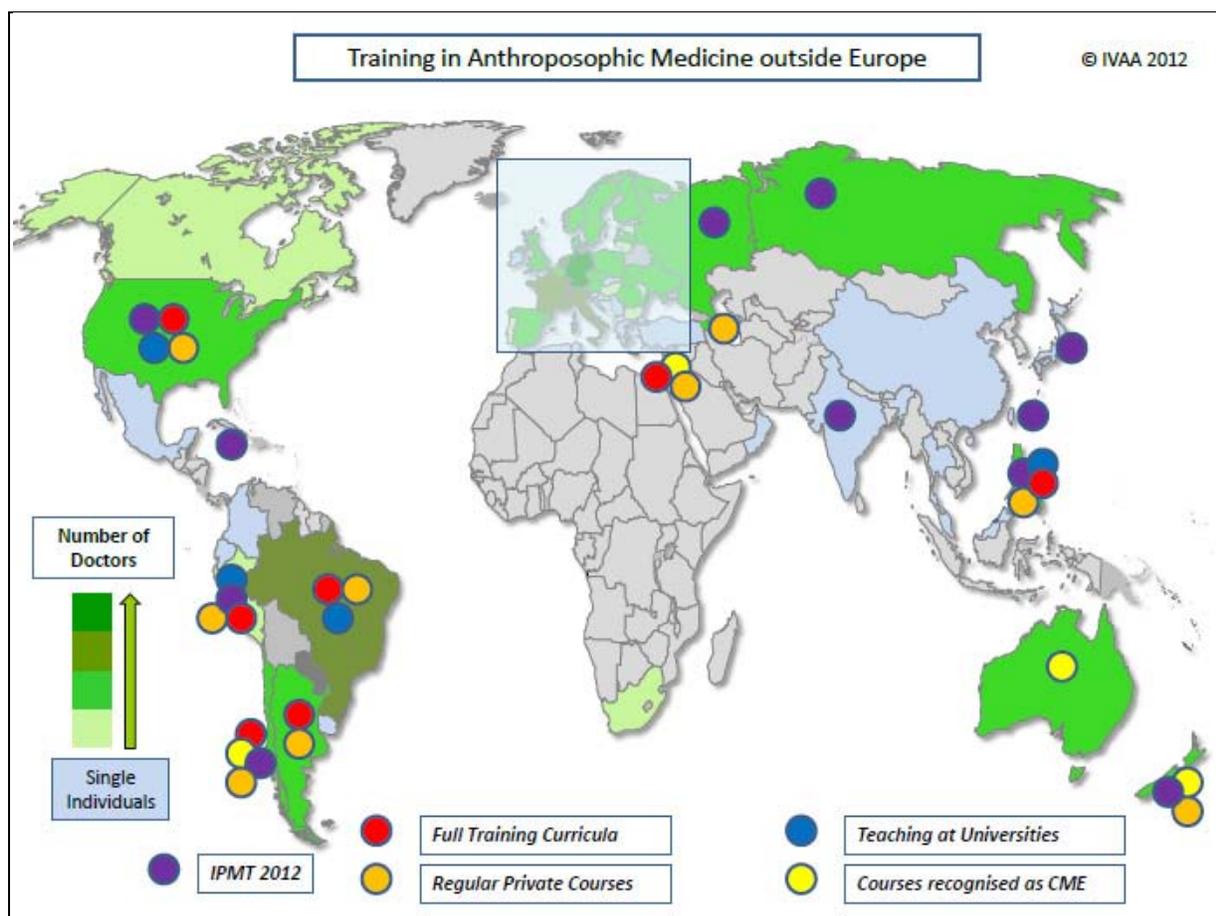


Figure 5b: AM Teaching at universities/medical training outside Europe

Anthroposophic therapists

Europe

Anthroposophic therapies such as eurythmy therapy (a special movement therapy), artistic therapy (painting, modelling, singing, music), therapeutic speech, anthroposophic physiotherapy and rhythmical massage, and anthroposophic nursing etc. are an essential part of anthroposophic medicine. They can be defined as “classical” anthroposophic therapies as they were initiated together with anthroposophic medicine in the 1920ies. Every therapist is well trained according to curricula specific to the respective therapy. A special feature of anthroposophic medicine is that these therapists provide their skills/services in accordance with a medical prescription from a doctor, as part of the integrated anthroposophic approach to medicine. As anthroposophic medicine developed over the years further therapeutic approaches were inspired by anthroposophy, including anthroposophic psychotherapy,

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

biographic counseling and other. As example of those “newer” developments anthroposophic psychotherapy was also addressed in the current survey. Altogether, in 2012 more than 7000 anthroposophic therapists practice in 25 EU member states, Norway and Switzerland.

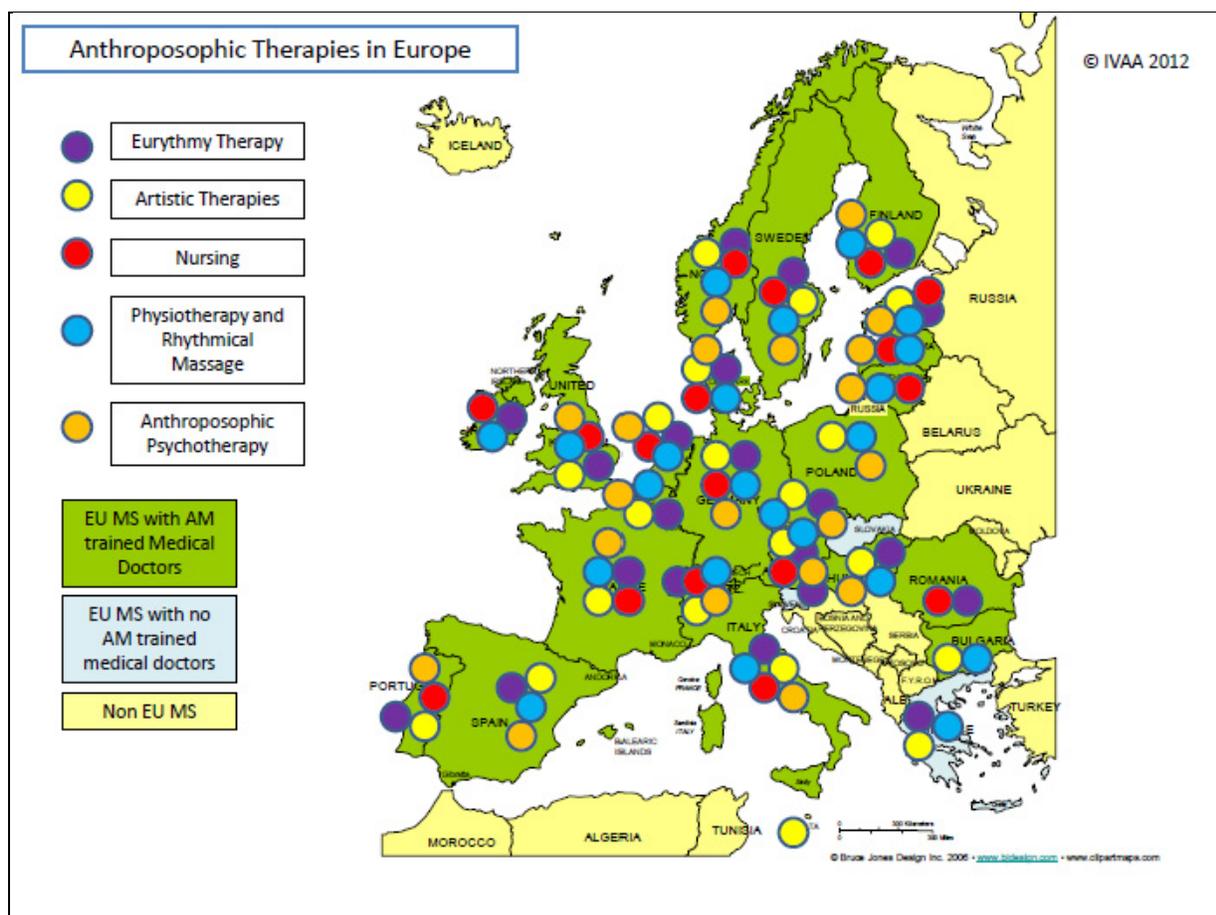


Figure 6a: *Distribution of anthroposophic therapies in Europe*

Worldwide

Outside Europe 700 therapists offer anthroposophic therapies.

