

Acupuncture was used to treat a dermatitis in a Belgian Shepherd

2018-2019 BEVAS Hybrid course

RAMSEL, BELGIUM

By:

Dr Vét. Estelle Debergé

Address: 50 rue Jean AMADO – Batiment D – 13090 AIX EN PROVENCE

Phone number: +33608319355

Email: estelledeberge@gmail.com



ABSTRACT

Acupuncture was used to treat a dermatitis and vomitus in a seven years old dog. Treatment was started with western medicine, and improved the clinical findings but relapses occurred. The traditional Chinese medicine, with the dry needling technique, resolved the symptoms with no relapse so far, and further acupuncture treatment would be done if necessary.

HISTORY

Zorro, a seven years old male Belgian Shepherd was presented in August 2019 for acupuncture treatment for a scrotal dermatitis that started 3 weeks ago and intermittent vomiting (one or twice a week) occurring for two months.

Zorro is a calm dog, but he has always been aggressive with other male dogs. He eats industrial processed food. Internal and external antiparasitic treatment are properly done. Two years ago, he presented a bilateral chronic superficial pigmentary keratitis, stabilized with cyclosporine emulsion (Optimmune) instilled in the eyes twice a day.

At the microscopic examination of the skin lesions by the previous veterinarian, no parasites were found. A treatment based on antibiotics (amoxicillin and clavulanic acid) and prednisolone has been prescribed and was successful, but as soon as the treatment is stopped, the dermatitis relapses, and he is still vomiting twice a week.

The day of presentation, the ongoing treatment is the cyclosporine ophthalmologic local treatment. The antibiotics and prednisolone treatment have been stopped five days ago.

CLINICAL SIGNS/DIAGNOSTICS/DIAGNOSIS – CONVENTIONAL (WESTERN)

Cardiac and pulmonary auscultation are normal. The abdominal palpation is normal. There is a dry alopecic lesion with skin flakes on the left side of the flank, and a scrotal dermatitis, with pruritus and redness (picture).

The serum biochemistry and the blood cell count are normal.

There are no parasites at the microscopic examination of the skin scrapings, and the cytologic examination of the lesions revealed a significant number of neutrophils cells, without yeasts or bacteria.

Regarding the vomiting, the owner declined the proposition of performing abdominal radiography and ultrasound.

Based on these findings, a western presumptive diagnosis of allergic dermatitis and gastritis was made.



CLINICAL SIGNS/DIAGNOSIS – TCM (EASTERN)

The dog is alert and calm, but the owner noticed that he is tired and depressed for 3 weeks. The body condition is normal. The appetite is normal, he drinks small amounts of water many times during the day and vomits small amounts once to twice a week.

The eyes are slightly red, with the pigmentary keratoconjunctivitis that invades the temporal part of the cornea.

The haircoat is dull with skin flakes, and the skin is dry all over the body. The skin lesions are dry and red, but there is no heat at the touch. The pruritus is moderate and constant during the day and night.

The Liver and Stomach Back Shu and Mu point are reactive (BL 18, BL 21, LIV 14, CV 12), and BL 17 was also reactive.

The tongue is pale and dry, without tongue coating.

The pulse is fine.

- Liver Blood and Yin Deficiency is diagnosed based on the history of depression, keratoconjunctivitis, dryness of the hair and skin, dermatitis located on the scrotum, fine pulse, and pale and dry tongue (3)

- Stomach Yin Deficiency is suspected based on the vomiting characteristics (4).

CONVENTIONAL (WESTERN) TREATMENT

The cyclosporine local treatment was continued, because it improved the situation in the past, and as soon as it was stopped, the keratoconjunctivitis relapses and progresses, and the vision is irreversibly impaired.

The diet was changed: the industrial processed food was replaced by homemade food: rice, cooked white meat, and green vegetable, with mineral and vitamins complements.

TCM (EASTERN) TREATMENT

Treatment principle: Resolve the dermatitis and the vomiting by nourishing the Yin, and tonifying the blood.

