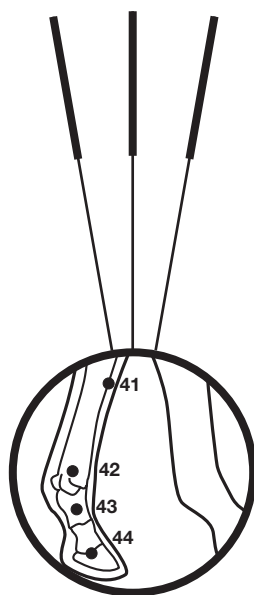


**Huisheng Xie
Vanessa Preast**

**XIE'S VETERINARY
ACUPUNCTURE**



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XIE'S VETERINARY ACUPUNCTURE

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Preface

The Western world seems enamored with alternative medicine. Many people have become jaded with conventional Western medicine as they jump from doctor to doctor in hopes of a cure that never materializes. Alternative medicine seems to offer them just that—an alternative to the failures of Western medicine.

Many seekers hope to rediscover a more “natural” and effective way of healing. This has fueled interest in herbal medicine, chiropractics, acupuncture, healing touch, and a number of other therapies. Various dramatic testimonials of success with a number of illnesses increased many people’s enthusiasm and belief in these methods. Even the Western medical community, while at first skeptical of these methods, has come gradually to accept the validity of some therapies with support from strong clinical and research evidence. Acupuncture, in particular, has been well researched and has documented numerous beneficial physiological changes.

Western medicine, however, sensibly points out that alternative therapies are not miracle cure-alls any more than are its own fantastic, technologically enhanced conventional methods. Nor is alternative medicine synonymous with “safe.” Both conventional Western medicine and alternative medicines have their strengths and weaknesses. Ideally, they can be used together in complementary or integrative medicine so that the strengths of one compensate for the weakness of the other. This requires an intimate understanding of each system so that it can be properly applied. This text focuses on acupuncture, which is one part of traditional Chinese medicine, to help practitioners gain knowledge and skills for effective treatment.

Traditional Chinese veterinary medicine (TCVM) has been used to treat animals in China for thousands of years. This system began in prehistoric times as the ancient people attempted, through trial and error, to understand domestic animal disease. Through the present day, each generation has added to the knowledge and discoveries of their ancestors. Incorporating new information over time, TCVM continues to change and grow, and it remains as fresh, adaptable, and effective as ever. New practitioners breathe fresh life into this old medical art with cultural adaptations, technological

advances, and scientific research findings. For example, ancient Chinese techniques are often combined with modern medical practice through the use of sterile, single-use filiform acupuncture needles, hypodermic needles with syringes, electrical current, or laser light to stimulate acupoints.

The practice of TCVM in the Western world differs from its Chinese origins in several major ways. These modifications are not inherently good or bad but are merely part of the system’s continued development. First, most of the acupoints and meridian lines used by Western veterinarians are transposed from humans. Only a few of the ancient acupuncture texts have survived. Most books containing descriptions and charts of the classical meridian lines were lost long ago; however, some containing individual acupoint locations have remained and are still used today. As a result, current TCVM practitioners have discussed the actual locations of the meridian lines and points in species whose anatomy significantly differs from humans. Where do the meridians run if the animal has fewer digits or more ribs than a human? Also, what is the comparative energetic significance of certain points in biped humans versus quadruped domestic species with all four limbs touching the ground?

Second, veterinary acupuncture in China was primarily used for agriculturally important species such as cattle, pigs, and horses. These valuable creatures benefited from the focused medical attention of the TCVM practitioners. In modern Western society, however, dogs, cats, and birds are cherished companions, so there has recently been great incentive to better understand acupuncture in these species. Some Western veterinary acupuncturists even tend to these species exclusively.

Third, many ancient TCVM techniques were modified to fit Western sensibilities. For example, modern Western perceptions and medical practices typically encourage sterility and single-use, disposable equipment. Thus, acupuncturists currently use very thin, solid, sterile needles as opposed to the traditional tools, which were reusable, large, nonsterile needles of various shapes and sizes. Western practitioners also often combine TCVM with a variety of other medical techniques such as chiropractics, Western herbal medicine, and homeopathy.

Traditional Chinese veterinary medicine may initially be quite foreign to Western-trained minds. To some, the principles of TCVM and Western veterinary medicine (WVM) may seem separated by a great abyss. Although bridging that gulf is an individual mental process, the readers of this text, through their interest and willingness to accept new ideas, have already made the first steps toward understanding. These two medical systems are not mutually exclusive. Each has aspects that place it on opposite ends of the spectrum, but there is a large area of overlap between them. While the common ground provides some familiarity for those new to TCVM concepts, the intricacy of the medical system is difficult to accurately simplify and categorize for teaching purposes. Inevitably, much of the complexity of TCVM is learned through experience, but this text provides a framework to build upon.

Learning TCVM requires a shift in perspective. In general, conventional Western medicine believes in control, and traditional Chinese medicine believes in balance; WVM is more mechanistic and TCVM is more energetic. Western medical practitioners analyze a disease process to discover its specific, fundamental, physical cause, whether this is an infectious agent, an enzymatic defect, or a toxic insult. By fully understanding the functions of the physical body all the way down to a cellular or molecular level, one can target the abnormality and better control the disease process.

On the other hand, TCVM practitioners recognize disease as an imbalance in the body. They understand that the body is an integrated, energetic structure, and that disturbance of energy flow creates disease in the whole organism. When a disease pattern is identified, one can restore balance and health by helping the body regulate itself. Both systems rely on medical history and physical examination to make a diagnosis or identify a pattern. Western medicine adds in diagnostic tests such as bloodwork or radiographs. The diagnostic tests of TCVM include palpation of the pulse and the *shu* points. In both cases, an experienced clinician interprets the findings and chooses an appropriate therapeutic regimen. A Western veterinarian may recommend surgery or reach for antibiotics, steroids, or other pharmaceuticals. A TCVM practitioner may recommend herbs, acupuncture, or special management practices as therapy.

Generally, the goals of TCVM and WVM are the same: both hope to promote health and to prevent disease. They are merely two different ways of viewing the world, each with strengths and weaknesses. Western medicine deals well with acute diseases and has advanced surgical techniques. TCVM can be beneficial for chronic diseases, especially those that Western medicine can only control but not cure. Due to the more individual nature of TCVM, Western medicine can better handle herd health problems. Although Western veterinarians promote disease prevention through yearly physical exams and vaccines, TCVM is very beneficial for identification of potential problems and preventing disease through dietary modification or preventive therapies. In addition, when veterinarians practice traditional Chinese medical techniques such as *Tai Qi Quan* or *Qi Gong*, they are able to remain

centered and to better assist their patients. The therapeutics of TCVM can avoid some of the deleterious side effects of the Western drugs, but the Western drugs act much more quickly.

Through integration of the two systems, one may take advantage of the strengths of each while minimizing the weaknesses. Practitioners who are able to bridge the mental gap between Eastern and Western medicine may find that this combination brings better results than either one alone.

THIS TEXT

This text is a collaborative effort that further develops the work begun in the text *Traditional Chinese Veterinary Medicine* by Huisheng Xie in 1994. This volume focuses on the basic principles, techniques, and clinical application of veterinary acupuncture.

Although veterinary practitioners in China have used traditional Chinese medicine for thousands of years, therapies such as acupuncture and herbal medicine have only recently come into use in the Western world. The majority of the literature about these traditional techniques is written in Chinese and is inaccessible to most Westerners. Because of the paucity of texts in the English language regarding these techniques, we hope this text will fill in some gaps in the current knowledge.

This text is written primarily for use by veterinarians who practice traditional Chinese veterinary medicine (TCVM). We hope that it will be a relevant, functional resource for veterinarians and students who wish to apply these techniques. Veterinarians are strongly advised to seek a comprehensive TCVM training and certification program before using acupuncture or herbal medicine. Several nationally and internationally recognized programs are available in the United States. Of these organizations, the authors of this text are primarily affiliated with the Chi Institute. This institution instructs veterinarians in a variety of the certified TCVM training programs including equine, small, or mixed animal acupuncture. More information about the certified TCVM programs available at the Chi Institute may be found at www.tcvm.com.

TCVM, like other medical systems, is an ever-changing field and is based largely on clinical observations rather than controlled studies. Medical practitioners should be aware of the standard safety precautions and make appropriate changes in therapies as new research becomes available and as clinical experience grows. Thus, the information within this book should not be construed as specific instructions for individual patients, and readers should use professional judgment in deciding when and if the acupuncture procedures described should be applied.

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NOTICE

This book is written for use by veterinarians who practice traditional Chinese veterinary medicine (TCVM). It is a guide to the general principles behind this medical system, and it is not intended to be a substitute for sound medical education. Veterinarians are strongly advised to seek a comprehensive TCVM training program before using acupuncture or herbal medicine. There are several certification programs in the United States that are available to veterinarians. Non-veterinarians are cautioned against practicing medicine on animals, unless permitted by law. Untrained or inadequately

trained individuals are unable to accurately assess a patient’s health status and make appropriate recommendations.

Traditional Chinese veterinary medicine, like other medical systems, is an ever-changing field. In addition, much of the information in this book is based on clinical observations, as opposed to controlled studies. The publisher, editor, and authors make no warrant as to results of acupuncture or other treatments described in this book. Medical practitioners should be aware of the standard safety precautions and make appropriate changes in therapies as new research becomes available and as clinical experience grows. Any person administering medical therapy is responsible for using his or her professional skill and experience to determine the best treatment for the patient and to assure that the benefits of this treatment justify the associated risk. Thus, the information within this book should not be construed as specific instructions for individual patients, and readers should use clinical judgment in deciding when and if the acupuncture procedures described should be applied. The authors cannot be responsible for misuse or misapplication of the material in this work.

While every effort has been made to ensure the accuracy of information contained herein, the publisher, editor, and authors are not legally responsible for errors or omissions. Readers are advised to check the product information currently provided by the manufacturer of each drug or formula to be administered to be certain that changes have not been made in the recommended dose or in the contraindications for administration.

XIE'S VETERINARY ACUPUNCTURE

1 Introduction to Meridians

Huisheng Xie and Vanessa Preast

Upon arriving at an unfamiliar location, visitors orient themselves by obtaining a map of the city. Equipped with a clear illustration of the region's roads, they easily recognize their current position and understand what routes will take them to the places they wish to visit.

Similarly, when starting to learn acupuncture, one must first know the *Jing-Luo* because it provides a map of the body and thus helps the novice to understand how to reach the goal. Like the highways and streets of a city, the *Jing-Luo* functions in a body by connecting one location to another. This system is so important that *Ling-Shu (Spiritual Axis)*, a classical ancient text (published more than 2,200 years ago), states, "it determines life and death, treats all the diseases, and regulates both the Deficiency and Excess Patterns" and recommends that one "has to gain a thorough understanding of it" (chapter 10).

1-1. THE JING-LUO SYSTEM

There are two major components in the *Jing-Luo* system: *Jing-Mai* and *Luo-Mai*. *Jing* can be translated as meridian, channel, or major trunk. *Mai* means vessels. *Luo* is a collateral or branch. Thus, *Jing-Mai* translates as *major trunk vessel*, and it is also known as the *channel*. *Luo-Mai* refers to the *collateral* or *branch vessels*. These channels are the body's equivalent of telephone lines, airways, rivers, highways, and city roads, which provide a means of communication and transport. The *Jing-Mai* is like a main telephone line, a major highway, an international airport, or a large river. The *Luo-Mai* is like a telephone extension, a small street, a minor connection airline, or a small river.

Jing-Mai consists of 12 regular channels, 8 extraordinary channels, and 12 regular channels' associates, including 12 divergent meridians, 12 muscle regions, and 12 cutaneous regions. *Luo-Mai* consists of 15 collaterals, small branches (*Sun-Luo*), and superficial branches (*Fu-Luo*) (fig. 1.1).

The *Jing-Luo* system is the pathway through which *Qi* and blood circulate. It regulates the physiological activities of the *Zang-Fu* organs. It extends over the exterior of the body, but it pertains to the *Zang-Fu* organs located on the

interior. It connects and correlates all the tissues and organs, forming a network that links the tissues and organs into an organic whole. Chapter 33 of *Ling-Shu (Spiritual Axis)* states that "twelve regular Channels are connected with the *Zang-Fu* organs internally and with the joints, limbs, and body surfaces externally."

A. Discovery of the *Jing-Luo* System

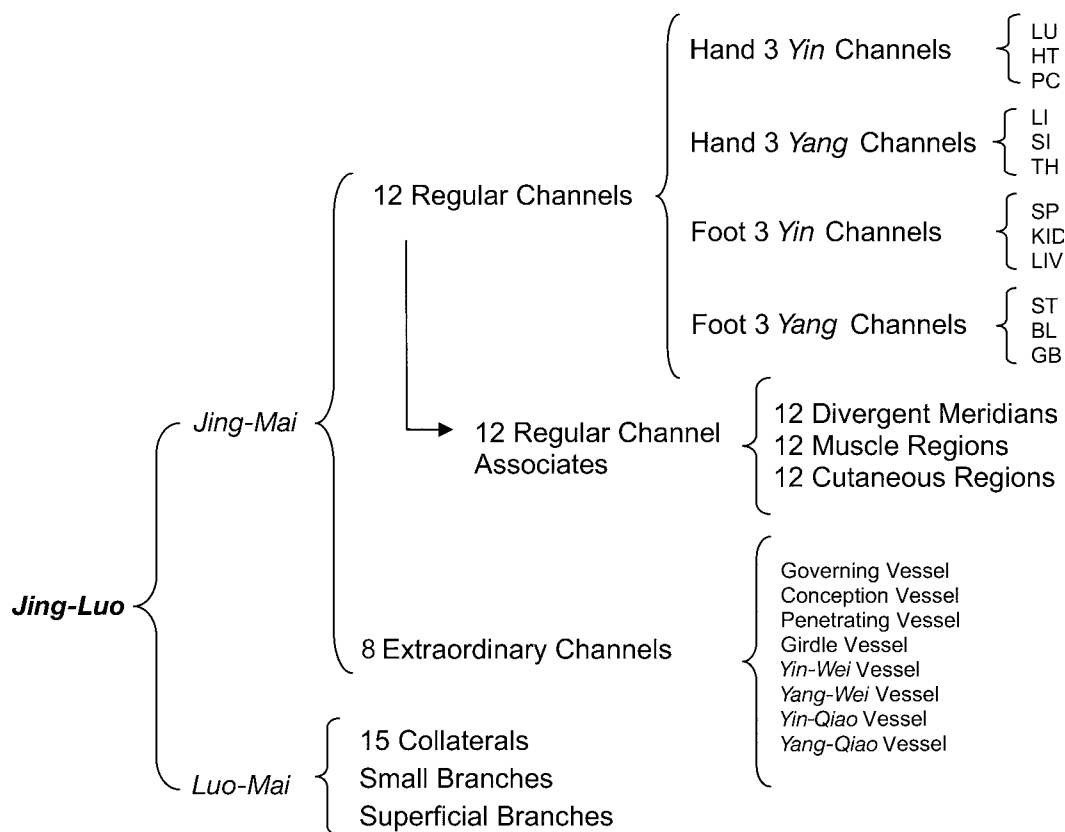
The term *Jing-Luo* was first documented in the book *Huang-di-nei-jing (Yellow Emperor's Classic of Internal Medicine)*. Ancient Chinese medical practitioners discovered and gradually established the *Jing-Luo* system during their extensive clinical experiences. Two popular theories describe the discovery of this system: from a point to a line and from a line to a point.

FROM A POINT TO A LINE

In the beginning, ancient people may have observed that accidentally puncturing their body surfaces with a sharp object (such as a stone or twig) could relieve discomfort and pain. Later, they intentionally began to use the sharp objects to puncture the body at specific loci in order to treat illness and discomfort. These trials successfully relieved pain and encouraged the people to make special tools for this purpose.

The *bian-shi* was one such tool made during the Neolithic period (about 8,000 years ago). It was a quadrilateral, pyramidal stone about 4.5 cm in length with one end tapered to a very sharp point. The middle part was flat so that it could be held between two fingers (fig. 1.2). Archaeologists concluded that the *bian-shi* functioned in excising boils and stimulating certain points on the body. Thus, the *bian-shi* may have been a first-generation acupuncture needle, and the body loci at which it was used were acupuncture points (*acupoints*). As awareness increased and more people used the *bian-shi*, they discovered additional acupoints.

Further developments in tools occurred over time as technology advanced. A sharp bone needle (approximately 8,000 years ago) and then a metal needle (Shang Dynasty, 1600 to 1100 B.C.) were invented. These finer needles could be inserted to a deeper level into an acupoint. This increased the



1.1. Parts of the Jing-Luo system.

probability of achieving better clinical results and opened possibilities of treating additional diseases with acupuncture. Improvement of the tools led to discovery of more and more acupoints.

The ancient practitioners reviewed their clinical results and linked the acupoints with similar functions to form a *meridian (Jing-Luo) line*. Thus, in this theory, the development from point to meridian is similar to how ancient towns were established first and then roadways were built to link the cities.



1.2. A bian-shi stone needle.

FROM A LINE TO A POINT

The needling sensation, or *de-Qi*, was well documented by ancient practitioners. After a needle is inserted at a certain point in the body, the patient will first feel soreness, numbness, heaviness, and distension around the point. The sensation then travels up or down along a special line in the body called the acupuncture sensational line. These sensational lines are the meridian pathways or channels. Much historic evidence indicates that the meridian lines were discovered before all of the individual acupoints. After identifying the path of a meridian, the ancient practitioners found the acupoints one by one.

In 1973, many ancient medical books were unearthed from the No. 3 Han Tomb at Mawangdui, Changsha, Hunan Province, China. These included two silk scrolls containing the books *Zu-bi-shi-yi-mai-jiu-jing* (*Foot-Hand Eleven Meridians and Moxibustion*) and *Yin-yang-shi-yi-mai-jiu-jing* (*Yin-yang Eleven Meridians and Moxibustion*). As these were written earlier than the third century B.C., both books are older than *Huang-di-nei-jing*, which had been previously thought to be the earliest known explanation of the theory of *Jing-Luo*. Although these two books did not document the names of acupoints, they described the pathways of 11 channels (not including Pericardium) on the body surface.

Additional evidence that supports the line-to-point theory is that only 295 acupoints were recorded in *Huang-di-nei-jing*.

but 654 points were documented in *Zhen-jiu-jia-yi-jing* (*Systematic Classic of Acupuncture and Moxibustion*) written by Dr. Huang Fu Mi in A.D. 282, which was about 500 years later than *Huang-di-nei-jing*.

B. The 12 Regular Channels

NOMENCLATURE OF THE 12 REGULAR CHANNELS

There are 12 *Zang-Fu* organs; 6 are *Zang* (*Yin*) organs and 6 are *Fu* (*Yang*) organs. Each organ has a channel of its own. The nomenclature of the 12 regular channels is based on three factors:

1. location on either a thoracic or pelvic limb
2. association with either one of the three *Yin* (*Tai-yin*, *Shao-yin*, *Jue-yin*) or the three *Yang* (*Yang-ming*, *Tai-yang*, *Shao-yang*)
3. relationship with a *Zang-Fu* organ

Each thoracic and pelvic limb is supplied by three *Yin* Channels and three *Yang* Channels. Because the 12 regular channels are bilaterally symmetrical, there are 24 channels in the body (table 1.1).

The channels that relate to *Yin* organs are *Yin* Channels, and the channels that relate to *Yang* organs are *Yang* Channels. The *Yin* and *Yang* Channels are each divided into three types. *Yin* consists of *Tai-yin*, *Shao-yin*, and *Jue-yin*. *Yang* consists of *Yang-ming*, *Tai-yang*, and *Shao-yang*. The energy levels dissipate with the flow from one *Yin* or *Yang* level to the next level. *Yang-ming* (brightest *Yang*) and *Tai-yin* (greatest *Yin*) are each in the highest, strongest level. *Tai-yang* (greatest *Yang*) and *Shao-yin* (smallest *Yin*) are in the next

level, which is not as strong as the first. *Shao-yang* (smallest *Yang*) and *Jue-yin* (diminishing *Yin*) are part of the third level, which is the weakest of the three (table 1.2).

THE GENERAL PATHWAYS OF THE 12 REGULAR CHANNELS

The *Zang* organs belong to *Yin*, and the *Fu* organs belong to *Yang*. The medial aspect of the limb is *Yin*, while the lateral aspect is *Yang*. Thus, the six channels for the *Zang* organs are *Yin* Channels, which are distributed on the medial aspect of the limbs. Likewise, the six channels for the *Fu* organs are *Yang* Channels, which are distributed on the lateral aspect of the limbs. The *Yin* Channels, which belong to the *Zang* organs, are also able to communicate with the *Fu* organs. Similarly, the *Yang* Channels, which belong to the *Fu* organs, are able to communicate with the *Zang* organs. In this way, an exterior-interior, or a husband-wife, relationship exists between the *Yin* and *Yang* Channels and their *Zang-Fu* organs.

The three *Yin* Channels of the thoracic limb start from the chest, circulate along the medial aspect of the thoracic limb, and terminate at the end of the front feet (see table 1.3). The three *Yang* Channels of the thoracic limb start from the end of front feet and circulate along the lateral aspect of the thoracic limb to end at the head. The three *Yang* Channels of the pelvic limb start at the head, circulate along the back and the lateral aspect of the pelvic limb, and terminate at the end of the hind feet. The three *Yin* Channels of pelvic limb start from the end of the hind feet, circulate along the medial aspect of the pelvic limb, and travel along the abdomen to end at the chest.

All three *Yang* Channels of the thoracic limb end on the head, and all three *Yang* Channels of the pelvic limb begin there. Thus, the head is known as the “gathering house of all the *Yang*.” In a similar fashion, all three *Yin* Channels of the thoracic limb start from the chest and all three *Yin* Channels of the pelvic limb end there. Thus, the chest is called the “gathering house of all the *Yin*.”

On the thoracic limb, three *Yin* Channels run along the medial side and three *Yang* Channels run along the lateral side. The Lung Channel of *Tai-yin* supplies the cranial and medial border of the limb. The middle of the medial forelimb is home to the Pericardium Channel of *Jue-yin*. The Heart Channel of *Shao-yin* resides along the caudomedial border of the limb. On the lateral forelimb, the Large Intestine Channel of *Yang-ming* supplies the cranial edge. The Triple Heater (*Sanjiao*) Channel of *Shao-yang* runs along the middle of the lateral side. The Small Intestine Channel of *Tai-yang* lies along the caudolateral part of the limb.

Table 1.1. The 12 Regular Channels

Channel location	<i>Zang-Fu</i> organ	Abbreviation
<i>Tai-yin</i> of the thoracic limb	Lung	LU
<i>Tai-yin</i> of the pelvic limb	Spleen	SP
<i>Shao-yin</i> of the thoracic limb	Heart	HT
<i>Shao-yin</i> of the pelvic limb	Kidney	KID
<i>Jue-yin</i> of the thoracic limb	Pericardium	PC
<i>Jue-yin</i> of the pelvic limb	Liver	LIV
<i>Yang-ming</i> of the thoracic limb	Large intestine	LI
<i>Yang-ming</i> of the pelvic limb	Stomach	ST
<i>Tai-yang</i> of the thoracic limb	Small intestine	SI
<i>Tai-yang</i> of the pelvic limb	Urinary bladder	UB/BL
<i>Shao-yang</i> of the thoracic limb	<i>Sanjiao</i>	SJ/TH/TB/TW*
<i>Shao-yang</i> of the pelvic limb	Gallbladder	GB

*TH = Triple Heater, TB = Triple Burner, TW = Triple Warmer.

Table 1.2. The Levels of the 12 Regular Channels

Level	Limbs	Three <i>Yang</i>	<i>Fu</i> organs	<i>Zang</i> organs	Three <i>Yin</i>	Limbs
1	Thoracic Pelvic	<i>Yang-ming</i>	LI ST	LU SP	<i>Tai-yin</i>	Thoracic Pelvic
2	Thoracic Pelvic	<i>Tai-yang</i>	SI BL	HT KID	<i>Shao-yin</i>	Thoracic Pelvic
3	Thoracic Pelvic	<i>Shao-yang</i>	TH GB	PC LIV	<i>Jue-yin</i>	Thoracic Pelvic

Table 1.3. General Pathways of the 12 Regular Channels on the Body

Channel	Origin	Pathway	Terminus
Three <i>Yin</i> Channels of the thoracic limb	Chest	Medial aspect of the thoracic limb	End of front feet
Three <i>Yang</i> Channels of the thoracic limb	End of front feet	Lateral aspect of the thoracic limb	Head
Three <i>Yin</i> Channels of the pelvic limb	End of hind feet	Medial aspect of the pelvic limb and the ventral abdomen	Chest
Three <i>Yang</i> Channels of the pelvic limb	Head	Lateral aspect of the pelvic limb and the back	End of hind feet

On the pelvic limb, three *Yin* Channels run along the medial side and three *Yang* Channels travel along the lateral side. The Stomach Channel of *Yang-ming* supplies the cranial border of the lateral aspect of the pelvic limb. The Gallbladder Channel of *Shao-yang* resides in the center of the lateral hind leg. The caudolateral part of the hind limb is home to the Bladder Channel of *Tai-yang*. Moving to the medial side of the leg, one finds the Spleen Channel of *Tai-yin* along the cranial border of the pelvic limb. The Liver Channel resides along the middle of the medial side. The Kidney Channel of *Shao-yin* is located along the caudolateral part of the pelvic limb (table 1.4)

The 12 regular channels join with one another in a fixed order (figs. 1.3 and 1.4 and table 1.5). Along this course there is an endless, cyclical flow of *Qi* and blood within the channels. The flow always passes from one channel to the next in a specific order throughout the day; however, the *Qi* dominates within certain meridians at designated times. This is the traditional Chinese veterinary medicine (TCVM) circadian rhythm, which provides the body with its own internal clock. Disorders of this rhythm can be used to assist with pattern identification and TCVM diagnosis.

The cycle begins at 3:00 A.M. with the Lung Channel at the chest. The energy dominates in each meridian for two hours before passing on to the next channel. Thus, the flow passes to the Large Intestine Channel at 5:00 A.M. and remains there until 7:00 A.M.. Next, the *Qi* moves to the Stomach Channel from 7:00 to 9:00 A.M. The Spleen Channel follows from 9:00 A.M. to 11:00 A.M. In such a manner, the *Qi* moves from thoracic *Yin* to thoracic *Yang* to pelvic *Yang* to pelvic

Yin. It makes a complete circuit around the body while passing from wife to husband and husband to wife. Once back at the chest, it is the Heart Channel's turn from 11:00 A.M. to 1:00 P.M. The husband of the heart, the Small Intestine Channel, then carries the energy from 1:00 P.M. to 3:00 P.M. On the head, the *Qi* passes to the *Yang* Channel of the same energy level, the Urinary Bladder Channel. From 3:00 P.M. to 5:00 P.M., the bladder holds the *Qi* flow until it passes through kidney, the wife of the bladder, from 5:00 P.M. to 7:00 P.M. Now back at the chest, the *Qi* flows down the Pericardium Channel of the thoracic limbs from 7:00 P.M. to 9:00 P.M. Her husband, the Triple Heater Channel, next carries the *Qi* from 9:00 P.M. to 11:00 P.M. At the head, the Gallbladder Channel takes the flow to the hind limb from 11:00 P.M. to 1:00 A.M. From 1:00 A.M. to 3:00 A.M., the Liver Channel brings the flow back to the chest for the cycle to begin again with the Lung Channel at 3:00 A.M.

Figure 1.4 is a concise illustration of the relationships between *Yin-Yang*, *Zang-Fu*, thoracic-pelvic, the levels, and the individual organs. Each concentric circle represents one level with the outermost demonstrating the first level. After traveling around the circle in a counterclockwise direction, it flows into the next level. Along the way, it passes through each quadrant with its own associated organ. When reaching the end of the center circle, it skips back to the first level where it starts again.

The meridians exist internally and externally as they connect all parts of the body together. The images in chapters 3 through 6 will trace these pathways on the horse and dog. The meridians, especially including the internal branches, are well described in humans. Omissions in the animal meridian descriptions may be extrapolated from the human model. However, differences in anatomy may require some modifications of the pathway in various species.

Table 1.4. The General Pathways of the Twelve Regular Channels on the Limbs

Location on limb	Cranial	Middle	Caudal
Medial aspect of the thoracic limb	LU	PC	HT
Lateral aspect of the thoracic limb	LI	TH	SI
Lateral aspect of the pelvic limb	ST	GB	BL
Medial aspect of the pelvic limb	SP	LIV	KID

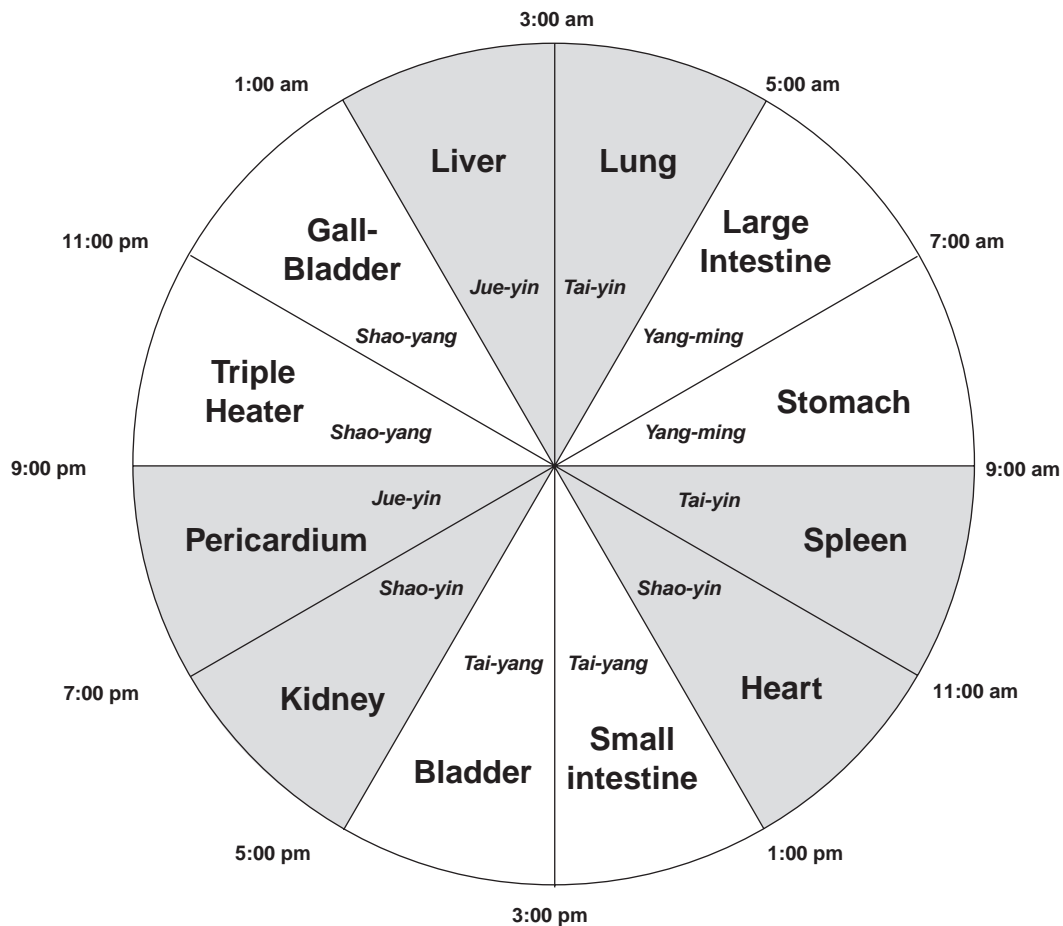
C. The 8 Extraordinary Channels (*Qi-Jing-Ba-Mai*)

The translation of *qi-jing-ba-mai* is as follows: *Qi* means special or extraordinary; *jing* means meridian, *mai* means

Table 1.5. Circadian Flow of the Twelve Regular Channels

	Circadian clock	<i>Yin</i> Channels	<i>Yang</i> Channels	Circadian clock	
<i>Tai-yin</i>	3 A.M. to 5 A.M.	LU	LI	5 A.M. to 7 A.M.	<i>Yang-ming</i>
	9 A.M. to 11 A.M.	SP	ST	7 A.M. to 9 A.M.	
<i>Shao-yin</i>	11 A.M. to 1 P.M.	HT	SI	1 P.M. to 3 P.M.	<i>Tai-yang</i>
	5 P.M. to 7 P.M.	KID	BL	3 P.M. to 5 P.M.	
<i>Jue-yin</i>	7 P.M. to 9 P.M.	PC	TH	9 P.M. to 11 P.M.	<i>Shao-yang</i>
	1 A.M. to 3 A.M.	LIV	GB	11 P.M. to 1 A.M.	

Circadian Cycle of *Qi*



1.3. TCVM circadian clock of the 12 regular channels. (From H. Xie & V. Preast, Traditional Chinese Veterinary Medicine, Vol. 1, Fundamental Principles, Jing Tang, Beijing, 2002.)

channels, *ba* is the number eight. Thus the phrase *qi-jing-ba-mai* refers to the 8 extraordinary channels (8-EC). These eight channels are named *du*, *ren*, *chong*, *dai*, *Yang-qiao*, *Yin-qiao*, *Yang-wei*, and *Yin-wei* (table 1.6).

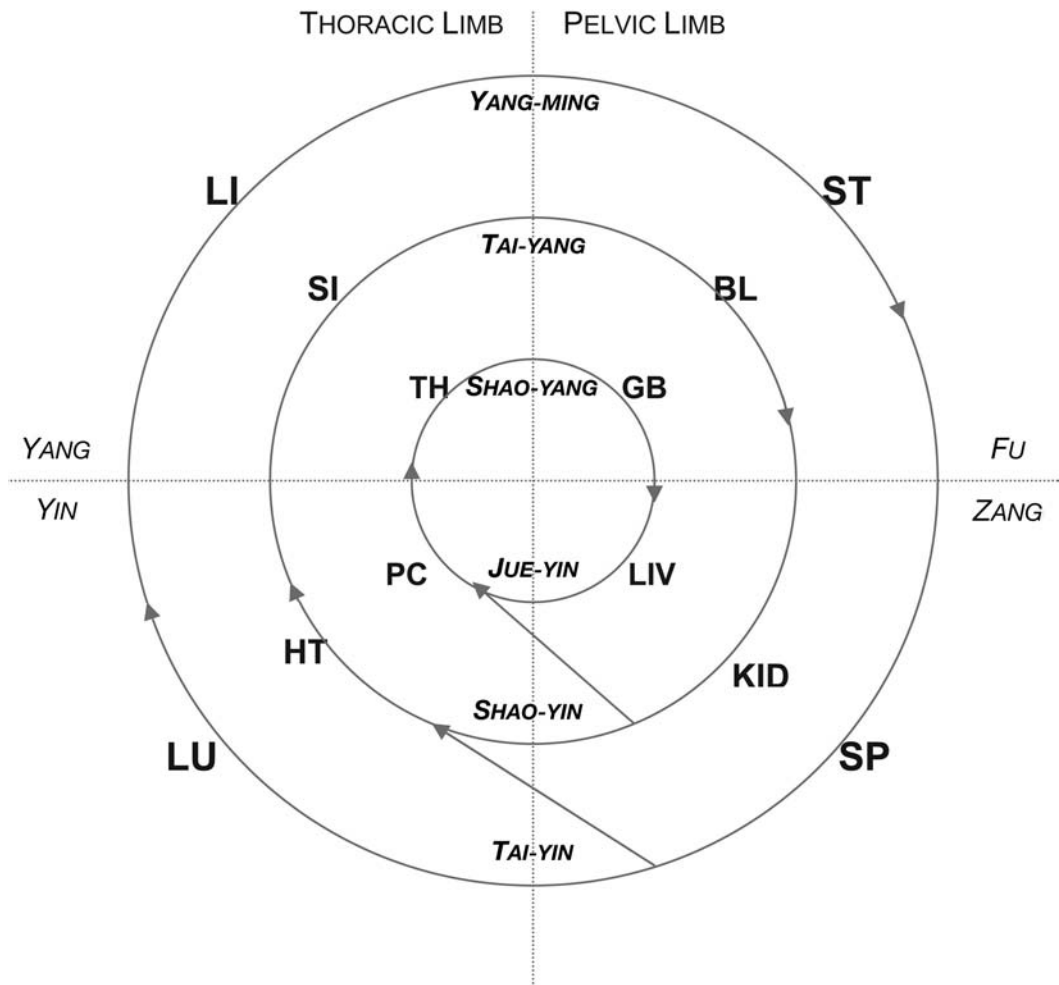
The extraordinary channels have several differences from the 12 regular channels. First, these channels do not pertain to either *Zang* or *Fu* organs. Second, they are not exteriorly or interiorly related to each other as are the regular channels. Third, most of these channels do not have their own acupoints. *Du* (governing vessel) and *ren* (conception vessel) do have their own acupoints, but the rest share their points with a few of the regular meridians.

As assistants to the regular channels, the extraordinary channels acquire similar functions to those of nearby regular channels. This occurs because the extraordinary channels coordinate and balance the *Qi* and blood within the regular channels they link. These extraordinary channels form a conduit that connects, coordinates, and facilitates communication among the 12 regular meridians. In addition, the extraordinary channels control, store, and regulate the *Qi* and blood of the 12 regular meridians (tables 1.6 and 1.7).

D. The 14 Regular Channels

The 12 regular channels together with the Governing Vessel (GV) Channel and the Conception Vessel (CV) Channel constitute the 14 channels. The 12 regular channels are distributed symmetrically on the left and right sides of the body. The CV and GV Channels, however, are unpaired. The CV Channel runs along the ventral midline, and the GV Channel courses along the dorsal midline.

Within the 12 regular channels, *Qi* and blood circulate along each meridian in a specific order over the course of a 24-hour period. There is also cyclical *Qi* flow within the 14 regular channels, which takes the GV and CV Channels into account. The Lung Channel, which is the beginning of the 12-channel cycle, sends a branch to the CV Channel. Thus, the *Qi* flows from the Lung Channel to the CV Channel, and then it runs cranially along the CV Channel. At the mouth, the *Qi* flows into the GV Channel and runs caudally along the back. Upon reaching the perineum, the *Qi* enters the CV Channel again and flows back to the Lung Channel. Thus, the cyclical flow of *Qi* and blood in the 14 Channels includes the circulation through the GV and CV Channels along with the flow within the 12-channel cycle.



1.4. Summary of the levels and organ associations. (H. Xie & V. Preast, Traditional Chinese Veterinary Medicine, Vol. 1, Fundamental Principles, Jing Tang, Beijing, 2002.)

During *Qi-Gong* meditation, one places the tip of the tongue against the palate behind the upper incisors. This connects the GV and CV Channels. The *Qi* flow between these two channels becomes the focus of meditation. It is possible to imagine this pathway as a shortcut that allows the *Qi* to circle the body while bypassing the 12 regular channels. Unlike the 12 regular channels, the flow between GV and CV

does not dominate at a certain time of day. Rather, the *Qi* constantly cycles between the two channels throughout the day.

The *Qi* is always flowing through the 14 regular channels. Within the 12 regular channels, it has a predictable direction of flow from one channel to the next. However, even when one channel dominates during its 2-hour period, the *Qi*

Table 1.6. Distribution of the 8 Extraordinary Channels

Channel name	Location	Meridian connections
Du	Governing Vessel (GV)	Dorsal midline
Ren	Conception Vessel (CV)	Ventral midline
Chong	Penetrating	Parallel to kidney meridian
Dai	Girdle	Encircling lumbar region
Yang-qiao	Yang motility	Lateral hind limb extremities
		Shoulder and head
Yin-qiao	Yin motility	Medial hind limb extremities
		Eye
Yang-wei	Yang linking	Lateral stifle, Shoulder
Yin-wei	Yin linking	Medial hind limb
		Neck

Table 1.7. Functions and Indications of the Eight Extraordinary Channels

Channel name	Function	Indications
<i>Du</i>	Connects with the spinal cord, brain and all the <i>Yang</i> channels Reigns over all of the <i>Yang</i> channels Controls <i>Yang Qi</i> of the entire body	Spinal cord and disc problems, heat pattern, mental disorders, <i>Yang</i> deficiency, high fever
<i>Ren</i>	Connects with all the <i>Yin</i> Channels Reigns over all of the <i>Yin</i> Channels Nourishes the uterus	Reproductive disorders, <i>Yin</i> deficiency, sore throat
<i>Chong</i>	The sea of 12 meridians The sea of blood Serves as a reservoir of <i>Qi</i> and blood for the 12 regular meridians	Infertility, estrous disorders, postpartum disorders, difficult urination/defecation, urinary incontinence
<i>Dai</i>	Restrains the other channels Protects the lumbar regions	Weakness of back or hind limbs, <i>Yang</i> deficiency, poor performance
<i>Yang-qiao</i> , <i>Yin-qiao</i>	Regulates the movement of all limbs Controls movement of eyelids	Ataxia or imbalanced movement Wobbler's, EPM, insomnia, eye problems
<i>Yang-wei</i>	Connects with all the <i>Yang</i> meridians Dominates the exterior of the body	Exterior pattern, cold, influenza, <i>Bi</i> syndrome, back pain (IVDD)
<i>Yin-wei</i>	Connects with all the <i>Yin</i> meridians	Depression, chest pain, failure of <i>Yin</i> organ function, renal failure, heart failure, liver failure

continues to flow along the remaining meridians as well. The *Qi* flow of the 12 channels is like cargo boats on a river with multiple ports along its length. As a boat travels down the river, it may spend a short while in each of the ports in sequence. When numerous boats come to a specific port at a specific time, that port is very important during that time. Although this location may be a center of commerce for the moment, it does not prevent other ships from continuing along the river.

On the other hand, the flow within the GV and CV Channels is like a freeway encircling a city. The *Qi* flows smoothly around in a large loop around the body. The traffic may travel in either direction (i.e., from GV to CV or CV to GV) at all times of the day and night.

E. The 15 Collaterals

Collaterals are relatively smaller meridians that divide from the 14 regular channels. Except for the spleen, which also has a major collateral, each of the 14 regular channels is associated

with one collateral branch. The 15 collaterals connect the externally and internally related meridians and promote the free flow of *Qi* and blood (table 1.8).

The collaterals that branch off from the 12 regular channels arise at the *Luo*-connecting points and then run to their associated channels, which have exterior-interior, or husband-wife, relationships. For example, the Lung (LU) Collateral starts from LU-7 and runs to the Large Intestine (LI) Channel. The Small Intestine (SI) Collateral originates from SI-7 and runs to the Heart (HT) Channel. The Stomach (ST) Collateral arises from ST-40 and runs to connect with Spleen (SP) Channel. The SP Collateral starts from SP-4 and runs to join ST Channel.

Three collaterals extend to a body region. The GV Collateral originates at GV-1, runs upward along the spine, and spreads across the head. The CV Collateral starts from CV-15 and spreads over the abdomen. The major collateral of the spleen starts at SP-21 and spreads through the chest and hypochondriac region, thus wrapping the whole body.

Table 1.8. The Indications of the 15 Collaterals

Collateral	<i>Luo</i> -connecting point	Indications
LU	LU-7	Hot palms, frequent yawning, urinary incontinence or urgency
LI	LI-6	Dental problems, deafness, cycling disorders
ST	ST-40	Sudden loss of voice, mania, muscle atrophy
SP	SP-4	Cholera, colic, bloat
HT	HT-5	Chest pain
SI	SI-7	Bone loss, front limb weakness, mass on the skin
BL	BL-58	Nasal congestion, back pain, headache, nose bleeding
KID	KID-4	Chest pain, urinary and fecal incontinence, chronic back pain
PC	PC-6	Chest pain, anxiety, restlessness
TH	TH-5	Muscle spasms of front limb, weakness of front limb
GB	GB-37	Coldness of rear feet, <i>Wei</i> syndrome, eye problems
LIV	LIV-5	Testicular swelling, hernia, pubic itching
CV	CV-15	Pruritus or abdominal pain
GV	GV-1	Ataxia, spine stiffness
Major collateral of SP	SP-21	Whole-body soreness, whole-body muscle atrophy or weakness, blood stagnation

F. The 12 Divergent Meridians (*Shi-Er-Jing-Bie*)

The 12 divergent meridians branch out from the elbow or stifle areas of the 12 regular channels. They enter the thorax and abdomen to connect the internal organs and merge with their externally and internally related channels to spread through the neck and head. Six such pairs of external-internal mergers occur.

1. The BL and KID Divergent Meridians arise, respectively, from the BL and KID Channels at the popliteal fossa. These enter the lower abdomen to connect with the bladder and kidney. They emerge at the neck and merge with the BL Channel.
2. The GB and LIV Divergent Meridians branch from the GB and LIV Channels in the thigh. They run up to the pubic region, connect with the liver and gallbladder, disperse across the face, and connect with the eyes. In the end, they merge with the GB Channel.
3. The ST and SP Divergent Meridians divide off the ST and SP Channels on the thigh. They enter the abdomen to connect the stomach and spleen, run upward beside the nose, and finally merge with the ST Channel.
4. The SI and HT Divergent Meridians arise from the SI and HT Channels in the axillary fossa. From here they connect with the heart and small intestine, run upward to emerge at the inner canthus, and eventually merge with the SI Channel.
5. The TH and PC Divergent Meridians branch from the TH and PC Channels in the front limb from where they enter the chest, connect with the TH, emerge behind the ear, and converge with the TH Channel.
6. The LI and LU Divergent Meridians arise from the LI and LU Channels, connect with the lung and large intestine, run upward to emerge at ST-12, and converge with LI.

Unlike the 15 collaterals, which are distributed in the body surface, the 12 divergent meridians run deeper in the body. They connect the internally-externally related channels and strengthen their relation with internal *Zang-Fu* organs. The 12 divergent meridians connect the 6 *Yin* channels with the head and neck. Therefore, one may select points along these *Yin* channels to treat problems in the head and neck. For example, LU-9 and LU-7 can be used for headache. KID-3 and KID-6 can be used for toothache and throat problems.

G. The 12 Muscle Regions (*Shi-Er-Jing-Jin*)

The 12 muscle regions are the peripheral connection areas of the 12 regular channels. They unite all the bones and joints and thereby maintain normal motion of the whole body by ensuring the normal range of contraction and extension of all the muscles and joints.

These extend through the body surface and muscles, and they meet in joints and the skeleton. The muscle regions all begin on the extremities of limbs and ascend to the head or

trunk, but do not reach the internal organs. Their paths are as follows:

- The 3 pelvic *Yang* muscle regions originate from the hind feet, run upward through the trunk and connect with the face.
- The 3 pelvic *Yin* muscle regions originate from the rear feet and run upward to connect with the genital regions.
- The 3 thoracic *Yang* muscle regions originate from the front feet and run laterally upward to connect to the head.
- The 3 *Yin* muscle regions originate from the front feet and run upward to connect the chest.

Disorders of the 12 muscle regions would include muscular spasms, *Bi* syndrome, bowed tendons, contracted tendons and muscles, stiffness, and muscle atrophy. Chapter 13 of *Spiritual Axis* states, “Where there is pain, there is an acupoint.” Therefore, the major treatment principle for problems of the 12 muscle regions is to focus on local points and *A-shi* points.

H. The 12 Cutaneous Regions

The 12 cutaneous regions are the superficial layers of the 12 regular channels, and the area of each depends on the domain of its regular channel. These are the sites where *Qi* and blood are transferred between the 12 regular channels and collaterals. The 12 cutaneous regions can protect the body surface and prevent the invasion of pathogens.

1-2. ROOT, BASIS, MANIFESTATION, AND BRANCH OF MERIDIANS

The manifestation (*biao*), basis (*ben*), root (*gen*), and branch (*jie*) of the 12 regular channels are first documented in *Spiritual Axis*. They emphasize the status of *Qi*-blood circulation in different areas of the body. According to this theory, the root and basis are located in the limbs, and the manifestation and branch of the meridians lie in the head and trunk (tables 1.9 and 1.10).

A. The Basis (*Ben*) and Manifestation (*Biao*)

The *basis* is like the root system of a tree and refers to the lower portions of the limbs. The *manifestation* is like the tips of a tree and refers to the upper portions of the body including the head, thorax, and back. The *ben* and *biao* points are listed in table 1.9.

B. The Root (*Gen*) and Branch (*Jie*)

The root and branch refers to the origination and distribution of *Qi* and blood in the 12 regular channels. The *root* (*gen*) is the *Jing*-well point, where *Qi*-blood of each channel originates in the four limbs. The *branch* (*jie*) refers to places located in the head, chest, and abdomen where *Qi*-blood of each channel gathers and is distributed (see table 1.10).

Table 1.9. Basis (*ben*) and Manifestation (*biao*) of the 12 Regular Channels

12 regular channels		Basis (<i>ben</i>) point	Manifestation (<i>biao</i>) point
Three <i>Yang</i> channels in the pelvic limbs	BL	BL-59	BL-1
	GB	GB-44	GB-2
	ST	ST-45	ST-9
Three <i>Yin</i> channels in the pelvic limbs	KID	KID-7, KID-8	BL-23, CV-23
	LIV	LIV-4	BL-18
	SP	SP-6	BL-20, CV-23
Three <i>Yang</i> channels in the thoracic limbs	SI	SI-6	BL-2
	TH	TH-3	TH-23
	LI	LI-11	LI-20
Three <i>Yin</i> channels in the thoracic limbs	LU	LU-9	LU-1
	HT	HT-7	BL-15
	PC	PC-6	PC-1

Table 1.10. The Root and Branch of the Six Channels on the Rear Limb

Channels	Root (<i>Gen</i>) point	Branch (<i>Jie</i>)	
BL	BL-67	Eyes	Head
ST	ST-45	Ears	Head
GB	GB-44	Inner ears	Head
KID	KID-1	CV-23	Head
SP	SP-1	Stomach	Abdomen
LIV	LIV-1	CV-17	Chest

1-3. *Qi* STREETS AND FOUR SEAS OF THE MERIDIANS

A. The *Qi* Streets (*Qi-Jie*)

Qi streets are the common pathways where the meridian *Qi* gathers and circulates. According to *Spiritual Axis*, there are four locations of *Qi* streets: (1) in the thorax, (2) in the abdomen, (3) in the head, and (4) in the limb. *Qi* in the head stops at the brain. *Qi* in the thorax stops in the chest and back-*shu* points. *Qi* in the abdomen stops in the back-*shu* points and the *chong-mai* around the umbilicus. *Qi* in the lower limb stops around BL-57. The *Qi* streets closely connect the meridians from top to bottom and anterior to posterior.

B. Four Seas (*Si-Hai*)

Four seas are the sites where the essential substances of the body gather and converge. These include the seas of marrow, blood, *Qi*, and food:

- Sea of marrow: Located in the head, this is the house and origin of *shen* (mind) and rules the whole body's activities.
- Sea of blood: Located in the *Chong mai* (Penetrating Channel), which originates from the uterus or prostate. The *Chong mai* is also the root of the 12 regular channels and is considered to be the sea of the 12 regular channels.
- Sea of *Qi*: Located in the chest where the *Zong Qi* is produced and gathered, it nourishes the heart and blood vessels and governs the respiratory functions.

- Sea of food: Located in the stomach and spleen where *Ying-qi* and *Wei-qi* are generated, it is the origin of *Qi* and blood for the whole body.

1-4. FUNCTIONS OF THE *JING-LUO*

The *Jing-Luo* system is closely connected with all the tissues and organs of the body. It plays an important role in animal physiology, in pathology, and in treatment with acupuncture or herbal medicine.

A. Physiological Aspects

There are three physiological aspects.

1. *Transporting Qi and blood and nourishing the body.* All the body's tissues require nourishment by *Qi* and blood in order to maintain their normal physiological activities. The meridians are passages that transport the *Qi* and blood. Therefore, failure of the meridians to transport *Qi* and blood prevents *Qi* and blood from reaching the *Zang-Fu* organs and results in organ malfunction.
2. *Coordinating Zang-Fu organs and connecting the whole body.* The meridians connect with all the tissues and organs of the body. The connection through the meridians keeps the interior and exterior, the front and hind, and the left and right parts of the body in close association. This communication allows the *Zang-Fu* organs to coordinate their activities and to maintain equilibrium between the organ systems.
3. *Preventing invasion of the body surface and resisting pathogens.* The meridians, with the help of the defensive *Qi*, shield the body surface and resist the attack of pathogens (*Xie qi*). The meridian system has many small branches that distribute *Qi* and blood to strengthen the muscles, tendons, and skin. This fortifies the body's natural barriers to infection or pathogen invasion. In addition, the defensive *Qi* flows outside of the meridian pathways to make sure this remains an impermeable defense.

B. Pathological Aspects

The meridians also play a role in disease conditions. They may transmit pathogenic factors or may reflect the disease states of internal systems.

1. *Transmitting the pathogenic factors.* If pathogenic factors invade the body, the meridian system initially participates in combatting these pathogens on the surface before they reach deeper tissues. However, when the *zheng Qi* is weak and *Yin* and *Yang* become unbalanced, the pathogenic factors overcome the resistance of the meridians. The pathogens may then use the meridian pathways to migrate into the interior from the exterior. For instance, an unresolved exterior wind-cold pattern will allow the pathogenic wind-cold to follow the Lung Channel to the lung, resulting in cough and asthma.
2. *Reflecting symptoms of diseases.* In pathological conditions, the meridian system may reflect signs of internal problems onto the surface of the body. Because there are small branches of the meridians that connect the *Zang-Fu* organs with their external organs or body areas, disease in the *Zang-Fu* organs will result in changes of these external organs. A clinician may then examine these external structures for evidence of internal disease. For instance, extreme heat or fire of the heart may lead to ulceration on the tongue because the meridians connect the heart with the tongue. Similarly, extreme heat of the liver may cause congestion and swelling of the eyes. Deficient kidney *Yang* may result in lumbar weakness.

C. Therapeutic Aspects

Two main therapeutic aspects include:

1. *Transmitting the effect of herbal medications.* Chinese herbs may have specific actions on certain *Zang-Fu* organs

or channels. This quality is known as the channel tropism of the drugs. For example, coptis root (*Huang lian*) functions to eliminate heart fire, and scutellaria root (*Huang qin*) can eliminate lung fire.

2. *Transmitting the acupuncture stimulation.* The meridian system is important in the treatment of diseases. This system transmits the signal from acupoint stimulation by acupuncture or moxibustion. The stimulus from an acupoint travels along the meridian to the relevant *Zang-Fu* organs along that meridian. As a consequence, the *Zang-Fu* organs regain their balance, and the normal flow of *Qi* and blood is restored. When treating a stomach heat pattern, hemoacupuncture at the point *Yu-tang* sends the stimulation along the Stomach Channel to the stomach. The point *Dai-mai* may be stimulated for treatment of diarrhea because this point is located on the Spleen Channel.

The *de-Qi* (arrival of *Qi*) response is a phenomenon in acupuncture that is the feeling or effect experienced as a result of the meridian's transmission of the acupuncture stimulation. The *de-Qi* response manifests in different ways for each individual. It may feel like heaviness, tingling, soreness, or pressure. A human patient can tell the acupuncturist when he or she feels the sensation. In veterinary acupuncture, observation of muscle twitching, flinching, or attempts to bite may indicate *de-Qi* with stimulation of the needles.

The therapeutic results are closely related to *de-Qi* response. Without a *de-Qi* response, there will be less benefit from the acupuncture treatment. Inducing the *de-Qi* response regulates the *Qi* flow, which is vital to effective acupuncture treatments. No acupuncture treatment can be successful without this ability of the meridians to transmit the acupuncture stimuli.

2 Introduction to Acupuncture Points

Huisheng Xie and Vanessa Preast

Acupuncture points (acupoints) are specific spots on the body surface where a practitioner applies stimulation for the diagnosis and treatment of disease. Acupuncture points are called *shu-xue* in Chinese pinyin. *Shu* means transporting, distributing, or communicating; *xue* refers to a hole, outlet, or depression. Therefore, acupoints are the special loci where *Qi* of the *Jing-Luo* and *Zang-Fu* gathers on the body surface.

These loci respond to disease and are places where acupuncture techniques or moxibustion may be used to treat illness. Acupoints are typically located in or near muscles, blood vessels, lymph vessels, or nerves. Each acupoint has a unique location and physiological effect. The diligent pursuit of clinical data has established and continually enriched our understanding of these points. As time passes, we have accumulated a rich body of knowledge that further enhances our diagnostic and treatment capabilities.

This book bases its collection of acupoints both from the traditional veterinary acupuncture literature (classical acupoints) and as transpositional points from the human model (transpositional points). The traditional literature provides an abundant source of acupoint information primarily for the horse and ox. Many acupoints used in other domestic species have originated as transpositional points from humans, horses, and oxen.

2-1. NOMENCLATURE OF ACUPOINTS

The original Chinese names of acupoints have anatomic, physiologic, therapeutic, or symbolic meanings. Thus, these names contain the explanation of a given point's purpose. This is quite advantageous for those who read Chinese, but is unfortunately less useful for Westerners who do not understand the language. For this reason, there are several different naming systems currently in use.

A. Traditional Nomenclature System

ANATOMIC

Some points are named based upon where they are located on the body. For example, *Wei-jian* is located on the tip of tail. *Wei* means tail; *jian* means tip.

ZANG-FU

Other points are named according to their association with the *Zang-Fu* organs. For example, *Wei-shu* is the stomach association point, which is located in the iliocostal muscle groove, caudal to the last rib, and 3 cun lateral to the dorsal midline in horses. *Wei* means stomach, and *shu* indicates that it is a back-*shu* association point.

THERAPEUTIC

The purpose or effect of the point is the name of some points. For example, *Duan-xue* means "stopping hemorrhage." This point, which is located on the dorsal midline between T18 and L1 in horses, is commonly used for treatment of hemorrhage.

SYMBOLIC

Some points have more imaginative descriptive names that sometimes suggest, less directly, the point's location or function. For example, *Long-hui* is "Dragon Meeting" and is located in the midline between the eyebrows. Similarly, the point *Liu-feng* (Six Seam) is located between the toes.

B. Western Nomenclature System

MERIDIAN NUMBERING SYSTEM

Each point receives a unique combination of letters and numbers to form its name. The alphabetic prefix is the abbreviation of the meridian on which the point lies. The numeric suffix represents the sequential position of that point on the meridian (table 2.1). For instance, there are 45 points on the Stomach Meridian (abbreviated as ST). Thus, the first point on this meridian is named ST-1, the 36th point is ST-36, and the 45th point is ST-45.

This is an effective system in human acupuncture because it classifies most of the points on the 14 meridians with definite descriptions of their distribution. When applied to veterinary acupuncture, however, it can become problematic and confusing for several reasons: anatomical differences, locations of veterinary acupoints, and differences among species. **Anatomic Differences Between Humans and Animals.** Although there is an amazing number of similarities in physical

Table 2.1. Abbreviations and Number of Points for the 14 Regular Meridians

Meridian name	Abbreviation	Number of points
Lung	LU	11
Larger Intestine	LI	20
Stomach	ST	45
Spleen	SP	21
Heart	HT	9
Small Intestine	SI	19
Bladder	BL	67
Kidney	KID	27
Pericardium	PC	9
Triple Heater	TH	23
Gallbladder	GB	44
Liver	LIV	14
Conception Vessel	CV	24
Governing Vessel	GV	28

structure when comparing the anatomy of various species, there are some significant differences that affect the ability to transpose acupuncture points from one species to the next.

In human acupuncture, many important acupoints lie between the carpus or tarsus and the digits. However, few species of domestic animals have five complete digits. Thus, accurately locating acupoints in the region of the distal extremities obviously becomes difficult or impossible when strictly following the meridian numbering system.

For example, let us consider the association point of the stomach (BL-21). In humans, this point is between the longissimus dorsi and iliocostalis muscles at the last (12th) thoracic vertebra. Where is this located in the horse, which has 18 thoracic vertebrae? In this case, should we locate the point at the 12th thoracic vertebra, the 18th thoracic vertebra, or somewhere in between? We tend to position it at the thoracolumbar junction (T18-L1) in the horse and caudal to the 13th thoracic vertebra in dogs.

Consider also instances when veterinary acupuncture makes use of points on the tail, an anatomic feature that humans obviously lack. For example, *Wei-jian*, an important point in animals, lies at the tip of the tail. Acupuncture at this site can treat cold, anhidrosis, and sunstroke, but this point cannot be found in the human.

Uncertainty of the Animal Meridians. Although animal meridians were mentioned in several ancient texts, they have never been identified with certainty. Recent studies suggest that the paths of meridians in animals are similar to those in humans, but further investigation is necessary to verify this.

Points with Identical Names But Different Locations Between Species. In some cases, acupoints may have a similar pinyin name in humans and animals, but there are discrepancies in the anatomic locations of these points. For example, the acupoint *Qu-chi* in humans is found at the elbow area (LI-11), but *Qu-chi* is also the name of a classical point located on the craniomedial aspect of the tarsus in the horse. Also, *Bai-hui* can refer both to a point that is located on the dorsal midline of the head between the ears as well as to a point in the lumbosacral space.

The meridian numbering system, therefore, is not ideal for nomenclature of the animal acupuncture points. Yet, regardless

of its shortcomings, this system remains quite popular outside of China because it is simple to understand and is deeply rooted in the traditional meridian theories.

CHINESE PINYIN NAMING SYSTEM

Pinyin is the standardized Latin spelling of Mandarin Chinese in which the traditional Chinese names of acupoints are spelled out in the Latin alphabet. For example, the point ST-36 is named *Hou-san-li* and LI-10 is *Qian-san-li*.

SERIATE NAMING SYSTEM WITH CHINESE PINYIN

The nomenclature of acupoints is based on both a set of serial numbers and the Chinese pinyin name. This book adopts this naming system for the classical acupoints in horses and dogs.

OTHER HISTORICAL SYSTEMS

Although other nomenclature systems have been used for animal acupuncture outside of China, these are generally only of historical or academic significance. Most are not in use and may only be found in the literature.

Phonetic Naming Systems. There are romanized Chinese, Japanese, and Korean naming systems that convert the sounds of the spoken language into the Roman-based equivalent. This transliteration results in naming the point *Qian-san-li* as *Chiensanli* or *Gongzi* as *Kungtxu*. In the end, this added little to understanding and standardization of acupuncture points and taxed an already overburdened nomenclature system for animal acupoints.

Region Naming Systems. This system divided the body into four regions: (1) the head and neck (HN), (2) the trunk (TK), (3) the forelimb (FL), and (4) the hind limb (HL). Every acupuncture point within each region is numbered. For instance, FL-7, known also as *Qiang-feng* by the Chinese pinyin system, would be the seventh point within the forelimb region. Similarly, HN-1 (*Da-feng-men*) is the first point within the head and neck.

2-2. CLASSIFICATION OF ACUPOINTS

Acupoints may be classified based on the acupuncture techniques, meridians, size, and actions.

TECHNIQUE

There are generally two kinds of acupuncture points that would require different kinds of stimulation techniques.

Conventional Acupoints. The majority of acupoints belongs to this category. These points are used for dry needling, aquapuncture, electroacupuncture, and moxibustion. For example, ST-36 can be used for the treatment of general weakness with dry needling, aquapuncture, or moxibustion.

Hemoacupoints. These points are on superficial blood vessels and are stimulated by using the hemoacupuncture technique. This is beneficial for acute excess heat pattern and *Qi*-blood stagnation pattern, but the hemoacupuncture technique is contraindicated for *Qi* and blood deficiency patterns. For instance, hemoacupuncture at *Yai-yang*, which is located on the transverse vein 1.5 cun lateral to the lateral canthus, is commonly used for fever and anhidrosis.

MERIDIANS

Acupoints may also be classified by their association with certain meridians.

Regular Points. Regular points are located on the 14 regular channels (LU, LI, ST, SP, HT, SI, BL, KID, PC, TH, GB, LIV, CV, and GV) and are typically identified by the alphanumeric numbering system (e.g., LU-11, SI-9, and GV-14). In total, there are 361 known acupoints on these channels.

Extra Points. These acupoints are located outside of the 14 regular channels. There are 44 extra points: 12 points in the head and neck region, 11 in the trunk, and 21 in the four limbs. They may be known only by their pinyin names. For example, *Tai-yang* and *Wei-jian* are two such points that may also be stimulated by the hemoacupuncture technique.

A-shi Points. These are spots that are not necessarily always located in a specific location. Rather, *A-shi* refers to the tender points. In some cases, these may be knots in muscles that are painful and may be needled to relieve the tension.

SIZE AND AREA

Acupoints come in a variety of sizes and shapes, which are also likely to be proportional to the size of the patient. Knowing the size and shape of the points can be beneficial to maximizing the effect of needling those points. Some of the large, wide points will be difficult to miss, but other points are much smaller and have a narrow margin for error.

Square Points. Acupoints located in a big hole or depression fit in this category. For example, SI-9 is a large depression in the junction between the deltoid and triceps brachii muscles. Similarly, *Bai-hui* is a large depression on the dorsal midline in the lumbosacral space.

Linear Points. Acupoints are considered to be linear when they extend for a certain distance along the pathway of the channel. One such point is ST-36.

Fine Points. These points are very small. One such point is BL-1.

ACTIONS

Acupuncture points may be characterized by their effect. Some have general effects, specific actions, or both. Some of the points with special actions are further divided into additional categories based upon the nature of these effects. These actions are described further in the next section.

2-3. THERAPEUTIC EFFECTS OF ACUPOINTS

A. General Therapeutic Effects

In general, acupuncture generates one or more of three kinds of therapeutic effects: local, remote, and special.

LOCAL THERAPEUTIC EFFECTS

One may use an acupoint for treatment of local problems. In other words, one chooses points largely based on their proximity to the troublesome area. The following are some examples:

- *Points around eyes* including BL-1, ST-1, GB-1, and BL-2 may benefit the patient suffering from conjunctivitis or other ophthalmic conditions.

- *Points around the throat* such as CV-23 and ST-9 may treat laryngeal hemiplegia.
- *Points around the shoulder* including TH-14, LI-15, LI-14, and SI-9 can be used for shoulder lameness.
- *Points around the hoof* such as PC-9, *Qian-ti-men*, TH-1, and LU-11 are often used for laminitis in the front limb.

REMOTE THERAPEUTIC EFFECTS

Distant points may also provide therapeutic effects. In these cases, one chooses an acupoint that lies upon a channel passing through the problematic organ or location. This allows a practitioner to make use of more points, especially when using local points that may be inaccessible or otherwise unavailable. It also allows one to treat internal organs through surface stimulation. Consider the following examples:

- LI-4 can be used locally for carpal pain, but since the Large Intestine Channel runs through the face and jaws, it also is beneficial for facial and dental conditions.
- The Stomach Channel runs through the abdomen. Thus, ST-36 treats local lower limb problems, but also it benefits gastrointestinal conditions.

SPECIAL THERAPEUTIC EFFECTS

Thousands of years of clinical practice along with modern research have demonstrated that certain acupoints possess special therapeutic effects. A practitioner may choose these points specifically for certain disease conditions.

- GV-14 can have an antipyretic effect. As such, it is very effective for high fever, especially fever of unknown origin.
- BL-67 is beneficial for abnormal position of a fetus.
- PC-6 assists with nausea and vomiting.
- HT-7 calms down the mind (*shen*) and benefits anxiety.
- A combination of ST-36, LI-4, and GV-14 is for immunodeficiency.

Some of these acupoints can even induce a dual regulation effect. For instance, GV-1 can be used for both diarrhea and constipation. The point BL-21 increases hypofunctional gastrointestinal motility, but it also decreases hyperactive motility. PC-6 is good for tachycardia, but also can treat bradycardia.

B. Special Acupoints

In addition to the above three general therapeutic effects, some acupoints have special functions and clinical applications. Special acupoints include five *Shu*-transporting points, *Yuan*-source points, back-*Shu* association points, front-*Mu* alarm points, *Luo*-connecting points, *Xi*-cleft points, lower *He*-sea points, eight influential points, eight confluent points, and crossing points.

FIVE SHU-TRANSPORTING POINTS

Five *Shu*-transportation points are special points of the 12 regular channels. These points are located distally between

the digits and the elbow or knee for the front and hind limbs, respectively. Moving from the digits to the elbow or knee, each channel has a *Jing*-well, *Ying*-spring, *Shu*-stream, *Jing*-river, and *He*-sea point.

The first chapter of *Spiritual Axis* states, “The *Qi*-blood of the Twelve Regular Meridians flows all over the body. The flow of *Qi*-blood running in Twelve Regular Channels from the extremities to the elbow or knee is flourishing gradually.” The flow of *Qi*-blood gains strength as it moves proximally along the limb. This process is like the flow of water in which the water first bubbles in a well and then gushes into a spring. The water from the spring flows into a small stream, which collects greater amounts of water and widens into a river. Eventually these rivers merge with the sea, where the water runs deeply and powerfully.

The five *Shu*-transporting points are listed in tables 2.2 and 2.3. One may use these points by approaching them from the perspective of the five levels or from five elements theory.

Five Levels of Five *Shu*-Transporting Points. Each of the five *Shu*-transporting points has a different level. The *Jing*-well, as the first level, is followed by *Ying*-spring, *Shu*-stream, *Jing*-river, and *He*-sea as the second, third, fourth, and fifth levels, respectively. The indication of each point varies with its level (table 2.4). *Lan Jing* (*Classic on Medical Problems*), another classical text, states that “*Jing* points are indicated in the fullness of the chest; *Ying* points in the febrile diseases; *Shu* points in the heavy sensation of the body and painful joints; *Jing* points in cough and asthma due to pathogenic cold and heat; and *He* points in diarrhea due to perverse flow of *Qi*.”

***Jing*-Well Point.** The *Qi* at a *Jing*-well point starts to bubble as water originates from a well. All the *Jing*-well

points are located on the distal digit except for KID-1. The *Jing Qi* (*Qi*-blood) in each meridian originates here.

The *Yin Jing*-well points related to the *Zang* organs (LIV, HT, PC, SP, LU, and KID) are beneficial for mental illness. This is because these *Jing*-well points belong to the element wood. Wood (liver) *Qi* easily stagnates and transforms into fire, and this fire/heat disturbs the *shen*. Thus, *Jing*-well points such as PC-9, HT-9, and LU-11 can be used for mental disorders and fullness of the chest.

The *Yang Jing*-well points of the *Fu* organs (GB, SI, TH, ST, LI, and BL) belong to the element metal. Metal can control wood. Thus, the *Yang Jing*-well points, such as LI-1 and ST-45, can soothe liver *Qi* and can be used for liver *Qi* stagnation.

***Ying*-Spring Point.** The *Ying*-spring point is the second most distal point of each channel, and its *Qi* is like gushing water. *Ying*-spring points control heat and can thus be used for heat patterns. For lung heat (fever, sore throat, cough), LU-10 (*Ying*-spring of lung meridian) can be used. For stomach heat or LI heat (fever, diarrhea), LI-2 (*Ying*-spring) and ST-44 (*Ying*-spring point) are used.

***Shu*-Stream Point.** The *Shu*-stream point is the third most distal point of each channel, and the *Qi* at this level flourishes. These points are located around the carpus or hock. *Shu*-stream points dominate pain.

The *Yin Shu*-stream points of the *Zang* organs (LIV, HT, PC, SP, LU, and KID) belong to the element earth (spleen). For this reason, *Yin Shu*-stream points are beneficial for swelling and heaviness since the spleen transforms damp-water and controls the four limbs and muscles. For example, LIV-3 is commonly used for general pain due to *Qi*-blood stagnation.

The *Yang Shu*-stream points are found on meridians of *Fu* organs (GB, SI, TH, ST, LI, and BL). These belong to wood (liver) and can be used for pain due to *Qi*-blood or liver *Qi* stagnation.

***Jing*-River Point.** The *Jing*-river point is the fourth level, and its *Qi* pours abundantly. *Jing*-river points are beneficial for cough and asthma. The *Yin Jing*-river points (LIV, HT, PC, SP, LU, and KID) belong to metal (lung), and thus points such as LU-8 may be used for cough or asthma due to lung deficiency. On the other hand, the *Yang Jing*-river points (GB, SI, TH, ST, LI, and BL) belong to fire. Because fire melts metal, points such as LI-5 may be used for cough or asthma due to lung fire/heat.

***He*-Sea Point.** The *He*-sea points are located around the elbow or the knee. The *Qi* of these points runs deeply with its full power. *He*-sea point dominates the pervasive flow of *Qi* and treats collapse of *Qi*. The *Yin He*-sea points (LIV, HT, PC, SP, LU, and KID), which belong to water (kidney), are used for impotence due to kidney *Yang* deficiency or dry cough due to kidney *Yin* deficiency. The *Yang He*-sea points (GB, SI, TH, ST, LI, and BL), which belong to earth (SP/ST), are used for diarrhea due to spleen *Qi* deficiency or vomiting due to pervasive flow of stomach *Qi*.

Five Elements of Five *Shu*-Transporting Points. Based on five-element theory, each channel has mother and son points

Table 2.2. Five *Shu*-transporting Points *Wushuxue* of the *Yin* Meridians

	<i>Jing</i> -well wood	<i>Ying</i> -spring fire	<i>Shu</i> -stream earth	<i>Jing</i> -river metal	<i>He</i> -sea water
LU	LU-11	LU-10	LU-9	LU-8	LU-5
PC	PC-9	PC-8	PC-7	PC-5	PC-3
HT	HT-9	HT-8	HT-7	HT-4	HT-3
SP	SP-1	SP-2	SP-3	SP-5	SP-9
LIV	LIV-1	LIV-2	LIV-3	LIV-4	LIV-8
KID	KID-1	KID-2	KID-3	KID-7	KID-10

Table 2.3. Five *Shu*-transporting Points *Wushuxue* of the *Yang* Meridians

	<i>Jing</i> -well metal	<i>Ying</i> -spring water	<i>Shu</i> -stream wood	<i>Jing</i> -river fire	<i>He</i> -sea earth
LI	LI-1	LI-2	LI-3	LI-5	LI-11
TH	TH-1	TH-2	TH-3	TH-6	TH-10
SI	SI-1	SI-2	SI-3	SI-5	SI-8
ST	ST-45	ST-44	ST-43	ST-41	ST-36
GB	GB-44	GB-43	GB-41	GB-38	GB-34
BL	BL-67	BL-66	BL-65	BL-60	BL-40

Table 2.4. Five Levels of the Five *Shu*-transporting Points

Five levels	Actions	Indications	Examples
<i>Jing</i> -well	<i>Qi</i> starts to bubble Controls mental illness	Mental illness related to <i>Zang</i> organs	PC-9 and HT-9 for anxiety
<i>Ying</i> -spring	<i>Qi</i> starts to gush Controls heat	Heat	LU-10 for lung heat (fever, sore throat, cough)
<i>Shu</i> -stream	<i>Qi</i> flourishes Controls pain	<i>Qi</i> -blood stagnation Painful conditions	LIV-3 for general pain due to <i>Qi</i> -blood stagnation
<i>Jing</i> -river	<i>Qi</i> pours abundantly Controls asthma or cough	Cough or asthma	LU-8 for cough due to lung deficiency LI-5 for cough due to lung heat
<i>He</i> -sea	<i>Qi</i> runs deeply with its full power	<i>Yin</i> points for kidney deficiency <i>Yang</i> points for GI conditions	LIV-8, KID-10 and SP-9 for renal failure ST-36 and GB-34 for vomiting

found among the five *Shu*-transporting points. When applying the five element theory to these points, there are two primary rules: (1) tonify the mother point for deficiency, and (2) sedate the son point for excess.

For example, let us consider the Lung Channel (LU) (fig. 2.1). The lung belongs to metal; thus, its mother is earth (spleen) and its son is water (kidney). As illustrated in figure 2.1, LU-9 is the *Shu*-stream point, and it belongs to earth. As such, it is considered the mother point of the channel.

Similarly, LU-5 is the *He*-sea point (belonging to water) and the son point.

For the Pericardium and Heart Channels, PC-9 and HT-9 are, respectively, the mother points, and PC-7 and HT-7 are the child points (fig. 2.2).

Similarly, SP-2 is the mother point, and SP-5 is the child point (fig. 2.3) of the Spleen Channel.

On the Large Intestine Channel, LI-11 is its mother point and LI-2 is its child point (fig. 2.4).

LU CHANNEL (METAL)

LU-9, *Shu*-stream point (earth)

As the mother of metal, earth supports a deficient lung

Use for Lung Deficiency

- Chronic cough/asthma
- Weak voice
- Thready pulse
- Pale tongue

LU-5, *He*-sea point (water)

As the son of metal, water drains the excess from the lung

Use for Lung Excess

- Acute cough
- Coarse voice
- Forceful pulse
- Red tongue

2.1. The mother and child point of LU Channel.

PC/HT CHANNEL (FIRE)

PC-9/HT-9 *Jing*-well point (wood)

As the mother of fire, wood supports deficiencies of the pericardium/heart

Use for Heart Deficiency

- Chronic anxiety, *shen* disturbance
- Insomnia
- Weak pulse

PC-7/HT-7 *Shu*-stream (earth)

As the son of fire, earth drains the excess from the pericardium/heart

Use for Heart Excess

- Restlessness
- Hyperactive
- Strong pulse

2.2. The mother and child point of PC/HT Channel.

SP CHANNEL (EARTH)**SP-2, *Ying-spring* point (Fire)**

↓
As the mother of earth,
fire supports deficiencies
of the spleen

Use for Spleen Deficiency

- Chronic diarrhea
- Muscle atrophy
- Lethargy

SP-5, *Jing-river* (Metal)

↓
As the son of earth,
metal drains the excess
from the spleen

Use for Spleen Excess

- Acute diarrhea
- Edema

2.3. The mother and child point of SP Channel.**LI CHANNEL (METAL)****LI-11, *He-sea* point (earth)**

↓
As the mother of
metal, earth supports
deficiencies of the
large intestine

Use for Large Intestine Deficiency**LI-2, *Ying-spring* point (water)**

↓
As the son of metal,
water drains the
excess from the
large intestine

Use for Large Intestine Excess**2.4. The mother and child point of LI Channel.**

Other channels are as follows (see also table 2.5):

ST Channel (earth): ST-41 (fire) as the mother point; ST-45 (metal) as the son point

SI Channel (fire): SI-3 (wood) as the mother point; SI-8 (earth) as the son point

BL Channel (water): BL-67 (metal) as the mother point; BL-65 (wood) as the son point

TH Channel (fire): TH-3 (wood) as the mother point; TH-10 (earth) as the son point

GB Channel (wood): GB-43 (water) as the mother point; GB-38 (fire) as the son point

How to Apply the Five Shu-Transporting Points.

Example 1. In the following situation, the clinical signs suggest a lung *Qi* deficiency (fig. 2.5). As the lung is associated

with the element metal, its mother is earth. Using the mother point will strengthen the lung and help to resolve the deficiency. Of the five *Shu*-transporting points on the Lung Channel, the earth point is LU-9. Thus, LU-9 is an appropriate choice for treatment.

Example 2. In the following situation, the clinical signs suggest lung heat (fig. 2.6). Using the son point will help to drain the excess from the lung and bring it back into balance. The child of metal is water. Thus, LU-5 is an appropriate choice for treatment.

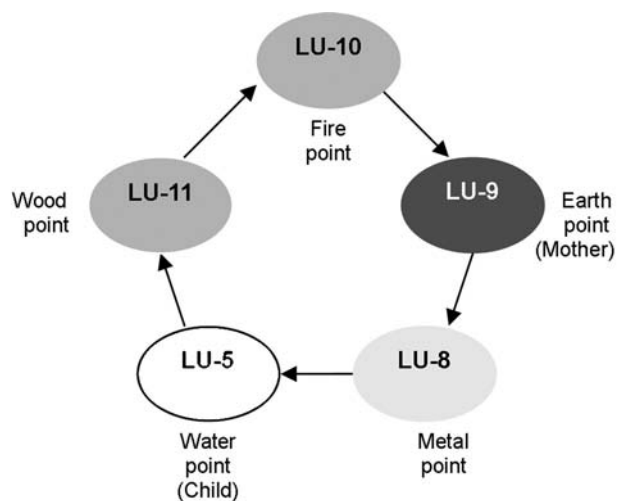
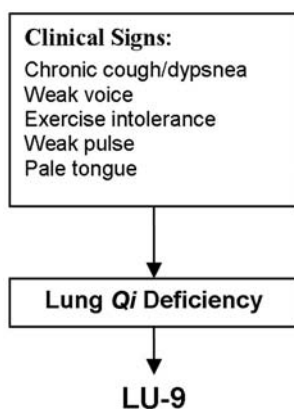
Example 3. In the following situation, the clinical signs suggest lung heat (fig. 2.7). Again, using the son point will help to drain the excess from the lung and bring it back into balance. The large intestine is the husband of the lung. This connection allows a practitioner to also use the Large Intestine Channel for treatment of the lung. Thus, choosing the child points (water) on both the Lung (LU-5) and Large Intestine (LI-2) Channels is appropriate.

Example 4. In the following situation, the clinical signs suggest heart blood deficiency (fig. 2.8). As the heart is associated with the element fire, its mother is wood. Using the mother point will strengthen the heart and help to resolve the deficiency. Of the five *Shu*-transporting points on the Heart Channel, the wood point is HT-9. Thus, HT-9 is an appropriate choice for treatment.

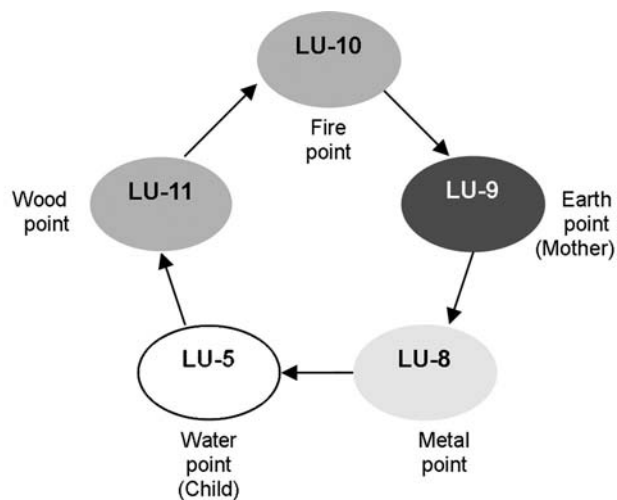
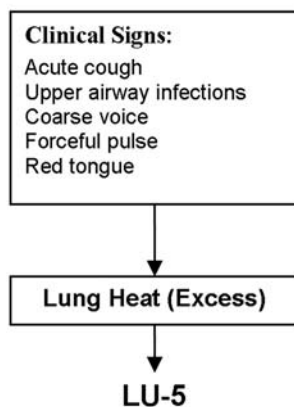
Example 5. In the following situation, the clinical signs suggest heart excess fire (fig. 2.9). Using the son point will help to drain the excess from the heart and bring it back into balance. The child of fire is earth. Thus, HT-7 is an appropriate choice for treatment.

Table 2.5. The Mother and Son Points of the Five-*Shu* Points

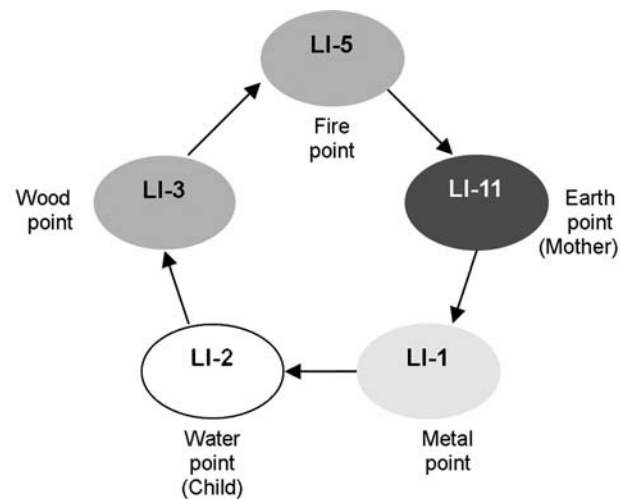
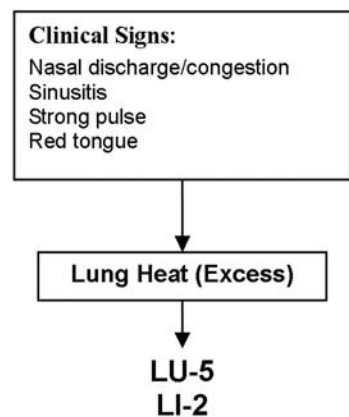
Meridian	Mother point for deficiency	Son point for excess
LU	LU-9	LU-5
LI	LI-11	LI-2
ST	ST-41	ST-45
SP	SP-2	SP-5
HT	HT-9	HT-7
SI	SI-3	SI-8
BL	BL-67	BL-65
KID	KID-7	KID-1
PC	PC-9	PC-7
TH	TH-3	TH-10
GB	GB-43	GB-38
LIV	LIV-8	LIV-2



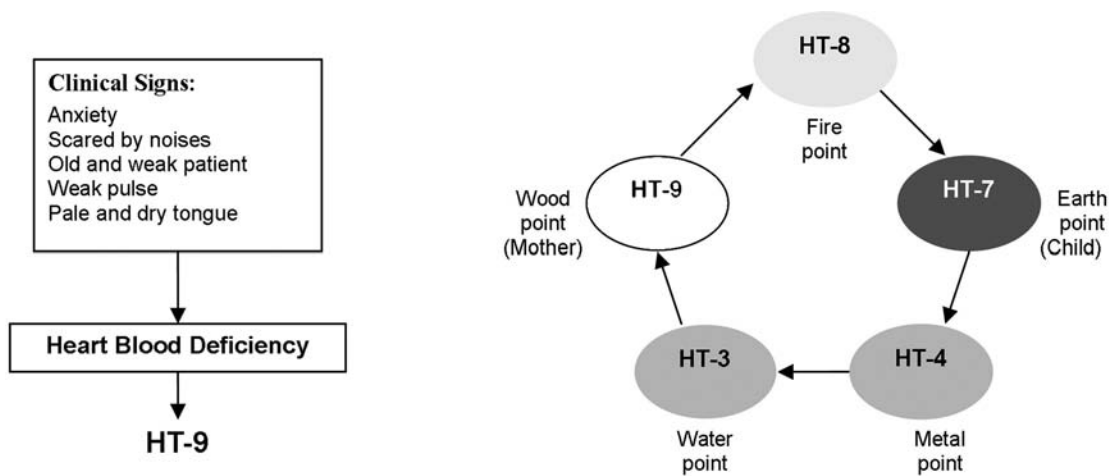
2.5. How to use the mother point of LU Channel (LU-9).



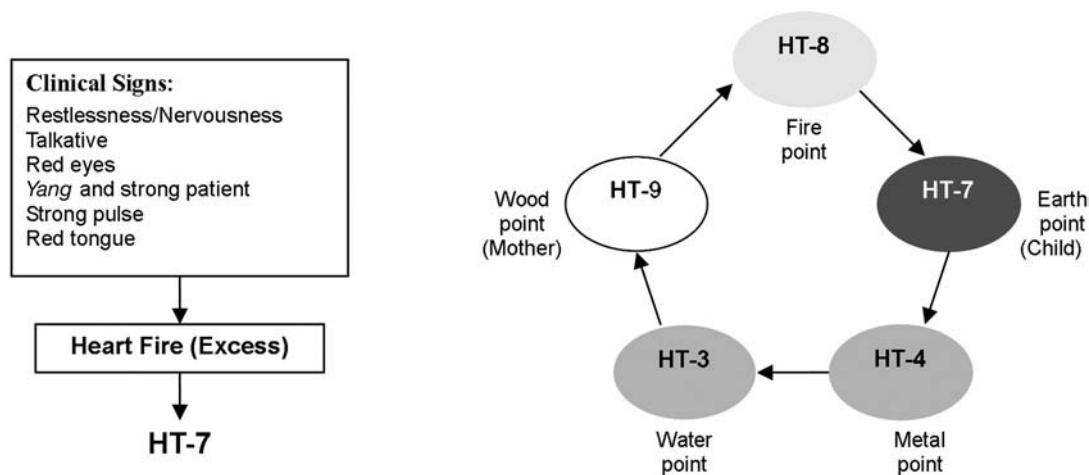
2.6. How to use the child point of LU Channel (LU-5).



2.7. How to use the child point of LI Channel (LI-2).



2.8. How to use the mother point of HT Channel (HT-9).



2.9. How to use the child point of HT Channel (HT-7).

Example 6. In the following situation, the clinical signs suggest stomach excess fire (fig. 2.10). Stomach is of the element earth. Using the son point for the stomach will help to drain the excess. The child of earth is metal, thus ST-45 (the metal point of the stomach) can help to bring the patient back into balance.

Example 7. In the following situation, the clinical signs suggest spleen *Qi* deficiency (fig. 2.11). Spleen is of the element earth and fire is its mother element. Using SP-2 will help to tonify the deficient spleen.

Self Quiz 1. In the following situation, the clinical signs suggest kidney *Qi* deficiency (fig. 2.12). Which point would you want to choose based upon the parent-child relationship of the five *Shu*-transporting points?

Answer: Kidney is of the water element. One should use the mother point to tonify a kidney *Qi* deficiency, thus KID-7 is an appropriate point.

