

Gold Bead Implant by Dr Terry Durkes

We started our research in gold bead implant for hip dysplasia and epilepsy in 1975. Initially most of the dysplasia work was done for free on German Shepherd dogs. One of my clients had 5 German Shepherds that all had hip dysplasia. Two gold beads was initially placed into GB 29, GB 30 and BI 54 and we had very good success for several years then our success started to drop off. Once we started examining our failures, we soon realized that what use to be just a joint problem has become a joint and muscle problem. As the hip was subluxating out of the joint, it was causing stress on the origin and insertion of the muscles of the hip joint. We started finding acupuncture points located in a triangular pattern off of GB 29, GB 30, and BI 54.

Not only were we having to treat more acupuncture points we also had to increase the number of gold beads that we were injecting into each acupuncture point. Today we use 3 gold beads per acupuncture point in dogs under 60 lbs and 4 beads in dogs over 60 lbs.

What is happening when we are treating arthritis with the gold beads. The number one thing that we are doing is stopping the excess movement in the joint. This in turn stops the pain and causes a gradual reabsorption of the arthritis in the joint. It takes about 6 months before you can see radiographic reabsorption of the arthritis. Secondly we are changing the pH of the joint. The chronic subluxation of the joint causes an excess negative charge to build up around the joint which is the same as a localized alkalosis of the joint. The positive charge of the gold beads neutralizes the negative charge of the acupuncture joint.

The type of conditions that responds good to the gold bead implant are hip dysplasia, osteochondritis and osteochondritis dessican of the shoulder, arthritis of the elbow and knee, spondylosis of the back, wobblers disease, and epileptic seizures.

When doing the gold bead implant, the implant area should have the hair clipped and the area surgically scrubbed before doing the implant. The first implant should be done under general anesthesia. The implant material should be either Magraine gold beads on transparent tape or 24 carat wire. The wire has a higher positive charge then the gold beads but the beads are a lot cheaper. The beads gives equal results to the gold wire. I use a 14 gauge needle to implant the gold beads plus an antibiotic ointment is placed in the bevel of the needle to hold the beads in the needle while doing the implant.

The gold beads are placed between the muscle bellies and not into the muscle. The only exception is when placing gold beads around the head, elbow, or the knee. In these areas many times the beads are placed just under the skin because the lack of muscling. When placing the gold beads, the more blood that you see and the darker the blood is, the greater the pathology. If you treat a condition with the gold beads and you do not see blood while doing the implant, then I can guarantee you that the implant was not successful.

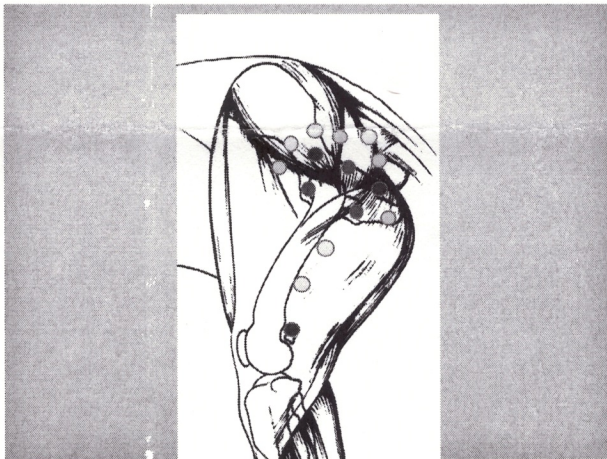
Gold Bead Implant by Dr Terry Durkes

HIP DYSPLASIA makes up about 40% of my gold bead implants and their age range is 4 months to 17 years of age. The German Shepherd is still the most common dog to be treated for dysplasia. We find that there is no sex predilection with hip dysplasia.

