# Annual Technical Report of WHO Collaborating Centers (WHO CC) for Traditional Medicine

- This is for information-sharing among WHO CCs for Traditional Medicine only. It DOES NOT replace the annual progress report required by WHO.
- Please include information for the 12 months of the calendar year stated below.

Year of Report: 2011 and 2012

#### **Information on WHO Collaborating Centers:** *\* this information is open to the public through the WHO website*

*Ref. number	NOR-20	
*General Information	Currently registered in WHO database*	Please describe new information if any changes occurred during this reporting period
*Name of Institution	National Research Center in Complementary and	
	Alternative Medicine (NAFKAM)	
	University of Tromso	
*Name of Director	Professor Vinjar Fonnebo	
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*Phone	+47 77 64 66 50	
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*E-mail	vinjar.fonnebo@uit.no	
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	www.nifab.no	
Communication focal point	Currently designated person	Please describe new information if any changes occurred
with WHO/TRM/HQ		during this reporting period
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Title	Administrative manager of the WHO Collaborating	
	Centre	
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Fax	+47 77 64 6866	

### 2011

		Type of Activities								
		International Activities				Domestic Activities				
Subjects		Y/N	Number of countries attending	Number of students *** (total)	Y/N	Number of students*** (total) e.g. UG 200, MSc 100, PhD 10, Postdoc 10, others 27	Duration of training <u>e.g. UG-5yrs, MSc-3 yrs</u>			
Herbal medicines (including animal and mineral materials)		N			N					
Traditional medicine (please specify the name of traditional medicine): Traditional Chinese Medicine		N			N					
Homo	Homoeopathy N				Y	5				
Acupt	Acupuncture				N					
	Chiropractic	N			N					
Manual	Osteopathy	N			N					
therapies	Tuina	N			Ν					
	Others (please specify)	N			N					
Others (such		N			Ν					
as Yoga, Taiji, spiritual therapies) <u>please specify</u>										

\*\* This page may be modified as needed by individual institutions.
 \*\*\* clarify whether the number of students indicated refers to the total number or to newly recruited students only.

### 2012

		Type of Activities					
			International A	Activities		Domestic Activ	
Subjects	Subjects		Number of countries attending	Number of students *** (total)	Y/N	Number of students*** (total) e.g. UG 200, MSc 100, PhD 10, Postdoc 10, others 27	Duration of training e.g. UG-5yrs, MSc-3 yrs
Herbal medicine animal and mine		N			N		
Traditional med specify the name medicine): Com alternative medi	e of traditional plementary and	Y	6	18	N		
Homo	eopathy	Ν			Ν		
Acupt	uncture	N			N		
	Chiropractic	Ν			N		
Managal	Osteopathy	Ν			N		
Manual therapies	Tuina	Ν			N		
	Others (please specify)	N			N		
Others (such		Ν			N		
as Yoga, Taiji, spiritual therapies)							
please specify							

\*\* This page may be modified as needed by individual institutions. \*\*\* clarify whether the number of students indicated refers to the total number or to newly recruited students only.

TRM/HDS/HSS/WHO - December 2009 (revised format agreed upon at the 5<sup>th</sup> Meeting of Directors of WHO CCs for TRM)

#### **Research Activities**

- 1. To promote communications and information exchange in the field of Traditional MedicineIComplementary and Alternative Medicine (TMICAM) through maintaining and updating the Centre's database of TMICAM.
- 2. To promote research, particularly of clinical study of TM/CAM through organizing training programmes/workshops/symposiums on research approaches and evaluation of TMICAM.
- 3. To develop principal and appropriate methodology for clinical research and evaluation of safety and efficacy of TM/CAM, through cooperation with WHO and other research institutions worldwide.
- 4. To engage in international collaborative efforts, and to provide consultation relative to CAM research and training, upon the request of WHO.

For research projects that last more than one year, annual progress including outcomes of research, such as publications should be provided

List term(s) related to research according to the	List research projects giving a very brief description on this year's main progress/achievements on research	Interna	tional Cooperating Research
current terms of reference	For research projects of more than one year, please indicate with an * and give the duration of the research project as a footnote	Y/N	List the cooperating countries including WHO CCs
1. To promote communications and information exchange	NIFABNIFAB presents information to the general public about treatmentmethods, laws and regulations and educational opportunities in thecountry. At present, NIFABs information about research on treatmenteffects is based on summaries from Cochrane Library's meta studies.A newmodel has been developed and is online from 2011. NIFABuses mainly the website www.nifab.noas its information channel, butis also available for the public by phone, fax, email and ordinary mail.NIFAB is part of the ICCR collaboration forum for state-ownedinformation sources on CAM. Through this, we cooperate with amongothers NCCAM (USA), ViFAB (DK) and NHS (UK). Social mediaaccounts and activity on Facebook and Twitter.	Y	England, Germany, USA, Denmark, UK
	<b>CAM-CANCER</b> The website cam-cancer.org was in 2011 expanded and has over 30 published CAM summaries at the end of 2011. Reliable Cancer Therapies in Brussels, Belgium is now the main funder of the webiste.	Y	Belgium, UK, Germany, Switzerland