A dry needle approach was chosen, using a tonification technique, for 15 minutes, with Wujiang Jia Chen needles, 0,20x0,25 mm needles (SP 10, BL 17, LIV 8, GI 11 and GB 31) and 0,22x0,13 mm needles (LIV 3), with a needle depth of approximately 5 mm.

Point	Anatomic description	Indications and applications
SP 10 Xue Hai	In the depression on the bulge of the cranial portion of the sartorius muscle (1)	Invigorates and nourishes the Blood, used for urticaria, eczema and pruritus in the genital area (1)
BL 17 Geshu	1,5 cun lateral to the caudal border of the spinous process of the 7 th thoracic vertebra (1)	Influential point for Blood, tonifies Blood and pacifies the Stomach, used for non-responsive skin problems (1)

LIV 8 Ququan	In the depression caudal to the medial condyle of the femur, dorsal to the medial condyle of the tibia (1)	Water and tonification point of the Liver, nourishes Blood. Used for urogenital problems (1)
LI 11 Qushi	In the depression in the transverse cubital crease, between the extensor carpi radialis and the common digital extensor muscle. (1)	He Sea point of the Large Intestine. Dispels Wind and Heat anywhere in the body. Used for urticaria, pruritus. (1)
LIV 3 Taichong	In the depression on the dorsum of the rear foot, between the second and third metatarsal bones, just proximal to their associated metatarsophalangeal joint. (1)	Source point of the Liver, promotes the flow of Liver Qi, nourish Liver Blood (1)
GB 31 Fengshi	In the depression in the vastus lateralis muscle, 7 cun proximal to the transverse popliteal crease (1)	Dispels wind and relieves itching (1)

First Session in August 15, 2019:

SP 10 was used to nourish the Blood, and for pruritus. This point was reactive at the touch.

BL 17 was used in combination with SP 10 to tonify the Blood, for the skin problem, and for his calming effect on the Stomach.

LIV 8 was used to nourish Liver blood and resolve the dermatitis on the scrotal area.

Follow up in November 3, 2019:

The scrotal lesions have progressively improved within one week after the first session (pictures), and Zorro was not vomiting anymore. He is a bit more active.

The lesion on the flank has quickly disappeared, but another lesion appeared one week ago, located on the back (picture 5): there is alopecia, crusts, pruritus, redness, and the lesion is hot. The owner mention that another similar lesion was present on the right flank two weeks ago, he put the protective collar to prevent Zorro from scratching, and the lesion disappeared.

There is sensitivity on BL 17, BL 18, LIV 14. The pulse is a bit wiry, and the tongue is still a bit pale.

The pruritus and crusts, affecting the neck and the top line, with lesions that comes and go are diagnosed as Wind Heat (2). As the Back Shu and Mu points of the Liver are reactive, and the tongue is still pale, Liver Blood deficiency might still be present, causing a diminished Wei Qi that made a Wind Heat invasion possible (2).





The following points are used again to tonify Blood:

SP 10 was used to nourish the Blood, and for pruritus.

BL 17 was used in combination with SP 10 to tonify the Blood, for the skin problem.

These points were added to treat the wind heat invasion and calm the pruritus:

GI 11 was used to expel Wind and Heat, to calm pruritus.

LIV 3 was used to nourish Liver Blood and promotes the smooth flow of Qi, this point was more reactive than LIV 8 this time.

GB 31 was used to calm pruritus and expel wind.

Follow up December 21, 2019

The dorsal skin lesion disappeared within a week, and Zorro is active and doesn't vomit.

At the examination, the tongue is pink, and the pulse is still a bit wiry. The skin is normal and the quality of the haircoat is improving. BL 18 is the only reactive point.

As the clinical examination is satisfying that day, there is no treatment done. The owner was advised not to change the actual homemade diet, and a follow up visit is scheduled for January 2020.

DISCUSSION

At the time of first presentation, ophthalmologic, digestive, and dermatologic symptoms were present. The pigmentary keratitis appeared first two years ago, then the chronic vomiting two months ago, and then the dermatitis more recently.

