



## CAM Conference

“Complementary and Alternative Medicine –  
Innovation and Added Value for European Healthcare”

# Complementary and Alternative Medicine for innovative partnerships

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Department of Anesthesiology  
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Germany



Trigeminal Neuralgia 30 years	TTH 15 years	Migraine 25 years	Low Back Pain 3 years	Neck Shoulder Pain 8 years	Low Back Pain 5 years
	Fibromyalgia 8 years	Post Herpetic Neuralgia 2 years	Neck Pain 5 years	Fibromyalgia 12 years	



Low back pain since 2007, now severe episode for 6 weeks

Pain

Intensity: 9/10 (max)

Quality: Stabbing, oppressive pain

CT Scan/ MRI Scan:

small herniation of disc,  
facet arthrosis, chondrosis

Previous treatments:

Physiotherapy, NSAID, Relaxants,  
Injections (frequently)  
3 weeks rehabilitation programm

Feels that herniated vertebral disc is the problem

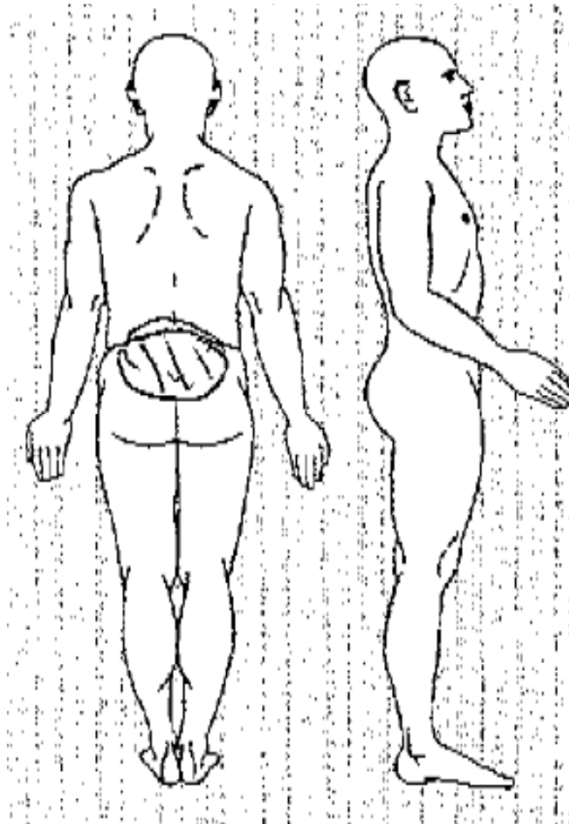
Denies psychological aspects

Happy marriage, 3 daughters, working as a bus driver

Wife ill: very nervous about her health  
problems with passengers

- anxious about his work (pain while sitting)

- worried whether he will be able to manage the family



## Chronic pain disorder (low back pain) with somatic, psychological and social factors

Somatic: low back pain

- with myofascial triggerpoints *M. gluteus medius*, *M. quadratus lumborum*  
*M. piriformis right/left*
- with hypomobility of sacro iliac joint
- without neurological symptoms

Psycho: fear, anger

Social: labour unrest

Resistent to conventional treatment

Highest degree of chronicity (acc. to MPSS)



## The problem



Chronic, moderate-to-severe, non-cancer pain affected almost **one in five** (19%) adults surveyed across Europe (n=46,394)

**Prevalence** was highest in Norway (30%, n=2,018), Poland (27%, n=3,812) and Italy (26%, n=3,849), where just over **one in four** adults reported suffering from chronic pain

The median time during which people had been experiencing chronic pain was **seven years**, with one-fifth of respondents experiencing pain for 20 years or more (21%, n=4,839)

Nearly **one in five** chronic pain sufferers had lost a job as a result of their pain

Over **40%** of people with chronic pain reported feelings of helplessness or inability to think or function normally



The problem



In a German survey (N=11.000) 38% of patients  
had experienced an operation **without** longterm pain relieve



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Original papers

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## **‘Doctors can’t help much’: the search for an alternative**

Paterson and Britten, Br J Gen Pract 1999

 **CAM?**

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# Acupuncture works !



