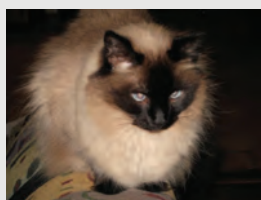
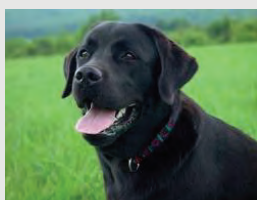




TCVM for Allergic Skin Disease in Cat
Page 7



Crystal Stone Formula Cured Moose's Urine Stones
Page 9



TCVM for Behavior Disorder in a Labrador
Page 10



Dr. Larry McCaskill treated a 19 years old white tiger, Tora, with aqua-acupuncture. (full story on page 8)

TCVM Treatment of Intervertebral Disk Disease

- by Huisheng Xie, DVM PhD MS



Intervertebral disk disease (IVDD) is commonly seen in small animal clinics. Traditional Chinese Veterinary Medicine (TCVM), including acupuncture and herbal medicine, can be the effective sole therapy, or part of integrated therapy with Western medicine and surgery. This paper explains the TCVM etiology/ pathology and treatment of IVDD, and predicted outcome along with clinical case studies.

TCVM Etiology & Pathology for IVDD: IVDD is often considered as a *Bi* syndrome and is often accompanied by a *Wei* (weakness) syndrome. IVDD is related to the Kidney (bones and spinal cord), the Liver (joints and smooth flow of Qi and blood), and the Spleen (muscle strength). There are 2 Excess Patterns and 3 Deficiency Patterns that are associated with various forms of IVDD. The Excess conditions are invasion of Wind-Cold-Damp and Qi-Blood stagnation, which are often associated with acute trauma in chondrodystrophic dogs (Type I). The Deficiency Patterns, often associated with chronic, Type II IVDD in non-chondrodystrophic breeds, include Qi/Yang Deficiency, Yin Deficiency and

combined Yin-Qi/Yang Deficiency (Table 1- on page three).¹

TCVM TREATMENT FOR IVDD

1) Acupuncture:

Acupuncture has been proven an effective therapy for IVDD.²⁻⁸ A general acupuncture treatment plan for a patient with IVDD is as follows:

Dry needle: GV-20 and **Electro-acupuncture** (20 Hz for 5 to 10 mins + 80-120 Hz for 15 to 20 mins) at the following pairs of acupoints: Left BL-11 + right Shen-shu, Right BL-11 + left Shen-shu, Hua-tuo-jia-ji at or near the suspected or diagnosed disk space, bilateral; ST-36+GB-34, or Liu-feng, bilateral; KID-1 + BL point proximal to IVDD lesion

Aqua-acupuncture (Vitamin B12) at Hua-tuo-jia-ji at or near the suspected or diagnosed disk space, BL-40, LIV-3, LI-4, Liu-feng

2) Herbal Medicine (see Table 1). General herbal dosage for Dog is 0.5 g per 10-20 lb body weight BID twice daily for 2 to 4 months, and then as needed.

Double P II (*Da Hua Luo Dan* modification) is the primary herbal medicine used to treat IVDD. It may cause loose stool in some cases (10%). It can be used as long

(Continue to Page 3)

Headline News

The Chi Institute appreciates you for writing to State Boards about the RACE CE issues. Chi Institute has worked very hard to apply CE credits for its courses to the individual state boards. At the time this newsletter was published, the Chi basic acupuncture program has been approved or recognized for CE credits by 30 states. 19 states have approved the Chi herbal, food therapy and Tui-na courses. The Chi Institute will continue to promote TCVM and fight for the recognition it deserves.

Along with 40 on the waiting list 120 veterinarians from USA, Australia, Canada, Costa Rica, Mexico, Puerto Rico, UAE and Venezuela attended 2011 Spring basic acupuncture course.

Dr. Xie's Jing Tang Herbal is expanding its product line. New formulas of teapills, biscuits and concentrated powder/capsules are now available (see page 11 and back cover).

Jing Tang Herbal has also developed its own brand of Needles and Electro Acupuncture Units which will be ready to purchase in June!

The 13th Annual TCVM Conference (2011)

Major Speakers



Bruce Ferguson
DVM, MS

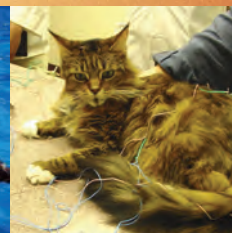
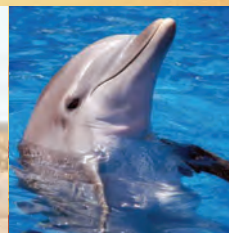


