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La médecine complémentaire pour les animaux de rente – une partie de la solution ?

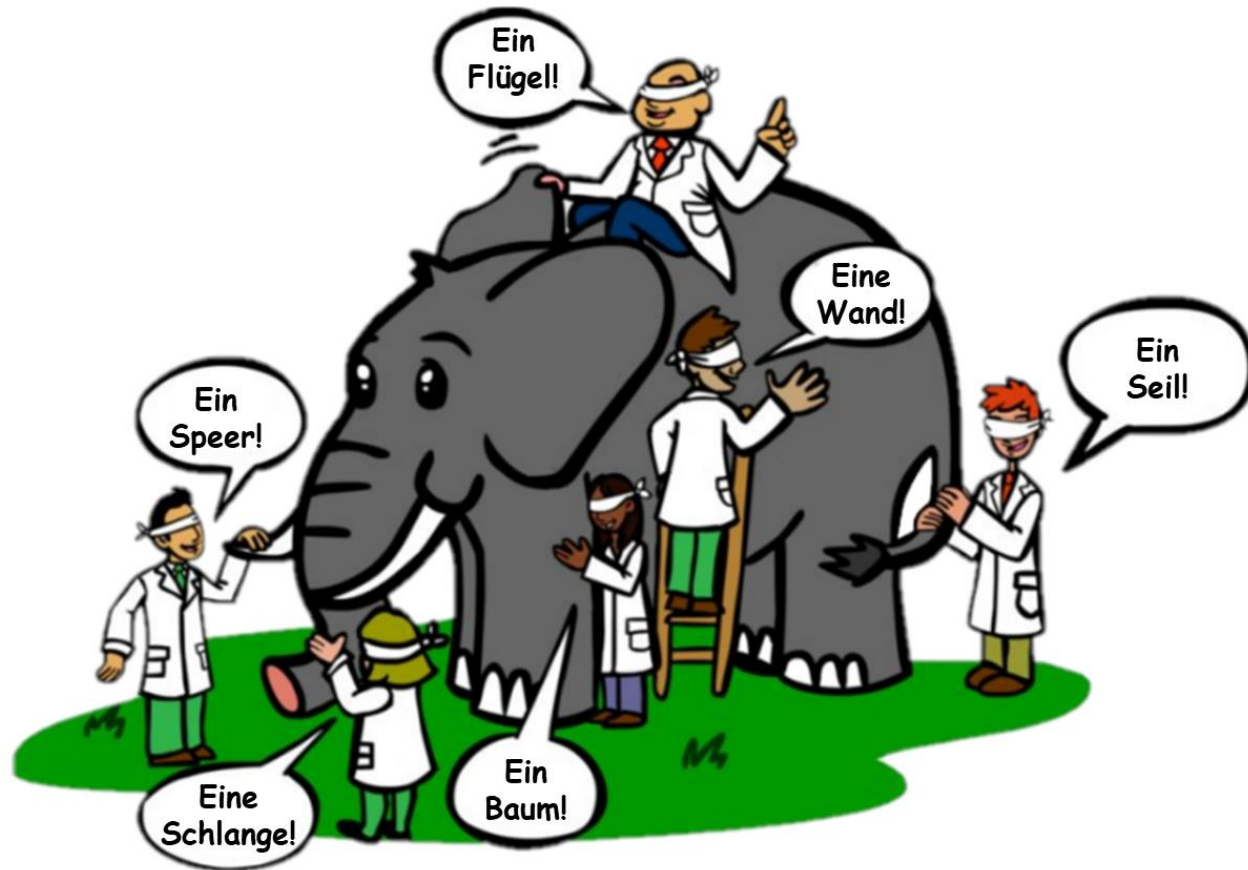
Michael Walkenhorst

Rencontre parlementaire sur « La santé des animaux de rente » | 14.06.2023

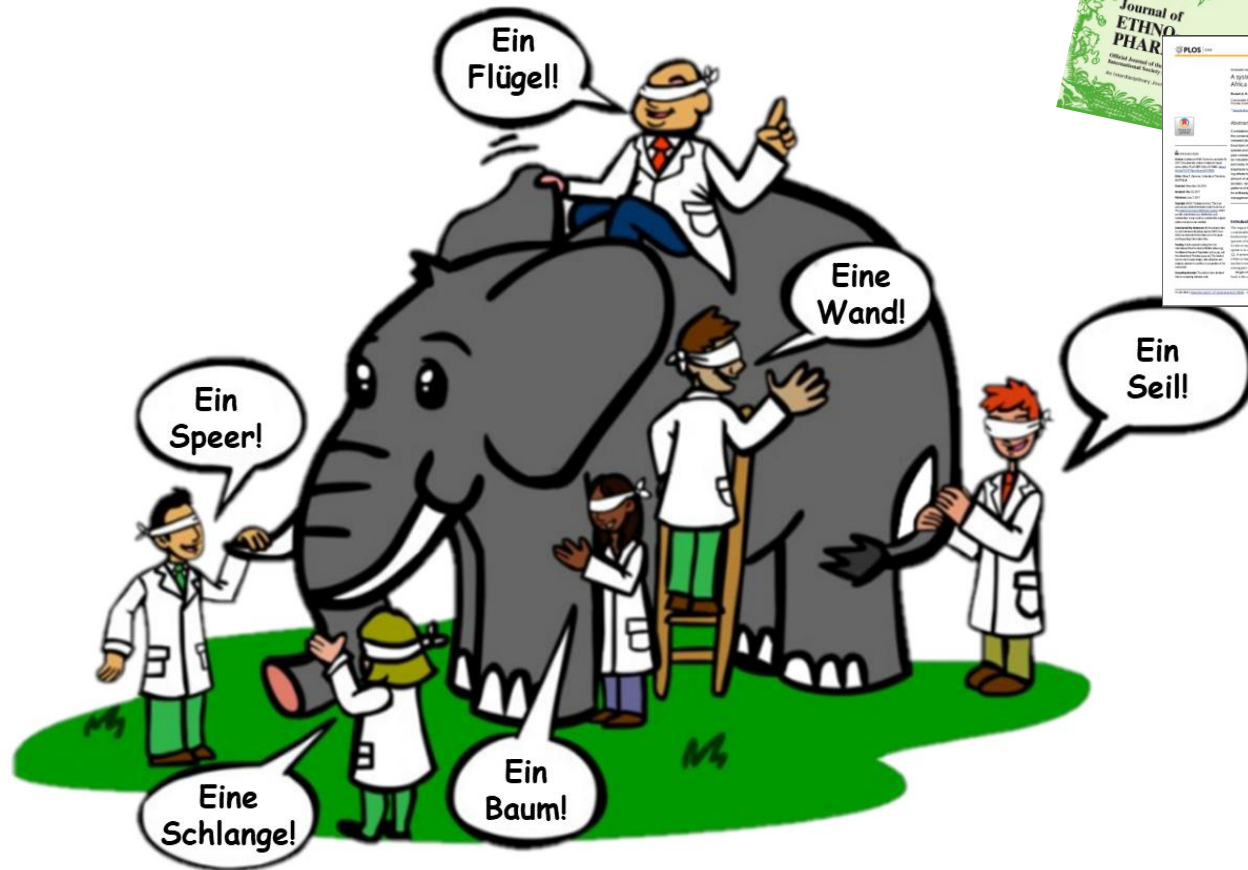
La médecine complémentaire pour les animaux de rente – une partie de la solution ?

