



International Society for Complementary Medicine Research

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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

George Lewith: g13@soton.ac.uk



From The President

The main event of course for us has been the Edmonton conference. The Consortium of Academic Health Centers for Integrative Medicine (CACHIM) in the United States organised one of the 'best ever' conferences at Edmonton this May. Not only were there over 650 people attending but the quality of the academic submissions were superb. It's very clear that funding both in the US and from many other parts of the world has been hugely effective in allowing the whole discipline of Complementary Medical Research to develop and this is undoubtedly had a very substantial effect both the quality and quantity of publications in this field. CAM and integrative medicine are regularly being published in the highest quality medical journals and some outstanding international groups are beginning to emerge within the United States, Canada and Europe. On a personal note, having been involved in CAM research now for 25 years and seeing its very humble beginnings such achievements are quite definitely a vindication of all our beliefs and aspirations for this whole field.

There are two items about which we would like to ask your opinion and which the central themes at our AGM were. Please do write to me at gl3@soton.ac.uk if you have a view.

Should the society affiliate with a journal?

At the AGM, we discussed our policy towards journals. At the present time we have general discounts on a number of journals for those who wish to use their society membership to obtain an academic publication. We are in the process of discussion with three of the key journals (*Journal of Alternative and Complementary Medicine*, *Forschende – Research in Complementary Medicine* and *Complementary Therapies in Medicine*) about the possibility of obtaining these publications either free or at a very much reduced fee, online, for all our members. The second option is to increase our visibility and identity by associating ourselves with a single journal. The journals that have been discussed are: *Journal of Alternative and Complementary Medicine*, (Mary Ann Liebert Publishers), *Complementary Medicine and Complementary Therapies in Medicine* (Elsevier), *Forschende Research in Complementary Medicine* (Karger). You will no doubt be aware of the strengths and weaknesses of each of these publications but I think it is important for you to know that currently the widest circulation and highest impact factor (1.4) is that of Mary Ann Lieberts publications the *Journal of Alternative and Complementary Medicine*.

At our AGM the general feeling was that we did not wish to continue with our current arrangements of discounts 'across the board' and the majority of people who attended the AGM felt that we should begin to negotiate for a society journal. **What do you feel?**

Your Executive will go to each of the journals identified seeking the terms and conditions that they would wish to offer us if they became the society journal. We will then discuss this with our board of directors and make a recommendation to you, taking into account your opinions about whether we should indeed progress down this path and of course the financial implications for you and the society of so doing.

The issue of the society associating with a journal will be very important for our future. Please write to us and let us know what you think (email: info@iscmr.org).

ISCMR forum at Munich

The second issue we discussed at our AGM is what you as members would like us to prepare for our ISCMR forum at Munich. The general feeling at the AGM is that we should continue with theme of whole systems which is not dealt with anywhere else in these large international conferences. It was suggested that we might look at experimental designs involving herbal medicine (Ayurveda, Western Herbal Medicine and Traditional Chinese Medicine) within the context of whole systems research. This might involve issues such as trial design, regulation and registration and the issues involved in getting ethical approval for researching herbal medicine. Again your suggestions would be most welcome. Suzanna Zick on our executive will be involved in the organisation of this workshop if we choose to address herbal medicines and I would be very grateful if you could send any comments to Suzanna at szick@umich.med.edu or via info@iscmr.org.

We will of course be sending you regular newflashes and will keep you informed about the two major issues discussed at our AGM, we very much look forward to seeing all of you in Munich. Our membership certainly grew at Edmonton. We believe a combination of conference discounts and considering and improving our association with journals will help to develop the Society's profile and enhance its status as an international leader.

George Lewith



International Conferences

Edmonton has been a great success about which there is no doubt. There was considerable discussion about the future of international CAM conferences at the Edmonton conference. As you all know, next year we will convene in Munich!

However, the ISCMR executive and senior members in the North American Consortium (Susan Folkman and David Eisenberg) have been in discussion with us with respect to the future planning of international conferences. We hope that by next year we will have a clear programme of international conferences that will alternate, initially between Europe and North American and will ultimately include Asian and Australasian destinations.

