

Summer Newsletter 2010

Hello everyone and welcome to the ABVA Summer Newsletter for 2010. This issue contains details of our new ABVA Foundation Course, upcoming CPD, the latest from ABVA council as well as case reports, a book review and Are You Missing the Point? If you have any suggestions or contributions for the newsletter please email me (Emma Styles) on acu@blueskynaturalvet.com. This can include anything you think may interest or inform members. Please consider sharing tips from practice or anecdotal case reports.

New ABVA Foundation Course for 2011!

This year the ABVA continues to run its popular foundation course and in 2011 our new ABVA Foundation Course will be up and running. This is a new and improved four-day course suitable for complete beginners to veterinary acupuncture. It will include one day of theoretical and practical teaching in the foundations of Traditional Chinese Veterinary Medicine, and we hope will lead us into restarting our Advanced Certificate Course.

The new course has been put together to reflect the majority of members' wishes based on a previous course questionnaire. It will include an introduction to the traditional teachings that underpin the practice of acupuncture, giving insight into the historically holistic approach to disease treatment that acupuncture provides. Practical point location and needling, safety aspects and western neurophysiology of acupuncture and pain will continue to be taught on the new course. See below for dates and venues for next year.

Benefits of Membership: Acupuncture in Medicine Free Online.

Some of you may have noticed the Acupuncture in Medicine Journal is now issued through BMJ journals. This has meant an increase in cost of the previously free subscription to £75 per year. However the ABVA have negotiated a substantial discount and the journal will continue to be available **free online** to members only, through the ABVA website.

The association will continue to administer the Cert SCVA and provide the **find-a-vet** service for clients looking for vets practicing acupuncture. I have certainly had new clients find me this way and I find it gives prospective clients confidence to have a listing of vets administered by the only UK veterinary acupuncture association.

Certificate in Safety and Competency in Veterinary Acupuncture. Congratulations to Jennifer Harrison from Bedford who recently gained the ABVA Certificate of Safety and Competency in Veterinary Acupuncture.

Dates of Existing ABVA Foundation Courses for 2010:

16-19 July: Oswald Hall, Ayr, Scotland

13-14 October and 10-11 November: Henley in Arden, Warwickshire

Dates of New ABVA Foundation Courses for 2011:

17-18 February and 17-18 March: Henley in Arden, Warwickshire

05 – 08 May: Shuttleworth College, Bedfordshire

09-10 June and 07-08 July: Merrist Wood, Guilford, Surrey

08-09 October and 10-11 November: Bishopton Veterinary Surgery, Ripon, Yorkshire

Please contact the BMAS office (admin@medical-acupuncture.org.uk 01606 786782) for more information or to book.

Changes to ABVA Council and Free Spring Meeting!

Early in 2011 I will stand down from council after three years due to other commitments. That will mean once again we are looking for **New Council Members** to join the current friendly, fun and committed team! We would particularly welcome anyone willing to consider editing this newsletter (actually an enjoyable and rewarding and not too onerous task) and someone to take over as treasurer from our president Les Cox.

To this end we are offering an incentive to prospective council members. The first ABVA Spring Meeting will be free of charge (current cost £100) to those new council members willing to commit to two years or more on council. If you are interested in joining our current team please contact the BMAS office for more information.

Reminder to IVAS Members! Change in IVAS Fee Collection.

As reported in the last newsletter IVAS no longer offers a discount for members paying through the ABVA. The fee will increase as from this year and the ABVA will no longer collect IVAS fees on behalf of the membership.

The IVAS membership year runs from June to June. As the ABVA has collected IVAS fees a year in advance, those of you who have paid in this manner will already have paid some of your IVAS fees for 2010/11. There was a shortfall of £19.25 collected earlier this year to cover the fees for the 2010/11 membership year. All fees after this current year, ending 30 June 2011, need to be paid direct to IVAS.

Report from the ABVA Spring Meeting and AGM 2010:

Anna Hielm-Björkman of the Department of Equine and Small Animal Medicine at the University of Helsinki was our excellent guest speaker for this years Spring Meeting. Anna is a researcher in pain management in animals focused on complementary therapies including acupuncture, gold bead implants, herbs and nutraceuticals. She gave us a presentation on gold bead acupuncture and other aspects of her research. I was not able to be there myself but it sounds like the meeting was a great success.

Thanks from John Nichol:

A big thank-you from John Nichol, our founding president, for the bottle of Glenfiddich we sent him. It was agreed at the AGM to send this as a gift and it was much appreciated.

Report from our stand at BSAVA:

Several of us on council spent time on the ABVA stand at this years BSAVA congress. Thanks to everyone who took part, especially to Julie Cummings for getting it organised, Stuart Marston for setting up the video presentation (that due to technical problems we got up and running on the Sunday) and to Ann Zollman for packing it all up at the end. It was great to say hello to those of you who dropped by. Please do again next year!

ABVA at BEVA 8-11 September 2010:

We will be manning a stand at this year's BEVA Congress in September in Birmingham. Please come along and have a chat to our president Les Cox or Dietrich von Schweinitz, who will be there to say hello and answer any questions from members or vets interested in veterinary acupuncture.

