

Dr. Wood's Allergy Strategies

In central Oklahoma, many pets suffer from seasonal allergies. These are exacerbated by chronic food and flea allergies. As I tell my clients, as I am busy enjoying upper respiratory symptoms, our pets are in a frenzy of itching and scratching. The big three are digging and flipping of the ears with many secondary bacterial infections, chewing/licking of the feet, and scooting their bottom across the floor trying to relieve blocked anal glands. A few, especially the brachycephalic breeds, do exhibit upper respiratory congestion. It is important to be able to discern from the history whether the allergies are food based or seasonal atopic allergies. If the pet is allergic to a food it is consuming every day, it follows that the pet will exhibit symptoms all year long. If it is seasonal atopy, the owner will note the symptoms occur about the same time every year—generally spring and fall—while being asymptomatic in between.

One additional strategy I have employed in the summer of 2008 is the use of Comfortis to kill fleas after just one bite. Capstar will do the same thing, but it has to be used every other day resulting in a high monthly cost. I have learned from www.itchnot.com how important it is to make this happen. Many pets are suffering from hundreds of flea bites daily, yet neither the owner nor I can ever find any fleas on the pets. Because of the extreme ability of intradermal flea saliva to trigger allergies, I try to get every pet treated with a product that will kill them after just one bite. Dr. Dennis Crow, at a seminar in June 2010 was just as emphatic. He said as long as an allergic pet was getting bitten by fleas, the pet was never going to get better no matter what therapy was employed. I also recently had a pet that I had not been able to clear chronically itchy ears, even taking my own advice. The owner told me she had moved from a home with carpet to a home with ceramic tile floors. After moving, the pets' ears cleared, so it is obvious the carpet was a trigger that was keeping the pets' allergy pump primed. Important allergy triggers that must be dealt with are food allergies, flea bites, short hair cuts, and carpets. Another trigger I discovered was a dog I was unable to get cleared up. Upon intense questioning about what the pet was eating revealed the dog's diet and treats were OK. However, the dog was eating cat feces from cats that were eating a grain based diet. So, to get things under control, the owner had to give the cats a grain free/novel protein diet. Another trigger concept Dr. Crow emphasized was the fact allergens are absorbed through the skin, much like transdermal gels deliver medication. It was previously thought the allergic symptoms pets exhibited were due to the allergens being inhaled. This is an extremely important fact in our understanding and treatment of allergies. It means allergic pets need to be bathed weekly—using non-detergent shampoos only—to decrease allergen exposure. It also helps to understand how serious it is not to do this. Allergic pets lick their feet and body all the time—not because they were raised by cats—and since 70% of the immune system is in the gut, this constant allergen exposure stimulating the immune system is like being stung by a bee hundreds of times a day. This also highlights the necessity of an effective oral flea treatment. Topical treatments will be diluted and washed off with weekly baths, requiring potentially dangerous off-label increased applications.

I also learned I can give an intramuscular injection of dexamethasone to provide two weeks of relief, while the drug is completely out of the system in 24 hours. The dexamethasone makes the eosinophils and mast cells “go away”, and it takes two weeks for the histamine packets to fill up.

I was taught these pets have a steroid deficiency, and so for years I treated them with long-acting steroid injections and prednisone tablets. During that time, many clients expressed dissatisfaction with steroids, and I told them it was alright if we watched the dose. In reality, I didn't have anything else to offer.

Secondary ear infections are one of the most common problems encountered in these cases. Again, I was taught to treat the infection with medications containing antibacterial, antifungal, and anti-inflammatory (steroid) agents. After hearing a skin specialist from Kansas City on two separate occasions, I completely changed my treatment strategy. He emphatically said topical steroids destroyed the local immune system in the ear and guaranteed an infection that never goes away. However, the steroid in the medication stops the itching very effectively. Owners complain the “infection” returns the day after they stop applying the medication. Therefore, I had to find an otic treatment that was effective against yeast and bacteria, yet was steroid free. My current choice is Heal-A-Pet Ear Care. It is manufactured by NuTopicals and their phone number is 405.387.3898. I also do otic swabs with applicators, cotton-tipped, and heat-fix the smear with a coffee warmer and stain with H & E. No bacteria are seen in normal ears. In my practice, 95% are a Staph infection. There are a few Strep, yeast, and gram negative rod infections. I usually prescribe 15 days of cephalexin for the Staph infection, as well as the aforementioned non-steroidal topical treatment. It is really important to note how itchy an unchecked Staph infection is, wherever it is. I've had pets come in where I was the second or third vet, and I was able to achieve a significant reduction in itching a few hours after the first cephalexin capsule was given. If the ears are really bad, I won't hesitate to sedate the pet and do a deep cleaning of the ears, doing diagnostic swabs pre and post cleaning.

