Efficacy of the Administration of a Natural Feed Supplement in the Management of Equine Gastric Ulcer Syndrome in 7 Sport Horses: A Field Trial

Stucchi Luca, Zucca Enrica, Serra Alessia, Stancari Giovanni, Ceriotti Serena, Conturba Bianca, Ferro Elisabetta and Ferrucci Francesco

Department of Health, Animal Science and Food Safety (VESPA), Università degli Studi di Milano, Italy

Private Practitioner, Alessandria, Italy

Centro Clinico-Veterinario e Zootecnico Sperimentale, Università degli Studi di Milano, Italy

Introduction

Equine Gastric Ulcer Syndrome (EGUS) is one of the most common causes of poor performance in the equine patient and affects more than 90% of Standardbred and Thoroughbred racehorses in training (Ferrucci et al., 2003a; Roy et al., 2005; Bell et al., 2007). EGUS also affects horses involved in other disciplines such as endurance (Tamzali et al., 2011), show horses (White et al., 2007) and horses not involved in competition such as broodmares (Le Jeune et al., 2009). EGUS is associated with several risk factors, i.e., stress (Malmkvist et al., 2012), intense training and competition (Roy et al., 2005; Jonsson and Egenvall, 2006) and diet (Nadeau et al., 2003; Andrews et al., 2008). EGUS has a negative impact on horse’s health and performance. The most common clinical signs are weight loss (Murray et al., 1989; Dionne et al., 2003), poor performance (Nieto et al., 2003) and gastrointestinal symptoms (Andrews and Nadeau, 1999; Dionne et al., 2003). EGUS treatment aims to promote ulcers healing, eliminate clinical signs and prevent the onset of recurrences (Buchanan and Andrews, 2003). The therapeutic approach includes management strategies and drugs administration (Hepburn, 2001; Sykes and Jokisalo, 2015). The first aim of pharmacological therapy is to suppress acid secretion. Nowadays, the principal therapeutic options for EGUS treatment include antacids such as histamine receptor antagonists and proton pump inhibitors. All these products are effective although a “rebound effect” is frequently reported and this could exacerbate the syndrome (Hunfeld et al., 2007) furthermore, they are expensive and should be administered for long periods of time. Besides, in sport horses, most treatments during the competition periods are not permitted. These considerations led to an increased interest in research for less expensive...
natural alternatives to prevent the deleterious effects of increased acidity and recurrence of gastric ulcers after discontinuing omeprazole administration. For these reasons, many studies concerning feed supplements to treat and prevent gastric ulceration in horses were carried out (Venner et al., 1999; Ferrucci et al., 2003b; Huff et al., 2012; Hellings and Larsen 2014).

The aim of the present study was to evaluate the efficacy of a natural feed supplement, administered for 30 days, as the only treatment for gastric ulcerations in sport horses in training.

Materials and Methods

Horses

All procedures performed on horses were approved by the University of Milan Ethics Committee (Protocol Number 72/14) and included informed owner consent.

Seven sport horses were selected for the study on the basis of their gastroscopic evidence of erosive and ulcerative lesions of the gastric mucosa. The study population consisted in four Thoroughbreds (three mares and one gelding), two Standardbreds (one mare and one gelding) and one Arabian gelding. All horses were in full training either for flat (thoroughbreds and standardbreds) or endurance (ara bian gelding) racing. All horses ranged in age from three to fifteen years old (mean age: 6.6±5.5 years) and had a mean weight of 440±34.5 kg. All the horses were stabled in individual boxes and bedded on woods having. Racehorses (thoroughbreds and standardbreds) were fed approximately 8 kg hay and 7 kg commercial pelleted feed per day with free access to drinking water and engaged in race once monthly. Endurance horse was fed 10 kg hay and 5 kg commercial pelleted and raced once every two months. Feeding was not changed in the competition period.

Physical Examination

A physical examination was performed on all horses before the beginning of the study in order to rule out the presence of any clinical disease. Behaviour and physical parameters (rectal temperature, pulse, respiratory rate, gut motility) were monitored at weekly intervals throughout the study.