Reports from Council Meetings:

January 2010

Plans were finalised for the ABVA stand at BSAVA and it was agreed we would do the same at BEVA this year. The program for the Spring Meeting was finalised. A new service level agreement was agreed with BMAS for ABVA administrative services.

Margot Young and her colleague Amanda Ball joined the meeting and outlined the charitable work being undertaken by the charity Luna's Fund to promote and raise awareness of veterinary acupuncture. See Luna's Fund below for more information.

June 2010

It was agreed that the ABVA stand at BSAVA had been a success and that we would continue a presence at BSAVA in future. It was felt the Spring Meeting had also been a success and that Anna Hielm-Bjorkman was a great choice of speaker. The possibility of filming future Spring Meetings was discussed, although the cost could be prohibitive.

Dietrich presented a draft schedule for the new foundation course and this was discussed and agreed. He said the new course would be a change from the present course and he hoped a welcome one. Prospective venues and dates were proposed.

Council members confirmed their appreciation for the BMAS administration and Julie Cummings in performing the many and varied tasks of administering the ABVA. In light of recent changes to the Acupuncture in Medicine journal the council agreed to fund the online version so that it would remain free to members.

AGM – April 2010

The marketing and running of the new ABVA Foundation Course was discussed, as was the practice of giving introductory talks to veterinary students. It is hoped that council members will continue to make efforts to give these talks.

Changes in the IVAS fee scale for affiliate groups and the Acupuncture in Medicine Journal were noted. The accounts were reviewed and approved.

Margot Young gave a presentation of the background and aims of Luna's Fund and this was met with enthusiasm and interest in participation.

Luna's Fund:

Luna's Fund is a charity set up by Margot Young to promote and raise awareness of veterinary acupuncture, with a particular focus on canine osteoarthritis. The three principle aims of the charity are to:

- Begin a database of treatment outcomes of veterinary acupuncture
- Set up a project that will enable owners on low incomes to access acupuncture treatments for their animals. This is likely to happen by funding vets that work for animal charities to take part in the ABVA foundation course.
- Fund clinical trials in veterinary acupuncture.

For more information please see the website at www.lunasfund.org

500 Free Acupuncture Needles!

The following supplier offers free samples of needles to new customers. They are a German supplier of quality needles and can be found online at www.acupuncture-sales.com/index.htm I have used them for a couple of years now (I personally use the TeWa SpeedPack uncoated copper handled needles for dogs and the coated needles for cats) and find them reasonably priced as well as having supplied me with some free needles when I first ordered.

International CPD for 2010!

September 11-16: The 12th TCVM Conference: Lanzhou, China.

Main themes include GI disorders and disorders of the Water Element including renal and urinary, Bi and Wei Syndrome, geriatric and paediatric medicine.

See www.tcvm.com for more information.

August 28-31 2010: The 36th IVAS Congress on Veterinary Acupuncture:

Aalborg Congress and Convention Centre, Aalborg, Denmark.

Registration for the 36th annual IVAS Congress on Veterinary Acupuncture is now open. This year's congress offers over 50 hours of lectures and wetlabs, social and networking opportunities and the chance to visit the beautiful North Jutland area of Denmark. Keynote speakers include Dr Signe Beebe, Dr Thomas Lundeburg and Dr Armin Koch speaking on topics including the Treatment of Congestive Heart Failure with Chinese Medicine, Acupuncture-Placebo – A Physiological Perspective and the Midnight-Noon Ebb-Flow Acupuncture Method. Wetlabs include The Sinew Channels, Equine Point Lab and Cervical/Shoulder and Hindquarter Problems. There are many other speakers and topics. See the IVAS website for more information and to register.

ARE YOU MISSING THE POINT?

This section is open to all members to fill in with their comments, tips and experiences to share with other members. If you would like to contribute then please email Emma on acu@blueskynaturalvet.com and I can email you the template.

Thank you to Holly Mash for this edition's contribution. Holly practices acupuncture and homeopathy in Bristol and London.

Hits the Spot (well-loved and often used point): **GV 20**

What do you like about using this point? *I really find that it calms the animal for the rest of their treatment, so that they stay still while I place the rest of the needles. (Owners always notice if I don't put it in, and comment that their animal isn't as restful during the treatment).*

When would you use it? *I use it to help calm the mind and relax the patient – I use it in 95% of my patients. It is especially useful for patients with dampness, as it strengthens the ascending function of the Spleen.*

What technique do you use with it? *Dry needle. Tonifying.*

Do you combine it with anything else? *Sometimes I then follow it with GV 4 if I am trying to tonify Kidney Yang in elderly patients.*

Give us a memorable example of using it... *When I was being filmed for local TV the news reporter wanted to be filmed placing a needle. I thought GV20 would be a nice simple one, but it turned out to be very tricky as the dog kept moving his head and was quite wriggly! We had to re-think, and I placed that point whilst she placed a needle in a Bladder point, much easier!*

