



EAV TREATMENT OF QUADRIPLEGIA IN A DOG – PART I

By Gloria Dodd, D.V.M.

Electroacupuncture according to Voll (EAV) has shown a direct relationship of each acupuncture point to a specific anatomical structure or physiological function in the human body. Through my studies of dog and cats, I have found that all tenets of EAV in human medicine are applicable to animals as well. Specific adaptive brass electrodes were made by the author to fit the feet of animals, and other obstacles unique to veterinary medicine had to be overcome. The animals had to be shaved in order to make good skin contact with both electrodes and point locator. The electrodes are held to the animal's leg with a rubber strap, which is then connected to the instrument and honeycomb well for medicine testing. Normal values had to be established, and it was found that a value of 50 corresponds to a "normal" reading of an acupuncture point in dogs and cats as well as for man. Also it had to be established that sedation versus no sedation gave the same reading on the same acupuncture point. EAV findings were corroborated with laboratory, X-ray, and EKG tests where possible.

EAV has been an invaluable modality in my practice, if only from the standpoint of its exact diagnostic capabilities. In veterinary medicine, much like in pediatrics, we are faced with total lack of communication with our patient, relying on family members to relate any clinical history. Many times this is erroneous and misleading. EAV circumvents this problem nicely. It gives us a whole body evaluation of the functional status of each organ system and the interrelationships of the organ systems. This solves most problems of differential diagnosis based on vague signs from the animal, e.g., the "painful abdomen syndrome."

It is my firm belief that without applying EAV to this case of quadriplegic paralysis, I could not have diagnosed and treated the case successfully.

CASE REPORT

The patient in this case report is a 12-year-old male Doberman Pinscher named "Sevy," who had been exhibiting a progressive hind-limb weakness that began six months previous to my examination. The lameness and weakness had been treated with additional medicine of heavy cortisone medication with no effect. Gradually the weakness extended to the forelegs and, for the past two months, the animal had been unable to get up or stand up without assistance. The owners had to carry the dog outdoors to allow him to evacuate his bladder and bowels. The dog, however, was not incontinent and had good urinary bladder and anal sphincter control. The owners had to hand-feed the animal and turned him often in his bed to avoid cubital pressure ulcers.

The owners are breeders of Dobermans and for the past four years have been plagued with the loss of two to three dogs a year from the same symptoms. These animals had been thoroughly examined by the staff at the University of California Veterinary Teaching Hospital in Davis, California. Extensive laboratory tests involving urinalysis, food chemistry and blood counts, liver scans, myelograms, and radiograms were taken. Even necropsies of the dogs that had died could not yield a diagnosis. When the dog became afflicted, the owners were heartbroken, for he was the last living son of "Bismark," a very famous fountainhead sire of the Doberman Pinscher breed. The owners had taken "Sevy" for classical needle acupuncture with some encouraging results at first, then his condition deteriorated.

I first saw the dog on July 23, 1980. The owners carried him inside. There was marked rigidity of the extensor muscles of all four extremities. The neck and head were held stiffly, though the dog could voluntarily move his head about when called by name. All neurological reflexes were much exaggerated. When postured to stand on all four feet, there would be a knuckling of all the distal joints, and the dog would collapse to the floor, unable to move. When lying quietly on the examination table, the dog's muscles would relax until direct external stimulation was applied to the body and then the tonic extension of all four legs would return. Stimulation with loud noises had no effect. There had been no history of trauma, wounds, or illness of the dog prior to onset of symptoms. Gross physical examination revealed normal rectal temperature, heart and respiration rate, bilateral

juvenile cataracts, two broken superior canine teeth with some tartar, normal prostate, and there was no abdominal tenderness upon palpation. Blood and urine tests were run, and results were unremarkable. The X-rays of the spinal vertebrae and myelograms films were taken at the University of California Veterinary Teaching School and revealed no visible lesions. There was nothing to "hang my hat on," so I turned to EAV.

