EDITORIAL

Global Advances in Health and Medicine

The Editors of *Global Advances in Health and Medicine*: David Riley, MD; Jason Jishun Hao, DOM, MTCM, MBA; Helmut Kiene, Dr med; Gunver Kienle, Dr med; Michele Mittelman, RN, MPH; Gregory A. Plotnikoff, MD, MTS, FACP



cience, technology, and medicine (STM) are not immune to the widespread and persistent crises that have defined the 21st century. We, the editors of *Global Advances in Health and Medicine (GAHMJ)*, a new scholarly medical journal, believe that solutions in healthcare will be ones that accelerate the application of global advances in health and medicine, resulting in improved population-health management, healthcare delivery, and patient outcomes. The journal is focused on solutions in 3 main areas: (1) systems theory and medicine, (2) the global convergence of healthcare practices, and (3) evidence from the point of care (eg, medical case reports). And *GAHMJ* is more than a scholarly medical journal; it is a communication platform.

The journal itself is cross-disciplinary and peer reviewed and offers innovative STM content for the worldwide community of healthcare professionals who actively participate in the healthcare debate. The content of the journal will highlight data from around the world with case reports, original research articles, opinion pieces, and hypotheses. GAHMI has an experienced international editorial team: Jason Jishun Hao, DOM, MTCM, MBA; Helmut Kiene, Dr med; Gunver Kienle, Dr med; Michele Mittelman, RN, MPH; Gregory Plotnikoff, MD, MTS, FACP; and David Riley, MD. The journal will be published 10 times per year in print and digital formats with abstracts in multiple languages. The digital publication will offer additional features and information that take advantage of emergent digital technologies. A mobile application will be launched to better serve the needs of the journal's readership. The website will offer additional features including blogs, topic forums, customizable eNews portals, searchable databases, collaboration tools, social-media functionality, international news, and conversations with key opinion leaders.

IN THIS ISSUE

We are honored to feature the following authors and articles, among others, in this inaugural issue of *Global Advances in Health and Medicine*.

- Tido von Schoen-Angerer, based in Switzerland and working with Medecins Sans Frontières (MSF), and coauthors Nathan Ford from South Africa and James Arkinstall from Switzerland write about access to medicine in areas of the world with limited resources and address the question of how this access is affected in times of economic uncertainty.
- Anita Salamonsen, Brit J. Drageset, and Vinjar Fønnebø from the University of Tromso in Norway based on their work with the Norwegian Registry of Exceptional Courses of Disease, contribute a selection of patient case reports as well as an overview of the registry.
- Maurice Orange et al provide 2 case reports on the successful treatment of primary cutaneous B-cell lymphoma with mistletoe.
- Gunver Kienle from Germany shares a review article—"Fever in Cancer Treatment: Coley's Therapy and Epidemiologic Observations"—that is drawn largely from case reports.
- Jeremy Swayne from Scotland provides "The Problem With Science—The Context and Process of Care," an excerpt from the recently published *Remodelling Medicine*.
- Jason Jishun Hao shares a "Review of Clinical Applications of Scalp Acupuncture in Paralysis," an excerpt from *Chinese Scalp Acupuncture*. (This article is featured on our website, www.gahmj.com.)
- Rollin McCraty, Annette Deyhle, and Doc Childre from the Institute of HeartMath write about the convergence of several independent lines of evidence that support the existence of a global information field connecting all living systems.

THE BIG PICTURE

We recognize that innovations are often disruptive, as cultures and traditions converge and compete with approaches built around "the way things have always been done." We see a challenge and opportunity in healthcare today around the development of a new global taxonomy for healthcare—a taxonomy that accommodates the global convergence of healthcare practices, incorporates a systems approach to medicine, and uses data from the point of care in new and innovative ways. Sackett et al defined evidence-based medicine as the "conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.... Good doctors use both individual clinical expertise and the best available external evidence and neither alone is enough." I

Q

For more information about *GAHMJ*'s editorial leadership, see page 7.

