

ENTERITIS AND IT'S TREATMENT IN AN ASIAN ELEPHANT

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Enteritis is the inflammation of the intestinal mucosa resulting in diarrhoea, that sometimes leads to dysentery, abdominal pain and varying degree of dehydration, acid-base imbalance etc. It is very common in domestic animals and less common in wild animals. In elephants it is a common disease due to change in feeding habits. In Jaldapara Wildlife Sanctuary such a case of enteritis was recorded in a male tusker (Lalbahadur).

A thirty-year old, male Asian Elephant (*Elephas maximus*) weighing about four tonnes was suffering from enteritis. It was reported that the elephant was eating soil and had decreased food intake during the last two weeks before the onset of symptoms.

The major clinical findings were projectile catarrhal diarrhoea with unpleasant odour containing mud associated with abdominal pain. From the second day onwards, the faeces became more fluidy that smeared the tail and innerside of the hock, fluid rushing sound. Severe dehydration with fever (40°C) and complete anorexia were also noticed. Blood *et al.* (1983) reported that in cattle, enteritis followed after intake of physical agents like sand, soil and feed containing lactic acid.

Blood, urine and faecal samples were collected and analyzed. The results were as follows with normal values for Asian Elephants (Joshi, 1991) provided within brackets. Blood samples showed TRC 3.1 (2.81) millions per cmm; haemoglobin 9.5 (13.4)g/dl; TLC - 8.6 (10.2) thousand per cmm; neutrophils 36% (36.5); Lymphocytes - 56% (51.7), monocytes 3% (2.2) and eosinophils 8% (9.4). Urine had specific gravity of 1.20 and pH 7 and it was negative for albumin, bile salt, sugar and sediments but volume was reduced. Faecal sample was negative for parasitic ova.

From the above symptoms, biochemical and faecal test the case was diagnosed as acute diarrhoea.

Treatment and management: As the condition was acute, the animal was immediately made to rest under shade and the

following treatment was started.

- a. Inj. Rintose(R) (Wockhardt) - 540ml bottle X 5 bottle I/V daily.
- b. Inj. Oxytetracycline hydrochloride (Sarabhai) - 4.5g I/M daily.
- c. Inj. B complex with liver extract (Concept) - 40 ml I/M daily.
- d. Electrocion (R) (Merck) - 300g orally daily.

The above treatment was continued for five days. But still dung bolus with fluid, abdominal pain, partial anorexia, mild fluid rushing sound continued.

After observing for two days the following treatment was continued for six days.

- a. Tab. Diphenoxylate - 1.25mg, atropine sulphate - 0.125mg, furazolidine - 250mg, all four times daily (Searlie).
- b. Pancreatin - 0.75g, bile extract - 1.25mg, pepsin - 25mg, diatase (1:2000) 50mg, dimethylsiloxane - 125mg (Rallis), four times daily.
- c. Mineral with vitamin mixture (Brihans) - 50g daily

Along with medicines, 30 pieces of ripe banana and two litres of sugarcane juice were given daily. The latter two were continued for two months.

The animal responded to the intensive treatment. He regained his appetite fully and the dung became normal (a solid bolus). The second phase of the treatment was necessary as the animal did not respond to the initial treatment completely.

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References

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