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# Arthritis & Degenerative Joint Disease in Horses

by Glen Dupree, DVM

Photo by Nancy McCurdy

*There are many factors to consider for preventing joint degeneration and arthritis in the horse.*

In an earlier article about colic (NHM Volume 14 Issue 1, *Colic: The Other "Big C" Diagnosis in Horses*), I made the comment that if horses had as much leg structure as they have intestine – and as little intestine as they have leg structure – then there would be little need for equine veterinarians. Good, sturdy legs and smaller, more manageable digestive tracts would go a long way toward eliminating two of the most common maladies seen in horses – colic and arthritis.

But such is not the case. Since we have already discussed colics, let's take a look at arthritis and degenerative joint diseases.

By way of comparative anatomy, a horse stands on the tip of his middle fingers and middle toes. Imagine if that was the case with humans. Instead of having the stability and the larger load bearing

surface of a foot, we would be perched on the very tip of one toe. How long do you think we would last in a marathon race, or even in the daily grind of our work schedule? I don't think that toe would last very long.

And that is what we deal with in horses – minimal bone structure, a comparatively small load bearing surface, and, in some cases, excessive stress on the joints from the horse's work load and conformation.

### Contributing Factors

Beyond the anatomic make-up of the horse, there are several other factors that can predispose the horse to joint degeneration and arthritis.



**Conformation:** Because of the horse's anatomy, there is little apology for misaligned joints or incorrect bone structure. Any abnormal curvature of the long bones, incorrect alignment of the bones that make up the joints, or any stresses put on the bones from connective tissues that are too taut or too loose, can cause unnecessary wear to the joint surfaces. Over the long term, poor conformation will predispose a horse to arthritis and will make him less tolerant of the other stresses on his skeletal system. Unfortunately, there are few corrections for poor conformation. (Posture, however, often mistakenly labeled as conformation, is something that can be addressed and improved.)

**Nutrition:** As with most health concerns, nutrition should take top priority in our consideration of degenerative joint disease and arthritis. Proper nutrition in young and growing horses can help prevent joint degeneration later in life by insuring proper joint development. Improper nutrition in the young or the aged can take its toll on joint health by compromising the integrity of the connective tissues that maintain the stability of the joint, the joint fluid that lubricates the joint, and in the cartilage surfaces that allow the smooth functioning of the joint. Not only must the macronutrients be balanced as well as possible, but the micro and trace nutrients must also be balanced if we are to achieve optimal joint health.

**Rider and tack:** This is an important factor that may not always be considered when we think about the overall health of the horse. If the rider is not matched to the horse in size and ability, there will be undue stress on the horse, limiting his ability to move. A rider who is not balanced will force more weight to one side – causing there to be more of a load on that side – while the horse compensates by altering the motion of the gait on the opposite side. The combination of uneven weight distribution and compensation can cause unnatural wear and tear in the joints.

The same holds true for tack. If the saddle is ill-fitting, has pressure points, or is not comfortable, the horse will compensate in an attempt to increase his comfort level. If the head gear is not correct, the horse's gait will be influenced by the positioning of the head. The compensation for either of these will eventually cause excessive wear on the joints.

**Shoeing:** For those who are still shoeing, the metal on the bottom of the hoof affects the shock absorption capacity of a hoof that is naturally designed to expand and contract with the load. The increased concussion takes a toll, especially on the lower joints of the leg.



To further complicate this, poor shoeing that results in contracted heels, or in hooves that are unnaturally trimmed to fit a smaller, more “dainty” shoe, will reduce the load bearing surface of the hoof thereby

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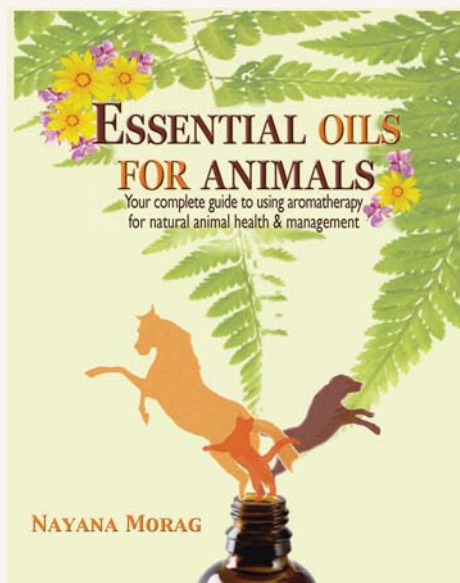
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causing a greater concentration of forces up the leg and through the joints. Not a good thing.