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

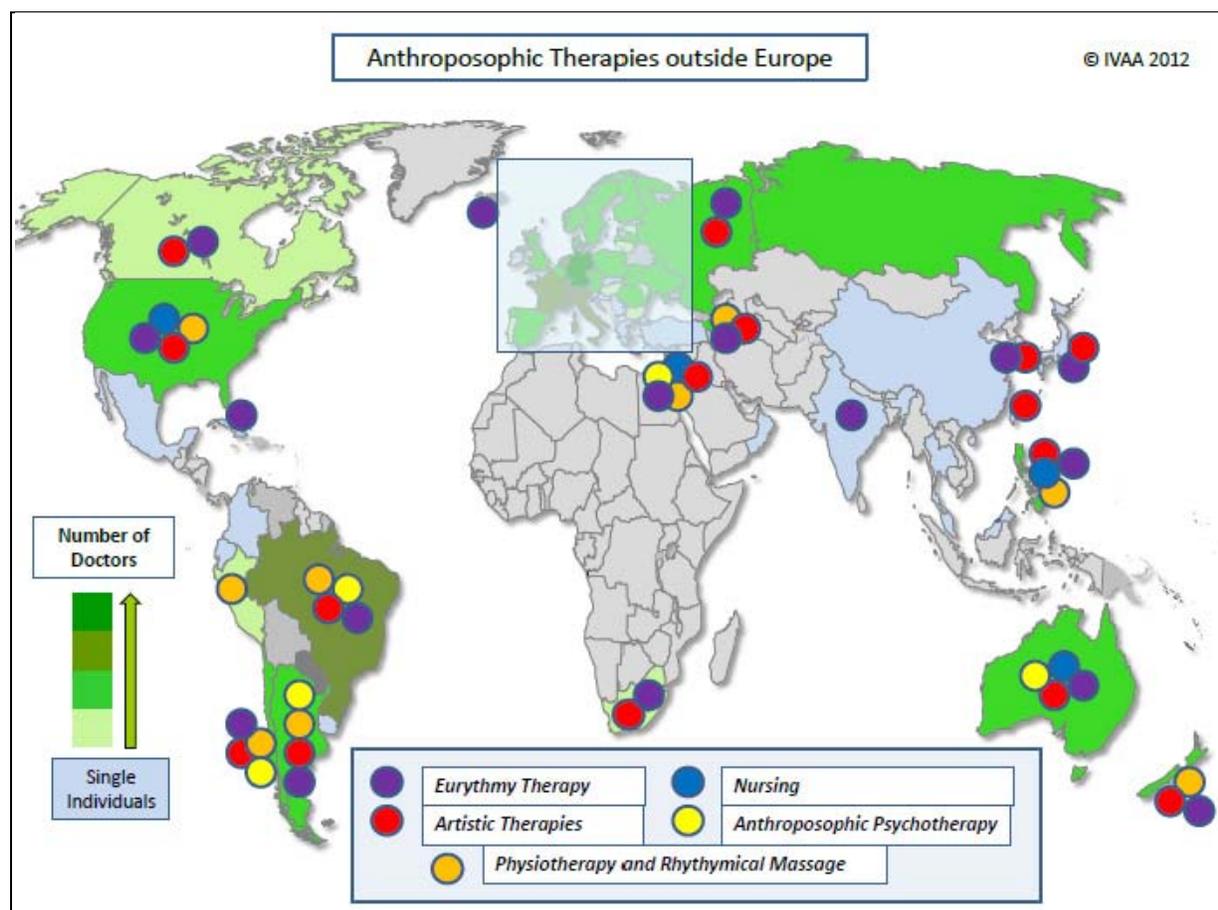


Figure 6b: Distribution anthroposophic therapies worldwide

Eurythmy Therapy

Europe

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

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

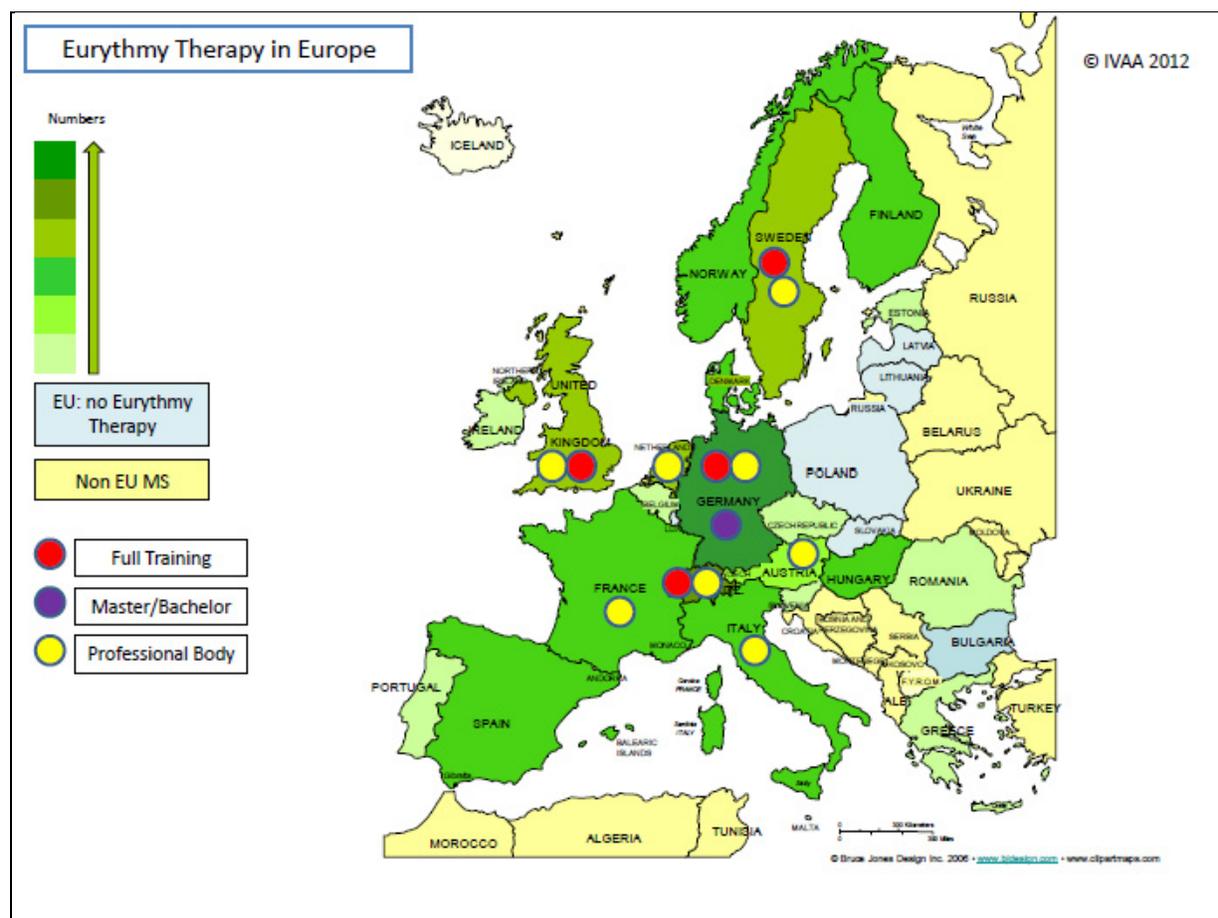


Figure 7a: Distribution of eurythmy therapists across Europe

Worldwide

Eurythmy therapy is available in 17 countries outside Europe (Argentina, Australia, Brazil, Canada, Chile, Cuba, Georgia, Iceland, India, Israel, Japan, New Zealand, Russia, The Philippines, South Korea, South Africa, and in the USA). However, in many countries with few anthroposophic physicians in these only every second fully trained eurythmy therapist (in average 54%) is working in the field of medicine in cooperation with a doctor. Many eurythmy therapist provide so called "hygienic eurythmy in schools, kindergardens or institutes for people with learning difficulties or work in complete other professions. Full training curricula are provided in Argentina, Brazil and in the USA, a master degree can be achieved in Australia. Professional bodies are established in Australia, Brazil, Israel, New Zealand and in the USA.

