



What's news at Dermcare...

CONTACT US AT:

Dermcare-Vet Pty Ltd
22 Aranda St
Springwood Qld 4127
Phone: 07 3808 4761
Fax: 07 3208 3965
Email:
dermcare@dermcare.com.au

SALES CONSULTANTS:

Ian Fontaine:
(NSW/SA/WA)
Mobile: 0417 248 518
Fax: 02 9953 5360
Email:
ianfontaine@bigpond.com

Paul Kimberley:
(VIC/TAS)
Mobile: 0416 251 937
Email:
kimberlp@primus.com.au

Alice Cooper:
(QLD/NT)
Mobile: 0419 773 376
Email:
alice.cooper@dermcare.com.au

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(1)What does Dermcare do for you?

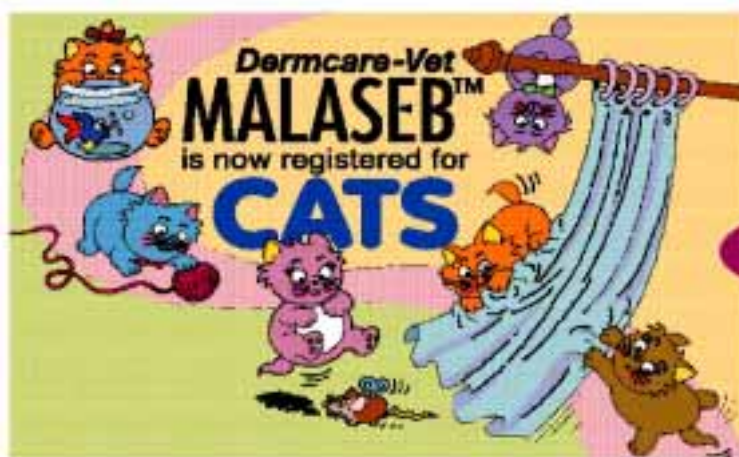
(2)Dermcare free bonus offer.

Tick Paralysis: Snippets & Opinion

By Ken Mason

In the June 2000 AVP, Rick Atwell discussed choking in tick paralysis cases. He highlighted the role that laryngeal and pharyngeal paralysis play in the syndrome. In conjunction with the paralysis caused megaoesophagus, these effects are responsible for a large part of the respiratory distress and choking (gagging) that occurs. Regurgitation, rather than vomiting results because of the negative pressure in the thorax and the positive pressure in the abdomen. I would like to add that vomiting is not possible in tick paralysis as it requires active muscle involvement. Gastric contents, mainly acidic secretions flow into the oesophagus and thus its action is further aided by positive pressure of expiration. This results in acid inhalation often leading to pulmo-

nary oedema and death. In some cases animals acutely lapse into respiratory distress and cyanosis. Death is inevitable and follows some hours later. This unpredictable complication can be avoided by the use of injectable gastric acid reducing drugs like Cimetidine and Zantac™ (Ranitidine hydrochloride) immediately on admission. Dr Bernard Stone in his research at the Department of Child Health, University of Queensland and CSIRO found that anaphylaxis in children hypersensitive to *Ixodes* only occurs immediately after physical removal of live ticks. He concluded that allergens and toxins are secreted when ticks are physically removed. He recommends "A course of action to minimise the effects of attached Australian paralysis tick, *continued on next page*

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PRACTICE TIP

Did you know that shampooing Ringworm cases with **Malaseb** eliminates the need to clip?

Malaseb actually sterilises spores on the coat to help stop environmental contamination.



