

Level 2 Weekly Meeting - February 8, 2022

Dr. Janet Roark:

Welcome, everyone. It's the weekly meeting. It is February 8th. And we have a little bit of time for questions before our case reports today so let me see what we have going on as far as questions. All right, Stephanie asked a really long one. Okay. I haven't read them yet, guys. Sorry. Okay. Let me share my screen, figure out how to do that. All right.

Dr. Janet Roark:

All right, first question from Steph, "Hopefully, this refreshes for you to get this in time," Yes. "I have to leave early... Sprinkles to Urgent Care when they open at 4:00 pm. She hasn't been eating normally for a while now. First, probably a couple weeks ago, she finished her heat cycle, end of December, early January, didn't seem to like beef patties we were giving her so we switched to turkey. And then she was getting picky with those so we went back to beef, but that batch smelled a little stronger in liver than normal and not sure if that's what made her picky with that. We started adding some fresh stuff like cooked egg, banana, apple, pumpkin, and varied it a little.

Dr. Janet Roark:

And then the last week or so, she started picking out and eating everything but the stuff that was her raw food patty mixed in so we just started giving the cooked stuff. We've been giving her DigestZen, On Guard. She hasn't been getting the TerraZyme and PB Assist+ much since she started eating less, because we didn't want to be shoving only pills down her, and we were already having issues getting the DigestZen and On Guard in sometimes, which I figured was more important. She's been belching constantly after her meals. In the past several days, vomiting froth.

Dr. Janet Roark:

First, it was just a little bit one day and a few days later, but this morning she actually brought my mom out to three piles of frothy puke in the yard. She didn't eat anything for breakfast, finally got her to eat the pupcakes my mom made her for her birthday, Sunday, today at lunch. But after one she belched, and another, she puked it all up. Talked to her vet, agreed she finally needs to be seen. She had said she's swamped today so to go to Urgent Care at 4:00 or she can see her tomorrow so we're going to try to take her to Urgent Care at 4:00."

Dr. Janet Roark:

What is it with this week? Steph, my little Violet puppy just broke her leg yesterday. It's just an urgent care kind of week, I think. Everyone, keep your doggies inside.

Dr. Janet Roark:

"We're concerned that it could be signs of bloat. We know it's best to do the surgery at the same time as the spay, but we wanted to wait longer for her spay because she tends to stand on her hind legs a lot and wanted to give those the strongest chance possible. I suppose they may not bring a spay up anyways if she ends up being an emergency bloat surgery. I guess I wanted to know your thoughts if you ever experienced bloat before. Not sure if this sounds like that or just paranoid because we know it's a risk for her. She got a strong sense of smell and picks out the pills that smell like oils a lot, the On Guard and DigestZen, and barks and runs if I try to come at her with even diluted oils now. I wish she could be more like Gumdrops with them. Any advice, thoughts, as always is greatly appreciated."

Dr. Janet Roark:

So, I would just use oils topically right now with her dog that's sounding like that. Yeah, it could be bloat. It also could be, being that she's a puppy, a foreign body is causing some problems. And so, I always lean to the side of it's probably a foreign body, which a lot of times, those do need surgery, especially if she's not eating and she's vomiting still. That is usually what's going on, and surgery is usually indicated so getting her in sooner rather than later is really smart. I would definitely take her in tonight and then just go from there. You really just need some diagnostics, and x-ray is going to tell you a lot. They should know right away what it is and what to do. As far as that goes, they might end up doing a barium study if it's a foreign body that they can't see.

Dr. Janet Roark:

But a lot of times that's what's going on, especially since this is a long-term thing. Even with her just being... She might just be picky, especially since you keep giving her new foods when she tends to be picky. She's taught you pretty well. But she might be picky because she doesn't feel good. And so, a lot of times, what happens is if they... Maybe she's eating the beef patties, everything is grand, and then she eats them and she doesn't feel good so she's like, "Well, it might be because of that food." That's just how they think. And so, then they're like, "I don't really want that food, because last time I ate that food, I didn't feel good." Even though that's not the reason why they don't feel good, they can get picky because of that. And so, I would definitely get some diagnostics, get some blood work, get an x-ray, and let us know what happens.

Dr. Janet Roark:

I think the oils that you have are fine. I would definitely throw some copaiba in there for sure. Copaiba, remember, is really good for the digestive tract and it helps with inflammation if she's got some inflammation going on in her digestive tract. And certainly, in the meantime, since she's vomiting, maybe diffusing some ginger, cardamom, some of those anti-nausea oils could be helpful, but even with those, I would be like, "Let's take her in." I mean, foreign body is so common with puppies, especially anything in the lab department, like lab doodle department, any kind of doodles. And she's... We know she's mouthy anyways so she might have picked up something she wasn't supposed to. Still, they might end up doing a fecal if they don't find anything, see if she's got some kind of bacterial thing going on or something like that.

Dr. Janet Roark:

But the frothy puke and puking up everything she's eating tends to be like, "Okay, stuff is not passing through." So, it's either not passing through because something is blocking it or not passing through because of something is twisted and in the wrong spot, which is our bloat situation.

Dr. Janet Roark:

So, good luck. Let us know how it goes, please. I'm going to be very worried about her. And don't freak out. Put on some of your calming oils. You have all the information that you're able to give as much information to the vet as possible. Know that they are always swamped so emergency vets are there for a reason, and they're amazing. And they charge a lot of money, by the way, even with my vet discounts. Violet's is going to be over \$7,000 when it's all said and done. And that's with a vet discount. That's crazy. I need to start charging more, guys. Okay. So, good luck, my dear. If you have to run, go run. We love you. We'll miss you, but go take care of your baby.