Shen Huisheng Xie
DVM, PhD



Dr Cheryl Chrisman,
DVM, MS, EdS, CVA

Main Theme: TCVM for Neurological Diseases, Wei Syndrome and Exotic Animals



Nov 3, 2011 TCVM for Neurological Diseases

- The integrated neurological examination and how to treat seizures by Dr. Cheryl Chrisman
- How to treat Wei Syndrome by Dr. Bruce Ferguson
- How to treat hydrocephalus, brain tumors, and degenerative myopathy by Dr. Roger Clemmons
- Acupuncture for vertebral fracture in a dog by Dr. Elsa Katz
- TCVM treatment of an intracranial lesion in a Dog by Dr. Heidi Woog
- TCVM for vestibular disease in a pug dog by Dr. Daniel King

Nov 4, 2011 TCVM for Neurological Diseases

- Cranial Nerve Disorders including facial paralysis, vestibular disease, deafness and laryngeal paralysis and How to treat spinal cord disorders by Dr. Cheryl Chrisman
- Equine neurological disorders by Dr. Shen Xie
- An effective and simple protocol to treat intervertebral disk disease by Dr. Bruce Ferguson
- Beyond transposition: symmetry and balance in small quadruped distal points by Dr. Ferguson
- How to treat GME by Dr. Bruce Ferguson
- How I treat cognitive dysfunction syndrome (CDS) by Dr. Shen Xie

- Head trauma and peripheral nerve injury by Dr. Hanwen Cheng
- TCVM treatment of seizures in a horse; Idiopathicphrenic neuropathy in a Cria, retrobulbar squamous cell carcinoma in a dog by Dr. Joan Winter
- TCVM treatment of suprascapular nerve injury in a Dutch filly; Acupuncture and *Tui-na* for generalized tetanus in a dog; TCVM treatment of severe canine geriatric vestibular disease by Dr. Margaret Fowler
- Neuromuscular Disorders including myasthenia gravis, polymyositis and other myopathies by Dr. Songhua Hu

Nov 5, 2011 TCVM for Exotic Animals

- TCVM for reptiles, amphibians ornamental fish and pinnipeds (sea lions and seals), for small mammal pets (rabbits, guinea pigs), and for other small mammal (rats, hamsters and ferrets) by Dr. Christine Eckermann-Ross
- TCVM for whales and dolphins by Dr. Connie Chevis
- TCVM for zoo animals: tigers, jaguars and leopards by Dr. Skip Hightman
- TCVM for zoo animals: giant pandas, monkeys, giraffes, elephants by Dr. Jifang Zheng
- TCVM treatment of lizards by Dr. Bruce Ferguson

- TCVM therapy in a guinea pig with an abdominal tumor puncture; Treatment of an acute spinal injury in a Patagonian cavy; TCVM Treatment of chronic resistant air sacculitis in an Orangutan by Dr. Margaret Fowler

Nov 6, 2011 TCVM for Exotic Animals

- TCVM for avian species by Dr. Cindy West
- Acupuncture and moxa for severe osteoarthritis in the scapulohumeral joint of a green sea turtle; Acupuncture for abnormal eye lid function in a Eurasian eagle owl by Dr. Richard A. Schafer
- TCVM for feather damaging behavior in pet and aviary birds by Dr. Christine Eckermann-Ross

Conference held at:

Chi Institute of Chinese Medicine
9700 West Hwy 318, Reddick, FL 32686

Registration Fee (discounted rate by 10/2)

- ✧ TCVM for Neurological Diseases Session (Nov 3 - 4) : \$400
- ✧ TCVM for Exotic Animals Session (Nov 5 - 6): \$300
- ✧ Both Sessions: \$650



For registration or more information,
visit www.tcvm.com
or call 800-891-1986.

Table 1. TCVM Treatment of the most common Patterns of Intervertebral Disk Diseases

Pattern Type	Clinical Signs	Herbal Medicine	
Qi-Blood Stagnation	<ul style="list-style-type: none"> • Very sensitive on palpation • Acute onset often associated with traumatic injuries 	<ul style="list-style-type: none"> • Paresis or paralysis • Pulse: wiry • Tongue: purple 	Double P II
Wind-Cold-Damp	<ul style="list-style-type: none"> • Very painful on palpation • Acute onset without traumatic injuries 	<ul style="list-style-type: none"> • Tongue: purple • Pulse: wiry 	Double P II or <i>Xiao Huo Luo Dan</i>
Qi/Yang Deficiency	<ul style="list-style-type: none"> • Lethargy or depression • Heat-seeking 	<ul style="list-style-type: none"> • Tongue: pale and wet • Pulse: deep and weak, worse on right side 	Double P II + <i>Bu Yang Huan Wu</i>
Yin Deficiency	<ul style="list-style-type: none"> • Panting, cool-seeking • Pulse: thin and fast, weaker on right side 	<ul style="list-style-type: none"> • Tongue: red and dry 	Double P II + <i>Di Gu Pi San</i>
Yin and Qi/Yang Deficiency	<ul style="list-style-type: none"> • Dry skin, or thirsty • Difficulty in getting up • Cool-seeking 	<ul style="list-style-type: none"> • Rear weakness or lethargy • Tongue: pale or red • Pulse: thready and weak on both sides 	Double P II + Hindquarter Weakness

as the gut is able to tolerate it.

