

Studies on some paraclinical indices on intoxication in horses from freshly cut Jimson weed (*Datura stramonium*)-contaminated maize intended for ensiling

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ABSTRACT

Monitoring of changes in some blood laboratory parameters in 34 horses after ingesting freshly harvested maize that was to be used for ensiling, heavily contaminated with young *Datura stramonium* plants, is described. For a 7-day period the following parameters were monitored: haemoglobin content (HGB), red blood cell counts (RBC), white blood cell counts (WBC), haematocrit (HCT), mean corpuscular volume (MCV), mean corpuscular haemoglobin (MCH), mean corpuscular haemoglobin concentration (MCHC), differential white cell counts (DWC), erythrocyte sedimentation rate (ESR), protein fractions, aspartate aminotransferase (AST), lactate dehydrogenase (LDH), total bilirubin (TB), direct bilirubin (DB), blood glucose (Glu), total protein (TP), globulin (Glob) and albumin (Alb). The intoxication was accompanied by erythrocytosis, leukocytosis, regenerative left shift neutrophilia, lymphopaenia, eosinopaenia, increased haematocrit values, low erythrocyte sedimentation rate, hyperglycaemia, bilirubinaemia, hypoproteinaemia and increased activity of AST and LDH. No changes occurred in the mean corpuscular volume (MCV), mean corpuscular haemoglobin (MCH), mean corpuscular haemoglobin concentration (MCHC), albumin, globulin and globulin fractions (α_1 , α_2 , β_1 , β_2 and γ). The blood parameters returned to normal between post-intoxication days 2 and 5. The observed changes in clinical chemistry indices could be used in the diagnosis, differential diagnosis and prognosis of Jimson weed intoxication.

Key words: atropine, *Datura stramonium*, horses, intoxication, Jimson weed, scopolamine, tropane alkaloids.

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INTRODUCTION

Jimson weed (*Datura stramonium*) is an annual of the family Solanaceae. The toxic principles are tropane belladonna alkaloids which possess strong anticholinergic properties^{5,31,32,36}. They include hyoscyamine (stems, leaves, roots, seeds)²⁷, hyoscine (roots); atropine (*d,l*-hyoscyamine) and scopolamine (*l*-hyoscyne)^{11,16,20,23,27,31,32,39}. All parts of the plant are toxic, but the greatest amount of alkaloids are contained in ripe seeds^{7,13,16,36}, young, dried leaves²⁸ and stems and leaves of young plants²⁷. They act as competitive antagonists to acetylcholine at peripheral and central muscarinic receptors at a common binding site^{7,20,36}. Poisoning results in widespread inhibition of parasympathetic innervated organs^{7,15,20,35,38}.

The wide distribution, high toxicity and the potential for occurrence in foodstuffs

are responsible for the numerous incidents in humans^{1–3,6,7,9–12,14–16,18,19,21,25,30,32–35,39,40}.

Cases of Jimson weed intoxication are considerably less frequent in animals such as cattle²⁹, swine^{23,24,26,43}, dogs^{22,41}, sheep and goats¹⁷ and poultry^{13,44}. In horses, poisoning has occurred after ingestion of Jimson weed seeds^{4,37,42} and dried tef hay contaminated with young *Datura* plants (*D. stramonium* and *D. ferox*)²⁸.

There are no published reports of cases of intoxication in horses by freshly cut Jimson weed (*D. stramonium*)-contaminated maize intended for ensiling.

The objective of this study was to evaluate the usefulness of clinical chemistry parameters of horses after Jimson weed intoxication for rapid and correct diagnosis, prognosis and effective treatment of this intoxication.

MATERIALS AND METHODS

In October 1999, 3 stallions were referred to the Clinic of Internal Diseases and Clinical Toxicology of the Faculty of Veterinary Medicine, Stara Zagora, Bulgaria.

