A CASE REPORT

Recovery from Severe Paraplegia to Functional Ambulation in a Dachshund - Role of Classical Acupuncture in Conservative Management

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Abstract

Intervertebral disc disease (IVDD) is the most common spinal disorder in dogs and a leading cause of pain and neurological dysfunction, particularly in chondrodystrophic breeds such as the Dachshund[1].

This case report describes the recovery of a five-year-old miniature Dachshund with acute paraplegia.

In August 2025 the dog suddenly developed severe back pain followed by complete paralysis of the hind limbs. Veterinary examination was performed and anti-inflammatory medication together with medication to facilitate urination was prescribed. The dog was treated conservatively, receiving classical acupuncture combined with gentle manual therapies on a weekly basis.

Classical acupuncture differs from protocol-based acupuncture approaches. Treatment is individualized and guided by continuous assessment of the patient's overall functional state, most importantly through pulse diagnosis. Only a few acupuncture points were therefore selected individually at each session and varied throughout the treatment process.

Clinical improvement was observed early. Voluntary movement returned within three weeks and progressive functional recovery continued over the following months. By four to five months after onset, the dog had regained normal ambulation with only minimal residual incoordination in his hind limb.

This case report describes the course of recovery and explores the possible association between classical acupuncture and functional improvement in canine paraplegia. Causality cannot be established due to the absence of advanced imaging and the use of concurrent therapies.

Introduction

Symptoms in intervertebral disc disease (IVDD) can vary from mild pain to severe neurological deficits, including paraplegia and loss of bladder function.

The canine spine consists of 7 cervical, 13 thoracic, 7 lumbar, 3 (fused) sacral and a variable number of coccygeal vertebrae. The vertebral bodies of C2-S1 and all coccygeal vertebrae are interconnected

by an intervertebral disc (IVD). The IVD is composed of a central nucleus pulposus (NP), an outer annulus fibrosus (AF), the transition zone (TZ), and cartilaginous endplates (EPs)[2].

IVD degeneration can occur in all types of dog breeds. Dog breeds are commonly classified into chondrodystrophic (CD) and non-chondrodystrophic (NCD) groups based on their predisposition to disc degeneration[3].

IVD degeneration is more common in CD breeds, which are characterized by a disturbed endochondral ossification, primarily of the long bones, such that CD dogs have disproportionally short limbs. Popular CD breeds include, among others, the Dachshund, Basset Hound, French Bulldog and Beagle[2].

IVDD represents a major problem in the Dachshund, with a relative risk of 10–12 times higher than other breeds, and an estimated 19–24% of Dachshunds showing clinical signs related to IVDD during their lifetime[4]. Intervertebral disc calcification, a known risk factor for IVDD, has been reported in a significant proportion of Finnish Dachshunds[5].

In veterinary medicine, acupuncture is used as a complementary therapy for musculoskeletal pain conditions. Some clinical studies in dogs suggest potential benefits for osteoarthritis, although findings are inconsistent and study quality varies[6].

Several different approaches to acupuncture exist. Western medical acupuncture is typically based on neurophysiological mechanisms and often utilizes trigger points or predefined treatment protocols associated with specific conditions.

Classical acupuncture differs fundamentally from protocol-based or symptom-oriented acupuncture approaches. Treatment is guided by continuous assessment of the patient's overall functional state, most importantly through pulse diagnosis taken from the patient. As a result, even patients with the same biomedical diagnosis may receive different treatments and the selection of acupuncture points varies throughout the treatment process.

This case report describes the recovery of a Dachshund with paraplegia treated using classical acupuncture as the primary therapeutic modality alongside gentle supportive therapies.

Case Presentation

Mauri is a five-year-old intact male miniature Dachshund weighing 8.5 kg with no prior history of significant illness.

During the summer of 2025, he showed intermittent stiffness and reluctance to move. On August 20, the symptoms worsened acutely - during a run, he suddenly fell to the ground and whimpered in pain. His back appeared tense and painful. With the help of pain medication Mauri was still able to walk, although his back remained stiff.

On the evening of August 21, Mauri became completely paralyzed in the hind limbs and showed no voluntary response in the hind end. He spent the night in "cage rest" before visiting a veterinarian the following morning.

At the veterinary clinic the following day, Mauri was restless and in pain. He retained the ability to defecate but was unable to urinate. Anti-inflammatory medication and medication to facilitate urination were administered.