Dr. Janet Roark:

All right. Next question, maybe Shelayne. "I understand it's not possible to have transcripts of the weekly webinars." We are doing transcripts now. We are doing transcripts, guys, for all of level two. So, those are getting posted somewhere. I think they're being posted in your weekly meeting sections and we are doing transcripts. We're doing all of them. It's super expensive for me, but it's worth it, I think, because we're covering such good stuff in these meetings that I think will help you in the long run. We started doing transcripts in January so you should have all of January and February. It runs several days behind, just so you know, because we do have to double-check all of the transcripts that we get. So, definitely, I have those.

Dr. Janet Roark:

"It would be helpful to have some way to know what topics are covered each week for the reference when needed. Is the Searchie feature available in the weekly webinars or some other way to quickly see the topics covered?" I don't know if there's a way to connect... I think there might be a way to connect Searchie with Zoom. Let me look into that and see if I can go back and retroactively do that, Shelayne. Let me look. I think there's a way to do it, but I don't know. But we do have the transcripts, and remember, your transcripts are all searchable. Do you guys want those as Word documents or as PDFs? What's better for you? Either one? Word. Okay. Okay. Well, I think that's what I was doing in level one so I think we'll just continue that.

Dr. Janet Roark:

Katherine, "Hi, everyone. I'm not able to meet in person for most of the trainings. But I have a case study near and dear to my heart that I would like to present and ask for feedback on. Mac is a 10-year-old." Mac is my horse's name and it's spelled the same way and so that's an awesome name, Katherine. Awesome job. Okay. "10-year-old, 20-pound, a beagle terrier mix who's very active and playful at baseline. Mid-January, he got worked up one morning or he woke up one morning, unable to move his rear legs, unable to walk, family is carrying him everywhere. They went immediately to the vet who ran multiple tests, x-rays, et cetera.

Dr. Janet Roark:

In the waiting, the family engages all the resources they can. They started acupuncture and acupressure immediately. They've been using diluted frankincense and using along the spine. They reached out to me to see what else we could do to help him. We did self-selection with copaiba, marjoram, helichrysum, Melissa, and lavender, as well as frankincense, the powerhouse of all oils. He selected marjoram, interestingly, and frankincense. She continues to use frankincense topically, daily, properly diluted, and is now using 2% diluted marjoram in a roller ball along his spine and hips to help with the tight paraspinal muscles. She noticed some improvement over the last two weeks of doing this. She's still carrying him everywhere in a backpack. He's also crying frequently throughout the day and full of anxiety so yesterday, she started diffusing Balance. Just more information, it just came back to me last week that Mac has acute polyradiculoneuritis, in the same family as GBS. Any other thoughts? This is a case I wanted to present in person but didn't want to hold this precious pup back due to my lack of schedule or due to my schedule."

Dr. Janet Roark:

Any comments on that, guys? And then we'll do Leanne's after Katherine's. Yeah. Linda says, yarrow pom. I like that one. Victoria says, "Autoimmune supporting oils or immune support oils." Regina, "Copaiba." Lisa, "Turmeric." Tracy, "Lavender." Kathleen, "Lavender compress." Steph said, "Melissa." All

Level 2 Weekly Meeting - February 8, 2022

those things that you listed are really, really good. Margie says, "Internal anti-inflammatory," which I totally agree with. So, copaiba, frankincense, turmeric internally as well or a combination of those. Jennifer, "Definitely, copaiba, On Guard, and lemongrass." Yep.

Dr. Janet Roark:

The crying is sometimes due to stress, but mostly due to pain so I would definitely get some analgesic oils in there for sure. Regina says, "DDR Prime." I like that one internally. Janee says, "Autoimmune gut health detox, possibly." Regina also says, "Siberian fir." I like that one as well. And then Kiyoko says, "Deep Blue polyphenols and the turmeric duos might be really helpful." "Massage," Suzanne. Yep, they're doing massage every day. Keep that up. Heidi says, "Aroma Touch and oral anti-inflammatory." Brenda, "Another vote for Aroma Touch." I really like aroma touch. It has all these good oils in it to help with circulation and things like that.

Dr. Janet Roark:

Kathleen, "Can we do the Deep Blue polyphenols at 22 pounds?" Good question. So, you would do half of one. You can definitely halve it. I've had people even give the Deep Blue polyphenols... I don't broadcast it or tell people about it, and I don't recommend you do either, because it can cause some diarrhea. But I've even had people use them in 5 and 10-pound dogs and just use a tiny bit, like a teeny sprinkle from it, and had really good results. They really thought it was very helpful.

Dr. Janet Roark:

Okay. Deborah Francisco, "I've not received the weekly recap emails since January. I've received the membership emails, but not sure how to get the weekly again." Double check your spam and promotions folders, Deborah. But shoot an email over to support@essentialoilvet.com and we'll get that straightened out for you. Let's see. Yep, cypress is definitely one you would use, which is in Aroma Touch, which is why I like that. And then Margie also recommends Omegas.

Dr. Janet Roark:

All right. Let's go to... We are a little bit over on time. So, let me stop my screen share and we will go to Kathleen. So, Kathleen... Haley, if you can make Kathleen a co-host so she can share her screen. You can go ahead and get started, my dear.

Kathleen DeCampos:

Okay. Thank you. All right. Okay. Can everyone see the slide? And can everybody hear me?

Participants:

Yes.

Participants:

Yeah.

Participants:

Yeah.