The history revealed that 18 hours previously, 34 horses, owned by the Horse Station of the Faculty of Agriculture of the Trakia University, were fed *ad libitum* with freshly harvested and chopped maize that was to be used for ensiling, heavily contaminated with young *D. stramonium* plants. All animals that ingested the forage manifested signs of intoxication to varying degrees. The animals with the most evident clinical signs were referred to the clinic.

The examination *in situ* showed that the horses were 3–14 years old, with a live body weight of 400–600 kg, of various breeds (Trakehner, Hanoverian, Danube, East-Bulgarian, Arabian etc.) and type. The animals were of both sexes: 18 mares, 12 stallions and 4 geldings.

Depending on the severity of clinical signs, the animals were divided into 3 groups:

Group 1 ($n = 18$) – horses with typical clinical signs: 9 stallions, 1 gelding, 8 mares, 3 of them pregnant.

Group 2 ($n = 16$) – horses with less obvious signs of intoxication: 3 stallions, 3 geldings, 2 pregnant mares, 8 lactating dams (the suckling foals were not included in the group).

Group 3 ($n = 18$) – horses owned by the Mounted Police, housed on the same premises under similar conditions, but fed another forage, served as controls.

On days 1, 2, 3, 4, 5, 6 and 7 after the incident, blood was collected from the jugular vein for determination of the following laboratory parameters: haemoglobin content (HGB; g/dl), red blood cell counts (RBC; $10^{12}/\ell$), white blood cell counts (WBC; $10^9/\ell$), haematocrit (HCT; ℓ/ℓ), mean corpuscular volume (MCV; fl), mean corpuscular haemoglobin (MCH; g/l), mean corpuscular haemoglobin concentration (MCHC; g/l) and differential white cell counts (DWC; %) on an automated analyser (Cell dyn 4500, USA); the erythrocyte sedimentation rate (ESR; mm/h) on an automated analyser (Greiner bio one, Austria); protein fractions (Dade Behring Nephelometer II, Germany); aspartate aminotransferase (AST; U/l); lactate dehydrogenase (LDH; U/l), total bilirubin (TB; mg/dl), direct bilirubin

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Table 1: Mean haematological indices in horses after intoxication with Jimson weed (*Datura stramonium*) (groups I and II) and in the control group (group III).

