



JOURNAL

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The AHVMA is an organization whose purpose is to function as a forum for the exploration of alternative and complementary areas of health care in veterinary medicine.

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Cover Photo:

Meeting at the Trailhead
Strathcona Park, Vancouver Island, BC
by Marlene Smith-Schalkwijk

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The *Journal of the American Holistic Veterinary Medical Association* is published four times a year, in January, April, July, and October, and welcomes manuscripts dealing with any aspect of holistic, alternative, or complementary veterinary medicine. Typed manuscripts should be submitted double-spaced with one inch margins. Electronic submission of documents is preferred. Documents prepared in a word processor should be submitted as plain text or in Rich Text Format (RTF). Documents may be submitted on a 3½ diskette for PC, or as attachments to email. The latter is preferred.

Referenced works will be given priority. Works should be cited using the author/date format, and references should be double-spaced and listed in alphabetical order by first author's name. Products and equipment should be identified by chemical or generic names. Trade names should be included as a footnote, with the manufacturer's name and address.

The corresponding author should include a statement, in a cover letter, that the manuscript has been approved by all authors, and that it comprises original work not previously published elsewhere, unless so noted. The AHVMA reserves the right to reject any manuscript. For more information, contact the Editor-in-Chief at: Editor@AHVMA.org

From the Editor

911

Is it just coincidence that the terrorists struck the World Trade Center and Pentagon on September 11, 2001 (9/11/01), or did they plan it on that date because it corresponded to the universal emergency number, 911? Just a curious thought.

On the morning of September 11, 2001, I had returned from the gym and was having breakfast while watching Good Morning America. At approximately 8:50 AM, they broke with a news flash saying a plane had flown into the World Trade Center. Almost immediately, they had a TV camera aimed at the building, showing a large hole with smoke pouring out of it.

Within minutes, they had someone on the phone telling how they saw the plane crash into the building. The caller described the plane as a "small" jet, something like a Lear jet. Next, they had another caller describing how this small jet had flown much too low over her house. There was speculation that the pilot had lost control of the plane. There was speculation that something or someone was interfering with navigational signals. No one mentioned the possibility of an intentional act.

All this took place in a matter of minutes. While all this was going on, I watched in horror as another plane came into view heading straight for the other tower and crashed right into it. Even after the second crash, there was speculation that something was interfering with navigational signals. It took several more minutes before newscasters started talking about terrorism.

Up Close and Personal

Soon more information started coming in about the flights—the first one was an American flight out of Boston, the second a United flight. These weren't Lear jets, these were big passenger jets! They mentioned 757s and 767s. My first thought was, 'where is my brother?' My brother is a United captain and flies both 757s and 767s out of San Francisco. I called his cell phone and got his voice mail...he could be in the air. I called his home outside of Vancouver, BC, and got his answering machine (of course it was only 6:20 AM his time). A short time later, he called back...he was still asleep and hadn't gotten to the phone in time. Since it was early there and he had been asleep, he wasn't even aware of what was happening. When I told him, he told me he had been flying the San Francisco-Boston

route for the last month, leaving Boston in the morning for the return to San Francisco. He could have been flying one of those planes, but he had started vacation on September 10th. Later that day he told me that he did not know the flight crew on the United flight out of Boston, but he did know the crew on the flight out of Newark that crashed near Pittsburgh.

I live in Middletown, New Jersey, which is about 35 miles from the southern end of Manhattan as the crow flies. By car it is a little further, about 50 miles because we have to go north to go through the Lincoln tunnel and then back south. On a clear day, when the leaves are off the trees, you could see the towers of the World Trade Center from several high spots in Middletown. I even got in my car and drove to one of those spots (about a mile from my house) to see if I could see the buildings (before the collapse) or the smoke, but the trees were too dense. I had driven by the World Trade Center but had never gone into the buildings. I've also seen jetliners like the 757 and 767 up close, and they're big! It is difficult to put the relative sizes of such things, *eg*, jetliners and buildings, into perspective until you see one crashing into the other.