Case Reports

Around the world every day, doctors treat patients and these treatments produce outcomes—all generating practice-based evidence. In respect to individuality, we support endeavors that move healthcare toward an individualized approach documented through case reports. Case reports are at the convergence point of several disruptive trends in medicine and will be a particular focus of this journal. In this issue of the journal, our case reports editor, Gunver Kienle, has written an editorial featuring some of her perspectives on case reports. The editors believe that a process for the systematic collection and publication of case reports in accordance with quality-assurance guidelines will uncover important correlations among individual cases and allow for the comparison of strategies across healthcare systems for relevance, safety, and effectiveness. Data from the point of care, published as case reports, will inform the design and implementation of clinical trials. Practice-based evidence will enable realtime knowledge to leverage advances in health informatics to improve population health, healthcare delivery, and patient outcomes. To this end, we will offer Case Report Writing Workshops and develop guidelines for the publication of case reports.

A Systems Approach

The editors of Global Advances in Health and Medicine also support a systems approach to healthcare and believe that this too is an important opportunity. In respect to system theory and medicine, the topics of systems biology, systems therapies, systems building, and systems analyses have priority. We recognize that reductionism in science has led to spectacular advances; we also believe this approach has limitations. For example, the systems biology approach has gained momentum for the past 40 years, and Leroy Hood and Jeff Bland in particular have made significant contributions. Systems biology offers the possibility of a healthcare system that is rooted in information science, costs less, and is individualized. We believe that the global convergence of healthcare practices and a systems approach combined with data from the point of care offer an opportunity to create a more effective approach to healthcare.

Collaboration and Information Sharing

Following are some of the global questions that we will explore. We invite you, as readers and contributors, to join us in this exploration.

How can we create a global community of health-care professionals in a world with diverse healthcare traditions and cultures? What are the common threads in how we think, feel, and act that bind us together around the world?

How can the 8 primary health targets outlined by the World Health Organization be realized across cultures with different levels of economic development, a particularly when more than 11 million children under the age of 5 years and 500000 pregnant women die every year²?

Does the current population-based taxonomy for the classification and management of disease allow us to measure individual variations and responses, particularly across healthcare systems?

What is the role of healthcare informatics in the evaluation of data from the point of care, and can this information be integrated with precise diagnoses? How will data from the point of care impact research models?

Can we use a systems approach to integrate medical information from molecular biochemistry, genomics, lifestyle, diverse healthcare systems, and patient preferences? Can we understand and balance the interactions between global, environmental, and individual influences; the organism and the cell; and the tension between providing care for patients and the need for sustainability and profitability?

How can healthcare professionals and patients engage in a therapeutic partnership across healthcare systems and cultures in a way that respects patients and their individuality? Will we invest in wellness and prevention in order to prevent tomorrow's health problems that may not be visible today?

How will the regulatory community change the evaluation process for new drugs, devices, and therapies in response to systematic data from the point of care?

Global Advances in Health and Medicine is more than a scholarly medical journal; it is a communication platform to foster the dialogue among the different healthcare cultures and focus on the global convergence of these practices. How might this happen with Global Advances in Health and Medicine? Healthcare professionals who are interested in breakthroughs and best practices in one area will have the ability to query information by organizational source (eg, WHO), country (eg, Japan, India), culture (eg, Asian, Hispanic), system of medicine (eg, conventional medicine, Ayurveda), disciplinary credentials (eg, medical doctor, doctor of Oriental medicine), condition (eg, eating disorders, metabolic syndrome), or practices (eg, pharmacology, acupuncture). Users will be able to compare and contrast findings, exploring the implications of discoveries in one area or system vis-à-vis another.

We welcome and invite your participation in the healthcare debate and the creation of a global healthcare community through the submission of case reports, other original manuscripts, and commentary to *Global Advances in Health and Medicine*.