| Parameter | Gr | Day after intoxication | | | | | | |
|--------------------------|-----|---------------------------|---------------------------|---------------------------|--------------------------|--------------------------|-------------|-------------|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| HGB, g/dl | I | 17.8 ± 1.25 ^c | 16.2 ± 1.34 ^a | 16.6 ± 1.21 ^b | 14.8 ± 1.28 ^a | 15.5 ± 1.18 ^a | 12.8 ± 0.92 | 12.0 ± 1.04 |
| | II | 15.4 ± 1.03 ^b | 14.3 ± 1.26 | 13.8 ± 1.12 | 12.4 ± 1.08 | 11.9 ± 0.89 | 11.1 ± 0.99 | 11.7 ± 0.86 |
| | III | 11.2 ± 0.92 | 11.8 ± 0.88 | 11.1 ± 0.82 | 10.8 ± 0.77 | 12.1 ± 1.03 | 11.7 ± 0.78 | 10.9 ± 0.82 |
| RBC, 10 ¹² /l | I | 13.12 ± 1.12 ^b | 11.05 ± 0.93 | 9.14 ± 1.02 | 8.74 ± 0.93 | 8.52 ± 0.78 | 9.14 ± 0.77 | 8.89 ± 0.84 |
| | II | 11.68 ± 0.84 ^a | 9.63 ± 1.04 | 8.49 ± 0.96 | 9.13 ± 1.07 | 8.78 ± 0.76 | 8.12 ± 0.85 | 8.43 ± 0.79 |
| | III | 8.45 ± 0.62 | 8.74 ± 0.73 | 8.82 ± 0.81 | 8.34 ± 0.75 | 9.01 ± 0.88 | 8.73 ± 0.94 | 8.18 ± 0.69 |
| WBC, 10 ⁹ /l | I | 16.81 ± 0.88 ^c | 18.11 ± 1.21 ^c | 12.77 ± 1.58 ^a | 10.34 ± 1.04 | 9.88 ± 1.03 | 8.89 ± 0.93 | 9.29 ± 1.13 |
| | II | 14.62 ± 1.54 ^b | 10.32 ± 1.78 | 9.31 ± 0.82 | 8.86 ± 0.96 | 9.39 ± 1.27 | 8.47 ± 0.91 | 8.55 ± 0.96 |
| | III | 8.55 ± 0.92 | 9.16 ± 0.88 | 8.84 ± 0.98 | 8.33 ± 0.78 | 8.14 ± 0.93 | 8.93 ± 0.76 | 8.78 ± 0.91 |
| ESR, mm/h | I | 30.3 ± 5.2 ^c | 58.3 ± 7.2 | 75.4 ± 4.3 | 66.6 ± 5.8 | 74.6 ± 6.3 | 72.5 ± 6.5 | 72.3 ± 8.4 |
| | II | 52.4 ± 5.8 ^b | 63.4 ± 5.2 | 78.8 ± 5.4 | 69.7 ± 4.9 | 70.1 ± 8.4 | 71.4 ± 7.6 | 77.3 ± 7.8 |
| | III | 76.2 ± 6.6 | 75.1 ± 8.9 | 78.8 ± 6.2 | 78.4 ± 6.1 | 71.7 ± 6.8 | 74.4 ± 5.9 | 71.9 ± 6.5 |
| HCT, % | I | 0.58 ± 0.06 ^c | 0.56 ± 0.06 ^c | 0.44 ± 0.06 | 0.38 ± 0.04 | 0.33 ± 0.04 | 0.35 ± 0.03 | 0.34 ± 0.04 |
| | II | 0.46 ± 0.05 ^a | 0.42 ± 0.05 | 0.32 ± 0.04 | 0.36 ± 0.2 | 0.31 ± 0.04 | 0.37 ± 0.05 | 0.36 ± 0.06 |
| | III | 0.31 ± 0.03 | 0.33 ± 0.04 | 0.36 ± 0.05 | 0.34 ± 0.03 | 0.35 ± 0.06 | 0.38 ± 0.05 | 0.32 ± 0.04 |

^a*P* < 0.05; ^b*P* < 0.01; ^c*P* < 0.001.

Key: Gr, group; HGB, haemoglobin; RBC, erythrocyte; WBC, leukocyte; ESR, erythrocyte sedimentation rates; HCT, haematocrit.

(DB; mg/dl), blood glucose (Glu; mg/dl), total protein (TP; g/dl) and albumin (Alb; g/dl) on an automated biochemical analyser (Olympus AU 600, Japan). The globulin concentrations were calculated as albumin subtracted from total protein.

All results were statistically processed using ANOVA (Statistica software). The significance of differences was evaluated *vs* the control group for each time interval. The results were determined as statistically significant when *P* < 0.05.

RESULTS

Haematological studies

The haemoglobin content (Table 1) in group I was significantly higher between

post-intoxication days 1 to 5. Peak values in groups I and II were measured on the 1st day: 17.8 ± 1.25 g/dl (*P* < 0.001) and 15.4 ± 1.03 g/dl (*P* < 0.01), respectively, compared with the control group (11.2 ± 0.92 g/dl).

The average red blood cell count (Table 1) in horses from groups I and II was elevated only during the 1st day: 13.12 ± 1.12 10¹²/l (*P* < 0.01) and 11.68 ± 0.84 10¹²/l (*P* < 0.05), respectively, compared with the control group (8.45 ± 0.62 10¹²/l).

The mean white blood cell count (Table 1) in group I was statistically significantly higher on post-intoxication days 1 to 3. The maximum count was recorded on day 2: 18.11 ± 1.21 10⁹/l, compared to 9.16 ± 0.88 10⁹/l in the control group (*P* <

0.001). In group II, a significant difference was only detected on day 1 (14.62 ± 1.54 10⁹/l, *P* < 0.01).