As the day wore on, and I watched the buildings collapse and heard more reports of other plane crashes, the enormity of the tragedy slowly began to sink in. But days, and even weeks, later I had a hard time convincing myself that this wasn't a bad dream. I now know it wasn't a bad dream, that it was and is real, but it is still a nightmare. At least 36 people from Middletown alone died in the World Trade Center attack, and 26 of them were members of one Catholic parish. See:

[<http://www.usatoday.com/usatoday/20010921/3651417s.htm>]

My Dilemma

At about the time this major tragedy was occurring, I was starting to put together this issue of the Journal. I was noticing the outpouring of condolences and heartfelt comments from many members of the CAVM-L mailing list. I was thinking about the spiritual nature of the AHVMA membership. I was reflecting on the attitudes of AHVMA members that make them stand out from most other veterinarians. I couldn't help but feel that some members of the AHVMA might want the opportunity to express their feelings about the tragedy and recent world events. So I thought about

making this issue of the Journal a special one—a memorial issue, if you will. I discussed it with Carvel, and he felt that I should approach the Board about it. So I did.

I sent a message to the Board of Directors and asked for their input. Unfortunately, my proposal came across as though I was going to exclude all regular content, which was not my intent at all. Regardless of that point of confusion, most members of the Board responded favorably; however, one member did not. This prompted several other members to question my proposal, and ultimately, I decided to drop it. The issue was really moot at that point because there was not enough time to solicit the input from members. Fortunately, there is a little bit of what I had hoped to accomplish in the Elders Column. Two of the Elders did take the time to put their thoughts on paper.

One positive thing did come out of my correspondence with the Board. One of the new Board members, Dr Madan Kharé, had proposed a number of “new” items for the Journal. These are some of the things Madan suggested:

- **Holistic Veterinary News, eg, news about members and what they are doing**
- **Practice Management Tips**
- **Holistic Medicine Tips**
- **Holistic Case Reports**
- **Profiles of Holistic Veterinarians**
- **Profiles of Holistic Veterinary Hospitals**
- **News About Human Holistic Medicine**
- **Articles by Holistic Veterinarians**

Sound familiar? That’s why I placed “new” in quotes above. I have been suggesting many of these same things, in one form or another, for over two years. I welcome Madan’s suggestions, but I have asked him for suggestions on how to get members to contribute these things. How do we get people to take an interest?

My New Challenge

As Editor-in-Chief of this Journal, I take what people send me, and I edit it for style and grammar and punctuation. I then format it to make it fit. I create tables and graphs to accompany articles. I scan photographs and touch them up and crop them and add titles to them and make them fit into the text. I then organize it into the Journal you read. All this takes time, a lot of time! I **do not** write articles for the Journal. I **don’t** report the news, or write practice tips, or case reports, or profiles of veterinarians or practices (and I don’t do

windows...except on the computer). These things are up to you, the members. But most of you don’t care. You don’t have time! You don’t know how! You work too hard! **You aren’t interested!**

I have made numerous offers to help you. I’ve said that you don’t have to worry about your writing—I’ll fix it if necessary. I’ll guide you through it, give you suggestions, do whatever it takes. But I’ve gotten no takers. Christina Chambreau volunteered to do a “question and answer” type column called “Answers to Basic Questions.” We asked for people to send in questions...to Christina, to me, to the office...but no takers! Bruce Ferguson started a column called “Get the Point,” about acupuncture points. We asked for people to submit questions...but no takers! Will Winter used to contribute to the Journal—articles, ideas, editorials, practice reviews—but what thanks did he get? A few people actually complained to me that the Journal was all Will. But did the complainers ever contribute anything? Did they so much as write a letter to the editor saying that they disagreed with Will? The answer is no, they just complained!