<b>2.</b> To promote research, particularly of clinical study	<b>Traditional Chinese Medicine and colorectal cancer</b> NAFKAM and the Norwegian Colorectal cancer Registry (NCCR) are still involved in a colorectal cancer project at Xi Yuan hospital in Beijing. This project has funding from the Ministry of Science and Technology in China. In 2011 data from NCCR was handed over to Xi Yuan hospital for comparison with Chinese data. Data analyses have been done, and two publications are expected to be submitted in 2013/14	Y	China and Norway
	<ul> <li>ACUFLASH The ACUflash clinical study on acupuncture treatment for hot flashes in postmenopausal women was completed in 2010, however results are still being published internationally – also in 2011: Publications: <ol> <li>Alraek T, Borud E, White A. <u>Selecting acupuncture treatment for hot flashes: a Delphi consensus compared with a clinical trial.</u> J Altern Complement Med. 2011 Jan;17(1):33-8. doi: 10.1089/acm.2010.0070.</li> <li>Dørmænen A, Heimdal MR, Wang CE, Grimsgaard, S. Depression in postmenopause: a study on a subsample of the Acupuncture on Hot Flushes Among Menopausal Women (ACUFLASH) study. <i>Menopause</i> 2011 ;Volum 18.(5) s. 525-530 </li> </ol></li></ul>	Y	Norway and UK
	PATHWAYSCancer patients with complex and long-term needs report thathealth care is often fragmented, is profession-centered andcreates additional burdens. This may deflect patients frombeneficial care options. Understanding patient choicesregarding cancer care is fundamental to the delivery ofpatient centered care and may be important for outcomes.We will map the patient pathway's two event types :1) patients' treatment choices (conventional medical care,	Y	USA, Canada, UK

<ul> <li>complementary and alternative medicine and self-treatment)</li> <li>and 2) important life events which the patients identify as</li> <li>influential for the handling of their disease. Our objective</li> <li>is to contribute to patient centered care through</li> <li>1) Creating a terminology and classification for patient</li> <li>pathways 2) Describing typical patient pathways</li> <li>3) Explore patient pathways relationship to outcomes</li> <li>(quality of life, symptoms, wellbeing). The 2ndary</li> <li>objective is to design a larger study on the effect of</li> <li>patient pathways on mortality.</li> </ul>		
<b>RESF</b> The Registry of Exceptional Courses of Disease is collecting exceptionally good and exceptionally bad courses of disease after the use of complementary and alternative medicine from patients in Norway, Denmark, and Sweden. The registry is a base for researchers. Per 31.12.2010 301 patients had registered. The largest disease groups are Multiple Sclerosis (MS), Cancer, and Myalgic Encephalopathy/Chronic Fatigue Syndrom (ME/CFS). The types of treatment being used most widely among the registry patients are acupuncture, dietary advice, homeopathy, herbs and supplements, healing, and reflexology.	Y	Denmark, Sweden, UK
<ul> <li>ACUPUNCTURE/ACUPRESSURE IN POSTOPERATIVE</li> <li>NAUSEA/VOMITING</li> <li>This is an ongoing study in Oslo, Norway researching the effect of acupuncture/acupressure in the treatment of postoperative nausea/vomiting in children undergoing tonsillectomy/adenectomy.</li> <li>Publications:         <ol> <li>Liodden I, Howley M, Grimsgaard S, Fønnebø V, Borud EK, Alræk T, Norheim AJ.</li> <li>Perioperative acupuncture and postoperative acupressure can prevent postoperative vomiting following paediatric tonsillectomy or adenoidectomy: a pragmatic randomised controlled trial. Acupuncture in Medicine 2011 ;Volum</li> </ol> </li> </ul>	N	

	29.(1) s. 9-15		
	USE OF CAM IN NORWEGIAN AND DANISH HOSPITALS	Y	Denmark
	This is a recurring study of the use of CAM in Norwegian and Danish		
	hospitals. Publications:		
	1. Salomonsen LJ, Skovgaard L, La Cour S, Nyborg L,		
	Launsø L, Fønnebø V.		
	Use of complementary and alternative medicine at		
	Norwegian and Danish hospitals. BMC Complementary		
	and Alternative Medicine 2011 ;Volum 11		
	CAM USE IN CANCER PATIENTS	Ν	
	This is a PhD research project describing CAM use in Norwegian		
	cancer patients using several information sources.		
4. To engage in international	CAMBRELLA	Y	Denmark, UK, Sweden,
collaborative efforts	CAMbrella is a EU-funded European coordination project with the		France, Rumania, Hungary,
	objective to provide an overview over CAM in Europe, and provide a		Spain, Germany, Switzerland,
	roadmap for future European CAM research. The task of NAFKAM		Austria, Italy
	was to describe the legal and regulatory situation both in 39 separate		
	countries as well as the European Union as a whole.		