Self Quiz 2. In the following situation, the clinical signs suggest liver *Qi* stagnation (fig. 2.13). Which point would you want to choose based upon the parent-child relationship of the five *Shu*-transporting points?

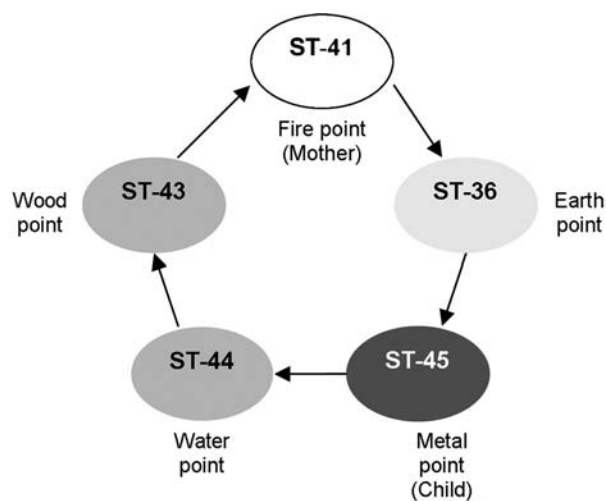
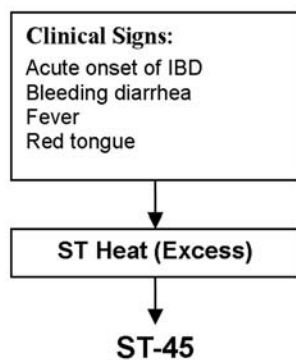
Answer: Liver is of the wood element. One should use the son point to sedate the excess in the liver, thus LIV-2 (fire point) is appropriate for treatment.

YUAN-SOURCE POINTS

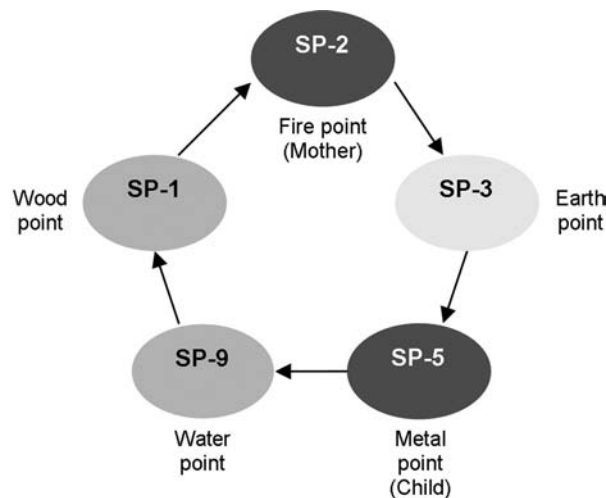
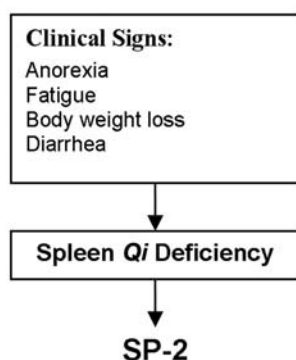
Yuan-source *Qi* originates from kidney essence and is distributed to each organ via the triple heater systems. *Yuan*-source *Qi* initializes the physiological activities of each organ. The *Yuan*-source point is the place that receives the *Yuan*-source *Qi* from kidney essence. This point, then, serves as both a repository and a distribution site of *Yuan*-source *Qi*.

Each channel has only one *Yuan*-source point, which is most commonly used for any disorder of the internal *Zang-Fu* organs. For example, KID-3 (*Yuan*-source point of KID Channel) is commonly used for kidney *Yin* or *Yang* deficiency. LIV-3 (*Yuan*-source point of LIV Channel) is often used for treatment of liver *Qi* stagnation. These points are all located around carpal/tarsal or metacarpal/metatarsal joints.

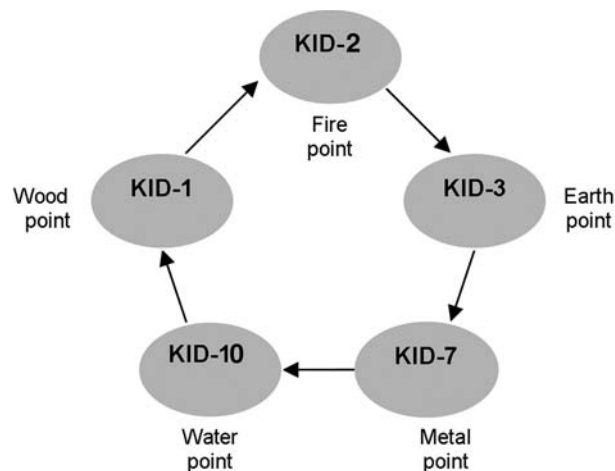
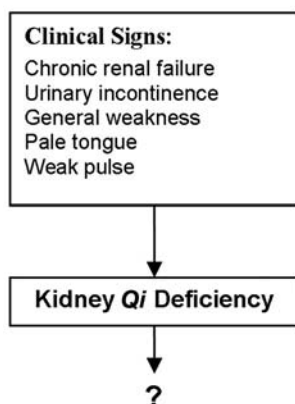
For the six *Yin* Channels, the *Yuan*-source points overlap with their *Shu*-stream points while the six *Yang* Channels have special locations for their *Yuan*-primary points. Thus,



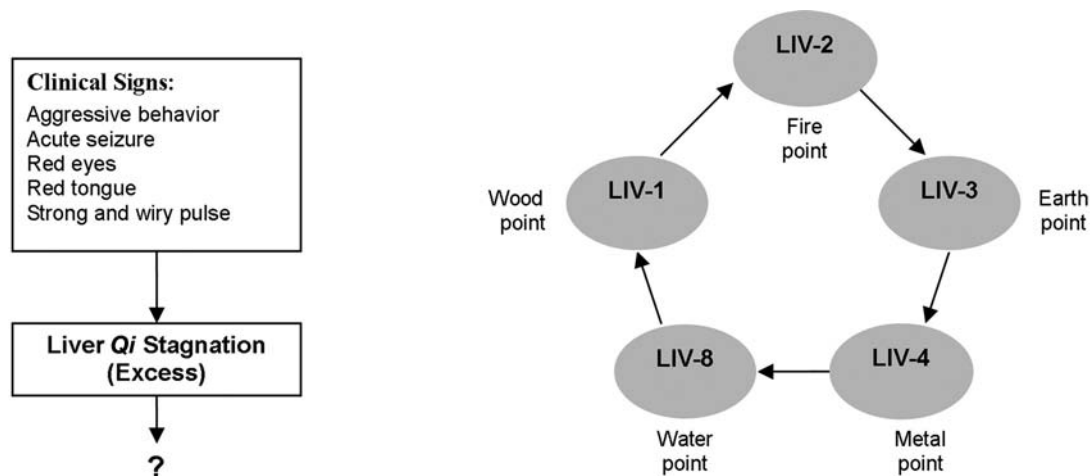
2.10. How to use the child point of ST Channel (ST-45).



2.11. How to use the mother point of SP Channel (SP-2).



2.12. How to use the mother point of KID Channel.



2.13. How to use the child point of LIV Channel.

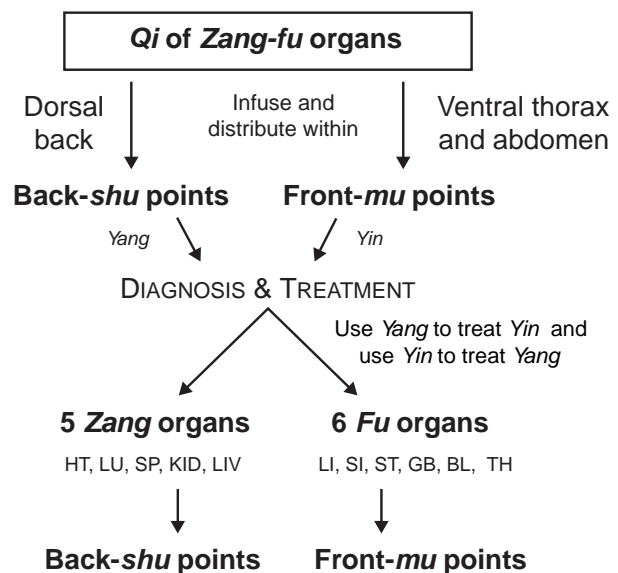
for the *Yin* meridians, the *Yuan* point is the same as the *Shu*-stream point (i.e., KID-3, LIV-3, SP-3, HT-7, PC-7, LU-9). The *Yuan* points for the *Yang* meridians of the front limb may be located by selecting the next point up from the *Shu*-stream point. This gives a formula similar to the following: Front limb *Yang* meridian *Yuan* point = *Shu*-stream + 1 (e.g., LI-4, SI-4, TH-4). For the hind limb, there is a similar formula except that the *Yuan* point for the *Yang* meridians is the next point down from the *Shu*-stream point: Hind limb *Yang* meridian *Yuan* point = *Shu*-stream – 1 (e.g., ST-42, GB-40, BL-64) (table 2.6).

BACK-SHU ASSOCIATION POINTS AND FRONT-MU ALARM POINTS

The *Qi* of *Zang-Fu* organs is infused within and distributed from both the back-*Shu* and front-*Mu* points. This causes these points to be excellent diagnostic indicators and treatment points. Sensitivity to palpation of back-*Shu* and front-*Mu* points can indicate a disorder of the corresponding *Zang-Fu* organ (fig. 2.14). For example, increased tenderness of BL-13 may suggest a lung problem. Tenderness at CV-12 indicates a stomach problem. These points may also be used to treat their corresponding *Zang-Fu* organs. For example, BL-21 and/or CV-12 can be used to treat stomach pain (table 2.7).

Table 2.6. *Yuan*-Source Points

Meridian	<i>Yuan</i> -primary point
LU	LU-9
LI	LI-4
ST	ST-42
SP	SP-3
HT	HT-7
SI	SI-4
BL	BL-64
KID	KID-3
PC	PC-7
TH	TH-4
GB	GB-40
LIV	LIV-3



2.14. The back-shu and front-mu points.

Table 2.7. The Back-*Shu* and Front-*Mu* Points

Organs	Back- <i>Shu</i> points	Lateral BL line	Front- <i>Mu</i> points
LU	BL-13	BL-42	LU-1
PC	BL-14	BL-43	CV-17
HT	BL-15	BL-44	CV-14
GV	BL-16	BL-45	
Blood	BL-17	BL-46	
LIV	BL-18	BL-47	LIV-14
GB	BL-19	BL-48	GB-24
SP	BL-20	BL-49	LIV-13
ST	BL-21	BL-50	CV-12
TH	BL-22	BL-51	CV-5
KID	BL-23	BL-52	GB-25
Qi	BL-24		
LI	BL-25		ST-25
<i>Guan-yuan</i>	BL-26		
SI	BL-27		CV-4
BL	BL-28		CV-3

LUO-CONNECTING POINTS

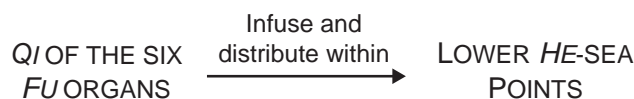
Why are LU and LI Channels known as the wife-husband or interior-exterior meridians? The answer is simply because in TCVM they are anatomically connected, and each affects the function of the other. It is through the *Luo*-connecting point where the wife-husband meridians meet and connect. Thus, this point could not only be used for problems with its own meridian, but also function to resolve problems in the wife-husband meridian. For example, LU-7 is used for cough, chest pain, and sore throat (lung meridian complaints), but it is also used for facial paralysis and nasal discharge (LI meridian complaints). Similarly, SP-4 is used for both spleen and stomach problems (table 2.8).

LOWER HE-SEA POINTS

Each of the 12 regular meridians has one *He*-sea point, but the *Yang* meridians also have lower *He*-sea points. The six

Table 2.8. *Luo*-Connecting Points

Meridian	<i>Luo</i> -connecting points
LU	LU-7
LI	LI-6
ST	ST-40
SP	SP-4
HT	HT-5
SI	SI-7
BL	BL-58
KID	KID-4
PC	PC-6
TH	TH-5
GB	GB-37
LIV	LIV-5
GV	GV-1
CV	CV-15
SP Major <i>Luo</i>	SP-21



2.15. *Lower He-sea points.*

Table 2.9. Lower *He*-sea Points

Six <i>Fu</i> organs	<i>He</i> -sea points	Lower <i>He</i> -sea points	Indication
ST	ST-36	ST-36	Nausea, vomiting, stomachache, gastric ulcer
LI	LI-11	ST-37	Diarrhea, intestinal ulcer, appendicitis, colitis, constipation
SI	SI-8	ST-39	Lower abdominal pain, diarrhea
GB	GB-34	GB-34	Vomiting, biliary disorders
BL	BL-40	BL-40	Dysuria, urinary incontinence, hip joint, back
TH	TH-10	BL-39	Edema, dysuria, urinary leakage

Yang meridians are divided into three pelvic limb *Yang* meridians (LI, SI, TH) and three thoracic limb *Yang* meridians (ST, BL, GB). The pelvic limb *Yang* meridians connect with the thoracic limb *Yang* meridians. Because all *Yang* meridians belong to the *Fu* organs and the *Qi* of these organs must be descending, each *Yang* meridian has a *He*-sea point in the rear limb (fig. 2.15 and table 2.9). This means that the lower *He*-sea points of the pelvic limb *Yang* meridians are the same as their regular *He*-sea points. However, each thoracic limb *Yang* meridian has an extra *He*-sea point in the rear limb.

XI-CLEFT POINTS

Xi means cleft or hole. Thus, the *Xi*-cleft points refer to the holelike areas on the limbs where the *Qi* and blood of each meridian converges and accumulates. One of the 16 *Xi*-cleft points is found on each of the 12 regular meridians as well as *Yin-qiao*, *Yang-qiao*, *Yang-wei*, and *Yin-wei* (table 2.10). These points are primarily used for acute *Zang-Fu* disorders. For example, ST-34 is used for acute epigastric pain. PC-4 is used for acute cardiac pain or chest pain. SI-6 is used for acute shoulder pain (fig. 2.16).

EIGHT INFLUENTIAL POINTS

Zang, *Fu*, *Qi*, blood, tendon, vessels, bone, and marrow are the eight most important tissues, organs, and systems. Each has a specific point that influences its functions (table 2.11).

EIGHT CONFLUENT POINTS

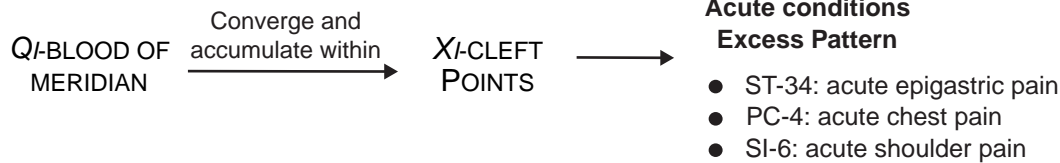
Eight confluent points are the sites of connection and communication between the 8 extraordinary channels and 12 regular channels. They are located around the carpal or hock areas. They are used for the treatment of the disorders of the corresponding 8 extraordinary channels and internal organs (table 2.12).

CROSSING POINTS

The crossing points refer to any sites where two or more channels meet. For example, SP-6 is the point where SP, KID, and LIV Channels intersect.

Table 2.10. *Xi*-Cleft Points

Meridian	<i>Xi</i> -cleft points	Indication
LU	LU-6	Acute infection of upper airway, hemoptysis
PC	PC-4	Acute chest pain
HT	HT-6	Acute cardiac pain
LI	LI-7	Acute borborygmus, acute abdominal pain
TH	TH-7	Acute epilepsy or seizure, deafness
SI	SI-6	Acute shoulder pain
ST	ST-34	Acute epigastric pain
GB	GB-36	Liver <i>Yang</i> rising
BL	BL-63	Headache, epilepsy, or seizure
SP	SP-8	Abdominal pain, diarrhea
LIV	LIV-6	Hernia
KID	KID-5	Irregular cycle, anestrus
<i>Yang-qiao</i>	BL-59	Lumbar-sacral pain
<i>Yin-qiao</i>	KID-8	Irregular cycle in mares
<i>Yang-wei</i>	GB-35	Fullness of chest
<i>Yin-wei</i>	KID-9	Hyperactivity



2.16. Xi-cleft points.

Table 2.11. Eight Influential Points

Structure	Influential points	Additional functions
Zang organs	LIV-13	SP front- <i>mu</i>
Fu organs	CV-12	ST front- <i>mu</i>
Qi	CV-17	PC front- <i>mu</i>
Blood	BL-17	
Tendon	GB-34	GB lower <i>He</i> -sea
Pulse and vessels	LU-9	LU <i>Yuan</i> -primary
Bone	BL-11	
Marrow	GB-39	
Phlegm	ST-40	
Wind/Trachea	BL-12	

Table 2.12. Eight Confluent Points

Confluent points	12 regular channels	8 extraordinary channels	Indications
PC-6 SP-4	PC SP	<i>Yin-wei</i> <i>Chong</i>	Heart, chest, stomach
LU-7 KID-6	LU KID	CV <i>Yin-qiao</i>	Lung, chest, throat
SI-3 BL-62	SI BL	GV <i>Yang-qiao</i>	Neck, shoulder, back, ear, medial canthus
TH-5 GB-41	TH GB	<i>Yang-wei</i> <i>Dai</i>	Shoulder, neck, cheek, retroauricle, outer canthus

2-4. METHODS TO LOCATE THE POINTS

Accurately locating acupoints is extremely important both for safety concerns and for the effects on the therapeutic outcome. There are three methods for locating the acupoints.

A. The Acupuncture Unit of Measurement of the Body

Acupuncture points may be located at certain distances from a body landmark or another point. Because of the differences in size between one individual and the next, we cannot use absolute measurements such as inches or centimeters. In acupuncture practice, it is common to use the unit “cun” to measure the body. The cun is a relative or proportional measurement unit, which is used to locate the *Jing-Luo* and acupuncture points. For example, there are always 12 cun between the wrist and elbow of every human being, so the distance between the wrist and the elbow is the same whether the person is seven feet tall or only reaches four feet. In modern

traditional Chinese medicine training for human acupuncturists in the United States, the term “anatomical Chinese inch,” abbreviated as ACI, is used synonymously with cun.

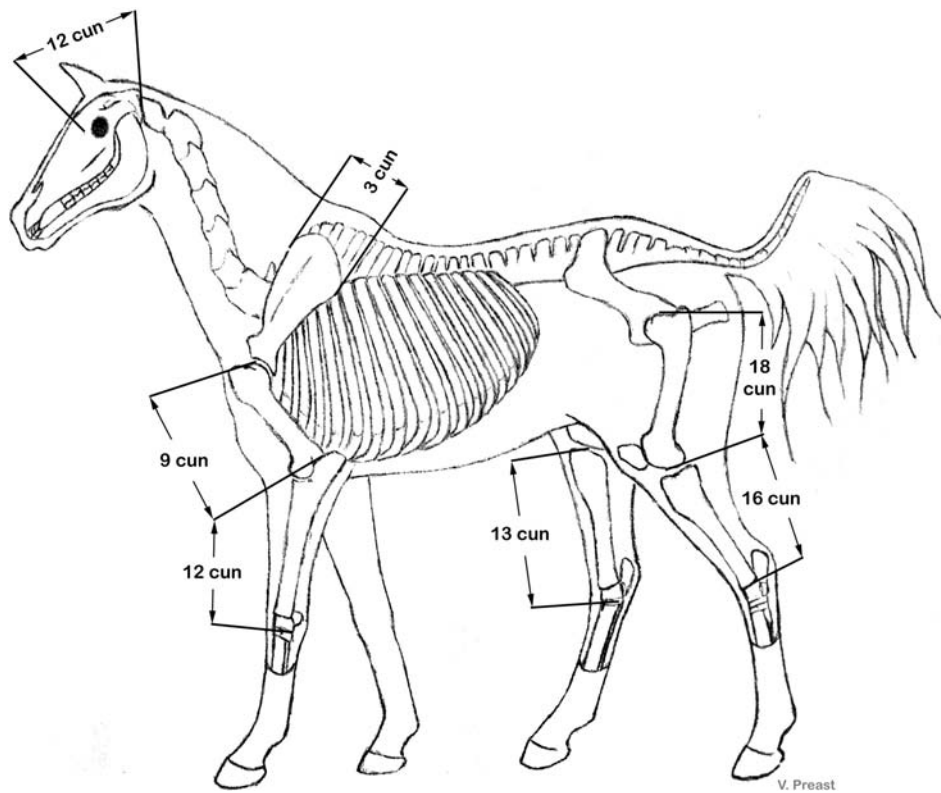
As shown in figure 2.17 of the horse, the distance from the point of the hip (the greater trochanter) to the center of the stifle is 18 cun. On the lateral leg, it is 16 cun from the center of the stifle to the center of the hock, but it is 13 cun on the medial leg. The scapula is 3 cun wide from cranial to caudal edge at its widest part. The distance from the point of the shoulder (the greater tubercle) to the elbow is 9 cun. The leg is 12 cun from the center of the elbow to the center of the carpus. On the head, the distance along the midline from the back of the skull to just cranial to the eyes is 12 cun.

As seen in figure 2.18 of the dog, the distance from the greater trochanter to the center of the stifle is 18 cun. On the lateral side, it is 16 cun from the center of the stifle to the lateral malleolus, but on the medial side it is 13 cun from the medial epicondyle of the tibia to the medial malleolus. The scapula is 3 cun wide from cranial to caudal edge. The distance from the greater tubercle to the elbow is 9 cun. The front leg is 12 cun from the center of the elbow to the area just proximal to the carpus. On the head, the distance from the back of the skull to just cranial to the eyes is 12 cun along the midline.

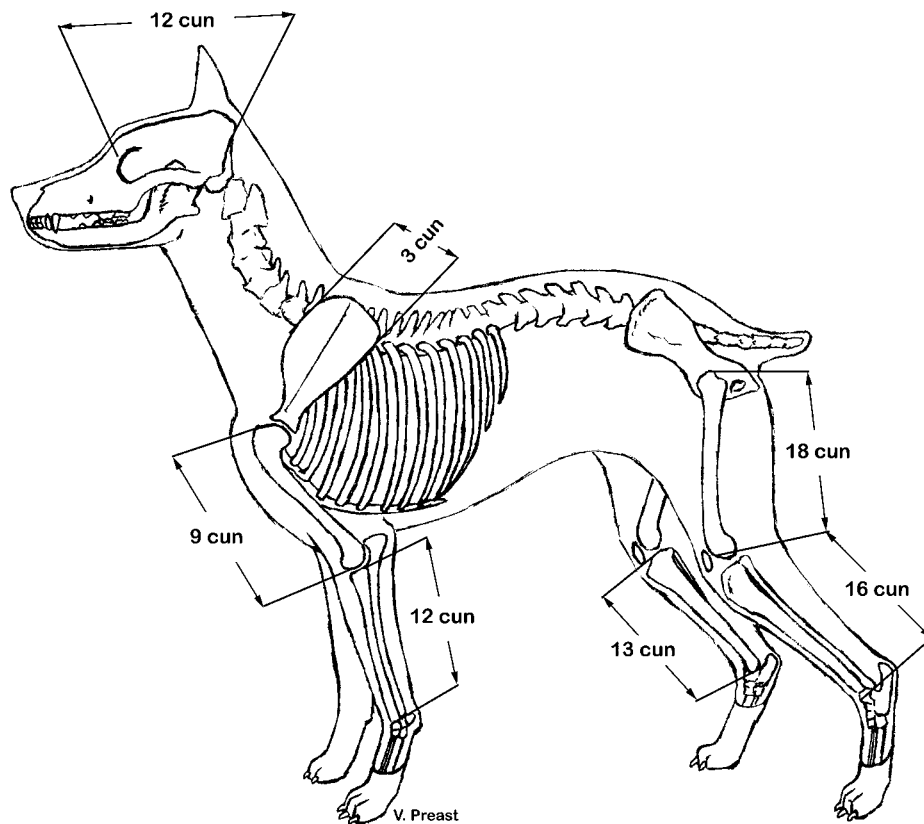
As illustrated in figure 2.19, the distance from the pubis to the umbilicus is 5 cun. The distance from the umbilicus to the xiphoid process is 8 cun. CV-12 is located halfway between the xiphoid process and the umbilicus. CV-14 is halfway between CV-12 and the xiphoid process. If the space between the pubis and the umbilicus is divided into five equal parts, the first and last points relate to CV-2 and CV-8, respectively. CV-2 is at the level of the pubis and CV-8 is the center of the umbilicus. CV-3, CV-4, CV-5, and CV-7 are located sequentially on each of the equidistant subdivisions. CV-6 is located halfway between CV-5 and CV-7.

B. Proportional Measurement

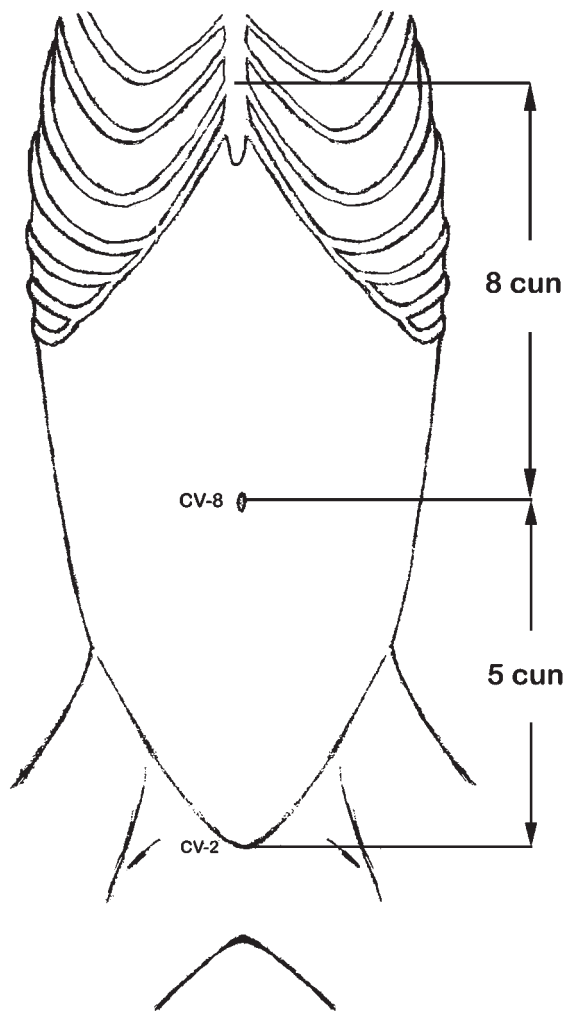
A part of the body or a limb is divided into a fixed number of equal length units. The acupoint location is expressed by counting in unit(s) derived from a reference point. For example, *Yan-chi* is a point on a perpendicular line extending from the tuber coxae to the dorsal midline. It is one-third of the way down this line from the tuber coxae. CV-12 is found at the midpoint of a line between the caudal end of the sternum and the umbilicus.



2.17. Cun measurements for the horse. (From Xie & Preast, *Traditional Chinese Veterinary Medicine, Vol. 1, Fundamental Principles*, Jing Tang, Beijing, 2002.)



2.18. Cun measurements for the dog. (From Xie & Preast, *Traditional Chinese Veterinary Medicine, Vol. 1, Fundamental Principles*, Jing Tang, Beijing, 2002.)



2.19. Cun measurement of the ventral abdomen. (From Xie & Preast, *Traditional Chinese Veterinary Medicine, Vol. 1, Fundamental Principles*, Jing Tang, Beijing, 2002.)

C. Anatomic Landmarks

The physical anatomy usually provides clear landmarks for finding acupoints. This is the most reliable way to determine the location of an acupoint because the points are mostly found on joints or superficial vessels or between bones and tendons. Although skeletal protuberances and muscle borders typically serve as useful guides, other structures may also be used. For example, *Bai-hui* is easily located because it resides on the dorsal midline in the lumbosacral space.

D. Tail Vertebral or Last Rib Cun Measurement

The length of the first tail vertebra is equal to one cun. The width of the last rib is equal to one cun.

E. Finger Cun Measurement

Finger cun measurements may only be used for locating points in large animals. One-finger cun is the width of the practitioner's second and third fingers at the joints of proximal and middle phalanges. Two-finger cun is the width of the second to the fifth fingers. In this case, one cun (the width of two fingers) is about 3 cm. Two cun, the width of four fingers (a hand), is about 6 cm.

3 Equine Transpositional Acupoints

Huisheng Xie and Lisa Trevisanello

Most acupoints are located along 14 regular channels. These channels are transposed from the human model. They include the Lung (LU), Large Intestine (LI), Stomach (ST), Spleen (SP), Heart (HT), Small Intestine (SI), Bladder (BL), Kidney (KID), Pericardium (PC), Triple Heater (TH), Gallbladder (GB), Liver (LIV), Governing Vessel (GV), and Conception Vessel (CV). An overview of each channel's path will facilitate location of the individual points.

LUNG CHANNEL (LU) 肺经

3 to 5 A.M.; Thoracic Tai-yin: from chest to front foot

The Lung Channel originates from the middle *jiao* (stomach) (fig. 3.1). It runs downward to connect with the large intestine organ. Turning back, it goes along the stomach and passes upward through the diaphragm to enter the lung. From there, it ascends to the throat, descends by the jugular grooves to the *shuang-fu-mai* (carotid artery, a location for equine pulse diagnosis), and emerges at LU-1 (*Zhong-fu*). LU-1 is located in the first intercostal space medial to the humerus, over the muscularis pectoralis descendens, directly medial to the cephalic vein.

From LU-1, the Lung Channel descends to reach the medial side of the elbow region at the cubital crease (LU-5, *Chize*). It then goes along the medial aspect of the antebrachial region (forearm) and craniomedial edge of the radius to an area just proximal to the carpus. From there it passes caudal to the carpus and metacarpus. It terminates at a point just proximal to the coronary band, cranial to the medial collateral cartilage (LU-11, *Shao-shang*).

LU-1 *Zhong-fu* (Central Storage) 中府

A commonly used point (fig. 3.2)

LOCATION

Depression in the middle of the pectoralis descendens muscle, 1.5 cun lateral to the pectoral sulcus (in the first intercostal space)

METHOD

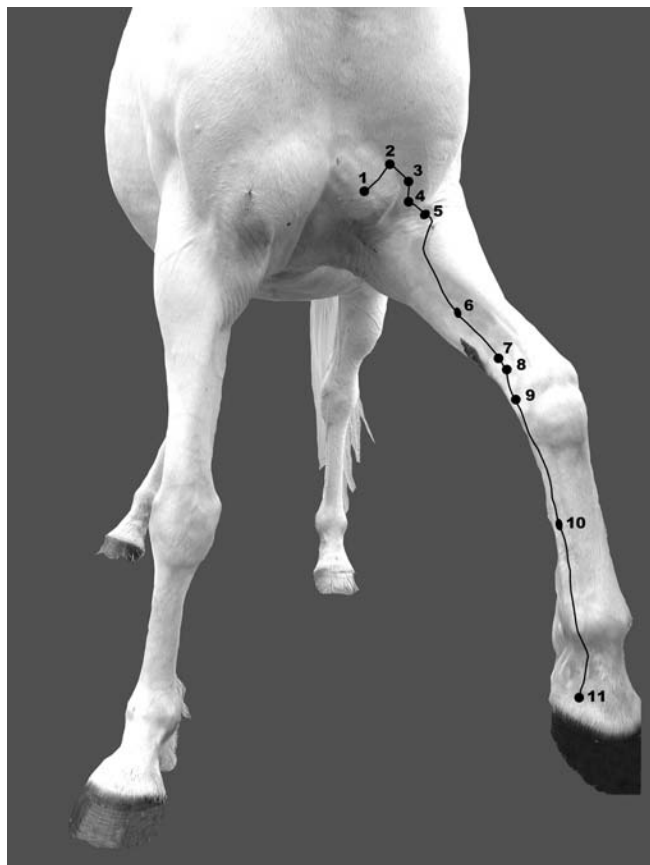
Perpendicular insertion: dry-needle depth 2 cun, aquapuncture depth 1 cun

INDICATION

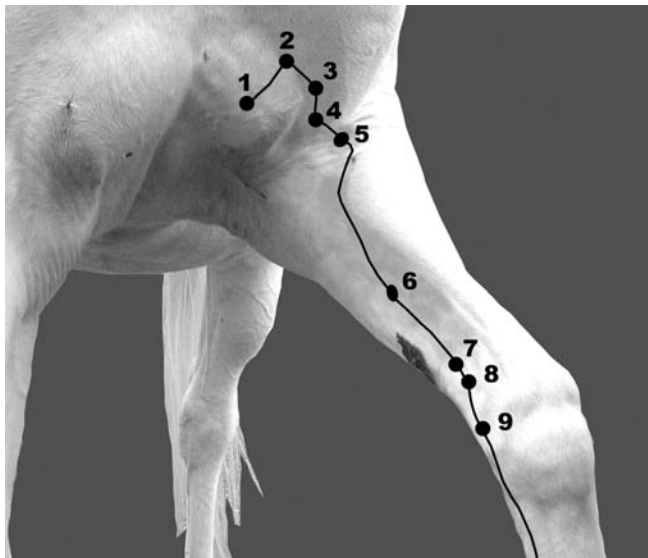
Alarm point for lung; cough, asthma, heaves, shoulder pain, chest pain

LU-2 *Yun-men* (Cloud Gate) 云门

Not a commonly used point (fig. 3.2)



3.1 Lung Channel of horse. (From H. Xie, Equine Acupuncture Chart, Chi Institute, Reddick, FL, 2003.)



3.2 LU acupoints of the chest and limb. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

LOCATION

In the descending pectoral m at the level of KID-27, halfway between the shoulder muscle and the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 1 cun, aquapuncture depth 0.5 cun

INDICATION

Cough, asthma, shoulder pain, chest pain

LU-3 *Tian-fu* (Celestial Mansion) 天府

Not a commonly used point (fig. 3.2)

LOCATION

In the upper $\frac{1}{3}$ of depression along the line between LU-2 and LU-5

METHOD

Perpendicular insertion: dry-needle depth 1 cun, aquapuncture depth 0.5 cun

INDICATION

Epistaxis, heaves, shoulder pain

LU-4 *Xia-bai* (Guarding White) 侠白

Not a commonly used point (fig. 3.2)

LOCATION

In a depression 1 cun ventral to LU-3.

METHOD

Perpendicular insertion: dry-needle depth 1 cun, aquapuncture depth 0.5 cun

INDICATION

Cough, anxiety, heaves

LU-5 *Chi-ze* (Cubit March) 尺泽

A very commonly used point (figs. 3.2 and 3.3)

LOCATION

On the medial side of the cubital crease, lateral to the tendon of the biceps brachii

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun, aquapuncture depth 1 cun

INDICATION

He-sea point (water). Lung excess heat, acute cough, dyspnea, hoarse voice, high fever, chest pain, sore throat, shoulder and elbow pain, diarrhea

LU-6 *Kong-zui* (Collection Hole) 孔最

Not a commonly used point (figs. 3.2 and 3.3)

LOCATION

7 cun proximal to LU-9, or 5 cun ventral to LU-5, in the most cranial muscle groove on the medial side between the extensor carpi radialis and the flexor carpi radialis

METHOD

Oblique insertion: dry-needle depth 1 cun

INDICATION

Xi-cleft point for lung. Acute upper airway inflammation, pharyngitis, shoulder and elbow pain

LU-7 *Lie-que* (Broken Sequence) 列缺

A very commonly used point (fig. 3.3a, b)

LOCATION

On the craniomedial edge of radius, just cranial to the cephalic vein at the level of the distal border of the chestnut, 1.5 cun proximal to the transverse crease of the carpal joint

METHOD

Oblique insertion: dry-needle depth 1 cun

INDICATION

Master point for the head and neck, *Luo*-connecting point of the LU Channel, confluent point with CV Channel. Cervical stiffness and pain, headache, facial paralysis, cough, heaves

LU-8 *Jing-qu* (Channel Ditch) 经渠

Not a commonly used point (fig. 3.3a, b)

LOCATION

In a depression 0.5 cun ventral to LU-7

METHOD

Oblique insertion: dry-needle depth 1 cun

INDICATION

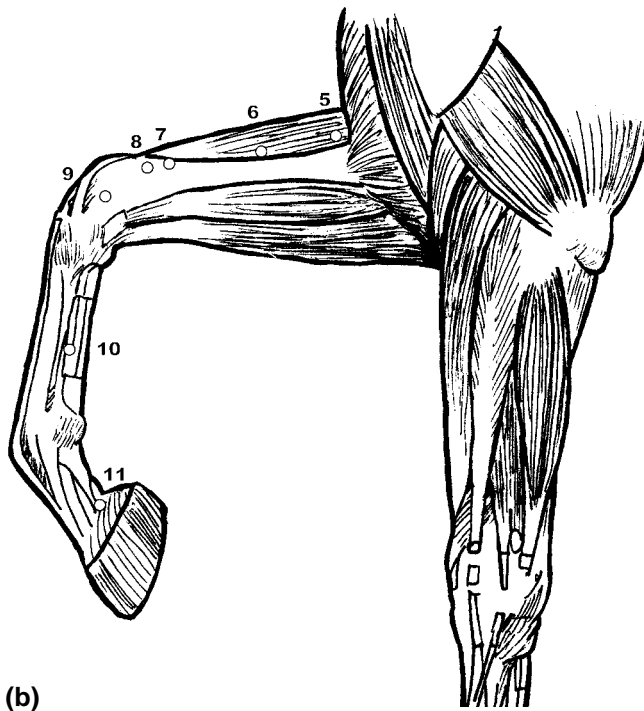
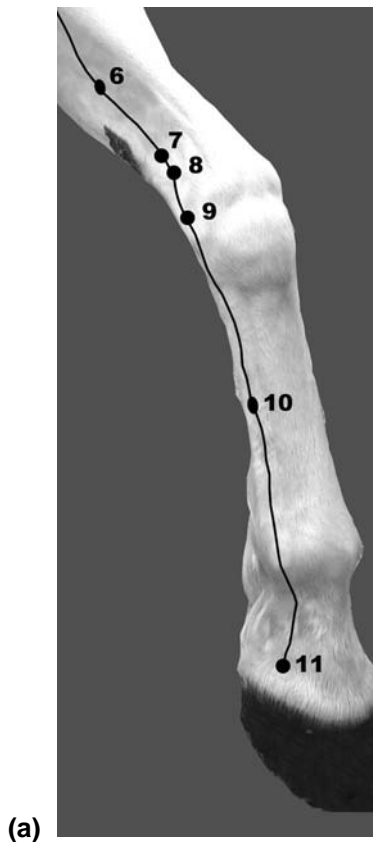
Jing-river point (metal). Pain in the carpal joint, chest pain, sore throat

LU-9 *Tai-yuan* (Great Abyss) 太渊

A commonly used point (fig. 3.3a, b)

LOCATION

On the medial side of the carpus at the junction of the radius and the first row of carpal bones, at the level of the accessory carpal bones



3.3 (a,b) LU acupoints of the forelimb. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

INDICATION

Shu-stream point (earth), *Yuan*-source point, influential point for pulse and vessels. Chronic cough, asthma, heaves, weak voice, carpal joint pain

LU-10 *Yu-ji* (Fish Margin) 鱼际

Not a commonly used point (fig. 3.3a, b)

LOCATION

On the medial side of the forelimb, at the halfway junction of the cannon (large metacarpal or third metacarpal), between the suspensory ligament and the palmar digital vein

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

INDICATION

Ying-spring point (fire). Lung heat, fever, sore throat, cough, tendonitis, carpal joint pain

LU-11 *Shao-shang* (Minor Merchant) 少商

A commonly used point (fig. 3.3a, b)

LOCATION

Caudomedial aspect of the front hoof, proximal to coronary band, just cranial to the medial collateral cartilage

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun, hemoacupuncture for excess conditions

INDICATION

Jing-well point (wood). Asthma, bleeder, cough, allergy (dust, mold, pollen), nasal discharge, lung problems, fatigue, sole bruising, laminitis

LARGE INTESTINE CHANNEL (LI) 大肠经

5 to 7 A.M.; Thoracic limb *Yang-ming*: from front foot to head

The Large Intestine Channel begins on the distal foreleg at a point proximal to the craniomedial aspect of the coronary band (fig. 3.4). The meridian travels proximally up the medial pastern and metacarpus and along the cranial aspect of the carpus. At the carpus, it moves laterally and continues proximally along the craniolateral foreleg up to the ventral neck. It continues along the larynx and mandible and ends at a point lateral to the ventral border of the nares.

LI-1 *Shang-yang* (Merchant Yang) 商阳

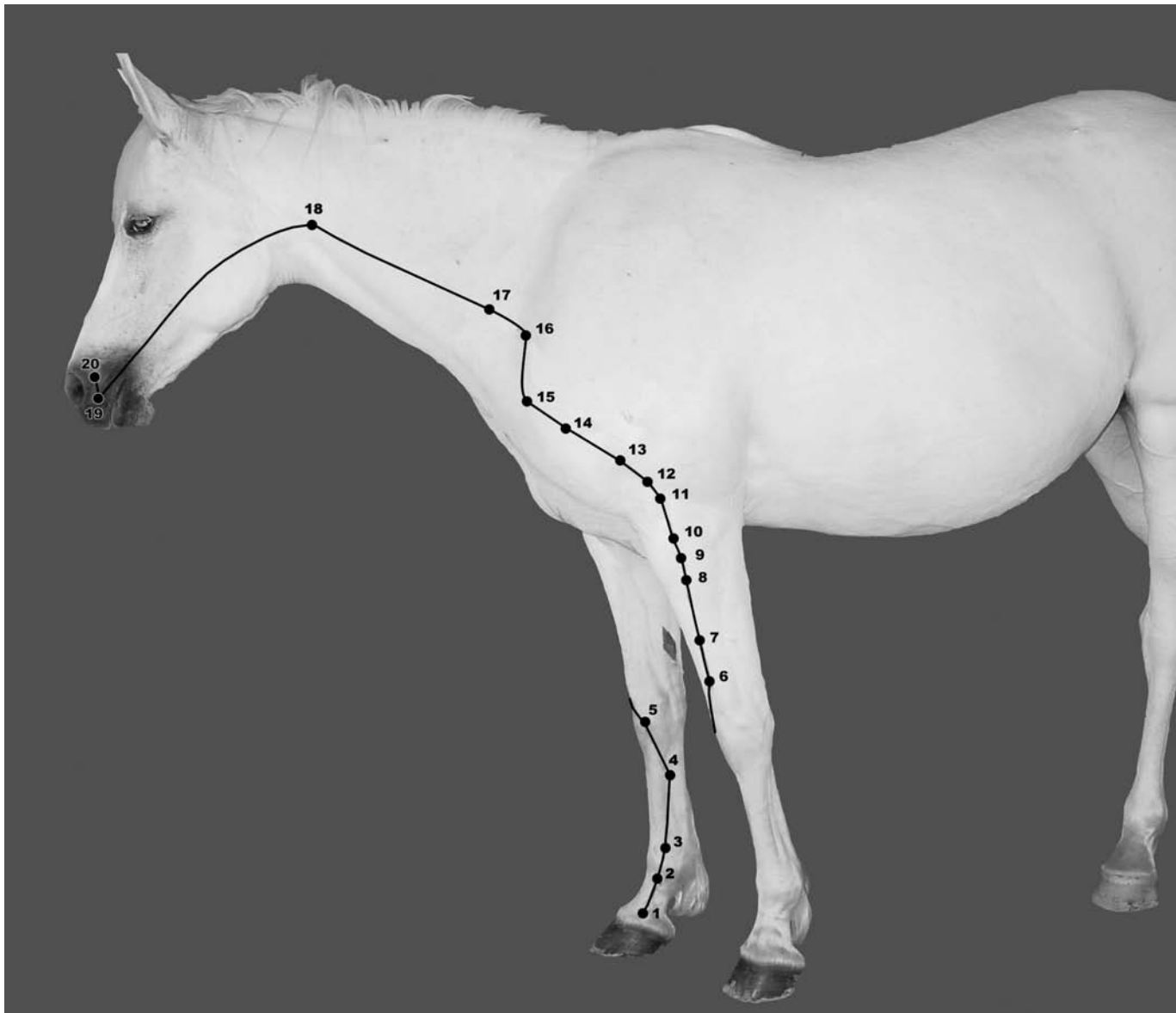
A very commonly used point (fig. 3.5a, b)

LOCATION

Craniomedial aspect of the front hoof, proximal to coronary band

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun, hemoacupuncture for excess conditions



3.4 LI Channel of horse. (From H. Xie, Equine Acupuncture Chart, Chi Institute, Reddick, FL, 2003.)

INDICATION

Jing-well point (metal). Nasal discharge, not wanting to be the leader in a race, shoulder pain or lameness, forelimb lameness, navicular disease, laminitis, side-bone, ring-bone, pharyngitis

LI-2 *Er-jian* (Second Space) 二间

A commonly used point (fig. 3.5a, b)

LOCATION

On the craniomedial side, distal to the fetlock joint, in the depression cranial to extensor branch of suspensory ligament attaching to the common digital extensor tendon

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

INDICATION

Ying-spring point (water). LI heat, fever, diarrhea, epistaxis

LI-3 *San-jian* (Third Space) 三间

A commonly used point (fig. 3.5a, b)

LOCATION

On the craniomedial aspect of the fetlock, distal to the end of the splint (second metacarpal), over the interosseous m.

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Shu-stream point (wood). Fetlock pain, tendonitis, dental pain, diarrhea, abdominal fullness

LI-4 *He-gu* (Union Valley) 合谷

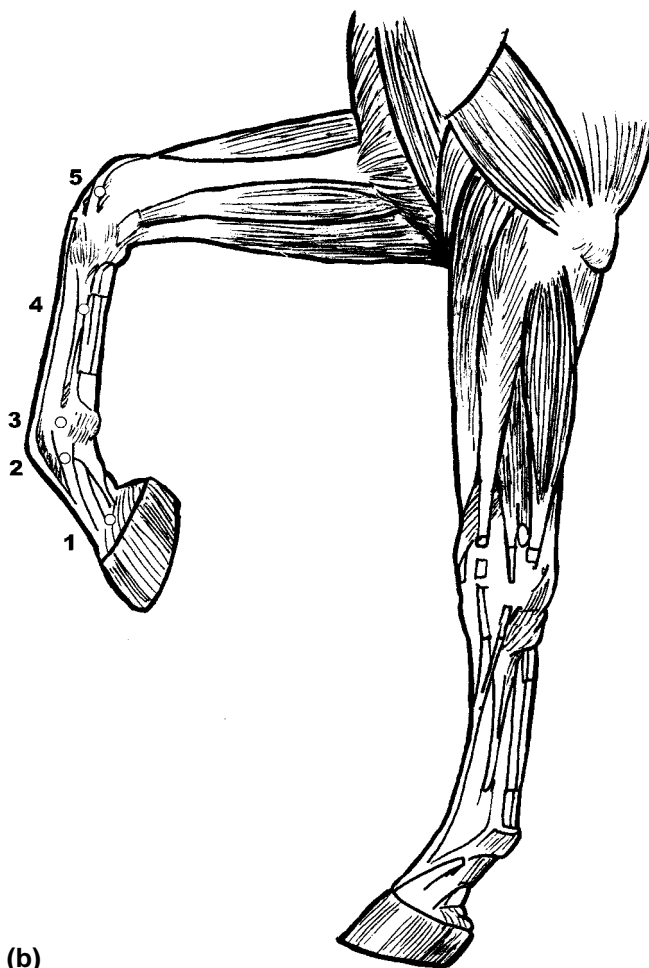
A very commonly used point (fig. 3.5a, b)

LOCATION

On the medial side of the foreleg, in the depression between the second metacarpal bone (splint) and third metacarpal



(a)



(b)

3.5 (a,b) LI acupoints of the forelimb (medial). (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

bone (cannon) at the upper one-third of the distance from the carpus to the fetlock

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Master point for the face and mouth, *Yuan*-source point. Facial paralysis, dental problems, epistaxis, sore throat, anhidrosis (nonsweater), tendonitis, fever, immunodeficiency

LI-5 *Yang-xi* (Yang Ravine) 阳溪

A commonly used point (fig. 3.5a, b)

LOCATION

In a depression between the second and third carpal bones on the craniomedial aspect of the carpus

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

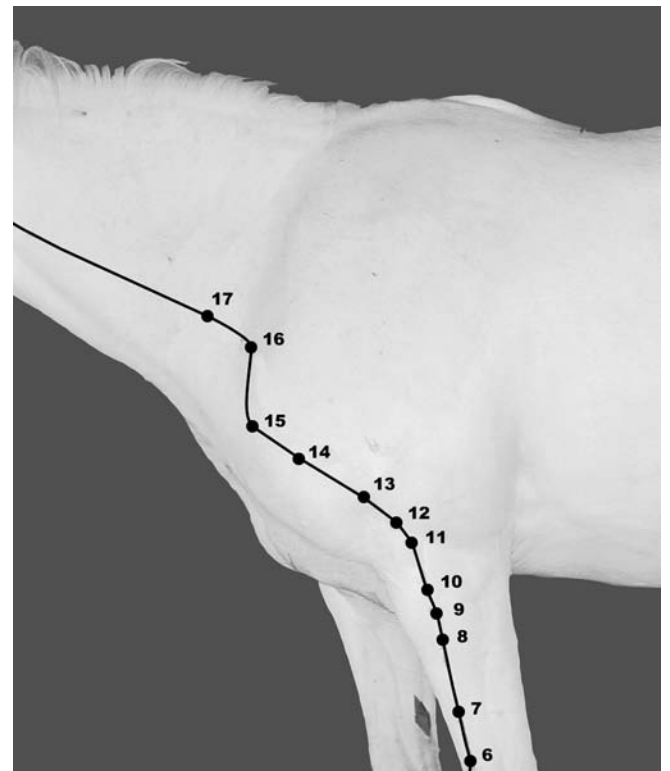
Jing-river point (fire). Carpal pain, sore throat, dental pain, deafness, headache

LI-6 *Pian-li* (Veering Passageway) 偏历

A commonly used point (figs. 3.6 and 3.7)

LOCATION

3 cun proximal to LI-5 in the most cranial muscle groove on the lateral surface of the foreleg (between the extensor carpi radialis and the common digital extensor)



3.6 LI acupoints of the forelimb (lateral). (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Luo-connecting point of the LI Channel. Epistaxis, sore throat, red eyes, tinnitus, edema

LI-7 *Wen-liu* (Warm Dwelling) 温溜

A commonly used point (figs. 3.6 and 3.7)

LOCATION

2 cun proximal to LI-6 in the same muscle groove

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Xi-cleft point. Acute borborygmus, acute abdominal pain

LI-8 *Xia-lian* (Lower Ridge) 下廉

Not a commonly used point (figs. 3.6 and 3.7)

LOCATION

4 cun distal to LI-11 in the same muscle groove

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Elbow pain, abdominal pain, headache

LI-9 *Shang-lian* (Upper Ridge) 上廉

Not a commonly used point (figs. 3.6 and 3.7)

LOCATION

3 cun distal to LI-11 in the same muscle groove

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Hemiplegia, radial paralysis, colic

LI-10 *Qian-san-li* (Front 3 Mile) 前三里

A very commonly used point (figs. 3.6 and 3.7)

LOCATION

2 cun distal to LI-11, in the same groove as LI-5 and LI-6

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Thoracic three mile point. Diarrhea, colic, front limb paralysis, dental pain, general weakness; substitute for ST-36

LI-11 *Qu-chi* (Pool on the Bend) 曲池

A very commonly used point (figs. 3.6 and 3.7)

LOCATION

In a depression cranial to the elbow (lateral aspect), in the transverse cubital crease, cranial to lateral epicondyle of humerus

METHOD

Perpendicular or oblique insertion: dry-needle depth 1.5 cun, aquapuncture depth 1 cun

INDICATION

He-sea point (earth, mother point). Sore throat, dental pain, uveitis, fever, hypertension, seizure, abdominal pain, diarrhea, front limb paralysis. Animal studies confirmed that strong stimulation at LI-11 and *Lan-wei-xue* (located at 2 cun distal to ST-36) effectively relieved appendicitis and cecal disorder.

LI-12 *Zhou-liao* (Elbow Hole) 肘髎

Not a commonly used point (figs. 3.6 and 3.7)

LOCATION

1 cun craniodorsal to LI-11 along the line connecting LI-11 and LI-15

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Elbow or shoulder lameness

LI-13 *Shou-wu-li* (Arm 5 Miles) 手五里

Not a commonly used point (figs. 3.6 and 3.7)

LOCATION

3 cun craniodorsal to LI-11 along the line connecting LI-11 and LI-15

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Muscle spasm or pain

LI-14 *Jian-yu* (Shoulder Clavicle) 肩髃

Not a commonly used point (figs. 3.6 and 3.7)

LOCATION

7 cun craniodorsal to LI-11 (or 2 cun caudoventral to LI-15 along the same line)

METHOD

Perpendicular or oblique insertion: dry-needle depth 1.5 cun

INDICATION

Shoulder lameness, cervical stiffness

LI-15 *Jian-jing* (Shoulder Well) 肩井

Not a commonly used point (fig. 3.7)

LOCATION

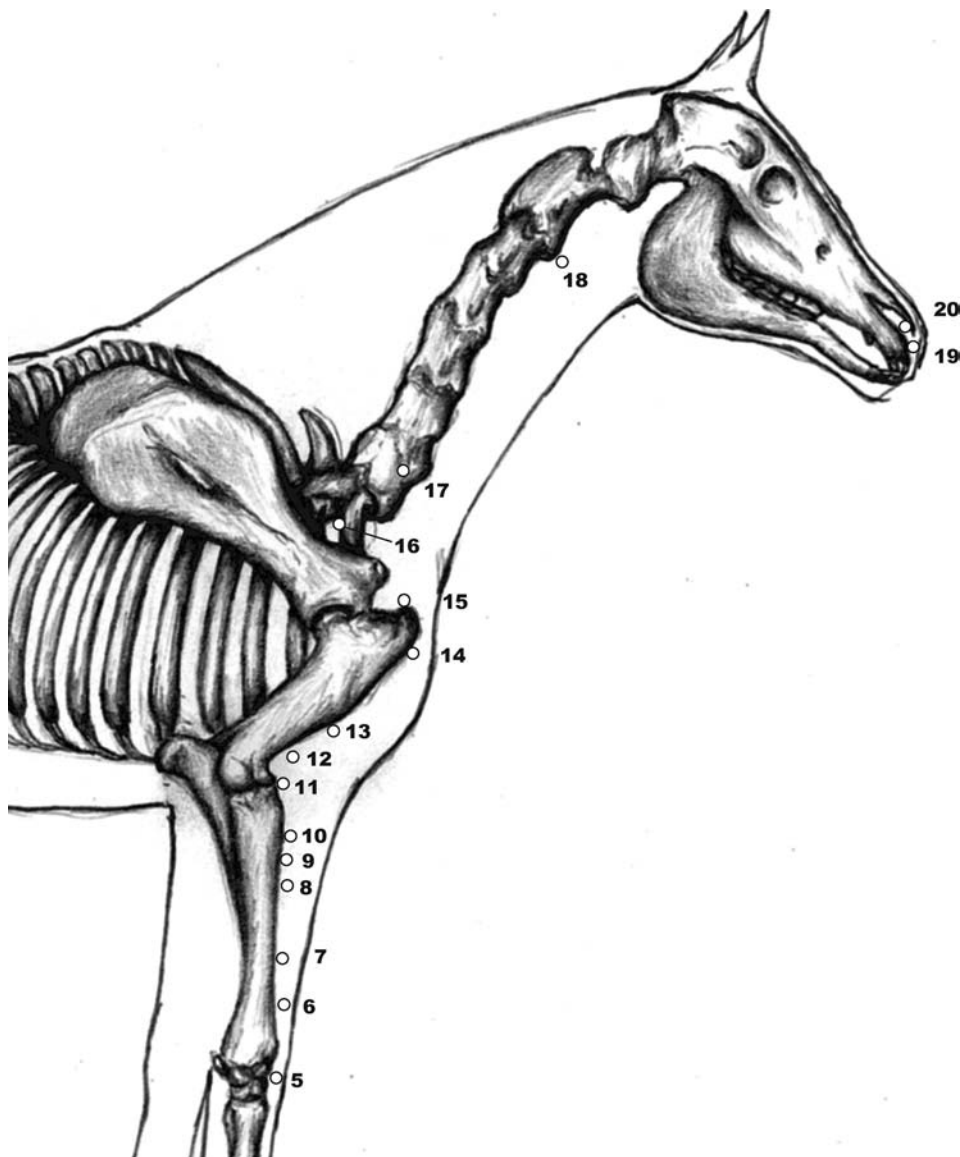
Just cranial to the point of the shoulder (cranial part of greater or lateral tuberosity of humerus)

METHOD

Perpendicular or oblique insertion: dry-needle depth 1.5 cun

INDICATION

Shoulder lameness



3.7 LI acupoints of the shoulder, neck and head. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

LI-16 *Ju-gu* (Great Bone) 巨骨

A commonly used point (figs. 3.6 and 3.7)

LOCATION

Along the cranial border of the scapula, in a depression $\frac{2}{3}$ the distance from TH-15 to the point of the shoulder. (TH-15 is in a depression on dorsal border of scapula at the junction of the scapula and scapular cartilage.)

METHOD

Perpendicular insertion: dry-needle depth 2 cun

INDICATION

Shoulder and elbow pain, forelimb lameness, forelimb paralysis

LI-17 *Tian-ding* (Celestial Tripod) 天鼎

A commonly used point (figs. 3.6 and 3.7)

LOCATION

2 cun craniodorsal to L-16, on the brachiocephalic m

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Laryngeal hemiplegia, sore throat, thyroid disorders, carpal pain, chronic distal forelimb pain. Diagnostic point for carpal disease

LI-18 *Fu-tu* (Protuberance Assistant) 扶突

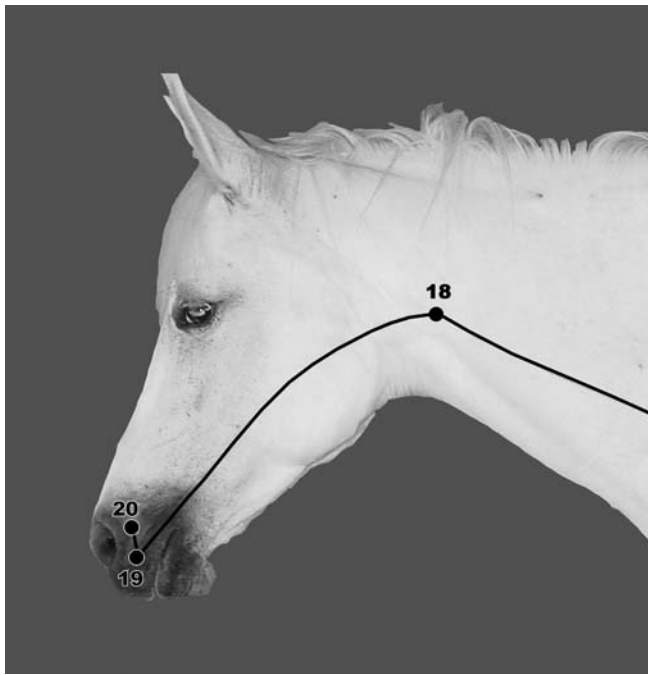
A commonly used point (figs. 3.7 and 3.8)

LOCATION

With the head extended, along the line of the ventral mandible to the depression just above the jugular groove

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun



3.8 LI acupoints of the neck and head. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

INDICATION

Diagnostic point for hoof problems, laryngeal hemiplegia, sore throat, thyroid disorders, cough, asthma

LI-19 *Kou-he-liao* (Mouth Grain Hole) 口禾廖

Not a commonly used point (figs. 3.7 and 3.8)

LOCATION

Along the lateral edge of nares, $\frac{1}{3}$ of the way rostral to the ventral edge

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Epistaxis, nasal congestion and discharge, facial paralysis

LI-20 *Ying-xiang* (Welcome Aroma) 迎香

A commonly used point (figs. 3.7 and 3.8)

LOCATION

Along the lateral edge of nares ($\frac{2}{3}$ rostral to the ventral edge), 1 cun caudal to the nares

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Nasal congestion and discharge, facial paralysis, epistaxis, facial pruritus, urticaria, sunstroke, cough, sinusitis, fever, cold

STOMACH CHANNEL (ST) 胃经

7 to 9 A.M.; Pelvic limb *Yang-ming*: from the head to hind foot

The stomach meridian begins on the head just ventral to the midpoint of the eye (fig. 3.9). It descends to curve around the edge of the lips, and then returns along the angle of the jaw in

front of the ear to the temporomandibular joint (TMJ). Subsequently, coursing along the ventral aspect of the neck and chest, it runs parallel to the ventral midline at a distance of about 1.5 cun. After reaching the groin, it runs toward the ventral aspect of the tuber coxae and travels along the cranial-lateral surface of the hind leg. It ends on the craniolateral aspect of the coronary band.

ST-1 *Cheng-qi* (Receiving Tears) 承泣

A commonly used point (fig. 3.10a, b)

LOCATION

Lower eyelid, $\frac{1}{3}$ of the way from the medial canthus

METHOD

Perpendicular insertion: dry-needle depth 0.1 cun

INDICATION

Conjunctivitis, uveitis, ocular discharge or swelling, eyelid tremor, facial paralysis

ST-2 *San-jiang* (Three River) 三江

A commonly used point (fig. 3.10a, b)

LOCATION

Ventral to the medial canthus, at bifurcation of the angular vein

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun, hemopuncture for excess eye problems or colic

INDICATION

Ocular pain or pruritus, colic, headache, eyelid tremor

ST-3 *Ju-liao* (Great Hole) 巨廖

Not a commonly used point (fig. 3.10a, b)

LOCATION

In the depression 2 cun dorsal to the dorsal edge of nares

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Facial paralysis, epistaxis, toothache, swelling of the lips or cheeks

ST-4 *Suo-kou* (Locking Mouth) 锁口

A commonly used point (fig. 3.10a, b)

LOCATION

0.5 cun caudal to the lateral commissure of the mouth

METHOD

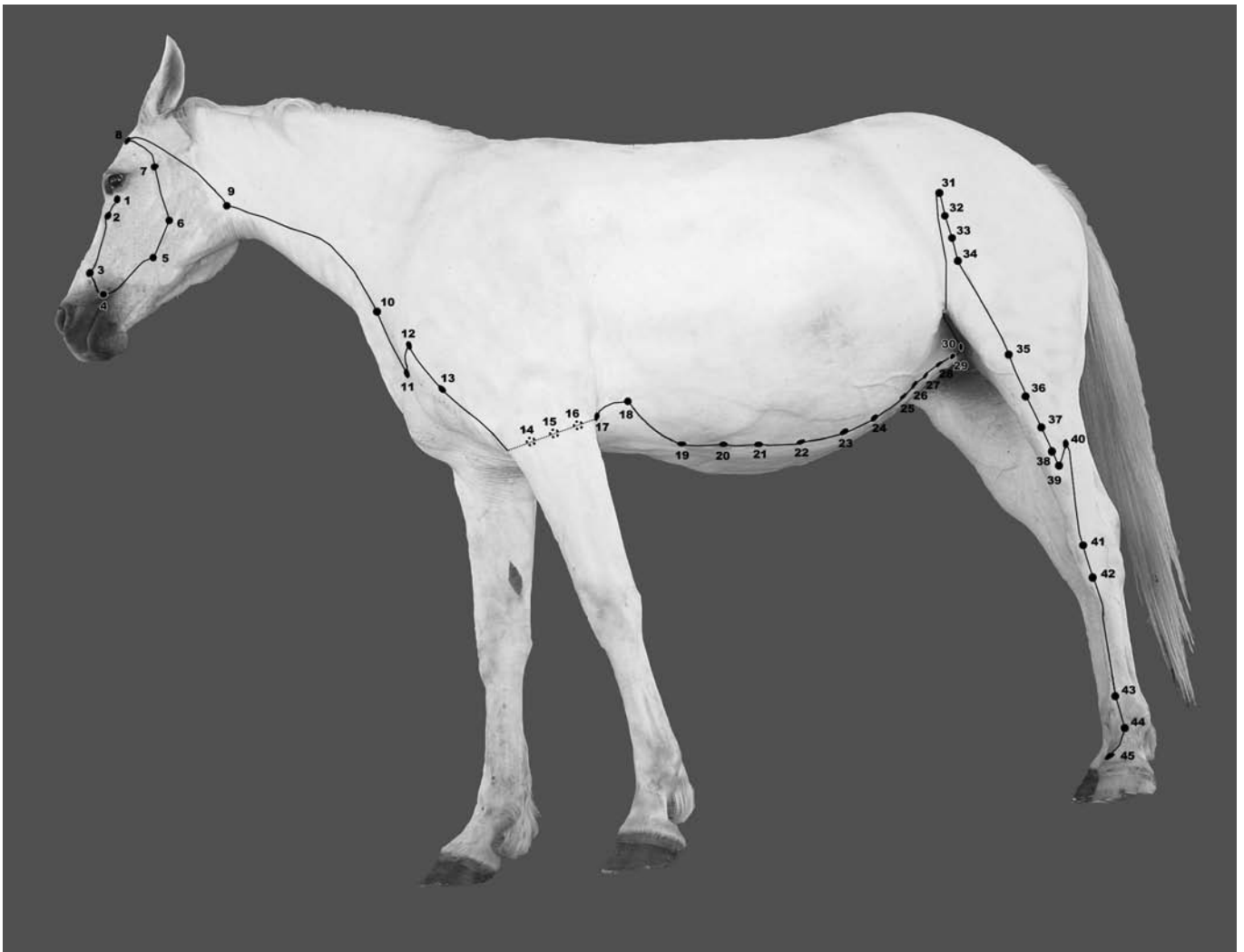
Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Facial paralysis, excess salivation, eyelid tremor

ST-5 *Kai-guan* (Open Close) 开关

A commonly used point (fig. 3.10a, b)



3.9 Stomach Channel of horse. (From H. Xie, Equine Acupuncture Chart, Chi Institute, Reddick, Florida, 2003.)

LOCATION

5 cun caudal to the lateral commissure of the mouth, along the rostral border of the masseter muscle, at the level of the medial canthus of the eye

METHOD

Perpendicular or oblique insertion: dry-needle depth 1 cun

INDICATION

Facial paralysis, tetanus, swelling or pain of cheek/jaw, toothache

ST-6 *Bao-sai* (Embrace Mandible) 抱腮

A commonly used point (fig. 3.10a, b)

LOCATION

2 cun caudal to ST-5, dorsal to the intermediate tendon of the masseter m in the center of the muscle belly; located in a depression when the jaw is open

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun, hem-acupuncture for excess conditions

INDICATION

Facial paralysis, tetanus, jaw swelling, jaw pain, cheek swelling, toothache, TMJ problems

ST-7 *Xia-guan* (Lower Joint) 下关

A very commonly used point (fig. 3.10a, b)

LOCATION

In a depression ventral to the temporomandibular joint (TMJ)

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

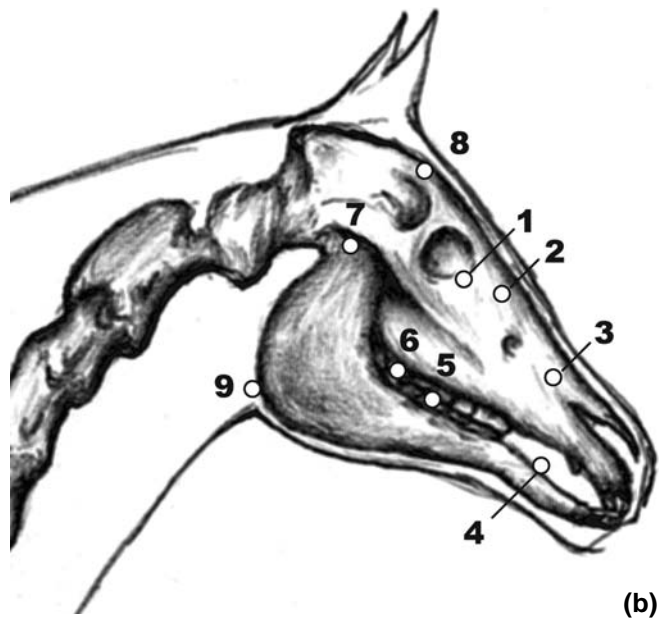
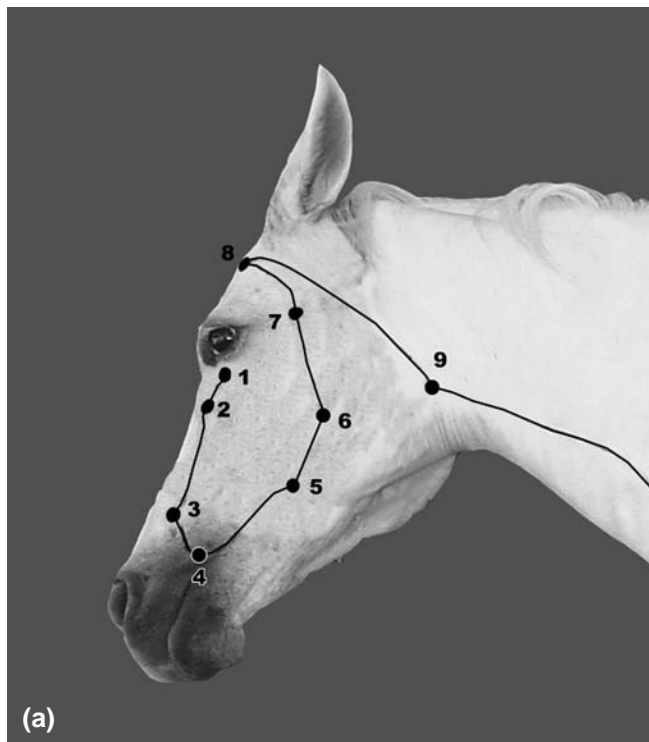
Facial paralysis, tetanus, stomach ulcer, TMJ problems

ST-8 *Tou-wei* (Head Corner) 头维

Not a commonly used point (fig. 3.10a, b)

LOCATION

In the depression dorsal to the supraorbital fossa, 1 cun cranial to the ear base of ear, rostral to TH-22



3.10 (a,b) ST acupoints of the head. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Head shaking, ocular discharge, headache, eyelid tremor

ST-9 Ren-ying (Man's Prognosis) 人迎

Not a commonly used point (fig. 3.10a and b)

LOCATION

In the depression caudal to the angle of mandible (lower jaw)

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Laryngeal hemiplegia, sore throat, hypertension, thyroid disorder, heaves

ST-10 Shui-tu (Water Prominence) 水突

A commonly used point (fig. 3.11)

LOCATION

Place the heel of your hand on the point of the shoulder (right hand on right shoulder) and grab the muscle above jugular groove with the thumb and index finger; the index finger marks ST-10.

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Diagnostic point for the ipsilateral stifle; cough and dyspnea.

ST-11 Qi-she (Qi Abode) 气舍

Not a commonly used point (fig. 3.11)

LOCATION

At the level of the shoulder point, 2 cun dorsal to KID-27 (between the sternum and first rib, 2 cun lateral to the ventral midline)

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Sore throat, heaves, cervical stiffness, tumor mass

ST-12 Que-pen (Empty Basin) 缺盆

Not a commonly used point (fig. 3.11)

LOCATION

In the depression 2 cun dorsolateral to ST-11

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Cough, heaves, dyspnea, asthma

CAUTIONS

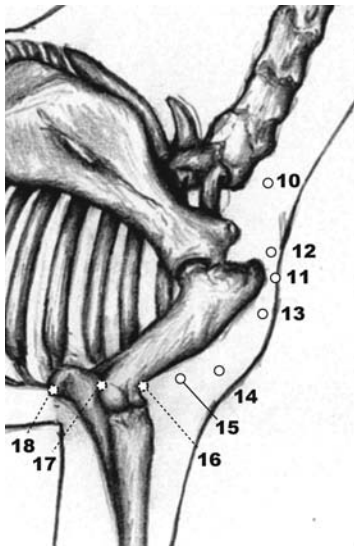
Contraindicated during pregnancy

ST-13 Qi-hu (Qi Door) 气户

Not a commonly used point (fig. 3.11)

LOCATION

In a depression 4 cun lateral to the midline, at the level with LU-1



3.11 ST Acupoints of the neck and shoulder. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Chest pain, cough, and heaves

ST-14 *Ku-fang* (Storage Room) 库房

Not a commonly used point (fig. 3.11)

LOCATION

At the first intercostal space, 4 cun lateral to the midline

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Chest pain, cough, and heaves

ST-15 *Wu-yi* (Roof) 屋翳

Not a commonly used point (fig. 3.11)

LOCATION

At the second intercostal space, 4 cun lateral to the midline

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Cough, heaves, mastitis

ST-16 *Ying-chuang* (Breast Window) 膺窗

Not a commonly used point (fig. 3.11)

LOCATION

At the third intercostal space, 4 cun lateral to the midline

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Mastitis, chest pain

ST-17 *Ru-zhong* (Breast Center [Nipple]) 乳中

Not a commonly used point (fig. 3.12)

LOCATION

At the fourth intercostal space, 4 cun lateral to the midline, at the level of CV-17

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Mastitis

CAUTIONS

Contraindicated for needling

ST-18 *Ru-gen* (Breast Root) 乳根

Not a commonly used point (fig. 3.12)

LOCATION

At the fifth intercostal space, 4 cun lateral to the midline

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Mastitis, cough, and heaves

ST-19 *Bu-rong* (Not Contained) 不容

Not a commonly used point (fig. 3.12)

LOCATION

Six cun cranial to the umbilicus, 2 cun lateral to the midline

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Gastric disorders, anorexia, abdominal fullness

ST-20 *Cheng-man* (Assuming Fullness) 承满

Not a commonly used point (fig. 3.12)

LOCATION

Five cun cranial to the umbilicus, 2 cun lateral to the midline

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Gastric ulcer, anorexia, abdominal pain

ST-21 *Liang-men* (Beam Gate) 梁门

Not a commonly used point (fig. 3.12)

LOCATION

Four cun cranial to the umbilicus, 2 cun lateral to the midline

METHOD

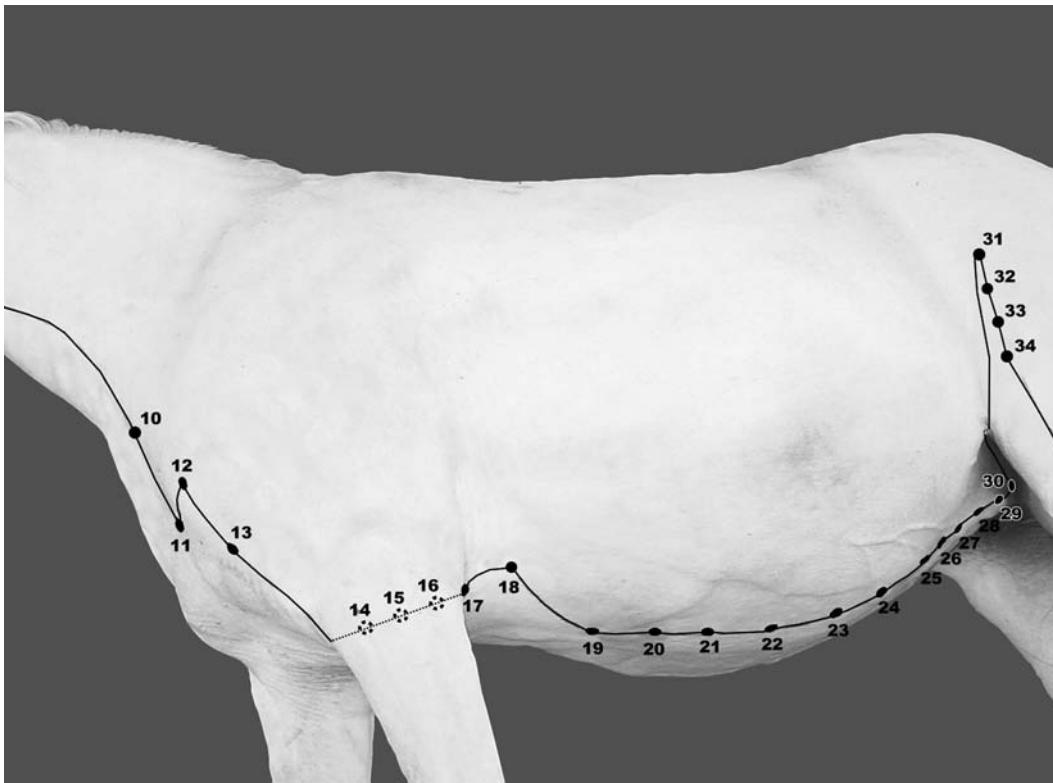
Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Gastric pain, anorexia, diarrhea

ST-22 *Guan-men* (Pass Gate) 关门

Not a commonly used point (fig. 3.12)



3.12 ST acupoints of the ventral thorax. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

LOCATION

Three cun cranial to the umbilicus, 2 cun lateral to the midline

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Colic, diarrhea

ST-23 *Tai-yi* (Supreme Unity) 太乙

Not a commonly used point (fig. 3.12)

LOCATION

Two cun cranial to the umbilicus, 2 cun lateral to the midline

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Anxiety, restless

ST-24 *Hua-rou-men* (Slippery Flesh Gate) 滑肉门

Not a commonly used point (fig. 3.12)

LOCATION

One cun cranial to the umbilicus, 2 cun lateral to the midline

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Gastric pain

ST-25 *Tian-shu* (Celestial Pivot) 天枢

A commonly used point (fig. 3.12)

LOCATION

Two cun lateral to the umbilicus

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Alarm point for the large intestine; release heat and relieve constipation using acupressure

CAUTIONS

Contraindicated for pregnancy

ST-26 *Wai-ling* (Outer Mound) 外陵

Not a commonly used point (fig. 3.12)

LOCATION

One cun caudal to the umbilicus, 2 cun lateral to the midline

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Colic, hernia

ST-27 *Da-ju* (Great Gigantic) 大巨

Not a commonly used point (fig. 3.12)

LOCATION

Two cun caudal to the umbilicus, 2 cun lateral to the midline

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Stranguria, hernia, impotence, Lin syndrome

ST-28 *Shui-dao* (Water Pathway) 水道

Not a commonly used point (fig. 3.12)

LOCATION

Three cun caudal to the umbilicus, 2 cun lateral to the midline

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Urinary disorders, stranguria, *Lin* syndrome

ST-29 *Gui-lai* (Return) 归来

Not a commonly used point (fig. 3.12)

LOCATION

Four cun caudal to the umbilicus, 2 cun lateral to the midline

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Hernia, uterine disorders

ST-30 *Qi-chong Qi* (Surging) 气冲

Not a commonly used point (fig. 3.12)

LOCATION

At the level of the pubis, 5 cun caudal to the umbilicus, 2 cun lateral to the midline

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Hernia, infertility, abnormal cycling, hernia, colic, swelling in penis or scrotum or genitals

ST-31 *Ju-liao* (At the Hip) 居寥 or***Bi-guan* (Thigh Joint) 髀关**

A commonly used point (fig. 3.13)

LOCATION

In the depression 1.5 cun caudoventral to the lower border of tuber coxae

METHOD

Perpendicular insertion: dry-needle depth 2 cun

INDICATION

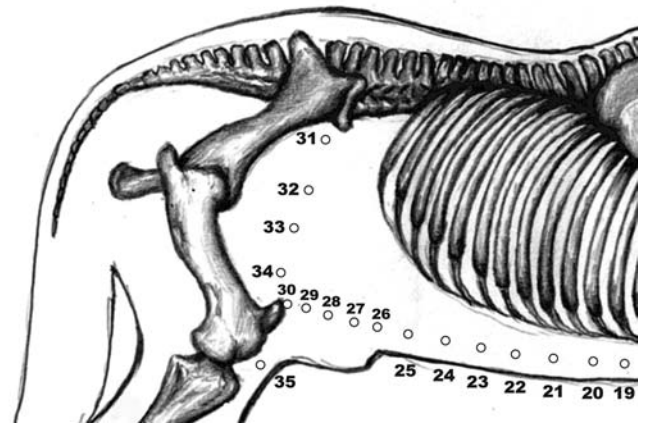
Wei syndrome, colic, stifle pain or arthritis

ST-32 *Fu-tu* (Crouching Rabbit) 伏兔

Not a commonly used point (fig. 3.13)

LOCATION

Upper $\frac{1}{3}$ between ST-31 and ST-34



3.13 ST acupoints of the upper hind limb (Lateral). (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Lumbar pain, stifle pain, hind limb paralysis, hernia

ST-33 *Yin-shi* (Yin Market) 阴市

Not a commonly used point (fig. 3.13)

LOCATION

Lower $\frac{1}{3}$ between ST-31 and ST-34

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Wei syndrome, hind limb paralysis, hernia, colic, abdominal distention

ST-34 *Liang-qiu* (Beam Hill) 梁丘

A commonly used point (fig. 3.13)

LOCATION

Two cun proximolateral to the patella, in the belly of the vastus lateralis m

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Xi-cleft points, acute epigastric pain, stifle pain and swelling, paralysis of hind limb, urinary hemorrhage

ST-35 *Lue Cao* (Stifle) 掠草

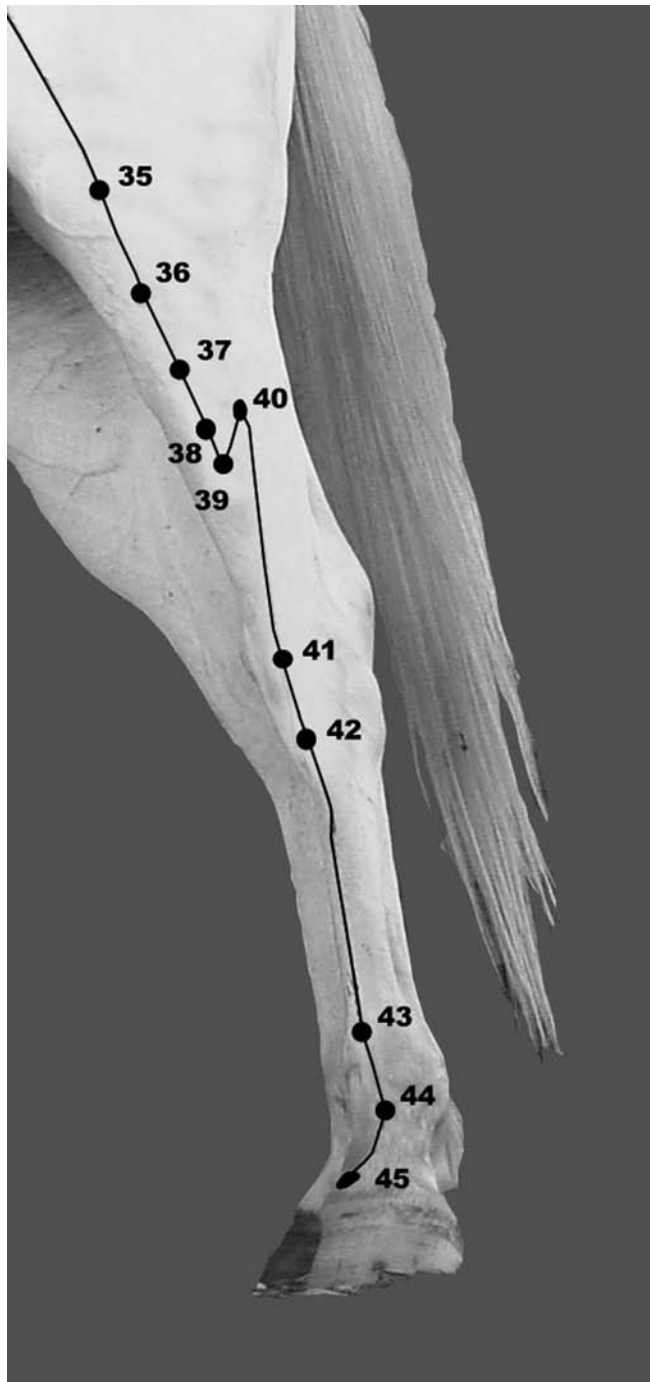
A commonly used point (figs. 3.14 and 3.15)

LOCATION

Between the distal border of the patella and the proximal border of the tibia, in a depression between middle and lateral patellar ligament

METHOD

Perpendicular insertion: dry-needle depth 1 cun



3.14 ST acupoints of the lower hind limb (surface view). (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

INDICATION

Ligament problems of the stifle, arthritis

ST-36 *Hou-san-li* (Rear 3 Miles) 后三里

A very commonly used point (figs. 3.14 and 3.15)

LOCATION

Three cun distal to ST-35, 0.5 cun lateral to the cranial aspect of the tibia crest, over the cranial tibialis m

METHOD

Oblique insertion: dry-needle depth 1.5 cun

INDICATION

Master point for GI tract and abdomen, *He*-sea point (earth). Nausea, vomiting, stomach pain, gastric ulcer, food stasis, general weakness, constipation, diarrhea

ST-37 *Shang-ju-xu*

(Upper Great Hollow) 上巨虚

A commonly used point (figs. 3.14 and 3.15)

LOCATION

Three cun distal to ST-36, 0.5 cun lateral to the cranial aspect of the tibia, over cranial tibialis m

METHOD

Perpendicular or oblique insertion: dry-needle depth 1.5 cun

INDICATION

Lower *He*-sea point for the LI Channel. Diarrhea, intestinal ulcer, appendicitis, colitis

ST-38 *Tiao-kou* (Ribbon Opening) 条口

A commonly used point (figs. 3.14 and 3.15)

LOCATION

Two cun distal to ST-37, 0.5 cun lateral to the cranial aspect of the tibia, over cranial tibialis m

METHOD

Perpendicular or oblique insertion: dry-needle depth 1.5 cun

INDICATION

Colic, paralysis of hind limb, ligament/tendon problems, shoulder pain

ST-39 *Xia-ju-xu* (Lower Great Hollow) 下巨虚

A commonly used point (figs. 3.14 and 3.15)

LOCATION

One cun distal to ST-38, 0.5 cun lateral to the cranial aspect of the tibia, over the cranial tibialis m

METHOD

Perpendicular or oblique insertion: dry-needle depth 1.5 cun

INDICATION

Lower *He*-sea point for the SI Channel. Lower abdominal pain, diarrhea, colic, impaction

ST-40 *Feng-long* (Bountiful Bulge) 丰隆

A commonly used point (figs. 3.14 and 3.15)

LOCATION

0.5 cun lateral to ST-38 (8 cun proximal to the lateral malleolus) between the long and lateral digital extensor mm.

METHOD

Perpendicular or oblique insertion: dry-needle depth 1.5 cun

INDICATION

Luo-connecting point of ST Channel, influential point for phlegm. Dizziness, phlegm, edema, constipation, seizure, paralysis of hind limb

ST-41 Jie-xi (Ravine Divide) 解溪

A commonly used point (figs. 3.14 and 3.15)

LOCATION

At the level of the bottom edge of the lateral malleolus, between the long and lateral digital extensor tendon, proximal to the intermediate retinaculum

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Jing-river point (fire-mother). Dizziness, mania, constipation, paralysis of hind limb

ST-42 Chong-yang (Surging Yang) 冲阳

A commonly used point (figs. 3.14 and 3.15)

LOCATION

Distal to the hock joint on the cranial aspect of the metatarsus, proximal to the distal retinaculum

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Yuan-source point. Facial paralysis, facial swelling, dental problems, seizure, *Wei* syndrome, stomachache

ST-43 Xian-gu (Sunken Valley) 陷谷

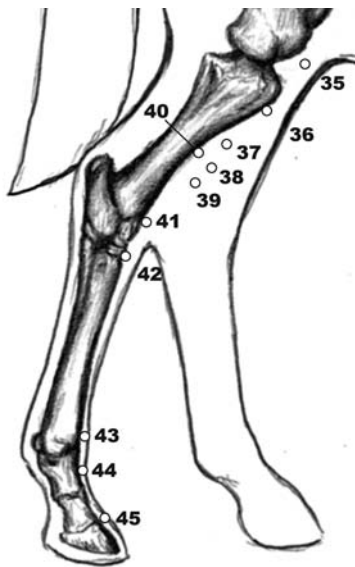
A commonly used point (figs. 3.14 and 3.15)

LOCATION

Proximocranial to the fetlock, 0.5 cun lateral to the long digital extensor

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun



3.15 ST acupoints of the hind limb (skeletal view). (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

INDICATION

Shu-stream point (wood). Abdominal pain, redness of eyes, edema, hock problems

ST-44 Nei-ting (Inner Court) 内庭

A commonly used point (figs. 3.14 and 3.15)

LOCATION

Craniodistal to the fetlock, caudal to the long digital extensor mm

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Ying-spring point (water). Sore throat, stomach heat, fever, facial paralysis, epistaxis, bloody diarrhea, hock pain

ST-45 Hou-ti-tou (Pelvic Hoof Toe) 后蹄头

A commonly used point (figs. 3.14 and 3.15)

LOCATION

Cranial midline of the hind hoof, proximal to coronary band

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun, hemoacupuncture for excess conditions

INDICATION

Jing-well point (metal-son). Sore throat, epistaxis, dental pain, abdominal pain, fever, seizure, laminitis

SPLEEN CHANNEL (SP) 脾经

9 to 11 A.M.; Pelvic limb *Tai-yin*: from the hind foot to the chest

The Spleen Channel begins on the caudomedial aspect of the coronary band of the hind limb (fig. 3.16). It travels proximally along the medial aspect of the pastern and metatarsus. Traveling more cranially along the middle of the tibia, it crosses the medial aspect of the stifle and ascends to a location cranial to the tuber coxae. As it moves cranially, it curves along the ventral chest to the fourth intercostal space. It then turns caudally and ends at a point in the 10th intercostal space at the level of the shoulder joint.

