



### Executive Committee

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### Newsletter Aim

The aim of the newsletter is to facilitate communication between members of the Society, informing them about:

- The Society's Strategies and future plans
- Future conferences
- Other similar networks
- Items of research interest and relevance to society members
- Items of political interest and relevance to society members.

### Newsletter Process

**PROCESS**

The newsletter will be produced quarterly and distributed electronically to all Society members.

The newsletter will be edited and run by an Executive or Board member with the help of a small editorial group.

Comments Welcome.

Harald Walach:

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### From our Secretary, Corina G uthlin - Regarding Membership Renewals

Following up on complaints from our members that they could not renew either due to problems with paypal or due to problems with our website we would like to make life easier for you (and for us). Therefore, a semi-automatic process of membership handling has been installed. You should not notice any differences apart from the following new options:

when becoming a member or when renewing you could choose between the option of becoming a member for 1 year or for 3 years (only applicable for professionals or for our retired members).

after opting for 1 or for 3 years you will be asked through paypal if you would like to subscribe to automatic renewal, i.e. paypal will automatically charge you after your membership period has expired.

The other changes we implemented like automatic reminders and automatically sent confirmation letters of payment will work invisibly to you behind the scenes. We very much hope that this process will be even more convenient to you. In any case if you encounter any problems please do not hesitate to contact us at [info@iscmr.org](mailto:info@iscmr.org).

Further information on membership on p.8



## From the Desk of the President

I apologise for having been silent for so long. We have been very busy behind the scenes, although you have not heard from us officially. We were trying to tie down the arrangements for next year's meeting in the US, which will be in conjunction with the North American Consortium of Academic Centres for Complementary and Integrated Medicine, *Minneapolis 12<sup>th</sup> to 15<sup>th</sup> of May*. It is now established that we will have a special *ISCMR one-day pre conference on May 11<sup>th</sup>* and an ISCMR sponsored workshop within the conference. Our president-elect, Cheryl Ritenbaugh, will be reporting the details of her efforts soon in a newflash. Let me thank Cheryl on our all behalf for her huge efforts and also the success with the organisation. Please note the date May 11<sup>th</sup> 2009 in your diary for the Annual General Meeting. You can book only the ISCMR day, if you should wish to do so, although we would encourage all members to also participate in the full conference.

Here, another apology is in place: We have made it our explicit policy to team up with local organisers that would be willing to give discounts worth approximately the ISCMR yearly membership fees to all members that sign up early. This policy was very effective at our first joint conference in Munich in 2007, as well as at the second one in Sydney 2008, and will also be in effect at the one in Tromsø, Norway, in 2010 but was not possible for various reasons at the American meeting in 2009. Part of the reason is that the Consortium is not one organiser but a large collaborative group. However, we were able to piggyback and organise a special ISCMR event at very reasonable prices, which, I hope, will make up for the lack. A good piece of news, though: the reductions on the Minneapolis meeting for early bird registration is considerable. So do sign up early, and come along to both meetings if you can. And you will find that you can sign up conveniently for both meetings or either of them, all via the same website. Visit [www.imconsortium-conference.org](http://www.imconsortium-conference.org) for further information and registration.

At the moment, we are in the process of planning ahead to our next Asian meeting, which should be somewhere in Asia in 2011. At the moment, we have two expressions of interest, from Japanese and Chinese members. I would like to start a discussion among our members as to which country they think we should be targeting next as a venue for the Asian meeting. Please send us feedback.

We have not been inactive, even though silent. It took, and still takes, quite some of our time to get all the organisational aspects of the Society sorted, such as restructuring the website, making payment and renewal of membership easier. We hope that at some point this will just work and we can move on, and we are nearly there. Let me thank Corina G uthlin at this point, who, as the secretary, has been dealing with the website restructuring, and Laurie LaChance, our treasurer, who is patient enough to follow through with all the difficult cases of payment and renewal. We have been successful in most of the cases, though. The payment and renewal system is working most of the time, we are nearly there to get a really automatic renewal in place, which will save a lot of time and hassle for all our members who are happy to renew their membership as a matter of fact. For those we have also now installed options for a three year or even life-long membership.

