Arguments for Regulating the Practice of Complementary Medicine in Hungary

Gabriella Hegyi*

Department of Dietetic and CAM, Pecs University, CAM Department, Hungary

*Corresponding author: Gabriella Hegyi, Department of Dietetic and CAM, Pecs University, Vorosmarty u.4, Pecs, Baranya 7646, Hungary, Tel: 0036309225347/ 003612813035; E-mail: drhegyi@hu.inter.net

Received date: April 04, 2018; Accepted date: April 19, 2018; Published date: April 27, 2018

Citation: Hegyi G (2018) Arguments for Regulating the Practice of Complementary Medicine in Hungary. J Clin Med Ther. Vol. 3 No. 2: 07.

Copyright: ©2018 Hegyi G. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

This summary of Natural Healing or Complementary Medicine (CAM) is dealing with full word growth of natural healing, analysis of its use in Hungary, and steps to take achieve the suggestions of WHO.

It is mandatory to make the law stricter and to enact the law that has been agreed by all offices involved for over a year. It is also important to work on the areas of Complimentary Medicine that lack completeness in Hungary. At this point, to the only way we can protect our patients is if we change policies that have been being in effect, and methodically follow the law instead of ignoring the problems.

Keywords: Complementary medicine; WHO; Hungary

Foreword

The western style or "academic" medicine is known by many names according to the WHO: Western Medicine, European Medicine. Biomedicine. Scientific Medicine. or Modern Medicine. Outside of that is the Complementary Medicine which does not alter the purposes of the western style medicine. Other names are for Complementary Medicine (CAM) are Non-conventional Medicine or Traditional Medicine. The term Alternative Medicine is not used in the Hungarian language because it would mean an existing alternative to academic medicine. This would be contradictory to the real meaning of the practice because it is both parts of integrative medicine, so they do not represent different entities. Usually, the following practices belong to this category: Traditional Chinese Medicine (TCM), Tibetan medicine (and much so-called folklore medicine) healing practices, as herbal medicine, use of animal and mineral based components. Non-drug using techniques include such as acupuncture, acupressure, spiritual therapies, and "mind and body" techniques [1,2].

International Outlook: History and Present Situation

In the last twenty years, we've witnessed the wide world growth of natural healing. In 2001 the World Health Organization issued a strategic plan to examine these areas, and in 2010 the WHO released a more detailed plan for national polices, and their use in everyday practice.

In 2002 the National Health Institute had a survey which showed that a wide range of 25-75% throughout the entire world population uses folklore or complementary medicine. Based on that, the most common use of non-conventional therapies is in the following pain related syndromes: back, neck and jointly related complaints, also emotional problems like depression, anxiety, and finally insomnia, vegetative nervous disorders, and stomach complaints. The map underneath shows the use of traditional Chinese in the world.

The survey also shows that treatment-seeking patients favor the allopathic and complementary medicine use together, especially in the western world, where general education and health knowledge is higher than elsewhere. In 1994, 67% of the American Family Doctors suggested complementary medicine to their patients, 23% applied it in their own practice, and 47% used complementary therapies in the cases of their patients. Prof. Eisenberg (Harvard Medical School) found that in 2005 the use of herbs tremendously grew compared to previous data. Out of every 3 American, 1 person goes to complementary doctors; this is 33% of the population. This number is much higher than the traditional doctors' visits. Complementary Medicine became part of Modern Medicine, especially among the white population, more among women with higher income. 40% of the population does not inquire about the use of CAM at their family doctors, 70% of family doctors don't ask their patients if they wish to use complementary therapies. The American people spend the same amount of money for therapies as they do for conventional therapies, about 27 billion dollars a year.

What are reasons for the population to choose complementary medicine? While in complementary treatments the nature-based medicines are cheaper, less complicated, less dangerous, more natural, and easier to apply,

patients also have the opinion, that allopathic medicine is expensive, dangerous, have many side effects, but on the same token, is very effective.

Using a survey, people were asked about complementary medicine in Hungary, their five reasons were as follows.

