



TCM-KLINIK BAD KÖTZTING

First German Hospital for Traditional Chinese Medicine
Special hospital for psychosomatic and psychotherapy

Overview of TCM in Germany

from different perspectives and using the example of
TCM-Klinik Bad Kötzing

1. Perspective of the patients
2. Education and training
3. Practice
4. Financing
5. Research
6. Best practice





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Who is Anton Staudinger?

- 54 years old, married, two children
- Diplom-Kaufmann, Graduate in business
- Visiting Professor at Beijing University of Chinese Medicine
- Vice-Chairperson of World Federation of Chinese Medicine Societies
- Chairman of the Board of Governors of Deggendorf Institute of Technology
- Owner of the Staudinger Group with the business areas:

Health



Hotel business



real estate





1. The perspective of the patients

The majority of the german population favours Chinese Medicine

Patients prefer Combination treatment	61 %
Patients want only western medicine	18 %
Patients with experiences	
– with acupuncture	26 %
– with other TCM treatments	9 %
Patients with TCM treatments experiences want to continue	89%
Patients want to try TCM treatments	81 %

Survey of the institue of polls, Allensbach, 2005



1. The perspective of the patients

Herbal remedies are preferred

Preference of herbal remedy 80 %

Quality defects of asian herbal remedy 42,5 %

Survey of Pascoe by the University of Cologne, 2007



2. Education and training

Acupuncture Associations:

- DÄGfA - German Medical Association of Acupuncture; about 9,000
- DAA – German Academy of Acupuncture, about 6,000
- DGfAN – German Society of Acupuncture and Neural Therapy; about 3,000
- Acupuncture Research Group; about 2,300
- German Acupuncture Society

TCM-Associations:

- SMS – International Association of Chinese Medicine
- DWGTCM – German Scientific Association for TCM
- AGTCM – Association TCM



2. Education and training

Education and Training in the TCM-Klinik Bad Kötzing

- 1987 first TCM seminars taught by chinese professors
- 1993 Foundation of the TCM-School at TCM-Klinik Bad Kötzing
- Seminar series "Practice of TCM" for German doctors (240)
- Seminar Series "Chinese Tuina therapy" for physical therapists and osteopaths (140)
- 207 special seminars on TCM
- From 2018 on: Postgraduate Master-Program TCM including bedside training at TCM-Klinik Bad Kötzing



2. Education and training

Additional postgraduate qualification „Acupuncture“

- 120 hours theory
- 80 hours practice of acupuncture
- 80 hours special pain therapy
- certificate in basic psychosomatic medicine
- 4 times a year seminars on „chronic pain“
- examination



3. Practice



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Who can practise TCM in Germany?

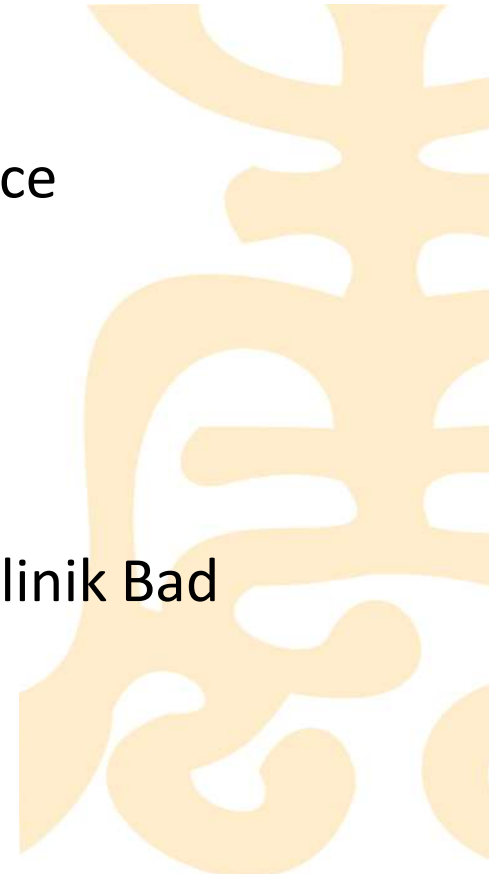
- Medical study in Germany or in EU-States
- License to practise medicine (medical approbation)
- Alternative practitioner with license (only in Germany)
- Chinese doctors?
- Exception: scientific project