In Munich, ISCMR will play a key role as a co-sponsor and we will also be involved in the process of academically peer reviewing submissions for both poster and oral preparations. At this stage we would be very grateful to have feedback from any of you who may wish to take part in this important academic process, it will be absolutely essential for the success of the conference to have people who are prepared to swiftly and thoughtfully review and score abstracts. We also hope that ISCMR sponsorship and academic input will play an increasing role in conference development internationally over the next decade. We are very pleased that we will be able to work closely with Vinjar Fonnebo in Tromso through NAFKAM, the Norwegian CAM research centre in Tromso, which is directly funded by the Norwegian Government.

George Lewith

Munich 2007

International Congress on
Complementary Medicine Research

Munich, Germany
May 11 – 13, 2007

For further information please visit:
<http://www.cmr-muc2007.de>

ISCMR Publications

At our Board Meeting in Edmonton we decided that we would like to have three publications. The first two you are already well aware of, Newsflash which we hope isn't too persistent and frequent and our Newsletters. We'd really welcome feedback from any members about both our Newsletters and our Newsflashes, as well as any contributions that you may wish to make to these processes. We did discuss the Society publishing a journal but bearing in mind that we convey news through our Newsletter that at least one CAM journal has folded recently because it was unable to get enough papers for publications, we felt that the effort and financial investment of starting our own journal would at this time not be a reasonable use of our limited resources. We have however decided to include a 'Call for help' which would be a different kind of Newsflash. The executive often get requests for quite specific pieces of information, such as herbal monographs. We also occasionally get requests for peer reviewers and collaborators. It's often difficult to keep up to date with everybody's specific interests, so what we are going to do is put out a 'Call for help' when we get such requests and ask members to respond directly to them. We hope that this will add to the service that we provide for you.

All "Call for help" Newsflashes will be archived separately on [ISCMR's Publication Page](#), the instructions for submitting a 'Call for help' request are available to view here: <http://www.iscmr.org/publications/CanAnyoneHelp%20-%20Instructions.htm>.

We look forward to receiving your requests.

George Lewith

New ISCMR Board Members

We are delighted to welcome Jongbae Park to our board. Jongbae is a Korean who initially worked in England and now works as an Acupuncture researcher at Harvard. Many of you will know of his work in the development of needling sensation questionnaires and with respect to his studies on stroke.

We are also delighted to welcome Professor Atsumi who is a senior and very respected medically qualified acupuncturist in Japan to our board. He brings wisdom, experience and a great understanding of Complementary Medical Practice in Japan to our board.



**Summaries from the 'Methodological Challenges in Whole Systems Research' workshop
at the North American Research Conference on Complementary and Alternative Medicine:
Edmonton, May 25 2006**

Whole Systems Presentation Summary

Vinjar Fonnebo

Email Vinjar.Fonnebo@fagmed.uit.no

There appears to be a gap between published studies showing little or no efficacy of CAM, and reports of substantial clinical benefit from patients and CAM practitioners. This "gap" might be partially due to the current focus on placebo-controlled randomized trials, which are designed to answer questions about the efficacy and safety of pharmaceutical agents. In an attempt to fit this assessment strategy, complex CAM treatment approaches have been dissected into standardized and often simplified treatment methods, and outcomes have been limited.

Unlike conventional medicine, CAM has no regulatory or financial gatekeeper controlling their therapeutic "agents" before they are marketed. Treatments may thus be in widespread use before researchers know of their existence. In addition, the treatments are often provided as an integrated 'whole system' of care, without careful consideration of the safety issue.

Strategy for change: We propose a five-phase strategy for assessing CAM built on the acknowledgement of the inherent, unique aspects of CAM treatments and their regulatory status in most Western countries. These phases comprise:

1. Context, paradigms, philosophical understanding and utilization
2. Safety status
3. Comparative effectiveness.
4. Component efficacy
5. Biological mechanisms.

Conclusions: Using the proposed strategy will generate evidence relevant to clinical practice, while acknowledging the absence of regulatory and financial gatekeepers for CAM. It will also emphasize the important but subtle differences between CAM and conventional medical practice.