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

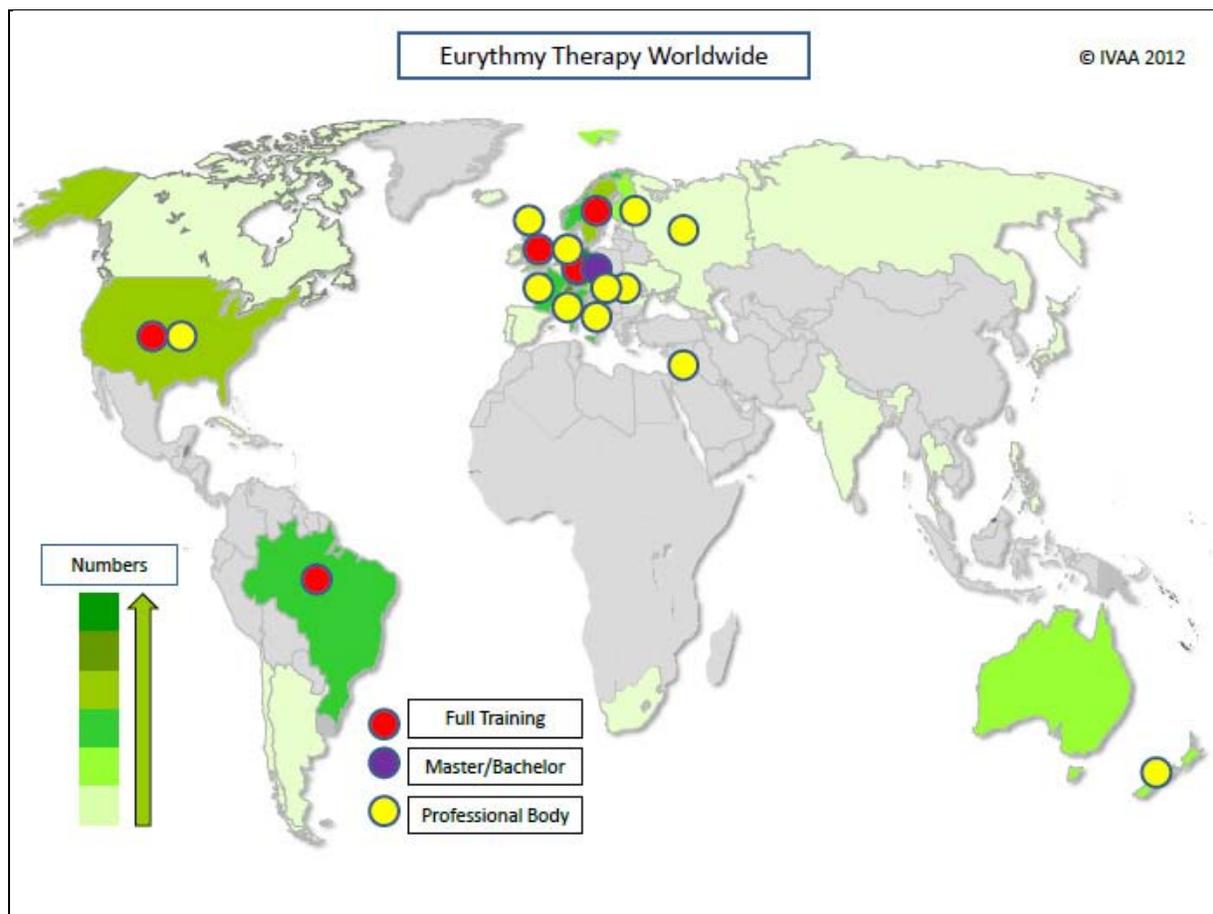


Figure 7b: Distribution of eurythmy therapists worldwide

Anthroposophic Artistic Therapies

Europe

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

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

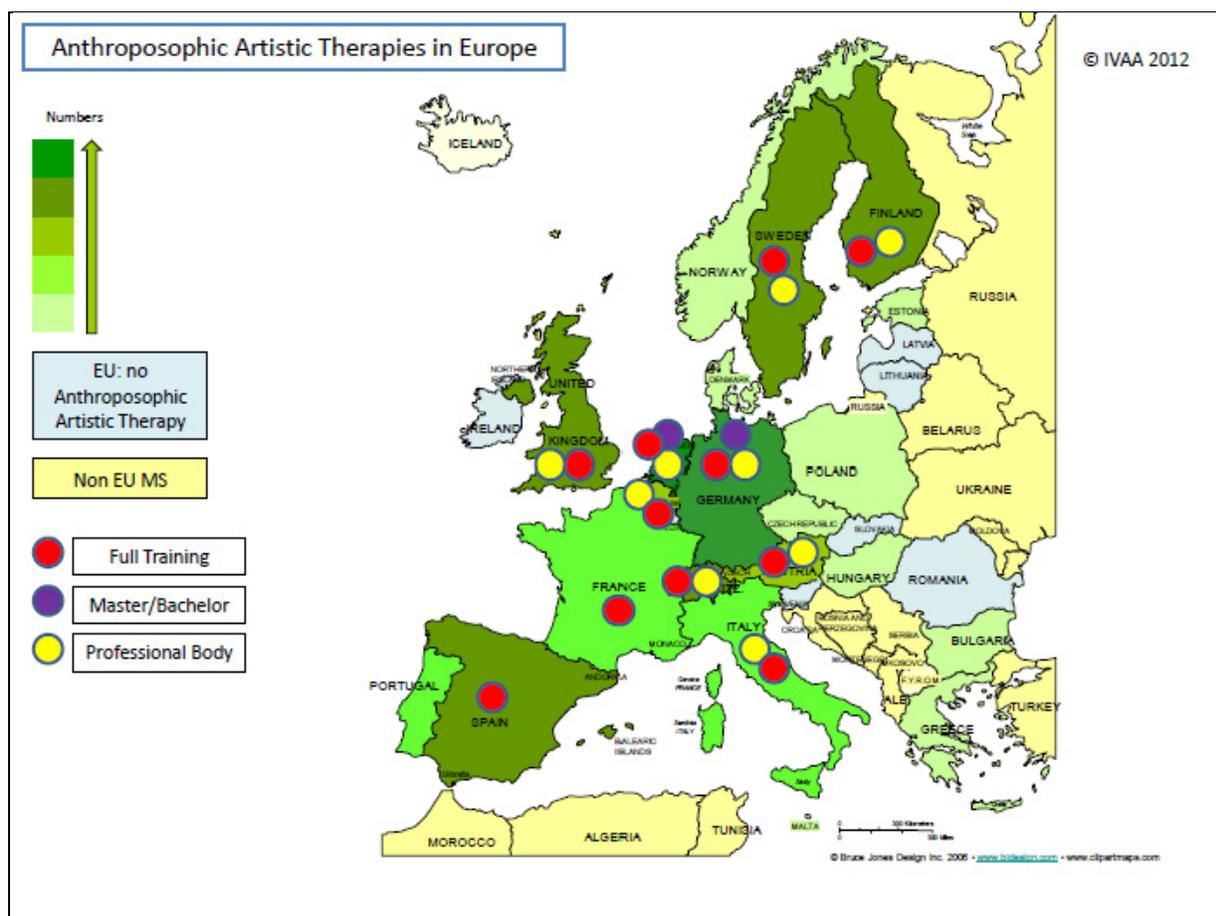


Figure 8a: *Distribution of anthroposophic artistic therapists across Europe*

Worldwide

Anthroposophic artistic therapy is well established in 9 countries outside Europe (Argentina, Australia, Brazil, Chile, Georgia, Israel, New Zealand, The Philippines and the USA). In addition art therapist work in Canada, Japan, Russia, South Africa, South Korea, Taiwan and the Ukraine. Full training curricula are regularly performed in Argentina, Brazil, Israel and New Zealand. Professional bodies have been established in Brazil The Philippines and in the USA. The largest member associations work in Brazil and the USA with 33 and 32 members, respectively. A master degree is available in Brazil, The Philippines and in the USA.

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

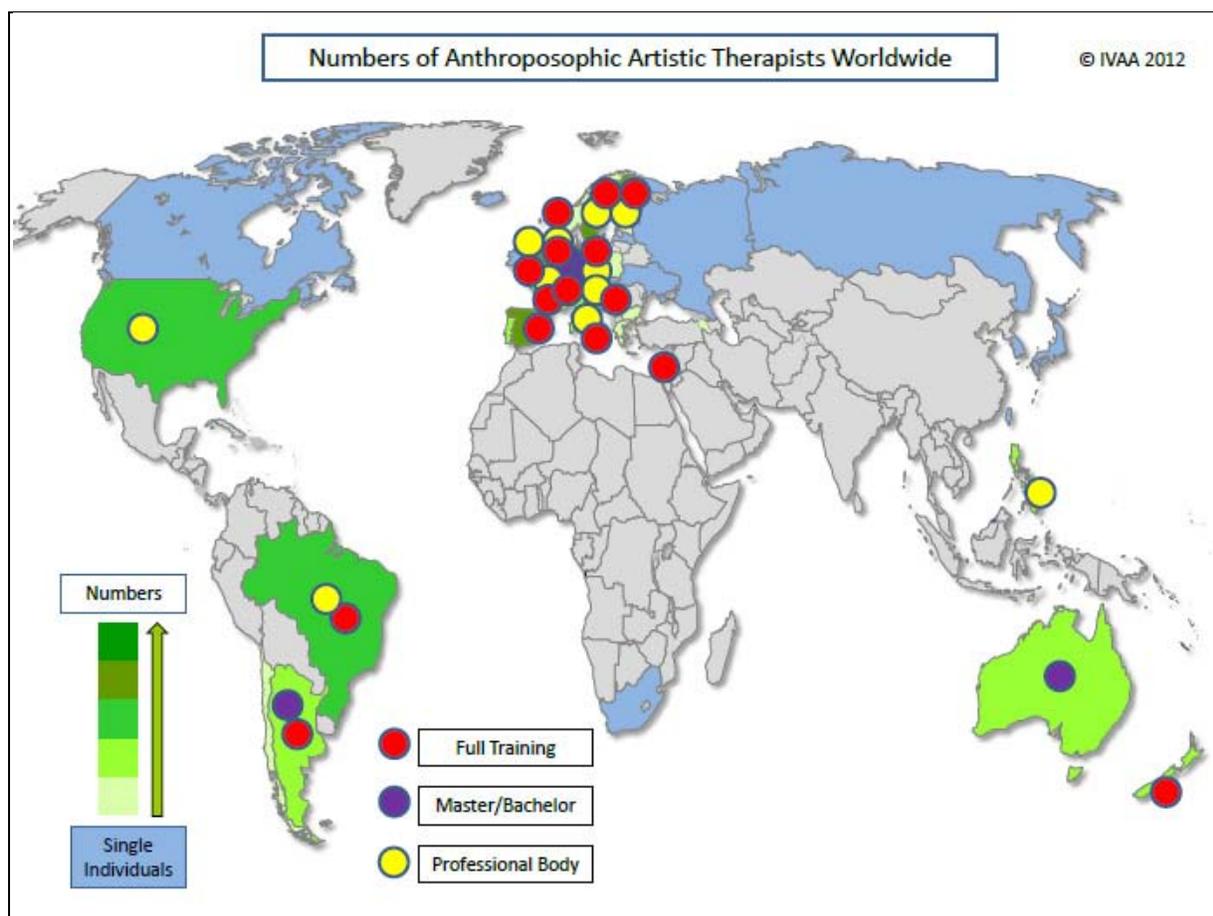


Figure 8b: *Distribution of anthroposophic artistic therapists worldwide*

Anthroposophic Nursing

Europe

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

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

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

work also in institutes of conventional health care, outpatient's centres and homes for the elderly.

