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ACUPUNCTURE FOR VETERINARY NEUROLOGIC CONDITIONS

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Acupuncture has been used successfully for the treatment of various neurologic conditions in small animals. As with conventional medicine, correct diagnosis and lesion localization is essential for the best possible results. Comprehensive history, physical examination, neurologic evaluation, and any appropriate laboratory and radiographic should be conducted prior to acupuncture evaluation. The increase in the clinical use of CT scans and MRI’s has increased the successful use of acupuncture for neurologic conditions as it has improved lesion localization and etiology.

Once an appropriate diagnosis is made, one can determine if acupuncture is an appropriate therapy by itself or in combination with conventional medical or surgical approaches. Acupuncture may be beneficial both preoperatively as well as postoperatively. In general, animals with traumatic, vascular, degenerative and some inflammatory nervous system disorders may benefit from acupuncture therapy (1). Neoplastic and infectious diseases of the nervous system are not routinely managed with acupuncture (1). Algorithms for the management and localization of neurologic conditions are illustrated in the “Acupuncture for Neurologic Disorders” (1). This chapter offers a comprehensive review of acupuncture for neurologic disorders in animals.

The primary clinical indication for acupuncture is for pain management such as in the treatment of intervertebral disc disease (2). Acupuncture may also be beneficial in assisting in the restoration of normal transmission of nerve impulses (3). It has also been found to promote healing and axonal regrowth by reducing resistance and enhancing electrical activity of injured tissues (4).

Acupuncture may also be beneficial when either medications are not working or are having side effects and where surgery is not feasible or when it has not worked. Response to corticosteroids may be one possible indicator as to whether acupuncture may be beneficial. For instance, in cases of degenerative myelopathy that may also be present with signs of multiple Type II disc disease, the response to corticosteroid may assist the veterinarian in deciding if acupuncture may or may not be indicated.

Once a diagnosis and lesion localization has been completed, then one can decide if acupuncture may be an appropriate treatment either solely or as part of an integrative approach to the condition.

There are various techniques of acupuncture including dry needle technique, electroacupuncture with or
without needles, aquapuncture, moxibustion, gold bead implants, acupressure and laser acupuncture. Treatment technique and duration may vary from treatment to treatment based on signs and response. Various techniques may be used to treat the same condition based on previous recommendations or the practitioner’s clinical experience. For example, I have used all these techniques at one time or another for the treatment of idiopathic esophageal achalasia. I decide on the technique based upon the individual signs that the patient is presenting at that time and based on the response to previous treatments.

The length of time of treatments, treatment frequency interval and the number of treatments also varies based on the condition of the animal, presenting signs and response to previous treatments. Typically treatments will begin at once to twice a week and then taper down based on response. Normal treatments may take anywhere from five to thirty minutes depending on the desired effect, sedation or stimulation of the acupoints.

One of the most common indications of acupuncture for neurologic conditions is the treatment of nonsurgical intervertebral disc disease (2). Acupuncture may be used in the treatment of intervertebral disc disease either alone or postoperatively, depending on the severity of the presenting signs. It has been found to be beneficial in treatment of both cervical and thoracolumbar disc disease. If acupuncture is deemed appropriate for the particular animal, technique, point selection and duration are then selected. In general, the most common acupoint selection includes local acupuncture points along the Bladder meridian cranial and caudal to the lesion as well as specific distal acupoints. Distal acupoints include BL-40, BL-60, GB-34 and ST-36(2). Additional points along the Governing Vessel or Ting points as well as distal points based on treating any underlying Traditional Chinese Medicine imbalances may also be included.

Brain disorders that have been found to respond well to acupuncture include Idiopathic epilepsy, Cerebrovascular accidents, acute cerebral hemorrhage due to trauma, coma, as well as meningitis (1). Treatment of idiopathic epilepsy may decrease the frequency and severity of seizure episodes as well as decrease the required medication doses.

Spinal cord disorders that have responded to acupuncture include fibrocartilagenous embolism (FCE), spinal cord trauma, lumbosacral disease (cauda equina syndrome) and other causes of lumbar disease. It may be used as an adjunct treatment in the treatment of discospondylitis. Degenerative myelopathy does not normally respond well to acupuncture. Some cases of degenerative myelopathy that have appeared to respond to acupuncture also had concurrent multiple Type II disc disease. It has been suggested that the apparent response was due to the improvement in the disc disease component. One condition is not mutually exclusive from the other. In such cases acupuncture may be appropriate, but the prognosis is more guarded. Even though the degree of signs associated with the disc disease may improve, the progression of the degenerative myelopathy may surpass any other signs of progress.

Cervical spondylomyelopathy, commonly known as Wobbler Syndrome has had variable response to acupuncture based on the degree of spinal cord compression and whether it is both dorsal and ventral cord compression or just one or the other. Acupuncture technique will vary based on lesion localization and severity of cord compression.

Acupuncture treatment may be contraindicated for the treatment of spinal cord neoplasia. Based on clinical experience, it may possibly increase the microcirculation to the tumor site and accelerate its growth.

Peripheral neuropathies may also respond well to acupuncture. Cranial nerve VII neuropathy, Trigeminal neuritis (cranial nerve V neuropathy) and geriatric peripheral vestibular syndrome (CNVIII neuropathy) as well as Idiopathic peripheral vestibular syndrome and neurogenic deafness have all responded positively to acupuncture. The success of treatment for traumatic peripheral neuropathies depends on the extent of the trauma.
to the nerve. Several cases of diabetic neuropathy have responded well to acupuncture. Treatment is based on both a TCM diagnosis as well as treatment of the specific nerve.

Neuromuscular disorders and immune mediated myopathies such as Masticatory muscle myositis (MMM) and Idiopathic esophageal achalasia have also responded well to acupuncture. Treatment is based on both a TCM diagnosis as well as local treatment of acupoints related to specific nerves and nerve roots.

In general, neurologic disorders causing pain respond more frequently and faster, usually within three treatments, whereas those impairing function may not respond for eight or more treatments (1).

In conclusion, acupuncture may be of great benefit as a primary treatment or as an adjunct as part of an integrative approach to the treatment of neurologic conditions. The prognosis depends on the diagnosis, lesion localization severity of the condition as well as other factors. It should definitely be considered as part of an integrative approach to neurologic conditions.

References