**Theory-Driven Whole Systems Research:
Implications for Outcomes**

**Iris R. Bell, The University of Arizona College
of Medicine**

Email ibell@u.arizona.edu

This whole systems research presentation focuses on the complex systems theory-driven implications of

multiple interactive factors in complex interventions and multiple global and local outcomes at the patient level of scale. In most treatment packages, the real-world reality is that "treatment" involves multiple interventions (drugs, herbs, diet and nutritional supplements, acupuncture, exercise, tai chi, homeopathy, prayer, etc.), including the patient-provider relationship for each separate intervention and the interactions of the providers with each other and the patient. Unpacking the elements of any given complex intervention again reveals multiple interactive factors at whatever scale of analysis is attempted. Even in psychotherapy research, outcomes depend on both the common elements of any psychotherapeutic intervention and the treatment modality-specific factors (e.g., cognitive-behavioral, interpersonal, psychoanalytic). Recent U.K. studies on the patient-provider relationship in homeopathy as a model whole system of CAM, for example, have shown that provider empathy can facilitate perceived enablement, which in turn relates to perceived longitudinal changes in well-being and chief complaint ratings on the Glasgow Homeopathic Outcome Scale (-4 to +4 range). However, choice and sensitivity of outcome tools to change also affects conclusions. The same variables of empathy and enablement do not correlate with other widely-used outcome measures such as SF-12 or MYMOP scale scores. Nonetheless, qualitative data from our own research on North American homeopaths and their exemplar patients are consistent with a role of the provider as a major facilitative or supportive person for the patient over the course of treatment.

The complexity of the phenomena under study means that "non-specificity" is more salient than specificity for outcomes research on whole systems of care. A reductionistic search for simple cause-effect relationships is illogical and inappropriate. Given the multiple interactive pathways involved in the actual complex treatments and the nonlinear complexity of human physiology and psychology, three methodologic approaches appear more relevant than conventional controlled trials for further research: a) greater reliance on qualitative methods to assess and describe patients' lived experiences of whole packages of care; b) use of multivariate models and statistics, including structural equation modeling, to



accommodate measurement of multiple potentially interactive variables in the same study; and c) innovative applications of nonlinear dynamical complex systems approaches to understanding the process of change in a person as an individual complex system. Again, in homeopathy, data converge on the hypothesis that treatment-induced changes occur at both the global and local levels of scale. Qualitative findings of “unstuckness” and transformation, as well as improved adaptive coping and resilience, are consistent with the need to perform systems theory-driven research on changes in patterns of behavior of the person as a whole and of intact biological subsystems, e.g., heart rate variability as a “non-specific” biomarker of global health across diagnoses.

**Developing Whole Systems Research in
Traditional Chinese Medicine**
Cheryl Ritenbaugh, University of Arizona
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Whole systems research has as its goal the definition and description of the complex dynamic systems, including all of the components. These include (1) the diagnosis and treatment interaction as a complex dynamic process; (2) the practitioner-client interaction; (3) outcomes relevant to the client and to the philosophy of the system; (4) the evolving knowledge of the practitioner through experience with clients and their responses; (5) a design and analysis plan oriented to system-level issues. Published TCM research touches on many of the relevant issues, and provides a platform to continue to build increasingly complete whole systems approaches. This history includes the use of multiple modalities, tailoring the treatment to TCM diagnoses, allowing fully individualized treatments, and developing manualized approaches so that the diagnosis and treatment can be more consistently applied between practitioners and individualized to patients.

In a joint project between the University of Arizona and Oregon College of Oriental Medicine, we are moving a step farther in whole systems research in TCM. Our new project focuses on TCM for temporomandibular dysfunction, and compares it with a psychosocial intervention to enhance self-care, previously developed and fully evaluated by Dworkin et al. The project is modelled on the approach that is often followed in pain clinics, where chronic pain patients initially receive education on how to manage their condition, and if that does not provide adequate relief, additional therapies are sought. We are evaluating TCM both as a first line treatment,

compared directly with the psychosocial intervention, and as a second line treatment, for those who do not improve sufficiently with the psychosocial intervention. All patients entering the study receive TCM diagnoses. Practitioners have worked together to develop similar approaches to diagnosis. Participants receiving TCM treatment are eligible for up to 20 visits with their practitioners, with each visit including diagnosis and appropriate acupuncture, herbs, tuina, lifestyle recommendations, and other TCM modalities. The protocol specifies basic acupoints, herbs, and lifestyle recommendations for each diagnosis, and permits additional interventions based on acute situations.