**Workloads and demands:** This is a difficult topic. We have great expense in the purchase, training, feeding and board of the horse. Most of the time we endure this expense because we expect the horse to perform a job, whether trail riding, dressage, jumping, endurance, racing, etc. Sometimes our competitive spirit, or our desire to get a job done, makes us forget that the horse has certain physical and physiological limits. This is complicated by the heart most horses possess in wanting to meet our expectations.

Continuous training and competition, overloaded working conditions, courses and events that are too rigorous for a particular horse – all will lead to exhaustion and weakness. This, in turn, will increase the chances of job related joint injuries. An injured joint is more prone to degeneration as a result of changes in the viscosity of the joint fluid and disruption of the smooth cartilage surfaces.



## How can we help?

To help counter the tendency to arthritis and joint degeneration, there are several things that we can do.

First, we must make sure we have minimized the stressors mentioned above.

From there, we must be aware of even minor injuries or trauma to the joints, and be willing to allow the horse ample down time for recovery. One of the worst things we can do is to put the horse back to work too soon and risk reinjuring the joint.

Regardless of the extent or duration of the joint injury, I like to err on the side of caution when it comes to exercise for the horse. Typically I will wait until the heat, pain, and swelling in the joint is reduced to a minimum; then I will begin a light exercise program to test the limits of the affected joint. If the exercise causes the joint to swell or become painful again, I lay the horse off for another week or two. If the light exercise is tolerated well, I allow

the horse to adapt to that level of exertion, then increase the level and duration of exercise until the affected leg and joint has regained its strength. Just remember it is better to wait a little longer initially than it is to push the horse back into exercise prematurely and reinjure the joint.

Anti-inflammatories and external supports may be needed to speed the recovery of a traumatized joint. Medications (prescription) or herbals such as devil's claw, boswellia, or white willow bark may be used with external supports such as elastic support wraps, bulk cotton splints or more rigid bulk splints that incorporate plaster cast materials or metal support rods. The external supports and the anti-inflammatories can also be used independently of each other.

For long-term protection, chondro-protectives and joint supplements are of much benefit. Supplements designed to normalize joint fluid and to nourish and rebuild joint cartilage will help minimize the deterioration of a joint that is beginning to degenerate.

Chiropractic adjustments and massage work can also yield long-term benefits by keeping the joints in proper alignment and motion, and by keeping the muscles supple.

In those cases where the arthritic changes have progressed, we need to think about anti-inflammatories and pain killers to keep the horse comfortable. These may include common pharmaceuticals such as cortisone, aspirin, phenylbutazone or banamine – each of which carries certain potential side effects. Alternately, treatment may include those herbs such as devil's claw or boswellia. Your choice will depend on which is the most effective and which has the fewest noxious side effects.

And, of course, there are always homeopathic remedies that can be used to correct early arthritic changes and to give comfort to the arthritic horse (see accompanying article, *Farm Materica Medica*, page 81 in this issue).

Procedures such as surgeries and nerving should be kept for salvage procedures when all other means of comfort have failed.

Regardless of the course of treatment you choose, keep in mind how fragile a horse's legs can be, consider and correct the factors that caused the arthritis, and always allow ample time for the joint to recover. A little extra time during the initial treatment and recovery period can save you a lot of time, and the horse a lot of misery later. ♡♡

### About the author:

Glen Dupree, DVM, CHV, has practiced veterinary homeopathy for the past 15 years in PA, NY, and LA. Currently his practice of veterinary homeopathy is based in St. Francisville, LA. Dr. Dupree maintains an active teaching, writing, and speaking schedule and has served as a mentor on Dr. Pitcairn's Professional Veterinary Homeopathy web list. His writings have been published in a long list of journals and magazines, and now his first book, *Homeopathy in Organic Livestock Production*, is available through his website. His current projects include a series of webinars based on the veterinary applications of homeopathy. For those looking for a truly holistic approach to veterinary health care, Dr. Dupree is available for consultations.

