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WORLD HEALTH CONGRESS 2020 PRAGUE

**Health knows no boundaries –
Let's seek what unites us**

PROCEEDINGS

from the Videocongress of 20 June 2020

WORLD HEALTH CONGRESS 2020 PRAGUE

Videocongress Proceedings

Prague 20 June 2020

Held under the auspices of the Capital City of Prague



Congress Partners:

ANME – Association for Natural Medicine in Europe

EUAA – European Ayurveda Association

SANATOR – Professional Chamber SANATOR

ITCIM – Institute for TCIM

NFJZ – Foundation of Josef Zezulka

These proceedings are a publication output from the Videocongress
WORLD HEALTH CONGRESS 2020 PRAGUE
held on 20 June 2020 at 3:00 PM (CEST)

The Congress' Main Event will take place in Prague on 11–13 June 2021, in the historical building of the New City Hall, the seat of the Prague City Council, under the auspices of the Capital City of Prague, with the motto 'Health knows no boundaries – let's seek what unites us'.

Thank you to everyone involved in the Videocongress, as well as to those who participated and thus presented their topics – the contributions to this publication.

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Professional Chamber SANATOR

Co-organizer:

Institute for TCIM

Foundation of Josef Zezulka

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Guests:

Ing. Miloš Růžička – Czech Republic

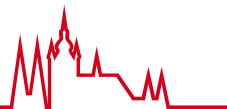
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Dr. Natalia Sofia Aldana-Martinez, MD, MSc – Colombia

John Weeks – USA

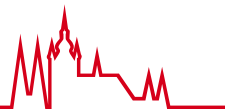
On behalf of the Congress Organizing Committee: Institute for TCIM

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FOREWORD



The demand for the traditional and complementary healing methods is increasing throughout society. This global trend is supported not only by the EU, but also NATO, WHO, WHA and other international organizations recommend studying and developing this area further.

The aim of the congress is to create a pan-European and worldwide database covering all fields of Traditional, Complementary and Integrative Medicine (TCIM) so that anyone – professional or not – can access and use this information regarding non-medical therapies and holistic healing.

To start creating a bridge of mutual trust and respect, to develop the cooperation between the medicine and TCIM, and in particular to create a space for mutual communication is both needed and desired right now. It is necessary to realise that TCIM and medicine are not competitors, both should serve people in the areas where they can be suitably applied in order to improve quality of life, to decrease diseases, to raise healthcare knowledgeability, and last but not least, to decrease healthcare costs.

The Videocongress participants are eminent in their various areas of health care and participated from the USA, India, Great Britain, Germany, Colombia, Austria, and the Czech Republic.



Tomáš Pfeiffer – Czech Republic

Philosopher, biotronicist, director of the professional chamber Sanator - Union of Biotronicists of Josef Zezulka, founder and director of the Institute for TCIM. Tomáš Pfeiffer presented the meaning and purpose of the Congress, he particularly presented the establishment of the Platform 2020 Prague.

Transcript of the Contribution

Good afternoon, my name is Tomáš Pfeiffer and I welcome you to the heart of Europe, Prague, the capital of the Czech Republic, a very spiritual and mysterious place with traces of Franz Kafka, Gustav Meyrink, Josef Zezulka, Albert Einstein, Nikola Tesla and so many other great people that there is a kind of magnetic invisible force here.

I hereby declare our WORLD HEALTH CONGRESS 2020 PRAGUE open. It is held under the auspices of the capital city of Prague. Today, I am pleased to welcome important world personalities within TCIM and I am personally very much looking forward to contributions to this Congress, as I am certain they will be very interesting.

Now let me ask the representative of the City of Prague, Mr. Miloš Růžička, the chairman of the Committee on Health Care of the City of Prague, to say a few words.



Ing. Miloš Růžička – Czech Republic

Chairman of Health, Sports and Leisure activities Committee of the Prague City Assembly, Member of the Housing Committee of the Prague City Assembly, Mayor of the Municipal District Praha 8 - Ďáblice, STAN – (Mayors and Independents Movement) founder and vice-chairman of the regional committee (Prague region)

Transcript of the Contribution

Ladies and gentlemen, dear platform presidium members, representatives

of the congress' partner organizations, dear guests and internet viewers.

I deeply regret that I can't be with you personally during this important day. Thanks to modern technology we are able meet in this way at least. However, the technology that enables internet broadcasting is not the core that tears down the walls between all of us.

What that tears down the walls is our common desire to push human knowledge forward and to share the knowledge and experience gained with all of mankind. Not in order to create wars or to do business, but in order to relieve pain and lessen suffering; to reach lasting peace in our countries, and mainly, in our souls. I am firmly convinced that the World Health Congress 2020 Prague will report on this. There is an increasing number of people waiting for such reports. There are so many of them now that the right and logic way forward is the international cooperation that has led to building the professional Platform 2020 Prague.

The World Health Congress 2020 Prague is starting in Prague today. I have the honour as the chairman of the committee of healthcare in the capital city of Prague to personally wish all the best to this welcoming session and to your work.

Warm regards from Prague.

Tomáš Pfeiffer continues

Thank you, Mr. Růžička, for your contribution. The exceptional situation we are in requires exceptional solutions, which is why we are opening the World Health Congress 2020 Prague online today, and the main part of the Congress will take place on 11–13 June next year, in 2021. It will probably be the longest congress coffee break in history. And we hope that the main part of the Congress will be successful. On the other hand, the coronavirus has given us time to prepare the Platform 2020 Prague, and establishing this platform, which I am about to introduce, is the main goal of this Congress.

PLATFORM 2020 PRAGUE

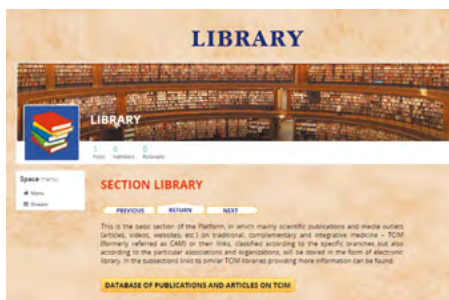
Let me start with informing you about what this Platform is not. It is definitely not another 'union of unions'.

In order to further develop TCIM (Traditional, Complementary and Integrative Medicine), a clear need to unify the efforts to and deepen the cooperation across all disciplines is gradually appearing, even in relation to EBM (Evidence Based Medicine), yet we are still lacking an exhaustive space for this.

This platform is a unique project worldwide. The aim is to provide a common space for all TCIM branches that enables free and advantageous cooperation, sharing and mutual friendly support without any censorship; a space similar to the Wikipedia portal in a certain way.

Platform Structure

Now, let me introduce you the structure of the Platform. Each member will receive access to their own unique section, together with detailed instructions and technical support so that no one else can intervene in your section. Here you can see the HOME PAGE. There are section buttons, which allow you to enter the individual topics. The platform will contain complete information not only under the section SCIENCE AND RESEARCH, but also any other information related to TCIM, under the sections LEGISLATION, EDUCATION, MEDIA, common and individual events, projects, UNION OF TCIM SUPPORTERS and so no.



Here you can see the first section, the **LIBRARY**. Here you will be able to place, say, your publishing activities. The section will be structured so that it is possible to search according to the field, the associations that publish their works here, and so on. It is intended to provide access to

information in the same way as other databases, and this project may contain, for example, an access button to another database. This other database will thus gain more viewers as the viewers will have easier access to the data compared to if the viewers would have to search the database on their own.



The next section is a very important section called **SCIENCE AND RESEARCH**. It will contain information from the area and will be structured according to topics. It will be a database of research centers, scientific journals, case studies and anything else related

to this area. It will also contain research methodology, which will help Platform members better target their activities in this area and comply with international research standards.



whether in the form of a classic course or in any other relevant form in the corresponding field of education. This will provide easier access for those who are interested in studying a particular field which they want to devote their energy to.



The next section is **EDUCATION**. It contains information on teaching and fields taught. It will be a global database of opportunities regarding where you can obtain an education, at which schools, to what extent,

Since we all want to help people, the next section is also very important. It is the **HEALTHCARE** section. This section will provide information on the achieved integration of TCIM into national health systems, including a list of facilities that already offer some of the TCIM fields in their patient care.



The **LEGISLATION** section is divided into two parts. The first part is comprised of resolutions by transnational organizations, such as WHO, WHA, the European Parliament and the others. The second part contains information about the state of legislation in the individual countries we work in. At this moment, people from all over

the world, from Europe, Colombia, the USA are present as future speakers at our conference, and I hope I haven't forgotten anyone. Legislative activities

that are under way or in preparation should be also shown here.



space contains relevant and objectively evaluated information, not only what I think is referred to as „fakes“ today.



large number, which shows the reach and the importance of these fields in healthcare practices today.



we can support each other. There will, of course, also be a space for mutual discussions.

I want to emphasize that a Platform membership and managing your unique area that only you have access to will not significantly increase your organizational burden. In your area you can place a description of your

Regarding the **MEDIA** section, this is an area we should manage together, both in terms of communication between individual Platform members and the Platform as a whole. It is very important to acquaint the public with our work, so that the public

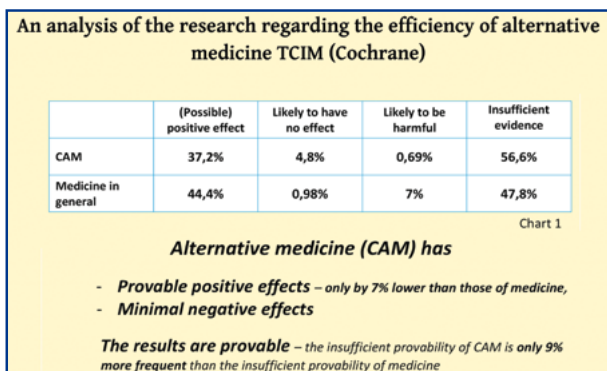
The next section is the **UNION OF TCIM SUPPORTERS**. It should be noted that, at this moment, a relatively significant part of the population is being treated with some form of TCIM. In Europe, it may be just over 100 million people. That is a really

The last section I want to show you today is the **PLATFORM ORGANIZATION**. This section concerns technical and organizational information, and we will also communicate some upcoming projects here, such as petitions or other projects so that

subject and a link to any existing pages that you have previously created, thus actually sharing and enriching us all with your work. You can provide publications that already exist, for example a link to your existing database and so on. I think it is time to connect our efforts in order to help patients. Together we can do much more. Contradictions weaken the achievement of our goal, and that is important to bear in mind.

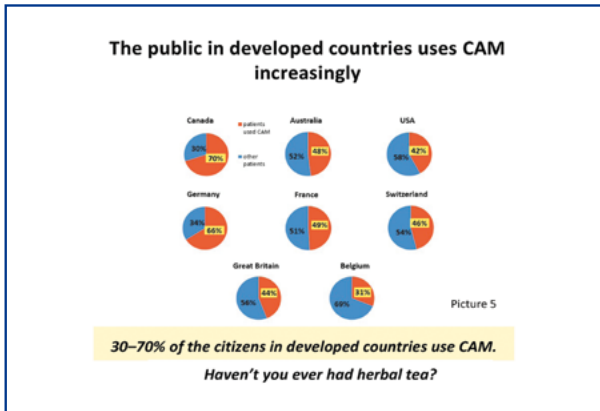
Publication Alternative Medicine (CAM) In the World

To gain a greater overview in this area, our professional chamber has published ALTERNATIVE MEDICINE (CAM) IN THE WORLD, where you will find the most comprehensive verified information about TCIM so far, and sometimes this information is very surprising.



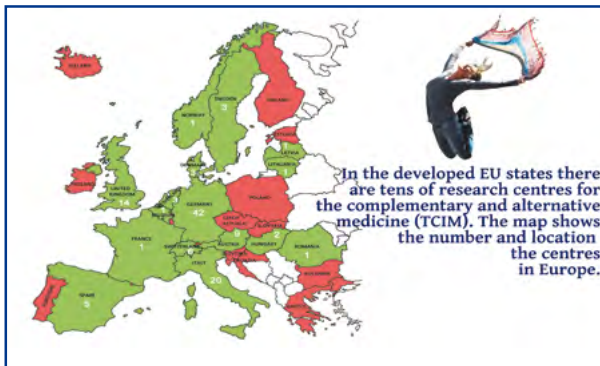
Here in this slide you can actually see information from the COCHRANE database, which is a very prestigious database and actually contains an evaluation of the fields of TCIM (or CAM) and classical

medicine. What surprised me personally was the relatively small difference in efficiency, which is only 7% according to this database. Another surprising factor is the credibility of these studies, which is the last column. Contrary to what we would expect, the difference is not entirely fundamental. There is also a very important area, namely the patient's risk, and despite of what we often hear in the media, we find a rather surprising figure here. For TCIM, 0.69% was reported in this database and 7% for classical medicine. This is understandable, because classical medicine uses active procedures, invasive procedures, that are actually necessary to protect the patient, but it is still surprising to me.



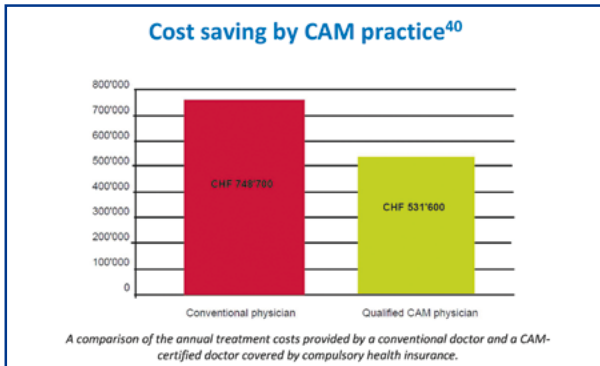
Here, for example, we can see a summary of the use of the alternative medicine in certain countries around the world, and this use ranges between 30–70% of the population, which is a very high number. We can see it is 70%

in Canada, 48% in Australia and so on. This shows that this field and this area of TCIM certainly does not belong to the marginal areas of society; it brings great benefit to whole societies, because it actually often helps patients to deal with chronic diseases and other diseases. This is good news also for the future, because we need to work to keep this improving this matter.



Here you can see the map, which shows (the small white numbers) the number of research centers in particular countries. We can see that in the last years has actually seen a very significant increase in these

activities, as well as publishing activities, link activities and so on. This also shows that the time is right for these fields to continue their work in depth.



With the last slide, I would like to show you, is what is important today. National health systems are often on the verge of their financial capabilities and medicine, which is developing immensely and has

reached the highest stage of development (but is also very expensive), is a bit worse in comparison to TCIM, which is logical. At the same time, however, it shows the potential of these alternative fields – which can relieve the financial burden of, say, EBM medical fields – for the further development in this direction.

Thank you, that is all. In conclusion, as you have seen, TCIM has the potential to offer something valuable. That is why I shall now ask the members of the presidium and the guests of the Congress for their contributions.

<https://www.whc2020prague.com/tomas-pfeiffer>

Moderator (Tomáš Pfeiffer):

The first speaker is a genome biologist at Cambridge University, general secretary and research director of the EUAA (the European Ayurveda Association), Professor Madan Thangavelu from the United Kingdom.



Prof. Dr. Madan Thangavelu
– The United Kingdom,
Genome Biologist at Cambridge University,
General Secretary and Research Director of the
EUAA – European Ayurveda Association

Transcript of the contribution

Thank you, Thomas, thank you all, thank you for this warm welcome to the Congress. I had hoped we would all be together in Prague, but unfortunately, it was not to be.

Coronavirus pandemic (COVID-19)

We are in an unusual situation when it comes to health and well-being and healthcare. The fragility of our predicament and the state of affairs we are in are shown very nicely, and that is why we cannot come together.

This is not the first time in the past few years that we have had such problems. We have experienced viral diseases that have taken a lot of lives, and the helplessness of the systems of health and healthcare and education that we have today is unfortunately revealed very nicely by our current position. There are many more such viruses and pandemics waiting to happen. The United Kingdom's high communicable diseases list comprises at least 16 different viruses waiting to appear on the scene. The details are on their website and it is quite worrying that such things are waiting to happen. What is the answer? What is the way out of this situation that we are in and that medical care and health systems are faced with?

Example from the Indian state of Kerala

The small state of Kerala in India provides an example of how one might find an answer. It is a very populated part of the world, with about 37 million people – which equals about the size of the population of Canada - living in 0.5 % of the land area of Canada. The density of people and the dangers of

such epidemics and pandemics can be seen in such crowded places. Yet they have managed to contain the coronavirus crisis, they managed to contain the Nipah virus crisis last year, which is an even more dangerous virus, and there are messages here for all of us as a community: the best practice in health and healthcare could be anywhere in the world, and we should start to accept these practices wherever they are. We must be proactive in going out, engaging with communities and learning from different communities.