SP-1 Yin-bai (Hidden White) 隐白

A commonly used point (fig. 3.17)

LOCATION

Caudomedial aspect of the hind hoof, proximal to coronary band

METHOD

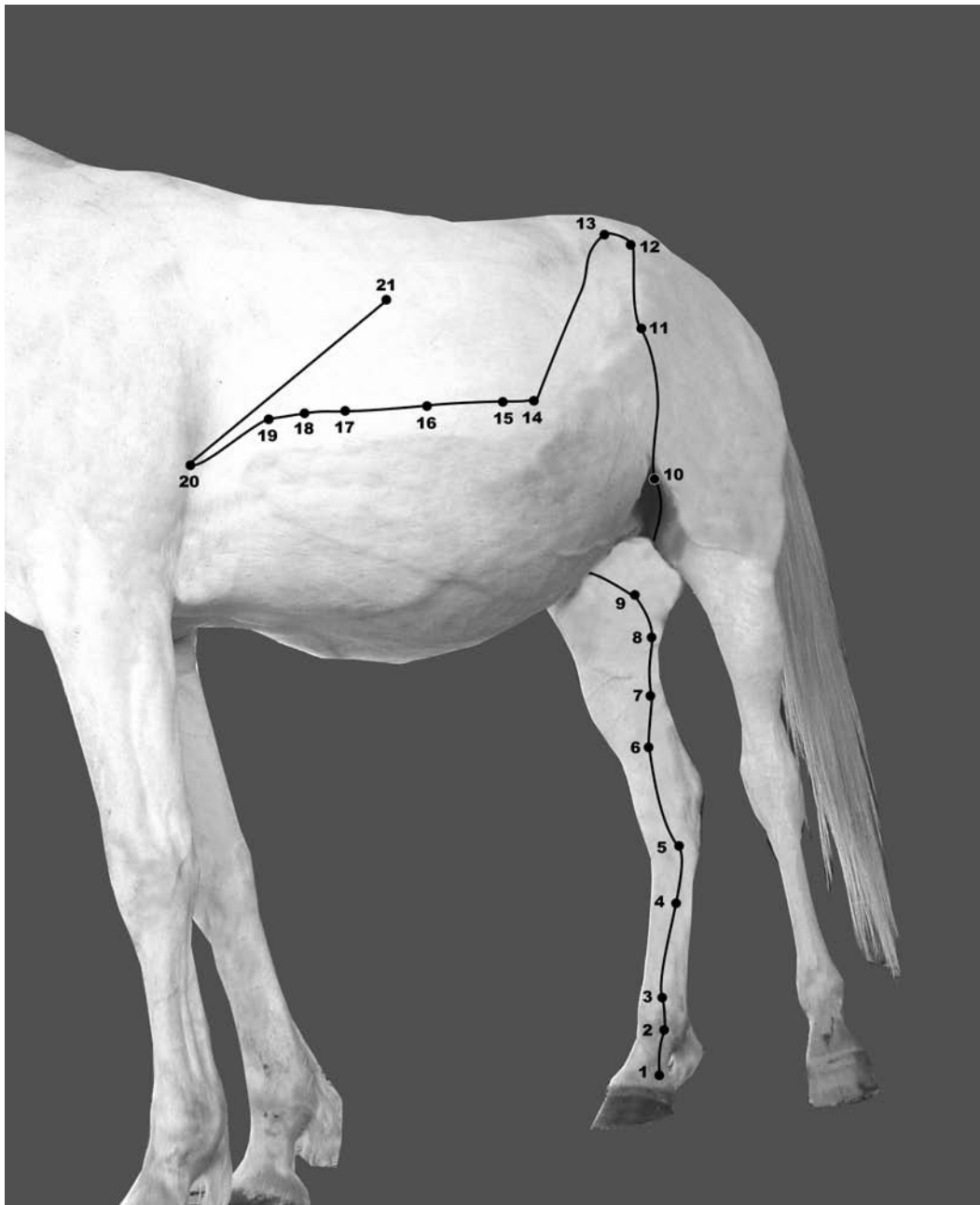
Perpendicular insertion: dry-needle depth 0.5 cun, hemoacupuncture for excess conditions

INDICATION

Jing-well point (wood). Laminitis, hematuria, hemochezia, abdominal pain or fullness

SP-2 Da-du (Great Metropolis) 大都

A commonly used point (fig. 3.17)



3.16 Spleen Channel of horse. (From H. Xie, *Equine Acupuncture Chart*, Chi Institute, Reddick, Florida, 2003.)

LOCATION

Distal to the medial sesamoid bone, caudal to the interosseous m

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Ying-spring point (fire-mother). Diarrhea, constipation, fever

SP-3 *Tai-bai* (Supreme White) 太白

A commonly used point (fig. 3.17)

LOCATION

Distal to distal end of the medial splint bone (second metatarsal)

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Shu-stream point (earth), *Yuan*-source point. Colic, diarrhea, constipation, obesity, joint pain, perianal conditions, laminitis

SP-4 *Gong-sun* (Yellow Emperor) 公孙

A commonly used point (figs. 3.17 and 3.67)

LOCATION

In a depression on the hind limb, caudodistal to the medial splint bone, cranial to the deep flexor tendon, caudal to LIV-3. LIV-3 is located on the craniomedial aspect of the cannon



3.17 SP acupoints of hind limbs. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

bone (third metatarsal), upper $\frac{1}{3}$ of the distance from the tarsus to fetlock

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Luo-connecting point of the SP Channel, confluent point with the *Chong* Extraordinary Channel; gastric pain, colic, diarrhea, vomiting. Animal studies indicate that stimulation at SP-4 decreased GI motility and inhibited gastric secretion.

SP-5 *Shang-qiu* (Merchant Hill) 商丘

A commonly used point (figs. 3.17 and 3.67)

LOCATION

In a depression cranial and distal to the medial malleolus, caudal to LIV-4 (cranial aspect of hock, on the saphenous vein, medial to the cunean tendon)

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Jing-river (metal-son). Abdominal pain, diarrhea, constipation, jaundice, hock pain

SP-6 *San-yin-jiao* 3 (Yin Crossing) 三阴交

A commonly used point (figs. 3.17 and 3.67)

LOCATION

Three cun proximal to medial malleolus, caudal to the tibial border, 0.5 cun posterior to saphenous vein

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Master point for the caudal abdomen and urogenital tract, tonifies *Qi* and blood. Diarrhea, genital discharge, promotes parturition, infertility, paralysis of hind limb, impotence, abnormal cycling, hernia, urinary incontinence, insomnia

CAUTIONS

Contraindicated during pregnancy

SP-7 *Lou-gu* (Leaking Grain) 漏谷

Not a commonly used point (figs. 3.17 and 3.67)

LOCATION

Three cun proximal to SP-6, or 7 cun distal to SP-9

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Diarrhea, paralysis of hind limb

SP-8 *Di-ji* (Earth's Crux) 地机

A commonly used point (fig. 3.17)

LOCATION

At 3 cun distal to SP-9, on the caudal border of the tibia, cranial to the deep digital flexor m

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Xi-cleft point (acute abdominal pain, diarrhea). Colic, diarrhea, edema, abnormal cycling, difficult urination

SP-9 *Yin-ling-quan* (Yin Mound Spring) 阴陵泉

A commonly used point (fig. 3.17)

LOCATION

In a depression at the level of the patellar ligaments, 0.5 cun in front of the saphenous vein

METHOD

Perpendicular or oblique insertion: dry-needle depth 1 cun

INDICATION

He-sea point (water). Edema, diarrhea, jaundice, stranguria or incontinence, stifle pain and arthritis

SP-10 Xue-hai (Sea of Blood) 血海

A commonly used point (fig. 3.18)

LOCATION

2 cun proximal to the proximomedial border of the patella, in the belly of the vastus medialis m, flexing the stifle aids in locating the point

METHOD

Perpendicular or oblique insertion: dry-needle depth 1.5 cun

INDICATION

“Sea of Blood”; Cools blood, nourishes blood, invigorates blood; blood heat toxin, fever, eczema, abnormal cycling

SP-11 Dan-tian (Pelvic Cavity) 丹田 or Ji-men (Winnower Gate) 箕门

Not a commonly used point (figs. 3.18 and 3.19)

LOCATION

In the depression 1.5 cun cranioventral to the lower border of tuber coxae

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Stranguria, urinary incontinence, stifle pain

SP-12 Chong-men (Surging Gate) 冲门

A commonly used point (figs. 3.18 and 3.19)

LOCATION

In a depression ventral to the curve of the cranial aspect of the tuber coxae, above *Dan-tian*

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Stifle performance point; colic, hernia

SP-13 Fu-she (Bowel Abode) 府舍

A commonly used point (figs. 3.18 and 3.19)

LOCATION

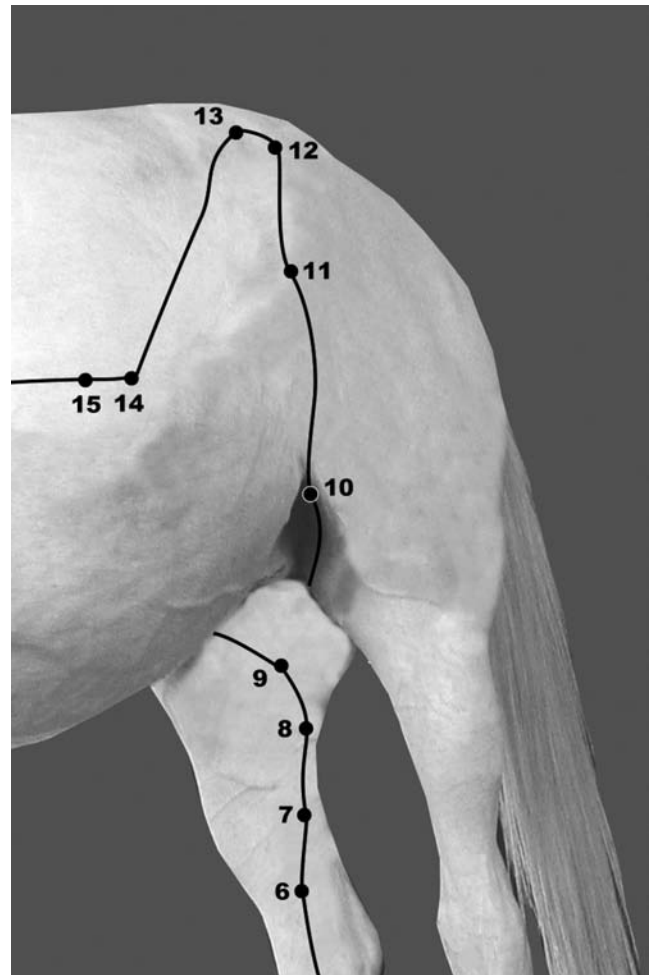
0.5 cun cranioventral to the tuber coxae

METHOD

Perpendicular insertion: dry-needle depth 2 cun

INDICATION

Hock performance point; colic, hernia



3.18 SP acupoints in the hip. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

SP-14 Fu-jie (Abdominal Bind) 腹结

Not a commonly used point (fig. 3.19)

LOCATION

At the 13th intercostal space at a level that is 2 cun ventral to the point of the shoulder

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Colic, diarrhea

SP-15 Da-heng (Great Horizontal) 大横

Not a commonly used point (figs. 3.19 and 3.20)

LOCATION

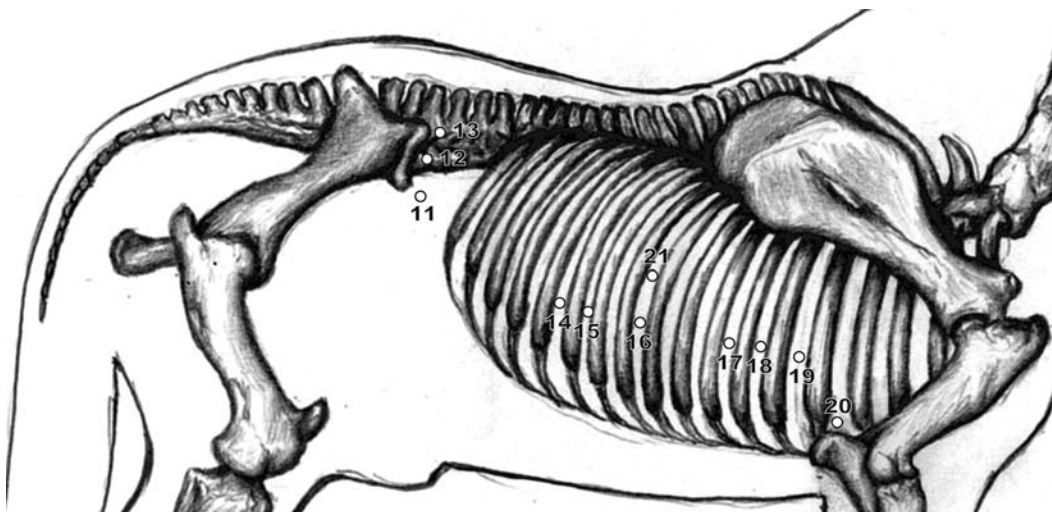
At the 12th intercostal space at a level that is 2 cun ventral to point of shoulder.

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Diarrhea, constipation



3.19 Spleen acupoints of the trunk (skeletal view). (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

SP-16 *Fu-ai* (Abdominal Lament) 腹哀

Not a commonly used point (figs. 3.19 and 3.20)

LOCATION

At the tenth intercostal space at a level that is 2 cun ventral to the point of the shoulder

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

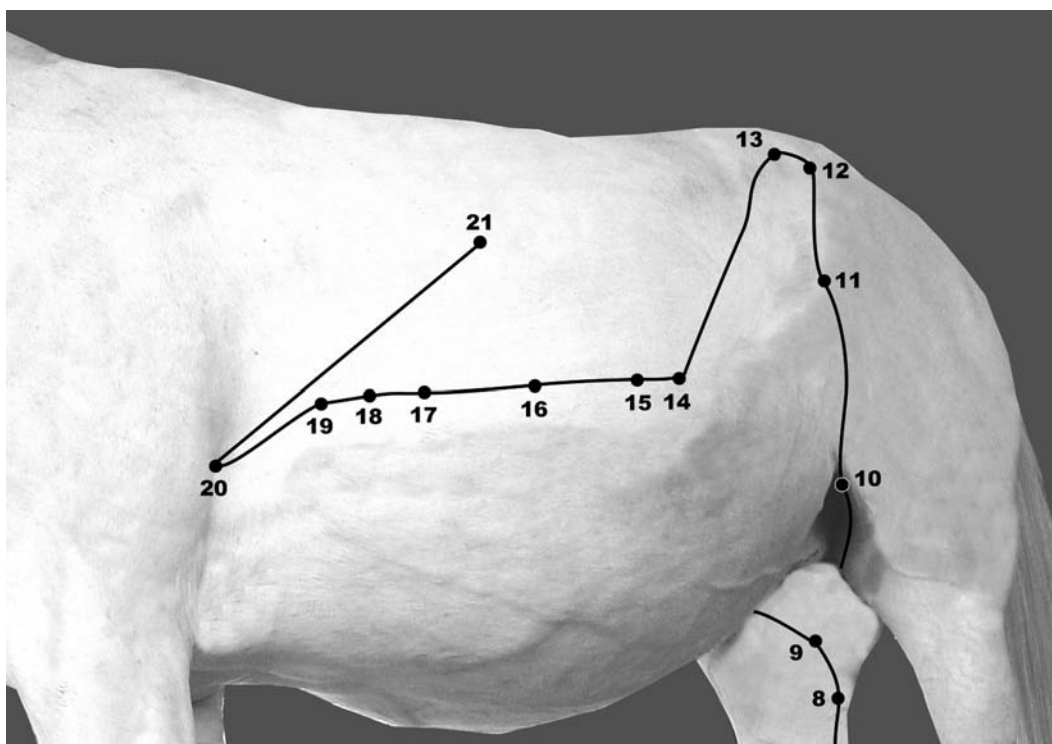
Indigestion, diarrhea, constipation

SP-17 *Shi-dou* (Food Hole) 食竈

Not a commonly used point (figs. 3.19 and 3.20)

LOCATION

At the seventh intercostal space at a level that is 2 cun ventral to the point of the shoulder



3.20 Spleen acupoints of the trunk (surface view). (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Edema, pain

SP-18 Tian-xi (Celestial Ravine) 天溪

Not a commonly used point (figs. 3.19 and 3.20)

LOCATION

At the sixth intercostal space at a level that is 2 cun ventral to the point of the shoulder

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Pain, cough, mastitis

SP-19 Xiong-xiang (Chest Village) 胸乡

Not a commonly used point (figs. 3.19 and 3.20)

LOCATION

At the fifth intercostal space at a level that is 2 cun ventral to the point of the shoulder

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Pain

SP-20 Zhou-rong (All-round Flourishing) 周荣

A commonly used point (figs. 3.19 and 3.20)

LOCATION

At the fourth intercostal space at the level of the elbow

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Cough, dyspnea

SP-21 Da-bao (Great Embrace) 大包

A commonly used point (figs. 3.19 and 3.20)

LOCATION

At the tenth intercostal space at the same level as the point of the shoulder

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

It is the spleen major *Luo* point; heaves, pain in the entire body, *Wei* syndrome

HEART CHANNEL (HT) 心经

11 A.M. to 1 P.M.; Thoracic limb Shao-yin: from the chest to front foot (crosses from medial to lateral at the level of the carpus)

The Heart Meridian originates from the heart (fig. 3.21). It emerges on the body surface at a point caudomedial to the

shoulder joint. Traveling distally down the foreleg, it follows the caudomedial side of the ulna to the caudal aspect of the carpus. At the carpus, it crosses laterally and continues distally. It ends on the craniolateral aspect of the coronary band.

HT-1 Jia-qi (Axilla) 夹气

Not a commonly used point (figs. 3.22 and 3.68)

LOCATION

In the center of the axillary space (between the trunk and the forelimb)

METHOD

Oblique upward insertion: dry-needle depth 0.5 cun

INDICATION

Chronic shoulder lameness, scapular nerve paralysis

HT-2 Qing-ling (Green Spirit) 青灵

Not a commonly used point (figs. 3.22 and 3.68)

LOCATION

Halfway between HT-1 and HT-3

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Shoulder or elbow pain

HT-3 Shao-hai (Minor Sea) 少海

A commonly used point (figs. 3.22 and 3.68)

LOCATION

Between the olecranon crease and the medial epicondyle of the humerus

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

He-sea point (water); elbow pain, chest pain

HT-4 Ling-dao (Spirit Pathway) 灵道

A commonly used point (figs. 3.23 and 3.24a, b)

LOCATION

On the caudolateral border of the forelimb, 1.5 cun proximal to HT-7 on the caudal aspect of the lateral ulnar m

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Jing-river (metal); *shen* disturbance, insomnia, anxiety, restlessness

HT-5 Tong-li (Connecting Principles) 通里

A commonly used point (figs. 3.23 and 3.24a, b)

LOCATION

On the caudolateral border of the forelimb, 1 cun proximal to HT-7 on the caudal aspect of the lateral ulnar m



3.21 Heart Channel of horse. (From H. Xie, Equine Acupuncture Chart, Chi Institute, Reddick, Florida, 2003.)

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Luo connecting point of the HT Channel; insomnia, restlessness, anxiety

HT-6 *Yin-xi* (Yin Cleft) 阴郄

A commonly used point (figs. 3.23 and 3.24a, b)

LOCATION

On the caudolateral border of the forelimb, 0.5 cun proximal to HT-7 on the caudal aspect of the lateral ulnar m

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

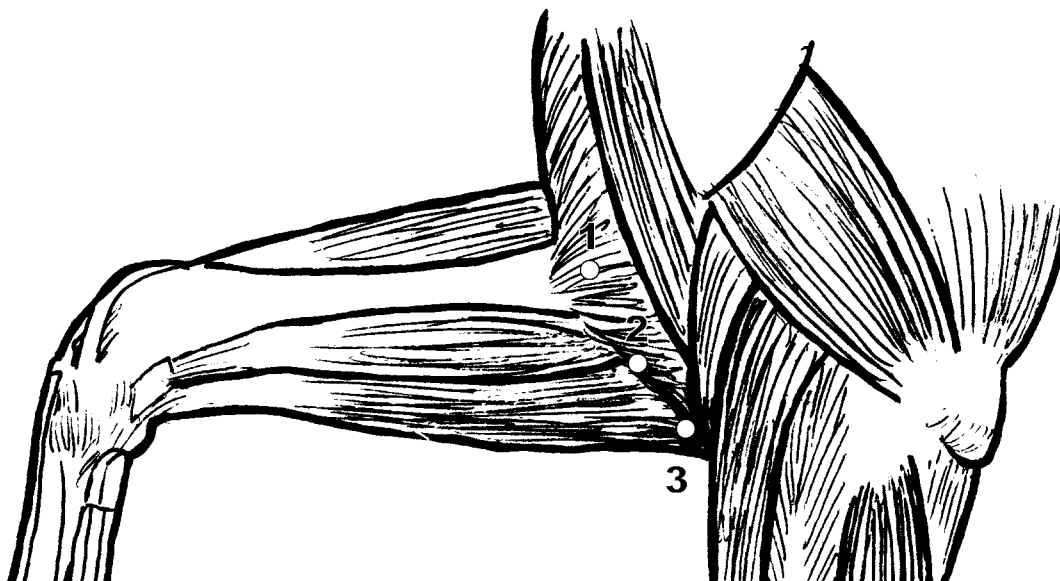
Xi-cleft point for the HT; acute cardiac pain, *shen* disturbance, night sweating secondary to *Yin* deficiency

HT-7 *Guo-liang* (Passing Beam) 过梁

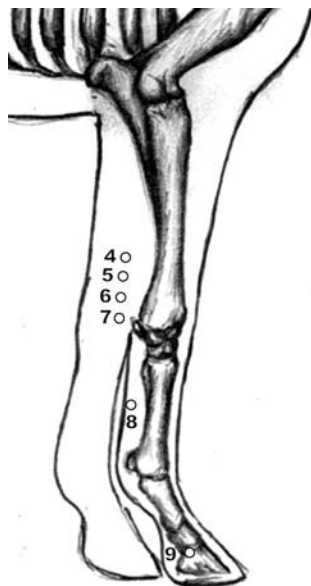
A commonly used point (figs. 3.23 and 3.24a, b)

LOCATION

On the caudolateral aspect of the radius, in the depression caudal to lateral ulnar m at the level of the accessory carpal bone



3.22 HT acupoints of the chest. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)



3.23 HT acupoints of the limb (skeletal view). (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

METHOD

Perpendicular or oblique insertion: dry-needle depth 1 cun

INDICATION

Shu-stream point (earth-son), *Yuan*-source point; palpitation, *shen* disturbance, anxiety, restlessness, chest pain, mania

HT-8 *Shao-fu* (Lesser Mansion) 少府

A commonly used point (figs. 3.23 and 3.24a, b)

LOCATION

On the caudolateral aspect of the cannon bone (third metacarpal), half of the distance from the carpus to the fetlock, just cranial to the deep digital flexor tendon

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Ying-spring point (fire); genital itching, stranguria, or incontinence

HT-9 *Shao-chong* (Minor Channel) 少冲

A commonly used point (figs. 3.23 and 3.24a, b)

LOCATION

Caudolateral aspect of the front hoof, proximal to coronary band

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Jing-well point (wood-mother point); chest pain, shoulder pain, front limb lameness, laminitis, coma, *shen* disturbance

SMALL INTESTINE CHANNEL (SI) 小肠经

1 to 3 P.M.; Thoracic limb *Tai-yang*: from the front foot to the head

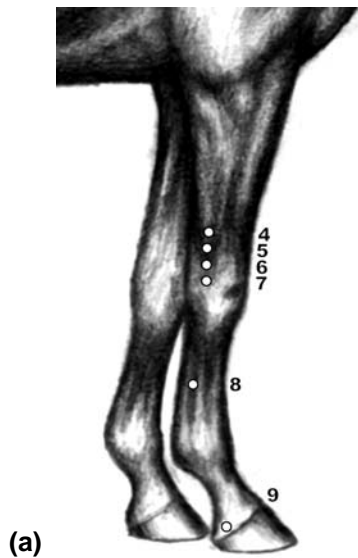
The Small Intestine Channel begins on the caudolateral aspect of the coronary band (fig. 3.25). It travels proximally along the cranio-lateral aspect of the forelimb. After passing over the triceps muscle and scapula, it moves cranially up the neck dorsal to the cervical vertebrae. It ends on the lateral side of the ear base.

SI-1 *Shao-ze* (Lesser Marsh) 少泽

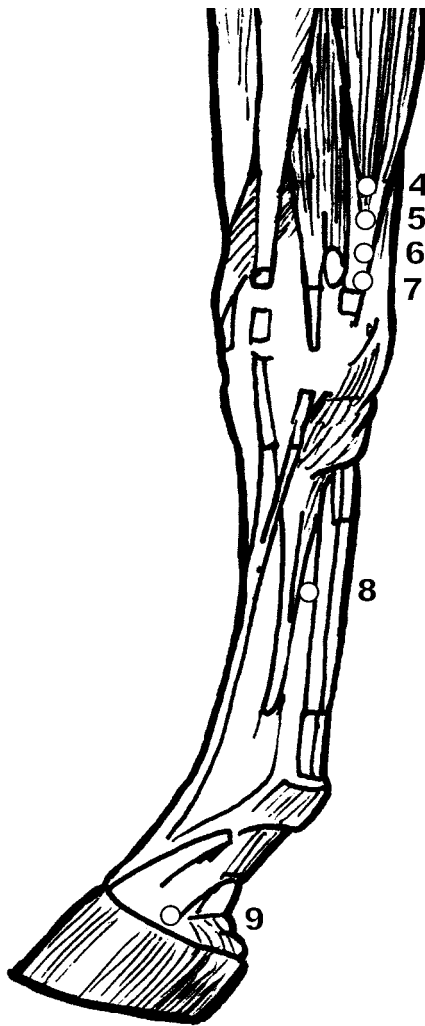
A most commonly used point (figs. 3.26 and 3.27)

LOCATION

Cranio-lateral aspect of the front hoof, proximal to the coronary band



(a)



(b)

3.24 (a,b) HT acupoints of the limb (surface and muscle view). (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Jing-well point (metal); laminitis, sore throat, mastitis, fever, coma, shoulder pain

SI-2 *Qian-gu* (Front Valley) 前谷

A commonly used point (figs. 3.26 and 3.27)

LOCATION

Caudolateral aspect of the pastern, in the depression caudal to extensor branch of suspensory ligament attaching to the common digital extensor tendon

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Ying-spring point (water); sore throat, otitis, lack of milk yield, febrile disease, eye pain, headache

SI-3 *Qian-chan-wan* (Thoracic Fetlock) 前缠腕

A most commonly used point (figs. 3.26 and 3.27)

LOCATION

In a depression on the caudolateral border of the cannon bone (third metacarpal), distal to the end of the lateral splint bone (fourth metacarpal), proximal to the fetlock, over the lateral palmar digital vein

METHOD

Perpendicular insertion: dry-needle depth 1 cun or hemo-acupuncture

INDICATION

Shu-stream point (wood-mother); contusion, sprain, swelling of the fetlock, tendinitis of flexor tendons; cervical stiffness, back pain, sore throat, shoulder lameness, laminitis, seizure, mania

SI-4 *Wan-gu* (Wrist Bone) 腕骨

A commonly used point (figs. 3.26 and 3.27)

LOCATION

On the lateral surface of the forelimb, distal to the carpal joint, upper $\frac{1}{3}$ of the distance from carpus to fetlock, cranial to the suspensory ligament; opposite to LI-4

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Yuan-source point; cervical stiffness, jaundice, fever, carpal pain, and arthritis

SI-5 *Yang-gu* (Yang Valley) 阳谷

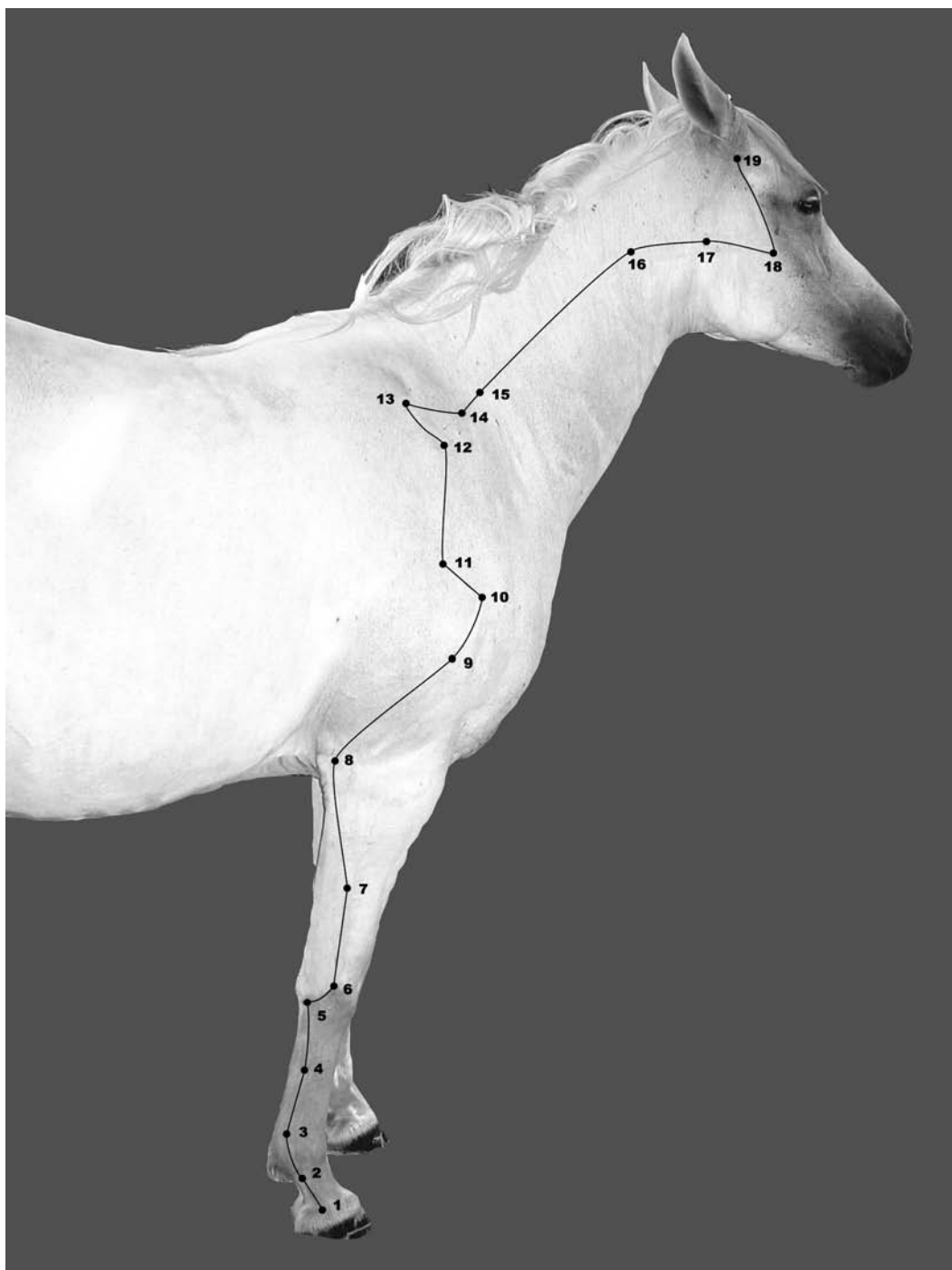
A commonly used point (figs. 3.26 and 3.27)

LOCATION

On the lateral aspect of carpus, in the depression between the ulnar carpal bone and fourth carpal bone

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun



3.25 *Small Intestine Channel of horses.* (From H. Xie, *Equine Acupuncture Chart*, Chi Institute, Reddick, Florida, 2003.)

INDICATION

Jing-river (fire); headache, dizziness, fever, carpal pain

SI-6 *Yang-lao* (Nursing the Aged) 养老

A commonly used point (figs. 3.26 and 3.27)

LOCATION

In a depression cranial to the lateral styloid process of the radius, proximal to the accessory carpal bone, caudal to the lateral digital extensor m

METHOD

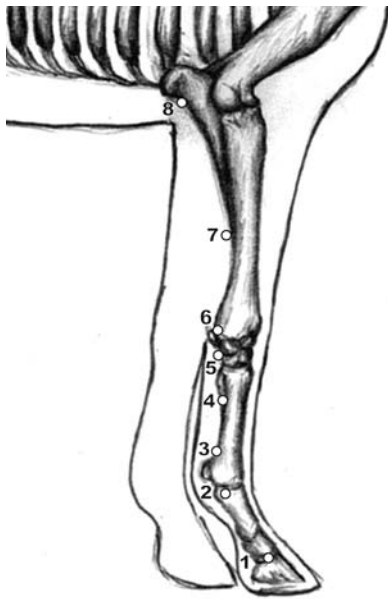
Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Xi-cleft point; poor eyesight, acute pain in the shoulder and forelimb

SI-7 *Zhi-zheng* (Branch to the Correct) 支正

A commonly used point (figs. 3.26 and 3.27)



3.26 SI acupoints of the limb (skeletal view). (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

LOCATION

5 cun proximal to SI-6 on a line joining SI-6 and SI-8 on the caudolateral aspect of the forelimb

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Luo-connecting point of the SI Channel; fever, cervical stiffness, elbow pain

SI-8 *Xiao-hai* (Small Sea) 小海

A commonly used point (figs. 3.26 and 3.27)

LOCATION

In a depression between the olecranon and the lateral epicondyle of the humerus

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

He-sea point (earth-son); elbow pain, seizure

SI-9 *Qiang-feng* (Robbing Wind) 抢风

A most commonly used point (fig. 3.28)

LOCATION

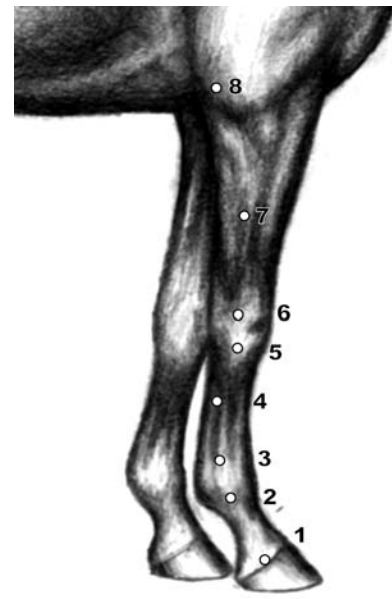
Large depression along the caudal border of the deltoid muscle at its juncture with the lateral and the long heads of the triceps brachii

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Shoulder pain, forelimb lameness, general pain relief



3.27 SI acupoints of the limb (surface view). (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

SI-10 *Jian-zhen* (Steadfast Shoulder) 肩贞

Not a commonly used point (fig. 3.28)

LOCATION

2 cun craniodorsal to SI-9

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Shoulder pain

SI-11 *Tian-zong* (Celestial Ancestor) 天宗

Not a commonly used point (fig. 3.28)

LOCATION

2 cun caudodorsal to SI-10

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Shoulder pain

SI-12 *Bing-feng* (Grasping the Wind) 秉风

Not commonly used point (fig. 3.28)

LOCATION

Three cun ventral to SI-13, cranial to the scapular spine

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Shoulder pain, muscle atrophy

SI-13 *Gong-zi* (Shoulder Bow) 弓子 or *Qu-yuan* (Crooked Wall) 曲垣

Not a commonly used point (fig. 3.28)

LOCATION

3.5 cun ventral to the dorsal border of the scapula, just caudal to the scapular spine

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Shoulder pain, muscle atrophy

SI-14 *Fei-men* (Lung Gate) 肺门 or *Jian-wai-shu* (Outer Shoulder Transport) 肩外俞

Not a commonly used point (fig. 3.28)

LOCATION

On the cranial border of the scapula, $\frac{1}{3}$ of the distance from dorsal to ventral

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

INDICATION

Cervical stiffness, cough, asthma, heaves

SI-15 *Jian-zhong-shu* (Central Shoulder Transport) 肩中俞

Not a commonly used point (fig. 3.28)

LOCATION

1 cun cranial to SI-14

METHOD

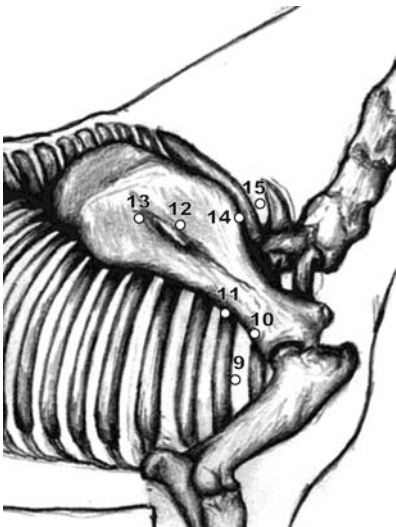
Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

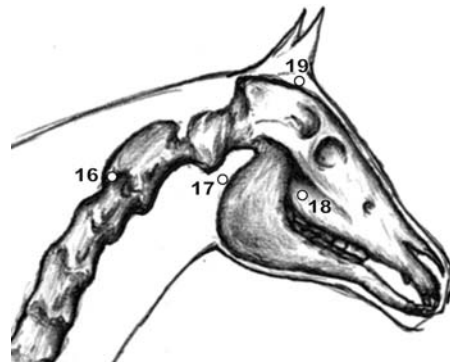
Cough, asthma, heaves, cervical stiffness

SI-16 *Tian-chuang* (Celestial Window) 天窗

A most commonly used point (fig. 3.29)



3.28 SI acupoints of the shoulder. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)



3.29 SI acupoints of the neck and head. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

LOCATION

Dorsal border of the brachiocephalicus muscle at the level of the second cervical vertebral space (C2-C3)

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Diagnostic point (along with TH-15) for ligament or tendon injuries, cervical stiffness

SI-17 *Tian-rong* (Celestial Countenance) 天容

Not a commonly used point (fig. 3.29)

LOCATION

At the level of SI-16, caudal to the mandible

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Laryngeal hemiplegia, cervical stiffness

SI-18 *Quan-liao* (Cheek Hole) 颧髎

Not a commonly used point (fig. 3.29)

LOCATION

In the intersection between the horizontal line of SI-17 (when the head is straight) and the perpendicular line of the lateral canthus

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Facial paralysis, swelling in cheek

SI-19 *Ting-gong* (Hearing Place) 听宫

A most commonly used point (fig. 3.29)

LOCATION

Indentation at the rostral lateral corner of the ear base (dorsal to zygomatic arch at the TMJ)

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Ear problems, mania, toothache

BLADDER CHANNEL (BL) 膀胱经

3 to 5 P.M.; Pelvic limb Tai-yang: from the head to hind foot

The Bladder Channel starts at the medial canthus of the eye (fig. 3.30). It continues caudally over the head parallel to the dorsal midline and medial to the ear. Running past the wings of the atlas, it travels down the dorsal portion of the neck to reach a point caudal to the scapula where it splits into two branches. The inner branch runs parallel to the

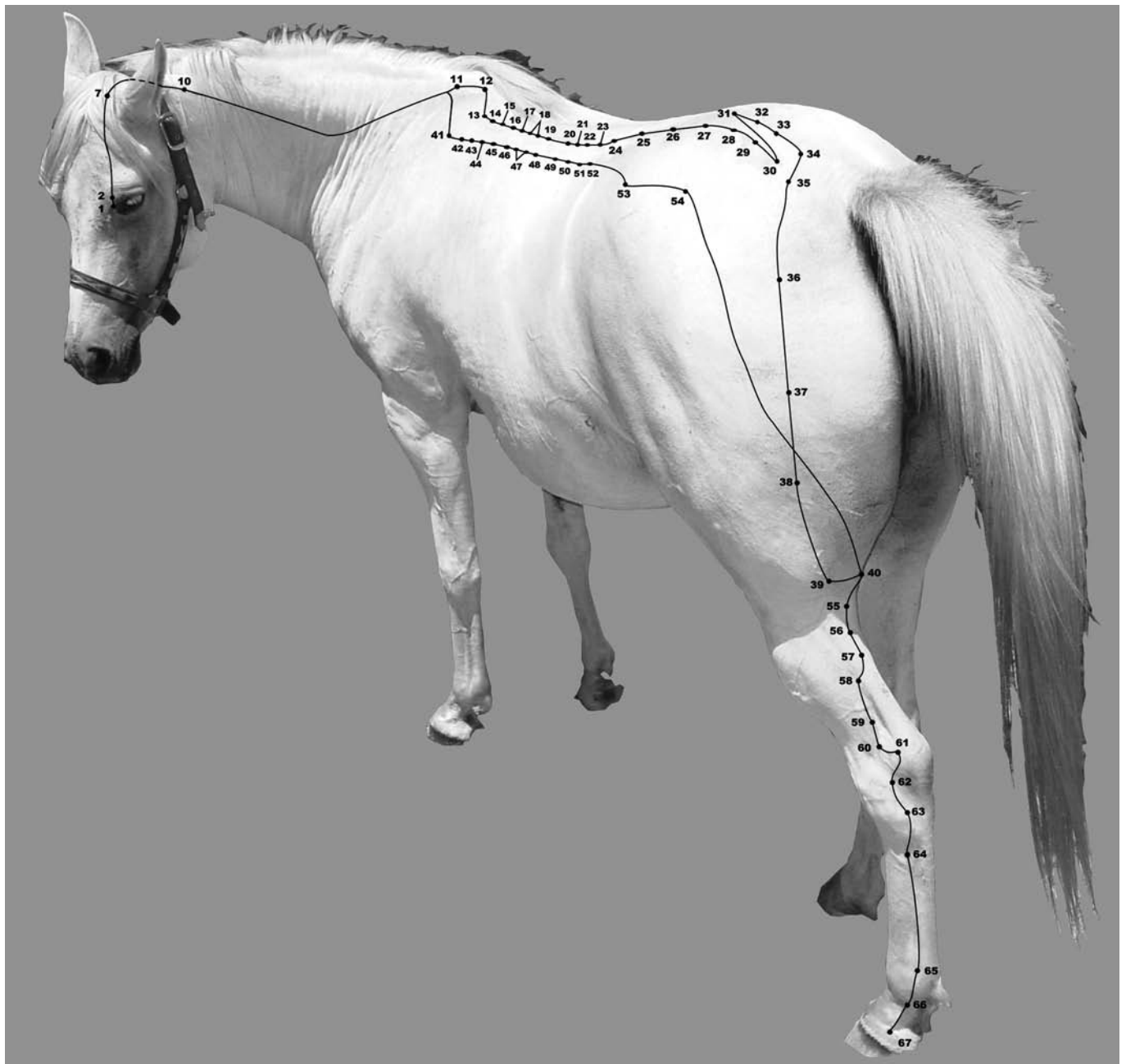
spine at a distance three cun lateral to the dorsal midline, and the outer branch runs similarly six cun lateral to the midline. At the popliteal fossa, the two branches join. The channel continues distally along the caudolateral aspect of the hind leg. It ends on the caudolateral aspect of the coronary band.

BL-1 *Da-yan-jiao* (Large Canthus) 大眼角

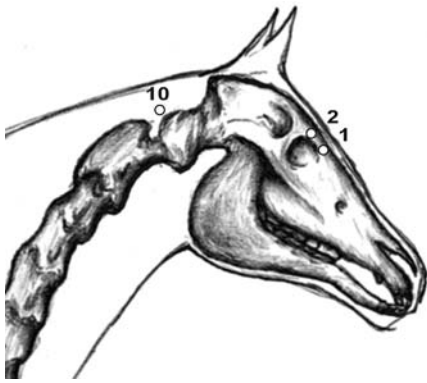
A most commonly used point (fig. 3.31)

LOCATION

Indentation at the medial canthus of the eye.



3.30 Bladder Channel of horses. (From H. Xie, *Equine Acupuncture Chart*, Chi Institute, Reddick, Florida, 2003.)



3.31 BL acupoints of the neck and head (From H. Xie, Veterinary Acupuncture Atlas, 2003)

METHOD

Oblique insertion toward to the opposite lower jaw: dry-needle depth 0.5 cun

INDICATION

Eye problems, conjunctivitis, uveitis

CAUTIONS

Moxibustion is contraindicated.

BL-2 Cuan-zhu (Bamboo Gathering) 攒竹

A commonly used point (fig. 3.31)

LOCATION

1 cun dorsal to BL-2, at the level of the hair whorl on the upper eyelid

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Eye problems, conjunctivitis, uveitis

CAUTIONS

Moxibustion is contraindicated.

BL-7 Tong-tian (Celestial Connection) 通天

A commonly used point (fig. 3.30)

LOCATION

1.5 cun lateral to the dorsal midline at the level of GV-20

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Nasal discharge and congestion, dizziness, headache

BL-10 Tian-zhu (Celestial Pillar) 天柱

A commonly used point (fig. 3.31)

LOCATION

In a depression just caudal to the wings of the atlas, 2 cun from the dorsal midline

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Wind-cold, nasal congestion and discharge, cervical stiffness

BL-11 Da-zhu (Big Shuttle) 大杼

A most commonly used point (fig. 3.32)

LOCATION

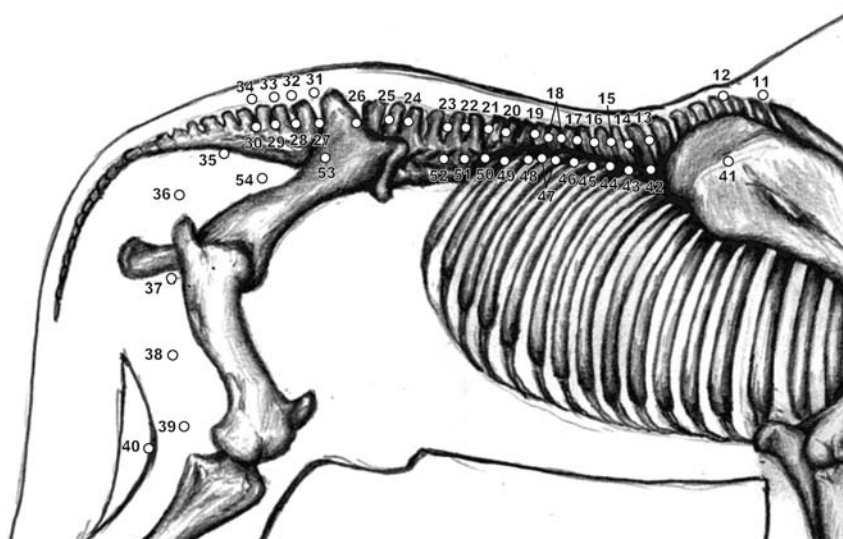
Cranial to the withers (at the second thoracic vertebral space), 1.5 cun lateral to the dorsal midline

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Influential point for bone (arthritis/IVDD); cough, heaves, fever, cervical stiffness, forelimb lameness



3.32 BL acupoints of the back. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

BL-12 Feng-men (Wind Gate) and BL-41 Fu-fen (Attached Branch) 风门 / 附分

A most commonly used point (fig. 3.32)

LOCATION

Ventral to the highest point of the withers (fourth thoracic vertebral space), 1 cun lateral to the dorsal midline (BL-41 is 5 cun lateral to BL-12)

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Influential point for wind and trachea; Wind-Cold, Wind-Heat, skin itching, cervical stiffness, cough

BL-13 Fei-shu (Lung Association) and BL-42 Po-hu (Corporeal Soul Door) 肺俞 / 魄户

A most commonly used point (fig. 3.32)

LOCATION

At the caudal edge of the scapular cartilage (eighth intercostal space), 3 cun lateral to the dorsal midline (in the iliocostal muscle groove). (BL-42 is 3 cun lateral to BL-13.)

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Back-*shu* association point for LU; cough, heaves, asthma, tidal fever, sweat, nasal congestion

BL-14 Jue-yin-shu (Pericardium Association) and BL-43 Gao-huang (Upper Interior) 厥阴俞 / 膏肓

A most commonly used point (fig. 3.32)

LOCATION

At the ninth intercostal space, 3 cun lateral to the dorsal midline (in the iliocostal muscle groove). (BL-43 is 3 cun lateral to BL-14.)

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Back-*shu* association point for PC (traditional association point for LU); cough, chest pain, *shen* disturbance

BL-15 Xin-shu (Heart Association) and BL-44 Shen-tang (Spirit House) 心俞 / 神堂

A most commonly used point (fig. 3.32)

LOCATION

At the tenth intercostal space, 3 cun lateral to the dorsal midline (in the iliocostal muscle groove). (BL-44 is 3 cun lateral to BL-15.)

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Back-*shu* association point for HT; chest pain, palpitation, insomnia, heart failure, sweating, seizure

BL-16 Du-shu (Governing Association) and BL-45 Yi-xi (Sigh Smile) 督俞 / 噫嘻

A most commonly used point (fig. 3.32)

LOCATION

At the 11th intercostal space, 3 cun lateral to the dorsal midline (in the iliocostal muscle groove). (BL-45 is 3 cun lateral to BL-16.)

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Back-*shu* association point for GV (traditional association point for GB); chest pain, colic, fever, *Shao-yang* pattern, heaves

BL-17 Ge-shu (Diaphragm Association) and BL-46 Ge-guan (Diaphragm Pass) 膈俞 / 膈关

A most commonly used point (fig. 3.32)

LOCATION

At the 12th intercostal space, 3 cun lateral to the dorsal midline (in the iliocostal muscle groove). (BL-46 is 3 cun lateral to BL-17.)

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Influential point for blood, back-*shu* association point for the diaphragm (traditional association point for ST); vomiting, nausea, heaves, cough, tidal fever, sweating

BL-18 Gan-shu (Liver Association) and BL-47 Hun-men (Mood Gate) 肝俞 / 魂门

A most commonly used point (fig. 3.32)

LOCATION

There are two points. At the 13th and 14th intercostal space, 3 cun lateral to the dorsal midline (in the iliocostal muscle groove). (BL-47 is 3 cun lateral to BL-18.)

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Back-*shu* association point for LIV (traditional association point for LIV-13th intercostal space; traditional association point for TH-14th intercostal space); jaundice, eye problems, seizures, back pain

BL-19 Dan-shu (Gallbladder Association) and BL-48 Yang-gang (Yang Headrope) 胆俞 / 阳纲

A most commonly used point (fig. 3.32)

LOCATION

At the 15th intercostal space, 3 cun lateral to the dorsal midline (in the iliocostal muscle groove). (BL-48 is 3 cun lateral to BL-19.)

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Back-*shu* association point for GB (traditional association point for SP); jaundice, liver *Yang* rising, tidal fever

BL-20 *Pi-shu* (Spleen Association) and BL-49***Yi-she* (Mentation Abode) 脾俞 / 意舍**

A most commonly used point (fig. 3.32)

LOCATION

At the 17th intercostal space, 3 cun lateral to the dorsal midline (in the iliocostal muscle groove). (BL-49 is 3 cun lateral to BL-20.)

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Back-*shu* association point for SP (traditional association point for LI); vomiting, diarrhea, edema, back pain, jaundice, abdominal fullness

BL-21 *Wei-shu* (Stomach Association) and BL-50 *Wei-cang* (Stomach Granary)**胃俞 / 胃仓**

A most commonly used point (fig. 3.32)

LOCATION

Caudal to the last rib, 3 cun lateral to the dorsal midline (in the iliocostal muscle groove). (BL-50 is 3 cun lateral to BL-21.)

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Back-*shu* association point for ST, promote GI motility, relieve colic pain; diarrhea, colic, constipation, vomiting

BL-22 *San-jiao-shu* (Triple Heater Association) and BL-51 *Huang-men* (Interior Gate) 三焦俞 / 育门

A most commonly used point (fig. 3.32)

LOCATION

First lumbar intervertebral space (L1-L2), 3 cun lateral to the dorsal midline. (BL-51 is 3 cun lateral to BL-22.)

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Back-*shu* association point for TH (traditional association point for SI); vomiting, diarrhea, edema, back pain, abdominal pain

BL-23 *Shen-shu* (Kidney Association) and BL-52 *Zhi-shi* (Will Chamber) 肾俞 / 志室

A most commonly used point (fig. 3.32)

LOCATION

Second lumbar intervertebral space (L2-L3), 3 cun from the dorsal midline. (BL-52 is 3 cun lateral to BL-23.)

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Back-*shu* association point for KI (traditional association point for BL); urinary incontinence, impotence, edema, ear problems, back pain

BL-24 *Qi-hai-shu* (Sea of *Qi* Association)**气海俞**

A most commonly used point (fig. 3.32)

LOCATION

Fourth lumbar intervertebral space (L4-L5), 3 cun from the midline

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Sea of *Qi*; back pain, abdominal fullness, perianal problems

BL-25 *Da-chang-shu* (Large Intestine Association) 大肠俞

A most commonly used point (fig. 3.32)

LOCATION

Fifth lumbar intervertebral space (L5-L6, cranial edge-wing of ilium), 3 cun lateral to the dorsal midline

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Back-*shu* association point for LI; diarrhea, constipation, back pain, abdominal pain

BL-26 *Guan-yuan-shu* (Source Association)**关元俞**

A most commonly used point (fig. 3.32)

LOCATION

Lumbosacral space (L6-S1), 3 cun lateral to the dorsal midline

METHOD

Perpendicular insertion: dry-needle depth 2 cun

INDICATION

Gates of *Yuan*-source *Qi*; impotence, urinary incontinence, diarrhea, abdominal pain

BL-27 *Xiao-chang-shu* (Small Intestine Association) 小肠俞

A most commonly used point (fig. 3.32)

LOCATION

First sacral intervertebral space (S1-S2), 3 cun lateral to the dorsal midline

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Back-*shu* association point for SI; colic, diarrhea, urinary incontinence, hematuria, back pain

BL-28 Pang-guang-shu (Bladder Association)

膀胱俞

A most commonly used point (fig. 3.32)

LOCATION

Second sacral intervertebral space (S2-S3), 3 cun lateral to the dorsal midline

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATIONBack-*shu* association point for BL; stranguria or incontinence, diarrhea, constipation, back pain**BL-29 Zhong-lu-shu (Central Backbone Inner Association) 中膂俞**

Not a commonly used point (fig. 3.32)

LOCATION

Third sacral intervertebral space (S3-S4), 3 cun lateral to the dorsal midline

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Diarrhea, hernia, back pain

BL-30 Bai-huan-shu (White Ring Association)

白环俞

Not a commonly used point (fig. 3.32)

LOCATION

Fourth sacral intervertebral space (S4-S5), 3 cun lateral to the dorsal midline

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Urinary incontinence, hernia, impotence, retained testicle

BL-31 Shang-liao (Upper Bone Hole) 上髎

Not a commonly used point (fig. 3.32)

LOCATION

First sacral intervertebral space (S1-S2), 1.5 cun lateral to the dorsal midline

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Retained testicle, urinary incontinence, hind-end paralysis, bladder atonia

BL-32 Ci-liao (Second Bone Hole) 次髎

Not a commonly used point (fig. 3.32)

LOCATION

Second sacral intervertebral space (S2-S3), 1.5 cun lateral to the dorsal midline

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Retained testicle, urinary incontinence, hind-end paralysis

BL-33 Zhong-liao (Central Bone Hole) 中髎

Not a commonly used point (fig. 3.32)

LOCATION

Third sacral intervertebral space (S3-S4), 1.5 cun lateral to the dorsal midline

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Constipation, diarrhea

BL-34 Xia-liao (Lower Bone Hole) 下髎

Not a commonly used point (fig. 3.32)

LOCATION

Fourth sacral intervertebral space (S4-S5), 1.5 cun lateral to the dorsal midline

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Colic, back pain, constipation, bladder atony

BL-35 Hui-yang (Meeting of Yang) 会阳

A commonly used point (fig. 3.32 and 3.33)

LOCATION

In the muscle groove between the biceps femoris and semitendinosus mm, at its most proximal extent (2 cun cranio-lateral to the root of the tail)

METHOD

Perpendicular insertion: dry-needle depth 2 cun

INDICATION

Diagnostic point for the hock. Diarrhea, bloody diarrhea, perianal problems

BL-36 Xie-qi or Cheng-fu (Evil Qi) 邪气

A commonly used point (fig. 3.33)

LOCATION

In the groove between the biceps femoris and the semitendinosus mm, at the level of the center of anus

METHOD

Perpendicular insertion: dry-needle depth 2 cun

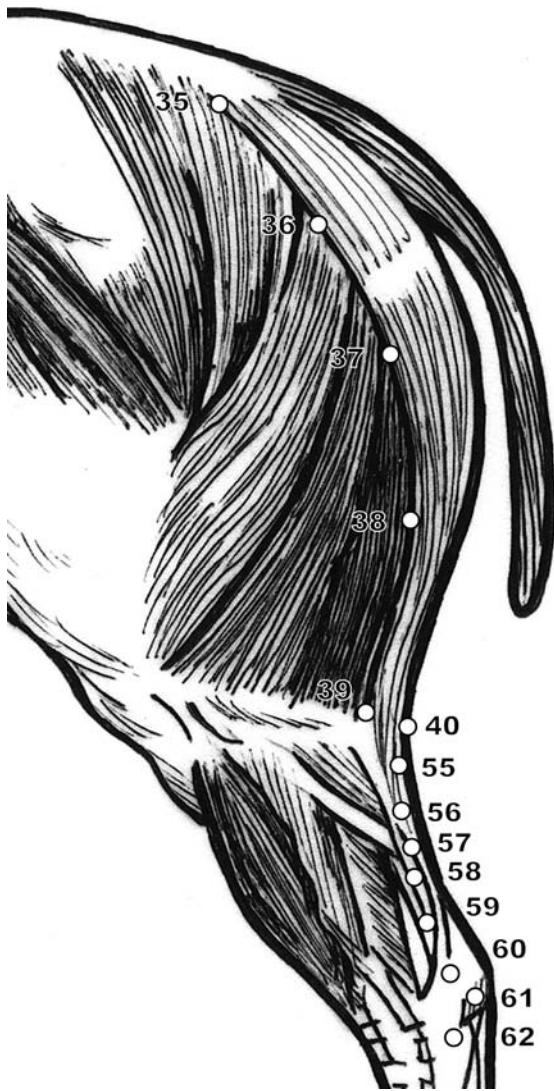
INDICATION

Lumbosacral pain, perianal problems

BL-37 Han-gou or Yin-men (Sweat Groove)

汗沟

A commonly used point (fig. 3.33)



3.33 BL acupoints of the upper hind limb. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

LOCATION

In groove between the biceps femoris and the semitendinosus mm, at the level of the tuber ischii

METHOD

Perpendicular insertion: dry-needle depth 2 cun

INDICATION

Lameness associated with the hip, stifle, and hock; muscular atrophy; pelvic limb paralysis

BL-38 *Yang-wa* or *Fu-xi* (Face Up Tile) 仰瓦

A commonly used point (fig. 3.33)

LOCATION

In the muscular groove between the biceps femoris and semitendinosus mm, 2.33 cun distal to BL-37

METHOD

Perpendicular insertion: dry-needle depth 2 cun

INDICATION

Lameness associated with the hip, stifle, and hock; muscular atrophy; pelvic limb paralysis

BL-39 *Qian-shen* or *Wei-yang* (Approximate to Testicles) 牵肾

A commonly used point (fig. 3.33)

LOCATION

At the ventral extent of the groove between the biceps femoris and the semitendinosus mm, at the level of the stifle

METHOD

Perpendicular insertion: dry-needle depth 2 cun

INDICATION

Lower *He*-sea point for TH meridian; diagnostic point for the hock; edema, dysuria, hock pain

BL-40 *Wei-zhong* (Bend Middle) 委中

A commonly used point (fig. 3.33)

LOCATION

Midpoint of the transverse crease of the popliteal fossa

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Master point for caudal back and hips, *He*-sea point (earth); dysuria, urinary incontinence, hip and back pain

BL-53 *Bao-huang* (Bladder Interior) 胞育

A commonly used point (fig. 3.32)

LOCATION

In the depression 2 cun caudal to the tuber coxae

METHOD

Perpendicular insertion: dry-needle depth 2 cun

INDICATION

Hip performance diagnostic and treatment point

BL-54 *Ba-shan* or *Zhi-bian* (Attach to Mountain) 巴山

A commonly used point (fig. 3.32)

LOCATION

Midway on a line connecting *Bai-hui* (the dorsal midline at the lumbosacral space) and the greater trochanter of the femur

METHOD

Perpendicular insertion: dry-needle depth 2 cun

INDICATION

Hip pain and arthritis, hind limb lameness, muscle atrophy, bladder disorders, immune-mediated disorders

BL-55 *He-yang* (Yang Union) 合阳

Not a commonly used point (fig. 3.33)

LOCATION

2 cun distal to BL-40

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Back pain, hind limb paralysis

BL-56 *Cheng-jin* (Sinew Support) 承筋

Not a commonly used point (fig. 3.33)

LOCATION

Halfway between BL-55 and BL-57

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Perianal problems, hind limb lameness

BL-57 *Cheng-shan* (Mountain Support) 承山

Not a commonly used point (fig. 3.34)

LOCATION

Halfway between BL-40 and BL-60

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

General weakness, hind limb pain, constipation

BL-58 *Fei-yang* (Flying Yang) 飞扬

A commonly used point (fig. 3.34)

LOCATION

One cun ventrolateral to BL-57, or 7 cun proximal to BL-60, on the caudal border of the fibula

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Luo-connecting point of the BL Channel; headache, epistaxis, back pain, hind limb pain

BL-59 *Fu-yang* (Instep Yang) 跗阳

A commonly used point (fig. 3.34)

LOCATION

Three cun directly proximal to BL-60

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

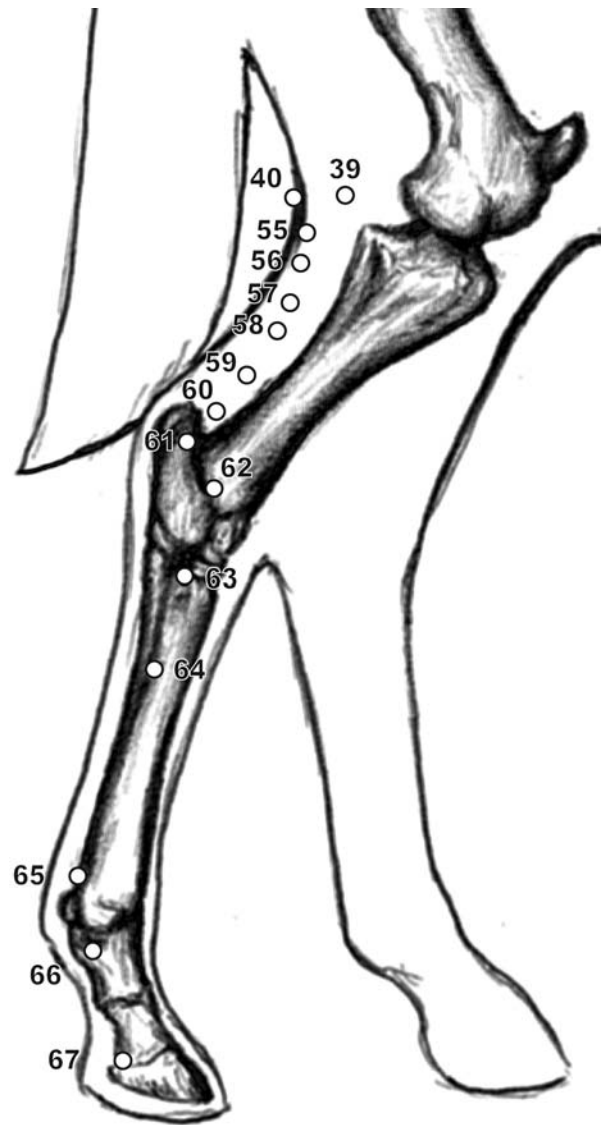
Xi-cleft point for *Yang-qiao* extraordinary channel; acute (trauma) lumbosacral pain, hind limb lameness

BL-60 *Kun-lun* (Kunlun Mountains) 昆仑

A commonly used point (figs. 3.34 and 3.35)

LOCATION

Between the lateral malleolus of the tibia and the calcaneal tuber (opposite KID-3)



3.34 BL acupoints of the lower hind limb (skeletal view). (From H. Xie, *Veterinary Acupuncture Atlas*, 2003.)

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Jing-river (Fire) "Aspirin point"; headache, cervical stiffness, epistaxis, seizure, promotion of parturition

CAUTIONS

Contraindicated during pregnancy

BL-61 *Pu-can* (Subservient Visitor) 仆参

Not a commonly used point (figs. 3.34 and 3.35)

LOCATION

1 cun caudoventral to BL-60, at the top of the lateral condyle, in front of the tendon

METHOD

Oblique insertion: dry-needle depth 0.5 cun

INDICATION

Hock pain

BL-62 Shen-mai (Extending Vessel) 申脉

A commonly used point (figs. 3.34 and 3.35)

LOCATION

In a depression distal to the lateral malleolus (opposite to KID-6)

METHOD

Oblique insertion: dry-needle depth 1.5 cun

INDICATION

Confluent point with *Yang-qiao* extraordinary channel; ataxia, EPM, Wobbler syndrome, insomnia

BL-63 Jin-men (Metal Gate) 金门

A commonly used point (figs. 3.34 and 3.35)

LOCATION

Distolateral aspect of the tuber calcaneus

METHOD

Oblique insertion: dry-needle depth 0.5 cun

INDICATION

Xi-cleft point; acute headache (top and back of head), epilepsy

BL-64 Jing-gu (Capital Bone) 京骨

A commonly used point (figs. 3.34 and 3.35)

LOCATION

Caudodistal to the base of the lateral splint bone (fourth metatarsal)

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Yuan-source point; cervical stiffness, headache, back pain

BL-65 Shu-gu (Bundle Bone) 束骨

A commonly used point (figs. 3.34 and 3.35)

LOCATION

At the distal end of the lateral splint bone (fourth metatarsal) caudal to the suspensory ligament

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

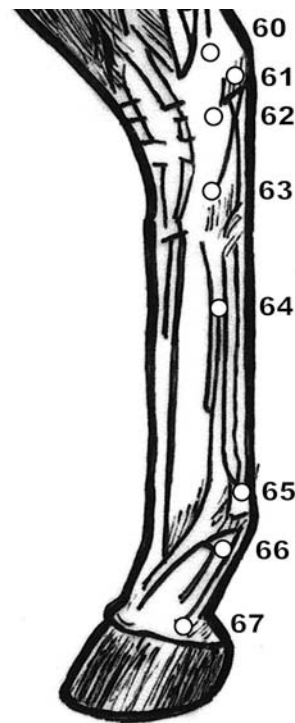
Shu-stream point (wood-son); cervical stiffness, headache, back pain, fetlock pain, liver *Yang* rising, seizure

BL-66 Zu-tong-gu Foot (Valley Passage) 足通谷

A commonly used point (figs. 3.34 and 3.35)

LOCATION

Distal to the fetlock and the lateral sesamoid bone, on the caudolateral aspect of the pastern



3.35 BL acupoints of the limb (muscle view). (From H. Xie, *Veterinary Acupuncture Atlas*, 2003.)

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Ying-spring point (water); cervical stiffness, epistaxis, seizure

BL-67 Zhi-yin (Digit Well) 至阴

A commonly used point (figs. 3.34 and 3.35)

LOCATION

Caudolateral aspect of hind hoof, proximal to coronary band

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Jing-well point (metal), mother point; nasal congestion and discharge, epistaxis, eye problems, headache, promotion of parturition, laminitis

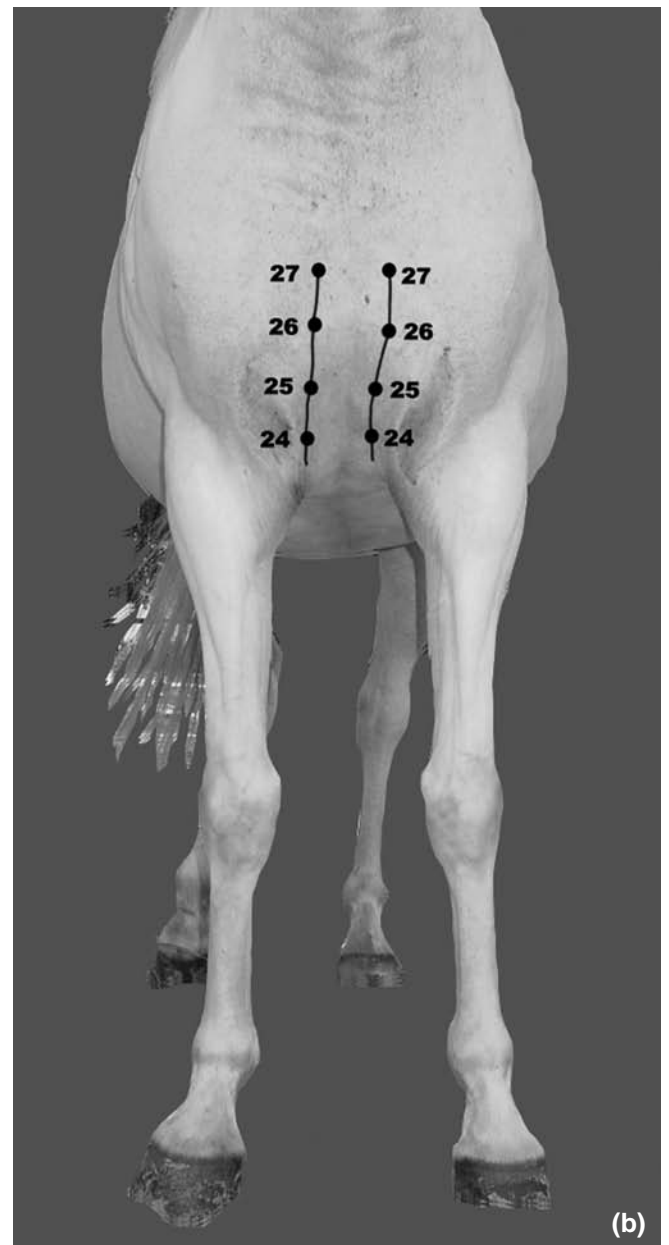
CAUTIONS

Contraindicated during pregnancy

KIDNEY CHANNEL (KID) 肾经

5 to 7 P.M.; Pelvic limb *Shao-yin*: from the hind foot to chest

The Kidney Channel begins on the hind limb at a point between the bulbs of the heel (fig. 3.36a and b). It courses proximally up the caudomedial aspect of the hind leg. At the abdomen, it runs cranially one cun parallel to the ventral midline. It ends between the sternum and the first rib.



3.36 (a,b) Kidney Channel of horses. (From H. Xie, Equine Acupuncture Chart, Chi Institute, Reddick, Florida, 2003.)

KID-1 Hou-jiu (Pelvic Central Bulb Hoof) 后臼

A most commonly used point (figs. 3.37 and 3.38)

LOCATION

In a depression between the bulbs of the heel

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Jing-well point (wood) point; laminitis, sore throat, constipation, coma, seizure, loss of voice, dysuria

KID-2 Ran-gu (Blazing Bone) 然谷

A commonly used point (figs. 3.37 and 3.38)

LOCATION

In the depression distal to the fused first and second tarsal bones, proximal to medial splint bone

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Ying-spring point (fire); diabetes, sore throat, dysuria, impotence, abnormal cycling, infertility

KID-3 Tai-xi (Great Ravine) 太溪

A most commonly used point (figs. 3.37 and 3.38)

LOCATION

Between the medial malleolus of the tibia and the calcaneal tuber (opposite BL-60)



3.37 KID acupoints of lower hind limb (surface view). (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Shu-stream point (earth), *Yuan*-source point; abnormal cycling, dysuria, renal failure, diabetes, infertility, impotence, heaves, sore throat, toothache, back pain, ear problems

KID-4 *Da-zhong* (Great Goblet) 大钟

A commonly used point (figs. 3.37 and 3.38)

LOCATION

0.5 cun caudodistal to KID-3 on the medial border of the calcaneus

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Luo-connecting point of the KID Channel; urinary incontinence, renal failure, heaves, hock pain

KID-5 *Shui-quan* (Water Spring) 水泉

A most commonly used point (figs. 3.37 and 3.38)

LOCATION

1 cun ventral to KID-3, caudal to the distal end of the tibia

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Xi-cleft point; irregular cycling, anestrus, silent heat, dysuria

KID-6 *Zhao-hai* (Shining Sea) 照海

A commonly used point (figs. 3.37 and 3.38)

LOCATION

In the depression between the calcaneal tuber and the talus

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Confluent point with the *Yin-qiao* extraordinary channel; dysuria, constipation, seizures, abnormal cycling, insomnia. Studies indicate that stimulation at KID-6 can significantly benefit urination and relieve signs of dysuria.

KID-7 *Fu-liu* (Recover Flow) 复溜

A commonly used point (figs. 3.37 and 3.38)

LOCATION

2 cun directly proximal to KID-3, on the cranial border of the Achilles tendon

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Jing-river point (metal-mother). Nonsweater, diarrhea, edema, abdominal fullness, paralysis of hind limb

KID-8 *Jiao-xin* (Intersection Reach) 交信

A commonly used point (figs. 3.37 and 3.38)

LOCATION

0.5 cun cranial to KID-7, 2 cun proximal to KID-3, caudal to the medial border of the tibia

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Xi-cleft point for the *yin-qiao* extraordinary channel; irregular cycling, hernia, constipation, diarrhea

KID-9 *Zhu-bin* (Guest House) 筑宾

A commonly used point (figs. 3.38 and 3.67)

LOCATION

5 cun proximal to KID-3, at the lower end of the belly of the gastrocnemius m, on a line drawn from KID-3 to KID-10

METHOD

Perpendicular or oblique insertion: dry-needle depth 1.5 cun

INDICATION

Xi-cleft point for the *Yin-wei* extraordinary channel; hyperactivity, vomiting, hind limb lameness

KID-10 *Yin-gu* (Yin Valley) 阴谷

A commonly used point (figs. 3.38 and 3.67)

LOCATION

On the medial side of the popliteal fossa at the level of BL-40, between the semitendinosus and the semimembranosus mm.

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

He-sea point (water); impotence, hernia, dysuria, stifle pain



3.38 KID acupoints of the limb (muscle view). (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

KID-24 *Ling-xu* (Spirit Ruins) 灵墟

Not a commonly used point (fig. 3.39)

LOCATION

Third intercostal space, 2 cun lateral to the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Cough, asthma, vomiting

KID-25 *Shen-cang* (Spirit Storehouse) 神藏

Not a commonly used point (fig. 3.39)

LOCATION

Second intercostal space, 2 cun lateral to the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Cough, heaves

KID-26 *Yu-zhong* (Lively Center) 臑中

Not a commonly used point (fig. 3.39)

LOCATION

First intercostal space, 2 cun lateral to the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Cough, heaves

KID-27 *Shu-fu* (House of Association Points) 俞府

俞府

A most commonly used point (fig. 3.39). *Shu-fu* means the house of all the *shu* points, thus, it can be used for multiple internal organ complaints.

LOCATION

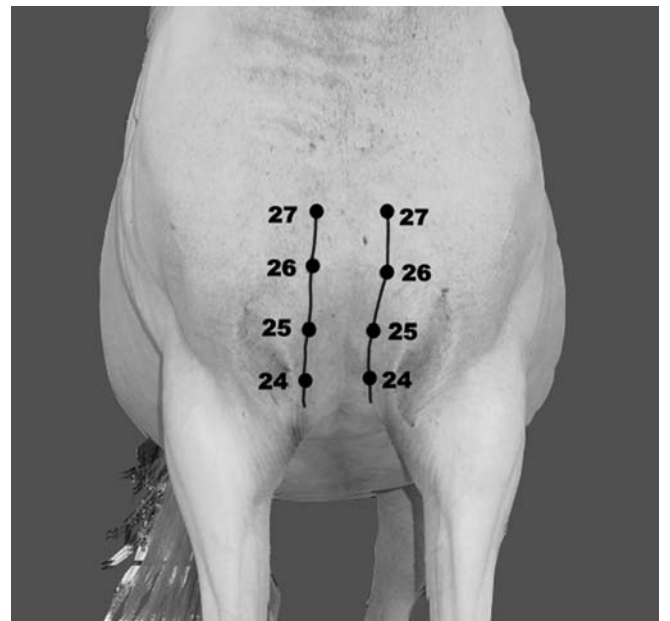
Between the sternum and the first rib, 2 cun lateral to the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Cough, heaves, chest pain, vomiting



3.39 KID acupoints of the chest. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

PERICARDIUM CHANNEL (PC) 心包经

7 to 9 P.M.; Thoracic limb Jue-yin: from the chest to front foot

The Pericardium Channel begins in the pericardium (fig. 3.40). It emerges on the surface between the fifth rib and the medial aspect of the elbow. Moving distally along the medial foreleg, it courses along the caudomedial aspect of the leg between the Lung Channel and the chestnut. It continues past the accessory carpal bone and down the metacarpal bone to end at a point between the bulbs of the heel.

PC-1 Tian-chi (Celestial Poop) 天池

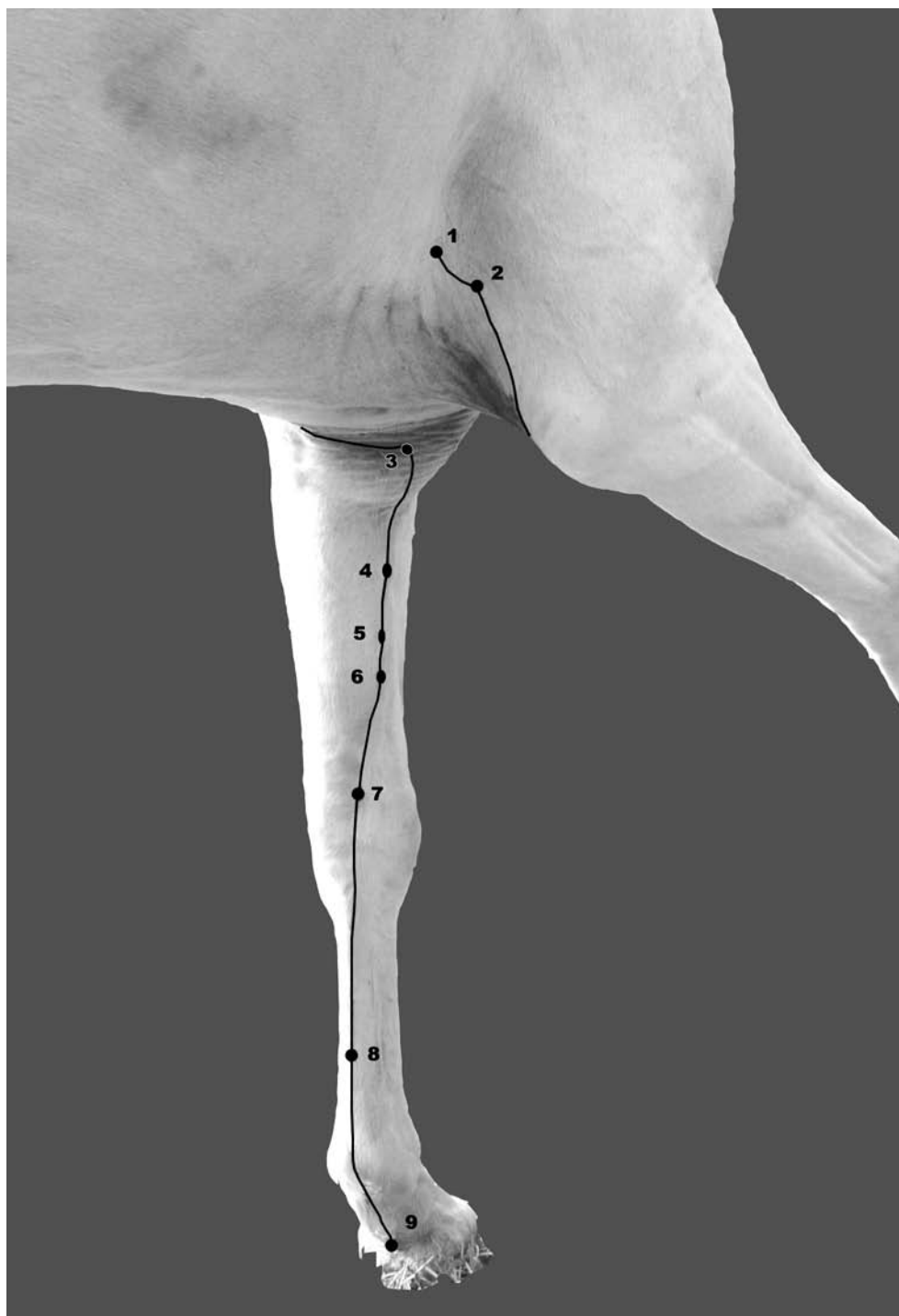
A most commonly used point (fig. 3.41)

LOCATION

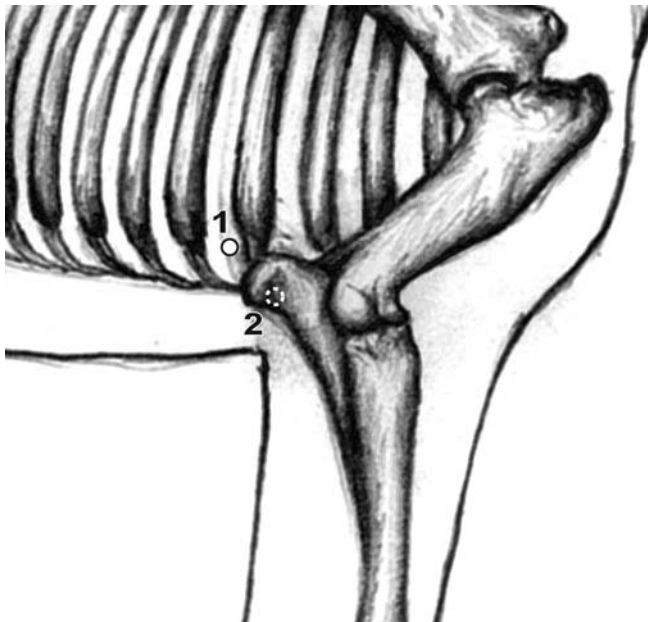
Medial to the point of the elbow, in the fifth intercostal space

METHOD

Oblique insertion toward the elbow: dry-needle depth 1 cun



3.40 PC Channel of horses. (From H. Xie, *Equine Acupuncture Chart*, Chi Institute, Reddick, Florida, 2003.)



3.41 PC acupoints of the girdle region. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

INDICATION

Crossing point between PC and GB Channels; cough, asthma, dyspnea, sore girdle, chest pain; diagnostic point for the front hoof

PC-2 *Tian-quan* (Celestial Spring) 天泉

Not a commonly used point (fig. 3.41)

LOCATION

On the medial side of humerus, 2 cun cranial and ventral to PC-1

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Shoulder pain, chest pain

PC-3 *Qu-ze* (Elbow Marsh) 曲泽

A commonly used point (fig. 3.42)

LOCATION

On the medial side of the cubital crease of the elbow, cranial and medial to HT-3

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

He-sea point (water); palpitation, diarrhea, febrile diseases, shoulder/elbow pain

PC-4 *Xi-men* (Cleft Gate) 郄门

A commonly used point (fig. 3.42)

LOCATION

5 cun proximal to PC-7, in the groove between the flexor carpi radialis and the flexor carpi ulnaris

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Xi-cleft point; acute chest pain, epilepsy

PC-5 *Jian-shi* (Intermediary Courier) 间使

A commonly used point (fig. 3.42)

LOCATION

4 cun proximal to PC-7, in the groove between the flexor carpi radialis and the flexor carpi ulnaris

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Jing-river point (metal); chest pain, vomiting, febrile diseases, epilepsy



3.42 PC acupoints of the upper forelimb. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

PC-6 *Nei-guan* (Inner Pass) 内关

A most commonly used point (fig. 3.42)

LOCATION

Directly cranial to the lower border of the chestnut, 3 cun proximal to PC-7, in the groove between the flexor carpi radialis and the flexor carpi ulnaris

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Luo-connecting point of the PC Channel, master point for the chest/cranial abdomen, confluent point with yin-wei channel. Anxiety, insomnia, vomiting, nausea, headache, chest pain, palpitation, paralysis of forelimbs, epilepsy

PC-7 *Da-ling* (Great Mound) 大陵

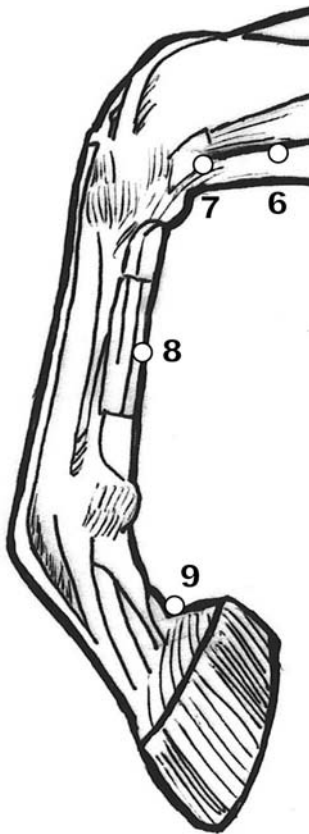
A commonly used point (fig. 3.42)

LOCATION

At the level of the accessory carpal bone, cranial to the flexor carpi ulnaris

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun



3.43 PC acupoints of the lower forelimb. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

INDICATION

Shu-stream point (earth), *Yuan*-source point; chest pain, vomiting, epilepsy

PC-8 *Lao-gong* (Palace of Toil) 劳宫

A commonly used point (figs. 3.43 and 3.68)

LOCATION

On the forelimb, half of the distance from the carpus to the fetlock, on the caudal aspect of the superficial digital flexor tendon

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Ying-spring point (fire); epilepsy, stomatitis, ulceration in the mouth, halitosis, chest pain

PC-9 *Qian-jiu* (Thoracic Entral Bulb) 前臼

A most commonly used point (fig. 3.43)

LOCATION

In the central depression between the bulbs of the heel

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Jing-well point (wood); hyperactivity, *shen* disturbance, nonsweater, superficial tendon problem, laminitis, navicular disease

TRIPLE HEATER CHANNEL (TH) 三焦经

9 to 11 P.M.; Thoracic limb *Shao-yang*: from the front foot to head

The Triple Heater Channel begins on the forelimb at the cranial aspect of the coronary band (fig. 3.44a, b). It runs proximally up the craniolateral aspect of the pastern and metacarpus to the lateral carpus. From the middle of the radius, it travels past the elbow and shoulder to run past the cranial border of the scapula. It moves along the lateral neck and around the back of the ear. It comes to an end dorsal to the lateral canthus of the eye.

TH-1 *Qian-ti-tou* (Thoracic Hoof Toe) 前蹄头

A most commonly used point (fig. 3.45)

LOCATION

1 cun lateral to the cranial midline, proximal to the coronary band

METHOD

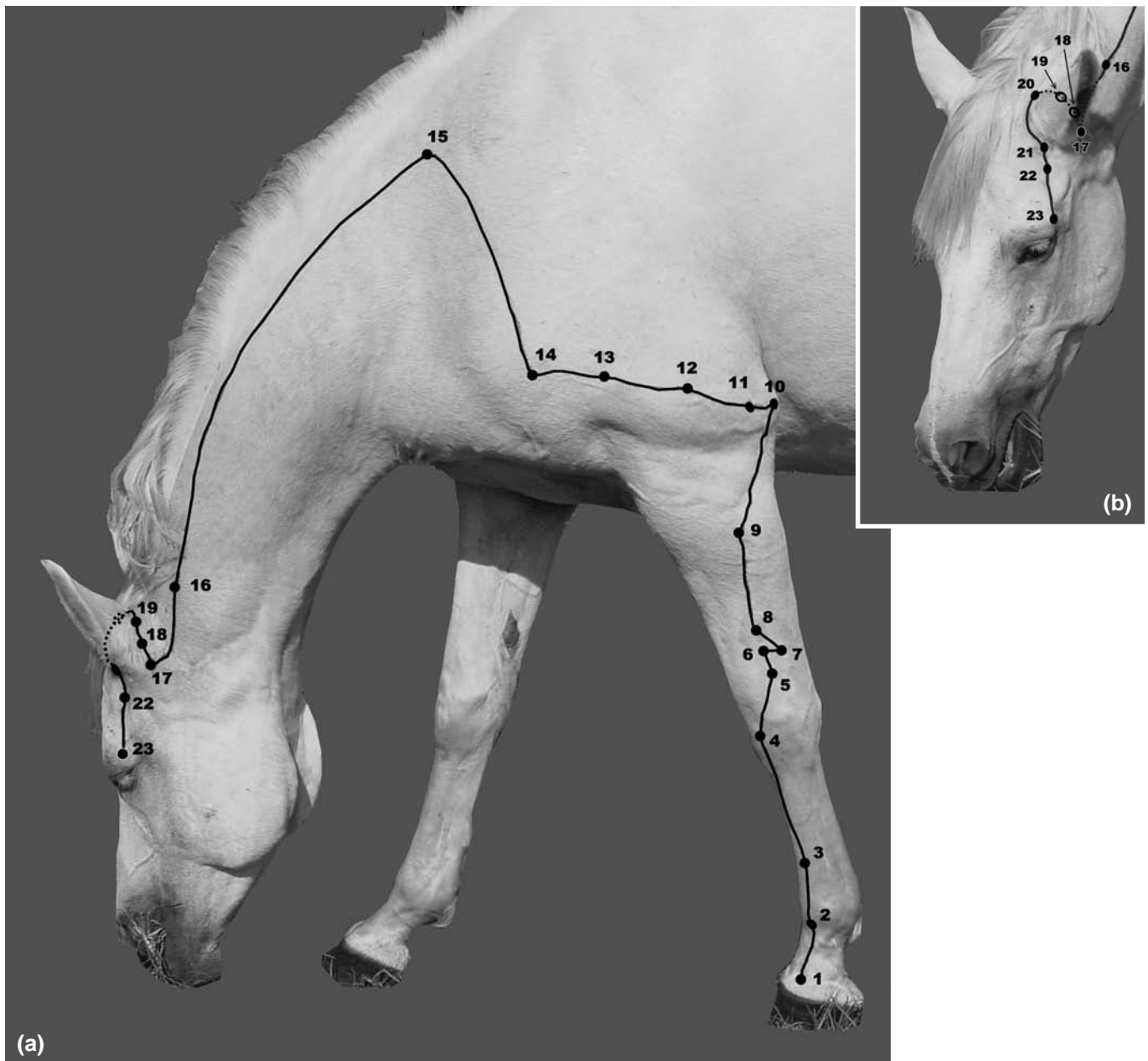
Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Jing-well point (metal); sore feet, laminitis, sore or cracked front heels, shoulder pain, colic, sore throat, deafness, red eyes

TH-2 *Ye-men* (Sweat Gate) 液门

A commonly used point (fig. 3.45)



3.44 (a,b) Triple Heater Channel of horses. (From H. Xie, *Equine Acupuncture Chart*, Chi Institute, Reddick, FL, 2003.)