The dog was sedated with Rompun (Xylazine).^{*} Quadrant readings were taken to be sure the dog was in a state of sympathotonia, and then systematic Control Measurement Points (CMP as established by Dr. Voll) were measured on all the toes of the four paws with the instrument.

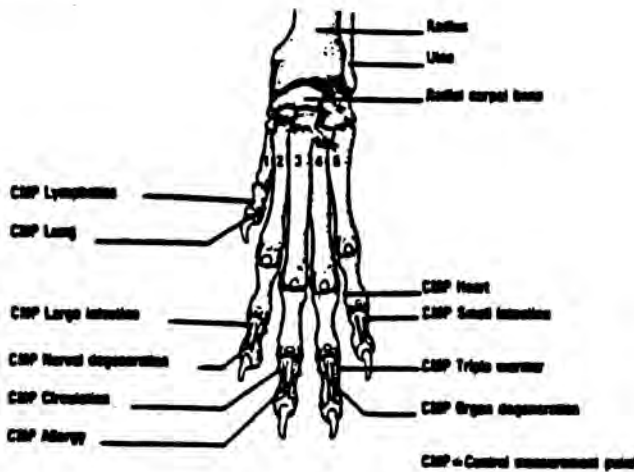
The results were as follows (also refer to Figs. 1a and 1b):

CMP	Right side	Left side
Lymph Vessels	78	78
Lung	76	76
Large Intestine	75	76
Nervous Degeneration	66 ID** 42	64 ID 42
Circulation	60	66
Allergy	74	72
Organ Degeneration Vessel	62	62
Triple Warmer (Endocrine)	66 ID 64	60 ID 56
Heart	54	67
Small Intestine	62	69
Articular Degeneration	72	72
Stomach	77	77
Fibroid Degeneration	72	72
Skin, Scars of Skin	80 ID 72	80 ID 78
Fatty Degeneration Vessel	76	76
Gallbladder	80	84 ID 82
Kidney	63	63
Urogenital, Urinary bladder	72	63

**ID (Indicator Drop) is evidence that pathophysiology in an organ has shifted from a potential phase to a manifest phase. The extent of the Indicator drop represents the degree to which the pathology has proceeded.

^{*}An injectable sedative and analgesic veterinary product made by Häver-Löwenhart Pharmaceuticals.

FIG. 1a



**DORSAL LEFT FOREPAW
CANINE, FELINE
CONTROL MEASUREMENT POINTS**

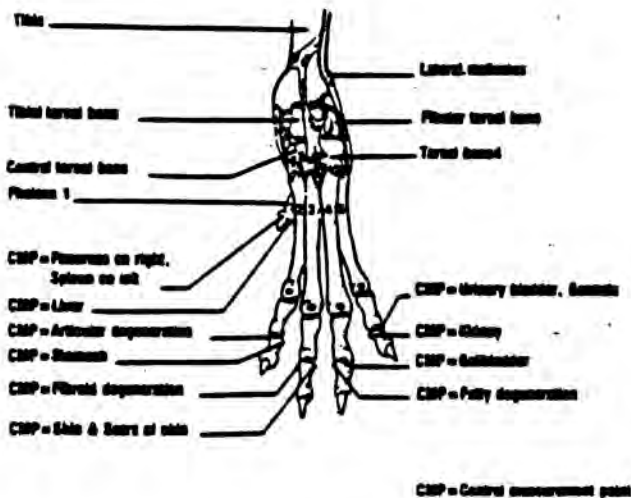
The liver and spleen-pancreas CMP were not read because the first toe of each hindpaw was missing. (Now when toes are missing, I search out the Association point of classical acupuncture relating to that specific organ and take a reading there).