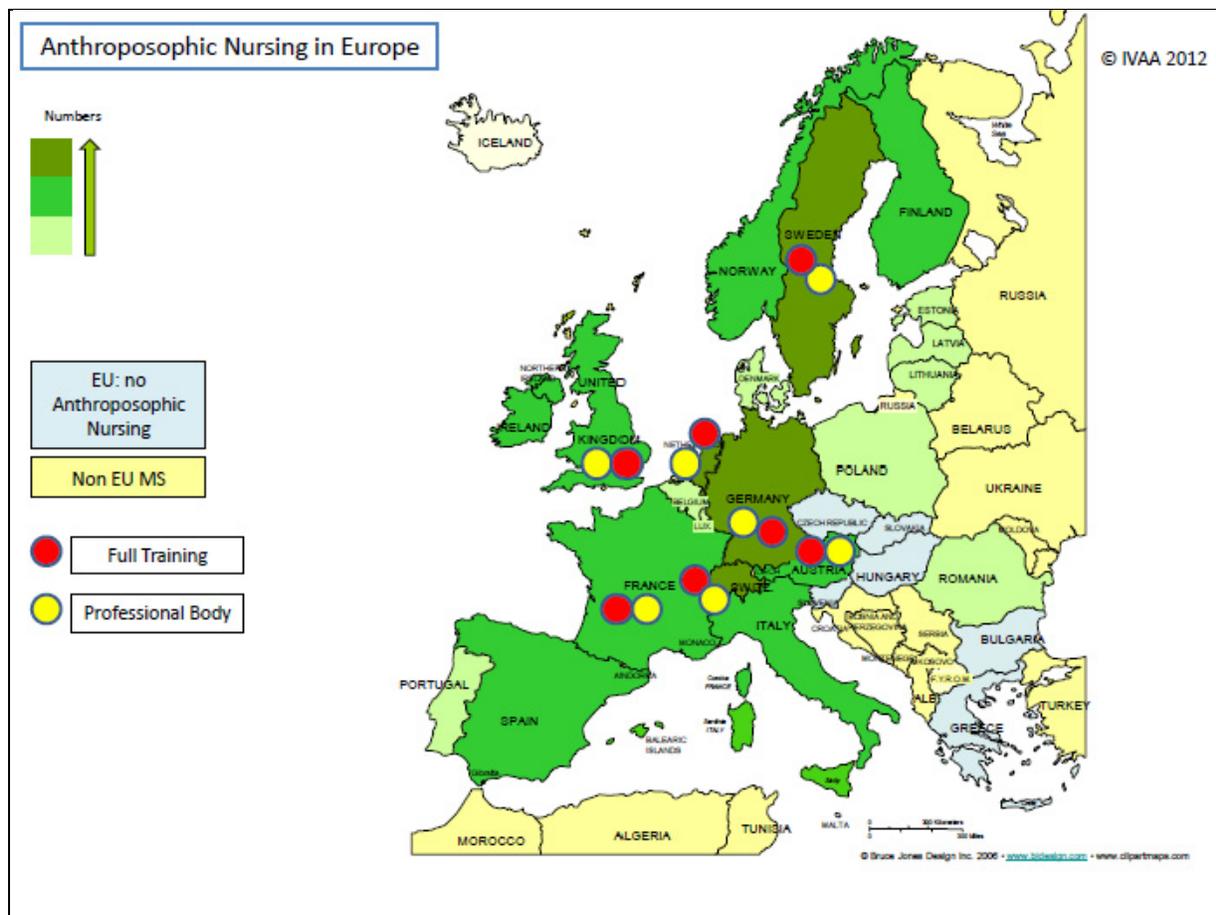


Figure 9a: Distribution of anthroposophic nursing across Europe

Worldwide

Anthroposophic nurses work in 7 countries outside Europe (Australia, Brazil, Georgia, Israel, The Philippines, New Zealand and in the USA). A professional body exists so far only in New Zealand. This country has with 60 nurses also one of the biggest member association outside Europe. A similar association is established in Georgia (60 members). Full training curricula are provided in Georgia, New Zealand and in the USA.