LOCATION

One cun lateral to the cranial midline of the pastern, in the depression cranial to extensor branch of suspensory ligament attaching to the common digital extensor tendon

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Ying-spring point (water); head shaking, deafness, sore throat, malaria, red eyes, anhidrosis

TH-3 *Zhong-zhu* (Central Islet) 中渚

A commonly used point (fig. 3.45)

LOCATION

1 cun lateral to the cranial midline of the fetlock, at the junction of the lower and middle third of the cannon bone

METHOD

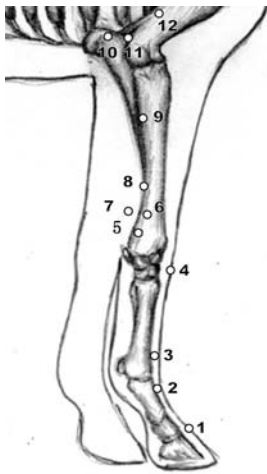
Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Shu-stream point (wood); head shaking, ear problems, febrile disease, pastern/fetlock pain

TH-4 *Yang-chi* (Divergent Yang) 阳池

A commonly used point (fig. 3.45)



3.45 TH acupoints of the forelimb. (From H. Xie, *Veterinary Acupuncture Atlas*, 2003.)

LOCATION

1 cun lateral to the common digital extensor tendon, in the depression between the lateral styloid process of radius and intermedial carpal bone

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Yuan-source point; carpal pain, sore throat, diabetes, malaria

TH-5 *Wai-guan* (Outer Pass) 外关

A most commonly used point (fig. 3.45)

LOCATION

Three cun proximal to the antebrachiocarpal articulation, caudal to radius

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Luo-connecting point of the TH Channel, confluent point with *Yang-wei* channel; paralysis of forelimbs, headache, febrile diseases, red eyes, ear problems, neck pain, navicular disease

TH-6 *Zhi-gou* (Branch Ditch) 支沟

A commonly used point (fig. 3.45)

LOCATION

Four cun proximal to the antebrachiocarpal articulation, caudal to radius

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Jing-river point (fire); constipation, febrile diseases, ear problems

TH-7 *Hui-zong* (Convergence and Gathering) 会宗

A commonly used point (fig. 3.45)

LOCATION

One cun caudal to TH-6

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Xi-cleft point; acute epilepsy, deafness, paralysis

TH-8 *San-yang-luo* 3 (Yang Connection) 三阳络

Not a commonly used point (fig. 3.45)

LOCATION

1 cun proximal to TH-6

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

General analgesia point

TH-9 *Si-du* (Four Rivers) 四渎

A commonly used point (fig. 3.45)

LOCATION

Four cun proximal to TH-8, at the end of the groove of the common digital extensor and lateral ulnar mm

METHOD

Oblique insertion toward PC-6: dry-needle depth 3 cun

INDICATION

General analgesia point, paralysis, dental problems

TH-10 *Tian-jing* (Celestial Well) 天井

A commonly used point (fig. 3.45)

LOCATION

One cun dorsocranial to SI-8

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

He-sea point (earth); paralysis of forelimbs, sore throat, deafness, toothache

TH-11 *Qing-leng-yuan* (Clear Cold Abyss) 清冷渊

Not a commonly used point (fig. 3.46)

LOCATION

One cun cranial to TH-10

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Headache, pain in elbow and shoulder

TH-12 *Xiao-luo* (Dispersing Riverbed) 消冻

Not a commonly used point (fig. 3.46)

LOCATION

One-third the distance from TH-11 to TH-14

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Elbow and shoulder pain

TH-13 Nao-hui (Upper Arm Intersection) 儒会

Not a commonly used point (fig. 3.46)

LOCATION

Two-thirds the distance from TH-11 to TH-14

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Shoulder pain

TH-14 Jian-wai-yu (External Shoulder Clavicle) 肩外颞

肩外颞

A most commonly used point (fig. 3.46)

LOCATION

Caudal margin of shoulder joint, at the level of the point of the shoulder

METHOD

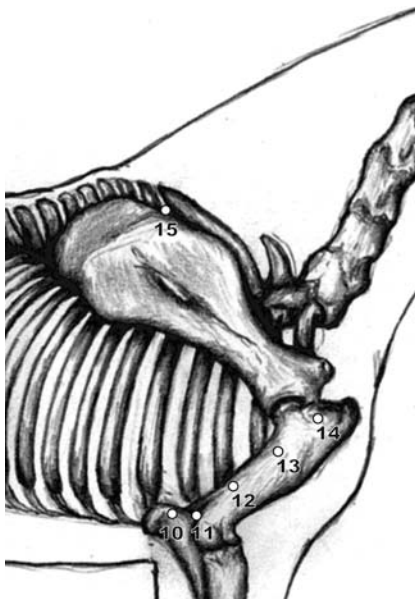
Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Shoulder and front limb pain

TH-15 Bo-jian (Scapular Tip) 膊尖

A most commonly used point (fig. 3.46)



3.46 TH acupoints of the shoulder. (From H. Xie, *Veterinary Acupuncture Atlas*, 2003.)

LOCATION

Depression on the dorsal border of the scapula at the junction of the scapula and scapular cartilage

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Shoulder and front limb pain, sore foot, cervical stiffness; with SI-16, diagnostic point for ligament and tendon conditions

TH-16 Tian-you (Celestial Window) 天牖

A most commonly used point (figs. 3.47 and 3.48)

LOCATION

Caudal border of the brachiocephalicus muscle, between the first and second cervical vertebral space, cranial and dorsal to SI-16

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Cervical stiffness, head shaking, deafness, pain in temporomandibular joint (TMJ), Wobbler's syndrome. Diagnostic point for fetlock with SI-16

TH-17 Yi-feng (Wind Screen) 翳风

Not a commonly used point (figs. 3.47 and 3.48)

LOCATION

Caudovernal to the base of ear, between the mandible and the mastoid process

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

TMJ pain, cervical stiffness, facial paralysis, swelling in the face

TH-18 Chi-mai (Tugging Vessel) 瘰脉

Not a commonly used point (figs. 3.47 and 3.48)

LOCATION

Caudal to the ear, at the lower $\frac{1}{3}$ between TH-17 and TH-20

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Head shaking, hyperactivity

TH-19 Lu-xi (Skull Rest) 颅息

Not a commonly used point (figs. 3.47 and 3.48)

LOCATION

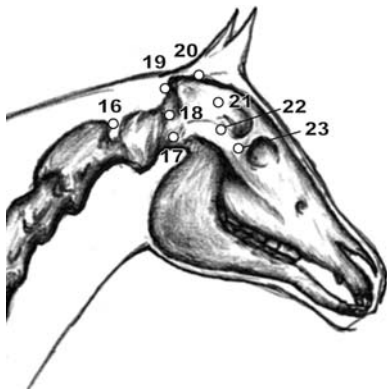
Caudal to the ear, at the upper $\frac{1}{3}$ between T-17 and TH-20

METHOD

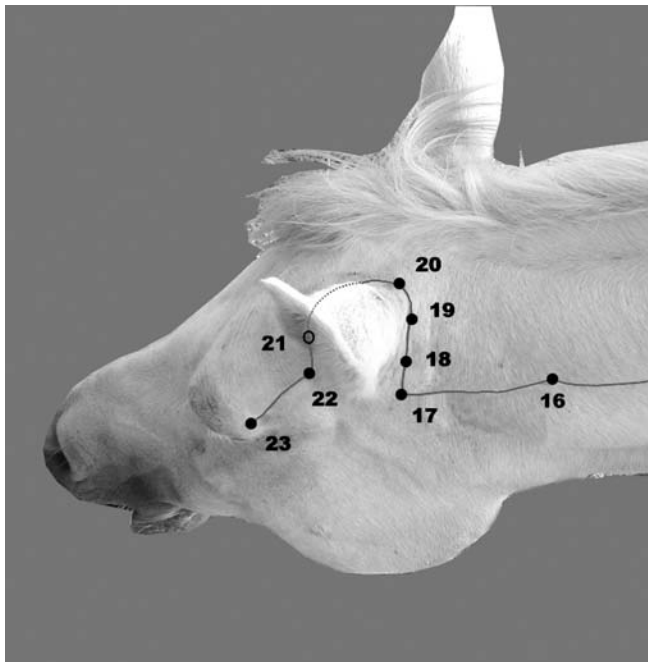
Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Headache, ear problems



3.47 TH acupoints of the neck and head (skeletal view). (From H. Xie, Veterinary Acupuncture Atlas, 2003.)



3.48 TH acupoints of the neck and head (surface view). (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

TH-20 *Jiao-sun* (Angle Vertex) 角孙

Not a commonly used point (figs. 3.47 and 3.48)

LOCATION

In the depression at the top of dorsal and medial aspect of the ear base, lateral to GV-20

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Cervical stiffness, dental diseases

TH-21 *Er-men* (Ear Gate) 耳门

Not a commonly used point (figs. 3.47 and 3.48)

LOCATION

In a depression just cranial to the ear base

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Ear problems, dental diseases

TH-22 *Er-he-liao* (Ear Harmony Hole) 耳和寥

Not a commonly used point (figs. 3.47 and 3.48)

LOCATION

One cun cranial to TH-21

METHOD

Oblique insertion: dry-needle depth 1 cun

INDICATION

Facial paralysis, headache

TH-23 *Si-zhu-kong* (Silk Bamboo Hole) 丝竹空

A most commonly used point (figs. 3.47 and 3.48)

LOCATION

Near the lateral canthus of the eye, 1 cun dorsal to GB-1, caudal to orbit

METHOD

Oblique insertion: dry-needle depth 1 cun

INDICATION

Eye problems, facial paralysis, dental diseases, encephalitis, epilepsy

GALLBLADDER CHANNEL (GB) 胆经

11 P.M. to 1 A.M.; Pelvic limb *Shao-yang*: from the head to hind foot

The Gallbladder Channel begins on the head near the lateral canthus of the eye (fig. 3.49a, b). It runs to the medial side of the ear to the occipital condyle. It continues along the dorsal edge of the neck and across the chest to the 15th intercostal space. Moving past the caudal aspect of the 18th rib, it curves around the hip and travels distally along the lateral hind leg. It comes to rest at the craniolateral aspect of the coronary band.

GB-1 *Tai-yang* (Great Yang) 太阳

A most commonly used point (figs. 3.50a, b)

LOCATION

One cun caudoventral to the lateral canthus of the eye, over the transverse facial vein

METHOD

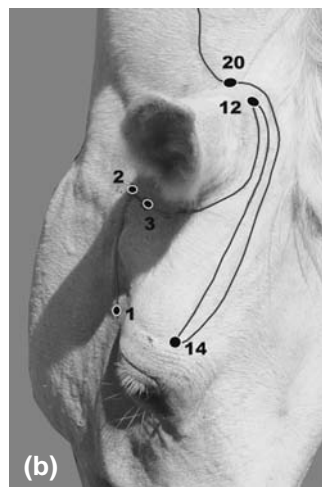
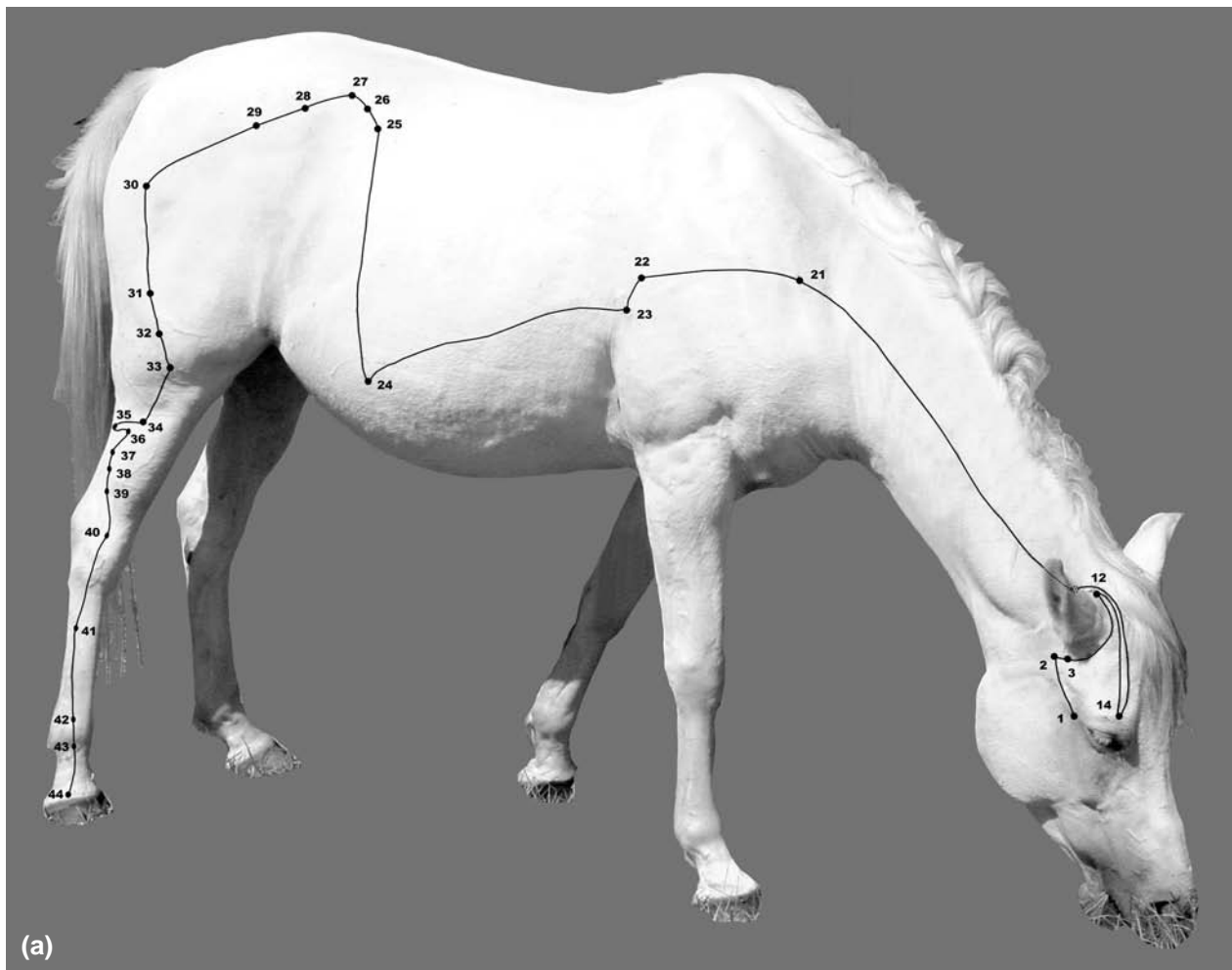
Perpendicular insertion: dry-needle depth 1 cun, or hemoacupuncture for acute conditions

INDICATION

Eye problems, anhidrosis, colds, headache

GB-2 *Ting-hui* (Hearing Convergence) 听会

Not commonly used point (figs. 3.50a, b)



3.49 (a,b) GB Channel of horse.
(From H. Xie, Equine Acupuncture Chart, Chi Institute, Reddick, FL, 2003).

LOCATION

In the depression 1 cun caudoventral to GB-3

METHOD

Oblique insertion: dry-needle depth 0.5 cun

INDICATION

Eye problems, anhidrosis, colds, headache

GB-3 Shang-guan (Upper Joint) 上关

Most a commonly used point (figs. 3.50a, b)

LOCATION

In the depression at the caudodorsal aspect of the TMJ. The depression is easily seen when the horse opens its mouth.

METHOD

Oblique insertion: dry-needle depth 0.5 cun

INDICATION

Facial paralysis, syncope, wind pattern, *shen* disturbances

GB-12 Wan-gu (Completion Bone) 完骨

Not a commonly used point (figs. 3.49a, b)

LOCATION

In the depression 1 cun caudal to TH-18

METHOD

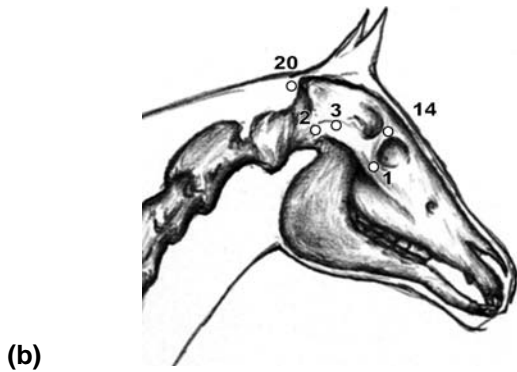
Oblique insertion: dry-needle depth 0.5 cun

INDICATION

Cervical stiffness, malaria, epilepsy

GB-14 Yang-bai (Yang White) 阳白

Not a commonly used point (figs. 3.50a, b)



3.50 (a,b) GB acupoints of the head. (From H. Xie, *Veterinary Acupuncture Atlas*, 2003.)

LOCATION

One cun dorsal to *Jing-shu* (on the upper eyelid at the mid-point of the eyelid)

METHOD

Oblique insertion: dry-needle depth 0.5 cun

INDICATION

Keratitis, conjunctivitis, uveitis, ophthalmia

GB-20 *Feng-chi* (Wind Pond) 风池

A most commonly used point (figs. 3.49a, b)

LOCATION

In the large depression just caudal to the occipital condyle

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

External wind, internal wind, cervical stiffness, headache, epistaxis, nasal discharge/congestion, epilepsy

GB-21 *Bo-zhong* (Middle Scapula) 膊中

A most commonly used point (fig. 3.51)

LOCATION

In a depression located halfway along the cranial edge of the scapula

METHOD

Perpendicular or oblique insertion toward the medial aspect of the scapula: dry-needle depth 1.5 cun

INDICATION

Shoulder pain, paralysis of forelimbs, mastitis, dystocia

GB-22 *Fei-pan* (Lung Hugging) 肺攀 or *Yuan-ye* (Armpit Abyss) 渊腋

Not a commonly used point (fig. 3.51)

LOCATION

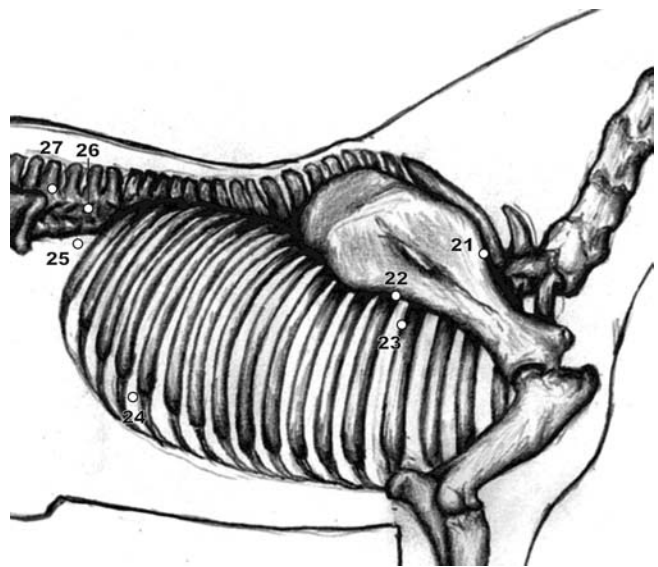
On the caudal border of the scapula, 1/3 of the distance from dorsal to ventral

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Shoulder arthritis, trauma, thoracic limb arthritis, supra-scapular nerve paralysis, lower airway and lung problems



3.51 GB acupoints of the trunk. (From H. Xie, *Veterinary Acupuncture Atlas*, 2003.)

GB-23 Zhe-jin (Sinew Seat) 輒筋

Not a commonly used point (fig. 3.51)

LOCATION

1 cun ventral to GB-22

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Shoulder arthritis, trauma, thoracic limb arthritis, supra-scapular nerve paralysis, lower airway and lung disease

GB-24 Ri-yue (Sun and Moon) 日月

A commonly used point (fig. 3.51)

LOCATION

Fourteenth intercostal space at the level of the elbow, caudodorsal to LIV-14

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Alarm point for GB, hepatic diseases, liver *Qi* stagnation

GB-25 Jing-men (Capital Gate) 京门

A commonly used point (figs. 3.51 and 3.52)

LOCATION

In a depression halfway between the caudal border of the costochondral junction of the 18th rib and lumbar muscles

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

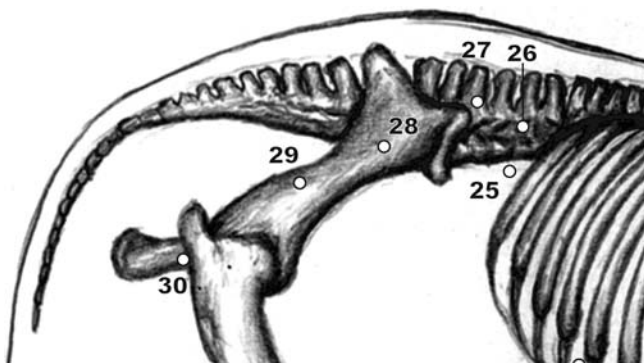
Alarm point for kidney; infertility, ovary disorders, lumbar pain, colic, impaction, kidney deficiency

GB-26 Dai-mai (Girdling Vessel) 带脉

Not a commonly used point (figs. 3.51 and 3.52)

LOCATION

1.5 cun caudodorsal to GB-25



3.52 GB acupoints of the hip. (From H. Xie, *Veterinary Acupuncture Atlas*, 2003.)

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Poor performance, lumbar pain, colic

GB-27 Wu-shu (Fifth Pivot) 五枢

A commonly used point (figs. 3.51 and 3.52)

LOCATION

0.5 cun craniodorsal to the cranial aspect of the iliac spine

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Diagnostic point for hock pain; back pain, poor performance

GB-28 Wei-dao (Linking Path) 维道

Not a commonly used point (fig. 3.52)

LOCATION

In a depression midway between GB-27 and GB-29

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Poor performance, genital discharge, colic, infertility, uterine problems

GB-29 Ju-liao (Squatting Hole) 居寥

A commonly used point (fig. 3.52)

LOCATION

In a depression midway between wing of ilium and greater trochanter of the femur

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Poor performance, gluteal muscle soreness, hind limb pain, arthritis of coxofemoral joint, paralysis of hind limb

GB-30 Huan-tiao (Circular Jump) 环跳

A commonly used point (fig. 3.52)

LOCATION

In a depression, on the caudoventral margin of the greater trochanter

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Poor performance, gluteal muscle soreness, hind limb pain, arthritis of coxofemoral joint, paralysis of hind limb

GB-31 Feng-shi (Wind Market) 风市

Not a commonly used point (fig. 3.53)

LOCATION

On the lateral aspect of the thigh, in a depression 5 cun proximal to GB-33

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Pruritus, paralysis of hind limb, sore feet

GB-32 Zhong-du (Central River) 中渚

A commonly used point (fig. 3.53)

LOCATION

2 cun proximal to GB-33

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Pruritus, paralysis of hind limb, sore feet

GB-33 Xi-yang-guan (Knee Yang Gate) 膝阳关

Not a commonly used point (fig. 3.53)

LOCATION

Two cun lateral to ST-35

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Stifle problems

GB-34 Yang-ling-quan (Yang Tomb Spring) 阳陵泉

A most commonly used point (fig. 3.53)

LOCATION

Craniodistal to the head of fibula, in the interosseous space between the tibia and fibula, between the long and lateral digital extensors

METHOD

Oblique insertion: dry-needle depth 1.5 cun

INDICATION

He-sea point (earth); influential point for tendon and ligaments; weak tendon/ligament, hind-end weakness

GB-35 Yang-jiao (Yang Intersection) 阳交

A commonly used point (fig. 3.53)

LOCATION

One cun caudal to GB-36

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

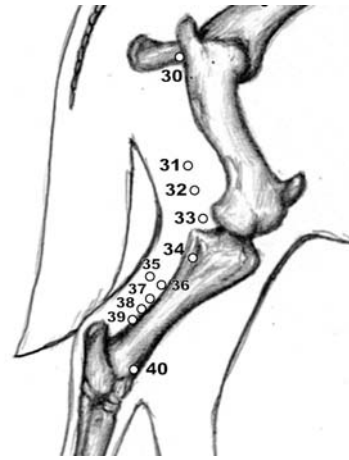
Xi-cleft point for *Yang-wei* channel; acute fullness of the chest

GB-36 Wai-qiu (Outer Hill) 外丘

A commonly used point (fig. 3.53)

LOCATION

Two cun proximal to GB-37 between the lateral digital extensor m and the deep digital flexor m



3.53 GB acupoints of the upper limb. (From H. Xie, *Veterinary Acupuncture Atlas*, 2003.)

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Xi-cleft point for GB; liver *Yang* rising (anger, irritability, hypertension)

GB-37 Guang-ming (Bright Light) 光明

A commonly used point (fig. 3.53)

LOCATION

One cun proximal to GB-38 between the lateral digital extensor m and the deep digital flexor m

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Luo-connecting point of the LIV Channel. Acute or chronic eye problems, pain in mammary gland, paralysis of hind limb

GB-38 Yang-fu (Yang Assistance) 阳辅

A commonly used point (fig. 3.53)

LOCATION

One cun proximal to GB-39 between the lateral digital extensor m and the deep digital flexor m.

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Jing-river point (fire); headache, eye problems, sore throat, paralysis

GB-39 Xuan-zhong (Hanging Bell) 悬钟

A commonly used point (fig. 3.53)

LOCATION

Three cun proximal to the tip of the lateral malleolus in a depression of the caudal aspect of the tibia, between the lateral digital extensor m and the deep digital flexor m

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Influential point for marrow; cervical stiffness, paresis or paralysis of the hind limb, anus problems, chest pain, sore throat

GB-40 Qiu-xu (Hill Ruins) 丘墟

A commonly used point (figs. 3.53 and 3.54)

LOCATION

Cranial to BL-62; craniodistal to the tip of the lateral malleolus of the tibia, over the tendon of the lateral digital extensor

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Yuan-source point; hock pain, chest pain, malaria

GB-41 Zu-lin-qi (Foot Overlooking Tears) 足临泣

A commonly used point (fig. 3.54)

LOCATION

On the caudolateral surface of the cannon bone, at the junction of the proximal and middle third of the cannon bone, overlying the lateral plantar vein, just cranial to the base of the lateral splint bone

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Shu-stream point (wood), confluent point with the *dai* channel. Metatarsal region pain, flexor tendonitis, urinary incontinence, abnormal cycling, eye problems, mastitis

GB-42 Di-wu-hui (Earth Fivefold Convergence) 地五会

Not a commonly used point (fig. 3.54)

LOCATION

In a depression midway between BL-65 and ST-43

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Fetlock pain, mastitis

GB-43 Xia-xi (Pinched Ravine) 侠溪

A commonly used point (fig. 3.54)

LOCATION

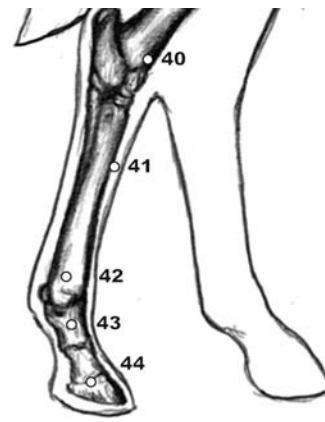
On the lateral aspect of the hind limb distal to the fetlock joint, midway between ST-44 and BL-66

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Ying-spring point (water); laminitis, pastern pain, tendonitis, hypertension, mastitis, eye problems



3.54 GB acupoints of the lower hind limb. (From H. Xie, *Veterinary Acupuncture Atlas*, 2003.)

GB-44 Zu-qiao-yin (Food Orifice Yin) 足窍阴

A most commonly used point (fig. 3.54)

LOCATION

Craniolateral aspect of the coronary band of the hind limb

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Jing-well point (metal); hock pain, hip problems, coxa problems, abnormal cycling, laminitis, insomnia

LIVER CHANNEL (LIV) 肝经

1 to 3 A.M.; Pelvic limb *Jue-yin*: from the hind foot to chest

The Liver Channel begins on the distal hind leg at the cranio-medial aspect of the coronary band (fig. 3.55). It runs proximally along the craniomedial aspect of the pastern and metatarsus. From the cranial aspect of the tarsus, it continues past the caudal aspect of the medial condyle of the femur to the inguinal area. Moving cranially, it runs past the tip of the 18th rib and ends in the 13th intercostal space at the level of the elbow.

LIV-1 Da-dun (Large Pile) 大敦

A most commonly used point (fig. 3.56)

LOCATION

Cranio-medial aspect of the coronary band of the hind limb

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

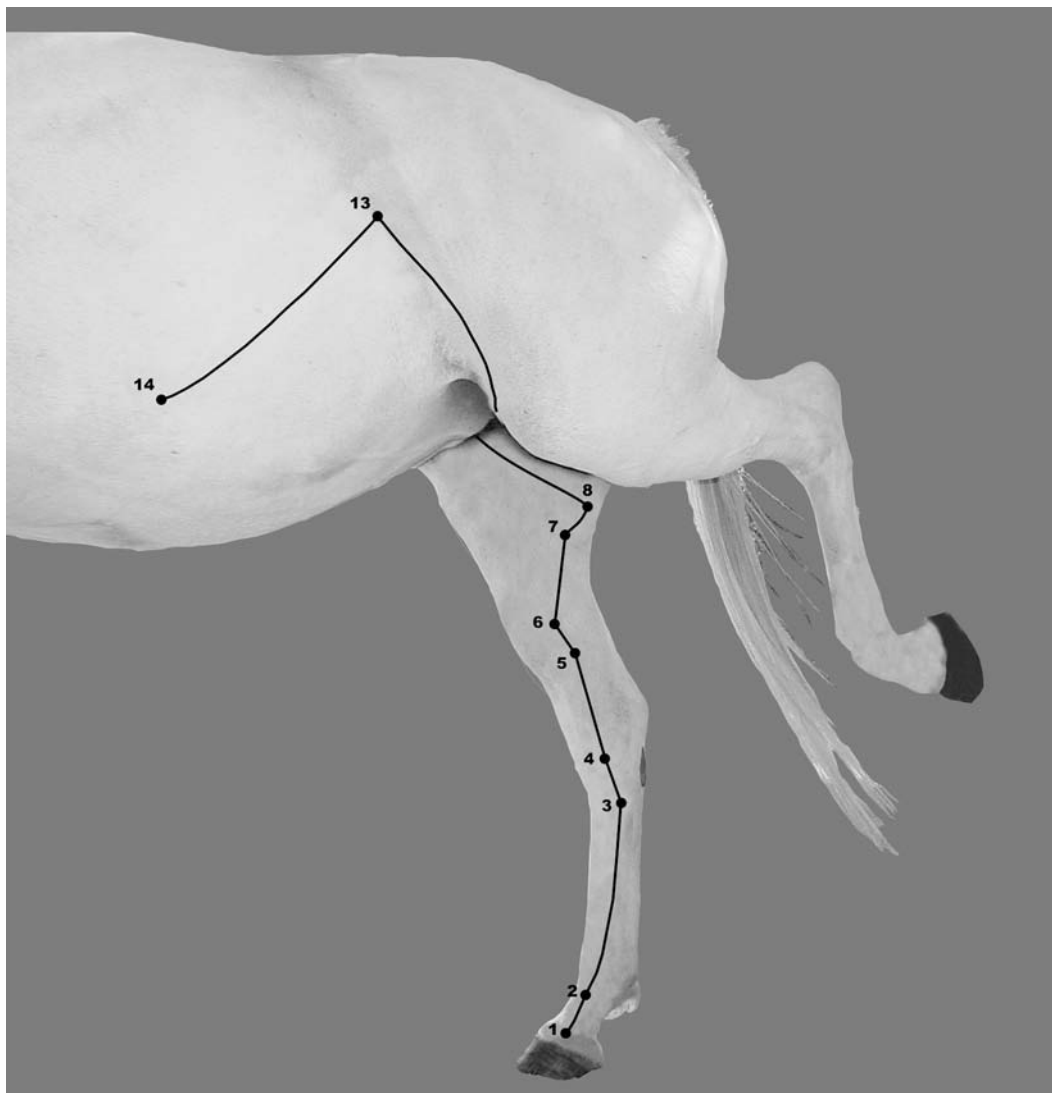
Jing-well point (wood); laminitis, side-bones, hernia

LIV-2 Xing-jian (Moving Between) 行间

A commonly used point (fig. 3.56)

LOCATION

On the medial aspect of the hind limb, distal to the fetlock joint, cranial to and the extensor branch of the suspensory ligament (interosseous m)



3.55 Liver Channel of horses. (From H. Xie, Equine Acupuncture Chart, Chi Institute, Reddick, FL, 2003.)

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Ying-spring point (fire); liver *Yang* rising, eye problems, ring-bone, side-bone, laminitis, abnormal cycling, headache

LIV-3 *Tai-chong* (Supreme Surge) 太冲

A commonly used point (fig. 3.56)

LOCATION

On the craniomedial aspect of the cannon bone (third metatarsal), upper $\frac{1}{3}$ of the distance from the tarsus to fetlock

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Shu-stream point (earth), *Yuan*-source point; liver *Qi* stagnation, abnormal cycle, fetlock pain, paralysis of hind limb

LIV-4 *Zhong-feng* or *Qu-chi* (Pond on the Curve) 曲池

A commonly used point (figs. 3.56 and 3.67)

LOCATION

Cranial aspect of the hock, on the saphenous vein, medial to the cunean tendon

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun, or hemoacupuncture

INDICATION

Jing-river point (metal); anhidrosis, hock pain, swelling and pain of hind limb

LIV-5 *Li-gou* (Woodworm Canal) 蠡沟

A commonly used point (figs. 3.56 and 3.67)

LOCATION

In a depression 2 cun proximal to SP-6, on the cranial border of the tibia, 5 cun proximal to the level of the medial malleolus



3.56 LIV acupoints of the hind limb. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Luo-connecting point of the LIV Channel; urinary incontinence, hind limb paralysis

LIV-6 Zhong-du (Central Metropolis) 中都

A commonly used point (figs. 3.56 and 3.67)

LOCATION

In a depression 2 cun proximal to LIV-5, 7 cun proximal to the tip of the medial malleolus, on the cranial border of the tibia

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Xi-cleft point; hernia, uterine problems, colic

LIV-7 Xi-guan (Knee Joint) 膝关

Not a commonly used point (figs. 3.56 and 3.67)

LOCATION

In a depression 1 cun caudal to SP-9

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Swelling and pain in stifle

LIV-8 Qu-quan (Crooked Spring) 曲泉

A commonly used point (figs. 3.56 and 3.67)

LOCATION

In a depression 2 cun craniomedial and proximal to KID-10

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

He-sea point (water); male infertility, genital pruritus, urinary incontinence, abnormal cycling, stifle pain

LIV-13 Zhang-men (Gate of Symbol) 章门

A commonly used point (fig. 3.57)

LOCATION

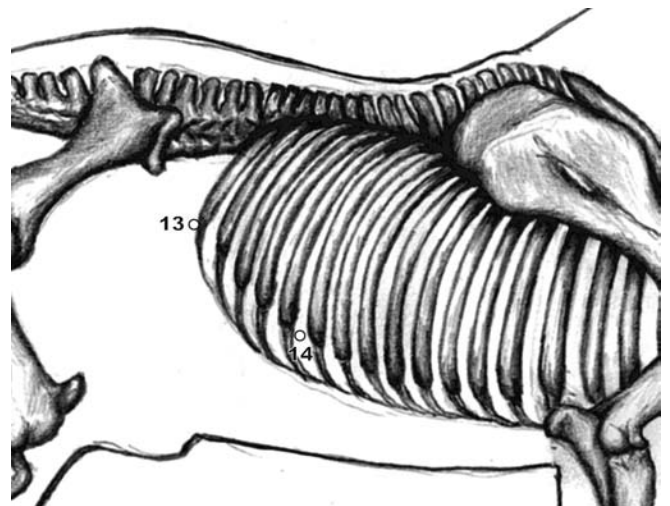
Distal end of the 18th rib

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Influential point for Zang organs, alarm point for SP. Abdominal fullness, colic, diarrhea, abdominal mass, muscle pain



3.57 LIV acupoints of the trunk. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

LIV-14 Qi-men (Cycle Gate) 期门

A commonly used point (fig. 3.57)

LOCATION

In the 13th intercostal space at the level of the elbow

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Alarm point for liver; hepatic disorders, mastitis, pleuritis, chest pain, muscle pain

GOVERNING VESSEL CHANNEL (GV) 督脉

The GV Channel originates from the uterus (fig. 3.58). It travels within the lower abdomen to emerge at the perineum. The first point on the channel is GV-1, which is located on the midline between the anus and the underside of the tail base. A branch extends to the tip of the tail to the point GV-1b (*Wei-jian*). The main branch of the channel continues cranially along the dorsal midline. Along the way it passes through *Bai-hui*, GV-3 (*Yao-yang-guan*), GV-4 (*Ming-men*), and *Duan-xue* to reach GV-20 at the top of the head. At this point, the channel descends down the midline of the face through GV-26 at the nasal philtrum to end inside the upper gum at GV-28 (*Nei-chun-yin*).

As it courses along the dorsal midline, the GV Channel connects with all six *Yang* meridians (Small Intestine, Large Intestine, Stomach, Bladder, Triple Heater, Gallbladder), the spinal cord, and the brain. It is known as “the sea of *yang* meridians.” These connections allow the GV Channel to govern the *Qi* of all the yang meridians. The GV Channel may be used for treating problems involving the spinal cord, disc disease, heat patterns, mental disorders, and yang deficiency patterns.

GV-1 Hou-hai or Chang-qiang (Caudal Sea) 后海

A commonly used point (fig. 3.59)

LOCATION

In the depression between the anus and the ventral aspect of the tail

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun, or aquapuncture

INDICATION

Luo-connecting point of the GV Channel; diarrhea, bloody defecation, constipation, perianal problems, seizure

GV-2 Wei-gen or Yao-shu (Tail Base) 尾根

Not a commonly used point (fig. 3.60)

LOCATION

On the midline, in a depression at the first coccygeal vertebral space (C1-C2)

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Back pain, hind limb paralysis, seizure, perianal problems

GV-3 Yao-yang-guan (Lumbar Yang Pass) 腰阳关

A most commonly used point (fig. 3.60)

LOCATION

On the midline in a depression between L4 and L5 vertebrae

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Coldness and pain in the back, impotence, hind limb paralysis, kidney *Yang/Qi* deficiency

GV-4 Ming-men (Life Gate) 命门

A most commonly used point (fig. 3.60)

LOCATION

In the depression along the dorsal midline at the intervertebral space between L2 and L3

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Yang deficiency, impotence, abnormal cycling, diarrhea, back pain

GV-5 Xuan-shu (Suspended Pivot) 悬枢

Not a commonly used point (fig. 3.60)

LOCATION

In the depression along the dorsal midline at the intervertebral space between L1 and L2

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Diarrhea, colic, back pain, hemorrhage

GV-6 Ji-zhong (Spinal Center) 脊中

Not a commonly used point (fig. 3.60)

LOCATION

In the depression along the dorsal midline at the intervertebral space between T18 and L1

METHOD

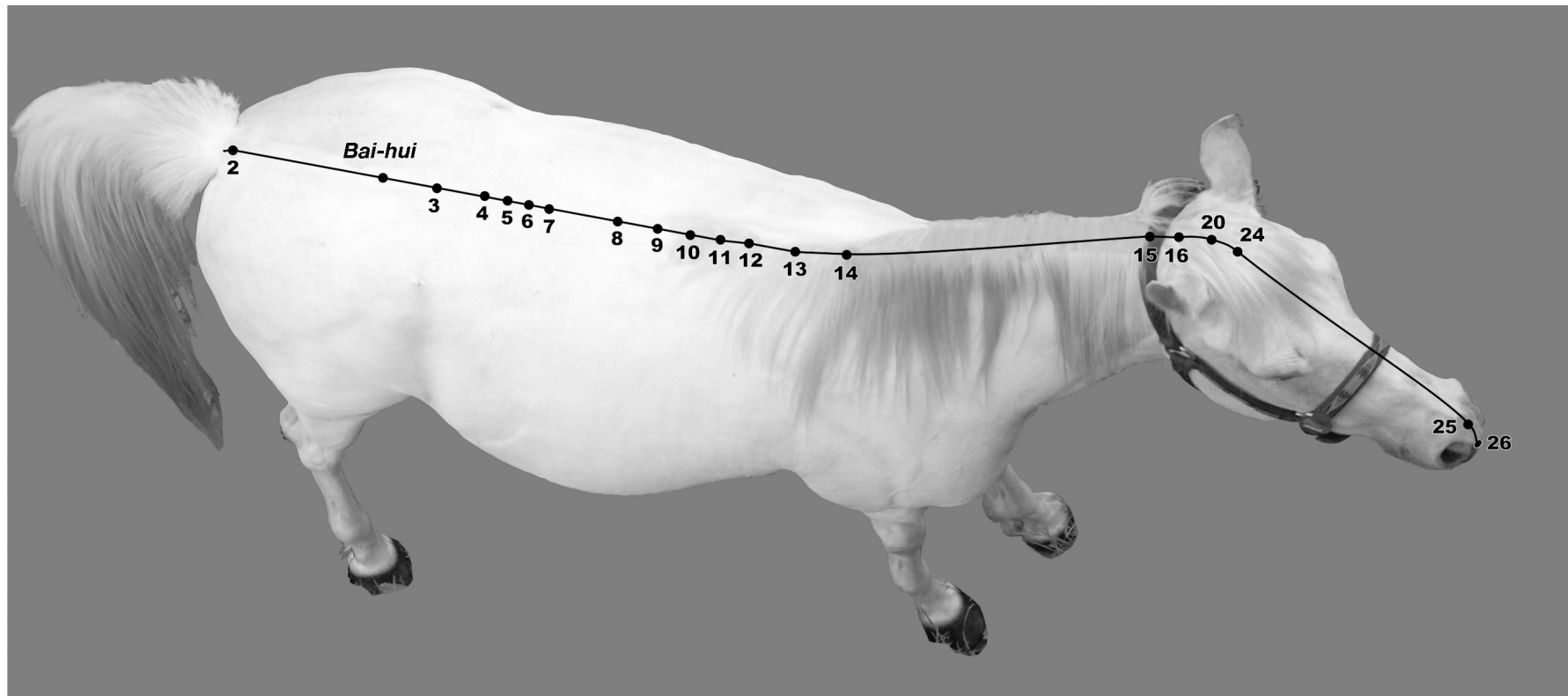
Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Diarrhea, jaundice, seizure, hemorrhage

GV-7 Zhong-shu (Central Pivot) 中枢

A commonly used point (fig. 3.60)



3.58 Governing Vessel Channel of horses. (From H. Xie, Equine Acupuncture Chart, Chi Institute, Reddick, FL, 2003).



3.59 Location of GV-1. (From H. Xie, Veterinary Acupuncture Chart, 2003.)

LOCATION

In the depression along the dorsal midline at the intervertebral space between T17 and T18

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Jaundice, vomiting, back pain, hemorrhage

GV-8 Jin-suo (Sinew Contraction) 筋缩

Not commonly used point (fig. 3.60)

LOCATION

In the depression along the dorsal midline at the intervertebral space between T15 and T16

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Back pain, seizure

GV-9 Zhi-yang (Extremity of Yang) 至阳

Not a commonly used point (fig. 3.60)

LOCATION

In the depression along the dorsal midline at the intervertebral space between T13 and T14

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Jaundice, liver problems

GV-10 Ling-tai (Spirit Tower) 灵台

Not a commonly used point (fig. 3.60)

LOCATION

In the depression along the dorsal midline at the intervertebral space between T11 and T12

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Heaves, cough

GV-11 Shen-dao (Spirit Path) 神道

Not a commonly used point (fig. 3.60)

LOCATION

In the depression along the dorsal midline at the intervertebral space between T9 and T10

METHOD

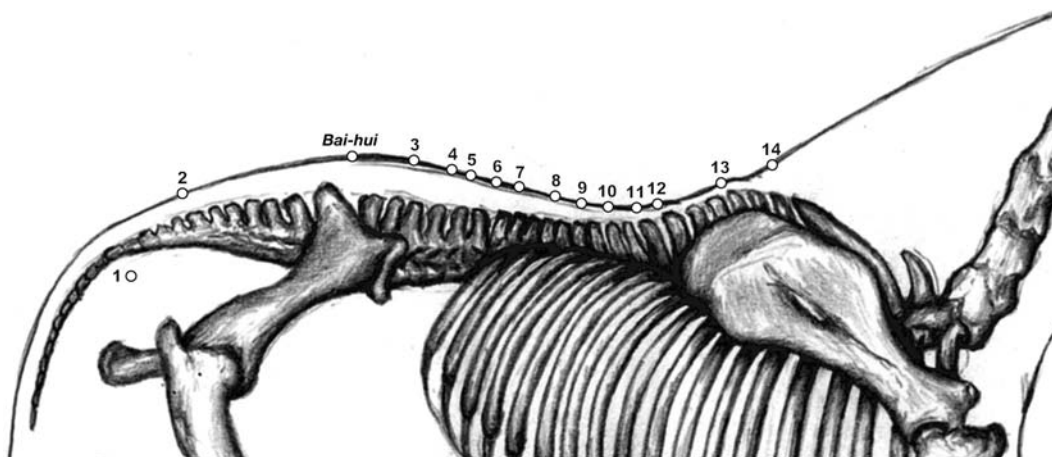
Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Palpitation, chest pain, poor memory, cough

GV-12 Shen-zhu (Body Pillar) 身柱

Not a commonly used point (fig. 3.60)



3.60 GV acupoints of the back. (From H. Xie, Veterinary Acupuncture Chart, 2003.)

LOCATION

In the depression along the dorsal midline at the intervertebral space between T8 and T9

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Heaves, cough

GV-13 Tao-dao (Kiln Path) 陶道

Not a commonly used point (fig. 3.60)

LOCATION

In the depression along the dorsal midline at the intervertebral space between T5 and T6

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Fever, back pain

GV-14 Da-zhui (Big Vertebra) 大椎

A most commonly used point (fig. 3.60)

LOCATION

In the depression along the dorsal midline at the cervicothoracic intervertebral space (C7-T1)

METHOD

Perpendicular insertion: dry-needle depth 2 cun

INDICATION

Fever, cough, heaves, sweat, cervical stiffness, skin rash, seizure

GV-15 Ya-men (Mute's Gate) 哑门

Not a commonly used point (fig. 3.61)

LOCATION

In the depression along the dorsal midline between C1 and C2

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

INDICATION

Seizures, cervical stiffness

CAUTIONS

Use with great caution; only use superficial insertion

GV-16 Tian-men (Heavenly Gate) 天门

A commonly used point (fig. 3.61)

LOCATION

In the depression between the occipital protuberances, between the right and left GB-20, at the median point of the atlantooccipital joint, overlying the funicular part of the nuchal ligament

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

INDICATION

Cervical stiffness, seizure, stroke

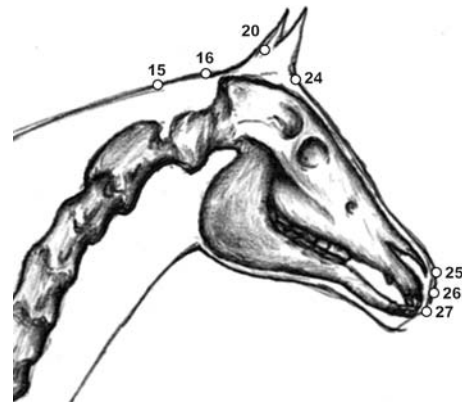


Fig 3.61 GV acupoints of the head (From H. Xie, Veterinary Acupuncture Chart, 2003.)

CAUTIONS

Use with great caution; only use superficial insertion

GV-20 Bai-hui (Hundred Meetings) 百会

A commonly used point (fig. 3.61)

LOCATION

At the highest point of the poll, just in front of nuchal crest

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

INDICATION

Headache, dizziness, seizure, insomnia, prolapse of anus

GV-24 Da-feng-men (Great Wind Gate) 大风门

A commonly used point (fig. 3.61)

LOCATION

On the dorsal midline at the rostral end of the mane

METHOD

Oblique insertion: dry-needle depth 1 cun

INDICATION

Nasal congestion, seizure, headache

GV-25 Su-liao (Tip of the Nose) 素寥

Not a commonly used point (figs. 3.61 and 3.62a, b)

LOCATION

On the midline, at the midpoint of the nostrils

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Nasal congestion and discharge, epistaxis

GV-26 Wai-chun-yin (Upper Lip) 外唇阴

A most commonly used point (figs. 3.62a, b)

LOCATION

On the midline, between the ventral limits of the nostrils

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Facial paralysis, coma, back pain

GV-27 Fen-shui (Dividing Water) 分水

A most commonly used point (fig. 3.62a, b)

LOCATION

On the upper lip at the center of vortex pilorum

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Colic, facial paralysis, behavioral problems, shock

GV-28 Yin-jiao (Gum Intersection) 龈交

A commonly used point (fig. 3.62a, b)

LOCATION

On the midline of the inner surface of upper lip, on the maxillary labial vein

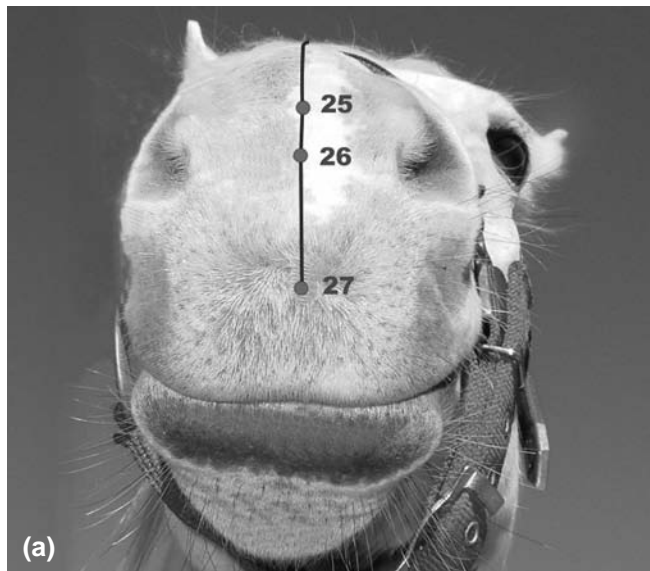


Fig 3.62 (a,b) GV acupoints of the lips. (From H. Xie, Veterinary Acupuncture Chart, 2003.)

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Facial paralysis, tetanus, behavioral problems

CONCEPTION VESSEL CHANNEL (CV) 任脉

The CV Channel originates from the uterus (fig. 3.63). From inside the pelvic cavity, the channel emerges at the perineum between the anus and the external genitalia (CV-1). It then runs cranially along the ventral midline of the abdomen, chest, throat, and mandible to end at CV-24.

Along its path, the CV Channel connects with all the *Yin* channels (Spleen, Lung, Kidney, Liver, and Heart). Also known as “the sea of the *Yin* meridians,” this channel receives and regulates the *Qi* of the *Yin* meridians. The CV Channel nourishes the uterus and regulates pregnancy. It is useful for treatment of reproductive complaints, *Yin* deficiency, and sore throat.

CV-1 Hui-yin (Meeting of Yin) 会阴

A commonly used point (fig. 3.64)

LOCATION

On the ventral midline, halfway between the anus and the root of scrotum or vulva

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Infertility, dysuria, seizure

CAUTIONS

Contraindicated for pregnancy

CV-2 Qu-gu (Curved Bone) 曲骨

Not a commonly used point (fig. 3.65)

LOCATION

On the ventral midline at the cranial border of the pubis

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Impotence, urinary incontinence

CV-3 Zhong-ji (Central Pole) 中极

Not a commonly used point (fig. 3.65)

LOCATION

On the ventral midline 4 cun caudal to the umbilicus

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

INDICATION

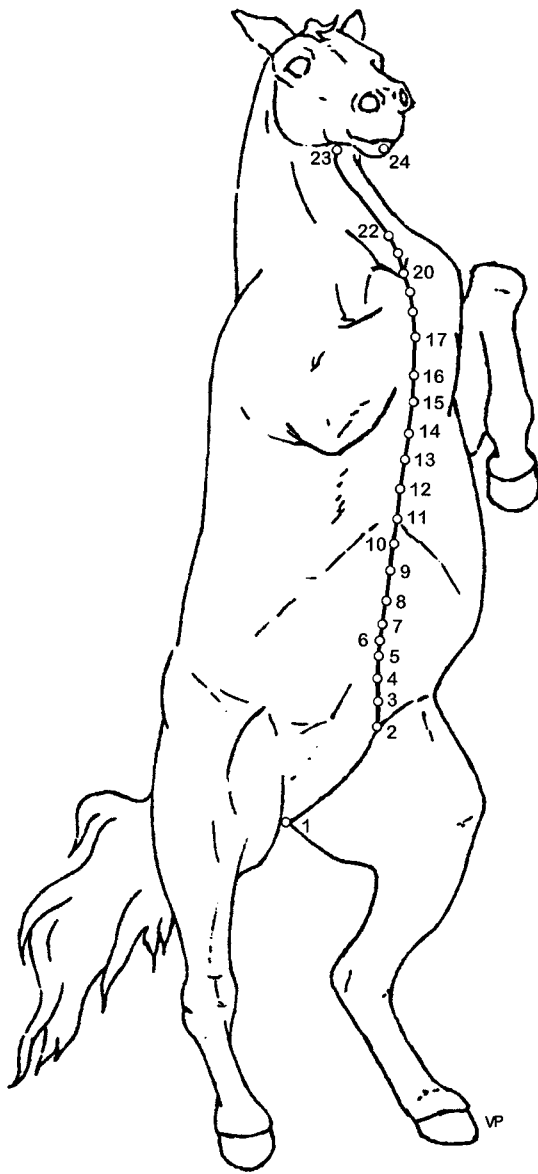
Alarm point for bladder; dysuria, urinary incontinence, impotence, hernia, infertility

CAUTIONS

Contraindicated for pregnancy

CV-4 Guan-yuan (Origin Pass) 关元

Not a commonly used point (fig. 3.65)



3.63 Conception Vessel Channel of horses. (From H. Xie & V. Preast, Traditional Chinese Veterinary Medicine, Vol. 1, Fundamental Principles, Jing Tang, Beijing, 2002.)

LOCATION

On the ventral midline 3 cun caudal to umbilicus

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

INDICATION

Alarm point for small intestine; dysuria, urine retention, infertility, colic, diarrhea, general *Qi*, or *Yang* tonic point

CAUTIONS

Contraindicated for pregnancy

CV-5 *Shi-men* (Stone Gate) 石门

Not a commonly used point (fig. 3.65)

LOCATION

On the ventral midline 2 cun caudal to umbilicus



3.64 Location of CV-1 (From H. Xie, Veterinary Acupuncture Chart, 2003)

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

INDICATION

Alarm Point for Triple Heater. Edema, colic, dysuria, diarrhea

CAUTIONS

Contraindicated for pregnancy

CV-6 *Qi-hai* (Sea of Qi) 气海

Not a commonly used point (fig. 3.65)

LOCATION

On the ventral midline 1.5 cun caudal to umbilicus

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

INDICATION

General *Qi* or *Yang* tonic point; colic, diarrhea, constipation, hernia, impotence

CAUTIONS

Contraindicated for pregnancy

CV-7 *Yin-jiao* (Yin Intersection) 阴交

Not a commonly used point (fig. 3.65)

LOCATION

On the ventral midline 1 cun caudal to umbilicus

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

INDICATION

Edema, colic, abnormal cycling

CAUTIONS

Contraindicated for pregnancy

CV-8 *Shen-que* (Spirit Gate Tower) 神阙

Not a commonly used point (fig. 3.65)

LOCATION

At the center of the umbilicus



3.65 CV acupoints of lower abdomen region. (From H. Xie, Veterinary Acupuncture Chart, 2003.)

METHOD

No needles; only use moxibustion

INDICATION

Foal with diarrhea, chronic fatigue

CAUTIONS

Needling is contraindicated.

CV-9 *Shui-fen* (Water Divide) 水分

Not a commonly used point (fig. 3.65)

LOCATION

On the ventral midline 1 cun cranial to umbilicus

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

INDICATION

Edema

CV-10 *Xia-wan* (Lower Stomach Duct) 下腕

Not a commonly used point (fig. 3.65)

LOCATION

On the ventral midline 2 cun cranial to umbilicus

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

INDICATION

Colic, vomiting, diarrhea

CV-11 *Jian-li* (Interior Strengthening) 建里

Not a commonly used point (fig. 3.65)

LOCATION

On the ventral midline 3 cun cranial to umbilicus

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

INDICATION

Colic, edema, indigestion

CV-12 *Zhong-wan* (Central Stomach Duct) 中脘

Not a commonly used point (fig. 3.66)

LOCATION

Midway between the xiphoid and umbilicus, or 4 cun cranial to umbilicus

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

INDICATION

Alarm point for stomach, influential point for *Fu* organs; gastric ulcer, diarrhea, jaundice, vomiting

CV-13 *Shang-wan* (Upper Stomach Duct) 上脘

Not a commonly used point (fig. 3.66)

LOCATION

On the ventral midline 5 cun cranial to umbilicus

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

INDICATION

Vomiting, gastric pain

CV-14 *Ju-que* (Great Tower Gate) 巨阙

Not a commonly used point (fig. 3.66)

LOCATION

On the ventral midline, at the tip of the xiphoid

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Alarm point for heart; chest pain, palpitation, gastric ulcer

CV-15 *Jiu-wei* (Turtledove Tail) 鸠尾

Not a commonly used point (fig. 3.66)

LOCATION

On the ventral midline 1 cun cranial to CV-14, or 7 cun cranial to umbilicus

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Luo-connecting point of CV Channel; chest pain

CV-16 *Zhong-ting* (Central Palace) 中庭

Not a commonly used point (fig. 3.66)

LOCATION

On the ventral midline, at the midpoint between CV-17 and CV-14

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Chest pain, vomiting

CV-17 *Dan-zhong* (Chest Center) 膻中

A most commonly used point (fig. 3.66)

LOCATION

On the ventral midline, at the level of the caudal border of the elbow, or at the level of fourth intercostal space

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Alarm point for pericardium; heaves, cough, chest pain, vomiting, diaphragm spasm

CV-18 *Yu-tang* (Jade Hall) 玉堂

Not a commonly used point (fig. 3.66)

LOCATION

On the ventral midline at the level of third intercostal space

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Heaves, cough, chest pain

CV-19 *Zi-gong* (Purple Palace) 紫宫

Not a commonly used point (fig. 3.66)

LOCATION

On the ventral midline at the level of second intercostal space

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Cough, heaves, chest pain

CV-20 *Hua-gai* (Florid Canopy) 华盖

Not a commonly used point (fig. 3.66)

LOCATION

On the ventral midline at the level of first intercostal space

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Cough, heaves

CV-21 *Xuan-ji* (Jade Swivel) 璇玑

Not a commonly used point (fig. 3.66)

LOCATION

On the ventral midline 1 cun caudal to CV-22

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

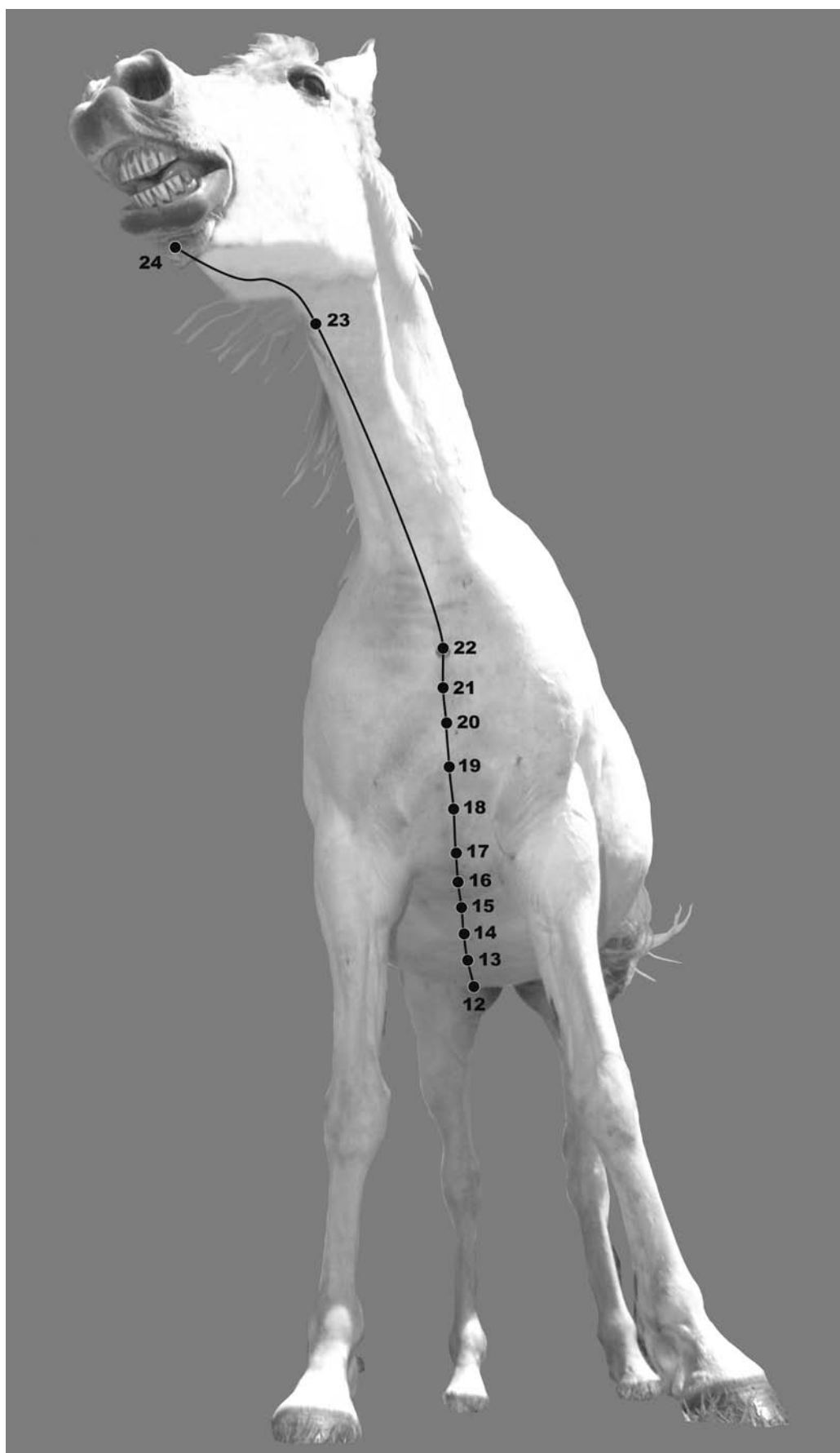


Fig 3.66 CV acupoints of the abdomen, chest and neck regions. (From H. Xie, Veterinary Acupuncture Chart, 2003.)

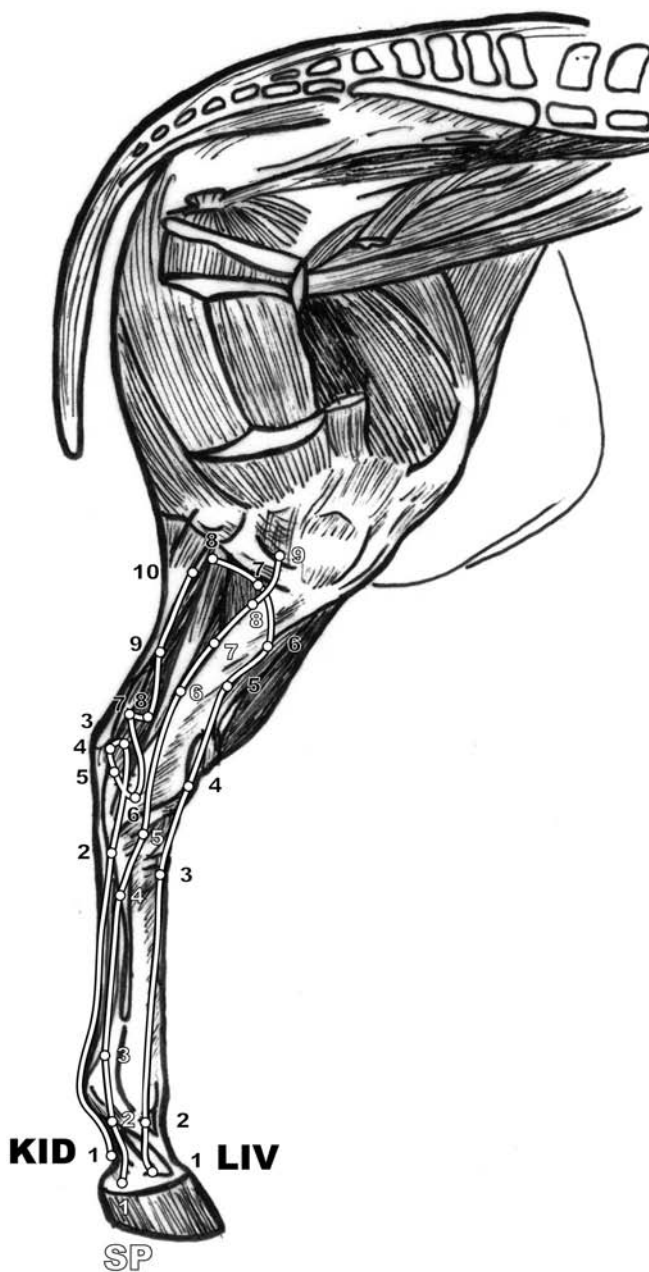


Fig 3.67 Acupoints of the hind limb (medial view). (From H. Xie, Veterinary Acupuncture Chart, 2003.)

INDICATION
Cough, heaves

CV-22 Tian-tu (Celestial Chimney) 天突
A commonly used point (fig. 3.66)

LOCATION
On the ventral midline in a depression cranial to the sternum

METHOD
Perpendicular or oblique insertion: dry-needle depth 0.5 cun

INDICATION
Cough, heaves, asthma, sore throat, loss of voice, thyroid problem, diaphragm spasm

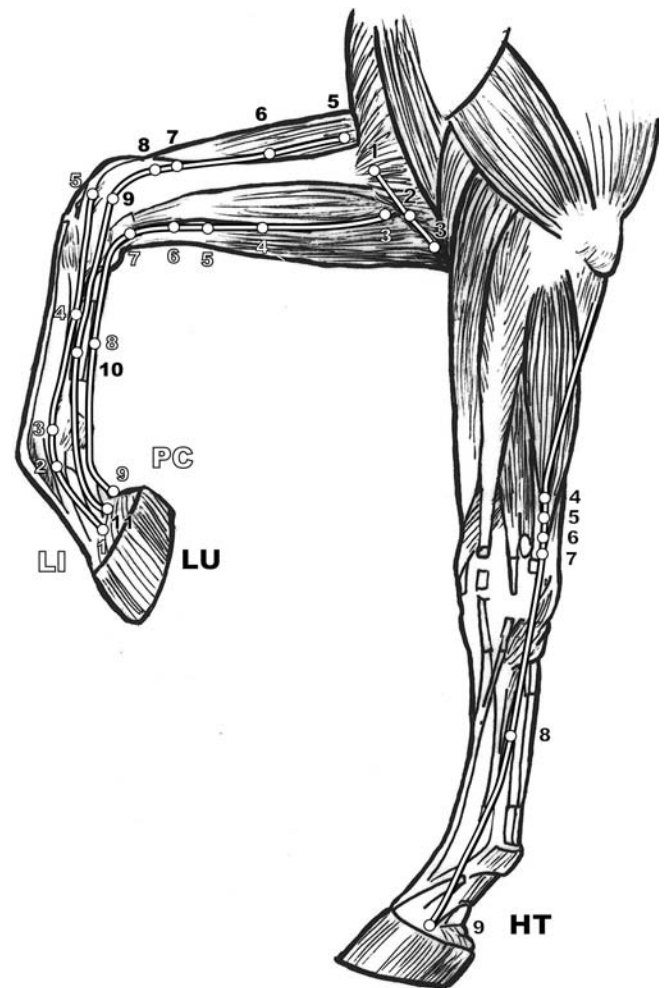


Fig 3.68 Acupoints of the forelimb. (From H. Xie, Veterinary Acupuncture Chart, 2003.)

CV-23 Lian-quan (Ridge Spring) 廉泉
A commonly used point (fig. 3.66)

LOCATION
On the ventral midline of the neck, just cranial to the larynx

METHOD
Perpendicular or oblique insertion: dry-needle depth 1 cun

INDICATION
Laryngeal hemiplegia, dysphagia, swelling of the tongue

CV-24 Cheng-jiang (Receiving Saliva) 承将
A commonly used point (fig. 3.66)

LOCATION
On the ventral midline, 1 cun ventral to the border of the lower lip

METHOD
Perpendicular or oblique insertion: dry-needle depth 1 cun

INDICATION
Facial paralysis, sialorrhea, mania, behavioral problems

4

Equine Classical Acupoints

Huisheng Xie and Kosei Yamagiwa

Equine classical acupoints listed in this chapter are based on the traditional veterinary acupuncture literature and the information summarized and documented by Chinese equine practitioners (see references at the end of this chapter). The traditional literature provides rich information on location, needling techniques, and indications of each point. A total of 210 equine classical points are described in detail.

Acupoints are grouped into regions of head, trunk and tail, thoracic limbs, and pelvic limbs. All the points are numbered sequentially for the purpose of identification from the figures.

HEAD REGIONS

There are 36 acupoints in the head region. The most commonly used points (15 points) are 1, 7, 9, 10, 13, 15, 20, 21, 23, 26, 27, 30, 31, 33, 36.

1 *Da-feng-men* (Great Wind Gate) 大风门

A very commonly used point (fig. 4.1a, b, c). Its main point is the same as GV-24.

LOCATION

Da-feng-men consists of three locations. The main point is on the dorsal midline at the rostral end of the forelock. The two auxiliary points are 1 cun ventrolateral to the main point.

ANATOMY

The main point is associated with the external sagittal crest at the caudal end of the parietal bones. The auxiliary points are associated with the bifurcation of the external sagittal crest (temporal lines) 1 cun ventral and lateral to the main point. The auriculares dorsales muscles (m), superficial temporal artery (a) and vein (v), and auriculopalpebral nerve (n) are found at the point.

METHOD

Use dry needling with 1 cun angular insertion toward the mane along the subcutaneous tissue, or moxibustion. Sedate the point by directing the needle toward the tail. One can also implant a gold bead or suture material.

INDICATION

Wind pattern, encephalitis, tetanus, *shen* disturbance, hyperactive behavior

2 *Tong-tian* (Communicate with Heaven) 通天

Not a commonly used point (figs. 4.1a, b, c). It is on the GV between GV-24 and GV-25.

LOCATION

On the dorsal midline, at the level of the supraorbital foramen

ANATOMY

The point located at the midpoint between the two supraorbital foramen is supplied by the supraorbital a and v and the frontal n.

METHOD

Use dry needling (0.5 cun perpendicular or oblique insertion) or moxibustion.

INDICATION

Wind pattern, encephalitis, tetanus, *shen* disturbance, hyperactive behavior

3 *Long-hui* (Dragon Meeting) 龙会

Not a commonly used point (figs. 4.1a, b, c). It is on the GV between GV-24 and GV-25.

LOCATION

On the dorsal midline, at the level of the lateral canthus of the eye

ANATOMY

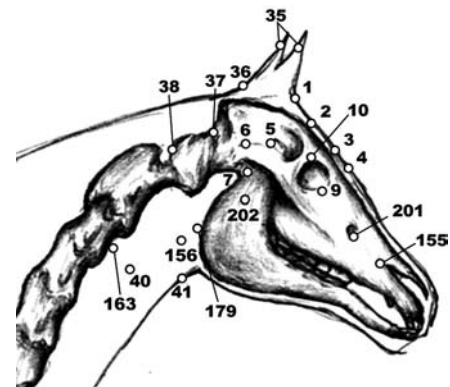
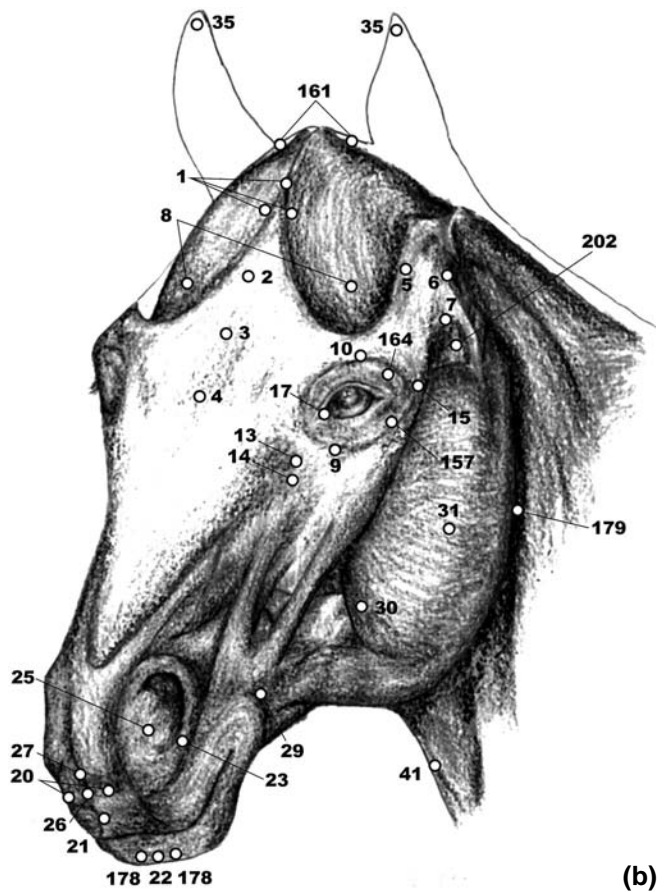
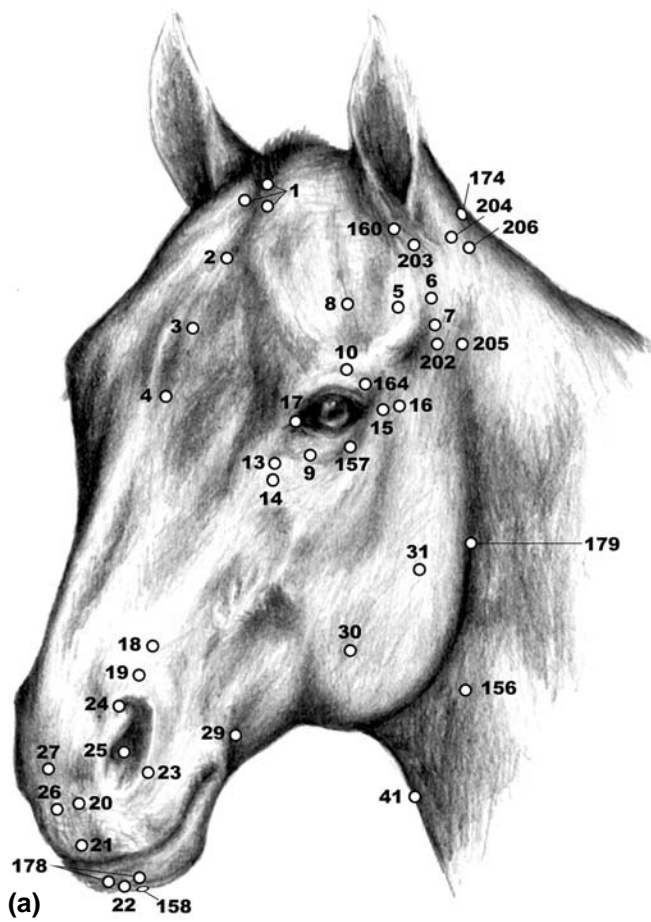
The point is supplied by the supraorbital a and v and the frontal n.

METHOD

Use dry needling (0.5 cun angular insertion) or moxibustion.

INDICATION

Cervical rheumatism, encephalitis, encephalic edema, encephalomyelitis



4.1. (a,b,c) Acupoints of the head region.

4 Tong-tang (Communicating Hall) 通堂

A very commonly used point (fig. 4.1a, b, c). It is on GV Channel between GV-24 and GV-25.

LOCATION

On the dorsal midline, at the level of the medial canthus of the eye

ANATOMY

The point is supplied by the same vessels and nerve as the point #2 Tong-tian.

METHOD

Use dry needling (0.5 cun angular insertion) or moxibustion.

INDICATION

Eye conditions, sinusitis, *shen* disturbance, encephalic edema, encephalomyelitis

5 Nao-shu (Brain Association Point) 脑俞

Not a commonly used point (figs. 4.1a, b, c). It forms a triangle with ST-7 and GB-3.

LOCATION

In the depression, rostromedial to the ear base

ANATOMY

The point is in the temporal fossa caudal and dorsal to coronoid process of mandible. This area is the insertion of auricular

and temporal muscles at the caudal superior aspect of the mandibular articulation. Also here are the superficial temporal a and v, and auriculopalpebral n.

METHOD

Use dry needling (0.5 cun angular or perpendicular insertion), or moxibustion

INDICATION

Spleen deficiency, damp, encephalitis, wind pattern, *shen* disturbances

6 *Shang-guan* (Upper Joint) 上关

A very commonly used point (figs. 4.1a, b, c). It is GB-3.

LOCATION

In the depression at the caudal aspect of the TMJ. The depression is easily seen when the horse opens its mouth.

ANATOMY

At the caudal end of the temporomandibular joint, ventral to the zygomatic arch; distribution of the branches of the transverse facial a, v, and n.

METHOD

Perpendicular or angular insertion: dry-needle depth 1 cun

INDICATION

Facial paralysis, syncope, wind pattern, *shen* disturbances

7 *Xia Guan* (Lower Joint) 下关

A very commonly used point (fig. 4.1a, b, c). It is ST-7.

LOCATION

In a depression ventral to the TMJ

ANATOMY

The point is supplied by the branches of the transverse facial a, v, and n.

METHOD

Perpendicular or angular insertion: dry-needle depth 1 cun

INDICATION

Facial paralysis, tetanus, stomach ulcer, TMJ problems

8 *Chui-jing* (Drooping Eye) 垂睛

Not a commonly used point (fig. 4.1a, b, c). It is not located on the 14 regular channels.

LOCATION

Just dorsal to the eye, in the temporal fossa, 1 cun dorsal to the zygomatic process of the frontal bone

ANATOMY

The point is rostral to the coronoid process of mandible in the temporal muscle and contains the superficial temporal a and v, and the auriculopalpebral n.

METHOD

Use dry needling with perpendicular to a depth of 0.5 cun. For excess conditions of the eye, inject 1–2 cc of the horse's own blood.

INDICATION

Keratitis, conjunctivitis, uveitis, ophthalmia

9 *Jing-ming* (Clear Eye) 睛明

A very commonly used point (figs. 4.1a, b, c). It is the same point as ST-1.

LOCATION

On the lower eyelid, at the junction of the medial and middle third of the eyelid

ANATOMY

It is present on the lower eyelid within the eye socket between the lacrimal bone and eye ball. It is supplied by the zygomatic a, v, and n.

METHOD

Press the eyeball upward and insert the needle inward and downward along the dorsal border of the most lateral part of lacrimal bone to a depth of 0.5 cun.

INDICATION

Keratitis, conjunctivitis, uveitis, ophthalmia

10 *Jing-shu* (Eye Association Point) 睛俞

A very commonly used point (figs. 4.1 a, b, c). It is 1 cun cranial to GB-14.

LOCATION

On the upper eyelid at the midpoint of the lid

ANATOMY

The point is ventral to the zygomatic process of the frontal bone and is supplied by the frontal a, v, and n.

METHOD

Press the eyeball downward and place the filiform needle downward along the ventral edge of the zygomatic process to 0.5 cun deep.

INDICATION

Keratitis, conjunctivitis, uveitis, ophthalmia

11 *Gu-yan* (Bone of the Eye) 骨眼

Not a commonly used point. It is an *a-shi* point. The point only exists when the nictitating membrane protrudes.

LOCATION

On the free edge of the nictitating membrane

ANATOMY

It is supplied by trochlear a, v, and n.

METHOD

Quickly insert a needle to the free edge of the nictitating membrane and then immediately withdraw the needle.

INDICATION

Protrusion of the nictitating membrane

12 *Kai-tian* (Open Heaven) 开天

Not a commonly used point

LOCATION

On the dorsal junction of the cornea and the sclera

METHOD

Restrain the animal. Clean the site. Anesthetize the eye. When a worm is seen in the anterior chamber, quickly puncture the point and drain out the worm with a triple-curved needle or ophthalmic needle.

INDICATION

Traditional surgical approach to remove ocular filaria

13 San-jiang (Three River) 三江

A very commonly used point (figs. 4.1a, b, c). It is ST-2.

LOCATION

One cun ventral to the medial canthus of the eye on the ocular angular vein

ANATOMY

It is supplied by the angular a, v and the facial n.

METHOD

Lowering the head engorges the vein. Use dry needling or hemoacupuncture.

INDICATION

Excess conditions of the eye (keratitis, conjunctivitis, ophthalmia), colic and anhidrosis

14 Da-mai (Large Vessel) 大脉

Not a commonly used point (figs. 4.1a, b, c). It is 0.5 cun ventral to ST-2.

LOCATION

1.5 cun ventral to the medial canthus of the eye on the ocular angular vein

ANATOMY

It is supplied by the angular a, v, and the facial n.

METHOD

Dry needling or hemoacupuncture

INDICATION

Enterospasm, gastric distension, indigestion; conjunctivitis, periodical ophthalmia, and keratitis

15 Tai-yang (Great Yang) 太阳

A very commonly used point (figs. 4.1a, b, c). It is the same point as GB-1.

LOCATION

One cun lateral to the lateral canthus of the eye on transverse facial vein

ANATOMY

The point is accompanied by the transverse facial a and transverse facial branch of the superficial temporal n.

METHOD

Dry needling or hemoacupuncture

INDICATION

Headache, head shaking, anhidrosis, heatstroke or sunstroke, encephalemia, encephalitis, keratitis, conjunctivitis

16 Yan-mai (Eye Vessel) 眼脉

A very commonly used point (figs. 4.1a, b, c). It is 1.5 cun lateral to GB-1 (*Tai-yang*).

LOCATION

2.5 cun from the lateral canthus of the eye on the transverse facial vein

ANATOMY

The point is supplied by the transverse facial a and transverse facial branch of the superficial temporal n.

METHOD

Dry-needle or hemoacupuncture

INDICATION

Anhidrosis, heatstroke, headache

17 Da-yan-jiao (Large Canthus) 大眼角

Not a commonly used point (figs. 4.1a, b, c). It is BL-1.

LOCATION

Indentation at the medial canthus of the eye

ANATOMY

The point is superficial to the saccus lacrimalis and is supplied by the infratrochlear a, v, and n distributed.

METHOD

Dry needling: insert inward and caudalward to a depth of 0.3 cun

INDICATION

Acute or chronic eye problems, apoplexy, heatstroke

18 Xue-tang (Blood Hall) 血堂

Not a commonly used point (figs. 4.1a, b, c)

LOCATION

On the lateral side of the nose, 2 cun caudal to nares on medial border of dorsal lateral nasal cartilage. Nasal lateral artery and vein lie under this point.

ANATOMY

The point is 1 cun rostral to the nasoincise incisure on the lateral nasal wall. Along the point are the nasal lateral a and v and branches of infraorbital n. Between the two points (bilateral *Xue-tang*) is the nasal septum, which is supplied by the sphenopalatine a and v, and the caudal nasal n are distributed.

METHOD

Dry needling or hemoacupuncture

INDICATION

Nasal congestion, epistaxis, anhidrosis, lung heat, bronchitis, upper respiratory infections, heatstroke

19 Bi-shu (Nose Association Point) 鼻俞

Not a commonly used point (figs. 4.1a, b, c)

LOCATION

On the lateral side of the nose, 1 cun rostral to *Xue-tang* (#18)

ANATOMY

Same as *Xue-tang* (#18)

METHOD

Dry needling or hemoacupuncture

INDICATION

Sinusitis, nasal congestion, epistaxis, cough, anhidrosis

20 Bi-qian (Nose Front) 鼻前

A very commonly used point (figs. 4.1a, b, c). It is 0.3 cun lateral to GV-26.

LOCATION

0.3 cun lateral to dorsal midline of the upper lip, on the same level as the ventral border of the nostrils

ANATOMY

Under the skin is the dilator naris apicalis (nasal transverse) muscle where the maxillary labial a and v, lateral nasal a and v, nasal branch of the infraorbital n, and dorsal buccal n are distributed.

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Fever, influenza, sunstroke, fatigue, anhidrosis, facial paralysis

21 Fen-shui (Dividing Water) 分水

A very commonly used point (figs. 4.1a, b, c). It is GV-27.

LOCATION

On the upper lip at the center of the vortex pilum

ANATOMY

Under the skin is the orbicularis oris. The area is supplied by the maxillary labial a, v, and n and dorsal buccal n.

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Colic, facial paralysis, shock

22 Cheng-jiang (Receiving Saliva) 承浆

A very commonly used point (figs. 4.1a, b, c). It is CV-24.

LOCATION

On the midline of the lower lip, 1 cun ventral to the rim of the lower lip

ANATOMY

Under the skin is the orbicularis oris muscle. The point is supplied by the mandibular labial a and v and ventral buccal n.

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Facial paralysis, phlegm, dampness, lip swelling, laryngeal hemiplegia

23 Jiang-ya (Ginger Bud) 姜牙

A very commonly used point (figs. 4.1a, b, c). It is a potent point to relieve colic.

LOCATION

Alar cartilage at the lateral corner of the nostril

ANATOMY

Under the skin are the caninus (dilator naris lateralis) muscle and levator nasolabialis muscle. Under the muscle is the cartilage of the alae nasi. The area is supplied by the branches of the maxillary labial a and v, and the dorsal buccal n.

METHOD

Either use dry-needle acupuncture or a surgical procedure. Insert a 1.5-inch or longer 21-gauge needle perpendicularly through the alar cartilage and leave the needle in for at least 30 minutes until colic is under control. The traditional surgical procedure involves cutting off the edge of the alar cartilage.

INDICATION

Colic. It will most likely be a surgical colic if pain is not relieved within 15 minutes after the acupuncture treatment at *Jiang-ya* point.

24 Qi-hai (Sea of Qi) 气海

Not a commonly used point (figs. 4.1a, b, c)

LOCATION

Dorsomedial corner of nostril

ANATOMY

Beneath the point are the lateral muscle and levator nasolabialis. The area is supplied by the branches of lateral nasal a and v, maxillary labial a and v, external nasal and dorsal buccal n.

METHOD

Either use dry-needling (angular insertion to a depth 0.5 cun) or the traditional surgical procedure by making an incision at the point about 1.5 cun long.

INDICATION

Stenosis of nostril

25 Bi-guan (Nasolacrimal Duct) 鼻管

Not a commonly used point (figs. 4.1a, b, c)

LOCATION

Inside of the nares, the opening of the nasolacrimal duct lies on the floor of the nostril.

METHOD

Insert a small cannula into the nasolacrimal duct and inject an herbal decoction of *Picrorhiza Hu-Huang-lian* through the tube and the nasolacrimal duct retrogradely into the puncta lacrimalia and then into the eye.

INDICATION

Corneal nebula, pannus

26 Wai-chun-yin (Upper Lip) 外唇阴

A very commonly used point (figs. 4.1a, b, c). It is the same point as GV-26.