The mean differential white blood cell count (Table 2) revealed no eosinophils on certain days, in group I for 3 days, whereas in group II on post-intoxication days 1 and 2.

Neutrophils in groups I and II were elevated between days 1 and 6. The highest count for banded neutrophils was observed on the 2nd day: 16.1 ± 1.3 % (*P* < 0.001) and 7.2 ± 0.5 % (*P* < 0.001), respectively, compared with control percentage of 0.8 ± 0.1 %.

Segmented neutrophils were significantly higher only in group I on post-intoxication days 1 to 4. The highest levels occurred on day 1: 78.3 ± 6.7 % (*P* < 0.01)

Table 2: Differential white counts (%) (mean, SD) in horses after intoxication with Jimson weed (*Datura stramonium*) (groups I and II) and in the control group (group III).

| Parameter | Gr | Day after intoxication | | | | | | |
|-----------------------|-----|-------------------------|-------------------------|-------------------------|-------------------------|------------------------|------------------------|------------|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Eosinophils | I | 0 ^c | 0 ^c | 0 ^c | 0.8 ± 0.1 ^c | 3.2 ± 0.4 | 4.1 ± 0.3 | 5.2 ± 0.2 |
| | II | 0 ^c | 0 ^c | 1.1 ± 0.1 ^c | 3.7 ± 0.4 | 4.1 ± 0.3 | 3.7 ± 0.3 | 4.2 ± 0.5 |
| | III | 3.8 ± 0.4 | 4.4 ± 0.3 | 5.2 ± 0.3 | 4.1 ± 0.4 | 3.9 ± 0.4 | 3.4 ± 0.4 | 4.3 ± 0.5 |
| Banded neutrophils | I | 13.7 ± 0.9 ^c | 16.1 ± 1.3 ^c | 7.7 ± 0.9 ^c | 5.8 ± 0.7 ^c | 2.6 ± 0.3 ^c | 1.5 ± 0.2 ^a | 1.4 ± 0.3 |
| | II | 6.6 ± 0.6 ^c | 7.2 ± 0.5 ^c | 2.6 ± 0.5 ^b | 1.8 ± 0.1 ^c | 2.2 ± 0.1 ^c | 1.7 ± 0.2 ^a | 1.9 ± 0.4 |
| | III | 1.2 ± 0.3 | 0.8 ± 0.1 | 0.7 ± 0.2 | 1.1 ± 0.1 | 1.0 ± 0 | 0.9 ± 0.3 | 1.2 ± 0.1 |
| Segmented neutrophils | I | 78.3 ± 6.7 ^b | 74.2 ± 8.6 ^a | 70.7 ± 4.8 ^b | 72.1 ± 6.2 ^b | 62.7 ± 5.5 | 49.1 ± 6.3 | 50.7 ± 4.3 |
| | II | 61.8 ± 8.8 | 62.3 ± 6.4 | 54.7 ± 6.2 | 59.6 ± 6.8 | 46.6 ± 6.1 | 48.8 ± 4.1 | 47.3 ± 3.9 |
| | III | 48.5 ± 3.4 | 51.1 ± 5.3 | 46.9 ± 5.8 | 49.3 ± 3.9 | 50.5 ± 5.2 | 47.6 ± 3.8 | 48.9 ± 3.3 |
| Lymphocytes | I | 5.8 ± 0.5 ^c | 11.1 ± 1.0 ^c | 24.1 ± 3.1 ^c | 23.8 ± 3.1 ^c | 32.1 ± 2.2 | 44.2 ± 4.1 | 43.8 ± 4.2 |
| | II | 33.8 ± 2.8 ^a | 32.8 ± 3.3 | 44.8 ± 4.3 | 36.8 ± 2.9 | 45.8 ± 3.6 | 46.1 ± 3.6 | 47.1 ± 3.9 |
| | III | 46.1 ± 3.7 | 44.3 ± 4.5 | 47.6 ± 3.8 | 45.5 ± 5.2 | 46.7 ± 3.9 | 46.2 ± 3.7 | 45.3 ± 3.1 |

^a*P* < 0.05; ^b*P* < 0.01; ^c*P* < 0.001.

