

“Foot eczema” in horses?

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Introduction

For 22 years I have worked as a freelance veterinary surgeon in a referral practice for large and small animals in Salenstein am Untersee. It was one of my assistants who made me aware of Bicom bioresonance and since then, for over 15 years, I have used Bicom bioresonance methods in my daily work. This technique has expanded my horizons and boosted my professional motivation. I have already enjoyed numerous successes with these biophysical methods in a variety of continuous training seminars, and, last but not least, I have adopted a different approach when looking at health-related matters.

The aim of today's presentation is to draw a comparison between two common skin conditions in dogs and horses. In logical medical terms, “toe eczema in horses” seems ridiculous but, from the complementary medicine perspective, and Bicom bioresonance methods in particular, this comparison is extremely useful. From a “scientific” standpoint, allergies (in orthodox medicine terms) are responsible for both problems. As far as complementary medicine is concerned, however, various other causes may be involved. I would like to compare two common problems of toe eczema in dogs (pododermatitis) and summer eczema (sweet itch) in horses.

My comments are summarised from my own personal experiences and do not claim to be exhaustive.

Toe eczema in dogs (pododermatitis)

Pododermatitis refers to inflammation between the toes. It is a disease that can be triggered by various causes. It can affect dogs of all age groups, breeds, and of either gender. Certain breeds such as

Labradors, West Highland White Terriers, German Shepherd Dogs and Boxers are affected most commonly. Although all four paws can be involved, the disease generally affects the front paws. The clinical signs of pododermatitis include itching (licking, biting and gnawing), node and abscess formation (furunculosis) and open wounds, sometimes culminating in acute lameness.

Orthodox medicine points to five potential causes. In addition to environmental influences (salt, cold weather, etc.), allergic (atopic dermatitis, food allergy), infectious (bacteria including *Staphylococcus intermedius*), fungal (e.g. *Malassezia*, *Microsporum canis*) and parasitic factors (Demodex, hook worms) are the most frequently cited causes.

Conventional treatment therefore depends on the diagnosis. Although allergy tends to be identified as the primary cause (atopic dermatitis or food intolerance), diagnosis is also carried out in order to preclude other potential causes. All infectious and parasitic causes or environmental influences have to be ruled out initially before the allergic trigger factor can be confirmed. If food intolerance does not come to light during this process of elimination, the only undifferentiated diagnosis left is, to put it simply, atopy.

The use of corticosteroids or immunosuppressants provides relief but will not cure the underlying condition. Even life-long desensitisation, mostly to house dust mites, has only a 70% success rate.

Summer eczema in horses

According to the current school of thought, summer eczema develops following an allergic reaction to the saliva of stinging

insects such as Culex mosquitoes, biting midges or black flies. Exposure to pollen, sunshine or ozone are additional potential causes. The interface between the skin and the hair is mostly affected, e.g. at the crest of the mane and root of the tail. The first symptoms displayed by the horse are small pustules, itching and considerable agitation. The hair initially falls out because of constant rubbing. Secondly, the areas of skin can become infected with bacteria and fungi, leading to purulent, inflamed, encrustation. This in turn attracts more insects and the vicious circle continues.

Treatment initially involves keeping insects at bay either by using repellents or horse fly sheets. Persistent irritation is treated exclusively with parenteral corticosteroids and topical skin ointments or lotions to combat secondary infection.

The latest innovations and tests from Dr. B. Bigler, Berne, focus on developing an intracutaneous test using recombinant culicoid allergens, which should facilitate desensitisation. Clinical studies of blood samples collected from numerous horses have shown that the typical distribution pattern for skin changes indicating summer eczema is similar to that observed with other allergic conditions or atopic dermatitis. Elevated IgE parameters against house dust mites, pollen and other insects have been observed in the serum of numerous horses including those who presented with a dust and/or pollen allergy without having any detectable IgE blood levels against stinging insects.

Consequently, not only insect bites must be taken into account when considering potential causes but essentially the patient's predisposition towards allergy. It goes without saying that this treatment represents a key focus of Bicom bioresonance therapy.

