

# 2013 Keystone Equine Vet Fall Newsletter



## Traditional Chinese Veterinary Medicine Comes to Keystone Equine Vet

Traditional Chinese Veterinary Medicine (TCVM) has been practiced in China for more than 2000 years. More than half of veterinary practices in China use TCVM and its popularity is gaining here in the U.S. The two main forms of TCVM used consist of acupuncture and herbal therapy.

Modern western medicine has its strength in diagnostic workup with technology and laboratory testing. Where it can fall short is with treatment. We have pinpoint treatments for problems but would like to focus on treating the entire animal. Additionally, we would like to avoid or lessen the side effects of some of our treatments and medications. TCVM is less detailed on the diagnostic side but has its strength in treating the overall health of the animal. Combining these two modalities can help to improve healing, performance and quality of life.

Acupuncture has multiple forms that include dry needling, aqua-



puncture (injecting Vit B12 at AP points), and electro-acupuncture (electric stim). Electro-acupuncture has proven to be very useful in stimulating a stronger response. Most horses handle treatment very well, with a few personality types being a bit more challenging.



Clients ask what is TCVM useful for? Performance horses can benefit greatly for musculoskeletal pain that is affecting their ability but not causing an outright lameness. Other applications it can be very effective for include arthritis, back pain, musculoskeletal/tendon problems, heel pain, geriatrics with minor complaints, anhidrosis, diarrhea and cases where everything else has been tried. Acute problems can respond quickly, while chronic ones may take a little time. Generally, I recommend trying three treatments before deciding it is not being effective.

I have been studying TCVM at the internationally recognized Chi Institute of TCVM in Reddick, FL. Dr. Huisheng Xie is an incredible instructor that has developed a first class program. I am treating patients at this time, call me if you have questions or would like to consider having a TCVM scan and treatment.



**Scott Angstadt, DVM**

**Keystone Equine Vet  
1236 Easton Road  
Riegelsville, PA  
610-749-0488**

### *Fall Vaccination Planning: Mosquito and Biting Fly Diseases Persist*

2013 is proving to be another bug filled year. Some day man may perish from the earth but bugs, bacteria and viruses will continue to flourish.

Eastern equine encephalitis cases continue to be prominent in the news all over the U.S. (I have placed a few posts of this on my Facebook page) Vaccina-

tion can be effective but we know carries only short term protection. West Nile disease will always be endemic to us but even our most basic vaccine has shown to be very protective. (Florida horses—contact me for a plan)

Fall 2013 Recommendation by October 1:  
EWE/WNV and RHINO/FLU

## Curing The De-Worming Confusion

Developing an effective and responsible de-worming program can be a daunting task. I have spoken to many groups and many individuals about this topic but still find many clients in a state of confusion.

The basics consist of returning to farm management rather than relying on chemicals. Getting horses away from manure almost completely answers all of our problems. This starts with proper horse number per acre of pasture. If you have dirt paddocks there is simply too many horses there and they can't get away from the parasites. Another very important aspect is pasture manure cleanup and/or pasture rotation. We need to either remove the parasites or give time to allow dying off of the eggs. Proper handling of new farm

arrivals to your "clean" farm is also important so you don't bring in contamination. Lastly, utilize fecal egg counts to be sure your management plan is effective and to plan strategic use of de-wormers.

I primarily recommend a fecal egg count in the spring and fall time. In order to test the horses' natural defense and not the de-wormers ability, we time this sample based on the date and type of the last de-wormer used. 8 weeks following Strongid or Panacur, 12 weeks following Ivermectin.

***"Fecal egg counts are not expensive and give you a wealth of knowledge. Many farms have incorporated them in their spring and fall board bills."***



Many farms have found that with a good program, we are generally only de-worming two to three times a year. This is better and more responsible medical care. We have little hope of new de-wormers being developed and need to be more responsible with the ones we have so that they remain effective.

## Equine Choke Explained

The idea of a horse choking can be a frightening thought and great concern to owners. In the human world, we view this as a medical emergency as the airway has been closed off. Fortunately, this is not the case in the horse and while a problem, it is not a dire emergency.

