



World Health
Organization



**WHO BENCHMARKS FOR
TRAINING
IN ANTHROPOSOPHIC
MEDICINE**



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WHO benchmarks for training in anthroposophic medicine

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Foreword

The World Health Organization (WHO) is currently implementing its Thirteenth General Programme of Work 2019–2023 to support countries in reaching all the health-related Sustainable Development Goals. The Programme is structured around three interconnected strategic priorities: achieving universal health coverage, addressing health emergencies and promoting healthier populations. These strategic priorities are supported by three strategic shifts: stepping up leadership, driving public health impacts in every country and focusing global public goods on impact.

Traditional medicine has always played a role in WHO's collective work. The Declaration of Astana, the renewed commitment to the Declaration of Alma-Ata on universal health coverage and the Sustainable Development Goals reaffirm the role of traditional medicine in strengthening primary health care, a cornerstone of health systems, in pursuit of health for all. This is also reflected in the WHO global report on traditional and complementary medicine in 2019, in which 88% of WHO Member States reported use of traditional and complementary medicine in health care.

In view of the growing importance of traditional medicine in health care nationally and globally, WHO and its Member States are exploring ways to integrate, as appropriate, safe, evidence-based traditional and complementary medical services into national or subnational health systems, to meet its commitment to the Political Declaration of the High-level Meeting on Universal Health Coverage.

WHO provides policy and technical guidance to Member States and promotes safe, effective use of traditional and complementary medicine through appropriate regulation of products, practices and practitioners. It further supports Member States in including traditional and complementary medicine in people-centred health care to implement the WHO Traditional Medicine Strategy 2014–2023.

WHO's core function is to set norms and standards. The normative work is driven by need and may be translated into a real impact in countries through appropriate policies. The aim of this series of benchmarks for various systems and interventions of traditional, complementary and integrative medicine is to provide a reference point for evaluating actual practice and practitioners.

I am very pleased to introduce this series to policy-makers, health workers and the general public. I firmly believe that it will serve its purpose.



Anshu Banerjee

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Preface

Integrated health services are essential for implementation of the WHO Thirteenth General Programme of Work, to support countries in achieving universal health coverage and the health-related Sustainable Development Goals. The mission of the Department of Integrated Health Services is to accelerate equitable access to high-quality, integrated, people-centred health services that can be monitored and evaluated.

WHO is mandated to provide independent normative guidance. Its normative products cover a wide range of global public health goods, including norms and standards. The primary role of the Department of Integrated Health Services is therefore to generate and produce relevant global goods that are driven by country needs and have a tangible impact at country level.

Since 2018, when 88% of WHO Member States reported use of traditional and complementary medicine, WHO's support in evaluating their safety, quality and effectiveness has continuously been ranked as important, as reported in the WHO global report on traditional and complementary medicine in 2019.

WHO prioritizes normative products after an assessment of demand. To address increasing needs and to ensure impact in countries, this series of benchmarks covers the main systems and interventions in traditional, complementary and integrative medicine according to norms and standards for training and practice.

WHO is not only assessing the quality of these normative products but is also streamlining systems and plans for monitoring and evaluation.

I am pleased to present this series of benchmarks and invite you to join us in measuring and documenting their impact.



Rudi Eggers

Director
Department of Integrated Health Services
World Health Organization

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WHO is indebted to all the experts who provided valuable comments and suggestions during the working group meeting, peer review process and consultations.

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Qi Zhang and Aditi Sharan undertook revision work under the guidance of Rudi Eggers. Thanks to colleagues within the WHO headquarters team for Traditional, Complementary and Integrative Medicine, Aditi Bana and Liu Qin for technical support.

WHO acknowledges the financial support of the International Federation of Anthroposophic Medical Associations, Switzerland for the development of this benchmark document. The International Federation of Anthroposophic Medical Associations had no involvement in the coordination, provision or accreditation of training in anthroposophic medicine. WHO expresses its appreciation to Havelhoehe Hospital in Berlin, Germany, for hosting the WHO working group meeting in December 2018.

Glossary

Astral organization: The system of formative forces behind the emergence of consciousness, feeling and instincts as well as movement, respiration and other body functions, as in animals and humans. It is one of the four *formative forces of the human being*.

Etheric organization: The system of formative life forces that form the physical body and maintain the integration of material substances into living organisms, such as in plants, animals or humans. The etheric organization is considered responsible for growth and regeneration and is central to restoring health. It is one of the four *formative forces of the human being*.

Formative forces of the human being: Four force systems involved in the shape, form, structure, function and organization of minerals, plants, animals and humans, existing in addition to physicochemical interactions. The dynamic composition of the four systems of formative forces (*Wesensglieder* in German) constitute the human being: *physical organization* (formative physical forces), *etheric organization* (formative life forces), *astral organization* (formative soul forces) and *"I"-organization* (formative forces of the human spirit).

Goethean science and observation method: Scientific, phenomenological observation approach based on the work of the German writer and scientist Johann Wolfgang von Goethe, further developed by Rudolf Steiner. By letting phenomena speak for themselves through various observation methods, functional relationships become visible, so that complex phenomena can be understood in terms of a simpler, ultimately irreducible archetypal phenomenon.

"I"-organization: The system of forces of the human spirit, the "I" (or ego), that provides the capacity for uprightness, thinking, insight, self-reflection, freedom, morality and the development of art and culture, as well as its expression and integrating capacity in the human *warmth organization* and other bodily functions. It is one of the four *formative forces of the human being*.

Living body: State of the body when the *etheric organization* is acting within the *physical organization* of a plant, an animal or human being.

Neurosensory system: Refers to the dynamic that prevails in the nervous and sensory system but is also found in all processes related to form, structure, catabolic activity, consciousness and thinking. It is a systemic part of the *threefold nature of the human organism*.

Physical organization: The physical body in its distinct human form, made up of physical matter and physicochemical interactions. The form and functions of the physical body are organized by formative forces, primarily by the *etheric organization*. The physical organization is one of the four *formative forces of the human being*.

Rhythmic system: Refers to all rhythmical processes and functions of human life, in particular the circulatory and respiratory system, and is also linked to feeling. Rhythmical processes allow mediation between the polarities of the *neurosensory system* and the *system of metabolism and limbs*. It is a systemic part of the *threefold nature of the human organism*.

Seven life processes: Life in the anthroposophic view can be differentiated into seven processes: breathing, warming, nourishing, secreting, maintaining, growing and reproducing.

Soul (in anthroposophic understanding): Refers to the dimension by which the human being links things to his or her own being and inner space, through which he or she experiences pleasure

and displeasure, desire and aversion, joy and sorrow and other feelings and thoughts. The soul, in anthroposophic understanding, is closely related to and derived from the astral organization.

Spirit (in anthroposophic understanding): Refers to the dimension that manifests in the human being when he or she looks at the spiritual nature of things. The spirit of the human being is his or her imperishable core.

System of metabolism and limbs: Refers to the digestive system in its widest sense, internal abdominal organs and the musculoskeletal system in the limbs, as well processes related to movement, metabolism, regeneration, reproduction and volition (will). It is part of the *threefold nature of the human organism*.

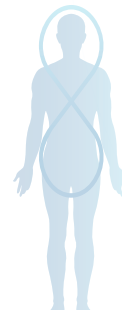
Threefold nature of the human organism: Functional polarity between catabolic processes necessary for the emergence of consciousness (*neurosensory system*) and anabolic, regenerative processes (*system of metabolism and limbs*), held in balance through rhythmical processes (*rhythmic system*).

Tria principia: Latin expression for the ancient concept of three principles – salt, sulfur and mercury – described by Paracelsus (1493–1541). Tria principia reflect processes rather than substances: salt process (structure), sulfur process (dissolution) and mercury process (harmonic flow). This concept is further developed in anthroposophic medicine.

Twelve senses: In the anthroposophic view, sensorial perception is categorized into 12 main sense modalities: of touch, life, movement, balance, smell, taste, sight/vision, temperature/warmth, hearing, speech/language, thought, and sense of the inner individuality (“I”) of the other human being.

Warmth organization: Summarizes the different aspects of heat and warmth in the human being as a self-regulating whole: heat and heat distribution within the body, thermosensation and the feeling of physical and emotional warmth. Considered closely related to and controlled by “I”-organization.

Introduction



Why this benchmark?

Anthroposophic medicine (AM) is a form of traditional, complementary and integrative medicine (TCI) that originated in Europe and is gaining increasing international popularity. It is integrated into conventional medicine in outpatient practices and hospitals.

As more countries have begun to set policies and regulatory frameworks for the practice of TCI, policy-makers require information to make informed decisions, including evaluations of the quality of practices, difficulties and ways in which they can be addressed. Benchmarks for training in several TCI disciplines and therapies have been issued by WHO, including in acupuncture, ayurveda, naturopathy, osteopathy, traditional Chinese medicine, tuina and Unani medicine.


These are the first benchmarks for training in AM. They reflect what the AM community considers to be minimum training for health workers to practise any of the AM disciplines in order to ensure consumer protection and patient safety, including quality assurance and proper use, to ensure the effectiveness of AM. The benchmarks will contribute to establishing a reference toolkit on AM for countries.

How was this benchmark prepared?

This document followed the established methodology of WHO to develop benchmarks in traditional, complementary and integrative medicine. The WHO secretariat proposed a plan and the scope of the work. A review of existing training benchmarks and publications on training in AM was conducted to identify knowledge gaps.

First, the international professional organizations for each of the AM disciplines were requested in 2017 to share international training documents. 17 international training documents were obtained, covering seven out of the nine AM disciplines (for midwives and dentists only national training documents were available). 12 documents were included for review and five were excluded. Documents were assessed for covering 11 items needed for the preparation of this document: definition of the AM discipline; entrance requirements; training components; learning outcomes concerning knowledge, concepts, theories; learning outcomes concerning clinical competence and practice; graduation criteria; training duration; teaching methodology; training on professionalism, collaboration, patient rights, research; safety; curricula/ distribution of training hours. For four of the disciplines, documents covered at least nine items; for the other three disciplines, documents covered six or less items. Documents were assessed for clarity.

Second, a scoping review was conducted using the databases Pubmed, Medline, Cochrane Library, SAGE journals, Wiley Online, CINAHL, PsycInfo, Anthromedics/ Der Merkurstab for publications between January 2012 and April 2022. The search terms categories (specified for the different databases) were: anthroposophic (medicine), disciplines, education/ training. Languages included English, German and Dutch. Study selection was carried out by two researchers independently. Results: 1080 publications were identified, 452 duplicates were removed, 619 were screened out and 9 included (1,2,3,4,5,6,7,8,9). The quality of the publications was not assessed. Eight different training programs were described. All of the described programs were for physicians, one program was designed to start during medical school, one included training of other AM disciplines as well.