I have just about given up on the members for contributions to **their** Journal. Every single one of you can contribute something to the Journal. You all have interesting cases that could be reported. You all have little things you do in your practice that could become “practice tips” or “holistic medicine tips.” Among Madan’s suggestions he cited several news items about members—speaking engagements, seminars, etc, but did anyone ever bother to send these to me for the Journal? No! So my new challenge is to the Board of Directors, especially Madan. Start working on the members. Start sending this information to me. Start writing articles. Start a column on practice tips or holistic medicine tips. Start writing a regular feature profiling a veterinarian or a practice or a hospital. Start sending news items you find about “human holistic medicine.” Suggestions are great, but the proof is in the doing.

Start contributing to your Journal!

I have done what I can to make your Journal more readable and more professional, **the rest is up to you.**

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Letters

Educated Owners And Barefoot Horses: An Open Letter To Veterinarians

August 2001

Dear Colleagues,

Dr Hiltrud Strasser of Tuebingen, Germany has demonstrated, by means of her clinical work, research and publications over the last 20 years, that the horseshoe is an unnecessary evil. Prior to July of this year, I had known of this research through her two remarkable books, published in English (Strasser and Kells, 1998, Strasser, 1999).¹ These alone were sufficient to convince me that her work represented a major contribution to equine welfare and veterinary medicine. Accordingly, I had no hesitation in nominating her, last year, to the *'International Veterinarian's Hall of Fame'* run by the American Farrier's Journal.

However, as Ernst Mach observed in 1897, "no one disturbs his fellow men with a new view unpunished." Judging by the lack of citations of Strasser's work in podiatric papers it would appear that the veterinary profession, by and large, has not noticed her contributions. Nevertheless, this very paucity of comment actually tells us something important. Had her revolutionary findings been falsifiable, there is little doubt that one or more authors would by now have published a refutation. Yet no such publication has appeared. An inability to falsify a hypothesis constitutes powerful evidence in favor of its validity.

During July 2001, Strasser gave a series of seminars in North America, at sites from Ontario to Florida. Having now had an opportunity to meet Strasser and audit one day of her three-day seminar in Pennsylvania, I am more convinced than ever that her outstanding research merits the most careful attention by all equine veterinarians. As there is considerable misunderstanding of her work and objectives, I would like to provide a description of the seminar I witnessed.

The seminar was fully subscribed and attended by one veterinarian, several farriers and about 30 horse owners. The participants were well-informed, intelligent, caring people, and their open-mindedness was refreshing. The first day of the

three-day seminar comprised a lecture format. In this time, Strasser covered the anatomical fundamentals and physiological requirements of the horse's hoof. She also explained why these requirements were transgressed by shoeing and by traditional styles of horse management. I did not hear these lectures, but, having studied her books, I am sure that she emphasized the needs of a horse for the herd, and the needs of its feet for movement, moisture and a terrain appropriate to the breed.

The second day, which was the day I audited, consisted of lectures, demonstrations and a practical session. The morning session was a lecture format, in which Strasser covered the basics of a physiological hoof trim. Her approach followed an anatomical progression and differed from that which is taught in conventional farrier's courses. In addition, she outlined what occurs during the transitional and rehabilitation period of the lame or shod horse that is to become a high-performance barefoot horse. The lectures were followed, after a short lunch break, by a commentary on some videotapes.

Using a cadaver specimen, Strasser then gave a practical demonstration of trimming. Her preference during these introductory-level seminars is to demonstrate on a normal hoof. However, this was not possible, and the reason provided a stark reminder of the currently unacceptable standard of hoof care. In preparation for the course, 140 cadaver legs (from 35 horses) had been collected from a slaughterhouse. From this extensive collection, Strasser was unable to find a normal hoof! As a result, she had to start by giving a critique of the deformed hoof she was about to work on. I found this to be quite fascinating and, for me, a particularly interesting part of the demonstration. Finally, the participants gained hands-on practice, trimming cadaver hooves under supervision.