- Ce que dit la science
- Potentiel de la médecine complémentaire pour réduire les antibiotiques
- Questions et discussion

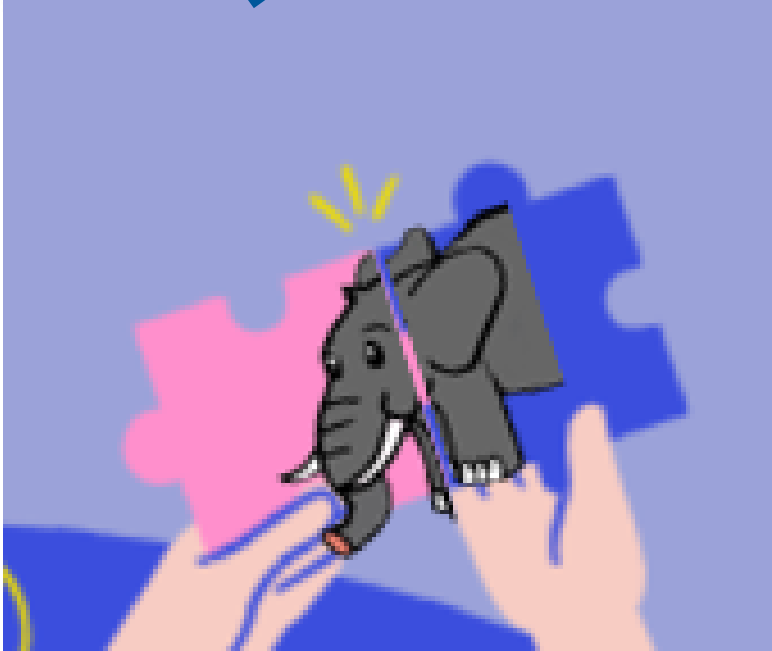
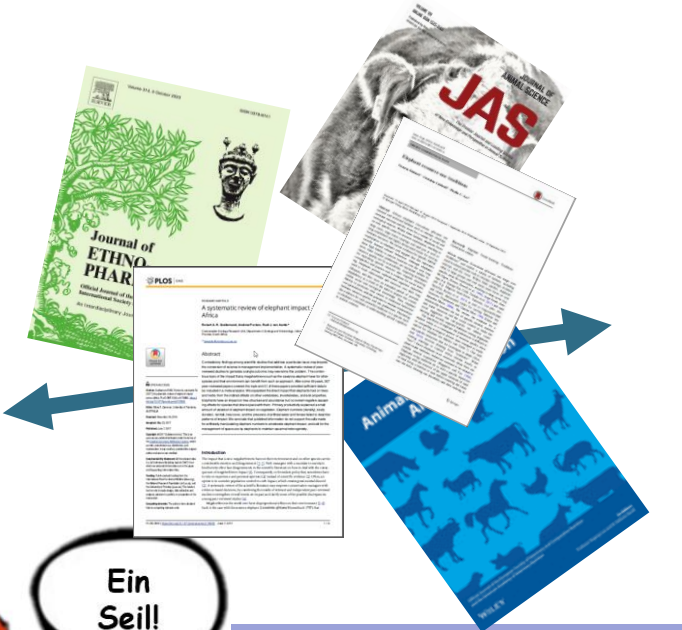
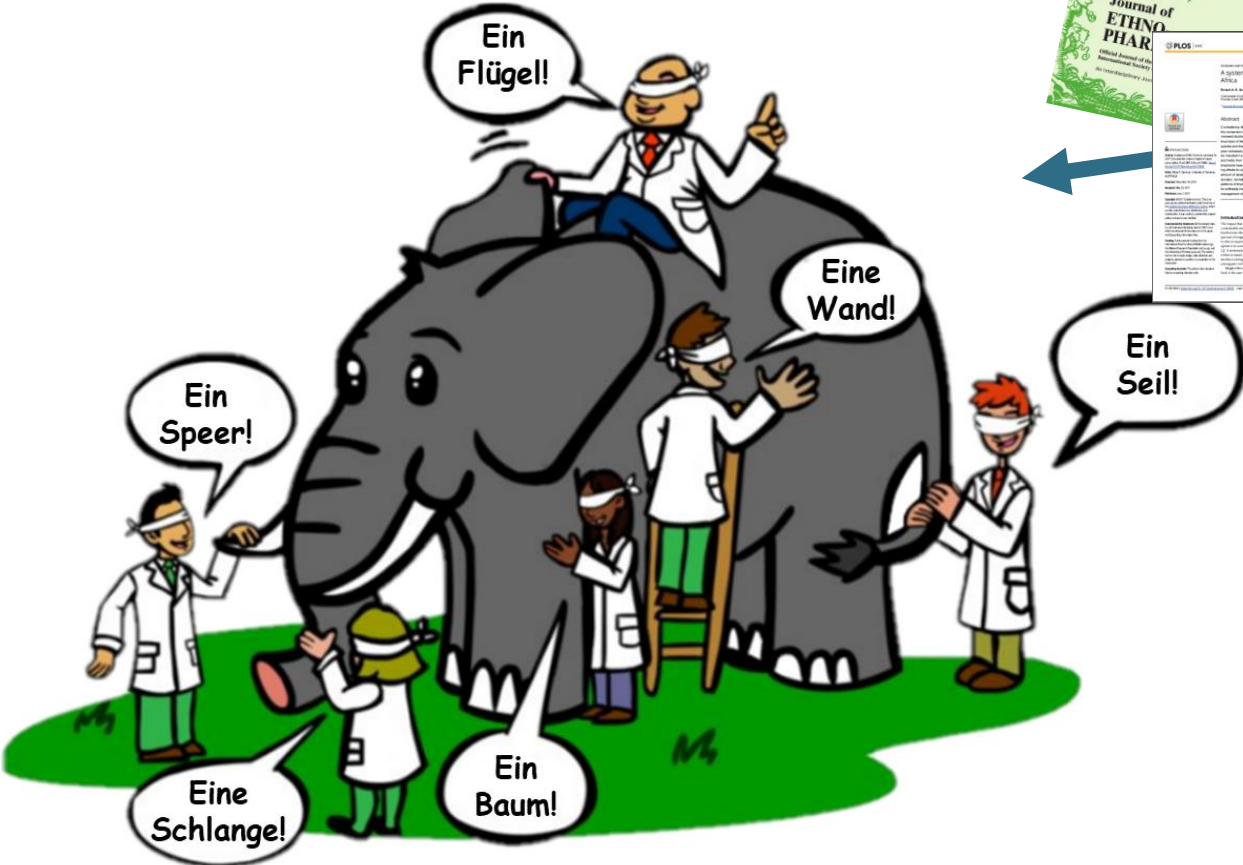
Ce que dit la science



