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Representing all previous  
OIRF publications.

*An exclusive translated **article for Praxis2Practice Supporters**,  
published August 2023 by Praxis2Practice Consulting . . .*

## Integrative Medicine Using the Examples of:

### The Hospital for Naturopathy, Munich And LIMed

Report from Robert Schmidt, MD

**From an article in *Erfahrungsheilkunde*, Volume 72, Issue #2, 2023**

**Machine Translation by Lernout & Hauspie & Promt**

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#### SUMMARY

The most important principle of integrative medicine is the combination of conventional medicine and complementary medicine into a meaningful overall concept. The goal is to find the best individual therapy for the patients and to reduce side effects as much as possible. The decisive factor here is also explicitly the patients, who should be enabled to actively and responsibly participate in decision-making about an overall medical concept for their treatment. This article presents two examples with the Hospital for Naturopathic Medicine and the List of Integrative Medicine (LIMed) which advocate the combination of conventional and complementary medicine in public and in practice.

**Keywords:** Integrative Medicine, Complementary Medicine, Conventional Medicine, KfN Munich, List of Integrative Medicine (LIMed).

For many critics the question arises as to whether we need an overall concept at all. Isn't conventional medicine alone, as it is currently taught almost exclusively at universities, completely sufficient? It should be said that conventional medicine (especially in acute medicine) has of course celebrated enormous successes and will hopefully celebrate many more. Complementary physicians do not want to present themselves as critics of so-called conventional medicine. Despite all the euphoria, however, many limitations of conventional medicine have also become apparent in recent decades. For example, conventional medicine alone does not have an adequate solution for:

- Chronic and often repeatedly ill patients (with an increasingly aging population)
- Lifestyle-related diseases (Pandemic of the future? – By 2030, an estimated 50% of the Western population will be overweight.)
- Functional diseases (with a clear increase in incidence)
- Side effects of conventional medicine (which is sometimes very rich in side effects and therefore requires effective support in combating potential side effects)

### **Integrative Medicine**

Conventional medicine, with its pathogenesis approach, is primarily aimed at "repairing" measurable/objectifiable damage that has already occurred, i.e. the population does not necessarily become healthier as a result. Preventive measures are currently completely underrepresented in conventional medicine (and also in the reimbursement of health systems).

In order to really improve the health of the population (public health), and thus also to save costs in the entire health system in the medium term, we need the strengths and traditional knowledge of complementary medicine in this area (preventive medicine, salutogenesis). And the fact that this is a clear wish of patients is also shown by figures in various representative surveys. Approximately 75% of patients in Germany would like to see integrative medicine, thus the coexistence of conventional and complementary medicine. About  $\frac{2}{3}$  of German citizens think it is important that politicians actively promote complementary medical healing methods such as homeopathy or anthroposophic medicine in an overall integrative medical concept.

Furthermore, it was shown that in the area of basic care (general practitioners, colleagues in private practice) about 60% of doctors already use naturopathy in the sense of integrative medicine.

A term frequently used today to distinguish supposedly serious from dubious medicine is the English term "evidence-based medicine" (EBM). In recent years, the definition of EBM has been interpreted increasingly one-sidedly. It often refers exclusively to the question of whether external evidence (thus confirmed by studies) exists or not. However, an exclusion of all procedures for which there is currently insufficient external evidence would have fatal consequences for health care in general, since even in the field of conventional medicine a maximum of  $\frac{1}{3}$  or less of the therapeutic approaches are supported by external evidence. Nevertheless, the goal of all treatment

methods must of course be to obtain external evidence, at least in the medium term. Whether these always have to be double-blind placebo-controlled studies or whether they could also be health care studies, whether a time window of 5 years could be set to prove scientific evidence of individual therapeutic procedures, whether state funding in medical specialties that are even non-profit would be arguable, is a matter of debate here.

