

Welcome to CAMSTRAND 2010

This conference has been designed with the CAM research community in mind to offer support and direction in all phases of the research journey. The programme is designed for presentations to be brief so that the speaker can draw on the expertise gathered within the conference. We hope the spirit of the conference is one of sharing ideas, knowledge and experience so that the field of CAM research can grow in strength across the UK and Europe.

April Wednesday 21st Venue: University of Bristol, Cotham House BS6 6JL

13:00-16:00

Master class on grant writing

Led by Professor Kate Thomas & Dr Hugh MacPherson

This workshop is aimed at helping you win a grant to fund your CAM project. We will be addressing the key factors (beyond luck) that make a difference between success and failure. The workshop is led by Kate Thomas, who is a member of the commissioning board for the National Institute for Health Research (NIHR)'s Health Technology Assessment (HTA) programme, and Hugh MacPherson who has been awarded grants for research into acupuncture from the NIHR Research for Patient Benefit (RfPB) programme and from the NIHR Programme Grants for Applied Research programme. The focus will be on helping you achieve success in your grant-writing with either an HTA bid or an RfPB bid.

Presentations CAMSTRAND 2010

Oral

Investigating quantum coherence domains as possible physical explanation of high dilution effects – lab study/ under development. **Alex Tournier, Homeopathy Research Institute.**

Qualitative research methods as useful tools to explore Chinese Medicine in Beijing and London. **Xiang Liao, Beijing University of Chinese Medicine.**

Collaborating with the NHS to get funding for CAM research: the case of weight management programme in primary care. **Nicola Gale, University of Birmingham.**

Complementary medicine and safety: is there a standard for producing systematic reviews? **Karen Pilkington, University of Westminster.**

Supporting self-management of health in traditional acupuncture consultations. **Maggie Evans, University of Bristol.**

The experience of spiritual healing for women with breast cancer. **Fiona Barlow, University of Southampton.**

An experimental study on the effect of reflexology on the nervous system in healthy adults. **Ciara Hughes, University of Ulster.**

Poster

Patients' experiences of osteopathy and physiotherapy: The NHS versus private practice. **Katherine Bradbury, University of Southampton.**

An investigation into publication patterns in complementary and alternative medicine. **Karen Pilkington, University of Westminster.**

Herbal treatment of the menopause: reflecting on tools, strategies and outcomes. **Julia Green, herbal practitioner.**

Acupuncture for people with medically unexplained symptoms: practitioner perspectives. **Charlotte Paterson, Peninsula University.**

Comparing complementary health centres in the UK and Europe that use a combination of therapies. **Sarah Croke, University of Leeds.**

Exploring the effects of Reiki self-use on health literacy. **Helen Gibson, University of Leeds.**

Using traditional acupuncture to improve wellbeing in cancer patients with lymphoedema. **Beverley de Valois, Lynda Jackson Macmillian Centre.**

A pilot study to investigate the impact of auricular acupuncture on appetite. **Ann Bradford, University of Westminster.**

April Thursday 22nd 2010. Venue: Engineers House, Bristol BS8 3NB

- 9.00-9.45 Optional chi gung session
- 9.30-10.00 Registration
- 10.00-10.10 Welcome by Dr Lesley Wye & Dr. Elizabeth Thompson
- 10.10-10.50 Keynote lecture: ***From the margins to mainstream: getting unfashionable research funded.*** Professor Gene Feder, University of Bristol.
- 10.50-11.45 Coffee & posters
- Session one:** Chaired by Professor Nicky Robinson
- 11.45-12.15 **Investigating quantum coherence domains as possible physical explanation of high dilution effect.** Alexander Tournier, Homeopathy Research Institute.
- 12.15-12.45 **Qualitative research methods as useful tools to explore Chinese Medicine in Beijing and London.** Xing Liao, Beijing University of Chinese Medicine.
- 12.45-13.45 **Lunch**
- Session two:** Chaired by Dr Catherine Zollman
- 13.45-14.15 **Collaborating with the NHS to get funding for CAM research: the case of weight management programme in primary care.** Nicola Gale, University of Birmingham.
- 14.15-14.45 **Complementary medicine and safety: is there a standard for producing systematic reviews?** Karen Pilkington, University of Westminster.
- 14.45-15.15 **Supporting self-management of health in traditional acupuncture consultations.** Maggie Evans, University of Bristol.
- 15.15-15.45 Tea & cake
- Session three:** Chaired by Dr Celia Bell
- 15.45-16.15 **The experience of spiritual healing for women with breast cancer.** Fiona Barlow, University of Southampton.