The third day consisted of continued practice in the trimming of cadaver hooves, together with a trimming demonstration on a live horse (the horse was owned by the attending veterinarian and volunteered by her for this purpose). It was explained in the course brochure "Horse owners who have made the necessary prior arrangements may trim their own horses in the afternoon under the supervision of a Certified Strasser Hoof Care

Specialist.” However, Strasser did not undertake to diagnose or treat lame horses and, throughout the clinic, she constantly referred participants to their veterinarians over such matters.

In spite of some unfamiliarity with the language, Strasser was an effective, credible, and confident lecturer. She spoke quietly and handled probing questions with ease and pleasantness. There was no defensiveness in her answers. She simply explained the basic science that supported her reasoning and drew effectively on her extensive knowledge and practical experience.

I came away with a much better understanding of Strasser’s logical approach to trimming and of the sound criteria on which this approach was based. It was a red-letter day for me, and I only wished that I had had access to this information 50 years ago. The spirit of Bracy Clark, a veterinarian who had tried to tell his colleagues some of these same truths 200 years ago, was alive and well in Hiltrud Strasser! I was proud to claim Clark as an alumnus of my own school, the Royal Veterinary College, London. But I was also rather ashamed that my school had failed to give him the support he deserved and had even tried to suppress his findings. As human nature has not changed in the last two centuries, I fear that the veterinary profession may fail, once again, to take advantage of the second chance that Strasser is now offering. In fact, her work does not threaten anyone. It provides equine practitioners with valuable solutions to previously intractable problems and it actually increases the amount of work for farriers.

Strasser’s message, in essence, is disarmingly simple. First, keep the horse in an environment that bears a similarity to its natural environment (something that is within the capability of most horse keepers today and should be as obligatory as the provision of food and water). Secondly, allow the foot to be the shape and consistency that nature intended. The first requirement means that a horse must not be confined to a stall for 23 hours out of 24 each day. The second requires that millions of years of hoof evolution should be allowed to do the job it has evolved to do. At the risk of oversimplification, the message is “no shoe, no stall, and no stagnation.”

Currently, horse owners are showing a greater readiness to study and adopt Strasser’s recommendations on hoof care than either

veterinarians or farriers. Because of this, both veterinarians and farriers may soon find themselves in the embarrassing situation of being faced with owners who have a better understanding of the truth about the hoof than they do. Unfortunately, this could lead to veterinarians becoming increasingly sidelined on the topic of hoof care. Nevertheless, the present position is that most owners would still much prefer that veterinarians advise them on the Strasser principles relating, for example, to the treatment of navicular disease and laminitis. But if they are unable to find veterinarians who have made themselves familiar with these principles, they will undoubtedly seek advice from the increasing numbers of Strasser certified hoof care specialists.

Similarly, most owners of young, unshod horses with healthy hooves would also much prefer that farriers carried out the Strasser trim for them. But if they are unable to locate a farrier who has studied this work and can apply its principles, responsible owners are sufficiently motivated to seek the help of Strasser-certified hoof care specialists or even to learn how to do it for themselves.

For the good of the horse it is vital that members of faculty at veterinary schools worldwide should become familiar with this evolution of knowledge. If veterinary students currently being trained are not introduced to these new concepts, they will, in my opinion, have legitimate reasons for complaining about the quality of their instruction in this section of the curriculum. Further information about Strasser’s work and the barefoot movement in general is now available on an increasing number of websites. Before long there will be an official Strasser website at www.strasserhoofcare.com and also a comprehensive veterinary textbook authored by Hiltrud Strasser and Sabine Kells.² In the meantime, websites that present and discuss her work include, but are not limited to:

www.hufklinik.de
www.thehorseshoof.com
<http://members.screenz.com/gretchenfathauer>
www.ibem.org.uk
www.TribeEquus.com
www.unitedhorsemanship.com

If one considers the history of the horse since its domestication about five or six thousand years ago, the horseshoe can be classified as a relatively recent invention. The horses of the Greek and Roman armies were barefoot, as were the cavalry of the Mongolian horsemen. It is only within the last 1000

years that it has come to be believed that shoes are necessary 'to protect the hoof.' Strasser has shown us, however, that shoes do not protect the hoof. On the contrary, their effect is quite the reverse. Shoes are a primary cause of reduced performance, much incurable lameness, and a shortened lifespan. It is a matter for rejoicing that we can at last correct this long-standing error in horse management and eliminate the suffering and wastage we have caused by nailing iron clamps on the toenails of our one-toed grazers.