4. Financing

- since 2007 acupuncture for back and knee pain covered by the statutory health insurance
- 6 to 10, exceptionally 15 treatment sessions
- 25 € for each session
- no coverage in other indications, some private insurance excepting
- no coverage in chinese drug therapy
- Qigong courses covered in prevention programmes
- Full coverage for the inpatient treatment in the TCM-Klinik Bad Kötzing





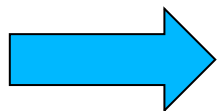
5. Research in acupuncture

- 2001-2007 Pilot Study Acupuncture >300.000 patients
- 2002-2007 German Randomized Acupuncture Trials >500.000 patients

Results:

migraine = Standard drug therapy

back pain and chronic knee pain > Standard therapy



acupuncture for back pain and chronic knee pain covered by
health state insurance since 2007



5. Research in Chinese Herbal Medicine

- wide range of treatment options
- only very little research
- chinese studies not internationally accepted
- identity, security and quality of the herbs
- 26 years research in Chinese Herbal Medicine

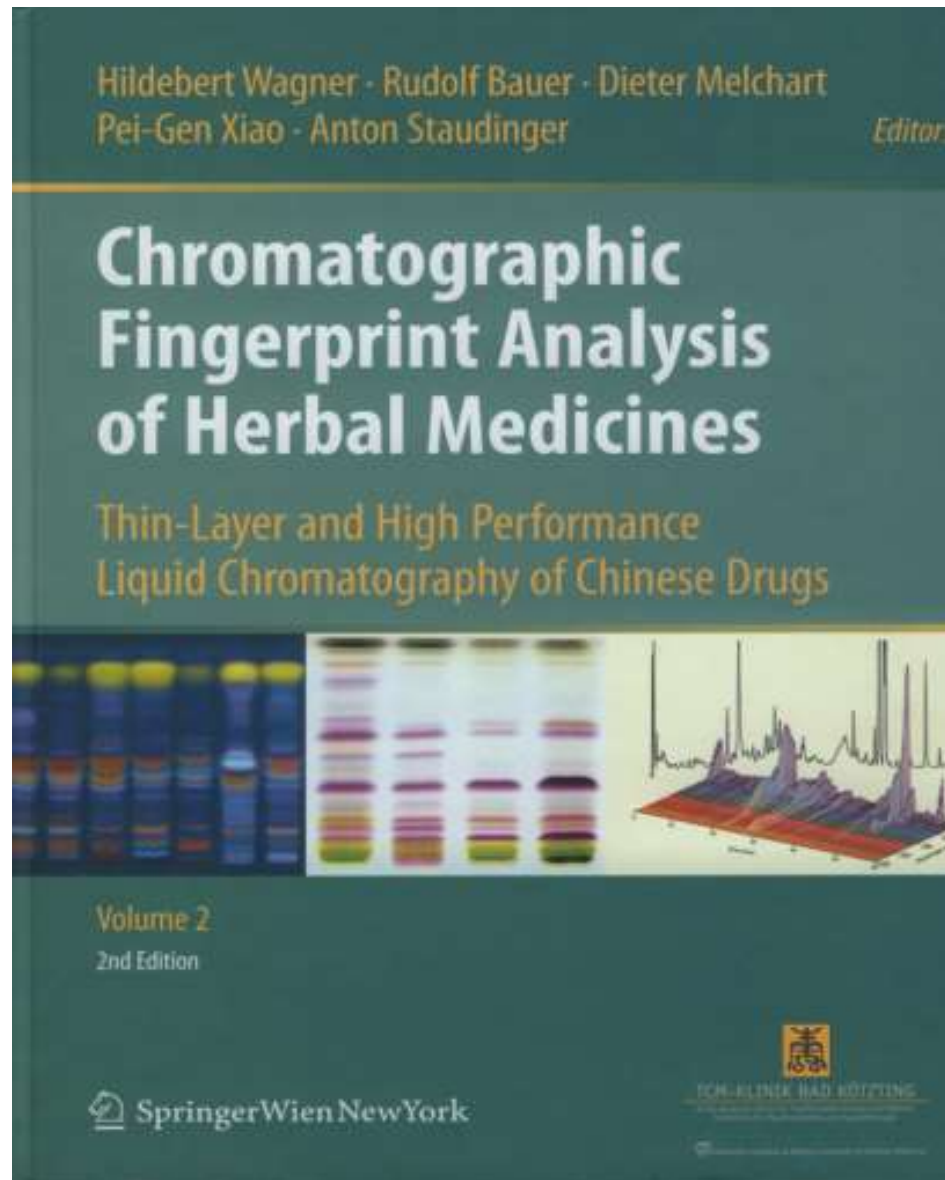




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5. Research in Chinese Herbal Medicine





