

Venturing into the World of Pet Acupuncture

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The practice of acupuncture offers a variety of scenarios, which make it different from other types of medicine. One strikingly unique setting is in the veterinary clinic.

My first experience with animal acupuncture was typical. In acupuncture school, we were informed that acupuncture is effective for animals as well as humans. We received the information that as with humans, the tongue and pulses are inspected in diagnosis, and then we were shown needles for chickens and horses. These, when compared to the needles for humans, were respectively thinner and shorter in the case of the former and thicker and longer in the latter case.

With this foundation, I was confronted by a co-worker who asked me if I could do something to help her dog who was having bad back pain. The dog was a 7-year-old male Daschund. He was unable to urinate without squatting because of back pain. His gait was slightly affected but without tenderness in the legs. My friend was distraught and the dog's struggle was compelling so I agreed to try to help.

I concluded that the treatment should follow "normal" protocols for back and hip pain and located the second sacral foramen and placed .5 cun needles bilaterally where I assumed ub-32 would be located. After examining the dog's hind legs it appeared that although the foot is elongated and the animal stands on its toes, the ankle is very clearly defined and k-3 and ub-60 were available for use. Again, using .5 cun needles I chose left side k-3 and right side ub-60. Needles were retained 10 minutes after inserting them with neutral technique.



Results were remarkable.

Upon my removing the needles, the dog which has been lying partially on his side jumped to his feet and scampered about, rushing to the owner's feet excitedly. The dog needed no further encouragement and ran to the stairs after my surprised friend who had reported that stair climbing had become difficult for the dog. Later, she reported that while on their afternoon walk the dog has been able to lift his leg.

The next time a friend's dog needed help it was a 12-year-old female toy Dobermann named Mitzie. The dog was limping in her hind legs from referred pain in the hips. There were no tender spots on

her paws or legs but her gait showed frank weakness. The first treatment was with .5 cun needles bilaterally in the second sacral foramen at ub-32. The next points bilaterally were *jiaji* points at L-2. The needles were retained for 10 minutes resulting in general improvement of her gait.

I scheduled her for a second treatment in three days. When I examined her before treatment there were no tender spots and her gait had improved in strength. I repeated the S-2 (ub-32) and added ub-23 and gv-4. The needles were retained for 10 minutes. After the needles were removed Mitzie showed no signs of discomfort and ran into the yard. I found the second set of points useful every two weeks for a period of two months. During this time the family brought Mitzie to my home for her treatment. Once while I was preparing my needles and talking to the family members, Mitzie barked gently to get my attention and faced me, she then looked at her rear end and at me and at her rear again. The family and I had good laugh and then I obediently proceeded with the obviously appreciated treatment.

After this, further treatments were unnecessary until the dog's passing several months later.

During the time that I was treating Mitzie, my niece's 12-year-old Australian Shepard, Bravo, began having trouble when going on walks. I examined him and found no tenderness on his rear limbs or paws. His gait showed a slight limp and there appeared to be a similarity among the three cases. None of them had been preceded by an incident or injury and they all appeared to be a gradual appearance of difficulty in the performance of daily activities. Bravo was a medium sized dog with long fur and considerably larger than the first two dogs so I treated him with 1 cun needles.

I used a reinforcing technique inserting at s-2 at ub-32 bilaterally, and at l-2 level, at ub-23 retaining the needles for 10 minutes. The response was very good and he continued to improve during several follow-up visits. Once, while I was visiting with his owner, Bravo gave me a reminder similar to Mitzie's - a short bark followed by glances at me and the tail. It was hilarious.

Shortly after I stopped treating Bravo, I began to work as staff acupuncturist at a veterinary hospital. The owner of the hospital had previously seen good results with acupuncture. He scheduled my first appointment with a very difficult patient. This dog was a large nervous Sheperd female who could not stay still and wanted to bite. I had two assistants put the dog onto a table with bolsters and pillows to hold her still and in place. X-rays showed problems in the spine, hips, and front limbs. The doctor and I discussed the reports and examined the X-rays. I selected points that were local to the abnormalities on the X-rays.

In spite of the dog's excitable personality she showed no objection to needles placed bilaterally at t-12, L-4, as well as LI-11 and p-6 on the left foreleg. The needles were retained 10 minutes after reinforcing technique. The results were encouraging and her pain medications were reduced in half. Subsequent treatments were not met with the same level of resistance although some reluctance was always there because of the high strung nature of the Sheperd breed.

The satisfactory response to this first treatment left me encouraged. I was confident in the setting because in comparison to human acupuncture, point location and needle insertion are identical with the exception of the presence or lack of fur.

The next patient's response did nothing to discourage me.