Gastroscopic Examination

Gastroscopy was performed on day 0 (T1), day 15 (T2) and at the end of the treatment (day 30, T3). Before gastroscopic examination, feed was withheld for 24 h. All horses were examined with a video gastro scope (PV-G 34-325; Storz, Germany) connected to an aspirator pump (208-ACH; Faset, Italy). Horses were restrained with a twitch and sedated with 0.01 mg/kg i.v. hydrochloride detomidine (Detogesic; Zoetis, USA). To enable observation of the squamous mucosa, margopecticus and glandular mucosa, the stomach was insufflated with air. Recordings of gastroscopic examinations were reviewed independently by three examiners with different level of experience. Scores were assigned according to MacAllister method (score 0,1,2,3,4 for number of lesions and score 0,1,2,3,4,5 for lesion severity, MacAllister et al., 1997).

Treatment

Each horse received natural feed supplement (Gastrocure, Institute Farmaceutico Candioli, Italy) registered for use in horses (Table 1) according to the producer indications: 85 grams orally twice daily for ten days and then 85 grams once daily for twenty days were administered. During this period, the management factors, such as feeding and training regimen, were not changed.

Statistical Analysis

Data were analyzed by a categorical response linear regression, considering the ulcer number and severity scores as dependent variables. The probability for each score was estimated both for number and for severity. Moreover, in the regression model it was kept into account that each subject was repeatedly scored on three occasions (times)-by three evaluators for each occasion.

Time, with three increasing levels (1, 2 and 3), was considered as the regression independent variable.

Both for number and severity of lesions, the hypothesis of higher probability of lower scores (cut off: ≤2), comparing T3 with T1, was tested at p<0.05 level of significance.

Statistical analysis was performed with SAS STAT© software (SAS Institute Inc., Cary, NC, USA).

Results

Throughout the study, the horses did not show any signs of discomfort and all the monitored parameters remained within normal limits. The product was well accepted by all of the horses and no side effects were observed.

Gastroscopy at T1 showed that all horses had gastric lesions located to the squamous mucosa close to the margopecticus. Four horses had ulcers active bleeding. Only three horses showed lesions of the glandular mucosa. The average scores regarding number and severity of lesions of the three operators at T1, T2 and T3 are shown in Fig. 1.

Statistical analysis showed a strong evidence (p=0.01) of lower scores occurring at T1 when compared to T1 (Fig. 2 and 3).

When the cut off was considered, for the number of lesions probability of ≤2 score increased from 0.04 to 0.35 between time 1 and time 3 (0.31 increment) (Fig. 4). For the severity of lesions, probability of ≤2 score increased from 0.36 to 0.76 between time 1 and time 3 (0.40 increment) (Fig. 5).
Table 1. Composition and analytical constituents of feed supplement

**Composition**
Alfalfa hay, Soybean kernel, Saccharose, Calcium Carbonate, Oils and Vegetable Fats (Soybean Oil), Magnesium Hydroxide, Methil-Sulphonil-Methane.

Additives for kg: Vitamins and Pro-vitamins (Vitamin E/alpha-tocopheryl-acetate g 2.5).
Emulsifiers and Stabilizing Agents: Guar Gum g 75.
Natural products: Plantago ovate (Fleawort extract) g 19; Trigonellafoenum-graecum (Fenugreek extract CoE 460) g 13; Aloe Vera (Aloe extract CoE 28) g 6; Glycyrrhizaglabra (Licorice extract CoE 218) g 10;
Aminoacid: L-threonine g 63;
Preservatives: Methyl-4-hydroxibenzoate E218 g 0,23; Propile-4-hydroxibenzoate E216 g 0,12;Potassium sorbate E202 g 0,35;
Butil-hydroxi-toluene E321 g 0.20

**Analytical constituents**

| Component                    | Percentage |
|------------------------------|------------|
| Water content                | 9%         |
| Crude protein                | 12%        |
| Crude oils and fats          | 7%         |
| Crude ashes                  | 13%        |
| Ash Insoluble in HCl         | 1%         |
| Crude fiber                  | 12%        |
| Calcium                      | 2%         |
| Magnesium                    | 1.6%       |