5. Research in Chinese Herbal Medicine



Prospective Study

Herbal Traditional Chinese Medicine and suspected liver injury: A prospective study

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Abstract

AIM

To analyze liver tests before and following treatment with herbal Traditional Chinese Medicine (TCM) in order to evaluate the frequency of newly detected liver injury.

METHODS

Patients with normal values of alanine aminotransferase (ALT) as a diagnostic marker for ruling out pre-existing liver disease were enrolled in a prospective study of a safety program carried out at the First German Hospital of TCM from 1994 to 2015. All patients received herbal products, and their ALT values were reassessed 1-3 d prior to discharge. To verify or exclude causality for suspected TCM herbs, the Roussel Uclaf Causality Assessment Method (RUCAM) was used.

RESULTS

This report presents for the first time liver injury data derived from a prospective, hospital-based and large-scale study of 21470 patients who had no liver disease prior to treatment with herbal TCM. Among these, ALT ranged from $1 \times$ to $< 5 \times$ upper limit normal (ULN) in 844 patients (3.93%) and suggested mild or moderate liver adaptive abnormalities. However, 26 patients (0.12%) experienced higher ALT values of $\geq 5 \times$ ULN (300.0 ± 172.9 U/L, mean \pm SD). Causality for TCM herbs was RUCAM-based probable in 8/26 patients, possible in 16/26, and excluded in 2/26 cases. Bupleuri radix and Scutellariae radix were the two TCM herbs most commonly implicated.

CONCLUSION

In 26 (0.12%) of 21470 patients treated with herbal TCM, liver injury with ALT values of $\geq 5 \times$ ULN was found, which normalized shortly following treatment cessation, also substantiating causality.



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6. Best practice “TCM-Klinik Bad Kötzing”



- Over 30 years relationship to chinese side
- Since 1991 TCM-Klinik Bad Kötzing
- since 2010 University Hospital at Beijing University of Chinese Medicine



6. Best practice “TCM-Klinik Bad Kötzing”

”As much western medicine
as necessary,
as much Traditional Chinese Medicine
as possible”





6. Best practice “TCM-Klinik Bad Kötzing”

- Government-licensed 75-bed hospital
- Every year about 1200 inpatients and > 2000 outpatients
- Over 90 % of the inpatients are fully covered by the statutory health insurance
- Average age is 54 years, about 70 % are females
- Average duration of the chief complaint is 11 years
- The modal length of stay is about 4 weeks