Add Cervical Formula for wobbler syndrome or if the lesion is localized in the cervical region;

Add *Bu Yang Huan Wu* for *Qi* Deficiency (rear weakness, pale and wet tongue, and deep/weak pulse)

Add *Di Gu Pi San* for *Yin* Deficiency (cool seeking)

Add Hindquarter Formula for Qi+Yin Deficiency (cool-seeking, rear weakness, red or pale tongue, and fast/weak pulse);

Add Stasis Breaker if a tumor or mass is present in the spinal cord;

Add *Jie Gu San* + Bone Stasis for fracture(s) of the vertebra(e).

3) Tui-na

- Massage (*Moo-fa*) using both palms from Da-feng-men to GV14 to Bai-hui to Wei-gen, then from BL-13 to BL-35, and from BL-42 to BL-52. Repeat 10-20 times.
- Pressing (*An-fa*) + rotary-kneading (*Rou-fa*) from the lumbosacral area to the thoracolumbar junction to GV-14 using both palms clockwise 12 times, then counter-clockwise 12 times.
- Pressing (*An-fa*) + pushing (*Tui-fa*) from BL-26 to BL-13, 12 times
- Rubbing (*Ca-fa*) the back from caudal to cranial until the local tissues become warm.
- Single-thumb (*Yi-Zhi-chan*) + rotary-kneading (*Rou-fa*) at BL-40, KID-1 and LIV-3, clockwise 6 times and counter-clockwise 6 times.

F) Pinching (*Nie-fa*) along the spine: holding and pinching the skin and moving forward from the tail bone to the shoulder blade 12 times

G) Wrenching the back (twisting the lumbar-sacral areas) 5 times

H) Pulling the tail 12 times

I) Stretching the front limbs and rear limbs 12 times

J) Rotary-kneading (*Rou-fa*) at Bai-hui and BL-40, clockwise 2 minutes and counter clockwise 2 minutes

4) Owner Follow-up Care for IVDD

A) Massage the lumbosacral area and rub from the tailbone to the shoulder blade until heat is generated once a day for 21 days

B) Pinch (*Nie-fa*) along the spine: holding and pinching the skin and moving forward from the tailbone to the shoulder blade 2 times once a day for 21 days

C) Pulling the tail 12 times, once a day for 21 days

D) Stretching the front limbs and rear limbs 12 times, once a day for 21 days.

5) Food Therapy

Home cooked meals are recommended for the IVDD dogs. Ideally the following recommended foods are the entire diet. If this is a challenge because of time and convenience, the 50% home-made foods can be used to supplement a 50% commercial diet.

Basic foods for IVDD dogs

Brown rice, oatmeal, barley, *Yi Yi Ren* (coix seed)
Spinal cord, bone marrow
Eggs with shell
Beef, chicken, turkey, liver, salmon, sardines

Yam, sweet potato
Dates, eggs, leafy greens, kelp

For Qi or Yang Deficiency with Stagnation

Lamb, liver, veal, chicken, eggs, heart
Oatmeal, quinoa, sweet potato, roots
Shrimp, sardines, salmon
Alfalfa, kale, mustard leaf
Nutmeg, cinnamon, cardamom

For Yin Deficiency with Stagnation

Turkey, organ meat, a little beef, fish, rabbit
Millet, barley, brown rice
Asparagus, green beans, broccoli
Thyme, basil

PREDICTED OUTCOME

Using a 0 to 5 grading scale to evaluate clinical neurological signs of IVDD (Table 2) is a valuable tool to help choose the mode of treatment, determine the prognosis, and assess the outcome of treatment. ⁹ In general, IVDD with Grades 1 to 4 can be successfully treated with TCVM alone. It is better to use TCVM with surgery and with Western medicine for

cases with grade 5.

One retrospective study conducted to assess outcome after surgical decompression of forty-six dogs with thoracolumbar intervertebral disk disease graded as a 5 (with loss of deep pain perception) prior to surgery was reviewed. ¹⁰ Nineteen dogs (41.3%) recovered with a median follow-up period of 12.5 months. Recovery was defined as an ambulatory paraparesis, or better, with urinary and fecal continence. There was a better outcome in dogs with loss of deep pain for less than 24 hours prior to surgery (19/41; 46.3% recovered) than in dogs without deep pain perception for more than 24 hours (0/5; 0% recovered). Dogs with deep pain perception present at two weeks postoperatively had significantly higher success rates (8/12; 66.7%) than dogs without deep pain perception at this time period (1/10; 10.0%). The return of deep pain perception by two weeks postoperatively can be a useful positive prognostic indicator. For grades 1 to 4, the prognosis using TCVM was very good (Table 3). For grade 5 IVDD, a combination of surgery and TCVM can be a good option.

