

Veterinary Homoeopathy – a pragmatic approach

Article for ARH Journal March 2009 by Tony Pinkus, homoeopathic pharmacist

A high level of demand

Did you know that as many people use homoeopathy to treat their animals as themselves? This amazing fact is borne of my experience at Ainsworths, where, over 25 years I have observed, how we consistently receive an equal number of calls for both veterinary and human medicine. Furthermore, this ratio holds true for both the initial experience of homoeopathy as well as the continued use of remedies and the attitude of clients new to homoeopathy is almost identical irrespective of the nature of patient. First time callers ask the same questions and require the same degree of reassurance and support whether the remedy is for a human or animal. The main difference relating to the nature of pathology being discussed and the client's attitude toward funding its resolution. The latter arising from our indoctrinated belief that medicine should be free (under the NHS), whereas animal treatment is exclusively in the private domain. Ironically, this indoctrination is so strong that the same caller will make some huge financial sacrifice to save a pet yet resent spending even a small amount on their own health. I appreciate that we are a nation of pet-lovers but sometimes this is taken to extremes.

The main reasons for choosing homoeopathy given by novitiates to veterinary homoeopathy are as follows:-

- An perception that it is equally, or more effective than allopathy
- Absence of side effects and drug residues
- Economical; considerably cheaper than the conventional veterinary route

This reassuring demand for animal remedies provides excellent support for the promotion and widespread acceptance of homoeopathy, it also counters the prejudice that it is merely all in our mind, or a placebo response. Although we have a tendency to anthropomorphize animals, especially our pets, in reality they do not possess what humans refer to as free will. An animal is guided by nature, like a train is guided by its tracks, instinct and the pack ensures security and governs it's life in the absence of an ability to choose. By contrast, we humans possess a mind with the free will to make choices and override our animal instinct, or not as the case may be. When out of control we are described as behaving 'like animals', which is disrespectful to nature as there is certainly no survival value in hooliganism.

Veterinary Homoeopathy – same as human?

Homoeopathy, as the reader will be aware, transcends the illusion inherent within allopathy of an imaginary separation of disease into mental, physical and emotional compartments resulting in a pill for every ill. For the discovery of a simillimum requires an integrated, holistic approach. The very same process and remedies are applicable to veterinary homoeopathy. This may appear to contradict the absence of 'a mind' mentioned above, until we consider the real difference between animals and humans is the free will to *choose* the pattern of behaviour being exhibited. Although you may not know what an animal is thinking, you can observe the effects of its 'mind' in more physical ways. Sankaran's method is beautifully appropriate for animals, as mind symptoms are manifest in every aspect of the physical pathology which becomes a more reliable indicator than

imagining what the animal is thinking. Consider, for example, how you might use non-verbal clues to differentiate between Bryonia, Ledum and Rhus tox for a stiff paw and you will realise how this is not so difficult as it may at first appear.

The principles of homoeopathic veterinary treatment are essentially the same as those for humans. However, since animals cannot describe their symptoms in words, the indications for the choice of a remedy must be gleaned more by careful observation. Indeed, the inability to verbally protest is the main reason animal treatment is so enshrined by law – to protect the innocent from the ignorant.

Legal issues

Other articles in this journal may deal with the legal issues of homoeopaths treating animals, as such I will not dwell on this here, save to mention that, under recent legislation, the only person who can legally supply a veterinary homoeopathic medicine is a responsible qualified persons (RQP). The term RQP is used to encompass the three qualified persons who can supply POM-VPS and NFA-VPS medicines, i.e. a Veterinary Surgeon registered with the Royal College of Veterinary Surgeons (RCVS), a Pharmacist registered with the Royal Pharmaceutical Society (RPSGB/NI) and a Suitably Qualified Person registered with the Animal Medicines Training Regulatory Authority (AMTRA). Clearly, unless you fall under one of these three categories, you may find yourself in some difficulty if you treat or dispense remedies to animals. The main concern is in making a diagnosis and offering to provide treatment, whereas providing unsolicited advice alone on a prescription for an existing diagnosis from a vet is less honourous. It was always generally accepted that only a vet, in whose care the animal is placed, or the animal's owner may treat the animal. Old ploys, like buying the animal from the owner for a penny before and selling it back after treatment, may not entirely protect you from culpability if things do not go well. It is far better to protect yourself from an unsatisfactory outcome by clarifying your limits and responsibilities before indulging in this field.