Kathleen DeCampos:

Yes? Okay, good. All right. So, my case study is on Lyme's disease, and it's on Cassie, a three-year-old, intact female golden retriever who weighs 53 pounds. Cassie is our dog, and we got her when she was 10 weeks old. She was a very sweet and trusting puppy. Cassie was based on a raw food diet and she's on the following supplements: I give her a Nature's Pharmacy Dogzymes Max Probiotic, one scoop twice a day, Nature's Pharmacy Phyto-Flex which is glucosamine, one and a half teaspoons daily, Springtime Longevity which has a plethora of things in it, including spirulina, she gets one scoop twice a day, Springtime Bug Off Garlic, one scoop twice a day, and Nordic Naturals Ultimate Omega Liquid, 2,840 milligrams, she gets a quarter of a teaspoon in the morning. She's not on flea and tick prevention, and she does take Interceptor for heartworm prevention.

Kathleen DeCampos:

Last June, Cassie became very, very finicky, displaying a loss of appetite. It's kind of interesting that Stephanie was talking about this a moment ago, but I don't believe there's any correlation here because of her age, being that Stephanie's dog is a puppy.

Kathleen DeCampos:

In any event, she lost her appetite for about one or two weeks. She required significant intervention. And I mean, I would get down on the floor. I would be coaxing her, hand-feeding her, as well as putting her preferred treats on top of her meal so that she would eat. And despite doing all that, she would eat some of the treats and leave the rest behind. And at this point, she also started losing weight.

Kathleen DeCampos:

In general, she appeared in good health. There were no musculoskeletal issues. Her weight was good for her size. Her eyes and her ears were okay. It was her attitude towards food that was the only issue. So, a friend of mine who was a vet tech described similar symptoms with her bitch that required an emergency spay due to pyometra. That said, we became very, very concerned as Cassie had just had a heat cycle the month prior to becoming finicky and displaying a loss of appetite with her food. In addition, we had had another bitch who had presented with the loss of appetite, same way, who had landed up being diagnosed with cancer, and then subsequently passed on us. So, I called our veterinarian and I requested some lab work be done on Cassie. And our concern, at this point, was either the pyometra or worse. Our vet ran a CBC. She did a chemistry and a 4DX followed by a Lyme Quant C6 on June 28th, last year of 2021.

Kathleen DeCampos:

I created a little chart and these are the tests that were done within normal limits. That's... Oops, sorry about that. This was high, negative, and positive. So, essentially, her hematology and her chemistry were within normal limits. The only thing that wasn't was her platelets. However, my vet wasn't concerned at all. She thought it was more likely due to the stress at the time of the blood draw. Her heartworm, Ehrlichia, and Anaplasma were all negative. And it was her Lyme that came back positive with a Quant C6 of 60 units per milliliter. I included the lab result only for reference. If you notice, the year prior, in July, she was negative for Lyme so I thought that at least that was a relief knowing she hadn't had this for a long time and it was just manifesting. So, that was good to know.

Kathleen DeCampos:

So, this is a physical case study. Our vet diagnosed Cassie with Lyme's disease. And I think it's really important to note that Cassie's only symptom was her appetite loss. She did not have fever. She did not

Level 2 Weekly Meeting - February 8, 2022

have joint stiffness nor did she have lameness. Our vet followed the IDEXX protocol, as Cassie's C6 was greater than 30 units per milliliter. She was treated with doxycycline 150 milligrams twice a day for 30 days.

Kathleen DeCampos:

In addition to that, the oils that I used were from a dog Lyme protocol that I had received from a friend, who is a doTERRA Wellness Advocate. So, I used lemon, frankincense, Balance, oregano, clove, thyme, cassia, and Melissa. For self-selection, Cassie responded very well to lemon, frankincense, Balance, thyme and cassia. She actually licked the bottles with the clove, oregano, and thyme, if you can believe that. Melissa was the only one she was semi-interested in, yet she didn't run away or... She didn't snub it or anything. So, I went ahead and I used all these oils listed here. Excuse me.

Kathleen DeCampos:

The following is the Lyme protocol that I used for Cassie, including the dilutions I used. So, in a 15-milliliter bottle, I used 20 drops of each, oregano, clove, thyme, Melissa, and cassia. And I diluted it with 100 drops of fractionated coconut oil. Then every morning, I would take five drops and put it in a veggie capsule and give it to her with her morning meal. The initial dose began on July 3rd, 2021 with a seven-day dose followed by a seven-day rest period. Then, intermittently, 10 days dosing and 10 days rest. In other words, 10 days on 10 days off. The 10-day cycle ended in November, prior to me detoxing Cassie.

Kathleen DeCampos:

Along with that, she got one drop of frankincense in her food with her morning and her evening meal, one drop of lemon oil in her water daily. And okay, Dr. Roark, I wouldn't do that again, because we just learned about this a few weeks ago with you. So, in the future, if I had to use a Lyme protocol, I would have someone put it in their food.

Kathleen DeCampos:

She also got one TerraZyme with each meal. And during one of the classes, I had sought your consult for that, Dr. Roark, because I was giving it to her once a day and you recommended twice. So, I did that. She got a PB Assist+ with her evening meal, a CRS with her morning meal, and a Microplex VMZ with her morning meal. And for those of you that don't use doTERRA, those are the doTerra supplements. The CRS is a cellular one and the Microplex VMZ is essentially a multivitamin, and the PB Assist+ is the probiotic.

Kathleen DeCampos:

Typically, I applied one drop of Balance on each foot and massaged each foot for about a minute, which she loves. By the way, she is just crazy for Balance. She loves that oil. 30 days detox prior to her repeat lab was done. And her repeat lab was done this year in January on the 3rd. I'll show you what I used for her detox.

