

## Volunteer Vet (CWRC) – Borjuri, Assam

Minla Zangmu Lachungpa\*



As a freshly graduated Sikkimese veterinarian from College of AH&VS, Selesih, Aizawl, seeking to become a wildlife vet, I took a gap year to gain as much exposure and experiences by volunteering at wildlife rescue centres in India, beginning with the Centre for Wildlife Rehabilitation and Conservation CWRC from 12-30 October 2010.

Arriving at CWRC on the night of 11th October 2010, Day-1 began the very next morning

with Dr. Anil Deka briefing me on the work being done at the Centre as well as an overall tour, introduction to the animal keepers and the various enclosures.

Animals present during my stay at the Centre were:

**Small animal nursery:** Two rhesus macaques, one sub-adult male with posterior paralysis and an infant orphan; one peacock soft-shelled turtle

**Large animal nursery:** Four Asian elephant calves (a male named Dihing; three females Junmoni, Tara and Sonari, the last with a history of navel sores and recent bout of diarrhea and dehydration).

**Outside enclosures:** Three common leopards (two adult males and a juvenile female); a royal bengal tiger (adult, male), a hoolock gibbon (juvenile, male), two common palm civets (juvenile, males), a brown wood owl, a lesser adjutant stork, five male one-horned rhinoceros (two calves, three young adults), an adult male asiatic wild buffalo and Indian gaur, and six sub-adult Asian elephants (four males, two females).

It was heartening to know that all animals present at the centre were the result of successful rescue missions carried out, and are largely on the rehabilitation programme, including the young common leopard cub, which will be a first in the history of leopard rescues and rehabilitation.

Daily duties required me to look after the elephant calves during the day, feeding of all animals and assisting the veterinarian in treatment of sick inmates and rescues as well keeping of daily-treatment and new patients' admission registers. Duties also extended to helping in the preparation of monthly progress reports and rescue case reports, spring-cleaning the examination room and photography during rescue missions.

The following days comprised of baby-sitting the elephant calves, especially little Sonari who turned out to be my favorite. Watching her feebly wave a twig about as well as putting trunk in her mouth was very reminiscent of a baby sucking its thumb.

Another charmer turned out to be Dihing who often caught me unawares, when he tried to taste my shoulder or knee or when he decided that I made for a good rubbing post. It was however a little disheartening to know that these calves especially the youngest ones, were still very accustomed to human presence, a factor which might most definitely get in the way of the already challenging rehabilitation process. also helped put up a makeshift terrarium for the aggressive little peacock soft-shelled turtle using one side of an old transport box, where we let it have some earth base to

move around. After floundering around a plastic bucket for a couple of weeks it must have appreciated the change in scenery, for it did not enter the pool of water we had provided for it for quite a few days after we introduced it to its new home. For the enrichment part, Christie Minge who had volunteered just before me had done an excellent job with providing enrichment to the big cats as well as the Hoolock Gibbon.



Young Hoolock Gibbon

Evenings were by no means dull. I was required to provide for physiotherapy to the rhesus macaque with posterior paralysis. Treatment over the past month indicated hot fomentation to the affected limbs. I was glad to assist by way of providing exercise as well as massaging of the limbs to improve circulation. This however brought to light three palpable nodules present in the area of the thigh and calf muscles. There were also signs of some fresh as well as old abscesses in the affected limbs. Bed sores made sense in that it was an obvious factor considering the extent of muscle wasting and that it had to drag itself to move about the cage.

As for the abscesses and nodules, one could only assume compromisation of the immune system. Dr. Phulmoni Gogoi and I researched primate diseases and came to the conclusion that it could most possibly be suffering from

---

\*Minla Zangmu Lachungpa, minlaz1806@gmail.com

Tuberculosis but we could not make a confirmed diagnosis as the macaque was already on antibiotic therapy. A week later I again discovered another soft lump on the monkey's back at the region of the spine. On aspiration, we found it to be filled with pus like material. Gauging by the extent of paralysis and muscle wasting, abscesses which did not heal despite daily dressing and antibiotic therapy, suspicion of Tuberculosis as well as overall failing condition of the macaque, euthanasia was considered, which eventually was the only option when it was found to be dying on the morning of 24th October. Postmortem examination finally did confirm our fears of Tuberculosis since all vital organs especially the lungs and liver were found to be heavily nodulated. This was a first for most of us at the Centre, especially for me, since it was most obviously my first clinical encounter with wildlife of any sort.

