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WATCVM NEWSLETTER

Traditional Chinese Veterinary Medicine Treatment for Urinary Incontinence

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I. INTRODUCTION

Urinary incontinence, also known as involuntary urination, is defined as a lack of urination control leading to leakage of urine.¹ It is commonly encountered in patients with some urinary system diseases (such as pyelonephritis, cystitis, kidney failure, stones), neurologic diseases (such as intervertebral disc disease), or metabolic diseases (such as diabetes, hypothyroidism, hyperthyroidism, Cushing's, Addison's).² If not properly managed, it can become more of a health concern that may have a large impact on quality of life. As an example, urinary incontinence commonly leads to urinary tract infection. Human and animal studies have shown that acupuncture is beneficial for treating urinary incontinence by³⁻⁷:

- Decreasing the expression of c-Fos in the brain. Induction of stress urinary incontinence in rats has been shown to increase expression of c-Fos.
- Controlling nitrgergic neurotransmitters in order to increase nitric oxide levels in bladder tissue, thus relaxing smooth muscle and allowing increased bladder capacity.

In TCVM, urinary incontinence is under the disease category of *Lin Zheng* (Lin Syndrome). Lin syndrome refers to a disruption in urine flow due to Kidney and Bladder dysfunction, including frequent, painful, urgent, dribbling, retention, difficulty, or bloody urination.³ It is divided into six types: *Re Lin* (heat), *Shi Lin* (stone), *Xue Lin* (blood), *Qi Lin*, *Gao Lin* (turbid), and *Lao Lin* (fatigue) patterns. Urinary incontinence is particularly caused by *Re Lin*, *Qi Lin*, or *Lao Lin* pattern.^{3,8} TCVM *Zang* organs that are involved in urinary incontinence include Kidney (Water), Spleen (Earth) and Lung (Metal), with the Kidney as the root (*Ben*) of the disease. The treatment principle is typically focused on managing the branch (*Biao*) and supporting/balancing the root (*Ben*), the Kidney.⁸ In general, the patterns of urinary incontinence include Excess pattern of Bladder Damp Heat, or Deficiency of Lung, Kidney, or Spleen. The treatment strategy is based on TCVM pattern diagnosis.

II. GENERAL TREATMENT STRATEGY^{3,8,9}

- a) Five common patterns: Bladder Damp Heat, Kidney and Spleen Qi Deficiency, Kidney Yin Deficiency, Kidney Qi-Yin Deficiency, Kidney Yang Deficiency

HEADLINE NEWS

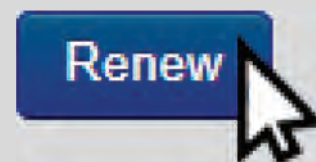
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- Deficiency pattern accounts for about 90% of all patients with chronic incontinence
- b) General acupoints:
 - Nourish Kidney: BL-23, KID-3, KID-7
 - Benefit urination: BL-22, BL-28, CV-3
 - Incontinence specific points: BL-39, SP-6, CV-1, CV-4
- c) Modalities:
 - Dry needling for 20-30 minutes
 - Electroacupuncture, 20 Hz for 10-15 min, 80-120 Hz for 10-15 min
 - Aquapuncture with diluted vitamin B₁₂ at BL-22, BL-23, BL-28, BL-39, KID-3, CV-1, CV-4, or acupoints based on pattern diagnosis
- d) Acupuncture plan:
 - Once every 1-2 weeks for 4-8 sessions
 - Afterwards, every 3-6 month intervals for maintenance
- e) Common Chinese herbal formulas:
 - Bladder Damp Heat: *Ba Zheng San* (Eight Righteous)
 - Kidney Qi Deficiency or Kidney Qi not firm: *Jin Suo Gu Jing* or *Suo Quan Wan*
 - Kidney Qi and Yin Deficiency: *Rehmannia 11*
 - Kidney Yang Deficiency: *Wu Bi Shan Yao*
 - 0.5 g per 10 lb (0.5 g per 4.5 kg), q8-12h for 3-6 months or longer

III. PATTERN DIFFERENTIATION & TREATMENT^{3,8,9}

1) Bladder Damp Heat

- a) Causes: urinary tract infection or cystitis, urolithiasis, Damp environment, chronic weak Spleen.
- b) Signs: frequent and urgent painful urination with small dribbling, yellow urine with or without blood, painful abdomen, increased water intake. Red wet tongue with normal or yellow coating. Slippery and rapid pulses.
- c) Treatment principles: clear Damp Heat, promote diuresis.
- d) Acupoints: general acupoints above; add GV-14, LIV-2, BL-66 and *Wei-jiao* to clear Heat in the lower *jiao*; add SP-6 and SP-9 to clear Damp; add TH-5 (*Shao-yang* Meridian point that regulate water pathway in *San-jiao* to clear Damp; add BL-63 to stop pain on urination.
- e) Herbal formula: *Ba Zheng San* (Eight Righteous) for UTI; or Crystal Stone Formula for urolithiasis

2) Kidney Qi Deficiency or Kidney Qi not firm

- a) Common pattern seen in older dogs, often concurrent

with *Bi* Syndrome or renal disease.

- b) Causes: aging, early sterilization/castration, overwork, long-term illness, weak constitution (esp. Water), spinal cord injury (IVDD).
- c) Signs: chronic urine dribbling, clear urine, lower motor neuron bladder, worse after work or exercise, weakness of hind limbs. Pale and wet with thin white coating tongue. Deep and weak or soft pulses (esp. in the right pulse and distal positions).
- d) Treatment principles: tonify Kidney Qi.
- e) Acupoints: general acupoints above; add BL-26 to tonify Kidney Qi; add CV-6 to tonify general Qi; add GV-4 to tonify Kidney Qi-Yang.
- f) Herbal formula: *Jin Suo Gu Jing* for Kidney Qi Deficiency; *Suo Quan Wan* for Kidney Qi Deficiency (with Cold signs).

3) Kidney and Spleen Qi Deficiency

- a) Causes: aging, overwork, long-term illness, chronic Lung or Spleen Qi Deficiency, spinal cord injury (IVDD).
- b) Signs: mild or occasional urine dribbling, clear urine, flabby abdominal muscles, worse after work or exercise, general weakness, poor appetite, loose stools, fecal incontinence. Pale and wet with Phlegm tongue. Deep and weak or soft pulses (esp. in the right pulse).
- c) Treatment principles: tonify Kidney and Spleen Qi.
- d) Acupoints: general acupoints above; add BL-26 to tonify Kidney Qi; add BL-20, ST-36 and SP-3 to tonify Spleen Qi; add CV-6 and CV-12 to tonify general Qi; add GV-1 for fecal incontinence.
- e) Herbal formula: *Bu Zhong Yi Qi Tang* for Spleen Qi Deficiency; add *Jin Suo Gu Jing* or *Suo Quan Wan* for Kidney Qi Deficiency.

4) Kidney Qi and Yin Deficiency

- a) Causes: aging, long-term illness that consumes Yin (e.g. recurrent UTI, inflammation, stress or anxiety), renal failure, hyperthyroidism.
- b) Yin Deficiency signs: urine incontinence especially at night or stressful events, frequent urination, dripping after urination, dark scanty urine, panting, warm body, thirst, general dryness, dry hair coat, small dandruff, cool seeking, restlessness, signs worse at night. Red and dry with little to no coating tongue. Weak and fast or empty pulses (weaker on the left).
- c) Qi Deficiency signs: urine incontinence worse after work or exercise, weakness of hind limbs.
- d) Treatment principles: nourish Yin, generate fluids, and clear Heat
- f) Acupoints: general acupoints above; add KID-3, KID-6, SP-6 to nourish Yin; add LI-4, GV-14, *Er-jiao* to clear Heat; add HT-7, BL-15 and *An-shen* for

calming.