Kathleen DeCampos:

Cassie's response, she tolerated the doxycycline and the Lyme protocol like a trooper. She never had diarrhea or any digestive issues with the doxycycline. And I really contribute that to the PB Assist+, as well as the Nature's Farmacy probiotic. So, she was getting enough probiotic, I believe, that was able to sustain her for those 30 days. Her appetite very slowly began to return after a few days on the treatment, although I continued to have to put her preferred treats. And essentially, she loves that Ziwi

Level 2 Weekly Meeting - February 8, 2022

Peak air-dried beef so that's what I would give her. And I still needed to coax her and hand-feed her a lot. Her appetite completely returned without the toppers and without the coaxing about three to four weeks into the treatment.

Kathleen DeCampos:

This is the 30-day detox that I used. And she went on the 30-day detox from November 18th to December 17th, 2021. And this chart illustrates what was used and how it was used.

Kathleen DeCampos:

The Zendocrine Complex was given to her two times a day, one with her morning meal and one with her evening meal, one capsule. And that was done throughout the entire 30 days. The Zendocrine gel caps, just for the first 10 days, one cap with each meal, morning and evening. DDR Prime was done for the last 10 days, day 21 through 30. And she was given one DDR prime each meal. The PB Assist+ was done from days 11 through 20, and she was given one PB Assist+ with her evening meal. Tyrosine was given to her twice a day, one with the morning meal and the evening meal. And that was done for all 30 days. And then the DigestZen was done three times a day.

Kathleen DeCampos:

So, that's what I used for 30 day detox prior to having her retested, which was done on January 3rd for her Lyme Quant C6. On the 5th, our vet called to report the C6 results which was less than 10 units per milliliter, noting that Cassie was free of Lyme's disease. Yippee. And if you look, you can see Cassie right over here. This was a few weeks back during a blizzard with her housemate, Darcy, her younger one.

Kathleen DeCampos:

So, in reflection, although the oils and supplements that I used were effective in treating Cassie's Lyme disease, in the future, I may add lemongrass and basil to the Lyme's disease protocol. And I just wanted to mention that the other thing I wanted to know is that when I was doing my readings and so forth, what I found was that oftentimes, doxycycline alone is not effective in treating Lyme's disease. And maybe Dr. Roark or any of the other vets in class could comment on that.

Kathleen DeCampos:

So, I thought it was an interesting case study for a couple of reasons. One, she didn't present like a typical dog with Lyme's disease. It was just that loss of appetite. And secondly, I think the combination of the doxycycline with the supplements and oils were truly an effective course of treatment for her. So, I was very happy with the results. Oops. So, any questions, thoughts, recommendations? And this was her again, a couple of weeks ago. And she's happy and healthy, and doing very, very well.

Dr. Janet Roark:

That is so awesome. Kathleen, really good job also. Okay. One, excellent presentation skills. Excellent. And it's, two, just a really good case. I hope you all were taking notes and I hope you all come back to this, because that protocol was very extensive but very effective, okay? And I love the doggy detox protocol. That's a great protocol. Now, this is a larger dog so keep that in mind. She could handle that amount of oils and that sort of thing. So, adjust accordingly to the smaller dogs.

Dr. Janet Roark:

I think one of the key thing... Okay. Two things. There's a few things I want to mention before we get into some questions and things like that. One, is that, yes, you're absolutely right, doxycycline doesn't always work. Sometimes they have to go two, three, multiple rounds of it. And even then, it's not well tolerated by a lot of animals. Like what you said, she tolerated it well because of all the things that you were doing. So, a really cool case.

Dr. Janet Roark:

Also, I think that you caught it early. And I think that is key, because we know, for sure, she didn't have it a year before because of her test results, right? And the only symptom she was showing... And sometimes Lyme is just like this. It's tricky and it doesn't get caught until much, much later, because it looks different in different animals. And sometimes you don't find it until it's really, really bad, right? Well, Kathleen was observant and like, "This dog is not eating right. This dog has decreased appetite. Let's see what we can do." And her vet was smart enough to actually run that test. And so, props to your vet for catching it early and to you for saying, "Something's not right. Let's pursue this until we figure it out."

Dr. Janet Roark:

And I want you guys to take the... This is a really important takeaway, both for yourself and for your clients, if your animal is not eating right and they normally eat fine, that's the first red flag that they might not be feeling good and they can't really express it. But they're just like, "I don't really feel good. I'm not going to just scarf my food down like a normal golden retriever." So, pay attention to those little things and take action early, because early action, especially with oils, yields excellent results in the long run.

Dr. Janet Roark:

So, I just wanted to commend you for that, and to bring light to that particular fact, because I do think it was caught early because of that observation. So, it's a really, really good job. Okay.

Kathleen DeCampos:

And may I just add something?

Dr. Janet Roark:

Yeah.

Kathleen DeCampos:

I just want to tell everybody that this was very laborious. This was not something... I mean, you can see the effort that was put in. For five months, she was on the Lyme's protocol and then a 30-day detox. So, it was a lot of data tracking and making sure I was actually giving her what she needed to get when she needed to get it. So, that's important to know. If you do have a client that's not compliant, you won't get the same results, I don't believe. This is something you really need to be very committed to doing, and I was.

Dr. Janet Roark:

And consistency is the key. And it could have gotten so much worse because that's how Lyme's works. It hides too. It's a nasty little bug. Dr. Holtman was wondering where you live with the Lyme disease case.

Level 2 Weekly Meeting - February 8, 2022

Kathleen DeCampos:

I live in Massachusetts toward the Cape Cod area. So...

Dr. Janet Roark:

Up north. But Lyme's disease is Lyme's disease everywhere in the country. It's the same bug, same bacteria. Okay. "Amazing job." Everyone says your incredible. Oh, my gosh. You guys are so edifying and supportive. Margie says, "Can you post this in our Facebook group?" The protocol or something like that. So...

Kathleen DeCampos:

Sure.