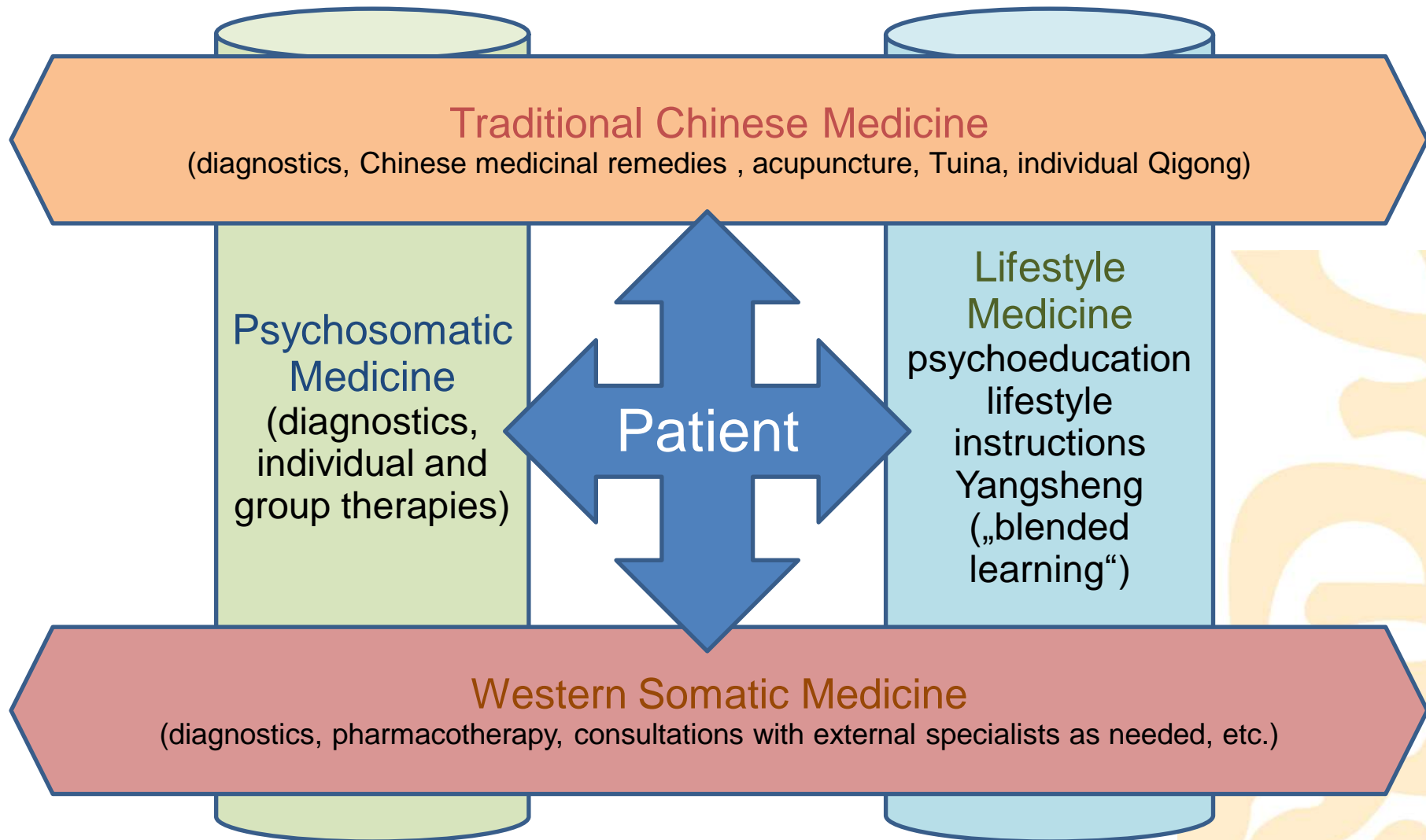
6. Best practice “TCM-Klinik Bad Kötzing”