- e) Herbal formula: Rehmannia 11 or *Gao Lin San*; add *Jin Suo Gu Jing* for Kidney Qi Deficiency.

5) Kidney Yang Deficiency:

- a) Causes: similar to Kidney Qi Deficiency that is progressively worse.
b) Signs: constant urinary incontinence (at night, day or both), copious and clear urine, polyuria, lassitude, fatigue, aversion to cold, large amount of urine, weakness in hind limbs and lumbar area, cool body,

heat seeking, decreased appetite, fecal incontinence. Pale, wet and swollen tongue (maybe slightly lavender). Deep, weak and slow pulses.

- c) Treatment principles: warm Kidney Yang, tonify Kidney and Spleen Qi
d) Acupoints: general acupoints above; add GV-3, GV-4, *Bai-hui*, *Shen-shu/peng/jiao*, BL-23, BL-26, ST-36, CV-4, CV-6 to tonify Qi and warm Yang. Moxibustion at *Bai-hui*, GV-3, GV-4, CV-4, CV-6, BL-23, BL-26; add GV-1 for fecal incontinence.
e) Herbal formula: Rehmannia 14 or *Jin Gui Shen Qi Wan*. *Wu Bi Shan Yao* for IVDD.

Table 1. Scientific Evidence of Acupuncture for the Treatment of Urinary Incontinence. ³⁻⁷

Acupoints	Parameters	Results
CV-3, CV-4, BL-32 Cheng et al. 1998	EA at 20–30 Hz, pulse duration 200 s for 30 minutes, 4-5/week until continent	Fewer days required to achieve continence in acupuncture group. No response to acupuncture in those with complete spinal cord injury with persistent detrusor- sphincter dyssynergia or areflexic bladder
BL-33 bilateral Honjo et al. 2000	Manual acupuncture - deep needling so needle tip close to the sacral periosteum. Treatment 1/week for 4 weeks	Continence was resolved in 2, reduced by 50% in 6 and minimal change in 5. Significant increase in bladder capacity in those who responded to acupuncture
SP-6, SP-4 Kopsky et al. 2005	EA at 15 Hz for 30 minutes every week, intensity just below pain threshold. Use of TENS over same points	Reduction of bladder symptoms during course of treatment. TENS also useful
GB-25, BL-23, BL-52, BL-31, BL-34, GV-1 Dorsher et al. 2009	EA at 2 Hz for 15 minutes Second patient also received TENS at 30 Hz (25 min) bilaterally at spinal levels T9, L1, S1, S2–S4 and suprapubic region; then later at CV-2,3 with 2 Hz (15 min)	Improvements in continence, sleep and reduction of pain

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Case Reports

Traditional Chinese Veterinary Medicine/Food Therapy as a Method of Treatment for Pituitary-Dependent Hyperadrenocortism

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Abstract:

Zac, an eleven-year-old male neutered kelpie presented for Pituitary-Dependent Hyperadrenocortism (PDH). Over the last 6-months, the dog experienced an increase in thirst, urination, urinary incontinence, appetite and lethargy. Other symptoms included post clipping alopecia, pruritus and stool changes. An ultrasound had shown bilateral adrenal enlargement associated with pituitary origin for Hyperadrenocortism.

Traditional Chinese Veterinary Medicine (TCVM), using acupuncture, Chinese herbs and dietary changes, was recommended and observed over a 21-month period. Zac was less hungry, decreased water consumption, more heat tolerant, with coat and digestion improvement. His progress continued over 6-months and stabilized for the next 15-months of this case report.

This case demonstrated the benefits of TCVM to relieve symptoms resulting from PDH.

History:

Zac was rescued at one year of age after being found dumped at truck depot; he was a very nervous dog. He had a Meiboma gland growth removed from his right eye at 7-years of age, and over the 6-months prior to presentation showed polydipsia, polyuria, lethargy, and polyphagia. An ultrasound showed bilaterally enlarged adrenal glands. His diet consisted of commercial, grain free dry food, a soaked grain mix with sweet potato, carrots, kangaroo mince, flaxseed and fish oils, sauerkraut, goat milk and yogurt. Zac was presented to improve his quality of life.

Western examination:

Zac weighs 16.1kg. He was presented with symptoms of exophthalmia, snoring, panting, polydipsia of 1.5 to 3L a day, polyuria, urinary incontinence, lethargy, polyphagia, excess molting coat, low grade dry seborrhoea with pruritus, and post clipping alopecia fitting the clinical picture of PDH. He also had digestive issues.

TCVM examination and diagnosis:

Zac's exophthalmia was the result of increased fat deposits in

the eye orbit from Damp in the body. Snoring is another symptom of Dampness while his panting is Excess Heat. Thirst to the point of vomiting can be Damp Heat but can also result from an obstruction of Qi. His increased urination and incontinence is also a pattern of Damp Heat.

Coat symptoms of excess molting, dry white and fine seborrhoea, low grade pruritus with a lack of underlying skin lesions, and failure of hair growth following clipping are related to Blood Deficiency. Upon further questioning, it was found that Zac's stool was small and sometimes constipated to other times sloppier with some undigested food. There was no smell or mucus with his stools indicating Heat symptoms, therefore his digestion issues relate to Liver Qi invading Spleen with an underlying Spleen Deficiency.

Zac likes to eat eggs and cheese, both Dampening foods. Although he feels the cold and is attracted to warmth, he was suffering from the summer temperatures this year also indicating Excess Heat patterns in his body.

He was presented with a nervous temperament, attacked windscreen wipers, scared of bridges, cars, balloons, and thunder. Zac was sensitive to his owner's emotions, and would make eye contact, allowing his owners to smother him but not returning the affection and remaining aloof at times. In general, he was an 'alarm dog' and won't relax. These fit a Wood constitution.

Physical examination showed a pink Tongue with white Phlegm in the center and his pulse full. Overall, Zac showed a pattern of Damp Heat and Blood Deficiency, Stagnation of Liver Qi with an underlying Spleen Deficiency.

TCVM Treatment and Discussion:

Initial aims were to clear Stagnation of Liver Qi, drain Damp Heat, and tonify and support Blood and Spleen.

TCM Foods used over the 21 months:

Preparation – Steamed where possible.

Tuna is neutral and sweet. Enters Spleen and Stomach. Actions; tonifies Qi, Blood and drains Damp.

Chicken is warm and sweet. Enters Spleen, Stomach and Kidney Meridians. Actions; tonifies Qi, Blood, and Jing, promotes Blood circulation and expels Cold.

Adzuki beans are neutral, sour and sweet. Enters the Heart, Kidney, Small Intestine and Spleen Meridians. Actions; tonifies Blood, drains Damp, regulates Wind, clears Heat, promotes Blood circulation and removes toxins.

Sweet potato is neutral and sweet. Enters Kidney, Spleen,

Stomach and Large Intestine. Actions; tonifies *Qi*, Blood, and *Yin*, and removes toxins.

Millet is cool, sweet and salty. Enters Kidney, Spleen and Stomach. Actions; tonifies *Yin*, counteracts Heat and removes toxins.

White radish is cool, pungent and sweet. Enters the Liver and Stomach Meridians. Actions; drains Damp, resolves Phlegm, circulates *Qi*, clears Heat and removes toxins.

Broccoli is cool, bitter, pungent, and sweet. Enters Liver, Stomach, Spleen and Bladder. Actions; circulates *Qi*, clears Heat and regulates Wind.

Artichoke is neutral, bitter, salty and sweet. Enters Gall Bladder and Liver. Actions; tonifies *Yin* and Blood, circulates *Qi*, drains Damp and Damp Heat, and regulates Wind.