16.15-16.45

An experimental study on the effect of reflexology on the nervous system in health adults. Ciara Hughes, University of Ulster.

16.45-17.00

Closing comments: Professor Debbie Sharp

Abstracts for oral presentations

INVESTIGATING QUANTUM COHERENCE DOMAINS AS A POSSIBLE PHYSICAL EXPLANATION OF HIGH-DILUTION EFFECTS. A. L. Tournier. Homeopathy Research Institute, UK.

There is presently no accepted scientific theory of how the high-dilutions involved in homeopathy might carry any physical effect, let alone a therapeutic effect. Several lines of enquiry have been followed over the years with little success. One first such theory hypothesises the presence of complex water structures, created and propagated through the dilution/succussion process. The problem with such a hypothesis is that our current physical theories predict such structures would not be stable for more than a few picoseconds at best and hence these structures would not be able to account for the long term effects reported for homeopathic dilutions. Another approach is to use a generalisation of quantum theory, the so called Weak Quantum Theory (WQT) and consider the quantum entanglement between the remedy, the patient and the practitioner. However, these latter theories do not make physical predictions, making them hard to prove or disprove. This highlights the strong need for a testable theory of high-dilutions, which this proposal aims to address through the investigation of Quantum Coherence Domains (QCDs).

Giuliano Preparata (1942-2000), an Italian theoretical physicist at the university of Milan, hypothesised the presence of QCDs in room temperature condense matter. QCDs emerged out of Preparata's extension of Quantum Electro-Dynamics to include interactions with external Electromagnetic (EM) fields. In the case of water these hypothesised QCDs would be small volumes of water each one acting as a single quantumly coherent entity. The prediction is that at room temperatures these QCDs would account for 28% of the volume, while the average size of a QCD would be $\sim 250\text{\AA}$.

These QCDs have interesting properties in terms of a potential explanation of the phenomena linked to high-dilutions. These QCDs are predicted to capture the EM fields present at the time of their creation. This process could, in principle, capture the specific EM signature of any given substance. The serial dilution/succussion process involved in homeopathy could then be seen as a way of propagating QCDs around a sample (through succussions or, equivalently, vortexing) and eventually removing all trace of the original substance (through dilutions).

QCDs are currently being investigated as a potential explanation of a number of anomalous behaviours reported in experiments investigating solvation effects. In the context of high-dilutions a number of experiments have already reported some effects, although not in a fully reproducible way. In terms of QCDs being potentially present in high-dilutions, there is presently no solid experimental setup designed to investigate their presence and associated properties.

We propose to firstly investigate the theory of QCDs, extracting from it experimental observables, secondly, to design the appropriate experimental setup, and finally, to carry out the tests in the laboratory. A number of existing experimental observations provide us with strong hints as to how to approach the theory in view of extracting such observables.

The proposed research could provide the underlying theory and physical experimentation necessary to explain high-dilution effects, including homeopathy.

Dr Tournier studied Physics, specialising in Quantum Theories before writing his PhD on protein solvation effects.

QUALITATIVE RESEARCH METHODS AS USEFUL TOOLS TO EXPLORE CHINESE MEDICINE IN BEIJING AND LONDON. Xing Liao, Beijing University of Chinese Medicine.

Background

In 2006 the Chinese government provided funding to support qualitative research on Chinese Medicine (CM) practice as part of the National Basic Research programme of China. This was the first time funding had been provided for this type of research methodology. Unlike the Western anatomical model, CM is largely based on the philosophical theory that the human body consists of sophisticated interconnected systems which work to balance and maintain the healthy functioning.

In China, CM practitioners are able to make both Western and Chinese medicine diagnosis and treatment and CM is a speciality within the broader organisation of Chinese Health care. These differences stimulated collaborative research between Beijing and London to compare CM practitioner experiences between the countries.

Aim

To use a qualitative approach to explore CM practitioners' practice by understanding their experience, knowledge, diagnosis and treatment principles for chronic disease; examining such practice impacts on patients and identifying difficulties in conducting qualitative research in CM.

Methods

A purposive sample of 14 doctors and 18 patients with chronic health problems were selected from endocrinology at five hospitals in Beijing. Semi-structure interviews were conducted with doctors and patients as well as 41 observations of the same doctors within their routine clinical practice. Verbatim transcripts were typed and analyzed, using a framework approach. 14 CM practitioners will be interviewed in London during the next phase, to compare experiences and knowledge. This phase will be informed by the results of the Beijing analysis.