Two ISCMR members, Klaus Linde and Claudia Witt, have offered a heavily subsidised (thanks to the Robert-Bosch-Foundation) and very successful summer school for researchers from different countries. This is the first step towards installing a full-fledged CAM-Research postgraduate degree, which we will be looking into as one of our next steps.

Our efforts to offer group-membership to associations has turned out to be more complicated than we thought. We have installed a working group that is supposed to provide guidance on that, and if anyone is interested in helping or giving input here, particularly those with relevant background experience, please contact the leader of the group, our past



## From the Desk of the President cont.

president Marja Verhoef (mverhoef@ucalgary.ca)

Finally, let me end on a *political note*. Some of you may have heard that in the UK CAM-teaching and CAM provision for patients has come under attack from various quarters, partly led by some popular science journalists, partly led by critical scientists, some of them already retired. I often hear anxiety and fear expressed regarding this situation. One of the critics was vocal in saying that "a multi-million pound industry", that of homeopathy, was at stake. Hang on a minute, I was thinking. Exactly whose multi-million pound industry is under threat here? Remember: the British regulatory agency, NICE, banned the new anti-dementia drugs from public reimbursement, because they showed efficacy, but were not useful enough. Selective serotonin reuptake inhibitors, the flagship anti-depressants have come under pressure through two recent meta-analyses showing that their real efficacy is much less than it was supposed to be, due to publication bias mainly. Other drugs had come under pressure earlier, because of side effects. At the same time, the largest acupuncture studies ever done, the German acupuncture trials, showed that acupuncture (and placebo acupuncture!) was significantly and clinically better than conventional treatments in osteoarthritis and in low back pain, and just as good as conventional migraine prevention, forcing the German public insurance system to officially take acupuncture into the reimbursement system. Could it be, I am asking myself, that big pharma is coming under pressure here and through unseen channels is using this pressure to set off a couple of whistles to rattle the postmodern shaman's rattle of scientific discourse? We know from the press that they do that with user and consumer groups who they like to use as their ram into the castle of public reimbursement. Another way of theatre fog might be to commission some attacks on CAM, perhaps? At least this is what I would do, if I were in charge at big pharma's.

I suggest we take this perspective up. Perhaps there are a few PhD students around or some investigative journalists who would want to

dig deeper here? At any rate, I think that kind of publicity is actually proving that we are doing our job. Complementary medicine is being actually considered as a serious rival by the mainstream pharmaco-medical complex. Quite an achievement in the matter of only a couple of years, I find. So we should be proud, and carry on with the business of enlightenment: querying narrow concepts of efficacy, questioning the foundations of the leading paradigm and pointing to the discourse and distortion of power that is at work backstage.

Harald Walach, ISCMR President

## News From Australia

Alan Bensoussan

The establishment of the National Institute of Complementary Medicine (NICM) in 2007 by the Australian Government has been a landmark opportunity in creating a national and strategic approach to complementary medicine research in Australia. This initiative is supported by the NSW Government and hosted by the University of Western Sydney.

NICM represents a sea-change in recognition of the need to bridge the gap between the high level of use of complementary medicine and a limited body of evidence to support its high level of use in Australia.

One of the key activities achieved by NICM over the last year has been the establishment of three collaborative centres to give a strategic, national and collaborative approach to research in the complementary medicine sector. Over 16 universities and research institutes are participating in a broad range of research activities covering traditional Chinese medicine, nutraceuticals and natural medicines. This type of coordinated initiative is a first for Australia giving the CM research sector a major boost.



## News From Australia cont.

Alan Bensoussan

These centres are:

### **NICM Collaborative Centre for Traditional Chinese Medicine**

The NICM Collaborative Centre for Traditional Chinese Medicine (TCM) unites leading Australian TCM and conventional medical researchers in specific areas of interest. A unique consortium of universities, the centre will build networks, address important methodological challenges relevant to TCM research and conduct research in herbal medicine and acupuncture, with the goal of improving TCM research, practice and health outcomes.

In addition to the launch of this Collaborative Centre, NICM has signed a Memorandum of Understanding with the China Academy of Chinese Medical Sciences. The five year agreement focuses on the enhancement of scientific understanding of Chinese Medicine through the facilitation of collaborative research programs and academic exchanges.