The evaluation utilizes qualitative and quantitative methods, with the goal of learning more about which diagnoses are likely to respond best, what is the pattern of response, how much treatment is used by participants with different baseline characteristics, and how treatment patterns evolve over time within and between practitioners who serve as our partners in this process.

We hope to develop and implement, from the knowledge gained here, a future larger scale trial that more fully evaluates TCM for TMD, with the dual long-term goals of better understanding TCM, and finding optimal treatments for those suffering from TMD.

**Capturing the person-centered outcomes of CAM
whole systems interventions**
Marja Verhoef

Email mverhoef@ucalgary.ca

Many changes and benefits due to a CAM whole systems intervention are not captured in the current arsenal of health outcome measures. While the spectrum of outcome measures is broadening, several studies, in particular qualitative studies show that there is a need for more, and more appropriate WSR outcome measures. For example, Bell (2003) has identified a wide range of changes in homeopathy patients, as identified by practitioners. The placebo literature also indicates the wide range of physiological and psychological meaning response effects, that are labelled as ‘non-specific’. Stibich and Wissow (2006) have shown that acupuncture treatment is paired with changes in the meaning of health and wellness for patients, such as a shift from fixing the problem to increasing health, being dominated by illness to moving beyond illness, and regarding the practitioner as technician to regarding the practitioner as healer, etc. These shifts show how intertwined process and outcomes are. We were able to confirm those shifts in a secondary analysis of



transcripts of our own (non-acupuncture related) qualitative studies. The recognition of such shifts has important practical implications. They identify the importance of taking an active role in healing, and of broadening the context for healing. Another important approach is the use of individualized outcome measures such as the MYMOP and Goal Attainment Scaling, that are qualitative (identifying personal goals, individual symptoms) as well as quantitative (assessing the degree to which goals were met or symptoms relieved). There is a need to build a proper outcome measures framework, based on both qualitative and quantitative measures, using a multidisciplinary, collaborative approach.

Dynamical System Tools for Studying CAM **Mikel Aickin, University of Arizona**

Email: maickin@earthlink.net

There are some obvious analogies between the mathematical idea of a dynamical system on the one hand, and features of disease/health processes on the other. Both involve changes over time, mutually interacting factors, and potential evolution or regression. Most strikingly, many dynamical systems can exhibit partially periodic behaviors (called “attractors”) that often seem to mirror how disease processes look to us. This has led some researchers to try using dynamical systems concepts and measurements in CAM studies. For the most part, the tools that are used are restricted to numerical descriptors of attractors, such as Lyapunov exponents, which tell how nearby trajectories on the attractor diverge over time. But it is unclear whether these descriptors are adequate for real understanding of a dynamical disease system.

One solution to this problem could lie in software that displays the relevant measurements, animated to reflect the actual working of the underlying system. In this presentation I will show some examples of what is currently possible, including data from CAM studies. The suggestion will be that researchers may need to watch multidimensional movies of how disease processes play out in individual people, in place of static tables of dead statistics. There do not seem to be any cheap-but-good computer programs for doing this at the moment, but perhaps that will change. I will argue that the potential usefulness of animated displays might encourage investigators to collect the kinds of data for which they are designed. It might also help CAM researchers to integrate both the look-and-feel of dynamical systems, as well as fundamental dynamical system concepts, into their way of thinking about disease processes. It will certainly, however, create a problem for journals.

In Conclusion

George Lewith

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Whole systems are complex and essentially whole system research is pragmatic. It therefore differs substantially from the much simpler process that maybe involved in formal systematic reviews and the more straightforward and clearly defined process involved in most randomised controlled trials, designed to evaluate specific efficacy. WSR addresses substantially different issues to those addressed by these two conventional research methodologies, but WSR and simpler conventional research designs are by no means mutually exclusive.

