Who visits an anthroposophic physician?

Heckenbach Kirsten 1, Tabali Manuela 1, 2, Matthes Harald 2

1 Research Institute Havelhoehe, Berlin
2 Gemeinschaftskrankenhaus Havelhöhe Berlin, Berlin, Germany

Background and aim: Interest in complementary medicine is increasing, and the question remains who contacts an anthroposophic physician and for what reasons?

Method: A retrospective analysis of diagnoses of all patients visiting one of the 35 physicians participating in the EvaMed Study from 2004 to 2010.

Results: From 2004 to 2010, 89,889 patients were treated by a physician of the EvaMed study group consisting of 55% from general medicines and 33% from paediatrics. More than half of the patients (54.3%) were under 15 years with an equal amount of boys and girls. In the age group of 15 years and older, the amount of male patients (34.3%) decreased. The three main diagnoses in children up to 15 years were J06.9 'acute upper respiratory infection' (8.42%), J98.8 ‘other specified respiratory disorders’ (3.75%) and B99 ‘other and unspecified infectious diseases’ (3.5%). The main diagnoses in women 15 years and older were I10.9 ‘hypertensive heart disease’ (4.48%), C50.9 ‘malignant neoplasm of breast’ (2.69%) and F32.9 ‘depressive episode’ (2.12%). One-third of the children (32.3%) and 37% of the adults contacted the physicians only once; on average, the length of stay was 8 months for children and 3 months for adults.

Discussion: The reason for a consultation of an anthroposophic physician was in accordance with the main diseases in childhood affecting the respiratory system. The main diagnosis in adults of the German population and from patients treated by anthroposophic physicians was hypertensive heart disease. The other main diagnoses in anthroposophic practice differ from the official statistics. A reason for that difference might be that the demand of an alternative therapist is partly attended by the wish to multiple drug use’ (2.24%). One-third of the children (32.3%) and 37% of the adults contacted the physicians only once; on average, the length of stay was 8 months for children and 3 months for adults.

Person-centered medicine reaffirms the importance of the quality therapeutic relationship, a focus on the whole person and lifestyle, a renewed attention to healing and a willingness to use all appropriate therapeutic approaches whether they originate from being patient-centred, healing-oriented medicine that embraces biomedicine, that is conventional and within the dominant health system, or traditional and non-conventional. It is fundamental to understand how patients experience health services, to change the attitude of biomedicine to move from a service that does things to patients to working with patients as partners. There is a need to build an intensive person-centred care path, moving from an illness-orientated service to one that is health-focused and person-centred. Traditional (TM), complementary, alternative and non-conventional medicine (NCM)/unconventional medicine (UM) share a vision of the human being as a physical, psychological and spiritual entity. The physiological or pathological interaction between these aspects can determine health or illness. TM also studies the interactions between the human being, nature, the cosmos and how these have an impact on health and illness. In addition to treating the ill person, they also broadcast the knowledge of how to generate health, salutogenesis. The treatments of NCM systems are aimed at increasing our innate healing abilities. We need to preserve, protect, promote, study, hand on and apply the cultural heritage of such anthropological medical expertise, be it Western or Eastern, respecting the original integrity of traditional paradigms. We also need to review the evidence-based approach and apply it to TM and NCM.