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

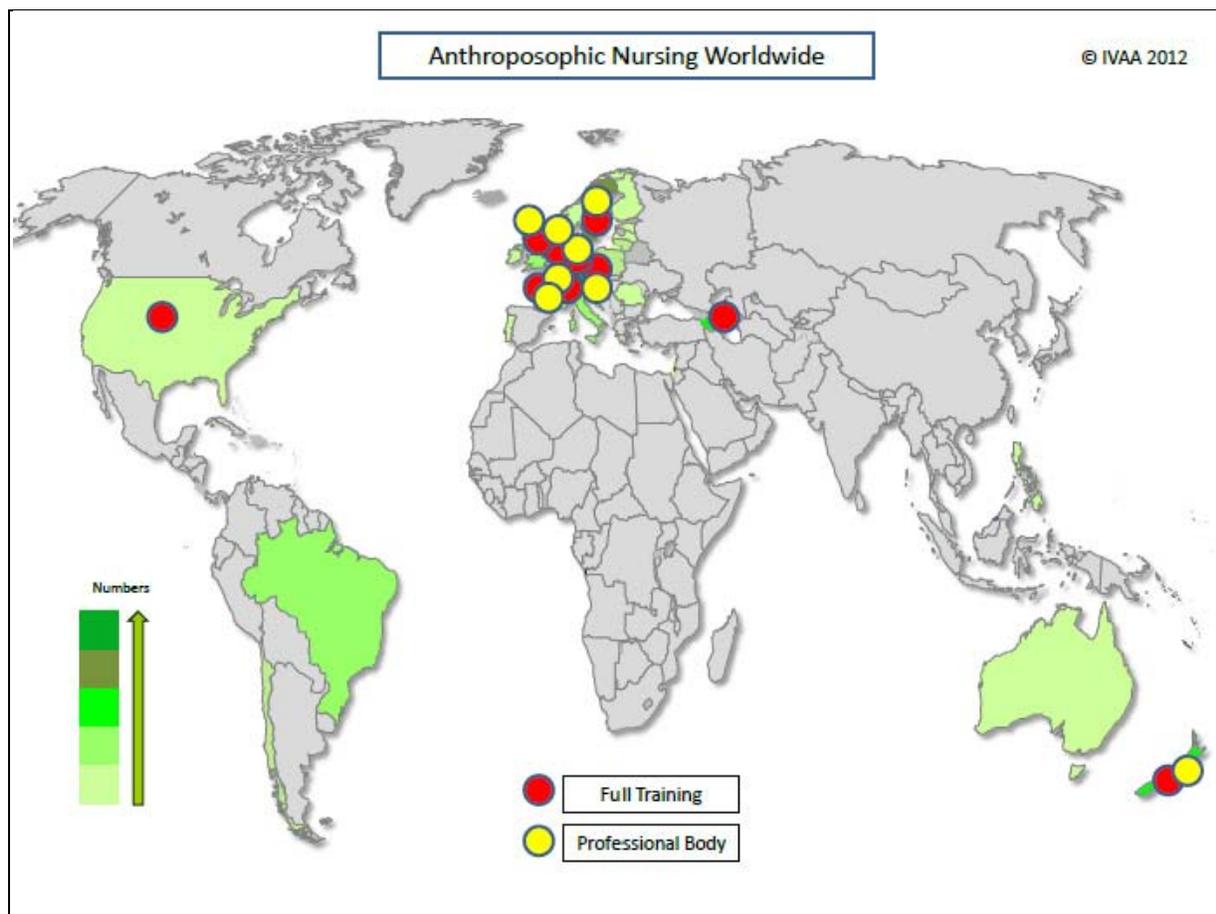


Figure 9b: Distribution of anthroposophic nursing worldwide

Anthroposophic Physiotherapy and Rhythmical Massage

Europe

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

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

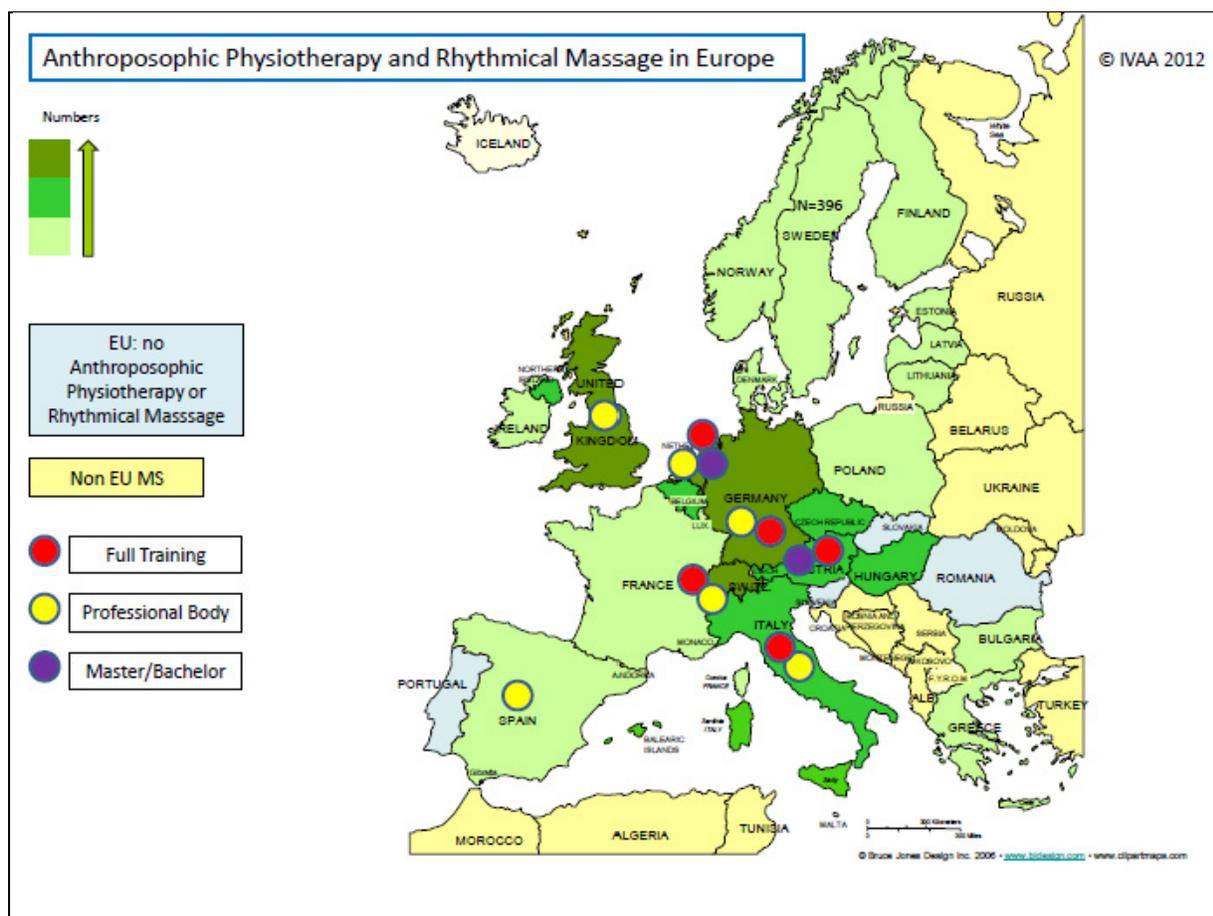


Figure 10a: *Distribution of anthroposophic physiotherapy and rhythmical massage across Europe*

Worldwide

Anthroposophic physiotherapy and rhythmical massage is provided in 10 countries outside Europe (Argentina, Australia, Brazil, Chile, Georgia, Israel, New Zealand, Peru, The Philippines and in the USA). The only professional body exists in Brazil. Full training curricula are provided in Argentina, Brazil, Chile, Peru and the USA. The biggest associations are in Brazil (54 members) and in the USA (43 members).

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

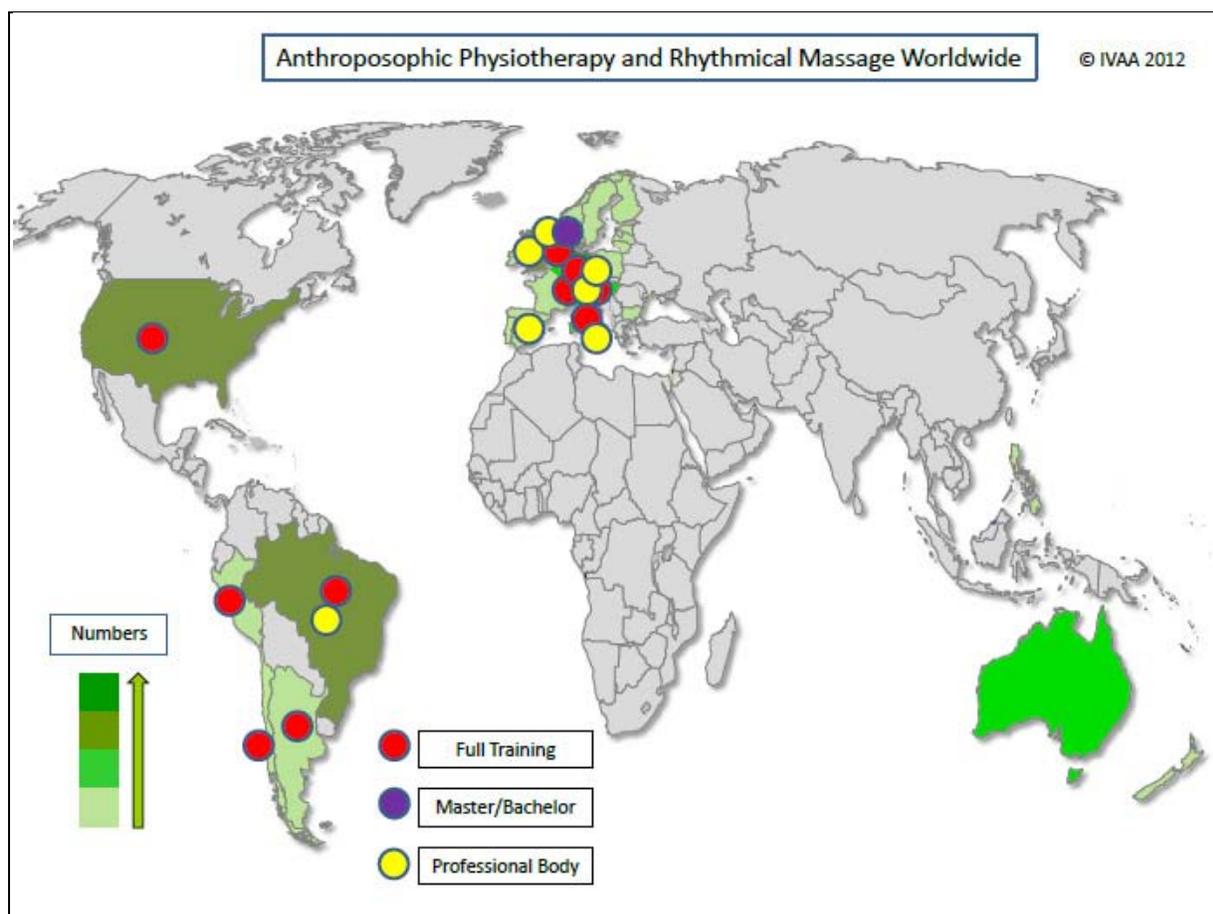


Figure 10b: Distribution of anthroposophic physiotherapy and rhythmical massage worldwide