Since underlying allergies are almost always involved, I feel I need to take care of them to help the pet get well. As a confession, I will give a long acting steroid injection twice yearly i.e. spring and fall, if the pet is really miserable. When I reach for the bottle I am usually saying, “Father forgive me, I am about to sin...” I tell my clients we need to lower the pet's allergy threshold, so the pet can breathe a little pollen and not go crazy itching and so they can walk on the Bermuda grass without acting like they are walking on an electrified plate. The first thing I do is to check the pet's iodine level by placing a small amount of weak tincture of iodine on the scapha of the ear. It should stay that color for 12 hours. Note: when the hair has some iodine on it, it will take several days to clear no matter what. I tell my clients, “if it fades, it fails”. When it fails, I use molecular iodine. The dose varies, but it ranges from 1-2 capfuls on a food treat 1-2 times daily. It is a good idea to recheck the iodine in the ear every 2 weeks. The iodine may have to be given year 'round, or seasonally may be all that is necessary. Many of my clients now understand if their pet starts itching, they need to get some iodine. Note: putting tincture

of iodine on the ear scapha is OK for testing, I've only had 1 pet have a reaction to it, but I don't think it's a good way to treat it.

I also think several other minerals can be very helpful in more severe cases of skin allergies. Specifically I am thinking of Dr. Wood's Mineral Formula that in addition to iodine has MSM, copper, zinc, indium, and selenium. Omega-3 fatty acids are also very helpful. I prefer capsules, as I think this avoids the problem of the liquids in a bottle turning rancid. A good pro-biotic is also a good idea. I use Bac-Pac + from Sports and Stress Marketing, 1.800.872.0073. It also has enzymes in it. I really believe bio-available minerals, enzymes, and pro-biotics are the cornerstones of health. [I would like to add a quote I saw in the August 2008 issue of Veterinary Forum, page 32. Hazel C. Carney, DVM, MS, DABVP in her article *IBD in Practice*, writes "I also suggest the use of a probiotic supplement. It won't interfere with future diagnostics or therapeutics, and more and more work is showing that probiotics are having a positive influence on the general immune function.]

Since I saw more research done by Dr. Roderick MacKinnon of Rockefeller University, I now recommend a good source of omega-3 fatty acids right away. I knew it was helpful, but I was using as a secondary strategy. Now, however, I think it is so important I recommend it as a first line treatment. I have many allergic pets that do very well with molecular iodine and omega-3 fatty acids. At the 2009 OVMA convention, I heard a veterinary nutritionist speak, and she was warning human omega 3 fatty acids have dangerously high levels of vitamin D for veterinary patients. The companies many times don't add vitamin D, so they don't list these levels on the label. Her three favorite labels are: 3V Caps, Wellactin, and Nordic Naturals. Since then, we have to offer another brand due to availability issues.

I used to save food allergies for last, but now it is one of the first changes I recommend. About 70% of the pet's immune system is in the gut which means feeding a diet the pet is allergic to becomes such a significant allergic trigger I can not gain control of the pet's allergies. The two options I give clients are they go the cheap way and conduct a food trial at home, or suck it up and buy a commercial grain free-novel protein diet. A specialist from Kansas City is who I learned the home cooked diet from. He recommends potato and green beans for 6 weeks to cleanse the pet. Yes, the pet will lose weight. Then, the client makes a list of whatever they think they might want to add to the diet, and they feed a small amount for 2 days, note any skin reactions, and feed green beans and potatoes for 5 days to cleanse the pet for the next food trial. When it is all done, the client will know what is safe and what is not. It is a huge amount of work, but we have had some dedicated clients have fantastic results with it. Another point worth noting is the same specialist said all cases of seizure activity diagnosed as epilepsy are simply food allergies. I thought he was hallucinating, but it turns out he is correct. I haven't had but three pets on phenobarbital or potassium bromide for several years. The defining moment occurred before I had ever attempted this strategy. A client of mine had a co-worker who had a 125# female German Shepherd that was having uncontrolled seizure activity and extremely severe skin allergies. She was on an extremely high dose of phenobarbital and steroids, and she was getting a lot worse. My client said she knew I