It was also an amazing experience to be part of (although for only three days) the flight training for the brown wood owl. I hope it will soon learn how to take wing so it can spread word of the Centre to other owls in need of rescue.

There was a definite change in scenery when I was taken for a rescue mission to Bijuli Tea estate, where the locals had found an abandoned elephant calf just under a month old. The calf was immediately treated for a possible navel infection and brought back to the centre where it was rehydrated using electrolyte solution every two hours. As I learned, it was by far a rather easy rescue mission considering the age of the calf. Its age as well as its size allowed for easy manipulation as well as bottle feeding as compared to other elephant calves which were brought in at a greater age of about 1-2 years where handling became very difficult. Bijuli as the calf was later named adapted to the nursery and bottle feeding very well and was housed with Sonari.

Both calves were fed at the same time, and had to be given the same treatment. Sonari who had recovered from diarrhea was still dehydrated and her navel started to show signs of inflammation, as did Bijuli's. Sonari also developed a small maggoty wound in the region of the vulva which was promptly treated.

I was also very lucky to be given my first trip to Kaziranga on 16th October for a case of two captive elephants which required treatment. This was also a trip where I saw my first wild rhinos, hog deer, a grey headed fish



**Baby-sitting and bottle feeding the elephant calves like always hungry Sonari here.**



**Treating the elephant Rattan.**



**Helping Dr. Anthony with the treatment of old Joyraj**

tract infection. The second elephant was Joyraj – a retired 59 year old tusker whom we found collapsed in the grassland. Emergency treatment using Normal Saline solution and intravenous infusion of calcium was carried out after which he gained strength, and with the help of the forest guards was brought back up on his feet.

Other such out-cases also included captive elephants like Babu from Amguri camp with an inflamed right hind leg, Phulan a privately owned elephant with problems similar to Babu's, two seized elephants Gulzar and Queen who reportedly, did not get a very welcome response from one of the wild herds in the Park, and also one wild rescued young male at Pilkhana, who was attacked by the locals when he decided to use their freshly washed clothes as a fly-swat.

Being a resident of Sikkim it isn't every day that I get to see and interact with elephants. I was lucky to receive another dose of these majestic creatures on 28th October morning,

I was taken along by Dr. A. Deka to Mihimukh, Kaziranga, to attend the Training Workshop on 'Captive Elephant Foot-care in Protected Areas in Assam' by Mick Jones of Chester Zoo. I also got to attend a clinical examination camp for privately owned captive elephants on 30th October.

New entrants to the CWRC arrived on the night of 26th October in the forms of two very young Jungle Cat cubs and a juvenile Adjutant Stork. Sadly, one cub was already dying by the time they arrived, and all attempts at saving it were rendered futile. Post-mortem examination revealed a heavy ascarid infestation, immediately after which the second cub was given a dose of Piperazine-hydrate. Unfortunately, the infestation proved too great and this cub too died within three days of admission. The Stork too was in desperate need of attention. It had a fractured elbow, as well as a heavily maggot infested rump due to wounds around the tail region. Treatment was immediately carried out, and I hope it is well on its way to recovery now.

I would have loved to make my stay at CWRC a whole one month package, but was required to go to a satellite centre, the Mobile Veterinary Services (MVS) Lower Assam field station at Kokrajhar which was known for its dishearteningly regular rescue cases. Working with Dr. Panjit to treat an injured young Indian/black-naped hare back to health, rushing off to rescue an elephant calf in Goalpara (the day I reached Kokrajhar!) as well as attempt



**Getting some fluids in a dehydrated Jungle Cat kitten.**

to teach the white-backed? vulture (a Critically Endangered species) how to fly were certainly very memorable.

For a veterinary student who wants to work with wildlife, CWRC and the MVS-Kokrajhar proved to be the perfect place to get all the experience I needed. There's just so much to learn and everyday there's something new to do. Of course, there were days when I wanted to just romp through the jungle with the elephant calves or even the leopard cub, but I had to keep reminding myself – "Rehabilitate, REHABILITATE!" And that's the beauty of the whole program. To rescue when needed and then to send them back home with a satisfied sense of a job well done.