Preliminary Findings

Preliminary framework analysis has been identified various key themes: (1) for CM practitioners: 'personal attitudes' 'foundation of CM practitioners (knowledge about WM and CM; social and culture factors), experience (learning and practice), practice (various treatment techniques and thinking styles), outcome evaluation (quality and effects) and outlook (the future of CM development); (2) from patients attitudes to CM hospital treatment, reasons for choosing CM treatment and access to and experience of CM treatment; (3) from the observations: communication between CM practitioners and patients (practice information and daily life information), relationship between practitioners and patients (trust and dependence), and health related behaviours.

Discussion

Authors' preliminary experiences showed that qualitative research methods are useful to study the complicated context of the CM doctors' practice. These primary findings will provide indications for the next stage of the research examining similar issues from the experience and perspective of CM practitioners in London and comparing differences between those in Beijing and London. The methodological issues identified, will be shared with those who maybe interested in using qualitative research in CM.

Supported in part by the National Basic Research Programme of China ('973' Programme, grant number 2006CB504602)

COLLABORATING WITH THE NHS TO GET FUNDING FOR CAM RESEARCH: THE CASE OF A WEIGHT MANAGEMENT PROGRAMME IN PRIMARY CARE Nicola Gale, Jane Wilkinson, Karla Hemming. University of Birmingham.

Background

Reflecting guidance on the design and evaluation of complex healthcare interventions from the Medical Research Council, a team of clinicians, service development consultants and academics collaborated to develop a weight management programme that could be integrated into general practice, using CAM approaches. The costs of evaluating the service were built into the initial business plan presented to the PCT.

Aims

- ❖ To establish whether an innovative weight management programme using CAM reduces BMI and improves patient outcomes
- ❖ To analyse the participant experience of the programme
- ❖ To contribute to the development of the programme by feeding back results formatively (including preparing a report for the PEC of the PCT).
- ❖ To prepare a funding bid for a formal scrutiny of the service

Methods

A mixed methods evaluation approach was used. This included a quantitative 'before and after' study considering clinical, psychological and patient-recorded outcomes (which were analysed using paired T-tests/ Wilcoxon signed-rank test) and a formative qualitative component, including identifying problems with implementation and consulting patients' on their views and experiences of the service.

Results

Statistically significant improvements were seen (at 5% significance level) across clinical and patient-recorded outcomes. On average, patients lost 4.36 kilograms (SD=3.14), their BMI reduced by 1.55 kg/m² (SD=1.24) and their waist circumference reduced by 8.25cm (SD=6.56). On a 7-point scale, wellbeing and the primary self-reported symptom improved by 2.24 (SD=1.64) and 3.12 (SD=2.18) respectively. The presentation will also discuss cost-savings, patient experience and patient input into the development of the service.

Discussion

The presentation will outline the authors' experiences of developing a NIHR-Research for Patient Benefit bid and will discuss the practical implementation of three key ideas that are vital in gaining funding in the current research climate:

- collaboration
- engagement
- impact

COMPLEMENTARY MEDICINE AND SAFETY: IS THERE A STANDARD FOR PRODUCING SYSTEMATIC REVIEWS? Karen Pilkington and Anelia Boshnakova.

University of Westminster.

Background

Systematic reviews have become the major focus in the effort to achieve evidence-based healthcare where decision-making is based on high quality, relevant research. Development of methodology in this area has been led by organisations such as the international Cochrane Collaboration which encourages consideration of safety as part of Cochrane systematic reviews. To date, many systematic reviews of complementary therapies and approaches have been conducted and published. Initially, the main focus was primarily on the effectiveness of the various interventions and hence evidence from clinical trials. The focus has moved to some extent to the assessment of the safety of interventions. This is seen particularly in the areas of acupuncture and herbal medicine. For a comprehensive assessment of safety a wider range of information is required, including data from, for example, individual case reports. This in turn requires retrieving information from a wide range of sources. Finally, some form of assessment of the likelihood of the particular agent or therapy in causing any adverse effect is required.

Aim

The aim of this study is to examine the methods used in systematic reviews of safety across a range of complementary therapies.

Methods

Safety reviews included on NHS Evidence – complementary and alternative medicine will be retrieved. Data will be extracted using a pre-prepared template. Information extracted will include details of search strategies, sources, and (if available) the procedure used to assess the likely association between the product or therapy and any adverse effect. Data extraction will be carried out by one researcher and a check for accuracy by a second researcher. Methods will be assessed against criteria based on guidance provided by the Cochrane Adverse Effects Methods group.