Dr. Janet Roark:

It is a good protocol. I support this protocol. So, "Great presentation, wonderful outcome." Suzanne says, "We have a lot of ticks here right now, happy to learn this to be prepared." Segal, "The PB Assist+, was it the powder or the capsules?" It's always the capsules, Segal. Never, ever, ever, ever, ever, ever give PB Assist Jr, the powder, because it contains xylitol. Xylitol is toxic to dogs and cats so never give powder to animals. Yeah, totally toxic to dogs. Okay. Let's see. "So, with the capsules," Segal is wondering, "how did you give them?" Did you just pill her?

Kathleen DeCampos:

I did, because I tried putting in her food and she wasn't wild about it. So, I could put the frankincense oil in her food, and she was fine with that, but if I were to put a gel cap in it, she...

Dr. Janet Roark:

She would beat around it.

Kathleen DeCampos:

And she finds it. So, yeah, I just landed up putting it down her throat. And again, she tolerated it. I would say, "Okay, Cassie, come on. Mommy is going to give you this." And she would come and she'd just sit there, and she'd take it. She was amazing.

Dr. Janet Roark:

What a good girl. And then did you share your protocol with the vet?

Kathleen DeCampos:

I did. My vet is very interested and I'm working on her, and educating her. She knows I use oils, but sadly, her last comment to me a couple of weeks ago, when the results came in, is that the doxycycline was effective, even though she knows I did a whole oil protocol, which I am now going to share this presentation with her. And I'm trying to actually get her involved with you, Dr. Roark. She's going to, actually, get me involved in a not-for-profit animal farm so I can do different species for case studies for level two.

Dr. Janet Roark:

Level 2 Weekly Meeting - February 8, 2022

Very cool. Very cool. Debbie says, "Wish there was a way to know if all the supplements were necessary or if just the oils would've made a difference. That was a lot of work. Thanks for explaining what the supplements were too." Awesome. Awesome. Margie, "Would GX Assist ever be used in a detox for any animals?" Yes, but you have to watch for diarrhea on that one due to the castor oil in it. Jackie is wondering why you feel the need to add lemongrass to the protocol.

Kathleen DeCampos:

Because I spoke with you and you suggested it.

Dr. Janet Roark:

It is a really good one for that. It's also why it's in DDR, guys. Lemongrass is a really effective one against this particular bacteria. So, yeah. Yeah, Steph. Steph, also, Kathleen, in the beginning, she was concerned about pyometra with her dog. And so, that would be another big concern I would have with your dog right now, Sprinkles, since she did just go through a heat cycle. And so, that would be pretty high on the list, especially if she has a fever. That thing, that's a good indication for that. The blood work should tell you that right away. It's a really easy diagnosis once you get some blood work done and whatnot.

Dr. Janet Roark:

Christine is wondering if you knew if she had a tick ever.

Kathleen DeCampos:

I never saw one. I never saw one. No idea.

Dr. Janet Roark:

Really hard to tell with sometimes they'll pick ticks off of themselves. And so, a lot of times we don't even know if that happens.

Dr. Janet Roark:

Okay. We're a little bit late on time. So, let's go over to Audrey. Audrey?

Dr. Janet Roark:

Thank you, Kathleen. Good job.

Kathleen DeCampos:

Thank you.

Audrey Moyna:

I need to be allowed to share screen.

Dr. Janet Roark:

Haley, can you fix that for Audrey?

Audrey Moyna:

And I would just like to start by saying, "That is not an easy one to follow."

Dr. Janet Roark:

I know it's not.

Audrey Moyna:

Obvious.

Dr. Janet Roark:

Got your work cut out for you.

Audrey Moyna:

Shouldn't even have to say that, but you know what I'm saying. So...

Dr. Janet Roark:

That's true.

Audrey Moyna:

Okay. Hold on one second. Okay. So, this is a case study by a puppy by the name of Jethro. Jethro is a two-year-old intact male Husky. He does have two Husky siblings at home. He weighs 65 pounds. And the issue that originally presented was a dog with chronic prostatitis and a possible bleeding disorder.

Audrey Moyna:

Little bit of the history, two months prior to the consult I had with Jethro's mommy, he threw up many times and pooped on the floor. And so, she went to the ER and they gave Baytril. Baytril is an antibiotic. They gave that for two weeks and the issue did resolve. But then the symptoms started again so they went back to the doctor. Ultrasound showed prostate issues so they started on Baytril again for six weeks, for what the vet said was chronic prostatitis. About a week prior to the consult, mommy noticed there was blood visible on the penis so she took Jethro back to the vet and they diagnosed UTI and a possible blood disorder. They were thinking possible Von Willebrand, based on the excessive amount of blood in the urine. So, urinalysis was performed. They found blood and bacteria in the urine. Ultrasound showed no stones. For the UTI, they gave amoxicillin for two weeks.

Audrey Moyna:

The observations when I met with Jethro's mommy appeared to be a physical issue. Didn't appear to be any emotional changes. As far as the diet, mommy did admit that they have switched the diet a few times over the last few months to accommodate other dogs in the home that had digestive issues. So, she did admit they were struggling to get a very stable diet for any of the dogs. One of the things that came out in the consult is that she really wants to get Jethro neutered to prevent the chronic prostate issues. So, that was direction provided by her vet. Her vet said, "We need to get him neutered." And they said that Jethro needs to be on antibiotics for at least two weeks before the vet would do the neuter surgery for the UTI. So, owner was more concerned about the bleeding disorder and possible need for plasma when doing the surgery, and again, just something, an observation that I noticed when we chatted.