Missed the Point (not so well-loved, perhaps disappointing): **PC 6**

What has been problematic or disappointing about using this point? *I find that cats and dogs object to having a needle placed here.*

Give us an example... *A few times they have flicked their front legs and the needle has come flying out!*

What are your expectations of the point? *I was using it to pacify the mind in cases where there was ongoing anxiety.*

Any idea what could have gone wrong and why? *I think that perhaps I didn't have the animal in a comfortable position where I could get them to stretch out their front legs for me.*

What could make it work better for you? *I have recently had the animal lying on a table instead of the floor, which has enabled me to get to the medial side of their front leg more easily, and the treatment worked a lot better.*

Acupuncture Used to Improve Appetite and Mobility in a Geriatric Cat

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Abstract

Acupuncture was used on three occasions to improve appetite and mobility in an eighteen-year-old domestic longhair cat. Blood collected on the first visit showed elevations of urea and creatinine. On each occasion a combination of dry needle and laser acupuncture was used. Mobility, appetite and energy improved within twenty-four hours of the first treatment. Each successive visit showed weight gain. After the third visit, his appetite and mobility stabilised for seven months.

History

The patient, a geriatric male desexed domestic long hair cat approximately eighteen years old, presented to the clinic on 26th October 2007, for a general check. His owners had noticed a lack of vitality over the last twelve months. Up until then he had been a healthy indoor cat. His diet consisted of chicken necks, lamb hearts, sardines, fish and grass.

Twelve months ago, he had become inappetent while his owners were fostering a baby wombat. At the time they sought no veterinary care, and his appetite seemed to improve with some tender loving care (TLC) at home. Since then, they noticed he was less likely to groom, his water intake increased from 150ml per day, to 300ml/day, and his frequency of urinating increased from once to four times daily. They also noticed he seemed stiff. His appetite had never returned to normal. Four weeks before presentation, his owners started him on glucosamine hydrochloride (dose and brand unknown) and fish oil (dose and brand unknown).

Clinical Signs: Western Diagnosis

On presentation the cat weighed 6.14kg, and his Body Condition Score (BCS) was assessed as 4.5/10. His owners felt he may have lost weight over the last twelve months, but there was no record of a previous weight.

On oral exam his gums were moist and pink, with no gingivitis, and adequate capillary refill. His teeth had mild dental calculus present on his upper premolars. His heart rate was 160 beats per minute, which was regarded as within normal limits, and no arrhythmia was detected. A soft systolic heart murmur could be heard on the left sternal aspect of his thorax.

There were no abnormalities on abdominal palpation. His elbows and left stifle felt thickened, with reduced range of motion. His elbows were abducted, and trigger points were palpated in both right and left triceps muscles. Mats of fur were present in both axillae, and inguinal areas. He was sensitive to palpation of his lumbar spine.

Blood and urine were collected to rule out some of the differential diagnoses for polydipsia and polyuria. The biochemistry blood tests were conducted in house, with an IDEXX machine. Haematology was conducted at a local laboratory (IDEXX). Urine was also collected, from a clean litter tray lined with plastic, to assess urine concentration. Urine specific gravity was obtained using a refractometer, and chemistry results using a dipstick. Both haematology and total T4 were within normal limits. Abnormalities in the biochemical screen included: elevated urea, elevated creatinine, elevated total serum protein, and elevated globulin. (See results listed in Appendix A).

Western Medical Diagnosis

The cat was diagnosed with renal insufficiency on the basis of an elevated urea and creatinine, with inadequate concentration of his urine (see Appendix A). This was supported by a history of inappetence, polyuria and polydipsia. His hydration was assessed as marginal, partly on the basis of his elevated total protein.

He was also assessed to have likely osteoarthritis of his elbows, left stifle and spondylosis of his lower back, based on the clinical history of reduced grooming and exercise, and palpation of joint pain, decreased range of motion, and trigger points in his triceps muscles. The owners declined radiographs.

Clinical Signs: Eastern Diagnosis

Medical History

In the examination he appeared quite alert and bright, almost agitated and restless. His owners reported he was usually much calmer at home, but had become agitated during the long car trip (90 minutes).

His owners said his appetite had reduced over the last twelve months, and that he appeared less energetic, and less likely to groom himself. He had always sought out heat. His water intake had increased (see History), although his owner did not specify whether he drank in frequent small sips, or long gulps. His frequency of urination had increased. His owners could not comment on any change in volume of his urine.

Examination Findings

His ears and coat were greasy. His abdomen was soft, and pendulous. He held his elbows out in abduction at a walk or stand. He had a lean body condition.

His femoral pulses were difficult to palpate. They were thin, and deep. His tongue was pale pink colour, moist but with no real coat, and appeared small with slightly rounded edges.

On palpation his left stifle felt thickened (see Western Exam) and was sensitive over GB 34. His back was sensitive at BL 23, and pain was worse with increasing pressure. BL23 is the Back Shu point of the Kidneys.