Discussion

It is particularly important that reviews of safety are comprehensive as the omission of information on rare but serious effects may be significant. However, data on adverse effects for complementary therapies has not generally been systematically collected and is particularly difficult to locate. Therefore, more sophisticated strategies for identifying relevant information are likely to be required. Similarly, assessment of causality in the case of complex interventions is likely to be challenging. The results of this study will be presented and it is anticipated that these will inform the future development of methodology for safety reviews in the area of complementary and alternative medicine.

SUPPORTING SELF-MANAGEMENT OF HEALTH IN TRADITIONAL ACUPUNCTURE

CONSULTATIONS. Maggie Evans, Charlotte Paterson, Richard Bertschinger, Russ Chapman, Rosemary Norton, Jane Robinson, Lesley Wye. University Of Bristol.

Background

Interview studies, of both patients and practitioners, indicate that self-care advice is integral to traditional acupuncture consultations and may differ from that provided in biomedical consultations. Observational studies are lacking.

Aims

To address some of the methodological issues associated with observing and analysing traditional acupuncture consultations and to begin exploring communication about self care within them.

Methods

The research was nested within a process of group enquiry, in which a group of acupuncture practitioners and researchers discussed their practice and developed the protocol. Following ethical approval and the employment of an independent researcher, the four practitioners each audio-taped a convenience sample of 4-6 routine consultations: 21 consultations of 30-90 minutes length were audio-taped. The researcher carried out semi-structured telephone interviews with 10 of these patients. Analysis of the linked consultation and interview data has focussed on the dialogue of the consultation (using the concepts of conversation analysis) and a thematic analysis of issues emerging in the interviews.

Results

The group enquiry helped to overcome most, but not all, of the initial practical, ethical and technical concerns of the practitioners. A preliminary analysis of the consultations has led to an exploration of how practitioners and patients initiate different types of talk – ‘self-care talk’, ‘acupuncture talk’, ‘social talk’ and ‘symptoms talk’ – and how these interweave with the physical examination and needling. Further analysis of the ‘self-care talk’ will include issues of engagement, mutuality and its relationship to the underpinning assumptions and explanations of patients and practitioners. The importance of non-verbal communication, mainly unavailable using audiotapes, is also being assessed.

Conclusion

The communication strategies used to promote self-management for health within traditional acupuncture consultations appear to be different from those used in biomedical consultations and offer new insights to inform the debate about effective practice in this area.

THE EXPERIENCE OF SPIRITUAL HEALING FOR WOMEN WITH BREAST CANCER.

F.V. Barlow, F Biley, J Walker, G Lewith. University of Southampton.

Background

After initial treatments for breast cancer (surgery, chemotherapy, radiotherapy); a majority of women will be prescribed hormonal therapy for up to 5 years. This conventional therapy has physiological side effects that include menopausal symptoms, hot flushes, joint aches, and psychological effects that include stress/ anxiety, depression and lack of motivation. Evidence suggests that a substantial number of patients seek a respite from the side effects by not taking their medication for a short period.

Spiritual healing, probably the oldest documented medical intervention, is widely available and widely used, but is a neglected area of research. Whilst the exact mechanisms are not understood and healers make no claim to cure breast cancer, evidence suggests that Spiritual healing as a complementary therapy could support women whose quality of life is adversely affected by the side effects of their treatments. This research investigated Spiritual healing as a complementary therapy to support the effective delivery of conventional medical care for women with breast cancer who experienced adverse reactions to their hormonal adjuvant therapy.

Methods

Rigorous research into Spiritual healing poses many methodological challenges as the dose, response rates and how long the effects of healing last are unknown. Previous studies which have addressed the quality of life of women with breast cancer, have relied on a battery of quantitative outcome measures administered periodically throughout the study to measure predefined Quality of Life variables. This qualitative study used Unitary Appreciative Inquiry methodology which allows emerging trends were verified with all participants. Twelve breast cancer patients who were struggling with the side effects of their hormonal treatments were given 10 weekly Spiritual healing sessions by qualified healers adhering to the National Federation of Spiritual healers and UK Healers guidelines for practice.

Results

The healing sessions alleviated many of the physiological side effects and women talked of feeling empowered or experiencing a sense of serenity, which lasted between healing sessions and for varying lengths of time after the course of healing was complete. None of the women on the study were tempted to stop taking their hormonal treatment.

Conclusion

This study suggests that Spiritual healing may complement conventional care and improve adherence to potentially unpleasant conventional treatments. However more systematic and rigorous research is needed

Funded by Harry Edwards Healing Sanctuary. Guildford

AN EXPERIMENTAL STUDY ON THE EFFECT OF REFLEXOLOGY ON THE NERVOUS SYSTEM IN HEALTHY ADULTS. C.M. Hughes, S.M. McDonough. University of Ulster.

