The crux with the cruciate ligament with dogs

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A somewhat different conservative treatment method – an alternative approach

General information
In all cases we first have to establish the extent to which the damaged structures can still function, if at all. Serious thought must be given to repairing the joint, taking the animal’s overall well being into account.

In most cases, rupture of the canine cruciate ligaments is not a sudden traumatic insult. It is rather a case of numerous tears in the structure of the connective tissue (tendons), i.e. fatigue tears that eventually snap in half, affecting the menisci and muscles to varying degree.

Previous ultrastructural analysis (J. Haus, Z. Halata, H. J. Refior) classified three types of nerve endings in the knee: Ruffini corpuscles, Pacini corpuscles and free (afferent and efferent) nerve endings. The nerve endings in the anterior cruciate ligament correspond to those characteristic of articular capsules. The anterior cruciate ligament shows evidence of a proprioceptive function besides its stabilizing function, which is based on its collagenous structure. Together, they probably represent the most important factor in the dynamic stabilization of the knee joint. At present it is only possible to speculate on the potential clinical significance of above mentioned findings, for example in development of rehabilitation programmes and prevention strategies offering protection against anterior cruciate tears.

Defective muscles, which are usually already present, will also lead to further trauma in the other knee and muscles.

Provided that these points are discussed in detail, a highly effective, non-invasive form of treatment can be initiated that is pleasant for the animal and instructive for its owner. Overall, this comprises a form of physiotherapy combined with an active training component and a passive, healing, relaxing element.

Specific information
Healing is possible using the regulatory approach offered by bioresonance therapy and the detailed specifications available with the Regumed device. Following diagnosis, a treatment plan can be drawn up. This should comprise an active component and a passive component, just like traditional physiotherapy. The active component will be carried out using an underwater treadmill whilst the passive element not “only” involves various massage techniques but bioresonance as well. The main advantages with this technique are as follows: the degenerative processes within the cartilaginous structure can be treated at the same time as the muscles are being relaxed and repaired.

With bioresonance and the closely associated magnetic field treatment, the injured animal is clearly relaxed right from the outset.

Here I will obviously be focusing almost exclusively on the passive element of treatment, namely bioresonance, but I also wish to point out that the active component is equally important and vital for a successful outcome.

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**Thigh bone (Femur)**

**Posterior cruciate ligament**

**Anterior cruciate ligament**

**Menisci**

**Collateral ligament**

**Tibia**

**Fibula**

*Figure 1* Canine knee joint (source: Wikipedia)

![Figure 1 Canine knee joint (source: Wikipedia)](image)

**Cruciate ligament tear**

**Arthritic changes in the knee joint**

*Figure 2* (source: Wikipedia)
**Bicom optima programs**

Basic therapies are selected according to the patient’s condition. As a rule, injured animals also display normal energy levels even after underwater treadmill training (3130.0, 130.0). With Bicom optima, I already use during the basic therapy (including low deep frequencies) the particularly effective transmission of information from homeopathic preparations via channel 2.

Treatment then focuses on the knee structures including arthritic changes along with the ligament structures, including the connective tissue sections and blocks (knee joint disease 3056.0, 502.4; degenerative disease of the knee joint 821.1, 633.0, 530.11; tissue blocks 3040.0; 951.1).

In parallel, trunk or limb muscles are also treated individually or in conjunction with the afore-mentioned knee programs in the second channel, i.e. I also use homeopathic preparations to build up the muscles or to prevent “stiffness” (Lymphomyosot, discus vertebrales, rhus toxicodendron, ubichin, coenzyme).

With most breeds of dog, the hips and ankles are also injured or, at least, implicated in some way. Hence these structures can be treated at the same time depending on the severity of the injury. “Joint metabolism” must also be taken into account (530.11 – degenerative disease of the knee joint, ankles; 305.1.0 – hip joint block after an accident; 620.0 – problems with the hip joint / limited mobility).

I also run appropriate programs to rehabilitate the nerve structures (see proprioception through the knee joint capsule).

The effect of the magnetic field should also be incorporated to its full extent. This can be applied at the same time via bioresonance using a Bicom device.

In older dogs, this often causes initial irritation but this disappears after one or two sessions. This form of treatment generates an intense feeling of well being.

**TYPICAL CASES**

**Case 1  Tiger, female Cocker-Spaniel mongrel**

Tiger was big and a keen guard dog. She weighed over 15 kg, but should ideally have been less than that. True to form, she spent all day, every day, constantly prowling around her owner’s property, keeping watch over all that she surveyed. All this walking to and fro took its toll and she eventually ended up with a “fatigue tear in the cruciate ligament” of the right leg, as described above.

As far as the owner was concerned, surgery was not an initial option. Hence Tiger was stabilised with bioresonance. Free from pain, she could already walk after the first session, but obviously only on a short lead at the beginning. Her urge to move was also held in check by the underwater treadmill.