Eastern Medical Diagnosis

A diagnosis of Kidney Yang Deficiency was made based on a history of polyuria, a tendency to seek out warmth, and based on the findings of a pale tongue, low back pain and stifle pain. There was pain over BL 23, which is the Association Effect Point (AEP) of the Kidneys. The AEP will become tender on pressure when the corresponding organ is diseased. A further diagnosis of Kidney Yin Deficiency was made based on the findings of increased thirst, a small tongue with no coat, and a thin pulse which was difficult to locate.

A diagnosis of Spleen Qi Deficiency leading to Damp was made based on a history of poor appetite, weight loss, lack of energy, and based on the findings of a soft flabby abdomen and muscle problems (trigger points), a greasy coat and ears, and tongue with slightly rounded edges.

A diagnosis of invasion of Damp, leading to Qi and Blood stagnation was made on the basis of swollen deformed painful joints (his elbows) and pain over BL 23 that worsened with pressure.

Conventional (Western) Treatment

A conventional approach to renal insufficiency in cats consisting of diet changes, subcutaneous fluid injections, phosphate binders and Vitamin B injections was discussed, but declined in favour of less invasive support. His owners had already started treatment with joint support consisting of fish oil (brand and dose unknown) and glucosamine hydrochloride (brand and dose unknown) prior to his first visit. These were continued. His owners did not wish to use non-steroidal anti-inflammatory medications to treat his arthritis, because of the potential for side effects associated with renal insufficiency.

Traditional Chinese Medicine (TCM-Eastern) Treatment

The treatment principle for a diagnosis of Kidney Yang Deficiency is to Warm and tonify Kidney Yang, and to tonify Kidney Yin. The treatment principle for Spleen Qi Deficiency is to tonify the Spleen. The treatment principle for Qi and Blood stagnation is to tonify and move Qi and Blood.

Treatment

The cat was treated at two weekly intervals for a total of three weeks. A dry needling technique was used, using an even stimulation method. Needles used were C and G Acupuncture needles, (Helio Medical Supplies), gauge 0.25mm length 13mm, and were inserted to a depth of 0.5cm.

Points used were LI 11, ST 36, SP 6, BL 60, Kid 3, GV 14, GV 20. The patient tolerated needle acupuncture remarkably well, and would sit on a mat on the floor in sternal recumbency. The needles were left in for approximately ten minutes. A Laser Acupuncture Stimulator (Chi Lite Plus) was used to stimulate the distal points (BL 60, KI 3) for which he would not tolerate any needles. These points were stimulated for sixty seconds each, using a solid light setting. (See Appendix B for details of Chi Lite Plus).

Table 1:Points Selected

Points relevant to case treatment highlighted with asterisk * (1; 2)

Point Name and Nature	IVAS Anatomical Location	Point Selection Principle
LI 11 Quchi He (Sea) Point Earth Point	At the end of the lateral cubital crease, halfway between the biceps tendon and the lateral epicondyle of the humerus, with the elbow flexed.	*Local point for conditions of the elbow and forelimb *Benefits joints and sinews
ST 36 Zu San Li Sea (He) Point Earth Point Point of the Sea of Food Horary Point	Lateral to the end of the tibial crest, in the belly of the m. tibialis cranialis.	*Major tonification point *Tonifies Qi *Tonifies Kidneys *Benefits Stomach and Spleen *Dispels Cold *Clears Damp *Tonifies Yin Tonifies Blood
SP 6 San Yin Jiao Meeting Point of the Three Yin Meridians of the Hindlimb	Three cun directly above the tip of the medial malleolus, on the posterior border of the tibia, on the line drawn from the medial malleolus to SP9.	*Tonifies Spleen and Stomach *Tonifies Kidney *Tonifies Qi, Blood and Yin Moves stagnant Blood, and relieves Pain Harmonizes Lower Jiao Calms the Mind
BL 60 Kunlun Jing (River) Point Fire Point The "Aspirin" Point	In the depression between the lateral malleolus and the tendo-calcaneus, level with the tip of the lateral malleolus.	*Tonifies Kidney Yang *Relaxes muscles and strengthens the lumbar spine *Removes obstructions from Bladder channel Invigorates Blood
KID 3 Taixi Yuan Point Earth Point Shu (Stream) Point	In the depression between the medial malleolus and the tendo-calcaneus, level with the tip of the medial malleolus.	*Tonifies Kidney Yin and Yang *Strengthens the lumbar spine and knees Calms the Mind Benefits the Essence
GV 14 Dazhui Influential Point for Yang Sea of Qi point Meeting of the GV with all Yang Meridians	On the midline, between the dorsal spinous processes of the seventh cervical and first thoracic vertebrae.	*Clears Cold and Damp *Tonifies Kidney Yang *Benefits lumbar Spine Tonifies Yuan Qi Benefits the Essence Calms the Mind
GV 20 Bai Hui Sea of Marrow Point Meeting Point of all Yang meridians Meeting Point of GV with BL, GB, TH and LIV Channels	On the dorsal midline of the skull, in the notch where the external frontal crests join to give rise to the saggital crest.	*Clears the Mind Subdues Liver Yang

Client Instructions

A gentle back massage was prescribed, and a slight change to the diet to include more white meat and other protein sources apart from red meat, and to add some extra liquid to the diet.

