Table 2 (*continued*)

No.	Age in years	Total no. of cases	
3	Irritable personality	2	1
4	Fearful personality	4	3
	Total	30	25

No.	Medicine	No. of cases	Cases improved with medicine
1	Ars. alb	2	1
2	Rhus. tox.	3	2
3	Pulsatilla	3	2
4	Lycopodium	9	7
5	Arg. Nit	7	6
6	Nux. vom	3	3
7	Phosphorus	3	4
	Total	30	25

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PO-019

Changes of blood flow volume in the superior mesenteric artery and brachial artery with abdominal thermal stimulation

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Background: In traditional Chinese medicine, moxibustion is a local thermal therapy that is used for several conditions. Quantifying the effects of moxibustion therapy has been difficult because the treatment temperature depends on the physician's experience, and the temperature distribution in the target area is not uniform.

Aims: This prospective observational study aims to quantify the effect of local thermal stimulation to the abdomen.

Methods: We developed a heat transfer control device (HTCD) for local thermal stimulation. Twenty-four healthy subjects were enrolled and they underwent abdominal thermal stimulation to the para-umbilical region with the device for 20 min. Blood flow volume in the superior mesenteric artery (SMA) and brachial artery, the heart rate, and the blood pressure were measured at rest, 15 min after starting thermal stimulation, and 10, 20, 30, and 40 min after completing thermal stimulation. Blood flow parameters were measured by high-resolution ultrasound.

Results: In the SMA, blood flow volume was significantly increased during thermal stimulation ($p<0.01$), as well as at 10 min ($p<0.01$), and 20 min ($p<0.05$) after stimulation. In the brachial artery, blood flow volume decreased at 40 min after stimulation ($p<0.01$).

Conclusions: We could quantify the effect of local thermal stimulation with an HTCD and high-resolution ultrasound. Thermal stimulation of the para-umbilical region increased blood flow in the SMA 20 min after stimulation in healthy subjects.

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Paediatrics

PO-020

Bioresonance therapy with children suffering from allergies—An overview about clinical reports

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In 1976, Morell and Rasche, the inventors of the classical bioresonance therapy (e.g. MORA, BICOM, IMEDIS, HOLIMED), postulated a weak, low-frequency electromagnetic field (1–10^5 Hz) in a human organism that was considered to induce important regulative functions. It is historically interesting that at the same time Popp and Ruth rediscovered the biophotons, an electromagnetic regulation field in the optical frequency range.

In the endogenous form of bioresonance the postulated oscillations are picked up by means of hand and foot electrodes and after an electronic inversion they are transmitted back to the body for therapeutic purposes. Within the exogenous form, the postulated oscillations of bio-active substances are transmitted after an electronic inversion (e.g. allergens) or amplification (e.g. nosodes) for therapeutic purposes in the human organism.

For about 30 years the exogenous bioresonance therapy has been used for therapy with children all over the world who were suffering from allergic diseases (e.g. bronchial asthma, allergic rhinitis, eczema).

As a summary and for the evaluation of clinical results in bioresonance therapy reports we have the following

literature available: nine non-controlled and five controlled clinical studies, which give clear evidence of the clinical effectiveness in allergy therapy with children. These trials were carried out by physicians and scientists in universities, hospitals and medical practices all over the world.

The nine non-controlled (1050 patients) and three controlled studies (537 patients) are unrestrictedly positive according to the author's report. Two controlled studies (74 patients) had been evaluated negative according to the author's conclusion. However, even in these reports there is some evidence of the clinical effectiveness of bioresonance therapy.

Particularly remarkable in the results is the clear and strong dependence of the effectiveness with respect to the age of the probands in the trials. The younger the probands, the higher the effectiveness of bioresonance therapy.

In each trial no side effects were observed.

Conclusion: The greater majority of the performing scientists and physicians believe – on the basis of their investigations – that the classical bioresonance therapy is clinically effective in allergy therapy for children.

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PO-021

Homeopathic therapy in paediatrics: An observational study from 1998 to 2008

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Methods: An observational longitudinal study was conducted on **2141** patients consecutively visited at the Homeopathic Clinic situated at the Campo di Marte Provincial Hospital—ASL 2 Lucca from its establishment in September 1998 until December 2008, and **514** patients (**24**%) are below or equal to the age of 14. The homeopathic prescription strategy is to administer a single remedy and involves the initial use of the remedy in Quintamillesimal dilutions (De Schepper L. 1999) beginning with 6Q and on a progressive scale of dilutions; if there is a subsequent phase, the prescription then proceeds with a single dose according to Hahnemann's centesimal scale (CH).Treatment of acute cases generally involves the use of remedies in centesimal dilutions at low potencies (from 6 to 30 CH).

Results: The most frequent pathologies observed in children are: respiratory pathologies: **303** (58.9%), mainly allergic diseases (asthma and rhinitis); dermatological complaints **90** (17.5%), mainly atopic and allergic dermatitis; psychological problems **41** (8%); digestive tract pathologies **31** (6.3%); food disturbances **6** (1.7%) and headache **6** (1.7%). A significant difference was observed in the distribution of pathologies by age. In childhood, two-thirds of the patients came to the homeopathic clinic for respiratory pathologies, compared with 25% of patients aged 15–39 and 15% of patients 40 or more. The duration of follow-up was of 1 year or greater for 50% of cases in childhood age, instead 37% for patients between the ages of 15–39 and 35% for those of 40 or above. In order to assess the effectiveness of therapy practice in pediatrician, data were collected concerning homeopathic consultations for all patients who are below or equal to the age of 14 and returned for at least one check-up subsequent to the initial visit at the clinic. The GHHOS (Glasgow Homeopathic Hospital Outcome Score) was used to assess outcome (Richardson WR 2001); whereas the degree of symptom intensity as reported by the patient and the regression after treatment (if any) were assessed by means of a numerical rate scale (NRS). The reference values of the GHHOS scale, distributed according to a Likert scale from -1 to $+4$, define different degrees of improvement as follows: $0 =$ none, $1 =$ Slight improvement, $2 =$ Moderate improvement, $3 =$ Important improvement, $4 =$ Cured/Back to normal, and $-1 =$ Slight worsening.

Follow-up	Patients no. 260	−1	0	+1	+2	+3	+4
Age ⩽14	50.6%	0%	5%	13%	19%	35%	29%

The improvement is considerably linked to age ($p = 0.001$), the prior use of conventional therapies ($p = 0.008$), the pathology being treated ($p = 0.019$) and the period of follow-up ($p < 0.001$).

Conclusion: The results tend to identify greater therapeutic effect of the homeopathic treatment in young patients.

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PO-022

Phytotherapy in neonatology: A systematic literature review

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Background: Aim of this study was to give an overview about current Literature concerning clinical trials on phytotherapy in neonatology.

Methods: A systematic review was performed in the following databases: Cochrane, EMBASE, NCCAM,