A good hypothesis is a bold hypothesis, as the bolder it is the more vulnerable to falsification. Strasser's hypothesis that shoes are harmful to the health of the horse is, undeniably, a bold hypothesis. She has had the courage to question 1000 years of accepted methodology and put forward a better alternative. Furthermore, as a scientist with integrity, having advanced such a scandalous idea, she has been the first to try and invalidate it. With this in mind, she has tested the hypothesis on many types of horses, over a long period of years, and under a wide variety of conditions. The hypothesis has withstood her own attempts to falsify it, for the results have satisfied not only her but also countless numbers of horse owners. In accordance with the rules of science she has also taken pains to publish the protocols of her experiment and even to train others, so that they can repeat the experiment and test it for themselves. Once again, when others carry out the experiment based on her hypothesis it withstands the acid test of repeatability, as similar results can be achieved.

It is my belief that Strasser's work has already met the most stringent criteria of science and that the next step is up to us, her colleagues in the veterinary profession. The least we can do is to study her work, to listen and learn. It is my sincere hope that Dr Hiltrud Strasser will soon be deluged with invitations to speak at equine veterinary conferences around the world. If this occurs and if, for example, she were offered a 45-minute platform to present her work (a generous amount of time by current standards), it should be understood that this must only be regarded as an introduction. There is some truth in the old saw that 'if you can't say what you need to say in 20 minutes, you should go away and write a book about it.' Strasser has already done this, but she still needs the opportunity to introduce this work, as her books have not yet received the attention they deserve. She has made

available two excellent books that can be read with advantage by either equestrians or veterinarians, and has recently completed a veterinary textbook that is due out shortly. Huxley's challenge to the general public and to scientists with regard to Darwin's classic is applicable, "Those who would judge the book must read it."

References

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Strasser H (1999). *Shoeing: A Necessary Evil?* S Kells, ed. Sabine Kells, PO Box 44, Qualicum Beach, BC Canada V9K 1S7

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Footnotes

- 1 To purchase, contact editor@thehorseshoof.com
- 2 "*The Hoofcare Specialist's Handbook: Hoof Orthopedics and Holistic Lameness Rehabilitation.*"
- 3 Curriculum vitae available at www.bitlessbridle.com

Detection of Silica Particles in Lung Wash Fluid from Cats With and Without Respiratory Disease

Kathleen E Noone, VMD, ACVIM¹; Peter L Borchelt, PhD²; Cheryl C Rice, DVM³; Cindy Bressler, DVM⁴; Jorge Morales, MA⁵; and John J Lee, PhD⁶

Abstract

Objective: To identify characteristics of silica material from a variety of popular cat litters using electron-microscopy (EM) and x-ray spectroscopy (XS), and then apply these techniques to analyze tracheal washings (TW) and bronchoalveolar lavage (BAL) fluid to identify, characterize and quantify silica particles in cats with and without signs of lower airway disease.

Design: Prospective study.

Animals: Twelve client-owned cats; six with and six without clinical signs of respiratory disease.

Procedure: Samples of dust particles from four clumping and three non-clumping clay litters were submitted for EM and XS analysis. Six client-owned cats presented for evaluation of their respiratory disease underwent either an endotracheal TW or endotracheal BAL. Six healthy client-owned cats from a single household underwent a bronchoscopic BAL. Samples from each cat were analyzed cytologically, bacteriologically and by EM and XS. All cats used clay litter exclusively.

Results: Dust particles obtained from seven commercial cat litters have an identifiable appearance and elemental ratio (primarily aluminum and silica). The same pattern is observed in particles obtained from lung wash wash fluid of cats, and significantly more silica particles were obtained from cats with respiratory disease than cats without respiratory disease.