Over the years of doing the gold bead implant, our success rate remains consistent. For dogs under 7 years of age we are over 98% successful. From 7 to 12 years of age we are around 75% successful, and over 12 years of age we are around 50% successful. In dogs over 7 years of age, the most common reason for failure is a concurrent case of degenerative myopathy. The best that we have done in cases of degenerative myopathy is 50% success rate. I feel like what happens in degenerative myopathy, we start out with a localized alkalosis in the hip joint. In a small percentage of the dysplastic dogs, the localized alkalosis starts to involve the local nerves and eventually spreads to the spinal cord. The alkalosis of the cord eventually causes demyelination of the cord. The gold bead implant will reverse the degenerative myopathy in about 50% of the cases. If a dog cannot support weight and the rear legs are basically skin and bone with very little muscle, then we cannot help these dogs.

When doing the gold bead implant for hip dysplasia, we start off with 4 basic points (GB 29, GB 30, GB 33, and BI 54). All dysplastic dogs will need these points treated. Many dogs will also need implants at GB 31 and GB 32. Additional points that will need to be treated tend to fall into 3 zones. Zone 1 is anterior and dorsal to GB 29. Zone 2 is dorsal-anterior and dorsal-posterior to BI 54. Zone 3 is posterior and dorsal to GB 30 but is the less frequent zone treated. Rarely will you have to work in all 3 zones.

To find the next point, we draw a line midway between GB 29 and BI 54 and go dorsal 1/2 to 1 inch. If a point shows up we will place gold beads into this point. The next location that we will look for a point is midway between BI 54 and GB 30. We will go dorsal posterior to this area 1/2 to 1 inch. If a point shows up we will place gold beads into the point. You continue looking for points in this manner until no more points show up, then you are done with your gold bead implant of the hips.



About 30% of the dysplastic dogs will also have spondylosis. Both conditions will need to be treated with the gold bead implant in order to achieve success. You will also need to check for torn anterior cruciate ligaments in all dysplastic dogs. Even though the dog shows radiographic signs of hip dysplasia, the major pain may be coming from a torn anterior cruciate ligament. This is usually the case when you have exaggerated pain in one hind leg. You need to first repair the torn ligament

and then do the gold bead implant for the hip dysplasia.

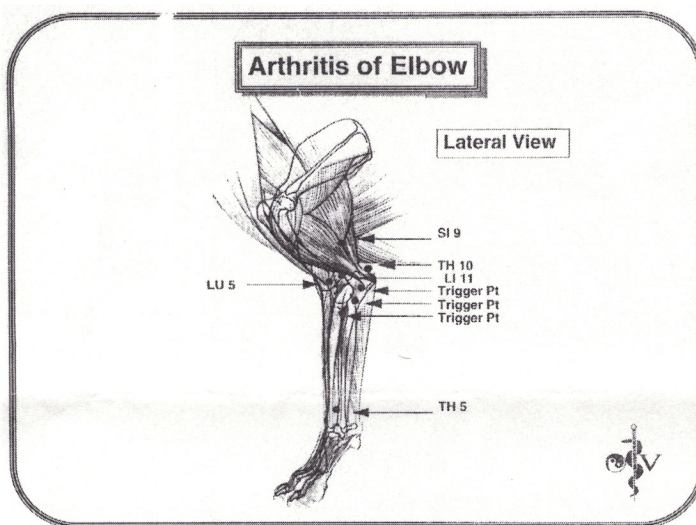
Gold Bead Implant by Dr Terry Durkes

In dysplastic dogs always treat both hips. It is not unusual for one hip to be much worse than the other hip. The only exception to this that I know is sometimes a mother dog will step on a puppy and traumatize its hip and it will later on look like hip dysplasia on X-rays but only on one hip. In these cases, I will only treat the bad hip. They respond just like treating a dog for hip dysplasia.

SPONDYLOSIS is a common problem in cats and dogs of all sizes but we see it most often in the large breeds of dogs. It can show up as a single problem or in conjunction with hip dysplasia or wobblers. We feel like the main cause of this condition is excessive movement of the vertebrae and the body forms the spondylosis to try to stabilize the vertebrae. Some times the excessive vertebral movement can cause the disc to herniate. In addition to the spondylosis you can also have bridging of the dorsal articular facets of the vertebrae.