Background

Reflexology has been shown to reduce anxiety and stress in various populations. The mechanism by which this occurs may be in modulating ANS function; however there is limited evidence available in the area.

Methods

A feasibility study into the effect of reflexology on the nervous system was conducted by our research group. Mental stress was induced before and after intervention. Participants in the reflexology group received 20 minutes of reflexology, the control group received 20 minutes of relaxation with a therapist holding the participants' feet. The outcome measures, Heart rate and Blood pressure, were measured throughout mental stress testing, intervention and a second period of mental stress testing following intervention.

Results

Results from a feasibility study demonstrated significant reductions in SBP (22%; $P=0.03$) and in DBP (26%; $P=0.01$) during mental stress following reflexology compared to the stress period prior to intervention. In contrast there was a 10% reduction in SBP ($P=0.03$) but a 5% increase in DBP ($P=0.67$) during the period of mental stress following the control intervention compared to results obtained during mental stress prior to this intervention. However there were no significant differences between reflexology and control groups.

Discussion

It is therefore proposed to carry out a fully powered study which may provide evidence for the physiological effects of reflexology. Questions for consideration within a fully powered study will include: Should the length of intervention time be increased to 45 minutes as a more suitable clinical approach? Should multiple intervention sessions be employed? What is an appropriate sham intervention for reflexology?

Abstracts for poster sessions

PATIENTS' EXPERIENCES OF OSTEOPATHY AND PHYSIOTHERAPY: THE NHS VERSUS PRIVATE PRACTICE. Katherine Bradbury, Felicity Bishop, George Lewith, Lucy Yardley. University of Southampton.

Background

Research indicates that the healthcare sector (NHS or private practice) that treatment is delivered in may play a role in patients' experiences of treatment. However, it is not yet clear whether the healthcare sector could affect patient experience in the same way across different treatments. Although patients' experiences of complementary therapies have been described, the healthcare sector has rarely been taken into account. Therefore, we investigated the role of the healthcare sector in patients' experiences of both complementary and mainstream physical therapies.

Aim

To explore the similarities and differences between patients' experiences of osteopathy (a complementary therapy) and physiotherapy (a mainstream therapy) for lower back pain when they are delivered in the NHS and private practice.

Methods

Patients who had experienced osteopathy or physiotherapy within the NHS or private practice took part in qualitative semi-structured interviews about their treatment experiences. Participants were recruited through practitioners and chronic pain groups to ensure a range of experiences. Data were analysed with thematic analysis and charting techniques adopted from framework analysis.

Results

Patients experienced mutual and supportive relationships and holistic care within osteopathy treatments in both healthcare sectors and within private physiotherapy. Physiotherapy delivered in the NHS was described as less holistic and relationships were more frequently reported in paternalistic terms. Private and NHS treatments differed in the amount of perceived choice and control available to the patient. Perceptions of vulnerability also differed between the two healthcare sectors with private treatments seen as having financial vulnerability attached to them. Patients often preferred treatments in which their practitioner physically treated them (e.g. spinal manipulation) as opposed to treatments which focussed solely on teaching the patient exercises. Physiotherapy within the NHS was seen as being mainly about teaching generic exercises and was therefore seen as less credible than the other three treatments.

Discussion

This analysis suggests that NHS environment impacts on patients' experiences of treatment, but that this happens differently within physiotherapy and osteopathy. Potential reasons for this and directions for future research are discussed.

AN INVESTIGATION INTO PUBLICATION PATTERNS IN COMPLEMENTARY AND ALTERNATIVE MEDICINE Karen Pilkington and Anelia Boshnakova. University of Westminster.

Background

Several previous studies have investigated publication patterns in the field of complementary and alternative medicine (CAM) research. These studies have focused on identifying sources of reports of randomised controlled trials (RCTs) of CAM in general, specific therapeutic interventions such as yoga, specific population groups (children) or conditions (HIV/AIDS and psychiatric disorders).

Aims

This study aims to provide an insight into publishing patterns for CAM research on various topics in order to:

Identify the core journals for identifying CAM systematic reviews and RCTs

Determine the extent of overlap of the databases that index these journals

Provide better access to relevant CAM research

Inform researchers of the most appropriate journals to publish future research reports

Methods

All systematic reviews, RCTs and other relevant studies included in the 2008 and 2009 Annual Evidence Update on CAM for depression published by NHS Evidence – complementary and alternative medicine will be retrieved. Data will be extracted using a pre-prepared template. Information extracted will include details of journal type, journal name, peer-reviewed/ impact factor, publisher/country of publication, language, and database(s) where journal is indexed. Data extraction will be carried out by one researcher and a check for accuracy by a second researcher. This process will be repeated for other areas covered recently in evidence updates produced by NHS Evidence – complementary and alternative medicine. These will include specific therapies (e.g. acupuncture) and specific conditions (e.g. low back pain).