This was a 12-year-old male Yorkshire terrier. The small dog was brought to the hospital wrapped in a blanket. I was told he was unable to stand and had trouble eating and breathing. When my assistant placed the dog on the treatment table his front and back legs splayed out in four directions and he lay flat on his chest. His tongue was lolling out. This appeared to be significant

deficiency of the kidney yang and *qi*. I decided to tonify the kidney *qi* and raise the kidney yang.

I selected gv-20 ub-15 bilaterally and ub-32 also bilateral. The needles were retained for 10 minutes and each lasered for two minutes with a 670 nm 5mw class IIIa laser. After I removed the needles the dog appeared to be more alert than before and not at all upset by having undergone acupuncture.

The following day, the owner called the animal hospital. She was beside herself with excitement. She had been taking care of her other animals, feeding them when she was surprised by the sight of my patient, Bugsy, walking casually over to the food bowl and eating standing up! The following week I gave Bugsy his second treatment. When he was unwrapped from his blanket he lay flat on the treatment table as before. I inserted the needles in the same locations as the previous treatment and applied the laser. When the treatment was half over, the dog gave a huge shudder and stood up on all fours! This was a surprise to my assistant, myself, the veterinarian and not least of all the owner. I supported the laser acupuncture with a kidney yang tonification herbal formula and repeated weekly treatments. Bugsy stabilized and was able to walk and eat normally at the time treatment was discontinued.

Another extraordinary case was Mikki. The veterinarian told me that there was a cat in the hospital who might benefit from acupuncture. She said that if I wasn't interested they would be likely to euthanize the cat because her high creatinine and blood urea nitrogen indicated significant kidney disease.

Mikki, an obese female tabby was unable to stand and passed very cloudy urine during my examination. My diagnosis was kidney *qi* deficiency. The treatment plan was to reinforce kidney *qi*. Because of the cat's size the .5 cun needles were too big so I used 7mm ear needles. Points selected were gv-20, ub-32, ub-60, and k-3. Along with the acupuncture I employed a photon therapy light with a .5 cun dual frequency head of 650 nm red and 940 nm infrared @20mw. This is pulsed @146 hz. The photon light was used on ub-23 and ub-52 for 10 minutes while the needles were retained.

My assistant placed the cat on the floor without removing the needle in gv-20. She stood on all fours and took one step. After she tried another step with partial success we gave her further treatment with the photon light. After 10 minutes on ub-52 the cat was returned to the floor where she took five steps. The next week the follow-up treatment was the same. After I removed the first needles I gave another 10 minutes on the ub-52 point. This obviously sedated the cat and she almost fell asleep. The treatment resulted in improvement. The cat was able to stand long enough to defecate and take one step before its hind leg began to weaken. The owner's enthusiasm was obvious and the next follow-up was scheduled for two days later.

Finally, there was a case which emphasized the significance of the kidney meridian system in treating paralysis in dogs and cats. This patient was a 7-year-old female Newfoundland, Bessie, weighing 120 lbs. The dog was in acute renal failure. Since she couldn't walk or eat she was brought to the treatment room on a stretcher. My treatment plan was to reinforce kidney yin, *qi*, and yang. Since she had long fur I selected 1 cun needles.

These were 32 gauge (gold plated to help tonification) inserted with neutral technique (alternating right and left). Points selected were gv-20, k-3 retained for 15 minutes. At this point I added 1.5 cun 32 gauge needles in ub-23 and ub-32 for 15 minutes. After all the needles were inserted, I placed the photon led light on ub-52 for a 10-minute cycle. The dog was not upset by the acupuncture and remained on the stretcher. She was taken back to the kennel on the stretcher.

The next day I repeated my treatment on Mikki the cat. I was asked to treat Bessie the Newfoundland for a follow-up. Upon seeing her owner when she was brought back to the kennel, she had gotten up from the stretcher and walked to him! Bessie walked into the treatment room. My assistant led her onto the treatment table. According to the vet she was still in renal failure and not eating. With this in mind I increased the needle retention time to 20 minutes each set and used reinforcing needle technique. I prescribed a dose of rehmania 6 (*liu wei di huang wan*) in pill form for the evening to improve her appetite and she took a short walk with her owner before returning to the kennel. The next day she had eaten and a few days later I treated her again using the same protocol as in the second treatment. Her mobility was restored but unfortunately her renal failure was too far advanced and eventually terminal.

Treating animal patients is very rewarding. The cooperative and enthusiastic pets and owners and pets respond with relief and gratitude. The animals don't require strong acupuncture and cats don't even try to reciprocate the "puncture" part.

Although acupuncture is the main modality, it can be supported in the veterinary setting with herbal medicine and laser. Almost all common chinese herbal formulas are useful for dogs, cats and horses (the main concern is to adjust dosages according to the patient's weight.)

I have also found that cold laser and infrared photon lamps are a good substitute for moxa stimulation since they are able to penetrate the fur and access the points on the surface as well as boost the effects of individual needles.

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