LOCATION

On the midline of the upper lip, at the level of the ventral margin of the nostrils

ANATOMY

Under the point is the oral orbicularis oris muscle. The area is supplied by the maxillary labial a, v, and n, and the dorsal buccal n.

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Indigestion, stomach cold, pharyngo-laryngitis, swelling of lip, laryngeal hemiplegia, shock

27 Chou-jin (Pulling Tendon) 抽筋

A very commonly used point (figs. 4.1a, b, c). It is the same point as GV-25.

LOCATION

On the midline of the upper lip, 1 cun dorsal to *Wai-chun-yin* (#26)

ANATOMY

The point is above the center of the tendon of levator labii maxillaris. It is supplied by the nasal lateral a and v, and dorsal buccal n.

METHOD

Either use dry-needle acupuncture or a surgical procedure. Dry-needling involves perpendicular insertion to a depth of 0.5 cun.

The traditional surgical approach is as follows: Restrain the horse. Make a cut 2 cm long along the point. Hook the tendon of the levator labii maxillaris. Pull the tendon forcefully several times while pressing the head of the horse downward.

INDICATION

Cervical stiffness

28 Nei-chun-yin (Inner-upper-lip) 内唇阴

A very commonly used point. It is $\frac{2}{3}$ cun lateral to GV-28.

LOCATION

Inner surface of upper lip, on the maxillary labial vein, $\frac{2}{3}$ cun from the midline

ANATOMY

The point is supplied by the buccal a and v, and maxillary or buccal n.

METHOD

Use dry-needling (perpendicular insertion to a depth of 0.5 cun), aquapuncture, or hemoacupuncture.

INDICATION

Facial paralysis, tetanus, behavioral problems

29 Suo-kou (Locking Mouth) 锁口

Not a commonly used point (figs. 4.1a, b, c). It is the same point as ST-4.

LOCATION

0.5 cun caudal to the corner of the mouth

ANATOMY

Under the point are the musculus buccinator and orbicularis oris muscles. The area is supplied by the buccal a, v, and n.

METHOD

Perpendicular or angular insertion: dry-needle depth 0.5 cun

INDICATION

Facial paralysis, tetanus

30 Kai-guan (Open Close) 开关

A very commonly used point (figs. 4.1a, b, c). It is the same point as ST-5.

LOCATION

Five cun caudal to the corner of the mouth at the rostral border of the masseter muscle (at the level of the fourth molar)

ANATOMY

The point is located at the rostral border of the masseter muscle between the upper and lower dentes molares. It is supplied by branches of the facial a and v, buccal and ventral buccal n.

METHOD

Perpendicular or angular insertion: dry-needle depth 1 cun

INDICATION

Facial paralysis, tetanus, swelling or pain of cheek/jaw, toothache

31 Bao-sai (Embrace Mandible) 抱腮

A very commonly used point (figs. 4.1a, b, c). It is the same point as ST-6.

LOCATION

2 cun caudal to point #30 (at the level of the medial canthus of the eye); dorsal to the intermediate tendon of the masseter m in the center of the muscle belly; located in a depression when the jaw is open.

ANATOMY

The point is within the masseter at the level of last molars. It is supplied by the masseter a, v, and n.

METHOD

Perpendicular or angular insertion: dry-needle depth 1 cun

INDICATION

Facial paralysis, facial swelling, spleen deficiency

32 Cao-jie (Adenitis) 槽结

Not a commonly used point (fig. 4.9). It is an *a-shi* point.

LOCATION

On the ventral midline between the mandibles at the level of the angle of the mandible

ANATOMY

The point is the swollen mandibular lymph nodes. It is supplied by the sublingual a and v, hypoglossal n, and ventral branch of the first two pairs of the cervical nerves.

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Adenitis, laryngitis

33 Yu-tang (Jade Hall) 玉堂

Not a commonly used point

LOCATION

Hard palate, 0.5 cun lateral to the midline on the third transverse ridge of palate

ANATOMY

Beneath the point is the venous plexus. It is supplied by the greater palatine a, v, and n.

METHOD

Quick perpendicular insertion: dry-needle depth 0.5 cun and withdrawal of the needle quickly

INDICATION

Indigestion, gastrointestinal disorders, stomach heat

34 Tong-guan (Passing Pass) 通关

A very commonly used point

LOCATION

On the ventral surface of tongue, on the sublingual veins that are just lateral to the midline of the tongue

ANATOMY

It is supplied by the sublingual a and v.

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Glossitis, stomatitis, swollen tongue, stomach heat, gastrointestinal disorders, sunstroke, also to promote appetite

35 Er-jian (Ear Tip) 耳尖

A very commonly used point (figs. 4.1a, b, c). It is at the tip of ear.

LOCATION

At the tip of the ear on its outer surface, at the junction of the medial, middle, and lateral branches of the auricular vein

ANATOMY

On the convex surface of the ear at the conjunction of the medial, middle, and lateral branches of greater auricularis vein. Along the point are caudal auricular a and n.

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun (insert needle from the outer surface of the ear)

INDICATION

Influenza, anhidrosis, heat stroke, high fever, colic

36 Tian-men (Heavenly Gate) 天门

Not a commonly used point (figs. 4.1a, b, c). It is GV-16

LOCATION

At the dorsal midline, at the level of the atlanto-occipital joint, in the depression between the caudal ear bases

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Wind pattern, cold, tetanus, encephalitis, heatstroke

TRUNK AND TAIL REGIONS

A total of 50 points are in this region. The most used 18 points are 39, 41, 42, 43, 46, 65–72, 83–86, 163.

37 Feng-men (Wind Gate) 风门

Not a commonly used point (figs. 4.1c and 4.2). It is 1 cun ventral to GB-20 (#162).

LOCATION

In the depression just cranial to the wing of the atlas, 1 cun caudal to the ear base and 2 cun ventral to the mane.

ANATOMY

Between the tendons of musculus semispinalis capitis and musculus longissimus capitis. It is supplied by the occipitalis a and v, and the caudal auricular nerve.

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Wind pattern; influenza, common cold, skin itching, cervical stiffness, shoulder pain

38 Fu-tu (Wind of Atlas) 伏兔

A very commonly used point (figs. 4.2a, b). It is BL-10.

LOCATION

In the depression just caudal to the wing of the atlas, 2 cun caudal to the ear base and 1.5 cun ventral to the mane

ANATOMY

Between the muscoli cleidomastoideus and splenius, and reaching the musculus obliquus capitis caudalis. It is supplied by the occipital a, v, and n.

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

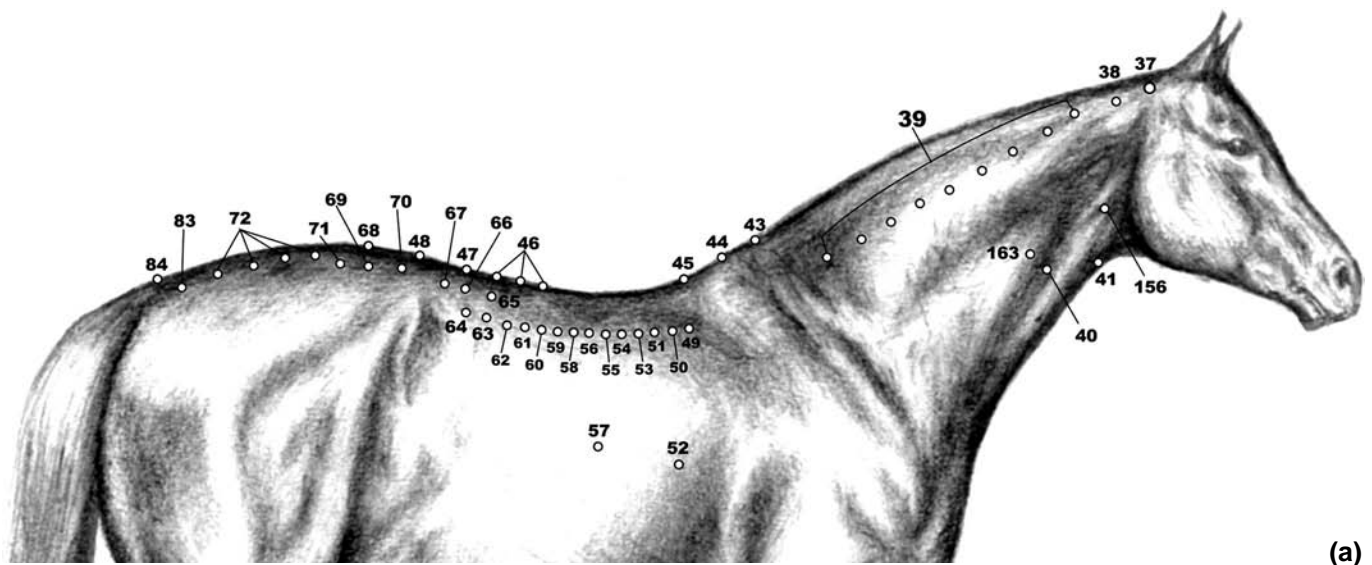
Wind pattern; influenza, common cold, skin itching, shoulder pain, cervical stiffness

39 Jiu-wei (Cervical Nine Points) 九委

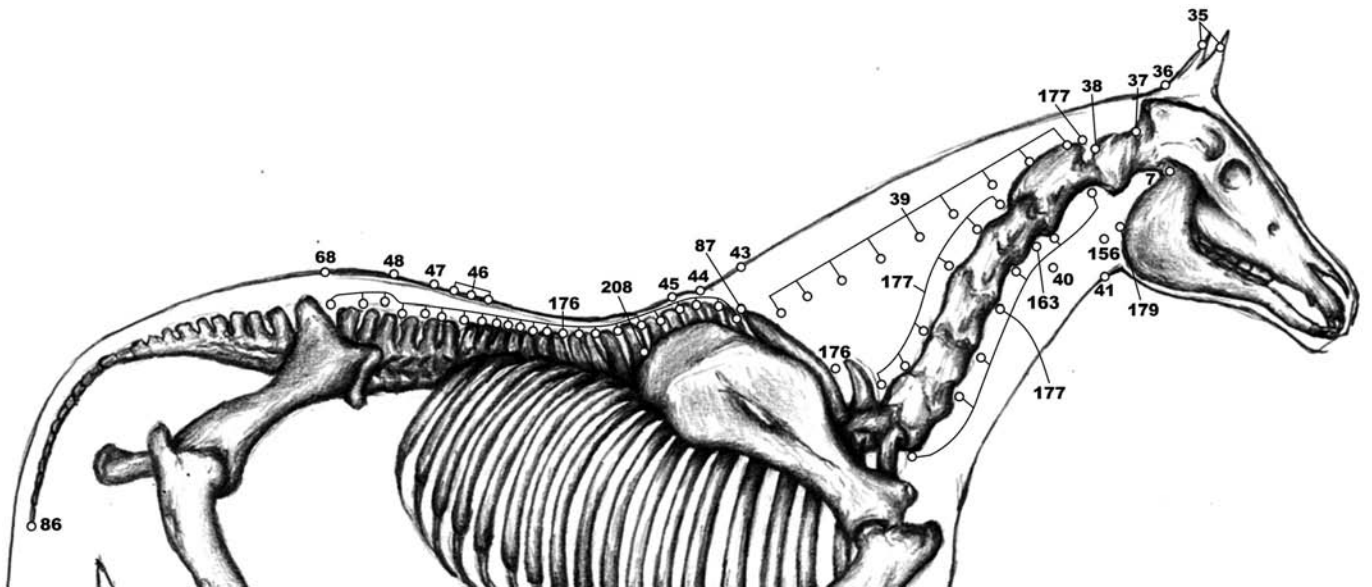
A very commonly used point (fig. 4.2a, b). It has nine locations of this point along the BL Channel between BL-10 and BL-11. Only two to four of them are needed for each session of treatment.

LOCATION

The most cranial point is 1 cun caudal to *Fu-tu* (#38) and 1 cun ventral to the mane. The most caudal point is 1.5 cun cranial to the angle of the scapula and 1.67 cun ventral to the



(a)



(b)

4.2. (a,b) The acupoints of the neck and trunk.

mane. The other seven points are located on an arching line equidistantly between the most cranial and caudal points.

ANATOMY

All points are located along the ventral border of the cervical rhomboideus. In craniocaudal orientation, the first and second points reach the musculus obliquus capitis caudalis. The third and fourth reach the musculus splenius and musculus semispinalis capitis. From the fifth to the eighth points, all are in the musculus splenius. All points are supplied by the deep cervical a and v, and the dorsal branch of the cervical n.

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Stiffness of neck, fat stagnation at the neck, cervical degenerative joint disease

40 *Jing-mai* (Jugular Vein) 颈脉

A very commonly used point (figs. 4.2a, b). It is a hemoacupuncture point.

LOCATION

On the jugular vein, at the junction of the upper and middle third of the jugular groove (2 cun caudal to the angle of the mandible)

METHOD

Hemoacupuncture

INDICATION

High fever, or to release additional blood if other sites did not yield enough

41 *Hou-shu* (Throat Association Point) 喉俞

A very commonly used point (figs. 4.2a, b)

LOCATION

On ventral midline at the third tracheal ring

ANATOMY

Supplied by the branches of the carotid a and v, the ventral cervical n, and the sympathetic and vagus n

METHOD

Traditional surgical location of tracheotomy for asphyxia, or electroacupuncture at 0.5 cun lateral to the midline for laryngeal hemiplegia

INDICATION

Asphyxia, laryngeal hemiplegia

42 Chuan-huang (Draining Point) 穿黄

Not a commonly used point (fig. 4.9a). It is the *a-shi* point for edema of the cranial thorax.

LOCATION

In the skin fold of the presternal region, 0.5 cun lateral to the ventral end of the median pectoral sulcus

ANATOMY

Supplied by branches of the axillaris a and v, and the supraclavicular n.

METHOD

Special treatment using a *chuan-huang-zhen* (piercing needle). Use the needle to puncture from one side of the skin to the other side in order to drain the fluid.

INDICATION

Edema of cranial thorax

43 Da-zhui (Large Vertebrae) 大椎

A very commonly used point (figs. 4.2a, b). It is GV-14.

LOCATION

Dorsal midline at the intervertebral space between C7 and T1

ANATOMY

0.5 cun lateral to the ventral end of the median pectoral sulcus. It is supplied by branches of the axillaris a and v, and the supraclavicular n.

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Fever cough, back pain, convulsion, immune deficiency

44 Qi-jia (Withers) 耆甲

Not a commonly used point (figs. 4.2a, b). It is on the GV Channel between GV-13 and GV-14.

LOCATION

In the depression along the dorsal midline at the intervertebral space between T3 and T4

ANATOMY

Under the point is the ligamentum supraspinale. It is supplied by the branches of the costocervical trunk artery and vein, and the dorsal branches of the third thoracic n.

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

COPD, heaves, cough, colic, lumbar and back pain

45 San-chuan (Three Rivers) 三川

Not a commonly used point (figs. 4.2a, b). It is GV-13.

LOCATION

In the depression along the dorsal midline at the intervertebral space between T5 and T6

ANATOMY

Under the point is the ligamentum supraspinale. It is supplied by the fifth intercostal a and v, and the dorsal branch of the fifth thoracic n.

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

COPD, heaves, cough, colic, lumbar and back pain

46 Duan-xue (Stop Hemorrhage) 断血

A very commonly used point (figs. 4.2a, b). It has three locations including GV-5, GV-6 and GV-7.

LOCATION

In three depressions along the dorsal midline at the 17th thoracic intervertebral space (T17 and T18), the thoracolumbar space (T18 and L1), and the first lumbar intervertebral space (L1 and L2)

ANATOMY

Under the point is the ligamentum supraspinale. It is supplied by the corresponding intercostal a and v, the lumbar a and v, and the dorsal branches of the 17th and 18th thoracic n and first lumbar n.

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

The middle point is the main point. Use for any type of hemorrhage including postsurgical, EIPH, epistaxis, hematuria.

47 Ming-men (Life Gate) 命门

Commonly used point (figs. 4.2a, b). It is GV-4.

LOCATION

In the depression along the dorsal midline at the intervertebral space between L2 and L3

ANATOMY

Under the point is the ligamentum supraspinale. It is supplied by the dorsal branch of the second lumbar a, v, and n.

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Kidney *Yang* deficiency, back pain, lumbar DJD

48 Yang-guan (Yang Pass) 阳关

Not a commonly used point (figs. 4.2a, b). It is GV-3.

LOCATION

In the depression along the dorsal midline at the intervertebral space between L4 and L5

ANATOMY

Under the point is the ligamentum supraspinale. It is supplied by the dorsal branch of the second lumbar a, v, and n.

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Coldness and pain in the back, impotence, hind limb paralysis, kidney *Yang/Qi* deficiency

49 Jue-yin-shu (Pericardium Association Point) 厥阴俞

A commonly used point (figs. 4.2a, b)

LOCATION

In the groove between the longissimus dorsi and the iliocostalis muscles at the level of the seventh intercostal space

ANATOMY

Supplied by the lateral branch of the intercostal a and v and the dorsal branches of the thoracic n

METHOD

Oblique or perpendicular insertion: dry-needle depth 1 cun

INDICATION

Heart problems, *Yin* deficiency

50 Du-shu (GV Association Point) 督俞

A commonly used point (fig. 4.2a). It is in the location of BL-13, a transpositional LU association point. A needle placed in this point can easily come out when the horse shakes its back; therefore, aquapuncture is recommended.

LOCATION

In the groove between the longissimus dorsi and the iliocostalis muscles at the level of the eighth intercostal space

ANATOMY

The point is supplied by the lateral branch of the intercostal a and v and the dorsal branches of the thoracic n.

METHOD

Oblique or perpendicular insertion: dry-needle depth 1 cun

INDICATION

Cough or asthma, *Yang* or *Qi* deficiency, overexertion, general weakness

51 Fei-zhi-shu (Lung Auxiliary Shu) 肺之俞

A commonly used point (fig. 4.2a). It is in the location of BL-14, a transpositional PC association point. A needle placed in this point can easily come out when the horse shakes its back. In this case, aquapuncture is a choice.

LOCATION

In the groove between the longissimus dorsi and the iliocostalis muscles at the level of the ninth intercostal space

ANATOMY

Supplied by the lateral branch of the intercostal a and v and the dorsal branches of the thoracic n

METHOD

Oblique or perpendicular insertion: dry-needle depth 1 cun

INDICATION

Upper airway infection, cough, heaves, asthma, overexertion, *Qi* deficiency Lung Heat, bronchitis, pneumonia, influenza, COPD

52 Fei-shu (Lung Association Point) 肺俞

A commonly used point (fig. 4.2a)

LOCATION

In the ninth intercostal space along the line connecting the shoulder joint with the coxofemoral joint

ANATOMY

Under the skin are cutaneous trunci, thoracic serratus ventralis and intercostales externi muscles. It is supplied by the ninth intercostal a, v, and n, and the lateral thoracic n.

METHOD

Oblique or perpendicular insertion: dry-needle depth 1 cun

INDICATION

Upper airway infection, cough, heaves, asthma, overexertion, *Qi* deficiency lung heat, bronchitis, pneumonia, influenza, COPD

53 Ge-shu (Diaphragm Association Point) 膈俞

A commonly used point (fig. 4.2a). It is in the location of BL-15, a transpositional heart association point.

LOCATION

In the groove between the longissimus dorsi and the iliocostalis muscles at the level of the tenth intercostal space

ANATOMY

Supplied by the lateral branch of the intercostal a and v and the dorsal branches of the thoracic n

METHOD

Oblique or perpendicular insertion: dry-needle depth 1 cun

INDICATION

Spasm of diaphragm, blood deficiency, asthma, heaves

54 Dan-shu (Gallbladder Association Point) 胆俞

A commonly used point (fig. 4.2a). It is in the location of BL-16, the transpositional GV association point.

LOCATION

In the groove between the longissimus dorsi and the iliocostalis muscles at the level of the 11th intercostal space

ANATOMY

Under the skin are muscles of the serratus dorsalis and latissimus dorsi. It is supplied by the intercostal a and v, and the dorsal branch of the thoracic n.

METHOD

Oblique or perpendicular insertion: dry-needle depth 1 cun

INDICATION

Icterus, indigestion, constipation

55 Wei-shu (Stomach Association Point)**胃俞**

A commonly used point (fig. 4.2a). It is in the location of BL-17, the transpositional diaphragm association point.

LOCATION

In the groove between the longissimus dorsi and the iliocostalis muscles at the level of the 12th intercostal space

ANATOMY

Under the skin are muscles of the serratus dorsalis and latissimus dorsi. It is supplied by the intercostal a and v, and the dorsal branch of the thoracic n.

METHOD

Oblique or perpendicular insertion: dry-needle depth 1 cun

INDICATION

Indigestion, dilatation of stomach, gaseous bowel, gastric ulceration

56 Gan-zhi-shu (Liver Auxiliary Shu Point)**肝之俞**

Commonly used point (fig. 4.2a). It is in the location of BL-18, transpositional liver association point.

LOCATION

In the groove between the longissimus dorsi and the iliocostalis muscles at the level of the 13th intercostal space

ANATOMY

Under the skin are muscles of the serratus dorsalis and latissimus dorsi. It is supplied by the intercostal a and v, and the dorsal branch of the thoracic n.

METHOD

Oblique or perpendicular insertion: dry-needle depth 1 cun

INDICATION

Icterus, liver problems, keratoconjunctivitis, indigestion, liver *Qi* stagnation, *shen* disturbance, laminitis, ligament/tendon problems

57 Gan-shu (Liver Association Point) 肝俞

A commonly used point (fig. 4.2a)

LOCATION

In the 13th intercostal space along a line connecting the shoulder joint with the coxofemoral joint

ANATOMY

Under the skin are the cutaneous trunci and the intercostal muscles. It is supplied by the 13th intercostal a and v, and the dorsal branch of the 13th thoracic n.

METHOD

Oblique or perpendicular insertion: dry-needle depth 1 cun

INDICATION

Icterus, liver problems, keratoconjunctivitis, indigestion, liver *Qi* stagnation, *shen* disturbance, laminitis, ligament/tendon problems

58 San-jiao-shu (Triple Heater Association Point) 三焦俞

A commonly used point (fig. 4.2a). It is in the location of BL-18, the transpositional liver association point.

LOCATION

In the groove between the longissimus dorsi and the iliocostalis muscles at the level of the 14th intercostal space

ANATOMY

Under the skin are muscles of the serratus dorsalis and latissimus dorsi. It is supplied by the intercostal a and v, and the dorsal branch of the thoracic n.

METHOD

Oblique or perpendicular insertion: dry-needle depth 1 cun

INDICATION

Indigestion, exhaustion, *Qi* deficiency, exercise intolerance, anhidrosis

59 Pi-shu (Spleen Association Point) 脾俞

A commonly used point (fig. 4.2a). It is in the location of BL-19, the transpositional gallbladder association point.

LOCATION

In the groove between the longissimus dorsi and the iliocostalis muscles at the level of the 15th intercostal space

ANATOMY

Under the skin is musculus latissimus dorsi. It is supplied by the intercostal a and v, and the dorsal branch of the thoracic n.

METHOD

Oblique or perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Constipation, diarrhea, gastrointestinal disorders, excessive salivation, spleen deficiency, stomach cold

60 Qi-hai-shu (Sea of Qi) 气海俞

A very commonly used point (fig. 4.2a)

LOCATION

In the groove between the longissimus dorsi and the iliocostalis muscles at the level of the 16th intercostal space

ANATOMY

Under the skin is musculus latissimus dorsi. It is supplied by the intercostal a and v, and the dorsal branch of the thoracic n.

METHOD

Oblique or perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Exhaustion, *Qi* deficiency, general weakness, poor performance, gaseous bowel

61 Da-chang-shu (LI Association Point) 大肠俞

A very commonly used point (figs. 4.2s and 4.3). It is in the location of BL-20, the transpositional spleen association point.

LOCATION

In the groove between the longissimus dorsi and the iliocostalis muscles at the level of the 17th intercostal space

ANATOMY

Under the skin is musculus latissimus dorsi. It is supplied by the intercostal a and v, and the dorsal branch of the thoracic n.

METHOD

Oblique or perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Constipation, diarrhea, enteritis, colic, indigestion, bloat, gaseous bowel

62 Guan-yuan-shu (Enclosed Source Qi Association Point) 关元俞

A very commonly used point (figs. 4.2a and 4.3). It is in the location of BL-21, the transpositional stomach association point.

LOCATION

In the groove between the longissimus dorsi and the iliocostalis thoracis mm caudal to the last rib

ANATOMY

Supplied by the last intercostal a, v, and n

METHOD

Oblique or perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Gastrointestinal disorders, colic, constipation, enteritis, indigestion, bloat, diagnostic point for pain on lateral aspect of stifle and hind limb

63 Xiao-chang-shu (SI Association Point) 小肠俞

A very commonly used point (figs. 4.2a and 4.3). It is in the location of BL-22 transpositional triple heater association point.

LOCATION

Between the apical ends of the transverse processes of L1 and L2, caudal to *Guan-yuan-shu* (#62).

ANATOMY

The point is supplied by the first lumbar a and v, and the first lumbar n.

METHOD

Oblique or perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Constipation, abdominal pain gastroenteritis, anhidrosis

64 Pang-guang-shu (Bladder Association Point) 膀胱俞

A very commonly used point (figs. 4.2a and 4.3). It is in the location of BL-23 transpositional kidney association point.

LOCATION

Between the apical ends of the transverse processes of L2 and L3

ANATOMY

Supplied by the second lumbar a and v, and iliohypogastricus n

METHOD

Oblique or perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Stomach pain, enterospasm, constipation, diarrhea, polyuria, renal failure, urinary incontinence, kidney *Yin* deficiency

65 Yao-qian (Cranial Lumbar) 腰前

A very commonly used point (figs. 4.2a and 4.3). It is 1 cun medial to BL-22.

LOCATION

Medial to *Xiao-chang-shu* (#63), between the transverse processes of L1 and L2, 2 cun lateral to the dorsal midline

ANATOMY

Under the skin is the longissimus lumborum muscle. It is supplied by the dorsal branches of the first lumbar a, v, and n.

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Back pain, lumbar degenerative joint diseases, lumbar paralysis

66 Yao-zhong (Middle Lumbar) 腰中

A very commonly used point (figs. 4.2a and 4.3). It is 1 cun medial to BL-23.

LOCATION

Medial to *Pang-guang-shu* (#64), between the transverse processes of L2 and L3, 2 cun lateral to the dorsal midline

ANATOMY

Under the skin is the longissimus lumborum muscle. It is supplied by the dorsal branches of the second lumbar a, v, and n.

METHOD

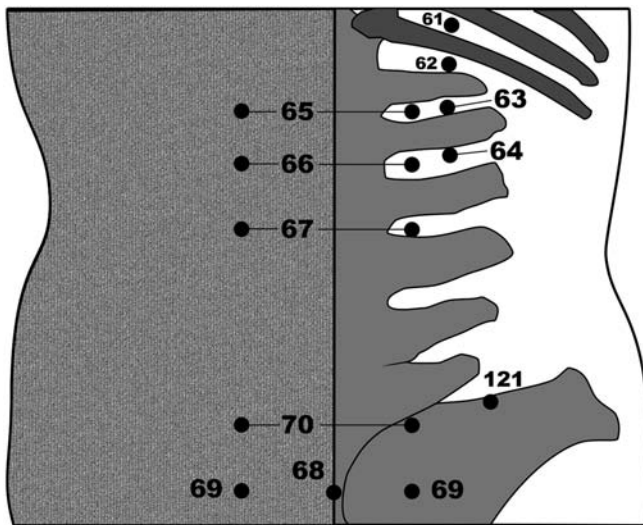
Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Back pain, lumbar degenerative joint diseases, lumbar paralysis

67 Yao-hou (Caudal Lumbar) 腰后

A very commonly used point (figs. 4.2a and 4.3)



4.3. Acupoints of the lumbar region.

LOCATION

Between the transverse processes of L3 and L4, 2 cun lateral to the dorsal midline

ANATOMY

Under the skin is the longissimus lumborum muscle. It is supplied by the dorsal branches of the second lumbar a, v, and n.

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Back pain, lumbar degenerative joint diseases, lumbar paralysis

68 *Bai-hui* (Hundred Meetings) 百会

A very commonly used point, a single point (figs. 4.2a and 4.3). It can be a starting point for relaxation when needling a horse.

LOCATION

On dorsal midline at the lumbosacral space, in the depression between the spinous processes of the last lumbar and the first sacral vertebrae

ANATOMY

Under the skin is the ligamentum supraspinale. It is supplied by the lumbar a and v, and dorsal branch of the last lumbar n.

METHOD

Oblique or perpendicular insertion: dry-needle depth 2 cun

INDICATION

Hind quarter pain, hind quarter paralysis, hip arthritis, contusion, colic, gaseous bowel, diarrhea, wind pattern, *Yang* deficiency, overexertion

69 *Shen-shu* (Kidney Association Point) 肾俞

A very commonly used point (figs. 4.2a and 4.3). It is 1 cun medial to BL-26. It can be a substitute for *Bai-hui* when *Bai-hui* cannot be chosen.

LOCATION

Two cun lateral to *Bai-hui*

ANATOMY

Under the skin is the gluteus medius muscle. It is supplied by the cranial gluteal a, v, and n.

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Hindquarter pain, back pain, hindquarter paralysis, hip arthritis or contusion, *Yang* or *Qi* deficiency, overexertion

70 *Shen-peng* (Kidney Shelf) 肾棚

A very commonly used point (figs. 4.2a and 4.3). It is medial to BL-25. It is a substitute for *Shen-shu*.

LOCATION

Two cun cranial to *Shen-shu*

ANATOMY

Under the skin are the gluteus medius and longissimus dorsi muscles. It is supplied by the fifth lumbar a and v, and dorsal branch or the fifth lumbar n.

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Hindquarter pain, back pain, hindquarter paralysis, hip arthritis or contusion, *Yang* or *Qi* deficiency, overexertion

71 *Shen-jiao* (Kidney Corner) 肾角

A very commonly used point (fig. 4.2a). It is medial to BL-27 and can be a substitute for *Shen-shu*.

LOCATION

Two cun caudal to *Shen-shu*

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Hindquarter pain, back pain, hindquarter paralysis, hip arthritis or contusion, *Yang* or *Qi* deficiency, overexertion

72 *Ba-jiao* (Sacral Eight Points) 八髎

A very commonly used point (fig. 4.2a). It has four locations, including BL-31, 32, 33, 34.

LOCATION

Four points on each side, located along a line that is 1.5 cun lateral to the midline. The points are located at the first, second, third, and fourth spaces between the dorsal spinous processes of the sacrum.

ANATOMY

Under the skin of the first two pairs of the point is the gluteus medius muscle. They are supplied by the cranial gluteal a, v, and n. Under the third pair of the point is the biceps femoris muscle supplied by the caudal gluteal a, v, and n. Under the fourth pair of the point is the semitendinosus muscle supplied by the caudal gluteal a, v, and n.

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Hindquarter contusion, back pain, sacral or hip soft tissue injuries, hip pain

73 Dai-mai (Girdle Vein) 带脉

Not a commonly used point (figs. 4.5a, 4.10)

LOCATION

On the chest wall, on the external thoracic vein at the seventh rib, located 2 cun caudal to the anconceal process of the ulna

ANATOMY

The point is on the external thoracic vein.

METHOD

Hemoacupuncture

INDICATION

Colic, heatstroke, gastroenteritis, girth pain

74 Qian-cao (Hydrothorax) 前槽

Not a commonly used point. This is the *a-shi* point for hydrothorax.

LOCATION

0.5 cun dorsal to *Dai-mai* (#73) at the cranial border of the fifth right rib or the sixth left rib

ANATOMY

Supplied by the intercostal a, v, and n

METHOD

Perpendicular insertion: dry-needle depth 1 cun with special treatment. Insert the draining tube at the point.

INDICATION

Traditional procedure to relieve hydrothorax

75 Li-zhong (Xiphoid) 理中

Not a commonly used point (fig. 4.9a)

LOCATION

At the caudal end of the xiphoid cartilage (near the eighth costal cartilage) 0.5 cun lateral to the ventral midline

ANATOMY

Under the skin are the rectus abdominis and pectoralis profundus muscles. It is supplied by the external thoracic a and v, and the lateral thoracic n.

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Pluritis, chest and shoulder pain, heaves, pain in the sternal region

76 Huang-shui (Yellow Water) 黄水

Not a commonly used point. It is an *a-shi* point for edema around the trunk.

LOCATION

This is not a specific point. The point exists when there is swelling in the area bounded cranially by the xiphoid cartilage, caudally by the prepuce or vulva, and laterally by the external thoracic artery and vein.

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Traditional procedure to relieve edema of the ventrum

77 Yun-men (Ascites) 云门

Not a commonly used point (fig. 4.9a). It is an *a-shi* point for ascites using a special treatment.

LOCATION

Three cun cranial to the umbilicus and 0.5 cun lateral to the ventral midline

ANATOMY

Supplied by the caudal abdominal a and v, and the intercostal n

METHOD

Insert draining tube into the abdomen to drain fluid.

INDICATION

Traditional procedure to relieve ascites

78 Qian-shu (Flank Association Point) 肱俞

Not a commonly used point. It can be used as a diagnostic point for ovarian problems. It is also a single point found in the right flank only during bloat.

LOCATION

7 1/3 cun ventral to the dorsal midline and 1.5 cun caudal to the last rib

METHOD

Perpendicular insertion: dry-needle depth 1 cun for ovarian problems; or, traditionally, surgical procedure to relieve gaseous distention of the bowel

INDICATION

Ovarian problems, bloat, gaseous distention of the bowel

79 Qian-pi (Flank Region) 肱癰

Not a commonly used point. It is an *a-shi* surgical site for surgical colic.

LOCATION

Single point found in the right flank only. It lies at the junction of the cranial and middle 1/3 along a horizontal line connecting the hip joint and the caudal end of the rib cage.

ANATOMY

Under the skin are the obliquus abdominis externus and internus muscles. It is supplied by the lumbar a, and v, and the last intercostal n.

METHOD

Surgical procedure

INDICATION

Traditional surgical procedure to relieve surgical colic

80 Yin-shu (Genitalia Association Point) 阴俞

Not a commonly used point (fig. 4.4). It is CV-1.

LOCATION

On the ventral midline, caudal to the scrotum or at the mid-point between the vulva and the anus

ANATOMY

Under the skin are the fascia and the corpus cavernosum urethrae. Along the point are the external pudendal a and v, and the caudal scrotal n. Under the point is the sphincter ani muscle. It is supplied by the pudendal n and the perineal a and v.

METHOD

Perpendicular insertion: dry-needle depth 1 cun, or moxibustion

INDICATION

Infertility, bladder paralysis, dysuria, seizure, orchitis, scrotal inflammation, vulvar discharge, prolapse of the vagina or uterus

81 Gang-tuo (Anus) 肛脱

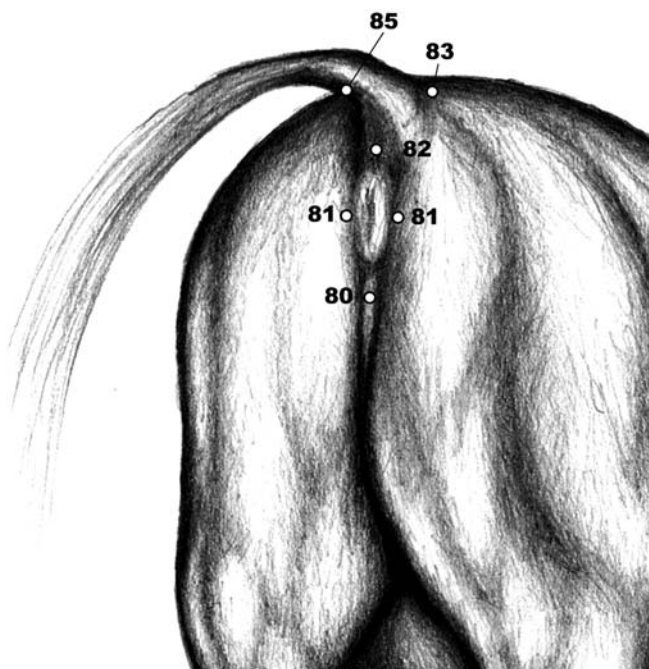
Not a commonly used point (fig. 4.4). It is the *a-shi* point for prolapse of rectum.

LOCATION

In the depression 1 cun lateral to anus

ANATOMY

Under the point is mucosal membrane. Along the point are middle rectal a and v, and the caudal rectal n.



4.4. Acupoints of the anal region.

METHOD

Special treatment. Wash the prolapsed rectum, remove the necrosis. Treat the rectum accordingly, and replace the rectum.

INDICATION

Traditional procedure to relieve rectal prolapse

82 Hou-hai (Caudal Sea) 后海

A very commonly used point (fig. 4.4). It is GV-1.

LOCATION

In the depression between the anus and the ventral base of the tail

ANATOMY

Between the coccygeal muscle and the sphincter ani muscle. It is supplied by the middle coccygeal a and v, and the caudal rectal n.

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun; dry needling or aquapuncture

INDICATION

Constipation, diarrhea, anal swelling, dysentery, rectal paralysis, tenesmus

83 Wei-duan (Tail End) 尾端

A very commonly used point (fig. 4.4)

LOCATION

In the depression 1.5 cun lateral to the midline, at the sacral-coccygeal (S5-C1) space

ANATOMY

Under the point is the semitendinosus muscle. It is supplied by the caudal gluteus a and v, and dorsal branch of the caudal gluteus n.

METHOD

Perpendicular or oblique insertion: dry-needle depth 1.5 cun

INDICATION

Hind quarter contusion, hind limb paralysis, paralysis of tail, back pain

84 Wei-gen (Tail Base) 尾根

A very commonly used point (fig. 4.2a). It is GV-2.

LOCATION

On the midline, in a depression at the first coccygeal vertebral space (C1-C2)

ANATOMY

Between the bilateral sacrococcygeus medialis muscle. It is supplied by the dorsolateral coccygeal a and v, and dorsal branch of the coccygeal n.

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Hind quarter contusion, hind limb paralysis, paralysis of tail, back pain

85 Wei-ben (Tail Vein) 尾本

A very commonly used point (fig. 4.4). It is a single hemoacupuncture point.

LOCATION

On the ventral midline of the tail, 1 cun caudal to the base of the tail on the coccygeal vein

ANATOMY

It is on the middle coccygeal vein.

METHOD

Hemoacupuncture using a 25-gauge hypodermic needle

INDICATION

Anuria, hip arthritis, gastroenteritis, acute back pain

86 Wei-jian (Tip of Tail) 尾尖

A very commonly used point (fig. 4.2b). It is a single point located at the tip of the tail.

LOCATION

At the tip of the tail

ANATOMY

Supplied by the dorsolateral coccygeal a and v, and the dorsal coccygeal n

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun; hemoacupuncture or dry needling

INDICATION

Anhidrosis, coryza, colic, heatstroke, shock, wind-heat, heat-toxin, back pain, spine pain

THORACIC LIMB REGIONS

There are a total of 32 points in forelimbs. The most commonly used points are the following (16 points): 89, 90, 92, 93, 94, 97, 100, 101, 103, 104, 109, 110, 111, 114, 115, 116.

87 Bo-jian (Scapular Tip) 膊尖

A very commonly used point (fig. 4.5a, b). It is TH-15

LOCATION

In the depression just cranial to the cranial border of scapula at the level of the junction of the scapula and the scapular cartilage

ANATOMY

Under the skin is the muscle of the cervical trapezius, between rhomboideus cervicis and serratus ventralis cervicis muscles. It is supplied by the dorsal scapular a and v, dorsal branches of the cervical n and the suprascapular n.

METHOD

Angular insertion toward the elbow: dry-needle depth 2 cun

INDICATION

Pain in shoulder and front limb, sore foot, cervical stiffness, suprascapular nerve paralysis, suspensory ligament problems

88 Bo-lan (Shoulder Post) 膊栏

A very commonly used point (figs. 4.5a, b). It is BL-13.

LOCATION

In the depression just caudal to the caudal border of the scapula at the level of the junction of the scapula and the scapular cartilage

ANATOMY

Under the skin are the muscoli trapezius, latissimus dorsi. The point is between muscoli serratus ventralis thoracis and serratus dorsalis cranialis. It is supplied by the intercostal a and v, and dorsal branch of the thoracic n.

METHOD

Angular insertion toward the shoulder: dry-needle depth 1.5 cun

INDICATION

Thoracic limb arthritis, suprascapular nerve paralysis, diagnostic for problems of the medial hoof

89 Fei-men (Lung Gate) 肺门

A very commonly used point (figs. 4.5a, b). It is SI-14 and a classical point for the lung.

LOCATION

On the cranial border of the scapula, $\frac{1}{3}$ of the distance from dorsal to the ventral

ANATOMY

Under the skin are the cervical fascia and the trapezius, reaching the cervical serratus ventralis muscle. It is supplied by the superficial cervical a and v, and the dorsal and ventral branches of the cervical n.

METHOD

Angular insertion toward the elbow: dry-needle depth 2 cun

INDICATION

Shoulder arthritis, trauma, thoracic limb arthritis, suprascapular nerve paralysis, anhidrosis, skin itching, upper airway disease

90 Fei-pan (Lung Hugging) 肺攀

A very commonly used point (figs. 4.5a, b). It can be a substitute point for *Fei-shu* and *Fei-men*.

LOCATION

On the caudal border of the scapula, $\frac{1}{3}$ of the distance from dorsal to the ventral

ANATOMY

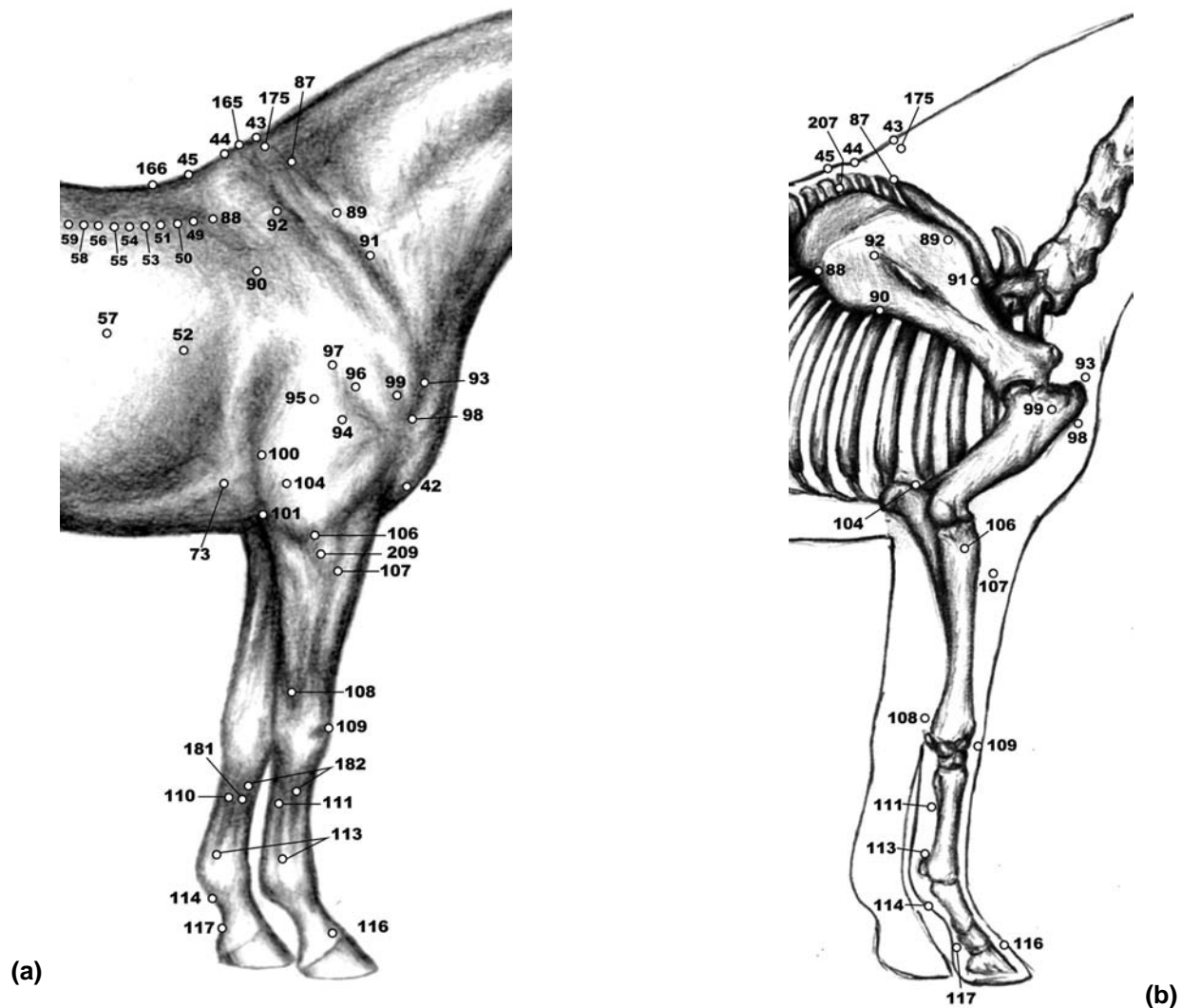
The point is caudal to musculus deltoideus. Under the skin is the long head of triceps brachii. It is supplied by the subscapular a and v, and the intercostal and radial nerves.

METHOD

Angular insertion toward the shoulder: dry-needle depth 1.5 cun

INDICATION

Shoulder arthritis, trauma, thoracic limb arthritis, suprascapular nerve paralysis, lower airway problems, anhidrosis, skin itching, heaves, cough



4.5. (a,b) Acupoints of the forelimbs.

91 Bo-zhong (Middle Scapula) 膊中

A very commonly used point (fig. 4.5a, b). It is GB-21. It can be used as the alternative insertion site for GV-14.

LOCATION

On the cranial border of the scapula, $\frac{1}{2}$ of the distance from dorsal to the ventral

ANATOMY

Under the skin is brachiocephalicus. It is supplied by the deep cervical a and v, and the brachial plexus.

METHOD

Perpendicular or angular insertion: dry-needle depth 2 cun

INDICATION

Shoulder arthritis, trauma, thoracic limb arthritis, suprascapular nerve paralysis, cervical stiffness, fever

92 Gong-zi (Shoulder Bow) 弓子

A very commonly used point (figs. 4.5a, b). It is SI-13 and a classical point for shoulder atrophy.

LOCATION

3.5 cun ventral to the dorsal border of the scapula, just caudal to the tuber of the scapular spine

ANATOMY

Under the skin is musculus cutaneous omobrachialis. It is supplied by the subscapular a and v, and the suprascapular n.

METHOD

Special treatment: pneumoacupuncture. Subcutaneous inject or pump 300–1,000 ml of fresh air into the point until the atrophied areas are filled up. Push and spread the air to fill the subcutaneous tissue of the scapula. Warning: Avoid injecting air into the muscles or veins. Air should be only subcutaneously injected.

INDICATION

Atrophy of shoulder and brachial muscles, chronic shoulder lameness, suprascapular nerve paralysis

93 Jian-jing (Shoulder Well) 肩井

A very commonly used point (figs. 4.5a, b). It is LI-15.

LOCATION

Just cranial to the point of the shoulder

ANATOMY

The point is between attachments of the musculi supraspinatus and infraspinatus, dorsal to the musculus brachiocephalicus. It is supplied by the circumflex humeral a and v, and the suprascapular n.

METHOD

Perpendicular or oblique insertion: dry-needle depth 1 cun

INDICATION

Shoulder arthritis, shoulder muscle sore, thoracic limb lameness, radial nerve paralysis

94 Qiang-feng (Robbing Wind) 抢风

A very commonly used point (fig. 4.5a). It is the same point as SI-9. The needle can be easily pushed out by local muscle contraction. In this case, aquapuncture can be a good choice.

LOCATION

In a large depression 5 cun caudoventral to the shoulder joint (along the caudal border of the deltoid muscle at its juncture with the lateral and the long heads of the triceps brachii)

ANATOMY

The point is at the junction of the musculi deltoideus and triceps brachii, between long head and lateral head of the triceps. It is supplied by branches of the caudal circumflex humeral a and v, and axillaris and radialis nerves.

METHOD

Perpendicular: dry-needle depth 1.5 cun

INDICATION

Arthritis, paralysis, contusion and sprain, myositis, lameness of the thoracic limb

95 Chong-tian (Rushing to Heaven) 冲天

A very commonly used point (fig. 4.5a). It is a good local point for shoulder muscle pain and can be a substitute for SI-9.

LOCATION

In the depression 2 cun dorsocaudal to *Qiang-feng* (#94)

ANATOMY

Under the skin are the musculi deltoideus and triceps brachii. It is supplied by the thoracodorsal a and v, and the subscapular n.

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Shoulder muscle pain, arthritis, paralysis, contusion and sprain, myositis, lameness of the thoracic limb

96 Jian-zhen (Steadfast Shoulder) 肩贞

A very commonly used point (fig. 4.5a). It is SI-10 and can be a substitute for SI-9.

LOCATION

In the depression 2 cun dorsocranial to *Qiang-feng* (#94)

ANATOMY

Under the skin are the musculi deltoideus and triceps brachii. It is supplied by the brachial a and v, and the radial n.

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Arthritis, paralysis, contusion and sprain, myositis, lameness of the thoracic limb

97 Tian-zong (Celestial Ancestor) 天宗

A very commonly used point (fig. 4.5a). It is SI-11 and forms a diamond shape with *Qiang-feng* (#94), *Chong-tian* (#95), and *Jian-zhen* (#96).

LOCATION

Along the caudal border of the scapula, 2 cun dorsocranial to *Chong-tian* (#95)

ANATOMY

Under the skin are the musculi deltoideus and triceps brachii. Vascular and nerve supplies are same as *Qiang-feng* (#94).

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Shoulder muscle pain, muscle atrophy, arthritis, paralysis, contusion and sprain, myositis, lameness of the thoracic limb

98 Jian-yu (Shoulder Clavicle) 肩髃

A very commonly used point (figs. 4.5a, b). It is LI-14.

LOCATION

Ventral border of the greater tubercle of the humerus, in the depression between the ventral border of the cranial greater tubercle of the humerus and the tendon to the biceps brachii m

ANATOMY

Supplied by the circumflex humeral a and v, and the subscapular n

METHOD

Perpendicular or angular insertion: dry-needle depth 1 cun

INDICATION

Shoulder lameness, cervical stiffness

99 Jian-wai-yu (External Shoulder Clavicle) 肩外髃

A very commonly used point (figs. 4.5a, b). It is TH-14.

LOCATION

Caudal to the greater tubercle of the humerus. This point forms an equilateral triangle with *Jian-jing* (#93) and *Jian-yu* (#98) around the greater tubercle of the humerus.

ANATOMY

Caudal to caudal greater tubercle of humerus. Under the skin is musculus deltoideus, and reaching musculus teres minor. It

is supplied by the caudal circumflex humeral a and v, and the axillary n.

METHOD

Perpendicular or angular insertion: dry-needle depth 1 cun

INDICATION

Pain in shoulder and front limb

100 *Yan-zhou* (Covering Elbow) 掩肘

A very commonly used point (fig. 4.5a). It is a potent point for shoulder muscle pain. The needle is inserted toward the shoulder.

LOCATION

In a depression 1.5 cun dorsomedial to the olecranon

ANATOMY

The point is between musculus tensor fasciae anterbrachii and pectoralis ascendens. It is supplied by the external thoracic a and v, and the caudal thoracic n.

METHOD

Angular insertion toward the shoulder for 2 cun

INDICATION

Shoulder muscle pain, elbow joint pain, sprain, arthritis and swelling, shoulder lameness

101 *Cheng-deng* (Stirrup) 乘蹬

A very commonly used point (fig. 4.5a)

LOCATION

Two cun ventrocaudal to olecranon

ANATOMY

Under the skin is pectorales superficiales. It is supplied by the external thoracic a and v, and the cranial pectoral n.

METHOD

Angular insertion toward the elbow for 1 cun

INDICATION

Shoulder muscle pain, elbow joint pain, sprain, arthritis and swelling, shoulder lameness

102 *Jia-qi* (Axilla) 夹气

A very commonly used point (fig. 4.6). It is HT-1.

LOCATION

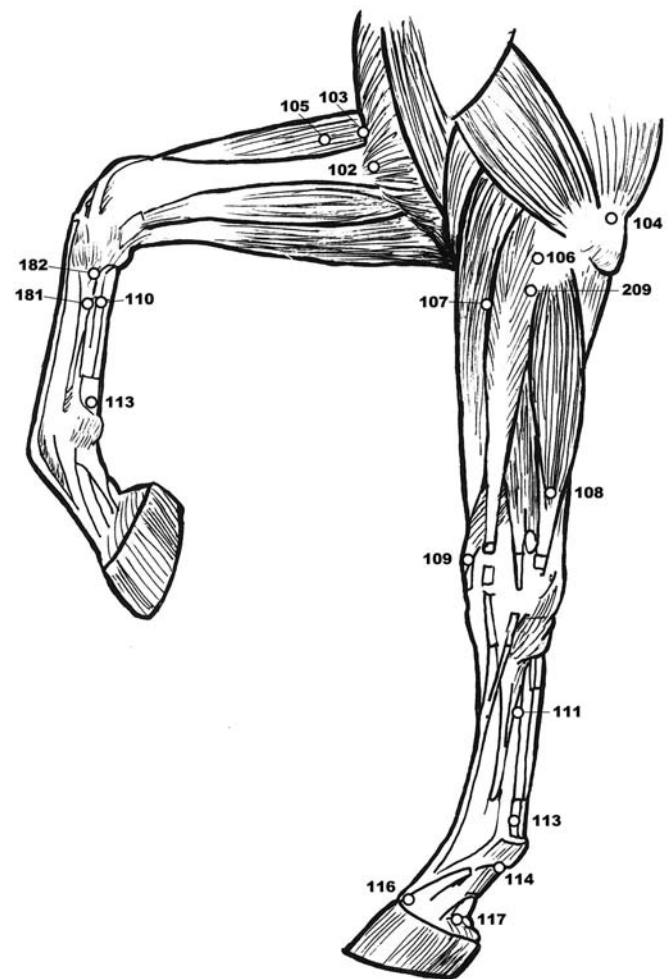
In the center of the axilla, between the lateral surface of the trunk and the medial surface of the thoracic limb

ANATOMY

Under the skin is musculus pectorales superficiales. Tip of the needle reaches the space between musculus subscapularis and thoracic serratus ventralis. It is supplied by the brachial a and v, branches of brachial nerve plexus.

METHOD

Perpendicular or angular insertion: dry-needle depth 0.5 cun; or special surgical treatment for severe shoulder or chest pain. Lift up the affected limb and pull it forward and outward. Make an incision at the point and insert the needle



4.6. Acupoints of lower forelimbs.

upward and toward the point #94 for a depth of 3 cun. After withdrawal of the needle, swing the limb several times.

INDICATION

Requires a surgical approach; chronic shoulder lameness, scapular nerve paralysis

103 *Xiong-tang* (Thoracic Vein) 胸堂

A very commonly used point (fig. 4.6). It is one of the most common hemoacupuncture points.

LOCATION

Cephalic vein, cranial and dorsal to axilla, just at point where leg joins body

ANATOMY

Cranial and dorsal to axilla and medial to musculus biceps brachii. Under the skin is cephalic vein.

METHOD

Engorge the vein by holding the head high. Hemoacupuncture 0.3 cun deep using gauge #20 (0.5 inch) of hypodermic needle

INDICATION

Acute shoulder and elbow injury, lung heat, anhidrosis

104 *Zhou-shu* (Elbow Association Point) 肘俞

A very commonly used point (fig. 4.5a, b). It is the associate point for elbow.

LOCATION

In a depression between olecranon tuber and lateral epicondyle of humerus

ANATOMY

Under the skin is the lateral head of musculus triceps brachii. It is supplied by the deep brachial a and v, and the radial n.

METHOD

Perpendicular or angular insertion: dry-needle depth 1 cun

INDICATION

Elbow joint pain, sprain, and arthritis

105 *Tong-jin* (Cephalic Vein) 同筋

A very commonly used point (fig. 4.6). It is a substitute point for *Xiong-tang* (#103).

LOCATION

On cephalic vein, 2 cun ventral to axilla

ANATOMY

On the cephalic vein

METHOD

Hemoacupuncture

INDICATION

Acute shoulder and elbow injury, anhidrosis

106 *Cheng-zhong* (Radius) 乘重

A very commonly used point (figs. 4.5a, b and 4.6). It is TH-9.

LOCATION

Over the lateral surface of the radius, just ventral to the lateral tuberosity of the radius in the muscular groove between the common digital extensor and lateral ulnar muscles.

ANATOMY

Supplied by the interosseous a, v and n, and the caudal cutaneous n

METHOD

Perpendicular or angular insertion: dry-needle depth 1 cun

INDICATION

General analgesia point, front limb paralysis, dental problems, elbow pain

107 *Qian-san-li* (Thoracic Three Mile) 前三里

A very commonly used point (figs. 4.5a, b and 4.6). It is LI-10. This is a very sensitive and potent point. Some horses need nose twitch for acupuncture.

LOCATION

Two cun cranioventral to *Cheng-zhong* (#106), at the junction of the proximal and middle $\frac{1}{3}$ of the radius, between the extensor carpi radialis and the common digital extensor

ANATOMY

Supplied by the interosseous a, v, and n, and the caudal cutaneous n

METHOD

Perpendicular or angular insertion: dry-needle depth 1 cun

INDICATION

Front limb lameness, arthritis, paralysis, general weakness, gastrointestinal disorders, substitute for ST-36

108 *Guo-liang* (Passing Beam) 过梁

A very commonly used point (figs. 4.5a, b and 4.6)

LOCATION

On the caudolateral aspect of the radius, just proximal to the accessory carpal bone, at the insertion of the ulnaris lateralis m at the level of the carpus

ANATOMY

The point is between caudal border of radius and musculus ulnaris lateralis. It is supplied by the dorsal interosseous a and v, and the radial n laterally, and the median a, v, and n medially.

METHOD

Perpendicular or angular insertion: dry-needle depth 0.5 cun

INDICATION

Arthritis, injury, and lameness in the local area, *shen* disturbances

109 *Xi-yan* (Carpus) 膝眼

A very commonly used point (figs. 4.5a, b and 4.6). It is the front center of the carpal joint.

LOCATION

In the depression on the dorsolateral surface of the carpus, between the intermediate and third carpal bones

ANATOMY

Under the skin is the capsula articularis. It is supplied by the rete carpi dorsale and cutaneous branches of the radial nerve and the musculocutaneous nerve.

METHOD

Perpendicular or angular insertion: dry-needle depth 0.3 cun

INDICATION

Arthritis, injury, and swelling

110 *Xi-mai* (Carpal Vein) 膝脉

A very commonly used point (figs. 4.5a, b and 4.6). It is just caudal to LI-4.

LOCATION

On the medial surface of the cannon bone (metacarpal III), on the medial palmar vein, junction of the proximal and middle $\frac{1}{3}$ of the cannon bone

ANATOMY

Along the point are the medial superficial palmar a and n.

METHOD

Perpendicular or angular insertion: dry-needle depth 0.5 cun, or hemoacupuncture

INDICATION

Arthritis, injury, swelling, tendinitis and laminitis due to excess conditions, wind-heat, heat-toxin, cervical stiffness, facial paralysis, dental problems

111 Cuan-jin (Bundle of Tendons) 攢筋

A very commonly used point (figs. 4.5a, b and 4.6). It is SI-4.

LOCATION

On the lateral surface of the cannon bone (metacarpal III), on the lateral palmar vein, at the junction of the proximal and middle $\frac{1}{3}$ of the cannon bone

ANATOMY

On the lateral superficial palmar vein

METHOD

Perpendicular or angular insertion: dry-needle depth 0.5 cun, or hemoacupuncture

INDICATION

Arthritis, injury, swelling, tendinitis and laminitis due to excess conditions, wind-heat, heat-toxin

112 Ban-jin (Flexor Tendon) 板筋

Not a commonly used point. This is an *a-shi* point that exists when the tendon is bowed.

LOCATION

On the palmar aspect of the cannon bone (metacarpal III), 1.5 cun proximal to the proximal sesamoid bone

ANATOMY

Under the skin are the tendons of musculus flexor digitalis superficialis and profundus, and the suspensory ligamentum. It is supplied by the palmar a, v, and n.

METHOD

Perpendicular or angular insertion: dry-needle depth 0.5 cun, or cauterization

INDICATION

Bowed tendon

113 Qian-chan-wan (Thoracic Fetlock) 前缠腕

A very commonly used point (figs. 4.5a, b and 4.6). It has two locations of this point, which refers to SI-3 (lateral) and LI-3 (medial).

LOCATION

Two points on each front leg, one on both the median palmar and the lateral palmar veins, just proximal to the proximal sesamoid bone

ANATOMY

On the medial and lateral palmar veins slightly proximal to the fetlock

METHOD

Perpendicular or angular insertion: dry-needle depth 0.5 cun, or hemoacupuncture

INDICATION

Contusion, sprain, swelling of the fetlock, tendinitis of flexor tendons; cervical stiffness, back pain, sore throat, shoulder lameness, laminitis, seizure, mania, *shen* disturbance

114 Ming-tang (Proximal Sesamoid) 明堂

A very commonly used point (figs. 4.5a, b and 4.6)

LOCATION

On the palmar aspect of the fetlock, at the distal extent of the fossa that lies between the medial and lateral proximal sesamoids, distal to the ergot

ANATOMY

Under the skin is the tendon of musculus flexor digitalis profundus. It is supplied by the medial and lateral digital a and v, and the palmar digital n.

METHOD

Perpendicular or angular insertion: dry-needle depth 0.5 cun

INDICATION

Pain in fetlock, heel, or foot, chronic tendon problems

115 Qian-ti-men (Thoracic Hoof Gate) 前蹄门

A very commonly used point (figs. 4.8). It is a potent point for founder and navicular disease.

LOCATION

Two points on each front hoof, at the caudodorsal borders of each heel bulb, in the depressions at the caudal corner of both the lateral cartilage and the medial cartilage

ANATOMY

Under the skin is the venous plexuses of the hoof. It is supplied by the digital a, and the palmar digital n.

METHOD

Perpendicular or angular insertion: dry-needle depth 1 cun

INDICATION

Laminitis and navicular disease, chronic sore foot

116 Qian-ti-tou (Thoracic Hoof Gate) 前蹄头

A very commonly used point (figs. 4.5a, b and 4.6). It is TH-1.

LOCATION

On the dorsal aspect of the foot, $\frac{2}{3}$ to 1 cun lateral to the dorsal median line, and just proximal to the coronary band

ANATOMY

Under the skin is the coronary venous plexus

METHOD

Perpendicular or angular insertion: dry-needle depth 0.5 cun

INDICATION

Laminitis, navicular, sore foot, colic

117 Qian-jiu (Thoracic Entral Bulb) 前臼

A very commonly used point (figs. 4.5a, b and 4.6). It is PC-9.

LOCATION

On the palmar aspect of the front hoof, on the palmar median line, just proximal to the heel bulbs

ANATOMY

In the depression between the two ends of the hoof cartilage. Under the skin are the flexor tendon and venous plexus.

METHOD

Perpendicular or angular insertion: dry-needle depth 1 cun

INDICATION

Laminitis, navicular disease, chronic lameness, *shen* disturbance

118 Qian-chui-quan (Thoracic Hoof Frog) 前垂泉

Not a commonly used point (fig. 4.8). It is the *a-shi* point for thrush.

LOCATION

On sole of foot at apex of the frog

ANATOMY

Under the point are the venous plexus and the palmar digital n

METHOD

Traditional treatment for thrush, requires cleansing, and topical application of herbal medicine

INDICATION

Thrush

PELVIC LIMB REGIONS

There are a total of 36 points in the rear limbs. The following are the 21 most commonly used points: 119, 120, 121, 122, 123, 124, 125, 126, 130, 131, 132, 133, 134, 135, 136, 138, 141, 143, 148, 152, 153.

119 Ba-shan (Attach to Mountain) 巴山

A very commonly used point (fig. 4.7b). It is BL-54. It is a major point for any rear limb lameness.

LOCATION

Midway on a line connecting *Bai-hui* (dorsal midline at lumbosacral space) and the greater trochanter of the femur

ANATOMY

Under the skin are gluteal fascia, and muscoli gluteus superficialis and gluteus medius. It is supplied by the cranial gluteal a, v, and n.

METHOD

Perpendicular insertion for 3 cun deep

INDICATION

Arthritis, contusion/sprain of hip, sciatic nerve paralysis, hip problems, rear limb lameness

120 Lu-gu (On the Way to the Thigh) 路股

A very commonly used point (fig. 4.7a). It can be a substitute point for *Ba-shan* (#119).

LOCATION

One-third of the distance from greater trochanter to *Bai-hui*

ANATOMY

Between muscoli gluteus superficialis and biceps femoris. It is supplied by the cranial or caudal gluteus a and v, and the caudal gluteus n.

METHOD

Perpendicular insertion for 3 cun deep

INDICATION

Arthritis, contusion/sprain of hip, sciatic nerve paralysis, hip problems, rear limb lameness

121 Yan-chi (Wing of Ilium) 雁翅

A very commonly used point (fig. 4.7b). It is a potent point for any infertility.

LOCATION

Midpoint between top of tuber coxa and *Sheng-peng* (#70)

ANATOMY

Under the skin is musculus gluteus medius. It is supplied by the lumbar a and v, and the dorsal branch of the lumbar n.

METHOD

Perpendicular insertion for 3 cun deep, dry needling or electroacupuncture

INDICATION

Female or male infertility, poor athletic performance, hindquarter pain/arthritis

122 Dan-tian (Pelvic Cavity) 丹田

A very commonly used point (figs. 4.7a, b). It is SP-11 and one of major diagnostic points for stifle problems.

LOCATION

In the depression 1.5 cun cranioventral to the lower border of tuber coxae

ANATOMY

Under the skin are muscoli tensor fasciae latae and obliquus externus abdominis. It is supplied by the lumbar a, v, and n, the cranial gluteal a, v, and n.

METHOD

Perpendicular or oblique insertion: dry-needle depth 1.5 cun

INDICATION

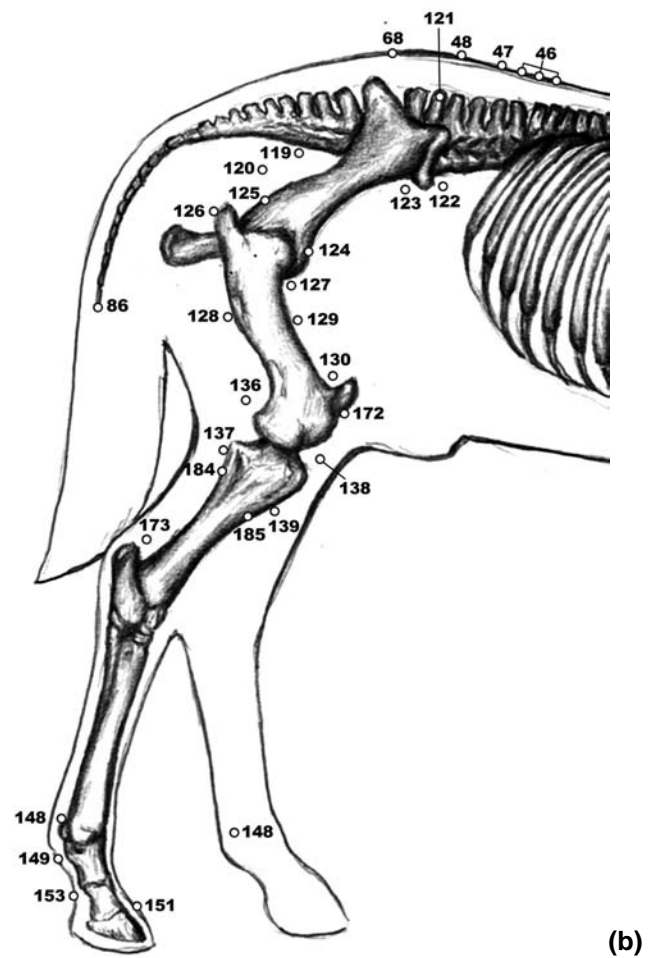
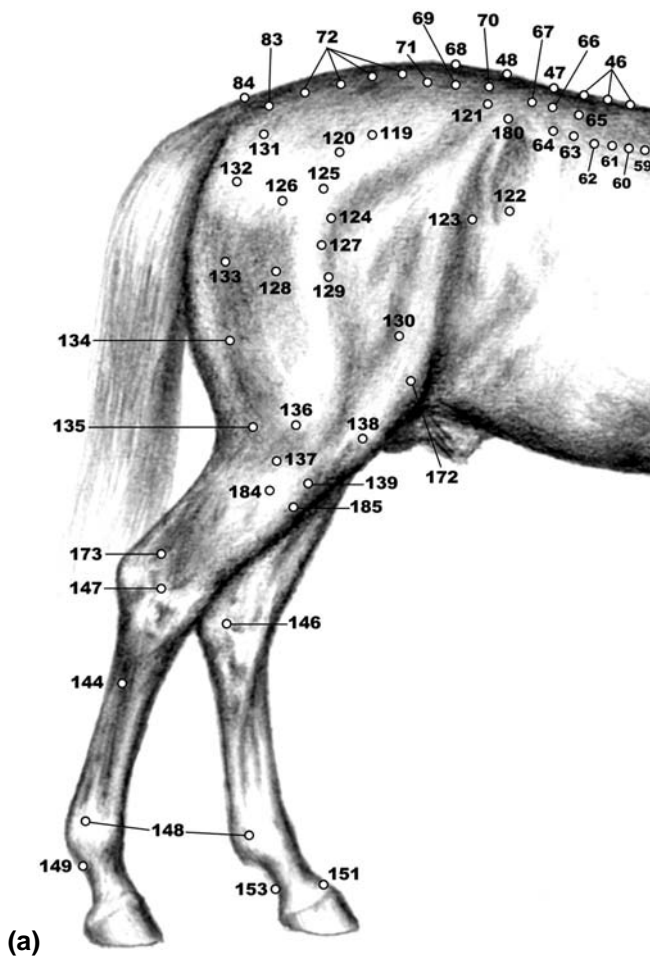
Stifle problems, hip problems; arthritis, contusion, sprain

123 Ju-liao (At the Hip) 居寥

A very commonly used point (figs. 4.7a, b). It is ST-31 and one of the major diagnostic points for stifle problems.

LOCATION

In the depression 1.5 cun caudoventral to the lower border of tuber coxae



4.7. (a,b) Acupoints of the hind limbs.

ANATOMY

Under the skin are musculus gluteus superficialis and gluteus medius. It is supplied by the cranial gluteus a, v, and n.

METHOD

Perpendicular or oblique insertion: dry-needle depth 1.5 cun

INDICATION

Stifle problems, hip problems; arthritis, contusion, sprain

124 Huan-tiao (Ring Craniad) 环跳

A very commonly used point (figs. 4.7a, b). It is a major diagnostic and treatment point for hip joint problem.

LOCATION

In the depression 2 cun cranial to the greater trochanter of the femur

ANATOMY

Between musculus gluteus superficialis and tensor fasciae latae. It is supplied by the cranial gluteus a, v, and n, and the femoral n.

METHOD

Perpendicular or oblique insertion: dry-needle depth 2 cun

INDICATION

Hip problems including arthritis, contusion, and sprain, also paralysis of the pelvic limb

125 Huan-zhong (Ring Middle) 环中

A very commonly used point (figs. 4.7a, b)

LOCATION

Two cun cranial and dorsal to the greater trochanter (midway between tuber coxae and the tuber ischii)

ANATOMY

Under the skin are musculus gluteus superficialis and biceps femoris. Needle reaches musculus gluteus medius. It is supplied by the gluteal a, v, and n, and the ischiatic n.

METHOD

Perpendicular or oblique insertion: dry-needle depth 2 cun

INDICATION

Hip problems including arthritis, contusion, and sprain, also paralysis of the pelvic limb

126 Huan-hou (Ring Caudad) 环后

A very commonly used point (figs. 4.7a, b). It is very sensitive.

LOCATION

In the depression 2 cun caudal and ventral to #125 (just caudodorsal to the greater trochanter of the femur)

ANATOMY

Under the skin is musculus biceps femoris. It is supplied by the gluteus profundus a and v, and the gluteus caudalis n.

METHOD

Perpendicular or oblique insertion: dry-needle depth 2 cun

INDICATION

Hip problems including arthritis, contusion and sprain, also paralysis of the pelvic limb

127 Da-kua (Greater Trochanter) 大胯

A very commonly used point (figs. 4.7a, b). It can be a substitute point for *Huan-tiao* (#124).

LOCATION

Two cun cranioventral to the greater trochanter of the femur

ANATOMY

In the depression between musculus tensor fasciae latae and gluteus superficialis. It is supplied by gluteus cranialis a, v, and n.

METHOD

Perpendicular or oblique insertion: dry-needle depth 2 cun

INDICATION

Arthritis, contusion, and strain of the joints of the hindquarter; hip pain, stifle pain, pelvic limb paralysis

128 Xiao-kua (Third Trochanter) 小胯

Not a commonly used point (figs. 4.7a, b)

LOCATION

In the depression 1 cun caudoventral to the third trochanter of the femur, in the muscle groove of the biceps femoris

ANATOMY

In the muscular groove of musculus biceps femoris. It is supplied by the caudal femoral a and v, and the tibial and fibular n.

METHOD

Perpendicular or oblique insertion: dry-needle depth 1.5 cun

INDICATION

Arthritis, contusion, and strain of the joints of the hindquarter; hip pain, stifle pain, pelvic limb paralysis

129 Hou-fu-tu (Pelvic Hidden Rabbit) 后伏兔

Not a commonly used point (figs. 4.7a, b)

LOCATION

In the depression cranial to the femur at the same level as *Xiao-kua* (#128), 2.5 cun distal to *Da-kua* (#127)

ANATOMY

Under the skin is fascia lata. Needle reaches musculus rectus femoris and vastus lateralis. It is supplied by the gluteus cranialis a, v, and n, and the branch of the femoral n.

METHOD

Perpendicular insertion: dry-needle depth 2 cun

INDICATION

Hip lameness, stifle lameness

130 Yin-shi (Yin Market) 阴市

A very commonly used point (figs. 4.7a, b)

LOCATION

In the depression dorsolateral to the patella

ANATOMY

Between the tendons of musculus rectus femoris and vastus lateralis. It is supplied by the lateral circumflex femoral a and v, and the femoral n.

METHOD

Perpendicular insertion: dry-needle depth 2 cun

INDICATION

Acute epigastric pain, stifle pain, and swelling, paralysis of hind limb, urinary hemorrhage, *Wei* syndrome

131 Hui-yang (Meeting of Yang) 会阳

A very commonly used point (fig. 4.8). It is BL-35.

LOCATION

In the muscle groove between the biceps femoris and semitendinosus mm at its most proximal extent (2 cun cranioventral to the root of the tail)

ANATOMY

On the most proximal end of the muscle groove of musculus biceps femoris and semitendinosus. It is supplied by the gluteus caudalis a, v, and n.

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Arthritis of hip, stifle, and hock; lameness of hip, stifle, and hock; muscular atrophy; pelvic limb paralysis

132 Xie-qi (Evil Qi) 邪气

A very commonly used point (fig. 4.8). It is BL-36.

LOCATION

In the muscle groove between the biceps femoris and semitendinosus mm at the level of the anus

ANATOMY

Supplied by the gluteus caudalis a, v, and n

METHOD

Perpendicular insertion: dry-needle depth 2 cun

INDICATION

Arthritis of hip, stifle, and hock; lameness of hip, stifle, and hock; muscular atrophy; pelvic limb paralysis

133 Han-gou (Sweat Groove) 汗沟

A very commonly used point (figs. 4.7a, 4.8). It is BL-37.

LOCATION

In the muscle groove between the biceps femoris and semitendinosus muscles, at the junction of the proximal and middle $\frac{1}{3}$ of the groove between *Xie-qi* (#132) and *Qian-shen* (#135)

ANATOMY

Supplied by the deep femoral a and n, and the tibial n

METHOD

Perpendicular insertion: dry-needle depth 2 cun

INDICATION

Arthritis of hip, stifle, and hock; lameness of hip, stifle, and hock; muscular atrophy; pelvic limb paralysis; anhidrosis; spontaneous sweat

134 Yang-wa (Face up Tile) 仰瓦

A very commonly used point (figs. 4.7a and 4.8). It is BL-38.

LOCATION

In the muscle groove between the biceps femoris and semitendinosus muscles, at the junction of the middle and lower $\frac{1}{3}$ of the groove between *Xie-qi* (#132) and *Qian-shen* (#135)

ANATOMY

The point is supplied by the deep femoral a and n, and the tibial n.

METHOD

Perpendicular insertion: dry-needle depth 2 cun

INDICATION

Arthritis of hip, stifle, and hock; lameness of hip, stifle, and hock; muscular atrophy; pelvic limb paralysis

135 Qian-shen (Approximate to Testicles) 牵肾

A very commonly used point (figs. 4.7a and 4.8). It is BL-39.

LOCATION

In the muscle groove between the biceps femoris and semitendinosus muscles at the level of the stifle joint

ANATOMY

The point is supplied by the deep femoral a and n, and the tibial n.

METHOD

Perpendicular insertion: dry-needle depth 2 cun

INDICATION

Arthritis of stifle and hock, lameness of stifle and hock, muscular atrophy, pelvic limb paralysis, urinary incontinence

136 Yang-ling (Yang Grave) 阳陵

A very commonly used point (figs. 4.7a, b and 4.8). It is one of the most important points for stifle problems and immune-mediated disease.

LOCATION

In the depression 4 cun caudal to stifle joint (caudoproximal to the lateral condyle of the tibia)

ANATOMY

Between the cranial and middle parts of the biceps femoris. Underneath is musculus gastrocnemius. It is supplied by the caudal femoral a and v, and the tibial n.

METHOD

Perpendicular insertion: dry-needle depth 2 cun, or aquapuncture with the horse's own blood

INDICATION

Immune-mediated disease, stifle pain and swelling, paralysis of hind limb, urinary hemorrhage, *Wei* syndrome

137 Feng-long (Flourishing) 丰隆

A very commonly used point (figs. 4.7a, b and 4.8). It can be a substitute point for *Yang-ling* (#136)

LOCATION

Two cun distal to *Yang-ling* (#136), caudodistal to the lateral condyle of the tibia

ANATOMY

In the depression caudoventral to the lateral condyle of the tibia. Underneath is biceps femoris. The needle reaches the muscle groove of musculus gastrocnemius and flexor digitorum profundus. It is supplied by the popliteal a, v, and the tibial n.

METHOD

Perpendicular or oblique insertion: dry-needle depth 2 cun

INDICATION

Immune-mediated disease, stifle pain and swelling, phlegm, ligament/tendon problems, *Wei* syndrome

138 Lue-cao (Stifle) 掠草

A very commonly used point (figs. 4.7a, b). It is ST-35.

LOCATION

In the depression between the lateral and middle patellar ligaments

ANATOMY

Supplied by the popliteal a and v, and the tibial n

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Stifle pain and arthritis, ligament problems

139 Hou-san-li (Pelvic Three Mile) 后三里

A very commonly used point (figs. 4.7a, b and 4.8). It is ST-36.

LOCATION

Three cun ventral to *Lue-cao* (#138), 0.5 cun lateral to the cranial aspect of the tibial crest, over cranial tibialis m

ANATOMY

In the muscle groove of musculus extensor digitorum longus and extensor digitorum lateralis. It is supplied by the cranial tibial a and v, and the fibular n.

METHOD

Perpendicular or angular insertion: dry-needle depth 1 cun

INDICATION

Indigestion, constipation, diarrhea, general weakness, *Wei* syndrome, paralysis

140 Jiao-dang (Conjunction) 交当

Not a commonly used point (figs. 4.8 and 4.9b). It is a hemoacupuncture point.

LOCATION

On the medial surface of the hind limb, on the saphenous vein, 2 cun distal to the skin fold of the thigh

ANATOMY

Along the point are the saphenous a and n.

METHOD

Hemoacupuncture using 20-gauge hypodermic needle

INDICATION

Excess conditions of hip and lumbar area, injuries, arthritis, laminitis, swelling, orchitis, inflammation of scrotum

141 Shen-tang (Kidney Hall) 肾堂

A very commonly used point (figs. 4.8 and 4.9b). It is a very commonly used hemoacupuncture point in the rear limb.

LOCATION

On the medial surface of the hind limb, on the saphenous vein, 2 cun distal to *Jiao-dang* (#140)

ANATOMY

Along the point are the saphenous a and n

METHOD

Hemoacupuncture using 20-gauge hypodermic needle

INDICATION

Anhidrosis, kidney infection, lymphangiitis, excess conditions of hip and lumbar area, injuries, arthritis, laminitis, swelling, orchitis, inflammation of scrotum

142 Du-xue (Governing Point) 督穴

Not a commonly used point (figs. 4.8 and 4.9b). It can be a substitute point for *Shen-tang* (#141).

LOCATION

On the medial surface of the hind limb, on the saphenous vein, 2 cun distal to *Shen-tang* (#141)

ANATOMY

Along the point are the saphenous a and n.

METHOD

Hemoacupuncture

INDICATION

Acute hock problems, lymphangiitis, anhidrosis

143 Qu-chi (Pond on the Curve) 曲池

Commonly used point (figs. 4.8 and 4.9b). It is LIV-4.

LOCATION

Craniomedial aspect of the hock, on the dorsal branch of the medial saphenous vein

ANATOMY

Along the point are the dorsal metatarsal a and the tibial superficial n.

METHOD

Perpendicular insertion: dry-needle depth 1 cun, or hemoacupuncture

INDICATION

Acute arthritis, contusion and sprain, swelling, hock problems, anhidrosis

144 Lu-jie (Metatarsus) 鹿节

Not a commonly used point (fig. 4.8)

LOCATION

On the lateral plantar surface of the cannon bone (metacarpal III), on the plantar common digital vein III, at the juncture of the proximal and middle third of the cannon bone—6 cun distal to the calcaneus (fibular tarsal bone)

ANATOMY

Along the point are the lateral plantar a and n.

METHOD

Perpendicular insertion: dry-needle depth 1 cun, or hemoacupuncture

INDICATION

Hock problems; arthritis, contusion, and sprain, swelling

145 Fu-gu (Tarsus) 跗骨

Not a commonly used point. It is the *a-shi* point for swollen flexor tendons.

LOCATION

On the plantar side of the cannon bone, 2 cun proximal to the fetlock. The point is the swollen flexor tendon.

ANATOMY

Under the skin is the tendon of musculus flexor digitalis profundus. It is supplied by the superficial plantar metatarsal a and v, and the plantar n.

METHOD

Blistering, or direct or indirect cauterization

INDICATION

Traditional therapy for chronic flexor tendonitis, swelling of the tendon

146 He-zi (Talus) 合子

Not a commonly used point (figs. 4.8 and 4.10). It is the *a-shi* point for swollen hock joint.

LOCATION

Medial side of the hock joint at the talus. The point exists when the area is swollen.

ANATOMY

Under the point are the fascia, tendon of flexor digitalis longus, and the joint capsule. It is supplied by the caudal tibial a and v, and the medial plantar n.

METHOD

Moxibustion, or multipuncturing of the area with fire needle

INDICATION

Traditional therapy for arthritis and swelling in the hock area

147 Wu-jin (Dark Tendon) 乌筋

Not a commonly used point (figs. 4.8 and 4.10). It is the *a-shi* point for swollen hock.

LOCATION

Lateral side of the hock joint at the talus. The point exists when the area is swollen.

ANATOMY

Under the skin are tendon of extensor digitalis lateralis. It is supplied by the dorsal tarsal a and v, and the superficial fibular n.

METHOD

Moxibustion, or multipuncturing of the area with fire needle

INDICATION

Traditional therapy for arthritis and swelling in the hock area

148 Hou-chan-wan (Pelvic Fetlock) 后缠腕

A very commonly used point (figs. 4.8 and 4.10). It is the counterpoint of the thoracic limb *Qian-chan-wan* (#113). There are two locations including BL-65 (lateral) and SP-3 (medial).

LOCATION

Two points on each hind leg, one on both the median plantar and the lateral plantar veins, just proximal to the proximal sesamoid bone

METHOD

Perpendicular insertion: dry-needle depth 1 cun, or hemo-acupuncture

INDICATION

Flexor tendon problems, contusion, and sprain; arthritis of the fetlock joint; rear heel or foot pain

149 Lao-tang (Labor Hall) 劳堂

Not a commonly used point (figs. 4.8 and 4.10). It is the counterpoint of *Ming-tang* (#114).

LOCATION

On the plantar aspect of the fetlock, at the distal extent of the fossa that lies between the medial and lateral proximal sesamoids, distal to the ergot

METHOD

Perpendicular or angular insertion: dry-needle depth 0.5 cun

INDICATION

Rear heel or foot pain, rear fetlock or pastern pain, flexor tendon problems

150 Gun-ti (Contracted Tendon) 滚蹄

Not a commonly used point. It is the *a-shi* point for bowed or contracted tendon.

LOCATION

In the depression in the center of the plantar surface of the pastern

ANATOMY

Under the skin are the tendons of flexor digitalis profundus and superficialis. It is supplied by the digital a, v, and n.

METHOD

Perpendicular or angular insertion: dry-needle depth 0.5 cun. Or traditional surgical procedure, transect $\frac{1}{3}$ of the tendon to the deep digital flexor muscle through the point and force extension of the foot.

INDICATION

Bowed or contracted tendons

151 Hou-ti-tou (Pelvic Hoof Toe) 后蹄头

A very commonly used point (fig. 4.10). It is ST-45.

LOCATION

On the cranial midline of the hind hoof, proximal to coronary band

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun, or hemo-acupuncture

INDICATION

Sore throat, epistaxis, dental pain, abdominal pain, fever, seizure, laminitis, navicular disease, colic

152 Hou-ti-men (Pelvic Hoof Gate) 后蹄门

A very commonly used point (fig. 4.8). It is the counterpoint of the thoracic limb *Qian-ti-men* (#115).

LOCATION

Two points on each hind hoof, at the caudodorsal borders of each heel bulb, in the depressions at the caudal corner of both the lateral cartilage and the medial cartilage

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Laminitis and navicular disease

153 Hou-jiu (Pelvic Central Bulb Hoof) 后臼

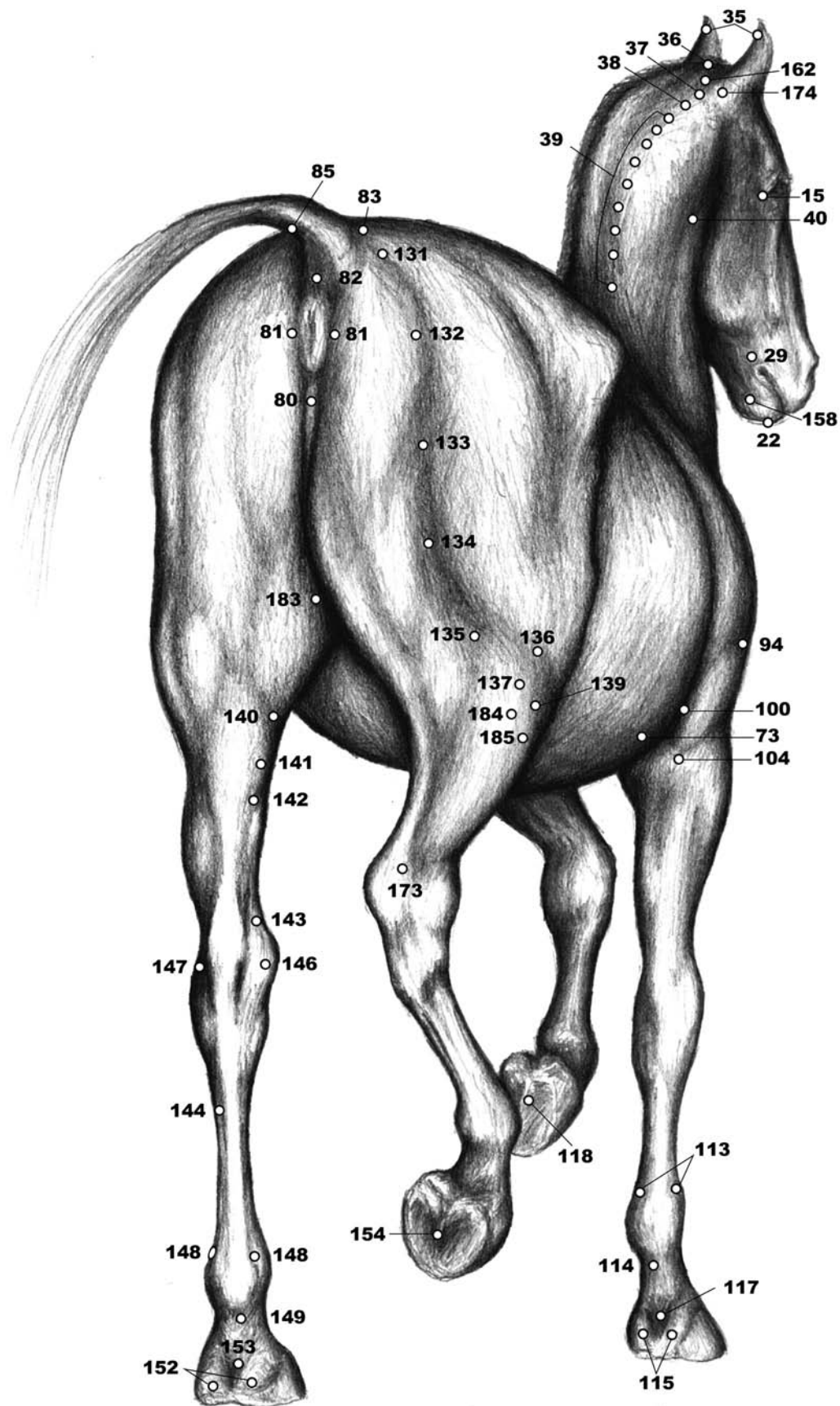
A very commonly used point (figs. 4.8 and 4.10). It is KID-1 and the counterpoint of the thoracic limb *Qian-jiu* (#117).