Platform 2020 Prague

I therefore feel that this Platform that is developing in Prague is going to be a platform, not just for Europe, but for all of the world and we should approach it in that way; to be welcoming whatever the system of health and healing may be, to be curious, to curate the information that is available to all of us and to help develop this as the health needs and health challenges of the world come to us thick and fast.

Vision for health care

I want to take this opportunity to present my wishes in terms where I believe health and healthcare should be going, and I present this in the context of the European Union and a little bit in terms of a slightly larger vision.

EU4Health

This is where the European Union is in terms of health and healthcare: a large part of the funding is being discussed and falls under this vision called EU4Health, a vision for a safer and healthier European Union, which starts in January next year, and will run for the next six years. The details are available online and I think it is useful for all of us to find some time to look through documents like this.

In a document from the 28th of May, when we were in the thick of the covid crisis, President von der Leyen made an interesting comment: “We will stop at nothing to save lives.” He goes on to offer a vision for where Europe wants to be. Europe wants to provide a model of healthcare for the rest of the world, a model which is very different from what is available across the ocean in America. Europe feels that by giving something of this nature to Europe, it is also providing a very important model for the rest of the world.

When we look at the quantum of funding that is made available, it is not a very large amount. It is about 10.4 trillion euros, and there are various places which will provide this funding to enable this. In comparison to the health

budgets for the about 350 million people in America, this is miniscule, this is a fraction of the healthcare budget in America.

It is within this kind of setting that this Platform, evolving in Prague, presents itself and announces itself to the world, saying where it wants to be, where it wants to go.

What I found very disappointing in this proposal from the European Union, is the aspect of health in terms of health and not healthcare. I searched through this large document from the 28th of May, and the kind of message I found was the following: Europe is still lagging behind in how it should be perceiving health. Right now, it sees only added-value scalable initiatives. Health is still not appreciated as health; health is still viewed as something very different. On searching through this document, I see at the very end of the annex, the inclusion of the following statement: “Communication to promote disease prevention and healthy lifestyles, in cooperation with all concerned actors.” It seems like this large union is still embarrassed about the concept of health, and about delivering health as something very different from health care.

Definition of health

I have coined the phrase “Infectious Health”. Unfortunately it takes on a kind of status that seems like a conflict, that is the way it comes across to a lot of people.

Whenever you talk about health, it is seen only as something that comes out of healthcare. Health is not understood as something independent, given to all human beings. Health sits firmly within healthcare, and healthcare as we have it right now. Everybody in this gathering will agree that healthcare is nothing other than the commoditization of disease versus what we should be arriving at – well-being – which is the commoditization of health. These are challenges for us and I am hoping that this Platform in Prague will point us and shift the narrative towards some aspect of health.

What would happen if health were as infectious as a virus and did not know boundaries - which is what in fact it is? Health is open to all, help is available to all, and it has no boundaries. Somehow this message of health is not getting through across the industrialized countries, nations of the world, or even the older nations of the world, India and China in particular, where the narrative is still that of health based on disease, on disease care.

I hope this Platform, by providing the focal point for the whole world to come and learn about other ways to look at healthcare and well-being, will

also open up this narrative on health.

For people who are embarrassed about health, I would ask them to think about this as the commodification of well-being. Within this, we will have to develop new ways of measuring and auditing health and ways of preventing disease. How do we go about measuring this? Everybody wants to measure something, and only then can you start the whole process of commodification. What is it that is needed, what needs to be done and what needs to be done to take healthcare to a new way of looking at health?

Is there a way to approach this? Yes, it seems there is now a way. It is starting to be accepted around the world, and it connects with the Sustainable Development Goals. If we start to look at each of these goals, we will certainly see a new way of looking at health, a way of rearranging those big businesses to look at health in a slightly different way.

Is this happening? It seems like this narrative is happening and it is happening in Europe. There is the annual event at Gastein in Austria. It comes up with a very provocative title on the new narrative that mine is trying to juggle with, and the title says “Dancing with elephants”. We do not know what those elephants are but I know what they might be. The subtitle says “New partnerships for health, democracy, and businesses”.

I feel that this Platform that is evolving in Prague should grow into being the catalyst, the important catalyst that enables these new partnerships. Partnerships to show that there can be partnerships between businesses and health, not as healthcare, but health as health, and to develop new dialogues and new direct narratives with democracy. What is it that people are wanting? We seem to have a disconnect between what people want and what governments want, and this is seen in almost every nation of the world today - and even more so in terms of healthcare. My wish and my hope is that a platform, a neutral platform like the one we are catalysing in Prague, will enable this for the future.

I leave you with this wonderful message that has brought about a lot of change in parts of the world, and I feel our message from Prague will follow this sequence:

First they ignore you,
then they laugh at you,
then they fight you,
then you win.

Mahatma Gandhi

They will ignore us at first, and maybe when our presence grows stronger, they will laugh at us, and there will be a point where they will fight us, and at that point we will know that we are on the right track and that we are making good progress. I hope that, over the weeks and months ahead, we will draw a bigger audience to our Platform and that we will be able to populate this Platform with valuable information.

Website ITCIM.org

Tomas already has one of the best compilations I have seen for complementary and alternative medicine, and it is already available on his website.

I hope somehow that this network of minds from different parts of the world will start pointing more people to this resource. We will populate this resource and we will reach the point where they will not be able to ignore us.

Thank you for your attention.

<https://www.whc2020prague.com/madan-thangavelu>

Moderator:

Thank you, Professor Madan, for your contribution, which was aligned with the Platform's own purpose.

Moderator:

I am now pleased to invite Mrs. Nora Laubstein from Germany, president of the Association for Natural Medicine in Europe, a naturopathy worker, to our discussion.



**Nora Laubstein – Germany,
President of ANME – Association for Natural
Medicine in Europe, Naturopathy. Honored by
the German „Foundation for Environment and
Democracy, Bonn” at „ÖKOLOGIA-2020“**

Transcript of the Contribution

First of all, thank you very much, Tomas and your assistant Marketa, for the huge amount of work you have done up until now. Even if Covid-19 now seems to be a little bit further away, we will enjoy the personal meeting next year. Thank you for your work.

I think this Platform is a good chance to build a public opportunity for people who are looking for more information and to be connected with each other; because, before I start, I have to recognize that the presentation of the national governments in this crisis of Covid has only one aim – they say there is nothing you can do when you have something with Covid or if you don't have, there is nothing you can do, you have to wait for vaccination. Vaccination is the big thing in the European Union, in the WHO program. It is vaccination, vaccination, and this is one of those elephants Madan was talking about. We now have to realize that even the idea of forming good health has been blocked by the media. In this case we have to focus on the immune system. This is a global aim and I think it is an important one. With this Platform we can try to build this consciousness.

We have seen the blocking by media and governmentals who are not willing to make a change in their policy. They even ignore the demands of the WHO with a report about what's going on in research, what's going on in expert panels, what's going on in order for it to be taken on as a program in the government. So it is necessary to focus on the media, and the media has several parts.

ANME-Project “Working with the Media”

Our organization has created a project for our members and also for interest groups. We call it “Working with the Media”. It is a summary of the experiences of Canadian, Spanish and also US organizations, which have the same problems with the media. I will now give you the input of this project.

It is a strategy paper developed by the ANME board members and it could be used as an open source, a guide, for ANME members as well as other national CAM interest groups to help start professional campaigning within the media according to national leads.

The success is based on successfully campaigning on a national level. This is very important. We have to accept that every national country has different laws and different circumstances.

The first step could be a round table event held by a national umbrella organization, which brings together several stakeholders of complementary, alternative, traditional and naturopathic areas, including patients, practitioners, biological manufacturers and institutions with a minimal common ground.

The second step could be the implementation of a united platform, for example, in Switzerland, the successful initiative “YES to Complementary Medicine”.

Why is this urgently needed? Throughout the last several years, there has been a lack of attention regarding promoting the advantages and uses of CAM within the media. In fact, most attention to CAM within any media outlet – print, television and internet – has been less than positive with limited attention, at best, to the brief assets CAM brings to healing and health systems.

Dominance of Sceptics

CAM sceptics and critics dominate the public discussion already. In order to change this, it is crucial to develop a common strategy which includes continuing beneficial actions from the past, as well analysing and identifying any peripheral missteps. Accordingly, the project includes important discussion points and this could probably also be used for the CAM Congress’ database.

First, the previous common weak areas are: research, evidence, science. Second: professional education. Third: cancer and other critical-illness actions for uncoordinated timelines.

Additionally, individual organizations often only advocate for their own

specific interests. This can cause aggressive reactions, especially due to different points of view.

Learn from one another; it is a great support and benefit to learn from countries going through similar challenges and seeing positive results due to successful strategies. We understand that each country faces its own challenges and legislation, but knowing about these positive experiences helps guide future success.

The following recommendations have been made and now it is important to work on a national document in practice. Media-trained spokespersons can successfully navigate the media, professional PR agencies can do this. If it is economically feasible, hire a media specialist. Cost sharing with other associations can offset the total costs.

Collaborate with other partners in their health sector. Media documents should be created in the national language, using native terminology. Have approximately ten spokespersons/experts in relevant fields of science or medicine, and have one or two speak on behalf of each contributing organization and answering critical posts.

Identify one or two country-specific issues. Hire an expert to connect to key audiences. Encourage members to be in a greater contact with their association, especially to report or update the associations on community issues or relevant personal issues. Create a spreadsheet to track the positive/negative and identify each story and allies.

Create a video with statements and a letter of declaration. Include a VIP (very important person), which also means we need to find a VIP. This is the overall conclusion, which we will now break down into three areas.

Strategy for Social Media

The first area is a strategy for social media and this is becoming more and more important; we have to focus more on this path. Do not respond directly to the detractor; furthermore, sometimes a non-response is more beneficial for a pending subject matter, or even a delayed and diffused response (for example: after three days). Identify the key audiences – e.g. patients, professionals, governments. Post information about CAM professions, including who the people of CAM are, what the practices are, the achievements, the research etc. Only positive posts. Posts should be brief, limited to two phrases. Keep answers and responses short and to the point. If slander occurs, focus the posts toward the truth without directly responding to the allegations – and do not get into a discussion.

Strategy for Print Media

A different strategy is available for print media. In this case, use a ping-pong effect to create a letter/declaration directed to the government – it should be formed as a political paper, including research information, additional supportive documents to be included. Encourage and obtain signatures from other interest groups (for example in Europe), underpinned e.g. by an ANME support letter. We have done this very successfully in Latvia, Spain, Portugal and in Germany.

When creating a letter and a document directed to a newspaper or a journal, first analyse the journalist and reporter or publication and his/her/its habit and/or track-record. Are they pro? Are they against, or open to possibilities for CAM and its professionals? This is very important. Start a direct communication with the publication's editor and director. In this case, our experience is very clear.

Nowadays, in a lot of print newspapers, for example, there is an editor specialised only in science and then there is a general editor, a general director – they are two different people and the science person or science director has a different point of view than the director of the newspaper. This is important. Develop a series print productions about CAM practices.

Strategy for TV

The third point is a strategy for television. It is best not to have reporter teams in our workspaces or our home/environment. If this is unavoidable or for other reasons, of necessity, obtain the final control of the piece and review all content prior to public release. For round table discussions on TV: question and answer training. All talk is to focus on the positive aspects of CAM. This is the basis of our strategy.

Political Strategy

Next is an example for a policy strategy, which is very easy to find. It is necessary to define the objectives, to look what we need, what we already have, and the suggested timeline and actions.

I wish all the best to the Database and the CAM Congress. We have to realize that defining the terminology is a battle, it is a battlefield. When I see the programs within the European Union, they sound very nice. They speak about prevention, they speak about healthcare, they speak about well-being, but when you go into a specific context, they use this terminology for a different kind of thinking. They apply it on an economical idea; so, the

‘growth of health’ does not mean that a lot of people are happier in their lives and are healthier. No, it means that we have a big business, that we make a real economic growth of this. The next point is digital health.

Digital Health

Digital health is the next step – telematics et cetera. The current German presidency of the EU will bring this up to the top of the agenda, because the regulation of the digital revolution now is the thing which is on the top.

So I hope that with this Database and this Congress we can create an important impact for the future, for this intangible characteral heritage we have in this field.

Thank you very much.

<https://www.wbc2020prague.com/nora-laubstein>

Moderator:

Thank you, Mrs. Nora Laubstein, for your very comprehensive view on this issue. I think that the future Platform (or in fact in already existing Platform as we are just launching it) will have an important place in this area and will benefit us all.

Moderator:

And now I would like to ask for the contribution from the author and teacher of Specialized Kinesiology, Mrs. Carol Ann (McCracken) Hontz from the USA. Greetings and let me ask you for your contribution.



**Carol Ann (McCracken) Hontz, B.S.,
M.Ed. – USA,
Author, teacher and public speaker on
Specialized Kinesiology**

Transcript of the Contribution

Good morning, good afternoon wherever you are in the world and thank you, Tomas, for getting this great group of people together and organizing this wonderful congress. Today is the first day of the rest of your life. How will we spend it? Will it be in fear and trepidation and stress or in peace and love and feeling unified?

World UNITY Week

Starting today, we're celebrating a week of international world unity. What does that mean? How do we get there? How do you contribute to the unity on the planet today, tomorrow and into the future? The unity for the world starts within each one of us. What role will you personally play? What role will your family, your town or city, your country play in the world unity and peace? The main theme of this Congress is the unity, that is bringing together the various disciplines of health modalities under one cooperative umbrella.

Stress

I am sure you don't have to be reminded about how stressful the world has become when we review the events of the past few months. Who hasn't been stressed when our very way of life has been suddenly ripped from us? These very abrupt changes in our way of being have created fear, emotional and physical pain, and fear of more pain – which is the fear of the future, fear of the unknown. All of this change and stress creates a heavy burden on the body and especially on the immune system. This can eventually lead to dis-ease, disunity within the body, the mind and it can perhaps even lead to

death. The problem: we are lacking unity within the body, within the mind, within the emotions, within the total being.

Where does stress come from? Can you buy a can of stress? Stress is an emotion we generate when an event occurs which we feel we can't handle. We feel it in our muscles, we feel it in our stomach. This takes us out of living in present time, because we're worrying about the past or worrying about the future; we have a fear of the future. Stress is our killer. We spend a large portion of our lives living in the stress mode, especially in today's fast-paced, challenging world. How do we get so far out of touch with our bodies, with our emotions, with our minds?

Kinesiology

With specialized kinesiology we can gently and quickly identify and remove the stressful memories which are locked deeply within our cellular and within our muscular memory. When we're able to do this, then we become more in tune, more unified, and then we can enjoy life even under the most challenging circumstances – which we certainly have lately.

Fear

What are your greatest fears? As a child growing up in the 40s and 50s my greatest fear was that the Russians would bomb us and we would have to go to the basement of our schools for air raid drills. In 1991 when I started teaching doctors in Russia, I found the most kind and loving people I'd ever met. People are basically good and they have the same basic needs and emotions all over the world. What are the fears that you have locked deeply within your cellular memory? In our work, we believe that fears are mostly developed in early childhood and we have thousands and thousands of belief systems locked deeply within our computers, such as 'I can't, I won't, I don't, I'm not good enough, I'm too rich, I'm too poor, I'm too fat, I'm too thin'. All of these belief systems create the fears that we have, and if we don't handle these fears of early childhood, they become our addictions in present time. We become addicted to many things. We can become addicted to sugar, chocolate, people, to a place or location, to alcohol or whatever it is. Perfectionism can also be an addiction. When we have an addiction, we have to have that thing all the time and if we don't have it, then we just have to resort to something to make us feel good in present time because of all that fear and pain of the past. If we don't handle the base root of those addictions, they become our obsessions. We're obsessed. 'Will I have enough alcohol,

will I have enough protection in my life, will I have enough sugar, will I have enough chocolate?’ These obsessions then take over our lives and the obsessions are our fear of the future. What are the fears you have?

At this time in our history we are facing our greatest fears and they become either created or enhanced. Fear of death. How many people today on the planet have fear of death? Fear of the future, fear of illness, fear of people, fear of socializing with other people, fear of another race, another culture, another country? How many people have fear of germs, fear of infection? If someone sneezes or coughs and you’re out shopping, you go into a panic now. ‘Do they have the virus? Am I going to get it?’ That is a great fear in the world today. How many people today have fear concerning their jobs, losing their job, not finding another job? How many people feel insecure today, so they have a fear of security? Our children today take on the fears of their parents. And if the parents are feeling insecure, the children will feel insecure, too.

How many of us have fear of authority, and especially of trusting authority? The authorities tell us to do one thing, and then the next day they change their minds and they tell us to do something else. How can we trust authority and how can we find the truth and whose truth is right? We can’t even trust our own authority, because today we believe this and now that whole world is upside down. What do we believe? We may have a fear of our own authority in addition to fearing all those people out there, who are supposed to be our authority, but are always changing their minds. How do we trust and who do we trust?

