Case Report
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Report Title:

Treatment with Acupuncture for Traumatic Peripheral Vestibular Syndrome in a Yorkshire Terrier

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Abstract

Jolie, a 1 year-old Yorkshire Terrier female, was treated with acupuncture for peripheral vestibular syndrome. The conventional diagnosis was a fracture in the right tympanic bulla secondary to trauma. In TCM the diagnosis was invasion of Wind-Heat into the inner ear secondary to a Qi and Blood Stagnation after a trauma. The treatment consisted of expelling External Wind-Heat and reactivate Qi and Blood flow. After 4 treatments Jolie was able to walk in a straight line. The nystagmus and the head tilt were resolved.

History

Jolie, a 1-year old, 1.5kg Yorkshire Terrier, female, was brought for treatment of a cranial trauma which occurred while the owner was away from home.

When the owner arrived home and saw the dog with blood on it’s head and noted that the dog wasn’t acting normal, she brought Jolie immediately to our veterinary services.

Conventional Clinical Signs and Diagnosis (Western)

The clinical signs that Jolie presented on the day of the trauma were: horizontal nystagmus with the fast phase away from the head tilt, right head tilt and incoordination. The sensorium, proprioception and reflexes were all normal. Jolie presented with tachycardia, dyspnea, and traumatic signs on the right of side head with blood and edema near the ear. The body temperature was 38°C.

Radiography revealed that there was a fracture of the right tympanic bulla. A MRI was performed to see if there could be other problems in the area of the trauma. The MRI diagnosis was a traumatic fracture in the right tympanic bulla, local hematoma and edema, and absence of the characteristic air pattern inside the bulla.

The Western diagnosis was: Traumatic Peripheral Vestibular Syndrome.
TCM Clinical Signs and Diagnosis (Eastern)

At the time of presentation to my acupuncture practice, 3 days after the trauma, Jolie presented with a red tongue without coating and a rapid and full pulse. Her appetite and thirst were normal. The Association points were difficult to examine because Jolie was more restless than normal.

A right-head tilt and nystagmus were present, she was not able to walk in a straight line, and circled to the right side.

All the symptoms presented by Jolie represent an acute invasion of Wind-Heat into Channels of the inner ear secondary to a Qi and Blood Stagnation as a consequence of the trauma.

Conventional Treatment (Western)

On the day of trauma, Jolie was given intravenous fluids, antibiotics (Enrofloxacin 5 mg/kg SID for 7 days - Baytril®), an analgesic (Tramadol 2 mg/kg - Altadol®) and corticosteroid (Metilprednisolone 30 mg/kg - Solu-Medrol®). The treatment with corticosteroids (Prednisolone 0,5 mg/kg initial dosage – VetSolone® ) was continued for one week BID, followed by SID treatment for one week, then a SID treatment in alternate days for one week, and then half-dosage SID in alternate days. A specific fracture repair or hematoma removal would have been difficult considering the location. Activity was restricted initially and no dietary modifications were recommended.

TCM Treatment (Eastern)

Jolie was treated once a week for 4 weeks. The TCM treatment principle was to Clear Wind and Heat. A dry needling technique was used for 20 minutes in all points. Hwato-type needles 0.25 x 13mm were inserted 5 mm into BL 18, BL 12, GV 14 and LI 11. Hwato-type needles 0.18 x 10mm were inserted 2-3 mm into LIV 3, LI 4, GB 20, GV 20. The following points were used:
## Discussion

When Jolie was brought for treatment, presenting horizontal nystagmus with the fast phase away from the head tilt, right head tilt and incoordination we immediately thought of a vestibular problem, and the diagnosis was confirmed by the exams as a Traumatic Peripheral Vestibular Syndrome.
The day after the trauma Jolie was 70% normal. Normal thirst, appetite, temperature indicated that no metabolic function had changed. The dog was able to stand in quadrupedal position but not able to walk in a straight line, and she was ataxic. Jolie presented a red tongue without coating, a rapid and full pulse. The nystagmus, head tilt, walking in circles, the pulse and tongue characteristics helped to arrive at a diagnosis: acute invasion of Wind-Heat into the Channels of the inner ear secondary to a Blood Stagnation. The Blood Stagnation is the immediate effect of a trauma, and blocked, in this case, the normal flow of Qi and Blood in the Channels of the inner ear and allowed the Wind to invade from the Exterior. The Qi and Blood Stagnation lead also to the build-up of Heat. The Wind could also be created by the blockage in flow until enough pressure builds up that it periodically breaks through the blockage with a rush, and in this case is not an intrusion from Exterior.

Three days after the trauma Jolie presented in good condition, but the head tilt, nystagmus and circle walking were still evident. The treatment started on this day.

Jolie was treated once a week for 4 weeks always with the same points. The TCM treatment principle was to Clear Wind and Heat. The points used were: BL 18, BL 12, GV 14 and LI 11, LIV 3, LI 4, GB 20, VG 20. Qi and Blood stagnations secondary to a trauma are on the base of all problems presented by Jolie, so treating LI 4 and LIV 3 were possible to reactivate the flow of Qi and Blood in the Channels of inner ear. Nystagmus is a Wind sign affecting the eyes, which are under the control of the Liver. I treated LIV 3 and BL 18 for this reason. The Liver is directly associated with the external ear via its husband-pair, the Gall Bladder whose meridian passes the ears several times. Ear problems can result in Shen disturbance by disruption of Liver Blood, and for this reason I treated GV 20. The GV 14 point is known as a strong point to Clear the Heat, and to treat Excess Yang. Wind is a Yang energy, as is Heat. In this protocol I chose two Feng points, which means that these points (BL 12 – Feng-men and GB 20 – Feng-chi) help to clean the perverse Wind. The Large Intestine points were chosen for several reasons: LI 4 is the master point of face, and the traumatized part is in the face. It’s a Yuan Source point and brings energy to the Large Intestine to help the “control” the Gall Bladder meridian in the Ko Cicle. LI 4 and LI 11 are a specific points for this problem, as it cleans the Wind-Heat. LI 11 it’s the tonification point of Large Intestine, and as LI 4, helps to control Gall Bladder.

One week later the owner said that the dog was able to play with a tennis-ball and to walk in a straight line at home. In the second week, Jolie didn’t have nystagmus, but the head tilt was still present.

In the third week of treatment the owner said that the dog hunted a bird the day before the treatment. On physical examination the head tilt was not as evident but was not completely resolved.

In the fourth and last treatment Jolie presented in normal condition. The head tilt was 95% resolved, pulse and tongue were normal. A check-up examination was fixed for 3 months from the date of the last treatment.
Acupuncture in this case was used to integrate the clinical therapy to promote best chances to recover from the neurologic injury caused by the trauma, reducing pain and stimulating the nervous system toward repair. After 4 treatments Jolie is now able to walk normally, the head is now in a physiological position, and this proves that the objectives were reached.

References


International Veterinary Acupuncture Society, IVAS Basic Course Notes, San Diego 2005/2006. Page 3.1.1 – 3.1.8