Flaxseed oil is neutral and sweet. Enters Large Intestine, Liver and Spleen Meridians.

Pumpkin is warm and sweet. Enters Lung, Large Intestine, Spleen, and Stomach. Actions; tonifies *Qi*, circulates Blood, drains Damp and Phlegm and drives out Cold.

Pumpkin seeds are neutral, sweet and bitter. Enters Liver, Large Intestine, and Kidney Meridians.

Beetroot is neutral and sweet. Enters the Heart, Liver and Large Intestine Meridians. Actions; tonifies Blood, circulates *Qi* and drives out Cold.

Ghee is warm and sweet. Enters Spleen and Stomach Meridians. Action; tonifies *Yin* and *Jing*.

Acupuncture Points:

BL-18 Livers Hollow *Gan Shu*. Associated effect point for Liver. Regulates Liver *Yang*, *Qi* and Blood. Cools Fire, clears Damp Heat, benefits sinews and eyes.

BL-20 Spleens Hollow *Pi Shu*. Associated effect point for Spleen. Tonifies Spleen *Qi* and *Yang*, resolves Damp, raises *Qi* and holds Blood, harmonizes Middle Heater.

LIV-13 Chapter Gate. Alarm point of the Spleen, meeting point of Liver and Gall Bladder, influential point of five *Yin* organs. Harmonizes Liver and Spleen, regulates Middle and Lower Heaters, tonifies Spleen, spreads and regulates Liver *Qi*.

LIV-8 Spring and Bend *Ququan*. *He-Sea*, Water and tonification point. Clears Damp Heat and Damp Cold from the Lower Heater, benefits the genitals, invigorates Blood and benefits uterus, nourishes Blood and *Yin*.

SP-6 Three *Yin* Junction *San Yin Jiao*. Meeting point of Spleen, Kidney, and Liver Channels, group *Luo* point. Tonifies Spleen and Stomach, resolves Damp, Damp Heat, tonifies Kidney, harmonizes Liver, tonifies *Qi*, Blood and *Yin*, harmonizes the *Lower Jiao*.

For development of Damp *Bi* later in his treatment: GB-29 Squatting Circle. Activates Meridian and alleviates pain, benefits hip joint.

GB-30 Jumping Circle *Huantiao*. Removes obstructions from Meridian and relieves pain, dispels Damp Heat.

GB-34 *Yang* Mound Spring *Yanglingquan*. *He Sea* and Earth point. Influential point for sinews. Benefits sinews and joints, activates Meridian and relieves pain, spreads Liver *Qi* in lateral costal region, clears Liver, Gall Bladder and Damp Heat.

LI-11 Pool at the Crook *Quchi*. *He Sea* and Earth point, tonification point. Clears Heat, cools Blood, eliminates Wind, drains Damp and alleviates itching. Regulates *Qi* and Blood, activates Meridian and relieves pain.

Herbal Formulas used:

Xiao Yao San

Rambling Ease Powder is indicated in digestive disorders that have a pattern of Liver Blood Deficiency, Spleen *Qi* Deficiency, and Liver *Qi* Stagnation (Marsden, 2007). Dampness or Damp Heat is not a prominent prescribing factor with this formula. However, three out of the seven herbs used, White Atractylodes (*Bai Zhu*), Poria (*Fu Ling*), and Licorice (*Gan Cao*) are used in *Xiao Yao San* to drain and dry Damp from the Spleen and Stomach (Marsden, 2007). Licorice (*Gan Cao*) is also utilized for detoxifying, relieving Heat, softening the Liver and relaxing spasms and pains (Sunten, 2006). Bupleurum (*Chai Hu*) is added to move stagnant *Qi*, Angelica Sinensis (*Dang Gui*) and White Peony (*Bai Shao Yao*) are incorporated to move and tonify Liver Blood and *Yin*, while Peppermint (*Bo He*) clears Heat that has accumulated in the Liver Channel from long standing stasis (Marsden, 2007). Ginger (*Sheng Jiang*) is listed in *Xiao Yao San* formulas (Ehling & Swart, 2002 & Sunten, 2006) although it was not included in the Natural Path range used for this case.

Bu Gan Tang

Tonify Liver Decoction is a Blood tonic. White Peony (*Bai Shao Yao*) is a tonic, alterative, astringent and nourishes Blood, Rehmannia (*Shu Di Huang*) tonifies Blood and *Yin*, Chinese Angelica (*Dang Gui*) invigorates Blood and *Qi*, and Zizyphus (*Suan Zao Ren*) nourishes Heart Blood. Ophiopogon Root (*Ma Men Dong*) promotes production of *Yin* or body fluids, nourishing and moistening Heart, Lungs and Intestines. Chaenomeles (*Mu Gua*) and Cnidium (*Chuan Xiong*), invigorates the circulation of Meridians and moves Blood relieving stagnations caused by Blood Deficiency.

Licorice (*Gan Cao*) has been added to harmonize the formula. *Bu Gan Tang* is used for common conditions such as anxiety, fear aggression, spasms, insomnia, dry lusterless coat, poor hair growth, and fine powdery dander.

Si Miao San

Four Marvels Powder is well known for its broad effect as a safe anti-inflammatory (Marsden, 2007). The Two Marvels constituents being the first two ingredients in this formula; Phellodendron (*Huang Bai*) clears Heat and dries Damp, and Atractylodes (*Cang Zhu*) tonifies Spleen and dispels Damp. Coix (*Yi Yi Ren*) a bland tasting herb has also been added to drain Damp while supporting the Spleen, and Achryanthes root (*Huai Nui Xi*) a blood moving herb astringes effect on fluid loss and counters the drying effects of the other three herbs (Marsden, 2007). This formula is used for Heat and Damp Heat accumulation as well as Spleen Deficiency.

5/22/15

Dietary changes started with removing dry dog food and dairy, adding tuna, adzuki beans, and white radish.

Acupuncture points used BL-18, BL-20, LIV-13, LIV-8, SP-6

Chinese Herbs started *Xiao Yao San* ½ tsp bid.

6/18/15

The diet change proved difficult in the first week as his appetite remained large. Dry food and grain mix were removed and replaced with quinoa. Not started the adzuki beans. Owner continued with occasional yogurt, turmeric, and flaxseed. Weight 15.9kg.

The owners felt like they were under feeding him. However, within 2-3 days of changing the diet the drinking subsided. Zac's spirit is back and energy levels have increased.

Coat was no longer flaking, there was less molting and less pruritus. Alopecia remained.

Stools became harder and pellet like despite use of psyllium husks.

Quinoa is warm, sweet and sour, tonifies *Yang* and *Qi*. Change to adzuki beans, soaked pumpkin seeds, sweet potato, pumpkin, broccoli, artichoke and flaxseed oil.

Acupuncture BL-18, BL-20, LIV-13, LIV-8, SP-6

Continue Chinese herbs *Xiao Yao San* ½ tsp bid.

6/30/15

Zac has been scavenging for food on walks. Coat still remains alopecia areas. However, energy levels have further improved and he has become a pup with another puppy at the park. Drinking is not excessive, but still increased. Stools are much

better. Weight 15.9kg.

Still also feeding kangaroo, chicken necks, and barf dog mince with tuna, adzuki beans, broccoli, pumpkin seeds, sweet potato, pumpkin and flaxseed oil.

Tongue is lavender. Pulse is thin. Coat dry and sparse with alopecia.

Blood Deficiency is more pronounced.

Add in beetroot to tonify Blood with the beef mince. Acupuncture BL-18, BL-20, LIV-13, LIV-8, SP-6

Changed Chinese herbs to *Bu Gan Tang* ½ tsp bid.

