

## Treatment of a wounded tusker at Corbett Tiger Reserve

- S. Chandola<sup>1</sup>

A wounded tusker was reported by Forest Department (FD) staff of Dhela Range, Corbett Tiger Reserve (CTR) on the periphery of Dhela and Bijrani Ranges on May 10, 2006. It suffered from a deep cut on its left hind leg and had a deep suppurating wound below the tail which was typical of injuries caused during the fight for dominance amongst tuskers. The animal showed signs of limping and was reluctant to foraging.

On May 11, a dose of PanidurLA 20 ml was injected with the help of a Tele-inject Gun following which it showed remarkable improvement and started moving and feeding almost normally. The same treatment was repeated on May 13, 16 and 21, 2006. An expert team of veterinary doctors from Pantnagar University was also invited to examine the elephant. The team also advised for the same treatment along with regular cleaning of wounds with antiseptic solution.



The wounded tusker.

A visual examination on June 3, by Forest Department staff revealed that the animal was in intense pain, the left hind foot was swollen, pus discharge was visible and that the animal was resting and reclining more frequently than before. At this point Management was faced with the dilemma of either allowing the natural forces to act normally and decide the fate of this elephant or to intervene with modern treatment.

The appearance of several fresh wounds on the right hind leg was of special interest and it appeared as if a large cat, may be a tiger, had tried to take advantage of the disability of this beleaguered elephant. At the same time, it was reported that other tuskers in the vicinity also lost no chance to inflict new wounds on the injured elephant, which made it run for long distances inspite of its injuries. The animal continuously lost weight and the inflammation and discharge of pus from the wounds increased steadily. It was now time for the Management to act and was decided to immobilise the elephant and administer the requisite dosage of medication.

On June 24, 2006, the elephant was immobilised with HBM of 375 mg Xylazine and 300 mg Ketamine was administered by teleinject and distinct guns in the supervision of a team of veterinary doctors comprising specialists from Pantnagar University, State Government Veterinary Department and an NGO vet. The FD team consisted of Chief Wildlife Warden, Director, CTR, Dy. Director, CTR and other staff & officials. It took about 30 minutes for the elephant to calm down, after which it lodged its head in a nearby cluster of Jamun bushes. The wounds were cleaned thoroughly with the help of a Potassium permanganate solution sprayed from a knapsack sprayer and pus was drained completely. Slow release antibiotic coverage for 72 hrs of Oxytetracycline LA 200 ml, Trivivet 50 ml and Melonex 50 ml was given by hand held syringes to the immobilised elephant. At the end of one and half hours, it was decided to call off the operation, when the animal started showing signs of recovery from the drug. In the next three days the wounds were splashed with warm saline solution and Amez 20 mg 15 capsules (for seven days) were administered everyday. The inflammation was subsided, the elephant was moving and feeding naturally.



Inflamed hind foot.

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