However, the term "EBM" is explicitly composed of 3 pillars: internal evidence (i.e. experience of the practitioner), external evidence (i.e. experience from studies) and from the patient's wishes. Even *David Sackett* (1934-2015) concluded that without clinical experience, medical practice risks being tyrannized by the pure reliance on evidence, since even excellent research results may be inapplicable or inappropriate for the individual patient. On the other hand, without the inclusion of current external evidence, medical practice can easily follow outdated knowledge to the detriment of the patient. At the same time, the pillars of "internal evidence" and "patient's wish" require a completely new assessment of complementary medicine within the framework of EBM.

However, integrative medicine is also defined by further characteristics. Integrative medicine is explicitly patient-centered, with terms such as "shared decision making" or "participatory decision-making" playing a central role. This means that after a complete explanation, including the advantages and disadvantages of different treatment methods, the patient and the doctor take joint responsibility for the decision on the treatment concept. However, patient-centeredness also means an orientation towards the respective individual resources of the patient and the possible activation of self-healing powers. The patient is therefore seen as a whole, and his or her life circumstances are also taken into account (so-called "holistic medicine"). Incidentally, a high relevance of patient-centeredness for health-related outcomes has already been proven by scientific studies (also by external evidence).

Integrative medicine requires an overdue rethink within the health care system: "From volume to value" aims at a stronger emphasis and adequate remuneration of preventive measures, thus above all the so-called "talk medicine". Simplistically, one could also say that, ideally for example, a cardiac catheterization laboratory does not necessarily have to be working at full capacity around the clock in order to enable cost-covering work. Greater emphasis and adequate reimbursement of preventive measures could perhaps save  $\frac{1}{3}$  of cardiac catheterizations, reduce treatment risks and significantly reduce cost-intensive examinations. This results in the so-called "triple goal concept" of integrative medicine:

1. Improving patient satisfaction
2. Improving the health of the population
3. At the same time reducing costs

Adequate remuneration for integrative medicine does not mean exploding costs in the long term, but possibly a (comparatively small) investment, but then savings in the medium term, which could facilitate the refinancing of our health care system with its currently exploding costs.

## Examples of Integrative Medicine

### KfN Munich

The history of the Hospital for Naturopathy (KfN) dates back to 1859. At that time, **Prof. Dr. Joseph Buchner** (1813-1879), a homeopathic family physician at the court of King Max II of Bavaria, founded a homeopathic hospital in today's Königinstraße in Munich with royal permission. Prof. Dr. Joseph Buchner was a contemporary of **Hahnemann** and one of the first scholars of homeopathy in the German-speaking area. The purpose of the hospital was *"to provide free treatment to poor servants, family members and workers, but it also admits sick people who pay. The sick are fully provided with food, medicines and service"*.

In 1879 Prof. Dr. Buchner died, and 4 years later, in 1883 — thanks to a donation of 51,000 gold marks from **Princess Julie of Oettingen-Wallerstein** (1807-1883) — the hospital in today's Paul-Heyse-Straße was rebuilt as the Hahnemann House. The name once again underlined the close connection of this hospital with the healing art of homeopathy and has since been governed by a charitable foundation. Since 1968, the KfN has existed in its present form on the grounds of the Munich-Harlaching Municipal Hospital and bears the name KfN, or Hospital for Naturopathy. The initial homeopathic treatment was expanded to include other natural therapies. The basic idea was and is homeopathy and naturopathy for everyone.

As an internal medicine specialist clinic, acute internal diseases can of course be treated as inpatients at the KfN at any time. Laboratory, sonography including vascular ultrasound and echocardiography, exercise ECG, long-term ECG and long-term blood pressure measurement, pulmonary function examination, gastroscopy and colonoscopy are available in house. X-rays, CTs or MRIs are available from the Munich-Harlaching Clinic if required. We are connected with this by an historical underground passage as an expression of the always close cooperative collaboration.

The KfN is connected to the rescue coordination center, weekdays from 8 AM to 3 PM. We are approved for 1.5 years of further training in general medicine and 1 year for special internal medicine.