Early History of Veterinary Homoeopathy

In circa 1813, in Leipzig, Hahnemann lectured on the use of homeopathy in animals (at the *Leipziger Ökonomischen Gesellschaft*, of which he was a member). The manuscript for this lecture is held in the Universitätsbibliothek, Leipzig. He stated that the principles and application in animals were broadly similar to those in humans. Veterinary homeopathy has developed ever since. Boenninghausen and Lux were early proponents. In more recent times, in the UK, homeopathy for animals was kept alive, somewhat paradoxically, by the vets of the PDSA. This animal charity acknowledged its great benefits and was undoubtedly also swayed by the great economy of its use, when compared to expensive drugs. This state of affairs has more or less ceased, now, since so few vets, relatively, are trained in and understand homoeopathy.

Johann Joseph Wilhelm Lux (1773 – 1849) had contact with Hahnemann, while in Leipzig. Both were members of the *Leipziger Ökonomischen Gesellschaft*, to which Hahnemann gave the first lecture on the homeopathic treatment of animals. He was part of the historic continuity of veterinary homeopathy, from 1813 but later branched into 'isopathy'. Clemens Maria Franz Baron von Boenninghausen (1785 – 1864) the German baron, lawyer and agriculturalist, also had contact with Hahnemann and later went on to become one of the major contributors to the homoeopathic literature. His enthusiasm for the subject arose from his own homoeopathic cure, in 1827, from a serious chronic disease (purulent tuberculosis), from which his doctors gave him no hope of recovery. He used homoeopathy on animals and, in fact, homoeopathically treated the animals on his own vast Westphalian estate. An early advocate of high potencies, he conducted a successful

prospective trial of 200C in domestic animals and livestock, reasoning that veterinary homeopathy was a good way to demonstrate that it was not a placebo.

The veterinary practice of homeopathy has therefore existed since Hahnemann, in recent years it has emerged from the shadows and appears to be growing exponentially, expanding in as many directions as there are animal species and unresolved problems. From our experience at Ainsworths we are aware of tens of thousands of clients who use it for their pets and 5000 farms who have used homeopathy for cattle, sheep, pigs, and chickens. In the UK there are some 150 vets practising homeopathy and over one third of these have qualified to the Faculty Homeopathy's MFHomVet level. Their interest is maintained by the British Association of Homoeopathic Veterinary Surgeons (BAHVS) which publishes a journal, provides quarterly updates in the Faculty's Journal and holds a biannual conference on alternate years with the Faculty. I have witnessed this conference growing from a small meeting of 20 vets, to a large international gathering of over a 100 vets which this year meets to discuss the topic of cancer with a list of well known speakers.

Recent use of homeopathy with animals

Over the years I have encountered remedies being used for a bemusing number of species including; alpacas, bats, bees, caribou, cats, chickens, cattle, deer, dogs, fish, goats, horses, llamas, mice, pigs, rats, sheep, and snakes. With demand from such a broad species range come new challenges for the homoeopath, perhaps the most important of which is whether to treat the animal at all? Either from the medico-legal perspective above or by determining whether the condition is actually a natural species trait and not a disease. For example canine phantom pregnancy is perfectly normal pack behaviour in the wild but may be misinterpreted as a pathological disturbance in the suburbs, likewise persistent calling in cats is highly irritating to humans but necessary for feline procreation. Overlooking species traits and behaviours may easily lead one to mistreat the animal or suppress hormonal cycles through lack of knowledge. It is therefore imperative to have a vet, with good experience of the species involved, to diagnose the condition before venturing further.

One of the more interesting questions is how to physically administer the dose to the animal patient and this becomes a real challenge when there is more than one! How, for example, do you treat thousands of salmon in a fish farm at sea? Or 600 sheep on a Welsh mountainside? A million chickens in a factory farm? 7000 cattle in an Iranian desert? A herd of caribou on the Arctic circle? These mind-bending requests require knowledge of the species traits as well as good negotiation skills and common sense!