Level 2 Weekly Meeting - February 8, 2022

Audrey Moyna:

So, some of the oil suggestions, juniper berry was my first thought for prostate and kidney support, lemongrass, thyme, bergamot, On Guard, I was thinking for infection. And so, I asked her to try self-selection with those ones, and he selected juniper berry and lemongrass. He wasn't really interested in either one of them internally. So, when she put a little bit on her fingertip and just offered, he was not interested. And my dog wants up, I apologize. And then, I also suggested frank, one drop of frank and copaiba in the food for the inflammation prostatitis.

Audrey Moyna:

Application and initial response. So, I suggested a roller bottle with four drops of juniper berry, two drops of lemongrass, and then filled with fractionated coconut oil, apply over kidneys, along the spine, and over femoral artery. I also suggested one drop each of frank and copaiba in the food for inflammation, once daily. A few days later, per Dr. Janet's recommendation, if the dog has possible bleeding disorder which we suspected possible Von Willebrand, don't use frank or turmeric internally. So, I discussed that with Jethro's mom and had her stop using the internal frank.

Audrey Moyna:

Recommendations and follow-up. 10/27, Jethro self-selected the juniper berry and lemongrass, and she started using them topically. I was checking in almost daily. On the 28th, he was doing very well on the oils. 31st, she noticed that there was less dribbling and he wasn't going out as often. So, the UTI was definitely getting better. On 11/1, is when I suggested they stop the oral frankincense based on recommendations from Dr. Janet due to the bleeding disorder. On the 4th, they went to the doctor for the neuter. And after the exam, the doctor decided not to do surgery and wanted to do more blood work. Interestingly, at that point, they didn't do any urinalysis so we don't know if the UTI was resolved. But Jethro was acting much spunkier so she believes that he was doing well. On 11/9, they finished all the antibiotics. Jethro's feeling well. No blood on the urine. And she continued use of the juniper berry and lemongrass.

Audrey Moyna:

So, our result outcome, on 11/23, Jethro finally had his neuter surgery at a university hospital, and there was little bleeding and no plasma was needed. So, that made mommy very happy. I talked with her and for post-surgery, I suggested helichrysum and myrrh, one drop each and 10 ml roller applied topically or diffused for healing.

Audrey Moyna:

I did tell her to not apply directly to the wound, but around. For that, also suggested self-selection with lavender, copaiba for pain relief and all of the oils, those are safe with Von Willebrand. When we followed up again on 11/30, she's continuing to use juniper berry diluted topically. And she had not tried self-selection on any of the ones I suggested. On 12/12, he is doing great. And the owner is now going to try self-selection since her myrrh just arrived.

Audrey Moyna:

Some of my reflections on the sweet little puppy, I think that it was a good case and it went well considering it was purely Zoom so I didn't get to meet the puppy. And sometimes it's not as easy to do it but... So, my reflection was that I thought it went well for being purely a Zoom. Another reflection, be sure to ask Dr. Janet, early on, if you're not sure if oils will impact other conditions like Von Willebrand.

Level 2 Weekly Meeting - February 8, 2022

Audrey Moyna:

I have followed up with her since then to ask, have they really confirmed the diagnosis. And she said, "Not really. And there hasn't been any bruising. Nothing. He rough houses with the other dogs." So, it's kind of questionable if that was even a positive diagnosis.

Audrey Moyna:

And my other reflection, when I looked back and I write this up, possibly make suggestions for other animals in the house as well as the owner, because I know she was stressed out. And I didn't necessarily say, "Hey, you're probably..." And I do this in a lot of other cases where I am helping people. I say, "I can tell you're really stressed about this, which will stress your animal so have you considered..." So, I'll usually do more with, actually, the person. And I didn't necessarily in this case. I think because I really was just more heads down and, "What does this guy need with the prostate, the UTI, et cetera?"

Audrey Moyna:

So, that would be my major reflections on this case. And now, Jethro and his siblings are doing wonderful and everything is good. And that's it.

Dr. Janet Roark:

Yay. That was an awesome case, Audrey. So good. Very well organized. Yes. Natalie says, "Great job." Very, very good case, very thorough.

Dr. Janet Roark:

What I want everyone to... I can teach from all of you guys doing these presentations, and it's super fun. What I want you guys to look at with Audrey's handling of this case was check out those follow-ups, you guys. Man, that is like the gold standard of follow-ups. And it just brings me such joy because you were able to provide amazing customer service to this owner and for this dog and... Can you guys hear me? Did I freeze?

Audrey Moyna:

Yep.

Dr. Janet Roark:

Okay. I just lost the ones that I can see. I'm like, "oh."

Dr. Janet Roark:

So, really, really good on all the follow-ups and keeping track of this case as she was concerned about the situation before surgery, leading into surgery, after surgery, the change in recommendations. And of course, she didn't follow all of them, because, guess what? He was doing better. And when an animal is doing better, that's really common that you start to get some owner non-compliance because they're like, "Oh, he's doing great. I don't need to do as much work." That's really, really common, not even when essential oils are in the picture so don't get stressed out when that happens. Of course, we want them to follow all of our recommendations to the T, because they're amazing recommendations. And it would've been interesting to see if she had followed through with all those. But I love how you're continuing to follow up with this person. You were able to really help this dog. So, really, really good job, Audrey.

Dr. Janet Roark:

Does anybody have any questions for Audrey at all? Especially with a long-distance case, yeah. Sometimes that's tricky. You guys are awesome. Look at all the positive reinforcement over here. Debbie says, "Does Jethro still get the juniper berry?"

Audrey Moyna:

Yeah. Honestly, I don't know. I mean, he was still getting it months after. I'll have to check with her.

Dr. Janet Roark:

Yeah. I mean, he really likes it so... Jackie says, "I'm confused as to why they didn't do more studies to verify the Von Willebrand disease." I am too.

