FOUR-LEGGED PROLOTHERAPY

Veterinary Cases treated with Prolotherapy

Babette Gladstein, VMD

LOOK FURTHER – THE BACK MAY NOT BE THE PROBLEM IN CHONDRODYSPLASTICS DOGS

The Dachshund, one of our wonderful and most popular chondrodysplastic dogs, frequently falls victim to spinal disc abnormalities because of the length of their spine. Yet, on occasion, they could have other underlying issues premeditating hind limb lameness conditions.

Lady, a black and tan long haired Dachshund, 8 year-old female spay came into the Humane Society. The owner, a former Riker's Island Prison guard, did not know how to improve the intermittent limping of the six month duration. Lady was a 2 of 5 on the lameness scale and her back X-rays were unremarkable. On physical exam, her left hip and lower back were painful on palpation and there was cranial draw on the left knee. Prior veterinarians had suspected the dog's back was the problem, and were requesting an MRI of her back. New X-rays were taken of her back and both knees. Her left knee showed arthritic changes at the sesamoid, and effusion was noted at the rear of the tibial plateau. (*See Figure 1.*) These changes indicated a tear or laxity associated with the femopatellar ligament. This was the probable cause for her luxated patella and cranial draw.

Prolotherapy was administered in five sessions, three weeks apart. Four of the five treatment sessions were traditional Prolotherapy injections, and the fifth was Acell's MatriStem™*(5 cc) around the hip, knee and pelvis. The Prolotherapy solution of 50% dextrose, 2% lidocaine, vitamin B12, and Heel's Traumeel, was injected at the dorsal and lateral aspect of the left hip at four injection sites. In and around the articular capsule surrounding the femoral head, 6cc of the solution were used. The left knee was injected with 4cc of the same solution at the lateral tibial collateral ligament, under the infrapetellar bursa, into the tendon of the long digital extensor, and deeply into the joint space under the patellar ligament. Telazol (0.2cc) was administered for Lady's chemical restraint.

After the third session there was marked improvement. By the fifth and last treatment, she was bounding around like her younger self. There was no lameness noted. The owner was so impressed at the non-invasiveness of the procedure that she requested yet another one of her rescue dogs with luxated patellas to be treated.

CONCLUSION

Chondrodysplastic dogs are also prone to hip and knee problems as well as back problems. Checking for painful hips and cranial draw is purposeful. We are always on the watch for back problems and sometimes overlook simple issues.

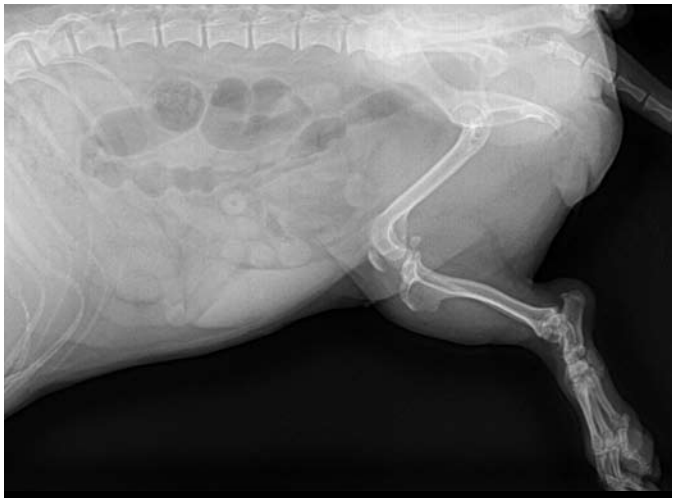

Figure 1. Lady's X-ray indicating arthritic changes at the sesamoid and effusion at the rear of the tibial plateau.

