

Tothache creates BEHAVIORAL problems

Medical problem, assumed to be behavioral, solved with integrative approach

he young gelding was a new purchase by a lovely, kindhearted woman who wanted a nice trail horse for her family. "Luke" was a big chestnut Quarter Horse, about five years old who had extensive training in reining and cutting. The new owner wanted a natural horsemanship foundation established before she took him home, so he arrived at my barn for a three month program to include trail training.

When a new horse arrives at my barn I always perform a thorough examination for injuries and watch closely for any mysterious swellings or soreness that may arise in the first 24 hours as a result of injury sustained during transportation. While examining Luke, I noticed a small hole under his chin in the middle of his left jawbone that appeared to be a draining abscess. I pointed out the abscess to the new owner and she said that her veterinarian had examined it the week prior assuring her that it was simply a puncture wound and it would heal.

Over the next couple days, I determined that Luke appeared to be well trained, but his overall attitude and countenance was listless and quick to agitate with pinny ears and a swishy tail. I also noted he was very mouthy which did not improve with correction. He was constantly nibbling and nipping at me when I was grooming, working with his feet, bonding and flexing - basically whenever I was in close proximity. He was also moody and not making a bonding connection, with an attitude of "performing only because I have to" instead of willingly participating with me. I was a bit stumped searching for techniques that would invoke his willingness for a relationship, but he maintained a ho-hum duplicitous attitude. He certainly was not an unkind horse in any way, just something wasn't right and he was seemingly unhappy.

No Improvement for Two Weeks

A couple weeks went by as I continued to work with him, clean

The previous owner sold Luke because "he just wouldn't perform" to optimum level as a reining and cutting horse. No wonder! How well would you perform if you had a toothache for two years?

ork with him, clean his wound and apply antibiotics daily, but neither his attitude nor his wound was improving. In fact, the hole in his jaw was starting to widen and more pus matter

draining regardless of my efforts. I felt

around the wound and knew this wasn't a simple puncture wound or abscess; it had to be a bone infection. My vet agreed that it sounded like an infection in the bone, but felt it was a bad tooth, not a puncture wound and suggested an x-ray.

I hadn't thought about a bad tooth. It took my breath away to imagine how long this horse must have been in pain to now have an infection coming out through the jaw bone under the chin.

With this information I made the phone call to the owner. She was more than happy to have my vet exam the young



Tartar buildup on canines and incisors should be removed.

gelding and was deeply concerned about her horse being in pain. The vet's visit that afternoon confirmed that a lower molar tooth was completely infected beyond repair and the tooth next to it badly infected, but possibly salvageable. Based on the level of deterioration and the infection in the jaw bone my vet said that the tooth had probably been infected for at least two years.



Ideally, a horse's bite should be checked with its head in grazing position. This horse's bite is an example of a "parrot mouth," similar to an overbite in humans.

I was flooded with emotions of pity, guilt and compassion for this horse. It all made sense now. His behavior, his aloofness, his agitation, his mouthiness;



he was just trying to tell me "I hurt." I wrapped my arms around the horse's neck and tears welled up as I asked his forgiveness for not recognizing his pain sooner. What a tolerant and forgiving boy. This horse chose to tolerate people and our continued requests for performance while he stuffed his pain and put up with us.

Within a few days the tooth was pulled and a routine float was performed. Since the gelding's mouth was so sore, I soaked his hay for each feeding. Also whenever a horse has dental care that involves sedation, I feed a very wet bran mash once a day for the first three days after the procedure. Sedation slows the gut and if your horse is on the verge of colic due to an impaction/constipation which otherwise would possibly have worked itself out naturally, the sedation and soreness in the mouth can be enough to push the horse into colic. A horse is not going to eat as much or as frequently right after a dental procedure due to the soreness in his mouth, so again I highly recommend a very wet bran mash at least once a day for the first three days.

Head-to-Tail Adjustment Does Wonders

A couple weeks later the chiropractor was out for his usual 30-day visit and performed several adjustments on Luke. His Poll, Atlas and TMJ needing adjusting along with T1, shoulders, hips, sacrum, whorlbone and tail. Basically from head to tail he was adjusted. What was simply amazing was right after the doctor adjusted Luke's TMJ, the horse completely relaxed, releasing a huge emotional sigh that prompted a client standing by to exclaim "did you see that?" He was finally out of pain for the first time in at least two years. His eyes

Opposite page: To properly provide complete and full equine dental treatment, specialized instruments are required for each quadrant of teeth. Here, an incisor reduction and realignment instrument is used by Dennis Chapman, PhD, EqDT, to treat superior and inferior incisors and to remove hooks, waves, and chips to prevent soft tissue ulceration/laceration. Left: To correct problems with the teeth, the upper incisors require reduction and the lower incisors should be realigned to the T*NJ* angle to provide optimum "nipper" contact. (Photos ©Holistic Horse)

sparkled and he seemed to glow – it was a beautiful sight.

I believe it is critical to a horse's recovery after dental care to have chiropractic performed before resuming training and/or riding. Dental problems and procedures affect the WHOLE horse; like dominos, as one falls they all fall. I know when I have a headache it tends to move into my neck down my shoulders and then into my back; the same is true for our horses.



A post-dental chiropractic session is recommended.

Kimberly Henneman, DVM, Park City, Utah

After four weeks the young gelding was able to eat dry hay and was healing beautifully. The most remarkable change, however, was Luke's emotional wellbeing. There was a sparkle in his eye and lightness in his feet. He no longer was nibbling or biting since "I got the message" that he was hurting and addressed the source of his behavior. It was a privilege to take care of him during his recovery which bonded us deeply. He was a completely different

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horse with a loving desire to please and to be with me, and, wow, was he a wonderful ride! We were on the trails in no time running freely through the woods and swimming in the creek. As I always say, Problems are not always training issues.



Missy Wryn is a WHolistic Horsemanship trainer working with the whole horse while teaching IRON FREE Riding (no bits, no spurs). Specializing in problem and dangerous horses, Missy has developed a unique,

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Administer hypericum the night before, and the morning and evening of, with maybe a bit of arnica after the procedure. Use a comfrey compress on the TMJ after. And if the horse is fearful when the dentist comes next time, offer some Aconite just before.

Perhaps the strongest prepared quieting formula is Hilton Herb's Liquid Extract, Confidence Plus Gold. Would need to start a few days ahead of time.

— Joyce Harman, DVM, MRCVS

While dental work is a very important component of equine health, many standard practices of the industry, such as the pressure from use of the speculum, the length of time it is opened during dental work, and the use of both power tools and hand tools, put unhealthy pressures on the bones of the skull. Compensation patterns in mastication are often a consequence. Consider craniosacral work to counterbalance this kind of trauma from dental procedures. — Maureen Rogers (see article p24)

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