

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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CANINE EPILEPSY

Epilepsy is a condition occurring in many species (but mostly seen in dogs) and the word tends to strike horror and fear into the heart of anyone who hears this diagnosis. The diagnosis is overlaid with emotional overtones, resulting in an understandable problem for objective assessment and understanding. It is hoped that this article can dispel some of the myths, clear some of the fog and help towards a clearer understanding of the subject.

Description

The condition is characterised by a variety and range of signs **usually** including 'distant' look, loss of balance or total recumbency, with rapid jerking/running movements of the legs. The head will often be held back and jerk, there may be excessive frothing with clamping of the jaw and attacks may be accompanied by voiding of faeces and urine. These signs are referred to as fits, convulsions or seizures.

Care during fits

There is very little one can do to help in the case of a dog actually undergoing a fit. It is important to try to clear obstacles which may cause injury, to turn off lights and to keep the surroundings as calm and quiet as possible. It is also vital to ensure that, in your attempts to help, you do not put fingers in the dog's mouth or he could cause serious injury to your hand, without any conscious control of his actions. The jaws are very powerful and are undergoing involuntary spasm, so there are no behavioural constraints which you would normally expect from your dog. The fortunate and comforting thing is that, while fits may seem very painful and the observer cannot help feeling that the dog is suffering, this is rarely the case. It is also very rare that a dog will die from a fit; I have only known one, and that was a dog who underwent a fit while out on a walk and fell into a brook, sadly drowning in the process.

I have met so many people who feel guilt about the problem, haunted by fears that something they have done may have caused the problem or that something which they do in their daily lives may trigger the problem. This is rarely the case, and there is very little one can do, if a dog is about to start a fit, to prevent it occurring. I have however, talked to people who describe being able to distract or calm a dog in the very early phases and I did have a GSD patient living in for a few months, whom my wife was able to cuddle and comfort out of a fit if we heard the warning movements and signs early enough, in the very early mornings. Since he underwent fits at least once a week, this did not make for an easy night's sleep for us!

What is a Fit?

It is important to try to gain an understanding of what is going on when a dog has a fit. This understanding should help us to look at possible causes, therapies and prevention in a more enlightened way. Whether a fit is as a result of the minority disease of true *Epilepsy* or down to other more treatable causes, the effect on the body is similar.

The brain and central nervous system are in constant activity during life. This activity can be measured as 'spikes' of electrical activity. It is this basal activity which betrays the passive automatic 'life support' systems in operation while we live and breath and, without them, the organism dies. If we suppose a threshold line above these spikes and if we assume that a spike which passes through the threshold can set off a chain reaction in the brain resulting in a fit, then we have a theoretical model. Fits occur when the spikes are too high and the resultant 'melt down', to use modern atomic power jargon, is a massive activity in the brain which sets off all the symptoms of loss of conscious control and those erratic uncontrollable movements we see in the body.

Aetiology of fits

Apart from hereditary causes, (the distinct minority of fits result from those and are probably the only true epilepsy cases) there are a great many possible causes. The length of this article forbids a long treatise on these but to highlight a few is constructive.

Mental/Emotional: We all know how emotions can affect us and they are just as capable of causing physical problems in dogs. If we look at our model, then the background activity of the brain is very likely to be affected by emotional disturbance. If this activity is driven too high, fits will result.

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Poisons: A great many toxins can cause fits. The most obvious and common are strychnine and slug bait (metaldehyde). These will over-stimulate the electrical activity of the brain among other toxic effects.

Hormones: As per emotional above.

Injury: It is possible that trauma, particularly to the head, can produce damage to or irritation of the brain tissues, causing fits or a tendency to fits.

Infection: A dog can undergo fits when suffering fevers and from infection of the meninges (meningitis) or brain (encephalitis). Bacteria or viruses can be involved. Distemper virus is a well known possible candidate here.

Allergy: The resultant biochemical and physiological processes following an allergic reaction can produce the increased activity required in the brain to lead to fits. An extreme, very sudden and dangerous form of this is anaphylaxis.

Diet: [Nutrition](#) is very important. Apart from the obvious wisdom of a healthy, fresh diet, certain ingredients in manufactured [diets](#) can trigger fits or may be the fundamental cause in some cases. Colourants (colorants), flavourings (flavorings), plastic (feed dishes etc.), plastic dyes etc. are the likely culprits.