Some of the more common requests are:-

- Alternatives to vaccination in cats and dogs
- Tartar in cats and dogs
- Promoting calling in cats
- Kidney problems in cats
- Sarcoids and laminitis in horses
- Ringworm in cattle
- Foot problems in cattle
- Mastitis in cows
- Scours and coughs in calves
- Orf in sheep
- Feather pecking in chickens
- Scours in pigs

There is a broad spread of demand for homoeopathy, ranging from every household pet to a wide range of commercial farming applications. With only 150 vets spread around the UK, and only three who practice part time in London, to deal with this large demand it is hardly surprising we receive so many calls on the subject.

Homoeopathy with Cattle – Prevention and treatment

The most practical use of homoeopathy is actually in the prevention of predictable disease. This is where homoeopathy comes into its own and leaves conventional approaches far behind. Notwithstanding the obvious benefit in treatment, Homoeoprophylaxis, especially with nosodes, is emerging as the most pragmatic approach to solving hitherto impossible problems. Principally because it is effective, economically viable, and easy to administer to large herds or flocks. Having to wait for the problem to arise before treating it is an impediment to farmers. Vaccination is used in many circumstances but it is expensive, time-consuming and counter-productive in some cases by comparison with a routine dose of a nosode in a water trough. For example vaccination against Orf in sheep is a common often magnifies the spread of viral infection the following year according to many shepherds.

My interest in assisting the grass root use of homoeopathy has led me to having worked closely with cattle farmers for many years. Farmers are very practical, down to earth people who simply want an effective solution to a common problem and do not want to be flummoxed with arcane theories or be told, at least initially, that each animal needs to be treated as an individual. Its best to keep one's feet firmly on the ground in this territory as demonstrated by the following account from Edward Thomas, Esq which appeared in The Homoeopathic World 1882 and which, coincidentally, I discovered exactly 127 yrs later to the day it was signed on 23rd Feb this year.

Arsenicum in Purulent Ophthalmia

Edward Thomas, Esq., 1882 The Homoeopathic World vol xvii p 165

I was consulted early last August by Mr Abraham Darlington, of Great Barrow, near Chester, respecting his cattle, eight of which, out of a stock of twenty-eight, were "going blind." I went out to see them, and found the symptoms as follows:-

1. Some appeared to be suffering from intense irritation of the parts about the eye, as shown by a continual scratching of those parts with their hind feet; but there was no inflammation to be seen either on the eyes or the margins of the lids
2. In two cases the blood vessels were injected and there was considerable watery discharge running down the cheeks, as in a furrow.
3. In each of two others one eye presented a glassy appearance, swollen and out of shape, and the animals were blind with that eye.
4. The eyes of two others were swollen out of all shape; and the colour that of dark mahogany, with dark greenish spots; while from the pupils raw-looking pieces of flesh, something like a miniature tongue, protruded.

The only history of this epidemic (or endemic) attack I could get was that the farmer's stock pastured on fields through which ran a foul brook, carrying some of the drainage of a small town some two miles distant. Another farmer's cattle also fed on similar pasture and his also were attacked, but with these I had nothing to do. I have just heard (February 1882) that the other farmer's stock are still suffering, though still under regular veterinary attendance.

I found on inquiry that the first three or four days after each animal was seized it drooped, lost appetite, and if in milk the quantity was greatly lessened, After about the fourth day, appetite etc., returned.

Some thirty years' experience in homoeopathic "treatment", both of bipeds and quadrupeds, has taught me the value of *Arsenicum*, *Hepar*, and *Merc Corr*. In such cases; and after some consideration I decided to try *Arsenicum*.

My farmer was busy beginning his regular harvest work, and had not the accommodation to separate the ailing ones from the others, so I determined that the whole of them should be physicked , which was done as follows:-

Arsenicum 2, ten drops in a tablespoonful of water, was given to each animal twice a day (of course a quart mixture was made at a time), and a lotion made with 1 oz. of *Liquor Arsenicalis*, B.P., in a gallon of water was also applied externally, a 1 o.z. indiarubber syringe being used for the purpose.

I heard nothing for four or five weeks, when my friend called in one day to "pay the damage" for medicine etc., and to say the whole stock had take the complaint, that all had recovered, and none were blind, quite contrary to our fears and expectations.