The Western diagnostics performed (blood biochemistry, blood cell count, skin scraping and cytology) did not reveal any specific cause to these symptoms.

Based on the owner's information and the clinical Chinese Traditional Medicine examination, a TCM diagnosis of Liver Yin and Blood deficiency, and Stomach Yin Deficiency was made. Indeed, the scrotal location of the dermatitis, the dry hair and skin, the tiredness and depressed state, the drinking behaviour (3), the keratoconjunctivitis (tears are a product of Blood, so if Blood is insufficient, the tears production is impaired, the eyes are dry, and the cornea is affected (6)), the characteristics of the tongue and pulse and the reactivity of the Liver Back Shu and Mu points are consistent with Liver Yin and Blood deficiency (3). The principle of the treatment was to nourish

the Yin and Blood, in order to moisten the skin (and heal dermatitis), and the muscles and tendons (and improve movement and activity). SP 10, BL 17, LIV 8 were chosen to build blood, moreover, LIV 8 has an indication for urogenital problems and will help to heal the scrotal dermatitis that lays on the Liver meridian pathway (5).

The little amount of vomitus, the pale tongue, the drinking behaviour, the reactivity of the Back Shu and Mu points of the Stomach indicates a Stomach Yin deficiency (4). SP 10, BL 17 and LIV 8 are indicated in this pattern as well, as they build Yin and Blood. A diet change was also indicated because the industrial processed food generates heat that consume the Yin (7).

After the first session, the patient was not vomiting anymore, and the dermatitis resolved. He was more active. A few weeks later, the dermatitis came back with other characteristics: rapid location change, involving the back and the neck, heat, and still pruritus. A wind heat invasion was diagnosed (2), and as the Liver Back Shu and Mu points were still reactive, it was suspected that the underlying remaining Liver Yin deficiency could have diminished the Wei Qi and let this wind heat invasion happen (2). So, the treatment goals were to expel the wind heat and to nourish the Liver Yin again. SP 10 and BL 17 were needled as before. The following points were added to treat the wind heat invasion: GI 11, He Sea point of the large intestine meridian, expels wind and heat. GI 11 and GB 31 have a calming effect on pruritus, and GB 31 expels wind. A point on the Liver meridian was useful to promote the flow of Qi, and LIV 3 was the more reactive one.

There was a good response to treatment, the skin lesions disappeared. The pulse is still a bit wiry, so the underlying Liver Qi stagnation must be monitored. Besides, the ophthalmologic local treatment with cyclosporine is continued for the moment. At the follow up visit in January, depending on the examination, we might try to add local points for the keratoconjunctivitis, and to reduce the frequency of the cyclosporine application in the same time, with close monitoring of the eyes condition.

Regarding the possible root of this Liver Yin Deficiency, we may suspect a long-lasting Liver Qi stagnation (3). Indeed, Zorro is a male dog, as he is aggressive with the other male dogs, he is kept on a leash in the situations that could lead to a fight. The long-lasting Liver Qi stagnation can generate heat and consumes Yin (Liver and Stomach Yin), leading to Blood deficiency as well.

REFERENCES

1. J. May, Kevin. Equine Acupuncture. Certification course in basic veterinary acupuncture, Course Notes: twenty-seventh Edition, 2017: 165-217.
2. J. May, Kevin. Equine Acupuncture. Certification course in basic veterinary acupuncture, Course Notes: twenty-seventh Edition, 2017: 587-588.
3. Van Den Bosch, E. Liver and Gallbladder. IVAS course materials: session 4 (2018-2019): 28, 29.
4. J. May, Kevin. Equine Acupuncture. Certification course in basic veterinary acupuncture, Course Notes: twenty-seventh Edition, 2017: 599.
5. Snijders, Albert. Wood element. IVAS Course materials: session 2 (2018-2019): 3.
6. J. May, Kevin. Equine Acupuncture. Certification course in basic veterinary acupuncture, Course Notes: twenty-seventh Edition, 2017: 932-933.
7. BEVAS Course notes.