Audrey Moyna:

You know, it makes you wonder if it was just said in passing, right? "Okay, we did this urinalysis. There's a lot of blood in it," which obviously, there could be blood in if you have a UTI. Was it something said in passing where, "You know, if this continues or we see any bleeding, we might want to look into Von Willebrand"? Right? And if I was an owner, emotionally, I would pick up on that, right? And I'd hold onto that like, "Oh, my gosh. They said he's got Von Willebrand."

Dr. Janet Roark:

From the sound of it. Yup.

Audrey Moyna:

Yeah.

Dr. Janet Roark:

Sure.

Audrey Moyna:

So, it's interesting, yeah, that I'm like, "Did they..." I've asked her, "Did they confirm that?" "Oh, no. And he had barely any bruising, nothing happened with the surgery." And I'm like, "Okay." So...

Dr. Janet Roark:

Yeah. And that's exactly... I mean, that happens a lot in veterinary medicine. They were like, "Oh, I wonder, we might have a bleeding issue like Von Willebrand's, based on what's going on." And especially since they postponed the neuter to pursue that a little bit. And then... That, to me, says the vet was a little more concerned about that than just being, "Oh, there's blood in the urine, maybe it's VWD." But to me, they probably did some additional blood work following up and didn't find anything. And so, they were probably like, "Oh, probably good," but didn't tell the owner and went ahead with the surgery, especially since he's not showing any other symptoms or anything like that. I probably wouldn't be concerned about it.

Dr. Janet Roark:

Level 2 Weekly Meeting - February 8, 2022

Of course, we were overabundantly, out of an abundance of caution, since the owner was concerned about that, we adjusted our oils accordingly or Audrey did, I should say. I shouldn't include myself in that.

Audrey Moyna:

Your suggestion.

Dr. Janet Roark:

But yeah, it's a pretty straightforward test. It's just like a bleed time test, basically. So, yeah. So, let me see what else. Questions.

Audrey Moyna:

Jackie, I love your comment. "Have you recommended the owner to repair the gut bile and after so many antibiotics?" That's a really good one. I love that.

Dr. Janet Roark:

That is. Have you? Have you talked to them?

Audrey Moyna:

I haven't. I will. I will, yeah. It's a great idea.

Dr. Janet Roark:

For sure. For sure. I love that. Jackie is in tune to the digestive issues with dogs because of her issues. She's been through a lot with that. I love it. Let's see. The test is not expensive. It's not really. It's just some blood work. And it depends on... I actually don't do blood work anymore. I refer all those out. I'm just all alternative now. But yeah, it's not super expensive, but it is not nothing. I mean, it is going to cost around \$200 to \$300, usually, \$200 to \$400, depending on what's going on.

Dr. Janet Roark:

Let's see. "Would some citrus oils be good for some ongoing urinary concern?" Possibly. But I think they resolved the UTI pretty well, and the prostatitis is going to be in check with the neuter. So, I mean, sounds like he's doing great. And we don't need to keep bombarding him with stuff if he's doing great. So...

Dr. Janet Roark:

I love it. Really good case. Let me go back to the questions. Well, we still have just a few minutes. I do have a hard stop at 6:00 again, you guys. I'm sorry. But let me share my screen now.

Dr. Janet Roark:

All right. Okay. Katherine, we already did hers. Leanne, "Hi, Dr. Roark and everyone. I have a new case study that I would like some advice on healing spine surgery. A five-and-a-half-year-old spayed Dachshund, 9.3 kilograms. The choice was to put her down or try spinal surgery. The surgery was successful, but recovery is slow. The vet report specific abnormalities included disc prolapse at T13-L1. Spinal cord decompressive surgery at T13 to L1. 'Your pet had significant spinal cord compression requiring surgery to relieve the pressure. Delicate spinal instruments were used to remove the disc

material from the spinal canal via small defect surrounding the bone that we have created. The spinal cord was bruised. However, recovery generally occurs within the next few weeks. Often patients go backwards for a short period of time after surgery,' because of the inflammation.

Dr. Janet Roark:

She is recovering from severe separation anxiety. Upon self-selection, offered lavender, frankincense, and copaiba, positive to all three. This is not a new issue, but worse since surgery. Recommended diffusing lavender 24/7 on intermittent and will now add copaiba and frank one week later. Yes, could have done this first, but owner wanted to go slow. Topically as well, owner not open to using oils internally. Suggested rubbing lavender blend down the spine and spritz in the bedding. Have addressed diet and also behavior training for the anxiety. Using music therapy as well. Adding human smelling blanket in with the bedding.

Dr. Janet Roark:

My question is what can I use for the healing of the spine? It's now four weeks post surgery, and she's still struggling to walk normally. I've checked the oils for musculoskeletal system, lavender, et cetera. The owner doesn't think she's in pain, just mild discomfort. I don't want to overwhelm the little girl with too many oils, and the owner wants the anxiety to be addressed first. But I want to help her heal as quickly as she can too. Starting physio next week and then potentially, underwater treadmill therapy."

Dr. Janet Roark:

Okay. So, what do you guys think about this one? Quickly. Quickly. Jackie, "vetiver." Oh, I love vetiver for separation anxiety. Sarah Columbo, "Geranium, vetiver, and helichrysum." And Rebecca, "Helichrysum." Tammy, "Balance." Linda, "Helichrysum and Melissa." Jennifer, "Balance may also be helpful." Audrey, "Frankincense, copaiba, marjoram, and helichrysum." Jennifer, "Copaiba, perhaps Siberian fir."

Dr. Janet Roark:

So, with this surgery, we've got inflammation, wherein any kind of surgery causes inflammation in the area. So, we're just going to... Let's do some anti-inflammatory oils topically. You guys have recommended plenty of awesome ones.