This is an instructive case, as a cure *with one remedy*, and I trust the experience so obtained may be of use to some of the many readers of the Homoeopathic World. Feb 23rd 1882

Attitudes have changed little and the case above highlights salient points that are no less true today than when first written by Mr Thomas in 1882.

1. Farmers want to use homoeopathy because conventional drugs often fail to resolve their veterinary problems
2. The problems they present are common, affecting more than one farm.
3. Farmers seek a new approach but they do not want to spend more time using a novel system
4. Farmers new to homoeopathy are reticent to treat animals on an individual basis because they are too busy
5. Homoeopaths have to pander to the farmer's reticence in order to allow the farmer to experience the benefit of homoeopathy
6. There is usually a *genus epidemicus* remedy for a given current disease
7. The homoeopath needs to find a simple and acceptable way for the farmer to deliver the remedy to his cattle
8. Farmers are delighted by the amazing response they get from homoeopathy
9. Farmers learn the practical benefits of homoeopathy quickly

In addition to the above

1. Homoeopathy is cheaper for farmers than conventional medicine
2. Homoeopathy has no side effects
3. Homoeopathic remedies do not create drug residues which prevent, or cause expensive delays in, the sale of milk or meat.
4. The remedy may change over early, middle and later stages of an acute disease.

In a subsequent report on the treatment of Milk Fever in cattle, to The Homoeopathic World in the same year, Mr Thomas concludes:- "There are no cases in which the proof of the efficacy of the small dose, when selected according to the homoeopathic doctrine, is so incontrovertible as in the "puir dumb beasts," who can neither exercise *faith* nor have any *prejudice*.

My initial foray into this area began by assisting farmers who were keen to treat acute cases of bovine mastitis in amongst cows of their herd. Invariably the conversation began with the farmer

expressing his predicament “ I always use Phytolacca for these cases but it doesn’t work anymore”. The main reference source at the time was a book on the homoeopathic treatment of cows by the grandfather of British homoeopathy, George Macleod. George, as all who knew him, was a terse Scotsman with a big heart and a keen eye. He never wore a watch because, as he told me “I stop them”. His books are of a similar vein, concise and to the point such that the novice finds them hard to comprehend. The content is all relevant but George assumed his reader had more of a working knowledge of homoeopathy than they usually do. Unfortunately this is not often the case and has led me to co-writing a series of smaller introductory guides for the homoeopathic treatment of sheep, cats, dogs, cattle, and horses. These self-help guides published by Ainsworths have been purchased by tens of thousands of animal owners whose feedback has been both encouraging and heart-warming.

The predicament, I realised was due to a poor working knowledge of practical homoeopathy, meeting a wall of indistinguishable remedies. In the context of a self-help book on veterinary treatment, the most cynical difference between one written by a vet and a pharmacist is that the vet is trawling for clients and the pharmacist wants to sell remedies! The vet seeks to inform the reader, but need not go the extra mile and assist them to the choice of remedy and potency, because that’s his job. I personally believe in spoon-feeding the client because it’s the simplest way to ensure that he or she has the opportunity to learn the most from his or her experience. My experience is that this does work in practice, a good response is joyful and a poor result always leads one to question how they went wrong and discover the true answer.

In the Phytolacca situation above, the cause of the problem was not the failure of the remedy, it was the failure to understand why the wrong remedy had been chosen. George had listed some fifteen remedies for treatment of mastitis in his book and given descriptions of each in relation to pathology. All absolutely relevant, however, on reading them I realized the farmer’s dilemma, they all covered the pathology and each seemed to fit somewhere or other. The fact is that in acute disease an overlapping change of the symptom picture, as it progresses through sequential stages, is difficult to comprehend unless you include a timeline. Without such it is utterly confusing to the novice, who inevitably resorts to a random approach and often left wondering why homoeopathy is only partially successful.