Background of the two clinical pictures:

As mentioned earlier, essentially allergic causes have meanwhile been identified in conjunction with both clinical pictures. In

my experience, parasites as well as allergies often act as trigger factors in both cases. Bacteria and fungi are only secondary infections. Good health is not guaranteed long-term with purely antibacterial, antimycotic therapy, even if it is prescribed over several weeks. Similarly, the protective covering or essential grazing during the noonday heat in the case of horses and protective paw dressings or neck collars in the case of dogs facilitate only minor improvement. Careful consideration needs to be given to the welfare of the animal whenever such "essential methods" are employed. Horses cannot be sent off to graze in the summer covered with a horse fly sheet and dogs cannot be made to wear protective paw dressings constantly because the irritation will persist underneath.

The current scientific approach continues to be based on immunological therapy with desensitisation solutions. Compared with energy testing, the test for IgE levels in the blood coupled with the intracutaneous test yield too many false positive or false negative results. Far more reliable results in this respect have been recorded using Bicom bioresonance methods that are tailored to the individual patient. Long-term improvement can only be achieved by treating the cause of the allergy, which is nowadays the principal indication area of bioresonance therapy.

I have noticed that the allergic predisposition of horses and dogs is essentially perpetuated by basic feed ingredients (such as milk and cereals as well as grass, hay, meat or eggs). Allergy trigger factors such as black flies in horses are thus irrelevant. This corroborates the statement made by Dr. Will, who refers to certain allergens as the "engine" i.e. the driving force, of the allergy "train", which is placed under increasing strain with each additional allergy "wagon".

As outlined above, allergies are primarily due to fodder, especially the basic feed (grass and/or hay), although concentrated

horse feed can also be implicated. According to orthodox medicine, feed is also considered to be a central cause in dogs. I have always tested my patients for cereal or milk allergy, both substances being central allergens. The preservatives in dog food often test positive in allergy tests. This statement suggests that pododermatitis is a kind of "canine neuordermatitis". Similar findings have been reported with scurf in horses given the analogous symptoms observed in energy testing.

Since food allergens are viewed as hidden central causes, particular attention must be paid to a thorough intestinal hygiene routine. In addition to thorough abstinence and stabilisation of the eliminating organs, repeated, in-depth treatment of the underlying allergens is of paramount importance. All forms of treatment, frequencies and potencies of the allergen need to be tested.

Coupled allergens are often present. A mite ampoule is often tested in conjunction with a milk ampoule (together in the input cup incl. basic foodstuff ampoule). Further examples include a combination of wheat allergy coupled with mould allergy or black flies coupled with pesticides, which may often occur in dogs and horses. The excellent research carried out by Mr. Baklayan indicates that additional coupling exists between other parasites and allergens too.

A great many other rules are observed in all patients during energy testing, hence the listing here cannot claim to be exhaustive. May this listing provide food for thought and encourage you to carefully test the stresses in each individual animal!

5 elements:

Besides stress involving the lung, stomach and kidney meridians, 5-element testing usually detects stress in the small intestine and large intestine meridians too. Allergic reactions, whether due primarily to

hormones or regulative system stress, often test secondarily due to the afore-mentioned weakening in energy levels. It is worth noting here that the regulative allergy form is often triggered by "social stress" such as how the animal is kept or the feed it is given.

The fact that many clinical pictures manifest in the form of skin symptoms is summed up in an old Chinese proverb:

"What cannot be eliminated by the lungs must be eliminated by the intestines.

"What cannot be eliminated by the intestines must be eliminated by the kidneys.

"What cannot be eliminated by the kidneys must be eliminated by the skin.

"What cannot be eliminated by the skin will culminate in death".

Parasites:

In both clinical pictures, parasites are frequently involved as coupled allergens.

Vaccinations:

Post-vaccinal blocks are usually implicated in many patients. These include the influenza tetanus vaccination in horses and the combined SHAPPI/I (canine distemper combined) or rabies vaccination in dogs.