In summary we need to think very carefully about exactly what a whole system is, but clearly whole systems are not confined to complementary medicine in that we may consider the treatment of depression in primary care with all its attendant, contextual factors and beliefs to be as much of a whole system as a treatment of back pain with acupuncture. What is clear is the research requires a mixed method approach (both qualitative and quantitative methodologies are essential) and that the research is likely to be primary care based and is certainly patient-centred. WSR brings into question to value of the placebo, although there is no doubt that placebo-based comparisons are required depending on the research question posed. Whole systems have both the philosophical and the physiological basis which are essential for us to understand and manage before we can progress to the development of detailed clinical trial methodology. Psychological mechanisms are certainly underpinned, complicated behavioural theories relating both to patient and practitioner belief and expectation of treatment outcome. The statistics required in order for us to unravel significant mechanisms within WSR will be complex but manageable. We will certainly need to work in teams with statisticians who are adaptable and open-minded enough to understand the issues we wish to address.

Perhaps we have made WSR too complex for those beginning on their research career. Let's keep it simple!

- Ask your patients why they come and what they feel they get out of your treatment.
- Design your research question based on real clinical problem that inspires you.
- Evaluate your question using a mixed methods approach, with appropriate pilots and in a phased manner.
- Work within a research group that includes both, skilled researchers as well as experienced clinicians, ideally utilising the services of both psychologists and statisticians to help unravel the mechanisms and significance of the interventions that you plan to evaluate.



CAM research in Denmark

CAM-research in Denmark has, until recently, been carried out by small groups of dedicated people outside universities, mostly working for free or through small grants from private foundations. The researchers have often experienced serious problems when wishing to continue with their conventional medical career development.

Because of the limited funding, most of the research carried out has been small qualitative studies, with a few RCTs, and literature reviews. Nevertheless, reflexology research is well developed in Denmark because for many years reflexology has been the most frequently used CAM treatment.

In 2000, The Knowledge & Research Centre for Alternative Medicine (Vifab) was established by the Danish government, after years of pressure from CAM researchers, CAM NGO's and CAM practitioners.

The medical establishment disagreed, but a parliamentary majority decided to start the centre which has focused on information, dialogue/bridge building - and facilitating research, but not carrying out projects of their own. Since 2001 the centre has been supporting a number of small research projects, initiated by CAM practitioners and researchers outside universities. The total research budget was 1-4 mill. DKK a year. (6 DKK equals appr. 1 USD).

In 2004, the government gave Vifab the opportunity to increase the funding and encourage universities to initiate CAM research. Total amount: 10 mill DKK. (the condition for being eligible were that the researchers would find the resource to co-financing in equal amounts).

The task was to establish a large multidisciplinary research group and set up a scientific framework and a research programme - with a focus on the clinical effects of CAM. Vifab ended up supporting two groups, and the projects are described elsewhere: http://www.galilei.dk/?page_id=16

CAM use in Denmark

- 20,1% have used CAM within the last year.
- 40,2% of the population have had CAM experience at some point during their lifetime.
- The typical CAM-user is a woman, 30-66 years of age, with 13-14 years of education.

“Use of complementary and alternative treatment in Denmark”; data collected 2003, published Feb. 2006, by The Knowledge & Research Centre for Alternative Medicine and National Institute of Public Health. The survey is based on 2593 interviews with Danes, + 18 years.

The most commonly used CAM therapies in Denmark are massage/osteopathy, reflexology and acupuncture. Most of the CAM-treatment providers in Denmark are practising outside the established health service. Only a few physicians provide CAM treatments.

No CAM treatment will be paid for by the public health insurance, except for a few instances such as acupuncture carried out by a GP. Denmark has a non-restrictive legislation on CAM. Anybody may provide CAM, but certain medical procedures and the treatment of certain diseases must be carried out by established health care personnel. Interestingly conventional health care personnel are showing a growing interest in exploring CAM. Recently (2006) the nurses have formed a CAM-organization within “The Danish Nurses Organization”.

By Jesper Madsen, independent communications consultant, specializing in CAM.

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An overview of Chinese Government Apparatus related to TCM

China and Norway are collaborating within the field of health and medicine, and in Norway The National Research Centre in Complementary and Alternative Medicine (NAFKAM) has been assigned the task of administering the scientific and professional aspects of the section of the collaboration regarding traditional Chinese medicine (TCM). In order to gain an understanding of the Chinese government apparatus and who are responsible for what when it comes to permissions, funding, agreements, etc. in connection with the collaboration, NAFKAM invited Dr. Chen Yong-Ning, First Secretary at the Office of Science and Technology, Embassy of P. R. China in Oslo, Norway to a meeting where he gave an overview of the Chinese government apparatus and answered our many questions.