Then I recalled the advice given by a dear friend and homoeopath, Edward Roth, about how the natural progression of infection was embraced by homoeopathy and unwisely ignored by modern medicine. Inflammation, suppuration and induration were accepted principles of old school medicine and still taught to medical students, but the import of the third of these three stages, induration, was ignored in practice. Since homoeopathy embraces reality it appreciates the importance of time and space. As homoeopaths we accept the vitality of the organism and how symptoms change both objectively and subjectively with vivid descriptions of how this occurs and is affected temporally and spatially. Each consultation provides a snapshot of a moving film, the chronological sequence of events that led to the story so far and the foresight to know how the story will unfold. It is therefore imperative to bring the three stages of the cycle of healing together in order to make any sense of assisting a cure.

To emphasize this let us examine what happens in a simple acute infection like a boil. A boil may begin very rapidly as a painful red swelling, sensitive to touch and heat conforming to the classical Belladonna picture. In this early acute stage of inflammation the body is rallying to the area and beginning to fight the infection at a local level. Unless Belladonna is received the body moves on to the next stage of infection - suppuration. In order to localise the infection and prevent sepsis invading the body, the area must be sealed off and scar tissue gradually begins to form within the structures beneath the surface as the immune system conducts a local war with bacteria and slowly

finds a route to discharge the resultant pus. At this stage, perhaps a day or two after the initial symptoms arose, the picture has changed subtly. The pain and inflammation remain but the sensitivity changes from heat to cold, some hardness has begun and the boil starts the process of discharge. At this stage the picture more resembles Hepar sulph and here we encounter a beautiful unfurling of our story. For not only has the remedy changed, but the potency required becomes an important issue. Hepar sulph possesses both an anti-inflammatory and suppurative action, the former being much faster than the latter, for it takes time for a material change to channel out the pus. The anti-inflammatory response to Hepar sulph can be observed in a matter of minutes and hence the potency administered becomes a very real issue. The higher the potency the greater the stimulus and the faster the anti-inflammatory response precedes. The lower the potency the slower the response and the greater the suppurative action proceeds expelling pus. This is critical information because aborting suppuration with a high potency of Hepar sulph endangers the body by suppressing the natural immune response and allowing infection to travel outside of the area of localization. A few days later on and the acute pain has subsided leaving a hardened mass discharging pus as we experience the stage of induration corresponding to Silica.

A great deal of practical information about the acute use of homoeopathy can be learned from this mundane experience, particularly the order and potency of the remedies concerned. Silica and Hepar sulph complement each others action but also antidote one another according to Clarke's Relationship of Remedies. From the above the reason for this is obvious and can be used to our advantage. The most important lesson is how to apply the timeline in a practical way to the greatest effect. We all appreciate that each of our three remedies above need be given at a precise time and that giving any of the remedies out chronological sequence will only delay or obstruct a cure. Thus giving Belladonna when Hepar sulph was required will hopefully do nothing and giving Hepar sulph or Silica at the onset will appear to do nothing for several days until the pathology moves into the remedy picture.

The importance of this basic information for the farmer wishing to treat a mastitic cow cannot be over-emphasized. The presentation of the information is very simple and the practical guidelines that ensue from the above provide a simple yet effective approach to dealing with many forms of acute pathology as well as providing a greater appreciation for the wonders of homoeopathy as a practical therapy.

I translate this very simply into three 'Windows of Opportunity', at which you have the chance to treat with corresponding remedies. These are a beginning, middle and later stage of infection, each of which fits perfectly into the farmer or herdsman's experience of common infection for mastitis and other infections. In the case of bovine mastitis these stages are relatively easy to observe and discuss, as the prognosis is comparable to the case of the boil above. In an investigation into the prevention of bovine mastitis with homoeopathy by Sprangler the various stages are described as Mastitis katarrhalis acuta, Mastitis katarrhalis chronic, Mastitis acuta gravis and Mastitis subclinical aseptica. This Swiss trial ran into difficulty because of poor husbandry, according to my conversation with the author. Unfortunately, the cows on many of the Swiss farms involved were tended so poorly that their udders were dangling in cow shit presenting a maintaining cause for infection.