9/10/15

Scavenging has reduced a little. Thirst has now settled, one bigger drink a day. Energy levels are very good. Coat has grown back completely. No pruritus. No snoring. Stools normal. Weight 14.7kg. Body score 4/10.

Cease beetroot, add in Ghee.

Acupuncture BL-18, BL-20, LIV-13, LIV-8, SP-6

Continue *Bu Gan Tang* ½ tsp bid.

10/22/15

Weather temperature has been increasing and thirst increased a little. Avoiding walks in warmer weather. Appetite is variable. No snoring. No pruritus. Cataract starting left eye. Weight 16.2kg. Make sure white radish, artichoke, broccoli and millet is included.

Acupuncture BL-18, BL-20, LIV-13, LIV-8, SP-6

Change herbs to *Si Miao San* ½ tsp bid.

12/16/15

Eyes less exophthalmos. Not as hungry. In general, stable and going well. Acupuncture BL-18, BL-20, LIV-13, LIV-8, SP-6

Continue *Si Miao San* ½ tsp bid and current foods over summer and cooling white radish, broccoli and millet.

2/4/16

Been healthy. Heat over summer has been affecting him but overall stable and bright in himself, coat shiny. Weight 16kg.

Acupuncture BL-18, BL-20, LIV-13, LIV-8, SP-6

Continue *Si Miao San* ½ tsp bid and current foods.

3/10/16

Physically good and bad days with unusual heat this autumn. Still not drinking as much as used to with plenty of energy.

Acupuncture BL-18, BL-20, LIV-13, LIV-8, SP-6

Continue *Si Miao San* ½ tsp bid and current foods.

4/28/16

Energy levels been good. Still wants to be a pup at times. Although will not get up in morning till it's sunshine. Weight 14.5kg

Acupuncture BL-18, BL-20, LIV-13, LIV-8, SP-6, GB-29, GB-30

Continue *Si Miao San* ½ tsp bid and current foods with some Ghee for winter coming.

6/22/16

Joints stiff in mornings, by evenings running like a teenager. Wider gait as he is getting older. Stiffness and myofascial pain in Latissimus dorsi, Sartoris and Gluteus medius. Damp Bi. Include chicken, pumpkin and sweet potato into diet.

Acupuncture BL-18, BL-20, LIV-13, LIV-8, SP-6, GB-29, GB-30, GB-34, LI-11

Restart *Xiao Yao San* ½ tsp bid over winter and current foods.

9/23/16

In general going well. Little stiff in hind legs. Molting with spring time.

Acupuncture BL-18, BL-20, LIV-13, LIV-8, SP-6, GB-29, BL-30, GB-34, LI-11

Continue *Xiao Yao San* ½ tsp bid.

11/14/16

PDH wavers - few bad days, then good periods. Owner is varying from brown rice, barley to millet. Grains tend to worsen the symptoms. Variety of vegetables including broccoli, radish, artichoke, pumpkin in the mix.

Tongue is lavender.

Pulse full.

Reduce grain in quantity. Use more tuna, beef and chicken and veggies as using. Millet or sweet potato for grains.

Acupuncture BL-18, BL-20, LIV-13, LIV-8, SP-6, GB-29, BL-30, GB-34, LI-11

Start *Si Miao San* ½ tsp bid for summer.

2/20/17

Extreme heat this summer for weeks on end. Snoring and breathing at times. Thirst increased a little during this period but not to the same extent as before treatment. Overall still in

good health. Keen for walks but little slower on these extreme hot days.

Has skin itches after staying at a friend's house and possible eaten foods from the other dog and gained a little weight. Starting to get better already since taking him home.

Weight 16.3kg

Continue *Si Miao San* ½ tsp bid.

Acupuncture BL-18, BL-20, LIV-13, LIV-8, SP-6, GB-29, BL-30, GB-34, LI-11 and current foods.

Summary:

Untreated PDH is progressive with a poor prognosis. Recommended Trilostane or Mitotane medications are used to control the disease. Average survival time treated with Mitotane is 2 years, 10% survive for 4 years, and those living longer than 6 months often die of other causes. (Tilley, 2000). Merck Veterinary Manual (Greco, 2017) reports prognosis of dogs with PDH has been estimated to be approximately 2 years with or without medical therapy.

Twenty-one months after starting treatment Zac remains with good quality of life. His thirst and appetite has reduced for much of the treatment period. Thirst increases in warmer weather. Coat remains shiny and thick, and stools good texture. His energy levels remain better than prior to treatment.

Although Zac has not past the average prognosis for PDH of 2 years, this case demonstrates the symptoms of PDH can be alleviated and the patient can remain with good quality of life using TCVM of acupuncture, Chinese herbs and food therapy.

Acknowledgments:

1. The case report was submitted as a part of the requirements to become a Certified Veterinary Acupuncturist from the Chi Institute of Traditional Chinese Veterinary Medicine, Florida, and it is published with the author's permission.
2. The case report was reviewed by Dr. Mushtaq Memon, member WATCVM Board of Directors

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Integrative Medical Approach to Anaplasmosis in a Dog

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Abstract

Ivis, a 13-year-old, 13 kg, castrated male mixed terrier breed with Wood constitution, was presented on Nov 12, 2016 with the primary complaint of non-stop seizures and weakness. Upon physical examination, he was very weak and on lateral recumbency, slightly jaundiced, pale mucous membrane and paralysis of hindquarters and no withdrawal reflex on right hind limb. He had inappetence for about 3 days. He was given 1000 mg Paracetamol two days before presentation to our clinic. Blood analysis showed that he had anemia and severe thrombocytopenia $11 \times 10^3/\text{dL}$ (200) with Lyme disease and Anaplasma antigen test positive, liver disease due to Paracetamol toxicities. It was very difficult to perform acupuncture or *Tui-na* on him. He would bite whenever fed herbal medicines and antibiotics. Because of this, the owner could not feed him medicine properly. His platelet dropped to $2 \times 10^3/\text{dL}$ (200) with severe petechiae hemorrhage at ventral abdomen and prepuce on the second week. He was very weak, especially in his right forelimb and right hind limb. He was in lateral recumbency again with cold body and abdomen, pale tongue with fast and deep pulse. *Tui-na* was performed daily on Ivis during one week of hospitalization. His condition improved tremendously with *Tui-na* and herbal treatments (*Di Tan Tang*, *Gui Pi Tang*, *Eight Gentlemen*) and Doxycycline antibiotic. He was able to walk and bark again, his appetite was improved and no seizures were observed during hospitalization and even after being discharged. His platelet increased to $58 \times 10^3/\text{dL}$ (200) during the third week. The owner continued *Nie-fa* at Bladder Channel, *An-fa* at *Nao-shu* and *Dou-fa* for Right Forelimb and Hind limb, *Ba-shen-fa* on his tail at home daily after discharge. His platelet count was back

to normal in the fourth week with a platelet count of $212 \times 10^3/\text{dL}$ (200).

History:

Ivis is a 13-year-old, 13 kg, castrated male mixed terrier breed with Wood constitution. He had a history of anal sacculitis and prostatitis. He was castrated in 2014 after being diagnosed with prostate gland enlargement. Ivis had left hind limb medial patellar luxation and was on Synoquin EFA supplement (glucosamine and Chondroitin). His vaccination and heartworm prevention was up-to-date.