### **NICM Collaborative Centre for Nutraceuticals and Herbal Medicine**

This multi-institutional research team will focus on two broad areas: transdermal delivery, efficacy and adverse effects of cosmeceutical products used in treatment of skin ageing and *in vitro* and *in vivo* trials of herbal products in cardiovascular medicine, including diabetes and obesity.

### **NICM Collaborative Centre for Natural Medicines and Neurocognition**

This centre will systematically study whether a range of natural medicines improves memory, cognition and brain functioning in healthy participants and in patients who show abnormal signs of cognitive deterioration such as in Alzheimer's disease. The Centre will also assess brain mechanisms associated with chronic administration of natural medicines.

Overall the NICM Collaborative Centres will create a greater focus on CM research that begins to tackle the following key priorities:

Areas of high burden of disease where preliminary evidence is strong and demonstrates likelihood of positive impact;

Research that elucidates safety, efficacy, and cost effectiveness of complementary medicine and translates this into policy and practice; and

Research that investigates methodological issues relevant to the specific nature of complementary medicine. These include the development of methodological tools such as measurement instruments, trial designs and pharmacological approaches which may impact on our understanding of the whole practice, concepts and mechanisms underpinning complementary medicine.

In addition to the work being done by the Collaborative Centres, NICM is establishing a number of short term working groups to support key projects over the coming year including:

- An analysis of the economic impact of complementary medicine interventions;
- Identifying options to enhance research investment by industry and other stakeholders, including a focus on the role of IP protection and market exclusivity measures;
- Mapping national and international examples and models of integrated care (complementary and mainstream) medicine; and
- Continuing work with national and international partners on information sourcing and dissemination strategies to improve access to reliable sources of information about complementary medicine and ensure the quality of material that is developed, used by or linked to NICM.

For more information on NICM please visit [www.nicm.edu.au](http://www.nicm.edu.au)



International Society for  
Complementary Medicine Research

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### **From Denmark - CCESCAM Helle Johannessen**

The Centre for Cross-disciplinary Evaluation Studies of Complementary and Alternative Medicine (CCESCAM) has existed since 2006 and received grants and university funding summing up to 1.6 million euro/2.5 million USD. CCESCAM is organized as a network of researchers from the University of Southern Denmark and the University of Aarhus and alternative practitioners with research experience. The researchers represent anthropology, health economics, medicine, nursing, philosophy and psychology and 13 of 16 projects are concerned with CAM for cancer. The centre has a profile with strong components of social science and the humanities in dialogue with clinical research, which makes a wide variety of methods available for the exploration and evaluation of CAM. The centre hosts three PhD-students, and besides research projects the activities include a course on CAM for medical students at the University of Southern Denmark and a national PhD-course on cross-disciplinary methodologies for evaluation of effectiveness and efficacy of treatments. Presently the centre plans a project that aims to develop an interdisciplinary methodology that will encompass all of the above mentioned research approaches in the evaluation of therapies that are tailored to the individual patient and for which the patients have individual aims. The methodology will be tested in intervention studies on specific forms of CAM (possibly energy healing) for cancer patients. The centre seeks international partners for collaboration and exchange of knowledge regarding cross-disciplinary evaluation of effects, preferably with cross-disciplinary research networks or teams involved in similar pursuits. For further information on the centre and its research, please visit the centre's homepage at [www.ccescam.dk](http://www.ccescam.dk). If you are interested in collaboration, exchange of knowledge, or would like to visit the centre, please contact Helle Johannessen, professor, PhD, email: [hjohannesen@health.sdu.dk](mailto:hjohannesen@health.sdu.dk)

### **Maca from the Tradition To Science Gustavo F. Gonzales**

Maca (*Lepidium meyenii*) is a plant that grows above 4000 meters sea level in the Peruvian central Andes. Maca has been consumed by the native of this region for over a 1000 years not only as food but also for its fertility-enhancing properties. Since the 17<sup>th</sup> Century, it has been known as depicted in the Chronicles of the Peruvian Conquest, that maca has the property to increase fertility. Father Bernabe Cobo, in his book "History of the New World", was the first to describe maca and its properties.