Ce que dit la science



Ce que dit la science



Revues scientifiques



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Aims and scope

BMC Complementary Medicine and Therapies is an open access journal publishing original peer-reviewed research articles on interventions and resources that complement or replace conventional therapies, with a specific emphasis on research that explores the biological mechanisms of action, as well as their efficacy, safety, costs, patterns of use and/or implementation.

Research Standards

BMC Series

Submit manuscript



Evidence-Based Complementary and Alternative Medicine

Journal overview

For authors

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About this Journal

Aims and scope

Evidence-Based Complementary and Alternative Medicine (eCAM) is an international, peer-reviewed journal that seeks to understand the sources and to encourage rigorous research in this new, yet ancient world of complementary and alternative medicine.

The journal seeks to apply scientific rigor to the study of complementary and alternative medicine (CAM) modalities, particularly traditional Asian healing systems. *eCAM* emphasizes health outcome, while documenting biological mechanisms of action. The journal is devoted to the advancement of science in the field of basic research, methodology or scientific theory in diverse areas of Biomedical Sciences. The journal does not consider articles on homeopathy.

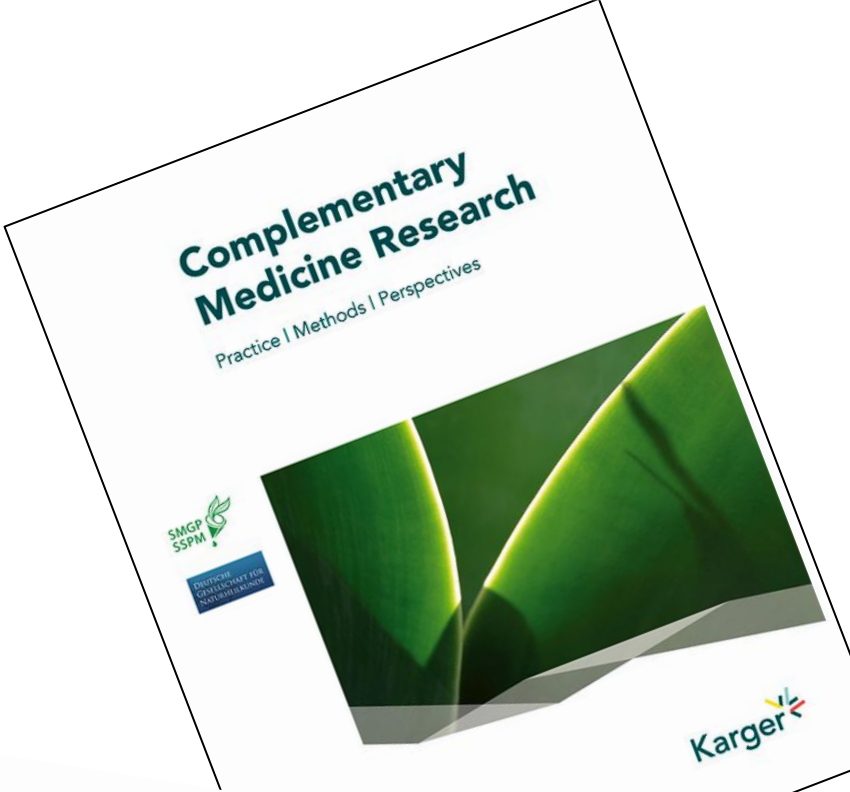


Journal metrics

Acceptance rate	27%
Submission to final decision	68 days
Acceptance to publication	33 days
CiteScore	3.000
Journal Citation Indicator	0.730
Impact Factor	2.629

APC \$2550

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Revues scientifiques



La science convient parfaitement pour ...

- Premier niveau

La science convient parfaitement pour ...

... une estimation sommaire

La science convient parfaitement pour ...

... une estimation sommaire ...

... le travail quotidien

... le travail quotidien dans l'agriculture et la médecine (vétérinaire) repose, dans l'optimum, sur un mélange équilibré de

- **connaissances scientifiques**
 - bases également des conditions-cadres légales
- **expérience personnelle**
- **préférence individuelle**

... avec pour conséquence, souvent, que «de nombreux chemins mènent à Rome»

La science convient parfaitement pour ...

... une estimation sommaire ...

... le travail quotidien

• L'Evidence Based Medicine (EBM) repose sur trois piliers :

- les connaissances scientifiques actuelles (« données probantes cliniques externes »)
- l'expérience clinique individuelle des thérapeutes
- et la préférence personnelle des patients

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to create "win-win" relationships. By extension, critics of competition maintain that the NHS should do the same. These developments have been reinforced by concerns about the increase in management costs associated with the introduction of competition.

Estimates suggest that the NHS reforms may have resulted in up to £1bn extra being spent on administration, although changes in definitions make it difficult to be precise. This is because of the need to employ staff to negotiate and monitor contracts and to deal with the large volumes of paperwork involved in the contracting system. Ministers have responded to these concerns by streamlining the organisation of the NHS and introducing tight controls over management costs. They have also encouraged the use of long term contracts in order to reduce the transaction costs of the new arrangements.