Western Physical Examination, Diagnostics and Treatment:

Ivis was presented in lateral recumbency, with pale mucous membrane, slightly jaundiced, panting, weak hindquarter, a mild fever of 39.1°C and fast heart rate. He was unable to stand by himself. His right hindquarter withdrawal reflex was negative. His body weight was reduced 400g within last 3 days with body score of 7/9. He had a penny-sized growth at the ventral base of his tail. The diagnostic plan performed was a Complete Blood Count (CBC), serum biochemistry panel and Caniv 4 Test. His heartworm antigen test and *Ehrlichia canis* antigen test were negative. However, the Lyme disease and *Anaplasma* antigen test were positive. The abnormalities on CBC were anemic with decreased hemoglobin 12.3 G/DL (15-19), decreased PCV 33 % (44-52), decreased MCV 57 fL (64-76) and decreased MCHC 37 G/DL (31-36). He had severe Thrombocytopenia with decreased platelet count $11 \times 10^3/\text{L}$ (> 200) with giant platelets and Leucocytosis $14.1 \times 10^3/\text{L}$ (6-12). Most of the serum biochemistry parameter were within normal range with elevated Chloride 115 MMOL/L (101-114) and slightly elevated total bilirubin 9 UMOL/L (2-8). Antibiotic Doxycycline 100 mg was prescribed to be taken twice a day; herbals and Western medications including *Gui Pi Tang*, *Eight Gentlemen*, *Di Tan Tang*, Neuramin, multivitamin, N, N –Dimethylglycine HCL (DMG), Vitamin K1 injection and antidote Acetylcysteine for Paracetamol toxicities. Ivis was given subcutaneous fluid Sodium Chloride (NaCl 0.9%) SID daily for about five days. Ivis had 3 seizures on second and third day during hospitalization. He was unable to stand by himself and was in lateral recumbency. He was still anorexic and force-feeding was performed with soft canned food. On the fifth day of the treatment, he had withdrawal reflex on his right hind limb and was able to stand and walk that same day. Ivis continued his herbal and Western medications at home after five days of intensive treatments. His condition worsened on Nov 19, 2016 due to the owner's parents' inability to give him medication. He was admitted to EVC again in lateral recumbency, pale mucous membrane, cold body and abdomen with normal rectal temperature (38.7°C). He had multiple petechial hemorrhages at the penile region, ventral abdomen and ventral thigh. He had severe

thrombocytopenia on Nov 21, 2016 with a severe decreased platelet count $2 \times 10^9/L$ (>200). He still had anemia with decreased PCV count of 37 % (44-52) and a decreased hemoglobin count of 11.8 G/DL (15-19).

Traditional Chinese Veterinary Medicine Diagnosis and Analysis:

A TCVM diagnosis of Qi-Blood Deficiency with Spleen Qi Deficiency and Liver Blood Deficiency with internal Wind and Blood Stasis was determined. The diagnosis was based upon his tongue, pulse, and clinical signs. Immune mediated thrombocytopenia basically was Qi-Blood Deficiency. The Qi-Blood Deficiency arose from the severe immune mediated thrombocytopenia $11 \times 10^9/L$ (>200) with generalized weakness, deep pulse, lateral recumbency, unable to stand and walk, no sensation for hindquarter with cold body and abdomen. He had Spleen Qi Deficiency due to anorexia and lethargy for 9 days with petechiae hemorrhage at ventral abdomen, ventral thigh, prepuce and penile region. The Deficiency of Qi failed to hold blood inside the vessel and caused hemorrhage or bleeding from skin and penile region. Spleen Qi Deficiency can arouse from chronic illness from Lyme disease and Anaplasmosis transmitted from ticks. A Spleen Qi Deficiency failed to transport and transform food resulting in anorexia and reducing body weight. He had Liver Blood Deficiency due to his typical fierce and dominant Wood constitution (liver). He had chronic anemia with pale and dry tongue, low PCV count 33% (44-52) with history of liver related diseases such as prostatitis, anal sacculitis and Paracetamol toxicities. Chronic anemia and chronic illness (Lyme disease and Anaplasmosis) would also cause Liver Blood Deficiency. When liver fails to nourish Jin (sinew) it can lead to internal Wind and seizures. Internal Wind can arise from Liver Blood Deficiency based on history of uncontrolled seizures after Paracetamol toxicities and chronic illness (Immune mediated thrombocytopenia). History of luxating patellas was a sign of Kidney Qi Deficiency because there is not enough Qi to hold the patellas in their normal space. His fierce behavior was due to Liver Qi-Stagnation from his Wood constitution. The mass at the ventral base of his tail was due to Blood Stasis with Qi-Deficiency.

Traditional Chinese Veterinary Medicine Treatment Plan:

The treatment plan consisted of herbal therapy, Tui-na and Food Therapy integrated with concurrent Western medicines. The desired outcome was to improve the overall Qi, tonify blood, clear internal Wind to resolve clinical signs of uncontrolled seizures, resolve local Qi-Blood Stagnation and tonify the Water and Earth Elements. The initial herbal therapy was designed to stop seizures and tonify the Spleen Qi or Earth Element to improve the appetite and general weakness. The second therapy was to nourish Qi and blood to resolve the immune mediated thrombocytopenia, stop the

ecchymotic hemorrhage, increase the platelet count and increase his RBC (PCV). The third treatment plan was to resolve the local Qi-Blood Stagnation of the hindquarter and make sure the patient could regain his normal muscle functions and stand and walk by himself.

Discussion:

The immune-mediated blood disorder included immune-mediated hemolytic anemia (IMHA) and immune-mediated thrombocytopenia (IMTP), *Evans's Syndrome* (IMHA + IMTP) and immune-mediated neutropenia (IMN). The etiology and pathology for this case was Qi-Blood Deficiency with Spleen Qi Deficiency which are the common patterns of IMTP due to blood parasites infestation. The Spleen is responsible for the production of postnatal Qi and Blood by the process of transportation and transformation of food (*Gu Qi*). When the Spleen is weak, it cannot make sufficient *Gu Qi* and produce sufficient Blood. The Spleen also holds the Blood within the vessels. When the Spleen is severely weak, it cannot hold the blood within vessels causing extravasation of blood with clinical signs of Petechiae hemorrhage at the penile region and ventral abdomen, ecchymoses and mucosal bleeding in this case. Other clinical signs of IMTP for this case were low grade fever, pale mucous membranes, lethargy, weakness, exercise intolerance, anorexia, tachycardia and tachypnea and vomiting. The other TCVM signs for this case were pale and wet tongue. When the patient has severe Qi Deficiency, his tongue will be moist and it was recumbent with cold body and abdominal region with fast and deep pulse. Herbal (*Gui Pi Tang, Eight Gentlemen*) and Tui-na technique was chosen to tonify his Spleen Qi and nourish his Blood. The Tui-na techniques that can tonify his Spleen Qi are *An-fa*, *An-fa* plus *Rou-fa* and *Nie-fa* at BL-20/21. *Rou-fa* and *An-fa* were performed to tonify his Qi and Blood on BL-17/18/20/21/23/24/ST-36/LI-10. *An-fa* plus *Rou-fa* on acupoints of *Nao-shu*, GV-17 and GB-20 were performed daily at home to clear his internal Wind combine with herbal *Di Tan Tang*. *Rou-fa* was good to regulate *Ying* and *Wei Qi*, unblock Qi-Blood Stagnation, relieve pain and tonify Deficiency. *Gun-fa* was continued to invigorate his blood, expel Cold, relieve pain, smooth tendon and joints, numbness in limb hemiplegia and obstruction of joint movement. Those Tui-na techniques mentioned above were all the techniques that had been applied on Ivis for 30 minutes per session per each visit. The number of time (duration) for each technique, increment of techniques and pressure (force) on each point were gradually increased according to patient response, tolerances to the techniques and soreness of the Stagnation area. The practitioner should choose the best treatment regime for individual patients with their own disease pattern to get the best result.