The included publications describe, at least partially, ten of the eleven items needed for the document preparation for physicians. Three items had not been previously identified through the review of international training documents.

To prepare the benchmark document, WHO and the drafting experts contacted the international professional organizations of each AM discipline with requests for clarification, further information and modifications in their respective training documents, where appropriate, to ensure clarity and completeness of the required items. After an iterative process between WHO, the drafting experts and the representatives of the AM disciplines, a training text and sample curriculum was agreed for each AM discipline for inclusion in the first draft of the document.

The first draft of the document was presented to a working group meeting for discussion. A total of 24 experts from 13 countries across the 6 WHO regions joined the working group meeting, representing expertise including in policy-making, regulation, health worker education, international training and clinical practice. After three days of discussion on the scope, structure and content of the document, the meeting reached consensus and provided advice for the second draft. The second draft was shared with a wider group of global experts for peer review and was revised based on the feedback of 28 experts. A second global peer review was conducted and the draft was revised again based on the feedback from 60 experts. The updated draft was then put through a consultation attended by seven experts, who reviewed the progress made since the working group meeting and peer reviews. Findings and recommendations from the scoping review were included and addressed, as appropriate, for the final draft.

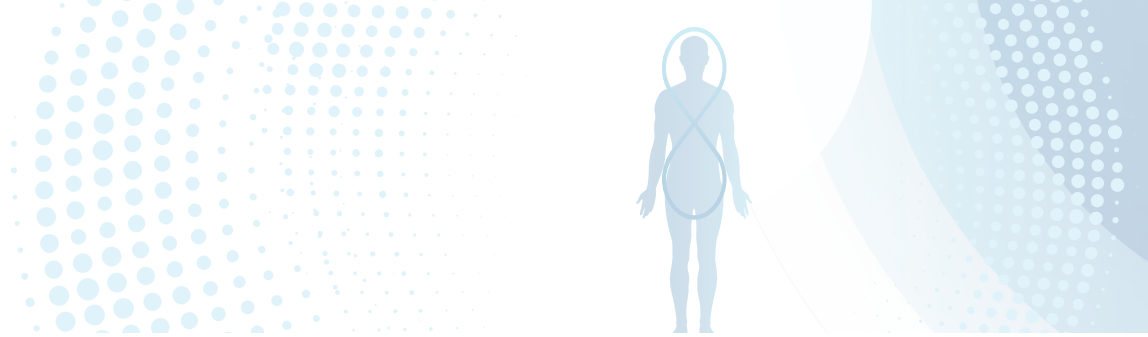
WHO's work on global health issues requires the assistance of external parties whose expertise may entail specific interests. To ensure the highest standards of integrity and public confidence, Declaration of Interest forms were collected from all the external contributors. Declared interests of the external contributors were reviewed and assessed for the relevance and significance of the interest and only those experts who did not have relevant or significant interest, were invited to participate in the meeting or activity, as per the Declaration of Interest policy of WHO.

What does this benchmark cover?

This document is structured in three parts:

- background: an overview of the development and fundamental concepts of AM;
- training in anthroposophic medicine: the learning outcomes required for each component of each AM discipline; and
- safety issues: the general precautions and contraindications related to use of anthroposophic medicinal products (AMP) and anthroposophic therapeutic practice.

These three parts constitute a complete set of benchmarks for training in AM.



Who is this benchmark for?

By setting norms and standards, this document provides the minimum training requirements for health workers to practise any of the AM disciplines. It is a useful reference point with which actual practice can be compared and evaluated, which will benefit policy-makers, health workers, education providers and the public in general.

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1 Background



Definition

AM is an integrative, whole medical system that extends conventional medicine with the cognitive methods and results of anthroposophy. AM regulates the interactions of the living body, soul and spirit, according to each person's biography and social and environmental context. It includes treatments and therapies to activate self-healing with medications, nursing, counselling, psychotherapy and anthroposophic arts, movement and body therapies.

History

The principles of AM were established by the Austrian philosopher Rudolf Steiner (1861–1925) and the Dutch physician Ita Wegman (1876–1943) (10,11). The development of AM is summarized in Table 1.

Table 1. Timeline of anthroposophic medicine

| | |
|---|--|
| 1920–1925 Founding of anthroposophic medicine | 1920 – First of several anthroposophic courses for physicians 1921 – Establishment of small anthroposophic hospitals in Germany and Switzerland 1921 – Development of anthroposophic nursing practices and rhythmical massage 1921 – Production of first medicines according to anthroposophic principles 1921 – Eurythmy therapy initiated 1924 – Anthroposophic “curative education” and social therapy for individuals with developmental disabilities initiated 1925 – First AM textbook, “Fundamentals of therapy” (11), published by Steiner & Wegman |
| 1925–2000 Further development and expansion | Further development of AM therapies. Range of AMP extended. Basic and clinical research developed 1939 – Camphill movement for individuals with developmental disabilities founded in Scotland, which later spread to 65 countries 1960s–1990s – Founding of hospitals in which AM is integrated with conventional medicine in Germany, Italy, Switzerland, Sweden, United Kingdom 1976 – German Medicine Act 1976 (<i>Arzneimittelgesetz</i>) recognizes “special therapy systems”, including AM, and begins regulating AMPs 1983 – University of Witten/Herdecke (Germany) founded from the anthroposophic integrative hospital Herdecke |
| 2000–present Academization and integration into health systems | Extension of AM training throughout Africa, the Americas, Asia, Australasia and Eastern Europe International coordination and consensus statements on best practice, training and research Professorships in AM in Brazil, Germany, Netherlands and Switzerland; inclusion of AM training in various universities worldwide Increasing numbers of studies and scientific publications on AM Countries include AM into their national health systems; e.g. Brazil and Switzerland |

AM is practised today in primary, secondary and tertiary care settings ranging from single and multidisciplinary group practices, rehabilitation centres, nursing homes, community nursing services and sanatoriums to anthroposophic hospitals, public hospitals and university medical centres (12,13). The AM approach is practised in integration with conventional Western medicine and used in conjunction with nearly all medical specialties, including internal medicine, family medicine, oncology, paediatrics, psychiatry, gynaecology and obstetrics and dermatology.

Anthroposophic understanding of the human being and nature

Anthroposophy describes how abilities can be developed from a simple sensorial stage to higher levels of perception through empirical observation of the physical and spiritual characteristics of human beings and nature. Steiner saw anthroposophic spiritual science as application of scientific methods in the realm of non-sensory reality and a consequential development of western thought, particularly the philosophy of Plato and Aristotle and German idealism as represented by Goethe, Schiller, Fichte, Hegel and Schelling (13,14).

Fundamental concepts in understanding the human being

Understanding of the human being in anthroposophy is based on the principles of fourfold formative forces and the threefold nature of the human being.

The four formative forces of the human being

In addition to the molecular, biochemical mechanisms active in nature, anthroposophy describes higher-order forces that constitute the so-called formative forces or organizational members of the human being (*Wesensglieder* in German) (13,14). These formative forces are discovered through insight and practice. The concepts are applied according to Steiner's observations and suggestions and have been further developed by others (14,15).

Four formative forces are observed in the human being (Table 2). The terms used here are the classic ones used by Steiner and should be considered in their historical context (for a thorough description, see Bibliography):

1. Physical organization: the physical human body, consisting of physical matter and physicochemical interactions
2. Etheric organization (formative life forces): a higher-level force system that forms the physical body and maintains the integration of material substances into living organisms, such as plants, animals or humans. The etheric organization is responsible for growth and regeneration and is central to restoring health.
3. Astral organization (formative soul forces): a higher level of organization and system of forces above etheric organization that brings about the emergence of consciousness, feelings, instincts as well as movement, respiration and other body functions in animals and humans. These functions emerge as the astral organization imprints itself into the etheric organization and from there into the physical organization.
4. "I"-organization (formative forces of the human spirit): the "I" provides the capacity for thinking, self-consciousness, introspection, freedom and development of art and culture. In addition to the conscious "I", "I"-organization acts as a higher-level system in the human organism, in particular through warmth organization, physical and emotional uprightness and close interconnections with the blood system. These functions emerge as the "I"-organization imprints itself into the astral organization and from there into the etheric and physical organizations.

Table 2. Formative forces in nature and human beings

| Mineral | Plant | Animal | Human | Internalized formative forces |
|---------|--------|--------|--------|-------------------------------|
| | | | Spirit | "I"-organization |
| | | Soul | Soul | Astral organization |
| | Life | Life | Life | Etheric organization |
| Matter | Matter | Matter | Matter | Physical organization |

Adapted from reference (14)

Threefold nature of the human organism

The interactions of the four formative forces lead to a functional polarity in the human organism between the catabolic processes necessary for the emergence of consciousness and more anabolic, regenerative processes. This functional polarity is held in balance through rhythmical processes (17,18) (Table 3):

1. Neurosensory system: the dynamic that prevails in the nervous and sensory system but is also found in all processes related to form, structure, catabolic activity, consciousness and thinking
2. System of metabolism and limbs: the dynamic that prevails in the digestive system and the limbs to processes related to movement, metabolism, regeneration, anabolic activity, reproduction and volition (will)
3. Rhythmic system: the dynamic that prevails in the circulatory and respiratory system and all rhythmical processes of human life and feeling. Rhythmical processes such as sleep and waking, breathing and cardiovascular rhythms and many others allow mediation between the polarities of the two other systems. The rhythmic system mediates between catabolic and anabolic processes.

Table 3. Threefold nature of the human organism

| | Neurosensory system | System of metabolism and limbs | Rhythmic system |
|------------------------|-------------------------------------|-----------------------------------|--|
| Inner activity | Thinking | Volition (will) | Feeling |
| Level of consciousness | Conscious | Subconscious | Dream-like |
| Organic processes | Catabolic Structuring Cooling | Anabolic Dissolving Warming | Balancing catabolic– anabolic processes Mediating Breathing and circulation |

Adapted from reference (17)

Health and disease throughout the life stages

Health is considered to emerge continuously from an active equilibrium of the four formative forces and the threefold nature of the human being. Imbalances and disorders in the formative forces and the threefold nature lead to disease. The equilibrium of the four formative forces undergoes characteristic changes during a lifetime. The immortality of the human spirit ("I") provides a perspective of development beginning before birth and extending beyond the moment of death.

Practice of anthroposophic medicine

The practice of AM comprises the following assessments: conventional medical assessment and diagnosis, determination of imbalances and disorders of the four formative forces and threefold nature of the individual and how the disease reflects the context of the individual's biographical experience. Treatment plans are individualized or according to the pathology to restore balance in the four formative forces and the threefold nature and to support salutogenesis and activate

the individual's innate self-healing capacity. A multimodal treatment strategy is established, which includes providing AM in combination with conventional western medicine as indicated and sometimes other TCI methods (18). It also includes voluntary vaccination to prevent life-threatening diseases (19).