Another great fear today is the fear cleanliness. You must have your hand sanitizer with you all the time so you don’t pick up the virus. I’ve had students and clients with such a fear of cleanliness that the skin on their hands is deteriorating because they’re cleansing so much.

How can we just balance the respect for the certain things without having the fear take over and destroy our lives? Because these fears take us out of present time; we can’t enjoy what’s around us right now. How many of you have fear of listening to the morning news? It’s always pretty destructive and negative. ‘I have to turn it on, I have to get the news, I have to know what’s happening in the world today’. But maybe sometimes we just need to go into air without the news.

Fear of travel. That’s the big one of one of my friends. His father died in Germany. He’s in New Jersey and he went to make a reservation and it was over \$2,000. There are all kinds of problems connected with the fear of travel. We had enough fear of travel before we started the whole last scenario,

but think about fears people have now every time to get on an airplane. ‘Am I going to catch the virus? What are the regulations I have to go through, what if I get stuck in another country?’ It’s a great fear today, fear of travel. It takes us out of present time.

Another great fear is financial – all around. Will we have a financial collapse. What about the whole financial situation of the world? What if it collapses? How many people have that fear? How will it affect your business? What about you? Do you have enough money to pay your bills? If you’re in lockdown how can you earn money? How can you possibly survive?

Public speaking is a huge fear of today. I had such a fear of public speaking, I would be up all night worrying about getting a five-minute speech in college, and now when someone asks me to talk, well, what would you like to talk me to talk about? How long? How many days? We have a fear of going shopping, we have a fear of dining out, we have a fear of speaking, of censoring, of being censored by the media, or what will my friends think if I post this. It’s a great fear. We also have a fear of technology. I did this morning, for example, when our server went down. Fortunately, my daughter was here to take care of that.

What are your greatest fears? Where does that leave you? Are you living constantly in the past or fear of the future? Or are you able to enjoy today no matter what the challenges are? How can you really work with the fears?

In specialized kinesiology, we can help our students and our clients release stress contributing to the blockages that create problems in many areas. We work with such areas as panic attacks, depression, fear, addictions, obsessions, anchors, self-esteem, relationships, communication, coordination, learning challenges, hearing, public speaking, obesity, headaches, skin disorders, backache, exhaustion, accidents, hormone imbalances, and countless other physical mental and emotional problems. We use muscle testing, which is like biofeedback, and we are then able to identify the root cause going back in time. Through simple exercises we are then able to very gently release the stress that’s connected to the fear. The memory may not just go away, but the stress does, so that we can function positively.

Now at this great time of crisis, it’s more important than ever for us to step forward and become the dynamic leaders. In this great time of change – regardless of race, religion, culture, age, nationality, politics, location – we must step forward. It is time to let go our fear and replace it with a strong commitment to love and to help humanity so that we can make the positive changes within ourselves, have that unity in the world around us to create those great changes. Where is our focus? Wherever our energy flows, that’s

where the focus goes, and it gets magnetized in the world. If we are able to get rid of those limitations then we're able to free our imaginations to create those viable, positive solutions to help solve humanity's great problems. With that collective dynamic energy we can create the most beautiful world that is wonderful for our children to grow up in. We can manifest it. How are you moving forward today?

Balance

We can prepare ourselves for dealing with the challenges by taking care of our physical, mental, emotional or spiritual beings, and you know how to do that. When you are in balance and unified, the creative ideas will flow. Let those ideas come to you – awake or sleeping. Let us be the dynamic force, that helps to change the world.

Can you imagine a world where all children are nourished, cared for and loved? Where abundance is enjoyed by all? Can you imagine a world where the citizens are all free to pursue their dreams in a world filled with peace and love? United we stand together. Let's create unity within ourselves and then together we can say goodbye to stress and hello to happiness. Thank you.

<https://www.whc2020prague.com/carol-ann-hontz>

Moderator:

Thank you very much. One paradox came to my mind as I listened.

We care about material hygiene, but we pay much less attention to mental hygiene, which is precisely the area of psychosomatics – an important element influencing our consciousness.

Thank you very much for your contribution and let's move to our next guest.

Moderator:

Now, the President of the EUAA (European Ayurveda Association), Dr. Peter Kath will be speaking from Germany.



**Dr. Peter Kath – Německo,
President of EUAA – European Ayurveda
Association**

Transcript of the Contribution

What is the purpose of the European Ayurveda Association? Our purpose is to promote and propagate Ayurveda and disseminate educational and informative material. The planned Platform 2020 Prague is in line with these goals and we are really thankful for the opportunity to support the considerable efforts made by Tomáš Pfeiffer and his team. I will present three small points. I want to talk about words, the law, and bridges.

Words

Let us start with words. As You know, lawyers work with language. I am a lawyer and words are one of our essential tools. So speaking of traditional integrative medicine TCIM - what is tradition? Tradition is something that lives through repetition, something that we experience and something we repeat again and again. And from this point of view, Ayurveda has a really long history. If we talk about integrative medicine, integration means that we put something together and this is exactly what Ayurveda does, it integrates all elements. We do not treat the disease, we treat the patient. We strive to re-establish a balance, which is called 'Santulan' in Sanskrit. This is what we try to achieve. Now, evidence-based medicine - that is something I stumbled across when reading in preparation for this meeting. What does it mean? Evidence-based medicine is medicine based on facts. But let me pose it as a question – is it different from TCIM? What are facts? Facts are perceivable phenomena that we observe with our senses, perhaps expanded by technical means. But then again, they are just there to be observed with our senses. What are the facts related to? They are related to their application, the means

we use and the result. We compare the situation before and after a treatment. From observing countless cases and my own personal experience I can say yes, Ayurveda produces results, yes, herbal medicine produces results, and yes, yoga practice produces results. So without any doubt, Ayurveda is based on facts and I am sure, from this point of view, you will confirm that all the branches we are discussing here and that you represent do the same.

Law

My second point is the law. We have a custom that in order to prove a quality or a capacity, you need to offer a paper that shows you are a doctor, a professor, a lawyer, whatever, that your medicine does this and that, and that you have proved that it is successful. We have many such papers in Europe. Madan [Prof. Dr. Madan Thangavelu] presented one of them. And that means laws, rules and regulations in Europe. As a lawyer, I respect the laws and thank God we have them, but they have their limits and they need to be safeguarded against one-sided and unfair influences and, of course, profit-driven interests. I therefore see it as essential to build a database, because we need to know what is going on, we need this information. We need to gather all the laws and everything that is connected with this branch we work in.

Bridges

My third and last point is bridges - what unites us? This is a question that was posed in your paper for this meeting. I would say we are one. Science has long recognized the butterfly effect; music is about oneness, Yoga is about oneness, Ayurveda is about oneness. So we are, in fact, united. There is no need to cross bridges, we are already there. I say we need to show and display this, and I think this initiative, the Platform 2020 Prague, is a good start. Thank you.

<https://www.whc2020prague.com/peter-kath>

Moderator:

Thank you very much for your contribution and I would say that Dr. Kath himself is an example of the fact that we all are in the same boat. And now, in my opinion, the time is coming to build bridges between separate disciplines and create a multidisciplinary space that connects all these parts into a unity.

Moderator:

Next, I invite a representative of the British Ayurvedic Medical Council, Amarjeet S Bhamra from the Great Britain, to our discussion. He is very busy preparing for tomorrow's Yoga Day right now, so he asked me to be on our panel as early as possible. I am happy to welcome him among us and I also wish him good luck with his upcoming Yoga Day, which is a wonderful event in Great Britain.



Amarjeet S Bhamra
– The United Kingdom,
representing the British Ayurvedic
Medical Council

Transcript of the Contribution

Namaste, good afternoon. I want to start off, first of all, by thanking you for this invitation here this afternoon and the opportunity to be in the addressed company of these wonderful personalities that you have been able to bring together for this meeting today, Tomas.

And I'm also glad to say to the panel that since I came into contact with Tomas through my very good and very learned friend professor Thangavelu two years ago, I've had such an amazing spot for all the activities that I'm involved with in both parliaments - in the EU Parliament in Brussels and also in my host Parliament, which is the British Parliament in England. Tomas and his assistants Alenka, Ludmila and Markéta have been wonderful guests of mine and they have been supporting all the work that we are doing and I hope that they continue to do so in the future.

I just want to bring your attention to some issues that were created by the European Union Parliament almost a decade ago. My very learned friend Nora is here with us, and she must remember this because I made contact with her at that time, ten years ago, and I also made contact with Harsha Gramminger, who has now been succeeded by my very good friend Peter Kath, who is also here today with us.

Herbal Medicine

The EU wanted to bring about the European Union's directive on

traditional herbal medicine, the THMPD products directive. What Europe wanted to do is that they wanted to remove herbal medicines from within the European borders. Why would they want to do that? People on this planet have been enjoying herbal medicines ever since this universe started, and in fact, even today, the World Health Organization estimates that 70 percent of the world's population still relies on herbal traditions. We won't actually go too much deeper and diverge into what is the root cause of this, because unfortunately this is all to do with making money.

Our friends on the other side are not really satisfied with earning something like a 55-60 billion dollar profit. That's not good enough for them.

So here in England we thought: How do we challenge this THMPD that the European Union has initiated? And so we embarked upon this vessel, we created a platform to fight for our right.

We set up a very powerful campaign to save herbal medicine. At that time, ten years ago – I didn't have so much white hair – and we just started and with the grace of the universe, we very quickly generated hundreds and thousands of signatures to petition David Cameron's government saying that we need our freedom of choice.

If people can wear what they want to wear, eat what they want to eat, believe in the God they want to believe in... Why should their be a ruling that we must wreck our lives by taking pharmaceutical medicine?

There must be a choice, there must be an option here also! The divine trinity of Shiva, Vishnu and Brahma listened to the hard efforts of all my colleagues here and the British government actually made a U-turn. Nora is actually part of that campaign that we started, her signature is still on the memorandum that we gave the government.

We are very happy and we're delighted that the British government made a U-turn. My learned friend mentioned a quote by Gandhi, but I am a little different to Mr. Gandhi and I always say that if you can't run, walk, and if you can't walk, crawl.

So we cooperated with hundreds and hundreds of different communities, not just the Ayurveda community that I represent, but also Western herbal medicine and African medicine, Latin American medicine and traditional Chinese medicine, Tibetan medicine, and Japanese medicine. To get everybody together under one umbrella was a humongous task and I think it was even more challenging than fighting for freedom of choice.

Nevertheless, we came together. It took us about a year, and we succeeded

in our focus, in our challenge. Now, if you're living on these wonderful British Isles, you can practice Ayurveda, you can bring in raw materials such as herbs, you can import them from India whether they are fresh or dried. That is just a very miniscule victory when you look at what's happening globally, what's happening in the Czech Republic, what's happening in the United States of America, what's happening in Germany, what's happening around the world.

There needs to be a drive above and beyond where we are all operating so that we are speaking to the people who make the regulations. And we need to speak their language. We had some very good political friends in the Parliament, and we then realised, that if the West can do this to Ayurveda and traditional medicines, tomorrow they will do the same to yoga and then they will do the same to other Indian traditional sciences such as Jyotish, India's astronomy and astrology which is used for health and healthcare.

Thereby we enacted a very powerful group of amazing parliamentarians in the UK to bring about the establishment to creating awareness among the British parliamentary community and the policymaking community.

Those are the meetings that you have been attending, Tomas, where parliamentarians gather. There are about 200 people at our meetings, the rooms are jam-packed. There is so much interest. It's really elevating. If we spend five years learning kinesiology, if we spend five years learning Ayurveda, if we spend a whole lifetime learning yoga, then why would we want to leave the policing of our sciences to a bunch of people who have no idea what we're doing.

That has been my focus, to really bring about awareness within the parliamentary community and I'm delighted that you have very kindly invited madame Miloslava Rutová here this afternoon and that she has also very graciously given her consent to join us tomorrow at the International Yoga Day. These are the right steps to take, to move into these areas. At the end of the day, it is the parliament that will make regulations, whether we exist or not. And so we have to have to join forces and we have to find good friends to make all these wonderful things happen.

I am privileged to talk to you here today on behalf of the British Complementary Medical Association, and we have a united force representing the values of Ayurveda and yoga here in the UK. I want to welcome all the representatives who are here and the panel that has gathered here.

I want to wish each one of you here tons of luck in your good endeavours.

Once the pandemic is over, I warmly extend an invitation to you to please visit us, to come and see what we are doing in the British Parliament and to see what we are doing in the European Union Parliament, so that you can gauge our work and can get some ideas.

It is a long journey and, as we all say, it begins with a single step. We are on the right path and more and more parliamentarians are beginning to listen to us.

For example, in England we have a population of 70 million people, of which 35 percent want to consider being treated traditional medical care. We are one of those very lucky countries in the world where access to healthcare is free, we do not pay anything to anybody – it is free. So, despite the fact that 70 million people have access to free healthcare, people still want to pay, say, 50 pounds, 50 euros, 100 euros, 200 euros to go and have an Ayurveda consultation, to have a kinesiology consultation, to have a shiatsu consultation, to have a Reiki treatment and they are happy to pay for that. Because people in this country know that the allopathic medicine is not working.

I invite all of you - when you feel it's appropriate for you – to please come and see the work that we have done and the work we are doing. Tomorrow we have a webinar on Zoom from 12 o'clock in the afternoon British time to 5 o'clock in the evening. If you join us, you will actually witness British parliamentarians joining and promoting yoga and promoting the ancient spiritual values of India, and you will see other stakeholders doing the same.

It has been a long journey, but I am fascinated and very excited to be amongst these people who are making things happen for us. They have no idea about healing, they have no idea about herbal traditions, but the question is how do we actually make them understand that we are like normal people - we also like to have ice cream - but what we can give them is something that they talk about but do not do? Namely, that is prevention is better than a cure.

Thank you so much for this wonderful opportunity to be with all of you and I look forward to your support, your continued guidance and all of your blessings to the success that the traditional medicine deserves on this planet. Thank you so much.

<https://www.whc2020prague.com/amarjeet-s-bhamra>

Moderator:

Many thanks for the contribution and many thanks to this man, who has

done a great job opening up opportunities for Ayurveda and other systems. I hope that one day we will also be able to create something similar, like a parliamentary group, as is the case of the British Parliament. With the kind invitation of Amarjeet, I was able to visit the British Parliament, sit in the House of Lords and be part of these beautiful meetings. I know that Amarjeet has now also initiated a petition for which he is collecting signatures. And by the way, I would like to remind you that I also initiated a petition in the Czech Republic. The petition received 40,000 signatures and was discussed by the Petitions Committee of the Czech Parliament. The results of the discussion mainly concerned education and related areas. This is one of the steps that, as Amarjeet mentioned, are being taken on this path, which will certainly be very long. Good luck, Amarjeet, with your big event tomorrow.

Moderator:

Now, I would like to invite another guest to our panel. She is a teacher, researcher, publicist and writer who has worked at Charles University in Prague – professor Anna Strunecká from the Czech Republic.



**Prof. RNDr. Anna Strunecká, DrSc.
– Czech Republic,
Educationalist, researcher, publicist and author,
long term professor at Charles University
in Prague.**

Transcript of contribution

Dear Mr. President, members of the Preparatory Committee, friends, ladies and gentlemen,

I feel it is my duty to thank Mr. Tomas Pfeiffer in particular for his activities regarding the World Health Congress 2020 Prague. My thanks and admiration especially go out to his lifelong efforts in introducing, promoting and recognizing traditional, complementary and integrative medicine within the European Union and around the world. Dr. Eva Krizova from the Czech Republic thanked Tomas Pfeiffer here, because for decades we have had the opportunity to follow his daily activities, his work in the media, his work at the centre, and his medicinal work.

We know all too well that the situation in the Czech Republic is far from being as nice as the one in the UK, as described by the last speaker. For us, it still takes a great deal of courage and a very strong conviction to deliver these speeches. You really have to have a big personality because there's always the risk of receiving a backlash for the things you say, as I myself have experienced first-hand.

I am honoured to be invited to contribute to the development of the Platform 2020 Prague project and the 2021 Congress in Prague. The Covid pandemic has forced us to postpone our meeting in person by a whole year, so we now have the opportunity to discuss and contemplate how to unite and strengthen our voices. Based on what we've seen from the contributions of previous speakers, the way we perceive the current tasks varies depending on what state and locality we are in, and so, perhaps what I will say here will seem too elementary for many people.

My profession is physiology and biomedicine. I spent 40 years at the Faculty of Science at Charles University, for ten of which I held the position of Head of the Department of Physiology and Developmental Biology. I have given lectures on immunology, so I have unfortunately also been heavily involved in many discussions about vaccination in recent years, something that happens to be a very controversial and complicated area.

I also have five years' experience working in the biology and neuropharmacology laboratory at the Institute of Medical Biochemistry and Laboratory Diagnostics at the General University Hospital and of The First Faculty of Medicine of Charles University, and for more than 30 years I have been engaged with holistic and integrative approaches to human health and the possibilities of TCIM as part of research work and in practical application. I have also run a medicinal practice for 15 years.