Anthroposophic Psychotherapy

Europe

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

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

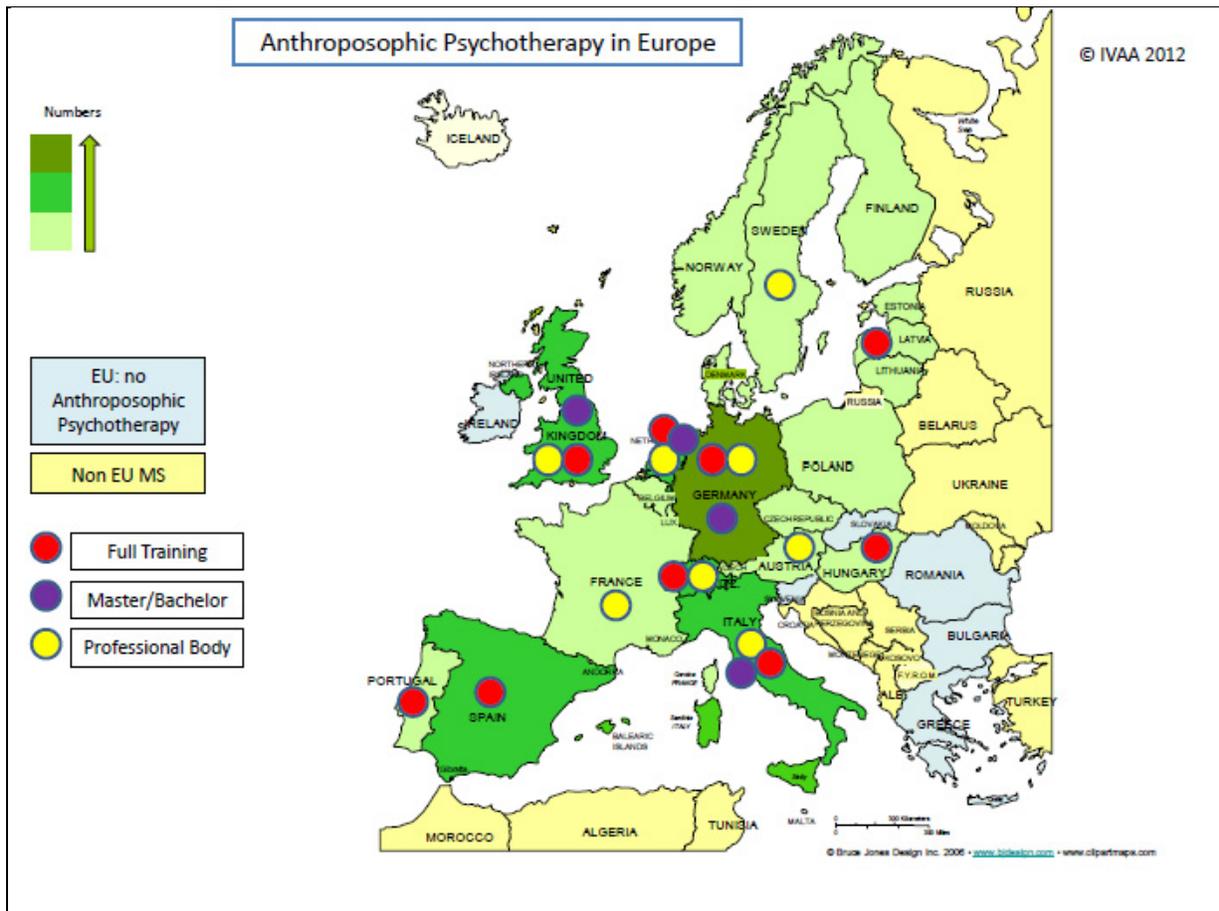


Figure 11a: *Distribution of anthroposophic psychotherapy across Europe*

Worldwide

Anthroposophic psychotherapy outside Europe shows an obvious focus in South America (Argentina, Brazil, Chile) and Israel. In these four countries full training curricula are provided. Professional bodies exist in Argentina and Brazil. The biggest associations are in Brazil (51 members) and Argentina (30 Members).

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

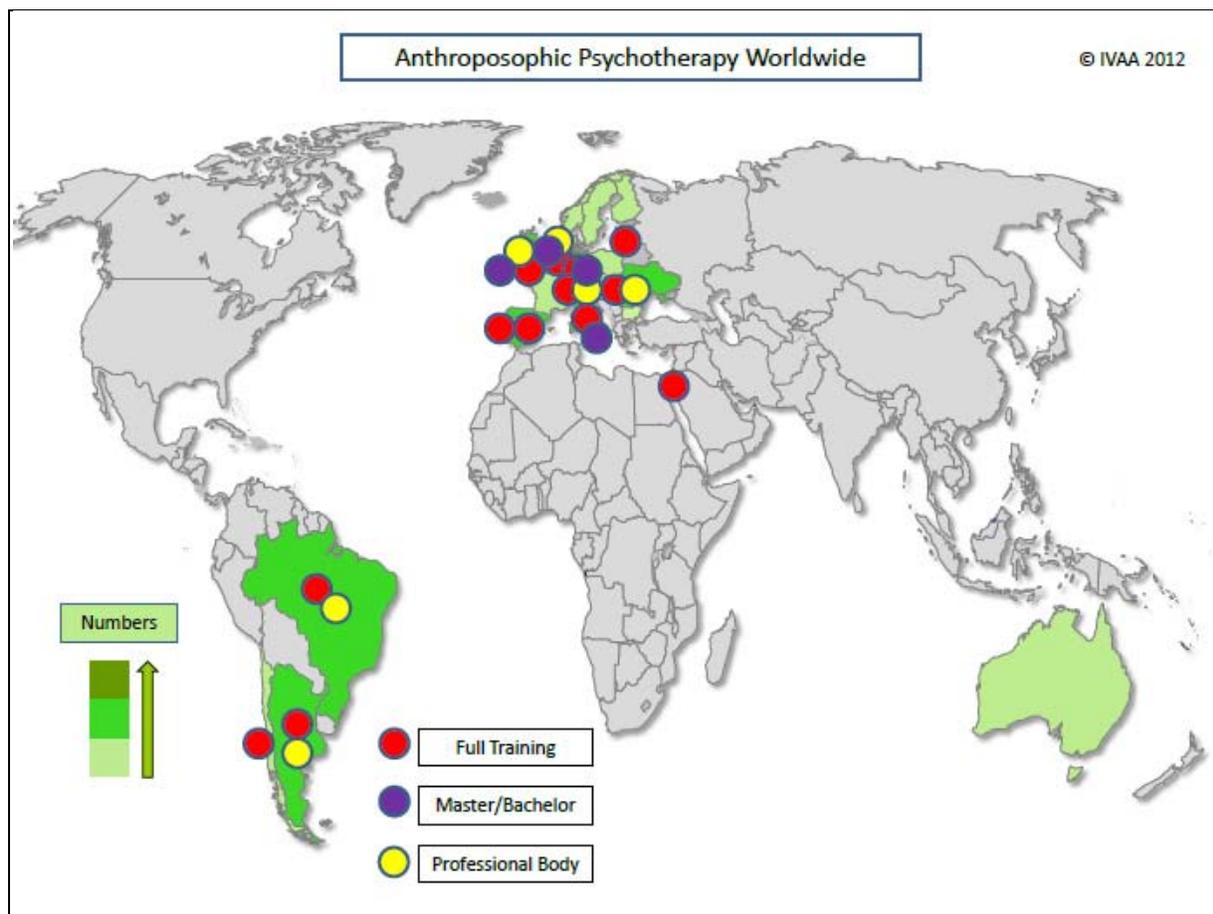


Figure 11b: Distribution of anthroposophic psychotherapists worldwide

Anthroposophic “Heilpraktiker”

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

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

Anthroposophic Medicine and the care for people with learning disabilities (Curative Education and Social Therapy)

Europe

Anthroposophical curative education and social therapy centres offer educational, early learning, work and residential opportunities for children, young people and adults with a wide range of disabilities and developmental problems. The work with children and young people is called 'curative education' in anthroposophical centres. Education at school or learning opportunities in kindergarten combines with specific therapies and usually also medical care provision in a total concept to stimulate a child's development and provide maximum support. Methods developed in anthroposophy are specifically used, such as Waldorf education, a range of therapies such as eurythmy therapy, and anthroposophical medicine. Curative education will as a rule prove to be particularly fruitful if the parents of the children and young people with disabilities are closely involved in the collaboration.

'Social therapy' is the term used for work with adults. Here it is above all a matter of creating social situations that will enable people with disabilities to have maximum independence and self determination. Suitable work and types of residential accommodation and social and cultural opportunities both outside and in the centres help to create a life situation where the individual is encouraged to develop further, yet also enjoys the necessary security.

Anthroposophical curative education and social therapy centres are privately maintained as a rule. The work is in almost all countries supported and financed on the basis of social legislation. In particular in the countries with long tradition (Germany, Holland, Switzerland, UK, Scandinavia and France) the maintenance costs of the institutions are widely carried by the general social systems.

Education in curative education and social therapy is integrated into academic curricula in several EU member states: i.e. BA at the University of Aberdeen (UK) in collaboration with the Camphill institutions (www.camphill.org), MA in Social Care at the Ita Wegman College in Wuppertal (DE) in collaboration with the University of Plymouth (UK), BA at the University of Leiden (NL), BA Social Care at the Freie Hochschule Mannheim (DE), MA in Governance, Training and Research in the fields of curative education and social therapy at the Alanus University in Alfter (DE) with the possibility for doctoral theses (Dr.päd. or Dr.phil. in pedagogic sciences).

Worldwide

More than 1000 anthroposophic socials professional are engaged in the work with people with learning difficulties in 40 institutes for curative education and social therapy in 8 countries outside Europe (Argentina, Australia, Chile, Georgia, Israel, New Zealand, Peru and the USA .

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

safeguarding and promoting activities based on anthroposophy, especially in the fields of agriculture, education, special needs education and medicine. The Charta was signed by more than 1 Million people from all European member states.