CASE EXAMPLE

Tachia, a 14 year old spayed female Lab Retriever/Chow mix was presented with limping on the left hip and on the right

Table 2. Neurological Grading Scale in Canine Intervertebral Disk Disease

Grade	Scale of Clinical Signs ⁹	Recommended Therapy
0	Normal	
1	Cervical or thoracolumbar pain, hyperaesthesia	Acupuncture, herbal medication
2	Ataxia, paresis (muscle weakness) with decreased proprioception, ambulatory (able to walk).	Acupuncture, herbal medication, tui-na, exercise program
3	Severe paresis with absent proprioception, not ambulatory (not able to walk).	Acupuncture, herbal medication, tui-na, physical therapy
4	Paralysis (not able to stand or walk), decreased or no bladder control, conscious deep pain perception present	Acupuncture, herbal medication, tui-na, physical therapy
5	Paralysis, urinary and fecal incontinence, no deep conscious pain perception	Both TCVM and surgery/western medicine

Table 3. Predicted TCVM Treatment outcomes based on neurological grade

Grade Scale	TCVM Alone ²⁻⁸
1	95-100%
2	95-100%
3	90-95%
4	80-90%
5	50-60%
Aligned Fracture	10%
Spinal Tumor	20%

front leg for the previous year. On March 29, 2003, she developed an acute onset of back pain along with urinary incontinence and was non-ambulatory. She was diagnosed with T12-T13 IVDD. Degenerative joint disease was noted on radiographic studies of the left hip and lumbar spine performed on March 30, 2003. Surgery was not an option because of age. The DVM prescribed oral medication of Prednisone and Rimadyl to Tachia. After two months of Western medication, owner reported no noticeable improvement, and the DVM recommended Tachia to seek service at the local University/small animal hospital.



June 3, 2003 (Initial TCVM Visit)

Problem List: Hindlimb paresis
Non-ambulatory
Urinary incontinence
Back/hip pain

TCVM Exam:

Seeking cool surfaces;
Panting a lot and had increased thirst;
Limping appeared worse when it was damp outside;
Thoracolumbar areas: very sensitive on palpation;
Osteoarthritis at hip and lumbar regions;
Urinary incontinence without odor;
Hind limb weakness/non-ambulatory;
Pulse: fast and weak on both sides;
Tongue: red and dry.

TCVM Diagnosis: Kidney Qi-Yin Deficiency with Qi-Blood Stagnation of the back and left hip.

Acupuncture Treatment:

Dry needle: KID-3/7 (tonify Kidney Yin), GV-20 and Bai-hui (to calm), BL-11 (an influential point for bone)

Electro-acupuncture:

BL-19/20/21 (bilateral): local points for moving Qi to resolve pain;
Jian-jiao (bilateral) for hip pain;
GB-29/30 (left): local points to help treat hip pain due to osteoarthritis;
ST-36 (right) + GB-34 (right): to strengthen the rear limbs
Aqua-acupuncture using vitamin B12 (0.3 cc per point) at LIV-3, ST-41 and KID-1 to resolve Stagnation and tonify

Qi.

Herbal Medicine:

- 1) Bu Yang Huan Wu, 1.5 tsp, BID for 2 months.
- 2) Double P II, 1.5 tsp, BID for 2 months

Food Therapy: 40% meat (turkey, alternately with rabbit), 40% millet (alternately with brown rice), and 20% vegetables including asparagus, green beans, broccoli) were recommended

Owner Daily Care: Owner was instructed to massage Tachia every day by: rolling the back at T12/T13, holding/walking the back skin 12 times, stretching the rear limbs and massaging the toes and paws for 5 minutes per toe to help promote Qi flow throughout the body.

In the meantime: Stop giving Prednisone and Rimadyl.

June 16, 2003 (Second TCVM Visit)

Tachia was able to walk for up to two minutes at a time. Her appetite and attitude were improved, more alert and attentive. However her urinary incontinence had not improved.

TCVM Exam: Tongue is dry. Pulse is fast and slippery.

TCVM Diagnosis: Kidney Qi-Yin Deficiency with Qi-Blood Stagnation of the back and left hip.

Acupuncture Treatment: The same dry needling and electro-acupuncture procedures were given. Aqua-acupuncture using vitamin B12 (1.0 cc per point) at BL-39 bilaterally to stop urinary incontinence.

Herbal Medicine: The same herbal treatments were given.

July 1, 2003 (3rd TCVM Visit)

Owner reported that Tachia was more ambulatory and less painful (70% improvement). She was able to walk about ten minutes without resting. Her appetite was good. Owner also noticed that urinary incontinence had been stopped for four days after the second TCVM visit (June 16). But she started to have urinary incontinence again on June 21.

TCVM Exam: Shen was good. Pulse was deep and weak. Tongue was purple and moist.,

TCVM Pattern: Kidney Qi Deficiency

Acupuncture:

Dry needle: GV-20, Bai-hui

Electroacupuncture:

- Hua-tuo-jia-ji T-11/12 from the left to right (bilateral)
- Hua-tuo-jia-ji T-12/13 from the left to right (bilateral)
- Hua-tuo-jia-ji T-13/L-1 from the left to right (bilateral)
- Left BL-23 + left Shen-shu

Right BL-23 + right Shen-shu

Left ST-36 + left KID-1

Right ST-36 + right KID-1

Aqua-acupuncture using vitamin B12 (1.0 cc per point) at BL-39 bilaterally

Herbal medicine:

- 1) Continue with *Bu Yang Huan Wu* to build overall strength.
- 2) Start giving *Suo Quan Wan* 6 .5g capsules BID for urinary incontinence/leakage.
- 3) Stop giving Double P II unless it was needed for pain or paresis.