CAM improves health if used jointly with traditional medicine (55%)

It can't hurt to try CAM since they heard so much about it. (50%)

Traditional, academic therapies did not help (especially with chronic problems) (28%)

Western-educated physician suggested CAM therapy (26%)

Academic medicine is too expensive (13%)

This survey also proved that the population wished to use this therapy as the complementary therapy, rather than alternative therapy to replace traditional therapy [3-5].

The interest, also extremely grew towards herbs. In this entire more advanced world there is dissatisfaction, growing loss of confidence towards the tools of modern medicine. At the same time, there is the need for self-healing and alternative therapies and healing. From the United States, through Europe, to Australia, the important finding is that people have doubts, skepticism, towards the entire health field, including the advanced use of medications. The high percentage of people with the most common illnesses that derived from higher civilization (20 to 40%) seek remedy along with traditional treatments (sometimes instead of it) in the areas of more and more popular alternative medicine. People often seek this alternative treatment with or without their doctor's knowledge, sometimes even when their doctors don't approve of it. Within the used tools, the herbs, so-called phytotherapeutic components lead the way in popularity. The yearly growth of the essential herbs very often reaches two digits in percentage [6-8].

The increasing interest of the population in these therapies also opened new opportunities for two big industries, the food and drug industries. In the United States, because of the unique way of controlling these two industries, and because of the preference of the population, entirely new market opened up for health food, functional food, dietary supplements causing great growth in both industries. In the beginning, these products contained vitamins, enzymes, minerals, which markedly aimed to correct the lacking and unhealthy food consumption. Later, the new products emerged, and today we can find herbs by the hundreds. In this development, the biggest names are also present as Nestle, Novartis, Johnson & Johnson, all profiting from the still new but quickly growing new market. New marketing structures, chain stores (health food shops) emerge; their turnover is enhanced by a fastgrowing multi-level internet line orders.

In Europe, the consumer's increasing interest for anything that's natural or plants based has been very inconsistent including present times. This includes all times and all countries. By tradition, Germany and France determine the

herb consumption of the continent. In these two countries, the natural herbs are provided by pharmaceutical companies, which make up 5-10 percent of the entire pharmaceutical revenue. This is an impressive number.

The quick growth of products, the known and not at all known herbs sometimes containing exotic ingredients but not having medical properties and qualities, are not without problems as far as circulation goes. The causes of this are the promotions that target the laymen unselectively and the unduly liberal market flooding with products, and lastly the market control. In the introduction of new medicines in the last two decades, the disproportionally strict demands for safety and harmlessness make it more difficult for new products to appear. However, for the products to be introduced of the so-called consumer health sector, a formal notification is needed to be backed up with the guarantee of the manufacturer responsibility. In Hungary, these products are the food supplements. Unfortunately, we too often experience what the food manufacturer's guaranty of responsibility. The result: in two years more than a thousand new products that were not in existence before, 80% imported from other countries, by distributors who were not necessarily well qualified. About these food supplements, neither the consumer nor the guards of the health have reliable, controlled information other than the word of the distributing companies. The assortment of products is just a maze for the laymen as professionals as well [8].

In the last ten years, there is a marked growth of literature regarding complementary medicine noticed by Medline, PubMed professional magazines. Between 1996 and 2002 twenty CAM-related articles and communications were published, out of this 7.6% included random clinical exams. Between 2003 and 2006 15481 articles were published, 5.9% of it in basic clinical scientific reviews. The random clinical experiences, meta-analyses, and summaries made 15.3% of this number. By 2011 they are more than 22000 articles published on this topic. Given above facts, we can easily see the need for quick and strict experiments, tests in this area to be able to inform the public based on the findings, so everyday people will be able to learn about these therapies [9].

The Cochrane Controlled Trial Register's present list contains 4000 random controlled tests (RTC) in the field of Complementary Medicine, and another 4000 are waiting to be completed. For example St. Johnsworth (herb) treating depression, acute puncture for patients with a migraine, chronic headache, osteopathy chiropractic therapies for neck pains, hypnosis against smoking, or homeopathy for influenza and cold, and so forth [10].

The WHO in 2002-2004 and in 2005-2010 issued suggestions for its member countries about complementary medicine, which state CAM/TM needs to be more part of the national health field, special guidelines, strategically experiments need to be implemented, and support needs to be given rationally and according to facts information needs to be supplied to the public concerning CAM/TM.