The nutritional value of maca is found in the hypocotyl. For eating purposes, the dried hypocotyls are hydrated and boiled in water until they are soft.

Maca researchers, lead by Dr. Gustavo F. Gonzales, have found different properties for this plant which have not previously been described by Peruvian traditional medicine. Due to its importance, maca has been declared by the Peruvian Government as one of the seven Flag Products since July 2005.

This plant which cultivation is focused to the "Bombon Plateau" in Peru was in danger of extinction as declared by the National Research Council in 1982. However, the interest in the Asian and European markets during the decade of the 90's in the Century XX has resulted in an increase in the production and exportation of this extraordinary plant. Interestingly, United States was during 2007 and 2008 the main importer of maca from Peru. Then, it is not strange that on 1 January, 2008, The New York Times published an article written by Andrew Downie titled "On a Remote Path to Cures" was devoted exclusively to talk about maca.

The first publication on biological properties of maca was published in 2000 in the prestigious journal Urology by Zheng et al from Pure World Botanical Inc, in New Jersey, USA. Thereafter the group from the Faculty of Sciences and Philosophy at the Universidad Peruana Cayetano Heredia in Peru becomes in the leader in the studies on



### **Maca from the Tradition To Science cont.**

biological properties of maca. This year three clinical trials have been performed one in the USA, the second in Australia and the third in Czech Republic published in the journal *CNS Neurosci Ther* 2008 Fall;14(3):182-91, *The Menopause* 2008 (Sep 6. [Epub ahead of print]) and the third in *Food Chem Toxicol* 2008 Mar;46(3):1006-13. The first study, in patients with sexual dysfunction, the second in post-menopausal women and the third in patients with metabolic syndrome.

The interest in research on maca has allowed to develop several networks. In such Collaborative Agreement have been signed between the Universidad Peruana Cayetano Heredia where most of the studies on maca have been developed and institutions like University of Mississippi (Dr. I. Muhammad), Institute of Medicinal Plant Development, Chinese Academy of Medical Sciences (Dr. Shilin Chen) and the Korea Research Institute of Bioscience and Biotechnology (KRIBB) (Dr. Hyouk Joung). This is an important experience in which around a plant traditionally used because its medicinal properties, it is possible to built a network allowing to exchange experience, transfer technology and to help the agricultural society, in this case, from the highlands in Peru in which based to the contribution of the science a plant, which it was in danger of extinction, it is now reputed in many parts of the world.

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ISCMR BoD members L to R Ursula Wolf, Harald Walach (president), George Lewith (past president), and Wolfgang Weidenhammer (steering committee) after the founding event for the European Chapter.

### **First Regional ISCMR Chapter Founded - The European ISCMR Chapter**

It was within the framework of the 1<sup>st</sup> European Conference on Integrative Medicine, held in Berlin, November 8<sup>th</sup>, that a working group together with roughly 45 participants, ISCMR members and interested persons, founded the 1<sup>st</sup> Regional Chapter of ISCMR, the European Chapter. BoD member Ursula Wolf, Berne, Secretary Corina G uthlin and ISCMR Member Wolfgang Weidenhammer had teamed up and prepared the event. The idea is to hold an annual meeting, to network, set-up an own platform and marshal the international force of ISCMR to lobby the European administration for funding. It was decided that the next meeting will be again in conjunction with the next European Integrative Medicine Conference to be held in Berlin (watch out for our Newsflashes for dates), and then in conjunction with the Norwegian meeting. At the moment, the chapter is an informal network, with a steering group that will work out more details, send round information and let all European ISCMR members participate. It was also decided that non-ISCMR members should not have full access to information, but be welcome to participate in meetings.

Harald Walach



## **The World Summit of Harmonization on Traditional, Alternative and Complementary Medicine in Lima, Peru**

Gustavo F. Gonzales

The World Summit of Harmonization on Traditional, Alternative and Complementary Medicine was held in Lima, Peru from 7 to 11 November, 2007 with almost 600 worldwide participants. This meeting was organized by Peruvian Medical College, the institution that affiliates and authorizes all physicians to practice medicine in Peru. A welcome message was delivered by Dr. Xiaouri Zhang, Director from the TACM program at the World Health Organization (WHO).

