

## Currently Applied Clinical Naturopathy and Phytotherapy – Keystone for Disease Prevention and Therapy

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Every clinician who got to know the benefits of naturopathy and phytotherapy as single or adjuvant therapy additionally to chemopharmaceuticals, won't abandon it in his treatment spectrum any more to achieve a patient- and disease-tailored medicine [1]. Phytotherapy and chemical pharmacotherapy are not in competition, but complete each other, e.g. in infectious diseases.

For mild or intermediate severe infections of the upper airways (e.g. acute rhinosinusitis or laryngopharyngitis) Angocin® (film tablets, manufactured by REPHA GmbH Biologische Arzneimittel, Langenhagen, Germany), which contains garden nasturtium haulm (*Tropaeolum majus*, *Tropaealaceae*) and horseradish root (*Armoracia rusticana*, *Brassicaceae*), can be used as single therapy. It has antibacterial properties against gram-positive and gram-negative strains (even effective against *Pseudomonas*), virostatic and antimycotic effects [2-4], and avoids the vicious circle of viral and bacterial rhinosinusitis in antibiotic therapy and its gastrointestinal side effects. Standardized phytopharmaceuticals which contain willow bark (*Salix purpurea*, *S. daphnoides*, *S. fragilis*, *Salicaceae*), (e.g. Assalix® manufactured by Bionorica, Germany, Proaktiv®, Steigerwald, Germany, Salix Bürger®, Ysatisfabrik, Germany, Assplant®, Robugen, Germany), have comparable anti-inflammatory, antinociceptive and antipyretic effects to higher doses of acetylsalicylic acid (ASA) [5] and avoid the adverse reactions in regards with stomach mucosa and platelet aggregation. Its main ingredient salicin lacks in contrast to ASA the acetyl-group and makes this therapeutics valuable when contraindications exist. Further examples of applied evidence-based clinical phytotherapy in Otorhinolaryngology can be found in this review [1].

Particularly in Western civilized countries the demand for naturopathic and phytotherapeutic medicine is increasing, although e.g. in Germany the statutory health insurance don't take over the costs in most cases.

### Current clinical naturopathy and phytotherapy – where are we?

Henri Leclerc (1870-1955) introduced the terminology of phytotherapy into medical science. Natural products were used in non-specific manner before. Evidence-based medicine has entered phytotherapeutic medicine as well and therefore its benefits and advantages have been established in clinical studies and meta-analysis in the last years. In addition, due to the long tradition of phytotherapy, individual-based and experienced-based medicine provide the basis for consideration of off-label use in cases where clinical studies are missing.

In Western countries, e.g. Acupuncture has found its acceptance in clinical practice, whereas contrary to ayurvedic medicine awareness that a main domain of phytotherapy and naturopathy is disease prevention is still lacking (e.g. tea preparations, juices, essential oils, medicated wines).

Phytotherapy refers to a lot traditional knowledge and has experienced an enormous ongoing increase in preclinical knowledge due to advancements in molecular biological techniques in recent years [6]. But this knowledge reservoir lacks application orientation

for future research and clinical practice. Consequently, constant review and revised compendiums are crucial [1,7], in view of the fact that preclinical knowledge and research only partially finds their way into clinics.

### Challenges for preclinical and clinical research

Clinical research is largely dominated by pharmaceutical companies, particularly since the national implementations of the European Clinical Trials Directive 2001/20/EC in 2004. It brought along increased quality standards and patient safety, but increased formal and legal framework for authorization, monitoring and documentation with risen necessary know-how and financing to meet the requirements. Consequently, it has come to a perceived drop in non-commercial trials. The deficiencies of the Clinical Trials Directive still consist in neglecting organizational and legal questions of non-commercial trials and institutional sponsorship. Therefore, numerous European, national, regional, institutional and private initiatives for non-commercial trials support regarding resource allocation, the environmental setting, education, administrative support and funding were launched. Infrastructure and disease-oriented scientific networks, coordinating centers for clinical research, public-limited companies and private hospital units were reinforced or established [8].

Recent European legislation (EU Directive 2001/83 and EU Directive 2004/24) for herbal medicinal products brought along increased requirements for registration and marketing which lead to market consolidation. Herbal products have to be registered either as new products, due to its well-established use, due to its traditional based use, or can be marketed as food supplements (EU Directive 2002/46 and EU Directive 1924/2006). A product with a new indication having a medical claim requires rigorous preclinical and clinical testing.

### Future perspectives for applied naturopathic and phytotherapeutic medicine

Although preclinical and clinical phytotherapeutic research has currently to define its path in regards with above mentioned challenges in commercial and non-commercial research, the patient awareness for phytotherapeutic and naturopathic medicine increases. Researchers and clinicians should fulfill their counterparts by an ongoing process of reconsidering and summarizing the evidence-based and individual-

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based knowledge.

It is forecasted that the pharmaceutical market will shift from treatment to prevention by 2020 [9]. Preventive health care represents a huge obligation for researchers, health care providers and pharmaceutical industry. Currently, only three per cent of health care spending on OECD countries is used for prevention, yet the WHO says up to 80 per cent of heart disease, stroke and diabetes and 40% of cancer could be prevented. We should not forget that preventive medicine is a classical domain of phytotherapy.

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