Choke is a bad choice of a word for this problem. In the horse, a choke is a blockage of the esophagus. Therefore, water and food cannot pass when swallowed. Due to the horse's throat anatomy, anything that has passed into the throat cannot come back out of the mouth. Instead, the material will come out of the nose as we see in this photo.

I have seen horses react in many different ways. Some will stand there and just stretch their neck, others will try to cough up the problem, while others may throw themselves down and act colicky.



Most commonly, choke occurs in the middle of a grain meal. It is often fast, voracious eaters and is most common when it is a pelleted feed.

If you see this problem, first relax. Then take all grain and hay away from the horse. I generally recommend placing the water bucket on the floor so they have to stretch their neck if they try to drink. I will give

most horses a few hours or even a whole evening to correct it on their own. I would argue that easily 90% of these cases will resolve on their own. If you have that one special horse that can't figure it out, then I need to help. I sedate the horse to relax them and their esophageal muscles. We then use a stomach tube to break up the blockage. This can be tricky and does run the risk of aspiration of liquid into the airway. ***This is why we always first give them time to fix it on their own!***

If you have a "fast eater" you can try to slow them down by placing large stones in the feed bowl or bolt blocks of wood to the bottom of the feed bucket. This gives them obstacles to eat around. Additionally, making mash or soup out of the pellets can be helpful.



## *USEF Approves Equine Welfare-Related Rule Changes*

*(Article from TheHorse.com)*

At the United States Equestrian Federation (USEF) Board of Directors mid-year meeting on July 22, some significant rule and by-law changes were brought to the table, the federation announced July 29. Some of the significant rule changes involved horse welfare, specifically prohibited practices and the new mandatory reporting of equine collapse rule.

Two important proposed extraordinary rule changes were introduced in March of 2013 by the USEF Veterinary Committee. Following extensive feedback from USEF Technical Committees, Working Groups, and from attendees at USEF Town Hall Meetings held in Florida in March and via interactive web-cast in June, the USEF Board of Directors has approved the following two changes.

The first change introduces a new category of rules (GR 414 Prohibited Practices) to the USEF Rule Book which will take effect Dec. 1, 2013. The entire rule can be [viewed online](#), but important points in this change include:

- No horses or ponies can be injected within twelve hours prior to competing;
- There are only three exceptions to this rule: therapeutic fluids, antibiotics, and dexamethasone for the treatment of hives (specific dosing guidelines are provided for



the exceptions concerning fluids and dexamethasone); and

- All excepted substances must be administered by a veterinarian and cannot be administered to a horse or pony within six hours prior to competing.

The second rule change becomes effective on Aug. 1, 2013, and concerns the actions taken should a horse or pony collapse at a USEF-licensed competition. This rule change proposal has been commonly referred to as the "[collapse rule](#)" and is the first to be presented in the formation of an over-arching catastrophic incident protocol. The intent of this rule is to keep the USEF informed of any collapses; empower the USEF to investigate the circumstances surrounding such an incident; and hold the trainer, or the owner if the trainer is unavailable, accountable for refusal to cooperate.

The new rule, GR 843 Mandatory Reporting & Cooperation of Horse/Pony Collapse, can be [viewed online](#), but important components of this change include:

- A collapse is defined as "a fall to the ground with no apparent cause";
- The trainer, owner, or rider of a horse must report a collapse no later than three hours after it has occurred;
- Any horse or pony that collapses is subject to drug and medication testing and inspection by a USEF appointed veterinarian (at USEF's expense); and
- Cooperation with the federation as to an investigation concerning a horse/pony collapse or death is mandated.

Extensive documentation and a Q&A regarding the rules can be viewed at [www.usefnetwork.com/featured/USEFTownHallMeetings/](http://www.usefnetwork.com/featured/USEFTownHallMeetings/). Anyone with questions about either of these rule changes can email them to [horsewelfare@usef.org](mailto:horsewelfare@usef.org).



***Check out Keystone Equine Vet on Facebook to ask questions or find equine health related posts!***