Before coming to Norway in 2003, Dr. Chen Yong-Ning worked as a Consul at the Consulate-General of P.R. China in New York from 1995-1998, and from 2000 to 2003 he was MOST's liaison at the Hong Kong University in relation to inland China in the field of TCM.

Report from a meeting with Dr. Chen Yong-Ning NAFKAM, Tromsø, 9 June 2006

A plan for the modernization of Traditional Chinese Medicine was issued 10 October 2002. This was a result of the collaboration between eight different units:

1. Ministry of Science and Technology (MOST)*
2. State Development and Reform Commission (previously State Planning Commission)*
3. Ministry of Commerce (previously State Economic and Trade Commission)*
4. Ministry of Health*
5. State Food and Drug Administration**
6. State Intellectual Property Office**
7. State Administration of Traditional Chinese Medicine (SATCM)
8. Chinese Academy of Sciences (CAS)***

A more detailed description of each unit:

1. Ministry of Science and Technology

- ❖ One of two main sources for funding of research both within TCM and other areas. Funding is administered by separate departments within the ministry.
- ❖ The Office of Biomedicine in the Department of Social Development is in charge of, or coordinates projects related to TCM.
- ❖ Website: www.most.gov.cn

2. State Development and Reform Commission

- ❖ Is responsible (gives permission) for industrial projects in China within TCM and other areas.
- ❖ Website: www.sdpc.gov.cn

3. Ministry of Commerce

- ❖ Is responsible for trade and business related to export of TCM (not relevant for research).
- ❖ Website: www.mofcom.gov.cn

4. Ministry of Health

- ❖ Is in charge of SATCM (State Administration of TCM – see #7).

5. State Food and Drug Administration

- ❖ Is responsible for regulatory issues when TCM herbal remedies are administered as drugs or health-food.
- ❖ Can be compared to FDA in USA.
- ❖ Website: www.sda.gov.cn

6. State Intellectual Property Office

- ❖ Is responsible for patent affairs related to TCM.
- ❖ Website: www.sipo.gov.cn

7. State Administration of TCM (SATCM)

- ❖ Is organized as a unit within the Ministry of Health but functions relatively independently.
- ❖ Receives funding directly from the Ministry of Finance of the Chinese Government.
- ❖ The director of SATCM is also a Vice Minister of Health.
- ❖ Is responsible for
 - 42 TCM universities and colleges
 - E.g. Beijing University of TM and Shanghai University of TCM.
 - 3716 TCM hospitals.
 - E.g. XiYuan and Guang An Men, both in Beijing
 - Hospitals can apply for some (small!) research funding from SATCM.
 - 97 research institutes in TCM (one of these is China Academy of TCM).
 - SATCM provides funding for the administration of some of the research institutes.
 - The research institutes can also apply for funding from MOST, the National Natural Science Foundation, and other units.
- ❖ Is responsible for several aspects of international TCM collaboration.



- ❖ International TCM collaboration with Chinese TCM educational institutions and hospitals must go through SATCM.
- ❖ SATCM is not relevant for research activities.
- ❖ Website: www.satcm.gov.cn
 - Annual reports in Chinese – the latest is from 2004.

8. Chinese Academy of (Natural) Sciences (CAS)

(different from Chinese Academy of Social sciences)

- ❖ Performs research.
- ❖ Provides human resources for high level research.
- ❖ 11 branches
- ❖ 110 institutes
 - E.g. Shanghai Institute of Materia Medica and Kunming Institute of Botany.
- ❖ CAS must apply for research funds from MOST, National Natural Science Foundation and other units.
- ❖ Website: www.cas.cn

A ninth important unit in TCM research:

National Natural Science Foundation (NNSF)***

- ❖ Provides funding for research.
- ❖ Website: http://english.gov.cn/2005-08/07/content_21039.htm

Collaboration with China in the field of TCM

The main issues in any collaboration with China in the area of TCM will be an expression of intent, finding partners and funding within research, education or clinical practice.

Collaboration often starts with a more or less planned contact with one person or representatives of one institution in China. It is often difficult to know what resources and “authority” they represent. We hope the list given above will aid non-Chinese professionals in understanding how the Chinese system around TCM is built up and who the relevant partners and authorities are.

