

NEWSLETTER OF THE ISCMR

ISSUE 2, 2007

EDITORIAL

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ISCMR is consolidating and widening its scope. We have announced the regionalisation of ISCMR as a main agenda for the next period of the exec in our last Newsletter. It is finally gaining shape.

In this Newsletter, ISCMR secretary Corina G uthlin is announcing the formation of the European chapter of ISCMR. Without taking away the flowers from her, we can say that all ISCMR members based in Europe are very welcome to join and to make contact with Corina. In the same vain, all ISCMR members based in other countries might want to join forces, give themselves a regional structure as suits them to become more visible to their local or regional political forces. Indeed we encourage you to do that, because this will allow you to muster the force of ISCMR when you are talking to your authorities, to your health agencies or whatever. Talks are also underway with the Canadian ISCMR group to be a local chapter. This process might also allow for a cycle of conferences based on regional ISCMR chapters. We have finally succeeded in establishing such a cycle as already announced.

The Australian conference is under full sail, and in 2010 a new European conference is already arranged under the auspices of the Norwegian CAM research group based in Troms , Norway. Vinjar F onneb  is saying more about that in his column in this issue.

In between, the planning for a North American international meeting are going well, which will possibly happen in conjunction with the North American scientific meeting on CAM research, which is happening from May 12th-15th in Minneapolis, hosted by The Consortium of Academic Health Centers for Integrative Medicine.

I would also like to let you know about two further initiatives within ISCMR:

1. George Lewith has started an initiative around CAM expertise for ethics committees. I think he is addressing a sore point that many of us have suffered from: ethics committees often meddle with CAM research by stipulating ill-informed conditions or changes to protocols. We suggest that in a first step we collect information based real life experiences of our members, which we could then put out into the scientific literature in an article, and in a second step we might want to form a group of experts that ethics committees can tap into if they want expertise. George Lewith is giving his opinion and his further thoughts on that.
2. Finally, we would like to compile a permanent database of ISCMR-recommended reviewers with expertise in CAM research. For that we invite you all to send an email announcing your interest to me, including your profile or CV and a list of publications. We can then use this list of reviewers on a running basis whenever someone asks us for expertise, be it a local, national, international agency or conference

planner, or maybe a journal. So please do all join us in helping to make the refereeing of proposals, articles or conference abstracts more professional.

So enjoy this newsletter, which is a good testimony to ISCMR's further outreach into the international scientific community and into professionalisation of CAM research.

BUILDING REGIONAL CHAPTERS WITHIN ISCMR

Corina G uthlin

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As you might remember from the Munich meeting ISCMR decided to allow and to support building regional chapters within ISCMR. As the secretary of ISCMR and as being located in Europe I would now like to report from the European regional initiative. An informal core group was formed who can be joined by whoever is member of ISCMR and would like to contribute to this enterprise. The idea is to firstly find a date to launch the chapter more formally. We are currently discussing suitable places and dates (preferably a conference in 2008 which will be attended by most of us anyway). Secondly, we aim to have a meeting once a year where some time will be devoted to research in progress, to political and policy issues within the EU, to possible funding schemes for networking and to interesting research content which should be studied internationally. Please feel free to contact me if you are interested in joining. Furthermore, ISCMR would like to encourage other regional chapters as well. We certainly would love to share with you the experiences with the European Chapter.

CAM RESEARCH TRAINING

Claudia Witt and Vinjar F onneb 

At the last ISCMR meeting in Munich in May 2007 we discussed the relevance of CAM research training and the idea of possibly harmonizing the different initiatives within the auspices of ISCMR.