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# Farm Materia Medica

by Glen Dupree, DVM

*This is a series of homeopathic remedy profiles that will introduce you to individual remedies and their indications for use in your horses and other animals, and yourself. These remedies are commonly used in my practice of Veterinary Homeopathy.*

## A Homeopathic Materia Medica for Arthritis and Degenerative Joint Disease

*The following is a list of remedies that have indication in arthritis and joint problems. Some of the remedies are indicated in acute situations such as sprains, strains, or flare-ups of chronic arthritis and others are indicated in the more chronic arthritic conditions that are accompanied with pathologic changes in the bones.*

**Aconite** – Sudden onset, intense, bright red, shiny swelling over joints with fever

**Apis** – Edema in and around the joint, rosy redness on the skin over the joint

**Arnica** – Trauma of the hooves and soles

**Belladonna** – Sudden onset with red streaks over affected joints or a vermilion redness to the joint, often accompanied by a high fever

**Bryonia** – Red, dry joints; pain that is worse with motion

**Calcarea** – Arthritic nodules or calcium deposits in the joints; swelling in the knee, fetlock and lower joints of the leg

**Caulophyllum** – Arthritic nodosities or calcium deposits, especially in the small bones of the pastern and coffin joints

**Causticum** – Arthritis secondary to or with contraction of the flexor tendons

**China** – Affects all joints and the periosteum; must move limbs frequently as motion decreases the pain; soft swelling over joints

**Colchicum** – Pain in the joints sensitive to slightest touch or jarring but no swelling in joints; arthritic nodosities especially in joints of the limb

**Dulcamara** – Onset of arthritis from suppressed eruptions (such as the use of cortisone to calm skin rashes) or from getting wet

**Ferrum phosphoricum** – Arthritis seen in the shoulders and hips; progressive from one joint to another

**Guajacum** – Arthritis seen with contraction of the flexor tendons

**Iodatum** – Arthritis accompanied by pericarditis (inflammation of the tissue enclosing the heart within the chest) and pleuropneumonia (inflammation and infection in the lungs and the tissue lining the chest cavity)

**Kali bichromicum** – Pains in the joints without localized inflammation; stiff all over; hard to move in the morning

**Lachesis** – Acute or chronic swelling in fetlocks, pasterns and stifles, recurring every year

**Ledum** – With painful arthritic nodosities in the small joints of the limb

**Lycopodium** – With arthritic nodosities in pastern and coffin joints

**Mercurius** – Joints that are hot and burning; pain that is worse at night and intense beyond the presentation of the joint; destruction of the joints

**Natrium muriaticum** – Chronic arthritis with stiffness, swelling and cracking in joints

**Natrium sulphuricum** – Arthritis accompanied by gastric symptoms

**Phytolacca** – Arthritis below stifles and elbows; falls between Bryonia and Rhus tox in the effects that motion has on the pain and stiffness; involves both bone and fascial tissues of the muscles

**Pulsatilla** – Wandering pains showing up first in one joint then in another; onset from getting wet

**Rhododendron** – With arthritic nodosities in small joints and their ligaments; pain worse in cold wet weather

**Rhus toxicodendron** – Inflammatory arthritis and stiffness; worse on first motion and better with continued motion; damage to the soft tissues surrounding the joint

**Ruta grav** – Arthritis in the larger joints after sprains; damage to the periosteum of the joint

**Sepia** – Painful joints with stiffness and cracking in the joints

**Silica** – Arthritis causing ankylosis or fusing of various joints

**Staphisagria** – Arthritic nodosities in joints, especially the lower joints on the leg

**Sulphur** – Bursitis and other inflammatory swellings; arthritis beginning low on the limb and extending upward

Depending on the acuteness and the severity of the pain, potencies from a 12c to a 1M or 10M may be indicated. In intense, rapidly developing, sudden onset conditions I use the higher potencies such as 1M or 10M. In chronic conditions with mild to moderate pathology I use the moderate potencies such as 30c or 200c. Generally the more chronic the process and the more boney changes, the lower the potency that I use - such as a 12c.

The dosing schedule is also determined by the nature of the arthritis. In acute, sudden onset conditions, the remedy may need to be given multiple times a day to insure proper pain and inflammation control. In more chronic arthritis with mild to moderate changes, the remedy will need to be given at intervals of days to weeks to allow the body enough time to respond. With severe boney changes, the lower potencies can be used once to twice daily to foster remodeling of the bone. ♪

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