When doing the gold bead implant for spondylosis, we treat the inner bladder meridian and some points on the governing vessel. Start implanting the gold beads at BL13 and treat the bladder points back to BL 28. The governing vessel will usually need to be treated in the area of the greatest amount of spondylosis. You can also find some trigger points between the inner bladder meridian and the governing vessel that may need to be implanted with gold.

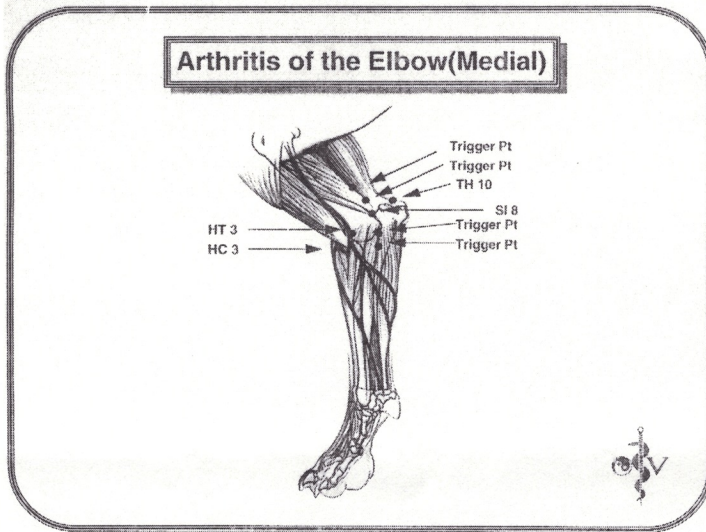
ARTHRITIS OF THE ELBOW can be caused by many things but the most common



cause is failure to treat the ununited anconeal process of the elbow. The number of cases that we see is not large, but we can help many of these dogs. Sixty to seventy percent of the cases that we see have severe ankylosis of the joint! All we are able to do for these animals is to relieve the pain. They will still walk with a stilted gait. If we can get to these animals before adhesions form in the joint, then we can usually have a normal walking animal after the gold bead implant.

Should the anconeal process be removed before doing the gold bead implant? I don't have a good answer for you. We have done the gold bead implant on elbows that have never had surgery and on elbows following surgery. Even though we have had good results in both cases, I feel like in the very young dog it would be best to remove the anconeal process before doing the gold bead implant.

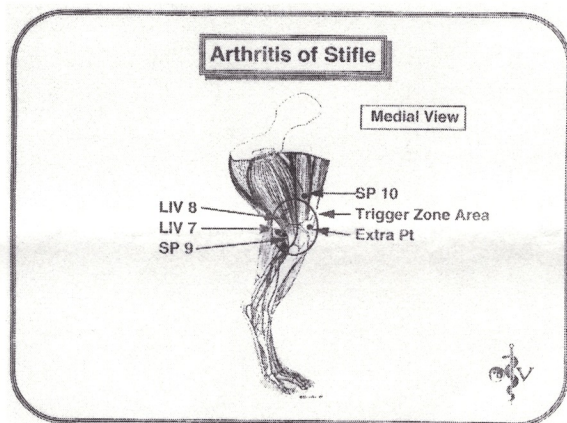
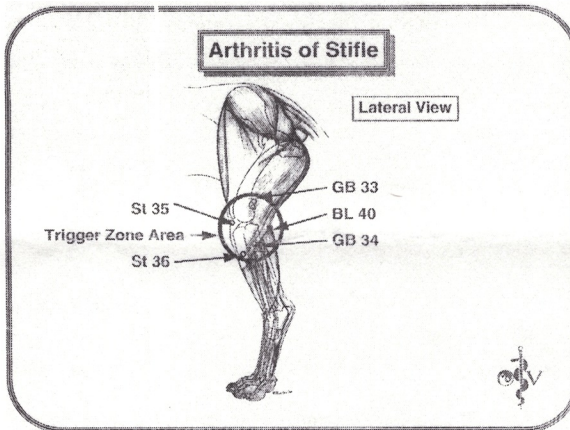
Gold Bead Implant by Dr Terry Durkes



When implanting the elbow you need to treat the medial and lateral sides. On the lateral side of the elbow the main points are LU 5, LI 11, SI 9, TH 5, and TH 10. It is not unusual to find several trigger points in the area also. On the medial side of the elbow, the main points are HC 3, HT 3, SI 8, and a series of trigger points dorsal and ventral to SI 8. Many of the gold beads in the elbow area will be placed just under the skin.