Some months ago the ISCMR members were asked to provide information on the currently ongoing postgraduate research training programs (e.g. summer schools, Master's programs or doctorate programs for CAM research) and we received good feedback from the ISCMR members. Short research training is part of many MA programs (e.g. MA for herbal medicine, MA for acupuncture). In summer 2007 separate research trainings with focus on CAM were offered at two places: Bologna in Italy and Berlin in Germany. A third one is scheduled for summer 2008 in Portland, US. The lengths of these courses differs between 2 weeks (taught in two modules) in Portland, 6 days in Bologna (taught on two weekends) and 4 days in Berlin (Wednesday to Sunday). In Berlin only MDs could participate whereas the trainings in Bologna and Portland were open to other health workers. All three courses have sponsoring (Bologna by the Fundus Emilia-Romagna Region, Berlin by the Robert Bosch Foundation and Portland by the NIH). All research

trainings included aspects of study design, statistics and critical appraisal and will be held also in summer 2008. ISCMR is interested to provide information about CAM research trainings. In addition we will discuss future aspect of CAM research training at the ISCMR meeting in Sydney.

Contacts for the ongoing training programs: Bologna: Francesco Cardini (cardinif@internetstudio3.it), Berlin: Claudia Witt (claudia.witt@charite.de), Portland: Heather Zwickey (hzwickey@ncnm.edu).

ICCMR IN TROMSØ, NORWAY MAY 19-21, 2010

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The 2010 International Congress on Complementary Medicine Research will be held in Tromsø, the Arctic gateway of North Norway. The local host of the congress is NAFKAM (National Research Center in Complementary and Alternative Medicine) in conjunction with ISCMR (visit www.iccmr2010.com for further information).

As before, the congress will be a hotspot presenting and discussing the latest research developments in the field of CAM at that time. Researchers from around the world will have a chance to both share research findings and (re)establish important personal connections with others working in the same field.

While NAFKAM already is internationally known for arranging yearly workshops on CAM research methodology called “Northern Lights” workshops, the congress in 2010 will take place when the midnight sun is shining. Be sure to be here at that time to take advantage of the 24-hour sunshine and breath-taking beauty of the surroundings.

The congress will be surrounded in time by pre-congress symposia, satellite workshops and pre- and post-congress social events and tours. If you arrive in Tromsø before the 17th of May, you will partake in the Norwegian national day celebration, an opportunity not to be missed.

I want to personally invite you to come in 2010, and urge you to mark your calendars already. We are planning for at least 600 participants!

WANTED: REVIEWERS FOR GENERIC REVIEWING DATABASE OF ISCMR

We are compiling a list of reviewers for the generic purposes within ISCMR. This database is meant to be open for access by organisers of conferences, by journals seeking advice, and by other agencies, for instance funding agencies who are seeking referees. We are looking for volunteer referees who have expertise in CAM research as proven through peer-reviewed publications and would invite those individuals to send their credentials (CV, list of publications, and description of expertise) to Harald Walach (harald.walach@northampton.ac.uk).

ASSESSING COMPLEMENTARY PRACTICE:
BUILDING CONSENSUS ON APPROPRIATE RESEARCH METHODS
CONFERENCE, ORGANISED BY THE KING'S FUND IN LONDON, OCTOBER 22ND-23RD 2007

Summary by Harald Walach

This small by invitation only conference organised by the King's Fund brought together a couple of experts in the field for short presentations, and tried to build a consensus on how to research complementary practice and move forward the funding portfolio. In that sense this meeting was a sounding of one of the politically important organisations in the UK and the political climate regarding assessing complementary practice in general.

A fair summary assessment of the outcome would probably be that in general the complexity issues surrounding complementary practice are much better recognised now than they used to be, and critical issues of external validity and model validity as well as usefulness to patients are highlighted more than they used to be a couple of years ago. This is certainly good news for researchers in CAM, because it signals that relevant bodies have recognised and taken into account arguments brought forward by the CAM research community, arguing that complexity of interventions and relevance of research have to be regarded highly.

To present just a few highlights of the conference:

Prof. Stephen Holgate, who is one of the UK's leading immunopharmacologists and asthma specialists, emphasised the importance of understanding the organism as a complex system and not analysing it too much into detail, and how important external validity was for research.

Richard Lilford, professor of clinical epidemiology in Birmingham, emphasised the importance of using randomised trials on populations that are representative for the target population of a treatment and the danger of overexpanding on findings from selective populations.

Meanwhile clearly a minority view, Prof. Ernst of Exeter emphasised that only placebo-controlled trials can tell us anything about efficacy. Several discussants from the audience and the future direction of other presentations clearly showed that this view was not shared by the majority of the attendees.