The NEW ENGLAND JOURNAL of MEDICINE

CLINICAL THERAPEUTICS

## Acupuncture for Chronic Low Back Pain

Brian M. Berman, M.D., Helene H. Langevin, M.D.,  
Claudia M. Witt, M.D., M.B.A., and Ronald Dubner, D.D.S., Ph.D.

N Engl J Med 2010;363:454-61.

The American College of Physicians and the American Pain Society have issued joint clinical practice guidelines recommending that clinicians consider acupuncture as one possible treatment option for patients with chronic low back pain



DÄGfA

Deutsche Ärztesgesellschaft für Akupunktur

German Medical Acupuncture Association

Ca. 10.000 members

500 full days courses

Educational standards

Standards for practice

140 „Qualitätszirkel“

Comprehensive understanding of disease





However, singular treatments are not proven to be effective in long term in the treatment of chronic pain



This is true for conventional and CAM treatments!

# Conventional Medicine

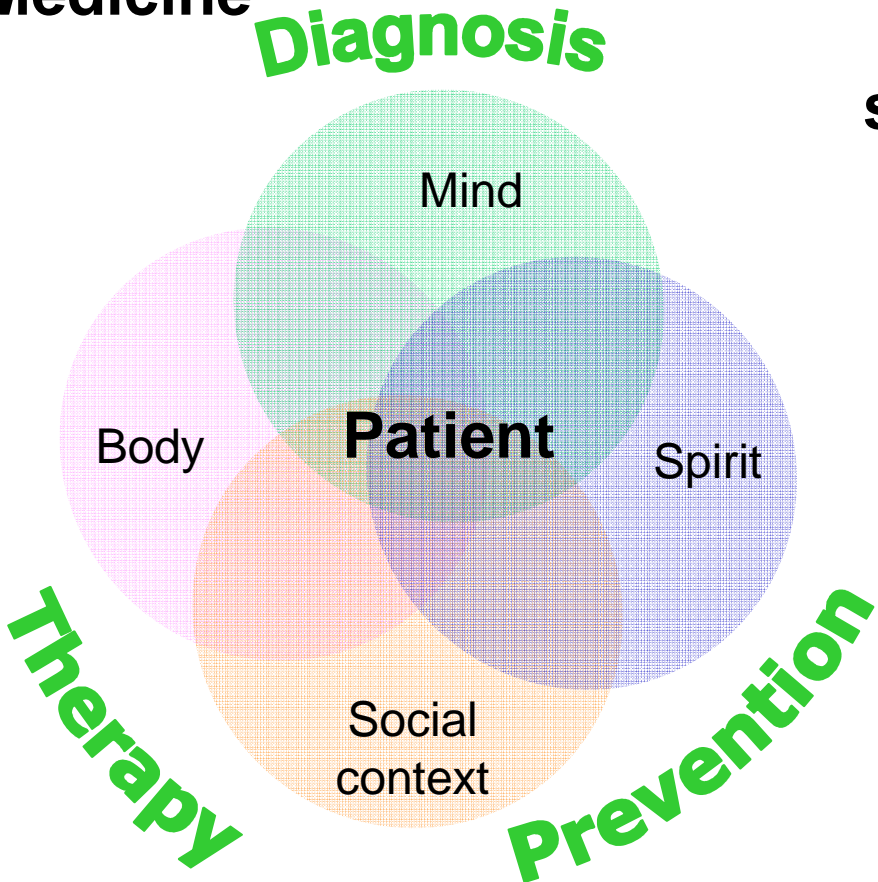
objectively

- Principle of cause and effect

# CAM

subjectively

- Regulation
- Homeostasis
- Life style



## Conventional Medicine

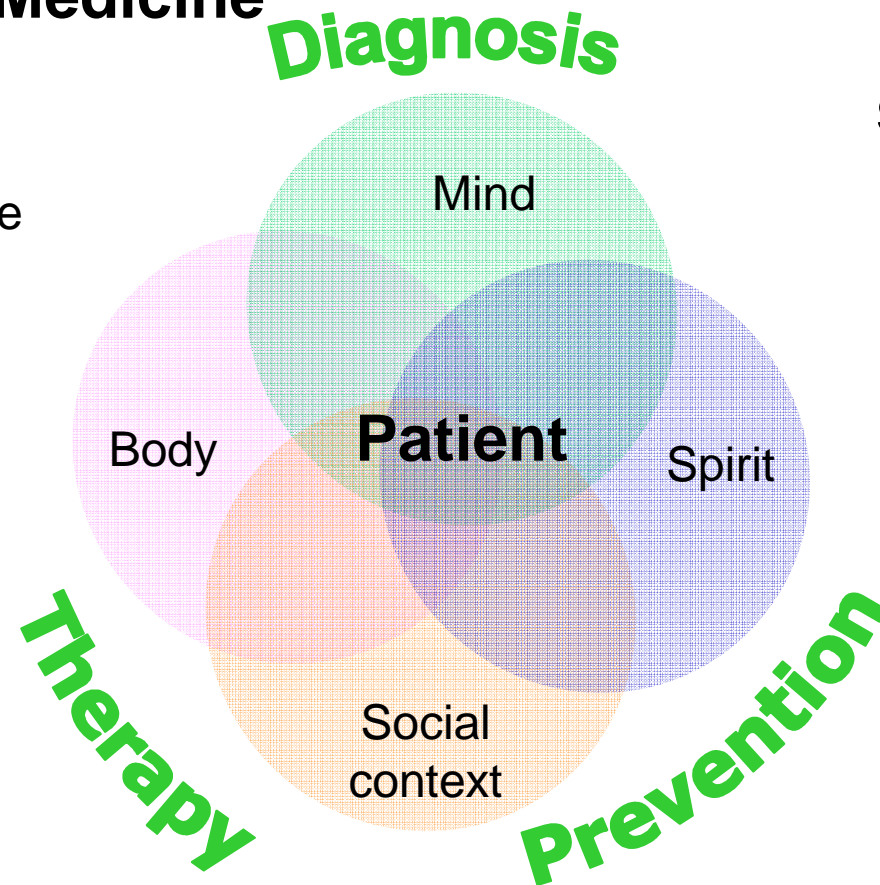
### objectively

- High-tech medicine
- Classical surgery
- Pharmacology
- ...

## CAM

### subjectively

- Dietetics
- Meditation
- Qigong, Yoga
- Acupuncture
- Homeopathy
- Classical Natural Medicine
- ...