October 2, 2003 to July 15,2005

One acupuncture session every three to six months was given from November, 2003 to July 2005 or as needed. Tachia was always on the herbal medications based on pattern differentiation.

Tachia had been doing very well (walking 30 min SID to TID) with no urinary incontinence until July 15, 2005 (at age of 16 years old) when she died of acute onset of renal failure and congestive heart failure.

CONCLUSION

Thoracolumbar intervertebral disk disease (IVDD) is commonly seen in small animal clinics. Traditional Chinese Veterinary Medicine (TCVM), including acupuncture, food therapy and herbal medicine, is an effective sole therapy, or part of integrated therapy with Western medicine and surgery, based on a grading scale of clinical signs and type of IVDD.

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Double P II TM

Ingredient	Latin	Actions
Dang Gui	Angelica	Nourish Blood, activate Blood and relieve pain
Chuan Xiong	Ligusticum	Activate Blood, resolve Stagnation
Chi Shao Yao	Peony	Cool Blood, resolve Stagnation
Hong Hua	Carthamus	Move Blood, resolve Stagnation and stasis
Mo Yao	Myrrh	Resolve Stagnation and relieve pain
Ru Xiang	Olibanum	Resolve stagnation and relieve pain
Tian San Qi	Notog inseng	Move Blood stop hemorrhage
Xue Jie	Draconis	Resolve Stagnation
Quan Xie	Scorpion	Resolve Stagnation
Di Long	Ligusticum	Activates Channels
Du Zhong	Eucommia	Strengthen Back, tonify Kidney Yang
Xu Duan	Dipsacus	Strengthen bones and ligaments tonify kidney yang

General Dosage:

Horse: 15 g BID as top dressing on feed

Dog/Cat: 0.5 g per 20 lb body weight BID

Ingredient	Latin	Actions
Gu Sui Bu	Drynaria	Strengthen bones and tonify Kidney Yang
Ba Ji Tian	Morinda	Warm Yang
Ma Qian Zi	Strychnos	Unblock Channels
Chuan Niu Xi	Cyathula	Tonify Kidney Yang and Strengthen the rear limbs
Bu Gu Zhi	Psoralea	Tonify Kidney Yang and Strengthen bones
Huang Qi	Astragalus	Tonify Qi
Shu Fu Zi	Aconite	Warm Yang and channels
Wu Yao	Lindera	Move Qi and relieve pain
Gan Cao	Licorice	Harmonize

Contraindications: Do not use in pregnant or weak patients. Use only for a short time at a low dosage, this medication may cause drug testing to be positive.

TCVM for the Treatment of Allergic Skin Disease in a Cat

-by Neal J. Sivula, DVM, PhD, FAAVA



Owner's complaint and History: Brutus presented to my clinic on June 1, 2010. He had been pruritic around his face for the previous 2 months. Diagnostics had been negative at another veterinary clinic 2 weeks ago. Oral antibiotics had been not been effective, a trial course of oral Dexamethasone has been effective.

Western Physical Examination, Diagnostics, and Treatment: Brutus' heart rate, respiratory rate, and temperature were within normal limits. He had an area of red, dry skin above his right eye that was 2 inches in diameter. Further diagnostics were not done because of the recent workup with negative findings at another veterinary clinic. He was fed a commercial dry kibble with a chicken base. His Pruritus was intense enough that he had to wear an Elizabethan collar to prevent scratching at the lesion when he was unattended.

Traditional Chinese Veterinary Medical Examination: On examination, Brutus' shen was normal. His tongue was red and pulses were rapid bilaterally. He had an Earth constitution.

Traditional Chinese Veterinary Medical Diagnosis and Analysis: A TCVM diagnosis of Wind-Heat was made based on the history, tongue, pulse, and physical examination findings.

Traditional Chinese Veterinary Medical Treatment Plan: The treatment plan included acupuncture, herbal, and food therapy. The plan was to cool the patient while clearing Wind-Heat.

TCVM Treatments (6/1/2010-7/13/2010): Treatment was initiated the day of the first visit and continued every two weeks for 5 sessions. Dry needle acupuncture was performed. The herbal formula prescribed was External Wind (Jing Tang Herbal) at a dose of 0.5 gram orally twice daily. He was also changed to a diet consisting of turkey and brown rice. His tongue and pulse findings improved over that time to become normal. His skin lesion started to resolve after two treatments. At the fourth treatment he had improved so much that he didn't need to use his Elizabethan collar.