Results

Preliminary findings suggest that, as expected, the majority of research papers are published in CAM or psychiatry/psychology journals. Patterns vary for different therapies: many of the papers on acupuncture are found in Chinese journals while studies of herbs are found in phytotherapy or pharmacology journals. Further analysis of these findings will reveal whether there have been changes in publication patterns and which journals currently act as a valuable source of CAM research.

Discussion

Patterns of publication of CAM are likely to be of interest to those who need to find relevant research as well as those conducting research. The findings from this study will enable better targeting of searches when conducting systematic reviews and an indication of targets for publication by researchers in the field of CAM.

HERBAL TREATMENT OF THE MENOPAUSE: REFLECTING ON TOOLS STRATEGIES AND OUTCOMES. Julia Green, Alison Denham, Sue Hawkey, Jennifer Ingram, Rosemary Greenwood. University of Central Lancashire.

Background and methods

We report further results of a randomised waiting-list controlled pilot study of the 24 weeks treatment by herbal practitioners of women (45, aged 46-59) during the menopause, follow up twelve months year after entry and discuss the choice of outcome measures in investigations in complementary medicine. Change in menopausal symptoms was measured using the self-administered Greene Climacteric Scale.

Results

There was a 9.05 point decrease ($p < 0.001$) in the total Greene score in the treatment group (15 women) compared with the control group (30) and a 8.6 point decrease ($p = 0.012$) in the total Greene score after treatment for the 21 women in the waiting-list control group who took up the offer of treatment. The participants in the clinical trial found the Greene Scale convenient to use.

Here we present the results of the questionnaire administered 12 months after the date at which each woman entered treatment. During the 18 weeks between the end of treatment (24 weeks) and one year after entry menopausal symptom scores did not change significantly: there was a 2.45 point decrease ($p = 0.334$) in the immediate treatment group and a 0.1 point decrease ($p = 0.969$) in delayed treatment group scores.

Discussion

The results from the questionnaire administered after the end of the trial show that the improvement in symptoms was not lost when treatment discontinued. It therefore, for little extra effort or costs, increased the value of the information collected. Recent clinical trials define a difference of 7 to 13 points as clinically useful and there has been further validation of the Greene Climacteric Scale (Chattha et al 2008, Travers et al 2005). When this trial was planned, there was little published data using the Greene Climacteric Scale whereas we can now compare our findings with other clinical trials.

Conclusion

The Greene Climacteric Scale proved to be sensitive to change, and thus it was possible to evaluate holistic herbal practice in the context of primary care. Given the limited funding and resources available, and criticisms of the quality of clinical trials in complementary medicine, such methodological questions are central to developing a research culture in complementary medicine.

References

- Chattha R, et al. (2008) Factor analysis of Greene's Climacteric Scale for Indian women. *Maturitas* Vol. 59, No.1, pp. 22-2
- Green J, et al. (2007) Treatment of menopausal symptoms by qualified herbal practitioners: a prospective, randomized controlled trial *Family Practice* Vol. 24, No. 5, pp. 468-474.
- Travers C, et al (2005) Greene Climacteric Scale: norms in an Australian population in relation to age and menopausal status *Climacteric* Vol. 8, No.1, pp. 56-62.

ACUPUNCTURE FOR PEOPLE WITH MEDICALLY UNEXPLAINED SYMPTOMS: PRACTITIONER PERSPECTIVES Charlotte Paterson, Nicky Britten, Sue Rugg. University of Exeter.

Background

80 people with medically unexplained symptoms, living in socio-economically diverse communities in London, were referred by their general practitioners (GPs) and participated in a randomised trial with a 'waiting list' control. They all received up to 12 sessions of five-element acupuncture, delivered by practitioners according to their normal practice, in their local GP surgery (4 surgeries in the trial).

Methods

All 8 practitioners provided written summaries of each 'case' at the end of treatment and 7 of them participated in a focus group which was recorded, transcribed and analysed thematically. The analysis focused on the practitioners' experiences of treating these people in terms of the study population – different from practitioners private practice population – and the potential constraints of a research trial context.

