

# Conference Reports

## ICCMR 2013 – International Congress for Complementary Medicine Research

London, United Kingdom

11–13 April 2013

### Zhen Zheng

The 8th International Congress for Complementary Medicine Research (ICCMR) was held from 11–13 April 2013 in London.

ICCMR is the annual conference of the International Society for Complementary Medicine Research. It is the time of year when isolated complementary medicine researchers come from all over the world to meet and to have their fellowship. Four hundred and thirty delegates from 36 countries attended the conference.

We are familiar with the names of a number of speakers from many publications associated with Chinese medicine: Alan Bensoussan, Myeongsoo Lee, George Lewith, Klaus Linde, Hugh MacPherson, Karen Sherman, Claudia Witt and Charlie Xue. Those researchers have produced a significant amount of evidence for acupuncture and Chinese herbal medicine in the last 10 years. In addition to Chinese medicine, topics extended to homeopathy, spirituality, research methods, qualitative research and cost-effectiveness analysis.

I took two main themes from the conference.

1. Research in complementary medicine is more important than ever. It is up to us to develop the appropriate methods to study complementary and alternative medicine (CAM). Quantitative research, such as

randomised controlled trials (RCTs) is necessary, as is qualitative research, in which patients and practitioners' view and experience about the therapy and services delivery are obtained and studied.

2. Research in cost-effectiveness is essential in putting CAM into any health service system. Because of a lack of research in the cost-effectiveness analysis of acupuncture for osteoarthritis, the National Institute for Health and Clinical Excellency (NICE), who 'provides national guidance and advice to improve health and social care' in the United Kingdom (UK), recommended in 2009 in the guideline for osteoarthritis that 'Electro-acupuncture should not be used to treat people with osteoarthritis'. However, in 'Low back pain: Early Management of Persistent Non-Specific Low Back', NICE recommended that health care providers 'Offer one of the following treatment options, taking into account patient preference: an exercise programme, a course of manual therapy or a course of acupuncture'. This significant difference lies in the available evidence of acupuncture for low back pain. Using data from a UK based acupuncture trial,<sup>1</sup> Ratcliffe et al (2006)<sup>2</sup> found that when compared with usual care, up to 10

sessions of traditional acupuncture over three months is more cost-effective in the following 24 months.

This case illustrates the necessity of conducting trials and research in Australia, in particular, if we want to improve the application of Chinese medicine and acupuncture in this country, and if we want to include acupuncture in Medicare.

In addition to the knowledge gained, it always brings warmth when I go to conferences where kindred spirits can discuss and share their experience. If you are an educator or researcher in CAM, then this conference is definitely for you. If you are a practitioner who is reflective and interested in the future and mechanisms of your therapy, then this conference is also for you. To find more about the 2014 conference, please check [www.iscmr.org](http://www.iscmr.org).

## References

1. Thomas KJ, MacPherson H, Thorpe L, Brazier J, Fitter M, Campbell MJ, et al. Randomised controlled trial of a short course of traditional acupuncture compared with usual care for persistent non-specific low back pain. *BMJ*. 2006;333(7569):623
2. Ratcliffe J, Thomas KJ, MacPherson H, Brazier J. A randomised controlled trial of acupuncture care for persistent low back pain: cost effectiveness analysis. *BMJ*. 2006;333(7569):626

## 16th International Congress of Oriental Medicine

Seoul, Korea

14–16 September 2012

Organised by the International Society of Oriental Medicine

www.icom2012.org

### Judy James

The 16th International Congress of Oriental Medicine (ICOM) was held in Seoul, Korea, on 14–16 September 2012 under the theme ‘The Future of Medicine, Traditional Medicine’. ICOM is held biannually, usually in Korea, Japan or Taiwan, and, with a reported estimate of 16 000 delegates and exhibitors, it is the largest international conference on traditional medicine.

The International Society of Oriental Medicine (ISOM), who organised the conference, had approached the Australian Acupuncture and Chinese Medicine Association Ltd (AACMA) for a contra exhibition booth arrangement, whereby the ISOM exhibition booth at AACMAC 2012 was given in exchange for an AACMA exhibition booth at ICOM. Therefore, my purpose in attending as AACMA representative was to promote the WFAS Sydney 2013 conference to ICOM delegates and to manage the AACMA exhibition booth.

For me, the most important aspect of this conference was the networking. Most delegates were from Korea, but a considerable number visited from other East Asian countries, Europe, South and South-East Asia, North America, Africa and, of course, Australia and New Zealand.

The main practical difference between this and other conferences I have attended, apart from the sheer size, was the absence of any catering. Black coffee could be purchased in the exhibition area, but otherwise delegates had to fend for themselves in terms of meals. This did create some challenges

for a non-Korean speaker; however, there were many food outlets in other parts of the venue (COEX) in Seoul’s Gangnam district.