Follow-up: The patient continues to do well and was maintained on External Wind at a dose of 0.5 gram by mouth bid for an additional two weeks. The owners opted to switch to a commercial diet consisting of fish.

Case Summary: This was a typical case of Wind-Heat invasion. This patient presented with a history of a sudden onset of a dry rash with itching. History and signs of Wind-Heat invasion (Spring onset of itching, dry rash, red tongue, and rapid pulse) were present in this patient. He responded to TCVM treatment when he had been unresponsive to conventional veterinary therapy.

External Wind Formula	
Ingredient	Action
Schizonepeta (Jing Jie)	Clear wind-cold, relieve itching
Xanthium (Cang Er Zi)	Clear wind, open the lung
Bombyx (Jiang Can)	Clear wind, detoxify
Paeonia (Chi Shao Yao)	Cool Blood and clear Heat
Moutan (Mu Dan Pi)	Cool Blood and activate Blood
Kochia (Di Fu Zi)	Clear Wind and benefit skin
Dictamnus (Bai Xian Pi)	Kill scabies

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Meet Chi Institute CE/Marketing Coordinator
Daneya Mitchell



Daneya Mitchell was born & raised in Portsmouth NH, but came to FL in 2005 from California where she was the Senior Administrator and Program Coordinator for a large Wild Horse Sanctuary/Rescue. When first arriving in the Ocala area she saw a need for knowledgeable and professional animal caregivers. For four years she owned & ran a successful farm and pet sitting business. She and her husband have two beautiful daughters. While growing up her mom was a human acupuncturist and a supporter of alternative modalities long before it was common or popular. Daneya grew up owning & riding hunter jumper and eventing horses and she currently has 2 horses, 4 dogs and 3 cats.

"Tora the Tiger" and TCVM

-by Larry McCaskill, DVM, CVA

I was contacted by the Greater Baton Rouge Zoo veterinarian to evaluate and consider a TCVM treatment plan for Tora, a 19 year old male white tiger. Primary complaints were neurological signs of ataxia, crossing of both front and rear limb while walking and CP deficits. No other specific problems were noted.



History: Tora had just been transferred 2 months earlier from the New Orleans Zoo to the Baton Rouge Zoo. Just before this move, the beginning signs of his ambulatory problems were first observed. Previous medical history did not reveal any other significant medical problems. For a 19 year old tiger with an average life span of 15 years, Tora was considered to be doing quite well except for the above described abnormal signs.

Tora's signs and symptoms for western medical rule-outs were: chronic osteoarthritis, spondylosis, and/or IVDD or possible tumor in the cervical spine or brain. He was presently receiving oral medications of prednisone and gabapentin. After 2 weeks of receiving these medications, Tora had shown no significant clinical improvements.

Being a companion animal practitioner (primarily small animals) most of my veterinary career, this would have been a very challenging case. This magnificent animal was a tiger and extreme caution was needed at all times in dealing with him.

My plan was to first visit Tora, observe his behavior and gather as much history/ information about him as possible from his animal keepers.

The following week he was scheduled for a trip to the LSU School of Veterinary Medicine for diagnostic work-up to include survey radiographs, MRI, CSF tap, and complete blood work. While he was under sedation I planned to perform an acupuncture treatment. I only had about 30 minutes to perform acupuncture, therefore I planned to use only aquapuncture with vitamin B-12 and sterile water. My follow-up treatment plan would be to initiate herbal formula therapy and weekly visits to monitor his progress.

TCVM Exam: My first visit and visual evaluation of Tora revealed an earth constitution cat, (animal keepers all thought him to be an easy going cat) alert, with good Shen and bright eyes. His hair coat appeared normal with no obvious signs of muscle atrophy. Visual exam of his tongue revealed it to be pink and dry. When enticed to move for food he exhibited definite front limb CP posturing problems with occasional cross stepping of his front limbs. He did have difficulty in getting up with some rear end weakness and mild ataxia. When he would eat from ground level he would have to spread his front limbs wide apart and lower his head with neck extended.

Tora was thought to be cool seeking. His intake of water appeared normal and he had a good appetite. His urine and bowel functions also appeared to be normal. Daytime sleeping habits appeared normal and night time activity unobserved. His diet consisted of Large Cat Mix and Horse meat.



My TCVM Diagnosis was Wei and Tan Huan Syndromes, Pattern: Kidney Qi / Yin deficiency and Cervical Spine Qi and Blood Stagnation . Survey radiographs revealed prominent osteoarthritis and spondylosis from C1 to T1, and L1 to L3. MRI revealed prominent osteoarthritis in the cervical spine area and prominent narrowing / impingement of the C1 spinal cord. No brain or spinal tumors were observed.

With the above information, I performed aquapuncture to address the cervical spine Qi and Blood stagnation excesses and Kidney element deficiencies.

The following points were used: GB-20, GB-21, GV-14, BL-10, BL-11, LI-10, LI-4, LIV-3, C-1 to T-1 Jing Jia Ji, BL-23, ST-36, GB-34, KID-3, SP-6, BL-60, and SI-3 & BL-65 opposite side unilateral and TH-3 & GB-41 opposite



side unilateral. Acupunctureing this "353 pound feline" was no problem because all the acupoints were easily located.