Results

Patients were perceived as often desperate for help, especially with chronic pain that often had underlying emotional problems. Themes of participation, passivity and responsibility ran through the focus group discussion. Study patients generally required more education than private patients about acupuncture and the need to participate both within the sessions and with 'homework'. Yet many of them were grateful for the time and respect devoted to them and over time the treatment was seen to shift their energy and make them 'want to do what was beneficial and healthy for them'. The practitioners were generally agreed that it was difficult to predict who would benefit from the treatment, who would '*go flying with it, and turn their life around*'. Neither the conditions themselves, nor the patient / practitioner rapport were an indicator of who would benefit over others. Most of the practitioners agreed that the twelve treatments over 6 months was a good start, and that they had achieved something with their patients. However, many patients were still improving at the end of treatment and needed continuing, albeit infrequent, maintenance treatment.

Discussion

People with medically unexplained physical symptoms present a considerable therapeutic challenge that acupuncture practitioners felt privileged to be engaged with. The pragmatic trial design enabled practitioners to engage many patients in participating in their treatment and in lifestyle change, but this required more time than with fee-paying patients who had educated themselves beforehand. Patients had long-term complex health problems, encompassing physical, emotional and spiritual dimensions that often required ongoing infrequent maintenance treatment.

COMPARING COMPLEMENTARY HEALTH CENTRES IN THE UK AND EUROPE THAT USE A COMBINATION OF THERAPIES. S. Croke, University of Leeds.

Background

There is currently a movement within the international healthcare community whereby CAM (Complementary and Alternative Medicine) is being integrated with conventional western medicine to create 'Integrative Medicine', an approach that aims to combine the best of CAM with the best of conventional medicine. However, in society there remains much confusion about what CAM actually is, while in academic circles there is as yet no tangible meaning attached to the term 'best of CAM'. Furthermore, investigations into the practice of CAM have recognised the individuality of the patient and their treatment, but have neglected to examine the individuality of the practitioner and the effect this may have on treatment application and outcomes. This issue is particularly pertinent to the international study of CAM where differences in culture and legislation may impact on service delivery and ultimately patient experience of CAM. Much effort is being spent on designing and conducting clinical trials to show the effectiveness of CAM approaches for specific patient groups, however the transferability of these results to other countries will depend on the congruency of practitioner training, philosophies and even practice settings, which needs to be clarified.

Methods

My broad question is "what are the realities of CAM practice?" and within this I also hope to explore how a practitioners' personal attitude and experiences translate into their professional practice. At this stage I am looking to employ ethnographic observation and in-depth interviews as my primary research tools, recognising and developing the strengths and experiences that I, as principal investigator, can bring to the research. Thereby 3 perspectives (researcher, practitioner and patient) can be combined to present as complete a picture as possible of CAM clinical practice in different settings. The aims of the research appear to sit well within the theories of phenomenology and Whole Systems Research and the choice of data collection methods currently identified are congruent with these theories. A comparison of UK and European settings is timely due to a recent funding award from the European Commission of €1.5m to develop a new EU framework for CAM research. The volume, range and recruitment of settings have yet to be determined.

Discussion

In documenting the realities of life within CAM health centres (e.g. context, process, philosophies, choices and experiences of players) I aim to highlight any similarity and/or diversity that exists in the organisation of CAM, the application of therapies and the experience of delivering and receiving those therapies, located within the appropriate cultural and legal framework. The many potential applications of this study include the ability to inform the debate surrounding occupational standards in CAM, as practitioner differences may not be simply down to variations in training standards; to advise on transferability of clinical outcomes across international boundaries; contribution to the development of a common language in CAM and clarification regarding what CAM practice is. If what we (as practitioners) do in clinical practice is influenced as much by our personal experiences as by our clinical training then appreciating our differences is the first step in developing dialogue within and between therapeutic and geographical boundaries. The impact of this study is likely to be wide and have use for researchers, practitioners, patients, physicians and funding bodies.

EXPLORING THE EFFECTS OF REIKI SELF-USE ON HEALTH LITERACY

Helen Gibson, Andrew Long, Cath Jackson, Jill Edwards. University of Leeds.

Background

Health literacy is little explored within research on the effectiveness of complementary and alternative medicine (CAM). This is despite the increased use of CAM, its emphasis on raising awareness about health and healing and its potential to promote health and wellbeing. Reiki is a 'hands-on' complementary therapy that can be learned by anyone and regular self use of Reiki as a means of self care is a key component of Reiki teaching. This research aims to address the research question: 'Can learning and self-use of Reiki enhance health literacy?'

