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CLINICAL APPLICATIONS OF ACUPUNCTURE:  
A VARIETY OF CASES STUDIES
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The following cases are presented as examples where acupuncture has been used when Western medicine has not been able to help, in conjunction with Western medicine or for medical cases where a Western Medical diagnosis could not be determined and acupuncture was used to resolve clinical symptoms.

Case 1: “Pokey”, 6 month old male DSH kitten, fan belt injury,  
Presented to emergency clinic; treated for shock and trauma – O2, fluid therapy, IV dexamethasone sodium phosphate and antibiotics  
Wound on left hind limb was addressed; kitten was unable to walk at the time; urinary incontinence; continued with dexamethasone therapy for 3 consecutive days with no change in condition.
Presentation at hospital:  
Second lesion discovered over dorsal lumbar spine, crossing over caudal aspect of spinal cord and cauda equina  
Kitten was not able to walk, deep pain present, exaggerated patellar reflexes, no fecal or urinary control; unable to urinate – would leak urine from overflow  
Rest of PE normal
WDx: severe trauma to lumbar spinal cord, cauda equina segment of spinal cord  
CMDx: severe Qi and Blood stagnation in the Jing luo
Adv: debridement of second lesion under anesthetic and acupuncture  
Anesthetic: Acepromazine / Ketamine/ Valium induction, maintained w/ halothane  
Sx: routine debridement and closure of all wounds  
At the end of surgery acupuncture was begun  
AP: BL 23, BL 28, BL 40, ST 36; all points bilateral  
Electroacupuncture (EAP) between BL 23 and BL 28, BL 40 – BL 40, 10 minutes  

Upon recovery from anesthetic the kitten was able to walk in the cage; defecation was normal, still had incomplete urinary control.  
Sent home the next day with antibiotics and a prescription for urecholine and dibenzylene for urinary function; the owner never filled at the pharmacy. One week later upon recheck, lesions were healed; kitten was doing well at home; urination and defecation were normal.

Case 2:  
“Ashley” Combs; 12 yo, MN, Silky Terrier  
3 month history of abnormal urination and very agitated behavior – urinating copious amounts of urine which was tepid to cool to the touch very hyperactive, excessive panting, barking
PE: slightly overweight, red injected mucous membranes – eyes, gums; coat slightly dry and flaky, heart and lungs auscultated normal, abdominal palpation normal, temperature – normal
CME: Tongue – reddish purple, turgid (swollen)
    Pulses – rapid, thin, tight
    BSP – BL17, 18, 23 tender
Western Dxc: CBC and Chemistry panel – normal
    Urinalysis – NAF except low specific gravity
    Radiographs – NAF
    LDDS – normal – no indication of Cushing’s Syndrome
WDx: undetermined
CMDx: Heat trapped above, Cold below – Qi not circulating normally between the 3 jiaos
AP: GB41, BL17, CV 17, 12, 6, BL 23
70% improvement in clinical signs after first treatment
    decreased amount and frequency of urination, normal temperature
    not as agitated and hyperactive, mm not as red/ injected, sleeping better at home
Repeated same acupuncture treatment twice – full resolution within 3 weeks

Case 3: “Saartje” Balke
18/09/06 Initial presentation for abdominal pain, pain with walking, obstipation, ↑ borborygmi – treated with Buscopan compositum® (used for abdominal cramping), laxatract® (laxative)
26/09/06 same complaint – painful abdomen
    radiographs – decreased disc space between T12-13?
    Rx: Previcox® 57mg 1Tq24h
03/10/06 paresis of hindlimbs, ↓ conscious proprioception and correction reflexes; ataxic, painful, intact spinal reflexes and deep pain
    Tx: Solu Delta Cortef® (methylprednisolone sodium succinate) 50 mg IV
04/10/06 – 13/10/06 (seen on 05/06/10/11 Oct)
    continued paresis, no correction reflexes; deep pain +, urination and defecation +, patellar, cranial tibial reflexes and anal reflex present
    Ddx: IVDD between T10-L4?
    Tx Plan: Solu Delta Cortef®, 30 mg/kg, IV, 3 consecutive days
    AP done by referring veterinarian
    AP: BL 18, 20, 23, 27, BL60/KID 3, SP 9, Lumbosacral Baihui (LSBH)
Relapse on 10/10/06 – SDC – 2 injections and AP on 13/10/06
18/10/06 First visit:
    Abnormal gait – paretic, primarily drags HL, will bear weight when supported, developing contracture of HL – will sit with HL under abdomen;
    ↓ CP and correction – bilateral
    Pulses – tight, turgid, very thin;  Tongue – RED
AP: KID 3/BL 60, BL 40b, Weigen, GV3, BL 21, GV 14, KID 1b, GB and BL Jing-well points-b, ST 36l, Weijian

Rx: Xiao huo luo dan – for pain and stagnation in the back
   Shou wu tang – for Blood deficiency, strengthens knees
Prednisone 5 mg, 1T q24hr for 2 days then ½ T q24hr

Instructed: massage muscles along back and lateral aspect of HL, also slow stretches of the HL to prevent contraction of hip flexors

25/10/06 Much improvement, more normal sitting posture, able to bear weight for longer periods of time and controlled steps
P: better, still tight, thin T: reddish pink
AP: points as above, much quicker response to Jing-well point stimulation!
Plan: continue herbs, decrease prednisone ½ T q48hr

01/11/06 doing well, going for short walks; walks well on the carpet, better foot placement, very active in exam room
P: even, slightly wiry T: pink
BSP: cool in lumbar region, no sensitivities
AP: KID 1b, ST 36r, BL 40b, Weigen, GV 3, BL 17, GV 14; BL, GB, ST Jing-well points – all very reactive!!
Plan: discontinue prednisone, continue with herbs

