

Canine Epilepsy
ALTERNATIVE VETERINARY MEDICINE CENTRE
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Christopher Day - Veterinary Surgeon

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Chinham House, Stanford in the Vale, Oxon SN7 8NQ UK

01367 710324

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EPILEPSY

What is it?

This is a disease, affecting the brain and central nervous system, in which there are episodes of fits, seizures or convulsions. There are probably many causes of fits which are not true epilepsy, so the word is perhaps best not used. We prefer to talk about 'fits', 'convulsions' or 'seizures', since that more accurately reflects our current knowledge.

The condition is characterised by periodic occurrence of fits, which may be very sporadic or may occur regularly, say every ten to fourteen days. There are all variations between and some can occur even more frequently. The severity of fits can vary from 'petit-mal'-type slight incoordination and 'blind' staring, to full-blown collapse, paddling, salivation, champing, urination and defaecation (grand-mal). There may even be howling or screaming, as a result of forcibly exhaled air passing between vocal cords that are in spasm. Sometimes, fit episodes can occur in 'bunches' or 'clusters' (a close or continuous series of fits), with the above variable periods in between each cluster. There may or may not be recognisable warning signs, preceding each fit or cluster.

It is important to ensure quiet, darkened surroundings for a fitting dog, whenever possible. Gently cradling and caressing can improve the situation. Be sure to keep hands and fingers away from the mouth. The dog is not conscious while fitting and can inflict serious accidental injury with the teeth.

Most episodes start from sleep or as the dog awakes. Because consciousness is lost, the dog does not suffer during a fit as much as the observer does. We have only lost one patient during a fit This dog had a fit during a walk, fell into a river and drowned. This is, of course, a very rare chance event. If a series of close fits occur, almost without any proper recovery between, it is commonly called 'status epilepticus'. Happily, this is rare, only occurring in a small percentage of cases. Currently, many dogs are put down while in this state,

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because they can't be stopped from fitting, with conventional use of drugs. We offer advice to clients and their vets on unconventional use of drugs (see below, under treatment) that has a good chance of preventing the need for such a drastic course of action and which has done so on many occasions.

How does it occur?

There may be some instances of heritable fitting, which may be true epilepsy. Many cases can arise from toxins, from injury and from [vaccination](#). We do not find the commonly-used appellation 'primary idiopathic epilepsy' at all useful. It is not clear that anyone knows what it really means.

Are there preventive measures to take?

It is wise to provide a fresh, natural, varied diet, as free from chemicals (especially colourants) as possible and to avoid over-vaccination. We are anxious about many anti-flea chemicals, since apparently neurotoxic effects are being seen from some of these.

Is it responsive to treatment?

At the AVMC, we use natural medicine, with the vast majority of cases eventually able to come off all medication, whether natural or conventional, without showing any more fits. We have a lower success rate with German Shepherds and Irish Setters. We do not have an explanation for this, unless these 'uncured' cases represent 'real epilepsy' and the 'cured' ones represent some other cause of regular fitting. We set out with the attitude, in each case, that the condition is 'curable', since such a large majority recover.

We use a combination of [homeopathy](#) and [nutrition](#) in most cases, sometimes supported by integrated [acupuncture](#) and [herbal](#) régimes. We have seen a great many cases over the last thirty-five years. Approximately 80% of cases respond well. It has been our experience that those cases which show some response to barbiturate drugs (e.g. phenobarbitone), prior to their appointment with us, have a favourable prognosis when treated homeopathically. We suspect that the approximately 20% of cases that fail to respond are the true (possibly hereditary) epilepsy cases.

In conventional medicine, there is an attempt to reduce, by 'sedation', the brain activity that spills over from time to time into a fit. This is the reason for giving barbiturate-type drugs, bromide and diazepam derivatives. The barbiturates are known for liver toxicity, so regular blood test monitoring is usually instituted at the same time as the drug régime is started. We counsel against the use of diazepam-type drugs, based upon experience (see below).

Diet and vaccination régimes are discussed with clients. In cases that require some form of medication to help in a close series of fits, we discuss the use of diazepam drugs with clients and their vets. We have found, by hard experience, use of the latter drug to have a negative effect on the eventual outcome of cases,

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despite its favoured position in the vet's armoury. We discuss, with clients and their vets, the use of very-low-dose acepromazine, a drug that is strangely contra-indicated in the texts but which we have empirically found to be very beneficial, in a large number of cases, when a 'cluster' of fits or when 'status epilepticus' threatens or becomes reality. Some vets find it hard to accept this suggestion.

Summary

The subject is rife with gloomy prognostication, unjustified dogma and fear. It is most constructive to approach each case in an individual and objective manner, setting aside understandable fears and proceeding logically with observation, recording and holistic assessment. Attention to diet, management and drug/vaccination régimes is of vital importance.

When using natural medicine, there is cause for real hope for a positive outcome of treatment or even apparent cure in the vast majority of cases. It is worth remembering that, while the disease is distressing for observers, it is not a source of suffering for most patients.

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