Vaccination: The challenge presented by [vaccination](#) can cause fits, whether by toxicity, allergy, anaphylaxis, infection or deep immune or developmental disturbance is not clear and may vary from case to case. This aetiological factor is not widely accepted but when one analyses the timing of the occurrence of the first fit in any patient, one may be surprised to see how great a proportion of cases start within three months of a vaccination event. This includes a large number of the so-called 'idiopathic epilepsy' cases. The author has never seen a case of 'epilepsy' in an unvaccinated dog, but there are too few of those in the dog population of the UK to draw firm conclusions from this.

Heredity: It does appear that, however hard we try, a certain proportion of cases (about 15-20% in the author's experience) do not respond to therapy and management. It is these which the author believes to be possible hereditary cases and may possibly be accurately and properly described as suffering from a type of the disease called *Epilepsy*. They respond neither to homeopathic cures nor to suppression with drugs (e.g. phenobarbitone). They appear to settle down to an interval of 7-10 days between fits, often starting more widely spaced than this. They also appear, should this pattern be interrupted for any reason, to make up for lost time and undergo a series of more frequent fits, seemingly to redress the balance. Since cases which are apparently incurable seem to occur more often in German Shepherds, in Cocker Spaniels, in Irish Setters and in certain physical

types of Golden Retriever than in most other breeds, it is a fair assumption that hereditary fits or hereditary predisposition to fits may be a genuine phenomenon and may be a problem in some individuals of these breeds. One could perhaps postulate a hereditary lower 'threshold' (returning to our theoretical model) in such dogs.

In general, fits most often occur during sleep or as a result of triggering by sudden awakening by loud noise or other disturbance. A few dogs will have fits at any time, awake or asleep and some 'petit mal'-type fits (i.e. where there is not loss of consciousness) do occur during the day time, in periods of wakefulness. The dog so affected will appear to gaze into the distance, run awkwardly or wobble and the signs will soon pass.

Treatment of Fits

The author favours [*homeopathy*](#) with or without the help of [*acupuncture*](#) and/or [*herbs*](#), as a therapy for those dogs which suffer fits. In looking back over a huge number of cases seen, the vast majority (approx. 80%) have thrown off their fits completely under these régimes. What appears to be happening in such cases is that the therapies help to balance the body (and mind) such that the adventitious spike potentials we visualised in our theoretical model no longer reach the supposed 'fit threshold'. This may be achieved by a lowering of the spikes, a raising of the threshold or a combination of those processes. Such homeopathic treatment as *Aconitum*, *Belladonna*, *Hyoscyamus*, *Ignatia*, *Lyssin*, *Nux vomica*, *Pulsatilla*, *Silica*, *Stramonium*, *Sulphur*, *Tarentula*, *Thuja* and many others have been used successfully, in their correct symptom/aetiological context, and patients have recovered well, ceasing to have any fits at all in most cases. Conventional therapies on the other hand include *barbiturate* drugs or barbiturate precursors, in order to achieve suppression of fits by sedation. It is the author's experience, in cases in which such drugs definitely help to modify fits, that those dogs have usually responded well to subsequent homeopathic prescribing. A 'cure'* seems to result in most such cases. If, on the other hand, barbiturate therapy fails to modify fits, then the hopes of a cure via homeopathy have proved to be less well-founded. If a dog has been given conventional drug therapy with *diazepam* derivatives, it appears that the prospects for a subsequent homeopathic cure are reduced. This is not yet explained, only an apparent correlation has been observed. This is most unfortunate since it appears that such drugs are written into our culture now, as the 'treatment of choice' for epilepsy and fits. If there is a case of 'status epilepticus' (almost continuous fitting) or a troublesome series of fits close together, then large doses of such drugs are often given. This can apparently put the patient beyond cure. In the author's experience, a small subcutaneous dose of *acepromazine* (a drug which is written as contra-indicated in fits!) has proved very beneficial, even in what appear to be true epilepsy cases suffering a series of fits.

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In the GSD patient mentioned earlier in the article, a small dose (only 3 mg) of acepromazine was injected subcutaneously, whenever a series of fits was witnessed. This surprisingly small dose would bring the series to a rapid and satisfactory end and the dog would recover very quickly back to his normal and apparently healthy 'between-fits' state, without the worrying disorientation heavy drug medication brings with it. Furthermore, the abrupt cessation of the fits did not appear to give rise to the usually-to-be-expected catch-up fits, to which we have referred above.

* **Cure** is taken to mean no further fits and no need for further drug or homeopathic input to maintain that healthy state.

Christopher Day – December 1997

See also: [Epilepsy information sheet](#)

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