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TREATMENT OF COLIC IN HORSES

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Abstract: *This article provides information on the causes, clinical symptoms, and treatment methods of colic disease in horses.*

Keywords: *horse, colic, stomach, intestine, clinical signs, body temperature, venous blood vessel.*

Materials and Methods

Before and during the experiment, the morphological and physiological parameters of horses were studied. Heart rate, respiration rhythm, gastric motility, and intestinal peristaltic sounds in the abdominal cavity were assessed. Body temperature was measured with a thermometer. The condition of the nostrils, eyes, oral cavity, mucous membranes, right, left, and lower abdominal areas, signs of pain, local temperature, physical and psychological status, consistency and rhythm of gastric and intestinal movements, condition of the rectum and lymph nodes were studied using general clinical examination methods (observation, auscultation, palpation, percussion) and specific clinical approaches.

Analysis of Research Results

Due to the morphological and physiological uniqueness of the equine digestive system compared to other livestock species, any disturbances in feed composition, quality, training regimen, or bio-ecological environment can negatively affect the body, causing **spasmodic and peritoneal pain**, and internal **enteral disorders**. The disease often occurs when feeding schedules or exercise routines are disrupted, or when a sudden change in feed type occurs. It can also develop when large amounts of grain are fed, when horses are exercised on a full stomach, or when

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exhausted horses are given excessive feed. Moldy, spoiled, or rapidly fermenting feeds, as well as cold stress or consumption of cold water, can overactivate the **sympathetic nervous system**, leading to **spasmodic contraction of the pyloric sphincter**.

Other causes include **abnormal tooth wear** or **oral inflammation**, which prevents proper mastication. Undigested feed accumulates and ferments in the stomach, releasing irritating organic compounds that disrupt gastric motility. As a result, the stomach becomes distended, leading to pyloric spasm. Imbalanced feeding can result in **gastritis**, **enteritis**, **intestinal torsion**, and blockage. These lead to functional changes in the intestines, including morphological, sensory, motility, secretory, and absorptive alterations. Colic may present in **mild**, **acute**, or **chronic** forms. Autointoxication and dehydration may occur, with associated liver dysfunction, **hemoconcentration**, **hypertension**, **acidosis**, **muscle tremors**, **tachycardia**, and **dyspnea**.

Experimental Cases

1st Case Study: The horse was given twice its usual daily grain portion. Clinical symptoms appeared 4–5 hours later. The horse showed signs of restlessness, stamping its feet, looking at its abdomen, and rolling. As gastric distention increased, the symptoms intensified. Jugular vein pulsation in reverse direction was observed. The animal's condition worsened, with excessive sweating, muscle tremors, body temperature reaching **40°C**, mucosal hyperemia, and cyanosis. Breathing became labored and shallow.

2nd Case Study: The horse was fed coarse, low-quality feeds lacking essential vitamins and minerals for an extended period and was not given sufficient water. As a result, the horse became thin and weak, with reduced salivation and intestinal peristalsis. Early signs included mild restlessness, occasional feed intake, and constipation. As the condition progressed, the horse frequently looked at its belly, exhibited tension during movement, and showed frequent lying down and rolling. Symptoms rapidly intensified. Signs of **secondary gastric distention**, difficulty

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breathing, **anorexia**, and **profuse sweating** appeared. At the final stage, the horse threw itself to the ground, rolled, and lay on its back with its legs raised.

Treatment

To relieve pain and calm the animal:

- **10% Analgin solution** (40–50 ml) intravenously
- **Caffeine solution** (10–20 ml) subcutaneously

To combat intoxication:

- Intravenous infusion of a specially prepared **complex solution** containing:
  - 250–300 ml of 5–10% sodium chloride solution
  - 10–30 sodium chloride tablets
  - 50–60 g glucose powder
  - 10 ml 5% ascorbic acid
  - 10–20 ml cyanocobalamin
  - 1–2 ml 20% caffeine
  - 5 ml thiamine bromide
  - 5 ml riboflavin
  - 5 ml nicotinic acid
  - 250–300 ml distilled water

After infusion, a gastric tube is inserted to release gas and stomach fluid. Additionally, rectal enemas and abdominal massage provide good results.

After colic symptoms are alleviated, one of the following may be administered:

- 300–500 g of **Glauber's salt (magnesium sulfate)**
- Mucilaginous decoctions
- 700–1000 ml sunflower oil or 400–500 ml cottonseed oil

To suppress fermentation, **antibiotics and sulfonamides** are recommended. From the second day, small portions of high-quality feed can be introduced, and only from the third day can the horse be gradually returned to its usual diet.

Conclusion

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It is essential to adhere to proper feeding practices and ensure the **quality** of the feed given to horses to prevent colic and related complications.

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