Medicinal products:

Stress due to medication and insecticides is often responsible. The solvents contained in the applied insecticides (ampoules of flea treatments such as Frontline, Advocate and ExSpot etc. in dogs or anti-insect emulsions in horses) frequently act as a block to successful allergy therapy.

E-smog & Co:

Animals react just like humans to environmental stresses such as electro smog and radioactivity, etc. These stresses are involved in over 50% of cases in all my patients presenting with the clinical conditions described.

Dental foci:

Based on my energy test results, although the teeth often appear to be in a poor condition, especially in dogs, these processes seldom impact upon the clinical courses described.

Blocks:

So-called energetic blocks are frequently involved in both clinical pictures (at least 3, often more programs). The following programs (Bicom 4.4) stored during my tests and treatments are very useful in this respect – the programs listed in **bold** are used most:

- Basic programs
(Prog. 100–105 / 130–135)
The low deep frequency therapies (10130–10135) and veterinary series (30001 & 2, 30016) are extremely useful for Bicom optima users.
- Building up energy
(Prog. **580, 422**, 900, 127 etc.)
- Releasing blocks (prog. 700, 701, 702, 910, 911, 341, 927, 571, 572, **535, 905**, 847, 941, 951, **610, 915, 918**, 581, 980, 981, 432 etc.)
For Bicom optima users, the low deep frequency therapies (3017, 3072 & 3, 3093 & 4, 10026, 10027) and veterinary series (30007 & 8, 30015) prove extremely useful.
- Elimination programs
(Prog. 290, **430, 431, 930, 931, 970, 971**, 565, 999 etc.)
- Triggering an allergic predisposition
(Prog. **428, 582, 953, 570, 530** etc.)

Treatment principles for both clinical pictures

I have attempted to reinforce the general finding that allergy is the key problem in the disease. Hence allergy therapy plays a central role in terms of the treatment plan with strict avoidance of allergens at the start of treatment. First and foremost, the new diet must and can be tested to ensure individual tolerance. Hence the menu plan

must be rigorously reduced initially to just a few tolerated foods but can be extended later following successful allergy therapy.

I follow the same basic approach with all these therapies, irrespective of whether I am treating horses, dogs or other patients. After a basic examination, I formulate a treatment plan with Bicom bioresonance therapy whereby certain steps are treated individually and earlier, depending on priority.

1. Harmonise / build up energy because only patients with “energy” will have the capacity to respond correctly to healing stimuli (high-quality food, foliage and orthomolecular substances)
2. Adjust the feed
3. Stabilise the biocybernetic control circuits, the 5 elements and their meridians. Open the eliminating channels
4. Release blocks.
 - a. Vaccine blocks
 - b. Laterality blocks
 - c. Treatment of blocks in individual segments of the spinal column should also be given specific consideration (Orthopaedics test set)
 - d. Scar interference fields
5. Allergy therapy itself, with all of the partial stages and couplings mentioned in the previous section. It is thus very important to clearly set out the priorities of allergy therapy. Making use of the patient’s own material such as epidermal scales and scrapings, etc. is also extremely helpful
6. Stabilisation of the intestinal milieu including parasite therapy
7. Toxin eliminations

Additional therapies

I sometimes also use local skin protection products or soothing shampoo at the outset or during an acute phase, depending on symptoms.

All treatment stages are targeted, individually tested and supported with homeopathic or spagyric products, Bach flower drops and Schüßler salts.

Treatment is also supplemented with oil and drops.

Summary

Both clinical pictures are frequently encountered in routine veterinary practice. The results and comments presented in this paper are intended to show you that many

of the varied problems encountered often reveal parallels in energy testing, which means specially tailored therapies are not required for each individual symptom.

Furthermore, animal-specific differences must obviously be taken into account when deciding on treatment.

The paper should also encourage you to successfully adopt a structured plan for tackling serious diseases with complex backgrounds. And on that note, may I thank you for listening today.

Literature

Please contact the author for information relating to the literature used.
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