However, the focus of the KfN is the complementary medical treatment of almost all chronic diseases. These include tumor diseases at all stages, skin diseases such as neurodermatitis or psoriasis, chronic inflammatory bowel diseases such as Crohn's disease or ulcerative colitis, almost all rheumatoid diseases, chronic pain syndromes such as fibromyalgia syndrome as well as degenerative diseases of the musculoskeletal system, and including migraines and headaches of other origins. Neurological diseases such as multiple sclerosis, after an apoplexy, polyneuropathy, amyotrophic lateral sclerosis, etc. are also treated at KfN. Patients with chronic fatigue syndrome (CFS) or myalgic encephalomyelitis (ME) have always been a larger group of patients, and nowadays, of course, the so-called Long-/Post-Covid syndrome.

It is undisputed that the spectrum of so-called "alternative medicine" is almost unmanageably large and almost no one is likely to be able to apply all these procedures to the best of their knowledge and conscience. Homeopathy historically plays a prominent role in the KfN: it is reflected in the foundation's mission. We have the authorization for continuing education in homeopathy and vigorously support it, even in the current time of critics energetically against homeopathy.

Another very important pillar is the so-called classical naturopathic treatments according to Kneipp. Here, too, we have the authorization for continuing education. The classic naturopathic treatments according to Kneipp consist of order therapy, nutritional therapy, hydrotherapy, thermotherapy, exercise therapy and phytotherapy. An essential part of this component is that patients learn various treatment methods in such a way that they can then apply them themselves and in the long term (e.g. in the home environment) without the presence of a doctor.

In addition drainage [*detoxification*] procedures can be found in the KfN. These include, for example, cupping, leech therapy and bloodletting. The detoxifying procedures have characterized European "conventional medicine" for thousands of years. According to the doctrine of the four juices, the 4 humors (yellow and black bile, mucus and blood) predominated in humans, the balance of which was decisive for the patient's state of health. Above all, too much of any one humor could make you sick, and it was the task of the knowledgeable doctor to drain the excess substance in various ways. Leeches and bloodletting are more or less self-explanatory. Cupping can be divided into dry and bloody cupping: Bloody cupping is equivalent to a small local bloodletting. Bloodless cupping increases blood circulation and stimulates the lymphatic flow inwards, so that it can also be described as a detoxifying procedure, just inwards. Of course, the detoxifying therapy procedures are not fully performed with the procedures mentioned.

Another building block in the KfN is a still very young form of therapy, namely neural therapy according to ***Ferdinand and Walter Huneke***, which was developed from 1925 onwards. At that time, local anesthetics were newly used to facilitate surgical procedures of all kinds. However, positive effects were also found after (inadvertent) intravenous injection, and it was also possible to achieve long-lasting significant improvements in pain areas in completely different parts of the body by "injecting" the so-called "interference fields" (e.g. scar tissue).

Orthomolecular medicine, therefore therapy with vitamins, minerals and trace elements, is also an integral part of the KfN. If there is a reasonable indication, higher doses of medicines are used. However, orthomolecular medicine is not an uncontrolled high-dose supply of potentially health-promoting substances of all kinds, but rather each form of treatment also has its justification and special dosage information.

It is impossible to imagine naturopathic clinics and practices without microbiological therapy. The composition of the microbiome for human well-being and its resilience to diseases of all kinds is constantly being researched and more and more known. As an example, the extreme case of stool transfer of patients with chronic recurrent infestation with *Clostridium perfringens*, the treatment

of which often proves to be very difficult and lengthy and can actually be cured thanks to microbiological stool transfers. Quite apart from this, symbiotic interactions between the microbiome and humans are known; The intake of prebiotics and probiotics can strengthen health-promoting elements or improve food intolerances. We are all very curious to see what insights will emerge in this area in the coming years.