The idea that the experience of disease may be a turning point for inner and biographical development is an important aspect of support to the individual (16). Individual autonomy, dignity and self-determined inner development and establishing a trusting therapeutic relationship are core values of AM.

Anthroposophic treatment modalities include counselling, use of medications, nursing care, psychotherapy, arts therapy, eurythmy therapy and body therapies. Various health workers collaborate and work with the individual, family and caregivers. One physician usually coordinates treatment. The collaboration includes deciding which AM (or other TCI) therapies are the most relevant, based on the medical condition and individual preferences. The physician also ensures that both conventional and AM treatments are provided as indicated.

Anthroposophic medicinal products are medicinal products that are conceived, developed and produced in accordance with the anthroposophic knowledge of the human being, nature, substance and pharmaceutical processing. Starting materials may be prepared from mineral, botanical, zoological or chemical substances. AMPs are prepared from mineral, plant, animal or chemical sources by specific anthroposophic and standard homeopathic manufacturing methods, as described in official pharmacopoeias¹ and in the Anthroposophic Pharmaceutical Codex (20). Regulations applied to anthroposophic medicinal products may vary from country to country and by the types of products.

¹ The Swiss Pharmacopoeia defines anthroposophic preparations and their manufacturing methods. The European Pharmacopoeia and the German Homeopathic Pharmacopoeia describe manufacturing methods and substances used in anthroposophic preparations. The Anthroposophic Pharmaceutical Codex describes manufacturing methods and substances used traditionally in AM and is recognized by the Australian and Brazilian medicines agencies.

2 Training in anthroposophic medicine



2.1 Overview of training in anthroposophic medicine

AM training programmes are specific for each discipline (i.e. physicians, nurses, pharmacists etc.). The three entrance categories are (Table 4):

Category 1 – no prior health-care training. People with no prior training in health care must first receive training in conventional health care before being eligible for AM training, or they may undertake a training programme that integrates conventional and AM. This does not apply to eurythmy therapy or anthroposophic arts therapy, which are taught independently.

Category 2 – prior training in conventional health care. People with prior training in health care can begin AM training specific to their discipline.

Category 3 – prior training in TCI. Depending on the TCI profession and the extent of training, candidates may enter AM training or receive credits for their prior training.

Table 4. Entry conditions for training in different anthroposophic medicine disciplines

| Discipline | Entry category | | |
|--------------------|---|--|--|
| | Category 1 – no prior training in health-care | Category 2 – prior training in conventional health care | Category 3 – prior training in TCI ^a |
| Physician | Full conventional medical training | Registered physician | Registered TCI physician |
| Nurse | Full conventional nursing training | Registered nurse | Registered TCI nurse with minimum of 3 years of tertiary education |
| Midwife | Full conventional midwifery training | Registered midwife | Registered TCI midwife with minimum of 3 years of tertiary education |
| Pharmacist | Full conventional pharmacy training | Registered pharmacist or doctorate in pharmacy | Registered TCI pharmacist or doctor of TCI pharmacy; considered according to national training standard |
| Dentist | Full conventional dentistry training | Registered dentist | Not applicable |
| Psychotherapist | Full conventional psychotherapy training (various pathways) | Physician, psychologist or counsellor with state registration to practise psychotherapy | TCI practitioner with post-graduate training and state registration to practise psychotherapy |
| Eurythmy therapist | General eurythmy training | General eurythmy studies, followed by eurythmy therapy training. Credits given for previous health-care training | General eurythmy studies, followed by eurythmy therapy training. Credits given for previous TCI training |

| Discipline | Entry category | | |
|-------------------------------|---|--|--|
| | Category 1 – no prior training in health-care | Category 2 – prior training in conventional health care | Category 3 – prior training in TCI ^a |
| Anthroposophic arts therapist | Anthroposophic arts therapy training | Conventional arts therapy degree or other health worker. Credits given as applicable | TCI health worker. Credits given as applicable |
| Anthroposophic body therapist | Full body therapy training and registration to physically examine and treat individuals | Any health practitioner registered to physically examine and treat individuals | Any TCI health worker registered to physically examine and treat individuals |

^a See relevant training section for more detailed entrance requirements.

AM training programmes comprise the following components:

- general medical knowledge, including fundamental science and methods; provided only in training for eurythmy therapy or anthroposophic art therapy;
- anthroposophic understanding of the human being and nature and of health and disease;
- competence specific to the AM discipline: concepts and practice specific to the discipline and mentored practice and project work; and
- professionalism, collaboration, patient rights and research methods.

The remainder of section 2 describes the learning outcome required for each component of each AM discipline. Annex 1 lists the hours of training required for each component in the different AM disciplines.

2.2 Physician with specialised training in anthroposophic medicine

2.2.1 Definition

AM is based on established scientific medical principles and natural science, extended by anthroposophic understanding of the human being and nature. A physician with specialised training in AM is a registered physician who has been trained to integrate anthroposophic principles into health promotion, prevention, diagnosis, therapy and rehabilitation. The fundamental goals are to heal the individual and to maintain health throughout life by stimulating the individual's activity and self-healing potential.

2.2.2 Entrance requirements

Category 1 – no prior training in health care: Training, relevant licensing or registration as a conventional (biomedical) physician. Medical students could take AM courses during their medical studies.

Category 2 – prior training in conventional health care: Registered physician.

Category 3 – prior training in TCI: Registered TCI physician or equivalent, such as traditional Chinese medicine physician, osteopathic physician or naturopathic physician, will be considered for AM physician training according to national TCI training standards.²

² Training for a minimum of 1000 h of biomedical science, including anatomy, physiology, pathology, diagnostics and therapy. Training at level 7 of the International Standard Classification of Education: Master's degree or equivalent (23).

2.2.3 Training components

- Anthroposophic understanding of the human being and nature
- Anthroposophic understanding of health and disease
- Anthroposophic therapy
- Professionalism, collaboration, respect for patient rights³ and research

2.2.4 Learning outcomes

1. Anthroposophic understanding of the human being and nature
 - Be aware of the fundamental concepts of the anthroposophic understanding of the human being and its relation to nature and know how to put these in relation with concepts of conventional medicine.
 - Observation of nature and substances at the origin of important anthroposophic medications, using the Goethean observation method.
2. Anthroposophic understanding of health and disease
 - Establish a differentiated evaluation of the individual, taking into account physical, etheric, astral and "I"-organization and the individual's biographical development, and arrive at an individualized, multidimensional diagnosis and identification of the individual's resources and need for therapeutic intervention, in integration with the conventional diagnosis and treatment plan.
 - Take into account the spiritual dimension of the individual in the treatment plan and, when appropriate, possible and desired, discuss this with the individual.
3. Anthroposophic therapy
 - Understand the indications, dosage, therapy modality, side-effects, precautions and contraindications to commonly used minerals, plants and zoological products used in AM.
 - Treat the most common diseases encountered in general and specialist practice by means of or including anthroposophic medications and therapies, while also providing conventional therapy as indicated.
 - Document the course of the anthroposophic medical treatment, including mental, emotional and spiritual aspects.
4. Professionalism, collaboration, patient rights, research
 - Independently pursue a path of medical–spiritual development.
 - Practice shared decision-making with individuals and their relatives based on the concept of the human being as a spiritual and developing being
 - Communicate appropriately and collaborate effectively in a therapeutic team of AM trained health care workers.
 - Understand the scientific basis and research methods of AM, independently search the anthroposophic-medical literature and integrate research results into medical practice.
 - Contribute to clinical experience sharing and pharmacovigilance of AMPs.

³ "Patient rights" include respect for the fundamental dignity and equality of all human beings, as enshrined in the 1948 Universal Declaration of Human Rights, WHO's Constitution, which declares that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being", and more recent international texts, such as European Council Recommendation No. R (2000) 5 on patient participation in decisions affecting their health care.

For a sample curriculum see Annex 1

2.2.5 Graduation criteria

General criteria:

- Completion of training curriculum, including project work and three case reports to a satisfactory standard
- Completion of mentored practice to a satisfactory standard
- Two years of clinical experience at a hospital or outpatient practice, with or without AM, at the time of certification (required to ensure adequate clinical experience when entering independent AM practice)
- Passed examination or equivalent evaluation

Examination covers:

- Assessment of project work, and
- Assessment of the achievement of all learning outcomes, and
- Presentation of two case reports

2.3 Training of other anthroposophic medicine practitioners

2.3.1 Nurse with specialised training in anthroposophic nursing

Definition

Anthroposophic nursing is based on conventional nursing approaches and skills, extended by anthroposophic knowledge of the human being. The anthroposophic differentiation between physical body, life forces, soul and spirit and understanding of biographical development throughout the life-course in which care is required (e.g. childhood, disease, disabilities, advanced age) provide additional perspectives on nursing skills, processes and attitudes.

Entrance requirements

Category 1 – no prior training in health care: Training in conventional nursing. Nursing students can begin taking courses in anthroposophic nursing during their studies.

Category 2 – prior training in conventional health care: Registered nurse with a minimum of 3 years tertiary education.⁴

Category 3 – prior training in TCI: Registered TCI nurse with minimum 3 years tertiary education.⁴

Training components

1. Anthroposophic understanding of the human being and nature
2. Anthroposophic understanding of health and disease relevant to nursing
3. Concepts of anthroposophic nursing
4. Applied practice of anthroposophic nursing
5. Professionalism, collaboration, patient rights, research

⁴ ISCED level 5 or higher (23).

Learning outcomes

1. Anthroposophic understanding of the human being and nature
 - Be aware of the main concepts of the anthroposophic understanding of the human being and its relation to nature.
2. Anthroposophic understanding of health and disease relevant to nursing
 - Understand typical diseases and general nursing issues in the main medical specialist areas in the light of AM
3. Concepts of anthroposophic nursing
 - Establish a diagnosis of the four formative forces of the human being, and derive, justify and reflect on the necessary care procedures, in accordance with the nursing process.
 - Analyse life processes, learning processes and biographical rhythms, and derive, adapt and reflect on the necessary care procedures.
 - Correctly implement, adapt and evaluate nursing procedures in accordance with the nursing process.
 - Indicate, from an anthroposophic point of view, the use of medicinal substances for external use, and prepare external applications in a way that is safe and appropriate for the individual.
4. Applied practice of anthroposophic nursing
 - Establish a nursing plan based on anthroposophic concepts that are appropriate to the specific situation of the receiver of care, and implement, adapt and reflect on the resulting care procedures.
 - Carry out and evaluate partial-body and full-body rhythmical embrocation.
 - Indicate the main external applications (compresses, poultices, baths), and appropriately implement them and evaluate the results, observing safety precautions and possible contraindications.
 - Indicate and implement the main nursing procedures in personal crisis situations.
5. Professionalism, collaboration, patient rights and research
 - Look after his or her personal development, cultivate teamwork and be aware of his or her responsibility for the development of anthroposophic nursing.
 - Reflect on philosophical mind-sets in medicine and life issues.
 - Integrate anthroposophic research results into nursing work, and indicate methods for research in anthroposophic nursing.