A review of what these measurement values according to Voll mean may be in order here:

Pathologic Anatomic Evaluation of Measurement Values According to Voll

- 100-90— total inflammation or total "itts."
- 90-82— partial inflammation or partial "itts."
- 80-66— cumulative irritations.
- 65-52— irritations in the physiological area.
- 50— ideal for the normotonic state or normal energy.
- 48-40— incipient degeneration
- 38-30— advanced degeneration.
- 28-20— considerable degeneration.
- less than 20— degeneration in the final stages.
- less than 10— before death

FIG. 1b



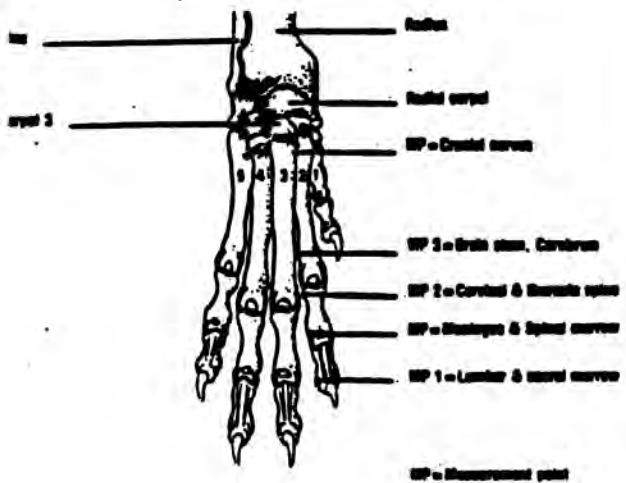
**DORSAL LEFT HINDPAW
CONTROL MEASUREMENT POINTS**

Looking at the highest readings with indicator drops in the CMP's for the dog, we see that Nervous Degeneration Vessel was markedly affected also Endocrine, Skin and Scars of Skin, and Gallbladder. The corresponding Voll measurement points of these meridians and vessels were then read and homeopathic remedies tested. The results were as follows (also refer to Figs. 2, 3, 4, 5a and 5b for the acupuncture points measured):

Measurement Point(MP)	Right*	Left
Nervous Degeneration Vessel:		
—MP lumbar, sacral marrow	70 ID 42	70 ID 54
—MP meninges, spinal marrow	64	62
—MP cervical and thoracic spine	69	64
—MP brain stem and cerebrum	66	76

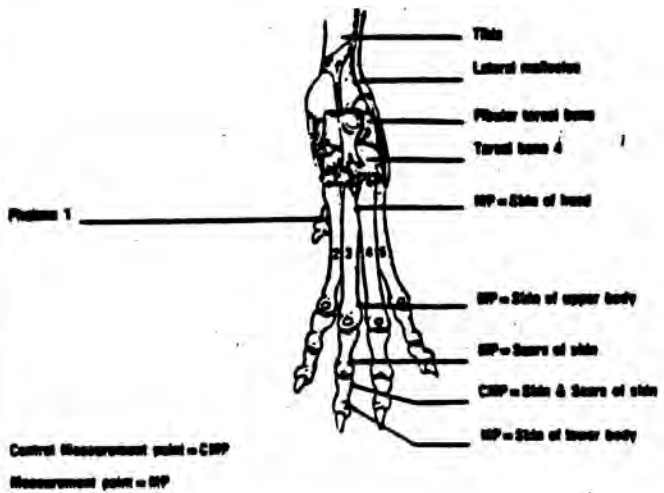
*Remember when measuring right and left sides of Nervous degeneration vessels; that points along these vessels refer to ipsilateral neuronal structures.