Returning to our list of 15 remedies in George's book, we can now separate these into one or more of the three windows of opportunity. By so doing we reduce the confusion and immediately lessen the chance of miss-prescribing. Furthermore, by distributing remedies into these stages we can differentiate a single remedy required within each stage and then discover new information linking pathology and infection. In the case of mastitis in Stage One; acute inflammation, we know that Belladonna, Bryonia and Urtica are the prime suspects, narrowing the acute sudden onset choice of

a remedy. Although in practice the three are often combined as a remedy for very acute cases, these three remedies are now easy to differentiate within this first group. Belladonna has very sudden onset, whilst Bryonia occurs slowly with more hardness. Belladonna and Bryonia are both associated with the typical early stage of a Staphylococcal or Streptococcal mastitic infection whereas Urtica is associated with an E. Coli infection in which the milk flow is affected. Suddenly our perplexing, random list changes into a practical approach every farmer can easily employ.

Frequently a busy farmer will miss the first stage because it advances to stage two before he spots the problem. In the Second Stage the cow progresses from an acute inflamed quarter, to one that has a knotty hardness and yields flecks or pus in the milk. In addition a commonly reported feature of this stage is an associated stiffness of the hindquarters. Phytolacca and Conium are the primary remedies implicated and the farmer is now in a position to choose from these. Nature assists us at every stage and it transpires that Phytolacca is related to the Staphylococcal or Streptococcal mastitic infection and continues from where Belladonna and Bryonia started whereas Conium is associated with an E. Coli infection in which the milk flow is affected and follows on from Urtica.

In stage three the remedy list includes Calc fluor and Silica as we progress from acute infection to a quarter hardened with scar tissue and discharging foul clots. At this point in the pathology the remedy is obviously working more slowly at promoting discharge and then resolving scar tissue to return the quarter to full activity. With antibiotic therapy it is common for a heavily fibrosed quarter to become either blind or only partially capable of lactation but usually this is not the case when the farmer uses the remedies above.

Mastitis is the principle source of loss on a dairy farm, with each incidence costing the UK farmer currently £220 (source: Dairy Farmer magazine and Farmer's Weekly). The main loss is from discarded milk, which has to be voided for three days after the cow is treated with an intramammary tube, parenteral antibiotics or steroids. The discard period can be twice this period if the farm is an Organic Milk supplier.

An Indian study by Varshney and Naresh, conducted to demonstrate the efficacy and comparative cost-effectiveness of homoeopathy and antibiotic therapy for bovine mastitis, concluded that the homoeopathic combination used was both effective and considerably cheaper than conventional treatment. The cows with mastitis were selected from the Indian Veterinary Research Institute and private dairy farms and all were between their 2nd and 6th lactation and not suffering any other clinical illness at the time of the study. The presence of inflammatory signs in the udder (heat, pain, swelling and oedema), asymmetry of shape and size of quarter; and physical changes in milk (flakes, clots, discoloration, consistency and CMT score) were the criteria for inclusion in the study. Cases of subclinical mastitis were excluded. In this trial 96 mastitic quarters (67 non-fibrosed and 29 fibrosed) were treated with a homoeopathic combination of Phytolacca 200, Calc fluor 200, Silica 30, Belladonna 30, Bryonia 30, Arnica 30, Conium 30 and Ipecacuanha 30. Another 96 quarters with acute mastitis (non-fibrosed) were treated with different antibiotics (administered by intramammary and/or parenteral routes). The trial included a design to test the comparative efficacy and cost effectiveness of two different dosage regimes of the same homoeopathic medicine. It transpired that giving 10 pills four times daily was more both more efficacious and cheaper than giving 15 pills twice daily in either a chronic fibrosed or acute non-fibrosed case of mastitis (see Table 1). In comparison to conventional treatment the overall effectiveness of the homoeopathic combination medicine in treatment of acute non-fibrosed mastitis was 86% with a mean recovery period of 7.7 days (range 3-28), and the total cost of therapy was 21.4 Rupees (€0.39, \$3.28). The corresponding cure rate for the antibiotic group was 59.2% with a mean recovery period of 4.5 days (range 2-15) and an average cost of 149.2 Rupees (€2.69, \$3.28) see Table 2.

