

<http://www.sf.tv/sendungen/puls/merkblatt.php?docid=20090216-3>



### **Beliebte Zeckenimpfung**

Die Notfallstation des Kinderspitals Zürich wollte in einer Umfrage bei Eltern mehr über die Einstellung zum Impfen ihrer Kinder erfahren. Über tausend beantwortete Fragebogen konnten dazu ausgewertet werden.

Rund 13 Prozent der Eltern lehnen Basisimpfungen ihrer Kinder ab. Insbesondere Eltern, die sich für Alternativmedizin interessieren, sind allgemein ablehnender gegenüber Impfungen.

Eine Ausnahme macht diese Elterngruppe allerdings. Und zwar bei der Zeckenimpfung. Die Kinder von Eltern, die Homöopathie, anthroposophische Medizin und Kräutermedizin praktizieren, sind häufiger gegen Zecken-Enzephalitis geimpft, als Kinder von schulmedizinisch orientierten Eltern.

Die Mediziner vermuten, dass die Anhänger der Alternativmedizin überdurchschnittlich oft mit ihren Kindern in der Natur unterwegs sind und sich deshalb selbst zur Hochrisikogruppe zählen.

[http://wakenews.net/Starkes\\_Immunsystem\\_-\\_Immunstimulierende\\_Heilkrauter1.pdf](http://wakenews.net/Starkes_Immunsystem_-_Immunstimulierende_Heilkrauter1.pdf)

### **Mistelextrakte töten Tumorzellen**

Untersuchungen mit Mistelextrakt in vitro ergaben einen zelltötenden und wachstumshemmenden Effekt auf Krebszellen. Prof. Dr. Angelika Viviani und Dr. Lukas Rist, die 2006 den Alfred-Vogel-Wissenschaftspreis erhielten, konnten in Versuchen zeigen, dass die zytotoxischen Effekte der Mistelextrakte mit denen der chemischen Krebsmedikamente vergleichbar sind.

Die Mistelextrakte verbessern eindeutig die Lebensqualität von Krebspatienten. Darüber hinaus aktivieren die Mistelwirkstoffe Immunzellen (T-Helferzellen, Makrophagen). Diese sind ja für die körpereigene Bekämpfung von Krebszellen unerlässlich.

Viscum album Tropfen werden traditionell zur Linderung von Altersbeschwerden und leicht erhöhtem Blutdruck angewendet

<http://www.homeopathyeuropa.org/proving-shows-significant-distinction-between-aconitum-c30-and-placebo>

and

[http://www.alternativmedicin.se/forum/StaticPages/1\\_250\\_Nobelpristagare\\_och\\_homeopati\\_I\\_en\\_nyligen\\_genomford\\_studie\\_av\\_professor\\_Luc\\_Mon\\_page1.html](http://www.alternativmedicin.se/forum/StaticPages/1_250_Nobelpristagare_och_homeopati_I_en_nyligen_genomford_studie_av_professor_Luc_Mon_page1.html)

### **Proving shows significant distinction between Aconitum C30 and placebo**

Just recently a new study conducted in Switzerland has significantly demonstrated a distinction between the proving symptoms of Aconitum napellus C30 and a placebo. This is another study published in an academic journal that has found substantial effects from high potencies in randomly selected, healthy test subjects when compared with placebo.

#### **Participants and Methods:**

From the 33 subjects randomized for this double-blind, placebo-controlled crossover study, 27 could be included in the analysis. The study comprised two 7-day-long treatment periods, each including the intake of a study preparation for 3 days and a wash-out period of 4 days. One group was first treated with Aconitum napellus C30 and then with placebo; the other group received the two study preparations in the reverse order. The signs and symptoms before the first treatment and after each treatment were collected, evaluated, weighted and repertorized. Based on this classification the blinded physician assessed these signs and symptoms as study outcome parameter to represent the responses to each of the study preparations. Statistical analysis of the data was performed using the Wilcoxon-Mann-Whitney rank test.

#### **Results:**

Crossover differences yielded statistical significance between the classified reactions towards Aconitum napellus C30 and to placebo ( $p = 0.004$ ). Conclusions: A clear difference between the reported short-term reactions of healthy subjects towards Aconitum napellus C30 and towards placebo was shown. The crossover design with intra-individual comparisons proved to be adequate to recognize the study preparations and for the statistical analysis of a small population sample.

### **CAM use by children in Switzerland**

This cross-sectional survey aimed to assess the use of CAM in paediatric patients presenting to an urban, tertiary paediatric emergency department (ED) between October 2006 and March 2007. In total, 1143 questionnaires (68% of those distributed) were completed and were available for analysis. Of these, 58% (n=665) of all respondents admitted that their child had received some form of CAM therapy, whereas 25% (n=291) admitted that their child was receiving CAM for the present illness. In 31% of the respondents (n=354), CAM had been prescribed by a physician, whereas 50% (n=575) used CAM as self-medication. Patients presented to the ED mostly because of an infection (42% of total; 29% of these used CAM) or a trauma (38% of total; 19% of these used CAM). Parents of CAM users were significantly older, more often born in Switzerland and had significantly higher school education than those of the non-users. Nearly two-thirds of the administered CAM therapies were not prescribed by a physician, and 50% of the families using CAM did not discuss this with their GP. Parental requirements implied that medical professionals on a paediatric ED should know the effects and side-effects of CAM therapies and even be able to recommend them.