His CSF tap results were normal. Blood work was basically normal except increased BUN value of 65 and creatinine of 3.0.

Herbal Formulas: Double P II (Da Huo Luo Dan) and Cervical Formula.

Tora handled both of these herbal formulas well and within a month he was able to move and walk better. His abnormal neurological signs decreased and he did not appear to be in any pain. He was weaned off all his western medications.

His quality of life had improved. He was observed one day lying on his back relaxed with all 4 paws in the air acting like a normal cat. This event really excited his animal keepers.

The next problem to address was Kidney Qi deficiency and suspected Yin deficiency. Rehmannia 11 herbal formula was now added to address these issues. Double P II was discontinued and Body Sore formula was added for pain, Qi-Blood stagnation and Kidney Qi deficiency.

Tora had another good month, but after that his Shen and Qi started to decrease. I suspect he now was starting to have some significant renal insufficiency problems and was going into renal failure.

All involved in Tora's care and those that had known him for years felt that this magnificent animal who had lived a very long life should not have to experience anymore undue suffering.

Summary: TCVM was able to help Tora and improve his quality of life, even if for only about two months. I always wonder how he would have benefited from TCVM if he was treated by the integrative approach earlier in his life.

I want to thank Drs. Huisheng Xie, Ronald Koh, Carolina Medina, Bruce Ferguson and Skip Hightman for their consultations and recommendations during my TCVM treatment of "Tora the Tiger".

Crystal Stone Formula Cured Moose's Urine Stones

- by Anita Weiss

Client's Story



On April 29, 2007 I rushed my 7 year old male neutered cat to the veterinarian because he was crying when trying to urinate, not in the litter box, but in strange places, like my bed and some pillows on my couch. When he finished I

looked to see a small puddle of bloody liquid.

Dr. Doug Shearer took him from the cat carrier to take x-rays and a sample of urine. This cat does not tolerate being held, and I told Dr. Shearer he will scratch, but as he carried him off he was fine. When he returned he told me I was right, he did not like to be held! He said he has stones and sent me home with Amoxicillin liquid and a prescription diet of canned cat food. He also said he was sure Dr. Xie had a formula for him! Since he was very sick, I was only able to treat him with the antibiotic for about 2 days, after which I could not hold him. He saw me and would run away. I decided to try an herbal formula and consulted with Dr. Lisa. We started him on a teapill similar to Crystal Stone Formula. I crushed one teapill with a meat mallet and mixed it into about 1 tablespoon of canned food. I used to feed dry Chicken based food, but switched to Salmon and

Rice dry food. I continued to give him 1 or 2 teapills every day for over three years. He was feeling good and was totally normal. I just decided to stop giving him the herb.

Then on December 15, 2010 the crying started and I saw he was agitated and starting to circle and paw to try to urinate. When he urinated on my bed I found it was bloody. I also saw blood drip marks near the litter boxes. At this time we decided to try a stronger form, which is Crystal Stone Formula. I opened the capsule onto the canned food and brought the bowl and the cat into the bedroom and closed the door so I could keep other 3 cats out and he could eat undisturbed. When I opened the door after several minutes, I was thrilled to see he had eaten every bit of the food that was mixed with he herbal powder.

I continued to feed him religiously twice a day, with 0.2 grams each feeding of Crystal Stone Formula mixed with food. He started acting normal within a few days. His eyes didn't look frightened (dilated) as they had, and the urine in the box started increasing in volume (clumping cat litter allows you to see the amount of urine). He has been getting his herbs every day, never refusing to eat it. His appetite is the best of all my cats, but he is also one of the thinnest. He is very active (hyper) and he wakes me every morning at 7:00 am to feed him!

TCVM Treatment of a Behavior Disorder in a Labrador

-Liane Sperlich, DVM, CVCH



Savannah, a three year old neutered female Labrador, was successfully treated for a behavior disorder using a Chinese herbal formula. The pet's quality of life was very compromised and did not respond to training methods, medication, or herbal treatment prescribed by the owner. For two years the dog had been exhibiting

fear-based reactions around the owners, other people, different situations and other dogs. The behavior was inconsistent and unpredictable, varying from startle reactions, panic, wildly barking and growling, to not recognizing the owners and acting fearful. These behaviors appeared to begin after severe illness as a puppy. The owners remember Savannah as being very loving when first adopted.

Previous treatment included Phenobarbital, Florentine, and behavior modification with different trainers. These approaches were unsuccessful. One of the dog's owners had studied Traditional Chinese Medicine and tried several herbal therapies. These were Shen Calmer, Er Yin Jian, and Free and Easy Wanderer. None of these remedies resulted in improvement. Recently the pet had developed white hairs in the genital region.