**** ACell's MatriStem™** is a natural three-dimensional extracellular matrix (ECM) which provides an optimal environment for the body to regenerate site specific tissue. The body's own progenitor stem cells migrate and attach to the MatriStem™ ECM which provides everything cells need to grow and regenerate, including different types of collagens and growth factors. ACell's MatriStem™ products also contain naturally occurring anti-bacterial, anti-inflammatory and analgesic properties which facilitate healing.*

BETTIS'S STORY

From his owner, Hedy Foster

From the very beginning, Bettis was a gift from God. He is a sweet black Labradoodle with big almond amber eyes. When Bettis was 10 months old, like many puppies, he swallowed something he shouldn't have. We took him to the vet and they took an X-ray. There was that sock. What we also found out through that X-ray was that Bettis has hip dysplasia. His hip sockets are so wide open, the only thing holding the ball of his leg in the socket are the ligaments. After a while they get torn and stretched causing great pain. We were told if he didn't have surgery he would be badly disabled, and we would have to put him down by the time he was six years old.

The specialist wanted us to do hip surgery. They wanted to break Bettis' hips in three places to correct his problem. But, we had to do it before he was one years old. And, you couldn't do the surgeries at the same time, not to mention the recovery for each surgery was 6-8 weeks. My husband and I were really sad to think we would cause such agony to a puppy that was perfectly happy at the time. We elected not to do the surgery and prayed for a solution.

Bettis' first three years were very happy. It was when he turned four we noticed he got up from chairs very slowly, etc. He still liked to run at the park, but he couldn't run as fast as any of the other dogs. This made him sad as he is very competitive. He wanted that ball!

Still waiting for an answered prayer my husband heard of Dr. Babette Gladstein, from New York, on the news! She offered an alternative to surgery for hip dysplasia. He looked her up on the internet and reached out. Thank you God! You are so glorious. It turns out that Dr. Gladstein makes the trip to L.A. once a month to take care of her west coast clients, and that's how often she would need to see Bettis. She explained we brought Bettis in at exactly the right time. There was damage done, but her procedure fixes the damage, and makes the ligaments tight again, and this all evens out his stride and relieves his pain.

Each session is just under two hours. It consists of acupuncture, electric stimulation, and many shots into the hips, and his one knee that was damaged because of the hip problem (we didn't even know about that). The doctor is very sensitive to the animal and the amount of pain she may cause. She takes all the precautions to keep the patient comfortable. I loved that. After each session Bettis has to remain calm for one week, just walking.

Bettis rebounded from hip dysplasia thanks to Prolotherapy.

After one treatment I was shocked to notice that Bettis could get up from a laying position much quicker, not to mention he would jump over our other large Labradoodle. The reason being was he was not in so much pain any more. After three treatments Bettis could run as fast as all the other dogs in the park, and always got the ball first! Now, after all five sessions he is "regal" again. We haven't seen our dog be "regal" since he was two years old. He used to sit funny. Now he sits with his knees fully bent in underneath him, because he has no pain!

From the very first time I met Dr. Gladstein I knew she was the answer to our prayers. By her exam of Bettis she could show us how she knew he was in pain. She showed us how his muscles in his thighs were so different from one leg to another and that his knee was torn, all due to overcompensation from the hip dysplasia. I trusted the doctor because I have three chiropractors in my family and understand that overcompensation changes your skeletal and muscular systems. Her confidence and many successes gave us great joy and hope that we wouldn't have to put down our wonderful family member in another 24 months.

I am so incredibly grateful to God for answering our prayers through Dr. Gladstein. She saved the life of a cherished family member. We look forward to seeing her every 9 months as maintenance for Bettis. His hip dysplasia is not fixed, but the ligaments that hold his ball joint into the hip socket are tight again and repaired, which means he is pain free! I strongly recommend Dr. Gadstein to take care of your wonderful family member. Unlike many other vet visits, this one you won't regret. :0)

Warm Regards,
Hedy Foster

This testimonial is what Bettis' owner wrote to me—when I asked for a short narrative about Bettis, male neuter, 80 lb Labradoodle. (*See Figures 1 & 2.*)