Anthroposophic Medicinal Products (AMP)

Europe

Anthroposophic medicinal products (AMP)

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

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

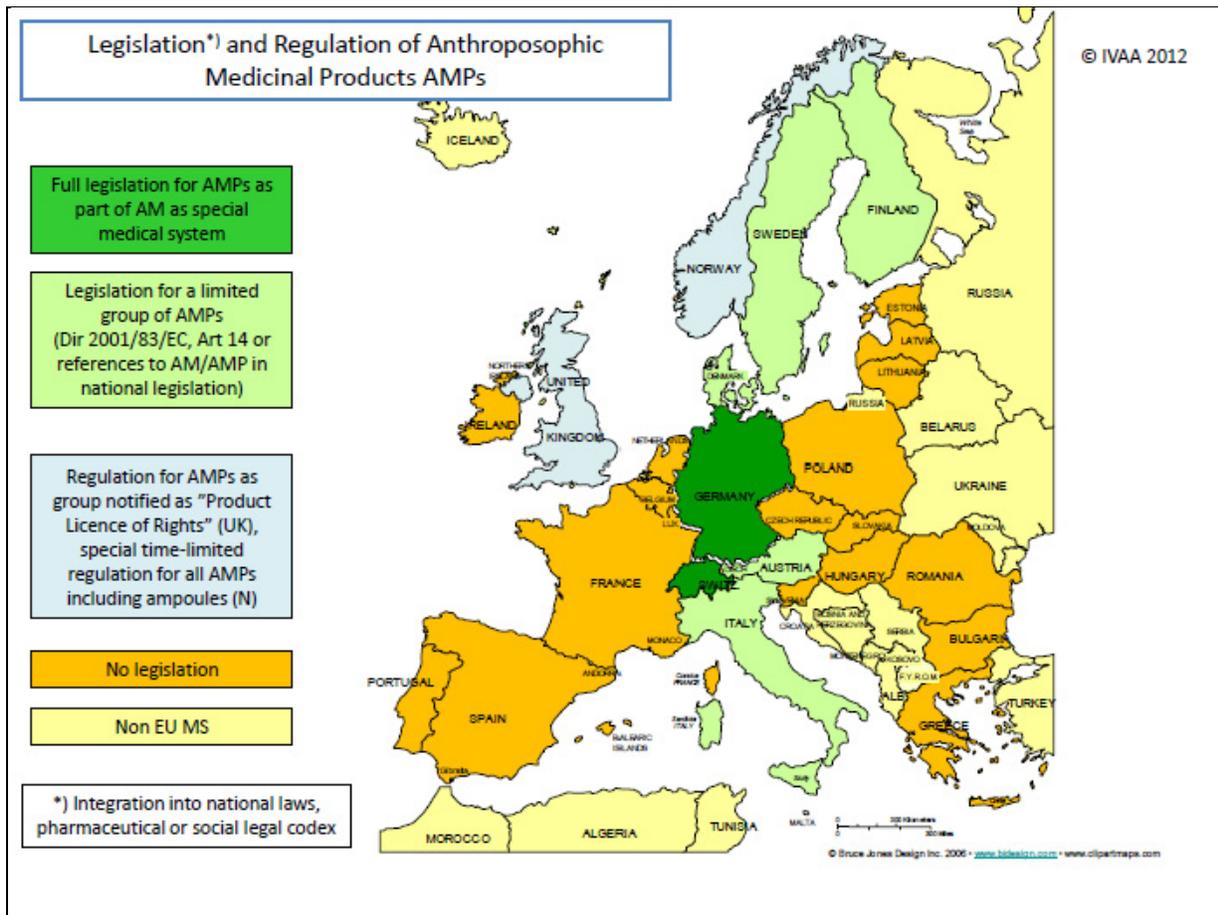


Figure 13: Legislation and Regulation of Anthroposophic Medicinal Products in Europe

