Feline Infectious Peritonitis — FIP ALTERNATIVE VETERINARY MEDICINE CENTRE Article WS116/07 Christopher Day - Veterinary Surgeon

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FELINE INFECTIOUS PERITONITIS (FIP)

In my opinion, Feline Infectious Peritonitis (FIP) is an as-yet-poorly-understood infectious disease, especially in terms of its epizootology (animal epidemiology). It appears to be very widespread in the cat population at large.

Infection with the virus does not necessarily mean that clinical disease must follow and there may be a latent state, awaiting some adverse trigger stimulus, to initiate clinical progression. Sources of stress of any sort, fighting, injury, surgery, mating, bereavement etc. come to mind.

In my experience (although we have no clinical trials to prove this), homeoprophylactic (preventive) methods, using nosodes, have appeared to be effective in limiting spread of the disease in an infected household. There also appear to have been serological reductions in titres, coincidental with treating cat colonies in this way. There is difficulty in being certain of these effects, in view of the unpredictability of the disease in its untreated state.

We have witnessed clinical recovery in cases of actual disease, coincidental with <u>homeopathic treatment</u>, provided that patients have not been too ill at time of inception of that treatment.

Strict isolation of sero-positive cats within a community would appear to be of minimal value, since there is such widespread distribution of the virus. Furthermore, by the time the titre has been found, that cat has had the chance to help spread the virus before detection.

Isolation of sero-positive cats within a breeding colony would appear to be a sensible precaution, especially if the others in the colony do not roam the community.

Feline Infectious Peritonitis (FIP) - AVMC

Quarantining of a householder who has a clinical case of FIP would seem to be an over-reaction, since the virus is present in so many households and breeding colonies. The only way in which such a policy could work effectively in control is in conjunction with a determined compulsory national eradication scheme, which is impractical in view of the presumed large feral reservoir of infection.

Elective euthanasia of sero-positive cats and of all in-contacts in a colony has been advocated for some of my clients. In my opinion, this is not justified in the current situation, with our present state of knowledge and understanding.

Segregation of known positive cats at shows and ensuring there is no mating between sero-positives and sero-negatives are useful and practical precautions. I advise that only the very best, state-of-the-art serological test is used as a definitive test, which currently appears to be the immuno-fluorescent antibody test used at Glasgow University. If a 'standard' test is not used, confusion will reign.

I further recommend that breeders who have sero-positive cats or who have a clinical case, should look at the option of homeopathy and homeoprophylaxis, in the absence of any effective conventional therapeutic or preventive measures. Litters of kittens can be treated from birth, to try help in prevention. Even though there is no proof of effectiveness, anecdotal evidence is quite strong and it would seem to be much better to try this than do nothing.

Christopher Day MRCVS - September 2001

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