Key: Gr, group.

Table 3: Mean clinical chemistry parameters in horses after intoxication with Jimson weed (*Datura stramonium*) (groups I and II) and in the control group (group III).

| Parameter | Gr | Day after intoxication | | | | | | |
|-------------|-----|---------------------------|---------------------------|---------------------------|---------------------------|--------------------------|-------------|-------------|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Glu (mg/dl) | I | 172.0 ± 21.9 ^c | 159.0 ± 16.2 ^c | 146.2 ± 19.8 ^c | 110.2 ± 14.4 ^a | 78.8 ± 12.6 | 65.3 ± 10.8 | 68.1 ± 9.0 |
| | II | 139.4 ± 14.4 ^c | 92.2 ± 12.6 | 71.3 ± 10.8 | 68.1 ± 9.1 | 70.9 ± 7.2 | 71.3 ± 10.8 | 69.9 ± 16.2 |
| | III | 65.0 ± 10.8 | 67.0 ± 9.0 | 55.3 ± 9.0 | 62.3 ± 16.2 | 67.0 ± 10.8 | 62.6 ± 9.8 | 66.4 ± 7.4 |
| TB (mg/dl) | I | 2.91 ± 0.39 ^b | 2.92 ± 0.35 ^b | 3.43 ± 0.33 ^c | 2.67 ± 0.34 ^a | 2.70 ± 0.28 ^b | 1.74 ± 0.25 | 1.77 ± 0.22 |
| | II | 2.84 ± 0.30 ^b | 2.90 ± 0.28 ^c | 2.65 ± 0.30 ^b | 2.49 ± 0.22 ^a | 1.89 ± 0.25 | 1.57 ± 0.18 | 1.29 ± 0.16 |
| | III | 1.73 ± 0.22 | 1.42 ± 0.21 | 1.33 ± 0.16 | 1.59 ± 0.19 | 1.66 ± 0.18 | 1.43 ± 0.16 | 1.44 ± 0.15 |
| DB (mg/dl) | I | 0.72 ± 0.09 | 0.98 ± 0.11 ^b | 1.24 ± 0.15 ^b | 1.10 ± 0.13 ^b | 0.89 ± 0.09 ^a | 0.80 ± 0.07 | 0.74 ± 0.09 |
| | II | 0.75 ± 0.09 | 0.84 ± 0.07 ^a | 1.16 ± 0.13 ^b | 1.03 ± 0.12 ^b | 0.80 ± 0.10 | 0.72 ± 0.09 | 0.68 ± 0.08 |
| | III | 0.56 ± 0.05 | 0.60 ± 0.05 | 0.57 ± 0.07 | 0.63 ± 0.05 | 0.59 ± 0.07 | 0.67 ± 0.05 | 0.57 ± 0.05 |
| AST (U/l) | I | 483 ± 54.2 ^c | 409 ± 36.5 ^c | 362 ± 38.6 ^b | 348 ± 46.8 ^b | 309 ± 35.3 ^a | 246 ± 29.5 | 238 ± 25.4 |
| | II | 315 ± 42.8 ^a | 278 ± 34.2 | 238 ± 19.4 | 229 ± 17.9 | 231 ± 17.4 | 209 ± 21.6 | 216 ± 29.8 |
| | III | 212 ± 18.6 | 209 ± 23.9 | 224 ± 26.2 | 196 ± 21.1 | 218 ± 19.8 | 228 ± 17.9 | 207 ± 19.5 |
| LDH (U/l) | I | 515 ± 84.3 ^a | 473 ± 62.6 ^a | 379 ± 48.7 | 282 ± 36.9 | 294 ± 37.2 | 306 ± 28.4 | 255 ± 35.3 |
| | II | 408 ± 52.7 | 315 ± 34.1 | 269 ± 37.3 | 307 ± 44.8 | 324 ± 26.3 | 316 ± 31.7 | 288 ± 32.5 |
| | III | 288 ± 46.9 | 264 ± 32.4 | 312 ± 28.0 | 293 ± 37.6 | 269 ± 42.5 | 288 ± 36.9 | 309 ± 30.0 |
| TP (g/dl) | I | 4.71 ± 0.24 ^b | 5.24 ± 0.37 ^b | 6.88 ± 0.45 | 6.29 ± 0.35 | 6.38 ± 0.41 | 6.79 ± 0.36 | 6.46 ± 0.48 |
| | II | 5.82 ± 0.38 | 6.32 ± 0.44 | 6.54 ± 0.38 | 6.78 ± 0.48 | 6.62 ± 0.36 | 6.32 ± 0.33 | 6.11 ± 0.38 |
| | III | 6.62 ± 0.41 | 6.17 ± 0.31 | 6.34 ± 0.39 | 6.52 ± 0.31 | 6.08 ± 0.26 | 6.42 ± 0.44 | 6.38 ± 0.41 |