I have written over 300 scholarly publications and 15 popular science books for the general public. In response to the previous speaker, I would just like to make a small comment that one of my latest books is entitled *Medicinal Herbs and Mental Health*. I wrote this book because I have lived and worked among psychiatrists for many years and, unfortunately, as far as medicinal herbs are concerned, the European Union continues to throw a spanner in the works and refuses to allow manufacturers to even write about the benefits of their products.

Thus, since 2012, there has been what's known as the 'on-hold' list, which prevents manufacturers from writing what the product is good for on it. And we are still waiting for the European Union to come to the consensus that it could be worth venturing into medicinal herbs a bit more.

The Covid Pandemic and the Autism Spectrum Disorder Epidemic

Today, I would just like to briefly mention some experiences and different approaches to *lege artis* and TCIM medicine, particularly when it comes to the Covid pandemic and the autism spectrum disorder epidemic. We've all just experienced this pandemic, and autism is one of my favourite issues. I have also prepared a Bender case study on autism for the scheduled Congress, which was due to take place today.

While *lege artis* medicine has failed to offer effective treatment to most coronavirus-positive patients, we all know very well that TCIM approaches have mainly recommended the kind of care that boosts the immune system and utilizes vitamin and mineral supplements. Thus, it could be said that these are matters that are professionally researched, clear,

and proven in biomedicine and have nothing to do with homoeopathy, energy healing or even Ayurveda or other similar fields that are simply not within central interests. But vitamins and minerals... These are things that lege artis medicine cannot doubt the effectiveness of. It is also, of course, understandable that various medicinal herbs have been tested and used in China. However, representatives of lege artis medicine abroad and in the Czech Republic oppose any form of TCIM recommendation, citing them as being unverified and providing false information.

Covid is a completely new disease and the properties of this virus are practically unknown. But the effect that vitamins (D3, C, group B) and minerals (zinc, magnesium, calcium) have on boosting the immune system has long been known and traditionally used. Likewise, traditionally proven medicinal herbs can only be recommended, as the speaker before me said, with multiple effects.

Plaquenil Medication

We know that lege artis medicine allowed for therapy testing with the anti-malarial drug Plaquenil. It was applied to a group of 1,542 people infected with Covid-19 and was used as a preventative drug by the president of the United States of America, who personally advocated for it. There have even been 24 million news reports on Google that the president of the United States has been using Plaquenil, which tells us that the media has been inadvertently running a huge ad campaign on the drug. However, this therapy was considered ineffective as it failed to reduce the number of deaths. Nevertheless, lege artis medicine accepted this therapy.

Now picture tonnes of scientifically inaccurate information on the side effects of vitamin D3 popping up on various foreign news sites. Readers have been warned that taking this vitamin can result in death or cause a number of unwanted side effects. In the Czech Republic, for example, a video by Kampa Theatre was censored because it was labelled as a source of misinformation. The video consisted of an interview with Jaroslav Dusek and Milan Calabek about their experiences with traditional Chinese medicine, using herbal teas, and the effect vitamins have on boosting the immune system.

I would argue that these are textbook examples of just how far, and to what extremes, knowledge can go, which in a sense we also tend to place among traditional, complementary and integrative medicine.

Treating Autism Spectrum Disorders

I mentioned earlier that I had originally planned to discuss issues, case studies, and treatments surrounding autism spectrum disorders at this year's scheduled Congress. It just so happens to be the world's fastest-growing developmental disorder, affecting three to four percent of children in some countries, which is indeed an indication of an epidemic. While the etiopathogenesis of ASD is still unclear from a *lege artis* medicinal point of view and no effective therapeutic approaches are known, TCIM offers numerous cases of amelioration of symptoms of these disorders.

A high prevalence of ASD is reported in industrialised countries with water fluoridation, as well as in Asian countries with endemic fluorosis. Our theory, therefore, points to the key role that fluorides play in the etiopathogenesis of autism. The prevalence of autism in the European Union is still relatively low, as most European countries stopped water fluoridation shortly after its introduction in the 1970s and 1990s.

And so we have dared to propose the theory that fluoride is one of the key causes of autism. Our publications on this topic in the professional foreign press have a readership in the thousands and are among the most read articles.

There is currently a divergence between the practice of fluoridated drinking water, which official medicine and health education considers to be an effective and safe form of protection against tooth decay, and current scientific knowledge, which provides evidence of fluoride as a neurotoxin that impairs both prenatal and postnatal brain development.

We are now also showing that the multiple toxic effects of fluoride may be the cause of unexpected epidemics in the near future. Based on complementary and integrative approaches to medicine, vitamins and minerals can be understood and professionally explained as potential supplementary interventions in the treatment of autism.

My contribution to the Congress next year, documents a case where a boy's autism symptoms were ameliorated in the Czech Republic. More on this topic can be found in our publications and books.

As part of the Platform 2020 Prague project, I would like to spread the idea of the holistic and integrative effect of vitamins, minerals and medicinal plants in the prevention and intervention of a number of major contemporary diseases.

I look forward to working together with you.

<https://www.whc2020prague.cz/anna-strunecka>

Moderator:

I see the portfolio of our individual contributors to the Platform is constantly growing, which is very gratifying. More such well-founded contributions are needed, contributions which are often supported by scientific research. At this moment, we have more than 18,000 documented studies of top quality in the alternative fields in the Cochrane and PubMed databases. This indicates a growing interest in this area also from the scientific field.

Moderator:

And now, our next guest is a member of the Czech Parliament, facilitator and One Brain Kinesiology therapist, Mgr. Miloslava Rutová from the Czech Republic.



**Mgr. Miloslava Rutová
Czech Republic,**

Member of the Czech Parliament, member of the Committee on Science, Education, Culture, Youth and Sports, Social Policy Committee, member of the Government Council for Seniors and Population Ageing at the Ministry of Labor and Social Affairs, facilitator and therapist of the One Brain Kinesiology Method.

Transcript of the Contribution

I would like to thank you for this nice invitation, I never thought I would be in such company.

Experts, such as professor Strunecka, my first One Brain teacher, Carol Ann Hontz, and the London professor who was so kind as to invite me to tomorrow's Yoga Day have spoken before me, and I greet them warmly. I never thought I would ever talk in company like this.

Special Pedagogy

My original profession is a special pedagogy. I have dedicated my whole life to working with children and working with children with disabilities. I studied at and graduated from two universities in order to be able to give children what I thought they needed. But unfortunately, that was not it.

In the meantime, a revolution took place in our country and the door to various alternatives opened up. I jumped at them – Silva's method, reiki, yoga. It was all great, but I could not apply it to the children at school.

Kinesiology One Brain

Not until one day, when I opened Teacher's Journal and saw 'Kinesiology One Brain – Endless Possibilities'. I was looking at it, I did not know what to think about it. But once I had finished reading the article, I clearly knew that this was what I wanted for the children, I wanted to be able to work with them in this way.

I want to work with them in a way so that they can stand up for their lives, so that they are not full of fear, as my teacher Carol said, so that they can be confident, so that they can, despite all the difficulties in the world nowadays, just get over it. And I am thankful every day that I came across this method, because it has changed my life. But it did not change just my life, it changed the lives of those kids, too.

I worked with children and their fear every day. Either their fear of animals or of school, of parents, of the unknown. And the children improved. And I think that our future is in children. Everything we have heard so far is clearly no longer aimed at us, because we, including myself, have already lived our lives. It is aimed at children, because children are our future.

Platform 2020 Prague

I feel what Mr. Pfeiffer is establishing here with the Platform, the unity. This unity that we can pass on. We can give it not only to adults, but especially to children, and moreover to unborn children. If we ourselves are in unity, in the unity with others then, as we all know, what we send, we will also receive.

And the unity is really what all the good people around us care about. I am not going to dwell on any Covid or any fears at all, because it is just a chimera. After all, we have goodness inside us. Goodness that we can pass on, and I am incredibly grateful for this, that there are such people among us who have invited me here, that I have the honor of knowing you and that all of you care about what I care about. About goodness being spread further.

Whether it is Ayurveda or yoga, or whatever, kinesiology, Dr. Strunecka with her Poison Age and with her many publications that I have read. That is what mankind, what our fellow citizens, need.

I am originally from Pilsen. I started teaching kinesiology, which I have been doing for 25 years. I cooperate with Carol Ann Hontz. I also used to work with the founders of this method, with Daniel Whiteside and Gordon Stoks, and now it is paying off.

A lot of people have attended courses and those people are spreading it further. Daniel always said: 'It is like throwing a stone into a lake and seeing it spreading.'

It is spreading further and I feel that this Platform is the stone being thrown into a lake. Being from Pilsen, I said to myself: 'I need to put the method and the alternatives where they belong.' And I did not feel that they could be spread from Pilsen. I needed to get them somewhere higher. So, I went into politics. And I did not go there to change any laws. I went there mainly to

pass this on, I feel it is my internal duty to manage it at a parliamentary level, so that people would finally think better of it. As I can see that it works in other countries, why should it not work in our country as well?

Petition in Support of Biotronics

That is why I was so happy that the petition was received by the Committee on Petitions and that we had a round table meeting on alternative medicine with Mr. Pfeiffer. And I really thank him from the bottom of my heart for his efforts. And thank you to all of you, too.

I am not going to talk any further because I am so full of it. I really want to thank you from the bottom of my heart, everyone, everyone. And I wish you all, your countries, your families and your loved ones only the best and thank you once again for the invitation.

<https://www.whc2020prague.com/miloslava-rutova>

Moderator:

I modestly add myself to that wish, it is our common interest.

Moderator:

And now I welcome another panelist, associate professor of physiology at the Medical University of Graz with an extensive interdisciplinary overlap. He works with chronobiology and physics – Maximilian Moser from Austria.



Maximilian Moser, Ph.D. – Austria, Maximilian Moser is an associate professor of physiology at the Medical University of Graz. He was a principal investigator in the Austrian-Russian “Austro-Mir” spaceflight mission and has taken part in several medical experiments, among them sleep and cardiovascular studies, while coordinating a team of 20 co-workers.

He has also cooperated with the Institute for Biomedical Problems in Moscow.

Transcript of the Contribution

I would like to give you an overview of what we are doing here in Graz, and especially in Weiz, Austria. We investigate biological time, biological rhythms. There is a short film that was made few years ago by National Geographic, where they investigated the heads of the Moai - the special heads on Easter Island - and they were not sure how the original inhabitants had brought these statues to the sea. When they asked the old people how it was done, the people said that it was very easy because the statues walked there themselves. The white people of course did not believe this until the National Geographic team came and observed a similar situation. The case that was captured the National Geographic shows that old wisdom is sometimes right, but in a different way than we expected. Actually, the scene shows that resonance is able to stabilize a state very well, and even a five-ton Moai statue can be moved by just using resonance frequency.

Astronaut research

Now, our research in the 1990s was space research with the Russian space agency. We made jackets for cosmonauts and the jackets were made with natural colors and natural materials, because we were sure that this was the best way to equip humans even in space. The jacket was actually popular among the Russian cosmonauts - they chose it as the best experiment that they had done on this mission, and they found it fun to use. We used these jackets to measure cardiovascular parameters. The most interesting of these were the body rhythms as they are visible in the human heartbeat; the human

heart carries a lot of rhythms, such as the respiratory sinus arrhythmia, which comes from respiration, the blood pressure rhythm in about ten second intervals; the peripheral circulation which has one minute rhythms; the BRAC-cycle with 90 minutes rhythms, and the circadian cycle. There are many other cycles too, and together these cycles form something that we can call the time body or time organism of the human body. The interesting thing is that this time organism really reacts to diseases. We measured a healthy subject over approximately 24 hours. In this healthy subject, the heartbeats of a given time period were investigated by using a so-called ChronoCardiogram, which analyses the different frequencies that are in these heartbeats. It is quite fascinating that very similar sonograms of bird songs can be observed in a healthy tropical forest, and each of these birds uses a different frequency band. As do the different rhythms in the human organism. The different organs use different frequency bands. Another interesting phenomenon is that diseases totally change these rhythms. The same differences as observed in the pictures of a 24 hour recording of a healthy 11 year old boy in full health and a 24 hour recording of a man with cancer metastases shortly before he dies, can actually be observed in the rainforest. An American musician who works with so-called field recordings, Bernie Krause, published the book *Voices of the Wild*. He recorded bird songs in a healthy tropical forest and then again after logging. Once the birds left, there are obviously no more rhythms, no more songs. You can observe the woods dying in a very similar fashion as to how you can observe a human dying. We believe that these kind of ChronoCardiograms and recordings of human heartbeat oscillations are a very good way to observe the effects of what you call alternative medicine or complementary medicine.

Research on rhythm, poems and meditation

We also investigated the effect of meditation and poems, you could say mantras, in our research. We used the recitation of a poem by Nietzsche. It is a declamatory poem with a lot of emotion in it and it has quite a different type of expression than the recitation of a hexameter from *Idylle vom Bodensee* by Eduard Mörike. We used lines in the heartbeats to represent overtones, basic frequencies and overtones, so the heart starts to produce not only singular tones but whole sounds or 'klang' as we call them in German, which is the best term as there is no word for this in English. We used these kind of recitations in human settings. This landed us in *Time* magazine, because we investigated people with heart problems, not serious heart problems but palpitations and similar reciting, and these people displayed much fewer such problems after reciting Greek poetry for a while - half an

hour two times a week for about nine weeks, so not too much of it. And the heart actually improved just by speaking the right mantras. We were then invited to reproduce this in a setting with construction workers. These construction workers were involved in rhythm therapy. We used eurythmy and also hexameter. They moved around carrying sticks, and the poems were recited to these construction workers so that they moved in rhythm with these poems. The results were very surprising: their sleep quality improved a lot. We studied people who initially partook gymnastics for four weeks and then switched to a rhythm therapy. The sleep quality improved a lot during this time. Whereas the sleep quality of the construction workers who did not do anything just decreased from 80 to 60 percent. The quality of sleep for group who started with rhythm therapy and then switched to normal movements, to gymnastics, at least remained the same. This was repeated in 85 Austrian construction companies and it reduced the number of sick leave days by 49 percent and a 25 percent reduction of accidents was observed, as the workers slept better and were more alert during the workday. Even a year later, there was still a 27 percent reduction in the number of accidents – even when the program had been discontinued. So the effect lasted for at least a year. Finally, I'd like to point out that the classical view of a human is identical with the view of a present-day medical doctor. It is the view that Andrea Vesalius and Leonardo da Vinci brought into medicine when they depicted the first anatomic sketches of human subjects that were true to reality, and interestingly enough medicine has not moved on from that. They still work with anatomy, chemistry, substances and energy - but not with time. This field of study is only just beginning now, we have only studied this field for thirty so far. I think that it will be a successful complement, especially for medicine that takes time into account, such as all Asian medicines with the organ clock, and the palpation of the pulse in the Indian, Tibetan and Chinese medicines. I hope these medicines have a very promising future, because I think that this is the medicine of the future as it will also include prevention at the core of its activities. Thank you very much.

<https://www.whc2020prague.com/maximilian-moser>

Moderator:

Thank you for your contribution and I can confirm that associate professor Moser definitely takes his field seriously, because he asked me not to organize this conference on a Saturday next time, as it is not very appropriate from a chronobiological point of view. And his contribution concerns the most basic force of the universe, which is resonance. For example, one of the most important scientists who ever lived was Nikola Tesla, and he left us the greatest work about resonance.

Moderator:

Now, I would like to welcome Dr. Bhaswati Bhattacharya from the USA, assistant professor at Cornell University, and Fulbright public health specialist specializing in integrative medicine.



**Bhaswati Bhattacharya, MPH, MD,
Ph.D. – USA and India,
Clinical Assistant Professor at Cornell
University, Fulbright Specialist in Global Public
Health specializing in Integrative Medicine.**

Transcript of the Contribution

Thank you very much. I am so privileged to be here among each of you, and I have completely enjoyed and felt blessed by the heavens that I get to meet each of you today. And then, we have a very long coffee break, for one year, in which we get to know each other before we actually meet in person in Praha next year.

This ability to bring all of us together – those of us who are interested in this effort of complementary alternative, traditional, complementary, integrative, holistic medicines – represents so many different wars and battles that we have waged against people who do not believe in our sciences or in our arts. It also represents many people from the mainstream, who have got all the credentials of modern science, but who have turned away from some of that, because they realized that the things that they were trained in, in modern medicine weren't giving the level of healing to their patients that they wanted. They wanted to expand the options. And the bully – the terrorist of 'positivism' or of 'evidence-based medicine' or whichever term it was – was setting rules that made all of us feel that we are alternative or not acceptable or not mainstream. Some of us have felt that more than others.