Conceptual Framework

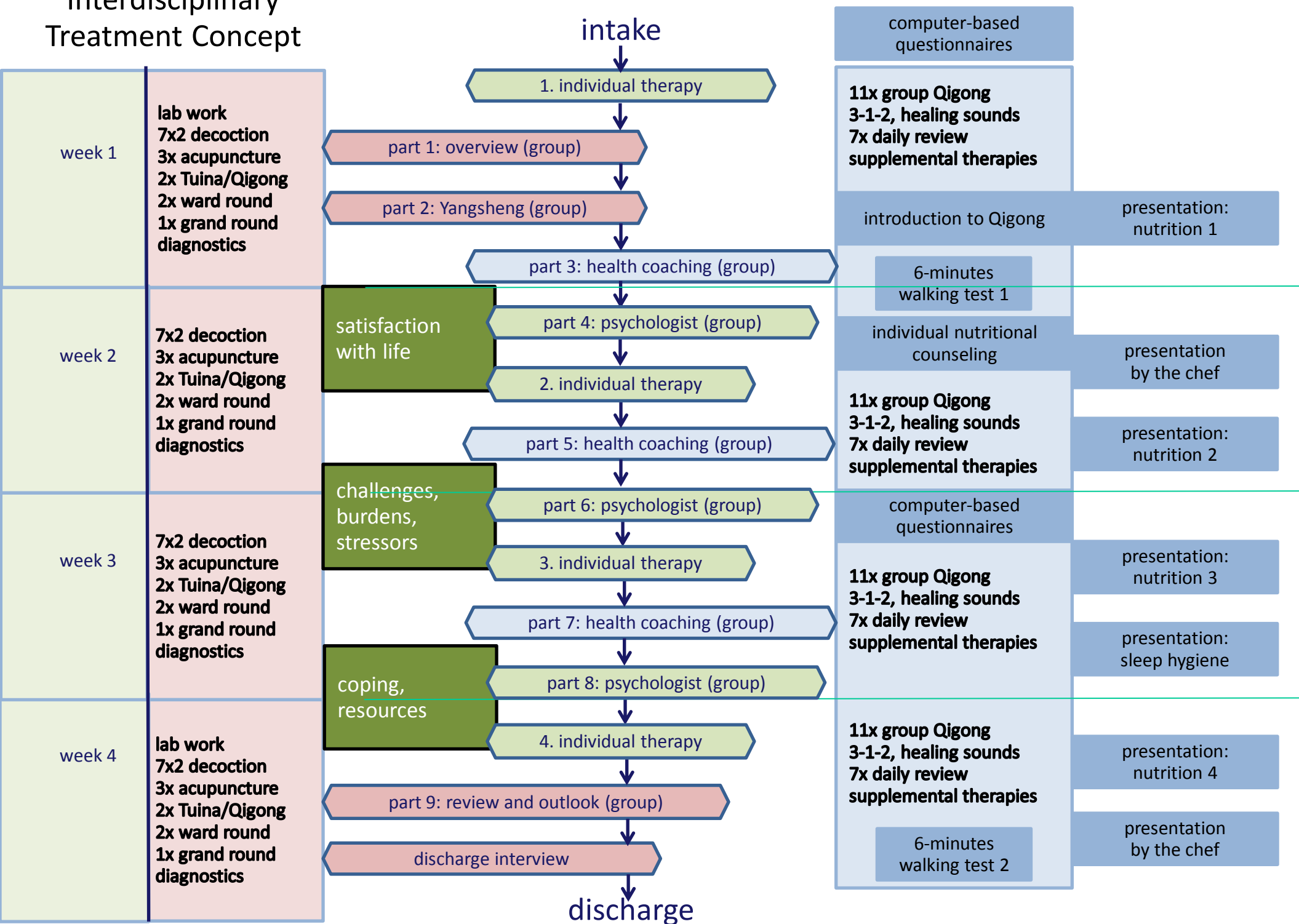


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Interdisciplinary Treatment Concept







6. Best practice “TCM-Klinik Bad Kötzing”

Activities of our scientific work

- 10 reports
- 1 professorial dissertation
- 8 medical dissertations
- 150 pharmaceutical monographs
- Over 350 scientific publications
- International cooperations
- Organisation of international congresses, symposia, forums, workshops



6. Best practice “TCM-Klinik Bad Kötzing”

„prospective longitudinal study“

- What does the practice of TCM in the hospital look like? Which patients are handled with what methods and how long?
- How are the patients before and after the inpatient treatment? Have the patients benefit from the treatment? Are the observed effects lasting?
- Is the treatment bearable and low-risk?
- Can costs be cut with the treatment offered?
- Which consequences can be drawn from the observed results for the therapeutic procedure?



6. Best practice “TCM-Klinik Bad Kötzing”

Global Assessment of the therapy effect by patients

Therapy result	good/ very good	moderate	no
after 3 – 4 weeks treatment in TCM-Hospital Bad Kötzing	55,2 %	39,0 %	5,8 %
after 6 months	59,0 %	31,5 %	9,4 %

6. Best practice “TCM-Klinik Bad Kötzing”

Global assessment of the therapy effect for different diagnosis



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Diagnose	n	after 4 weeks treatment	after 12 month
Migraine	441	60,10%	52,90%
Vertigo	38	36,80%	55,00%
Chronic bronchitis	49	43,10%	62,50%
Asthma	135	63,70%	68,60%
Psychosomatic disorders	46	50,00%	70,00%
Cervical syndrome	164	52,70%	67,00%
Lower back pain	376	62,70%	51,70%
Tinnitus	18	33,30%	33,30%
Fibromyalgia syndrome	196	39,30%	47,00%
Irritable bowl syndrome	76	44,70%	57,90%