Conclusion:

Ivis recovered and no seizure after integral therapy which included herbal, Western medication, Food therapy and application of *Tui-na* techniques. He was active, good appetite. His PCV and platelet count returned to normal.

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Bo Le (伯乐)

Bo Le was an equine veterinary specialist who lived during the *Qing-mu-gong* period (659-621 B.C.). His expertise was not only in treating horses but in his ability to identify a *Qian-li-ma* or a good racehorse. His name *Bo Le* was used in the title of the first veterinary acupuncture text called *Bo Le Zhen Jing* (Bo Le's Canon of Veterinary Acupuncture). One cannot say exactly when this book was published, but *Si Mu An Ji Ji* (Simu's Collection of Equine Medicine) included the whole text of "*Bo Le Zhen Jing*". *Li Shi* wrote *Si Mu An Ji Ji* during the *Tang* dynasty (618-907 A.D.). The single volume *Bo Le Zhen Jing* was then officially printed sometime in the *Bei Song* period (960-1127 A.D.). "*Bo Le Zhen Jing*" includes "diagrams of acupuncture points" (Figure 2). The book describes acupuncture methods including tonification and sedation, needling depth and angle, loci and indications of 77 acupuncture points in horses.

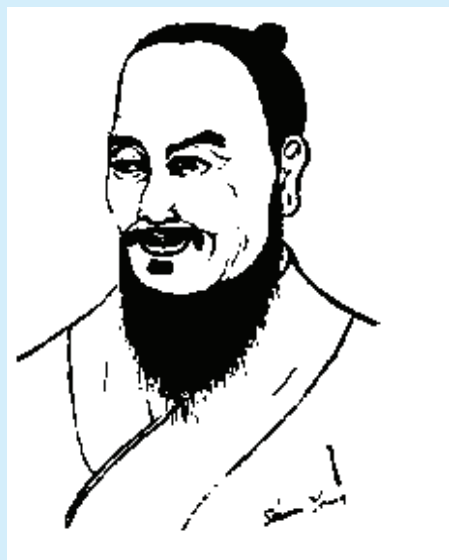


Figure 1: Portrait of Sun Yang (*Bo Le*), an equine veterinary specialist during the *Qing-mu-gong* period (659-621 B.C.)

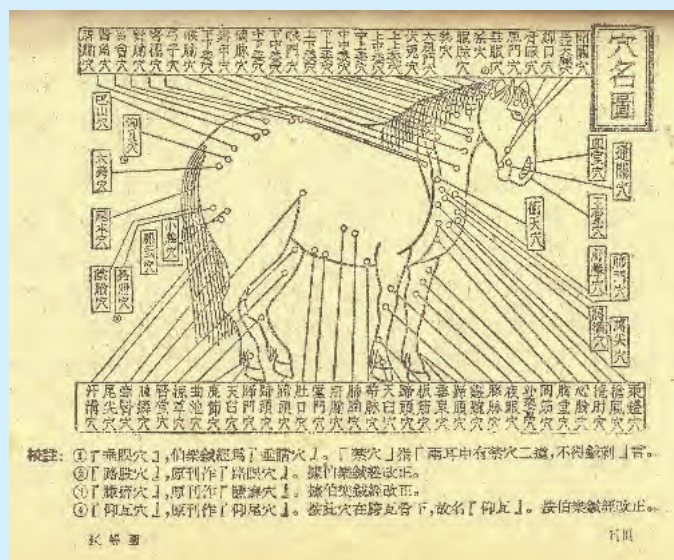


Figure 2: Acupoint chart in *Bo Le Zhen Jing* in *Shi Mu An Ji Ji* ⁶ (published between 618-907 A.D.).

TCVM Around the World

China

The first TCVM Exchange Meeting was held by Guangdong Association of Animal Husbandry and Veterinary Medicine, in April 2017 in Guangzhou, Guangdong Province. In May, the TCVM Research Center was set up by Sichuan Radio and Television University, the TCVM Clinical Training Program was launched at the Beijing University of Agriculture, and the Chi Institute hosted its China CVA program in Beijing, welcoming 84 students from around the world, including 16 Chinese vets. Additionally, the First TCVM Symposium on Pet was held in June at the College of Veterinary Medicine, China Agricultural University. In July, the China Veterinary Medicine Development Round Table Conference was hosted by Hebei Association of Animal Science and Veterinary Medicine, and the Chinese Veterinary Network. In August, the Annual Academic Conference of TCVM was hosted in Zhengzhou, Henan Province. The 13th BJSAVA Annual Congress met in September at the Beijing International Convention Center, with a conference hall for the combination of TCVM and Western Medicine. In October, the 7th Chinese Veterinary Conference took place in Chengdu, Sichuan Province.

(Submitted by: Dr. Aituan Ma, WATCVM Board of Director representing China)

India

We have a practice based in Mumbai, India. We do not have board certified specialists in India, hence we have the responsibility of diagnosing the disease process before recommending or starting acupuncture and TCVM therapy. The success rate of acupuncture in neurological patients, especially with spinal cord diseases, has improved significantly.

Integrating acupuncture with neurological services, for example, helps us differentiate IVDDs/disc herniation from other inflammatory, neoplastic or anomalous conditions. Therefore, the integration of acupuncture helps us put forth a realistic goal to the clients and improve the success rate.

I was invited by Vetplus to conduct a lecture and workshop about Multi-Modal Pain Management of arthritis. Also, our practice has veterinary undergraduates come to observe. Many veterinarians express their desire to learn acupuncture and TCVM. I ask them to reach out to Dr. Tatang, Chi Institute in Bali, as it is the closest country to India. This year, a veterinarian from Mumbai took the course with the Chi Institute in Bali. I hope many more will take the course and complete the certification to help spread TCVM across different parts of India. *(Submitted by: Dr. Prathmesh Deshmukh, WATCVM Board of Director representing India)*

Indonesia

TCVM in Indonesia is growing! This year alone, three Indonesian universities, Gajah Mada University, Bogor Agricultural University and Brawijaya University, held TCVM Small Animal Introductory meetings with seminars and small workshops for self-needling, acupoint for emergency and *Tui-na* techniques. Additionally, a TCVM Small Animal Introduction for Pet Owners was held at the Department of Agricultural Yogyakarta. In April, the One Health International Conference took place in Malang, East Java. Later, in July, the National Symposium of Veterinary Pharmacology came to Bogor, West Java. Along with the symposium was a curriculum meeting to introduce Chinese herbal medicine in Indonesia. In August, the Indonesian Veterinary Medical Association hosted a seminar on TCVM Food Therapy and Chinese Herbal Medicine for Urinary Problems.

In September, the Indonesian Association of TCVM had their first meeting, in Serpong, Banten. Following that, the 3rd Indopets Expo took place, in Serpong, Banten. The Expo featured Small Animal *Tui-na* Massage, Dr. Cahyono's Bandage System, and an Introduction to Healing Therapy for veterinarians to have good attitude, energy and Qi.

Throughout the year, two groups of Chi Institute students attended the Small Animal Acupuncture class, one group completed the course in February and the other will complete their fourth session in December. We were grateful to have hosted these wonderful veterinarians and are excited to see the impact their journey into TCVM will have in Indonesia and around the world.

There are many things to look forward to with TCVM in Indonesia. In fact, two projects are currently underway: scientific research for Strata 1 DVM Degrees and creating an elective curriculum for Chinese herbal medicine at Faculty Veterinary Medicine.



The students of Chi Indonesia's Basic Acupuncture Session 2 class gather around Dr. Tatang Cahyono to commemorate their time together in Bali.



Students practice electro-acupuncture techniques under the guidance of their lab instructor, Dr. Tatang.