Bettis received five Prolotherapy treatments in all, spaced approximately one month apart. Four were a series of injections of dextrose, lidocaine, vitamin B12, and Heel's Traumeel in equal parts. The fifth was a combination treatment which added Acell (5cc) injected into the hip and knee. Normal needle size was 1.5-inch by 22 gauge for hip injections, and 1-inch by 25 gauge for injecting in and around the knee. Bettis' hip treatments consisted of approximately 10cc and were injected at the dorsal and lateral aspect of the hip at four injection sights in and around the articular capsule surrounding the femoral head, of both hips. His knee treatments of 7cc were injected in and around the right knee where cranial draw had been found—the left knee was treated twice, as well during the series. Injection sights for the knee: lateral tibial collateral ligament, under the infrapetella bursa, into the tendon of the long digital extensor and deeply into the joint space under the patella ligament.

No other chemical restraint was used during treatment. During each treatment session, acupuncture with electric stimulation was administered, as well as laser and ultrasound post-Prolotherapy injections. These additional treatments help with controlling the pain normally associated with post-injections.

Figure 1. Bettis' X-rays show shallow acetabulums (hip sockets) and extensive remodeling of the femoral head with degenerative changes around that bone.

Figure 2. X-rays of Bettis' right knee show joint effusion characterized by the partial obliteration of the infrapatellar fat pad.

The results were outstanding, with Bettis literally bounding into the last appointment when Acell was administered. He had full range of motion with no stiffness noted and all muscle atrophy on the right hind limb had resolved. Follow up treatments will be scheduled every 9-12 months to maintain his present condition.

CONCLUSION

Caught early enough in a large, powerful athletic dog, the knee can completely resolve if the hip is treated at the same time. Using Acell to complete the Prolotherapy treatments enhances the overall healing of both areas and lengthens the time in between needed follow up visits.

PROLOTHERAPY VERSES SURGERY—THE DUEL—FOR THE ANTERIOR CRUCIATE LIGAMENT

Gizmo, an 8 year-old neutered male Shihtzu, initially presented to the Humane Society with a 3 of 5 lameness. He was only occasionally toe touching on the right hind limb. His owner noted that he had been limping for several weeks prior to presentation.

X-rays indicated joint effusion and slight cranial displacement of the tibia. (*See Figure 3.*) Surgery was scheduled for a potential cranial cruciate tear. The surgical team went in and found no tear—everything was fine—with no cause for the lameness. They closed him up and he wound up at my door three weeks later. He was still totally contracting the leg up, not placing it down to the floor at all. To restate, Gizmo did not have surgical repair because they could find nothing "wrong" after surgical incision and inspection of the knee.

On physical exam, besides the noted lameness, he was extremely painful on his knee and surrounding ligaments. Mild cranial draw was noted. There was nothing else remarkable about the case. My suspicions were that the ligament laxity surrounding the joint caused the effusion and the swelling. This effusion caused the pain. If the ligament laxity had continued surely Gizmo would have torn his anterior cruciate ligament.

Gizmo regained his ability to walk normally after Prolotherapy.

Figure 3. Gizmo's X-ray indicating joint effusion and slight cranial displacement of the tibia.

After the very first Prolotherapy session there was improvement and the dog started to toe touch. The client wrote a few days after the first session: "Wanted to let you know that my family and I are very grateful for what you did on Sunday. Gizmo is doing great, and when I came home today he was walking on his leg, and even stretching the leg." By the second and third Prolotherapy sessions, he was walking normally. The 4th session was Gizmo's last and he was scheduled to follow up six months later.

Treatments in this case were spaced three weeks apart. The Prolotherapy solution injected was equal parts of 50% dextrose, 2% lidocaine, vitamin B12 and Heel's Traumeel. Gizmo's knee was injected with 4cc of the solution, at the lateral tibial collateral ligament, under the infrapetella bursa, into the tendon of the long digital extensor, and deeply into the joint space under the patellar ligament. Chemical restraint of Telazol (0.2cc) was used for the procedure.

CONCLUSION

Ligament laxity can cause the same symptoms as an ACL partial tear or rupture. Gizmo's case is another perfect example of the need for a more logical progression of treatment in these patients—Prolotherapy first—surgery last resort. ■