For a sample curriculum, see Annex 1.

Graduation criteria

General criteria:

- Two years of practical nursing experience at the time of certification (with or without AM)
- Completion of the training curriculum
- Completion of project work, three case reports as well as short case vignettes in rhythmical embrocation and external applications
- Satisfactory completion of mentored practice
- Passed examination or equivalent evaluation

Examination comprises:

- Presentation of case reports, and
- Assessment of project work, and
- Assessment of achievement of the learning outcomes, including demonstration of external application and of whole-body rhythmical embrocation

2.3.2 Midwife with specialised training in anthroposophic midwifery

Definition

Anthroposophic midwifery is based on conventional midwifery expanded by the anthroposophic knowledge of the human being. The anthroposophic differentiation between physical body, life forces, soul and spirit and view on biography, health and social development of mother, child and family lead to additional perspectives in midwifery skills, processes and attitudes.

Entrance requirements

Category 1 – no prior training in health care: Conventional midwifery or nurse-midwifery training. Midwifery students can begin taking courses in anthroposophic midwifery during their studies.

Category 2 – prior training in conventional health care: Registered midwife or nurse-midwife with a minimum of 3 years of tertiary education. (23).

Category 3 – prior training in TCI: Registered TCI midwife or TCI nurse-midwife with a minimum of 3 years of tertiary education (23).

Training components

1. Anthroposophic understanding of the human being and nature
2. Anthroposophic understanding of pregnancy, birth and postpartum period in health and disease
3. Concepts of anthroposophic midwifery
4. Applied practice of anthroposophic midwifery
5. Professionalism, collaboration, patient rights, research

Learning outcomes

1. Anthroposophic understanding of the human being and nature
 - Be aware of the main concepts of the anthroposophic understanding of the human being and its relation to nature.
2. Anthroposophic understanding of pregnancy, birth and postpartum period in health and disease
 - Understand the processes of pregnancy, birth and postpartum period under healthy conditions and in women with the most frequent diseases in the light of anthroposophy.
3. Concepts of anthroposophic midwifery
 - Assess each woman and child in accordance with the physical, etheric, astral and "I"-organization, and establish a diagnosis of the balances and imbalances of the four formative forces.
 - Identify individual care and treatment requirements.
 - Develop, implement and evaluate a care and treatment plan that takes into account the physical, mental and emotional aspects of woman and child, applying contemporary AM knowledge.
 - Consider the wishes and intentions of the woman and child, and include these in decisions to maintain and strengthen self-activity and self-healing capacity.

4. Applied practice of anthroposophic midwifery
 - Indicate and prescribe appropriate AMPs, as permitted under national prescribing rights, in the context of midwifery, and be aware of their appropriate use, side-effects and contraindications.
 - Carry out and evaluate partial-body rhythmical embrocation.
 - Indicate the main external applications in the field of midwifery (compresses, poultices, baths), and appropriately implement and evaluate them, observing safety precautions and potential contraindications.
 - Adjust midwifery procedures to the individual's health and biographical, social and cultural situation, and explain these aspects.
 - Advise and treat the woman and child individually in terms of obstetrical problems.
 - Integrate anthroposophic research results into midwifery work.
5. Professionalism, collaboration, patient rights, research
 - Look after his or her personal development, cultivate teamwork and be aware of his or her responsibility for the development of anthroposophic midwifery.
 - Reflect on philosophical mind-sets in midwifery, medicine and life issues.

For a sample curriculum, see Annex 1.

Graduation criteria

General criteria:

- Two years working experience as midwife at the time of certification (with or without AM)
- Completion of training curriculum
- Completion of two written case reports and case vignettes of rhythmical embrocation and external applications
- Completion of mentored practice
- Passed examination or equivalent evaluation

Examination comprises:

- Presentation of one case report, and
- Assessment of achievement of learning outcomes

2.3.3 Pharmacist with specialised training in anthroposophic pharmacy

Definition

A pharmacist with specialised training in anthroposophic pharmacy or a person with a doctorate in pharmacy, and knowledge, experience and skills in the specialized area of anthroposophic pharmacy and competence in counselling on AMPs.

Entrance requirements

Category 1 – no prior training in health care: Training in conventional pharmacy, followed by relevant registration

Category 2 – prior training in conventional health care: Registered pharmacist or doctorate in pharmacy

Category 3 – prior training in TCI: Registered TCI pharmacist or doctorate in TCI pharmacy will be considered for anthroposophic pharmacy training according to national training standard.⁵

⁵ Training of ISCED level 7 – Master's or equivalent (23).

Training components

1. Anthroposophic understanding of the human being and nature
2. Anthroposophic understanding of health and disease
3. Learning outcomes specific to anthroposophic pharmacy
4. Professionalism, collaboration, pharmaceutical regulation, research

Learning outcomes

1. Anthroposophic understanding of the human being and nature
 - Understand the human being as a dynamic equilibrium of functional systems as defined in AM.
2. Anthroposophic understanding of health and disease
 - Understand the concepts of health and disease in AM.
 - Identify and approach the individual's problems within the anthroposophic concept of the human being and disease.
3. Learning outcomes specific to anthroposophic pharmacy
 - Identify processes in nature with the Goethean observation method.
 - Describe minerals, plants and zoological products used in AMPs, their indications, dosage, therapy modality, side-effects, precautions, contraindications and drug interactions.
 - Describe the substances and manufacturing processes of anthroposophic pharmacy and their principles; identify the rationale for using an AMP for a given pathology.
 - Evaluate the appropriateness of the individual anthroposophic drug therapy and therapeutic problems, including appropriate choice of drug, posology and possible interactions and side-effects.
 - Effectively explain and communicate with the individual about his/her health problems and anthroposophic medication and possible further measures in their lifestyle.
 - Relate the findings of the anthroposophic medical understanding of substances in order to choose the right AMPs for minor disorders.
 - Perform compounding of AMPs for minor disorders and according to prescription.
4. Professionalism, collaboration, pharmaceutical regulation, research
 - Communicate and collaborate with other health-care workers with specialised training in AM.
 - Participate in research on AMP and other aspects of AM.
 - Follow research and developments in AM and anthroposophic pharmacy, and integrate findings into daily practice.
 - Explain the different pharmacopoeias that describe quality standards applicable to AMP.
 - Identify relevant legislation on AMPs on the market.

For a sample curriculum, see Annex 1.

Graduation criteria

General criteria:

- Completion of training curriculum, including project work
- At least 1 year of work at a pharmacy, hospital pharmacy or pharmaceutical company (with or without AM)

- Passed examination or equivalent evaluation

Examination comprises:

- Assessment of project work, and
- Assessment of achievement of the learning outcomes

2.3.4 Dentist with specialised training in anthroposophic dentistry

Definition

Dentists with specialised training in anthroposophic dentistry are fully qualified dentists trained to extend the clinical and therapeutic resources of conventional dentistry with anthroposophic knowledge. Dentists with specialised training in anthroposophic dentistry approach oral health in an integrative perspective to prevent and heal diseases of the orofacial system and to maintain health by stimulating the individual's own activity and self-healing potential.

Entrance requirements

Category 1 – no prior training in health care: Training as a conventional dentist, followed by relevant licensing or registration. Dentistry students can begin taking AM courses during their studies.

Category 2 – prior training in conventional health care: Registered dentist

Category 3 – prior training in TCI: Not applicable

Training components

1. Anthroposophic understanding of the human being and nature
2. Anthroposophic understanding of health and disease
3. Learning outcomes specific to anthroposophic dentistry
4. Professionalism, collaboration, patient rights, research

Learning outcomes

1. Anthroposophic understanding of the human being and nature
 - Be aware of the main concepts of the anthroposophic understanding of the human being and its relation to nature.
 - Develop a connection with nature and with the substances at the origin of important anthroposophic medications.
2. Anthroposophic understanding of health and disease
 - Assess oral and overall health of the individual, and correlate it with the concepts of AM, including the formative forces of the human being, the threefold nature of the human organism, the seven life processes and 12 senses and with biographical development.
 - Take into account the spiritual dimension of the individual in the treatment and, when appropriate, discuss this with the individual.
3. Learning outcomes specific to anthroposophic dentistry
 - Establish and manage a therapeutic plan for orofacial diseases encountered in general and specialized dental practice according to anthroposophic dentistry principles; prescribe AMPs and anthroposophic therapies according to the therapeutic plan, ensuring appropriate use and in the light of side-effects and contraindications.

- Provide relief from pain, phobia and anxiety during dental treatment of dysfunctions and oral pathologies, integrating resources from AM.
 - Support the individual in achieving healthy lifestyles and inner balance, contributing to stimulation of the organism's self-healing forces.
 - Integrate the anthroposophic perspective into all conventional dentistry procedures and specialties in prevention, treatment, rehabilitation and use of adequate dental materials.
4. Professionalism, collaboration, patient rights, research
- Interact with other AM trained health workers from a patient-centred perspective.
 - Use resources from AM for integrative health promotion and community health projects.
 - Explain the scientific fundamentals and research methods of AM.

For a sample curriculum, see Annex 1.

Graduation criteria

General criteria:

- Completion of training curriculum
- Completion of project work and three case reports
- Passed examination or equivalent evaluation

Examination comprises:

- Assessment of project work, and
- Presentation of at least one case report, and
- Assessment of achievement of learning outcomes

2.3.5 Psychotherapist with specialised training in anthroposophic psychotherapy

Definition

Anthroposophic psychotherapy is based on both conventional psychotherapy approaches and skills and anthroposophic knowledge of the human being. The anthroposophic differentiation between soul and spirit and understanding of biographical development add perspectives to psychotherapeutic evaluation and therapy.

