Camphill Wellbeing Trust

AnthroHealth:

an integrative-integrated therapeutic approach in primary care

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Camphill Medical Practice NHS (CMP) and Camphill Wellbeing Trust (CWT), a Scottish medical charity, have developed an integrative medical-therapeutic approach for patients with complex needs in a primary care setting. This multi-modal approach is both integrative in its nature and integrated in its delivery.

The anthrohealth approach [also known as anthroposophic medicine[1]] is based on the conventional medical system of diagnosis and treatment, but extends this with a specific holistic understanding of the patient in illness and in health.

The prescribing spectrum is extended with medicines derived from minerals, plants and animals, and the therapeutic options with specific nursing techniques and therapies. These include therapeutic speech and art, eurythmy therapy, rhythmical massage, riding therapy and counselling / psychotherapy.

A shared anthrohealth philosophy and knowledge base amongst doctors, nurses and therapists facilitates effective integration of the therapeutic modalities within patient-centred individualised therapeutic programmes. These aim to help the patient address illness, build resilience and maintain wellbeing. The approach has high patient satisfaction, particularly where conventional treatment has plateaued or has little to offer.

Therapeutic art in action at CWT

Anthrohealth is also integrated in delivery through the joint working of an NHS practice and a third sector organisation. CMP's core primary care services are extended with CWT's anthrohealth services, through collaborative planning and sharing of resources, including premises and personnel. This development has been needs-led. In 1996 CMP was a single handed practice with 3 employees and patient list of around 500. Low income and increasing patient demand for anthrohealth services prompted the question:

Is it possible to sustainably deliver effective anthrohealth services within an NHS primary care setting[2]?

In response two financially independent but integrated organisations were established in 1999: CMP NHS and the charity CWT [www.camphillwellbeing.org.uk]. This facilitated fundraising to support the anthrohealth services while enabling the NHS services to meet governance requirements.
Parallel development of CWT's local charity shop and fundraising capacity enabled equality of access for patients to the anthrohealth services.

To secure sustainability restructuring and specialisation was initiated in 2012. This, coupled with increased engagement with patients and other stakeholders, secured continuation of our donation-based financial model.

Camphill Medical Practice, Aberdeen

Two years on the financial viability of this model still proves sound.

Today the two organisations together employ 4 GPs, 20 staff and serve in excess of 1800 patients. CMP NHS and CWT together specialise in service provision for three groups of patients, all with complex needs:

- **children and adults with complex learning disability, autism and ADHD**
- **chronic conditions: e.g. ME, chronic pain, hypertension, Parkinson's**
- **patients with cancer[3] [www.mistletoetherapy.org.uk]**

They work alongside the five Camphill Communities in Aberdeen City and Shire, which provide a range of services to children and adults with learning disabilities and other additional support needs. Their underpinning ethos and knowledge base is consistent with the anthrohealth approach, emphasising an integration of health, education / work and care supported by a therapeutic environment and meaningful relationships [4, 5, 6]. Working with our Camphill partners integrates social pedagogy into the therapeutic spectrum.

Our Camphill partners

Regulated in the UK by CAHSC [www.cahsc.org] and with an international quality mark AnthroMed [www.anthromed.de/en], anthroposophic medicine -the basis of our AnthroHealth model - is integrated with conventional medicine in hospitals, clinics and medical practices throughout Europe. Its efficiency and effectiveness has been published in a health technology assessment[7].
This identified 265 clinical studies with predominantly positive outcomes. These studies, as well as a variety of specific safety studies, found no major risk but good tolerability and high patient satisfaction with anthroposophic healthcare. Economic analyses are favourable.
Our own research[8-10], clinical experience and patient feedback confirms this. Further research plus an on-going formal evaluation of outcomes would be a desired next stage.

AnthroMed®

Our project indicates the potential for transferability of the anthrohealth approach to primary care in the UK.

References

1 Kienle GS, Albonico HU, Baars E, Hamre HJ, Zimmermann P, Kiene H. Anthroposophic Medicine: An Integrative Medical System Originating in Europe. Glob Adv Health Med. 2013 November; 2(6): 20–31.
2 Ritchie J, Wilkinson J, Gantley M, et al. A model of integrated primary care: anthroposophic medicine January 2011: the seven-practice study [internet]. [cited 2015 Feb 09] Available from: http:// www.ivaa.info/anthroposophic-medicine/research-in-am/the-seven-practice-study/
3 Tröger W, Galun D, Reif M, Schumann A, Stankovic N, Milicevic M. Viscum album [L.] extract therapy in patients with locally advanced or metastatic pancreatic cancer: a randomised clinical trial on overall survival. Eur J Cancer. 2013; In press.
4 Brown RI, Geider S, Primrose A, Jokinen NS: Family life and the impact of previous and present residential and day care support for children with major cognitive and behavioural challenges: a dilemma for services and policy. J Intellect Disabil Res; 2011 Sep;55 (9):904-17
5 Brown R. A Valued Resource? Understanding the quality of life of children and their families who access Camphill School Aberdeen, with reference to the proposed Aberdeen Western Peripheral Route [internet]. 2006. Camphill School Aberdeen [cited 2015 Feb 09] Available from: http://www.camphillresearch.com/research-reports/
6 Swinton J, Falconer A, Brock S. Sensing the Extraordinary Within the Ordinary: Understanding the spiritual lives of people living and working within Camphill Communities. 2009 Feb. Scotland: Centre for Spirituality, Health and Disability, University of Aberdeen. Available from: http://www.camphillresearch.com/research-reports/
7 Kienle GS, Kiene H, Albonico HU. Anthroposophic medicine: effectiveness, utility, costs, safety. New York: Stuttgart, Schattauer Verlag; 2006.
8 Orange M, Fonseca M, Lace A, et al. Durable tumour responses following primary high dose induction with mistletoe extracts: two case reports. Eur J Integr Med. 2010;2(2):63-9.
9 Orange M, Lace A, Fonseca M, et al. Durable regression of primary cutaneous B-cell lymphoma following fever-inducing mistletoe treatment—two case reports. Global Adv Health Med. 2012;1(1):16-23.
10 Shakeel M, Trinidade A, Geider S, Wah-See K. The case for mistletoe in the treatment of laryngeal cancer. The Journal of Laryngology & Otology (2014), 128, 302–306.

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