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MESOTHERAPY

Dr. M. Pistor originated the technique of mesotherapy in France in 1952. Today, it is commonly practiced in France, where more than 15,000 practitioners utilize mesotherapy for the care of their human patients. Mesotherapy is also practiced in many other countries around the world, including: Belgium, Columbia, Argentina, and throughout Europe. This technique was introduced into the United States by veterinarian, Dr. Jean Marie Denoix, for the equine patient at the Veterinary Thoracolumbar Spine (Back) Seminar presented at Virginia Equine Imaging in the Spring of 2002.

Mesotherapy is a treatment that stimulates the mesoderm, the middle layer of the skin, which will, in turn, relieve a wide variety of symptoms and ailments. The principle is based on the theory of the gait control of pain, which takes place in the dorsal horn of the spinal cord. Types I and II nerve fibers coming from the skin have collateral fibers that can inhibit the conduction of information in major nerve tracts, transmitting painful information from deep structures of the same spinal segment to the brain. The technique involves the injection of substances to stimulate the mesoderm for various biological purposes. The mesotherapy injections involve extremely small needles that penetrate the intradermal layer of the skin to only a very small depth, which is typically four to six millimeters. The number of treatments needed depends on many variables, including the condition, the abnormal physiology causing the condition, as well as the chronicity of the problem. A minimum of one to two sessions of mesotherapy is performed generally to assess the horse's response. Mesotherapy is effective for a multitude of conditions because it helps reverse the physiology of that condition and stop the pain spasm cycle. At our practice, we have used this technique on a number of horses with conditions such as chronic back pain and degenerative arthritis of the back and cervical vertebrae (neck).

Frequently Asked Questions Concerning Mesotherapy:

How do I know if mesotherapy is right for my horse?

Prior to the recommendation of mesotherapy, it is extremely important to thoroughly evaluate your horse's condition. For instance, if your horse has chronically displayed a sore back or stiffness through his/her neck, extensive diagnostic studies (digital radiography, ultrasonography, nuclear scintigraphy, etc.) may be necessary to accurately diagnose the area of concern prior to treatment. Diagnostic imaging may be essential prior to mesotherapy to eliminate the possibility that your horse's symptoms may be associated with a neurologic disorder or undiagnosed fracture, etc. At this time, mesotherapy has been used on horses in our practice that have displayed areas of increased uptake (bony inflammation) on nuclear scintigraphy or abnormal findings on

digital radiography of their cervical, thoracic, lumbar, or sacral vertebrae. Some of the benefits of mesotherapy for these patients included resolution of chronic neck and back pain, and reestablished mobility through the affected regions.

How is the procedure performed?

After a complete physical examination, the horse is sedated (standing sedation) and the area to be treated is cleaned with a surgical prep. Next, a multi-injector is used to make continuous lines of intradermal injections horizontally along both sides of the region of concern. The substance injected is a combination of carbocaine, Traumeel, dexamethasone sodium phosphate, and saline. The procedure takes approximately 15 to 20 minutes to complete.

Are there any adverse side effects associated with this treatment?

Minor skin sensitivity reactions are the only reported adverse effects noted at this time.

What is the best means to manage my horse after this treatment has been performed?

Following the treatment, the areas of injections along the neck or back should not be disrupted. The injections look like “strings of pearls,” and should be allowed to diffuse on their own without the aid of hydrotherapy or manually massaging the injection sites. The equine patient should be stall rested the night of the procedure and ideally should not be worked for at least two to three days following the treatment. The horse can be returned to his/her normal workload within five days of the initial treatment. Exceptions should be discussed with the veterinarian performing the procedure, and may vary depending on the horse and the particular condition being treated.

How many treatments are necessary?

Depending on the condition being treated and your horse’s response to therapy, one to three initial treatments at two- to three-week intervals are recommended. Following the initial series of treatments, maintenance treatments may be indicated at a future date if the horse begins to display symptoms of discomfort.