Savannah was examined on 10/22/08. She was very timid and fled from the examiner on approach. A muzzle was necessary for examination. The dog was found to be in very good physical condition. Her coat was normal but she exhibited white hairs at the chin and groin area. During the office call she began barking wildly at the closed exam room door and startled easily at any sound from within or without the room.

The TCVM examination revealed bilateral wiry pulses that were stronger on the left. Due to the patient's fear, tongue evaluation was not possible. No obvious sensitivities were noted. Her owners reported that Savannah tended to act hot. She had always had a strong odor, and liked to eat grass. Her digestion, however, was normal and she slept well.

Savannah was determined to have a Water personality. She was diagnosed as having a Shen disturbance with Phlegm Fire Flaring Upward. This was based on her strong nature with no deficiencies, and her excessive and strange behavior. A strong odor is also consistent with Phlegm Fire. The treatment principles in this case were to clear Fire/Heat, transform Phlegm, calm the Heart and tranquilize the Mind. This was accomplished by application of the herbal formula Zhen Xin San. Savannah was placed on a dose starting at ½ teaspoon twice daily and increased to 1½ teaspoons twice daily for a duration of at least three months.

Within a week of starting the herbal formula the owners reported the pet was less reactive to stimuli while on a walk. This level of normal behavior was remarkable to them given her past erratic behavior. A month after starting therapy the owners

reported that Savannah was doing very well. She was acting happier and more peaceful, and reacting more normally to her environment. Also the owners noticed the recent white hair growth was being replaced by normal coloration. The pet has continued on herbal therapy.

Behavioral disorders can be classified as Shen Disturbance. Successful treatment relies on pattern differentiation. Savannah's symptoms were hyperactivity and strong, unpredictable behavior, even a strong odor. All of these combined with the young age of the patient suggested an excess condition. The strange behavior she exhibited was certainly consistent with Phlegm⁽¹⁾. A possible etiology of the Phlegm Fire was Savannah's early illness. She had been ill for a total of seventeen weeks when she was young. These illnesses were in the form of a severe case of Bordetella, a related lacrimal sac infection, and then a nasal vaccine reaction.

These episodes may have created Blood Heat, boiling fluid to become Phlegm. Phlegm Fire then flares up to create disturbances of the Mind. A possibly related symptom was the recent development of premature white hair, which is resolving with herbal treatment. Losing hair pigmentation is a symptom of Kidney Jing Deficiency⁽²⁾. With Savannah's several illnesses as a young animal, it could be that her Prenatal Jing was not strong. Having two years of stress in the form of mental distress would tax the Post Natal Jing. As she seems to be recovering without benefit of a Jing tonic, the latter appears more likely. Of interest are the formulas that were insufficient to the task of improving Savannah's condition.



Western medication and training were not helpful. The owner attempted to treat with several different herbal formulas that are known to help Shen disturbances. Shen Calmer would benefit a patient with Heart Yin and Blood deficiency. Er Yin Jian, also called Double Yin Tonic, would more suit a patient with false heat symptoms. Free and Easy Wanderer, or Xiao Yao San, is indicated for Liver Qi Stagnation. Savannah's behavior symptoms were of an excess pattern with Phlegm Fire. The appropriate herbal remedy was Zhen Xin San. It contains herbs to clear Heat and drain Phlegm⁽³⁾. The patient responded rapidly to this formula and the treatment plan is to treat for three months then attempt to withdraw the formula.

Many thanks to Dr. Lisa Trevisanello of the Chi Institute for her help with this case.

References

1. Chi Institute Class Notes: TCVM Clinical Approach/Herbology: Lung/Heart Module. Feb 2004.
2. Maciocia, Giovanni. The Foundations of Chinese Medicine. 1989 Churchill Livingstone.
3. Jing Tang Website: www.tcvmherbal.com.

New Jing Tang Brand

Code	Formulas newly available in teapill
A2080	Bu Yang Huan Wu (Great Yang)
A3050	Bu Zhong Yi Qi (Central Qi)
A3030	Eight Gentlemen (Xiang Sha Liu Jun)
A2101	Eight Righteous (Ba Zheng San)
A3100	Eight Treasures (Ba Zhen San)
A3010	Four Gentlemen (Si Jun Zi Tang)
A3340	Gui Pi Tang (Gui Pi Wan)
A3617	Jin Gui Shen Qi (Golden Book)
A2111	Jin Suo Gu Jing (Golden Lock)
E3907	Long Dan Xie Gan (Snake Dragon)
A3500	Rehmannia 6 (Liu Wei Di Huang)
A3070	Shen Ling Bai Zhu
A5007	Shi Quan Da Bu
A3310	Si Wu Tang
B3904	Xiao Yao San
A3504	Zhi Bai Di Huang

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- Anorexia Syndrome
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- 5-hrs Wet-lab Real Case Demos

- By Dr. Michael Bartholomew (Canine)
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- by Dr. Michael Bartholomew
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- Muscle Atrophy and Obesity
- Food Therapy for GI Disorders
- by Dr. Roger Clemmons

July 31, 2011

- Equine GI Disorders
- by Dr. Huisheng Xie