^a $P < 0.05$; ^b $P < 0.01$; ^c $P < 0.001$.

Key: Gr, group; Glu, glucose TB, total bilirubin; DB, direct bilirubin; AST, aspartate aminotransferase; LDH, lactate dehydrogenase; TP, total serum protein.

compared with control percentage of $48.5 \pm 3.4\%$.

A considerable reduction in lymphocytes was noticed. In group I significant changes were observed from day 1 to day 4 after the poisoning and in group II, only on the 1st day. The lowest lymphocyte count in both groups was determined on day 1: $5.8 \pm 0.5\%$ ($P < 0.001$) and $33.8 \pm 2.8\%$ ($P < 0.05$) in groups I and II, respectively.

A low mean erythrocyte sedimentation rate (Table 1) was only observed on the 1st day in both groups: 30.3 ± 5.2 mm ($P < 0.001$) and 52.4 ± 5.8 mm ($P < 0.01$) respectively, compared with a mean ESR of 76.2 ± 6.6 mm in the control group.

The mean haematocrit (Table 1) in horses from group I was significantly higher on post-intoxication days 1 and 2. The highest packed cell volume was determined on day 1 (0.58 ± 0.06 l/l, $P < 0.001$). In group II the high mean haematocrit (0.46 ± 0.05 l/l) was observed only on day 1.

Changes in the mean corpuscular volume, mean corpuscular haemoglobin and mean corpuscular haemoglobin concentration were not statistically significant ($P > 0.05$).

Biochemical analyses

The mean blood glucose concentration (Table 3) in horses from group I was significantly elevated from post-intoxication days 1 to 4. The highest concentration was determined 1 day after Jimson weed ingestion: 172.0 ± 21.9 mg/dl ($P < 0.001$)

and 139.4 ± 14.4 mg/dl ($P < 0.001$) in groups I and II, respectively.

The mean total bilirubin (Table 3) in intoxicated horses increased. In group I significantly higher concentrations occurred from days 1 to 5, whereas in group II elevated concentrations were detected from days 1 to 4. The highest total bilirubin concentrations in group I occurred on day 3 (3.43 ± 0.33 mg/dl, $P < 0.001$). In group II, the peak total bilirubin concentration was observed on day 2 (2.90 ± 0.28 mg/dl, $P < 0.001$).

Changes in direct bilirubin were similar to those in total bilirubin (Table 3) In group I, statistically significant differences were present between days 2 and 5, with the highest concentrations observed on day 3 (1.24 ± 0.15 mg/dl, $P < 0.01$). In group II direct bilirubin was increased between post-intoxication days 2 and 4, with a similar peak on day 3 (1.16 ± 0.13 mg/dl, $P < 0.01$).