Clinical Findings and Diagnosis

Neurological examination confirmed paraplegia of the hind limbs. Deep pain sensation was absent in the right hind limb and reduced in the left.

Magnetic resonance imaging (MRI) was recommended to confirm the diagnosis. The primary suspected diagnosis was intervertebral disc disease (IVDD) with disc herniation. Surgical decompression is commonly recommended as the primary treatment option in similar cases.

In this case, the owner opted for a conservative treatment approach and MRI imaging was not pursued.

Therapeutic Intervention

Following the acute veterinary visit, Mauri received conservative supportive treatment consisting of multiple concurrent therapies. Each weekly session from August until the end of 2025 combined classical acupuncture with one or two gentle manual therapies and red light therapy was applied periodically as an additional supportive measure.

The manual therapies included **Tellington TTouch®, biodynamic craniosacral therapy and interactive fascial touch**. These approaches involve very light manual contact and are intended to support relaxation, improve body awareness and promote mobility of soft tissues and fascia. The techniques aim to influence the nervous system through gentle sensory input and to reduce musculoskeletal tension.

Tellington TTouch® is a gentle, hands-on method that uses specific circular touches, lifts, and movement exercises to reduce stress, improve body awareness and support overall well-being.

In **biodynamic craniosacral therapy**, gentle static contact is applied to areas such as the skull, spine, and sacrum while the practitioner assesses subtle tissue movements and rhythms. The aim is to support natural mobility of these structures and facilitate regulation of the nervous system.

Interactive fascial touch was used to encourage movement and fluidity within the fascial tissues by following the natural direction of tissue movement until a release of tension occurred.

Red light therapy (red or near-infrared light) was also applied locally to the affected areas. This therapy is commonly used to support circulation, reduce muscle stiffness and relieve pain and may contribute to recovery processes in nervous and muscular tissues.

Classical Acupuncture Approach

The primary therapeutic method was classical acupuncture, as described in the Introduction. Treatment was not based on predefined protocols or diagnosis-specific prescriptions — instead, point selection was determined individually at each session guided by pulse findings.

Pulse diagnosis was used as the primary diagnostic method at every treatment session. The pulse was assessed to determine the current functional state of the organism and only a few acupuncture points were selected accordingly.

Because treatment was guided by pulse assessment, relatively few needles (typically 3–5 points) were used per session. The duration of needle retention depends on the function of the point, ranging from a few seconds to a few minutes.

Acupuncture Points

The points listed in Table 1 represent examples used during the treatment process and do not constitute a fixed protocol. Points were selected based on what the pulse findings revealed about the patient's overall functional state at a given time, with particular attention to their energetic properties — rather than on anatomical location or diagnosis-specific indications. Typically, only a few points (3–5) were used per session and the selection varied at each visit.

Table 1. Example of acupuncture points used during treatment and their therapeutic indication

Point	Meridian	Traditional function	Therapeutic intention in this case
BL23 Shenshu Back-Shu point of the Kidneys (KI)	Bladder (BL)	Tonifies and nourishes the Kidneys. Strengthens the lumbar region.	The KIs rules e.g. the bones, the spine and the lumbar region. Usage of these points enhances the positioning of the lumbar region and the spine. It affects all the fluids in the body (e.g. synovial fluids) and moistens the intervertebral discs.
BL18 Ganshu Back-Shu point of the Liver (LIV)	Bladder (BL)	Spreads Liver Qi. Regulates and nourishes Liver Blood.	“The Liver governs spreading”. This refers to the LIV's function of ensuring the free and easy flow of Qi throughout the body and assisting the normal Qi movement of all the ZangFu (internal organs). LIV Qi is related to muscles and their relaxation.
KI10 Yingu	Kidney (KI)	Tonifies the Kidney Qi.	Strengthens the lower back. It is so called divergent point of the KI meridian which goes along the BL channel, anterior of the spine and gives the spine support from there.
SP4 Gongsun	Spleen (SP)	Tonifies the Spleen and harmonises the Middle Jiao.	SP meridian is responsible of the spine. The point is Chong Mai’s, one of the Eight Extra Channels, Master Point. It affects the aorta and its functions as blood circulator. When the blood circulation enhances, the pain decreases. The point affects the lower back and the pelvic floor.
LU7 Lieque & SI3,5 this point is between SI3 Houxi and SI4 Wangu	Lung (LU) & Small Intestines (SI)	The points are the Master points of the Eight Extra Channels: Ren Mai and Du Mai.	LU7: the channel ascends along the midline of the anterior of the body. SI3,5: the channel ascends both inside the spine and alongside the spine, enters to the KIs, connects with the BL channel and spreads through the spine. The Ren Mai and Du Mai are polar axes of the body, the same source and two branches: one in front and one in back.
SP3 Taibai & GB34 Yanglingquan & SI4 Wangu	Spleen (SP) Gallbladder (GB) Small Intestines (SI)		With these three points we can affect the Three Burners in the torso. By harmonizing the Burners, the optimal flow of Qi is brought back which affects many meridians in the front and in back. SP3 rules the spine GB34 is responsible of the muscular connection to the spine SI4 affects the Lower Burner