Ongoing Treatment

During a routine callback twenty-four hours after the first treatment session, on 27th October, 2007, the owners reported the cat seemed more flexible, and had been stretching and grooming. He was asking for more food, although not eating much more.

At his first revisit on 2nd November 2007, the patient weighed 6.24kg, up from 6.14kg. His appetite had improved, although his owners said it was still "not great". His water intake had reduced from 300ml/day to 250ml/day. His TCM exam showed his tongue was now more of a red colour, although still small. His pulse was difficult to locate, deep, and thin. Acupuncture treatment was repeated, using the same points and technique as the first treatment (see Treatment).

His final visit was on 15th November 2007. At that time he weighed 6.49kg, and his owner's reported his appetite much improved. He was generally happier and more active. His TCM signs were unchanged from the previous visit. His owner's declined any further investigation at that stage. Acupuncture treatment was given, again using the same points and technique as the first treatment. At a telephone update six months later, on 3rd May, 2008, his owners reported that he had in general been in good health, but that they had noticed some stiffness and reduced appetite over the last few weeks. At the time they were considering booking in a revisit.

Discussion

The patient's history: lethargy, poor appetite, weight loss, increased thirst and urination, are signs consistent in conventional medicine with renal insufficiency. However, these signs may also be seen in other chronic illnesses seen in older cats e.g.: hyperthyroidism, neoplasia, inflammatory bowel disease or diabetes mellitus (3).

Polydipsia in cats is defined as drinking in excess of 100ml/kg/day (4). Since the patient weighed 6.14kg at presentation, a daily water intake of 300ml per day might be considered as being within normal limits. In this case, the patient was assessed to have polydipsia partly due to then owner's observation of increased water intake from approximately 150ml per day, to approximately 300ml per day (see History).

The blood tests showed increases in urea and creatinine above the normal range for a cat (see appendix A). Urine specific gravity (USG) of 1.024, while not in the hyposthenuric range (1.008-1.012), is still insufficient concentration for a cat with elevated renal enzymes. The specific gravity of cat urine should be greater than 1.035 (3). Hyperthyroidism and diabetes were ruled out by the blood tests, with a normal T4 and glucose level (see Appendix A). Therefore based on clinical signs, (lethargy, weight loss, inappetence, PU/PD) and blood tests, the patient was assessed to have chronic renal insufficiency (5).

Increased serum globulins can be due to increased production, as in chronic inflammatory conditions, or dehydration (6). His total protein levels were also high, and his albumin levels high normal. Although he did not seem clinically dehydrated at the time of examination, dehydration as the cause of hyperglobulinaemia would be consistent with a diagnosis of chronic renal insufficiency.

The urine was described as being a cloudy pink colour, and the dipstick showed some blood. A sediment exam was not carried out. Forty-six percent of cats with chronic renal disease have been shown to have urinary tract infections, due to the loss of the antibacterial effect of concentrated urine. (7) A culture for the presence of bacteria in the urine was not carried out.

Although radiographs were not taken, the patient was assessed to have chronic osteoarthritis of the elbows, left stifle, and spondylosis of his lumbosacral spine, based on clinical presentation of abducted thickened painful elbows with reduced range of motion, thickened painful left stifle, and lumbosacral pain.

A TCM diagnosis consists of making a series of observations, and forming a pattern of disharmony. (8) The classical observations are: listening, smelling, looking, asking and palpation. In this case, the Eight Principle Diagnosis is: Interior, Cold, Deficient and Yin. The disease is interior because the Kidneys are affected. Cold signs are indicated by a pale coloured tongue, and strong tendency to seek heat. The patient is deficient, as shown by small tongue, thin weak pulses that were difficult to palpate, lethargy, weight loss and inappetence.

In Zang Fu pathology, the patient is showing signs consistent with Kidney Yang deficiency, and Spleen Qi deficiency. Increased urination indicates Kidney Yang deficiency, as does the lumbo-sacral pain. There was pain over BL 23, which is the Association Effect Point (AEP) of the Kidneys. Tenderness over BL 23 means there is disease in the Kidneys. His tongue was pale and small, which indicates deficiency and some Cold, consistent with Kidney Yang deficiency. His pulses were weak and may be considered slow for an anxious cat in a veterinary exam. This may also be seen with the Cold of Kidney Yang deficiency.

Spleen Qi deficiency is shown by inappetence, weight loss, lethargy, muscle wasting, and a soft pendulous abdomen. The paleness of his tongue may also be due to Spleen Qi deficiency, with rounded edges showing some Damp as a result of the Spleen Qi deficiency.

The patient also has signs of Kidney Yin Deficiency, as shown by increased thirst, a small tongue with no coat, and a thin pulse which was difficult to locate. In TCM, Kidney Yin Deficiency may evolve from Kidney Yang Deficiency (9).

