



Douglas Welsh  
Secretariat: Sheila de Villiers  
[www.africanhorsesickness.co.za](http://www.africanhorsesickness.co.za)  
P O Box 40, Durban 4000

email: [dougw@tiscali.co.za](mailto:dougw@tiscali.co.za)

email: [sheila.devilliers@racingsouthafrica.co.za](mailto:sheila.devilliers@racingsouthafrica.co.za)

cell: 082 965 4082

tel: 031 769 2961

fax: 031 769 2944

---

## “URGENT PRESS RELEASE”

### Treatment of African Horse Sickness – be aware!!

Firstly, there is **NO** evidence that there is a new strain of AHSV this year. Of the many samples that have been tested and serotyped to date no new strain has been found.

The AHS Trust over the past few years has uncovered many strange and often barbaric treatments for horses suffering from African Horse Sickness. Some of these treatments are so cruel the horse owners should be ashamed to be associated with them.

Horse owners are unfortunately desperate to “save” horses suffering from African Horse Sickness. Unfortunately in their desperation they do not pay attention to basic pharmacological principles when using medication. These horses are severely compromised and often drugs are used at incorrect dosages and also inappropriately. The motto when treating should be “FIRST DO NO HARM!!”

Some examples of inappropriate usage of medication are the following:

- Phenylbutazone (“Bute”) - it is a potent anti-inflammatory, but causes gastric ulceration and kidney damage in dehydrated horses.
- Korticosteroids – very potent anti-inflammatory, but may cause similar side effects as phenylbutazone and is also an immunosuppressant. High dosages of korticosteroids may cause laminitis (which is already a potential problem in AHS cases).
- Antibiotics – the use of antibiotics is questionable in the treatment of AHS. Secondary bacterial infections are rare.
- Intravenous calcium infusions – may be beneficial in early stages to stabilize vascular membranes, but must be administered VERY slowly intravenously as it has a profound effect on cardiac output.
- Other treatments such as “subcutaneous Dettol”, “intravenous formalin” etc. has NO scientific rationale and may only be HARMFUL to an already very sick horse.

Phenylbutazone certainly has a place in keeping the fever down and as an anti-inflammatory/ painkiller in a horse suffering from AHS. It must however be given with caution and for a short period under the supervision of a vet. Korticosteroids are widely gaining support in the treatment of AHS. It may sound controversial to

use it in a viral disease but the hypothesis is that most of the damage done in AHS is due to an auto-immune reaction caused by the virus. Most of the big equine practices now use it and it certainly does make a difference.

Further the use of any sort of unproven equipment for the treatment of AHS is not supported by the AHS Trust and can in fact be detrimental for horses suffering from the AHS virus.

Conclusion:

Keep the horse very quiet to limit stressful circumstances. Contact your veterinarian for advice and treatment.

PLEASE NOTE : The use of any of the above treatments must be under veterinarian advice ONLY

Douglas Welsh (Chairman)  
[www.africanhorsesickness.co.za](http://www.africanhorsesickness.co.za)

Thursday, 7<sup>th</sup> April 2011