(Submitted by: Dr. Tatang Cahyono, WATCVM Board of Director representing Indonesia)

Slovenia

TCVM is increasing among young veterinarians every year. Currently, there are five CVA veterinarians in Slovenia, which has a population of about 2 million people. TCVM has been introduced in several small veterinary practices and has been talked about in the news via radio, television and in-print articles. In the future, I hope to establish a local association of veterinary acupuncturists. Plans are also in progress for a larger event with international lecturers, for TCVM on Veterinary Faculty. My personal goal is to partner with an acupuncture colleague to spread awareness about TCVM for a variety of animal species. It is better to work together in a partnership than to compete. *(Submitted by: Dr. Matic Kebler, WATCVM Board of Director representing Slovenia)*

Turkey

We established the Turkish Society of TCVM and Acupuncture (TUVATCVM) with seven veterinary surgeons and Dr. Erol Guclu Gulanber as president. We joined the different national congress and presented papers about small animal and equine acupuncture. Dr. Gulanber attended

the Western China Small Animal Conference and Panda Forum, and delivered 2 TCVM presentations, in Chengdu, China during July 2017. He also joined the meeting of TCVM teachers in Chengdu.



Dr. Erol Guclu Gulanber presents a lecture on 'TCVM Treatment of Canine Intervertebral Disk Disease', at the Western China Small Animal Veterinary Conference in Chengdu, China, July 2017.



Dr. Gulanber attends the annual meeting of TCVM's Teachers of China, in Chengdu, China.

(Submitted by: Dr. Erol Guclu Gulanber, WATCVM Board of Director representing Turkey)

2018 CERTIFIED VETERINARY MEDICAL MANIPULATION PRACTITIONER PROGRAM



INTEGRATIVE
VETERINARY MEDICAL
INSTITUTE

- Up to 119 CE Hour Program for Veterinarians Only
- Canine or Equine track
- 2 sessions online and 3 sessions on-site
- Approved for AVCA certificants
- Limited to 40 seats in each track

SCHEDULE & TUITION

Equine and Canine lectures will take place together unless noted otherwise. All labs will be conducted in separate tracks.

Equine or Canine VMM Program			
Session	2018 Class	Tuition	Location
1	June 1 - July 11, 2018	\$845	Online
2	July 12-15, 2018	\$1,420	Reddick, FL
3	July 16 - September 5, 2018	\$845	Online
4	September 6-9, 2018	\$1,420	Reddick, FL
5	November 8-11, 2018	\$1,570*	Reddick, FL

* Includes \$350 in fees for written exam, practical exam, case report review and certification issuance.

- \$500 deposit is due upon registration

- Tuition is due 60 days before each session. A late payment fee of \$50 will be charged for any payments received less than 60 days from the class starting date.

TO REGISTER OR FOR MORE INFORMATION:
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WATCVM Supports Chi Japan

Integrative Veterinary Medicine (IVM) was the theme for the seminar offered in Tokyo, Japan on July 17, 2017. The seminar was hosted by newly-formed Chi Japan, which plans to offer WATCVM-approved curriculum leading to Certification in Vet Acupuncture (CVA), starting in 2018. The CVA modules will be taught in Japanese language. The opening address of the seminar was delivered by Dr. Kosei Yamagiwa, Director, Chi-Japan and member of the WATCVM Board of Directors representing Japan. The three speakers of the seminar were Dr. Mushtaq Memon, Prof Emeritus, Washington State University and WATCVM Executive Director; Dr. Kazuya Edamura, Professor and Orthopedic Surgeon at College of Veterinary Medicine, Nihon University, Japan; and Dr. Rieko Tran, private TCVM practitioner, Washington, USA. Dr. Memon delivered presentation entitled - The New Model of Veterinary Practice in USA- IVM. 'Rehabilitation for Orthopedic Diseases and Physical Rehabilitation' was presented by Dr. Edamura; and Dr. Tran shared TCVM cases with the seminar attendees. Additionally, the Chi-Japan was promoted in other parts of Japan, including presentations at Kitasato University, Towada, and Nihon University, Fujisawa by Dr. Memon, and at Veterinary Faculty, Obihiro University, Sapporo, Hokkaido by Dr. Tran. Dr. Memon and Dr. Tran also delivered joint presentations to private veterinary practitioners organized by Dr. Takashi Kozaki at World Animal Hospital in Osaka. Prof Shigehisa Tsumagari, and Dr Michiko Tomioka hosted Dr. Memon's seminars at Nihon University and Kitasato University, respectively.



About 30 small animal practitioners attended Drs. Memon and Tran's presentations and acupuncture demonstration organized at World Animal Hospital (WAH) in Osaka. The program was hosted by WAH owner Dr. Takashi Kozaki, seen on the right in blue scrubs.



Dr. Kosei Yamagiwa, Director, Chi Japan discussed the mission and objectives of Chi Japan with 15 Chi acupuncture certified Japanese veterinary practitioners (Top). The Chi graduates with the seminar speakers (Bottom).



Chi Japan was also promoted in other parts of Japan, including presentations at Nihon University, Fujisawa (Top), and at Kitasato University, Towada (Bottom) by Dr. Memon. Simultaneous translations from English to Japanese were provided by Dr. Momoko Ito and by Dr. Michiko Tomioka at Nihon and Kitasato universities, respectively.



The opening address of the seminar was delivered by Dr. Kosei Yamagiwa, Director, Chi Japan and member of the WATCVM Board of Directors representing Japan.



About 60 private veterinary practitioners attended the seminar entitled, Integrative Veterinary Medicine – A new model of veterinary practice in the USA, delivered by Dr. Mushtaq Memon, Prof Emeritus, Washington State University and WATCVM Executive Director.



Dr. Memon and Dr. Tran also delivered joint presentations to the Osaka private veterinary practitioners organized and hosted by Dr. Takashi Kozaki at World Animal Hospital in Osaka. Dr. Tran demonstrated acupuncture in a rabbit (Top) and a dog (Bottom).

WATCVM Board of Directors (BOD) Annual Meeting in Toronto, Canada

Mushtaq Memon BVSc, PhD, DACT, Atlanta, GA



On August 17, 2017, the WATCVM BODs met for its annual meeting at the Westin Prince Hotel in Toronto, Canada during the 19th Annual International TCVM Conference. Drs. Ferdinand Niessen and Mushtaq Memon, WATCVM President and Executive Director, respectively, presided over the meeting. Sixteen BODs attended the

meeting in-person and about 8 joined remotely via Skype. The main topics discussed during the meeting included updating the WATCVM website, membership growth and processes, and fundraising.



The following awards were given during the conference banquet:

Ma Shi Huang Award recipient: Weerapongse Tangjitjaroen, Thailand

The WATCVM highest award is given to a veterinarian with outstanding contributions to fulfill WATCVM missions and objectives worldwide. Ma Shi Huang was the first Chinese doctor reported to treat animals with acupuncture 5,000



years ago. Under the leadership of Dr. Weerapongse Tangjitjaroen, the Standardization Committee has produced standardized curriculum for acupuncture certification, which was approved by WATCVM BODs. Currently, the committee is working on standardization of the Chinese Herbal and Food Therapies, *Tui-na*. The award was presented by Dr. Han-Wen Cheng, recipient of the 2016 Ma Shi Huang award.

Outstanding Achievement Award recipients:

- Ching-Ming Liu, Taiwan
- Isolde Heim, Austria
- Janice Huntingford, Canada
- Kosei Yamagiwa, Japan
- Linda Furter, Switzerland
- Mitsie Vargas, USA
- Richard Palmquist, USA
- Roselle Hartwigsen, South Africa
- Sandra Taylor, Canada
- Songhua Hu, China



The next WATCVM BODs annual meeting will be held on October 31, 2018 in Reddick, Florida.