Even if a partnership has been formed with one or more Chinese partners, it is important to know who to contact in all matters concerning a possible collaboration.

Who to contact

- ❖ **Research**
 - *Human resources / partners*
The Chinese Academy of Sciences, individual universities, and research institutes can be approached if the intent is to find Chinese researchers as potential research partners.

- **Funding**

The primary funder of TCM research is the Ministry of Science and Technology (MOST). Applications for funding can also be directed to the National Natural Science Foundation (NNSF), the provincial departments of Science and Technology or other minor funders. It is preferable that the Chinese partners of the collaboration contact the funding institutions, and this is best done through the International Office of each institution.

- ❖ **Education**

Any cooperation with educational institutions in TCM needs to be authorized by the State Administration of Traditional Chinese Medicine (SATCM).

- ❖ **Practice**

Any cooperation with clinical institutions in TCM needs to be authorized by the State Administration of Traditional Chinese Medicine (SATCM).

The Office of Science and Technology at the Embassy or Consulate-General of China can help those who would like to cooperate with China in the field of TCM, to view a map detailing who to contact please click [here](#).

* One of the ministries and commissions under the State Council

http://english.gov.cn/2005-08/05/content_20741.htm

** One of the organizations directly under the State Council

http://english.gov.cn/2005-08/05/content_20790.htm

*** One of the institutions directly under the State Council

http://english.gov.cn/2005-08/07/content_21039.htm

NAFKAM

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Vinjar Fonnebo



Research Centre in New Zealand

A research centre has recently been formed in New Zealand that may be of interest to members - particularly those keen on forming international research partnerships.

ENZCAM (New Zealand Centre for Evidence-based Research into Complementary and Alternative Medicine).

ENZCAM is based within the Health Sciences Centre, University of Canterbury, Christchurch, New Zealand. The Centre was established in 2005 with the aim to research the efficacy and safety of Complementary and Alternative Medicine (CAM), with a particular focus on CAM in the New Zealand setting. The centre acts as a focal point to develop novel research ideas in the field of CAM and foster partnerships with researchers both within New Zealand and overseas.

<http://www.hsci.canterbury.ac.nz/enzcam/>

The website includes a list of New Zealand specific CAM publications (including theses), courses, workshops and up-coming conferences in Australasia, safety alerts, adverse reactions, CAM-related studies currently underway in New Zealand, and some interesting links to New Zealand and international research groups. Of particular interest is a link to a historical database containing information on traditional uses of New Zealand native plants.

Note that this group is still in its infancy, but has some excellent connections so should do well.

Natalie Walker

News from Australasia

On 10 December 2003, the Australian and New Zealand Governments signed an agreement to establish a joint regulatory scheme for therapeutic products. The joint scheme will regulate medicines (including complementary medicines) and medical devices. As part of this process an Interim Joint Expert Advisory Committee on Complementary Medicines (IJEACCM) has recently been established consisting of relevant experts from New Zealand and Australia. This committee will consider and make recommendations to the Therapeutic Products Interim Ministerial Council regarding the quality and safety of substances that may be appropriate for inclusion in a list of ingredients for use in low-risk (Class 1) complementary medicines.

The IJEACCM, where appropriate, may recommend conditions for low risk use including, but not limited to, label advisory statements, dosage limits, restrictions on route of administration and restrictions on plant part and/or preparation.

Various consultation documents and further details about the scheme are available at this website: <http://www.tgamedsafe.org/cm/index.htm>

Natalie Walker



Financial Report as of 9th May 06

I. Banking Information

- ISCMR checking and merchant accounts are located at TCF Bank, 401 East Liberty Street, Ann Arbor, MI 48104
- Currently, the treasurer (Suzanna M. Zick) is the signer on the account
- We are able to accept Master card, Visa, Discover and American Express cards using PayPal, over the phone or in person
- We have a business visa card and checks
- We can only accept checks made out in US dollars
- We are now preferentially asking for memberships to be submitted in PayPal