TABLE 1

Table 1 Comparative efficacy of homeopathic combination medicine at two dose schedules in the management of clinical mastitis in lactating dairy cows

No. of quarters affected	Dose rate	Quarter cure rate (%)	Recovery period (days)			Per head per day cost of treatment (Rupees)	Average cost of total treatment (Rupees)
			Mean	S.E.	Range		
<i>Fibrosed mastitis</i>							
6	10 pills four times daily	66.60	9.66	1.89	6–17	3.24	31.29
23	15 pills twice daily	56.52	23.00*	2.89	6–52	2.43	55.89*
<i>Non-fibrosed mastitis</i>							
30	10 pills four times daily	93.33	5.03	0.28	3–7	3.24	16.31
37	15 pills twice daily	81.08	9.83*	0.91	3–28	2.43	23.88*

* $P < 0.05$.

TABLE 2

Group	Drugs	No. of quarters treated	Quarter cure rate	Recovery period (days)			Cost of treatment (Rupees)	
				Mean	S.E.	Range	Per head per day	Average total cost
1	Homeopathic combination medicine orally	67	86.56	7.68*	0.59	3–28	2.79	21.44** (€0.39, US\$0.47)
2.	Antibiotics (pooled)	96	59.18	4.54	0.20	2–15	34.04	149.20 (€2.69, US\$3.28)
(i)	Combination of penicillin, streptomycin, sulfamerazine and hydrocortisone (Pandiectin SR) intramammary	31	67.74	4.48	0.32	2–11	15.00	67.20 (€1.21, US\$1.48)
(ii)	(i) with Parenteral antibiotics	12	66.66	4.25	0.48	2–7	68.00	274.00 (€4.93, US\$6.00)
(iii)	Injectable enrofloxacin (500 mg) intramammary	13	36.36	4.61	0.51	3–5	25.50	71.50 (€1.29, US\$1.57)
(iv)	(iii) with intramuscular enrofloxacin at 5 mg/kg	11	52.84	6.27	1.01	3–15	44.75	280.00 (€5.05, US\$6.17)
(v)	A combination of ampicillin and cloxacillin (Tilox) intramammary	22	59.09	3.90	0.35	2–10	21.00	81.90 (€1.47, US\$1.80)
(vi)	A combination of colistin and cloxacillin (Mammitel) intramammary	7	71.42	4.71	0.47	3–7	30.00	120.00 (€2.16, US\$2.64)

* $P < 0.05$.

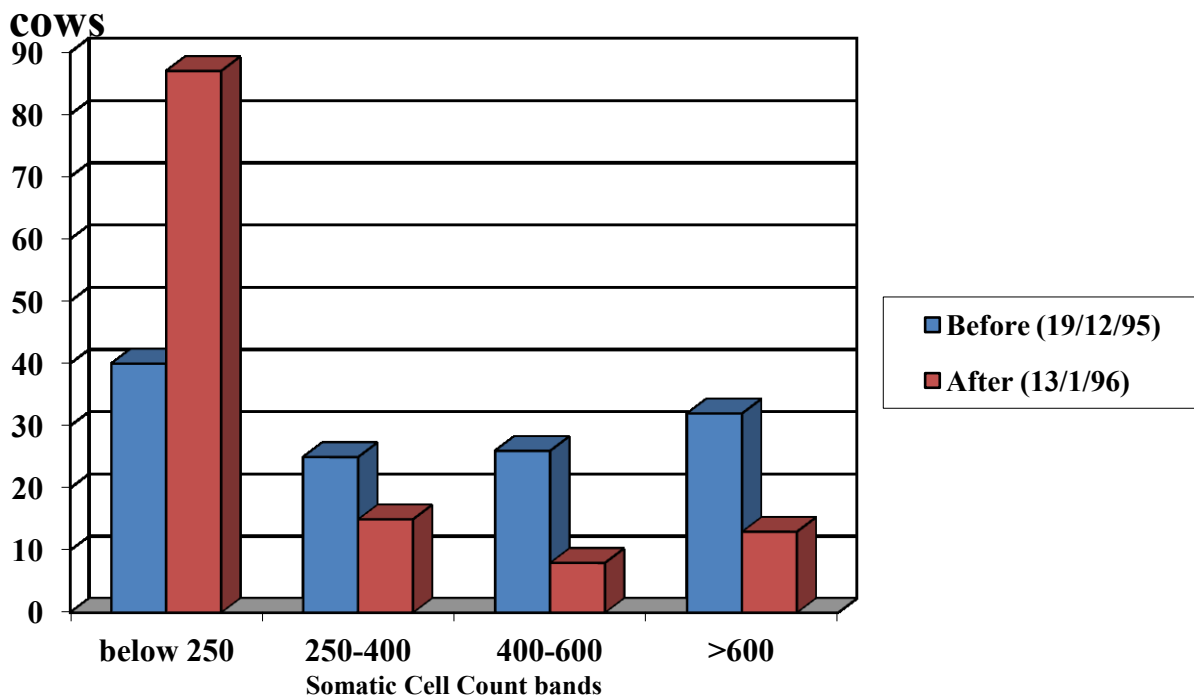
** $P < 0.01$.