Dr. Hugh McPherson brought in the importance of pragmatic trials, and Prof. Nikki Britten from the Peninsula Medical School presented the need for qualitative methods both to understand the patient experience, but also to understand the delivery of treatments within research trials, or how patients actually experience research trials. The latter is especially important if studies are negative or are not showing the expected effect.

A repeated theme that came up during the conference and was also taken up by Prof. Linda Frank from University College London was the lack of funds for research in CAM, in this case especially for paediatric research. Appropriate methods, she concluded, were certainly randomised studies, but not necessarily placebo-controlled ones but pragmatic ones, and studies that compare different available interventions.

In my view, the most important contribution and the most exciting one was Sir Michael Rawlings, chairman of the National Institute for Health and Clinical Excellence

(NICE). NICE is the official advisory group that advises the government on which treatments to reimburse and has a big political impact in the UK. Sir Michael Rawlings presented a very differentiated view on what counts as evidence. While dismissing expert knowledge, he explicitly advocated against a hierarchical view of evidence and pointed out that a lot of other ways to achieve insight and evidence were available that should be used more. He held an especially relaxed view on mechanism, pointing out that the understanding of mechanisms are at the end of the chain of knowledge and not really relevant for reimbursing practices. So the bottom line of his presentation is that it is important to have enough adequate evidence which could come out of case series, cohort studies or randomised trials, depending on the question, resources, and the background information.

A similar view was endorsed by Prof. David Torgerson from the York Clinical Trials Unit, who pointed out that although randomised trials were the best method for evaluating any intervention, they need not necessarily be placebo-controlled, and altogether he thought that the placebo effect, if it existed, was worthwhile paying for.

Charlotte Paterson pointed out how important the patient experience was for evaluating therapies and how different aspects of this experience interacted intricately with the treatment. Hence, taken treatments apart is not necessarily what reflects the patients' experience.

A series of presentations presented evidence regarding treating muscular skeletal disorders and how, although some evidence was clearly available, there was a reluctance on part of agencies on the establishment to accept those treatments. This points to the fact that it is not just about evidence but also about politics to which extent people are willing to accept evidence. The latter was clearly under current running through the discussion: namely that prior probabilities that are held by stakeholders or researchers influence highly how much evidence they need. Clearly, the priors are staked against CAM in many cases, which is perhaps something that should be addressed in future research.

SPEARMINT (*MENTHA SPICATA*, LAMIACEAE) AS A POTENTIAL ANTIMIGRAINE REMEDY. A PERSONAL ANECDOTE

Marjorie T. Nieh, Ph.D.,* and Keith K. Parker[†]

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M. Nieh's serendipitous discovery revealed that a decoction of a garden-grown spearmint species (*Mentha spicata*, *Lamiaceae*) miraculously treated her migraine headache attack one summer day in 2001. She has been free of attacks since then. This is a very easily prepared and inexpensive remedy with no adverse side effect. This remedy exceeds the efficacy of large doses of riboflavin (vitamin B2), that has been reported as prophylaxis^{1,2} for migraines, and that the author used it for over two years before spearmint.

Terpenoids contained in the known natural antimigraine remedies, e.g. feverfew (*Tanacetum parthenium*) and butterbur rhizomes (*Petasites hybridus*, *Asteraceae*) have been reported to inhibit: blood platelet aggregation, release of serotonin in addition to

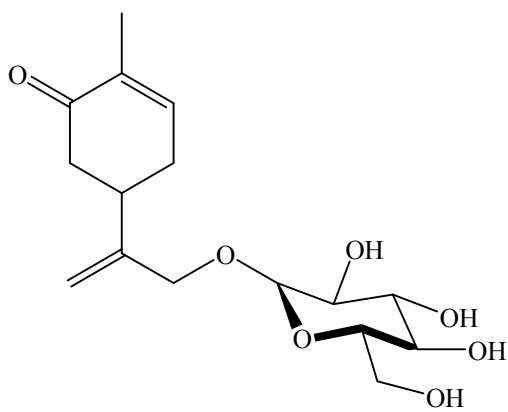
minimizing the synthesis of inflammatory chemical mediators, prostaglandins and leukotrienes^{3,7}.