# **Research Activities**

For research projects that last more than one year, annual progress including outcomes of research, such as publications should be provided

List term(s) related to research according to the	List research projects giving a very brief description on this year's main progress/achievements on research	Internat	ional Cooperating Research
current terms of reference	For research projects of more than one year, please indicate with an * and give the duration of the research project as a footnote	Y/N	List the cooperating countries including WHO CCs
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	CAM-CANCER The website cam-cancer.org was in 2012 expanded and has over 30 published CAM summaries. Reliable Cancer Therapies in Brussels, Belgium is now the main funder of the webiste.	Y	Belgium, UK, Germany, Switzerland, Israel
2. To promote research, particularly of clinical study	<b>Traditional Chinese Medicine and colorectal cancer</b> NAFKAM and the Norwegian Colorectal cancer Registry (NCCR) are still involved in a colorectal cancer project at Xi Yuan hospital in Beijing. This project has funding from the Ministry of Science and Technology in China. In 2011 data from NCCR was handed over to Xi Yuan hospital for comparison with Chinese data. Data analyses have been done, and two publications are expected to be submitted in 2013/14	Y	China and Norway

<b>PATHWAYS</b> Cancer patients with complex and long-term needs report that health care is often fragmented, is profession-centered and creates additional burdens. This may deflect patients from beneficial care options. Understanding patient choices regarding cancer care is fundamental to the delivery of patient centered care and may be important for outcomes.	Y	USA, Canada, UK
We will map the patient pathway's two event types : 1) patients' treatment choices (conventional medical care, complementary and alternative medicine and self-treatment) and 2) important life events which the patients identify as influential for the handling of their disease. Our objective is to contribute to patient centered care through 1) Creating a terminology and classification for patient pathways 2) Describing typical patient pathways 3) Explore patient pathways relationship to outcomes (quality of life, symptoms, wellbeing). The 2ndary objective is to design a larger study on the effect of		
patient pathways on mortality. <b>RESF</b> The Registry of Exceptional Courses of Disease is collecting exceptionally good and exceptionally bad courses of disease after the use of complementary and alternative medicine from patients in Norway, Denmark, and Sweden.The registry is a base for researchers. Per 31.12.2010 301 patients had registered. The largest disease groups are Multiple Sclerosis (MS), Cancer, and Myalgic Encephalopathy/Chronic Fatigue Syndrom (ME/CFS). The types of treatment being used most widely among the registry patients are acupuncture, dietary advice, homeopathy, herbs and supplements, healing, and reflexology. Publøications: <ol><li>Salamonsen A.</li><li>Doctor-patient communication and cancer patients' choice of alternative therapies as supplement or</li></ol>	Y	Denmark, Sweden, UK

alternative to conventional care. Scandinavian Journal of		
Caring Sciences 2012 s. –		
2. Salamonsen A, Kruse TE, Eriksen SH.		
Modes of Embodiment in Breast Cancer Patients Using		
Complementary and Alternative Medicine. Qualitative		
Health Research 2012 ;Volum 22.(11) s. 1497-1512		
ACUPUNCTURE/ACUPRESSURE IN POSTOPERATIVE	Ν	
NAUSEA/VOMITING		
This is an ongoing study in Oslo, Norway researching the effect of		
acupuncture/acupressure in the treatment of postoperative		
 nausea/vomiting in children undergoing tonsillectomy/adenectomy.		
CAM USE IN CANCER PATIENTS	Ν	
This is a PhD research project describing CAM use in Norwegian		
cancer patients using several information sources. Publications:		
1. Kristoffersen AE, Norheim AJ, Fønnebø V.		
Any difference? Use of a CAM provider among cancer		
patients, coronary heart disease (CHD) patients and		
individuals with no cancer/CHD. BMC Complementary		
and Alternative Medicine 2012; Volum 12.		
SAFETY IN HOMEOPATHIC PRACTICE		
This is a PhD research project studying safety in homeopathic practice		
from a broad perspective. Publications:		
1. Stub T, Alræk T, Salamonsen A.		
The Red flag! risk assessment among medical		
homeopaths in Norway: a qualitative study. BMC		
Complementary and Alternative Medicine 2012; Volum		
12. s. –		
2. Stub T, Salamonsen A, Alræk T.		
Is It Possible to Distinguish Homeopathic Aggravation		
from Adverse Effects? A Qualitative Study. <i>Forschende</i>		
Komplementärmedizin 2012 ;Volum 19.(1) s. 13-19		