Entrance requirements

Category 1 – no prior training in health care: Training as a conventional physician, psychologist or counsellor, followed by post-graduate training and state registration to practise psychotherapy

Category 2 – prior training in conventional health care: Conventional physician, psychologist or counsellor with state registration to practise psychotherapy

Category 3 – prior training in TCI: TCI practitioner with post-graduate training and state registration to practise psychotherapy

Training components

1. Anthroposophic understanding of the human being and nature
2. Anthroposophic understanding of health and disease
3. Learning outcomes specific to anthroposophic psychotherapy
4. Professionalism, collaboration, patient rights, research

Learning outcomes

1. Anthroposophic understanding of the human being and nature
 - Be aware of the fundamentals of the anthroposophic understanding of the human being and the healthy development of body, soul and spirit.
2. Anthroposophic understanding of health and disease
 - Establish a differentiated evaluation of the individual, taking into account physical, etheric, astral and "I"-organization and the individual's biographical development.
3. Learning outcomes specific to anthroposophic psychotherapy
 - Identify the individual's need for therapeutic intervention and the individual's own resources.
 - Design a psychotherapeutic treatment plan.
 - Use the spectrum of anthroposophic psychotherapeutic methods, observing safety precautions and contraindications appropriately.
 - Include the intentions and preferences of the informed individual in diagnostic and therapeutic decisions, prioritize procedures and treatments that reinforce the individual's own activity and self-healing capacity.
 - Take into account the spiritual dimension of the individual in the treatment plan and, when appropriate, possible and desired, discuss this with the individual.
 - Accompany, evaluate and adapt the therapy to the course of illness, and document the treatment course.
4. Professionalism, collaboration, patient rights, research
 - Contribute to a multi-disciplinary anthroposophic treatment approach.
 - Handle countertransferential self-knowledge and knowledge of the anthroposophic approach to the inner development of the therapist.
 - Explain the scientific fundamentals and research methods of AM and anthroposophic psychotherapy; keep up to date with research and research methods in anthroposophic psychotherapy, and integrate research results into clinical practice.

For a sample curriculum, see Annex 1.

Graduation criteria

General criteria:

- Completion of training curriculum
- Completion of project work and three case reports
- Completion of mentored practice
- Passed examination or equivalent evaluation

Examination comprises:

- Assessment of project work, and
- Assessment of achievement of learning outcomes, and
- Presentation of at least one case report

2.4 Training of anthroposophic therapists

2.4.1 Eurythmy therapist

Definition

Eurythmy therapy is a movement therapy that transforms the formative forces in speech and music into therapeutic movement exercises in order to harmonize and regulate body, soul and spirit. The aim of eurythmy therapy is to revitalize and regulate natural functions of the human organism by specific movement exercises and to promote autonomy and self-actualization. The eurythmy therapist chooses movement exercises according to imbalances observed in the individual and the individual's own resources, in accordance with the anthroposophic treatment plan.

Entrance requirements

Category 1 – no prior training in health care (main entry category):

Eurythmy therapy training: Entrance requirement is high-school diploma or equivalent. Should take place in conjunction with complete training in general eurythmy.

General eurythmy training: Includes training in the anthroposophic understanding of the human being; basic anatomy, embryology and physiology; and eurythmy as a movement art. Training prepares graduates to work as eurythmists in the performing arts and is the basic training for a eurythmy teacher in Waldorf schools or a eurythmy therapist.

Category 2 – prior training in conventional health care: Health workers may receive credit towards the general medical knowledge component but should still undergo general eurythmy training (as outlined for category 1) in conjunction with eurythmy therapy training.

Category 3 – prior training in TCI: TCI health workers may receive credit towards the general medical knowledge component but should still undergo general eurythmy training (as outlined for category 1) in conjunction with eurythmy therapy training.

Training components

1. General medical knowledge, including scientific methods and fundamentals of medicine
2. Anthroposophic understanding of the human being and nature
3. Anthroposophic understanding of health and disease
4. Learning outcomes specific to eurythmy therapy
5. Professionalism, collaboration, patient rights and research

Learning outcomes

1. General medical knowledge including scientific methods and fundamentals of medicine
 - Demonstrate adequate knowledge of anatomy, physiology, pathology and therapy for common diseases.
2. Anthroposophic understanding of the human being and nature (covered during general eurythmy studies)
3. Anthroposophic understanding of health and disease
 - Establish a diagnosis of imbalances in the four formative forces and the threefold nature of the individual by observing movements.

Learning outcomes specific to eurythmy therapy

1. Theoretical fundamentals of movement therapy
 - Understand the principles of movement and how the four formative forces and the threefold nature of the human being express themselves through movement.
 - Understand changes in movement with illness and injuries.
 - Compare other movement therapies with eurythmy therapy.
2. General study of movement
 - Consciousness of one's own movements as a whole.
 - Ability to transform eurythmy as an art into eurythmy therapy.
 - Ability to express oneself in posture and movement.
 - Objective observation of one's own movement in space.
3. Methodical practice of eurythmy therapy in specific areas of medicine
 - Conduct exercises in the main disease areas so that they act on disease processes and activate self-healing capacities, observing safety precautions and possible contraindications.
 - Use individual creative ability in the therapeutic process.
4. Eurythmy therapy diagnostics, documentation and therapy plan and process
 - Identify the individual's resources and need for therapeutic intervention.
 - Establish therapy goals and a treatment plan.
 - Implement, adapt, document and evaluate a treatment plan.
 - Develop a therapeutic attitude and orientation.
5. Prevention and rehabilitation
 - Detect a tendency to illness from observation of the individual's movements.
 - Identify and activate the individual's own resources and propose preventive eurythmy measures.
 - Provide eurythmy rehabilitation measures, including post-operative exercises and exercises after physical or mental trauma.
6. General artistic education
 - Demonstrate basic artistic skills in sculpture, music and speech.

Professionalism, collaboration, patient rights and research:

- Establish and maintain a trusting therapeutic relationship.
- Communicate appropriately and collaborate effectively in a therapeutic team.
- Reflect on own actions and deal with mistakes.
- Apply research findings from theory to practice.

For a sample curriculum, see Annex 1.

Graduation criteria

General criteria:

- Successful completion of general eurythmy training
- Satisfactory evaluation after each training module
- Completion of mentored practice
- Completed project work
- Passed examination or equivalent evaluation

Examination comprises:

- Evaluation of project work, and
- Assessment of achievement of learning outcomes

2.4.2 Anthroposophic arts therapist

Definition

Anthroposophic arts therapy is based on treatment through artistic means and processes, AM knowledge and a therapeutic relationship. Each art has its own media, processes and therapeutic effects. The anthroposophic arts therapist is qualified to use artistic media, art concepts and techniques in therapeutic processes and to inspire the individual to engage creatively with the process of their illness and access their own resources for healing. The anthroposophic arts therapist specializes in one or more of four modalities: painting and drawing; sculpture; music and singing; and/or speech and drama.

Entrance requirements

Category 1 – no prior training in health care (main entry category): High-school diploma or equivalent. Successful artistic competence entry assessment

Category 2 – prior training in conventional health care: Practitioners with (conventional) arts therapy degree or health workers can obtain credits for relevant previous training units, as applicable.

Category 3 – prior training in TCI: TCI health workers or TCI arts therapists can obtain credits for relevant previous training units, as applicable.

Training components

1. General medical knowledge, including scientific method and fundamentals of medicine and psychology
2. Anthroposophic understanding of the human being and nature
3. Anthroposophic understanding of health and disease
4. Learning outcomes specific to anthroposophic arts therapy
5. Professionalism, collaboration, patient rights and research

Learning outcomes

1. General medical knowledge, including scientific methods and fundamentals of medicine and psychology
 - Demonstrate adequate knowledge of general medical principles (anatomy, physiology, pathology, developmental disorders) as well as the theories of health and illness and the current state of medicine, including psychology, and apply medical terminology adequately.

2. Anthroposophic understanding of the human being and nature
 - Present the anthroposophic understanding of the human being.
 - Explain anthroposophic understanding of human development.
 - Independently train the capacity to explore the anthroposophic conception of the world and the human being.

3. Anthroposophic understanding of health and disease
 - Observe and describe the individual phenomenologically according to physical appearance, life forces, expression of thoughts, feelings and volition (will), personality and personal initiative, current complaints and resources.
 - Consider the disease in the context of the individual's biographical experience, and assess biographical development in the light of anthroposophic biography work.
 - Distinguish between various approaches in AM, psychiatry and psychotherapy.

4. Learning outcomes specific to anthroposophic arts therapy
 - Demonstrate an adequate level of artistic competency in a professional field practically and theoretically (painting and drawing; sculpture; music and singing; speech and drama). Reflect on and assess own artistic skills and expertise.
 - Assess art history and the historical context of the profession.
 - Determine how art interacts with human physiology, soul and spirit; experience and determine the specific elements in artistic processes (e.g. polarity, metamorphosis, inversion/eversion) as expressions of thought, feeling and volition (will).
 - Professionally apply specific artistic elements for therapeutic effect, and support the individual in his or her creative expression as an individual:
 - Painting and drawing: use of e.g. material, colours, forms, motives, dynamics
 - Sculpture: use of e.g. surfaces, shapes, forms, spacing
 - Music (instrument playing) and singing: use of e.g. different tone and sound qualities, melody, rhythm, dynamics
 - Speech and drama: use of e.g. sounds, words, phrases, metrics, rhythms, dialogue
 - Identify and differentiate signs of somatic, psychosomatic and psychiatric disorders, developmental disorders, coping and spirituality, biographical crises and group dynamics and possible contraindications for art therapy.
 - Synthesize the observations and information obtained into an artistic-therapeutic assessment.
 - Analyse and define an individual's need for therapy; establish and implement a treatment plan through dialogue, including the intentions and preferences of the informed individual.
 - Use the patient–therapist relationship therapeutically.
 - Establish follow-up and evaluation of the treatment.
 - Write detailed therapeutic reports.
 - Assess the health-creating effects of anthroposophic arts therapy in health promotion and disease prevention.

5. Professionalism, collaboration, patient rights and research
 - Lead professional conversations, and recognize transference and counter-transference in the therapeutic context; deal with projection and resistance appropriately.
 - Reflect on the therapeutic process.
 - Understand the relevance of supervision and, if necessary, ask for it.
 - Demonstrate competence in stress management and improvement of personal resilience.

- Experience the principles of other anthroposophic therapies and their relation to one's own professional field.
- Develop and implement therapy plans in collaboration with other medical professionals.
- Understand and apply research methods and continuous professional development of anthroposophic arts therapy.

For a sample curriculum, see Annex 1.

Graduation criteria

General criteria (to be aligned with national requirements for conventional arts therapy degrees, as applicable):

- Satisfactory evaluation of the learning outcomes after each training module
- Completion of mentored practice
- Written project work, including one case report, demonstrating adequate competence in anthroposophic arts therapy
- Passed examination or equivalent evaluation

Examination comprises:

- Presentation of project work, and
- Assessment of achievement of learning outcomes

2.4.3 Anthroposophic body therapist

Definition

Anthroposophic body therapies are based on both conventional body therapeutic approaches and anthroposophic knowledge of the human being. The aim is to strengthen and balance the organism as a whole: strengthen the physical body, stimulate life processes (etheric organization), balance the soul life (astral organization) and improve the warmth organism ("I"-organization).