8. 2



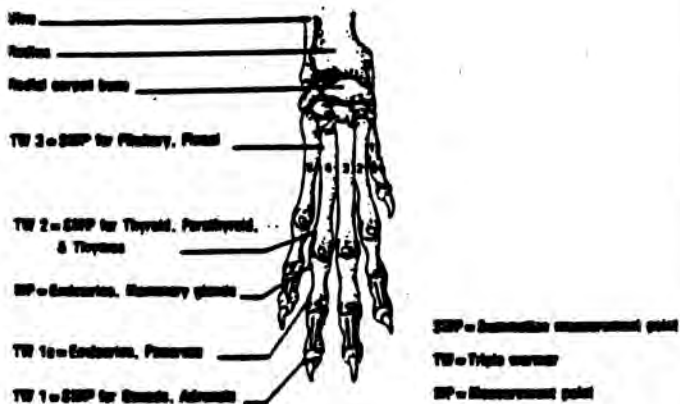
**DORSAL RIGHT FOREPAW
MEASUREMENT POINTS
FOR NERVOUS DEGENERATION VESSEL**

FIG. 4



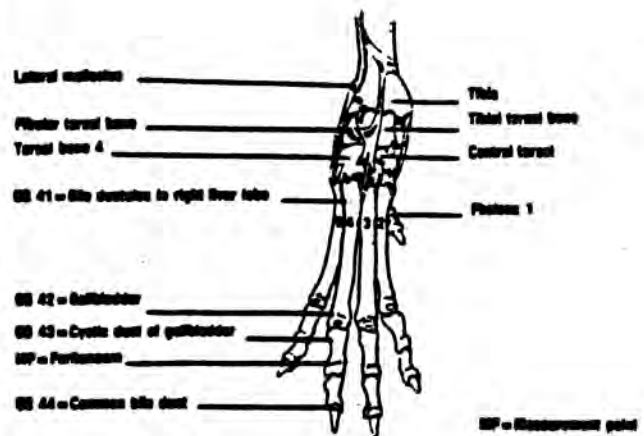
**DORSAL LEFT HINDPAW
MEASUREMENT POINTS
FOR SKIN & SCARS OF SKIN VESSEL**

FIG. 3



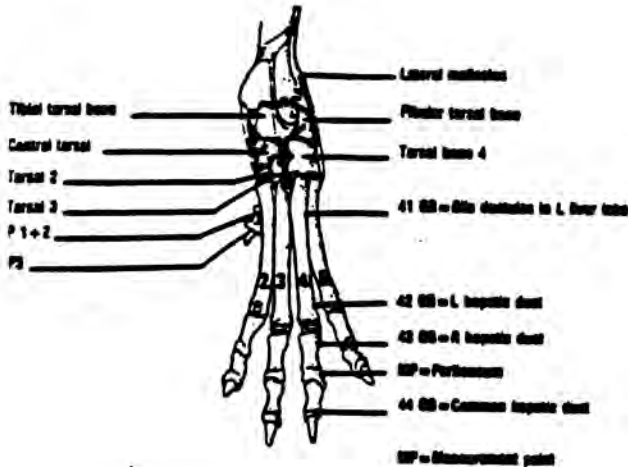
**DORSAL RIGHT FOREPAW
MEASUREMENT POINTS
FOR TRIPLE WARMER (ENDOCRINE) MERIDIAN**

FIG. 5a



**DORSAL RIGHT HINDPAW
MEASUREMENT POINTS FOR RIGHT BILIARY DUCTS
OF GALLBLADDER MERIDIAN**

FIG. 5b



**DORSAL LEFT HINDPAW
MEASUREMENT POINTS FOR LEFT BILIARY DUCTS
OF GALLBLADDER MERIDIAN**

All four measurement points of the nervous generation vessel were lowered to the 50-55 ge with no indicator drops by:

Right side	Left side
ethyl carbamate 6x terol (Inorganic phosphate) 6x	Tetanus 15x (he had recovered from a light case of tetanus when a puppy).
bles Vaccine 4x slathion 6x	Ecterol 10x Malathion 15x
Accompanying remedies used were; Rhus, tox. 6x, inganum aceticum 6x, Bufo 6x, Chlorinum 6x.	