In addition to the range of complementary medical services, the interdisciplinary cooperation of different professional groups in a naturopathic oriented hospital of course also plays a decisive role. In addition to the doctors who use for example cupping and neural therapy or attach leeches on their rounds, we have a physical department with a wide spectrum. This ranges from among other things from reflexology massages or manual therapy to basic spinal balancing on a therapy pillow to electrotherapy of all kinds, physiotherapy with osteopathic techniques (craniosacral/visceral therapy), sling table, iontophoresis and much more. But naturopathic care is also firmly integrated into the daily treatment of our patients: Wraps and pads of any kind, instructions for performing foot baths, partial baths, rapeseed kneading, inhalations, etc. should be mentioned here. The care also represents the aroma group of the house and continuously develops its own creations, which for example have a pain-relieving, relaxing or also sleep-inducing effect. Naturopathic care has learned the rhythmic foot rub from anthroposophic medicine. In the same way, group therapy applications are also carried out by the nurses, for example progressive muscle relaxation according to Jacobson or autogenic training; however, they also give lectures on nursing education, e.g. on the topics of sleep hygiene or nutrition.

As the 4th major therapeutic department, the hospital's own kitchen should definitely be mentioned. Nutritional therapy is a central therapeutic element in classical naturopathy. It plays an important role in the prevention and treatment of chronic diseases. At KfN we offer various forms of therapy. The kitchen supports our patients in changing their diet to food that is more beneficial for their health. In addition, they receive nutrition lectures and, if necessary, individual nutritional advice on the topics relevant to them. The goal of nutritional therapy is to get the patient used to his new diet in the long term in order to avoid a relapse into harmful eating habits.

A special form of hydrotherapy/thermotherapy is whole-body hyperthermia. With 4 so-called Heckel beds and 3 overheating baths, the KfN is the largest facility for hyperthermia in the German-speaking area and can draw on the experience of about 40,000 treatments since the 2000s.

### **List of Integrative Medicine — LIMed**

The List of Integrative Medicine is an independent, loose interest group of physicians working in complementary medicine. The List of Integrative Medicine is a relatively young movement on the rise. It is currently active in Lower Saxony, Baden-Württemberg, Bavaria, Bremen, Hamburg and Rhineland-Palatinate, each with representatives in the respective assemblies of delegates. In 2023,

5 state medical association elections are due, and LIMed hopes for similarly successful results here as well. The goal is to create a nationwide List of Integrative Medicine that is committed to a coexistence of conventional medicine and complementary medicine on an equal footing.

The **Hufeland Society** acts as a kind of "patron" of LIMed, referring to *Christoph Wilhelm Hufeland* (1762-1836), who was not only the royal personal physician, but also a social hygienist and educator of the people in personal union. In his Journal of Practical Pharmacology, he offered a forum for discussion of the medical currents of his time. Numerous articles by *Samuel Hahnemann*, the founder of homeopathy, also appeared there. With currently 16 medical societies and thus more than 16,000 doctors, the Hufeland Society is the largest network of physicians for integrative medicine in Europe. Their declared goal is an integrative medicine of the future. The Hufeland Society also provides its homepage ([www.hufelandgesellschaft.de](http://www.hufelandgesellschaft.de)) as a platform for the Integrative Medicine List. In general, the Hufeland Society sees itself as the voice of integrative doctors. As an umbrella organization, the Hufeland Society is also committed to better researching complementary medicine, making it part of every medical education and, of course, also making it available to everyone on request.



#### **Author**

Robert Schmidt. Born in 1975. After his license to practice medicine in 2005 and his recognition as a specialist in internal medicine, Robert Schmidt worked in internal medicine at the Peißenberg and Starnberg hospitals. Since 2014 he has been working at the Hospital for Naturopathy in Munich, initially as a senior physician; since 2020 he is the chief physician. In 2019 he obtained additional designations in Homeopathy and Naturopathy.

#### **Conflict of Interest.**

The author states that there is no conflict of interest.

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