The anthroposophic body therapist provides one or more anthroposophic body therapy modalities, such as rhythmical massage therapy, oil dispersion bath therapy, Simeon Pressel massage therapy and spacial dynamics.

Entrance requirements

Category 1 – no prior training in health care: Conventional body therapy training leading to a license, registration or certification for physical examination or treatment of individuals ("license to touch").⁶

Category 2 – prior training in conventional health care: Any health practitioner duly licensed, registered or certified to physically examine or treat individuals ("license to touch") may enter an anthroposophic body therapies training programme.

Category 3 – prior training in TCI: Any TCI practitioner duly licensed, registered or certified to physically examine or treat individuals ("license to touch") may enter an anthroposophic body therapies training programme.

⁶ At the time of publication of this document there was no separate anthroposophic body therapy training programme that led to qualification to touch individuals. Once such a programme exists, students will be able to enter at category 1.

Training components

1. Anthroposophic understanding of the human being and nature
2. Anthroposophic understanding of health and disease
3. Learning outcomes specific to anthroposophic body therapies
4. Professionalism, collaboration, patient rights and research

Learning outcomes:

1. Anthroposophic understanding of the human being and nature
 - Describe the anthroposophic understanding of the human being and nature.
2. Anthroposophic understanding of health and disease
 - Assess the individual's four formative forces and threefold nature through phenomenological observation and touch.
3. Learning outcomes specific to anthroposophic body therapies
 - Treat common disease situations with one or more of anthroposophic body therapy modalities.
 - Plan, implement, adapt and evaluate treatment processes, observing safety precautions and possible contraindications.
 - Use anthroposophic body therapies for preventive purposes.
4. Professionalism, collaboration, patient rights and research
 - Demonstrate an appropriate inner attitude based on AM in the therapeutic relationship.
 - Develop reflective self-perception and inner development as the basis of continuing professional development.
 - Contribute to inter-professional teamwork with other AM trained health workers.
 - Establish a trusting therapeutic relationship and shared decision-making with the individual based on the concept of the human being as a spiritual and developing being.
 - Understand the organizational aspects of practice management and patient safety, and know how to deal with errors and complaints.
 - Understand research methods in AM, and demonstrate basic skills in writing and presenting anthroposophic case reports.

For a sample curriculum, see Annex 1.

Graduation criteria

General criteria:

- Completion of training curriculum, including project work
- Completion of mentored practice
- Passed examination or equivalent evaluation

Examination comprises:

- Assessment of achievement of learning outcomes in oral and practical examination

3 Safety issues



3.1 General precautions and contraindications to the use of anthroposophic medicinal products

Anthroposophic medicinal products (AMP) are medicinal products that are conceived, developed and produced in accordance with the anthroposophic knowledge of the human being, nature, substance and pharmaceutical processing. Starting materials may be prepared from mineral, botanical, zoological or chemical substances. AMPs are produced according to anthroposophic and homeopathic manufacturing methods as described in various pharmacopoeias and in the Anthroposophic Pharmaceutical Codex. Anthroposophic medicinal products are used in accordance with the principles of anthroposophic medicine. Regulations applied to anthroposophic medicinal products may vary from country to country and by the types of products.

Anthroposophic training of physicians, pharmacists, dentists, nurses, midwives and pharmacists includes the safety of AMPs for internal and external use according to knowledge of botany and phytopharmacology. Anthroposophic body therapists are trained in the safety of AMPs for external use. Training also includes inquiry into the individual's use of conventional, AM and other TCI treatments for consideration of potential interactions and side-effects.

The training includes understanding of the effects, dosage, types of therapy, possible side-effects, precautions, drug interactions and contraindications of AMPs. AM practitioners are expected to take a medication history, including hypersensitivity, previous adverse drug reactions and use of other medications, as appropriate, know where to obtain up-to-date information on AMP safety, know how to engage patients and their families (24), know how to deal with side-effects and know how to report adverse drug reactions as part of pharmacovigilance in accordance with the regulations applied to the anthroposophic medicinal products in the country (21,25,26) or patient safety incident reporting and learning systems.

Examples of sources of information on the safety of AMPs are mandated safety information (such as manufacturers' packet inserts) and the *Vademecum of anthroposophic medicines*, which describes AMPs and their use based on systematic collection of therapeutic experiences from physicians with specialised training in AM worldwide and is available in several languages (27). The safety of medicines for external applications by nurses is available online (www.vademecum.org). All the appropriate sources available should be consulted for safety information, including reports of studies in phytomedicine. AM practitioners should be aware of known side-effects and monitor the individual for possible adverse reactions, which are rare potentially known or unknown side-effects of AMPs (12,21,22).

The quality of finished AMPs is assured by appropriate adherence of AMP manufacturers to the recognized pharmacopoeias (20) and to the requirements of good manufacturing practice (28,29). Pharmacists with specialised training in anthroposophic pharmacy should observe the quality requirements applicable to compounding in their country when preparing of AMPs for an individual client, and other practitioners licensed to compound medications (depending on legislation) should observe the same requirements.

3.2 Patient safety, general precautions and contraindications to anthroposophic therapeutic practice

All AM training programmes include patient safety as applicable to anthroposophic therapeutic practice, building on the basic patient safety concepts and principles, including safety culture, hand hygiene, medication safety, patient safety incident reporting and learning systems, risk management, effective teamwork and communication, among others (30,31). Practitioners of anthroposophic nursing, midwifery and anthroposophic body therapy should be aware of and observe the indications, precautions and contraindications of external applications in certain risk groups, including pregnant women and in people with skin conditions such as open wounds, skin infections and reduced skin sensitivity (32,33). In addition, practitioners of anthroposophic body therapy that includes hydrotherapy (e.g. oil dispersion bath therapy) should be aware of and observe general precautions and contraindications to hydrotherapy such as safety screening for infections, physiological effects of immersion, risks related to fear of water (34).

References

1. Busche P, Rordorf C, Bergt J, Weinzirl J. Ärzteausbildung Arlesheim. Der Merkurstab. J Anthroposophic Med. 2019;72(3):185–189. DOI: <https://doi.org/10.14271/DMS-21090-DE>
2. Edelhäuser F, Hirt L, Holtermann C, Neunert G, Soldner G, Steinebach C, Werthmann P. Perspektiven schaffen: Die Akademie Anthroposophische Medizin GAÄD. Der Merkurstab. J Anthroposophic Med. 2019;72(3):226–231. DOI: <https://doi.org/10.14271/DMS-21097-DE>
3. Edelhäuser F, Scheffer C, Lampe N, Hentschel V. Berufsbegleitendes Ärzteseminar für Anthroposophische Medizin (BÄfAM) in Herdecke. Der Merkurstab. J Anthroposophic Med. 2019;72(3):178–184. DOI: <https://doi.org/10.14271/DMS-21089-DE>
4. Feldmann J. Ärzteseminar Havelhöhe – Berufsbegleitende Grundlagenausbildung. Der Merkurstab. J Anthroposophic Med. 2019;72(3):174–177. DOI: <https://doi.org/10.14271/DMS-21088-DE>
5. Glöckler M, Langhammer S. Das International Postgraduate Medical Training (IPMT). Der Merkurstab. J Anthroposophic Med. 2019;72(3):236–242. DOI: <https://doi.org/10.14271/DMS-21099-DE>
6. Husemann A. Vollzeitausbildung in der Eugen-Kolisko-Akademie. Der Merkurstab. J Anthroposophic Med. 2019;72(3):190–193. DOI: <https://doi.org/10.14271/DMS-21091-DE>
7. Scheffer C, Edelhäuser F, Tauschel D. Integriertes Begleitstudium Anthroposophische Medizin (IBAM) an der Universität Witten/Herdecke. Der Merkurstab. J Anthroposophic Med. 2019;72(3):194–199. DOI: <https://doi.org/10.14271/DMS-21092-DE>
8. Scheffer C, Tauschel D, Neumann M, Lutz G, Cysarz D, Heusser P, & Edelhäuser F (2012). Integrative medical education: educational strategies and preliminary evaluation of the Integrated Curriculum for Anthroposophic Medicine (ICURAM). *Patient education and counseling* 2012; 89(3):447–454. DOI : <https://doi.org/10.1016/j.pec.2012.04.006>
9. Szőke H, van der Bie G, Hegyi G, Saahs C, Sterner A, Sterner M. Anthroposophisch-medizinische Ausbildung in Ungarn. Der Merkurstab. J Anthroposophic Med. 2019;72(3):243–249. DOI: <https://doi.org/10.14271/DMS-21100-DE>
10. Steiner R. *Spiritual science and medicine: Twenty lectures given in Dornach from 21st March to 9th April, 1920.* Hudson (NY): SteinerBooks; 1980.
11. Steiner R, Wegman I. *Fundamentals of therapy.* Bilingual edition, New York City (NY): Mercury Press; 2000.
12. Kienle GS, Kiene H, Albonico HU. *Anthroposophic medicine: Effectiveness, utility, costs, safety.* New York City (NY): Schattauer; 2006.
13. Kienle GS, Albonico HU, Baars E, Hamre HJ, Zimmermann P, Kiene H. Anthroposophic medicine: an integrative medical system originating in Europe. *Glob Adv Health Med.* 2013;2(6):20–31. DOI: <https://doi.org/10.7453/gahmj.2012.087>
14. Heusser P. *Anthroposophy and science: An introduction.* Bern: Peter Lang; 2016.
15. Steiner R. *Goethean science.* New York City (NY): Mercury Press; 1988.
16. Girke M. *Internal medicine: Foundations and therapeutic concepts of anthroposophic medicine.* 2nd ed. Berlin: Salumed Verlag; 2016.
17. Evans M, Rodger I. *Healing for body, soul and spirit: An introduction to anthroposophic medicine.* Edinburgh: Floris Books; 2017.