Peru is a classical example in which Traditional medicine is broadly used since ancient times. This is revealed in many papers in the scientific literature showing the use of traditional medicine in particular with medicinal plants in the coast, the Andean region and the Amazonian.

Peru has also contributed with several natural resources used as food, like potato or for treating diseases. For instance, the cinchona tree- *Cinchona calisaya*- has provided quinine, a product that was used in the past to treat malaria. Quinine, an alkaloid derived from the bark of the cinchona tree was brought to Europe from Peru in the 17th century. Isolation of quinine and other cinchona alkaloids was achieved in France in the early part of the 19th century and uncertainties of supply of the bark stimulated efforts to synthesize quinine.

The use of Traditional, Alternative and Complementary Medicines (TACM) has expanded broadly in the world, and this has been recognized by WHO. However, the indiscriminate, sometimes irresponsible or non-regulated use of several alternative therapeutic methods put at risk the health of the population using these medicines. For such reason a worldwide consensus is needed for harmonization in research, training and regulation of TACM.

Then, based on this, the Peruvian Medical College organized the World Summit in order to gather and share information and to learn from other countries where regulations of TACM are more developed.

The meeting included seven sections starting with an overview on the current status of the TACM.

The second section included experiences from different countries on regulations and quality control in products and services used in the TACM. The worldwide experience of education and training in TACM was a very important part of the meeting in which speakers from Spain, Germany, Argentina, Italy, Brazil, Cuba and Peru shared their experience. The meeting included topics on homeopathy, acupuncture, mind-body medicine, neural therapy, chiropraxis, among others. Two final sessions were related to the ways of linking Traditional medicine to the national Health Systems in the Latin America countries and also the association between bio-commerce and TACM including intellectual properties and bio-piracy.

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**Update from our treasurer,  
Laurie LaChance**

Membership in ISCMR continues to grow, and we currently have a balance of \$6,277.29 in our account. We are now receiving automatic payments through the paypal system for over 80% of new and renewal memberships. This is good news for those of you who have had no troubles getting into the system and using paypal as a payment option.

For those who have had troubles, please contact us and we will be happy to find the best way to get your membership processed. Many times the problems relate to firewalls and computer software options for connection to the internet that are outside of our control. Whatever the problems, we will work with you to find a way to become a member of ISCMR.

For those who would prefer to send credit card details by FAX directly to me (734.763.7379) the procedure for using this route is also available to you. Those who require another option may find it possible in most cases to send a check or money order payment made out to 'ISCMR' directly to me:

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Current categories of membership and fees are as follows:

**MEMBERSHIP CATEGORIES AND FEES (USD)**

Professional and Practitioners	\$90
Student, Resident or Fellow	\$50
Emeritus or Retired	\$50
Low Income	\$35
Sustaining Member	\$160, \$210, \$510, \$1010

Please note that there is a **discount of \$10 if you pay with paypal**, due to the lower administrative costs of using this payment method. We are charged for the processing of credit card payments and checks at a higher rate than for using the paypal system, so are passing this savings directly onto the membership.

All membership payments including new memberships and renewals should start with filling out the membership form on the ISCMR website. Just click on the '**How to Join ISCMR**' button on the top right of the homepage (<http://www.iscmr.org>). There is a separate section for renewals entitled '**HOW TO RENEW ISCMR MEMBERSHIP**' for those who are existing members.

Although we do not currently have many sustaining members, we are beginning to think about how we might consider use of those funds. As ISCMR grows and the opportunities for sustaining membership increase, we would like to think about how these funds could be invested for long term sustainability. We welcome ideas and suggestions about this from the membership.

In the meantime, if you have any questions related to membership payment please feel free to contact me by email ([lauriel@umich.edu](mailto:lauriel@umich.edu)).

If you have a membership-related question you can directly contact Andreas Anton ([andreas.anton@uniklinik-freiburg.de](mailto:andreas.anton@uniklinik-freiburg.de)) who works together with our secretary Corina G uthlin ([corina.guethlin@uniklinik-freiburg.de](mailto:corina.guethlin@uniklinik-freiburg.de)). Any of the three of us would be happy to help sort out your problem or get you to the person who can best help.