LOCATION

On the plantar aspect of the hoof, on the palmar median line, just proximal to the heel bulbs

METHOD

Perpendicular insertion: dry-needle depth 1 cun



4.8. Acupoints of the hind limbs(from the caudal view).

INDICATION

Laminitis, navicular disease, chronic lameness, renal failure, arthritis, *Wei* syndrome, male infertility, genital itching, urinary incontinence, abnormal cycling, pain in stifle

154 Hou-chui-quan (Pelvic Hoof Frog) 后垂泉

Not a commonly used point (fig. 4.8). It is the counterpoint of the thoracic limb *Qian-chui-quan* (#118).

LOCATION

On sole of foot at the apex of the frog

METHOD

Traditional treatment for thrush, requires cleansing, and topical application of herbal medicine

INDICATION

Thrush

EXTRA POINTS**155 Song-gu (Endoturbinates) 松骨**

Not a commonly used point (fig. 4.1c)

LOCATION

On the lateral surface of the head, between the nasoincise notch and the infraorbital foramen

METHOD

Perpendicular or angular insertion 0.5 cun deep, or hemopuncture or cauterization

INDICATION

Nasal swelling, sinusitis, nasal congestion

156 Hou-men (Throat Gate) 喉门

Not a commonly used point (fig. 4.1c)

LOCATION

On the jugular vein 1 cun caudal to the larynx

METHOD

Perpendicular insertion: dry-needle depth 1 cun or hemopuncture

INDICATION

Laryngitis, laryngeal hemiplegia

157 Qiu-hou (Posterior Globe) 球后

Not a commonly used point (figs. 4.1a, b). It can be a substitute point for *Jing-ming* (#9).

LOCATION

Near the lateral canthus on the lower eyelid

METHOD

Press the globe upward, angularly insert needle toward the dorsal rim of the zygomatic bone 1 cun deep, or aquapuncture with the horse's own blood.

INDICATION

Conjunctivitis, pannus, opacity, liver heat, optic nerve atrophy

158 Chun-jiu (Depression of Lip) 唇臼

Not a commonly used point (figs. 4.1a and 4.9a). It is on the CV Channel, 1 cun ventral to CV-24.

LOCATION

In the large depression of the lower lip, 1 cun caudoventral to *Cheng-jiang* (#22)

METHOD

Perpendicular or angular insertion: dry-needle depth 1 cun, or aquapuncture

INDICATION

Facial paralysis, flaccidity of the lower lip, tetanus, laryngeal hemiplegia, cribbing

159 Sang-men (Larynx Gate) 颚门

Not a commonly used point. It is the *a-shi* point for a swollen soft palate.

LOCATION

In the soft palate

METHOD

Perpendicular insertion for 0.2 cun deep

INDICATION

Swollen soft palate, pharyngolaryngitis

160 Er-men (Ear Gate) 耳门

Not a commonly used point (fig. 4.1a). It is TH-21.

LOCATION

In the depression at the rostral end of the ear base

METHOD

Perpendicular insertion: dry-needle depth 1 cun, or leave the inserted needle in situ until colic signs are relieved.

INDICATION

Ear problems, dental diseases, colic, gaseous distention of the bowel, constipation

161 Ting-er (Ear Erection) 挺耳

Not a commonly used point (figs. 4.1b). It is TH-20.

LOCATION

At the medial side of the base of the ear, in the depression rostral to the occipital crest

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Paralysis of the external ear, exhaustion cervical stiffness, dental diseases

162 Feng-chi (Pond of Wind) 风池

Commonly used point (fig. 4.11). It is GB-20.

LOCATION

In the large depression just caudal to the occipital condyle, cranial to the wing of the atlas, 1 cun ventral to dorsal midline, 1 cun dorsal to *Feng-men* (#37)

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

External wind, internal wind, cervical stiffness, headache, epistaxis, nasal discharge/congestion, seizure

163 *Mi-jiao-gan* (Vagosympathetic Trunk) 迷交感

Commonly used point (fig. 4.11). It is commonly used for poor appetite.

LOCATION

At the junction of the cranial and middle $\frac{1}{3}$ of neck, dorsal to jugular vein

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun, or aquapuncture

INDICATION

Poor appetite, diarrhea, indigestion

164 *Zhuan-nao* (Turning Brain) 转脑

Not a commonly used point (fig. 4.1b)

LOCATION

On the ventral border of the zygomatic process on the frontal bone, near the lateral canthus

METHOD

Oblique insertion along the lower border of the zygomatic process: dry-needle depth 1 cun

INDICATION

Encephalitis, fever, *shen* disturbance due to heart heat, epilepsy

165 *Qi-qian* (In Front of Withers) 耆前

Not a commonly used point (fig. 4.10). It is GV-13.

LOCATION

In the depression along the dorsal midline at the intervertebral space between T1 and T2

METHOD

Perpendicular or angular insertion: dry-needle depth 1 cun

INDICATION

Cough, asthma, heaves, colic fever, back pain

166 *An-hua* (Saddle Wound) 鞍花

Not a commonly used point. It is the *a-shi* point for local edema due to saddle injuries.

LOCATION

At the swollen spinous processes of the T8 and T9 vertebrae

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Edema of the area, saddle wound

167 *Xin-shu* (Heart Association Point) 心俞

Not a commonly used point. It is the *a-shi* point for local edema or swelling.

LOCATION

On the cranial surface of the thorax, lateral to the manubrium sterni

METHOD

Perpendicular insertion: dry-needle depth 0.3 cun

INDICATION

Edema of the cranial sternum, swelling in the region

168 *Du-kou* (Umbilicus) 肚口

Not a commonly used point (fig. 4.9b). It is CV-8. It is contraindicated for needling.

LOCATION

At the center of the umbilicus

METHOD

Only moxibustion

INDICATION

Contraindication of needling; only moxibustion for colic and chronic scrotitis

169 *Shen-jian* (Tip of the Testis) 肾尖

Not a commonly used point. It is CV-2.

LOCATION

On the ventral midline just cranial to the scrotum

METHOD

Perpendicular insertion for 0.1 cun deep

INDICATION

Chronic scrotitis, orchitis

170 *Wu-hua* (Five Flower) 五花

Not a commonly used point. It is the *a-shi* point for edema in the thoracic side region.

LOCATION

In the swollen site dorsal to *Dai-mai* (#73)

METHOD

Perpendicular insertion for 0.1 cun deep. Avoid the blood vessels.

INDICATION

Edema of the thoracic side region

171 *Ye-yan* (Night Eye) 夜眼

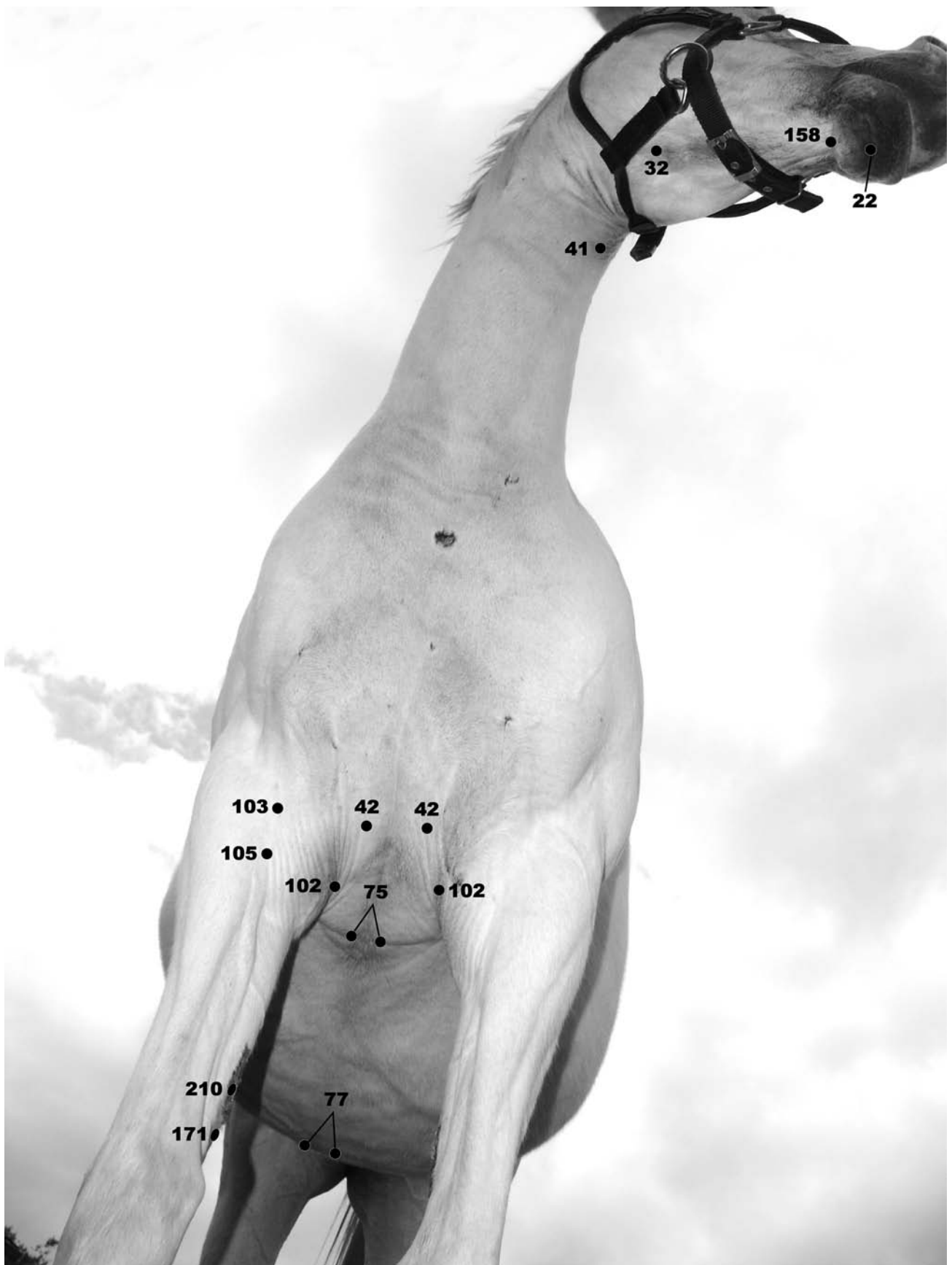
Not a commonly used point (fig. 4.9a)

LOCATION

Two cun ventral to the chestnut of the thoracic limb

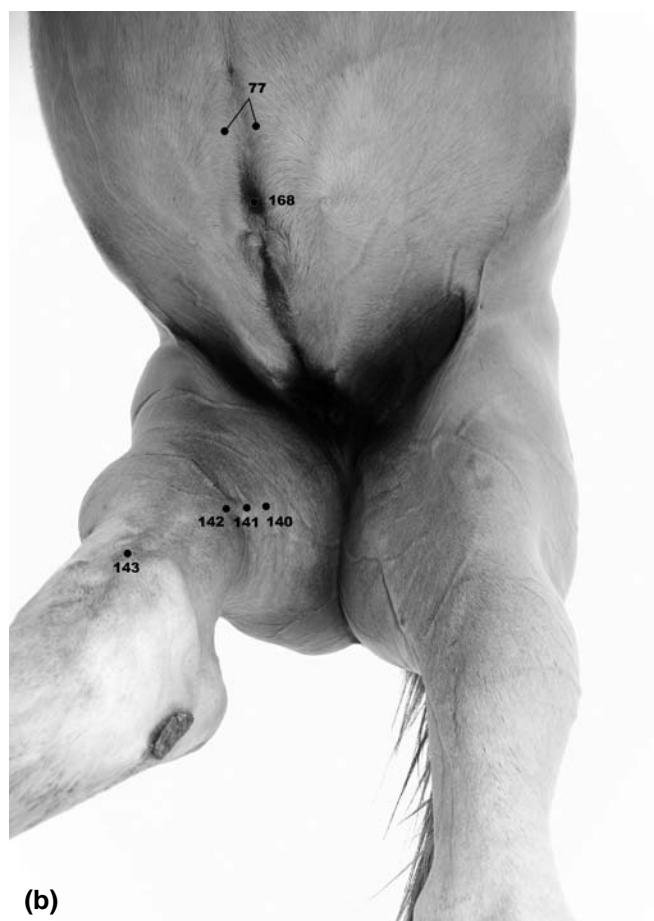
METHOD

Oblique or perpendicular insertion: dry-needle depth 1 cun, or moxibustion



(a)

4.9. (a) Acupoints of the ventral view. (continued next page)



4.9. continued (b) Acupoints of the ventral view.

INDICATION

Swelling or pain in the thoracic limb

172 *Wai-xi-yan* (Lateral Stifle Point) 外膝眼

Not a commonly used point (figs. 4.10 and 4.11)

LOCATION

In the depression between the lateral crest of the patella and the lateral condyle of the femur

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Pelvic limb arthritis, pain, or swelling in the stifle

173 *Kun-lun* (Lateral Hock) 昆仑

Not a commonly used point (figs. 4.10 and 4.11). It is BL-60.

LOCATION

Proximal to calcaneus, between the tibia and the tendon of the gastrocnemius m

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Influenza, common cold, pelvic limb *Bi* syndrome, back and lumbar pain, pain or swelling of the hock

174 *An-shen* (Calm Mind) 安神

A very commonly used point (fig. 4.1a)

LOCATION

Just behind the ears, halfway between the rostral and caudal ear bases

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

INDICATION

Restlessness, hyperactive, or abnormal behavior, *shen* disturbance

175 *Ding-chuan* (Stop Dyspnea) 定喘

A very commonly used point (figs. 4.10 and 4.11). It is 0.5 cun lateral to GV-14

LOCATION

0.5 cun lateral to the dorsal midline at the level of T1

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Cough, asthma, dyspnea, chronic lung problems

176 *Hua-tuo-jia-ji* (*Hua-tuo's Paravertebral Point*) 华佗夹脊

A commonly used point (fig. 4.11). A group of 24 points on each side of the spinal column from the first thoracic vertebra to the last lumbar vertebra. They are located between the GV and BL Channels. They can be used as the back-*shu* association point.

LOCATION

1.5 cun lateral to the dorsal midline at the level of the caudal border of each dorsal spinous process from T1 to L6

METHOD

Perpendicular insertion: dry-needle depth 1 cun, or aquapuncture

INDICATION

Back pain, spine misalignment, poor performance

177 *Jing-jia-ji* (Cervical Paravertebral Point) 颈夹脊

A commonly used point (fig. 4.11). A group of seven points on each side of the cervical vertebrae

LOCATION

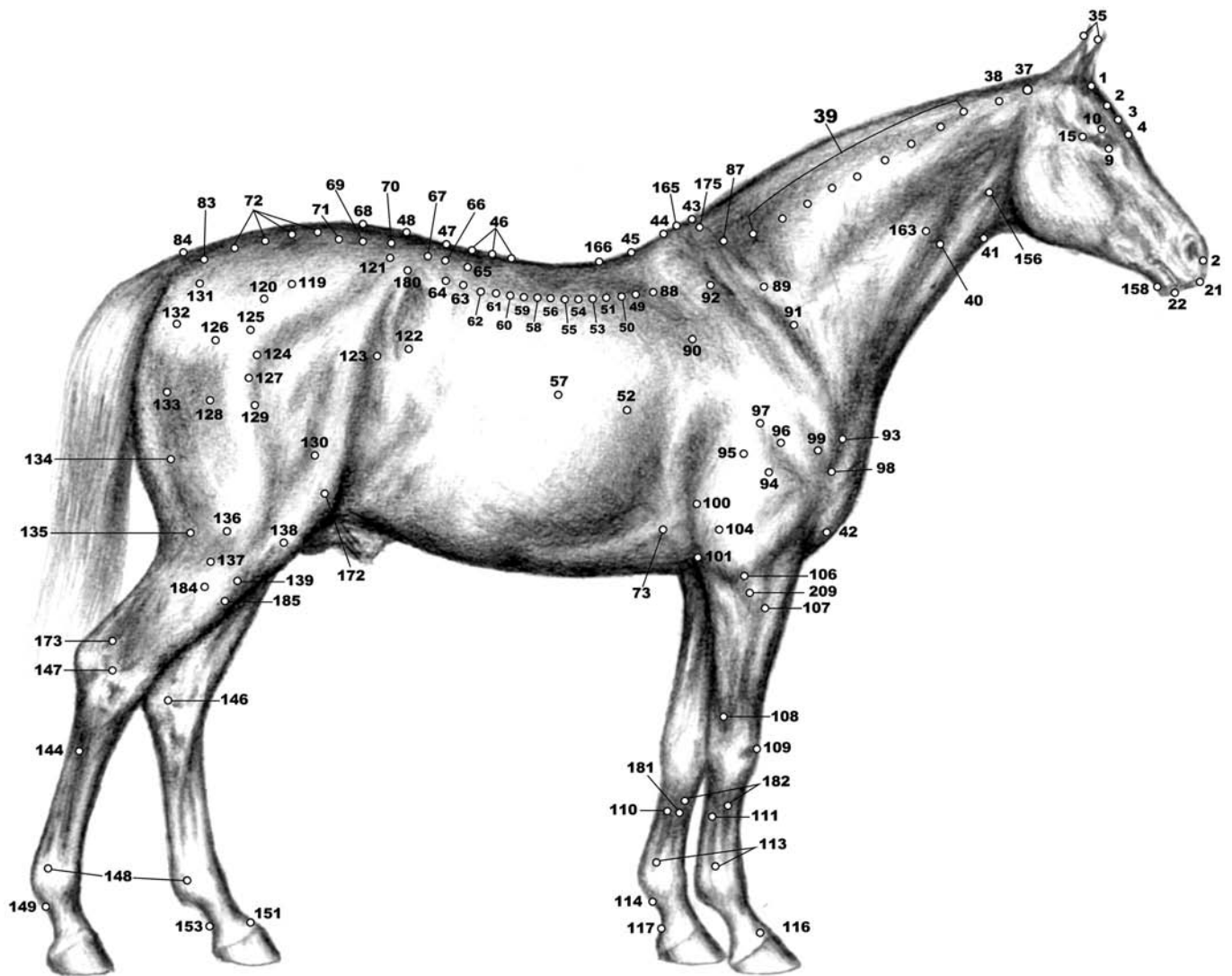
1.5 cun dorsal to the cervical vertebrae, at the level of the lower border of each vertebra

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun, or aquapuncture

INDICATION

Cervical stiffness, Wobbler's syndrome



4.10. Acupoints of the surface view.

178 *Jia-cheng-jiang* (Latereally Receiving Saliva) 夹承江

Not a commonly used point (figs. 4.1a, b). It is 1 cun lateral to CV-24.

LOCATION

One cun lateral to *Cheng-jiang* (#22)

METHOD

Perpendicular or angular insertion: dry-needle depth 1 cun

INDICATION

Facial paralysis

179 *Hou-bi* (Laryngeal Paresis) 喉痹

Not a commonly used point (figs. 4.1a, b, c). It is halfway between ST-9 and SI-17.

LOCATION

Two cun dorsal and cranial to *Hou-men* (#156), caudal to the mandible bone

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Laryngeal hemiplegia, TMJ problems

180 *Yao-yan* (Lumbar Eye) 腰眼

Not a commonly used point. It is 7 cun lateral to the point #48 *Yang-guan* (GV-3).

LOCATION

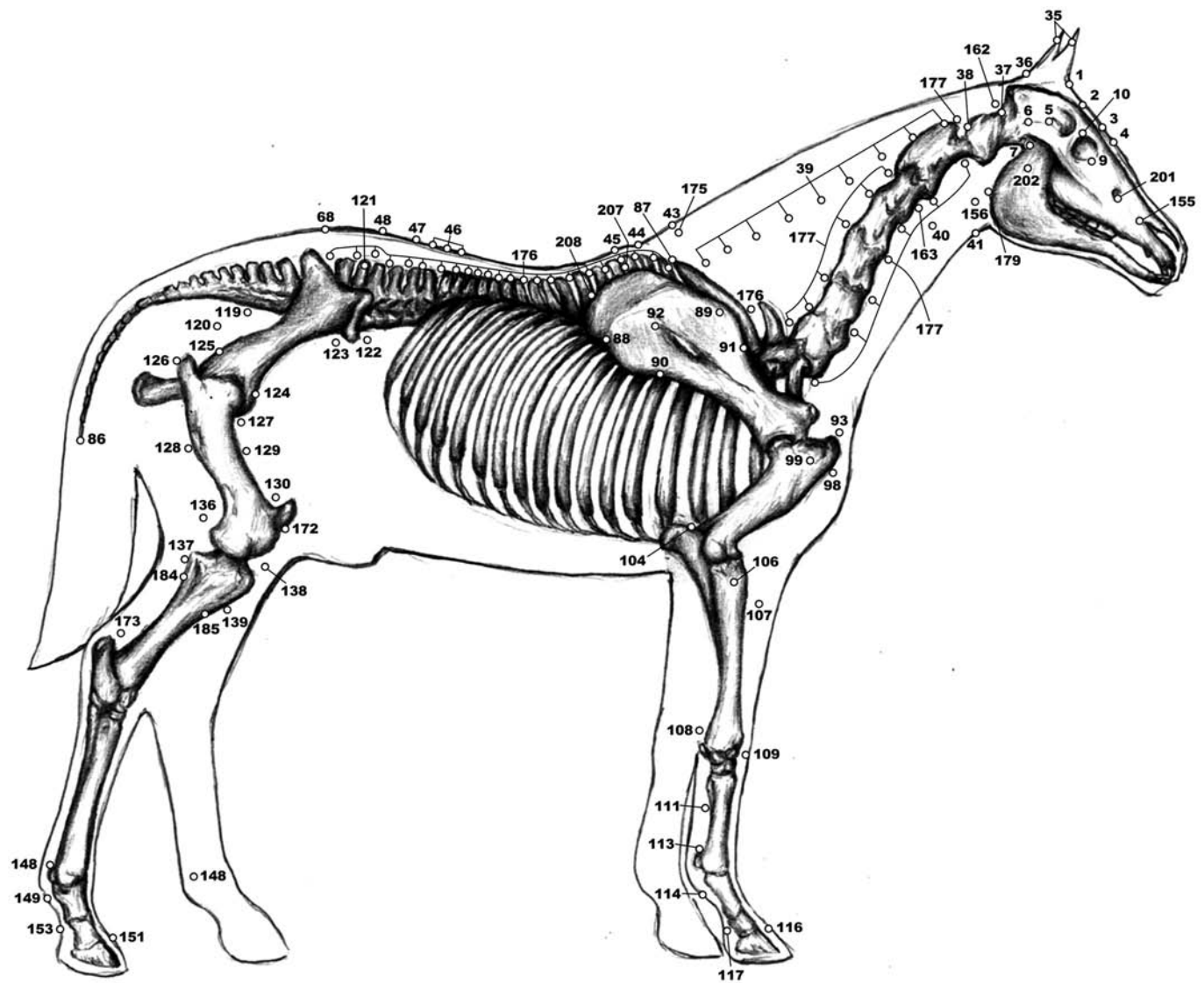
Seven cun lateral to the dorsal midline, at the level of the fourth lumbar vertebra

METHOD

Perpendicular insertion: dry-needle depth 1 cun

INDICATION

Ovarian disorders, irregular cycling, urination dribbling, lumbar pain



4.11. Acupoints of the skeletal view.

181 *Luo-zhen-xue* (Cervical Stiff Point) 落枕穴

Not a commonly used point (fig. 4.10). It is also called *Wai-lao-gong* (lateral *Lao-gong*), which refers to opposite the point *Lao-gong* (PC-8)

LOCATION

Medial and cranial to LI-4. LI-4 is located in the depression between the second metacarpal bone (splint) and third metacarpal bone (cannon) at the upper two-thirds of the distance from the carpus to the fetlock.

METHOD

Perpendicular or angular insertion: dry-needle depth 0.5 cun

INDICATION

Acute cervical injuries, cervical stiffness, Wobbler's disease, colic, gastric ulcer

182 *Yao-tong-xue* (Lumbar Pain Point) 腰痛穴

Not a commonly used point (fig. 4.10). It is a good point for acute lumbar injuries. There are two locations: lateral and medial point.

LOCATION

One cun ventral to the distal carpal row, in the depression between the third and fourth metacarpal bones (lateral point), and in the depression between the second and third metacarpal bones (medial point)

METHOD

Angular or perpendicular insertion: dry-needle depth 0.5 cun

INDICATION

Acute lumbar injuries

183 Bai-chong-wo (Hundred**Parasite Nest) 百虫窝**

Not a commonly used point (fig. 4.8). It is 1 cun directly dorsal to SP-10.

LOCATION

Three cun proximal to the proximomedial border of the patella

METHOD

Perpendicular or oblique insertion: dry-needle depth 2 cun

INDICATION

Gastrointestinal worms, skin itching, fungus, eczema

184 Dan-nang-xue (Gallbladder Point) 胆囊穴

Not a commonly used point (figs. 4.8, 4.10, and 4.11). It is 2 cun ventral to GB-34, and can be a substitute for GB-34.

LOCATION

2 cun ventral to GB-34

METHOD

Perpendicular or angular insertion: dry-needle depth 1 cun

INDICATION

Liver problems, rear paralysis

185 Lan-wei-xue (Cecum Point) 阑尾穴

Not a commonly used point (figs. 4.8, 4.10, and 4.11). It is 2 cun ventral to ST-36, and can be a substitute for ST-36.

LOCATION

2 cun ventral to *Hou-san-li* (#139)

METHOD

Perpendicular or angular insertion: dry-needle depth 1 cun

INDICATION

Colic due to cecal impaction, rear paralysis

EAR POINTS

There is a potential pathophysiological interrelationship existing between the external ear and various parts of the animal's body. When an organ or part of the body become ill, sensitive (*a-shi*) points may appear in relevant sites of the ear. Acupuncture treatment of these ear points for alleviation of illness and/or pain is called auriculotherapy. Because animals object to handling of their ears, application of auriculotherapy to animals is somewhat difficult. The auriculotherapy of horses will be explained.

Anatomy of the external ear is shown in figure 4.12a. The auricle is otherwise termed the pinna. It is freely movable at its attachment around the external acoustic meatus, and may be described as having an apex and a base, and two surfaces with two borders. In a natural fixed position, the auricle has its long axis vertical to the body axis and the opening directed laterally. One of the two surfaces is convex and faces medially. This is the dorsal surface. Its curvature is almost circular toward the base and then opens to reach its widest

dimension in the middle. Toward the apex, it narrows and becomes more flattened. The concave surface is called the scapha. It has various surface structures and ridges, but becomes flat near the apex. The apex points somewhat rostrally and is flattened, but the base is markedly convex. The base is connected to the external acoustic process of the petrous temporal bone. Around this area there is a high quantity of fatty tissue.

The shape of the external ear is determined by the cartilaginous structures of the ear. Detail of the basic anatomical elements (i.e., cartilages, muscles, nerves, and blood supply of the external ear) can be obtained elsewhere, and thus will be considered here only when necessary.

The skin of the scapha is darkly pigmented over most of the area. The hairs are thin and sparse except at the marginal and distal parts where thick long hairs form a protective apparatus to prevent foreign particles from entering the ear. There are numerous sebaceous glands in this area. The skin of the dorsum is more firmly attached to the underlying cartilage in comparison to the skin of scapha.

The two surfaces of the ear meet to form the rostral and caudal borders of the ear. The rostral border is concave distally and convex proximally. The caudal border is convex. Toward the base of the external ear, the rostral border diverges into two parts called external and internal crura of the helix, respectively, and the depression between the two crura is the intercrural fossa. At the basal junction of the two crura cartilaginous projection, the tragus projects ventrally. Opposite the tragus, at the same transverse level on the caudal border of the ear, a similar but less-developed projection, the antitragus, occurs. Ventral and medial to the antitragus, a short cutaneous fold called the subantitragic ridge extends medially. This may or may not form a distally projected vestigial accessory ridge. The basal junction of the rostral and caudal borders of the external ear forms the sharp, V-shaped intertragic notch.

On the concave scaphal surface, various cutaneous ridges and fossae are present. This is the area where most of the acupuncture points are located.

Three major cutaneous ridges parallel to the long axis of the external ear are present on the basal portion of the scapha. According to their anatomical arrangement, they are named rostral, intermediate, and caudal cutaneous ridges, respectively. The cutaneous ridges tend to have more coarse hairs than the adjacent area. Occasionally, a weak accessory ridge may be seen close to the caudal border of the ear. At the base of scapha, intermediate and caudal ridges combine to form the common cutaneous ridge. The depressed area between the two ridges is called the interr ridge groove.

The rostral and common cutaneous ridges divide the basal region of the scapha into three main depressions. The largest and most prominent depression is the intermediate fossa, which is located between the rostral and common ridges. Rostral to the rostral ridge is the rostral fossa; and the one caudal to the common ridge is called the caudal fossa. In addition, on the lateral side of the ear, just ventral to the intertragic notch

and opposite to the intermediate fossa at the entrance of external acoustic meatus, a small depression called the lateral fossa appears.

A group of 14 auricular points has been identified and used in horses.

186 *Qun-hui* (Intelligence) 群会

Not a commonly used point (fig. 4.12b)

LOCATION

On the rostral margin of the caudal cutaneous ridge about 3 cun from the tip of the ear

METHOD

Perpendicular or angular insertion: dry-needle depth 0.5 cun

INDICATION

Shen disturbance, heart deficiency

187 *Shen-men* (Gate of Mind) 神门

Not a commonly used point (fig. 4.12b)

LOCATION

In the interridge groove 0.5 cun above the distal end of the common cutaneous ridge

METHOD

Perpendicular or angular insertion: dry-needle depth 0.5 cun, or surgical stapler

INDICATION

Shen disturbance, stall anxiety, behavioral problems

188 *Jiao-gan* (Sympathetic Point) 交感

Not a commonly used point (fig. 4.12b)

LOCATION

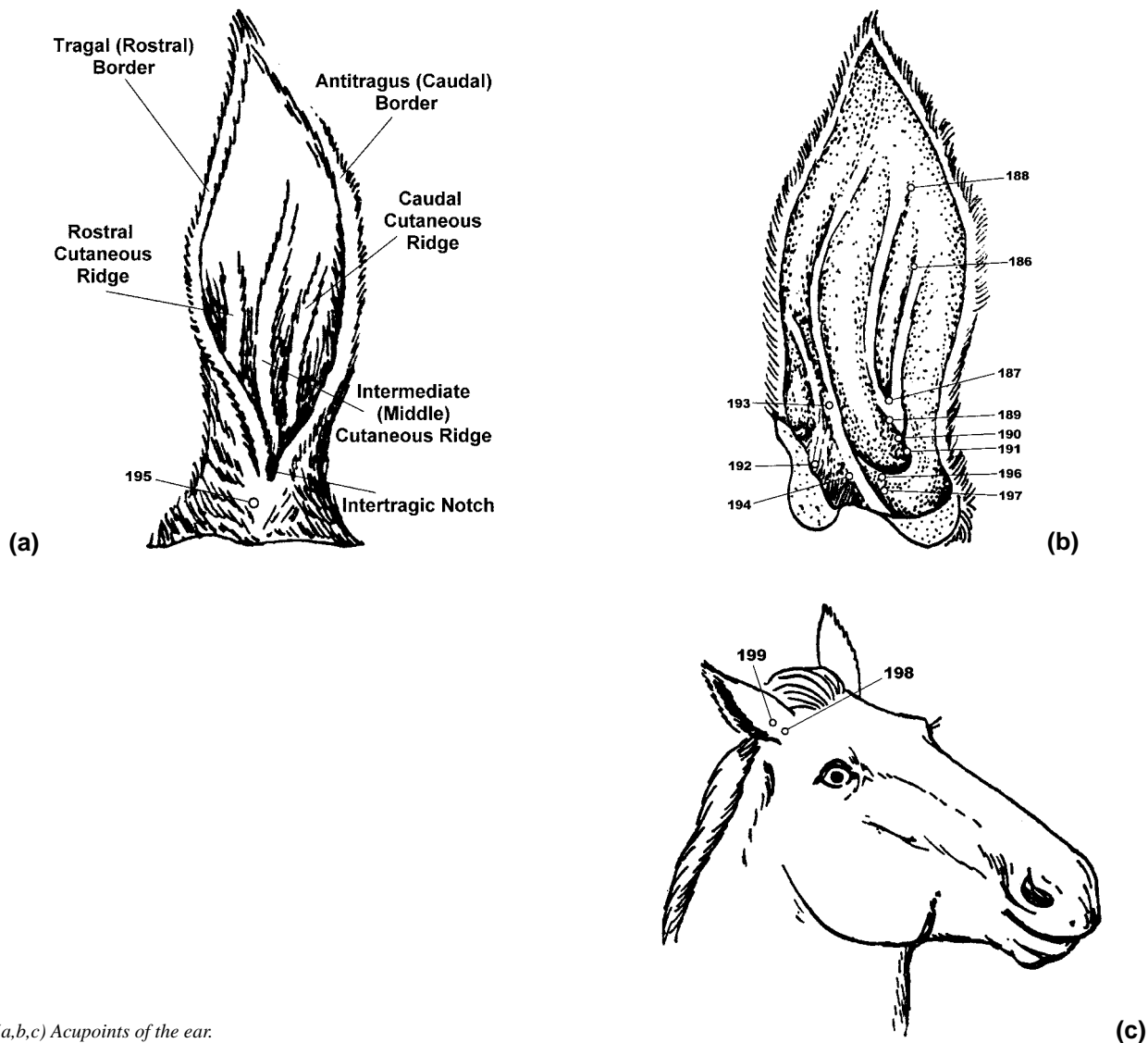
One cun proximal to the tip of the intermediate cutaneous ridge

METHOD

Perpendicular or angular insertion: dry-needle depth 0.5 cun

INDICATION

Sympathetic nerve system disorders



4.12. (a,b,c) Acupoints of the ear.

189 Shen-xue (Kidney Point) 肾穴

Not a commonly used point (fig. 4.12b)

LOCATION

Two cun rostral to the distal end of the common cutaneous ridge

METHOD

Perpendicular or angular insertion: dry-needle depth 0.5 cun

INDICATION

Renal failure, urinary incontinence, back pain

190 Fu-xue (Abdomen Point) 腹穴

Not a commonly used point (fig. 4.12b)

LOCATION

Rostral margin of the common cutaneous ridge at the junction of distal and middle $\frac{1}{3}$ of the ridge

METHOD

Perpendicular or angular insertion: dry-needle depth 0.5 cun

INDICATION

Abdominal colic, hernia, ventral itching, abdominal edema

191 Xiong-xue (Thorax Point) 胸穴

Not a commonly used point (fig. 4.12b)

LOCATION

At the junction of proximal and middle $\frac{1}{3}$ of the common cutaneous ridge

METHOD

Perpendicular or angular insertion: dry-needle depth 0.5 cun

INDICATION

Chest pain, heaves, cough

192 San-jiao (Triple Heater) 三焦

Not a commonly used point (fig. 4.12b)

LOCATION

At the junction of distal and middle $\frac{1}{3}$ of the longitudinal axis of the lateral fossa

METHOD

Perpendicular or angular insertion: dry-needle depth 0.5 cun

INDICATION

Disorders of body fluid metabolism, anhidrosis, phlegm, edema, diarrhea

193 Fei-yi-xue (Lung-1 Point) 肺一穴

Not a commonly used point (fig. 4.12b)

LOCATION

Make an imaginary line from the junction of proximal and middle $\frac{1}{3}$ of the internal crus of the helix and extend it horizontally to the rostral cutaneous ridge. The point is at the midpoint of this line.

METHOD

Perpendicular or angular insertion: dry-needle depth 0.5 cun

INDICATION

Cough, asthma, heaves, pruritus

194 Fei-er-xue (Lung-2 Point) 肺二穴

Not a commonly used point (fig. 4.12b)

LOCATION

At the base of the rostral margin of the rostral cutaneous ridge

METHOD

Perpendicular or angular insertion: dry-needle depth 0.5 cun

INDICATION

Cough, heaves

195 Zhen-xue (Base Point) 枕穴

Not a commonly used point (fig. 4.12a)

LOCATION

1 cun ventral to the intertragic notch, and 0.5 cun more rostrally

METHOD

Perpendicular or angular insertion: dry-needle depth 0.5 cun

INDICATION

Upper cervical stiffness

196 Xiao-chang-xue (SI Point) 小肠穴

Not a commonly used point (fig. 4.12b)

LOCATION

At the midpoint between the rostral and intermediate (middle) cutaneous ridges at the same horizontal level as the intertragic notch

METHOD

Perpendicular or angular insertion: dry-needle depth 0.5 cun

INDICATION

Colic, poor absorption, diarrhea, small intestine impaction, gastrointestinal ulceration

197 Da-chang-xue (LI Point) 大肠穴

Not a commonly used point (fig. 4.12b)

LOCATION

1 cun distal to #196 (small intestine point) at the midpoint between the rostral and middle cutaneous ridges

METHOD

Perpendicular or angular insertion: dry-needle depth 0.5 cun

INDICATION

Impaction, colic, diarrhea

198 Er-ding (Ear Nail) 耳钉

Not a commonly used point (fig. 4.12c)

LOCATION

In a depression at the rostral end of the ear base

METHOD

Hold the point between the thumb and index finger with the thumb on the outside. Pass the needle through the auricle at the point using the index finger as a guide. Horizontal insertion to 2.5 cun deep. The horse will start to chew and shake head (*de-Qi* response) if the right acupuncture treatment is given. The stronger the horse chews, the better the analgesic effect. Leave the needle until the colic pain is relieved.

INDICATION

Impaction, spasmodic colic, gastric dilation, and indigestion

199 Da-kong (Large Hole) 大孔

Not a commonly used point (fig. 4.12c)

LOCATION

One cun distal to *Er-ding* (#198)

METHOD

Horizontal insertion: dry-needle depth 1.5 cun. The horse will start to chew (*de-Qi* response) if the right acupuncture treatment is given. The stronger the horse chews, the better the analgesic effect. Leave the inserted needle until the colic pain is relieved.

INDICATION

Colic and impaction

200 Er-hou-xue (Caudal Ear Point) 耳后穴

Not a commonly used point

LOCATION

In the depression at the caudal ear base, 1.5 cun cranial to the upper border of the wing of the atlas

METHOD

Aquapuncture: Clean and disinfect the area, insert a hypodermic needle 1 to 1.5 cun deep in the direction toward the ipsilateral nostril. In this manner, the tip of the needle should be close to the temporal bone. Connect the needle to the syringe and inject 50 ml of sterile water into each point. The horse will show *de-Qi* response (head shaking, chewing, yawning, etc). The stronger the *de-Qi* response, the better the clinical results. Injection may be repeated two to three times in a period of two to three hours.

INDICATION

Colic, impaction

ACUPUNCTURE ANALGESIA POINTS

Pain management is an important part of any veterinary medical discipline. Acupuncture pain relief, termed acupuncture analgesia (AA), is well known. Tremendous studies have confirmed AA. The following points can be used for AA and also for pain management postoperation.

201 Kuang-xia-kong (Infraorbital Foramen) 眶下孔

See figures 4.1c and 4.11.

LOCATION

At the infraorbital foramen

METHOD

Perpendicular: dry-needle depth 1 cun

INDICATION

Postoperative pain management for the head region, dental pain

202 Mian-shen-jing (Facial Nerve) 面神经

See figures 4.1a, b, c.

LOCATION

One cun ventral to the mandibular condyle

METHOD

After the needle reaches the masseter, subcutaneous insertion toward the ipsilateral oral corner (*Suo-kou* #29) for 5 cun

INDICATION

Postoperative pain management for head, neck, chest, and abdomen regions, facial paralysis, dental pain, TMJ problem

203 Ting-gong (Auditory Palace) 听宫

It is SI-19 (fig. 4.1a).

LOCATION

Two cun ventral to the intertragic notch of the ear, medial to the mandibular joint

METHOD

Perpendicular: dry-needle depth 1 cun

INDICATION

Postoperative pain management for the head and neck region, ear problems, dental pain

204 Yan-chi (Rock Pond) 岩池

See figure 4.1a.

LOCATION

In the depression rostral and ventral to the mastoid process of pars petrosa of the temporal bone

METHOD

Oblique insertion toward the contralateral oral corner: dry-needle depth 2 cun

INDICATION

Pain management for the head and neck region

205 He-xi (Jaw Stream) 颌溪

See figure 4.1a.

LOCATION

One cun caudoventral to the depression just ventral to the mandibular condyle

METHOD

Oblique insertion downward: dry-needle depth 1.5 cun

INDICATION

Pain management for jaw, tooth, and neck

206 Xia-yi-feng (Lower Wind Shield) 下翳风

See figure 4.1a.

LOCATION

At the cranial edge of the wing of the atlas, just cranial to the notch of alae atlas (about 1 cun dorsal to the lower border of alae atlas)

METHOD

Oblique insertion: dry-needle depth 2 cun

INDICATION

Pain management for neck, ear, jaw region

207 Le-jian-1 (Intercostal Point 1) 肋间一

See figure 4.11. It is also *Feng-men* (BL-12).

LOCATION

Ventral to highest point of withers (fourth thoracic vertebral space), 1 cun lateral to dorsal midline

METHOD

Oblique insertion downward and inward: dry-needle depth 1 cun

INDICATION

With a combination of *Duan-xue* (#46), pain management for thorax, chest, and shoulder

208 Le-jian-2 (Intercostal Point 2) 肋间二

See figure 4.11. It is ventral to BL-14.

LOCATION

In the depression ventral to the groove between the longissimus dorsi and the iliocostalis muscles at the level of the ninth intercostal space

METHOD

Oblique insertion: dry-needle depth 1 cun

INDICATION

With a combination of *Duan-xue* (#46), pain management for thorax and chest

209 San-yang-luo (Three Yang Collateral) 三阳络

See figure 4.6.

LOCATION

In the groove of the common digital extensor and lateral ulnar muscle, 2 cun ventral to *Cheng-zhong* (#106)

METHOD

Oblique insertion toward *Ye-yan* (#210) 3 to 4 cun until the tip of needle reaches the inside skin of *Ye-yan* but does not perforate the point

INDICATION

With a combination of *Qiang-feng* (#94), pain management for forelimb and thorax

210 Ye-yan (Chestnut) 夜眼

See figure 4.9a. Another point called *Ye-yan* is #171. The point #171 is located at 2 cun ventral to the chestnut of the thoracic limb.

LOCATION

At the chestnut of the thoracic limb

METHOD

This is the landmark to perform the needle from *San-yang-luo* (#209) to *Ye-yan* (#210).

INDICATION

With a combination of *Qiang-feng* (#94) and *San-yang-luo* (#209), pain management for forelimb, and thorax

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5 Canine Transpositional Acupoints

Cheryl Chrisman and Huisheng Xie

Since acupuncture is relatively new in dogs, compared to humans, horses, and other species, the location of canine channels and acupoints has been transposed from the human model and heavily influenced by the equine model. As in the other species, dogs have 14 regular channels (12 bilateral, 1 dorsal midline, and 1 ventral midline). Most of the 14 regular channels have deep and superficial portions and connect with each other forming a complex network of *Qi* flow. The canine transpositional acupoints are located on the part of the channels located on the surface of the body. The 14 regular channels include Lung (LU), Large Intestine (LI), Stomach (ST), Spleen (SP), Heart (HT), Small Intestine (SI), Bladder (BL), Kidney (KID), Pericardium (PC), Triple Heater (TH), Gallbladder (GB), Liver (LIV), Governing Vessel (GV), and Conception Vessel (CV) Channels.

The size and shape of canine limbs differ significantly from both humans and horses, which makes the transposition of some acupoints challenging. Since the *cun* (fig. 5.1) is a proportional measurement, the size of 1 *cun* varies greatly depending on the length of the limb. For example, the distance from the elbow to the carpus is 12 *cun* in dogs, which may be 6 cm in a Chihuahua and 50 cm in a Great Dane. Each *cun* between the elbow and carpus of a Chihuahua's limb may be only 0.5 cm, so some acupoints are very close together. The difference in the size of the *cun* should also be considered when interpreting the depth of needle insertion. In the Chihuahua, a 0.5-*cun* needle insertion depth may actually be 0.25 cm.

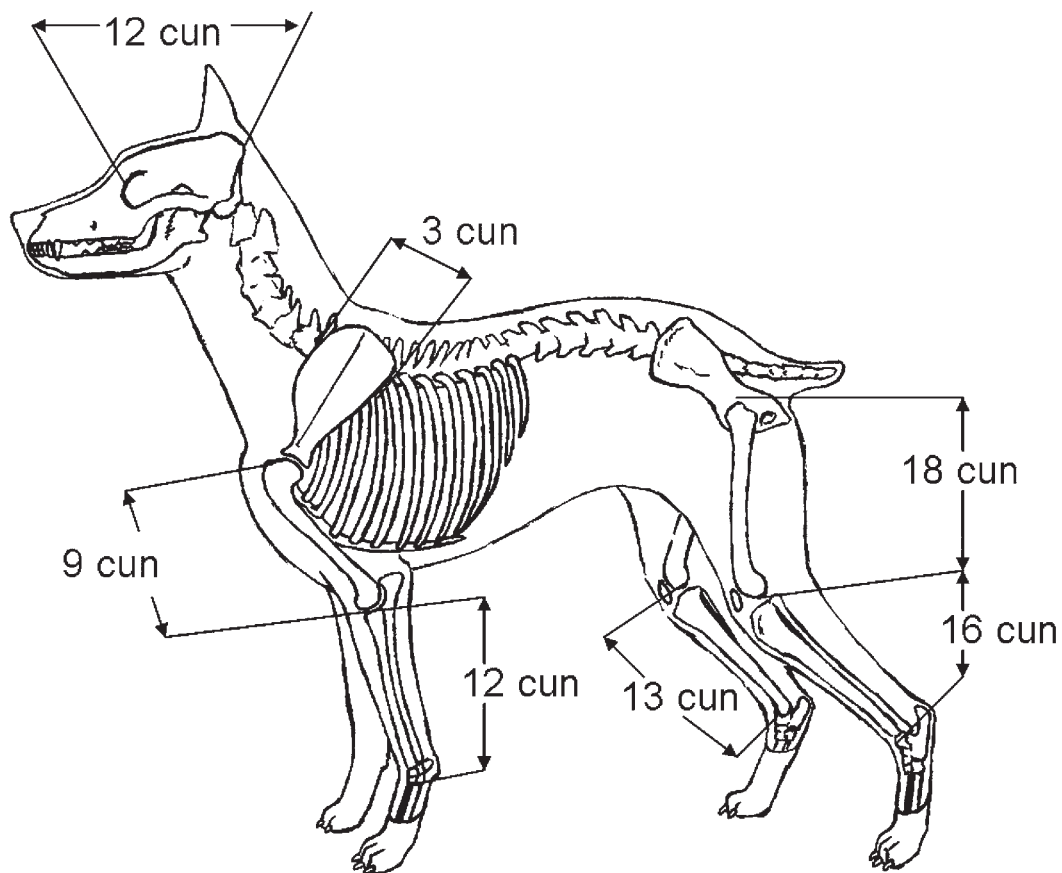
Most acupoints are located in relation to musculoskeletal landmarks, so a brief review of some pertinent anatomy of the dog is necessary. The locations of some useful skeletal landmarks are shown in figure 5.2. Skeletal landmarks can then be easily palpated on the live dog (figs. 5.3a and 5.3b). The transposition of human digit acupoints to the canine digits is complicated by the fact that the first digit is not present in the pelvic limb (fig. 5.3c) and is a remnant (dewclaw) and often removed from the thoracic limbs (fig. 5.3d) of many dogs. As a result, dogs have four functional digits instead of five. Most digital acupoints are very painful for dogs and are rarely used. To avoid confusion, the four functional digits

from medial to lateral will be referred to as Digits 2–5 (figs. 5.3c and 5.3d).

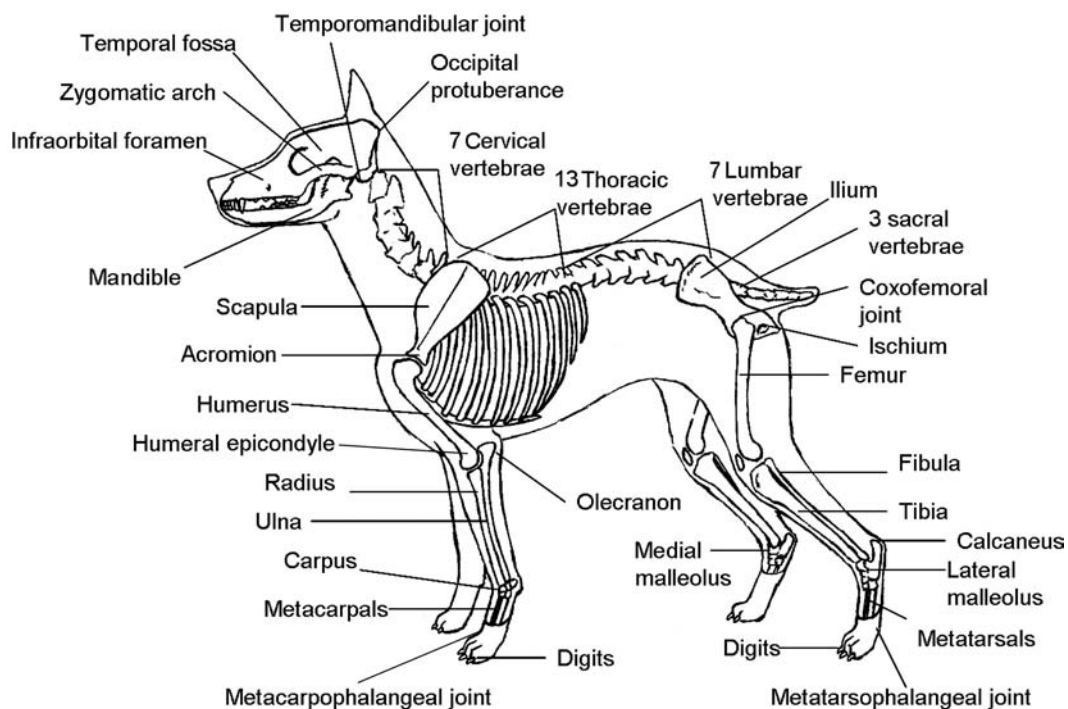
A review of some major muscles can also be useful to localize acupoints. Muscle landmarks of the head, neck, and thoracic limbs are shown in figure 5.4 and the back and pelvic limbs in figures 5.5 and 5.6. The schematic drawing and the muscles of an intact dog can be compared (figs. 5.7a and 5.7b). Muscles and anatomic landmarks of the ventral abdomen are shown in figure 5.8.

For each channel, the time of day (a 2-hour period) that *Qi* is at its highest level in that channel is given, and the strength of the *Qi* is indicated. There are three levels of strength, which flow from strongest to weakest, beginning and ending at 3:00 in the morning. The *Qi* flows first through a *Yin* Channel, then two *Yang* Channels, and finally another *Yin* Channel (*Yin-Yang-Yang-Yin*) to complete one cycle. There are therefore three cycles, each with a decreasing strength and each lasting 8 hours for a total of 24 hours. *Tai-yin* is the strongest *Yin* (LU and SP Channels), *Shao-yin* is the next strongest (HT and KID), and *Jue-yin* is the least strong (PC and LIV) of all the *Yin* Channels. *Yang-ming* is the strongest *Yang* (LI and ST), *Tai-yang* the next strongest *Yang* (SI and BL), and *Shao-yang* the least strong *Yang* (TH and GB). The channels are presented in this chapter in the order that the *Qi* flows (*Yin-Yang-Yang-Yin*) in the three levels of energy. The first and strongest level is LU-LI-ST-SP from 3 A.M. to 11 A.M. The next and middle strength level is HT-SI-BL-KID from 11 A.M. to 7 P.M., and finally the weakest level is PC-TH-GB-LIV from 7 P.M. to 3 A.M.

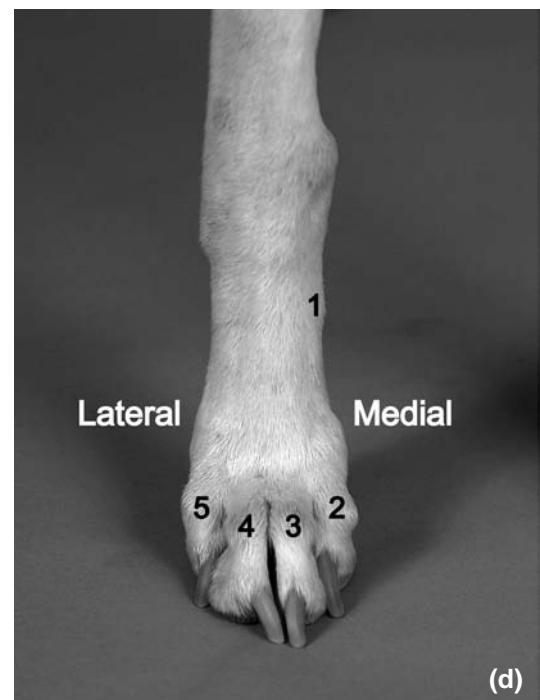
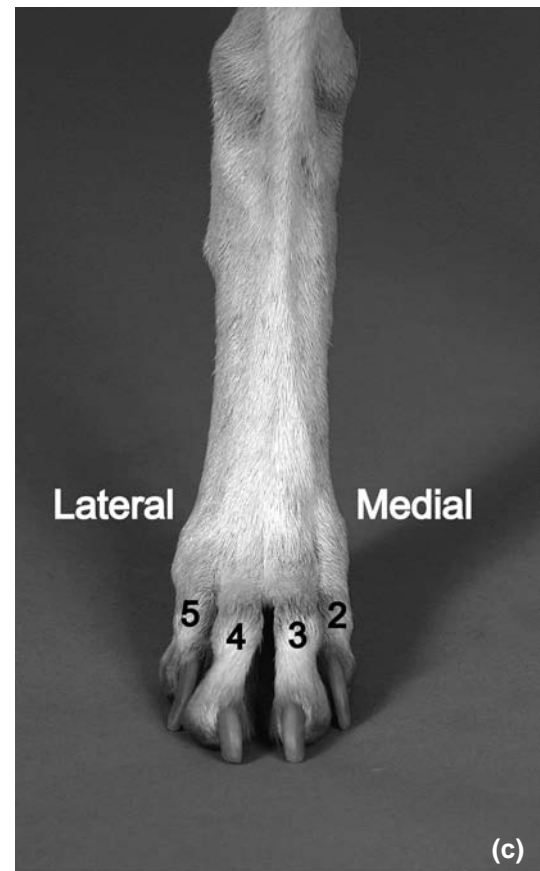
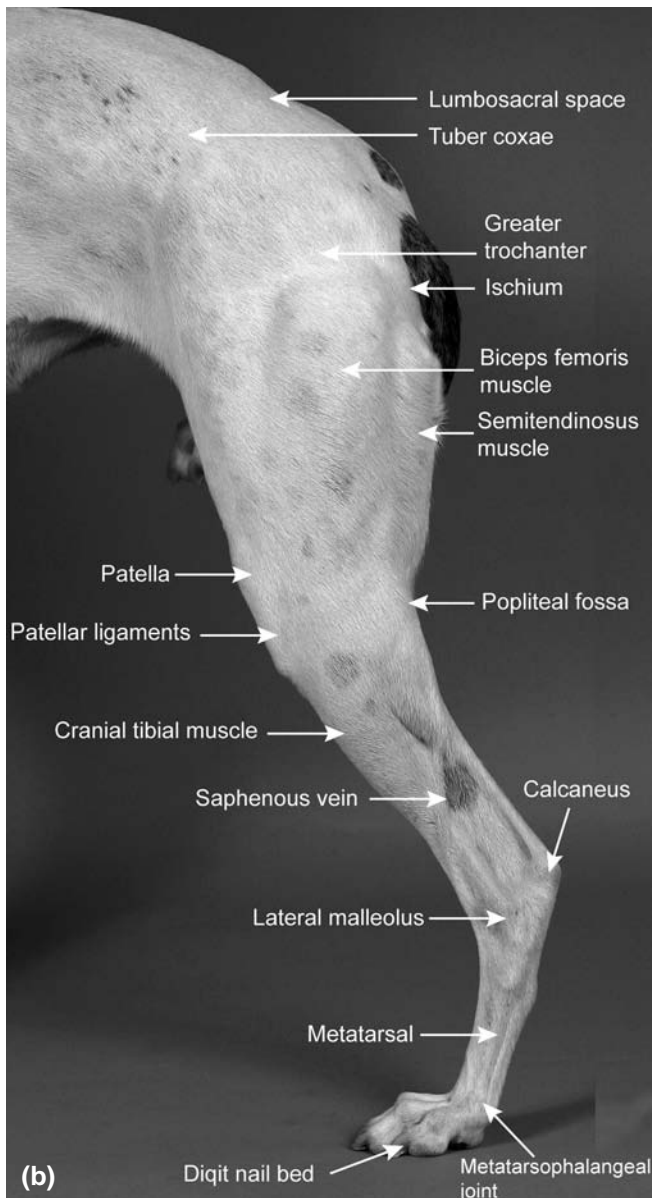
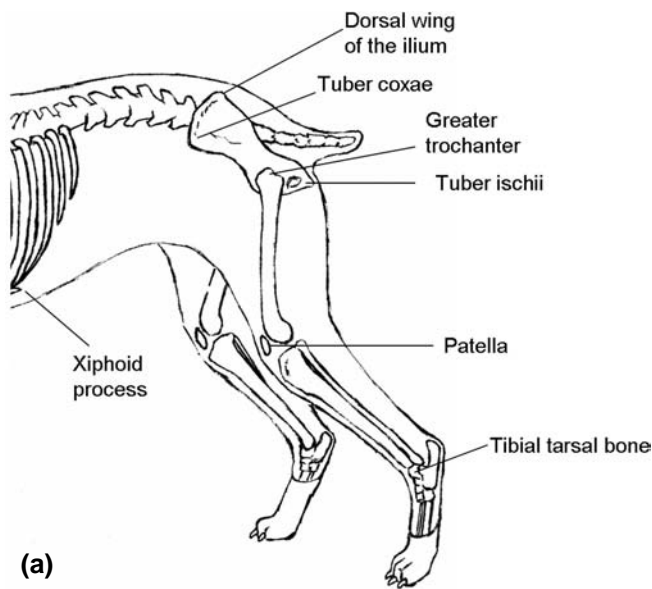
Yin Channels either begin or end on the chest. The *Yang* Channels either begin or end on the head. There are three *Yin* and three *Yang* Channels, one of each of the different strengths in both the thoracic and pelvic limbs. The *Yin* Channels are primarily on the medial side of the digits (except for LIV) and on the medial side of the limbs. One exception is the HT Channel, which begins medially and crosses to the lateral side of the thoracic limb, but then ends on the medial side of the fifth digit. The *Yang* Channels are primarily on the lateral side of the digits (except for the LI) and the lateral side of the limbs. One exception is the LI Channel,



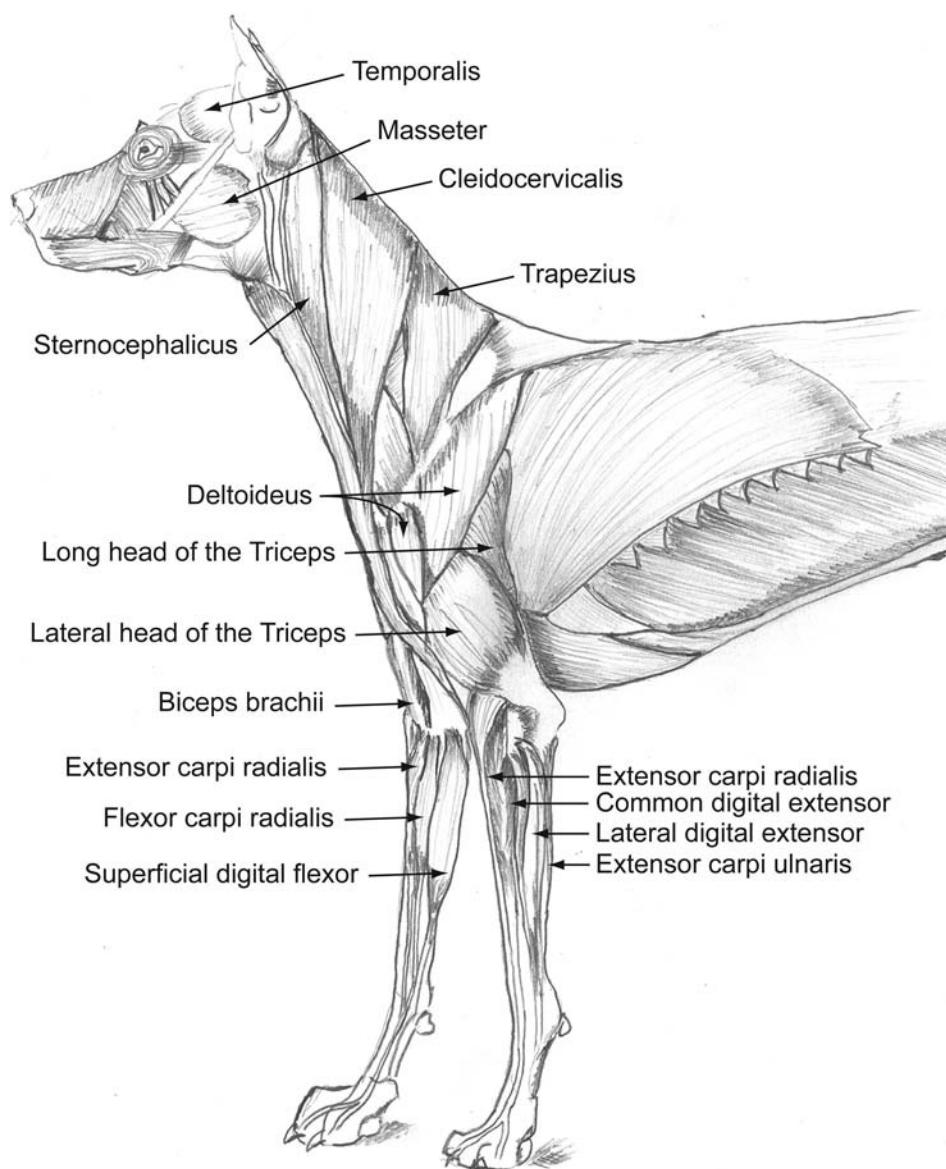
5.1. The number of cun (the Chinese proportional measurement) used to measure distances between acupoints and anatomic landmarks. (From H. Xie & V. Preast, *Traditional Chinese Veterinary Medicine, Vol. 1, Fundamental Principles*, Jing Tang, Beijing, 2002.)



5.2. The canine skeletal system and the common anatomic landmarks used to locate acupoints.



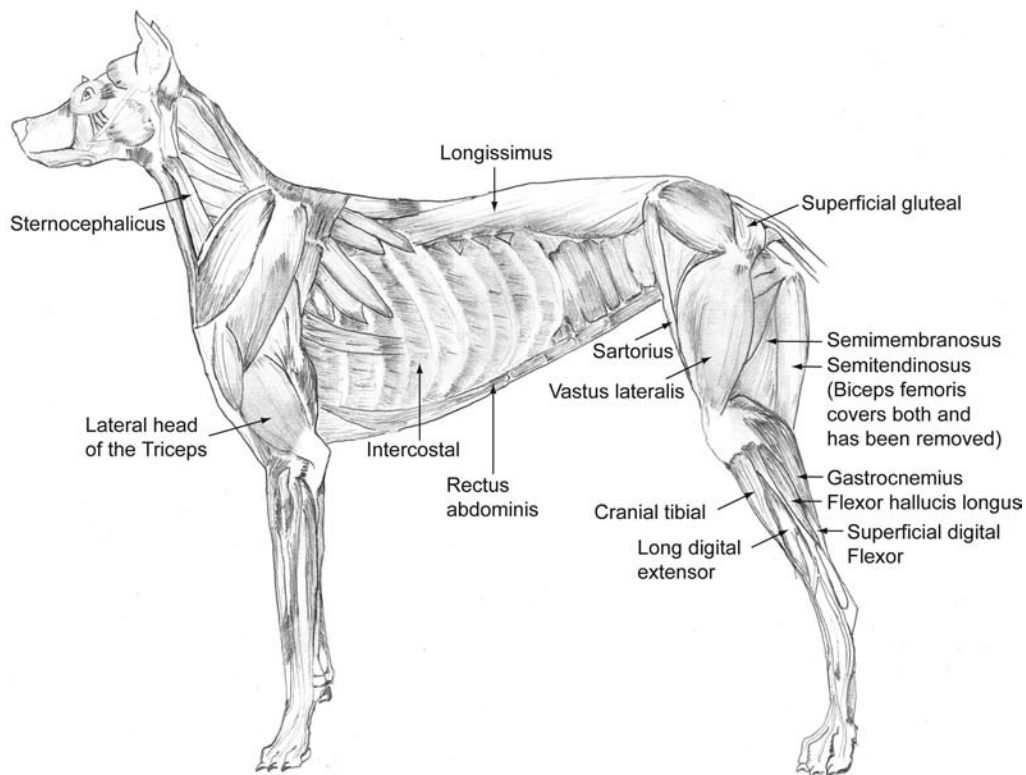
5.3. (a) A drawing of the skeletal landmarks used to locate acupoints of the pelvic region of the dog; (b) Anatomic landmarks used to locate acupoints of the pelvic region on a standing dog; (c) The pelvic limb digits with the corresponding digit number indicated (digits numbered medial to lateral); (d) The thoracic limb digits with the corresponding digit number indicated (digits numbered medial to lateral).



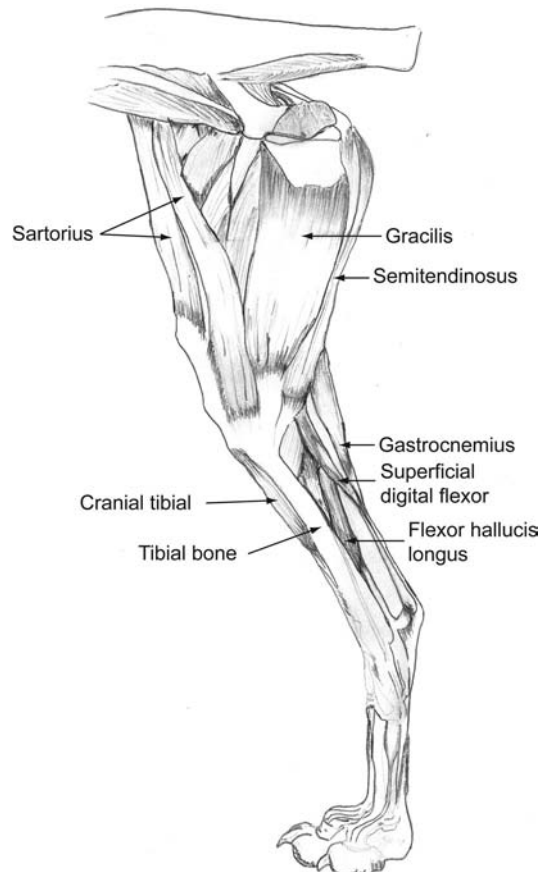
5.4. A drawing of the superficial muscles of the head, neck, and thoracic limbs used to locate acupoints.

which begins on the medial side of the third digit and then moves to the lateral side of the thoracic limb. The strongest *Yin* Channels are for the most part on the craniomedial aspect of the limb (LU and SP). The middle-strength *Yin* Channels are primarily on the caudomedial aspect of the limb (HT and KID), and the weakest *Yin* Channels usually pass between the other two (PC and LIV). One exception is the SP and LIV Channels. The LIV Channel begins cranial to the SP Channel, but they cross at the middle of the tibia and travel in their appropriate positions, with SP cranial to LIV. The strongest *Yang* Channels are for the most part on the craniolateral aspect of the limb (LI and ST). The middle-strength *Yang* Channels are primarily on the caudolateral aspect of the limb (SI and BL), and the weakest *Yang* Channels usually pass between the other two (TH and GB).

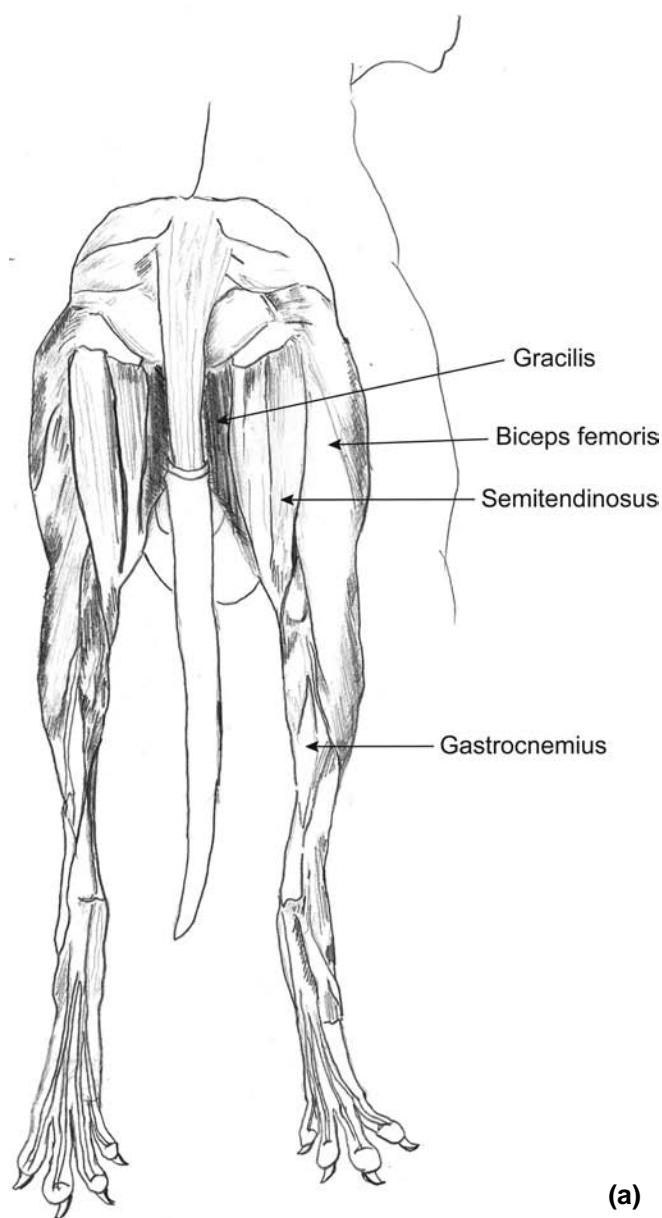
For each transpositional acupoint, the channel name and number is followed by the Chinese pinyin name and the Chinese character name. The frequency of use of each acupoint is indicated as either very commonly used, commonly used, or not commonly used. The location of the acupoint is given using anatomic landmarks and, for some acupoints, the cun measurement. In this chapter, acupoint descriptions will be given with the dog standing on all four feet. Therefore, the terms “cranial” and “caudal” will refer to toward or away from the head. “Medial” and “lateral” will refer to toward or away from the midline. For acupoint descriptions of the limbs, the term “proximal” means toward the trunk and “distal” means away from the trunk toward the foot. For the head, “rostral” will be used to mean toward the nose and “caudal” toward the ear. The transpositional locations of many of the



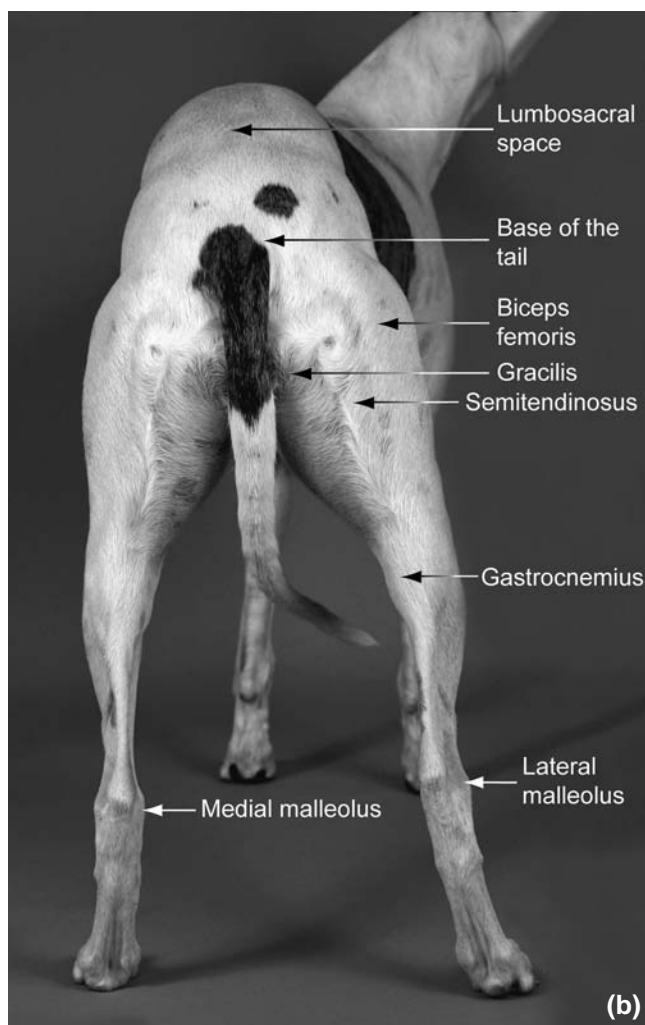
5.5. A drawing of the major muscles of the back and pelvic limb used to localize acupoints. (Note: The biceps femoris muscle has been removed from the lateral thigh to reveal the semimembranosus and semitendinosus muscles beneath; see figs. 5.3b and 5.7b to locate the biceps femoris muscles.)



5.6. A drawing of the major muscles used to locate acupoints on the medial side of the pelvic limb.



(a)



(b)

5.7. (a) A drawing of the caudal view of the major muscles of the pelvic limb; (b) Anatomic landmarks used to locate acupoints of the caudal pelvic limb in a standing dog.

commonly used acupoints are similar to previous texts. Some descriptions may be slightly different from those of other texts, as locations have been modified because a better clinical response has been found at a slightly different location. The locations of the less commonly used acupoints are still a work in progress, and the anatomic descriptions given here reflect the current state of knowledge. For each point, the angle and depth of the dry-needle (acupuncture needle alone) insertion are given in the Method section. Unless indicated otherwise, it is to be assumed that in conditions where indicated, electroacupuncture, aquapuncture, and moxibustion may be the methods of choice rather than dry needles.

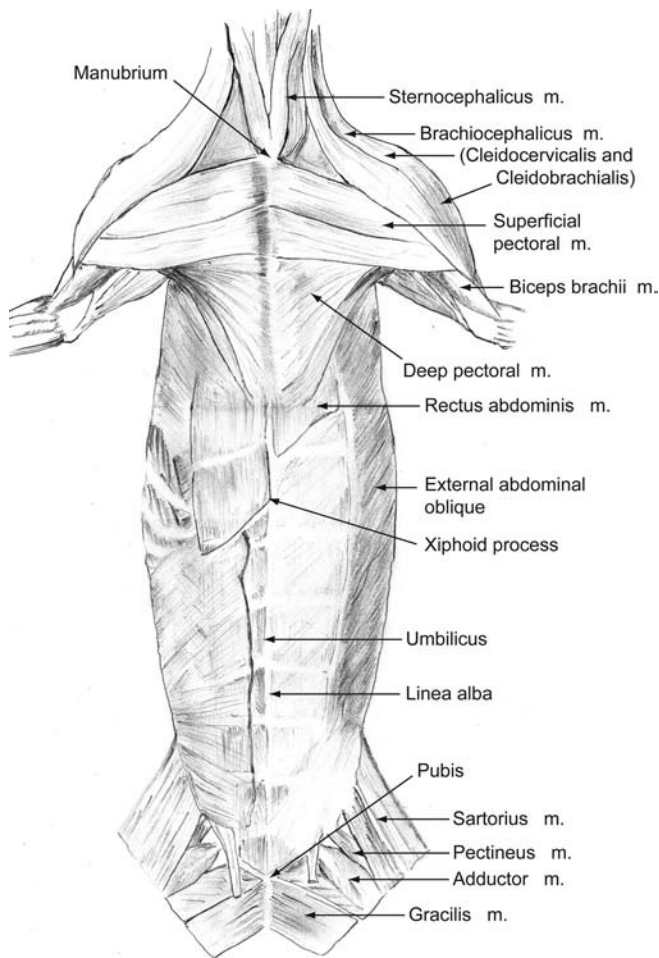
No matter the strength of the channel, some acupoints have special attributes that make them very powerful and useful to treat specific problems. Following the point location and method of use, these special attributes will be

listed along with indications for use of each acupoint in the Attributes and Indications section. Some acupoints have no special attributes, and only the indications for usage are listed.

LUNG CHANNEL (LU) 肺经

3 to 5 A.M.; Thoracic *Tai-yin*: chest to front foot

The exterior portion of the Lung Channel begins in the superficial pectoral muscles, descends to the cubital crease on the medial side of the elbow, and passes along the craniomedial edge of the radius to an area just proximal to the carpus. From there, it descends caudally along the carpus and metacarpus and terminates on the medial side of the first digit (fig. 5.9). There are 11 acupoints on the exterior Lung Channel.



5.8. A drawing of the muscles (m) and other landmarks used to locate acupoints on the ventral thorax and abdomen.

LU-1 *Zhong-fu* 中府

A commonly used point (figs. 5.9 and 5.10)

LOCATION

In the space medial to the greater tubercle of the humerus in the superficial pectoral muscle at the level of the first intercostal space

METHOD

Perpendicular insertion: dry-needle depth 2 cun, aquapuncture depth 1 cun

ATTRIBUTES AND INDICATIONS

Front-*mu* alarm point for the lung

Cough, dyspnea, immune regulation, lung heat, shoulder pain, thoracic pain

LU-2 *Yun-men* 云门

Not a commonly used point (fig. 5.10)

LOCATION

In the superficial pectoral muscle, lateral to LU-1, halfway between the shoulder and the midline

METHOD

Perpendicular insertion: dry-needle depth 1 cun, aquapuncture depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Cough, dyspnea, shoulder pain, thoracic pain

LU-3 *Tian-fu* 天府

Not a commonly used point (fig. 5.10)

LOCATION

One-third the distance along a line from LU-2 and LU-5

METHOD

Perpendicular insertion: dry-needle depth 1 cun, aquapuncture depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Cough, dyspnea, epistaxis, shoulder pain, mental-emotional problems

LU-4 *Xia-bai* 侠白

Not a commonly used point (fig. 5.10)

LOCATION

In a depression 1 cun distal to LU-3

METHOD

Perpendicular insertion: dry-needle depth 1 cun, aquapuncture depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Cough, dyspnea, anxiety

LU-5 *Chi-ze* 尺泽

A very commonly used point (figs. 5.9, 5.10, and 5.11)

LOCATION

In the cubital crease, lateral to the tendon of the biceps brachii muscle and medial to the tendon of the brachialis muscle

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun, aquapuncture depth 1 cun

ATTRIBUTES AND INDICATIONS

He-sea point (water) point—child (sedation) point for excess disease patterns

Lung Excess Heat, acute cough, dyspnea, hoarse bark, high fever, thoracic pain, pharyngitis, shoulder and elbow pain, diarrhea, hives, dermatitis, immune-mediated skin diseases

LU-6 *Kong-zui* 孔最

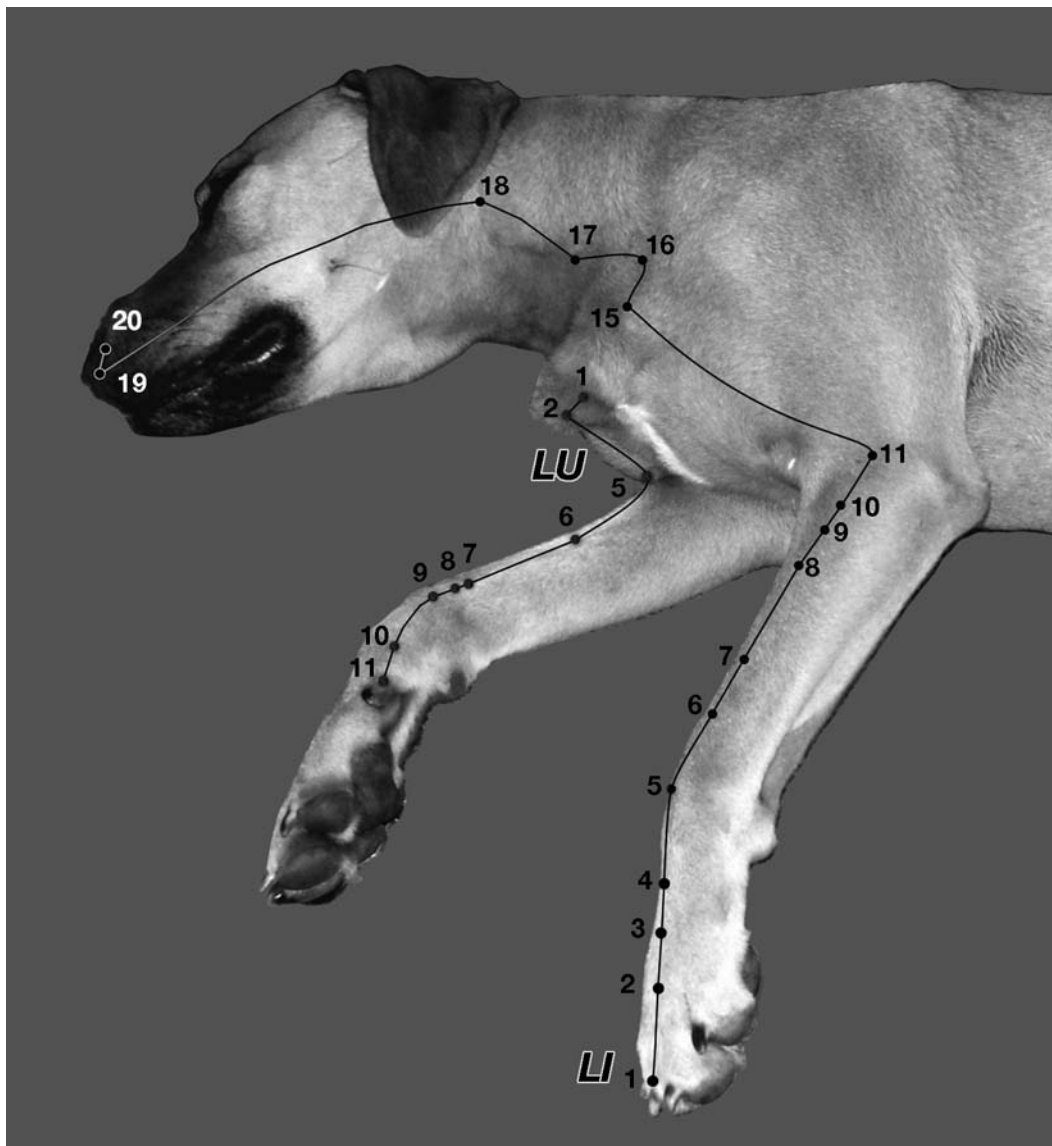
Not a commonly used point (fig. 5.11)

LOCATION

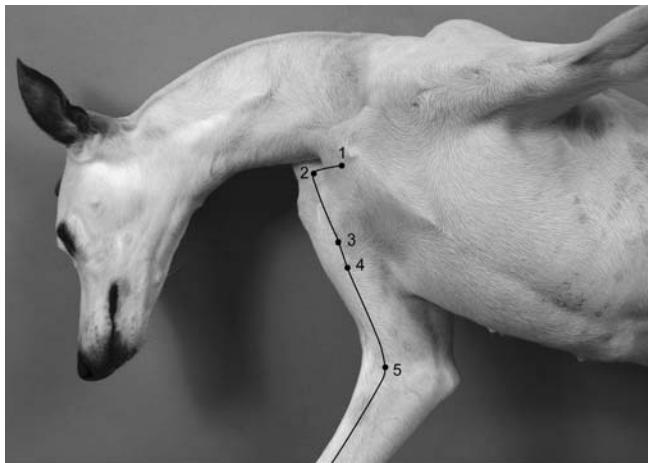
On the craniomedial aspect of the thoracic limb 5 cun distal to LU-5 in the most cranial muscle groove, between the extensor carpi radialis and the flexor carpi radialis muscles

METHOD

Oblique insertion: dry-needle depth 0.5 cun



5.9. The locations of the Lung (LU) and Large Intestine (LI) Channels and some of the most commonly used acupoints. (From H. Xie, *Veterinary Acupuncture Atlas*, 2003.)



5.10. The locations of acupoints LU-1 to LU-5 on the Lung Channel.

ATTRIBUTES AND INDICATIONS

Xi-cleft point for lung

Acute upper-airway inflammation, pulmonary hemorrhage, pharyngitis, shoulder and elbow pain

LU-7 *Lie-que* 列缺

A very commonly used point (fig. 5.11)

LOCATION

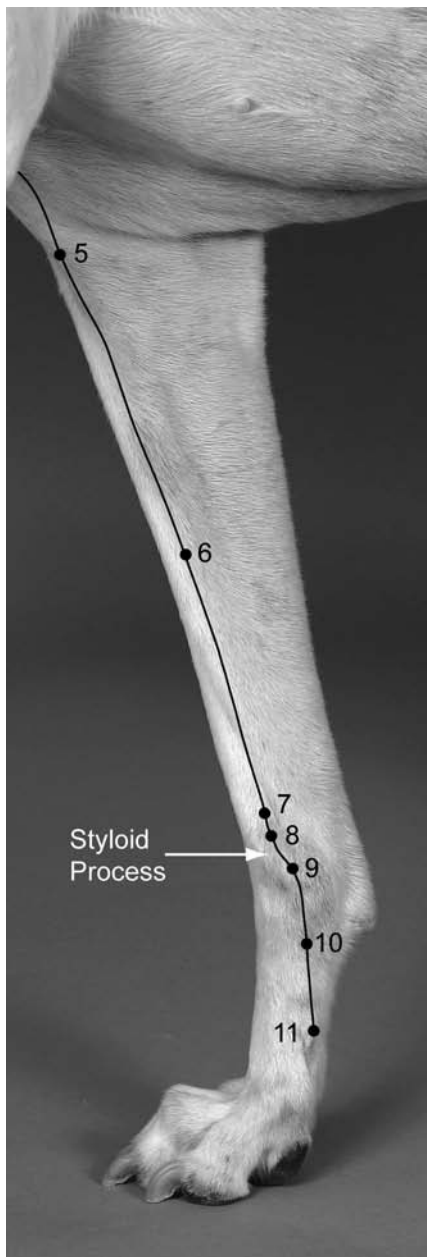
On the medial side of the thoracic limb, proximal to the styloid process of the radius, 1.5 cun proximal to the radiocarpal joint

METHOD

Oblique or perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Master point for the head and neck, *Luo*-connecting point of the LU Channel; confluent point with CV Channel



5.11. The locations of acupoints LU-5 to LU-11 on the Lung Channel.

Cough, dyspnea, congestive heart failure, lupus, cervical pain, intervertebral disk disease, facial paralysis

LU-8 *Jing-qu* 经渠

Not a commonly used point (fig. 5.11)

LOCATION

On the medial side of the thoracic limb in a depression 0.5 cun distal to LU-7

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Jing-river point (metal), horary point
Pain in the carpal joint, thoracic pain, pharyngitis

LU-9 *Tai-yuan* 太渊

A commonly used point (figs. 5.9 and 5.11)

LOCATION

On the medial aspect of the radiocarpal joint just cranial to the radial artery, at the level of HT-7

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Shu-stream point (earth)—mother (tonification) point for deficiency disease patterns, *Yuan*-source point, influential point for pulse and vessels

Lung deficiency, chronic cough, dyspnea, weak bark, carpal joint pain

LU-10 *Yu-ji* 鱼际

Not a commonly used point (fig. 5.11)

LOCATION

On the medial side of the thoracic limb, halfway between the radiocarpal joint and the metacarpophalangeal joint of the first digit

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Ying-spring point (fire)

Lung heat, fever, pharyngitis, cough, tendonitis, carpal joint pain, immune-mediated skin diseases

LU-11 *Shao-shang* 少商

Not a commonly used point (fig. 5.11)

LOCATION

On the medial side of the first digit of the thoracic limb at the nail bed

METHOD

Perpendicular insertion: dry-needle depth 0.2 cun

ATTRIBUTES AND INDICATIONS

Jing-well point (wood)

Lung disorders, dyspnea, cough, allergy (dust, mold, pollen), nasal discharge, fatigue, loss of consciousness

LARGE INTESTINE CHANNEL (LI) 大肠经

5 to 7 A.M.; Thoracic Limb *Yang-ming*: Front foot to head

The Large Intestine Channel passes from the third digit to the nose. It begins at the nail bed on the medial side of the third digit and travels up the dorsum of the paw and metacarpus and along the cranial aspect of the carpus. It then moves laterally and continues proximally along the craniolateral aspect of the thoracic limb to the elbow, past the shoulder joint and along the ventral cervical region. It then passes along the lateral aspect of the larynx and maxilla and ends in the nasal labial groove at widest part of the nares on the opposite side of the body. There are 20 acupoints on the external Large Intestine Channel (fig. 5.9).