18. Baars EW, Hamre HJ. Whole medical systems versus the system of conventional biomedicine: A critical, narrative review of similarities, differences, and factors that promote the integration process. *Evid Based Complement Alternat Med*. 2017;13. DOI: <https://doi.org/10.1155/2017/4904930>
19. Anthroposophic medicine statement on vaccination. Dornach: International Federation of Anthroposophic Medical Associations; 2019 (<https://www.ivaa.info/anthroposophic-medicine-statement-on-vaccination/>).
20. International Association of Anthroposophic Pharmacists. Anthroposophic pharmaceutical codex. 4.2 ed. Stuttgart: Wissenschaftliche Verlagsgesellschaft; 2020 (<https://iaap-pharma.org/apc>).
21. Hamre HJ, Glockmann A, Heckenbach K, Matthes H. Use and safety of anthroposophic medicinal products: An analysis of 44,662 patients from the EvaMed pharmacovigilance network. *Drugs Real World Outcomes*. 2017;4(4):199–213. DOI: <https://doi.org/10.1007/s40801-017-0118-5>
22. Hamre HJ, Kiene H, Ziegler R, Troger W, Meinecke C, Schnurer C et al. Overview of the publications from the Anthroposophic Medicine Outcomes Study (AMOS): A whole system evaluation study. *Glob Adv Health Med*. 2014;3(1):54–70. DOI: <https://doi.org/10.7453/gahmj.2013.010>
23. International standard classification of education, 2011. Montreal: UNESCO Institute for Statistics; 2012 (<http://uis.unesco.org/en/topic/international-standard-classification-education-iscde>).
24. 5 Moments for Medication Safety. WHO/HIS/SDS/2019.4. Geneva: World Health Organization; 2019 (<https://www.who.int/publications/i/item/WHO-HIS-SDS-2019.4>).
25. The safety of medicines in public health programmes: pharmacovigilance, an essential tool. Geneva: World Health Organization; 2006 (<https://apps.who.int/iris/handle/10665/43384>).
26. WHO guidelines on safety monitoring of herbal medicines in pharmacovigilance systems. Geneva: World Health Organization; 2004 (<https://apps.who.int/iris/handle/10665/43034>).
27. Gesellschaft Anthroposophischer Ärzte in Deutschland GAÄD. Vademecum of anthroposophic medicines. 3rd English ed. Berlin: Der Merkurstab, J Anthroposophic Med; 2017.
28. WHO Expert Committee on Specifications for Pharmaceutical Preparations. WHO good manufacturing practices for pharmaceutical products (WHO Tech Rep Ser. No. 986). Geneva: World Health Organization; 2014:Annex 2 (https://apps.who.int/iris/bitstream/handle/10665/112733/WHO_TRS_986_eng.pdf?sequence=1).
29. WHO guidelines on good manufacturing practices (GMP) for herbal medicines. Geneva: World Health Organization; 2007 (<https://apps.who.int/iris/handle/10665/43672>).
30. Patient safety curriculum guide: Multi-professional edition. Geneva: World Health Organization. 2011 (<https://apps.who.int/iris/handle/10665/44641>).
31. Guidelines on core components of infection prevention and control at the national and acute health care facility level. Geneva: World Health Organization; 2016 (<https://apps.who.int/iris/handle/10665/251730>).
32. Heine R. Anthroposophic nursing practice. Hudson (NY): SteinerBooks; 2020.
33. International Forum for Anthroposophic Nursing. Vademecum external applications in nursing [website]. (<https://www.pflege-vademecum.de/index.php>)
34. Australian Physiotherapy Association. Australian guidelines for aquatic physiotherapists working in and/or managing hydrotherapy pools. Camberwell, Victoria: Australian Physiotherapy Association; 2015. (https://australian.physio/sites/default/files/tools/Aquatic_Physiotherapy_Guidelines.pdf)

Bibliography

- Gesellschaft Anthroposophischer Ärzte in Deutschland GAÄD. Vademecum of anthroposophic medicines. 3rd English edition. Berlin: Der Merkurstab, J Anthroposophic Med. 2017.
- Batschko EM, Dengler S. Practical book of rhythmical massage therapy. Frankfurt: Info 3 Verlag; 2019.
- Girke M. Internal medicine: Foundations and therapeutic concepts of anthroposophic medicine. Berlin: Salumed-Verlag; 2016.
- Heine R. Anthroposophic nursing practice. Hudson (NY): SteinerBooks; 2020.
- Heusser P. Anthroposophy and science: An introduction. Bern: Peter Lang; 2016.
- Meyer U, Pedersen PA. Anthroposophische Pharmazie: Grundlagen, Herstellprozesse, Arzneimittel. [Anthroposophic pharmacy: basics, manufacturing processes, medicinal products]. Berlin: Salumed-Verlag; 2016.
- Rohen JW. Functional morphology: The dynamic wholeness of the human organism. Ghent (NY): Adonis Press; 2007.
- Selg P. Rudolf Steiner, life and work. Volumes 1–7. Hudson (NY): SteinerBooks; 2019.
- Soldner G, Stellman HM. Individual paediatrics: Physical, emotional and spiritual aspects of diagnosis and counseling, 4th edition. Stuttgart: MedPharm; 2014.
- van der Bie G, Huber M. Foundations of anthroposophical medicine: A training manual. Edinburgh: Floris Books: 2003.

Annex 1. Sample curricula and distribution of training hours

In this annex, 45 min are considered equivalent to one training hour, the total training and practice hours are thus multiples of 45 minutes. The course work includes time for contact and for independent work. Anthroposophic accreditation of training sites may be obtained from the international organization for each AM discipline. Further information can be obtained from the Medical Section of the Goetheanum.

Table A1.1 Physician with specialised training in anthroposophic medicine:

| Subject | No. of hours ⁷ |
|---|---------------------------|
| <i>1. Anthroposophic understanding of the human being and nature</i> | |
| <i>1.1 Anthroposophic understanding of the human being</i> | |
| The four formative forces of the human being Development of the formative forces over a lifetime The functional threefold nature of the human organism and the interaction of threefold and fourfold natures Polarities in the human constitution Spiritual dimension of the human being | 70 |
| <i>1.2 Nature and mankind</i> | |
| Minerals, metals, plants and animals Goethean observation of phenomena as an epistemological method The four classical elements ("earth", "water", "air", "warmth") The tria principia The seven life processes The relationship between nature and the human being | 40 |
| <i>2. Anthroposophic understanding of health and disease</i> | |
| Physical, mental and spiritual health Central pathophysiological processes: Acute and chronic inflammation; allergies and autoimmune diseases Degenerative and oncological diseases | |
| Disorders of early development and living with disability Extended, anthroposophic understanding of central organs and systems, including: heart and circulatory system; respiratory tract; gastro-intestinal tract, liver–gallbladder system; genitourinary system; endocrine system; neurosensory system; immune system; musculoskeletal system (spine, joints, muscles and ligaments) | 140 |
| Common disease presentations and their treatment principles Common psychiatric diseases, in particular anxiety, sleep and depressive disorders | |

⁷ The course workload of 500 h is divided into 250 h contact time and 250 h independent work. The distribution of training hours was agreed by the international conference of the boards of anthroposophic physician associations in 2017.

| Subject | No. of hours ⁷ |
|---|---------------------------|
| <i>3. Anthroposophic therapy⁸</i> | |
| <i>3.1 Methods in anthroposophic medicine</i> | |
| Extended medical history, including the individual's biographical development Assessment of the state of the individual's four formative forces and seven life processes Determining the individual's resources and therapeutic needs Planning and implementation of individualized integrative therapy Following up, evaluating and adjusting therapy | 70 |
| <i>3.2 Therapies in anthroposophic medicine</i> | |
| Identifying medications and therapies based on the individual's therapeutic needs; knowledge of commonly used minerals, plants and zoological products, formulations and dosage forms Principles of action of AMPs, indications and contraindications Basic knowledge of AMP preparation and pharmaceutical production processes External nursing applications and anthroposophic body therapies Knowledge of and basic experience with anthroposophic therapies, such as eurythmy therapy and anthroposophic arts therapy | 90 |
| <i>4. Professionalism, collaboration, patient rights, research</i> | |
| <i>4.1 Social issues and spiritual development</i> | |
| The anthroposophic path of medical–spiritual development (fundamentals, exercises, meditation) The therapeutic relationship: comprehensive observation, communication and counselling, taking into account the individual's social context Shared decision-making with the individual and his/her relatives based on the concept of the human being as a spiritual and developing being Patient safety, including dealing with mistakes Professional and inter-professional teamwork Implications of the anthroposophic understanding of health and disease for public health and health promotion Regulatory background (marketing authorization, registration) and pharmacovigilance of AMPs Time management; financial aspects of anthroposophic medical practice | 50 |
| <i>4.2 Research and science</i> | |
| Knowledge of scientific fundamentals and research methods in AM Basic capacity in writing and presenting an anthroposophic medical case report Ability to study the fundamental texts of AM Knowledge of and competence in using the anthroposophic medical literature | 40 |
| <i>Mentored practice</i> | 250 |
| <i>Project work (e.g. characterization of a disease pattern or a medication)</i> | 150 |
| <i>Preparation of three case reports</i> | 100 |
| Total duration | 1000 |

⁸ Additional hours on anthroposophic therapy included in mentored practice and project work

Table A1.2 Nurse with specialised training in anthroposophic nursing:

| Subject | No. of hours |
|---|--------------|
| <i>1. Anthroposophic understanding of the human being and nature</i> | |
| Four realms of nature, four elements, formative forces of the human being Body–soul–spirit, threefold nature of the human-being, tria principia The seven life processes, biographical rhythms, twelve senses The relationship between nature and the human being | 70 |
| <i>2. Anthroposophic understanding of health and disease</i> | |
| Anthroposophic understanding of health and disease AMP and anthroposophic pharmacological processes Birth, disease and death in the context of the individual's biographical experience Anthroposophic understanding of specific areas, including oncology, cardiology, paediatrics, obstetrics, geriatrics, palliative care | 70 |
| <i>3. Concepts of anthroposophic nursing</i> | |
| Warmth, movement, rhythm, nutrition; nursing gestures; salutogenesis | 130 |
| <i>4. Applied practice of anthroposophic nursing</i> | |
| Rhythmical embrocation Compresses, poultices, baths, therapeutic washing Nursing diagnoses and nursing process | 200 |
| <i>5. Professionalism, collaboration, patient rights, research</i> | |
| Research on external applications Collaboration with other health workers Implications for public health and health promotion Self-care, using art for mental health and inner development | 40 |
| <i>Mentored practice</i> | 150 |
| <i>Project work</i> | 70 |
| Total duration | 730 |

Table A1.3 Midwife with specialised training in anthroposophic midwifery

| Subject | No. of hours |
|---|--------------|
| <i>1. Anthroposophic understanding of the human being and nature</i> | |
| Four realms of nature, four elements, four formative forces of the human being Body–soul–spirit, threefold nature of the human being, tria principia Seven life processes, biographical rhythms, twelve senses Relationship between nature and the human being | 40 |
| <i>2. Anthroposophic understanding of health and disease</i> | |
| Anthroposophic understanding of health and disease Changes in the formative forces and threefold nature during pregnancy, birth and postpartum; life at the threshold of birth and death AM perspectives on gynaecology, paediatrics, anaesthesia and nursing | 80 |

| Subject | No. of hours |
|---|--------------|
| <i>3. Learning outcomes specific to anthroposophic midwifery</i> | |
| Salutogenesis and support for self-competence of a healthy woman during pregnancy, birth and postpartum periods | 100 |
| Assessment of the individual's four formative forces and threefold nature | |
| Use of AMPs in midwifery, including side-effects and contraindications | |
| <i>4. Applied practice of anthroposophic midwifery</i> | |
| Midwifery care of woman and child, handling changes in four formative forces and threefold nature; positioning, movements, breastfeeding care | 250 |
| Rhythmical embrocation, baths, compresses, poultices | |
| <i>5. Professionalism, collaboration, patient rights, research</i> | |
| Research methods in anthroposophic midwifery | |
| Collaboration with other health and social workers | 40 |
| The therapeutic relationship, shared decision-making | |
| Team and self-care for mental health and inner development | |
| <i>Mentored practice</i> | 150 |
| <i>Project work</i> | 70 |
| Total duration | 730 |

