an impact on the contribution of CAM to European health policy and an integrative health-care system.

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Who visits an anthroposophic physician?

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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%), in adult men I10.9 'hypertensive heart disease' (6.15%) and F19.2 'mental and behavioural disorders due 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.

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 of a low-threshold psychotherapy or an offer to communicate. In the health report from 2009, the share of people visiting a physician yearly is 91% for women and 88% for men. In contrast to the analysis from the official statistics, patients from anthroposophic physicians are mostly female.

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Traditional and unconventional medicine in Italy: reflections upon a social choice for person-centred medicine

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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-focussed 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.

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Unconventional medicine knowledge and use among general practitioners of City of Forlì, Italy

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Background: A number of population surveys have suggested that there is a considerable demand for unconventional medicines (UM) in the industrialised world. The activity of general practitioners is part of the Italian National Health System
(NHS). In May 2002, the Italian National Federation of Councils of MDs and Dentists (FNOMCeO) stated that the practice of nine UM disciplines have to be considered ‘medical acts’ that cannot be practised by non-physicians. The nine UM disciplines are: acupuncture, phytotherapy, Ayurvedic medicine, anthroposophic medicine, homeopathic medicine, traditional Chinese medicine, homotoxicology, osteopathy and chiropractic. In December 2009, the FNOMCeO National Council approved a document entitled ‘Training guidelines in non-conventional medicines and Practices reserved for MDs and Dentists’. Out of the 2002 list, there remain acupuncture, traditional Chinese medicine, Ayurvedic medicine, homeopathic medicine, anthroposophic medicine, homotoxicology and phytotherapy. Italy has no officially accepted registration for any type of UM, and none are available from the NHS. However, the Italian deontological code does allow physicians to practise UM under certain conditions, the first and foremost of which is the informed consent of the patient. In the Professional Code of Medicine, an article (art. 15, Section 3) is devoted to non-conventional medicine (NCM). It reads as follows: “Recourse to non-conventional practices forms an inseparable part of the profession’s decorum and dignity and belongs exclusively to the direct non-delegable professional responsibility of the doctor. Recourse to non-conventional practices must not divert the citizen from specific, scientifically consolidated therapies and always calls for properly informed consent. Doctors are forbidden to collaborate in any way with, or promote the practice of, third parties not of doctor status in the sector of so-called non-conventional practices.” The WHO thus deliberately uses the term ‘unconventional’ to suit countries (like Italy) where these branches of medicine and relative health systems are not on any obligatory degree syllabus or part of mainstream national health.

**Aim:** The objective is to determine the level of knowledge and use of unconventional medicine (UM) among all the general practitioners working in the city of Forlì in Italy. Methods: The questionnaire has been mailed to the 138 general practitioners of the city of Forlì in the Province of Forlì-Cesena, Emilia-Romagna Region.

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**MODELS OF RESEARCH IN COMPLEMENTARY MEDICINE**

**PP-130**

**Computerised analysis of the Eight Guiding Principles**

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**Background:** The Eight Guiding Principles allow provide a diagnostic method to recognise energetic deficit and excess in a timely manner. The Eight Guiding Principles are evaluated by considering four pairs of opposite signs: a qualitative pair of signs – yin and yang; a quantitative pair – deficiency and excess; a morphologic pair – cold and warm; and a topographic pair – inside and outside. By evaluating the patient using these signs and symptoms, we can obtain diagnostic precision that leads us to a correct therapy. Traditional Chinese medicine has been handed down from father to son for thousands of years. In this study 170 signs and symptoms of Eight Guiding Principles were studied and assembled according to their characteristics and, as a result, four main groups of opposite symptoms were created: Yin excess/Yin deficiency, cold/warm expressions, inside/outside Yin and Yang and superficial and deep Yin/Yang.

**Aim:** The target was to put these symptoms in a computer spreadsheet in order to elaborate them mathematically.

**Method:** Microsoft Excel was used, and a software created that elaborates patient’s signs and symptoms according to the Eight Guiding Principles. The steps of elaboration are to collect data from patient’s examination and to store data in a dedicated software. The mathematical elaboration of these data provides six diagrams that organise patient’s pathology according to the Eight Guiding Principles. It is then possible to see an example of results after a mathematical elaboration of Eight Guiding Principles on a graph.

**Conclusions:** It is thought that computerised analysis can provide a more precise diagnosis and therapy.

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**PP-131**

**Hologramatic acupuncture**

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For a long time, traditional Chinese medicine (TCM) and conventional medicine were separate, perhaps even in competition. When services were called ‘integrated’, it was rarely true integration. It is also true that there was a difficulty in joining them together in clinical practice. The result was that acupuncturists continued to treat people according to TCM’s classic rules and allopathic doctors did the same in their own field. TCM has conserved its 1000-year form and conventional medicine has conserved its cultural conservatism. However, recently, there is movement towards a real fusion between the two practices which is contributing greatly to the field of medical science. It was noticed that treatment according to meridians and acupoints can be performed without following any traditional criteria. According to the traditional criteria, the acupuncturist makes the diagnosis and handles the traditional points that are considered capable of starting the recovery. Better and quicker results are experienced when the patient’s body tells us where to insert needles, because on the acupoint the mind casts and energetic programme. Behind the research of new acupoints there is experienced medical and clinical knowledge of the deep essence of TCM, biology, quantum mechanics and Western neuroscience. Behind this new approach, there are the contributions of great scholars such as Einstein, Heisenberg, Gabor, Pribram, Bohm, Schrödinger, Aspect, Del Giudice and many others who dedicated their life to studying energy and its appearances. In energetic biology, acupoints are indicated by the consciousness that a body system has its own energetic status meridians that