6. Best practice “TCM-Klinik Bad Kötzing”

Does it save money?	At admission	1 year after discharge
the amount of “conventional” drugs decreased		50 %
Number of patients consulting at least once a physician in the past year <ul style="list-style-type: none">• “conventional” physician• “complementary” physician	61,1 % 43,2 %	48,6 % 33,5 %
Number of patients unable to work because of the principal complaint in the past year	42,6 %	16,4 %



6. Best practice “TCM-Klinik Bad Kötzing”

Inactive period due to sick leave
1996-2000
(n=1.866)

year before admission	47.172 days of disability
year after dismissal	23.427 days of disability
difference	23.745 days of disability

the period of disability was reduced more than 50 %

reduction per patient 13 days of disability





6. Best practice “TCM-Klinik Bad Kötzing”

Statistical evaluation of inpatients (n=32) of an insurance company

average costs per insured patient

in the year before admission

425 € monthly

in the year after dismissal

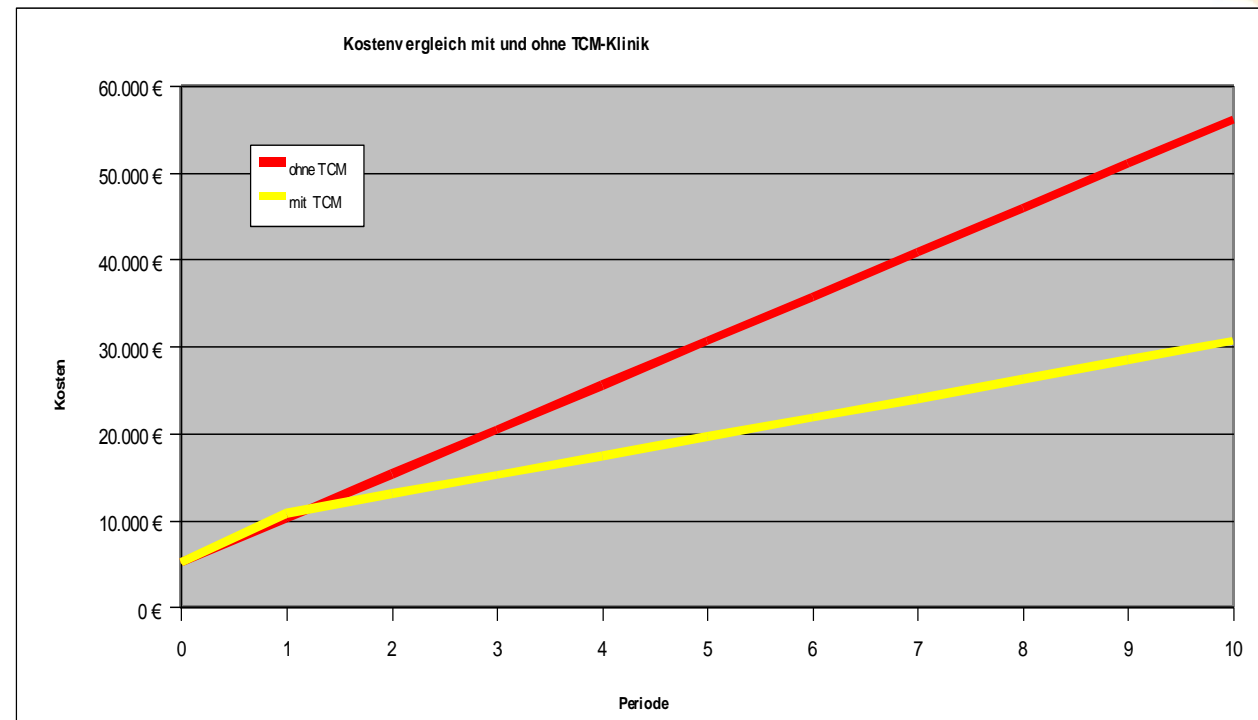
213 € monthly

saved money

212 € monthly

period of
amortisation

1,4 years



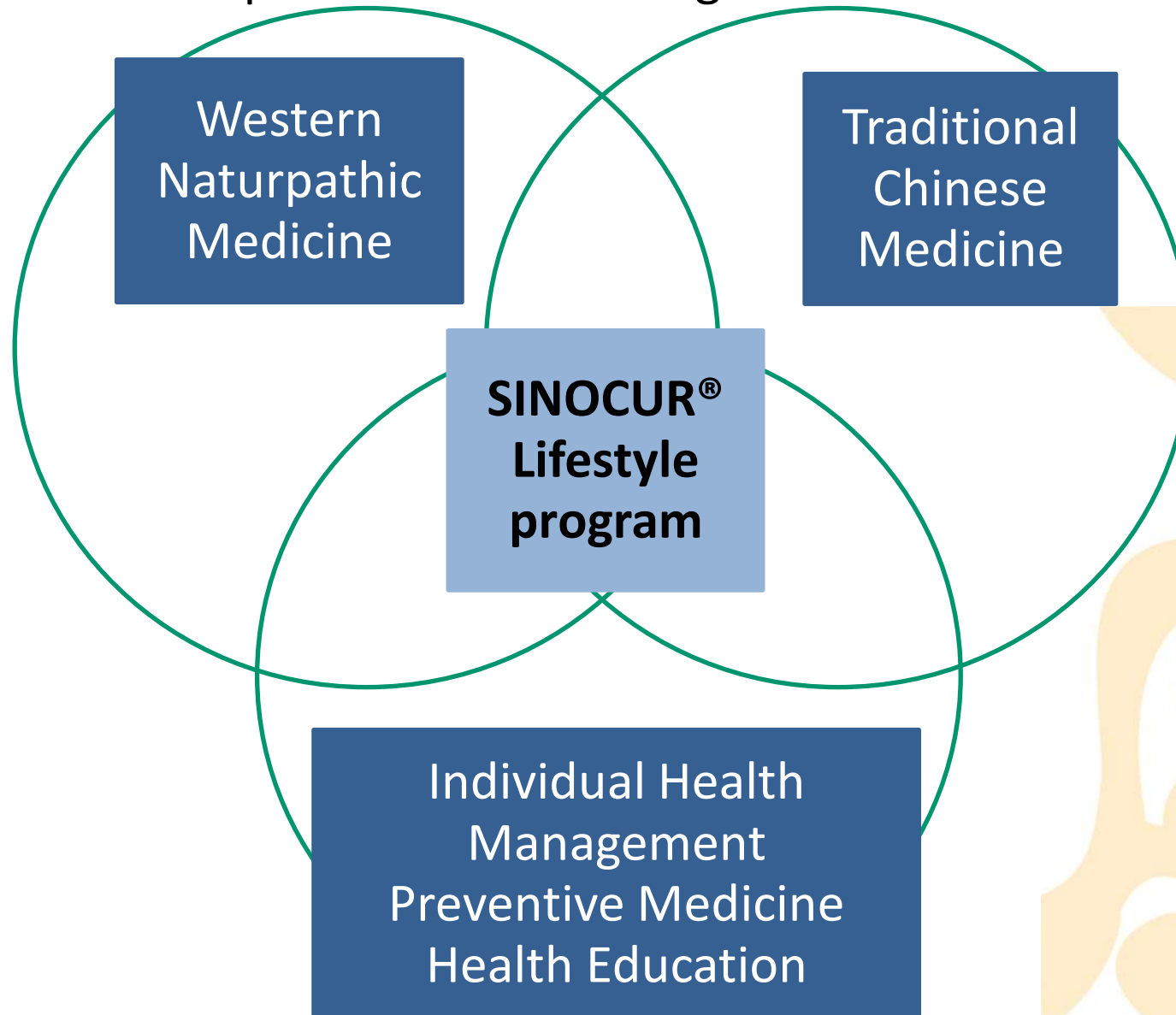
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SEPP-Sino-European Prevention Program





06.10.2016

Signing of a special contract
between
the largest statutory health insurance AOK
and TCM-Klinik Bad Kötzting
for the
SINOCUR® lifestyle program.





TCM-KLINIK BAD KÖTZTING

Erste Deutsche Klinik für Traditionelle Chinesische Medizin
Fachklinik für Psychosomatik und Psychotherapie

Thank you for your attention!

**„The most productive developments
result,
when two different ways of thinking
come together.“**

Werner Heisenberg (1901-1976)
German physicist and nobel prize winner