Mean aspartate aminotransferase (AST) activity (Table 3) was higher from day 1 to day 5 day in group I, whereas in group II only on day 1. The highest activities were measured on day 1 in both groups: 483 ± 54.2 U/l ($P < 0.001$) and 315 ± 42.8 U/l ($P < 0.05$), respectively, in groups I and II, compared with the control group (212 ± 18.6 U/l).

The mean activity of lactate dehydrogenase (Table 3) was elevated on days 1 and 2 in group I only. The peak level was measured on day 1: 515 ± 84.3 U/l ($P < 0.05$), compared with 288 ± 46.9 U/l in the control group.

The mean total serum protein concentrations (Table 3) was significantly lower in horses in group I on days 1 and 2. The lowest mean concentration was determined on day 1 (4.71 ± 0.24 g/dl, $P < 0.01$).

There were no statistically significant changes in mean albumin, total globulins and globulin fractions (α_1 , α_2 , β_1 , β_2 and γ) between the different groups ($P > 0.05$).

DISCUSSION

The toxic effect of Jimson weed was characterised by changes in the values of haematological parameters studied – erythrocytosis, leukocytosis, regenerative left shift neutrophilia, lymphopaenia, eosinopaenia, increased haematocrit values and a low erythrocyte sedimentation rate.

The increased haematocrit could probably be attributed to the amount of dehydration, resulting from the lack of thirst^{2,3,11,17,23,35,43}. High haematocrit levels were responsible for measuring higher RBC counts (relative polycythaemia) and haemoglobin content in intoxicated horses. The study showed delayed ESR only on post-intoxication day 1. The observed changes could be attributed to observed bilirubinaemia and increased haematocrit that impeded the sedimentation of erythrocytes. The changes in total WBC counts and the percentages of leukocyte classes in equine blood after intoxication with Jimson weed included elevated total WBC counts, elevated neutrophils and segmented neutrophils,

reduced lymphocyte percentages and absence of or reduced eosinophils. The leukocytosis, neutrophilia, lymphopaenia and eosinopaenia are all typical for what we call a 'stress leukogram' due to excessive endogenous cortisol release. This is one of the possible causes for the blood glucose elevation. After Jimson weed intoxication, colics are observed^{3,4,16-18,29,32,37,38}, because of the anticholinergic effect of plant alkaloids^{4,11,16,17,20,28,32,35,41}. The colic could be related to increased amounts of catecholamines (epinephrine and dopamine), resulting from adrenal hyperfunction under stress. The increase in catecholamines activated glycogenolysis and inhibited insulin release and, therefore, blood glucose increased. On the other hand, hyperglycaemia could be due to dystrophic liver parenchyma changes¹⁸, as the glycogen released by hepatocytes is metabolised to glucose. A 3rd possible explanation for higher blood glucose could be the inhibited function of gastrointestinal glands^{16,17,20,25,35,36}, including the pancreas, correlated with reduced insulin production.

The blood biochemical analysis revealed increased total and direct bilirubin concentrations as well as increased AST and LDH activities and reduced total protein levels. These changes corresponded to the observed gross changes in liver parenchyma¹⁸ following Jimson weed intoxication. The lower total protein concentrations could also be explained by the loss of appetite^{17,23,26,28,29,35,37,41-44} during the intoxication.

These results are similar to those reported by other authors¹⁸ and support the hepatotoxic effect of Jimson weed alkaloids.

CONCLUSIONS

Intoxication with Jimson weed in horses was characterised with changes in some haematological indices – erythrocytosis, leukocytosis, regenerative left shift neutrophilia, lymphocytopenia, eosinopaenia, increased haematocrit values, and low erythrocyte sedimentation rate.

Blood biochemical changes consisted of hyperglycaemia, bilirubinaemia, hypo-proteinaemia and increased activity of aspartate aminotransferase (AST) and lactate dehydrogenase (LDH).

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