## Health Care Centers linking CAM & Conventional Therapies

- Education
- Knowledge
- Scientific evaluation

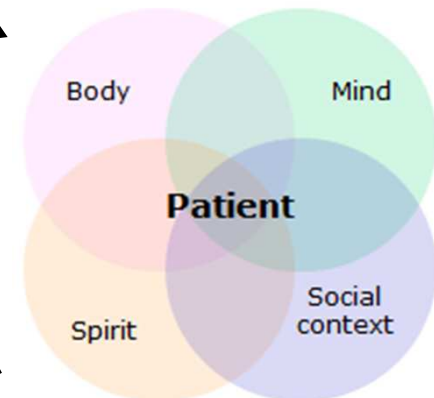


- Feasibility
- Demand
- Experience
- Data collection

- Diagnosis
- Data collection
- Trust



- Treatment
- Information
- Education

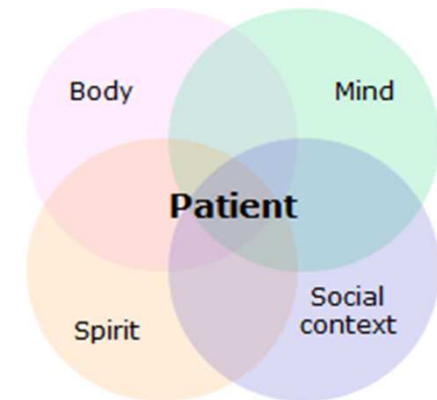
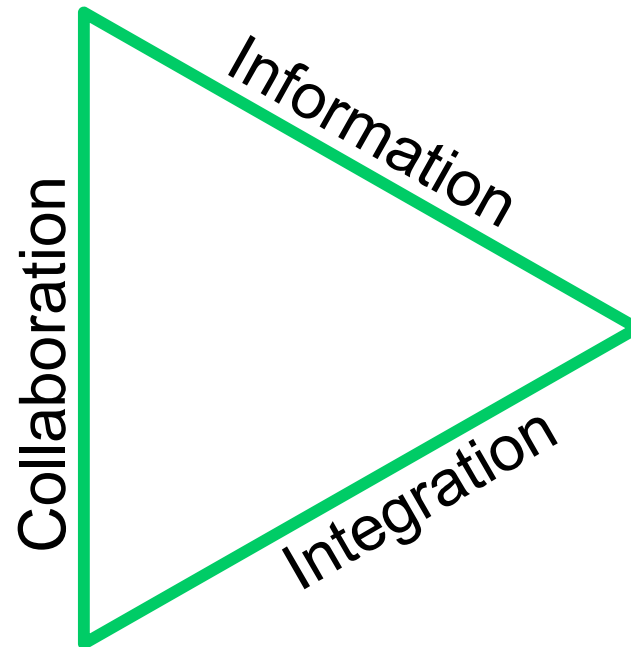


- Treatment
- Information
- Education

## Primary Care linking CAM & Conventional Medicine



# Health Care Centers linking CAM & Conventional Therapies



# Primary Care linking CAM & Conventional Medicine

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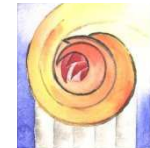
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What about Can ?





## MUNICH OUTPATIENT PROGRAM IN COMPLEMENTARY AND ALTERNATIVE MEDICINE FOR CHRONIC PAIN (MOCAM)



Synergy of western and eastern traditional methods  
**and**  
evidence based pain treatment

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Conventional medicine skills  
**and**  
CAM skills in the same unit

-> *mind set*



MOCAM is practically based, not theoretically !



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MUNICH OUTPATIENT PROGRAM IN  
COMPLEMENTARY AND ALTERNATIVE  
MEDICINE FOR CHRONIC PAIN (MOCAM)



Schmerzintensivprogramm

LMU KLINIKUM DER UNIVERSITÄT MÜNCHEN INTERDISZIPLINÄRE SCHMERZAMBULANZ CAMPUS INNENSTADT



**Münchener  
Naturheilkundliches  
Schmerzintensivprogramm  
MNS**

**Interdisziplinäre Schmerzambulanz  
Campus Innenstadt**  
Leitung: Priv. Doz. Dr. D. Irnich – Dr. A. Winkelmann

**des Klinikums der Universität München**

**Klinik für Anästhesiologie**  
Direktor: Prof. Dr. B. Zwißler  
**Klinik und Poliklinik für Physikalische Medizin  
und Rehabilitation**  
Direktor: Prof. Dr. G. Stucki