15/11/06 – 07/02/07 (seen on 29/11, 27/12)
Continual improvements at home, long walks, fairly normal gait
BSP: no sensitivity but holds back in an arched position
AP: BL40b, KID 1b, Weigen, Jian jiao-l, BL 26,23,28, GV14, BL10, GB 41r

07/02/07 Great at home, playful, walking well, better development of b. femoris mm, especially on RHL; now turning to both sides evenly; not shedding as much as she has in the past in spring
P: good T: pink! BSP: BL 17, 18 tender
AP: BL 40b, LSBH, BL 23, ST 42l, BL 21, GV 14, BL 10
Herbs: Shou wu tang – continue to nourish Blood and support knees
   Du huo ji sheng tang – more support of hindlimbs

28/03/07 Doing super at home; owner noticed a difference with the herbs – she is definitely stronger in the HL – jumping on the bed and the couch!
But noticing she is not as stable sometimes, Is itchier – always in spring
P: LU and HT positions a little weak, the rest normal T: pink
AP: Yang Qiao Mai – BL 62b, BL 57l, Ba shan-b, GV4, 5, BL 21,18, GV 14, 16, CV 17, LU 7 – after insertion of LU 7 the LU pulse position improved.
Herbs: added Bai he gu jin ke li – to address LU deficiency in nourishing the skin

Case 4:
“Timber” Schuurman, 6.5 year neutered male Swiss Shepherd, (29/08/2000) was cryptorchid (left)

- skin allergy complaints since 14 months of age – pruritis, local and general
- WDxcs: skin scrapings, allergy testing – all negative
WTx: placed on Z/D Ultra, off and on prednisone, Moderin®, (methylprednisone), Voreen® injections (dexamethasone), antibiotics and ear medications prn; changed diet to ostrich and rice – helped for 4-5 mo
At 3 years developed chronic GI problems – vomiting and diarrhea
WDxcs: Bloodwork; parasite exam; Abdominal Ultrasound – all NAF; Utrecht University - Endoscopic exam/ biopsy– slightly red intestine; bx - NAF
WTx: metronidazole, Primperid® (metoclopramide), Finidair Forte® (GI absorbent), Buscopan®, Largactyl®

13/12/04 First AP exam
- Ostrich and white rice diet for 2.5 years, no other supplements
- Big drinker, takes a long time to urinate, no ↑frequency
- Stool pudding to watery diarrhea, no odor, undigested rice seen
- Vomit – yellow, sometimes watery, sometimes with digested food
- No aggression; Itchy skin – generalized; Pale nose
- Pulses: Right side weaker overall; Left side - wiry
- Tongue: pale pink at edges, lavender in center; foamy saliva in excess
- BSP: BL 17, 22, 23, weak in lumbar area; hip extension okay
CMDx: SP Qi deficiency, LIV Blood Deficiency, KID Qi (Jing?) Deficiency
AP: KID 3b, SP 6b, BL 40b, 26, LSBH, CV 12, LI 10r, Li 4l, BL 21, 17, GV 14, ST 3 6r.
- Herbs: External Wind – nourishes blood, relieves itch (Jing Tang Herbal)
  Si jun zi tang – nourishes Spleen and Stomach
  Panzym® – pancreatic enzyme supplement

20/12/04
- Normal stool for first two days; ↓itch, stool now like pudding
- P: SP and KID Yin soft, turgid on left
- T: thin, white coat, excess phlegm/ saliva, frothy
- BSP: BL 23, weak BL 24-26
- Chewing where the hair was clipped – skin is pink, dry, flaky → Blood def.
AP: KID 3b, SP 6l, ST 36r, BL 40b, LSBH, BL 26, 23, 17, GV 14, LI 10r, LI 4l

27/12/04
- One episode of vomiting, diarrhea the first few days after AP, now better
- Scratching at ears, face, axillary region, chewing at feet and hocks
- P: all bounding superficially, with pressure all soft, esp. LIV
- T: pink edges, lavender center
- BSP: BL 19, 23, 24; stronger in lumbar region
SP Qi and LIV Blood def, Stagnation in LIV and GB channels, Wind
AP: LIV 3b, SP 6l, ST 36b, GB 31r, LIV 8l, BL 17, GB 20b, TH 17r, TH 5r, PC 6l

05/01/05
- Itch worse – all over, shedding, stool is very good! No vomiting
- P: left side – strong, turgid; right – weak, esp. SP
- T: lavender, superficial cracks, dry, foamy saliva, pink edges
- BSP: BL 23
- Nose continues to darken
AP: LIV 3l – pulse difference between left and right side evened out, SP weak
LI 4r,l, LIV 3r, SP 6, GB 31l, BL 40l, GB 44l, BL 20, 17, GB 21b, Li 11 left,
• Herbs: ↑Si jun zi tang – double dose
  • Xiao yao san – nourishes Liver and smooths Liver Qi
  • Continue External Wind

26/01/05
• Doing better – normal stool, no vomiting, pruritis is improved
• Over next 4 months continued to do well overall but not 100%

25/05/05
• Began using Chong Mai
  AP: SP4l, KID 3l, KID 7r, ST 25r→KID16r, KID16l, KID 22r, BL26, 21, PC6r
• Herbs: added Si shen pian – nourishes Kidney Essence, stops diarrhea
  due to KID Qi or Yang deficiency

Timber now does well on regular food mixed with fresh cooked food, occasional problems with itching and on rare occasions he vomits. He is on the Si shen pian in the winter to support the Kidneys.