19th Annual International TCVM Conference

Mushtaq Memon, BVSc, PhD, DACT, Atlanta, GA

One-hundred and sixty veterinarians attended the three-day conference, at the Westin Prince Hotel from August 18-21, 2017. Twenty-six TCVM practitioners delivered presentations during the conference, focusing on three major themes: 1) TCVM for end-of-life, hospice and palliative care, 2) TCVM for geriatric conditions, and 3) rehabilitation to

enhance acupuncture results and TCVM for pediatric conditions. The 20th Annual International Conference will be held during Nov 1-4, 2018 in Reddick, Florida. The 2018 Conference themes include: Lameness, Neurological, Endocrinal & Reproductive disorders.

For more information, please visit <http://www.tcvm.com/Programs/2018TCVMConference.aspx>



Conference attendees had the privilege to hear from expert speakers from around the world.



TCVM practitioners know how to party! Dr. Ferdinand Niessen, WATCVM president, showing his talents with his friends.



Chinese cultural dances, music and songs were among the highlights of the award banquet.



Meeting friends is an important part of the annual TCVM conference. Pictured left to right: Drs. Suzanne Brannan and Jennifer Liu.

The Stuart Rosenberg International Scholarship for Traditional Chinese Veterinary Medicine

Bringing Balance to the World by Spreading TCVM

We all know the saying, "Give a man a fish and feed him for a day, teach a man to fish and feed him for a lifetime". If we can teach a doctor TCVM who then passes that knowledge along to others, we could see TCVM reach places it never has before. This is the mission of the Stuart Rosenberg Scholarship.

Scholarship: USD \$3,000 value toward the education and training needed to earn a Certification in Veterinary Acupuncture

Qualifications: The applicant must be -

1. a citizen and residing in a **developing country** with per capita income less than USD \$2,000 per year
[http://en.wikipedia.org/wiki/List_of_countries_by_GDP_\(nominal\)_per_capita](http://en.wikipedia.org/wiki/List_of_countries_by_GDP_(nominal)_per_capita)
2. graduate of a veterinary college of faculty listed by the American Veterinary Medical Association
<https://www.avma.org/ProfessionalDevelopment/Education/Foreign/Documents/ecfvg12.pdf>
Or The European Association of Establishments for Veterinary Education <http://www.eaeve.org/about-eaeve/member-establishments.html>
3. Submit a letter of recommendation from your College of Veterinary Medicine department head or supervisor, detailing why you should be chosen to receive this award.
4. Submit a letter of intent, outlining your goals and aspirations for studying this body of knowledge. Indicate how and why you feel you would assist in the dissemination of this information to support and educate others.
5. Submit your Curriculum Vitae detailing both your professional history, personal history and leisure time interests and activities. List any awards you have received.
6. A passport-size, recent photograph

How to apply:

- Fill out the attached scholarship application form.
- Submit all the above-mentioned documents (number 3-6) as email attachments to Dr. Greg Todd; Chair, Stuart Rosenberg Scholarship Committee drgtahd@gmail.com and to dakota@watcvm.org

First Name	Middle Name	Last Name
Street Address		
State or Province	Zip code (if applicable)	Country
Email address:		
I wish to apply for ☐ Small Animal ☐ Mixed Practice ☐ Equine ☐ I wish that WATCVM posts my name at www.watcvm.org if I become the scholarship winner		
Signature:		Date:

CERTIFIED TCVM PALLIATIVE & END-OF-LIFE PRACTITIONER PROGRAM



ABOUT THE COURSE

The 2018 Certified TCVM Palliative and End-of-Life Practitioner (CTPEP) Program introduces palliative and end-of-life care as a recognized field of veterinary medicine. The integration of palliative and end-of-life care with TCVM will give the veterinary professional more options to treat the clinical signs of disease and preserve a longer and better quality of life in pets struggling with aging, chronic and life limiting illnesses. This course is pending RACE approval for 30 hours.

SYLLABUS & DATES

Online: January 15 - April 30, 2018

Lecture	Topic
1	Introduction to Palliative and End-of-Life Care: Dr. Tami Shearer
2-3	Five-step Palliative and Hospice Care Plan: Dr. Tami Shearer
4	Personalized Care Planning Based on <i>Bian-Zheng</i> and Constitutions: Dr. Tami Shearer
5	TCVM End-of-Life and Palliative Care Case Study Example: Dr. Tami Shearer
6	Assessment of the Efficacy of TCVM Therapy: Dr. Tami Shearer
7-8	Physical Medicine Specifically for Palliative and End-of-Life Care: Dr. Tami Shearer
9-10	Case Studies: Dr. Huisheng Xie
11	TCVM and Integrative Care to Manage Cognitive Dysfunction/ Dementia: Dr. Tami Shearer
12	Preserving <i>Jing</i> : Support of the Veterinarians and Caretakers Involved with End-of-Life Care: Dr. Tami Shearer
13-14	Introduction to <i>Tai-chi</i> as a Self-help Tool for Practitioners: Frank Gonzalez

On-site

	Friday, April 20, 2018	Saturday, April 21, 2018
8:30-12:30	Lecture 15-18: Spiritual Qi of Animals	Lecture 23: TCVM and Integrative Care to Manage Urinary Tract Changes Lecture 24: TCVM and Integrative Care to Manage <i>Wei</i> Syndrome
1:30-5:30	Lecture 19-20: Overview on Herbal, Acupuncture, Food Therapy and <i>Tui-na</i> for Palliative and End-of-Life Care Lecture 21: Critical Care Techniques that Complement TCVM Lecture 22: TCVM and Integrative Care to Manage Respiratory Distress	Lecture 25: Nursing Care Tips for Palliative Care and End-of-Life Patients Lecture 26: TCVM and Integrative Care to Manage Bleeding Lecture 27: TCVM and Integrative Care for Digestive Changes Lecture 28: TCVM and Integrative Care to Manage Pain Lecture 29: Guidelines to Manage Cancer Lecture 30: Euthanasia. Review of Adverse Events and Euthanasia Protocols

INSTRUCTORS



Dr. Tami Shearer



Dr. Beth Marchitelli



Dr. Karlene Stange



Dr. Shen Xie

TUITION

Certified TCVM Palliative and End-of-Life Practitioner Program (CTPEP)	Tuition
Online: January 15 - April 30, 2018	\$1,300
On-site: April 20-21, 2018	
Certification Fee	\$150

CERTIFICATION

- Complete both the online and on-site portions of the program.
- Pass one online, open book exam with scores above 75%.
- Submit one case report to be approved.
- Please note that the Chi Institute cannot issue any certification to DVM students until their DVM has been obtained.

For Questions or more information please contact dakota@watcvm.org

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**Interested in becoming a
contributing author?**

**Do you have a great idea that
could expand the reach of
TCVM?**

Our readers are invited to submit recent work or TCVM news (within the last 6 months) to be published in the WATCVM Newsletter. Do you have any ideas of how we can work to expand the reach of TCVM? We want to hear from you!

If you would like to become part of the WATCVM Newsletter, send your proposed articles and ideas to Dakota Sproule: dakota@watcvm.org



Support the

World Association of TCVM

Size/Options	Donation Minimum
4" x 8" Brick with 3 lines of text	\$500.00
8" x 8" Brick with 6 lines of text	\$1,000.00
12" x 12" Brick with 8 lines of text	\$2,000.00
Clip art/logos	\$50.00
Replica tiles	\$75.00

Donate online at www.watcvm.org

The Chi Institute has donated space in their new teaching facility to raise support for the WATCVM. Commemorative bricks will be added to the school's entrance to support the WATCVM's cause.

You can have a brick engraved with a quote, name, or any personilization you would like!