Part 1

Interdisciplinary 4-week  
outpatient group program

Part 2

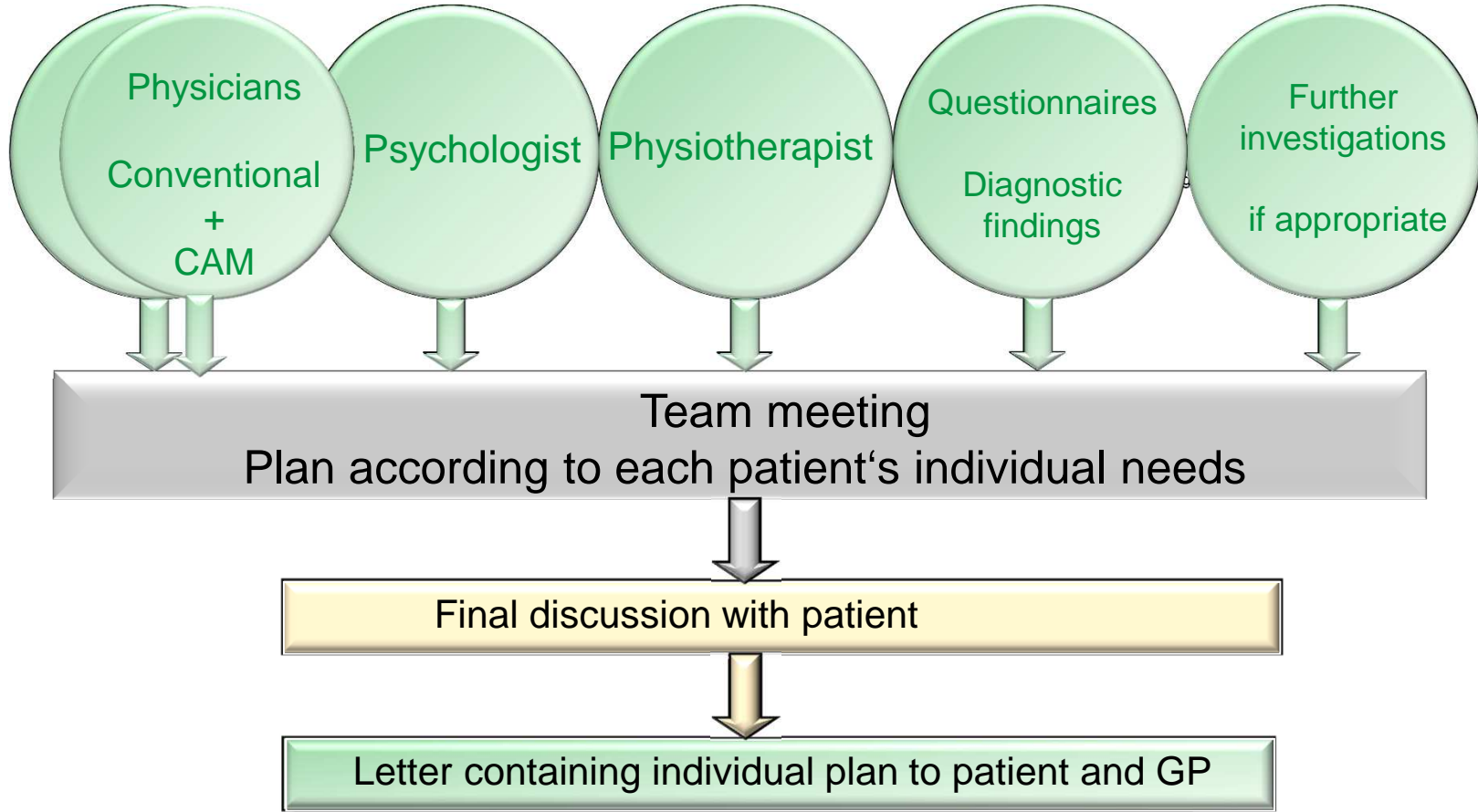
Continuous training  
once weekly

Part 3

Long time support:  
meetings, seminars,  
lectures, media



# Diagnosis by conventional methods and CAM methods





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# MUNICH OUTPATIENT PROGRAM IN COMPLEMENTARY AND ALTERNATIVE MEDICINE FOR CHRONIC PAIN (MOCAM)



**Seminars**



**Qigong**



**Meditation**

**Rhythmik**



**Breathing Therapy**



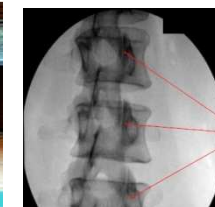
**Tuina**



**Acupressure**



**Physiotherapy**



Facettengelenk

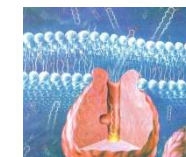
**Nerve blocks**



**Psychotonik**



**Acupuncture in the group**



**Analgetics**



**Naturopathy**



**Art Therapy**



**Nutrition**



**Hydrotherapy**



**Injections**



## MOCAM – aims



Reinforce the confidence of patients

Individual identification of effective strategies for a self dependent prevention and coping with pain

To arouse and maintain the patients motivation for a continuous practice

Regular exchange of information with other patients

Reduction of health care system use



# MOCAM – concept



Emphasis is placed upon reinforcing

- self-confidence
- self-efficacy
- self-understanding
- self-responsability
- body awareness