 *Continued from page 1.*

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Ixodes holocyclus, might be first to kill the tick in-situ with a rapidly acting tickicidal chemical suitable for use on animals or humans and leave the tick alone. The object of ensuring rapid death of the tick is to stop further salivation and associated toxicosis". He then recommends "Pyrethroids/Pyrethrins because these chemicals interfere with nerve transmission in ticks, without preliminary excitation, culminating in the paralysis of the tick and should rapidly stop salivation". He goes on to say that "other acaricides may stimulate the tick making these less desirable". The observation in children that pulling the tick off precipitated anaphylaxis, lead to the idea that this might be occurring in dogs. A recent retrospective survey did not support this idea. The other issue raised by the human observations is that if the tick secretes more toxin when pulled off, this may explain why some animal cases, which initially seem to improve or stabilise, suddenly become more paralysed a day or so later as if more tick toxin is released. This is still a possibility. Dr Stone also argues that the tick should be left in-situ even after being killed, at least until the animal has recovered. He proposes that the inflammatory reaction to the tick retards the release of any local toxin and that removing the dead tick reduces the inflammation. Dr Stone goes so far as to suggest leaving the tick to fall out. Sending a dog home with a dead tick attached is a public relations issue often difficult to handle in every day practice. I paint the tick with concentrated Permethrin, (I use a cotton bud dipped into the measuring chamber of Permoxin) then give anti-toxin intravenously and also under the tick to neutralize retained toxin. After this (about 20-30 minutes later) I pull the tick off. We still bath all cases in a Pyrethrin shampoo and rinse in Permoxin to assure ourselves all ticks are killed. The shampoo allows for the penetration of the Permoxin rinse, there is no toxicity consequences to the use of the Pyrethrin shampoo with the diluted Permoxin in the dog. To bath or not to bath the severe (grade 5d) case is a difficult question. Minimising stress is very important, but the consequences of leaving an unidentified live tick attached is probable death. Apart from the pharyngeal paralysis discussed above, Rick in his commentary quotes Terry King, clinic *Continued on next page...*

New Face at Dermcare!



GEOFF & LEAH.

Geoff Tewierik is our new Research & Technical Support Scientist. Geoff has a degree in Microbiology from Monash University, experience with Academic Research and has worked in Quality Assurance in the past.

At Dermcare-Vet, Geoff's role involves ongoing research into the microbiological diseases of the skin and ears of animals and Quality Assurance of our vaccine production.

Do You Want to be a Dermatologist?

Ken Mason has a training position available in his Dermatology referral practice.

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Do you feel a compulsion to restore greasy, smelly, itchy dogs to lovable, fluffy haired pets?

Send your application and CV to Ken Mason.

c/- Dermcare

.....Continued from page 2

director at the University of Queensland, as saying "...placing an oesophageal tube for easy and regular suction of accumulated saliva and other material that accumulates at the back of the pharynx, a major cause of choke." I have not tried this, however this does highlight the importance of regular suctioning of the pharynx to clear saliva causing choking. Most, but unfortunately not all tick cases go home. To the clinician, the unpredictability and difficulty of tick cases is distressing and a burden we could do without. Thus prevention is important. There are several products with paralysis tick claims. The independent University tests to NRA protocols of Permaxin are published in the AVJ (1994) for paralysis ticks and fleas. Despite a 100% efficacy up to 14 days and a 97.6% tick efficacy at 21 days, Dermcare chose to go with the conservative claim of recommending weekly rinsing. In reality, no product is 100% effective as there are too many variables in home based treatments. Thus daily searches are important. I like to recommend that apart from these routine measures, when walking the dog in tick areas a top-up spray with Permaxin before or after the walk is an added precaution. 🐾

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Spring Has Sprung

September marks the first day of Spring and the first day of The **Dermcare Club** annual Spring Bonus Offer. Again this year we are offering our 1 on 12 bonus of any type of shampoo. This can be a mixed dozen or a dozen of the larger sizes. And you get one bottle of your choice absolutely free! So if you have never joined the Dermcare Club contact us now. For those of you that joined in previous years

ORDER NOW!

A lotion, what is in a name?


We are often asked to explain the differences between a lotion, a leave on conditioner and a rinse off conditioner.

A lotion is a liquid suspension or dispersion of an active (eg Oatmeal) for external application to the body (Blood & Stoddard 1988). Lotions are usually water based and leave no visible sign of their presence i.e. vanishing bases.

A leave on conditioner is a lotion also, they are formulated with silicone oils and conditioning agents and, as in Dermcare's Aloveen, a microfine oatmeal extract. These conditioning lotions are applied to a moist coat after a bath and towel dried. They seal in the moisture giving a strong humectant (anti-drying) and emollient (oil replacing) effect.

The conditioner allows for ease of

grooming and the oils give a shine to the coat. Conditioners are derived from quaternary ammonium antiseptic agents. In fact, the conditioning agent in Aloveen Intensive Conditioner is Cetrimide. You will recognise Cetrimide as the antiseptic mixed with Chlorhexidine in Savlon[®]. Conditioners are negatively charged and are attracted to positively charged Keratin proteins in the coat, giving a good "fly away" effect ie good combability, anti-static and softness effect.

Rinse off conditioners are also lotions however, the bases are cationic surfactants derived from fats or long chain glycols. They have good anti-static properties but must be rinsed out otherwise the coat looks greasy and attracts dirt and dust. This builds up into a dirty greasy coat. 

Savlon[®] is a registered trade mark of ICI Australia.

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