Table A1.4 Pharmacist with specialised training in anthroposophic pharmacy

| Subject | No. of hours |
|--|--------------|
| <i>1. Anthroposophic understanding of the human being and nature</i> | |
| Understanding of substance: four elements, four realms of nature (plants, mineral, animal, human), cosmic forces, tria principia, types of etheric forces | 50 |
| Anthroposophic understanding of the human being | 25 |
| <i>2. Anthroposophic understanding of health and disease</i> | |
| Health and disease, principles of therapy, anthroposophic therapy methods | 25 |
| <i>3. Learning outcomes specific to anthroposophic pharmacy</i> | |
| Pharmaceutical processes in the preparation of AMPs: steps of warmth, rhythmic processes, potentizing, metal preparations, vegetabilized metals, pharmaceutical compositions, organ preparations, dosage forms | 105 |
| Indications of AMP for common medical conditions. Advice to individuals on minor diseases. Appropriate use, side-effects, contraindications | 80 |
| Biodynamic agriculture and medicinal plants, nutrition and health | 20 |
| <i>4. Professionalism, collaboration, pharmaceutical regulation and research</i> | |
| Regulation of AMPs and other TCI medicinal products in different countries. Pharmacovigilance. Research and development of AMPs. AM as compared with other TCI systems. | 50 |
| <i>Practical observation in nature, Goethean observation exercises</i> | 45 |
| <i>Mentored practice</i> | 100 |
| <i>Project work</i> | 100 |
| Total duration | 600 |

Table A1.5 Dentist with specialised training in anthroposophic dentistry

| Subject | No. of hours |
|--|--------------|
| 1. <i>Anthroposophic understanding of the human being and nature</i> | 60 |
| 2. <i>Anthroposophic understanding of health and disease</i> | 60 |
| 3. <i>Learning outcomes specific to anthroposophic dentistry</i> | |
| Concepts and practice of anthroposophic, integrative dentistry | |
| Understanding and use of anthroposophic and other TCI medicinal products, including side-effects and contraindications. Eurythmy therapy, anthroposophic arts therapy (focus on speech therapy), anthroposophic body therapies and nutrition counselling | 130 |
| 4. <i>Professionalism, collaboration, patient rights, public health</i> | |
| Dentistry and orthodontics in relation to education, including Waldorf education | |
| Public health and health promotion for healthy nutrition and adequate dental hygiene | |
| The anthroposophic path of medical–spiritual development (fundamentals, exercises, meditation) | 50 |
| Shared decision-making with the individual based on the concept of the human being as a spiritual and developing being | |
| <i>Mentored practice</i> | 100 |
| <i>Project work and preparation of three case reports</i> | 100 |
| Total duration | 500 |

Table A1.6 Psychotherapist with specialised training in anthroposophic psychotherapy

| Subject | No. of hours |
|---|--------------|
| 1. <i>Anthroposophic understanding of the human being and nature</i> | 100 |
| 2. <i>Anthroposophic understanding of health and disease</i> | |
| Pathogenesis and pathology in childhood and adulthood – developmental disorders | 100 |
| Pathogenesis of psychological disorders in relation to imbalances and disruptions of physiological functions | 100 |
| 3. <i>Learning outcomes specific to anthroposophic psychotherapy</i> | |
| Psychotherapeutic tools and multi-disciplinarity in psychotherapeutic approaches, including indications and contraindications | 230 |
| 4. <i>Professionalism, collaboration, patient rights, research</i> | 70 |
| <i>Mentored practice, case presentations, intercollegial intervision and study groups</i> | 150 |
| <i>Individual mentoring and supervision, interdisciplinary supervision groups</i> | 100 |
| <i>Preparation of three written case reports and one written project</i> | 150 |
| Total duration | 1000 |

Table A1.7 Eurythmy therapist:

| Subject | No. of hours |
|--|-------------------|
| <i>1. General medical knowledge, including scientific methods and fundamentals of medicine (basic anatomy, embryology, physiology already covered in general eurythmy training):</i> | |
| Development, form and function of the human organism Anatomy and physiology Diseases, psychiatric, psychosomatic and developmental disorders Medical history and diagnosis Hygiene, first aid | 300 |
| <i>2. Anthroposophic understanding of health and disease:</i> | |
| Anthroposophic understanding of health and disease (anthroposophic understanding of the human being and nature covered in general eurythmy training) | 100 |
| <i>3. Learning outcomes specific to eurythmy therapy:</i> | |
| Study of movement and practice of eurythmy therapy Fundamentals of eurythmy therapy exercises Application of eurythmy therapy in main disease areas, including safety precautions and contraindications Treatment process, documentation and evaluation | 550 |
| <i>4. Professionalism, collaboration, patient rights and research:</i> | |
| Methodological foundations Communication, conflict management, professional regulations and laws concerning therapists, social competences Professional collaboration, quality | 100 |
| <i>Internship: Observation and mentored practice</i> | 400 |
| <i>Project work</i> | 350 |
| Total duration | 1800 ⁹ |

Table A1.8 Anthroposophic arts therapist:

| Subject | No. of hours |
|---|--------------|
| <i>1. General medical knowledge, including scientific methods and fundamentals of medicine and psychology:</i> | |
| Development, form and function of the human organism Anatomy and physiology Human development, education and psychology Diseases, psychiatric, psychosomatic and developmental disorders Hygiene, first aid | 350 |
| <i>2. Anthroposophic understanding of the human being and nature</i> | 80 |
| <i>3. Anthroposophic understanding of health and disease</i> | 80 |
| <i>4. Learning outcomes specific to anthroposophic arts therapy:</i> | |
| Basic artistic competences required for the practice of arts therapy Using the artistic process therapeutically, observing indications and contraindications General observation and assessment procedures, planning therapies, therapeutic goals | 1750 |

⁹ Training duration in addition to training in general eurythmy (entry category 1)

| Subject | No. of hours |
|---|--------------|
| <i>5. Professionalism, collaboration, patient rights and research</i> | |
| Professional behaviour, conversational techniques, conflict management, reflection and supervision. Legal context of professional practice: professional status, patient rights. Innovation and research in anthroposophic arts therapy | 90 |
| <i>Mentored practice</i> | 500 |
| <i>Project work</i> | 150 |
| Total duration | 3000 |

Table A1.9 Anthroposophic body therapist:

| Subject | No. of hours |
|---|--------------|
| <i>1. Anthroposophic understanding of the human being and nature</i> | 55 |
| <i>2. Anthroposophic understanding of health and disease</i> | 55 |
| <i>2. Learning outcomes specific to anthroposophic body therapies</i> | |
| Evaluation of the individual and therapy planning Principles and practice in one of the anthroposophic body therapies, including observation of safety issues and contraindications: rhythmical massage therapy; Simeon Pressel massage therapy; oil dispersion bath therapy; spacial dynamics, and others accredited by the medical section of the Goetheanum | 525 |
| <i>3. Professionalism, collaboration, patient rights, research</i> | |
| Anthroposophic path of medical–spiritual development Therapeutic relationship Inter-professional teamwork Patient safety, dealing with medical errors and complaints Research methods and writing case reports | 65 |
| <i>Mentored practice</i> | 200 |
| <i>Project work</i> | 100 |
| Total duration | 1000 |

Table A1.10 Distribution of training hours in anthroposophic medicine for each discipline

| Disciplines | Total no. of hours | General medical knowledge, including scientific methods and fundamentals of medicine | Anthroposophic understanding of the human being and nature, health and disease | Learning outcomes specific to the therapeutic discipline | | Professionalism, collaboration, patient rights, research |
|-------------------------------|--------------------|--|--|--|------------------------------------|--|
| | | | | Concepts and practice specific to the modality | Mentored practice and project work | |
| Physician | 1000 | Prerequisite | 250 | 160 | 500 | 90 |
| Nurse | 730 | Prerequisite | 140 | 330 | 220 | 40 |
| Midwife | 730 | Prerequisite | 120 | 350 | 220 | 40 |
| Pharmacist | 600 | Prerequisite | 100 | 205 | 245 | 50 |
| Dentist | 500 | Prerequisite | 120 | 130 | 200 | 50 |
| Psychotherapist | 1000 | Prerequisite | 300 | 230 | 400 | 70 |
| Eurythmy therapist | 1800 ^a | 300 | 100 | 550 | 750 | 100 |
| Anthroposophic arts therapist | 3000 | 350 | 160 | 1750 | 650 | 90 |
| Anthroposophic body therapist | 1000 | Prerequisite | 110 | 525 | 300 | 65 |

^a Additional training hours during general eurythmy training

Annex 2. Participants in the working group meeting, 15–17 December 2018

African Region

Anna Medeleine Muller, Training facilitator, International Post-graduate Medical Training in Anthroposophical Medicine, Kwelela, South Africa

Region of the Americas

Adam Blanning, Training Director, Physicians' Training Programmes, Association for Anthroposophic Medicine, United States of America

Elizabeth Sustick, Vice-President, North American Anthroposophic Nursing Association, United States of America

Iracema de Almeida Benevides, President, Brazilian Association of Anthroposophic Medicine, Brazil

Iva Lloyd, President, World Naturopathic Federation, Canada

Paulo R.S. Rocha, National Policy on Traditional, Complementary and Integrative Medicine, Primary Healthcare Department, Ministry of Health, Brazil

South-East Asia Region

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Abhijit Chattopadhyay, Director, National Institute of Homeopathy, Ministry of AYUSH, India

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European Region

Thomas Breitzkreuz, President, International Federation of Anthroposophic Medical Associations, Germany

Matthias Girke, Head, Medical Section, School of Spiritual Science, Goetheanum, Switzerland

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Eastern Mediterranean Region

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Western Pacific Region

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Aditi Bana, Technical Officer

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Annex 3. Participants in the online consultation, 10–11 November 2020

Region of the Americas

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Thomas Breitkreuz, President, International Federation of Anthroposophic Medical Associations Board, Germany

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