On the other hand, critics of competition see a different priority agenda. They argue that the market forces that have driven the NHS to the brink of collapse are the same forces that have driven it to the brink of collapse. The NHS is a unique organisation, and its success depends on the fact that it is a public service. The NHS is a public service, and its success depends on the fact that it is a public service. The NHS is a public service, and its success depends on the fact that it is a public service.

on those whom the NHS exists to serve, even though the effects were neither anticipated nor intended when the reforms were designed. Like a potter moulding clay, only in the process of creation has the shape of the product become apparent. The effect of this policy shift has been to open up common ground between Labour and the Conservatives, notwithstanding the differences that remain.

Yet before the obituary of competition is written, the consequences of a return to planning need to be thought through. The NHS was reformed precisely because the old command and control system had failed to deliver acceptable

improvements in efficiency and quality, and the limitations of planning must also be acknowledged. While competition as a reforming strategy may have had its day, there are nevertheless elements of this strategy which are worth preserving. Not least, the stimulus to improve performance which arises from the threat that contracts may be moved to an alternative provider should not be lost. The middle way between planning and competition is a path called contractualism. This recognises that health care requires cooperation between purchasers and providers and the capacity to plan developments on a long term basis. At the same time, it is based on the premise that performance may stagnate unless there are sufficient incentives to bring about continuous improvements.

Some of these incentives may be achieved through management contracts or professional pressure, and some may derive from the fact that the NHS is a public service.

In addition, there is the stimulus to achieve performance improvements which arises from the fact that the NHS is a public service. The NHS is a public service, and its success depends on the fact that it is a public service. The NHS is a public service, and its success depends on the fact that it is a public service. The NHS is a public service, and its success depends on the fact that it is a public service.

course for this to be a real incentive then contracts must shift from time to time, but this is only one element in the process and not necessarily the most important. As politicians prepare their plans for the future it is this path that needs to be explored.

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2. Berman V. *The NHS: century and change*. London: Department of Health, 1995.

Evidence based medicine: what it is and what it isn't

It's about integrating individual clinical expertise and the best external evidence

Evidence based medicine, whose philosophical origins extend back to mid-19th century Paris and earlier, remains a hot topic for clinicians, public health practitioners, purchasers, planners, and the public. There are now frequent workshops in how to practice and teach it (one sponsored by the *BMJ* will be held in London on 24 April); undergraduate and postgraduate training programmes are incorporating it (or pondering how to do so); British centres for evidence based practice have been established or planned in adult medicine, child health, surgery, pathology, pharmacotherapy, nursing, general practice, and dentistry; the Cochrane Collaboration and Britain's Centre for Review and Dissemination in York are providing systematic reviews of the effects of health care; new evidence based practice journals are being launched; and it has become a common topic in the lay media. But enthusiasm has been mixed with some negative reaction.¹⁻⁴

Criticism has ranged from evidence based medicine being old hat to it being a dangerous innovation, perpetrated by the arrogant to serve cost cutters and suppress clinical freedom. As evidence based medicine continues to evolve and adapt, now is a useful time to refine the discussion of what it is and what it is not.

Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research. By individual clinical expertise we mean the proficiency and judgment that individual clinicians acquire through clinical experience and clinical practice. Increased expertise is reflected in many ways, but especially in more effective and efficient diagnosis and in the more thoughtful identification and compassionate use of individual patients' predicaments, rights, and preferences in making clinical decisions about their care. By best available external clinical evidence we mean clinically relevant research, often from the

basic sciences of medicine, but especially from patient centred clinical research into the accuracy and precision of diagnostic tests (including the clinical examination), the power of prognostic markers, and the efficacy and safety of therapeutic, rehabilitative, and preventive regimens. External clinical evidence both invalidates previously accepted diagnostic tests and treatments and replaces them with new ones that are more powerful, more accurate, more efficacious, and safer.

Good doctors use both individual clinical expertise and the best available external evidence, and neither alone is enough. Without clinical expertise, practice risks becoming transmuted by evidence, for even excellent external evidence may be inapplicable to or inappropriate for an individual patient.

When doctors become evidence based, practice risks becoming rapidly out of date, to the detriment of patients.

Doctors should be evidence based, practice risks becoming rapidly out of date, to the detriment of patients. Doctors should be evidence based, practice risks becoming rapidly out of date, to the detriment of patients. Doctors should be evidence based, practice risks becoming rapidly out of date, to the detriment of patients. Doctors should be evidence based, practice risks becoming rapidly out of date, to the detriment of patients.

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derived only from every source and systematically reviewed by audits from the front lines of clinical care where at least some important clinical teams in general medicine,⁵ psychiatry (J R Geddes *et al*, Royal College of Psychiatrists winter meeting, January 1996), and surgery (P McCulloch, personal communication) have provided evidence based care to the vast majority of their patients. Such studies show that busy clinicians who devote their scarce reading time to selective, efficient, patient driven searching, appraisal, and incorporation of the best available evidence can practice evidence based medicine.

Evidence based medicine is not "cookbook" medicine. Because it requires a bottom up approach that integrates the best external evidence with individual clinical expertise and patients' choice, it cannot result in slavish, cookbook approaches to individual patient care. External clinical evidence can inform, but can never replace, individual clinical expertise, and it is this expertise that decides whether the external evidence applies to the individual patient at all and, if so, how it should be integrated into a clinical decision. Similarly, any external guideline must be integrated with individual clinical expertise in deciding whether and how it matches the patient's clinical state, predicament, and preferences, and thus whether it should be applied. Clinicians who fear top down cookbooks will find the advocates of evidence based medicine joining them at the barricades.

Some fear that evidence based medicine will be hijacked by purchasers and managers to cut the costs of health care. This would not only be a misuse of evidence based medicine but suggests a fundamental misunderstanding of its financial consequences. Doctors practising evidence based medicine will identify and apply the most efficacious interventions to maximise the quality and quantity of life for individual patients; this may raise rather than lower the cost of their care.

Evidence based medicine is not restricted to randomised trials and meta-analyses. It involves tracking down the best external evidence with which to answer our clinical questions. To find out about the accuracy of a diagnostic test, we need to find proper cross sectional studies of patients clinically

suspected of harbouring the relevant disorder, not a randomised trial. For a question about prognosis, we need proper follow up studies of patients assembled at a uniform, early point in the clinical course of their disease. And sometimes the evidence we need will come from the basic sciences such as genetics or immunology. It is when asking questions about therapy that we should try to avoid the non-experimental approaches, since these routinely lead to false positive conclusions about efficacy. Because the randomised trial, and especially the systematic review of several randomised trials, is so much more likely to inform us and so much less likely to mislead us, it has become the "gold standard" for judging whether a treatment does more good than harm. However, these questions about therapy do not require randomised trials (successful interventions for otherwise fatal conditions may be carried out for our patient's malady, and the next best external evidence may be carried out for our patient's malady, and the next best external evidence may be carried out for our patient's malady).