Although the scientific evidence is well known and excepted by the WHO concerning CAM, but the most heard vital question is which activity is professionally supported, well proved, and backed by scientific studies. Another important point is which branch of the complementary medicine should be used safely for the patient, without side effects, and which ones proved to be effective in healing the individual patients that are proved by scientific evidence.

The National Center for Complementary and Alternative Medicine (USA) was founded for above reasons years ago. The "Research Center for Complementary Medicine" (1983), "the Centre for CAM" (Karolinska Institute, Stockholm), Harvard Med. Uni. CAM Centre, Charitee University (Berlin), Southampton etc. also were for the same purpose, working hard for safe conduct and protection of patients, instead of full key questions under the rug, and achieve professionally acceptable solutions. Therefore, Systematic and standard assessment methods need to be established in complementary medicine as soon as possible. More and better quality clinical research need to be established (question remains, who is willing to sponsor this actions) Extended Evidence-Based-Medicine (EBM) method need to be established especially adapted for CAM [11-14].

Cam in Hungary – Recent Situation

By a survey done in Baranya County, the use of Complimentary Medicine is about 10-20% and 50-60% in the entire country a few years ago. By 2005 the receptiveness towards complementary grew to 30-50%. Characteristically these are the groups most significant in numbers that make up the participants: women, middle-aged people, more educated individuals, people in higher positions with higher income, and city dwellers. Taking advantage of CAM is more characteristic for older and sicker people, openness towards it is more usual in the younger and healthier individuals; the medical and not medical CAM service is similar in the line of usage and satisfaction. The 11/1997 Health Ministry policy and the 40/1997 governmental regulation regulates the functioning of the Complementary Medicine in our country. Consequently, the complementary medicine or natural healing is part of the health services and patient care. Anyone participating in these services, is the member of the health care, has to have required basic and professional credentials, has to meet the required responsibilities and has the rights that come with the package [15,16].

In 1998, 2002 and 2008 the Medical Department of the Hungarian Academy of Science (MTA) accepted as scientifically proven and medically curative the following branches that are practiced only by physicians after courses provided in medical universities closing final license exam:

- Traditional Chinese Medicine, (acupuncture and other parts of TCM),
- Manual medicine,
- Neural therapy

For other practices, like Ayurveda, Tibetan Medicine, Homeopathy, The Medical Group of MTA noticed for other

following part of CAM needed more scientific proof, argument, and EBM- researches.

Biophysical medicine, fasting cures they needed to have more proves, and scientific evidence; however, did not hinder their use in patient care. The only procedures it (MTA) found unscientific were the ones that were used in natural healing and conducted by instruments as diagnostic tools; therefore the previously famed and requiring medium qualifications, bioenergetic tests aren't even mentioned in the 2006 statute revision.

The Health Cabinet Minister formed a body of professional advisers, which is still in effect since 1997 as an Advisory Board for CAM. At the present time, in addition to the body of advisers, the representatives of the 4 Hungarian Medical Universities (Budapest, Debrecen, Pecs, Szeged), State Public Health Office (ÁNTSZ), National Office of Pharmacy (OGYI), revised the Hungarian statutes through three years of very hard work. The revision is checked with other authorities; it is waiting to be edited since the autumn of 2006 after 2 revisions.

In 2004 at a "Consensus Conference on CAM", where the representatives of the Hungarian Academy of Sciences (MTA), universities, and CAM profession were present, the departmental minister announced the foundation and work process starting of the Complementary Methods Center, as Institute for investigating and valuating different methods. This is still at a standstill, although seventh Frame Program of EU is interested in complimentary (www.cambrella.eu, CAMbrella Project, 7. FW FP-Health-2009 24951); and Poland, Austria, Germany, and the Czech Republic, Slovakia also would like to get acquainted with the Hungarian regulations in this area, presented by the Czech delegation. The unique CAM Department of Pecs University in Hungary was founded in 2008 with the task to establish a curriculum for medical students, (free for choosing with credit points), organizing courses for MDs, further education for MDs, contracting curriculums for no-medical doctors in CAM field providing more professional knowledge, starting researchers [16].