I live in three places in the world during the year and I'm very familiar with them. One is in Paris, France, one is in India where I have one home in Udupi in the south and one in Banaras, one of the oldest Asian cities further north. My third home is in New York in Manhattan, where I serve as an assistant professor at Cornell Medical College. I have my main 'medical practice' as a mainstream medical doctor there. During these last six months, the world has been turned. Some people think it's upside down, some people think it's been traumatised, some people see it in a very negative way. But it's also very positive, in that walls have literally been broken down, while other

bizarre walls have been put up. That gives those of us, who are trying to move towards the acceptance of a new kind of paradigm, the opportunity to take that initiative. It's allowing people who have never had the opportunity to be recognized as an important part of the healthcare system, to actually be recognized.

Covid

I'm going to move back and forth between my experiences in these countries that I've mentioned and in this team that I'm talking of. In the last few months or last few years, several things have happened. I'm in India right now, so I'll start with India. India is unique because it has eight legal medical systems. In the middle of March, Ayurveda, which is one of the eight legal medical systems in India, was considered to be illegal and there was no place for any Ayurvedic physician, who was a legally licensed physician, to have any part in treating anyone with Covid. It was put very strongly. In the middle of March (actually towards the end of March), there was an article in one of the largest newspapers called 'Beware of Quackery'. There was a huge outcry from these healers saying: 'Why are you calling us quacks? We are not alternative medicine. There are all these systems of healing. By the way, if you are calling us quacks, then what are you? The basis of your medicine is evidence-based medicine, you mean the mainstream (which were the only doctors allowed to practice), and your medicine isn't working. Whether it's hydroxychloroquine or the ventilators, it's not working. How can you tell us that we are quacks when what you're doing isn't working?' No one from the government or from any of the large associations wrote a rebuttal to that, but everyone behind the scenes was criticizing.

Meanwhile, Ayurveda was illegal – and I was among a group of Ayurvedic practitioners. One morning I got up and I felt very incensed and passionate, just as all of you are. I actually wrote an article about it and it was published. Two days later, the prime minister met with 25 people from the complementary medicine fields and three days later, all of a sudden, Ayurveda was allowed to be practiced; people were allowed to use it for prevention, and then the ball started rolling. Now there are clinical studies that have shown that Ayurvedic herbs, interventions, marma points and various modalities are working. This evidence is being gathered. That movement was not even imaginable for most of the homeopaths, Ayurvedic doctors, Unani, Siddha, Sowa-Rigpa (which is Tibetan medicine). It wasn't even possible four months ago.

Mainstream medicine

In addition, there are many people who are in the mainstream, my friends, doctors at my hospital – the New York Presbyterian Hospital – where we have

a secret chat group on WhatsApp, and these doctors of mainstream medicine were sharing, confidentially, that they had no idea what to do. They were being invited by pharmaceutical companies to try anything that worked, because it was an open window and there was nothing illegal; you could use HIV medicines and you could use all kinds of things that didn't work for anything else and just try it. See if you can get some data. They felt that it was unethical. In addition, there was a lot of chatting going on among this group of doctors, who felt incredibly burdened ethically, because they knew (as one guy wrote): 'When we put someone on a ventilator, 80 percent of the time they are going to die. When we tell them that we're trying to help their lungs breathe, we actually know we're giving them a death sentence.' So, when they think they've been chosen to get a ventilator, they feel lucky, but they're actually not lucky. I'm sharing these stories because the modern medicine doctors that I see today - whether it's recently trained and wanted to become a doctor so that they could help people, or people that have been in the business of modern medicine and have all the power and the laws behind them - many of them are very frustrated.

I am a MD licensed doctor (you know, all those bells and whistles in New York), but took a very bold step to force the US government and the government of India to observe that Ayurveda could be a medical system. I got a Fulbright to go to India and study Ayurveda as an actual legal medical doctor studying it. I also did a PhD in Ayurveda, which turned a certain amount of heads among the modern medical people.

Waiting for a change

There has been a huge group of modern medical doctors who come to me in New York or in America saying: 'I don't believe in our medicine but I'm trapped, I am the chairman of Cardiology, and I don't know how to get out of this because I have a mortgage, because I have a car.' They are waiting for people like Natalia with her evidence and for people like Tomas, who is creating this initiative. They are waiting for people to change the policy, so that it's 'legal' for them to practice. In India, I have friends who are mainstream medical doctors and who are forbidden by law to do something called crosspathy. When you practice one form of medicine (either homeopathy or allopathy or some pathy) and you are not allowed to practice another. If you're a mainstream medical doctor and you know that arnica would be very good for pain, you can't prescribe it because you are a medical doctor who can only prescribe pharmaceuticals. You can't prescribe or recommend Ayurvedic medicines. I think you know many such scenarios. Maybe you have them in your own countries, maybe you don't.

This creates a very interesting possibility for us right now, because those doctors in India would love to practice TCIM or CAM or integrative medicine but they cannot. And those doctors in America who are spread, they're part of the mainstream. I have a whole group of friends, people who are working so hard spending their lives, their time, people like Madan who goes out of his way to really bring science into complementary medicine forums, so that people can think more openly. Just saying you're 'a genome biologist' sounds 'okay, he's hardcore' he really understands science. We are all using our credentials. This forum is a place for all of us to educate ourselves. I am so thrilled that, even though I've been studying complementary medicine, I was learning new things. I was learning about new places I can go, more things I can meet. I have a few things to offer. I hope that if this is all old for you that you will forgive me because many of you know so much. But maybe it will at least get you to think about what's possible in your country.

Transformation

One thing is that the children today who are growing up, as our children, are enjoying complementary medicine because we believe in it. Within five years or ten years, they're going to be the adults. I meet 20-25-year-old medical students who say: 'I don't believe any of this education that they're giving us, because most of it just doesn't even incorporate the complementary medicine that I know. I'm just getting the degree, so that I can be official.' They are the ones who are going to be the champions changing the laws. We see that this is happening in certain places. There are transformations happening regularly. Health Canada now has a huge section for doctors of natural medicine who are trained in their countries and come to Canada to get recognized and registered. In the US last week, a Yoga University opened and is going to offer courses. There is a reading of the Sanskrit text, which is called the Ashtanga Hridayam, in an actual bona fide University of the United States, Southern California University. That course is going to begin in a couple of months. You would just never have seen that before. There are young people who are saying: 'Into OUR world, we are going to bring in what you old people didn't' (old people meaning those of us over 35). In America there are 11 states that have health freedom laws that allow us to practice Ayurveda, homeopathy and many CAM modalities in a way that is not illegal. There are still many barriers, but it is possible for those people to go to Rhode Island or Maine or California or Washington and practice. Indeed, that's where you see a lot of the healing modality practitioners.

What is disturbing... Well, let me give a couple of other examples first. There's also a registry right now that's looking at how complementary medicine

practitioners are treating Covid patients. That's at the National University of Natural Medicine in Portland. They have gathered a whole bunch of people together to have a registry for people to fill in, and that data is being compiled. They have hundreds and hundreds of people who have written about what they're doing, and that's one way of compiling evidence. The difficult part, right now, is that many people are not educated. I'm in India, where many people still give presentations about Ayurveda and say, 'Here's what's happening in America. No one practices complimentary medicine the way we do. No one is able to practice Ayurveda.' When they make these statements, I don't want to say they're wrong, but they're outdated.

What I see as one of our tasks over this 'coffee break' next year, is to educate everyone, whether we are publishers of magazines as my good friend John Weeks is, or whether we're sitting among policymakers as Mr. Amarjeet or Dr. Madan, or whether we have access to people who tell us or speak at a conference and they don't have the latest facts. It's up to us to inform them and help them to learn more. It shouldn't just be a small elite group people that know about complementary medicine because they're the chosen ones that have the jobs that enable them to learn about it. It should be all of us. Complementary medicine belongs to the people. As Tomas said, it's there to heal everyone. So, everyone has a role if we want to heal. I think most people who are in health or health care want to heal.

There are a few people who actually don't want to heal, and I've met them too. They are the people that got into this business to make money. They want to make money. They are going to use their money to make sure that they will make money and keep the laws supporting them. We need to think about compassionate open-hearted ways, frankly, to wage war against them. When I meet people who are in it for their own personal vision, I say to them: 'If you ever get sick, don't come to me for Ayurveda because I'm just so incensed by your lack of compassion for healing medicine.'

I think Dr. Madan talked about how we've institutionalized disease care and we have misnamed that as healthcare. I see that in India as well, because the modern medical system takes up about ninety-seven percent of the budget and yet the three percent of the budget... The money doesn't mean anything in India because the culture of India existed before there was money. Sixty percent of the people use traditional medicines – traditional meaning the ancient medicines – and, frankly, they don't need to go buy pills. I have invested in a hospital here: our backyard is our pharmacy. We go back here and we pick the leaves. We make the medicines right here in our pharmacy and we apply them to our patients. We don't need that three percent of the budget.

Information Sharing

What we do need is evidence. We're giving a talk on Nadi Pariksha – the pulse diagnosis. I was so happy to see Dr. Moser's evidence. One of the things we can do for each other is not only share this evidence, but create forums at the conference next year where we challenge each other. Not to give one-on-one talks but to take a common question and ask five or six people: 'How do you deal with this question? How did you solve this? What's the evidence for this?' I want to learn what the evidence is because that's how we're going to convince the people who are not believers. I would love to have training sessions there, so that all of us can understand energy work if we've never felt it, or so that we can understand the different manual therapies. Some people have never heard of naprapathy. They've heard of chiropractic or osteopathy but they don't know about varma therapy or marma therapy. These are all healing modalities. All of us have the opportunity and the privilege to be educated by each other. That transformation is going on right now. Though I also felt quite frustrated as I was listening about the fear that we were talking about earlier (I think it was Carol Ann that was talking about that) and I was thinking about how many people that fear. But we can look at this as an opportunity for transformation and see that all of us have homework to do.

We all need to know everything on that TCIM database that Natalia talked about. We all need to go and read from the journals and figure out how we can publish in the journals to create evidence. We all need to help Tomas gather more, so that this huge compendium he has grows. By the way, if you haven't looked through it, it'll take you about four or five hours, but take some time to go through it, it's an amazing compendium so far. It was already outdated on the day that it was bound. Take time to get educated. I think it's easy to say: 'This is what I offer', but if we all become students and we continue to learn from each other, I think that we are going to create an umbrella, a web that is so powerful because it is based in the heart, in the hridaya, in healing. Hridaya is the Sanskrit word for that which beats, which gives and takes and exchanges, and which is the seat of our conscience, our thinking mind and our feeling mind. We constantly mistranslate this word as heart, but the hridaya relates to a function of ourselves and binds us to each other.

I don't know if anything I've said has helped you or has made you think about anything new or useful. But for the last thirty years, I have been invested in trying to turn things around. Trying to be a warrior but also be a gentle angel, by holding a knife or a sword sometimes to break down walls, but also to make sure that that sword doesn't hurt other people. Sometimes, I'm very sharp with my words. Sometimes,

I have to be very gentle when I touch patients who are suffering. I worked in the Office of Alternative Medicine when it was called the Office of Non-Conventional Therapies – the logo was a witch broom – at the National Institute of Health in Bethesda, Maryland. I worked there in 1992. I have watched America grow, I've watched DSHEA, which is our main law, the Dietary Supplement Health and Education Act of 1994, I've watched how that has protected many of the supplements and medical - I won't say medical, I'll say the non-medical - therapies or the complementary therapies, and I've watched health policy.

I am sure that if all of us find the evidence that the others in this group have been working on and we air it, there will be a tipping point. The tipping point is where nothing's changing, nothing, nothing, and then suddenly everything changes. I think that we can create that. We can be witness to it. We can hold hands virtually across the screens, which technology is giving us today until we meet next year. By the time we meet next year, the vision of Tomas and of Carol and of Miloslava and Natalia and Madan and all the others who I'm not naming can come together. I want to be a servant in this effort. I wish that if there's anything that I've said that it's helped you and you want to reach out to me, that you will. I have a few skill sets thanks to my background in research, and in biomedicine, in pharmacology, and neuroscience. I understand drugs. I have been practicing clinical medicine for thirty... - a few years I would say - and because I move back and forth between Europe, India and America, I am constantly helping people who are working in complementary medicine to find out what they don't know and to find solutions for things that they didn't even know already existed. I hope that this has been useful for you and thank you for listening. Namaste.

<https://www.whc2020prague.com/bhaswati-bhattacharya>

Moderator:

I would like to thank Fulbright's specialist Bhaswati and I have to express my regret that she does not have more hands, like the goddess Kali. But I think that these two hands she offers have done more than many others, so I thank her for her work.

Just one note: As we saw in the statistics, in some countries, up to 70% of future young doctors will encounter patients who have used some form of alternative medicine. It is important to inform these young doctors, so that they are able to harmonize and understand the interactions of the individual procedures in a way which is safe for the patient. For this reason, providing future doctors with at least basic information about alternative medicine should be a very important part of university educations.

GUESTS



Moderator:

Eva Křížová is a sociologist teaching at Charles University, specializing in modern medicine and healthcare, and she has published the book *Alternative Medicine in the Czech Republic*. Associate professor Eva Křížová from the Czech Republic, welcome to our panel.



Doc. PhDr. Eva Křížová, Ph.D. – Czech Republic,

Eva Křížová is a sociologist, associate professor at Charles University. She has published the book *Alternative Medicine in the Czech Republic*. She was the principal investigator in a research program on alternative medicine financed by the Ministry of Health of the Czech Republic, and has cooperated with MUDr. Bendová, founder of Traditional Chinese Medicine in the Czech Republic.

Transcript of the Contribution

I would like to send my best regards to all the participants at this online conference. I would also like to thank Mr. Pfeiffer for organizing such an amazing event and for next year's Congress of Complementary and Alternative Medicine. I will only shortly say a few words. I am a sociologist and I have worked at medical faculties, so I have worked closely with these issues of health, medicine and health care. A few years ago, I organized a research project that was funded by the Czech Ministry of Health, and through this project I moved even closer to this issue and this topic. I also learned about the community of providers, both medical doctors and non-medical therapists. I met Dr. Bendova, who is a medical doctor and one of the founders of Traditional Chinese Medicine in the Czech Republic. Together, Dr. Bendova and I organised a small survey on users of Traditional Chinese Medicine in 2018. I would like to tell international participants that there is a research interest in the Czech Republic and there are some publications on alternative medicine. There are researchers who are investigating the field. There is a community of therapists and there is also a community of users. This topic is

vital and I think this Congress will contribute to an awareness of this topic also in the Czech Republic. I wish all the best to this conference today and to the Congress in Prague next year.

Thank you, Mr. Pfeiffer.

<https://www.whc2020prague.com/eva-krizova>

Moderator:

Thank you for your contribution and I hope to see you at the Congress that closes this time next year and thank you very much again for your contribution.

Moderator:

And now I would like to invite another guest to our conference. She is the editor-in-chief of the VHL TCIM Americas, and a physician practicing acupuncture and homeopathy. Her name is Natalia Aldana-Martinez and she is from Colombia.



**Dr. Natalia Sofia Aldana-Martinez,
MD, MSc – Colombia,
Editor-in-chief of the Virtual Health
Library on Traditional, Complementary
and Integrative Medicine of the Americas,
physician practising Acupuncture and
Homeopathy.**

Transcript of the Contribution

Good morning everyone. Thank you, Tomas, for inviting TCIM Americas Network to share our experience. We really appreciate this invitation and we also really appreciate that all these beautiful teams from different countries of the Euro region who have been developing these kinds of beautiful and interesting projects in the TCIM field. We are pleased to share our experience from the Americas region.

The Virtual Health Library

Today we want to share with you the experiences of the library of traditional complementary integrative medicine, a Virtual Health Library, which follows the Virtual Health Library BIREME model. BIREME is the Latin American and Caribbean Health Information Science Center of the Pan-American Health Organization. It was developed some 20+ years ago, and right now there are more than 134 different small health libraries in various countries in the Americas region. Some of these Virtual Health Libraries are national and some of them are dedicated to a specific theme in the health field. The Virtual Health Library is a kind of a model, a strategy, a policy, a health information management platform. It seeks to create, organize and disseminate information sources to address the needs of different actors, stakeholders, health systems, and governments. The VHL/TCIM follows this VHL model to create a specific Virtual Health Library in a specific thematic area of traditional complementary integrative medicine.

Our main objective is to promote the visibility, access, use and generation of scientific, technical and educational content in order to contribute to promoting, developing and integrating TCIM in health services and systems in the Americas region. We have our main lines of action, but we also have specific lines of action for each one of the sections that I will talk about later. Our project's main lines of action are to promote open access to scientific technical information and evidence regarding TCIM; to promote informed decision making using the best available knowledge and evidence in relation to TCIM; and to facilitate knowledge exchange and collaboration amongst the stakeholders.