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For details of the international conference on evidence based medicine to be held in London on Wednesday 24 April 1996, contact the BMJ/BMJ Conference Unit, telephone 0171 383 6605, fax 0171 383 6663.

Le consensus largement partagé par les experts sur l'homéopathie et la phytothérapie pour bovins et porcs



Médecine complémentaire : supplément

au guide thérapeutique bovins et
porcs pour les vétérinaires

Élaboré par des représentants de la CI Homéopathie chez les animaux de rente (IG Homéopathie Nutztiere), de la SVS et des sections spécialisées camvet.ch, de la SVW-ASSR, la SVSM-ASMP, de la Société suisse de phytothérapie médicale (SMGPvet), de l'Institut de pharmacologie et de toxicologie vétérinaire de la faculté Vetsuisse de l'Université de Zurich et de l'Institut de recherche de l'agriculture biologique (FiBL) sous la coordination de l'Office fédéral de la sécurité alimentaire et des affaires vétérinaires (OSAV) dans le cadre de StAR.



Mise à jour mai 2023

Le consensus largement partagé par les experts sur l'homéopathie et la phytothérapie pour bovins et porcs ...

... fait partie des faits probants



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Quelle: In Anlehnung an „Levels of Evidence“ des Oxford Centre for Evidence-based Medicine



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Mise à jour mai 2023

Le potentiel de la médecine complémentaire pour réduire les antibiotiques



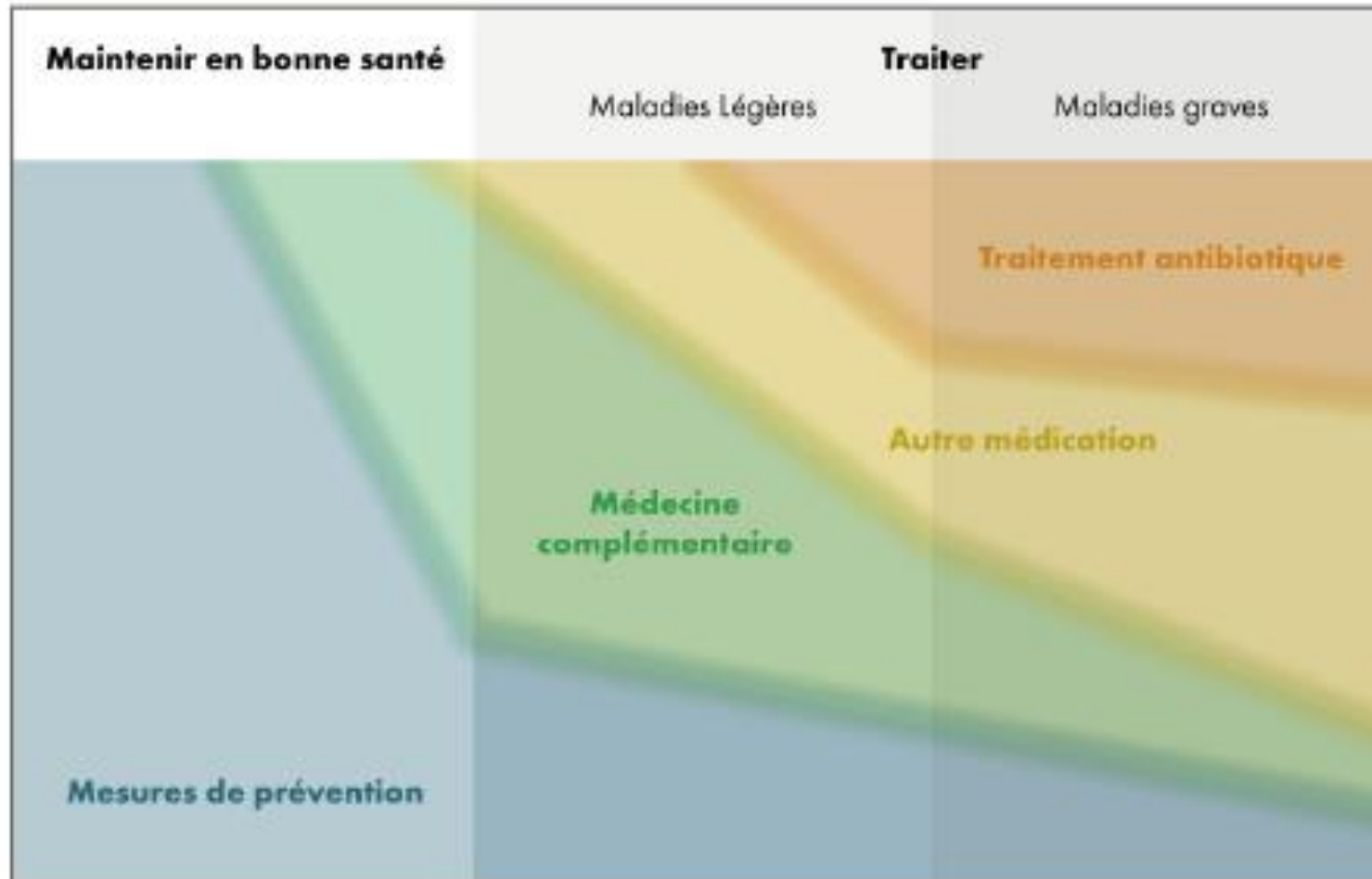
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Mise à jour mai 2023



Place des médecines complémentaires dans l'approche des maladies infectieuses bactériennes en médecine vétérinaire.

La médecine complémentaire a besoin de compétences spécialisées :

Association vétérinaire suisse pour les médecines complémentaires et alternatives (www.camvet.ch)

- › est **une section spécialisée** de la Société des Vétérinaires Suisses (SVS)
- › attribue, comme titre reconnu de formation complémentaire, les certificats de capacité SVS en :
 - › acupuncture vétérinaire
 - › homéopathie vétérinaire
 - › phytothérapie vétérinaire
 - › ostéopathie vétérinaire
 - › chiropraxie vétérinaire



La médecine complémentaire a besoin de compétences spécialisées : Société Suisse de Phytothérapie Médicale (SSPM)

- › www.smgp.ch
- › **section vétérinaire (SMGPvet)**
- › forme les vétérinaires en phytothérapie.