Dr. Janet Roark:

I like doing frankincense, copaiba, marjoram, helichrysum, lavender combo. Geranium is another good one for the spine. Helichrysum is really, really good for anything to do with nervous system. We've covered that. Basil is also another good one. And she's not willing to do anything internally so I would recommend acupuncture or some kind of light therapy or laser therapy. And of course, she's going to start physio, which is probably going to incorporate both of these. But acupuncture really, really helps these guys recover from surgery very quickly. I'm a big fan of acupuncture for these weak back ends. And then the oils topically along the spine, 100%.

Dr. Janet Roark:

And Dr. Holtman says, "PEMF." I would use PEMF if it's a low, low, low, low intensity, like the Assisi Loop. I would use an Assisi Loop in this case. Absolutely. Acupuncture, my first thought. Absolutely.

Dr. Janet Roark:

Level 2 Weekly Meeting - February 8, 2022

And then for the anxiety, definitely watch the separation anxiety webinar, Leanne, and take note of all of that. Lots of recommendations for that. Some suggestions like in the chat include calmer or adaptive copaiba, which I think you're using already. Melissa would be a good one. Balance, another really good one, topically. Also consider rose or geranium as maternal attachment-type oils. I really like those ones as well.

Dr. Janet Roark:

Suzanne, "So, if no acupuncture is available, what would you recommend?" Yeah. A massage, acupressure. Acupressure if no acupuncture is involved and we covered that in this course, for sure.

Dr. Janet Roark:

Anna, "Acupuncture helped me be able to walk again after almost losing both legs." That's amazing. Victoria says, "Myrrh." Myrrh would be another really good choice. I like myrrh. I let you guys know I love myrrh for everything.

Dr. Janet Roark:

All right. That looks like all the questions for this week. So, let me stop my share, make sure there's no one... I think Regina is raising her hand. Gina, you want to go ask your question real quick?

Regina:

Yeah, really quickly, I had to make some more of the urine deodorizing spray and I went into my cupboard and I was out of the On Guard Cleaner Concentrate so then I thought, "Could I just substitute the Abode Cleaner Concentrate?" Feelings?

Dr. Janet Roark:

Oh, yes, 100%. Yeah. Is that your question? Yes.

Regina:

That was my question. Yeah. Yeah, except for then I didn't have that either so I had to wait until my order of both came in. But I wanted to... I can interchange them?

Dr. Janet Roark:

Yep.

Regina:

Okay.

Dr. Janet Roark:

Just know that the Abode line is designed to murder everything, murder mold in particular. It's got a lot of anti-mold oils in there and so it's strong. And so, some animals are just a little sensitive to some of the oils that are in there just from a respiratory standpoint. So, maybe double check that and all of your animals are probably going to be fine with it. But it is a very strong-smelling oil so sometimes, like if I'm cleaning the kitchen or the bathroom with it, I will close the door until it dries a little bit, and then let my animals in that area, just if I'm worried about their respiratory tract. So...

Level 2 Weekly Meeting - February 8, 2022

Regina:

What about cutting, like instead of using two tablespoons, use one tablespoon?

Dr. Janet Roark:

You could do that. You could try that. As far as... Yeah. It's going to be super effective as a urine deodorizer spray for rugs and carpets, and things like that. So...

Regina:

All Right. Great. Thank you.

Dr. Janet Roark:

Okay. Janee, really quick. I'm like, "You have one minute."

Janee:

On the Abode line, but it doesn't kill the good bacteria, correct? I mean, it's or the-

Dr. Janet Roark:

No. Technically, no. But yeah, it's a surface cleaner. It's a surface cleaner so you're not going to be using it... We're not going to use that internally or topically, or anything like that. It is purely murder all the airborne mold and bacteria, and things like that. So, it's really, really effective, but it is a strong, strong oil. So, just keep that in mind when you're using it, especially if you have, like an asthma kitty or something like that. I'm always like, "Just watch them, the first time you use it. Watch them like a hawk." And then if they're good and they're like, "Dude, why are you freaking out and staring at me all the time?" Then they're fine. Just the first time you use it, just keep an eye on them. But yeah, I use it all the time, all over the place, and I love it.

Dr. Janet Roark:

I still love my On Guard Cleaner Concentrate. I think it's very effective and it's so much more mild that I will never get away from that. I absolutely love it. I hope they don't discontinue it. But it's just a wonderful, wonderful product. And to me, it's a little safer than the Abode, just because of the oils that are in it. So...

Janee:

And one other thing, I don't know where I missed it, but I didn't realize frankincense would not be used with the bleeding disorder. I know like-

Dr. Janet Roark:

Yeah, it's kind of controversial. And I tend to, you guys know me, err on the side of conservative. I'm like, "If it might and we can use something else, let's use something else." And so, there's been a couple of studies showing it can thin out the blood a little bit, basically. But it's not contraindicated in any of those situations. But since we were worried about possible bleeding disorder in this dog, we were like, "Well, let's just do copaiba instead and just take out the frankincense, and see how he does. And he did great with the copaiba and juniper berry. And I think we did lemongrass with him. Right, Audrey? Yeah. So, really good case. Good question. Thank you for asking that.

Level 2 Weekly Meeting - February 8, 2022

Dr. Janet Roark:

And I will see you guys all next week. Keep an eye on your email, we're going to a business talk, like a business Q&A, sometime this month. We're going to start in February. Not mandatory at all. Bring your business questions, and I'll do my best to help facilitate that. And we can bounce ideas off of each other, what's working, what's not working, and all that kind of stuff. So, keep an eye on your email. I'll announce that probably on Monday with the recap email that goes out. So, all right, guys. I'll see you next week. Bye.