In Traditional Chinese Medicine physiology, Kidney Yang is the foundation of all the Yang energies of the body, especially the Spleen, Lungs and Heart. Kidney Yang warms the Spleen to aid its function of separation, transportation and transformation. If Kidney Yang is deficient, the Spleen will also become deficient (9). The impairment of transformation and transportation leads to poor appetite, and also lack of nourishment to the muscles resulting in a feeling of weakness and poor muscle tone. This also results in a pale tongue and a deficient pulse.

The relationship is mutual. If Spleen Qi is Deficient, it will eventually lead to Kidney Yang Deficiency. Chronic Spleen Deficiency may lead to the accumulation of Damp, as the Spleen fails in its function of transforming fluids (10, 11). Damp is seen in this patient as a greasy coat, and slight roundness of the tongue (see Eastern Medical Diagnosis). Damp may accumulate in the joints, leading to stagnation of Qi and Blood. The patient had signs consistent with osteoarthritis of his elbows.

Deficient Kidney Yang means the Kidneys also lack Qi to give strength to the bones and back, which manifests as back soreness and weak legs and knees. The patient presented with lower back pain, and evidence of pain in his left stifle (see Western Medical Diagnosis).

The owners mentioned increased frequency urinating, now four times per day (see History). Large volumes of cloudy urine are seen with Kidney Yang deficiency, with Cold and Damp in the Bladder.

Both Spleen Qi deficiency, and Kidney Yang deficiency, can lead to the accumulation of Damp. When Kidney Yang is deficient, it fails to transform Fluids, which will accumulate, and lead to Dampness of the Bladder. In time, Damp and Cold in the Bladder can change to become Damp Heat, which will manifest as a darker colour of the urine (12), described by the technician as a cloudy yellow pink colour (Appendix A).

The treatment principle is to Tonify Kidney Yang, to Tonify Kidney Yin and to Tonify Spleen Qi. Points were also chosen as local points for osteoarthritis of the elbow (See table 1). Points chosen to tonify Kidney Yang and Yin (BL60 and KID3) also strengthened and eased pain of the lower back.

BL 23, the Associative Effect Point of the Kidney, which Tonifies Kidney Yang, Kidney Yin and Kidney Jing, resolves Damp and strengthens lumbar area was not used, because the patient would not tolerate any pressure in this area.

The acupuncture techniques used included dry needling, and laser acupuncture with the Chi Lite Plus. Moxa could have been effective, to warm as well as tonify the treatment points, but was not available at the time of treatment. (10)

At the first follow-up call back, twenty-four hours after treatment, the owners said the cat was more active, stretching and grooming. He was also asking for more food. By the first revisit, he had gained weight. He was less Cold, as shown by a tongue with a more pink colour. By his third visit he had gained 350g (from 6.14kg to 6.49kg) and was bright and eating quite well.

The joint supplements (unknown type and dose) may have accounted for some of the reduced pain evident over the treatment period, and it may be argued that reduced pain improved his appetite and circulation, and resulted in some weight gain. However, improvements noted twenty-four hours after the initial treatment show that acupuncture itself was responsible for his improved mobility, and his increased interest in food.

Without acupuncture, his mobility and quality of life may not have improved, and his appetite may have continued to wane. As a result of reduced appetite, his weight may have decreased, his hydration may have been affected, possibly leading to further deterioration of his renal disease.

In this case, where the owners declined a more conventional approach to treatment, the patient's quality of life and wellness improved with appropriate acupuncture.

Appendix A

Pathology Results 26th October 2007

Biochemistry

Sample appearance normal

Test	Result	Normal range
Sodium	151 mmol/L	144-157
Potassium	4.3 mmol/L	3.7-5.4
Chloride	114 mmol/L	106-123
Bicarbonate	18 mmol/L	12-24
Na:K	35.1	>27.0
Anion gap	23.3 mmol/L	15.0-30.0
Flox glucose	5.7 mmol/L	3.2-7.5
Serum glucose	4.8 mmol/L	3.2-7.5
Urea	19.4 mmol/L H	5.0-15.0
Creatinine	0.30 mmol/L H	0.08-0.21
Calcium	2.6 mmol/L	2.0-2.8
Phosphate	1.4 mmol/L	1.0-2.3
A:P ratio	1.9	0.9-2.3
Protein, total	92 g/L H	61-84
Albumin	34 g/L	27-36
Globulin	58 g/L H	31-53
A:G ratio	0.6	
ALP	15 IU/L	< 51
AST	32 IU/L	< 66
ALT	40 IU/L	< 91
CK	125 IU/L	< 361

Haematology

Red and white cell morphology normal. Platelets clumped and adequate.

Test	Result	Normal range
RBC	8.0 x 10 ²³ /L	4.9-10.0
Hb	125 g/L	77-156
HCT	0.40 L/L	0.25-0.48
MCV	50 fL	43-55
MCH	16 pg	13-17
MCHC	312 g/L	282-333
Platelet count	71 x 10 ⁹ /L L	300-800
WCC	5.7 x 10 ⁹ /L	5.5-19
Neutrophil %	87	
Neutrophil absolute	5.0 x 10 ⁹ /L	2.0-13.0
Lymphocyte %	11	
Lymphocyte absolute	0.6 x 10 ⁹ /L	0.9-7.0
Monocyte %	1	
Monocyte absolute	<0.1 x 10 ⁹ /L	< 0.7
Eosinophil %	1	
Eosinophil abs	< 0.1 x 10 ⁹ /L	< 1.1
Basophil %	0	
Basophil absolute	< 0.1 x 10 ⁹ /L	

Urine Specific Gravity and Dipstick

Urine sample: cloudy yellow pink colour.