could help, so her friend would be making an appointment. This gave me the courage to try the new therapy, as more of what the pet was already getting was not an option. I put the pet on the green beans and potatoes and the owner called the next day and said the seizures and the itching had stopped completely. I told her to wean the pet off the phenobarbital and steroids, so what she did was to just stop both. Incredibly, the pet continued to improve, and the owner told me her pet grabbed her bowl and threw it at her, she was so excited to eat the new diet. My interpretation was the former food was giving her a stomach ache, and the new food didn't. I never had realized how common this is, until this pet showed me the way. It is really a pretty common occurrence. I know some folks don't like IVD diets, but I've had good success with the potato venison, especially if the owners absolutely refuse to cook for their pet. I also recommend all allergic dogs to immediately stop eating calf hooves, pigs' ears, and rawhide treats. On a percentage basis, beef and dairy are the two most likely sources of food allergies, so these should be avoided if a specific food allergy trial is not done. I also prefer potato as a carbohydrate source, as some pets are allergic to rice. Grain free-novel protein diets have become so popular, there are now many choices and most pet food retailers stock several different brands.

I have also recently started suggesting owners use a room air purifier where the pet sleeps. I had a small pet end up at the emergency hospital an hour after the owner opened the bedroom to let in "fresh" air. The pollens and molds acted as such strong allergy triggers, the pet's airways closed up and she developed pulmonary edema and required immediate medical attention.

The composition of water dishes doesn't matter, but food dishes should be glass, metal, or ceramic. I can usually tell a dog allergic to plastic by the red ring of skin around his mouth and nose.

As far as topical agents are concerned, I only use and recommend a non-detergent shampoo, used once a week maximum. My wife is very concerned about skin care, while I think the Marlboro Man is a good role model. She asked me why I was using detergent based shampoos, with various therapeutic agents added. I told her it was needed to get the skin "squeaky clean". She told me in human skin care, those types of products are avoided at all costs. She said it removes essential oils that render the skin dry and itchy, and the more of the products like that you use, the worse the skin gets. It turns out she is absolutely correct, so that is why I use this strategy.

An important point every client must be told is that pets are allergic for life and generally get worse as the pet ages, therefore lifelong treatment will be required. Many pets can be controlled using some or all of the aforementioned strategies. If control is not achieved, it is time to consider immunotherapy. I am working on a pythium product that has been very successful. Another option is referral to a veterinary dermatologist for intra-dermal skin testing and desensitization. Dr. Crow reports 70-80% success using this strategy. He reports this is approximately double the success rate of desensitization based on serum IgE levels. Again, even going to this level requires attention to eliminate all known triggers to achieve therapeutic success.

I realize many people have many successful “allergy strategies”, and I am just writing this down to share what has worked for me. In the words of a mentor of mine, Dr. Brian McLaren, “there’s a lot of roads to town, mate, it doesn’t matter which one you take as long as you get to town!”

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Addendum:

I am going to be trying a homeopathic product called Allergz 5 (grass, weeds, and trees specific to TX, OK, and KS) from Progena. 1.800.545.8900 is the toll-free number. My wife has had some significant help on her allergies with this product, and that is the clinic rule, if it works on her we’ll give it a try on the dogs!

I had a drug rep tell me his dog had not had any allergy problems at all until he had him shaved. After that, his belly was red, hot, and itchy after being outside just a few minutes. In addition, he started chewing his feet. There has always been a controversy about atopic dermatitis viz. contact dermatitis versus allergic inhalant dermatitis. I’ve always thought it was a combination of both, but this certainly illustrates a real world problem when the protective hair coat is removed. I am aware of many dogs and cats running through the woods and getting uroshiol-the toxic principle of poison ivy-on their haircoat remaining asymptomatic themselves while transferring the oil to their owner’s bare skin causing them to have a significant reaction. However, I haven’t been concerned about hair length when trying to get allergies under control, but I need to be aware of this and advise accordingly.