Table 1. Current Receivables and Payables for 09/01/2005 to 05/09/2006

Amount	Explanation
+\$3585.00	54 Memberships (new and renewals)
\$-0	Administrative Fees
\$-3,442.97	Website Maintenance
\$-100.69	Copying/Office Supplies
\$-1,348.85	Annual Conference 2005
\$-98.50	Credit Card Fees (Visa/Master Card/Discover/American Express)
\$-137.33	PayPal Fees
\$-53.55	Bank Service Charge
\$-5,181.83	Total Expenses
\$-1,596.83	Income minus Expenses
\$+6,378.62	Current Total in Account

Table 2. Estimated Expenses 09/01/2005 to 08/31/2006

Amount	Explanation
\$-2,000	Webpage maintenance
\$-4,000	Administrative Fees
\$-1,500	Annual Conference 05/2006
\$-100	Credit Card Fees
\$-150	PayPal Fees
\$-250	Copying/Office Supplies
\$-75	Postage/shipping
\$-71.40	Bank Service Charge
\$-8,146.40	Total

To meet our expenses we need to have 129 new or renewing ISCMR members between 09/01/2005 to 08/31/2006 at our current average membership fee of \$63.30 (after subtracting credit card and PayPal fees). With our current rate of renewal and new memberships we are gaining/retaining 81 members per year. We need to increase this by at least 48 more members per year.

Membership Report as of 9th May 06

As of May 1, 2006, ISCMR has 130 members this is down from 149 in August 31, 2005 when we last issued our membership report. Similar to last year the USA, UK and Canada make up the majority of our members, with 36, 29 and 21 members respectively. This represents a significant drop of US members down from a high of 50 last year with less dramatic changes in our UK (29 vs. 32) and Canadian membership (21 vs 27). If you are a member from one of these three countries please talk to your colleagues and ask them how ISCMR may better serve their research needs. We always welcome any suggestions on how we can improve ISCMR benefits. The rest of our members continue to come from a wide variety of countries such as Norway, Germany, Brazil, India, Israel, Italy, Mexico, and New Zealand. We also have added our first African member from Liberia. We continue to pursue broadening the geographic mix of ISCMR members. However, we continue to work towards including more members from as diverse a group a countries as possible. We are especially interested in having more members from Asia, Africa, Central and South America.

The professional/practitioner (57%) and student (24%) are our two most common membership categories. Percentages in these categories are almost identical to last year. Our third most common category remains low income (10%) followed by retired/emeritus and sustaining members. Since last year we added a sustaining membership category. This category allows those who wish to contribute more to ISCMR than a traditional membership to do so. The sustaining category helps make it possible to continue to offer low income memberships.

We also recently added an automatic renewal feature. Now when your membership expires PayPal will automatically inform you that it intends to bill for the next years membership fees from the same source, i.e. credit card as last year. It will then proceed unless you tell it to do other wise. For those of you who do not pay using PayPal we have given you the option of checking the automatic renewal box on your membership form. We made this change in response to numerous member comments about the difficulty of keeping up memberships in the face of very busy schedules. We hope this helps to make being a member of ISCMR even easier!

Suzanna Zick



International Society for Complementary Medicine Research

The International Society for Complementary Medicine Research (ISCMR) is a international scientific organization of researchers, practitioners and policy makers that foster Complementary and Integrative Medicine research and provides a platform for knowledge and information exchange to enhance international communication and collaboration.

GOALS

- Facilitate communication and collaboration among researchers and practitioners with an interest in research on a worldwide basis.
- Provide access to Complementary Medicine research information (internationally relevant events, conferences, publications, funding).
- Provide access to an international database of ISCMR members.
- Provide reduced Journal subscription rates and international meeting registration fees.
- Collaborate with individual researchers (or teams), regional societies, professional organizations and research networks to further mutual goals related to research and development agendas.
- Organize an annual Complementary Medicine Research meeting.

MEMBERSHIP BENEFITS

- Discounted subscription rates for a range of journals
- Website
- Membership Database
- Interest Groups and ISCMR Research Projects
- Quarterly ISCMR Newsletters and Regular Newsflashes

MEMBERSHIP CATEGORIES AND FEES (USD)

- Practitioner/Professional \$80
- Students/Postdoctoral/Fellows \$40
- Emeritus/Retired \$40
- Low Income \$25
- Sustaining \$150, \$200, \$500, \$1000

To become a member,
please visit our website
www.iscmr.org
for membership
registration information.

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