Methods

This research is a two phased qualitative study predominantly using interviews. The first phase aims to explore with Reiki teachers what health literacy might be in the context of Reiki. Building on a theoretically grounded model of Reiki health literacy developed by the authors, a set of 10, in-depth interviews have been conducted with a purposive sample of experienced, Reiki Master, teachers. The interviews explored the skills and knowledge taught in Reiki practice and the benefits of learning and self use of Reiki with the aim of refining the model of Reiki health literacy. Interviews are being analysed and informed by a qualitative content analysis and thematic analysis. The second phase of the research will use interviews to explore with Reiki practitioners the benefits they derive from self use of Reiki and how Reiki helps them to manage their health.

Preliminary Findings

Analysis of the interviews from phase one of the study is currently being undertaken. Preliminary findings suggest that students of Reiki are taught vital skills that assist with their personal health management. Reiki teachers described teaching a range of easily learnt skills including how to self treat with Reiki, how to 'send' Reiki and how to sense energy. Participants reported that Reiki practice induced a sense of calmness and relaxation; it was conceived of as 'empowering' and it enabled some participants to take greater responsibility for their health. These preliminary findings are consistent with the model of Reiki health literacy.

Discussion

A refined model of Reiki health literacy is being devised. This will be further explored and applied within stage 2 of the research, with a sample of individuals who self use Reiki. The refined model and its further exploration has the potential for enhancing understanding of health literacy within the field of CAM and in clarifying the potential for Reiki to be used as a self-care intervention to enhance health literacy, health and wellbeing.

USING TRADITIONAL ACUPUNCTURE TO IMPROVE WELLBEING IN CANCER

PATIENTS WITH LYMPHOEDEMA. Beverley de Valois, Teresa Young, Elaine Melsome, E J Maher. Lynda Jackson Macmillan Centre, UK.

Aim

To investigate acceptability and effects of traditional acupuncture to promote wellbeing and improve quality of life for people with upper body lymphoedema.

Methods

Breast (BC) and head and neck (HNC) cancer patients participated in focus groups to identify symptoms and discuss acceptability of acupuncture. An exploratory, single-arm observational clinical study measured the effects of treatment on symptoms prioritised by participants, using the validated, patient-centred, Measure Your Medical Outcome Profile (MYMOP). Acupuncture treatment did not aim to treat the lymphoedema and needling was avoided in the affected area. In follow-up focus groups, participants discussed acupuncture's effects and acceptability as an adjunct to usual care for lymphoedema.

Results

27 BC and 8 HNC participants received 420 acupuncture treatments (maximum 13 per participant). BC participants prioritised lymphoedema-related symptoms (arm pain, heaviness, discomfort) as well as musculoskeletal and psychological symptoms (stress, anxiety, insomnia, distress). HNC participants prioritised musculoskeletal and psychological symptoms. MYMOP scores evaluated after 6 and 12 treatments showed significant statistical and clinical improvements. In follow-up, many participants reported that acupuncture improved their wellbeing, in turn enabling them to manage their lymphoedema more effectively. Acupuncture was well tolerated, with no significant adverse effects observed or reported.

Conclusion

Acupuncture appears to be a safe adjunctive treatment to usual care for lymphoedema. By reducing the symptom burden, acupuncture has the potential to help patients cope with their condition, and facilitate better self-management.

Acknowledgements

Funded by the national Institute of Health Research (NIHR) Research for innovation, speculation and Creativity (RISC) programme.

A PILOT STUDY TO INVESTIGATE THE IMPACT OF AURICULAR ACUPUNCTURE ON APPETITE. Ann Bradford. University of Westminster.

Background

Auricular acupuncture has been identified as a possible method for modulating appetite and suggested as a cost effective adjunct to current treatments.

Aim

To investigate changes in reported feelings of hunger and satiety in fasted subjects after auricular acupuncture. Findings will inform further studies into acupuncture-based treatments for appetite related issues.

Methods

Design: Randomised, controlled, pilot study; forty participants randomised to fasted control and intervention groups (n=20 per group).

Intervention: A 5-point unilateral auricular acupuncture procedure was applied to an intervention group; needles left in-situ for 15 minutes.

Main outcome measures: Self-reported feelings of hunger and satiety using Hunger Visual Analogue Scales (HVAS).

Results

At 30 mins post treatment differences were observed on 3/5 of the questions in the HVAS. Compared to controls, the test group showed a decrease in appetite although it did not reach significance, with the idea of eating becoming less pleasant, No further differences between the groups were observed.

Conclusion

Auricular acupuncture leads to a reduction in feelings of hunger and increased satiety. These results suggest that larger studies are warranted.

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