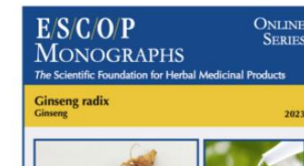
Société Suisse de Phytothérapie Médicale

Bienvenue sur le website de la SSPM !

Objectifs de la SSPM

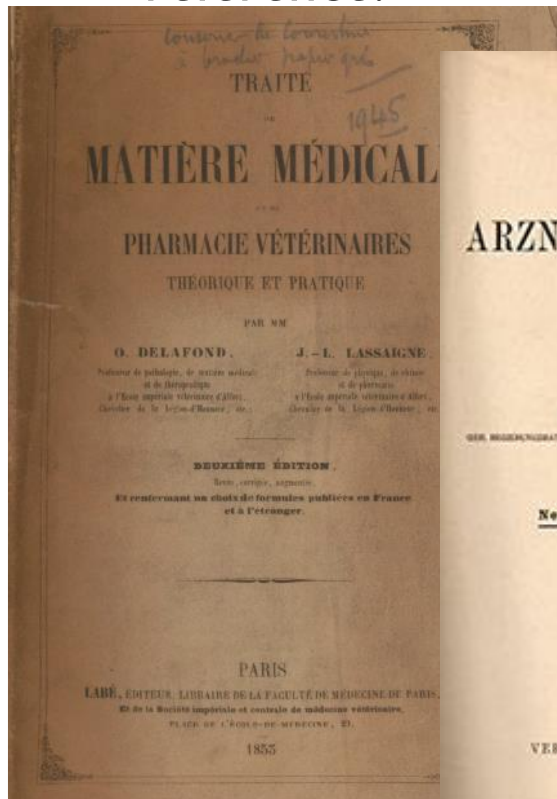
La SSPM favorise une large reconnaissance de la phytothérapie comme partie intégrante de la médecine moderne généralement acceptée par toutes les institutions du système de santé suisse, notamment les universités. A cet effet, la SSPM soutient et encourage la recherche sur les plantes médicinales, en particulier dans le domaine de la qualité, la sécurité et l'efficacité des médicaments phytothérapeutiques.

Actualités



Recherche : les plantes médicinales dans les traités de pharmacie vétérinaire

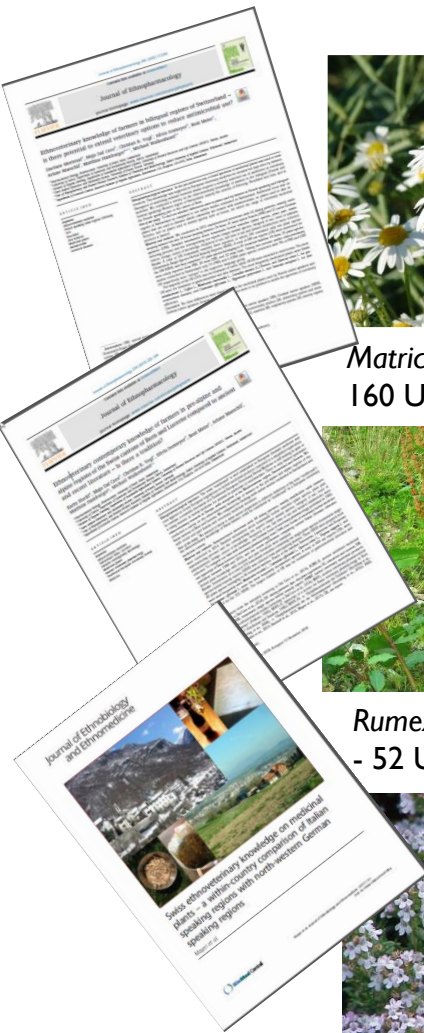
- Les plantes médicinales étaient, jusque tard dans le 20e siècle, une base importante de la pharmacothérapie vétérinaire, aussi bien dans la doctrine que dans la littérature de référence.



Delafond, 1855
Fröhner, 1900

Steck, 1944

Recherche : les plantes médicinales dans les armoires à pharmacie des fermes en Suisse



Matricaria recutita L. -
160 UR



Calendula officinalis L. -
110 UR



Urtica dioica L.
- 71 UR



Symphytum officinale L. -
71 UR



Coffea ssp. L.
- 60 UR



Rumex obtusifolius L.
- 52 UR



Hypericum perforatum L.
- 48 UR



Arnica montana L.
- 46 UR



Linum usitatissimum L.
- 46 UR



Picea abies (L.) H. Karst
- 44 UR



Thymus vulgaris L.
- 41 UR



Malva neglecta Wallr.
- 40 UR



Quercus robur L.
- 37 UR



Camelia sinensis (L.) Kuntze
- 33 UR



Rhamnus catharticus L.
- 24 UR

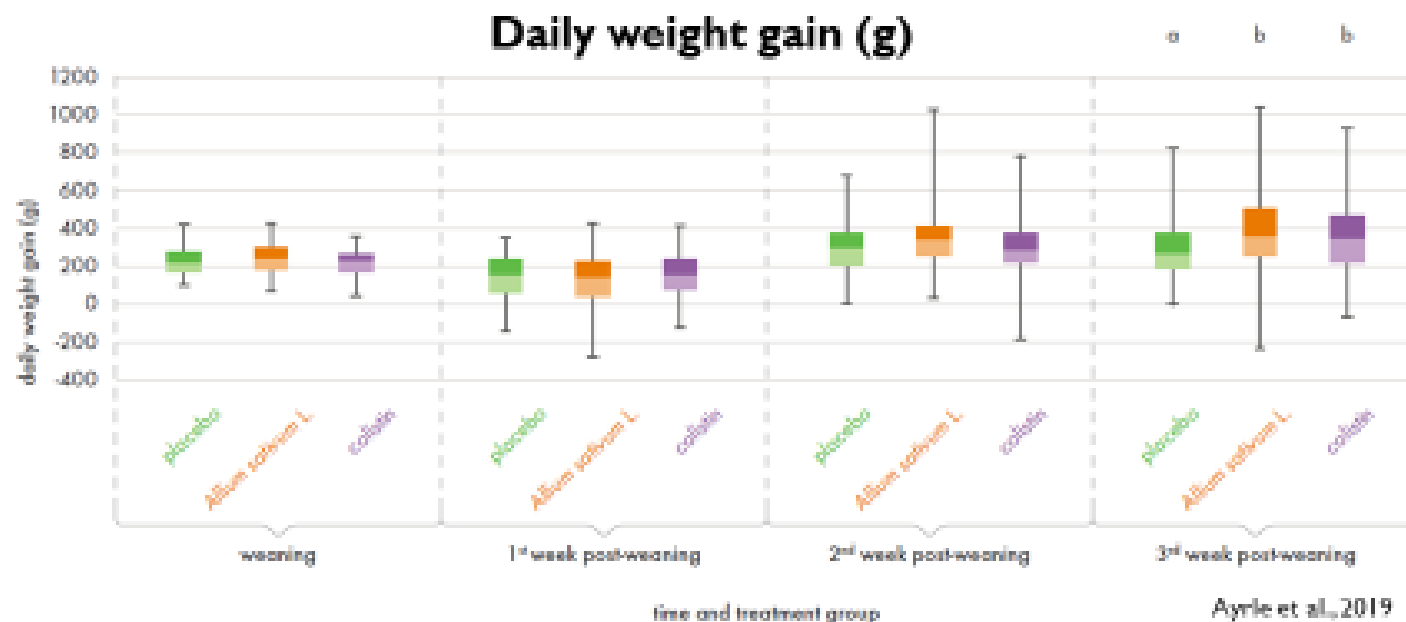
Recherche : plantes médicinales dans les essais cliniques de médecine vétérinaire



