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Dieser Artikel stammt aus dem Merkurstab-Archiv, das Veröffentlichungen seit 1946 umfasst. Insbesondere bei länger zurückliegenden Arbeiten ist der jeweilige medizinhistorische Kontext zu berücksichtigen.

Dieser Artikel ist urheberrechtlich geschützt und darf nicht ohne Genehmigung weiterverbreitet werden.

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## Anthromedics

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zu Menschen und Lebewesen allgemein. In diesen Bezügen und Beziehungen zeigt sich unsere innere Haltung. Diese lässt sich nach der Ausprägung von Denken, Wollen und Fühlen sowie nach der Ausprägung des Weltbezugs, des Selbstbezugs und des Sinnbezugs erleben und beschreiben. **Indikationen:** Anthroposophie-basierte Psychotherapie ist nicht auf eine Methode hin spezialisiert, vielmehr orientiert sie sich patientenzentriert an der Situation des zur Therapie kommenden Menschen: seinen Anliegen und Bedürfnissen, seinem Krankheits- und Beschwerdebild, seinem Lebensalter und seiner Lebenssituation, seinen Reflexions- und Bewältigungsmöglichkeiten, seinen Ressourcen und seinen persönlichen Erwartungen und Zielen. Diese geben den therapeutischen Weg vor, nicht die Absichten des Therapeuten oder gesellschaftliche Normen.

Anthroposophie-basierte Psychotherapie kann bei den meisten psychischen und psychosomatischen Erkrankungen, bei allen Formen von (biografischen und zwischenmenschlichen) Krisen und unterstützend auch bei körperlichen Erkrankungen angewendet werden. Ausnahmen sind akute psychotische Situationen, akute Suchterkrankungen, demenzielle Syndrome, schwere Persönlichkeitsstörungen. Voraussetzungen sind Motivation, Krankheitseinsicht, Wunsch nach Verständnis oder Veränderung und Reflexionsfähigkeit der Patient\*innen.

**Ausbildung:** Das Konzept Anthroposophie-basierte Psychotherapie kann in Grund- und Aufbaukursen erlernt und in Fallbesprechungen erübt werden. Zudem finden Supervisionen statt. Die Schulung der Therapeut\*innen in Anthroposophie-basierter Psychotherapie wird ergänzt durch die Selbstschulung durch Introvision in Form von Kontemplation als meditativem Erkenntnisweg, der die Entwicklung des Denkens zur Imagination, des Fühlens zur Inspiration und des Wollens zur Intuition anregt. Diese neue psychotherapeutische Richtung kann in den Kursen am Institut Anthroposophie-basierte Psychotherapie (IAbP) in Stuttgart erlernt werden ([www.anthroposych.de](http://www.anthroposych.de)).

#### Literatur

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## 4 | Anthroposophic medicine and neurosciences: our update of the integrative practices to improve human health

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**Question:** The neurosciences describe the perceptual phenomenon, mapping its processes in the human body in health and pathological conditions, being an important tool for clinical investigation and medical treatment approaches. The anthroposophic medicine, with scientific spiritual methods, allows a qualified biographical and body therapy approaches, improving the health. It includes, in this integrative system, medicines that consider the common evolution of human and nature (1, 2). Based on this knowledge, this work describes the results of the application of both neurosciences and anthroposophical methods at the Neurodiagnosis and Neurotherapeutics Clinic, Jundiaí, SP, Brazil, since 1994. The main results obtained are highlighted in scientific publications and can be added to contribute with the publications that celebrate the 100 years of anthroposophic medicine.

**Materials and methods:** Over the years of clinical activities, evidence-based methods have been applied to study and report the results of our efforts to work in sensorial perception, sensorial imagination, diagnostic and prognostic in the approach of the anthroposophical medical practices combined with neurosciences in the treatment of many pathologies. The anthroposophical scientific method allows a reinterpretation of our findings. The results obtained have been published as case reports, books, book chapters, confer-

ence papers as well as they were presented in seminars and courses. The topics of the study include epilepsy (3), chronic pain (4), brain tumors (5,6), neurosciences and learning (1,2,7), among others (8).

**Results:** Regarding epilepsy, this pathology could be understood because of vital organs surface tension leading to brain responses. The texture analysis of brain images showed differences between patients and healthy individuals even when there are no visual alterations between the groups, corroborating what Steiner anticipated and therapeutic bases that he indicated, including revitalization treatments of organs (3,8). Brain tumors are also well treated with anthroposophic approaches (5,6,8). Among the patients treated for chronic pain the relief of this comorbid is achieved by the most of them (4,8). From studies of learning and neurosciences, an algorithm of improvement of educational methods were also developed (1,2,7).

**Conclusion:** The present work summarizes the main results obtained during our clinical and anthroposophical practices, being the basis for the health improvement. The studies have continued exploring the neuroimaging methods and treatment techniques to understand and treat the patients with oncologic systemic diseases, between other topics.

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support an expansion in school curriculum content and therapeutic approach.

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## 5 | Case reports of *Viscum album* extract therapy in oncology

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**Background:** Mistletoe (*Viscum album* L.) extracts (VAE) have been intensively investigated preclinically and clinically, particularly with regard to antitumoral activity, immunomodulation, quality of life, survival and safety. Medical doctors with high experience in VAE therapy describe treatment regimens and clinically significant outcomes not reported in published studies of VAE. Similar to the NCI Best Case Series Program, we investigated these additional experiences in high quality CARE guideline compliant case reports.

**Methods:** We asked doctors for cases of VAE therapy in cancer patients which they regarded to show a clinically significant outcome connected to VAE therapy. The recruitment strategy included requests via email lists and meetings as well as contacts from a qualitative study with doctors who are experts in VAE therapy. We assessed the cases for relevance (clinically significant outcome in comparison with the literature), and ran them through a validation process: check for data completeness, triangulation of the data from different sources, reevaluation of crucial diagnostic and follow-up tests, discussion with experts. All patients/relatives gave informed consent.

**Results:** 111 cases were recruited. 91 cases were excluded in the assessment process, mainly for relevance and validity. 9 cases were published in

peer-reviewed medical journals (1–9), 11 are still being investigated. Older patient data often were incomplete and made validation impossible. The published case reports cover the tumor sites: skin (1, 2), pancreas (3, 4), kidney (5), ovary (6), pleura (7), skull (8) and lymphatic tissue (9). VAE was administered subcutaneously, intravenously and intralesionally. In some of the cases very high dosages of VAE were used. Outcomes were long-term survival, tumor regression, improvement of quality of life and reduced side effects from cancer treatment.

**Conclusion:** Significant clinical observations of VAE therapy could be captured, elaborated scientifically and published as case reports in peer-reviewed medical journals. Our search and elaboration procedure could be a model of how to capture relevant clinical experience.

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**Conflict of interest:** We wish to confirm that there are no known conflicts of interest associated with this publication and there has been no significant financial support for this work that could have influenced its outcome.

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## 6 | Media fasting – Self-perceived usage of digital screen media and intentions to reduce it: an open, prospective, multi-centered, pseudonymized survey among parents and their children

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**Introduction:** There are many opinions about the use of digital screen media (DSM) in childhood, however, all experts agree on one thing: Children spend on average too much time in front of screens (1–3). So far, there are few interventions to restrict the quantity and increase the quality of screen-time (4). The aim of this study was to investigate the impacts a media fasting intervention would have on screen use and overall wellbeing.

**Method:** A pilot study with an open, prospective, multi-centered design of a pseudonymized survey with pre and