## A prospective open observational study with a two year follow-up



### Key variables:

- Intensity of pain
- Frequency of pain
- Characteristic of pain (SES)
- Quality of life (SF-36)
- General Depression Scale (ADS)
- Pain Disability Index (PDI)
- Health care system utilisation

### Including criteria:

- Chronic pain
- Ability to work in a team
- Average pain intensity VAS >5

### Date of Observation:

- t0: Start of Program
- t1: End of Program
- t2: After three months
- t3: After six months
- t4: After one year
- t5: After two years

### Excluding criteria:

- Cancer Pain
- Personality disorder, psychosis
- judicial proceedings or claim for workers compensation or disability pension



# Characteristics of Patients



<b>N</b>	297
<b>Age</b>	54 years (mean, 18-86)
<b>Sex</b>	79.8% female
<b>Duration of pain</b>	105.75 months (mean)
<b>Chronicity</b>	I low degree 4.4%
	II medium degree 23.6%
	III high degree 65.4%
<b>Additional symptoms</b>	Vegetative symptoms Depression, Fear, Isolation
<b>Comorbidities</b>	multiple
<b>Previous treatments</b>	10.4 doctor visits/6 months 15.9 treatments/6 months
<b>Absence from work</b>	43.4 days /6 months



## Effect Size – overall and by diagnosis



### Effect size (Cohen)

the larger the population,  
the more likely significance

$$d = \frac{\bar{x}_1 - \bar{x}_2}{\sqrt{(s_1^2 + s_2^2)/2}}$$

0.2 – 0.5 small

0.5 – 0.8 medium

> 0.8 large





## Effect Size – overall and by diagnosis



Outcome measure		Overall	M/Sk	Headache	Spine	Neuropath
pain_mean	t5	0,87	0.90	1.25	0.76	0.87
pain_max	t5	0,90	0.85	1.16	0.58	1.25
PDI (Pain Disability Index)	t5	0,91	0.79	1.71	0.64	0.91
SES_Affective perception	t5	0,77	0.77	0.93	0.68	0.94

N = 297

t5 = 2 years after the program

0.2 – 0.5 small effect

0.5 – 0.8 medium effect

> 0.8 large effect



VAS 3/10 (before 8-9/10)  
Returned to work

Physiotherapy, Qigong, Meditation most useful

## General aspects

- experience that suffering from pain can be improved
- feeling of more body flexibility
- significant improvement in all dimensions of psychometric tests

## Details

- acupuncture/TENS was not possible -> laser acupuncture
- continuation of qigong and meditation
- first aspects of introspection -> „may be psychotherapy“



Implementation into the health care system by a health insurer



**Short intervention**  
 information  
 physiotherapy  
 acupuncture  
 Analgetics/herbal  
 nerve blocks  
 .....

**Evening program**  
 30 hrs

**2 week program**  
 60 hrs

**4 week Program**  
 120 hrs

**Interdisciplinary Assessment**

**Low Back Pain > 4 weeks**

**Primary care provider**

**health insurer**



in Zusammenarbeit mit der



Münchner Naturheilkundliches Schmerzintensiv Programm-Rücken (MNS-R)

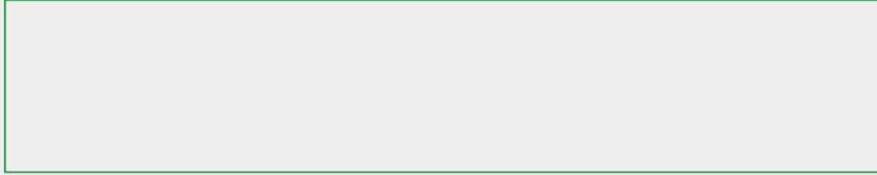


Diagnostik und Therapie für Patienten mit Rückenschmerzen

Eine Kooperation der Siemens Betriebskrankenkasse und dem Klinikum der LMU München Interdisziplinäre Schmerzambulanz Campus Innenstadt



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Conventional treatment

CAM



## CAMventional treatment

### Aims

reducing incidence of disease through preventive measures

integrating complementary interventions for better treatment outcomes

reducing unnecessary hospitalisations and costs of medicines and medical procedures