The TCIM Americas Network is made up of stakeholders involved in formulating policies, regulations, trainings, promotion practices, uses and research on TCIM in the Americas region. This network was established in June of 2017 in a regional meeting in Managua, Nicaragua. The TCIM Americas Network has a variety of stakeholders from about 15 countries across the Americas region. These stakeholders include national health authorities, professional associations, research groups, providers and indigenous/Afro-American organizations. We are working to develop and expand different TCIM national networks in each country.

A Network of Networks

We believe that the TCIM Americas Network is a kind of network of networks. Each country has different stakeholders that have been working with TCIM on various levels for a long time, and we have been trying to join these various efforts made by these stakeholders. That is why it is like a kind of network, a spiderweb – we are a network of networks. One of the main stakeholders in some of our lines of our strategic plan they called academic insertion for health for Integrative Health the Collaborating Center on Traditional and Complementary Medicine of the Complementary Medicine Management of EsSalud in Peru and the National Observatory on TCIM of Brazil.

Our website is available in three languages: English, Portuguese and Spanish. We have a built-in library that offers not only a database collection, but also different sections with specific information that could be useful for health professionals and as part of decision-making. The main page has a main menu, a database search, and highlights and it displays the different sections available.

We also have specific sections for news, for events, access to evidence maps

and a tool that suggests events. This database comes from different sources including international, regional and national databases. Right now, we have 1,316,000 articles, theses and technical documents, and we have also been developing a specific TCIM database, which we call Mosaico. This database attempts to index scientific and technical documents from the Americas region which are not available in our database. We are using the VHL information architecture, which was developed by BIREME and is shared by WHO's Global Index Medicus. We have specific inclusion/exclusion criteria and a specific team of librarians working on trying to increase the number of documents.

We also have a specific section that provides information regarding the different institutions and entities that work in policy development, regulation, training, research, service, provision and also in health promotion in TCIM in various countries' health systems. Right now we have information from 14 countries, but we expect to encourage more countries to collect and share this information and to republish it. We also have a specific section for the regulations and policies in practice, practitioners and TCIM products. There is also a menu with information regarding each country. This information is reviewed and collected by the health authorities in each country. Further, there is a section that is aligned with the PAHO/WHO Ethnicity and Health Policy and provides information about the traditional medicine of different ethnic groups, such as the indigenous peoples and the African-American population.

We have a specific section that aims to provide an understanding of TCIM and provide basic information on TCIM. Within this section, we have developed our glossary of information and a collection of different journals from each medical system as well as therapeutic methods, and we are also developing evidence maps.

Research

We have two main sections of research. One of them is the Academic Consortium section, which is managed by Brazilian Consortium, but we expect that this initiative could expand regularly to become a Latin American Academic Consortium in integrative health. Another section, one of our favorites, is called Strengthening Research. It tries to collect all the resources to improve and to encourage people to research TCIM more and also to improve the research capacity for health professionals. We have a specific editorial committee for each section, and each of these committees has monthly meetings. Sometimes, we have 10 or 15 meetings

a month to try to set up our policies, our lines of action, set our goals and strategic plans for each section, and finally to develop the content and to create specific projects. We have specific timelines for our actions. We work online obviously, because we are in different countries across the Americas region. We have specific planning skills, we have specific responsibilities, and each community is aligned with the objectives of the VHL TCIM. A further section is proof of the collaborative effort between the resident academic consortium of integrity PAHO, BIREME and the TCIM America's Network. This section consists of a collection of various maps that we are working on and which we are developing with our research teams from different countries, although most of them are Brazilian researchers. Right now, you are able to find ten evidence maps published on the website in three languages. The VHL TCIM was launched in March 2018, and since then we have had users from various countries – not just from the Americas region, we have been visited by people from all continents and from all regions. Last week, our statistics showed that we had 133,000 page views and more or less 56,000 users from various countries. We also have a social media presence. It is not as fast or as pure as we would like it to be, but we have an Instagram account and a Facebook page.

The main idea here is that all this work during these three years has been possible thanks to the fact that a lot of people are involved. There are different stakeholders from different countries working on different levels, and each one of these institutions, each stakeholder has a common goal, which is to promote the strengths of TCIM and contribute to TCIM being implemented in the various health systems in order to help decrease certain gaps in health equity and to help to resolve certain public health issues. Our main strengths are the variety of stakeholders, the collaborators from different countries, all the collaborations which are full of solidarity, and all the technological support – because without that this project would really have been impossible. We have all the technological support of the VHL model which has been running for over twenty years. They have a lot of engineers and other librarians, and a lot of people who are working every day to improve and develop different technological tools to enable this kind of virtual library. Another of our strengths is that fact that this is a replicable model. We think that, in the future, there could be a kind of Virtual Health Library in each region and a worldwide TCIM Virtual Health Library. We know that the initiative in the Americas region right now is due to the fact that we were fortunate enough to join the stakeholders that shared these

same ideas, but it is for sure possible in different regions around the world. There are a lot of stakeholders that, if they start to join efforts and start to collaborate, are able to create or follow this kind of collaborative model. Another of our strengths is that we are in alignment with PAHO/WHO strategies, that we have common goals and that we are trying to support decision makings with all the information that we are collecting.

Our challenge, because not everything is easy; this has been three years of a really, really, really hard work and each one of us has been pulling their weight as much as possible. Our challenge is to expand the TCIM Americas Network across the region, because right now we have just 15 countries and we expect that all 35 countries in the region could be involved in this project. One of the challenges for us is definitely finding the financial support. We are also considering adding a French interface, because right now we have just three languages. We think that is necessary and important to include more ethnic groups as collaborators within the team. We have already done so, but we think that is necessary to have more ethnic groups represented. We also need to strengthen our information sources, and not just the databases that are available. We need to continue communicating with each institution in each country that is producing and developing TCIM research. For example, some universities have a physical library or a virtual repository that is not generally available, and the rest of the world does not know that it exists. We know that we need to continue working with each institution to strengthen these information sources and to gather information regarding physical libraries and virtual repositories and to include all that information in the Mosaico database, in order to create a really good database that provides all the information that the Americas is producing in the TCIM field.

Then we also have all the content development within each one of our work committees. As I mentioned before, we have different sections and each section has a huge plan of action, so we have a lot of tasks ahead of us. We also want to continuously strengthen the TCIM national networks as well as enhance the research capacity in each country and in all the regions. Perhaps, with all the resources that we are developing, we could even enhance the research capacity worldwide. We want to continue developing the evidence maps, the e-learning courses, and also the open educational resources.

Our next steps are to expand TCIM Americas Network across the region; to further develop each section of the VHL, as I mentioned before; to strengthen the Mosaico database; to refine the research strategies, which we are still in the process of developing; and to continue our project work. We

have developed the first stage and now we are in the second stage of reviewing TCIM terminology and DeCS terminology. That is a huge project.

I think that concludes the summary of this project. We hope our working experience in the Americas region can be useful for each of you who are listening. We believe that to achieve this kind of project, it is absolutely necessary to have common goals, but goals that help others. We are not able to accomplish anything if we are not able to work from our souls, from our hearts. And we think that the main strength of our project is the network of stakeholders, and all the efforts that each stakeholder is making in each country of the region. And, obviously, the dream we have to support TCIM among the world's population and the health services in the best way possible. That is what we wanted to share with you.

<https://www.whc2020prague.com/natalia-sofia-aldana-martinez>

Moderator:

Thank you for your contribution. It seems to me that we have the same dreams and the scope of your project is very large and respectable, not only because Dr. Geetha Krishnan informed me about your work during my visit at the WHO in the Office of Alternative Medicine in Geneva. This is how I actually learned about your project and started suggesting we cooperate on these very common goals of ours.

I would like to say here, that we also have relatively extensive and relatively complex experiences here in Europe.

One of the greatest such experiences was the European Union-funded CAMbrella research, which included around 112 research centers, in which they actually worked on mapping these areas and on the scientific education in these areas. The output in the final report was presented to the European Parliament.

These are, I think, just some of the things that have taken place here on our continent, because we are divided by a relatively large distance, but I don't think that distance matters.

Your expression of support for all others – fields, groups and so on – is gratifying to me. On the basis of this statement, I don't think that there is anything that can prevent us from coming together and actually multiplying our efforts in this way. Given that there is a certain historical development, it is quite natural for these efforts to arise anywhere in the world, in China, in India, and finally in also Europe. But I don't think that it is important where it arises or thanks to who.

Our goal is just one thing – to help people on their way to health, to help fields to work normally as their habilitation allows; everything else is secondary. The name Pfeiffer does not matter nor does the name of any other organization. What matters is that we benefit the people. This is not about duplicating anything or a database duel or anything like that – that would be the hardest and worst thing that could happen to us. It is quite the opposite, unity is the only way forward. We are all human, we all have a soul, we all have bodies, we all have needs, dreams and everything else.

So, I hope that our common dreams will intersect, and I am sure they will, because what you have described here is our common dream. I am happy that someone is creating something similar that covers all those important aspects that, for example, our efforts do not include at this moment. We can actually continue to connect our joint efforts at any time.

During my visits to various congresses and other events, I have also noticed a certain distancing towards complementary and alternative medicine. I understood that it is one of my life tasks to dissolve this barrier so that we do not ask unimportant questions but follow what is important. Thank you for your contribution, it was amazing and I look forward to further possible cooperation.

Moderator:

I would now like to welcome among us an organizer in the field of integrative medicine, a man who has been working on this subject for many years and who also has great merits in this field. Welcome, John Weeks from the USA.



**John Weeks – USA,
Organizer in the field of Integrative Medicine.**

Transcript of the Contribution

Thank you, Tomas. It's a pleasure to join all of you here. Some of you I met last week, Bhaswati and I have met at conferences in New York, and Natalia I met when I was involved in the 2017 meeting in Managua that helped kick off the network and we've had some chance to work together. It's a real pleasure to meet with you.

I have been in the field for nearly 40 years and spent a lot of this time organizing for a change in a variety of capacities. I think a lot of what I'm going to share with you has come out of a piece of my work which involves writing a newsletter that isn't about the clinical advances, but about the policy and organizational activity that people have been involved with and have helped create. That has helped move the field forward and has ultimately increased the options of the public to have access to various complementary integrative services. So I'm going to take you on a little ride for my 13 to 15 minutes here.

Situation in the United States

Regarding the context, some of it you'll recognize and some of it's going to be very distinctive to the U.S. The idea here is that if you're setting up a model for this development, you'll be able to see some options for your own nations and I think particularly as I talk a bit about the platform which I have been quite involved with, some thoughts about what you can do there also. I tell this story as convergence, because as Bhaswati said, there's more potential there's more inclusion happening in the U.S. at least, and you're going to see some of the work that lies behind it.

I always like to start with the false presentation of medicine via television magazines. In the U.S. it was always called the best medicine in the world, and that was ultimately a denial of how many people are actually killed through the regular practice of medicine on an annual basis and the amount of utter waste and unnecessary procedures performed. Inside that field, there were certain characteristics: it was a men's club, it was surgeons first... There wasn't much investment in primary care, it was absolutely not interprofessional, it was monocultural it was disdainful towards the rest of the world, reductive in its perspectives from research, and it focused on the U.S. Because we don't have a national system, it just focused on production, it was a very capitalist model.

I think most of us are old enough to remember the 60s and I think that this movement has really grown out of the set of values - an earlier speaker talked about that, and I think it maybe was you, Tomas - and kicking off and that's what you locate in bringing people together: the realization of what connects you.

And all of these movements occurred at once. They're not all about medicine per se, but they're all influenced by this effort to move forward. What we observed is a fascinating thing; after those ideas entered the culture, many different people began to say: 'If we want to actually make something substantial of this we need to form organizations'. Some of you are running such organizations.

1970s and 1980s

What I find really intriguing is this sort of found history - all of these things happened more or less between 1978 and the early 80's. Whether it was naturopathic medicine or acupuncture or holistic medical practice, holistic nursing practice. And then there was a group on the right with researchers in academic medicine, who were trying to link the mind and the body back together again. Their first productions of publications were coming out at roughly the same time. So we had this time where the work - and I was quite involved with it - was advancing in silos and I happened to be working for a decade with the naturopathy doctors. The idea was that in order to play in the larger healthcare game, you have to get your current your papers in order. The rules of the game in the U.S. are to be considered a real part of the system that you have to have. You may have schools, but they need to be accredited by an accrediting agency and that agency needs to be recognized by the federal

government. So, all of this work to set up national certification and then to expand licensing in the 50 states was going on independently in all of these fields. This was actually was one of the values here. Due to the fact that licensing is managed separately in each state, it was easier to travel to the capital and smaller groups of people could make things happen. There are cases where six naturopathic doctors could be working with influential consumers in a state and making changes.

What took that work out of the kind of alternative zone towards consideration in the mainstream was a study that is famous in the U.S. dialogue. The fact that the study was conducted by researchers from Harvard and that it was published in the *New England Journal of Medicine* helped. What's fascinating about this study is that it wasn't a systematic review, it was a it was a study of consumer use. The study found that all these people were using these therapies, and then all of the stakeholders began to think differently. People who worked at insurance companies or hospitals - who had been using these things quietly were empowered to say – 'shoot, if a third are using it in a an intent toward people with higher education, and if I look around my hospital here a third of these people are doing it and hiding it too'. It encouraged people to get engaged.

Federal Government's Recognition

And at that time, the federal government began to recognize this at the NIH. We were very lucky that our main champion, Tom Harkin, was the best person to have as a champion. He's more or less the head of funding for Health and Human Services and oversaw the NIH. He tucked away the first two million dollars and then this number has kept increasing as it grew from an office to becoming a full center.

We've had access to a lot of money. Two of the people who were appointed as directors knew nothing about integrative or alternative practices. Antagonists is probably too strong of a word, but they were not friendly and didn't actually know what questions to ask. A sign of change was when another director, Helen, actually began asking some of the right questions. Our champion Tom Harkin retired in 2014 but he set up this commission which I had a great rapport with, and George Bush came in after that and we had a democratic rapport – then the Republicans came in and it was kind of forgotten but it was valued by a lot of us internally.

We all know that money makes things happen, and the fact that the NIH was giving money in these areas was a tool that helped wake up academic

health centers; they knew that if they had a center in their school that was a member of this consortium, it would be easier for them to access the research money that was there. This consortium thus started to expand. There are now 75 medical schools Yale, Harvard, UCSF, Michigan, Duke...

These major schools now have integrative programs, some of them have clinical operations, naturopathic doctors, chiropractors, acupuncturists etc. Acupuncturists and massage therapists are the main people on site. They have mind-body therapists too. This then becomes a change agent - it's the big player in the field.

Mainstream of Medicine

Part of what has helped us move forward is that the mainstream of medicine in the US has had to reconsider the idea of it being the best medicine ever.

The report *To Err is Human* was published and showed that there were a 100,000 deaths per year due to the regular practice of medicine. An update was published in the *BMJ* in 2016 by a Johns Hopkins researcher estimating that number to be 251,000.

This created a dissident group within regular medicine. It's not us in the integrative world, but a dissident group in regular medicine has said: 'We need to change what's going on'. They began to move away from volume, from this capitalist effort to do more and more and more. A third of our procedures and surgeries are unnecessary. Some say even 50 percent. That's just capitalism trying to make as much money as possible off human bodies.

Values-Based Medicine

And there's this dissident group saying that we need a different structure. They call their movement Values-based medicine. These values in this new effort in the U.S. began to align with what we were bringing forward and that created receptor sites for what we were talking about, receptor sites that hadn't been there before.

If you believe that using more integrative medicine can save money and you're trying to pitch this idea somebody in volume based medicine, who is trying to do more all the time, they don't have the ears to hear you. Once this change began, we began to see more receptivity and began see this convergence. This language was referenced earlier - I think it was Madan who was talking about what creating health is and how different it is from disease management. Donald Berwick was head of our Centers for Medicare and Medicaid Services. He's actually a great friend of integrative medicine, but

realizing that this moved to Green Health, he said it is a redesign that may be even more radical than we have imagined.

And Jonathan Perlin, who was head of the American Hospital Association, said: 'I don't think anyone understands that recipe'. And the point is that they don't have any reason to know the recipe, because they have not been creating health. A lot of us have been involved in the work to create health. We know some of those ingredients.

Knowing this context was shifting, we began to realize that as long as each of our professions was working alone, we didn't have the power that we could have if we began to work together. In the U.S. there are five licensed fields in this area: acupuncture, chiropractic, naturopathic medicine, massage therapy and then direct entry midwifery that have all the papers they need. We began to bring them together and realized that, thanks to the size of the massage field, that there are 400,000 licensed practitioners (about 250,000 of these are massage therapists).

As a group, when we can bring our values together in a kind of platform such as you're seeking to create, and merge our voices and begin to make requests, we found that we could change some things. For instance, we created a political organization, the Integrative Health Policy Consortium.