REFERENCES

- I. Sackett DL, Rosenberg WM, Gray JA, Haynes RB, Richardson W. Evidence based medicine: what it is and what it isn't. BMJ. 1996 Jan 13;312(7023):71-2.
- World Health Organization. Engaging for health-eleventh general programme of work 2006-2015, a global health agenda [Internet]. Geneva, Switzerland: World Health Organization; 2006 [cited 2012 Feb 14]. Available from: http://whqlibdoc.who.int/publications/2006/GPW_eng.pdf.

^a (1) eradicating extreme poverty and hunger; (2) achieving universal primary education; (3) promoting gender equality and empowering women; (4) reducing child mortality; (5) improving maternal health; (6) combating HIV/AIDS, malaria, and other communicable diseases; (7) ensuring environmental sustainability; and (8) developing global partnerships for development.

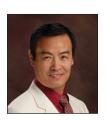
THE EDITORS OF GLOBAL ADVANCES IN HEALTH AND MEDICINE



David Riley, MD

Dr Riley is board-certified in internal medicine, served as the editor in chief for two indexed medical journals, *Alternative Therapies in Health and Medicine* and *EXPLORE*, from 1995 to 2010, and has writ-

ten chapters for medical textbooks. He consults internationally on issues such as healthcare policy, regulatory issues, and models of clinical care. Dr Riley has received postgraduate training in a variety of healthcare disciplines, has conducted clinical research, and was a member of the CONSORT group.



Jason Jishun Hao, DOM, MTCM, MBA

Dr Hao received his bachelor's and master's degrees from the Heilongjiang University of Chinese Medicine in China in 1982 and 1987, respectively, and earned his

master's of business administration from the University of Phoenix in 2004. Dr Hao has been teaching, practicing, and researching acupuncture and treatment with Chinese herbs for almost 30 years at academic centers in both the United States and China. He is president of the International Academy of Scalp Acupuncture, chairman of the Acupuncture Committee at the National Certification Commission for Acupuncture and Oriental Medicine, and vice president of the Southwest Acupuncture College Board in Santa Fe, New Mexico. His book, *Chinese Scalp Acupuncture*, was published in November 2011.



Helmut Kiene. Dr med

Dr Kiene studied medicine and philosophy at the University of Freiburg, Germany, and worked as a clinician in internal medicine and oncology. His scientific interests include epistemology,

research methodology for complementary medicine, and clinical research. He has written 7 books and 150 articles on these topics. Dr Kiene is director of the Institute for Applied Epistemology and Medical Methodology in Freiburg, Germany.



Gunver Kienle, Dr med

Dr Kienle studied medicine at the University of Witten/Herdecke and Göttingen, Germany, and received methodological training at Harvard University. She worked in internal medicine and oncology

before cofounding the Institute for Applied Epistemology and Medical Methodology in Freiburg, Germany, where she now serves as senior research scientist. Dr Kienle is a member of the Commission C for Anthroposophic Medicinal Products at the Federal Institute for Drugs and Medical Devices in Bonn, Germany, and a member of the German Network for Evidence based Medicine. She has authored 4 books and close to 100 articles, as well as book chapters and monographs.



Michele Mittelman, RN, MPH

Ms Mittelman began her career in healthcare as a registered nurse, earned her master's degree in public health from Columbia University, and served as a healthcare consultant for Ernst & Young.

She served as an editor for *Alternative Therapies in Health and Medicine* and works on national and local nursing initiatives. Ms Mittelman also serves on the board of directors of the Brayewell Collaborative.



Gregory A. Plotnikoff, MD, MTS, FACP

Dr Plotnikoff is a graduate of Carleton College, Harvard Divinity School, and the University of Minnesota Medical School. He is a board-certified internist and pedia-

trician who is well known for his work in interventional nutrition, herbal medicines, and spirituality in clinical care. Dr Plotnikoff has received international honors for his work in cross-cultural and integrative medicine as well as the Early Career Distinguished Achievement Award from the University of Minnesota Medical School. He currently serves as an integrative medicine physician at the Penny George Institute for Health and Healing and as senior consultant at the Center for Health Care Innovation, Allina Health Care, Minneapolis, Minnesota.

7