Test	Result
pH	9
Proteins	++
Glucose	Negative
Ketones	Negative
Urobilinogen	Negative
Bilirubin	Negative
Blood	++++
USG	1.024

Appendix B

Laser Acupuncture Stimulator (Chi Lite Plus)

Frequency 660 nanometers red light

Settings: solid or pulse (the pulse rate is 266 cycles/second)

The illumination rating is 15,000 millicandles.

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2 Short Case Reports: Acupuncture and Traditional Chinese Herbal Medicine

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1. JJ – Crossbreed Dog with Osteoarthritis and Chronic Nail Problems



JJ is an 8-year-old collie cross currently being treated with acupuncture and the herbal formulas Si Wu Tang and Shu Jing Huo Xue Tang for hip, hock and metacarpophalangeal osteoarthritis as well as chronic nail problems.

JJ presented with chronic left hip pain and osteoarthritis of the right hock causing a hopping right hind limb lameness and difficulty rising and climbing stairs. He also had intermittent left forelimb lameness and poorly growing, dry, cracked nails. On examination he was found to have a crepitant bony lesion of the metacarpo-phalangeal joint of digit 2 of the left fore. The nail on this digit had recently broken off.

JJ has a previous history of seasonal (late Spring) conjunctivitis and occasional episodes of skin Damp Heat affecting his ventrum and perineum. It was noted by his owner that he is slow to heal, probably due to the fact that he licks wounds obsessively.

JJ is very sociable. He can get excitable but will listen and relax when asked. I have suggested he is a mainly Fire constitution with some Earth. His diet includes some high quality dry food and a lot of raw ground meat and vegetables.

On examination JJ's tongue was slightly pale and dry, with a lavender centre and a reddish tip. This indicates Blood Deficiency, Stagnation and a strong Shen (red tip). His ears were warm (strong Shen again or Stagnation) with a cool to warm, dry, crusty nose and cool feet (these all point to Blood Deficiency). He was sensitive in his hip flexors and at SI 9 as well as BL 18, 19, 20 and 23.

His pulse was deep and slow and thinner on the left side with a palpable thrill on the left side. It was weakest in the Kidney and Spleen positions on the right and the Liver position on the left. This shows Deficiency, predominantly Blood Deficiency.

JJ's diagnosis was Liver Blood Deficiency and Kidney Qi Deficient Bony Bi Syndrome with Qi and Blood Stagnation in the channels.

We added Blood Tonics to his food (including beef, beef liver, beetroot, dark leafy greens, dates and figs, kelp, lamb, rabbit, salmon, sardines, trout and turkey) and his owner started cooking some of the meat and vegetables.

JJ started Si Wu Tang for his Blood Deficiency and later Shu Jing Huo Xue Tang for his Bi Syndrome – specifically this formula is indicated in cases of Blood Stagnation and Wind-Damp in the Channels with underlying Blood Deficiency.

JJ has regular acupuncture sessions for his Bi Syndrome. Points most frequently used include Bai Hui, Jian Jiao (for hip pain and osteoarthritis), LIV 3 and 8, GB 30 and 34, SP 3 and 10, LI 4 and 10, ST 36, BL 18, 20, 23 and 54, KID 3. More recently I have been using the balance method and alternating with points including TH 4 and 14 and SI 9 to balance the affected channels over the hip and hock, as well as some GV points for any Wei Syndrome (weakness) component.

JJ has responded well to treatment and with continued support has made steady progress. He is no longer lame and exercises well. His nails are much improved with no recent problems.

2. Henry – Labrador Retriever with Osteoarthritis and Gastrointestinal Problems



Henry is a 12-year-old entire male Labrador with GI problems and elbow osteoarthritis currently treated with acupuncture, food therapy and Shu Jing Huo Xue Tang.

He presented with bilateral elbow lameness (diagnosed as osteoarthritis 3 years previously), a history of shoulder problems and a recent left stifle sprain. His gait was heavy and stiff. On examination he also had hip pain and an inflexible cervical spine.

Henry scavenges at any opportunity, often precipitating gastroenteritis, and his stools are soft, indicating a weak Spleen/Stomach. His GI episodes manifest as vomiting and foul-smelling diarrhoea with blood, indicating Damp Heat. After the last 2 episodes he has been exhausted and his lameness much worse, suggesting the Damp Heat episodes are exacerbating both Deficiency and Stagnation.

He used to get frequent nail problems and infections, which may have been due to Damp Heat and/or Liver Weakness. His skin has a rancid smell and his coat is slightly dry with small white skin flakes indicating some Blood Deficiency. He has a thick yellowish penile discharge, which shows Liver Channel Heat.