Healthcare Reform

We began to work heavily when Obama was going through the major health reform and, in doing so, we were able to inlay language in our federal law that had never been there before: integrative medicine occurs, and there's more appearance of complementary medicine. For the first time, these 400,000 practitioners began to be considered part of the workforce. I mean, they were obviously always part of the workforce, but the federal government had not previously recognized us, which it now began to do.

I had been working as the executive director of this academic collaboration for innovative health for about eight years as this change was happening. We realized that the triple aim here is a shorthand for value based medicine, as it pulls together the three of the values of lowering costs, saving money and creating better health. There's a fourth aim, which is creating more resilience in practitioners, but we decided to pull together all the evidence we have that can show how aligned we are, through those messages. If you go to <https://integrativehealth.org/welcomepihta/> you can go through those three areas, enhance the patient experience - as all of the evidence that we have from various studies shows that we do that.

Costs

The other major focus, because it's huge, is cost. We often hear that you may have the evidence, but if you're not saving money then why should we talk to you? Therefore, we've pulled together all of the studies that have shown the cost value, which really acknowledges the value of this platform and our use of it, Tomas.

The other major initiative we did on the platform, was realizing that our people needed to be educated regarding the language and practice of evidence, because that's the language of medicine - even if it's not what motivates it all the time, even if it's used as a tool of war rather than as a tool of healing. We developed a major project that helped to train the people and educators in our fields and the educators in our fields on strategies improve their skills when it comes to developing evidence, working with evidence, and understanding the language. I should say that the NIH actually grants supported development for a lot of this. So we began to work in collaboration.

The consortium grew and there was a collaboration of philanthropists that grew. But we then realized that we weren't meeting the needs of the underserved. We therefore started integrative medicine for the underserved. We finally started a professional association, the Academy of Integrative Health and medicine, which brought integrative medical doctors and all of these other fields into the same organization for the first time. In retrospect - shame on us that it took so long, but it was quite a step forward.

Don Berwick, the same man who ran our medicare/medicaid services, gave a talk a few years ago about this transition towards creating health. What was fascinating was that when he talked about who had mentored him in this thinking about salute-genesis, about health creation, all of his main mentors were from our fields! So our influence is actually shaping the dialogue amongst the dissenters in regular medicine.

At the same time, in the US, we have a single-payer system, the Veterans Administration - it's more like the UK in that they're employed practitioners also. This Veterans Administration started an initiative in an office called Patient-Centered Care and Cultural Transformation in 2011.

Tracy Gaudet is an integrative doctor who ran Andrew Weil programs, a pretty famous program, in Arizona and then ran the Duke Integrative Medicine program - she was the founder of it. Ben Cleaver has been the chair of the consortium and ran a New York program. He has done many other great things as well, and he is now directing the Duke program while Gaudet is doing some other wonderful work, which I won't get into now. So

there's this whole effort inside of the VA. There are now 54 veterans hospitals that have whole health programs, that are bringing chiropractors, Tai-Chi, mind-body acupuncturist and others into care delivery around a very smart integrative strategy.

The work has begun to pay off. The work is still hard, but it's begun to pay off. We can now be found in some guidelines - a number of pain guidelines - that people have been distributing and publishing, and there are integrative strategies in some of the oncology guidelines. Helen, who runs the NIH, comes from Harvard's integrative medicine program and she's actually bringing this idea non-reductive way of looking at the whole health, the whole person into the NIH's strategic plan and she's talking about the need to focus on restoration and rehabilitation, regeneration, resilience.

The last five years we've been coming out of our insularity in North America and Europe and beginning to connect more with people such as Natalia and with the WHO to try to make our work more global and connect to that effort. We have a registry that's now global. If any of you want to know more about it, how you can get your people connected to it, I'd be happy to connect you.

I want to finish with a kind of 'what can you do now?'. I urge you to use appropriate language, as Confucius says, there's good in managing diseases, there's good in suppressing symptoms, but neither of those are creating health. A system that manages disease is not a health care system, so I urge you - don't give them the language. At least in the U.S., most of our three trillion plus investment each year is not health care, it is something else.

So I took little longer than I think I was given, but that's the end.

<https://www.whc2020prague.com/john-weeks>

Moderator:

Thank you for your contribution. Mr. Weeks mapped out the situation in the USA very nicely. It is clear that you have a lot of experience in this field.

I would like to draw your attention to the previously mentioned book Alternative Medicine (CAM) in the World. It is fully indexed and contains a lot of interesting information, which you can use for your work whenever necessary.

The book also contains a section on some interesting research. This research is being conducted in the USA by an organization we would not expect, namely NATO. NATO has received a relatively large grant for a research project, which is one of the best so far. It started because military

medical service administration found that perhaps more than 50% of all US military members use these methods. Those suffering from post-traumatic syndromes and many other diagnoses are mentioned especially. This led to of the military needing to orientate itself in these areas, and this work continues to this day with a very significant budget of more than 100 million US dollars. One of the goals was to include TCIM methods in military health care, which is very interesting, and I admit that this surprised and pleased me a lot, because the benefit can be very significant in „combat conditions“.

This book also contains a lot of other information that is more European-centered, but I think we will gain great information power as we unite.

I am seeing a lot of work on the American continent and it deserves great respect. But what I observe elsewhere is similar. Whether I see traditional Indian science, Chinese medicine, other disciplines, I see a huge amount human experience that cannot be replaced by anything else. At one period in time, one idea won, at another period in time the other idea won. That is a natural development.

CONCLUSION



Tomáš Pfeiffer:

All of us here, are people who have some experience in this field – I would really call you personalities in these fields – and I would like to mention in advance an activity that came to my mind during this panel today. I think that in the interests of introducing TCIM to other people – which is necessary– it would be good to consider the possibility of each of us describing our personal journey to TCIM to a reasonable extent. I think many people would be very interested in it, and that it would be relatable to people. We all found our own path, whether it was the path of science or a path from elsewhere. I think this is very valuable. I am not going to ask you for your decision now, I will contact you by email and ask you for your opinion on this matter. Thank you for your thumbs up... and if any of you would like to remind me of anything at the end of today's panel, feel free to do so.

Mgr. Miloslava Rutová:

It is my younger son's birthday today and I feel that today the Platform was born. Thank you all very much for that.

Tomáš Pfeiffer continues:

Our time is almost up, there are eight minutes left. Personally, I want to say: Thank you all, thank God we can be here on one planet. Thanks for all the difficulties we experience, because they train us and give us inner strength. I wish you great success in your life journeys and we will hopefully be in touch. We are connected, perhaps by a stronger bond than the bond of this relationship, because the meaning of life and the goal of life is perhaps stronger than anything else, and I think we all agree on that.

Thank you all once again for participating. I look forward to the second part of the Congress here in Prague on 11–13 June 2021. It will take place in a beautiful space under the auspices of the City of Prague in Prague's large City Hall. You can also look forward to a very unconventional meeting on board a ship, where we will have a celebratory dinner and you will have the possibility to expand your network, as it is common at congresses. And I look forward to being able to get to know you all in person. It is still an important for us to be able to shake hands and look each other in the eye; that is worth more than 100 emails.

Thank you and goodbye.

<https://www.whc2020prague.com/tomas-pfeiffer>



of the Members of the Presidium and the guests of the Videocongress



**Tomáš Pfeiffer – Czech Republic,
Philosopher, biotronicist, director of the professional chamber Sanator -
Union of Biotronicists of Josef Zezulka, founder and director of the
Institute for TCIM.**

In 1999 Tomáš Pfeiffer established the Foundation Bytí through which he builds and runs the house of Bitronic Centre of Social Support focusing on health prevention. It is also the seat of the Spiritual University Bytí established on 30 March 1994 in Prague. Its lectures are held all over the Czech Republic, the Prague lectures are broadcast live via internet television BIOVID TV.

He is the main representative of the Biotronics discipline, the professional chamber Sanator - The Union of Biotronicists of Josef Zezulka which is in charge of appointment and education of the aspirants to this discipline and guarantees the professional standard. The Chamber is a member of EUAA (European Ayurveda Association), ANME (Association for Natural Medicine in Europe), EU Health Policy Platform for public health of the European Commission, and ISCMR (International Society for Traditional, Complementary and Integrative Medicine Research). The professional chamber Sanator is the organizer of the World Health Congress 2020 Prague.

Tomáš Pfeiffer founded the Institute for TCIM whose goal is to develop mutual cooperation between medical disciplines and TCIM disciplines and create conditions for strengthening of the position of TCIM. The Institute

for TCIM is currently co-organizing the World Health Congress 2020 Prague and creating the Platform 2020 Prague that shall arise from this Congress.

He is also a founder of the publishing house TOMÁŠ PFEIFFER - DIMENZE 2+2 Praha that specializes in publishing and distribution of philosophical work by Josef Zezulka.

In the first half of the 1990s he became widely known to the public thanks to his TV programme Seance on TV NOVA and participated in many other radio and television programmes.

He worked in the Committee for alternative medicine under the Minister of Health of the Czech Republic and held the position of a spokesman for the Czech Association of Professional Healers.

He works on the projects of active protection of the UNESCO world cultural heritage and is the representative of the spiritual-religious society The Society of Josef Zezulka which is the 38th state registered church of the Czech Republic.



**Prof. Dr. Madan Thangavelu – The United Kingdom,
Genome Biologist at Cambridge University, General Secretary and
Research Director of the EUAA – European Ayurveda Association**

Prof. Madan is a genome biologist with an unusually diverse academic background and range of research interests. He was born in 1959 in Trivandrum in the state of Kerala (India). Before Cambridge, he studied Agriculture and has a Bachelor's degree in Agriculture and a Master's in Plant Breeding and Genetics – both from Haryana Agricultural University, Hisar in the North Indian state of Haryana. As an Inlaks Foundation Scholar (1982 Trinity Hall) his Ph.D. in Molecular Genetics on the genes for the cytoskeletal protein actin was conducted at the erstwhile Plant Breeding Institute, Trumpington. The study provided the first evidence for extensive tissue level expression of members of the very large family of actin genes in plants. His post-doctoral research experiences span areas in plant, fungal, bacterial and human cancer genomics. His current primary research interest is the development of single DNA molecule and single cell techniques for genome analysis. Following a PhD in Molecular Genetics from the University of Cambridge, his recent academic affiliations have included Research Fellowships at the Department of Oncology, University of Cambridge, Medical Research Council Cancer Cell Unit, Cambridge and Leverhulme Research Fellow, Medical Research Council Laboratory of Molecular Biology, Cambridge.

As a Leverhulme Foundation Research Fellow (1999) at the MRC-Laboratory of Molecular Biology (MRC-LMB) and later as a Research Fellow at the Medical Research Council - Cancer Cell Unit and Department of Oncology, University of Cambridge he developed novel approaches and applications of single DNA molecule and single cell approaches for analysis of genomes and genome dynamics and genome variation. He

analysis of genomes and genome dynamics and genome variation. He is the inventor of the Molecular Copy Counting technique – very high resolution and high sensitive technique for describing genomic variation at the level of single cells and single DNA molecules. These techniques are providing unusual insights into the highly plastic nature of the nuclear and mitochondrial genomes and the epigenome and novel ways to map and describe the dynamics of DNA changes in normal processes like aging and in human disease including cancer, cardiovascular diseases, metabolic diseases and various inherited diseases. The techniques also point to uncertainty in biology which calls for complementary approaches for appreciating human health and disease particularly in the highly intractable areas of human aging, psychosomatic diseases and disease complexes where direct approaches are unlikely to yield results.

He is the General Secretary, Board Member and Research Director, European Ayurveda Association. (<http://www.euroayurveda.eu/euaa/executives/>), and an International Advisory Board Member of AYU: International Quarterly Journal of Research in Ayurveda, Jamnagar, India (<http://www.ayujournal.org/editorialboard.asp>),

International Editorial Advisory Board Member AyuCaRe – Journal of Ayurveda Case Reports, All India Institute of Ayurveda, New Delhi, India – <https://aiia.gov.in/>. He was also Trustee of the Research Council for Complementary Medicine (UK). He is Honorary Adjunct Professor at the TransDisciplinary University, Bangalore, India (tdu.edu.in), Center for Functional Genomics & Bio-informatics (tdu.edu.in/genomics/). He is a Member of the Mind-Matter Unification Project of the Theory of Condensed Matter Group at the Cavendish Laboratory, Cambridge, Directed by Professor Brian Josephson.

Further details are in his LinkedIn profile:

<https://www.linkedin.com/in/genomebiologist/>



**Nora Laubstein – Germany,
President of ANME – Association for Natural Medicine in Europe,
Naturopathy. Honored by the German „Foundation for Environment
and Democracy, Bonn” at „ÖKOLOGIA-2020“**

Born in Berlin, 1958 – study of Ethnology in Frankfurt and Hamburg; several explorations in South America; work in the field of ambulant care for old and disabled persons; from 1993 until 1995 education and examination as a German Heilpraktikerin. Since 1995 practice in this liberal professional in the field of Traditional European Naturopathy (TEN).

Additionally honorable work as:

- a) board member of the „SEKOS-Gelnhausen for self-improvement e.V.”,
- b) in the board of the health professional organization „Union Deutscher Heilpraktiker- Hessen e.V.”,
- c) president of the 130-years-old patients organization „Deutscher Naturheilbund e.V.” and
- d) president and founding member of the „Association for Natural Medicine in Europe e.V.” since 2007.

Honored by the German “Foundation for Environment and Democracy, Bonn” as “ÖKOLOGIA-2020”



Carol Ann (McCracken) Hontz, B.S., M.Ed. – USA,
Author, teacher and public speaker on Specialized Kinesiology

Degrees in Montessori and Elementary Ed.

Resume of Carol Ann (McCracken) Hontz, BS, M. Ed.

DOB: March 21, 1943

1972-Received Masters of Education degree from Trenton State / NJ University now)

1981-1983-received preschool and elementary degrees in Montessori Education

1986-2017-studied and taught Specialized Kinesiology

1988-awarded a diploma as a Wellness Facilitator for Three in One Concepts

1990-established Carol Ann Hontz, International, Inc.

1991-1999-taught doctors Specialized Kinesiology in Moscow, Russia (lectured: University of Moscow & Education Department in Russian Parliament)

1992-2017-taught over 16,000 specialized kinesiology students in Europe (The Netherlands, Portugal, Poland, Czech Republic, Slovak Republic, Russia, Ukraine, Hungary, Greece, Portugal) USA and Canada

1993-Teacher of the Year award from Trenton State College (University of New Jersey)

1994-founded the Foundation for Integrated Education to support Montessori Preschools and specialized kinesiology in Hungary

1995-2000-lectured for Prague City Council, Charles University, Montessori Conferences

1990, 1994, 2009-authored and published three books: “Infinite Potential”, “Inner Treasures”, “Goodbye Stress, Hello Happiness”

2003-awarded Teacher Emeritus from Three in One Concepts Kinesiology Center

2005-awarded Advanced Toastmasters degree (International Communication Program)

2010-lecture at the International Convention for Specialized Kinesiology, Hungary

2011-2012-lectures and seminars at the UN in Vienna, Austria

2011-lectures at the Beth Israel Medical Center, NYC

2015-2019 Seminars/lectures in the USA and Europe: focus:Metamorphosis-Kinesiology

2019-Consultant for The Goulding Process- Sleep Talk

2020-International Association of Counsellors Therapists (IACT)



**Doc. PhDr. Eva Křížová, Ph.D. – Czech Republic
(guest),**

Eva Křížová is a sociologist, associate professor at Charles University, and specialized in modern medicine and healthcare. She has published the book *Alternative Medicine in the Czech Republic*, was the principal investigator in a research program on alternative medicine financed by the Ministry of Health of the Czech Republic, and has cooperated with MUDr. Bendová, founder of Traditional Chinese Medicine in the Czech Republic.



**Dr. Peter Kath – Germany,
President of EUAA – European Ayurveda Association.**

Dr. Peter Kath, inwardly a musician, by profession lawyer, is engaged for more than 20 years as a disciple of Dr. Shri Balaji També with meditation, yoga and Ayurveda.

He is a member and consultant of the executive board of the registered association Santulan-Veda.

Findings from his work are reflected in e.g. his lectures on “Project-management beyond feasibility” and “Conflict-management”.

He lives in Frankfurt a.M. and is taking much pleasure with his wife and three sons.

The year 2018 led to the launch of a new UK-India Tech Alliance, announced by Prime Ministers May and Modi in London. Amongst this iconic list of ‘Most



Amarjeet S Bhamra – The United Kingdom, representing the British Ayurvedic Medical Council

Influential People in UK INDIA Relations’, includes the name of Amarjeet S Bhamra, helping to elevate the bilateral relationship to a new level.