OSTEOCHONDRITIS OF THE SHOULDER responds well to the gold bead implant. If joint mice are present we usually do not have to remove them. They will dissolve on their own. For several years we were able to place the gold beads only in SI 10 and we had great results, then in the late 1980s we start to have to treat more acupuncture points. The main shoulder points that we treat today are TH 14, TH 15, LI 15, LI 16, SI 9, SI 10, SI 12, and SI 14. Some times we have to treat LU 1 and LU 2.

ARTHRITIS OF THE STIFLE responds to the gold bead implant but most cases are secondary to torn anterior cruciate ligament. You must correct the anterior cruciate



ligament first before doing the gold bead implant. A high percentage of the stifle problems will also have hip dysplasia. If you have a chronic torn ACL with capsular swelling and with or without ankylosis we will just do the gold bead implant. Many times if you correct the torn ACL, you may not have to do the gold bead implant.

Gold Bead Implant by Dr Terry Durkes

For stifle problems, the gold bead implant must be done on the lateral and medial side of the stifle joint. On the lateral side of the stifle the major points that we treat are ST 36, ST 35, GB 34, GB 33, and BL 40. You will also find many trigger points dorsal and ventral to these points and they will usually be on the meridian. On the medial side of the stifle the major points are SP 9, SP 10, LIV 7, and LIV 8. Again look for trigger points dorsal and ventral to these points that are on the meridian. You will also find trigger points over the medial meniscus even though it is not ruptured. These points will also need to be implanted with gold beads. Most of the gold beads around the stifle will be implanted just under the skin.

THE CARPAL AND TARSAL JOINTS rarely have to be treated with the gold bead implant and when we do treat these areas the results are not real good because there are no muscle tissue to hold the beads in place.

WOBBLER DISEASE is the one condition that we treat the most today with the gold bead implant. We treat between 50 and 60 cases a year. Doberman and Great Danes makes up most of our cases, but we have treated more than 15 different breeds of dog for wobblers. The youngest dog that we have treated was 5 months of age and the oldest dog was 11 1/2 years of age. A radiologist at the veterinary school in Minnesota diagnosed her dog at 13 years of age and we were going to implant her dog but it responded with nothing more than a neck brace.

We like to break down our wobblers into front end weakness, rear end weakness or both. Any time you have front end involvement, your results will not be as good as with only rear end weakness because the nerves that go to the front legs lies deeper in the spinal cord than the nerves that goes to the rear leg. Some times the front legs are diagnosed as being the problem when what the dog is doing is shifting the weight off of the rear legs and carrying most of the weight on the front legs. These dogs may stumble when walking or even knuckle over on the toes because there is too much weight on the front end. Once you shift the weight to the rear leg, they start to walk better. So this is not a true front end problem. Most dogs with front end involvement will tend to hold a front leg up or shift the weight back and forth between the front legs. You may see exaggerated lifting up of the front legs when walking.

As for the cause of wobbler disease you will find many things are listed, but we feel heredity and to good of nutrition are the most important factors in causing wobblers. We feel like the puppies of large breeds should be only fed adult dog food with calcium of no more than .5% and protein of 18% or less for the first one or two years of life depending when they are considered mature. Example would be doberman at 1 year and Great Danes and Mastiff to 2 years of age.