Conclusion: The most conservative conclusion from the present study is that silica may act as an airway irritant in those cats with airway disease and is not the initiator of a primary disorder.

Clinical Relevance: The higher numbers of silica dust particles found in cats with respiratory disease suggest an association, but it is unknown whether dust particles contribute to respiratory disease or accumulate because of interference with normal lung ciliary function.

Interpretive Summary: Inhaled silica dust has been implicated as a cause of lung cancer and other respiratory diseases in humans and several animal species. Electron microscopy and x-ray spectroscopy were used to identify and characterize dust particles from seven brands of commercially available clay cat litters and to identify, characterize and quantify particles in the lung wash fluid of six cats with and six cats without signs of respiratory disease. Dust particles from clay cat litter have an identifiable appearance and elemental ratio (primarily aluminum and silica) and the same pattern was observed in particles obtained from lung wash fluid. Significantly more silica particles were obtained from cats with than without respiratory disease. This suggests an association between presence of silica particles and respiratory disease, but it is unknown whether silica dust particles contribute to respiratory disease directly, or accumulate because of interference with normal lung ciliary function.

Introduction

Exposure to silica has been implicated as a cause of lung cancer and other respiratory diseases in humans, rats, mice and hamsters.^{1,2,3,4,5,6,7,8} Diseases caused by inhalation of silica include silicotic nodules, alveolar proteinosis, interstitial cell infiltrates and interstitial fibrosis.⁹ Pathological changes include diffuse fibrosis, nodular lesions, lymph node enlargement, and pleural fibrosis, which together can result in airflow obstruction and impaired gas exchange.^{1,10} Inhaled silica particles initially are phagocytized by alveolar macrophages and can be found in the respiratory mucus of affected patients.¹¹ In addition, alveolar macrophages can leave the bronchial tract and translocate to the interstitium. When the silica laden macrophage dies, it incites an inflammatory reaction and pulmonary fibrosis, silicotic nodules and lymph node enlargement; respiratory failure ensues. Damage to the ciliary apparatus destroys the defense mechanism that functions to remove mucus, inflammatory debris, inhaled particles and infectious agents that colonize the airway. Through

these mechanisms, chronic exposure to silica leads to respiratory failure^{1,2,3,4,5,6,7,8} and impaired resistance to bacterial infections. In 1997, the International Agency for Research on Cancer classified silica as a human carcinogen.⁶

In cats, respiratory diseases such as bronchial asthma; chronic bronchitis; viral, bacterial and pyogranulomatous pneumonia; and pulmonary neoplasia are commonly diagnosed.¹² The incidence of primary lung tumors in cats is rare. It is estimated that one-two percent of the general cat population has asthma or chronic bronchitis; however, in some pure breeds, such as the Himalayan and Siamese, it may be as high as five percent.¹³ Despite treatment, these problems may progress and can lead to life-threatening episodes and chronic respiratory disease.

In the United States, most household cats are exposed to silica dust on a daily basis, since more than 95% of cat litter is a form of silica.⁶ Although dusty cat litter has been suggested as exacerbating respiratory problems in cats, no research to date has demonstrated the presence of inhaled silica in

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Microbiology) immediately after collection. Samples were plated onto Macconkey Agar and Blood Agar and placed in Thiobroth and incubated at 37° C (98.6° F) for 72 hours. One ml of BAL fluid was placed in a three ml serum tube, stored at 4° C (39° F) and shipped to The Bobst Hospital of The Animal Medical Center for EM and XS analysis in a manner identical to samples of cats with respiratory disease.