Clinical trial “KnobiPorc” (Allium sativum L. for postweaning piglets)

Results

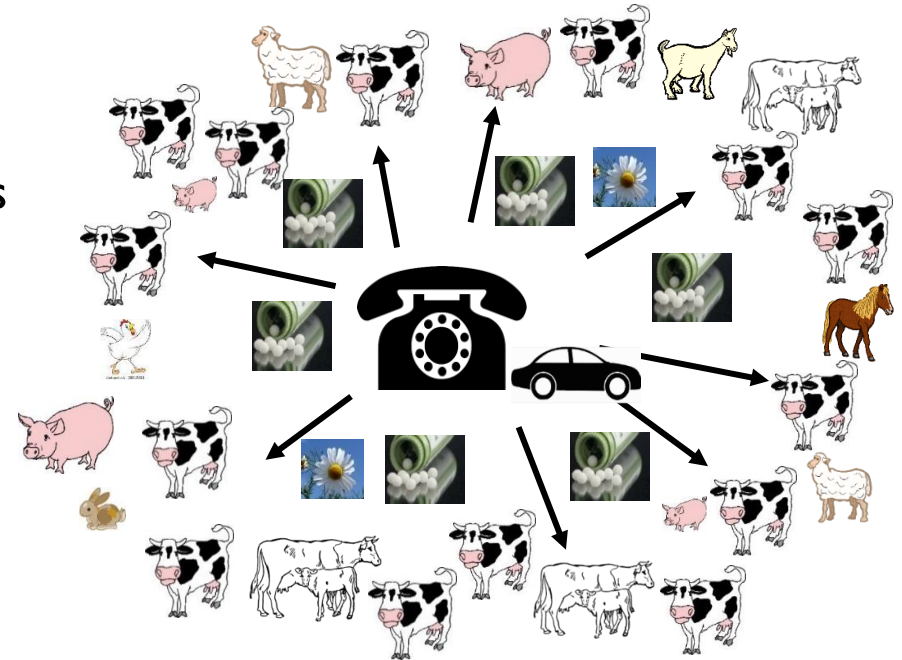
- antibiotic group treatments due to severe diarrhoea:
 - Placebo: 3 of 9 pens (33.3 %)
 - Garlic: 3 of 9 pens (33.3 %)
 - (Colistin: all pens received permanent antibiotic group treatment)
- The clinical score of garlic treated piglets was significantly better than that of the colistin group
- Significantly higher **body weight** (+1 kg; 7.5%) in 3. week p.w. in garlic group (14.1 kg) compared to placebo (13.1 kg)
- Significantly increased **gains** (+61 g/day; 21%) in 3. week p.w. in garlic and colistin groups (both 340 g/day) compared to placebo (280 g/day)
 - In accordance with previous studies (+64-78 g/day)



Recherche : évolution de l'usage des antibiotiques dans les exploitations qui sont membres du réseau de conseil en médecine complémentaire Kometian



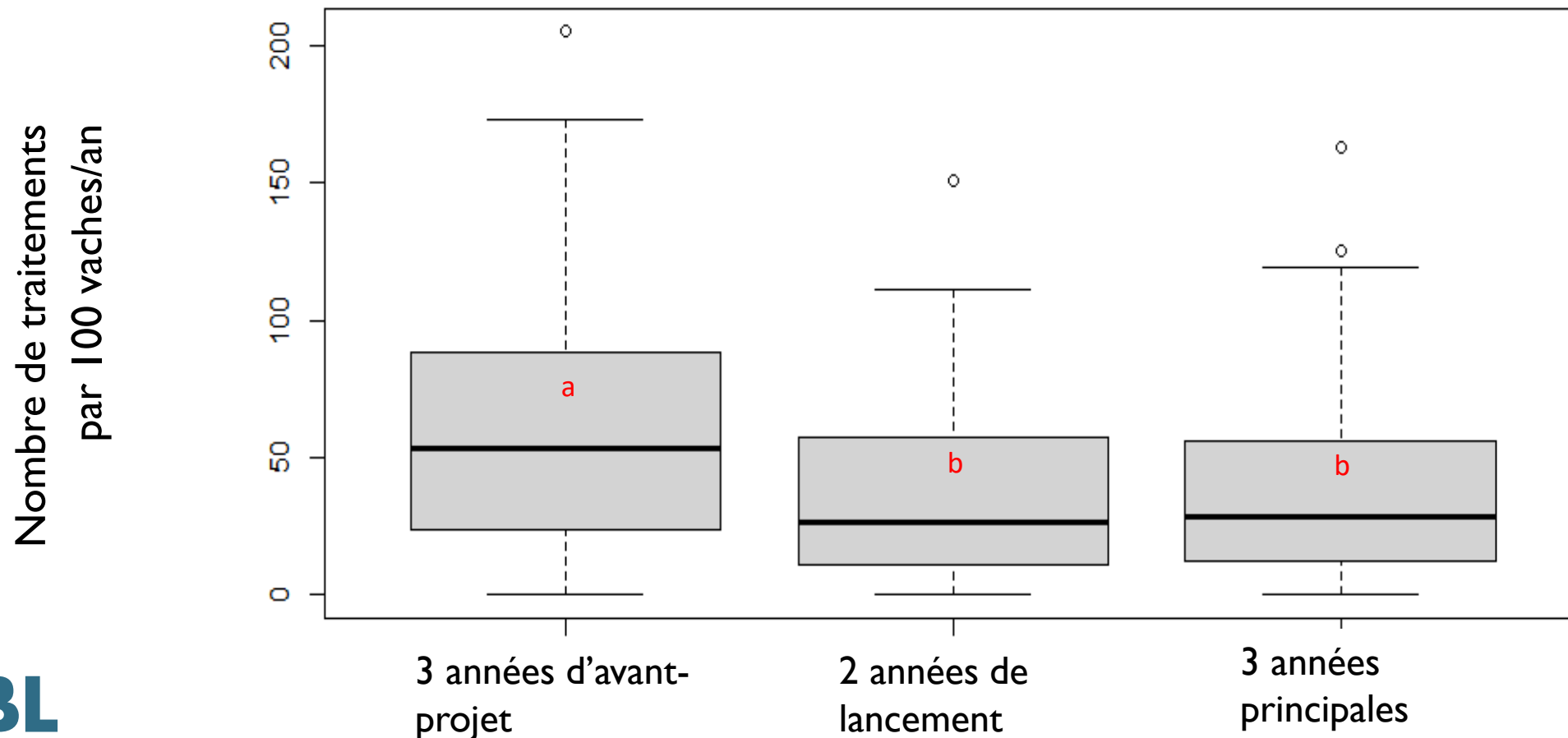
- Offre de conseil en médecine complémentaire pour les détenteurs d'animaux de rente
- Équipe de consultants : réseau de vétérinaires et de naturopathes pour animaux (BTS ou ASH)
- 24 heures 7 / 7
- Visite de l'exploitation si souhaitée
- Depuis 2012 hotline/ questions individuelles
- Depuis 2017 accompagnement du troupeau
- Jusqu'ici, plus de 700 exploitations agricoles affiliées (CH)
- Financé principalement par l'Office fédéral de l'agriculture (CH) (projet de ressources)