When we do the gold bead implant in treating the wobbler conditions we treat only the dorsal half of the neck from C1 to C7 except in the Great Dane and Mastiff we will treat back to T3. We treat along the dermatomes which are from 1 inch to 1 1/2 inches apart and the points along each dermatome are about 1 inch apart. Each of these points will have 4 gold beads and they are placed 1 to 1 1/2 inches deep. By placing the beads in this type of pattern, we are able to stimulate the nerve receptor sites that causes the

Gold Bead Implant by Dr Terry Durkes

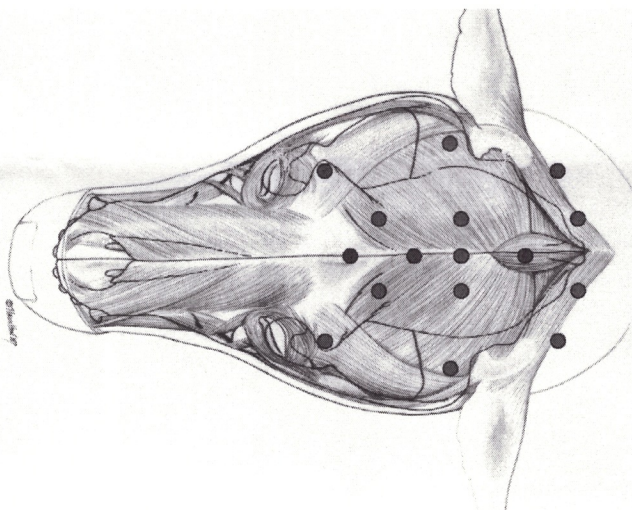
tendon, ligaments and muscles around each vertebrae to tighten up. By stabilizing each vertebrae, we reduce the bruising and inflammation of the spinal cord. Once this happens you have more room in the spinal canal for the spinal cord and you are preventing further to the cord also. This is how we achieve most of our improvement from the gold bead implant. We tend to have a lower success rate in the dog that is under 1 year of age and weighing 120 to 180 pounds. Even though you stabilize the vertebrae, the dog has grown so fast that there is not enough room for the spinal cord in the spinal canal. In the Mastiff breed that is under 1 year of age and is very large, you will probably will not be successful doing the gold bead implant or any other method of treatment for wobblers. If the Mastiff is 2 years of age before they show clinical signs of wobblers, then you will have a much higher success rate that is equal to the other breeds of dogs that are treated with the gold bead implant.

Dogs that are clinically normal then crash in 1 to 2 weeks are also poor candidates for any type of treatment. I recommend putting a neck brace on the neck and giving no more the 10 - 20 mg of predisone once a day. If the dog shows improvement over the next two weeks then they can be treated with the gold bead implant.

All put a neck brace on all dogs after doing the gold bead implant and we plan on leaving it on for 3 weeks. Some dogs may need it for at least 6 weeks. About 20% of the doberman: refuses to wear the neck brace. If that happens then it takes about 3 times longer to get the results that we want over the dogs that will wear the neck brace.

Our success rate is 75% success in dogs that only have rear end weakness and 50% success in dogs that have front end weakness

EPILEPTIC SEIZURES is another area that responds to the gold bead implants. I like to break the seizures down to non cluster and cluster seizures. Success in the non cluster seizure patient 60% will require no medication and will not have seizures. 20% will get by with a reduced level of medication and 20% will be failures. In the cluster seizure dogs success rate is 60% with no seizures at present level of medication and 40% failure. Out of the success about 30% we can reduce medication.



In the non clustering patient you will have 2 -3 meridians involved in a seizure and they will be the same meridians each time the dog has a seizure. In the clustering seizure patient you have a different set of meridians involved each time the dog has a seizure. This

is why the clustering animal is so hard to treat. In the clustering seizure patient the main

Gold Bead Implant by Dr Terry Durkes

problem appears to be in the thalamic part of the brain. The thalamus controls the energy flow in the meridians and during clustering seizures it loses control on how the energy flow. That is causes different meridians to have excess energy with each set of seizures.

In the Chinese literature seizures are caused by excess liver wind. I feel like it would be best to just say excess wind. If you electrically measure the meridians in a seizure patient, the meridians that are most commonly elevated are the GB, BI, and ST meridians.

The basic head points that we implant with gold beads are GV 20, GB 14, GB 20, BI 4, BI 6, BI 9, St 8. In the cluster seizing patient we also add GV 17, GV 21, GV 23 plus any trigger points of the head if they show up. GV 14 is treated in all seizure patients. As for the association points implanted in the non clustering animal you will always implant BI 19 plus 1 or 2 other association points. In the clustering seizure animal you will always implant all association points