Electron-Microscopy and X-Ray Spectroscopy

Dry cat litter dust from seven brands of cat litter was transferred to filters by passing the filter above each cat litter sample immediately after it was shaken vigorously in a vial. For each TW or BAL sample, three drops (approximately 30 µl) of fluid were gently filtered in a dust-free environment onto a polycarbonate filter (pore size = 0.45 µm). All filters were dried in a 60°C (140° F) incubator for 24 hours, mounted on aluminum SEM stubs using double coated carbon tabs, and carbon coated at 70kv using a Denton Desk II carbon yarn coating system. Observations of all samples were made over a one month period using a Hitachi Digital Scanning Electron Microscope fitted with an x-ray Spectral Analysis System. Each stub was observed for about one hour and all particles containing silica found in each sample were photographed and the x-ray spectrum recorded.

Statistical Analysis: The total number of silica particles in each sample from healthy cats and from cats with respiratory disease were tabulated and the two groups compared using Student's t-test.

Results

EM and XS Analyses

Dry Samples of Clay Litter Dust: Photomicrographs and spectral analyses were obtained from dust samples from seven popular brands of clay cat litter. The photomicrographs depict particles mostly in the 5-20 µm size range and spectral analyses of all the litter dust samples indicated minor differences between brands of clay cat litter in the ratios of different elements (particularly aluminum and silica). These results provide a baseline for identifying clay cat litter particles in lung wash samples. The cats without respiratory disease used Premium Choice clay clumping litter exclusively and a representative photomicrograph and spectral analysis is presented in Figures 1A and 1B.

The cats with respiratory disease used several brands of clumping and non-clumping clay litters (mostly Fresh Step) and a representative photomicrograph and spectral analysis is shown in Figures 2A and 2B.

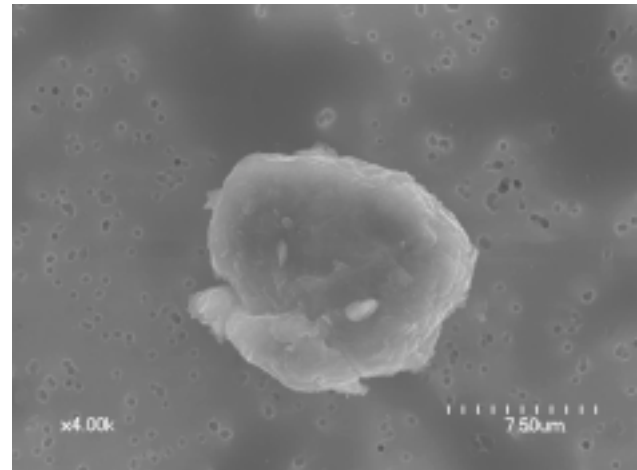


Fig 1A: A representative photomicrograph of a silica particle from clumping clay litter used by the cats without respiratory disease

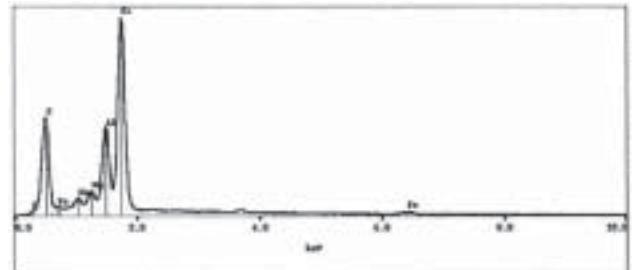


Fig 1B: An x-ray spectral analysis of the particle shown in Fig 1A

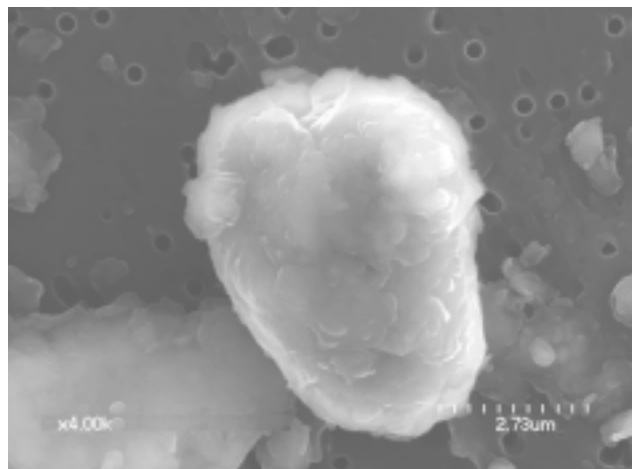


Fig 2A: A representative photomicrograph of a silica particle from clumping clay litter used by many of the cats with respiratory disease