4. To engage in international	CAMBRELLA	Y	Denmark, UK, Sweden,
collaborative efforts	CAMbrella is a EU-funded European coordination project with the		France, Rumania, Hungary,
	objective to provide an overview over CAM in Europe, and provide a		Spain, Germany, Switzerland,
	roadmap for future European CAM research. The task of NAFKAM		Austria, Italy
	was to describe the legal and regulatory situation both in 39 separate		
	countries as well as the European Union as a whole. Publications:		
	1. Eardley S, Bishop FL, Prescott P, Cardini F, Brinkhaus		
	B, Santos-Rey K, Vas J, von Amman K, Hegyi G,		
	Dragan S, Uehleke B, Fønnebø V, Lewith G. A		
	Systematic Literature Review of Complementary and		
	Alternative Medicine Prevalence in EU. Forschende		
	Komplementärmedizin / Research in Complementary		
	Medicine 2012 ;Volum 19. Suppl. 2 s. 18-28		
	2. Fischer HF, Junne F, Witt CM, von Ammon K, Cardini		
	F, Fønnebø V, Johannessen H, Lewith G, Uehleke B,		
	Weidenhammer W, Brinkhaus B. Key Issues in Clinical		
	and Epidemiological Research in Complementary and		
	Alternative Medicine - a Systematic Literature Review.		
	Forschende Komplementärmedizin / Research in		
	Complementary Medicine 2012 ;Volum 19. Suppl. 2 s.		
	51-60		
	3. Hök J, Lewith G, Weidenhammer W, Santos-Rey K,		
	Fønnebø V, Wiesener S, Falkenberg T. International		
	Development of Traditional Medicine/Complementary		
	and Alternative Medicine Research - What can Europe		
	Learn?. Forschende Komplementärmedizin / Research in		
	Complementary Medicine 2012 ;Volum 19. Suppl. 2 s.		
	44-50		
	4. Wiesener S, Falkenberg T, Hegyi G, Hök J, Roberti di		
	Sarsina P, Fønnebø V. Legal Status and Regulation of		
	Complementary and Alternative Medicine in Europe.		

Forschende Komplementärmedizin / Research in	
Complementary Medicine 2012 ;Volum 19. Suppl. 2 s.	
29-36	

# Support to WHO Activities in HQ and Regions

### Activities which have been included in the terms of reference

Categories of support to WHO activities			Support provided and outcome
Title of draft documents on which comments were sent to WHO			
WHO consultancies (such as WHO short-term consultant; WHO temporary adviser; member of WHO Expert Advisory Panel)			
Occasions on which WHO meeting/consultations were attended (both self-supported and funded by WHO)			<ul> <li>Alraek represented NCC and NAFKAM and gave lectures at :</li> <li>1. "International Symposium on Acupuncture" Beijing 2224Sept 2011</li> <li>2. International Symposium on Pattern Identification Research KIOM, Daejeon, Korea 19 September 2011</li> </ul>
Occasions on which your institution hosted a WHO Meeting			
Other activities requested by	Information sharing with other partners	Y/N	
WHO	Provision of technical advisory support	Number of experts sent at WHO's request	
Others (please specify)			

# Support to WHO Activities in HQ and Regions

# Activities which have been included in the terms of reference

Categories of support to WHO activities			Support provided and outcome
Title of draft documents on which comments were sent to WHO			"WHO traditional and complementary medicine strategy"
WHO consultancies (such as WHO short-term consultant; WHO temporary adviser; member of WHO Expert Advisory Panel) Occasions on which WHO meeting/consultations were attended (both self-supported and funded by WHO)			<ol> <li>WHO working group meeting for the new global strategy, Hong Kong, May 2012</li> <li>Sydney, ISAMS 2012</li> </ol>
Occasions on which your institution hosted a WHO Meeting			Meeting with WHO to discuss the global information portal on regulation of TM/CAM, Tromsø, Norway. June 2012
Other activities requested by	Information sharing with other partners	Y/N	N
WHO	Provision of technical advisory support	Number of experts sent at WHO's request	
Others (please specify)			

## Additional special activities/projects carried out in relation to WHO's renewed priority areas in HQ and Regions

List related activities/projects	List projects giving a very brief description of this year's main progress/achievements For projects of more than one year, please indicate with an * and give the duration of the activity/project as a footnote	International cooperation of the activity/project
Project 1		
Project 2		
Project 3		

## Additional special activities/projects carried out in relation to WHO's renewed priority areas in HQ and Regions

List related activities/projects	List projects giving a very brief description of this year's main progress/achievements For projects of more than one year, please indicate with an * and give the duration of the activity/project as a footnote	International cooperation of the activity/project
Project 1		
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Project 3		