LI-1 Shang-yang 商阳

Not a commonly used point (figs. 5.9 and 5.12)

LOCATION

On the medial side of the third digit of the thoracic limb at the nail bed

METHOD

Perpendicular insertion: dry-needle depth 0.2 cun

ATTRIBUTES AND INDICATIONS

Jing-well point (metal), horary point

Nasal discharge, shoulder pain or lameness, thoracic limb lameness, pharyngitis

LI-2 Er-jian 二间

Not a commonly used point (figs. 5.9 and 5.12)

LOCATION

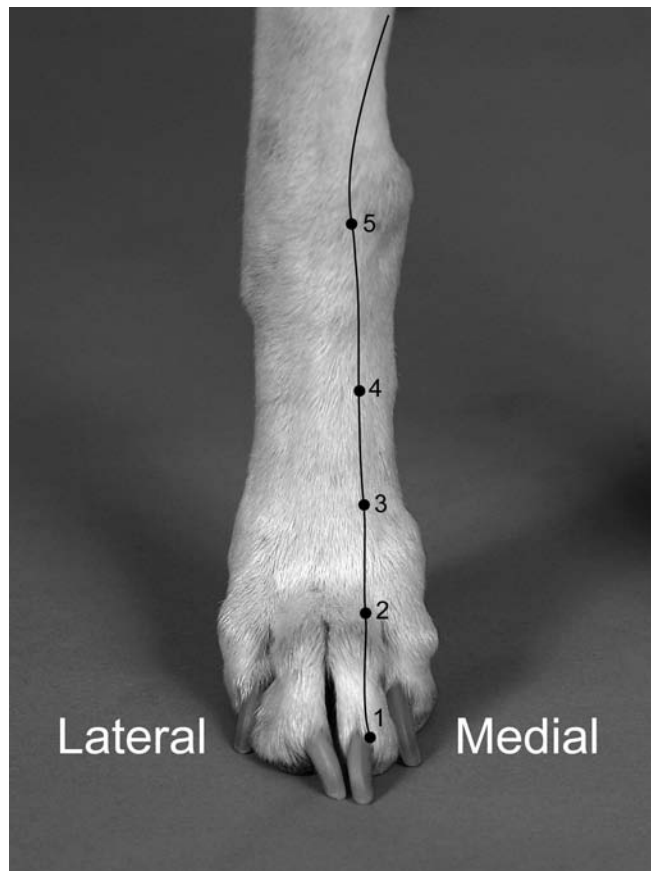
On the medial aspect of the third digit of the thoracic limb just distal to the metacarpophalangeal joint

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Ying-spring point (water)



5:12. The locations of acupoints LI-1 to LI-5 on the Large Intestine Channel.

Large Intestine Heat, fever, interdigital dermatitis, diarrhea, epistaxis

LI-3 San-jian 三间

Not a commonly used point (figs. 5.9 and 5.12)

LOCATION

On the medial side of the third metacarpal bone of the thoracic limb just proximal to the metacarpophalangeal joint

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Shu-stream point (wood)

Tendonitis, dental pain, diarrhea, borborygmus

LI-4 He-gu 合谷

A very commonly used point (figs. 5.9 and 5.12)

LOCATION

On the medial side of the thoracic limb between the second and third metacarpal bones at the midpoint of the third metacarpal bone

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun.

ATTRIBUTES AND INDICATIONS

Master point for the face and mouth; *Yuan*-source point

Nasal discharge and congestion, epistaxis, facial paralysis, dental problems, pharyngitis, tendonitis, fever, immunodeficiency, lupus, immune-mediated skin diseases, general pain syndromes

CAUTIONS

Contraindicated during pregnancy

LI-5 Yang-xi 阳溪

Not a commonly used point (figs. 5.9, 5.12, and 5.13)

LOCATION

In a depression on the craniomedial aspect of the radiocarpal joint

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Jing-river point (fire)

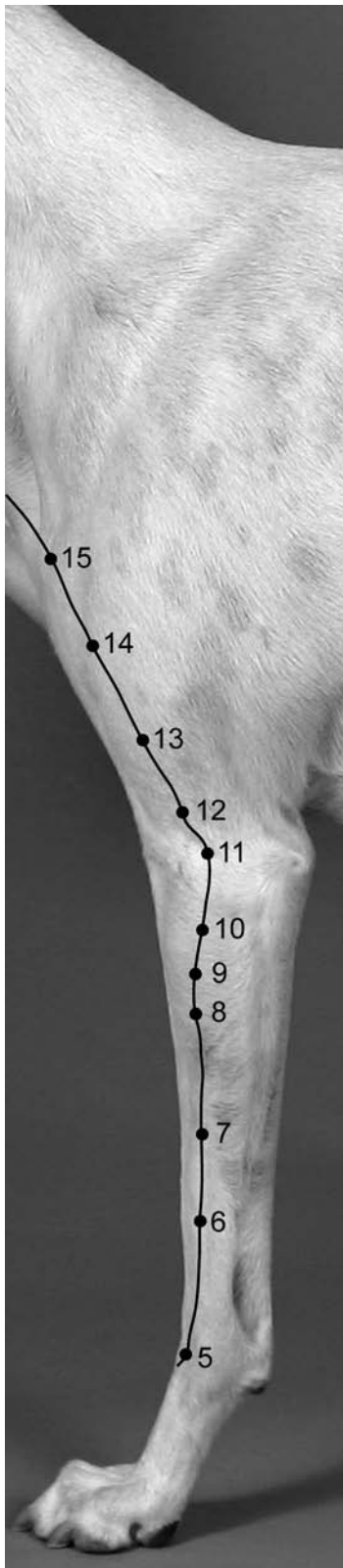
Carpal pain, pharyngitis, dental pain, auditory dysfunction, mania-depression

LI-6 Pian-li 偏历

Not a commonly used point (figs. 5.9 and 5.13)

LOCATION

On the cranio-lateral aspect of the thoracic limb, 3 cun proximal to LI-5 on the line connecting LI-5 and LI-11 in the most cranial muscle groove between the extensor carpi radialis and the common digital extensor muscles



5.13. The locations of acupoints LI-5 to LI-15 on the Large Intestine Channel.

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Luo-connecting point of the LI Channel

Epistaxis, pharyngitis, conjunctivitis, edema of the face, stranguria

LI-7 *Wen-liu* 温溜

Not a commonly used point (figs. 5.9 and 5.13)

LOCATION

On the craniolateral aspect of the thoracic limb, 2 cun proximal to LI-6 in the groove between the extensor carpi radialis and the common digital extensor muscles

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Xi-cleft point

Acute borborygmus, acute abdominal pain, acute forelimb and shoulder pain

LI-8 *Xia-lian* 下廉

Not a commonly used point (figs. 5.9 and 5.13)

LOCATION

On the craniolateral aspect of the thoracic limb, 4 cun distal to LI-11 in the groove between the extensor carpi radialis and the common digital extensor muscles

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Elbow pain, abdominal pain

LI-9 *Shang-lian* 上廉

Not a commonly used point (figs. 5.9 and 5.13)

LOCATION

On the craniolateral aspect of the thoracic limb, 3 cun distal to LI-11 in the groove between the extensor carpi radialis and the common digital extensor muscles

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Hemiplegia, thoracic limb paresis or paralysis, abdominal pain

LI-10 *Qian-san-li* 前三里

A very commonly used point (figs. 5.9 and 5.13)

LOCATION

On the craniolateral aspect of the thoracic limb, 2 cun distal to LI-11 ($\frac{1}{6}$ of the distance between the elbow and carpus) in the groove between the extensor carpi radialis and the common digital extensor muscles

METHOD

Perpendicular insertion: dry-needle depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

Thoracic limb “Three Mile point” (analogous to ST-36 in the pelvic limb)

Qi deficiency, immunodeficiency, wind-heat, pruritus, immune regulation, diarrhea, abdominal pain, thoracic limb lameness and paresis or paralysis, elbow pain, dental pain, gingivitis, stomatitis, pelvic limb weakness, generalized weakness

LI-11 *Qu-chi* 曲池

A very commonly used point (figs. 5.9 and 5.13)

LOCATION

On the lateral side of the thoracic limb at the lateral end of the cubital crease, halfway between the lateral epicondyle of the humerus and the biceps tendon with the elbow flexed

METHOD

Perpendicular or oblique insertion: dry-needle depth 1.5 cun, aquapuncture depth 1 cun

ATTRIBUTES AND INDICATIONS

He-sea point (earth)—mother (tonification) point for deficiency disease patterns

Wind-heat, immune-mediated diseases, pharyngitis, dental pain, uveitis, fever, hypertension, epilepsy, abdominal pain, vomiting, diarrhea, constipation, elbow pain, thoracic limb paresis or paralysis, pruritus

LI-12 *Zhou-liao* 肘髎

Not a commonly used point (fig. 5.13)

LOCATION

On the lateral side of the thoracic limb, 1 cun craniodorsal to LI-11 along a line connecting LI-11 and LI-15

METHOD

Perpendicular insertion: dry-needle depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

Elbow or shoulder lameness

LI-13 *Shou-wu-li* 手五里

Not a commonly used point (fig. 5.13)

LOCATION

On the lateral side of the thoracic limb, 3 cun craniodorsal to LI-11 along a line connecting LI-11 and LI-15

METHOD

Perpendicular insertion: dry-needle depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

Muscle spasms or pain in the elbow or shoulder

LI-14 *Jian-yu* and *Bi-nao* (Shoulder Clavicle) 肩髃 / 臂髻

Not a commonly used point (figs. 5.13)

LOCATION

On the lateral side of the thoracic limb, 7 cun craniodorsal to LI-11 (or 2 cun caudoventral to LI-15) along the line connecting LI-11 and LI-15

METHOD

Perpendicular insertion: dry-needle depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

Shoulder lameness, cervical pain, intervertebral disk disease

LI-15 *Jian-jing* (Shoulder Well) 肩井

A commonly used point (figs. 5.13 and 5.14)

LOCATION

At the shoulder region, cranial and distal to the acromion on the cranial margin of the acromial head of the deltoid muscle

METHOD

Perpendicular or oblique insertion: dry-needle depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

Shoulder pain and lameness, cervical pain, intervertebral disk disease

LI-16 *Ju-gu* 巨骨

Not a commonly used point (fig. 5.14)

LOCATION

Along the cranial border of the scapula, in a depression $\frac{2}{3}$ the distance from TH-15 to the point of the shoulder (TH-15 is in a depression on dorsal border of scapula at the junction of the scapula and scapular cartilage.)

METHOD

Perpendicular insertion: dry-needle depth 1.5–2 cun

ATTRIBUTES AND INDICATIONS

Shoulder and elbow pain, thoracic limb lameness, thoracic limb paresis or paralysis

LI-17 *Tian-ding* 天鼎

Not a commonly used point (fig. 5.14)

LOCATION

On the cranial aspect of the cervical region, 2 cun craniodorsal to LI-16, on the posterior border of the sternocleidomastoid muscle

METHOD

Perpendicular insertion: dry-needle depth 1–1.5 cun.

ATTRIBUTES AND INDICATIONS

Laryngeal hemiplegia, pharyngitis, thyroid disorders, carpal pain, chronic distal thoracic limb pain, caudal cervical spondylomyelopathy (Wobbler's syndrome)

LI-18 *Fu-tu* 扶突

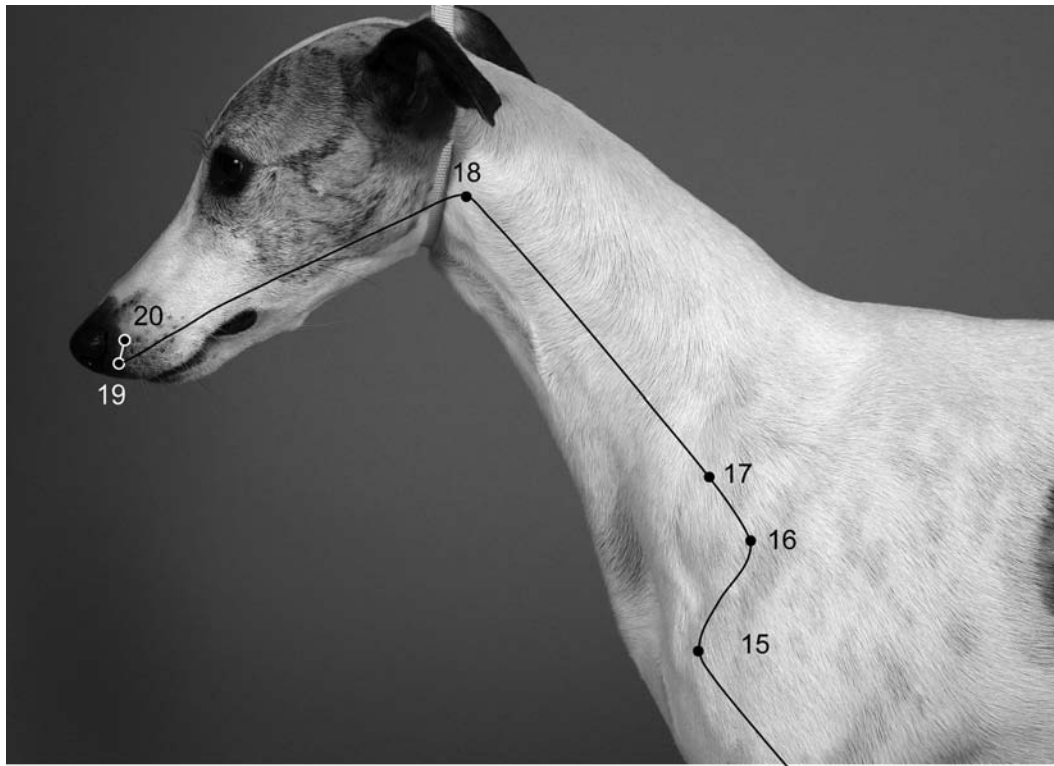
Not a commonly used point (figs. 5.9 and 5.14)

LOCATION

With the head extended, follow the line of the ventral mandible to the depression just dorsal to the jugular groove on the most cranial aspect of the cervical region in the sternocleidomastoid muscle

METHOD

Perpendicular insertion: dry-needle depth 1–1.5 cun



5.14. The locations of acupoints LI-15 to LI-20 on the Large Intestine Channel.

ATTRIBUTES AND INDICATIONS

Laryngeal hemiplegia, pharyngitis, thyroid disorders, cough, dyspnea

LI-19 *Kou-he-liao* 口禾廖

Not a commonly used point (figs. 5.9 and 5.14)

LOCATION

In the nasal labial groove directly below the lateral margin of the nares and level with GV-26 (GV-26 is on the dorsal midline just ventral to the nares.)

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Epistaxis, nasal congestion and discharge, facial paralysis

LI-20 *Ying-xiang* 迎香

A commonly used point (figs. 5.9 and 5.14)

LOCATION

In the nasal labial groove at the widest part of the nostril approximately 0.1 cun outside the haired/nonhaired junction; for the left channel, this point is on the right side, and for the right channel, it is on the left.

METHOD

Oblique insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Nasal congestion and discharge, facial paralysis, epistaxis, facial pruritus, urticaria, heat stroke, cough, sinusitis, fever, cold

STOMACH CHANNEL (ST) 胃经

7 to 9 A.M.; Pelvic Limb *Yang-ming*: Head to pelvic limb foot

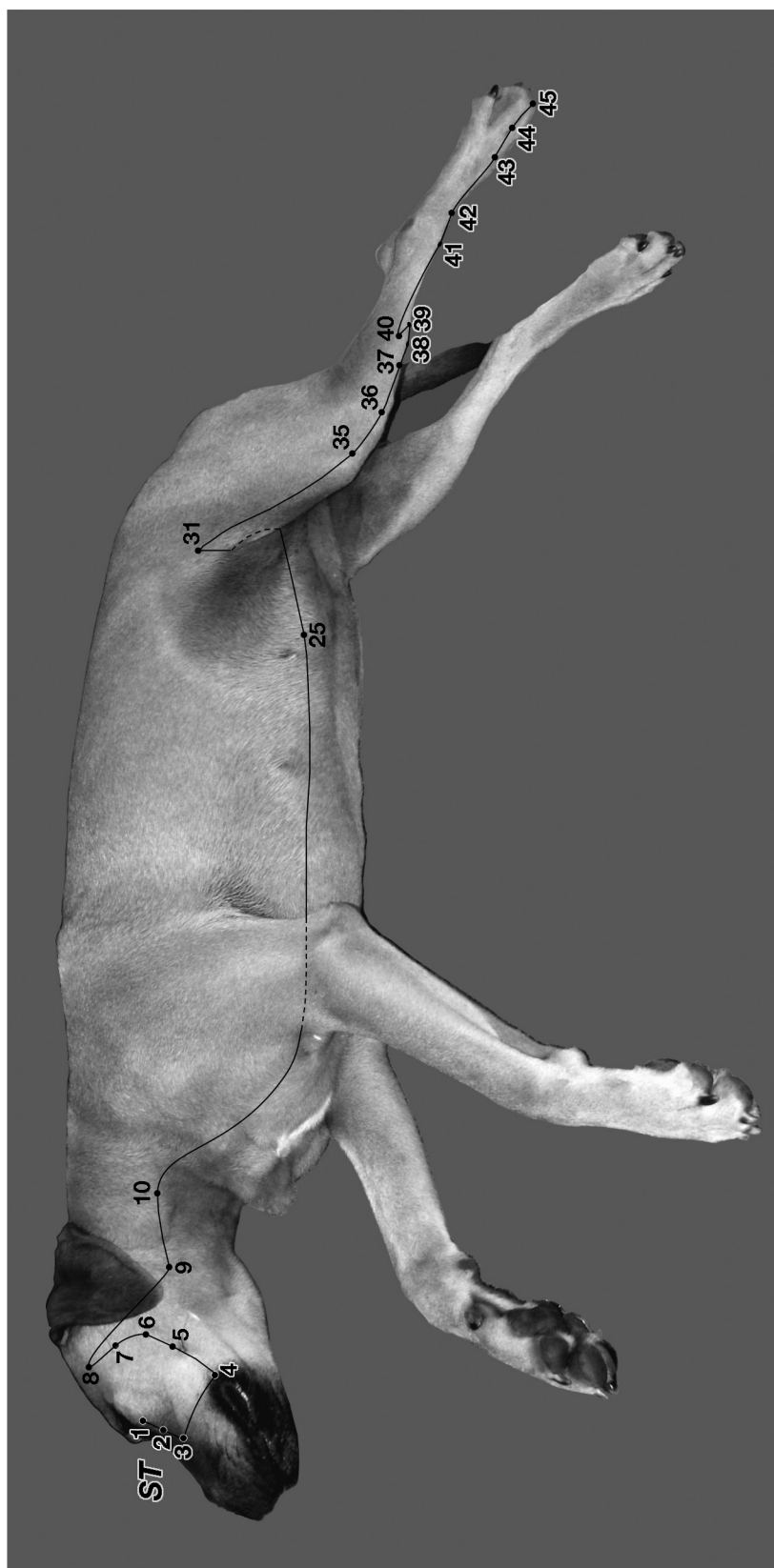
The Stomach Channel begins directly below the center of the pupil of the eye just inside the infraorbital ridge. It travels along the side of the nose to the corner of the mouth then turns caudally and passes across the masseter muscle to the temporomandibular joint (TMJ) in front of the ear. From the TMJ, it courses along the ventrolateral aspect of the neck and chest to the caudal inguinal region about 1.5 cun from the ventral midline. From the caudal inguinal region, it traverses the inside of the thigh to the ventral aspect of the tuber coxae, travels along the craniolateral surface of the pelvic limb, and ends on the lateral side of the third digit at the nail bed. There are 45 acupoints on the exterior Stomach Channel (fig. 5.15).

ST-1 *Cheng-qi* 承泣

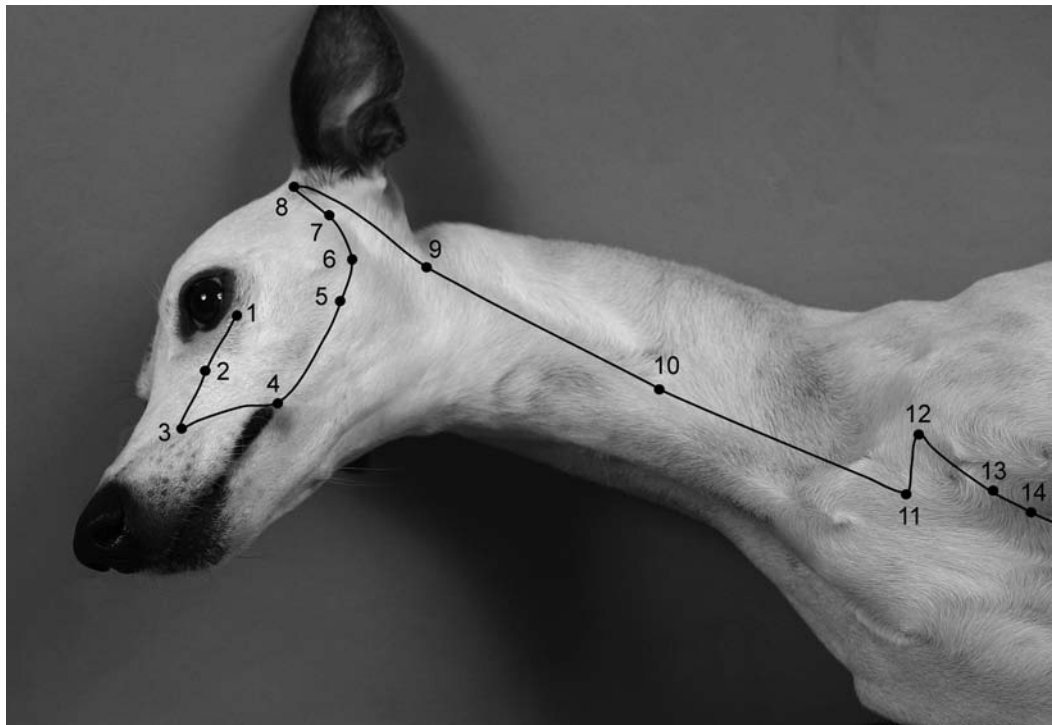
A commonly used point (figs. 5.15 and 5.16)

LOCATION

Directly ventral to the center of the pupil just inside the infraorbital ridge; the point can be penetrated by retropulsing the eyeball dorsally and directing the needle over the infraorbital ridge, through the skin, and under the eye



5.15. The location of the Stomach (ST) Channel and some of the most commonly used acupoints. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)



5.16. The locations of acupoints ST-1 to ST-14 on the Stomach Channel.

METHOD

Perpendicular insertion: dry-needle depth 0.3 cun; do not twist the needle; moxibustion is contraindicated

ATTRIBUTES AND INDICATIONS

Crossing point of the BL, *Yang-qiao*, and CV channels
Conjunctivitis, uveitis, ocular discharge or swelling, abnormal tear production, eyelid twitching, facial paralysis, liver heat

ST-2 *San-jiang* or *Si-bai* 三江

A commonly used point (fig. 5.16)

LOCATION

Rostral to the eye in the depression at the center of the infra-orbital foramen

METHOD

Oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Ocular pain or pruritus, conjunctivitis, uveitis, abdominal pain

ST-3 *Ju-liao* 巨廖

Not a commonly used point (fig. 5.16)

LOCATION

On the lateral side of the nose in the depression 2 cun caudal to the dorsolateral edge of the nares

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Facial paralysis, epistaxis, dental pain, swelling of the lips or cheeks

ST-4 *Suo-kou* or *Di-cang* 锁口

A commonly used point (figs. 5.15 and 5.16)

LOCATION

At the lateral corner of the mouth, 0.1 cun outside the mucocutaneous junction

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Facial paralysis, dental pain, excess salivation, eyelid twitching

ST-5 *Kai-guan* or *Da-ying* 开关

Not a commonly used point (figs. 5.15 and 5.16)

LOCATION

On the side of the face, 4 cun caudal to the lateral commissure of the mouth, along the rostral border of the masseter muscle

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Facial paralysis, tetanus, swelling or pain of the cheek or jaw, dental pain

ST-6 *Bao-sai* or *Jia-che* 抱腮

A commonly used point (figs. 5.15 and 5.16)

LOCATION

On the side of the face, in a depression in the middle of the masseter muscle just cranial to the angle of the mandible

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Facial paralysis, dental pain, swelling of the cheek or jaw

ST-7 Xia-guan 下关

Not a commonly used point (fig. 5.16)

LOCATION

On the side of the face, caudal to the masseter muscle and cranial to the temporomandibular joint (TMJ), below the zygomatic bone

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Crossing (meeting) points of the ST and GB Channels; facial paralysis, dental pain, tetanus, gastric ulcers, TMJ pain

ST-8 Tou-wei 头维

Not a commonly used point (fig. 5.16)

LOCATION

In the depression caudal to the supraorbital fossa, 1 cun cranial to the front edge of the ear base

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Crossing (meeting) points of the ST, GB and *Yang-wei* Channels; ocular discharge, eyelid twitching, headache

ST-9 Ren-ying 人迎

Not a commonly used point (figs. 5.15 and 5.16)

LOCATION

In the depression caudal to the jaw along the line of the mandible, on the anterior aspect of the sternocleidomastoid muscle

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun.

ATTRIBUTES AND INDICATIONS

Crossing (meeting) points of the ST and GB Channels; laryngeal hemiplegia, pharyngitis, hypertension, thyroid disorders, dyspnea, hypotension

ST-10 Shui-tu 水突

Not a commonly used point (fig. 5.16)

LOCATION

In the lateral cervical region 4 cun craniodorsal to the point of the shoulder in the sternocleidomastoid muscle dorsal to the jugular groove (midway between ST 9 and ST 11)

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Cough, dyspnea, pharyngitis

ST-11 Qi-she 气舍

Not a commonly used point (figs. 5.16 and 5.17)

LOCATION

On the front of the chest at the level of the shoulder, 2 cun dorsal to KID-27 (KID-27 is between the sternum and first rib, 2 cun lateral to the ventral midline)

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Pharyngitis, cervical pain, intervertebral disk disease, dyspnea

ST-12 Que-pen 缺盆

Not a commonly used point (figs. 5.16 and 5.17)

LOCATION

In the depression 2 cun lateral to ST-11

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Crossing (meeting) points of the ST, LI, SI, TH, and GB Channels; cough, dyspnea, dysphagia, neck pain

CAUTIONS

Contraindicated during pregnancy

ST-13 Qi-hu 气户

Not a commonly used point (figs. 5.16 and 5.17)

LOCATION

In a depression 4 cun lateral to the ventral midline, at the level of LU-2

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Cough, dyspnea

ST-14 Ku-fang 库房

Not a commonly used point (fig. 5.16 and 5.17)

LOCATION

On the ventrolateral thorax at the first intercostal space, 4 cun lateral to the ventral midline, at the level of LU-1

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

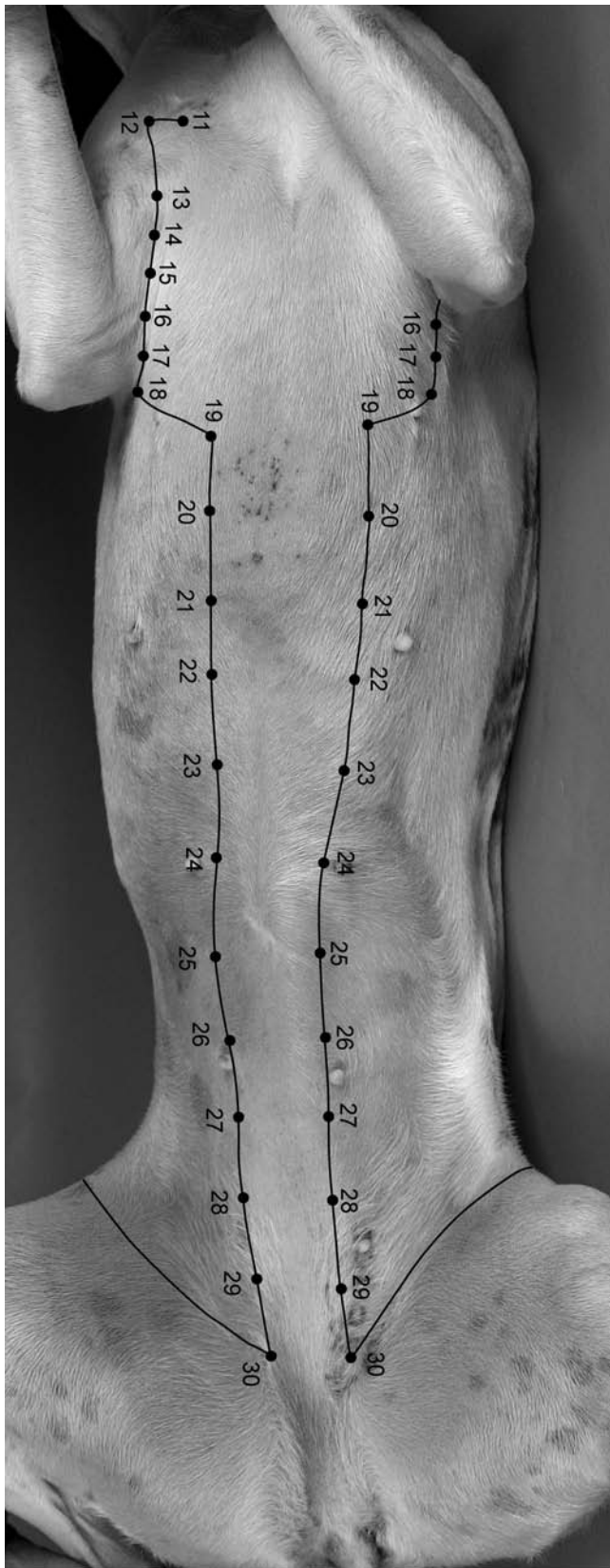
Cough

ST-15 Wu-yi 屋翳

Not a commonly used point (fig. 5.17)

LOCATION

On the ventrolateral thorax at the second intercostal space, 4 cun lateral to the ventral midline



5.17. The locations of acupoints ST-11 to ST-30 on the Stomach Channel.

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Cough, dyspnea, mastitis

ST-16 *Ying-chuang* 膺窗

Not a commonly used point (fig. 5.17)

LOCATION

On the ventrolateral thorax at the third intercostal space, 4 cun lateral to the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Mastitis, thoracic pain, cough

ST-17 *Ru-zhong* 乳中

Not a commonly used point (fig. 5.17)

LOCATION

On the ventrolateral thorax at the fourth intercostal space, 4 cun lateral to the ventral midline, at the level of CV-17 (There are 8 cun between CV-17 and the umbilicus.)

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Congestive heart failure, cough, asthma

ST-18 *Ru-gen* 乳根

Not a commonly used point (fig. 5.17)

LOCATION

On the ventrolateral thorax at the fifth intercostal space, 4 cun lateral to the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Mastitis, cough, dyspnea

ST-19 *Bu-rong* 不容

Not a commonly used point (fig. 5.17)

LOCATION

On the ventrolateral abdomen, 6 cun cranial to the umbilicus, 2 cun lateral to the ventral midline, at the level of CV-14

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Vomiting, gastric pain, anorexia, abdominal distension

ST-20 *Cheng-man* 承满

Not a commonly used point (fig. 5.17)

LOCATION

On the ventrolateral abdomen, 5 cun cranial to the umbilicus, 2 cun lateral to the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Gastric ulcers, anorexia, abdominal pain, shortness of breath

ST-21 *Liang-men* 梁门

Not a commonly used point (fig. 5.17)

LOCATION

On the ventrolateral abdomen, 4 cun cranial to the umbilicus, 2 cun lateral to the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Gastric pain, anorexia, diarrhea

ST-22 *Guan-men* 关门

Not a commonly used point (fig. 5.17)

LOCATION

On the ventrolateral abdomen, 3 cun cranial to the umbilicus, 2 cun lateral to the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Abdominal pain, diarrhea, constipation

ST-23 *Tai-yi* 太乙

Not a commonly used point (fig. 5.17)

LOCATION

On the ventrolateral abdomen, 2 cun cranial to the umbilicus, 2 cun lateral to the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Anxiety, restlessness, gastric pain, poor appetite, diarrhea

ST-24 *Hua-rou-men* 滑肉门

Not a commonly used point (fig. 5.17)

LOCATION

On the ventrolateral abdomen, 1 cun cranial to the umbilicus, 2 cun lateral to the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Gastric pain, vomiting

ST-25 *Tian-shu* 天枢

A commonly used point (figs. 5.15 and 5.17)

LOCATION

On the ventrolateral abdomen, 2 cun lateral to the umbilicus, in the center of the rectus abdominis muscle

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun; aquapuncture; moxibustion contraindicated in pregnancy

ATTRIBUTES AND INDICATIONS

Alarm point for the large intestine

Constipation, vomiting, diarrhea, inflammatory bowel disease, infertility

ST-26 *Wai-ling* 外陵

Not a commonly used point (fig. 5.17)

LOCATION

On the ventrolateral abdomen, 1 cun caudal to the umbilicus, 2 cun lateral to the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Abdominal pain, hernia

ST-27 *Da-ju* 大巨

Not a commonly used point (fig. 5.17)

LOCATION

On the ventrolateral abdomen, 2 cun caudal to the umbilicus, 2 cun lateral to the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Dysuria, hernia, impotence, Lin syndrome, insomnia

ST-28 *Shui-dao* 水道

Not a commonly used point (fig. 5.17)

LOCATION

On the ventrolateral abdomen, 3 cun caudal to the umbilicus, 2 cun lateral to the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Urinary disorders, dysuria, hernia, Lin syndrome, uterine disorders

ST-29 *Gui-lai* 归来

Not a commonly used point (fig. 5.17)

LOCATION

On the ventrolateral abdomen, 4 cun caudal to the umbilicus, 2 cun lateral to the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Hernia, uterine disorders, hypogastric pain

ST-30 *Qi-chong* 气冲

Not a commonly used point (figs. 5.15 and 5.17)

LOCATION

On the ventrolateral abdomen, at the level of the pubis, 5 cun caudal to the umbilicus, 2 cun lateral to the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Crossing (meeting) points of the ST and *Chong* Channels; hernia, infertility, irregular heat cycles, abdominal pain, genital swelling

ST-31 *Bi-guan* 髀关

Not a commonly used point (fig. 5.18)

LOCATION

On the lateral aspect of the thigh on the upper $\frac{1}{3}$ of the line connecting the tuber coxae and ST-34

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Wei syndrome, abdominal pain, stifle pain and osteoarthritis

ST-32 *Fu-tu* 伏兔

Not a commonly used point (fig. 5.18)

LOCATION

On the lateral aspect of the thigh, $\frac{1}{3}$ the distance along a line between ST-31 and ST-34

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Lumbar pain, stifle pain, pelvic limb paresis or paralysis, hernia

ST-33 *Yin-shi* 阴市

Not a commonly used point (fig. 5.18)

LOCATION

On the lateral aspect of the thigh, 1 cun proximal to ST-34

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Wei syndrome, pelvic limb paresis or paralysis, hernia, abdominal distention and pain

ST-34 *Liang-qiu* 梁丘

Not a commonly used point (fig. 5.18)

LOCATION

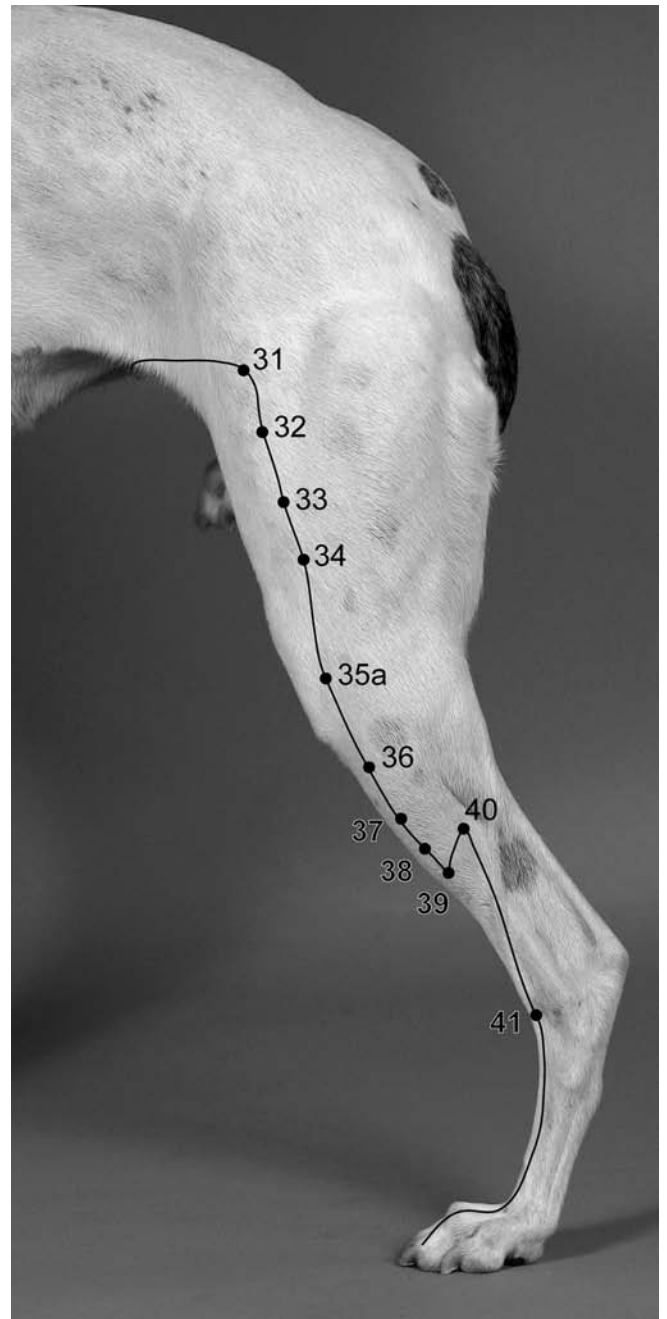
On the lateral aspect of the thigh, 2 cun proximal and caudal-lateral to the patella, in the belly of the vastus lateralis muscle

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

ATTRIBUTES AND INDICATIONS

Xi-cleft point of the ST Channel; gastric pain, stifle pain and swelling, pelvic limb paresis or paralysis, hematuria



5.18. The locations of acupoints ST-31 to ST-41 on the Stomach Channel.

ST-35 (or ST-35a) *Du-bi* 犊鼻

A very commonly used point (figs. 5.15 and 5.18)

LOCATION

In the depression distal to the patella and lateral to the patellar ligament; also referred to as the lateral eye of the knee or *Wai Xi Yan*; ST-35a and ST-35b are referred together as *Xi Yan*.

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Stifle pain and osteoarthritis, ligament disorders and pelvic limb weakness

ST-35b Xi-ao 膝凹

A commonly used point

LOCATION

In the depression distal to the patella and medial to the patellar ligament; also referred to as the medial eye of the knee or *Nei Xi Yan*. ST-35a and ST-35b are referred together as *Xi Yan*

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Stifle pain and osteoarthritis, ligament disorders and pelvic limb weakness

ST-36 Hou-san-li 后三里

A very commonly used point (figs. 5.15 and 5.18)

LOCATION

On the craniolateral aspect of the pelvic limb, 3 cun distal to ST-35, 0.5 cun lateral to the cranial aspect of the tibial crest, in the belly of the cranial tibialis muscle; this is a long linear point.

METHOD

Oblique insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Master point for GI tract and abdomen; *He*-sea point (earth), horary point

Nausea, vomiting, stomach pain, gastric ulcers, food stasis, generalized weakness, constipation, diarrhea, general *Qi* tonic (Rear limb 3 mile point), stifle pain, hind limb weakness

ST-37 Shang-ju-xu 上巨虚

A commonly used point (fig. 5.18)

LOCATION

On the craniolateral aspect of the pelvic limb 6 cun distal to ST-35, 0.5 cun lateral to the cranial aspect of the tibia, over the cranial tibialis muscle

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Lower *He*-sea point for the LI Channel

Diarrhea, intestinal ulcer, colitis, constipation, hemiplegia

ST-38 Tiao-kou 条口

Not a commonly used point (fig. 5.18)

LOCATION

On the craniolateral aspect of the pelvic limb, 8 cun distal to ST-35, 0.5 cun lateral to the cranial aspect of the tibia, over the cranial tibialis muscle

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Abdominal pain, pelvic limb paresis or paralysis, ligament/tendon problems, shoulder pain

ST-39 Xia-ju-xu 下巨虚

Not a commonly used point (figs. 5.15 and 5.18)

LOCATION

On the craniolateral aspect of the pelvic limb, 1 cun distal to ST-38, 0.5 cun lateral to the cranial aspect of the tibia, over the cranial tibialis muscles

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Lower *He*-sea point for the SI Channel

Lower abdominal pain, diarrhea, abdominal pain, dysentery, hemiplegia, impaction

ST-40 Feng-long 丰隆

A commonly used point (fig. 5.18)

LOCATION

On the lateral side of the pelvic limb, halfway between the lateral malleolus of the fibula and the top of the tibia, 2 cun lateral to the anterior tibial midline, in the groove between the cranial tibial and the long digital extensor muscles

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Luo-connecting point of the ST Channel, influential point for phlegm

Obesity, lipoma, pruritus, skin damp heat, dizziness, phlegm, edema, constipation, epilepsy, pelvic limb paresis or paralysis

ST-41 Jie-xi 解溪

A commonly used point (figs. 5.15, 5.18, and 5.19)

LOCATION

On the cranial aspect of the hock in the depression directly on the midline, the point lies at the level of the malleolus between the tendons of the long digital extensor and cranial tibialis muscles.

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Jing-river point (fire)—mother (tonification) point for deficiency disease patterns

Wei syndrome, spleen deficiency, dizziness, mania, facial pain and swelling, constipation, pelvic limb paresis or paralysis, hock pain

ST-42 Chong-yang 冲阳

Not a commonly used point (fig. 5.19)

LOCATION

On the cranial aspect of the metatarsus at the junction of the third and fourth metatarsal bones of the pelvic limb, 1 cun distal to ST-41

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Yuan-source point

Facial paralysis, facial swelling, dental problems, epilepsy, *Wei* syndrome, gastric pain

ST-43 Xian-gu 陷谷

Not a commonly used point (fig. 5.19)

LOCATION

Just about proximal to the metatarsophalangeal joint between the third and fourth metatarsals of the pelvic limb

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Shu-stream point (wood)

Abdominal pain, redness of eyes, edema, hock problems

ST-44 Nei-ting 内庭

A commonly used point (fig. 5.19)

LOCATION

Distal to the metatarsophalangeal joint proximal to the web margin between the third and fourth digits of the pelvic limb

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Ying-spring point (water)

Pharyngitis, stomatitis and gingivitis, stomach heat, gastric ulcers, fever, facial paralysis, epistaxis, bloody diarrhea, hock pain

ST-45 Li-dui 厉兑

A commonly used point (figs. 5.15 and 5.19)

LOCATION

On the lateral side of the third digit of the pelvic limb at the nail bed

METHOD

Perpendicular insertion: dry-needle depth 0.2 cun

ATTRIBUTES AND INDICATIONS

Jing-well point (metal)—child (sedation) point for excess disease patterns

Pharyngitis, epistaxis, dental pain, abdominal pain, fever, epilepsy, appetite

SPLEEN CHANNEL (SP) 脾经

9 to 11 A.M.; Pelvic Limb *Tai-yin*: hind foot to the chest

The Spleen Channel begins on the medial aspect of the second digit of the pelvic limb. It travels proximally along the medial aspect of the metatarsals and then moves more cranial along the middle of the tibia. It passes over the medial aspect of the stifle and ascends to a location just cranial to the tuber coxae. As it moves toward the head, it curves along the ventral chest to the fourth intercostal space. It then turns caudally and ends at a point in the sixth intercostal space at the level of the shoulder joint. There are 21 acupoints on the external Spleen Channel (fig. 5.20).

SP-1 Yin-bai 隐白

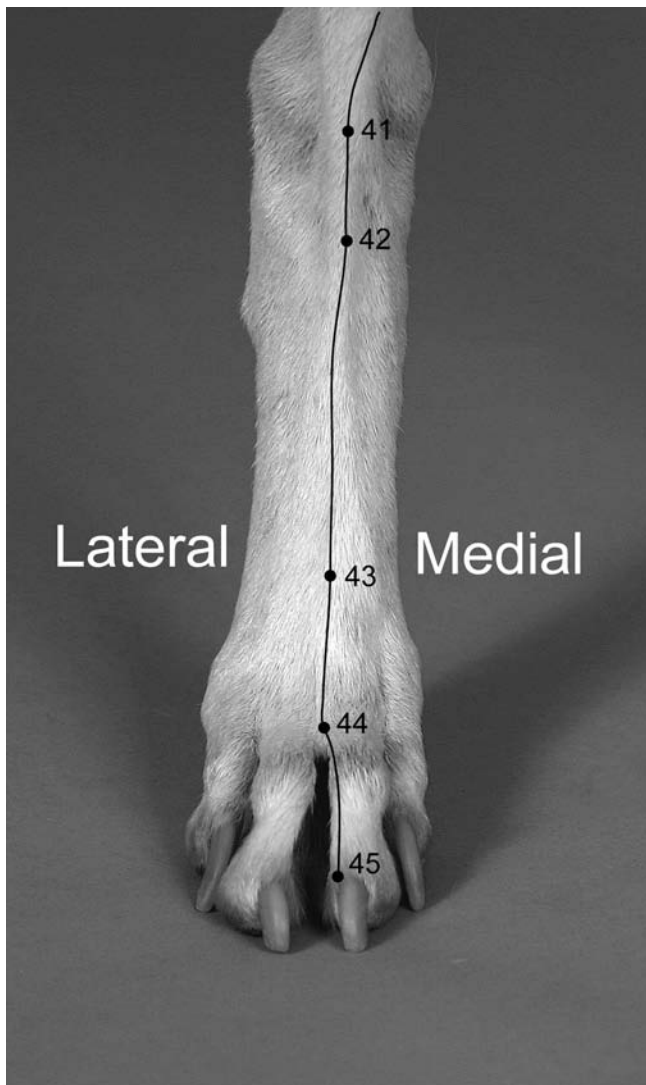
Not a commonly used point (figs. 5.20 and 5.21)

LOCATION

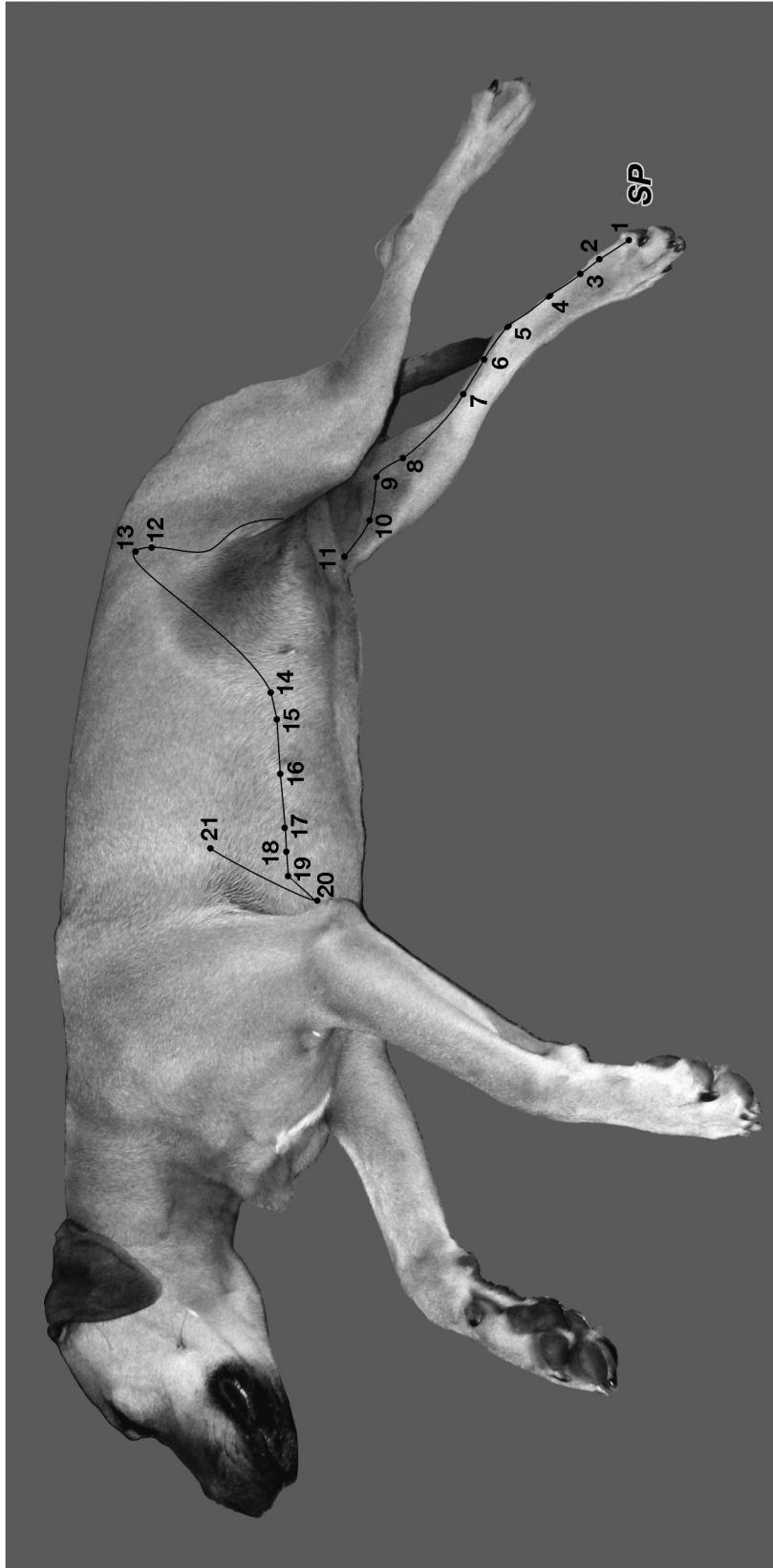
On the medial side of the second digit of the pelvic limb at the nail bed

METHOD

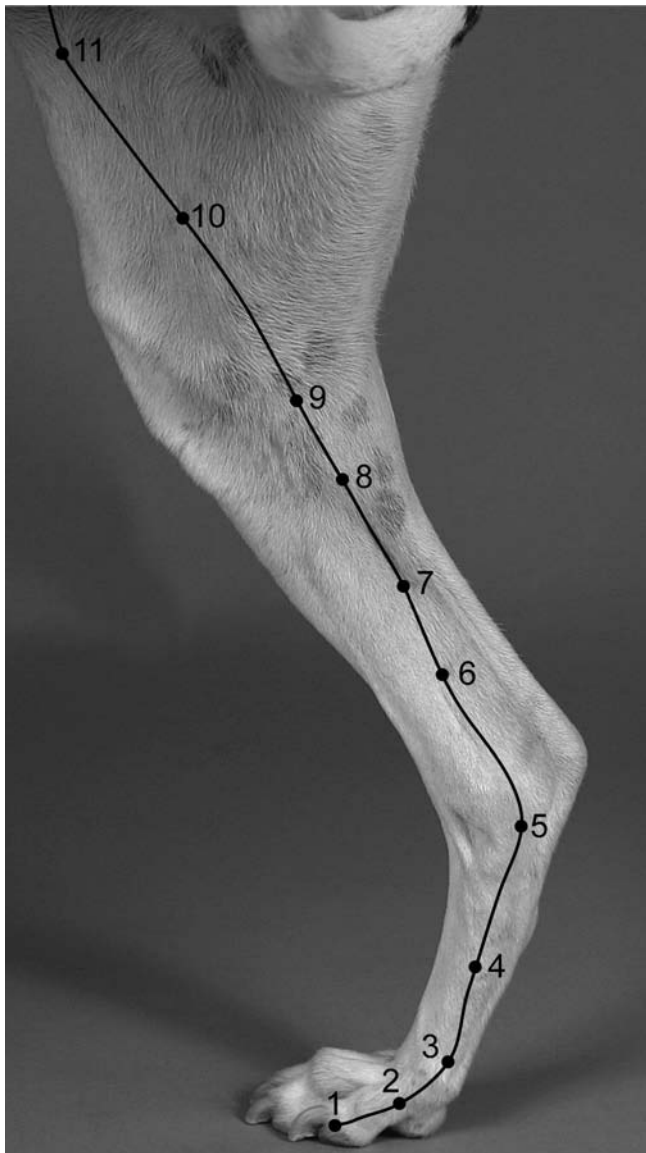
Oblique insertion: dry-needle depth 0.2 cun



5.19. The locations of acupoints ST-41 to ST-45 on the Stomach Channel.



5.20. *The location of the Spleen (SP) Channel and some of the most commonly used acupoints. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)*



5.21. The locations of acupoints SP-1 to SP-11 on the Spleen Channel.

ATTRIBUTES AND INDICATIONS

Jing-well point (wood)

Hematuria, bloody feces, abdominal pain or fullness, sleep disorders, uterine bleeding, excessive thinking

SP-2 *Da-du* 大都

Not a commonly used point (figs. 5.20 and 5.21)

LOCATION

On the medial side of the pelvic limb just distal to the metatarsophalangeal joint on the medial side of the second digit

METHOD

Oblique insertion: dry-needle depth 0.2–0.5 cun

ATTRIBUTES AND INDICATIONS

Ying-spring point (fire)—mother (tonification) point for deficiency disease patterns

Abdominal pain, diarrhea, constipation, spleen *Qi* deficiency, heat conditions, mental agitation

SP-3 *Tai-bai* 太白

A commonly used point (figs. 5.20 and 5.21)

LOCATION

On the medial side of the pelvic limb just proximal to the metatarsophalangeal joint on the medial side of the second metatarsal bone

METHOD

Oblique insertion: dry-needle depth 0.2–0.5 cun

ATTRIBUTES AND INDICATIONS

Shu-stream point (earth), *Yuan*-source point, horary point

Abdominal pain, diarrhea, constipation, obesity, stifle and thigh pain

SP-4 *Gong-sun* 公孙

A very commonly used point (figs. 5.20 and 5.21)

LOCATION

On the caudomedial side of the pelvic limb in the depression distal to the base (proximal end) of the second metatarsal bone

METHOD

Oblique insertion: dry-needle depth 0.2–0.5 cun

ATTRIBUTES AND INDICATIONS

Luo-connecting point of the SP channel; confluent point with the *Chong* extraordinary channel

Gastric pain, abdominal pain, diarrhea, vomiting

SP-5 *Shang-qiu* 商丘

A commonly used point (figs. 5.20 and 5.21)

LOCATION

On the medial side of the pelvic limb in a depression between to the inferior-anterior medial malleolus and the tibial tarsal bone, caudal to the cranial tibialis muscle tendon

METHOD

Oblique or perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Jing-river (metal)—child (sedation) point for excess disease patterns

Abdominal pain, diarrhea, constipation, jaundice, hock pain, mental-emotional disorders

SP-6 *San-yin-jiao* 三阴交

A very commonly used point (figs. 5.20 and 5.21)

LOCATION

On the medial side of the pelvic limb 3 cun proximal to the tip of the medial malleolus in a small depression on the caudal border of the tibia (opposite GB-39 on the lateral side)

METHOD

Perpendicular insertion: dry-needle depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

Master point for the caudal abdomen and urogenital tract (3 *Yin* crossing); crossing (meeting) point of the SP, LIV, and KID Channels; contraindicated during pregnancy.

Tonifies *Yin* and blood, diarrhea, genital discharge, promotes parturition, infertility, pelvic limb paresis or paralysis, impotence, irregular heat cycles, hernia, urinary incontinence, sleep disorders, *Yin* deficiency

SP-7 Lou-gu 漏谷

Not a commonly used point (figs. 5.20 and 5.21)

LOCATION

On the medial side of the pelvic limb on a line between SP-6 and SP-9, 3 cun proximal to SP-6 or 7 cun distal to SP-9

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Diarrhea, dysuria, pelvic limb paresis or paralysis

SP-8 Di-ji 地机

Not a commonly used point (figs. 5.20 and 5.21)

LOCATION

On the medial side of the pelvic limb 3 cun distal to SP-9, on the caudal border of the tibia, cranial to the deep digital flexor muscle

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Xi-cleft point

Acute onset of diarrhea, abdominal pain, diarrhea, edema, irregular heat cycles, dysuria, abdominal masses

SP-9 Yin-ling-quan 阴陵泉

A commonly used point (figs. 5.20 and 5.21)

LOCATION

On the medial side of the pelvic limb, on the lower border of the medial condyle of the tibia, in the depression between the caudal border of the tibia and the gastrocnemius muscle

METHOD

Perpendicular or oblique insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

He-sea point (water)

Yin deficiency, damp conditions, edema, diarrhea, jaundice, dysuria or urinary incontinence, stifle pain and osteoarthritis

SP-10 Xue-hai 血海

A commonly used point (fig. 5.21)

LOCATION

When the stifle is flexed the point is 2 cun proximal and medial to the patella (diagonally) in a depression just cranial to the sartorius muscle

METHOD

Perpendicular or oblique insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

“Sea of Blood”

Blood deficiency, blood heat, blood stagnation, heat toxin, fever, pruritus, irregular heat cycles, pelvic limb paresis or paralysis

SP-11 Ji-men 箕门

Not a commonly used point (fig. 5.21)

LOCATION

Halfway between ST-35b and SP-12 on the line between SP-10 and SP-12

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Dysuria, urinary incontinence

SP-12 Chong-men 冲门

Not a commonly used point (fig. 5.22)

LOCATION

On the lateral gluteal region in a depression ventral to the curve of the cranial aspect of the tuber coxae

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Abdominal pain, dysuria, hernia

SP-13 Fu-she 府舍

Not a commonly used point (fig. 5.22)

LOCATION

On the lateral gluteal region, 0.5 cun cranioventral to the dorsocranial iliac spine

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Abdominal pain, hip dysplasia, hernia

SP-14 Fu-jie 腹结

Not a commonly used point (fig. 5.22)

LOCATION

On the lateral aspect of the thorax at the 10th intercostal space at a level that is 2 cun ventral to the point of the shoulder

METHOD

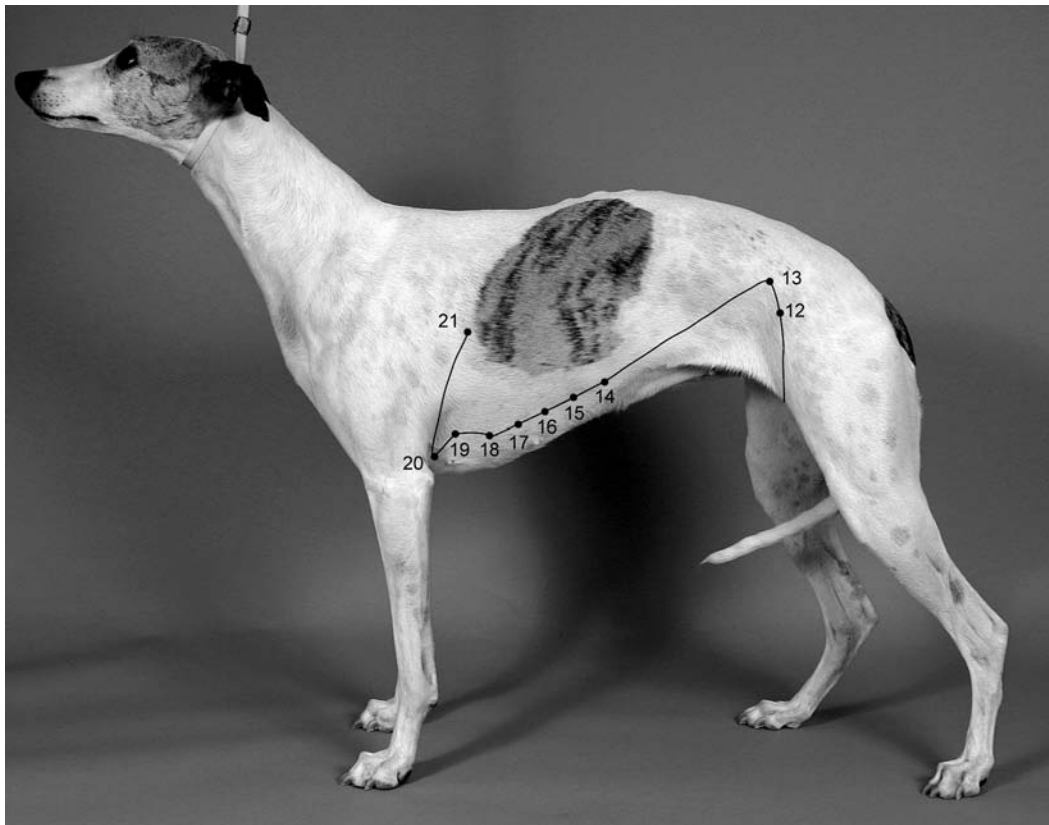
Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Abdominal pain, diarrhea

SP-15 Da-heng 大横

Not a commonly used point (fig. 5.22)



5.22. The locations of acupoints SP-12 to SP-21 on the Spleen Channel.

LOCATION

On the lateral aspect of the thorax at the ninth intercostal space at a level that is 2 cun ventral to point of shoulder

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Diarrhea, constipation, large intestinal disorders

SP-16 *Fu-ai* 腹哀

Not a commonly used point (fig. 5.22)

LOCATION

On the lateral aspect of the thorax at the eighth intercostal space at a level that is 2 cun ventral to the point of the shoulder

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Indigestion, diarrhea, constipation

SP-17 *Shi-dou* 食窦

Not a commonly used point (fig. 5.22)

LOCATION

On the lateral aspect of the thorax at the seventh intercostal space at a level that is 2 cun ventral to the point of the shoulder

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Edema, thoracic pain, cough, vomiting

SP-18 *Tian-xi* 天溪

Not a commonly used point (fig. 5.22)

LOCATION

On the lateral aspect of the thorax at the sixth intercostal space at a level that is 2 cun ventral to the point of the shoulder

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Thoracic pain, cough, mastitis, agalactia

SP-19 *Xiong-xiang* 胸乡

Not a commonly used point (fig. 5.22)

LOCATION

On the lateral aspect of the thorax at the fifth intercostal space at a level that is 2 cun ventral to the point of the shoulder

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Thoracic pain, cough

SP-20 Zhou-rong 周荣

A commonly used point (figs. 5.20 and 5.22)

LOCATION

On the lateral aspect of the thorax at the fourth intercostal space at the level of the elbow

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Cough, dyspnea

SP-21 Da-bao 大包

A commonly used point (figs. 5.20 and 5.22)

LOCATION

On the lateral aspect of the thorax at the seventh intercostal space at the same level as the point of the shoulder

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Major *Luo*-point of the spleen

Generalized pain, thoracic pain, dyspnea, digestive disorders, thoracic and pelvic limb weakness, *Wei* syndrome

HEART CHANNEL (HT) 心经

11 A.M. to 1 P.M.; Thoracic Limb *Shao-yin*: chest to front foot

The Heart Channel originates from the heart and the external channel begins in the center of the axillary space. It travels along the medial side of the elbow and passes to the lateral side of the thoracic limb proximal to the carpus. It then courses along the volar side of the foot and ends on the medial side of the fifth digit. There are nine acupoints on the external Heart Channel (figs. 5.23a and 5.23b).

HT-1 Jia-qi or Ji-quan 夹气

A commonly used point (fig. 5.23a)

LOCATION

In the center of the axillary space (between the trunk and the thoracic limb) over the superficial pectoral muscles

METHOD

Oblique upward insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Shen disturbances, *Yin* deficiency, polydipsia, thoracic pain, chronic shoulder lameness, scapular nerve paralysis

HT-2 Qing-ling 青灵

Not a commonly used point (fig. 5.23a)

LOCATION

In the axillary region halfway between HT-1 and HT-3

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Shoulder or elbow pain, lateral costal pain

HT-3 Shao-hai 少海

A commonly used point (fig. 5.23a)

LOCATION

On the medial side of the elbow just cranial to the medial epicondyle (between the end of the cubital crease and the medial epicondyle of the humerus)

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

He-sea point (water)

Elbow pain, thoracic pain, heart pain, *shen* disturbance

HT-4 Ling-dao 灵道

Not a commonly used point (fig. 5.23b)

LOCATION

On the caudolateral aspect of the thoracic limb, 1.5 cun proximal to HT-7 in the muscle groove between the flexor carpi ulnaris and the superficial digital flexor muscles (HT-7 is on the lateral transverse crease of the carpal joint in the large depression medial to the tendon of the flexor carpi ulnaris muscle.)

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Jing-river (metal) point

Shen disturbances, sleep disorders, anxiety, restlessness

HT-5 Tong-li 通里

A commonly used point (fig. 5.23b)

LOCATION

On the caudolateral aspect of the thoracic limb, 1 cun proximal to HT-7 in the muscle groove between the flexor carpi ulnaris and the superficial digital flexor muscles (HT-7 is on the lateral transverse crease of the carpal joint in the large depression medial to the tendon of the flexor carpi ulnaris muscle.)

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Luo-connecting point of the HT Channel

Sleep disorders, restlessness, anxiety, carpal pain

HT-6 Yin-xi 阴郄

Not a commonly used point (fig. 5.23b)

LOCATION

On the caudolateral border of the thoracic limb, 0.5 cun proximal to HT-7 in the muscle groove between the flexor carpi ulnaris and the superficial digital flexor muscles (HT-7 is on the lateral transverse crease of the carpal joint in the large depression medial to the tendon of the flexor carpi ulnaris muscle.)



5.23. (a) The locations of acupoints HT-1 to HT-3 on the Heart (HT) Channel on the medial side of the thoracic limb; (b) The locations of acupoints HT-4 to HT-9 on the Heart Channel on the lateral side of the thoracic limb.

METHOD

Oblique insertion: dry-needle depth 0.5 cun.

ATTRIBUTES AND INDICATIONS

Xi-cleft point for the HT.

Acute cardiac pain, *shen* disturbances, Heart Fire

HT-7 *Shen-men* 神门

A very commonly used point (fig. 5.23b)

LOCATION

On the lateral transverse crease of the carpal joint and approached via the large depression lateral to the tendon of the

flexor carpi ulnaris muscle although the point is medial to this tendon

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Shu-stream point (earth)—child (sedation) point for excess disease patterns, *Yuan*-source point

Shen disturbances, anxiety, restlessness, epilepsy, behavioral problems, sleep disorders, thoracic pain, mania

HT-8 *Shao-fu* 少府

A commonly used point (fig. 5.23b)

LOCATION

On the volar surface of the thoracic limb between the fourth and fifth metacarpal bones, proximal to the metacarpophalangeal joint, just proximal to the metacarpal pad

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Ying-spring point (fire), horary point

Cardiac arrhythmias, urinary incontinence, cystitis, genital itching, shoulder pain, epilepsy, fever

HT-9 *Shao-chong* 少冲

A commonly used point (fig. 5.23b)

LOCATION

On the medial aspect of the fifth digit of the thoracic limb at the nail bed

METHOD

Perpendicular insertion: dry-needle depth 0.2 cun

ATTRIBUTES AND INDICATIONS

Jing-well point (wood)—mother (tonification) point for deficiency disease patterns

Coma, febrile disease, *shen* disturbances, thoracic pain, shoulder pain, thoracic limb lameness, cardiac arrhythmias

SMALL INTESTINE CHANNEL (SI) 小肠经

1 to 3 P.M.; Thoracic Limb *Tai-Yang*: front foot to the head

The Small Intestine Channel begins on the lateral aspect of the fifth digit limb and travels proximally along the caudolateral aspect of the thoracic limb. After passing over the triceps muscle and scapula, it moves cranially up the neck dorsal to the cervical vertebrae and ends on the lateral side of the ear base. There are 19 acupoints on the external Small Intestine Channel (fig. 5.24).

SI-1 *Shao-ze* 少泽

Not a commonly used point (figs. 5.24, 5.25, and 5.26)

LOCATION

On the lateral side of the fifth digit of the thoracic limb at the nail bed

METHOD

Perpendicular insertion: dry-needle depth 0.2 cun

ATTRIBUTES AND INDICATIONS

Jing-well point (metal)

Pharyngitis, mastitis, fever, coma, shoulder pain, agalactia

SI-2 *Qian-gu* 前谷

Not a commonly used point (figs. 5.24, 5.25, and 5.26)

LOCATION

Distal to the metacarpophalangeal joint on the lateral side of the fifth digit of the thoracic limb

METHOD

Perpendicular insertion: dry-needle depth 0.2 cun

ATTRIBUTES AND INDICATIONS

Ying spring point (water)

Pharyngitis, otitis, febrile disease, eye pain, neck pain, postpartum absence of milk

SI-3 *Qian-chan-wan* or *Hou-xi* 前缠腕

A commonly used point (figs. 5.24, 5.25, and 5.26)

LOCATION

Proximal to the metacarpophalangeal joint on the lateral side of the fifth metacarpal

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun or he-moacupuncture

ATTRIBUTES AND INDICATIONS

Shu-stream point (wood)—mother (tonification) point for deficiency disease patterns; confluent point of Governing Vessel Channel

Cervical pain, intervertebral disk disease, thoracolumbar pain, shoulder pain, pharyngitis, epilepsy, mania

SI-4 *Wan-gu* 腕骨

Not a commonly used point (figs. 5.24, 5.25 and 5.26)

LOCATION

On the lateral side of the thoracic limb, distal to the carpal joint, caudolateral to the base of the fourth metacarpal bone (opposite LI-4 on the medial side)

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Yuan-source point

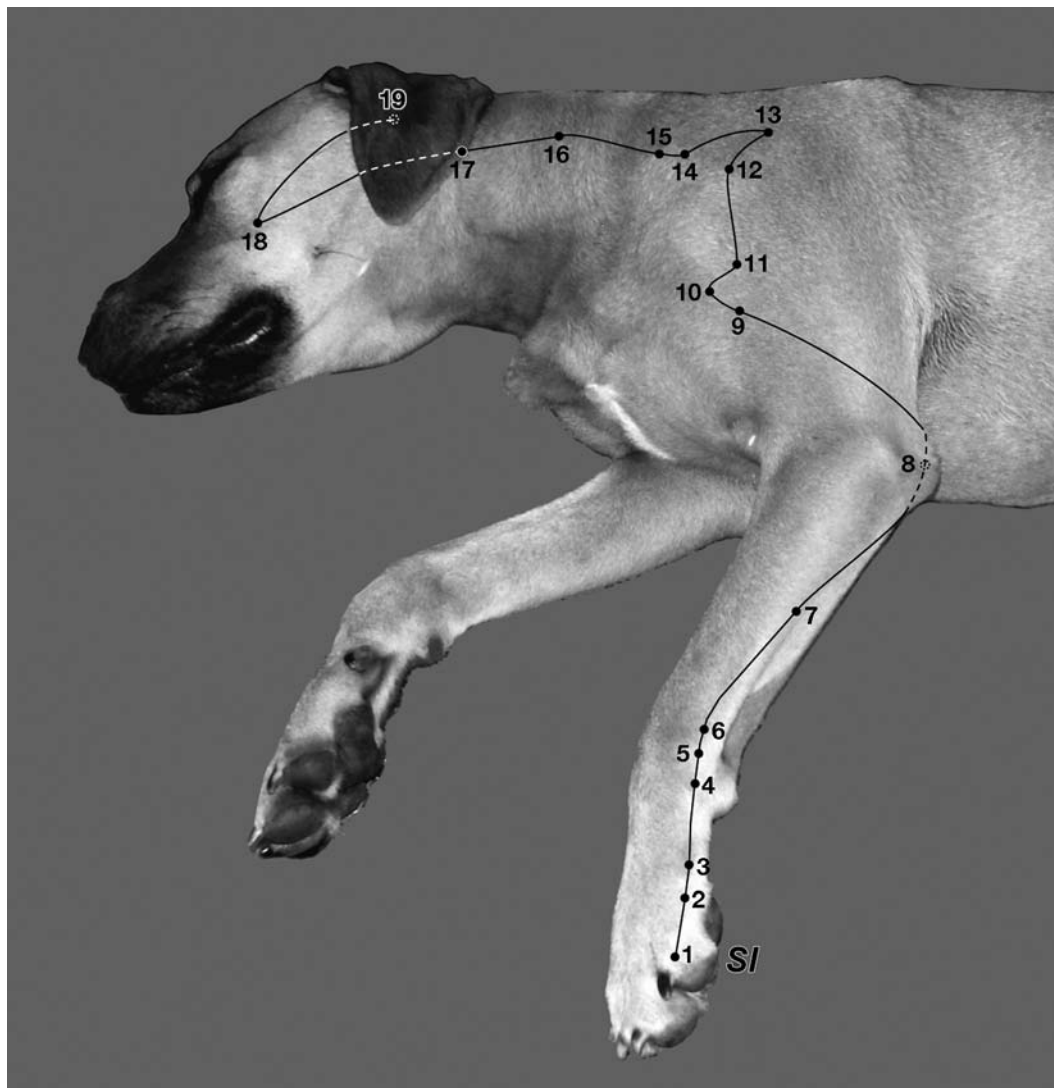
Cervical pain, intervertebral disk disease, jaundice, fever, carpal pain, and osteoarthritis

SI-5 *Yang-gu* 阳谷

Not a commonly used point (figs. 5.24 and 5.26)

LOCATION

On the caudolateral aspect of the thoracic limb in a depression along the lateral styloid process of the radius, proximal



5.24. The location of the Small Intestine (SI) Channel and some of the most commonly used acupoints. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

to the accessory carpal bone, caudal to the lateral digital extensor muscle

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Jing-river (fire); horary point

Fever, carpal pain, mental-emotional disorders

SI-6 *Yang-lao* 养老

A commonly used point (figs. 5.24 and 5.26)

LOCATION

On the lateral side of the thoracic limb distal to the tip of the ulna, on the cranial edge of the ulnaris lateralis muscle, cranial to HT-7 (HT-7 is on the lateral transverse crease of the carpal joint in the large depression lateral to the tendon of the flexor carpi ulnaris muscle.)

METHOD

Oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Xi-cleft point

Visual dysfunction, acute pain in the shoulder and thoracic limb

SI-7 *Zhi-zheng* 支正

A commonly used point (figs. 5.24 and 5.26)

LOCATION

On the caudolateral aspect of the thoracic limb, 5 cun proximal to SI-5, on a line joining SI-5 and SI-8

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

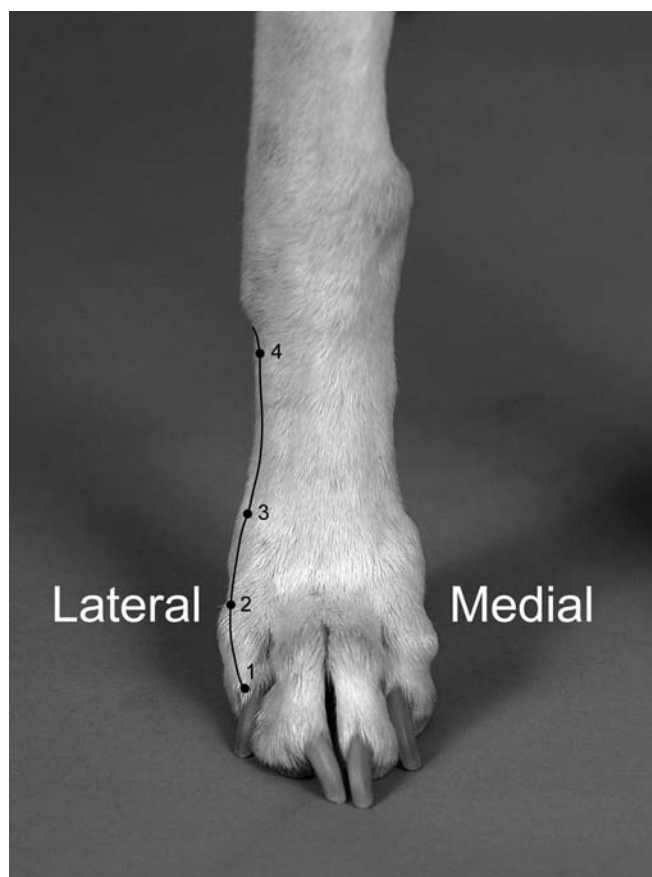
ATTRIBUTES AND INDICATIONS

Luo-connecting point of the SI Channel

Fever, cervical pain, intervertebral disk disease, elbow pain, mental-emotional disorders

SI-8 *Xiao-hai* 小海

A very commonly used point (figs. 5.24 and 5.26)



5.25. The locations of acupoints SI-1 to SI-4 on the Small Intestine Channel.

LOCATION

On medial side of the elbow between the medial humeral epicondyle and the olecranon; this point is on the ulnar nerve (“funny bone”).

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

He-sea point (earth)—child (sedation) point for excess disease patterns

Elbow pain, shoulder pain, epilepsy, neck pain, dental pain and oral inflammation

SI-9 *Qiang-feng* 抢风

A very commonly used point (figs. 5.24 and 5.26)

LOCATION

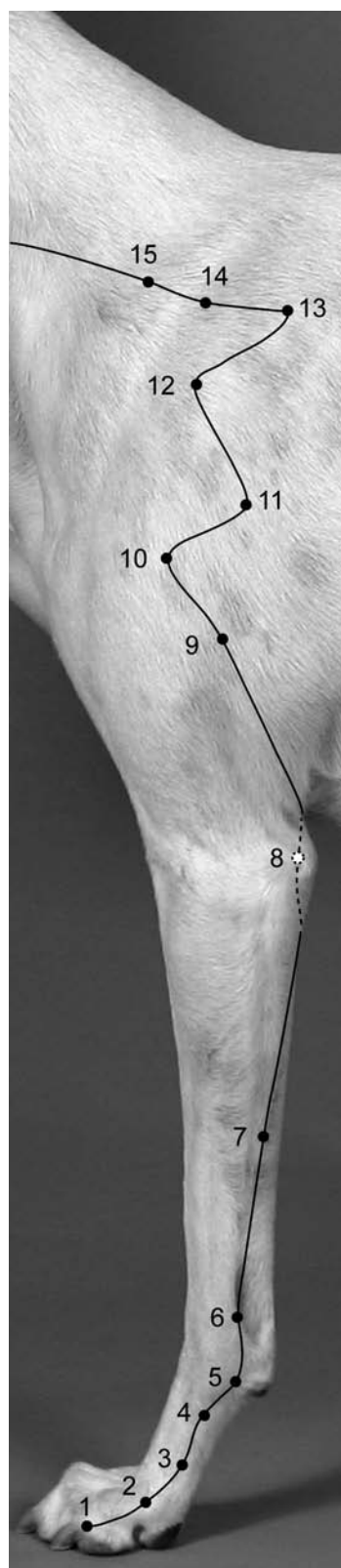
Caudal to the humerus in the large depression along the caudal border of the deltoid muscle at its juncture with the lateral and the long heads of the triceps brachii muscles, at the level of the shoulder joint

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Shoulder pain, thoracic limb lameness or paresis or paralysis, generalized pain



5.26. The locations of acupoints SI-1 to SI-15 on the Small Intestine Channel.

SI-10 Jian-zhen 肩贞

Not a commonly used point (fig. 5.26)

LOCATION

Dorsal to the shoulder, 2 cun craniodorsal to SI-9

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

The crossing (meeting) point of the SI, BL, *Yang-wei*, and *Yang-qiao* Channels; shoulder pain

SI-11 Tian-zong 天宗

Not a commonly used point (fig. 5.26)

LOCATION

Dorsal to the shoulder, 2 cun caudodorsal to SI-10 and caudal to the scapular spine

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Shoulder pain, mastitis, galactia

SI-12 Bing-feng 秉风

Not commonly used point (fig. 5.26)

LOCATION

Cranial to the scapular spine 3 cun ventral to SI-13 (SI-13 is just caudal to the scapular spine, 3 $\frac{1}{3}$ cun ventral to the dorsal border of the scapula.)

METHOD

Oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

The crossing (meeting) point of the SI, LI, TH, and GB Channels; shoulder pain, local muscle atrophy

SI-13 Qu-yuan 曲垣

Not a commonly used point (figs. 5.24 and 5.26)

LOCATION

Just caudal to the scapular spine, 3 $\frac{1}{3}$ cun ventral to the dorsal border of the scapula

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Shoulder pain, muscle atrophy

SI-14 Jian-wai-shu 肩外俞

Not a commonly used point (figs. 5.24 and 5.26)

LOCATION

On the cranial border of the scapula, $\frac{1}{3}$ of the distance on a line from the dorsal border of the scapula to the point of the shoulder

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Cervical pain and stiffness, intervertebral disk disease, cough, dyspnea

SI-15 Jian-zhong-shu 肩中俞

Not a commonly used point (figs. 5.24 and 5.26)

LOCATION

In the caudal cervical region, 1 cun cranial to SI-14 (SI-14 is on the cranial border of the scapula, $\frac{1}{3}$ of the distance on a line from the dorsal border of the scapula to the point of the shoulder.)

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Cervical pain and stiffness, intervertebral disk disease, cough, dyspnea

SI-16 Tian-chuang 天窗

Not a commonly used point (figs. 5.24 and 5.27)

LOCATION

On the dorsal border of the brachiocephalicus muscle at the level of the second cervical vertebral space (C2-C3), dorsal to LI-18

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Cervical pain, intervertebral disk disease, deafness, shoulder pain, sudden loss of vocalization

SI-17 Tian-rong 天容

Not a commonly used point (fig. 5.27)

LOCATION

Immediately caudal to the mandible at the level of SI-16

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Laryngeal hemiplegia, cervical pain, intervertebral disk disease, deafness

SI-18 Quan-liao 颧髎

Not a commonly used point (fig. 5.27)

LOCATION

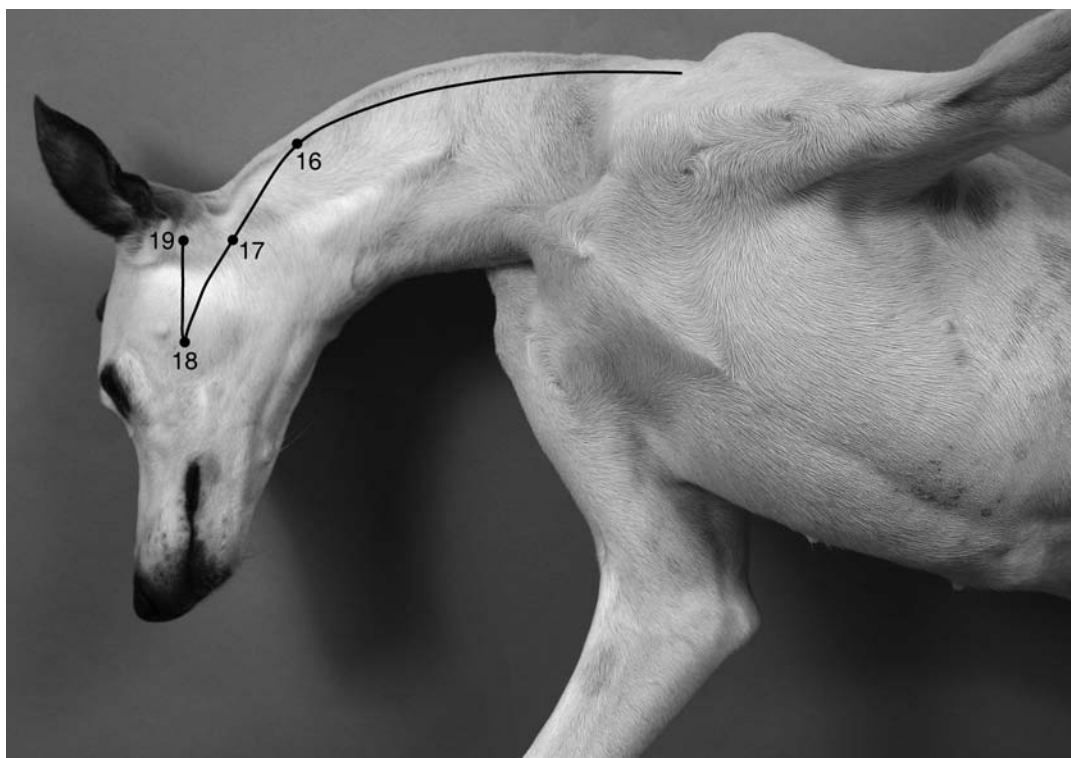
Ventral to the zygomatic bone at the level of the lateral canthus of the eye

METHOD

Oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

The crossing (meeting) point of the SI and TH Channels; facial paralysis, facial pain, swelling in cheek



5.27. The locations of acupoints SI-16 to SI-19 on the Small Intestine Channel.

SI-19 *Ting-gong* 听宫

A very commonly used point (fig. 5.27)

LOCATION

Rostral to the tragus at the posterior border of the mandible, slightly dorsal to the condyloid process (TH-21 is in a depression just cranial to the supratragic notch dorsal to the condyloid process of the mandible dorsal to SI-19 and GB-2, which is rostral to the intertragic notch directly below SI-19.)

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Otitis, auditory dysfunction, mania, dental pain, epilepsy

BLADDER CHANNEL (BL) 膀胱经

3 to 5 P.M.; Pelvic Limb *Tai-yang*: head to hind foot

The Bladder Channel starts at the medial canthus of the eye and continues caudally over the head parallel to the dorsal midline and medial to the ear. Traveling past the wings of the atlas, it continues down the dorsal portion of the neck to reach a point caudal to the scapula where it splits into two branches. The inner branch runs parallel to the spine at a distance 1.5 cun lateral to the dorsal midline, and the outer branch runs similarly 3 cun lateral to the midline. At the popliteal fossa, the two branches join. The channel continues distally along the caudolateral aspect of the pelvic limb. It ends on the lateral aspect of the fifth digit. There are 67 acupoints along the exterior Bladder Channel (fig. 5.28).

BL-1 *Jing-ming* or *Da-yan-jiao* 睛明

A very commonly used point (figs. 5.28 and 5.29)

LOCATION

0.1 cun dorsal to the medial canthus of the eye

METHOD

Push the eyeball laterally and make a perpendicular insertion: dry-needle depth 0.1 cun; do not twist the needle; moxibustion is contraindicated.

ATTRIBUTES AND INDICATIONS

Crossing point of the BL, SI, *Yang-qiao*, *Yin-qiao*, and ST Channels

Conjunctivitis, uveitis, optic neuritis, keratitis, liver heat

BL-2 *Cuan-zhu* or *Zan-zhu* 攒竹

A commonly used point (figs. 5.28 and 5.29)

LOCATION

In the supraorbital ridge below the medial end of the eyebrow at the supraorbital notch directly dorsal to BL-1

METHOD

Oblique insertion toward BL-1: dry-needle depth 0.2 cun; moxibustion is contraindicated.

ATTRIBUTES AND INDICATIONS

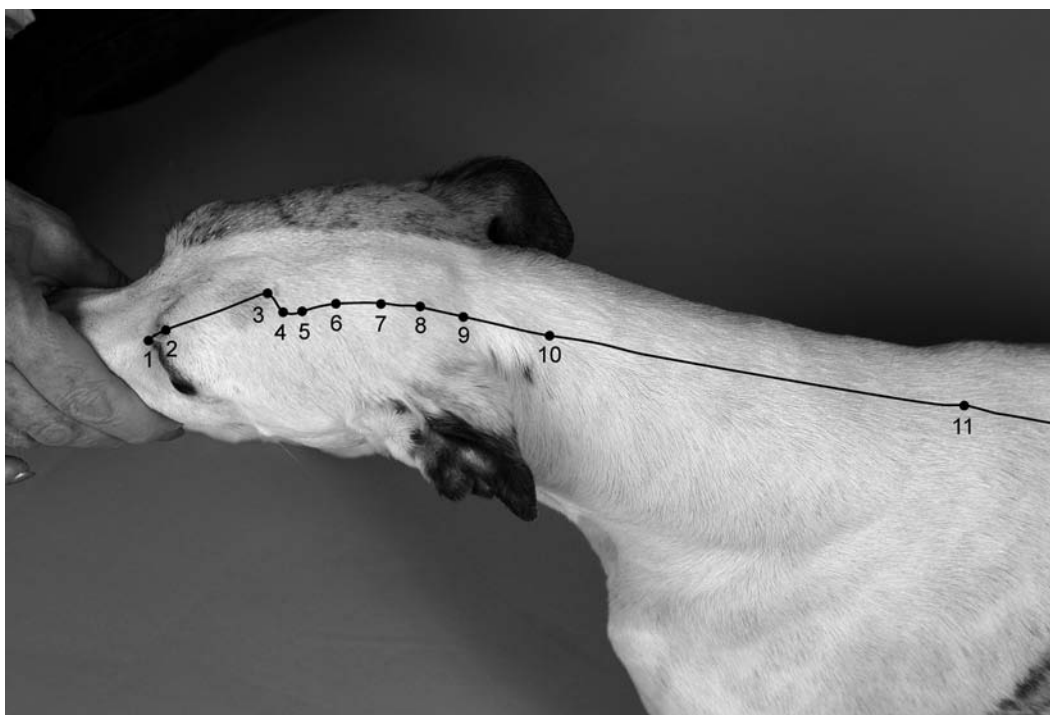
Conjunctivitis, uveitis, facial paralysis, eyelid twitching, visual disturbances

BL-3 *Mei-chong* 眉冲

Not a commonly used point (fig. 5.29)



5.28. The location of the Bladder Channel and some of the most commonly used acupoints. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)



5.29. The locations of acupoints BL-1 to BL-11 on the Bladder Channel.

LOCATION

On the dorsolateral aspect of the head, 3.5 cun caudal to BL-2

METHOD

Oblique insertion: dry-needle depth 0.2 cun

ATTRIBUTES AND INDICATIONS

Epilepsy

BL-4 *Qu-cha* 曲差

Not a commonly used point (fig. 5.29)

LOCATION

On the dorsolateral aspect of the head, $\frac{1}{3}$ the distance from GV-24 and ST-8 (GV-24 is on the midline 1 cun cranial to the front edge of the ears, and ST-8 is in the depression caudal to the supraorbital fossa, 1 cun cranial to the front base of ear.)