Two sessions a week were carried out, alternating between muscle build-up and cell regeneration, i.e. eliminating and preventing further damage to the cartilage. After two weeks, Tiger could be allowed off the lead to walk freely but playing and guarding were still not allowed. After approximately three to four weeks, Tiger was back to normal.

This case was all the more convincing because I saw in her son (5 years younger) a classic illustration that surgery on its own could not produce the same impressive results.

**Case 2  Moritz, fox terrier, 6.5 years old**

Moritz happily gets on with life alongside his owner.
But even fox terriers have their limits although this may not always be immediately apparent. Moritz ended up tearing the collagen fibres of the cruciate ligaments (Bicom programs wound healing, stimulation 931, scar therapy 910, 900, 927).

The outcome was that Moritz covered less ground. He simply couldn't do any more. He would either lift the affected leg or stand still.

His owner had already heard about bioresonance but was not sure what it was or whether it would actually help. However, being equally sceptical about surgeons, he put his trust in me and so we set about the task.

Moritz had two sessions a week for three weeks and then one session a week for four weeks.

Obviously, Moritz was desperate to “run before he could walk” after the first week, but this was prevented by the lead. However, he was soon running around again on all four legs after the first two sessions with no signs of discomfort.

The pain killers could also be stopped after the first week. All medicinal product information was applied via the second channel.

Strenuous exercise is carried out at the last physiotherapy session where the patient should use the “injured” limb without experiencing any difficulties.

Since any deep-seated ligament injuries are also eliminated after this form of “training”, that should prove to be the last bioresonance therapy session (for the time being).

**Case 3** Spike, Dalmatian, 5 years old

I was told that Spike loves to run and jump through fields, woods and meadows. Obviously, all of this leaping around has taken its toll on his ligaments and he didn’t want to put any weight on his legs. However, since no complete tear was apparent on examination, I did not recommend an operation. The owner was not in favour of surgery in any case.

Bioresonance could be used again in this context but with the acute wound healing and increased cell regeneration variation given the tendon and cartilage involvement.

Spike attended two sessions only in the first week. He then came once a week. The drawer test revealed that the instability had almost disappeared after the third treatment. Spike attended six sessions in total. His treatment was then complete.

The main advantage of bioresonance is that it does not extensively limit movement in any way. The dogs do not “forget” that they have four legs and can rebuild their leg muscles as quickly as possible, which is absolutely vital. And perhaps most importantly of all, because there are “no incisions”, none of the other structures are damaged or destroyed (see above).

**Case 4** Leo, Border Collie Mix

Leo is completely different. In his case, the gluteal muscles in particular were damaged such that he could hardly bend his leg and therefore move properly any more.

Apart from the pain, the structural damage to the soft tissue and residual toxins, e.g. bleeding in the interstitium and sequelae, stood in the way of rapid healing in this case.

Once again bioresonance came to the rescue and regeneration was achieved as quickly as possible. Thanks to the acute injury and wound healing with cell regeneration program, I was able to remove almost 100% of the resulting haematoma within hours and thus restore a virtually complete range of movement at the same time.

Any existing damage to the knee joint and related structures was treated as mentioned earlier. Leo was almost symptom-free after a total of three sessions. However, he needed further treatment after a fortnight – he probably started to leap around again far too early!
**Bicom Programs**

The Bicom optima serial programs and your own serial programs can be used in the following applications:

- Acute or previous injuries (K no. 31014 or 3015)
- Spinal column problems (K no. 31016)
- Post-operative treatment (K no. 31012)
- Joint pain and blocks to be eradicated (e.g. 320, 3017, etc.)

Use of basic programs with low deep frequencies is strongly recommended.

**Magnetic field therapy**

I would like to point out that I also apply magnetic field therapy using a modulation mat. The efficacy of this technique has been demonstrated in numerous examinations.

As animals cannot experience a placebo effect, the results are evident in the treatment concept. The scientifically proven effects of pulsating magnetic field therapy on living animals are clearly visible in the following four parameters:

1. Improved cell metabolism throughout the organism
2. Better circulation
3. Increased oxygen partial pressure in the tissue
4. Greater formation of immune defence cells (macrophages)

These effects are generated by micro currents, which are triggered in the body by the pulsating magnetic field.

Magnetic field therapy is used in an attempt to guarantee an optimal therapeutic outcome. This is mostly achieved in conjunction with other treatment methods.

Magnetic field therapy stands out from laser or therapeutic ultrasound procedures in that it also has a depth effect by reaching deeper layers (e.g. muscles and bones). The magnetic field flows through all of the bodily cells. The mode of action of magnetic field therapy is not, therefore, confined to the skin.

Hence, it is clear that a number of positive lasting effects can be achieved together with bioresonance.

To conclude, I would like to point out that I obviously use conventional antiphlogistic drugs as well. However, the quantity administered can be substantially reduced thanks to bioresonance. This is, of course, far kinder on the animals' stomach.

Many thanks.