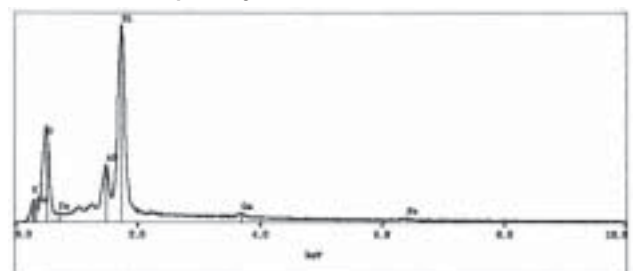


Fig 2B: An x-ray spectral analysis of the particle shown in Fig 2A

Homeopathic Success in Treating Poisoned Wildlife

Shirley J Casey and Allan M Casey

Wildlife rehabilitators see a wide range of health problems in native wildlife admitted for rehabilitation. While many of these conditions are a result of trauma such as falls, attacks by domestic animals, and collisions with vehicles or buildings, an increasing number of wildlife cases involving toxins are being identified. As with other serious medical conditions, wildlife rehabilitators work closely with their veterinarians to diagnose the problem and treat the animal. Most wild animals affected by poisoning are believed to die in the wild without any medical care; and, unfortunately, even many poison cases admitted to rehabilitation have been fatal.

In the last couple of years, some wildlife rehabilitators trained in Classical Homeopathy and working in collaboration with veterinarians have seen positive results in the use of homeopathy with some wild animals that were exposed to toxins. A sample of such cases follow.

Scrub Jay with Gastrointestinal Problems

A homeowner spraying weeds with the herbicide Roundup™ accidentally drenched a Western Scrub Jay (*Aphelocoma californica*) nestling. The homeowner rushed the juvenile bird to the local wildlife rehabilitation center. Examination showed that he was dehydrated and had brown, smelly diarrhea. His vent was caked with feces. He was thin, lethargic, and did not gape when offered food. The rehabilitator placed him on heat, began hydrating him with lactated ringer's solution, and cleaned his vent.

The rehabilitator called the state Poison Control Center for treatment information. She was told to wash the bird, but no other treatments were suggested. She washed the bird and continued the rehydration. She prepared a thin diet used to force feed underweight, non-gaping birds and supplemented it with a bacteria beneficial for birds with diarrhea. She force-fed the mixture to the bird as soon as it was fully rehydrated. After conferring with a veterinarian, she started the bird on Amoxicillin.®

The next day, the bird began to gape but less often than normal and was periodically force-fed to supplement the diet he took in voluntarily. He was continued on the same diet and medication throughout the day. While hydrated, the offensive

smelling diarrhea continued. He remained underweight and lethargic. Late afternoon of the third day, a rehabilitator familiar with homeopathy came on duty and, finding his condition had not improved, she reviewed the case and repertorized, using *Repertory of the Homeopathic Materia Medica* (Kent) and *Homeopathic Medical Repertory* (Murphy). The rubrics used were:

Rectum; diarrhea; general; children, in
Generalities; weakness; diarrhea, from
Stool; odor; offensive
Stomach; appetite; diminished
Generalities; emaciation; children
T; Toxicity; chemicals, hypersensitive to

After reading the four homeopathic remedies with the highest scores to determine the best match, the rehabilitator selected Arsenicum album at a 30c potency. After conferring with her homeopathic



Juvenile Western Scrub-Jay

Photo Courtesy of Betty Shannon, Placerville, CA

veterinarian, she administered the homeopathic remedy in the late afternoon. The next morning the bird was gaping and eating willingly, but still had diarrhea. By afternoon, there had been no further improvement and the Arsenicum album 30c