BL10 Tianzhu	Bladder (BL)	Activates the BL channel and alleviates pain.	Affects the spine in its both ends. Tonifies the KI Qi which rules the lower back. Supports the body, pain of the body, both in neck and in lumbar region.
DU4 Mingmen	Governing vessel, Du Mai, one of the Eight Extra Channels	Regulates the Governing vessel, Du Mai. Tonifies the Kidneys. Benefits the lumbar spine.	Strengthens the whole spine through the Du Mai -vessel. Strengthens the KIs.
SP1 Yinbai & SP2 Dadu & SP3 Taibai & SP4 Gongsun	Spleen (SP)	These four together is kind of trauma treatment.	SP affects the whole spine. Treats traumas. To not being able to move is a shock for the mind and body. SP is responsible that in the body different parts have certain "forms": vertebraes, muscles, …

Descriptions of traditional acupuncture point functions are based on classical acupuncture studies and Traditional Chinese Medicine literature, including Deadman[7].

Outcome and Follow-Up

The clinical course showed a gradual and consistent improvement over time.

Mauri received treatments on a weekly basis for approximately 4.5 months, followed by biweekly sessions.

Table 2. Timeline of clinical recovery

Time	Clinical findings
Day 0 (Aug 20, 2025)	Acute onset of back pain and collapse.
Day 1	Complete paraplegia; inability to urinate, veterinary assessment.
Day 1	First acupuncture treatment: immediately after the session, Mauri was briefly able to support weight on his hind limbs.
Day 2	Slept 11 hours overnight. Urination was successful. When supported under the groin, Mauri briefly extended his hind limbs. During drying of the hind paws, he withdrew the limb, suggesting early return of sensation.
Day 3	Increased stability in the hindquarters. Mauri was able to pull himself while lying on his side and lifted and extended the right hind limb.
Day 4	Deep pain sensation in the paws was present. Mauri was able to stand for longer periods with improved endurance in the hind limbs.
Day 5	Standing posture continued to improve. The right hind paw occasionally knuckled but was slowly corrected. In the evening, Mauri was able to partially rise into a standing position independently.
Week 2	Increased strength in the hindquarters. Able to dig a blanket under himself with the front paws while maintaining balance. Improvement in correction of the right hind paw position. Able to stand independently and push himself into a squatting position. **Took his first steps.**
Week 3	Practicing "controlled" walking. When excited, coordination decreased and movement occurred in a hopping pattern.
Week 4	Further improvement in hindquarter stability. Able to rise against the owner. Fatigued easily. Alternating hind limb stepping improved.
Month 2	Able to sleep on the owner's bed again, indicating improved mobility. Showed a clear positive behavioural response when able to join other dogs for a short walk. When fatigued, hind paws dragged due to reduced support. Alternating stepping improved. Hindquarters held higher and standing posture was stronger. Gait improved but lameness in the right hind limb persisted.
Month 3	Posture improved. The right hind limb showed an inward rotation during gait. Walking distance increased from 0.5 km to 1 km within a few days. Mauri was able to jump onto the bed. Gait improved, though not yet fully normal, with better alternating steps. While eating, Mauri stood more normally; previously the hindquarters were lowered and the paws splayed laterally.

Month 4	Posture and gait further improved, becoming more controlled and stable. Mauri independently climbed onto the sauna bench (a favored activity). After a 2 km walk, no fatigue was observed; at higher speed, more coordinated alternating steps were noted. Within a few days, Mauri was able to complete a 3 km walk without difficulty.