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

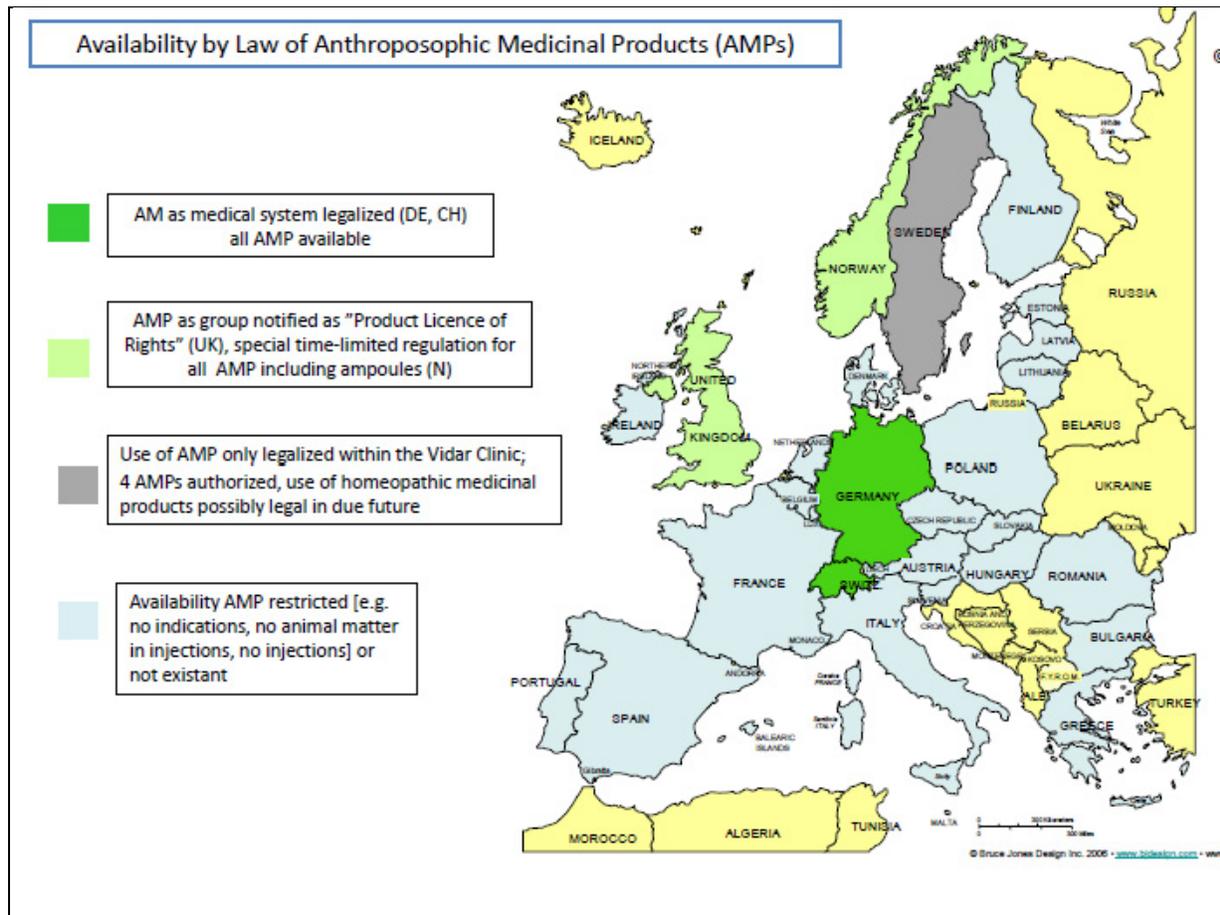


Figure 14a: The Availability by law of athroposophic medicinal products AMP

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

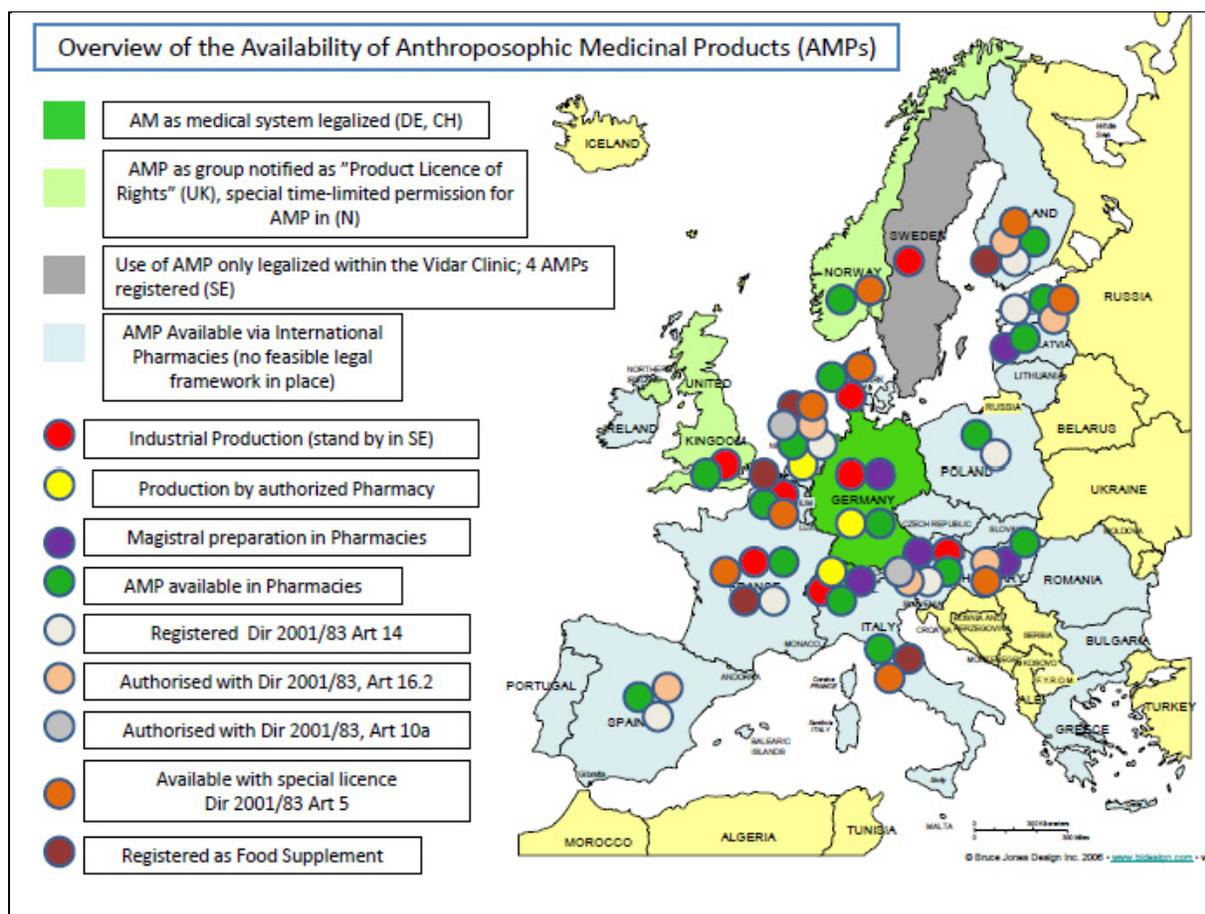


Figure 14b: Overview of the availability of anthroposophic medicinal products in Europe

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

Sales Figures of Anthroposophic Medicinal Products

The BPI (*Bundesverband der Pharmazeutischen Industrie eV.*) published in their report for the German market a 7.3% increase of turnover for AMPs between 2006 and 2009. This was significantly more than the general turnover index for all pharmaceutical products in that period of time (3.7%). Even more relevant was the increase of sales figures of package units of AMPs by 8.7%, whereas general sales figures for all pharmaceutical products decreased by 0.7%. The figures on page 62/63 of this BPI report

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

furthermore show a constant increase of sales of AMPs from year to year, revealing an increasing interest of citizens in modern industrial multi-cultural societies in AMPs¹⁰.

This trend is going on also in 2011, as the recent BPI report from 2011 showed a turnover increase of AMPs by 7.1% whereas the general turnover index for all pharmaceutical products decreased by 3.4%.¹¹

Similar developments can be seen in Switzerland as reflected by the *Volksentscheid zur Integration der Komplementärmedizin in das Gesundheitswesen in May 2009*.

Citizens ask for AMPs also in EU Member states in the periphery of the EU and in other European countries. According to the IVAA questionnaire the sales figures for AMP (2010) were 130.000 packages in Denmark, more than 30.000 package units in Norway and more than 40.000 in Spain¹².

Altogether the main manufacturers of AMP sold more than 18 Million package units of AMPs in Europe in 2010¹³.

Worldwide

Anthroposophic Medicinal products are produced industrially in 4 countries outside Europe (Argentina, Brazil, New Zealand and the USA). In addition there are authorized pharmacies in 6 countries (Argentina, Australia, Chile, Georgia, Israel and New Zealand) with permission to produce AMPs in small amounts according to the anthroposophic pharmaceutical principles. The "Ex tempore" preparation of special prescriptions of a physician in franchising pharmacies is possible only in Australia, Brazil and New Zealand. AMPs are available in pharmacies with a marketing authorization or registration in Australia, Brazil, Chile, Georgia, Israel and New Zealand. Australia is the only country outside Europe, where some AMPs are registered as "Food supplements".

In addition to these special regulations in different countries it is possible to order AMPs from Europe via post or the internet from all countries covered by the questionnaire.

Fully trained anthroposophic pharmacists work in 8 countries outside Europe (Argentina, Australia, Brazil, Chile, Georgia, Israel, New Zealand and the USA).

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

¹¹ <http://www.bpi.de/fileadmin/media/bpi/Downloads/Internet/Publikationen/Pharma-Daten/Pharmadaten%202011%20DE%20V2.pdf>

¹² Reference: Personal communication with importers of AMPs

¹³ Reference: Personal communication with Weleda, Wala, Helixor and Abnoba

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

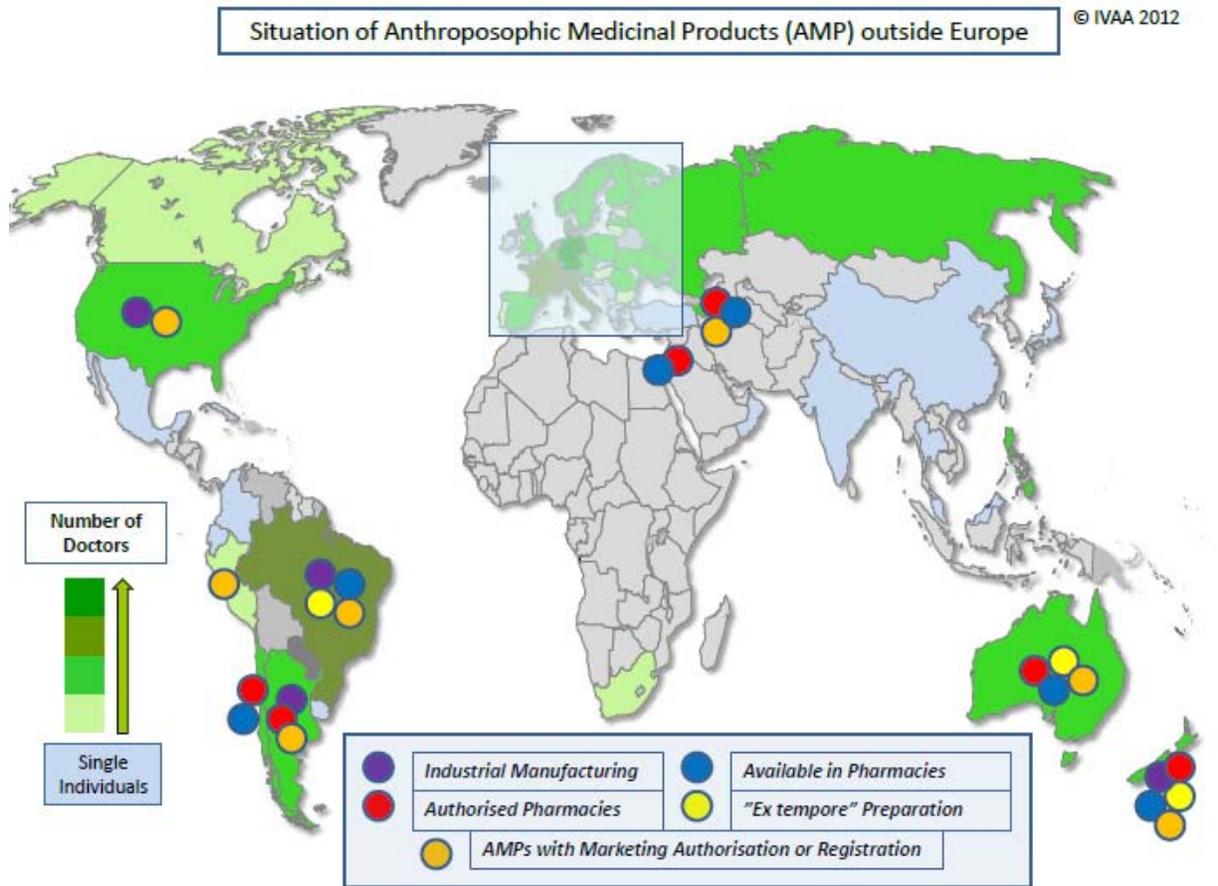


Figure 14c: The Situation of AMPs worldwide

Facts and Figures on Anthroposophic Medicine (AM) Worldwide

July 2012

ESCAMP - European Scientific Cooperative on Anthroposophic Medicinal Products www.escamp.org

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

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

ESCAMP has a three-stage evaluation strategy:

1. Description of Anthroposophic Medicine and AMPs
2. Evaluation of AMP therapy as a whole system
3. Evaluation of single AMPs and AMP groups in monographs

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

ESCAMP members are nine medical and scientific experts on anthroposophic medicinal products (AMPs), representing six European nationalities. ESCAMP is supported by an Advisory Board Advisory board, consisting of

- AnthroMed Hospital Network www.anthromed.de/de/start
- European Federation of Patients' Associations for Anthroposophic Medicine www.efpam.org
- International Association of Anthroposophic Pharmacists www.iaap.org.uk
- International Federation of Anthroposophic Medical Associations www.ivaa.info
- Medical Section at the Goetheanum www.medsektion-goetheanum.org

Further information is available on www.escamp.org

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

IVAA 2011

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