

Complementary and alternative medicine (CAM)

What is CAM?

Complementary and alternative medicines (CAMs) are treatments that fall outside of mainstream veterinary care.

The Cochrane Collaboration defines CAM as “...a broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period.”¹

Although "complementary and alternative" is often used as a single category, this overlapping terminology can cause confusion and it may be useful to make a distinction as follows:

- When a non-mainstream practice is used **together with** conventional medicine, it's considered "**complementary**".
- When a non-mainstream practice is used **instead of** conventional medicine, it's considered "**alternative**".²

There is ongoing debate amongst the veterinary community, and more widely, regarding the efficacy of CAM and the associated ethics of offering such treatments. The debate has become further polarised following the 2017 RCVS statement on CAM³.

Registration of veterinary medicines

Authorised licensed veterinary medicines are subject to clinical trials before receiving marketing authorisation from the Veterinary Medicines Directorate⁴. The data and documents required in support of an application for a marketing authorisation are set out in Volumes 6a and 6b of the European Notice to Applicants and in Annex I to Directive 2001/82/EC, as amended. The marketing authorisation will cover quality, efficacy, safety, and a risk/benefit assessment.

Although the Veterinary Medicines Directorate Product Information Database lists a small number of registered homeopathic remedies, separately to current authorised products⁵, as well as some herbal medications, they are all classified as Authorised Veterinary Medicine General Sales List (AVM GSL) which means they are considered to have a wide margin of safety and may be supplied without any special advice. They do not require the same assessment of quality, efficacy and safety as

¹ Wieland LS, Manheimer E, Berman BM. Development and classification of an operational definition of complementary and alternative medicine for the Cochrane collaboration. *Altern Ther Health Med* 2011 Mar-Apr; 17(2):50-9 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3196853/>

² National Centre for Complementary and Integrative Health <https://nccih.nih.gov/health/integrative-health#cvsa>

³ College published complementary medicines statement 3 Nov 2017 <https://www.rcvs.org.uk/news-and-views/news/college-publishes-complementary-medicines-statement/>

⁴ Marketing authorisations for veterinary medicines, legal bases <https://www.gov.uk/guidance/marketing-authorisations-for-veterinary-medicines#legal-bases>

⁵ VMD product information database <https://www.vmd.defra.gov.uk/ProductInformationDatabase/>

authorised veterinary medicines, and there is no requirement for anyone selling AVM-GSL medicines to be qualified.

The BVA position on complementary medicine

BVA supports evidence-based treatment decisions which combine clinical expertise and the most recent and best available scientific evidence, and which also take into account patient circumstances and owners' values. These are the principles of evidence-based veterinary medicine⁶.

All treatments should have a sound scientific foundation with a pharmacological and physiological basis to their actions, which is the basis for granting a marketing authorisation for a veterinary medicine.

As such, we cannot endorse the use of any medicine or treatment making therapeutic claims which have no proven efficacy. We believe that veterinary medicinal products must be evidence-based, with any medicinal claims made by a manufacturer supported.

It is not the role of BVA to comment on the professional judgement of individual veterinary surgeons or make statements which may be interpreted as infringing on client choice. We understand that some veterinary surgeons may wish to offer complementary medicines or treatments, and we understand that some owners may wish to choose complementary medicine or treatment for their animals.

However, as the scientific basis for the efficacy of some complementary medicines and treatments is currently lacking, we believe that, where these are offered:

- they should be complementary to conventional medicine and not offered as an alternative
- they should not delay or prevent the use of conventional medicine, in order to avoid any potential health and welfare harms
- the veterinary surgeon has a legal duty to animal welfare and the client, as well as the integrity of the profession, to disclose the evidence base to support the efficacy of the complementary medicine or treatment, and any side effects and human and animal safety concerns, such that the owner can make an informed choice
- the veterinary surgeon has a duty to ensure that the complementary medicine or treatment is safe, does not interact negatively with conventional medication or treatment and does not compromise animal health and welfare.

The discipline of veterinary medicine is rapidly changing and evolving and, as scientists, veterinary surgeons should be inquiring and open to advances and new evidence which may challenge preconceptions. As such we welcome any research with sound methodology that contributes to and extends scientific understanding of the field of veterinary medicine.

⁶ RCVS Knowledge: What is EBVM <https://knowledge.rcvs.org.uk/evidence-based-veterinary-medicine/what-is-ebvm/>