The branches, which don't require physician's diploma, and can be practiced by medium health field qualifications in natural healing are as follows:

- Acupressure
- Reflexology
- Eye-training (Bates method)
- Phytotherapy (herbal medicine)
- Complementary moving and massage therapy (Tuina, Shiatsu, Thai massage, Qigong, etc.)
- Integral physiotherapy (like Kneipp courses)
- Kinesiology, and
- Detoxicating acupuncture for the alcoholic or chemical dependent patients, (NADA).) this is the one invasive treatment which is allowed by no-MSs [17].

Everybody, working in the system, regardless of having a physician's diploma or a non-physician diploma; is a member

3

© Copyright iMedPub

of health care system. All of them have to have a license after taking tests issued by the National Health Controlling Office (ÁNTSZ), as having further permanent education evaluated by CME points in every 5 years 250. The tests (license certificate) are given at the universities, or secondary health education schools for no-medical doctors, (Institute for Further Health Education: ETI), if these institutions have such classes [17-20].

Expenditure on Healthcare

Spending in the health sector in Hungary in a year (2010) (in billion HUF, 1 Euro equal 312 HUF): The total expenditure is 1500 billion HUF of Hungarian Health Insurance, the patients covered additionally 1000 Billion HUF for their health, CAM-expenditure (involving all legal methods in Hungary) cca. 580 Billion HUF [9,10].

Conclusion

According to the WHO statement, the CAM is forced to build into academic medicine, but the way should have chosen individually in each country. Furthermore, the demand of patient, safeness of clients' needs control by responsible governmental offices.

References

- http://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp? fileid=16727&lang=en
- http://www.who.int/medicines/publications/traditional/ trm_strategy14_23/en/
- Ersdal G, CAM-CANCER consortium. How are European patients safeguarded when using complementary and alternative medicine (CAM)? Tromsø, Jurisdiction, supervision and reimbursement status in the EEA area (EU and EFTA) and Switzerland.
- http://whqlibdoc.who.int/hq/2001/
 WHO_EDM_TRM_2001.2.pdfhttp://whqlibdoc.who.int/hq/2001/WHO_EDM_TRM_2001.2.pdf

- Maddalena S (2005) Alternative medicines: on the way to integration? Comparative legal analysis in Western countries. University of Neuchâtel School of Law and Economics, Peter Lang Pub Inc, Bern p: 648.
- http://www.nhs.uk/NHSEngland/thenhs/about/Pages/ nhscoreprinciples.aspx
- Fønnebø V, Grimsgaard S, Walach H, Ritenbaugh C, Norheim AJ, et al. (2007) Researching complementary and alternative treatments--the gatekeepers are not at home. BMC Med Res Methodol 7: 7.
- https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=OJ%3AC %3A2007%3A306%3ATOC
- Ministry of Health, Hegyi G (2010) Meeting with MOH in Budapest and Gabriella Hegyi: PTE Pecs University Medical School CAM Departm, Chair of CAM Department, President of Hungarian Medical Acupuncture Association, Secretary of CAM Advisory Committee of Health Minister. Budapest.
- Hegyi G. CAM in Hungary 2010. In: Wiesener S, editor. Budapest 2010.
- 11. http://www.homeopathyeurope.org/countries
- ECCH (2011) The Legal Situation for the Practice of Homeopathy in Europe; An ECCH report. European Central Council of Homeopaths, Brussels.
- 13. ECHAMP (2007) Homeopathic and Anthroposophic Medicine: Facts and Figures. (2nd edn) ECHAMP, Brussels.
- Hegyi G (2006) Why should Complementary Medicine be regulated? IME, Hospital Management, p: 26-30.
- 15. Hegyi G (2008) Non-conventional procedures, complementary (alternative) medicine (CAM) site and development in Hungary. In: Hegyi G. Natural Cures, Complementary Medicine, K.u.K. Publisher, Budapest, p: 10-22.
- 16. www.cambrella.eu
- 17. http://phaidra.univie.ac.at/o:292161
- 18. http://phaidra.univie.ac.at/o:291585
- 19. http://phaidra.univie.ac.at/o:291584
- 20. http://phaidra.univie.ac.at/o:291583