A Roadmap for CAM Research towards the Horizon of 2020

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CAMbrella was the first pan-European research project that systematically evaluated the state of usage, motivation, provision, and regulation of CAM usage in European countries. It also documented the need and the way forward for research in Europe. Some of the finest minds in European CAM research were either part of the consortium or were invited as experts to some of the specialist meetings. Thus, CAMbrella formulates a consensus never seen in European research on this topic before. Results of the work packages – most of them systematic reviews – have been published, also in open access format in FORSCHENDE KOMPLEMENTÄRMEDIZIN [1].

Now, the final piece, roadmap 2020, has been published and is available online [2]. This roadmap sums up the findings briefly and points towards the future direction of research.

You do not have to be a wizard to understand the most important message: European research was once at the forefront of research in this topic, and it is in danger of becoming last, being overtaken by countries such as USA, Canada, Australia, India, China, Africa even. All these countries and continents have either formulated a research agenda (Canada), or have dedicated institutes that have funding available (USA, Australia, India), or have at least understood that traditional approaches to medicine are a resource (India, China, Africa). In USA, a steady funding stream of approximately USD 120 million per year enables the maintenance of a proper research agenda. What about Europe? Apart from isolated pockets full of projects: nothing. UK, often a forerunner, spends 0.0085% of its research budget on CAM research, where 10% of the population use CAM approaches each year and approximately 50% are lifetime users. The figures are even lower for Germany which is among the countries of the highest prevalence of usage [3]. European researchers were among those that were invited to the first foundational conferences of the Office of Alternative Medicine at the National Institutes of Health (NIH) in the 1990s, because of innovative research design and because CAM research has had a long tradition in Europe. What happened afterwards? The USA saw that this was a growth market, supported research by founding a National Center for CAM research (NCCAM), and became world leader in research in this area [4].

And Europe? A few projects to have a placating answer for the public in the drawer, but nothing serious. We feel we are at the brink of an important junction in history. If we want to continue improving the health of European citizens, we cannot ignore that CAM is a potentially important player, being used by up to 60% of the population [5]. It is important to realize that we know very little about its comparative effectiveness vis-à-vis conventional approaches. We do not know whether and when it would be beneficial for patients to integrate CAM treatments into their conventional treatment regime. We do not know how many patients would want that. We do not know which treatments would be safe. And we do not know how it happens that seemingly strange treatments can produce such strong effects that in a time of abundance of medical provision people are prepared to pay out of their pocket for such treatments. This in itself is a topic of highest interest. But CAM would have other things in stock that answer well to consensus goals and strategies of the European Union: Antibiotic resistance is a major threat to the future health of our population. Developing more antibiotics will not help (and will probably not happen for economic reasons). How about a different strategy? Various CAM approaches might offer alternatives here, but we do not know enough about them, because they are not being researched.

The major challenges to the threat of health will be chronic and degenerative diseases. Those will be very difficult and costly to treat with approaches that are designed for acute-type interventions, and will rarely be healed by them for good.
CAM has a growing reputation for being a good supportive strategy in such cases [6], be it that it helps with changing lifestyle and thus can prevent further aggravation, be it that it can boost or regulate immune response, be it that it helps people gaining confidence, self-efficacy, and taking responsibility for their care. But we do not know for sure, because no one has really investigated these issues.

Thus, the CAMbrella roadmap towards the horizon of 2020 points out the white areas on the map, and these are huge. It documents that we do not really know enough about usage, prevalence, and need for different user groups, such as comparatively healthy and chronically ill people. We know little about access to CAM in most European countries. We know next to nothing about the effectiveness of CAM in real life situations, for instance vis-à-vis conventional treatments [7]. Is it better than or equal to conventional treatments in the care of chronic patients? Is it cheaper or more expensive? The very few data we have point towards a potential benefit [8]. But these are far too few to inform decision-making on a large political scale. We know very little about safety. And we do not have good concepts for potential integration, because the medical cultures have been kept separate.

The consequence is clear and logical: If Europe does not want to become the last in line regarding medical and research progress, it would be appropriate to focus on CAM as an important topic. Dedicate a European center for research, the CAMbrella researchers demand. Dedicate specialized ring-fenced funds for CAM and integrative medicine research! Give CAM and research therein the role it deserves when looking at the potential, the usage, and the knowledge gap! In the words of CAMbrella’s roadmap: ‘In order to consider whether CAM could be a part of the solution to the health care, health creation and self-care challenges we face in 2020, it is vital to obtain a robust picture of CAM use and reliable information about its cost, safety and effectiveness in real-world settings. We need to consider how and in what ways CAM could be made available to European citizens. We need to engage in research excellence and utilise comparative effectiveness approaches, evidence syntheses and mixed methods to obtain this data. Our recommendations are both strategic and methodological. They are presented for the consideration of researchers and funders while being designed to answer the important and implicit questions posed by EU citizens currently using CAM. We propose an EU-funded European Centre for CAM (ECCAM) research to foster high quality robust research based on pan-European collaboration. We wish to establish a solid foundation for CAM research to adequately inform health care and health decision-making throughout the EU. A European research centre would support our vision of a common, strategic and scientifically rigorous approach to CAM research’ [2].

References