Henry is a very happy sociable dog and can get a bit overexcited and forgets he is not the dog he used to be, suggesting both Earth and Fire in his constitution. He has become wind and sound sensitive recently, suggesting Liver and Kidney weakness.

Henry avoids heat and overheats easily. He quickly becomes tired and pants when exercising. He is happiest when wet. His ears are warm, his feet warm to cool, and his nose usually cool, indicating both Yin and Qi Deficiency. His joints are warm and his elbows thickened with reduced ROM and pain, indicating Stagnation. His neck is very inflexible especially if flexed to the left. He is often sensitive at BL 18 and deficient at BL 20, suggesting Liver Stagnation and Spleen Deficiency.

His tongue is generally pale, dry and flaccid, sometimes lavender and sometimes with lines of white coat. This indicates Qi Deficiency, Blood Deficiency, Stagnation and Damp/Phlegm. There may be Yin Deficiency (shown in his other Heat signs) hidden behind the Qi Deficiency in his tongue.

His pulse is deep, thin and weak, usually slightly slow and there is a thrill on the left side. It is thinner and sometimes slippery on the right and the Spleen pulse is most deficient. This shows Deficiency, Dampness and Weak Spleen Qi, with some Blood Deficiency (thrill in left pulse).

Henry's diagnosis has been Bony Bi Syndrome, Kidney Yin and Qi Deficiency, Spleen Qi Deficiency with Damp, Blood Deficiency and Stagnation.

He has responded very well to acupuncture, the points most used being SP 3 and 9, ST 36, LI 10, 11, GB 34, LIV 3, 8, KID 10, Bai Hui, SI 3, 9, TH 14, GV 14, 8, 6 and 4.

He is also being given Qi and Yin Tonic foods and the formula Shu Jing Huo Xue Tang for Blood Stagnation and Wind-Damp in the Channels with underlying Blood Deficiency. His owner is resistant to using more Chinese Herbs although I suspect he would also benefit from a Qi Tonic formula for GI support and a formula for Kidney Yin Deficiency.

Thanks to Bruce Ferguson for advice on TCVM diagnosis and on using the herbal formulas and many of the acupuncture points in these two cases.

Book Review: Acupuncture 1, 2, 3, Richard Teh-Fu Tan, OMD, L Ac, 2007.

This is pretty well a review of Dr Tan's Balance Method as this is what is outlined in this book. In his seminars and the introduction of the book Dr Tan begins by telling us that 'in traditional acupuncture training the efficacy of treatment is called 'Li Gan Jian Ying.'" This translates as, 'Stand a pole under the sun and you should immediately see its shadow.' What he is saying is that the effects of treatment should be virtually instantaneous and therefore almost immediately apparent.

In chapter one of the book Dr Tan identifies the discrepancy between Traditional Chinese Zang Fu Organ diagnosis, which he believes is most helpful for herbal practitioners, and Meridian Diagnosis and Treatment, which he believes is the most effective acupuncture method.

He then outlines his approach to treating pain (the scope of this particular book) through steps 1, 2 and 3: Identify the Sick Meridian (Ch 1), Determine the Meridians to Treat Based on the Five Systems (Ch 2) and Point Selection (Ch 3). Chapter 4 is a long chapter outlining treatment examples in human patients. The appendices include Balance Method Charts, Questions and Answers.

Balance Method theory involves identifying the site of pain as specifically as possible in terms of the affected channels. Balancing channels are then chosen using one of Dr Tan's Five Systems using mirroring or imaging techniques. These channels are then palpated carefully for Ah Shi (sensitive) points to select the actual points to be treated. There is always a choice of points to select from, so palpating carefully is important. This is also convenient in positioning patients (let's face it how often does that creaky old dog sit on the exact spot you want to get to?).

As a simple example a dog with medial stifle pain centred on the Liver Channel could be treated at the elbow by selecting channels that balance the Liver Channel. Using Dr Tan's Five Systems these would be Pericardium, Large Intestine, Small Intestine and Lung on the forelimb, or Gallbladder on the opposite hindlimb. Points on these channels at the elbow and opposite stifle are then palpated for sensitivity and one or more points are chosen to treat.

Dr Tan treats human patients but I have colleagues who use his method to treat dogs, cats and horses and have used it myself in dogs and cats. One of the great advantages in terms of compliance is that it enables treatment of a painful area by needling a completely different limb or area of the body. He does recommend using the method alone and not combining it with others, though I do often combine it with distal channel-clearing points and Bladder or GV points myself.

I would recommend attending one of Dr Tan's seminars or looking at this book if you are wanting improved patient compliance and treatment response for pain. I have certainly improved my results since using it although I am not sure results are as instant as Dr Tan would like. I have seen the instant results in people, including colleagues and myself, and I wonder if that is just easier to recognise in human patients who tell us exactly what happens to their pain as soon as they feel it.

For more information about Dr Tan see his website at www.drtanshow.com He teaches in London from July 22 to 25 2010.

Emma Styles