These remedies also normalized the Triple meridian. For the Skin and Scars of Skin sel, there was a very evident flea allergy dermatitis causing much inflammation of the skin of whole body. The measurement point for Scars he Skin read 80 ID 72 on the left, 80 ID 78 on right. I could not find any scars on the right side re body but did find a 6-inch scar on the inner ect of the left thigh where the dog had been reily injured when he was younger. He had a e gaping hole in the musculature of the left h sutured at an emergency clinic. The owners er learned of its etiology, but the attending rinarian thought it was a bite wound caused 1 one of the other male dogs or perhaps from a on. The kennels are located high in the hills of

Orinda, California, and there are many racoons on the property. The scar ran very close to the liver meridian vertically, and may have been influencing the energy flow to the liver and its paired organ, the gallbladder. Although I was unable to read the measurement point of the liver, I did find the gallbladder's measurement point for the common hepatic duct was 84 ID 82. The rest of the hepatic duct, biliary ducts, right and left bile ducts, all read about 80-84. Another possible focus of disturbance in the energy flow to the liver and gallbladder may be the broken superior canine teeth, for Dr. Voll has found a direct relationship of the canine teeth to these paired organs.

TREATMENT

The 6-inch scar was injected with procaine hydrochloride (no epineprine included) along its entire length, (thereby reestablishing the flow of energy blocked by the scar.) Procaine hydrochloride has been measured to deliver 240 millivolts of energy per cc. to the cells of they body. The homeopathic remedies and potencies were made up in vitamin B₁₂ solution (1 mcg/cc.) and injected intramuscularly with instructions to the owners to dose the dog with six cups of water over and above his normal water consumption daily for two days following the injection. I find a common kitchen item such as a turkey baster works very well when dosing large dogs with water, and a 20cc. plastic syringe for small dogs and cats. The animals will tolerate this quite well, if you take it slowly and give them only small amounts of water several times a day.

One week later the dog was reevaluated, and it was heartwarming to see him walk into my clinic. He was walking very, very slowly, but it was all under his own power! He has now received six weekly injections of the nosodes and accompanying homeopathic remedies of increasing potencies since his first analysis. Today, he is walking and trotting almost normally. He can go down and up hill in his exercise yard. He can get up on his own from a lying position and has even started asserting himself with the other male dogs.

CONCLUSION

This was a most interesting case from many aspects, with the most important one being the diagnosis, treatment, and successful clinical remission of the toxic, spastic, quadriplegia through EAV alone. There were no other tests at my disposal that could have been of any help in the diagnosis; traditional methods of treatment were

unsuccessful. EAV affords every practitioner (medical and veterinary) a most important tool in his or her war against disease and ill health. With its relationships between tonsils, sinuses, teeth, and ears as foci of energy disturbance, it also affords us a method of practicing true preventive medicine.

EAV allows us to measure our success or failure of treatment through medicine testing and monitoring the energy values of the affected measurement points with their associated organ systems. Coupled with the use of homeopathic medication, EAV makes possible non-toxic treatment of the patient.

A second interesting aspect of this case is the speculation as to how the dog became intoxicated with the several different insecticides. Also, could it be that the previous dog mortalities suffered by the owners were related to this insecticide intoxication? We are in the process of analyzing the water source to which the dogs had access (both tap water and the stream that runs through the exercise yard — water commonly used by all dogs). The owners are quite isolated from neighbors, and they themselves have been most discreet in their use of insecticides or herbicides. Even if the analysis of the water is negative for insecticides, there are other sources that must be considered. Dog food consists of a high percentage of animal fat and organ meats such as liver—all possible concentrated carriers from our polluted environment. We can add the use of flea sprays, flea baths, and flea collars to the list of offenders. Since I have been using EAV in my practice, I have found a very high incidence of many different insecticides causing toxicities in the nervous system, liver, kidney, urinary bladder, intestines, and related nerve plexi, as well as in the Fatty Degeneration Vessel.

In this article I have presented only one case of many successful treatments by EAV. As I use the technique more often in my practice, I find myself

employing less the traditional medical methods of surgery and drugs. I have tried to show EAV's importance in animal medicine. I only hope my efforts may encourage other veterinarians to use this very satisfying professional tool.

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