Évolution de l'usage des antibiotiques dans les exploitations de Kometian (avant – après)

Vaches laitières : réduction significative des antibiotiques de 30%

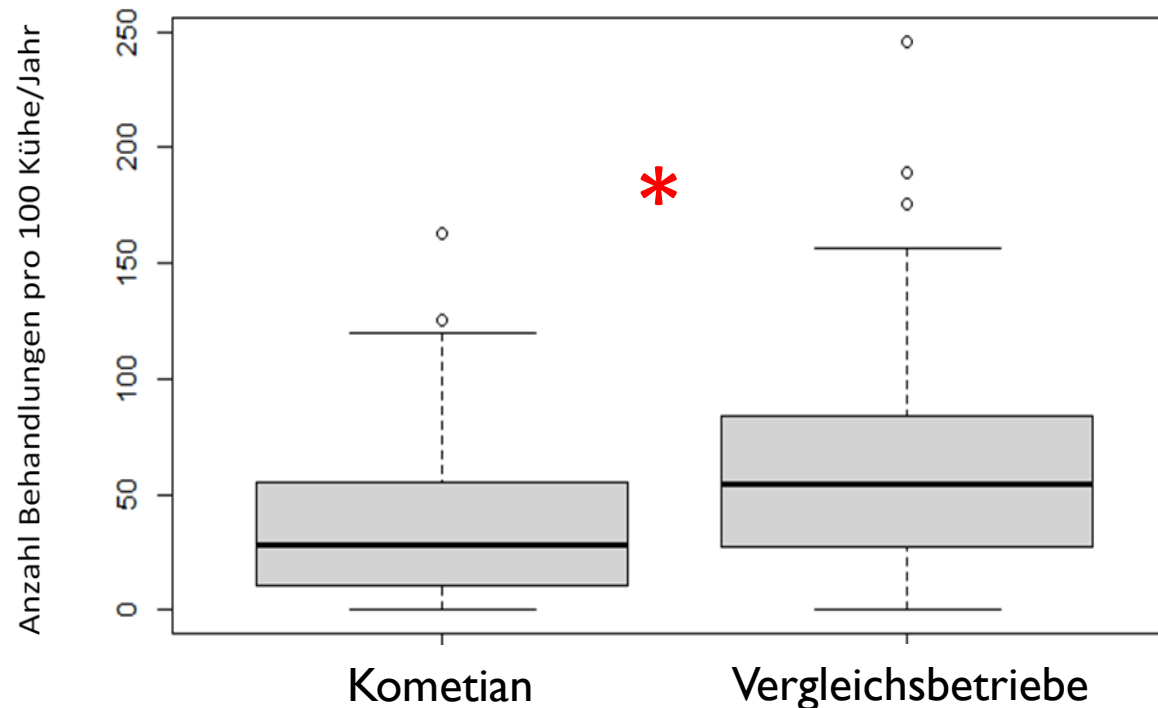
De 61 à 40 traitements par antibiotiques par an pour 100 vaches avec une santé et un bien-être identiques pour les animaux.



Évolution de l'usage des antibiotiques – exploitations Kometian versus exploitations de comparaison

Vaches laitières : usage sensiblement moindre d'antibiotiques (30%)

40 traitements aux antibiotiques par an pour 100 vaches dans les exploitations Kometian et 64 dans les exploitations de comparaison sans différence de santé et de bien-être pour les animaux.



Conclusions

- La médecine complémentaire est un domaine de la science.
- La médecine complémentaire est un domaine de la médecine vétérinaire.
- La médecine complémentaire a le potentiel de réduire l'usage des antibiotiques chez les animaux de rente.

Ce que peut faire la politique

- Plus grande prise en compte des **médecines complémentaires vues comme une partie de la solution dans la Stratégie Antibiorésistance** – aussi dans un cadre plus large que la médecine des animaux de rente.
- **Renforcement de la médecine complémentaire dans la formation des vétérinaires.**
- **Facilitations basées sur le risque pour l'accès au marché de substances naturelles riches en agents actifs à utilisation vétérinaire/agricole** – les réglementations pour les médicaments, le fourrage ou « des produits chimiques» (p.ex., biocides ou produits phytosanitaires) ne sont souvent pas faites pour des substances naturelles. Elles empêchent la mise sur le marché de substances naturelles, car les entreprises sont rebutées par l'investissement lié à une autorisation. Elles estiment qu'il manque le potentiel d'un retour sur investissement. Des produits simples et, de fait, bon marché ne sont ainsi jamais mis sur le marché.

Merci de votre attention – y a-t-il des questions ?