Information based on owner observations and clinical assessment.

As detailed in Table 2, improvement was observed early, with rapid initial changes in both motor and sensory function, followed by steady progressive recovery over the following weeks and months.

Within two weeks, Mauri regained voluntary stepping and by approximately two months, he had returned to normal daily activities, including playing and jumping.

By the end of 2025, approximately four to five months after onset, Mauri had regained functional ambulation. Only minimal residual incoordination (approximately 5%) remained in the right hind limb.

No structured physiotherapy, such as underwater treadmill therapy, was performed, as Mauri showed aversion to water. However, the owner carried out supportive exercises at home aimed at improving mobility and coordination of the hind limbs.

Discussion

In classical acupuncture, the practitioner also considers constitutional factors when assessing the patient. From this perspective, the individual energetic constitution may predispose the animal to certain patterns of imbalance. By understanding these patterns and incorporating pulse diagnosis, treatment is directed toward restoring overall systemic balance rather than focusing solely on presenting symptoms.

Accordingly, treatment was directed at re-establishing the dynamic balance of the organism as assessed through pulse findings, rather than at the diagnosis itself.

The selection of acupuncture points in this case was dynamic and evolved throughout the treatment process in response to changes observed in both the pulse and the overall condition of the patient. The few points presented in this report therefore illustrate the range of points used but should not be interpreted as a standardized treatment formula.

The temporal association between treatment and clinical improvement is noteworthy, though spontaneous recovery cannot be excluded.

A potentially comparable clinical presentation has been observed anecdotally in a 7-year-old Griffon currently under treatment. Although based on preliminary observation only, the pattern of neurological recovery observed so far appears consistent with that described in this report, suggesting that similar presentations may occur across breeds with varying predispositions to IVDD.

Further studies are needed to evaluate the role of classical acupuncture in comparable neurological conditions and to better define its potential mechanisms and clinical relevance.

The observed clinical improvement may not be solely attributable to acupuncture itself but could also reflect secondary biomechanical changes. Alterations in spinal alignment or posture may influence the distribution of mechanical load across the intervertebral discs — asymmetric loading

between adjacent vertebrae may increase stress within the annulus fibrosus and nucleus pulposus, potentially contributing to localized degeneration[8]. It is conceivable that acupuncture-induced changes in muscle tone or neuromuscular control may indirectly affect spinal posture and loading patterns.

Within the classical acupuncture framework, pulse analysis plays a central role in identifying imbalances at different levels of the organism. During treatment, the Du Mai (Governing Vessel), one of the Eight Extraordinary Meridians running along the vertical axis of the body, was prominent in the pulse findings during the acute phase. As recovery progressed, deeper underlying patterns became more prominent, particularly those associated with the Spleen energetic system. In this context, the Spleen is understood to govern structural integrity and form in tissues such as muscles and vertebrae. This shift highlights how individualized, pulse-based diagnosis allows treatment to address both the acute presentation and its underlying root patterns.

This report has several important limitations. The diagnosis of IVDD remained presumptive due to the absence of advanced imaging. In addition, multiple concurrent therapies were applied, making it impossible to isolate the specific contribution of acupuncture. Furthermore, spontaneous recovery is well documented in conservatively managed cases of canine IVDD and cannot be excluded as an explanation for the observed improvement.

Conclusion

This case highlights the importance of considering the body as an integrated system. When individual structures are examined in isolation, it is easy to lose sight of the whole — a perspective that may at times be underemphasised in contemporary medical approaches[9].

This case report describes the recovery of a Dachshund with paraplegia treated conservatively with classical acupuncture and supportive therapies. Although spontaneous recovery cannot be excluded, the temporal association between treatment and clinical improvement suggests that classical acupuncture may have contributed to functional recovery.

The findings support the potential relevance of an individualized, dynamically guided treatment approach based on pulse diagnosis, aiming to restore systemic balance rather than focusing solely on the presenting diagnosis. Such an approach may offer a complementary perspective in the management of complex neurological conditions.

While limited to a single case, these observations indicate that classical acupuncture may represent a valuable adjunct in the conservative treatment of severe neurological impairment. Further controlled studies are required to evaluate its efficacy, underlying mechanisms and broader clinical applicability.

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Declaration of AI use

AI-assisted tools were used for language editing and translation during the preparation of this case report. The author reviewed and takes full responsibility for all content.

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