Traditional Chinese Veterinary Medicine Approach for Canine Inflammation Bowel Disease Therapy

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INTRODUCTION.

IBD is thought to originate as a consequence of a deregulation of mucosal immunity in predisposed animals1. The loss of tolerance to antigens (food, intestinal bacteria, etc.) is one of the most studied mechanisms that could justify the development of chronic intestinal inflammation1,3,6. The main difficulties in treating dogs with IBD originate from an incomplete understanding of the pathophysiological basis of these diseases. Mostly therapy will fall between steroid and other immunosuppressive drug, metronidazole antibiotic and novel food. However this case usually recurrence without unidentifying etiology.

Chronic indigestion or secondary to the inflammation in chronic recurrence IBD mostly cause by the Damp that accumulate in the spleen and intestine2. Damp interferes Spleen to transforming and transporting food which leads to lose stool. Damp that to long accumulate in the Spleen will damage Spleen Yang and Qi. The Spleen will lose one of it main function to controlling the Blood which is keeps the blood circulating within vessels, prevent extravasasion leading to bloody diarrhea and anemia7.

CASE REPORT

George, an eleven-years old, intact male Maltese, 5 kg, who presented with bloody diarrhea recurrence for 2 years. Bloody diarrhea will stop for a few weeks with short term steroid, but will flare up anytime with unidentify cause. Recently, George experience severe profus bloody diarrhea that contain large amount of fresh blood and mucus together with loose stool. He he was weak, pale, anorexic and had an abdominal pain. Natif feses only shows overgrowth baccili bacteria and red blood cell. CBC show anemia and thrombocytopenia (RBC 2.73 10¹²/L, HGB 7.3 G/DL, HCT 20.22 %, PLT 135 10⁹). No Abnormality in blood chemistry, only mild changes in electrolyte cause by dehydration. Endoscopy result reveal severe colitis ulcerative multifocal. He receive prednisolone full dose 1 mg/kg bb bid for 3 weeks and tapper off; metronidazole antibiotic 10 mg/kg bb for 2 weeks. At 2nd weeks of prednisolone, Goerge liver enzyme ALP has reach 1000 U/L and ALT 560 U/L, he experience pain in cranial abdomen, and bloody stool again if prednisolone stop. He then suggest to receive acupuncture and herbal medicine from TCVM.

TCVM Examination.

George is Earth Constitution, pale mucose memran and tongue with sticky white yellowish tongue coat. Pulse deep weak, Shen good, cold ear and extremity. Loose stool with jelly mucus and blood. Earth constitution predisposed to have gastrointestinal problem from TCVM perspective. Pulse deep and weak was indicative for Qi deficiency. Chronic bleeding, anemia, bloody and loose stool and cold extremity was indicative for Spleen Qi Deficiency. Mucus bloody diarrhea is Damp Heat. TCVM diagnosis was Spleen and Large intestinal Damp Heat and Spleen Qi Deficient. The goal of the treatment is clears Damp Heat and nourish Blood.

TCVM Treatment.

Acupuncture session every twice a week, and maintenance every once or two week until there is a clinical improvement. Herbal use Yunan Baiyao was discontinue once bleeding stop, while Da Xiang Liang Wan and Gui Pi Tang still continue to reach maintece dose.

According to the TCVM diagnosis, the following points and herbal formulas were selected is list in table below.

<table>
<thead>
<tr>
<th>Accupoints</th>
<th>Indication</th>
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<tbody>
<tr>
<td>Electroacupuncture (needle depth 0.5 cun, 20/120 Hz, 15 minutes)</td>
<td>Back-shu association point for spleen, spleen Deficiency, damp, digestive disorders, watery and bloody diarrhea, anemia.</td>
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<tr>
<td>BL 20</td>
<td>Back-shu association point for spleen, spleen Deficiency, damp, digestive disorders, watery and bloody diarrhea, anemia.</td>
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<tr>
<td>BL 21</td>
<td>Back-shu association point for stomach, diarrhea</td>
</tr>
<tr>
<td>BL 22</td>
<td>Back shu association for triple heater, damp and diarrhea</td>
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</tbody>
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RESULTS AND DISCUSSION

Bleeding volume decrease in 8 days and Yunan baiao was discontinue after bleeding completely stop at 12 days. Acupuncture session still continue for 4 weeks, and stool start hardening in one month, but mucose membrane getting pale. Herbal Chinese Da Xiang Lian Wan and Gui Pi Tang still continue together with prednisolone. One month episode of prednisolon was discontinue after tapper off, stool remain hard without blood. All western medicine was discontinue, while acupuncture and Chinese herb still continue to maintain stabil clinical condition. After 2 month hematocrit, RBC, HGB already reach normal range (RBC 5,8 10^12/L, HGB 12,0 G/DL, HCT 35 %, PLT 200 10^9) and ALP, ALT enzyme liver decrease reach normal range (ALP 273 U/L, ALT 80 U/L).


TCVM work by controlling Damp that accumulate in spleen and intestinal. From TCVM perspective Damp is wet and humid that interferes Spleen normal function. Use of electroacupuncture on Bladder point, Baihui and GV 4 will give strong stimulation to tonify Qi/Spleen, stomach, large intestine and triple heater. Dry needle use for Spleen point was because the acupoint is thin and locate at pelvis limb extremity (table 1).

Chinese herb use Da Xiang Liang wan has been approved to eliminate damp heat in the intestine. Gui Pitang will nourish blood and promotes Qi Spleen. Since IBD cause for this case cannot be identify, acupuncture and herbs use for long life maintenance depend on clinical progress.

CONCLUSION

Acupuncture and herbal use is good alternative treatment of choice for recurrence IBD, while use of steroid and immunosuprseve long term doesn’t help and higher risk of liver damage.

REFERENCES