Ideally a farmer wants to prevent mastitis rather than rely on treatment alone, especially as antibiotics resistance and failure is rife.

A clinical trial conducted on a Mexican dairy farm, in which 26 animals were divided into two homogenous groups of thirteen cows each, pairing for clinical mastitis status, milk production, age and number of lactations. Animals and treatments were assigned to each group according to a systematic randomized method. The treatment group received a combination remedy of Phosphorus 200, Phytolacca 200 and Conium 200, and the placebo group received a mixture of alcohol and water as a control. Monthly milk production was carefully recorded for each animal, as were results of the California Milk Test (CMT) performed on each of the four quarters of each cow's udder. The CMT is a standard qualitative method used by the dairy industry to give the farmer a means of predicting subclinical mastitis by assessing the likelihood of mastitic infection in any one quarter of a cow. The CMT uses a non-ionic detergent (sodium alkyl-sulphonate) to disintegrate milk cells, resulting in a cell conglomerate of gelatinous appearance. The larger the conglomerate (degree of reaction), the greater the number of cells. The results are converted to an equivalence of the somatic cell count (SCC) based on the degree of reaction. Although this test is subjective, dependent on the criteria of the person conducting the test, standardization is relatively simple, rendering it a popular test, widely used by dairy farmers around the world. In this Mexican study the test was always performed by the same person.

The results showed that the proportion of affected quarters, according to CMT, was 32% in the treatment group and 68% in the placebo group. The odds ratio of the difference demonstrate that animals receiving placebo presented 4.5 (1.78 – 11.73) times more subclinical mastitis than those receiving homeopathic treatment ($p < 0.05$). Average milk production in the treated group did not differ significantly from that of the control group ($p > 0.05$). This study confirms previous observations of the benefit the homeopathic method can provide in disease control in animal populations.

Many different remedy approaches have been used to treat and prevent mastitis but the most effective and simplest method is the use of nosodes in the water trough. A farmer can simply add the remedy to his cow's water and observe a huge diminution in the conventionally recorded indicator of subclinical mastitis, the Somatic Cell Count. The graph below demonstrates the results recorded over a three week period when a farmer new homoeopathy decided to adopt this approach. His erstwhile use of antibiotics had failed to resolve a huge mastitic problem in which most of his 123 lactating cows were ailing with SCC counts above 200,000. After medicating his troughs with a mastitis nosode we supplied (in this case UDDER HEALTH and UDDER CARE) he recorded a 117% change in healthy cows over the most prevalent seasonal period for the problem without making any other changes to his husbandry.



Other studies have been conducted with other bovine problems including three papers by Willaimson *et al* on the prevention of anoestrus using Sepia 200 and a paper by Kayne and Rafferty on the use of Arsenicum for calf scours.

Farmers are now in a very fortunate position as regards homoeopathic education and support. Apart from our excellent little book, *The Herdsmans Guide*, they have access to one day courses run by OMSCo, the Organic Milk Supplier's Cooperative and a four day Homoeopathy at Wellie Level course. The 26 Organic Dairy farms that existed when I began have swelled to over 500 and Organic milk is now available in every supermarket. Let us hope that people learn to appreciate that if homoeopathy is good enough for their animals it is surely good enough for them!

Conclusion

As we encounter unwarranted criticism, from the media and certain scientific bodies, it is valuable to note how advances in veterinary homoeopathic medicine are providing a way forward. Demonstrating the results of animal treatment and prevention is a very real means of promoting the widespread use of homoeopathy.

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