Fig. 1. Average score regarding number and severity of lesions of the three operators

Fig. 2. Predicted probabilities of scores for lesion number
Fig. 3. Predicted probabilities of scores for lesion severity

Fig. 4. Predicted cumulative probabilities of scores for lesion number

Fig. 5. Predicted cumulative probabilities of scores for lesion severity
Discussion

To date, no data reporting the efficacy of a feed supplement similar to the one administered in this study are available. The horses selected for the study were representative of the typical population affected by EGUS, i.e., high concentrates fed horses in training. Localisation, number and severity of the gastric lesions observed were consistent with previous studies (Ferrucci et al., 2003a; Roy et al., 2005; Bell et al., 2007; Tamzali et al., 2011).

Statistical analysis showed that administration of the supplement reduces significantly (p<0.01) the scores for both number and severity of gastric lesions (Fig. 6). Scores improvement could be explained with the buffering effect of those components such as alfalfa hay (Husted et al., 2008), magnesium hydroxide and calcium carbonate (Clark et al., 1996). Besides, there are also other nutrients, such as threonine, Glycyrizagalabra (liquorice), Aloe vera, antioxidant factors and mucilages, that may have a protective effect on the gastric mucosa. Threonine is an amino acid involved in the production of protective mucus at the gastro-enteric level. Studies on piglets (Law et al., 2007) report that a lack in threonine represents a limiting factor for mucus production. Liquorice is included in the feed supplement in form of deglycyrrhizinated root extract, to prevent the occurrence of the systemic hypertension effects of liquorice. A study conducted in 1985 on 190 human patients, concluded that the substance is as effective as anti-acids and cimetidine in the treatment of duodenal chronic ulcers (Kassir, 1985). Several studies in human medicine and on other species proved the efficacy of liquorice as anti-ulcerogenic and gastro-protective factor (Guslandi, 1985; Aslam et al., 2015). The anti-ulcerogenic activity of liquorice extract results in the suppression of acid secretion and in an increase of mucine secretion. Liquorice also promotes the release of PGE2. Antioxidant action is due to its flavonoid content (Khayyal et al., 2001). Besides, it was reported that flavonoid could inhibit protonic-pump in the glandular mucosa of the stomach (Beil et al., 1995). Studies conducted on human patients (Langmead et al., 2006) and on rats (Eamlamnam et al., 2006) hypothesize an anti-ulcerogenic activity of Aloe vera, due to its anti-inflammatory, cytoprotective and mucus-stimulating effects. Anti-inflammatory effects of Aloe vera were demonstrated in horses as well (Lans et al., 2006). Aloe could act increasing the perfusion of gastric mucosa, reducing vasoconstricition and promoting angiogenesis, facilitating the healing of ulcers. Finally, mucilages (Pectin, Guar, Psyllium and fenugreek), when in an acid environment, form a viscous gel that protects the mucosa from the effects of acidity (Murray and Grady, 2002; Ferrucci et al., 2003b; Lans et al., 2006).

One possible limit of the present study is that it was conducted as a field trial, in theabsence of a control group. This condition doesn’t allow to rule out the possibility that the lesions could have improved spontaneously (Murray et al., 1997). However, the management of the horses was not changed throughout the study. Therefore, EGUS predisposing factors, such as training and competition, feeding a diet high in concentrates and low in fibre and box stabling were maintained during the whole period of treatment, suggesting that the administration of the supplement may have had a positive effect on ulcers healing.

Conclusion

In conclusion, the administration of Gastrocure was effective in reducing the number and severity of ulcerative lesions in horses affected by EGUS. These results suggest that this product could be included in the treatment protocol of EGUS, according to each individual case, either alone or as an adjuvant in anti acid treatment or during the period when anti acids are discontinued, in order to prevent the “rebound effect”.

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Author Contributions

All authors were actively involved in all stage of the work. The manuscript it has been read and approved by all authors.

Conflict of Interest

The authors have no personal financial or non-financial competing interest in the product.

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