(<https://indiaingroup.com/UK-India-100-2018/uk-india-100-influential-2018.pdf>)

Initiator and Lead Secretariat at the All-Party Parliamentary Group (APPG) on Indian Traditional Sciences, he is a prominent lecturer, practitioner and author on India’s Traditional Sciences and has been instrumental in ensuring Ayurveda and Traditional Sciences remain at the heart of the soft power alliances between India and the UK. On 18th April 2018, he oversaw the launch of a new Yoga Centre of Excellence and Indian Traditional Medicine by His Royal Highness the Prince of Wales and Prime Minister Narendra Modi as a first-of-its kind global network for evidence-based research on Yoga and Ayurveda.

He believes in a holistic approach that enshrines the body, mind and soul, aiming to treat the cause not just the symptom of the disease thus helping the body release its healing potential. The aim of any holistic application is to empower the patients through knowledge and education so as to help them make informed choices and prudent decisions.

A long-time champion of Traditional Medicines, he has recently initiated a European-wide millionstrong petition (<https://www.change.org/p/european-parliament-incorporate-yoga-and-ayurveda-into-european-healthcare>)

to campaign for freedom of choice for all citizens of European Union to have access to Traditional Medicines.

His training programmes are world renowned for the clarity of their presentation and structure and his unique and charismatic entertaining style in his professional training workshops is always packed with practical and spiritual knowledge, that will give the learner a level of understanding and expertise, which would not normally be available from training courses perhaps outside India.



**Prof. RNDr. Anna Strunecká, DrSc. – Czech Republic,
Educationalist, researcher, publicist and author, long term professor
at Charles University in Prague.**

In 1961 - 1966 she graduated with honours from the Faculty of Science, Charles University, in biology-chemistry, specializing in animal and human physiology. She completed her postgraduate studies at the Department of General Zoology and in 1971 obtained the degree RNDr. (Czech equivalent of master's degree in science) and in 1972 degree of Candidate of Science (CSc., Czech equivalent of Ph.D.). In 1980, after defending her doctoral thesis, the Physiological Function of Phospholipids in Biological Membranes, she was appointed Associate Professor of General and Comparative Physiology. She completed several study stays abroad (Poland, Netherlands, USSR, GDR). In 1981 she was appointed Head of the Department of Physiology and Developmental Biology, Faculty of Science, Charles University. She held this position until 1990. In 1987 she defended her Ph.D. thesis, the Physiological Function of Phosphoinositides, and earned her DrSc. degree (Czech equivalent of Research Professor). In 1989, president of the Czech Republic appointed her professor of physiology. She worked at the Department of Physiology and Developmental Biology at the Faculty of Science, Charles University, until her retirement (2006). She taught biology at the Waldorf Lyceum for one school year; in 2007–2012 she worked part-time in the Laboratory of Biochemical Neuropharmacology of the Institute of Medical Biochemistry and Laboratory Diagnostics of the First Faculty of Medicine.

She has been an investigator of a number of scientific projects, author of five university textbooks, member of an editorial board of the News in Physiological Sciences (USA) and a journal Fluoride, a member of several Czech and international scientific societies. In 1995 she received a diploma Woman of the Year from the American Biography Institute.

In cooperation with prof. MUDr. Cyril Höschl, she researched Alzheimer's disease and won several awards in this area. She has published more than 300 scientific papers and 14 popularization books, some of which

have become bestsellers (see www.strunecka.cz). In 1990 she attended a 2-month course at the Center of Non-traditional Medicine in Moscow and for 15 years she was engaged in healing using contactless massage.

Since 2006 she has been researching the pathogenesis of autism spectrum disorders and her articles in foreign journals have received a great response. She is repeatedly invited to various world congresses. She gives lectures and writes journal articles. Her husband Otakar died in 2009, she has 2 children, MUDr. Kateřina Seimlová (1965) and Mgr. Otakar Strunecký, Ph.D. (1974).



**Mgr. Miloslava Rutová – Czech Republic,
Member of the Czech Parliament, member of the Committee
on Science, Education, Culture, Youth and Sports, Social Policy
Committee, member of the Government Council for Seniors and
Population Ageing at the Ministry of Labor and Social Affairs,
facilitator and therapist of the One Brain Kinesiology Method.**

Facilitator and Therapist in One Brain Kinesiology Method, Methods of Transformation and therapist of Family Constellations.

She collaborated with the founders of the One Brain Kinesiology Method, Daniel Whiteside, Gordon Stokes, Carol Ann Hontz. Founder of private kinesiology consultation centre and Elpida School in Pilsen. Since 2010 member of the Three in One Faculty for the Czech Republic. A student of Austrian lecturers, Mr. And Mrs. Polívka, in the field of Family Constellations, Member of the Parliament of the Czech Republic (since 2016).

She was born in northwest Bohemia two years after the World War II ended. She graduated from high school and from the library school and took a job. She felt an urgent need to help people. She found herself in working with disabled children. While working, she studied and graduated from Faculty of Education in Ústí nad Labem and Special Education from Charles University in Prague. She was armed with theoretical knowledge, but how

can she really help those unfortunate people around who don't know what to do with their lives? And then, in 1994, One Brain Kinesiology entered her life. Kinesiology leads to love not only for itself and its surroundings, but for all living on Earth.

She had the honor to meet and collaborate with founders of this method, Daniel Whiteside and Gordon Stokes. Her first teacher was Carol Ann Hontz. Since this meeting, her life has taken a different direction. She studied the method, started applying it intensively, giving lectures in various Czech towns and teaching it. She established a kinesiology consultation centre in Pilsen, where she worked with her husband Jiří Racek, and which still operates today

She became a representative of the Three In One Faculty with the right to teach even the highest levels of the One Brain course. Her school Elpida has been attended by people not only from the Czech Republic, but also from all over Europe. She found working with people incredibly fulfilling and she felt it was her task in this world. She thanks every day for being able to meet kinesiology.

Another effective method of helping people, that she uses, is Family Constellations Method. She completed a three-year training of Family Constellations with Austrian lecturers, Mr. And Mrs. Polívka.

In 2014 she was elected to the City Council of Pilsen and in 2016 she became a Member of the Parliament of the Czech Republic, where she works now. She works in the Social Policy Committee and in the Committee on Science, Education, Culture, Youth and Sports. She is a member of the Government Council for Seniors and Population Ageing at the Ministry of Labor and Social Affairs.



Maximilian Moser, PhD – Austria,

Maximilian Moser is an associate professor of physiology at the Medical University of Graz. He was a principal investigator in the Austrian-Russian “Austro-Mir” spaceflight mission and has taken part in several medical experiments, among them sleep and cardiovascular studies, while coordinating a team of 20 co-workers. He has also cooperated with the Institute for Biomedical Problems in Moscow.

Born August 16th, 1956 in Klagenfurt, Austria, I studied biology and human physiology in Graz, Austria. After an assistant professorship at the Physiological Institute in Graz I was visiting assistant professor in the UVA (University of Virginia, Dept of Biomedical Engineering) in Charlottesville, Virginia in 1988.

In the 1990 I took part as Principal Investigator of the Austrian-Russian „Austro-Mir“ spaceflight mission in several medical experiments, among them sleep and cardiovascular studies, coordinating a team of 20 coworkers and cooperated until 2000 with the Institute for Biomedical Problems in Moscow, Russia. Sleep studies and monitoring in six further space missions, among which was the longest manned spaceflight ever (more than 14 months) followed. Sleep and cardiovascular parameters of all Russian cosmonauts were measured using our equipment during the 1990ties.

Since 1991 I am associate professor for physiology in Graz at the Chair of Physiology, Medical University of Graz. 1999 I founded the Institute of NonInvasive Diagnosis of JOANNEUM RESEARCH, a governmental institution for applied research, which since 2010 became the „Human Research Institute for Health Technology and Prevention Research“. Here we use all our basic research experience and knowledge in applied projects to create scientific health indicators and guidelines and programs for better health based on chronobiology and stress and sleep research. Sleep and autonomic nervous system regulation and improvement are in the center of our research fields.

Teaching

Besides teaching medical and natural science students in chronobiology, Medical Physiology as well as Psychoneuroimmunology, my key interest are the interaction of human organ systems, their chronobiological interplay and integration and the self-organisation of body functions, especially during sleep and phases of relaxation and recuperation.

Publications and Books

120 papers in reviewed scientific journals, 500 scientific lectures co-author of 3 books in German, translated into several languages: Chronobiology und Chronomedicine, 1998; Wachsen am Widerstand - Adaptive Resilienz, 2015; Vom richtigen Umgang mit der Zeit, 2017

Research Projects and institutions supporting (Examples)

International – Austrian Ministry for Science and Research, European Community Projects, EC Horizon 2020 project COSMOS
National – Austrian National Bank Science Fund, Austrian Research Fund (FWF), Austrian General Accident Insurance (AUVA) – 4 scientific projects, FFG – 12 different projects



**Dr. Natalia Sofia Aldana-Martinez, MD, MSc –
Colombia (guest)**

**Editor-in-chief of the Virtual Health Library on Traditional,
Complementary and Integrative Medicine of the Americas, physician
practising Acupuncture and Homeopathy.**

She is a physician who practices acupuncture and homeopathy. She works like teacher of TCIM in different universities in Bogotá, Colombia. She has been working in projects of public health with TCIM, and she has also been working with indigenous communities, and traditional health knowledges. She is a consultant for the Pan American Health Organization's (PAHO)/WHO's Latin American and Caribbean Center on Health Sciences Information (BIREME), and the Editor-in-chief of the VHL TCIM Americas (Virtual Health Library on Traditional, Complementary, and Integrative Medicine of the Americas). She is also member of the TCIM Americas Network

<https://mtci.bvsalud.org/en/>



**Bhaswati Bhattacharya, MPH, MD, PhD – USA and India,
Clinical Assistant Professor at Cornell University, Fulbright Specialist in
Global Public Health specializing in Integrative Medicine.**

dividing her time between Manhattan and Benaras. Since 2002, she serves as Clinical Assistant Professor of Family Medicine in the Department of Medicine at Weill Cornell Medical College. She has recently completed a PhD in Ayurvedic chemistry, pharmaceuticals, and pharmacology (Rasa Shastra & Bhaisajya Kalpana) from Banaras Hindu University, focusing on polyherbal formulations for diabetes. She was recently awarded as a Fulbright Specialist 2018-2022 in Global Public Health specializing in Integrative Medicine.

She is a Harvard-trained physician-educator, working for 20 years to bridge indigenous medical systems with mainstream biomedicine. Her formal training includes a B.A. (University of Pennsylvania) in liberal arts focusing on neuroscience, a M.A. (Columbia University) in Pharmacology with 5 years of PhD work in neural development, an M.P.H. (Harvard University) in International Health, a M.D. (Rush University of Chicago) doctorate in medicine, formal residency training in urban family medicine (Columbia University) and in preventive medicine (Mount Sinai, NY), a course in integrative nutrition at Teachers College-Columbia University and a PhD (Banaras Hindu University) in Ayurvedic chemistry, pharmaceuticals, and pharmacology (Rasa Shastra & Bhaisajya Kalpana), specializing in the scientific basis for polyherbal and metallo-mineral formulations.

She also has formal training in holistic health counseling, yoga, Ayurveda, energywork, mindbody medicine, homeopathy, and aromatherapy. Bhaswati's holistic training comes through numerous formal courses and apprenticeship format still practiced by traditional healers in Tibet, India, China, Nepal, Brazil, Nigeria, El Salvador, and South Africa. During her 2013-2014 Fulbright award, she studied herbomineral formulations called

2013-2014 Fulbright award, she studied herbomineral formulations called bhasmas and their use in improving vitality, known as Ojas in Sanskrit.

She has delivered speeches internationally, including a talk on World AIDS Day at the United Nations for amFAR, retreats and workshops focusing on medicinal plants, and technical lectures on herbal medicines around the world. Selected in the list of 2014 Top 50 Thinkers of India by MTC Global, she is known for her well-informed views on public health, biodiversity, Ayurveda and topics related to indigenous medical systems. She has consulted on projects for several beauty and cosmetics companies, including Emami/Zandu, TulsiRose, L'Oreal, Reebok and Unilever. A documentary film on her work, Healers: Journey into Ayurveda is shown on The Discovery Channel. Her first book Everyday Ayurveda is a national bestseller published by Penguin Random House in 2015.



**John Weeks – USA (guest),
Organizer in the field of Integrative Medicine.**

John Weeks has worked in integrative health and medicine since 1983 as an organizer, writer, speaker and executive. He is known to many for his chronicling, honoring, commenting and cajoling on policy and organizational activity in the evolving movement for integrative health, particularly through his Integrator Blog which he has produced in various forms with 1997 and is presently at <https://www.johnweeks-integrator.com/posts/>.

Weeks is editor-in-chief of JACM – Paradigm, Practice and Policy Advancing Integrative Health (The Journal of Alternative and Complementary Medicine), the longest-standing indexed journal in the field. Particularly satisfying in his work at JACM are collaborations with top researchers for special issues to focus attention on such topics as group-delivered services, whole systems research, integrative oncology, implementation science, and naturopathy.

Weeks has consulted with NIH, WHO, PAHO, the American Hospital Association, and with numerous academic, professional, payment and delivery organizations. He helped found the Integrative Health Policy Consortium, the Academic Collaborative for Integrative Health (where he served 8 years as executive director), was on the founding board of the Academy of Integrative Health and Medicine and is on the advisory board for Integrative Medicine for the Underserved.

Weeks attended Stanford University for three years, studying history. Four academic institutions have granted him honorary doctorates. In 2014, three integrative consortia collaborated to grant Weeks a Lifetime Achievement Living Tribute Award.

His partner in his work and life is integrative physician Jeana Kimball, ND, MPH, with whom he has two grown children. Weeks is particularly proud of having been able to live and work with his family 6 of the last 18 years from home offices in Costa Rica, Nicaragua, and Puerto Rico. He loves paddle boarding and, when waves are available, surfing on it.

<https://www.johnweeks-integrator.com>



**Ing. Miloš Růžička – Czech Republic (guest),
Chairman of Health, Sports and Leisure activities Committee of the
Prague City Assembly, Member of the Housing Committee of the Prague
City Assembly, Mayor of the Municipal District Praha 8 - Ďáblice, STAN
– (Mayors and Independents Movement) founder and vice-chairman of
the regional committee (Prague region)**

Since 2014 – Member of Prague City Assembly

Since 2010 – Mayor of the Municipal District Prague - Ďáblice

Since 2005 Active in municipal politics

- Public healthcare, prevention, health and social care (esp. humanization and ethics, implementation of new knowledge and methods of prevention, medical and complementary treatment and social help into practice, lifestyle diseases - research and presentation of new knowledge and experience, EACH Charter (European Association for Children in Hospital Charter), Hospice movement, obstetrics - protection of mother and child natural needs and rights, the issue of children with Autism Spectrum Disorders, ADHD and related mental disorders etc.), health and social care interface
- Environmental and landscape protection, lifestyle, foods and catering quality in public sector, schools and preschool facilities (Healthy School Movement Skutečně zdravá škola)
- Spatial planning and Urbanism, Local communities work and development
- Waste management, Urban infrastructure development

Prague City Assembly – offices held and activities:

- 2018–2020: Chairman of the Health, Sports and Leisure time activities Committee of the Prague City Assembly, Member of the Housing Committee of Prague City Assembly
- 2014–2018: Chairman of the Health and Housing Committee of Prague City assembly, Member of the Environmental Committee and Committee for Spatial development of the Prague City Assembly
- throughout 2014–2020: Mayors Assembly of the City of Prague, The Association of City Districts of the City of Prague, Association of local and

regional authorities - SMSCR, Platform for quality transport infrastructure, advisory, expert and grant commissions in the field of healthcare, social care, sport and leisure time of youths.

Political affiliation and offices held:

- STAN – hnutí Starostové a nezávislí (Mayors and Independents Movement - political party), founder and vice-chairman of the regional committee (Prague region)

Participation on the projects within the STAN Movement:

- Creation of program priorities on the national level in the field of public healthcare, health and social care, environment on the entry of the STAN Movement among parliamentary parties in the 2017 elections.
- Program guarantor of the STAN Movement in the field of public healthcare, health and social care for the Prague region 1994-2010 project manager, self-employed

Experience and acquired practice:

- Insurance company SPORT (creation of health policies in the field of prevention and complementary medicine)
- Insurance company (expert advice – project activities aimed at foundation of a new health insurance company)
- Consumers club and stores BIODOMOV
- Mediadesign s.r.o./ltd, managing director (video, internet, multimedia – production, post-production)
- Futurola s.r.o./ltd, founder, executive director (video, internet, multimedia – TV design, production, post-production, script, direction)
- Literary magazine TVAR
- Other projects: EACH Charter - European Association for Children in Hospital Charter and rights of parents of hospitalized children, Hospice movement, STUŽ Art foundation Svoboda/Liberty, Foundation for Media accessibility, Pro-Bio Association of Organic Farmers
1989-1994 Botanical garden Prague
1987-1989 PZO, Motokov, export-import of agricultural and forestry machinery and technologies.

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