As AACMA is a member of ISOM, I attended the annual ISOM meeting representing AACMA’s Past-President James Flowers. As ISOM’s purpose is to run academic conferences, the meeting was largely spent reporting on the ICOM 2012 and deciding on the next venue. Taiwan will be host to the next ICOM in 2014.

On the social side, there was a welcome dinner on the Friday evening and a formal conference dinner on the Saturday evening. I was privileged to be seated at the main table between the President of ISOM and the Editor-in-Chief of the *Evidence-Based Complementary Medicine* journal (eCAM). The evening progressed with entertaining presentations from many national representatives, and appropriately ended with a video of the song ‘Gangnam Style’ by Korean pop star Psy.

The two invited speakers from Australia and New Zealand were each asked to prepare a short report on their experiences of the conference, which follow this report. Stephen Janz is a Past-President of AACMA and the practitioner member for Queensland on the inaugural Chinese Medicine Board of Australia (CMBA). Paddy McBride is President of the New Zealand Register of Acupuncturists (NZRA) and a Vice-President of the World Federation of Acupuncture-Moxibustion Societies (WFAS).

### A View From Australia

By Stephen Janz  
(AACMA Past-President)

I was fortunate to have been invited to present a paper on ‘Acupuncture Education Standards in Australia’ in the Standards session at ICOM in Seoul. ICOM brought together researchers and clinicians from around the world, with a large Korean contingent of practitioners making up the majority of the forecast 16 000 attendees. Of note was a presentation from Simon Becker on the state of Chinese medicine in Europe, where he reported that acupuncture now has legal status in two EU countries: Belgium and Germany. Peggy Bosch, from the Netherlands, reported on her research on acupuncture for schizophrenia, insomnia and depression and gave an indication of how acupuncture can be used in an institutional setting.

The conference was interesting not only for the presentations, but for the insights into Korean practice as well. I was surprised to learn that arguably the world’s first textbook on public health, the *Dongui Bogam*, was written in Korea 400 years ago. It is now listed by UNESCO and is undergoing English translation. Acupuncture and herbal medicine has a long history in Korea, with much of its history shared with China and dating back about three thousand years. In Australia, acupuncture and Oriental herbal medicine are registered under the title of ‘Chinese medicine’; In Korea, acupuncture and herbal medicine are used under the title ‘Korean Oriental Medicine (KOM)’, acknowledging the Korean style of practice there.

KOM has been authorised by the Korean Ministry of Health since 1951, and South Korea's 20 000 KOM doctors must be licensed by the Ministry of Health in order to practise. Eleven universities teach a six-year degree in KOM, with approximately 800 new graduates per year. Unlike Australia, Korea's equivalent of Medicare has paid insurance rebates for KOM since 1987 and has incorporated KOM into its public health services. I was particularly taken by the use of KOM in international aid programs. A group called KOMSTA (Korean Medicine Service Team Abroad) provides acupuncture and traditional medicine to remote areas, and has provided services to 27 countries since 1993. KOMSTA currently has programs in Kazakhstan, Uzbekistan, Mongolia and Vietnam. One attraction of these programs is that acupuncture and herbal medicines are able to provide aid in areas where expensive modern medicines are in short supply.

The conference was also used to promote the government-supported World Traditional Medicine Expo, to be held over 45 days in Sancheong, Korea in September 2013. The expo will feature traditional medicines from

countries worldwide, and include opportunities for participants to try many of the therapies showcased. Korea is a country that embraces science and technology (as evidenced by Korean companies such as Samsung, LG, Hyundai etc.), yet still finds value in keeping and continuing to develop traditional healing technology.

#### **A View From New Zealand**

By Paddy McBride (NZRA President)

The 16th International Congress of Oriental Medicine in Seoul was quite an event. With more than 16 000 delegates from throughout the world, this was certainly the largest event of its type that I have attended. Everything was on an enormous scale – the venue, the COEX Centre, is also the home to the largest shopping mall in all of Asia, and the congress events were spread over three floors. Vast expanses of marble and glass, escalators in all directions and registration for different groups at different locations within the centre meant there was a lot of walking and a considerable amount of getting lost!

The trade exhibitors' area was extensive and crowded, particularly on the

Sunday. Many of the local delegates worked in their clinics on Saturday then came along on Sunday to catch up with all the latest products and services. From a Kiwi perspective, it was pleasing to see such a large crowd gathered around the stand promoting New Zealand deer velvet. It was also good to touch base with the suppliers and to hear about the strong ongoing relationship they have established with Korean suppliers and practitioners. Also of interest was the KOMSTA display. KOMSTA (Korean Medicine Service Team Abroad) provides a service whereby practitioners can volunteer their skills and knowledge to work with people in countries who are less well-served by efficient and effective health care.

Before travelling to Seoul for the congress, my understanding of the differences between traditional Chinese medicine and traditional Korean medicine was minimal. It was very heartening to learn of the wide acceptance of traditional medicine throughout the health care system in Korea; I feel we have a great deal to learn from our Korean colleagues when it comes to fully integrating with the health care system here in New Zealand – and, of course, in Australia.