The major volatile component in the spearmint is l- or R-(-)-carvone, a monoterpene, in addition to sixty minor components. Preliminary results indicated that while l-carvone gave 13% effect, the aqueous extract of the mint plant, 14% effect, against the 5-HT_{2A} receptor. Although these effects may be small, they are significant.

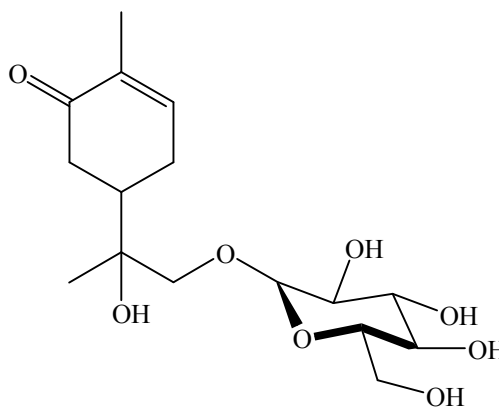
A 12% effect of spearmint extract against the 5-HT_{1A} receptor is thought to be statistically insignificant; and the effect of l-carvone, ineffective. Because carvone is practically insoluble in water, the amount of carvone in the aqueous extract (from the decoction) is estimated to be extremely low or absent. From the preliminary data, it appears that l-carvone, though it is the major volatile component in spearmint, is suggested to show very little or no effect in the antimigraine activity.

Several aqueous or solvent extracts of *Mentha spicata* were screened and identified for antimutagenic, antioxidant and antihistamine properties⁸⁻¹⁰. Recently, spicatosides A and B, two glycosides of carvone derivatives isolated from the non-volatile portion of *Mentha spicata* showed anti-inflammatory, hemostatic and pain-relieving properties¹¹.

The author speculates that non-volatile (hydrophilic) components in spearmint may play a role in the antimigraine activity, while not ruling out the volatile (more lipophilic) components. She strongly promotes further studies of spearmint decoction as a safe and low-cost natural antimigraine remedy.



Spicatoside A



Spicatoside B

In connection with this study, the author offers a three-part educational/tutorial Power Point presentation based on her spearmint discovery. This presentation is intended for medical professionals, scientists, students, herbalists, as well as those who are interested in learning about botanical chemicals and synthetic medications in general. The approximate length of the entire presentation is two hours. It comprises of:

Part I: The discovery and the efficacy of the spearmint decoction as antimigraine prophylaxis.

- The main components of feverfew and butterbur (the known botanical antimigraine remedies), and their bioactivities.

- Preliminary data on serotonin receptor binding of spearmint extract vs. carvone, the major component of spearmint.

Part II: Complexity of medicinal botanicals.

- A brief discussion of lipophilic vs. hydrophilic components of botanicals.
- Steam distilled volatiles vs. aqueous extracts of botanicals, citing spearmint as an example.

Part III: Tutorials on three subjects.

- A brief insight on terpenoids.
- An insight of solubility of molecules.
- An insight of stereochemistry of molecules—a pair of mirror images of carvone imparts two distinctly odors and origins—a pair of mirror images of Thalidomide caused its withdrawal from the market in the 1950's—a pair of mirror images of ibuprofen indicates its safety.

Accordingly, this presentation combines a new herbal discovery, from which the complexity of medicinal botanicals and a brief tutorial review of some key topics of organic chemistry essential for herbal medicine are discussed. Please contact M. Nieh for your interest in the presentation or other inquiries.

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What we do: HEART is an annual, national elective sponsored by the American Medical Student Association, and developed with the intention of creating an environment for medical students to re-center/re-fuel themselves before starting residency. Nationally known speakers are invited, and the curriculum focuses on CAM, activism, communication, community-building, and many other important topics.

What we need: We need YOU to help us raise \$33,000, so we can keep this amazing elective going! To date, we have raised more than \$11,000, and we are working hard to reach our goal. All prayers and/or financial contributions are welcome!! (Donations are tax-deductible.)

Questions/Comments/Donations?

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