METHOD

Oblique insertion: dry-needle depth 0.2 cun

ATTRIBUTES AND INDICATIONS

Epilepsy, eye pain, nasal congestion

BL-5 *Wu-chu* 五处

Not a commonly used point (fig. 5.29)

LOCATION

On the dorsolateral aspect of the head, 0.5 cun caudal to BL-4 and 1.5 cun lateral to the midline

METHOD

Oblique insertion: dry-needle depth 0.2 cun

ATTRIBUTES AND INDICATIONS

Epilepsy, opisthotonus, nasal congestion

BL-6 *Cheng-guang* 承光

Not a commonly used point (fig. 5.29)

LOCATION

On the dorsal aspect of the head, 1.5 cun caudal to BL-5, 1.5 cun from the midline

METHOD

Oblique insertion: dry-needle depth 0.2 cun

ATTRIBUTES AND INDICATIONS

Epilepsy, visual disturbances

BL-7 *Tong-tian* 通天

Not a commonly used point (fig. 5.29)

LOCATION

On the dorsal aspect of the head, 1.5 cun caudal to BL-6 and lateral to the dorsal midline at the level of GV-20 (GV-20 is on the dorsal midline on a line drawn from the tips of the ears level with the ear canals.)

METHOD

Oblique insertion: dry-needle depth 0.2 cun

ATTRIBUTES AND INDICATIONS

Nasal discharge and congestion

BL-8 *Luo-que* 络却

Not a commonly used point (fig. 5.29)

LOCATION

On the dorsal aspect of the head, 1.5 cun caudal to BL-7, 1.5 cun lateral to the midline

METHOD

Oblique insertion: dry-needle depth 0.2 cun

ATTRIBUTES AND INDICATIONS

Shen disturbances, nasal congestion

BL-9 Yu-zhen 玉枕

Not a commonly used point (fig. 5.29)

LOCATION

On the dorsum of the head, 1.5 cun lateral to the midline at the level with the caudal edge of the ears

METHOD

Oblique insertion: dry-needle depth 0.2 cun

ATTRIBUTES AND INDICATIONS

Eye pain, nasal discharge and congestion

BL-10 Tian-zhu 天柱

A commonly used point (figs. 5.28 and 5.29)

LOCATION

On the dorsolateral aspect of the cervical spine, in a depression just caudal to the wings of the atlas (at the junction of C1-C2), 1.5 cun from the dorsal midline

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Wind-cold, nasal congestion and discharge, febrile disease, cervical pain, intervertebral disk disease, epilepsy, shoulder pain

BL-11 Da-zhu 大杼

A very commonly used point (figs. 5.28 and 5.29)

LOCATION

At the cranial edge of the scapula, 1.5 cun lateral to the dorsal spinous process of T1 (the first palpable dorsal spinous process); the point is punctured by inserting the needle midway between the spinous process and the medial border of the scapula, directing the needle slightly lateral.

METHOD

Perpendicular to oblique insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Influential point for bone; crossing (meeting) point of the SI, BL, TH, GB, and GV Channels
Osteoarthritis, intervertebral disk disease, cervical pain, thoracolumbar pain, shoulder pain, thoracic limb lameness, cough, fever

BL-12 Feng-men and BL-41 Fu-fen 风门 / 附分

BL-12 is a commonly used point; BL-41 is not a commonly used point (fig. 5.28).

LOCATION

On the dorsolateral aspect of the spine, 1.5 cun (BL-12) and 3 cun (BL-41) lateral to the caudal border of the dorsal spinous process of T2

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Influential point for wind and trachea; crossing (meeting) point of the BL and GV Channels
Wind-cold, wind-heat, cough, fever, pruritus, cervical and thoracic pain, nasal congestion

BL-13 Fei-shu and BL-42 Po-hu 肺俞 / 魄户

BL-13 is a commonly used point; BL-42 is not a commonly used point (fig. 5.28)

LOCATION

On the dorsolateral aspect of the spine, 1.5 cun (BL-13) and 3 cun (BL-42) lateral to the caudal border of the dorsal spinous process of T3

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Back *shu* association point for the lung
Cough, dyspnea, pneumonia, bronchitis, nasal congestion, *Yin* deficiency, low-grade fever, wind-heat, wind-cold

BL-14 Jue-yin-shu and BL-43**Gao-huang 厥阴俞 / 膏肓**

BL-14 is a commonly used point; BL-43 is not a commonly used point (fig. 5.28).

LOCATION

On the dorsolateral aspect of the spine, 1.5 cun (BL-14) and 3 cun (BL-43) lateral to the caudal border of the dorsal spinous process of T4

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Back-*shu* association point for the pericardium
Shen disturbances, anxiety, vomiting, cough, thoracic pain

BL-15 Xin-shu and BL-44**Shen-tang 心俞 / 神堂**

BL-15 is a commonly used point; BL-44 is not a commonly used point (fig. 5.28).

LOCATION

On the dorsolateral aspect of the spine, 1.5 cun (BL-15) and 3 cun (BL-44) lateral to the caudal border of the dorsal spinous process of T5

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Back-*shu* association point for the heart

Cardiac disorders, thoracic pain, cardiac arrhythmias, sleep disorders, *shen* disturbances, cognitive dysfunction, epilepsy

BL-16 Du-shu and BL-45 Yi-xi 督俞 / 噫嘻

BL-16 is a commonly used point; BL-45 is not a commonly used point (fig. 5.28).

LOCATION

On the dorsolateral aspect of the spine, 1.5 cun (BL-16) and 3 cun (BL-45) lateral to the caudal border of the dorsal spinous process of T6

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Back-*shu* association point for the Governing Vessel cough, dyspnea, thoracic pain, abdominal pain, thoracolumbar intervertebral disk disease, fever, *Shao-yang* pattern, pruritus

BL-17 Ge-shu and BL-46 Ge-guan 膈俞 / 膈关

BL-17 is a very commonly used point; BL-46 is not a commonly used point (fig. 5.28).

LOCATION

On the dorsolateral aspect of the spine, 1.5 cun (BL-17) and 3 cun (BL-46) lateral to the caudal border of the dorsal spinous process of T7

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Influential point for blood; Back *shu* association point for the diaphragm; blood deficiency, *Yin* deficiency, vomiting, regurgitation, nausea, cough, dyspnea, low-grade fever

BL-18 Gan-shu and BL-47**Hun-men 肝俞 / 魂门**

BL-18 is a very commonly used point; BL-47 is not a commonly used point (fig. 5.28).

LOCATION

On the dorsolateral aspect of the spine, 1.5 cun (BL-18) and 3 cun (BL-47) lateral to the caudal border of the dorsal spinous process of T10

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Back-*shu* association point for the liver; liver diseases, gallbladder diseases, ocular diseases, hypertension, epilepsy, irritability, thoracolumbar intervertebral disk disease

BL-19 Dan-shu and BL-48**Yang-gang 胆俞 / 阳纲**

BL-19 is a commonly used point; BL-48 is not a commonly used point (fig. 5.28).

LOCATION

On the dorsolateral aspect of the spine, 1.5 cun (BL-19) and 3 cun (BL-48) lateral to the caudal border of the dorsal spinous process of T11

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Back *shu* association point for gallbladder; liver diseases, gallbladder diseases, liver *Yang* rising, Liver *Qi* Stagnation, low-grade fever, thoracolumbar intervertebral disk disease

BL-20 Pi-shu and BL-49 Yi-she 脾俞 / 意舍

BL-20 is a very commonly used point; BL-49 is not a commonly used point (fig. 5.28).

LOCATION

On the dorsolateral aspect of the spine, 1.5 cun (BL-20) and 3 cun (BL-49) lateral to the caudal border of the dorsal spinous process of T12

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Back-*shu* association point for the spleen; spleen deficiency, damp, pancreatic and digestive disorders, vomiting, watery or bloody diarrhea, edema, anemia, thoracolumbar intervertebral disk disease, jaundice

BL-21 Wei-shu and BL-50**Wei-cang 胃俞 / 胃仓**

BL-21 is a very commonly used point; BL-50 is not a commonly used point (fig. 5.28).

LOCATION

On the dorsolateral aspect of the spine, 1.5 cun (BL-21) and 3 cun (BL-50) lateral to the caudal border of the dorsal spinous process of T13

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Back-*shu* association point for the stomach; gastrointestinal and pancreatic diseases, loss of appetite, diarrhea, nausea, vomiting, constipation, abdominal pain, generalized weakness

BL-22 San-jiao-shu and BL-51**Huang-men 三焦俞 / 育门**

BL-22 is a very commonly used point; BL-51 is not a commonly used point (fig. 5.28).

LOCATION

On the dorsolateral aspect of the spine, 1.5 cun (BL-22) and 3 cun (BL-51) lateral to the caudal border of the dorsal spinous process of L1

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Back-*shu* association point for Triple Heater; edema, vomiting, diarrhea, thoracolumbar intervertebral disk disease, abdominal pain, endocrine disorders, intraabdominal masses

BL-23 Shen-shu and BL-52 Zhi-shi 肾俞 / 志室

BL-23 is a very commonly used point; BL-52 is a commonly used point (fig. 5.28).

LOCATION

On the dorsolateral aspect of the spine, 1.5 cun (BL-23) and 3 cun (BL-54) lateral to the caudal border of the dorsal spinous process of L2

METHOD

Perpendicular insertion: dry-needle depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

Back-*shu* association point for the kidney; kidney *Yin* and *Qi* deficiency, renal diseases, urinary incontinence, impotence, edema, auditory dysfunction, thoracolumbar intervertebral disk disease, pelvic limb weakness, coxofemoral joint osteoarthritis

BL-24 Qi-hai-shu 气海俞

A very commonly used point (fig. 5.28)

LOCATION

On the dorsolateral aspect of the spine, 1.5 cun lateral to the caudal border of the dorsal spinous process of L4 (or L3)

METHOD

Perpendicular insertion: dry-needle depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

“Sea of *Qi*”

Qi deficiency, thoracolumbar intervertebral disk disease, abdominal pain, uterine diseases, diarrhea, hemorrhage

BL-25 Da-chang-shu 大肠俞

A very commonly used point (fig. 5.28)

LOCATION

On the dorsolateral aspect of the spine, 1.5 cun lateral to the caudal border of the dorsal spinous process of L5

METHOD

Perpendicular insertion: dry-needle depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

Back-*shu* association point for the large intestine
Diarrhea, constipation, abdominal pain, thoracolumbar intervertebral disk disease, lumbar pain

BL-26 Guan-yuan-shu 关元俞

A very commonly used point (fig. 5.28)

LOCATION

On the dorsolateral aspect of the spine, 1.5 cun lateral to the caudal border of the dorsal spinous process of L6

METHOD

Perpendicular insertion: dry-needle depth 1–2 cun

ATTRIBUTES AND INDICATIONS

Gate of *Yuan*-source *Qi*

Kidney *Yang* and *Qi* deficiency, impotence, urinary incontinence, diarrhea, abdominal pain, lumbosacral pain

BL-27 Xiao-chang-shu 小肠俞

A commonly used point (fig. 5.28)

LOCATION

On the dorsolateral aspect of the spine, 1.5 cun lateral to the caudal border of the dorsal spinous process of L7

METHOD

Perpendicular insertion: dry-needle depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

Back-*shu* association point for the small intestine

Abdominal pain, diarrhea, urinary incontinence, hematuria, lumbosacral pain

BL-28 Pang-guang-shu 膀胱俞

A commonly used point (fig. 5.28)

LOCATION

In the first sacral intervertebral space (S1-S2), 1.5 cun lateral to the dorsal midline between the sacrum and the medial border of the wing of the ilium

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

ATTRIBUTES AND INDICATIONS

Back-*shu* association point for the bladder

Dysuria, urinary incontinence, diarrhea, constipation, lumbosacral pain

BL-29 Zhong-lu-shu 中膂俞

Not a commonly used point (fig. 5.28)

LOCATION

In the second sacral intervertebral space (S2-S3), 1.5 cun lateral to the dorsal midline between the sacrum and the wing of the ilium

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Diarrhea, hernia, lumbosacral pain

BL-30 Bai-huan-shu 白环俞

Not a commonly used point (fig. 5.28)

LOCATION

In the sacrocaudal space (S3-Cd-1), 1.5 cun lateral to the dorsal midline

METHOD

Perpendicular insertion: dry-needle depth 0.2–0.5 cun

ATTRIBUTES AND INDICATIONS

Urinary incontinence, hernia, impotence, retained testicles, sacrocaudal pain

BL-31 Shang-liao 上寥

Not a commonly used point (fig. 5.28)

LOCATION

At the caudal border of the dorsal spinous process of L7 halfway between BL-27 and the dorsal midline (BL-27 is on the dorsolateral aspect of the spine, 1.5 cun lateral to the caudal border of the dorsal spinous process of L7.)

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Retained testicle, urinary incontinence, bladder atonia, pelvic limb paresis or paralysis

BL-32 Ci-liao 次寥

Not a commonly used point (fig. 5.28)

LOCATION

At the first sacral space (S1-S2) halfway between BL-28 and the dorsal midline; BL-28 is in the first sacral intervertebral space (S1-S2), 1.5 cun lateral to the dorsal midline between the sacrum and the medial border of the wing of the ilium.

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Retained testicle, urinary incontinence, pelvic limb paresis or paralysis

BL-33 Zhong-liao 中寥

Not a commonly used point (fig. 5.28)

LOCATION

At the second sacral space (S2-S3) halfway between BL-29 and the dorsal midline (BL-29 is in the second sacral intervertebral space, 1.5 cun lateral to the dorsal midline between the sacrum and the wing of the ilium.)

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Constipation, diarrhea

BL-34 Xia-liao 下寥

Not a commonly used point (fig. 5.28)

LOCATION

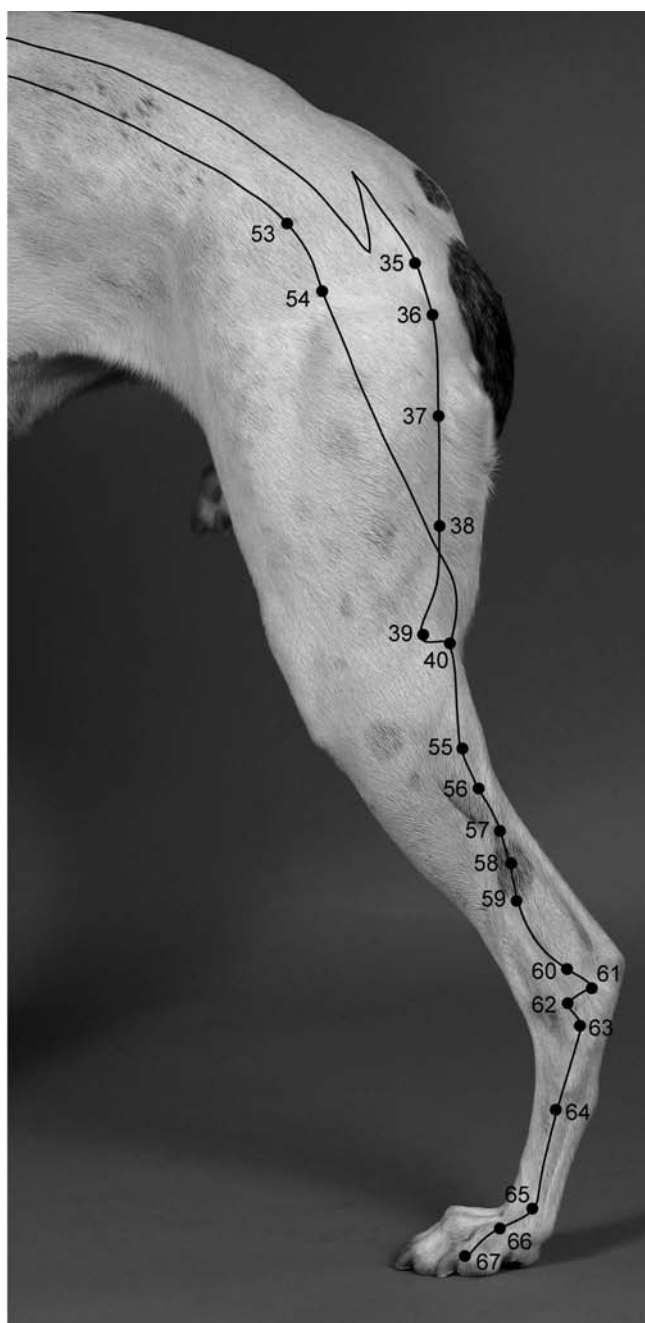
At the sacrocaudal junction halfway between BL-30 and the dorsal midline; BL-30 is in the sacrocaudal space (S3-Cd-1), 1.5 cun lateral to the dorsal midline.

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

ATTRIBUTES AND INDICATIONS

Abdominal pain, thoracolumbar intervertebral disk disease, constipation, bladder atonia



5.30. The locations of acupoints BL-35 to BL-67 on the Bladder Channel.

BL-35 Hui-yang 会阳

A commonly used point (figs. 5.28 and 5.30)

LOCATION

In the crease lateral to the tail base, just lateral to BL-30; BL-30 is in the sacrocaudal space (S3-Cd-1), 1.5 cun lateral to the dorsal midline.

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Bloody diarrhea, hematuria, perianal pruritus, sacrocaudal pain, tail paralysis

BL-36 *Xie-qi* or *Cheng-fu* 邪气

A commonly used point (figs. 5.28 and 5.30)

LOCATION

Ventral to the lateral border of the tuber ischii in the groove between the biceps femoris and semitendinosus muscles

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Lumbosacral pain, perianal disorders, pelvic limb paresis or paralysis

BL-37 *Han-gou* or *Yin-men* 汗沟

Not a commonly used point (figs. 5.28 and 5.30)

LOCATION

On the caudolateral aspect of the pelvic limb, $\frac{1}{3}$ the distance between BL-36 to BL-39 in the groove between the biceps femoris and semitendinosus muscles

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Coxofemoral joint, stifle and hock pain and lameness, pelvic limb muscle atrophy, pelvic limb paresis or paralysis

BL-38 *Yang-wa* or *Fu-xi* 仰瓦

Not a commonly used point (figs. 5.28 and 5.30)

LOCATION

On the caudolateral aspect of the pelvic limb, $\frac{2}{3}$ the distance between BL-36 to BL-39 in the groove between the biceps femoris and semitendinosus muscles

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Coxofemoral joint, stifle and hock pain and lameness, pelvic limb muscle atrophy, pelvic limb paresis or paralysis

BL-39 *Qian-shen* or *Wei-yang* 牵肾

A very commonly used point (figs. 5.28 and 5.30)

LOCATION

On the lateral end of the popliteal crease, on the medial border of the biceps femoris muscle tendon, just proximal to BL-40

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Lower *He*-sea point for TH Channel
Urinary incontinence, dysuria, edema, hock pain, thoracolumbar intervertebral disk disease

BL-40 *Wei-zhong* 委中

A very commonly used point (figs. 5.28 and 5.30)

LOCATION

In the center of the popliteal crease

METHOD

Perpendicular insertion: dry-needle depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

He-sea point (earth); master point for the caudal back and coxofemoral joints

Dysuria, urinary incontinence, coxofemoral joint and thoracolumbar intervertebral disk disease, autoimmune disease, vomiting, diarrhea, pelvic limb paresis or paralysis

BL-41 through 52: See BL-12 through 23 (fig. 5.28)

BL-53 *Bao-huang* 胞育

Not a commonly used point (figs. 5.28 and 5.30)

LOCATION

In the lateral gluteal region at the level of BL-28 just caudal to the tuber coxae; BL-28 is in the 1st sacral intervertebral space (S1-S2), 1.5 cun lateral to the dorsal midline between the sacrum and the medial border of the wing of the ilium.

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Coxofemoral joint and lumbosacral pain, dysuria

BL-54 *Ba-shan* or *Zhi-bian* 巴山

A commonly used point (figs. 5.28 and 5.30)

LOCATION

At the coxofemoral joint at the level of the sacrococcygeal hiatus, just dorsal to the greater trochanter of the femur; one of the three “bowling ball points” around the coxofemoral joint

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Master point for the pelvic limbs

Coxofemoral joint pain and osteoarthritis, pelvic limb paresis or paralysis, lameness and muscle atrophy, perianal disorders, dysuria

BL-55 *He-yang* 合阳

Not a commonly used point (fig. 5.30)

LOCATION

On the caudolateral aspect of the pelvic limb distal to the stifle, 2 cun distal to BL-40

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Thoracolumbar intervertebral disk disease, pelvic limb paresis or paralysis, uterine bleeding

BL-56 *Cheng-jin* 承筋

Not a commonly used point (fig. 5.30)

LOCATION

On the caudolateral aspect of the pelvic limb distal to the stifle between the bellies of the gastrocnemius muscles, halfway between BL-55 and BL-57

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Perianal disorders, pelvic limb lameness, contracture of the stifle or ankle

BL-57 *Cheng-shan* 承山

Not a commonly used point (fig. 5.30)

LOCATION

On the caudolateral aspect of the pelvic limb distal to the stifle, halfway between BL-40 and BL-60 (BL-40 is at the center of the popliteal crease and BL-60 is between the lateral malleolus of the fibula and the calcaneus at the level of the tip of the lateral malleolus.)

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

General weakness, pelvic limb pain, constipation, pad pain

BL-58 *Fei-yang* 飞扬

Not a commonly used point (fig. 5.30)

LOCATION

On the caudolateral aspect of the pelvic limb 1 cun ventrolateral to BL-57, or 7 cun proximal to BL-60, on the caudal border of the fibula

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Luo-connecting point of the BL Channel

Epistaxis, thoracolumbar intervertebral disk disease, pelvic limb pain, perianal pain

BL-59 *Fu-yang* 附阳

Not a commonly used point (fig. 5.30)

LOCATION

On the caudolateral aspect of the pelvic limb between the stifle and hock, 3 cun directly proximal to BL-60

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Xi-cleft point for *Yang-qiao* extraordinary channel

Acute lumbosacral trauma or pain, pelvic limb lameness

BL-60 *Kun-lun* 昆仑

A very commonly used point (figs. 5.28 and 5.30)

LOCATION

On the caudolateral aspect of the pelvic limb at the hock, in the thin fleshy tissue between the lateral malleolus of the fibula and the calcaneus at the level of the tip of the lateral malleolus (opposite KID-3)

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun; contraindicated during pregnancy

ATTRIBUTES AND INDICATIONS

Jing-river (fire)

Epistaxis, intervertebral disk disease, cervical pain, thoracolumbar pain, hock pain, epilepsy, dystocia, hypertension

BL-61 *Pu-can* 仆参

Not a commonly used point (fig. 5.30)

LOCATION

On the caudolateral aspect of the pelvic limb at the hock, 1 cun caudal and distal to BL-60

METHOD

Oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Hock pain, lumbar pain

BL-62 *Shen-mai* 申脉

A very commonly used point (fig. 5.30)

LOCATION

On the lateral side of the pelvic limb at the hock, in a depression directly distal to the lateral malleolus of the fibula with the foot in dorsiflexion (opposite to KID-6)

METHOD

Oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Confluent point to the *Yang-qiao* extraordinary channel

Ataxia and weakness of all four limbs, pelvic limb ataxia and weakness, sleep disorders, ocular disorders

BL-63 *Jin-men* 金门

Not a commonly used point (fig. 5.30)

LOCATION

On the caudolateral aspect of the pelvic limb, on the distal aspect of the calcaneus, proximal to the fifth metatarsal bone

METHOD

Oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Xi-cleft point

Epilepsy, lumbar pain

BL-64 *Jing-gu* 京骨

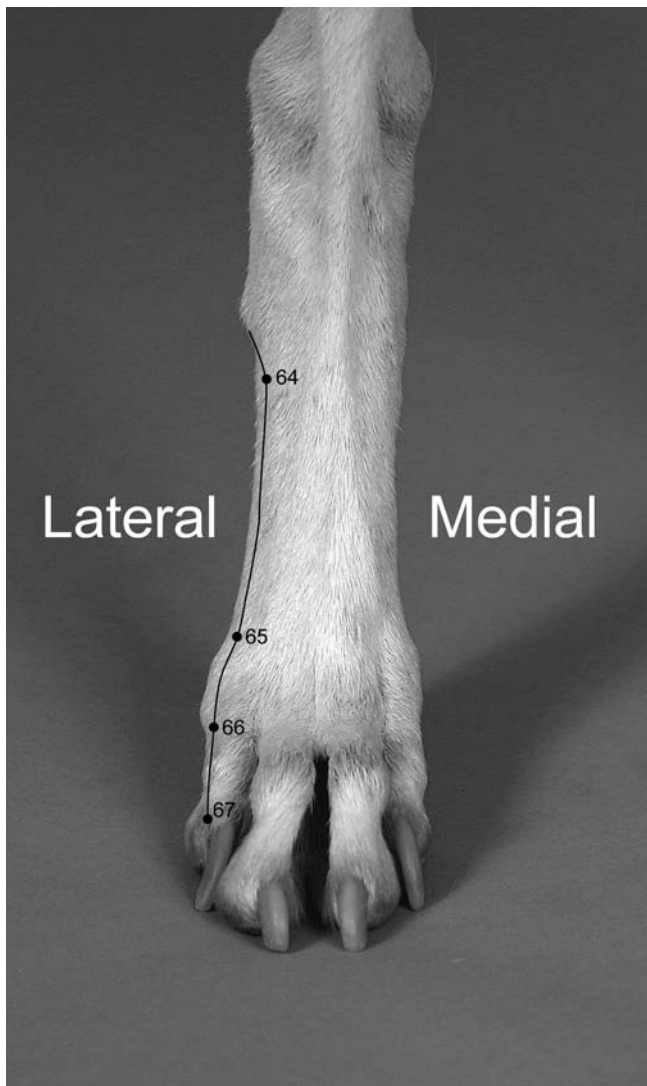
Not a commonly used point (figs. 5.30 and 5.31)

LOCATION

On the lateral aspect of the pelvic limb distal to the base (proximal end) of the fifth metatarsal bone

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun



5.31. The locations of acupoints BL-64 to BL-67 on the Bladder Channel.

ATTRIBUTES AND INDICATIONS

Yuan-source point

Epilepsy, cervical and thoracolumbar intervertebral disk disease, mental-emotional disorders

BL-65 *Shu-gu* 束骨

Not a commonly used point (figs. 5.30 and 5.31)

LOCATION

On the lateral aspect of the pelvic limb caudal to the distal end of the fifth metatarsal bone at the metacarpophalangeal joint

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Shu-stream point (wood)—child (sedation) point for excess disease patterns

Cervical and thoracolumbar intervertebral disk disease, metatarsophalangeal joint pain, Liver *Yang* Rising, epilepsy, mania

BL-66 *Zu-tong-gu* 足通谷

Not a commonly used point (figs. 5.30 and 5.31)

LOCATION

Just distal to the metatarsophalangeal joint on the lateral aspect of the fifth digit of the pelvic limb

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Ying-spring point (water), horary point

Cervical pain, intervertebral disk disease, epistaxis, epilepsy, vomiting

BL-67 *Zhi-yin* 至阴

A commonly used point (figs. 5.28, 5.30, and 5.31)

LOCATION

On the lateral aspect of the fifth digit of the pelvic limb at the nail bed

METHOD

Perpendicular insertion: dry-needle depth 0.2 cun

ATTRIBUTES AND INDICATIONS

Jing-well point (metal)—mother (tonification) point used in deficiency disease patterns

Nasal congestion and discharge, epistaxis, ocular diseases, dystocia (contraindicated during pregnancy)

KIDNEY CHANNEL (KID) 肾经

5 to 7 P.M.; Pelvic Limb *Shao-yin*: hind foot to the chest

The Kidney Channel begins on the volar side of the hind foot under the central pad between the third and fourth metatarsal bones and courses proximally up the caudomedial aspect of the pelvic limb. At the abdomen, it travels cranially 1 cun parallel to the ventral midline and ends between the sternum and the first rib. There are 27 acupoints in the exterior Kidney Channel (fig. 5.32).

KID-1 *Hou-qi* or *Yong-quan* 涌泉

A very commonly used point (fig. 5.32)

LOCATION

On the volar side of the pelvic limb between the third and fourth metatarsals underneath the central pad

METHOD

Oblique insertion: dry-needle depth 0.5–1 cun

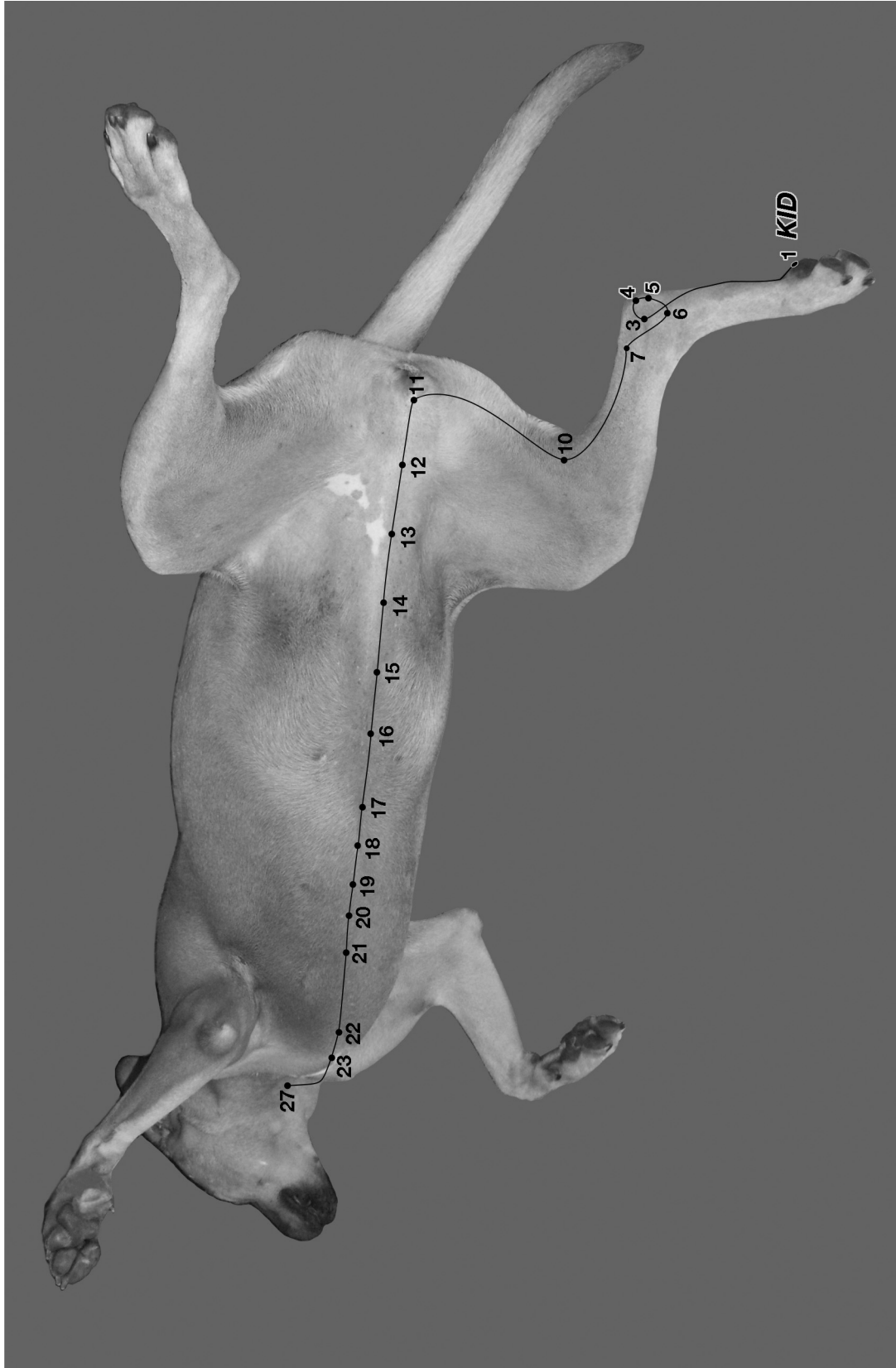
ATTRIBUTES AND INDICATIONS

Jing-well point (wood)—child (sedation) point for excess disease patterns

Coma, status epilepticus, heat stroke, pharyngitis, constipation, dysphonia, dysuria, urinary incontinence

KID-2 *Ran-gu* 然谷

Not a commonly used point (fig. 5.33)



5.32. The location of the Kidney Channel and some of the most commonly used acupoints. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

LOCATION

On the caudomedial aspect of the pelvic limb, distal to the calcaneus, caudal to the central tarsal bone

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Ying-spring point (fire)

Diabetes mellitus, pharyngitis, dysuria, impotence, irregular heat cycles, infertility

KID-3 Tai-xi 太溪

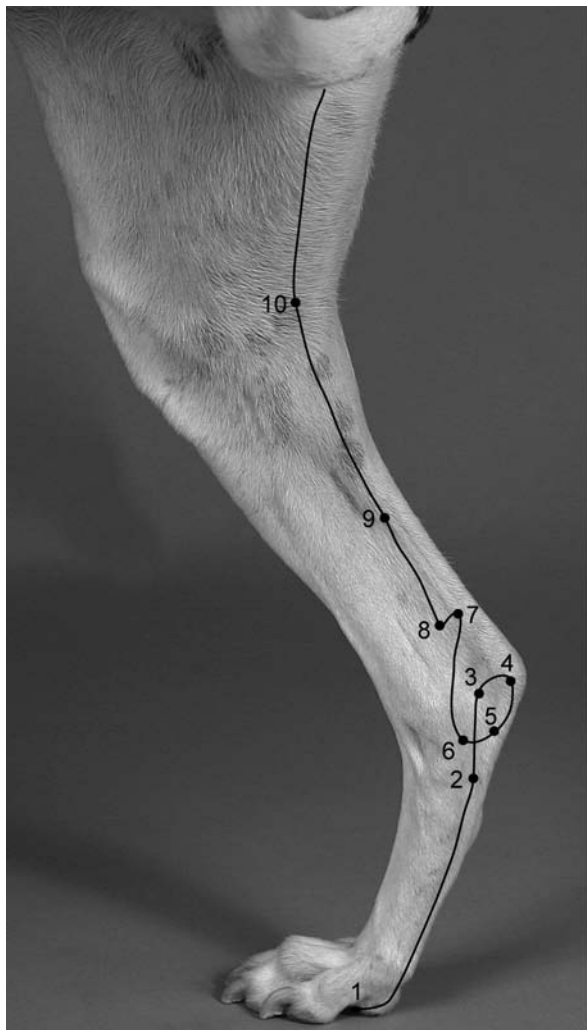
A very commonly used point (figs. 5.32 and 5.33)

LOCATION

On the caudomedial aspect of the pelvic limb in the thin fleshy tissue between the medial malleolus of the tibia and the calcaneus level with the tip of the medial malleolus (opposite and slightly distal to BL-60)

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun



5.33. The locations of acupoints KID-1 to KID-10 on the Kidney Channel.

ATTRIBUTES AND INDICATIONS

Shu-stream point (earth), *Yuan*-source point

Renal diseases, dysuria, diabetes mellitus, irregular heat cycles, infertility, impotence pharyngitis, dyspnea, dental pain, thoracolumbar intervertebral disk disease, otitis, auditory dysfunction

KID-4 Da-zhong 大钟

Not a commonly used point (figs. 5.32 and 5.33)

LOCATION

On the caudomedial aspect of the pelvic limb 0.5 cun caudodistal to KID-3 on the medial border of the calcaneus tendon

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Luo-connecting point of the KID Channel

Urinary incontinence, renal failure, hock pain, excessive fear

KID-5 Shui-quan 水泉

Not a commonly used point (figs. 5.32 and 5.33)

LOCATION

On the caudomedial aspect of the pelvic limb, 1 cun distal to KID-3, caudal to the distal end of the tibia

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Xi-cleft point

Irregular cycling, anestrus, silent heat, dysuria

KID-6 Zhao-hai 照海

A very commonly used point (figs. 5.32 and 5.33)

LOCATION

On the caudomedial aspect of the pelvic limb in the depression immediately distal and caudal to the medial malleolus with the foot in dorsiflexion

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Confluent point with the *Yin-qiao* extraordinary channel

Yin deficiency, dysuria, constipation, epilepsy, pharyngitis, irregular heat cycles, sleep disorders

KID-7 Fu-liu 复溜

A very commonly used point (figs. 5.32 and 5.33)

LOCATION

On the caudomedial aspect of the pelvic limb, 2 cun proximal to KID-3, on the cranial border of the Achilles tendon

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Jing-river point (metal)—mother (tonification) point for deficiency patterns

Diarrhea, edema, pelvic limb paresis or paralysis

KID-8 *Jiao-xin* 交信

Not a commonly used point (fig. 5.33)

LOCATION

On the caudomedial aspect of the pelvic limb 0.5 cranial to KID-7, 2 cun proximal to KID-3, caudal to the medial border of the tibia

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Xi-cleft point for the *Yin-qiao* extraordinary channel

Irregular cycling, hernia, constipation, diarrhea, uterine bleeding

KID-9 *Zhu-bin* 筑宾

Not a commonly used point (fig. 5.33)

LOCATION

On the caudomedial aspect of the pelvic limb 5 cun proximal to KID-3, at the lower end of the belly of the gastrocnemius m, on a line drawn from KID-3 to KID-10

METHOD

Perpendicular or oblique insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Xi-cleft point of the *Yin-wei* extraordinary channel

Hyperactivity, vomiting, pelvic limb lameness

KID-10 *Yin-gu* 阴谷

A commonly used point (figs. 5.32 and 5.33)

LOCATION

On the medial side of the popliteal fossa at the level of BL-40, between the semimembranosus and semitendinosus muscles

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

He-sea point (water), horary point

Impotence, hernia, dysuria, stifle pain, lower-abdominal pain

KID-11 *Heng-gu* 横骨

Not a commonly used point (figs. 5.32 and 5.34)

LOCATION

On the ventral abdomen, 5 cun below the umbilicus on the border of the pubic bone 0.5 cun lateral to CV-2, which is on the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Impotence, dysuria

CAUTIONS

Deep needling may penetrate a full urinary bladder.

KID-12 *Da-he* 大赫

Not a commonly used point (fig. 5.34)

LOCATION

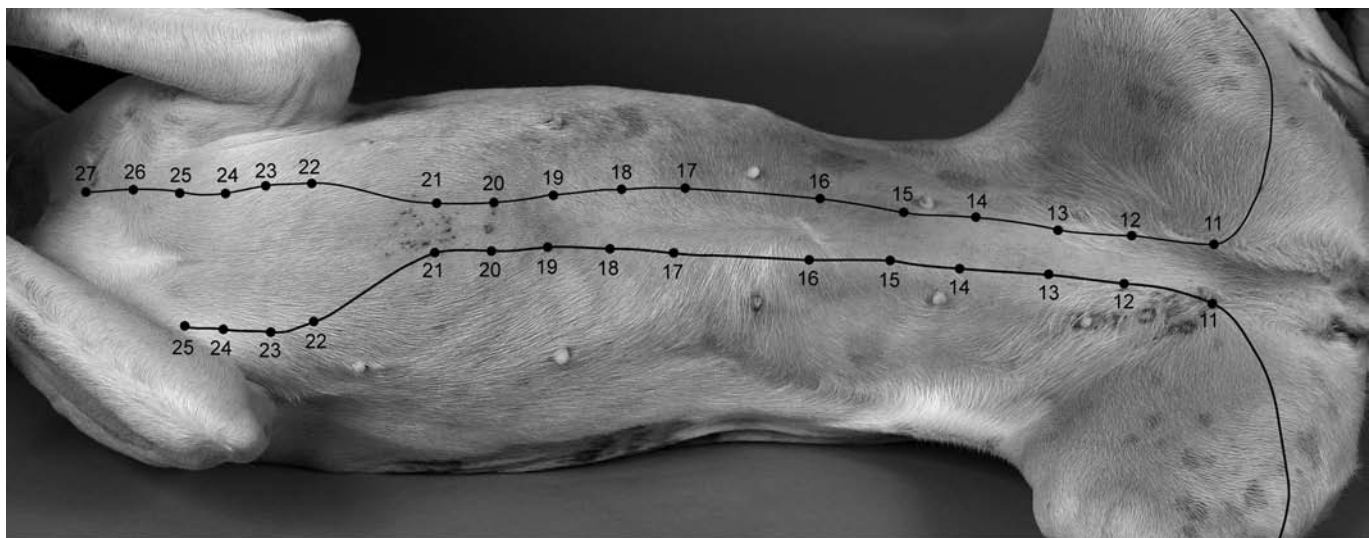
On the ventral abdomen, 4 cun below the umbilicus, 0.5 cun lateral to CV-3, which is on the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Genital pain, vaginal discharge



5.34. The locations of acupoints KID-11 to KID-27 on the Kidney Channel.

CAUTIONS

Deep needling may penetrate a full urinary bladder.

KID-13 Qi-xue 气穴

Not a commonly used point (fig. 5.34)

LOCATION

On the ventral abdomen, 3 cun below the umbilicus 0.5 cun lateral to CV-4, which is on the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the KID and *Chong* Channels; vaginal discharge, infertility, dysuria, diarrhea

CAUTIONS

Deep needling may penetrate a full urinary bladder.

KID-14 Si-man 四满

Not a commonly used point (fig. 5.34)

LOCATION

On the ventral abdomen, 2 cun below the umbilicus 0.5 cun lateral to CV-5, which is on the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 0.3–0.5 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the KID and *Chong* Channels; irregular heat cycles, postpartum pain, diarrhea, lower-abdominal pain

KID-15 Zhong-zhu 中注

Not a commonly used point (fig. 5.34)

LOCATION

On the ventral abdomen, 1 cun below the umbilicus 0.5 cun lateral to CV-7, which is on the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Crossing point of KID and *Chong* Channels; abdominal pain, borborygmus, constipation, vomiting

KID-16 Huang shu 育俞

Not a commonly used point (fig. 5.34)

LOCATION

On the ventral abdomen, at the level of the umbilicus 0.5 cun lateral to CV-8, which is on the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Crossing point of KID and *Chong* Channels; abdominal pain, borborygmus, constipation, vomiting

KID-17 Shang-qu 商曲

Not a commonly used point (fig. 5.34)

LOCATION

On the ventral abdomen, 2 cun cranial to the umbilicus, 0.5 cun lateral to CV-10, which is on the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Crossing point of KID and *Chong* Channels; abdominal pain, borborygmus, constipation, diarrhea, vomiting

KID-18 Shi-guan 石关

Not a commonly used point (fig. 5.34)

LOCATION

On the ventral abdomen, 3 cun cranial to the umbilicus, 0.5 cun lateral to CV-11, which is on the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Crossing point of KID and *Chong* Channels; postpartum pain, abdominal pain, constipation, vomiting

KID-19 Yin-du 阴都

Not a commonly used point (fig. 5.34)

LOCATION

On the ventral abdomen, 4 cun cranial to the umbilicus, 0.5 cun lateral to CV-12, which is on the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Crossing point of KID and *Chong* Channels; abdominal pain, borborygmus, cough, costal pain

KID-20 Fu-tong-gu 腹通谷

Not a commonly used point (fig. 5.34)

LOCATION

On the ventral abdomen, 5 cun cranial to the umbilicus, 0.5 cun lateral to CV-13, which is on the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Crossing point of KID and *Chong* Channels; abdominal pain and distention, vomiting, cough, and dyspnea

KID-21 You-men 幽门

Not a commonly used point (fig. 5.34)

LOCATION

On the ventral abdomen, 6 cun cranial to the umbilicus, 0.5 cun lateral to CV-14, which is on the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Crossing point of KID and *Chong* Channels; abdominal pain, vomiting, diarrhea, mastitis, agalactia

KID-22 *Bu-lang* 步廊

Not a commonly used point (figs. 5.34 and 5.35)

LOCATION

On the ventral thorax, in the fifth intercostal space, 2 cun lateral to the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Cough, dyspnea, asthma, vomiting

KID-23 *Shen-feng* 神封

Not a commonly used point (figs. 5.34 and 5.35)

LOCATION

On the ventral thorax, in the fourth intercostal space 2 cun lateral to the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 0.2 cun

ATTRIBUTES AND INDICATIONS

Cough, dyspnea, asthma

KID-24 *Ling-xu* 灵墟

Not a commonly used point (figs. 5.34 and 5.35)

LOCATION

In the third intercostal space 2 cun lateral to the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Cough, dyspnea, asthma, vomiting, mastitis



5.35. The locations of acupoints KID-22 to KID-27 on the Kidney Channel.

KID-25 *Shen-cang* 神藏

Not a commonly used point (figs. 5.34 and 5.35)

LOCATION

On the ventral thorax, in the second intercostal space 2 cun lateral to the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Cough, asthma, thoracic pain

KID-26 *Yu-zhong* 臑中

Not a commonly used point (figs. 5.34 and 5.35)

LOCATION

On the ventral thorax, in the first intercostal space, 2 cun lateral to the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Cough, asthma, phlegm accumulation in trachea or esophagus

KID-27 *Shu-fu* 俞府

Not a commonly used point (figs. 5.32, 5.34, and 5.35)

LOCATION

Between the sternum and the first rib, 2 cun lateral to the ventral midline

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

“House of all the *Shu* Points”

Cough, asthma, thoracic pain, vomiting, immune-mediated disorders

PERICARDIUM CHANNEL (PC) 心包经

7 to 9 P.M.; Thoracic Limb *Jue-Yin*: chest to front foot

The Pericardium Channel begins in the pericardium and emerges onto the surface between the fifth rib and the medial aspect of the elbow. It courses distally along the caudomedial aspect of the thoracic limb, past the accessory carpal bone, under the central pad of the paw between the third and fourth metacarpals to end on the medial aspect of the fourth digit. There are nine acupoints on the external Pericardium Channel (figs. 5.36 and 5.37).

PC-1 *Tian-chi* 天池

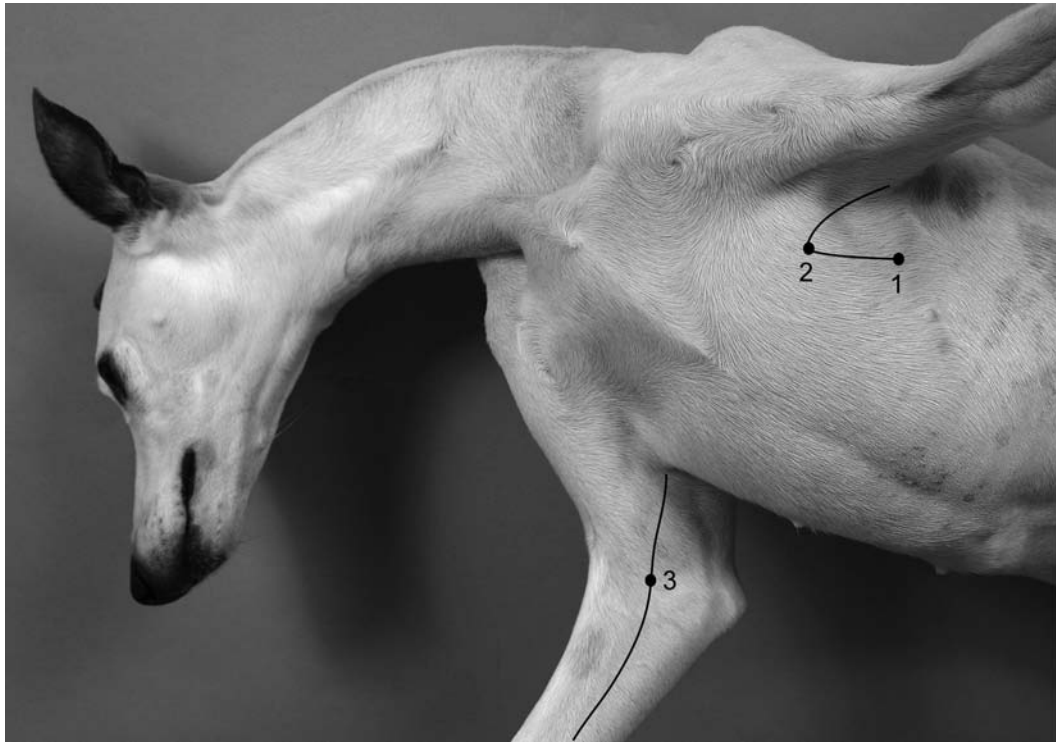
Not a commonly used point (figs. 5.36 and 5.37)

LOCATION

Medial to the point of the elbow, in the fifth intercostal space

METHOD

Oblique insertion toward the elbow: dry-needle depth 0.5 cun



5.36. The location of the Pericardium Channel (PC) and acupoints PC-1 to PC-3.

ATTRIBUTES AND INDICATIONS

Crossing point between PC and GB Channels
Cough, dyspnea, thoracic pain, mastitis, agalactia

PC-2 *Tian-quan* 天泉

Not a commonly used point (figs. 5.36 and 5.37)

LOCATION

In the biceps muscle on the medial side of humerus, 2 cun ventral to the axillary fold

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Shoulder pain, thoracic pain

PC-3 *Qu-ze* 曲泽

A commonly used point (fig. 5.36 and 5.37)

LOCATION

On the medial side of the cubital crease of the elbow, just caudal to the tendon of the biceps brachii muscle

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

He-sea point (water)

Cardiac arrhythmias, heat stroke, diarrhea, febrile diseases, shoulder and elbow pain

PC-4 *Xi-men* 郄门

Not a commonly used point (fig. 5.37)

LOCATION

On the medial side of the thoracic limb, 5 cun proximal to the transverse carpal crease, in the groove between the flexor carpi radialis and the superficial digital flexor muscles

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Xi-cleft point

Acute thoracic pain, cardiac arrhythmias, epilepsy

PC-5 *Jian-shi* 间使

Not a commonly used point (fig. 5.37)

LOCATION

On the medial side of the thoracic limb, 4 cun proximal to the transverse carpal crease, in the groove between the flexor carpi radialis and the superficial digital flexor muscles

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

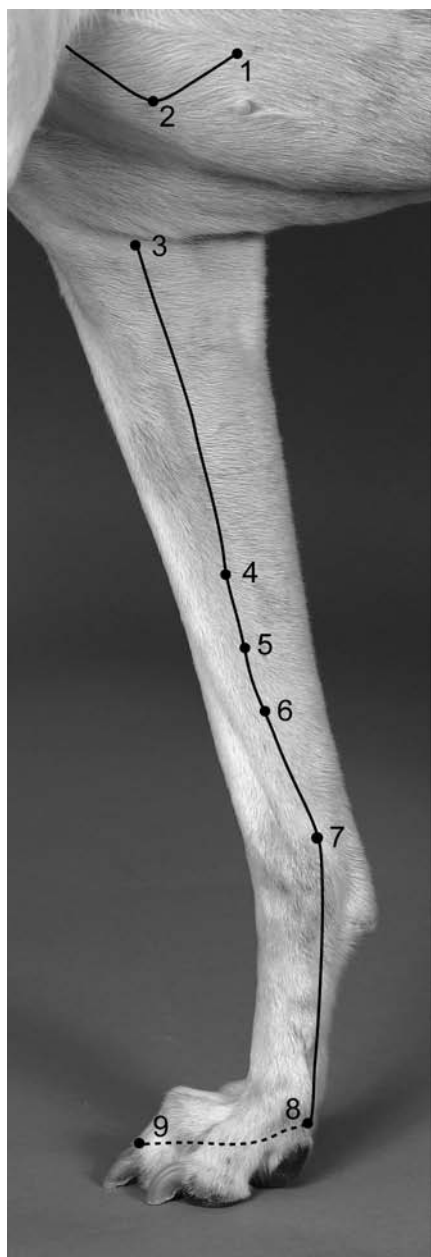
ATTRIBUTES AND INDICATIONS

Jing-river point (metal)

Thoracic pain, vomiting, febrile diseases, epilepsy

PC-6 *Nei-guan* 内关

A very commonly used point (fig. 5.37)



5.37. The locations of acupoints PC-1 and PC-2 (left side) and PC-3 to PC-9 (right side) on the Pericardium Channel of the medial thoracic limb (dotted line indicates channel is on the volar side of the foot under the central pad for PC-8, and on the medial side of the fourth digit for PC-9, see fig. 5.39).

LOCATION

On the medial side of the thoracic limb, 3 cun proximal to the transverse carpal crease, in the groove between the flexor carpi radialis and the superficial digital flexor muscles (opposite TH-5 on the lateral side)

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Luo-connecting point of the PC Channel, master point for the chest and cranial abdomen, confluent point of *Yin-wei* Channel

Shen disturbances, anxiety, sleep disorders, internal wind, epilepsy, vomiting, nausea, vertigo, vestibular disorders, thoracic pain, cardiac arrhythmias, thoracic limb paresis or paralysis

PC-7 *Da-ling* 大陵

A commonly used point (fig. 5.37)

LOCATION

On the medial side of the thoracic limb, just proximal to the radiocarpal bone and caudal to the tendon of the flexor carpi radialis muscle

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Shu-stream point (earth); *Yuan*-source point

Thoracic pain, vomiting, epilepsy, carpal pain and osteoarthritis, febrile diseases

PC-8 *Lao-gong* 劳宫

A very commonly used point (fig. 5.37)

LOCATION

On the palmar side of the thoracic limb, under the large central pad between the third and fourth metacarpal bones

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Ying-spring point (fire), horary point

Shen disturbances, epilepsy, stomatitis, gingivitis, halitosis, vomiting, thoracic pain, febrile diseases

PC-9 *Zhong-chong* 中冲

A very commonly used point (figs. 5.37 and 5.39)

LOCATION

On the medial aspect of the fourth digit of the thoracic limb at the nail bed

METHOD

Perpendicular insertion: dry-needle depth 0.2 cun

ATTRIBUTES AND INDICATIONS

Jing-well point (wood)—mother (tonification) point for deficiency disease patterns

Hyperactivity, *shen* disturbances, shock, coma

TRIPLE HEATER CHANNEL (TH) 三焦经

9 to 11 P.M.; Thoracic Limb *Shao-yang*: front foot to the head

The Triple Heater Channel begins on the thoracic limb on the lateral aspect of the fourth digit and travels proximally up the craniolateral aspect of the metacarpals and along the lateral carpus and radius. It courses past the elbow, shoulder, and the cranial border of the scapula. It then passes along the lateral neck and around the back of the ear and terminates in the



5.38. The location of the Triple Heater (TH) Channel and some of the most commonly used acupoints. (From H. Xie, *Veterinary Acupuncture Atlas*, 2003.)

eyebrow dorsal to the lateral canthus of the eye. There are 23 acupoints on the external Triple Heater Channel (fig. 5.38).

TH-1 *Guan-chong* 关冲

Not a commonly used point (figs. 5.38, 5.39, and 5.40)

LOCATION

On the lateral side of the fourth digit of the thoracic limb at the nail bed

METHOD

Perpendicular insertion: dry-needle depth 0.2

ATTRIBUTES AND INDICATIONS

Jing-well point (metal)

Shoulder pain, abdominal pain, pharyngitis, auditory dysfunction, conjunctivitis

TH-2 *Ye-men* 液门

Not a commonly used point (figs. 5.38, 5.39, and 5.40)

LOCATION

Just distal to the metacarpophalangeal joint on the lateral side of the fourth digit of the thoracic limb in the proximal web between the digits

METHOD

Perpendicular insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Ying-spring point (water)

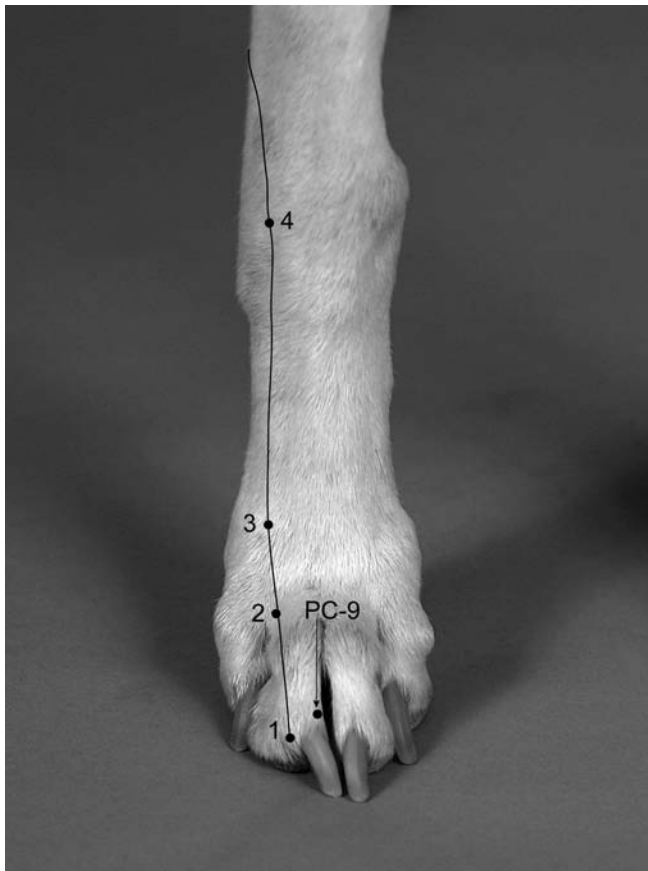
Auditory dysfunction, pharyngitis, conjunctivitis

TH-3 *Zhong-zhu* 中渚

A commonly used point (figs. 5.38, 5.39, and 5.40)

LOCATION

Just proximal to the metacarpophalangeal joint on the lateral side of the fourth metacarpal bone on the dorsum of the foot of the thoracic limb



5.39. The locations of acupoints PC-9 on the Pericardium Channel and TH-1 to TH-4 on the Triple Heater Channel.

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Shu-stream point (wood)—mother (tonification) point for deficiency disease patterns

Otitis, auditory dysfunction, fever, metacarpophalangeal joint pain, thoracic limb paresis or paralysis

TH-4 *Yang-chi* 阳池

A commonly used point (figs. 5.38, 5.39, and 5.40)

LOCATION

On the lateral side of the thoracic limb, at the radiocarpal joint, just cranial to the common digital extensor tendon

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

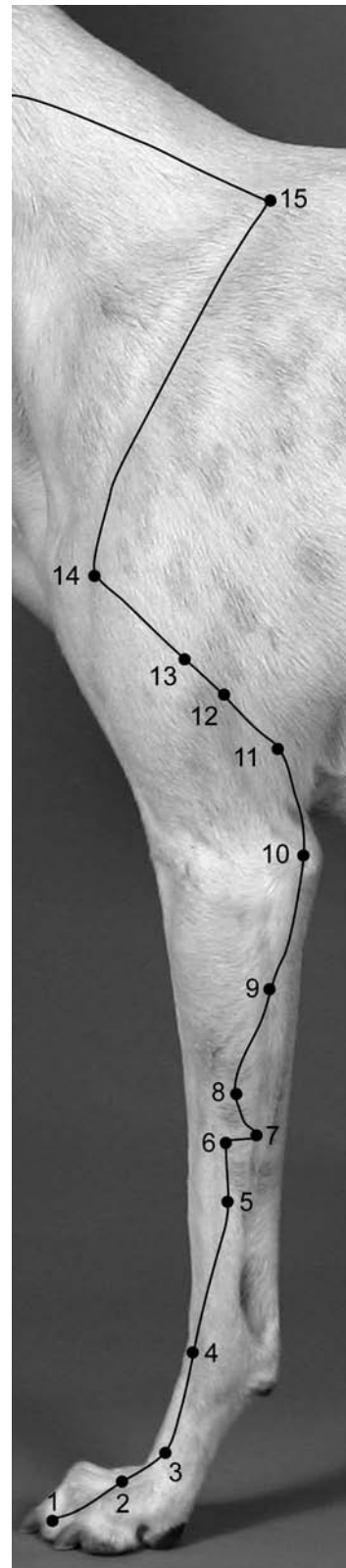
ATTRIBUTES AND INDICATIONS

Yuan-source point

Carpal injury or pain, pharyngitis, diabetes mellitus

TH-5 *Wai-guan* 外关

A very commonly used point (figs. 5.38 and 5.40)



5.40. The locations of acupoints TH-1 to TH-15 on the Triple Heater Channel.

LOCATION

On the lateral side of the thoracic limb, 3 cun proximal to the carpus in the interosseous space between the radius and ulna (opposite PC-6 on the medial side)

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Luo-connecting point of the TH Channel, confluent point of *Yang-wei* Channel

Wei Qi deficiency, thoracic limb lameness, paresis or paralysis, fever, conjunctivitis, otitis, cervical pain, intervertebral disk disease, carpal pain

TH-6 Zhi-gou 支沟

Not a commonly used point (figs. 5.38 and 5.40)

LOCATION

On the lateral side of the thoracic limb, 4 cun proximal to the carpus, on a line connecting TH-4 and the olecranon

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Jing-river point (fire), horary point

Constipation, febrile diseases, otitis, auditory dysfunction, shoulder pain

TH-7 Hui-zong 会宗

Not a commonly used point (figs. 5.38 and 5.40)

LOCATION

On the lateral side of the thoracic limb, 1 cun caudal to TH-6, between the radius and ulna

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Xi-cleft point. Status epilepticus, auditory dysfunction, thoracic limb paresis or paralysis

TH-8 San-yang-luo 三阳络

Not a commonly used point (figs. 5.38 and 5.40)

LOCATION

On the lateral side of the thoracic limb, 5 cun proximal to the carpus on a line connecting TH-4 and the olecranon

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

General analgesia point, auditory dysfunction

TH-9 Si-du 四渎

Not a commonly used point (figs. 5.38 and 5.40)

LOCATION

On the lateral side of the thoracic limb, 4 cun distal to the olecranon on a line connecting TH-4 and the olecranon

METHOD

Oblique insertion toward PC-6: dry-needle depth 1–3 cun

ATTRIBUTES AND INDICATIONS

General analgesia point, thoracic limb paresis or paralysis, dental pain, auditory dysfunction

TH-10 Tian-jing 天井

A commonly used point (figs. 5.38 and 5.40)

LOCATION

In a depression on the triceps tendon just proximal to the olecranon

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

He-sea point (earth)—child (sedation) point for excess disease patterns

Thoracic limb paresis or paralysis, pharyngitis, auditory dysfunction, cervical pain, dental pain, pulmonary or gastrointestinal phlegm

TH-11 Qing-leng-yuan 清冷渊

Not a commonly used point (fig. 5.40)

LOCATION

On the lateral side of the thoracic limb, 1 cun proximal to TH-10

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Elbow and shoulder pain, cervical pain, intervertebral disk disease

TH-12 Xiao-luo 消泺

Not a commonly used point (fig. 5.40)

LOCATION

On the lateral side of the thoracic limb, $\frac{1}{3}$ the distance from TH-11 to TH-14

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Elbow and shoulder pain, neck pain

TH-13 Nao-hui 儒会

Not a commonly used point (fig. 5.40)

LOCATION

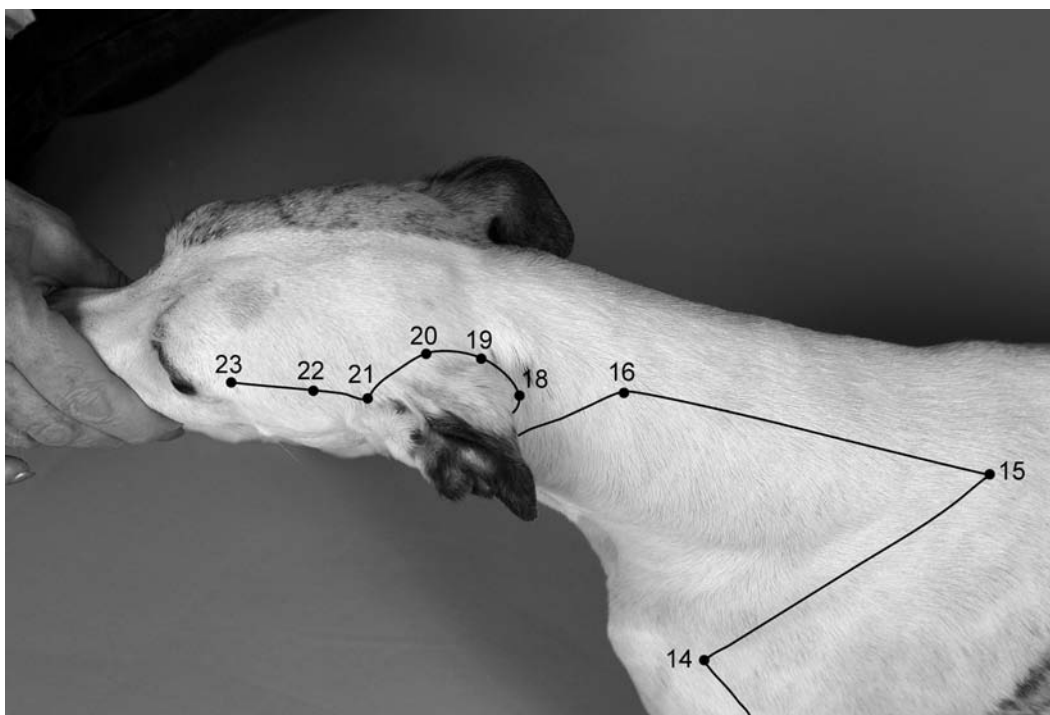
On the lateral side of the thoracic limb, on a line joining the olecranon and TH-14, 3 cun ventral to TH-14

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the TH and *Yang-wei* Channels. Shoulder pain



5.41. The locations of acupoints TH-14 to TH-23 on the Triple Heater Channel.

TH-14 *Jian-liao* 肩髃

A very commonly used point (figs. 5.40 and 5.41)

LOCATION

At the shoulder, caudal and distal to the acromion on the caudal margin of the acromial head of the deltoid muscles

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Shoulder and thoracic limb pain and lameness

TH-15 *Bo-jian* or *Tian-liao* 膊尖

Not a commonly used point (fig. 5.40 and 5.41)

LOCATION

In the depression on the dorsal border of the scapula at the junction of the scapula and scapular cartilage

METHOD

Perpendicular insertion: dry-needle depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

Shoulder and thoracic limb pain, cervical pain, intervertebral disk disease

TH-16 *Tian-you* 天牖

Not a commonly used point (fig. 5.41)

LOCATION

In the lateral cervical region, on the caudal border of the brachiocephalicus muscle, between the first and second cervical vertebral space, cranial to SI-16

METHOD

Perpendicular insertion: dry-needle depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

Cervical pain, intervertebral disk disease, auditory dysfunction, temporomandibular joint pain

TH-17 *Yi-feng* 翳风

A commonly used point (figs. 5.41 and 5.42)

LOCATION

Caudoventral to the base of ear, in the depression between the mandible and the mastoid process

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the TH and GB Channels; otitis, temporomandibular joint pain, cervical pain, intervertebral disk disease, facial paralysis, swelling in the face

TH-18 *Chi-mai* or *Qi-mai* 瘖脉

Not a commonly used point (figs. 5.41 and 5.42)

LOCATION

Caudal to the ear, $\frac{1}{3}$ the distance along a line between TH-17 and TH-20 (TH-17 is caudoventral to the base of ear, in the depression between the mandible and the mastoid process, and TH-20 is caudal and dorsal to the ear in a depression at the top of the ear base.)

METHOD

Perpendicular insertion: dry-needle depth 1 cun



5.42. The locations of acupoints TH-17 and 18, and TH-21 to TH-23 on the Triple Heater Channel.

ATTRIBUTES AND INDICATIONS

Auditory dysfunction, hyperactivity

TH-19 *Lu-xi* 颌息

Not a commonly used point (fig. 5.41)

LOCATION

Caudal and dorsal to the ear, $\frac{2}{3}$ the distance along a line between TH-17 and TH-20 (TH-17 is caudoventral to the base of ear, in the depression between the mandible and the mastoid process, and TH-20 is cranial and dorsal to the ear in a depression at the top of the ear base.)

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Auditory dysfunction, otitis

TH-20 *Jiao-sun* 角孙

Not a commonly used point (fig. 5.41)

LOCATION

Cranial and dorsal to the ear in a depression at the top of the ear base

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Cervical pain, intervertebral disk disease, dental diseases

TH-21 *Er-men* 耳门

Not a commonly used point (figs. 5.41 and 5.42)

LOCATION

In a depression just cranial to the supratragic notch dorsal to the condyloid process of the mandible and dorsal to SI-19

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Otitis, auditory dysfunction, dental diseases

TH-22 *Er-he-liao* 耳和寥

Not a commonly used point (figs. 5.41 and 5.42)

LOCATION

Cranial to the ear 1 cun cranial to TH-21

METHOD

Oblique insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the TH, GB, and SI Channels; facial paralysis

TH-23 *Si-zhu-kong* 丝竹空

A very commonly used point (figs. 5.41 and 5.42)

LOCATION

In the depression on the rim of the orbit at the end of the eyebrow where it extended to the lateral canthus

METHOD

Oblique insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Ocular diseases, facial paralysis, dental diseases, encephalitis, epilepsy

GALLBLADDER CHANNEL (GB) 胆经**11 P.M. to 1 A.M.; Pelvic Limb *Shao-yang*:** head to hind foot

The Gallbladder (GB) Channel begins on the head near the lateral canthus of the eye and courses caudally along the medial side of the ear to the ventral ear base. It then turns cranially and passes again medial to the ear to the middle of the eyebrow. At that point, it turns caudally again and passes medial to the occipital protuberance, continues along the dorsal edge of the neck and across the chest to the end of the 13th rib. From there it curves around the coxofemoral joint and travels distally along the lateral aspect of the pelvic limb and ends on the lateral side of the fourth digit. There are 44 acupoints on the external GB Channel (fig. 5.43)

GB-1 *Tai-yang* or *Tong-zi-liao* 太阳

A very commonly used point (figs. 5.43, 5.44, 5.45, and 5.46)

LOCATION

0.2 cun lateral to the lateral canthus of the eye in the depression over the rim of the orbit

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the TH, GB, and SI Channels; ocular diseases, respiratory diseases

GB-2 *Ting-hui* 听会

A commonly used point (figs. 5.44, 5.45 and 5.46)

LOCATION

Rostral to the intertragic notch and 1.5 cun caudoventral to SI-19 (SI-19 is rostral to the tragus at the posterior border of the mandible, slightly dorsal to the condyloid process.)

METHOD

Oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Wind patterns, *shen* disturbances, facial paralysis, syncope, otitis, auditory dysfunction

GB-3 *Shang-guan* 上关

A commonly used point (figs. 5.45 and 5.46)

LOCATION

In the depression (more prominent with the mouth open) at the caudal end of the temporomandibular joint, caudal to the masseter muscle, caudodorsal to the zygomatic arch and ST-7 (ST-7 is caudal to the masseter muscle and cranial to the temporomandibular joint.)

METHOD

Oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Crossing point of TH, GB, and ST Channels
Facial paralysis, auditory dysfunction

GB-4 *Han-yan* 颌厌

Not a commonly used point (figs. 5.44 and 5.46)

LOCATION

On the dorsum of the head, on the medial side of the ear $\frac{1}{4}$ the distance along a line between ST-8 and GB-7 (ST-8 is caudal to the supraorbital fossa, 1 cun cranial to the front of the ear base, and GB-7 is just cranial and medial to the cranial edge of the ear base.)

METHOD

Oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the TH, GB, and ST Channels; eye pain, auditory dysfunction

GB-5 *Xuan-lu* 悬颅

Not a commonly used point (figs. 5.44 and 5.46)

LOCATION

On the dorsum of the head, on the medial side of the ear $\frac{1}{2}$ the distance along a line between ST-8 and GB-7 (ST-8 is caudal to the supraorbital fossa, 1 cun cranial to the front of the ear base, and GB-7 is just cranial and medial to the cranial edge of the ear base.)

METHOD

Oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Facial swelling, auditory dysfunction, toothache

GB-6 *Xuan-li* 悬厘

Not a commonly used point (figs. 5.44 and 5.46)

LOCATION

On the dorsum of the head, on the medial side of the ear $\frac{3}{4}$ the distance along a line between ST-8 and GB-7 (ST-8 is caudal to the supraorbital fossa, 1 cun cranial to the front of the ear base, and GB-7 is just cranial and medial to the cranial edge of the ear base.)

METHOD

Oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the TH, GB, and ST Channels; facial swelling, auditory dysfunction

GB-7 *Qu-bin* 曲鬓

Not a commonly used point (figs. 5.44 and 5.46)

LOCATION

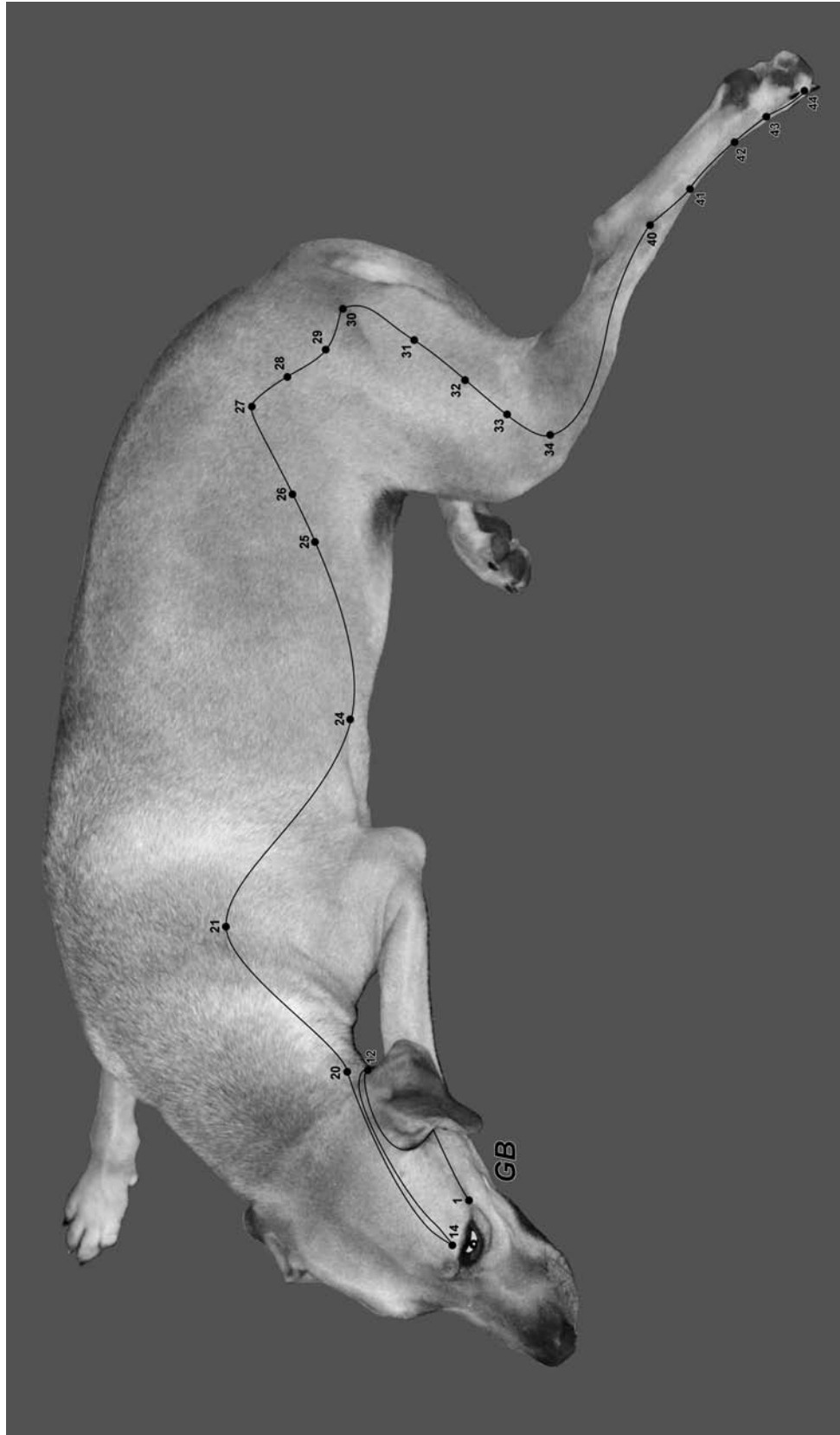
On the dorsum of the head, just cranial and medial to the cranial edge of the ear base, cranial to TH-20 (TH-20 is dorsal to the ear in a depression at the top of the ear base.)

METHOD

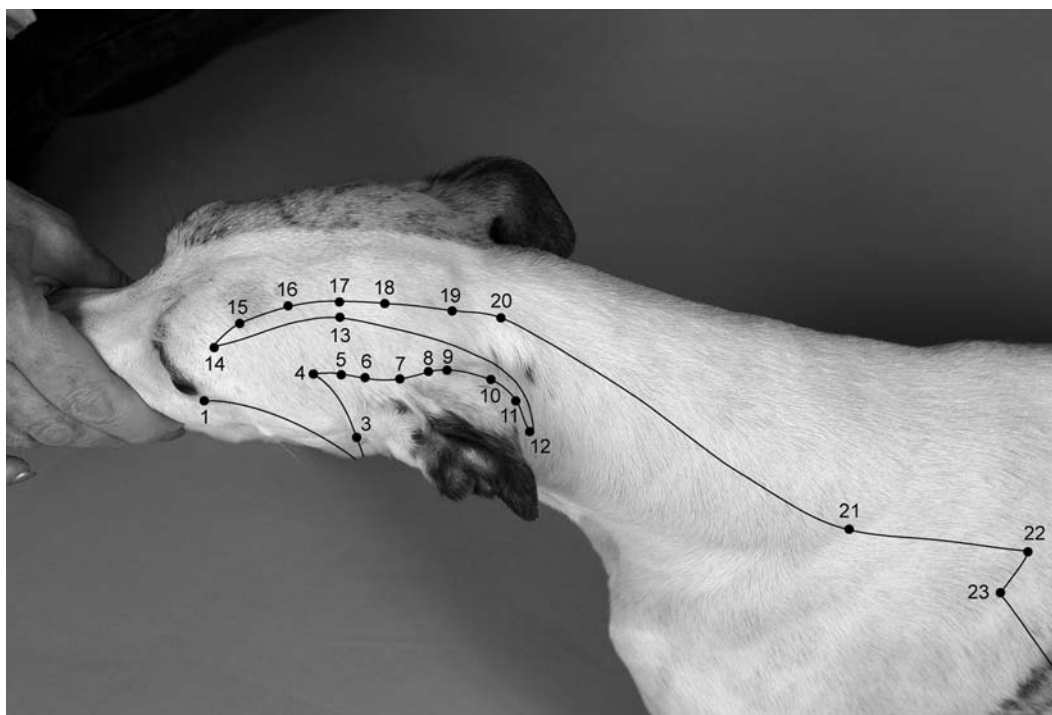
Oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the BL and GB Channels; ocular diseases, dental pain, facial swelling



5.43. The location of the Gallbladder Channel and some of the most commonly used acupoints. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)



5.44. The locations of acupoints GB-1 to GB-23 on the Gallbladder Channel.

GB-8 *Shuai-gu* 率谷

Not a commonly used point (figs. 5.44 and 5.46)

LOCATION

On the dorsum of the head, 1.5 cun medial to the middle of the ear base

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Ocular disorders, cough

GB-9 *Tian-chong* 天冲

Not a commonly used point (figs. 5.44 and 5.46)

LOCATION

On the dorsum of the head, 1 cun medial to the ear base 0.5 cun caudal to GB-8

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the GB and BL Channels; gingivitis, epilepsy, fright

GB-10 *Fu-bai* 浮白

Not a commonly used point (figs. 5.44 and 5.46)

LOCATION

On the dorsum of the head, medial to the ear and just caudal to the ear base dorsal to the mastoid process

METHOD

Oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the GB and BL Channels; auditory dysfunction

GB-11 *Tou-qiao-yin* 头窍阴

Not a commonly used point (figs. 5.44 and 5.46)

LOCATION

Caudal to the ear and dorsal to the mastoid process, $\frac{1}{2}$ the distance between GB-10 and GB-12

METHOD

Oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the BL, GB, and SI Channels; cervical pain, intervertebral disk disease, auditory dysfunction

GB-12 *Wan-gu* 完骨

Not a commonly used point (figs. 5.44 and 5.46)

LOCATION

Caudal to the ear, at the lower $\frac{1}{3}$ of the ear base, caudal to the mastoid process, 1 cun caudal to TH-18 (TH-18 is just caudal to the ear at the lower $\frac{1}{3}$ of the ear base.)

METHOD

Oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

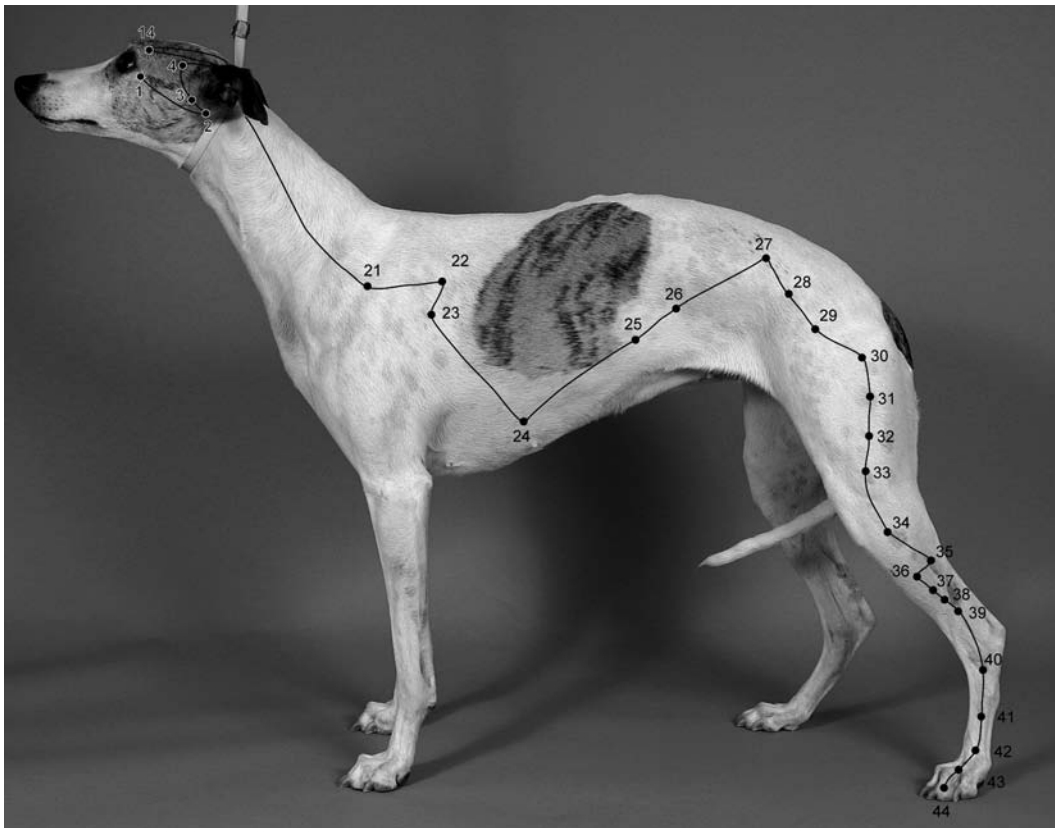
Crossing point of the GB and BL Channels; cervical pain, intervertebral disk disease, epilepsy, insomnia, atrophy disorders

GB-13 *Ben-shen* 本神

Not a commonly used point (figs. 5.44 and 5.46)



5.45. The locations of acupoints GB-1 to GB-3 on the Gallbladder Channel.



5.46. The locations of acupoints GB-1 to GB-44 on the Gallbladder Channel.

LOCATION

On the dorsum of the head, $\frac{2}{3}$ the distance between GV-24 and ST-8 (GV-24 is on the dorsal midline 5 cun cranial to the level of the middle of the ear canals, and ST-8 is in the depression caudal to the supraorbital fossa, 1 cun cranial to the front edge of the ear base.)

METHOD

Oblique insertion: dry-needle depth 0.5 cun.

ATTRIBUTES AND INDICATIONS

Crossing point of the GB and *Yang-wei* Channels; epilepsy, cervical stiffness

GB-14 *Yang-bai* 阳白

A commonly used point (figs. 5.44 and 5.46)

LOCATION

1 cun dorsal to the midpoint of the extended eyebrow, on a vertical line dorsal to the pupil

METHOD

Oblique insertion: dry-needle depth 0.5 cun.

ATTRIBUTES AND INDICATIONS

Crossing point of the GB and *Yang-wei* Channels; shoulder pain, facial paralysis, ocular diseases

GB-15 *Tou-lin-qi* 头临泣

Not a commonly used point (figs. 5.44 and 5.46)

LOCATION

On the dorsum of the head caudal to the eye, 1 cun caudal to GB-14

METHOD

Oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the BL, GB, and *Yang-wei* Channels; ocular diseases, nasal congestion

GB-16 *Mu-chuang* 目窗

Not a commonly used point (figs. 5.44 and 5.46)

LOCATION

On the dorsum of the head, 1.5 cun caudal to GB-15 on a line connecting GB-15 to GB-20 (GB-20 is just caudal and lateral to the occipital protuberance.)

METHOD

Oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the GB and *Yang-wei* Channels; dental pain, nasal congestion, fever

GB-17 *Zheng-ying* 正营

Not a commonly used point (figs. 5.44 and 5.46)

LOCATION

On the dorsum of the head 1.5 cun caudal to GB-16 on a line connecting GB-15 to GB-20 (just caudal and lateral to the occipital protuberance)

METHOD

Oblique insertion: dry-needle depth 0.5 cun.

ATTRIBUTES AND INDICATIONS

Crossing point of the GB and *Yang-wei* Channels; dental pain, cervical pain, nausea, vomiting

GB-18 *Cheng-ling* 承灵

Not a commonly used point (figs. 5.44 and 5.46)

LOCATION

On the dorsum of the head 1.5 cun caudal to GB-17 on a line connecting GB-15 to GB-20 (GB-20 is just caudal and lateral to the occipital protuberance.)

METHOD

Oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the GB and *Yang-wei* Channels; nasal congestion, epistaxis

GB-19 *Nao-kong* 脑空

Not a commonly used point (figs. 5.44 and 5.46)

LOCATION

On the dorsum of the head just cranial to GB-20 level with GV-17 (GV-17 is medial to the caudal edge of the ear bases.)

METHOD

Oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the GB and *Yang-wei* Channels; wind disorders, cervical pain, intervertebral disk disease

GB-20 *Feng-chi* 风池

A very commonly used point (figs. 5.43, 5.44, and 5.46)

LOCATION

On the dorsum of the neck, in the large depression just caudal and lateral to the occipital protuberance medial to the cranial edge of the wings of the atlas

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the GB and *Yang-wei* Channels; external wind, internal wind, cervical pain, intervertebral disk disease, epistaxis, nasal discharge or congestion, epilepsy

GB-21 *Bo-zhong* 膻中

A very commonly used point (figs. 5.43, 5.44, and 5.46)

LOCATION

In a groove in the muscle just cranial to the scapula, midway between GV-14 and the acromion (GV-14 is on the midline between C7-T1.)

METHOD

Perpendicular or oblique insertion toward the medial aspect of the scapula: dry-needle depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the TH, GB, and *Yang-wei* Channels; shoulder pain, thoracic limb paresis or paralysis, mastitis, dystocia, liver and gallbladder disorders

GB-22 Yuan-ye 渊腋

Not a commonly used point (figs. 5.43, 5.44, and 5.46)

LOCATION

On the caudal border of the scapula, $\frac{1}{3}$ of the distance from the dorsal to the ventral extent of the scapula

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Shoulder pain and osteoarthritis, trauma, suprascapular nerve paralysis, lower airway and lung disorders

GB-23 Zhe-jin 辄筋

Not a commonly used point (figs. 5.44 and 5.46)

LOCATION

Along the caudal border of the scapula, 1 cun ventral to GB-22

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Shoulder pain and osteoarthritis, trauma, suprascapular nerve paralysis, lower airway and lung disorders

GB-24 Ri-yue 日月

A commonly used point (figs. 5.43 and 5.46)

LOCATION

On the ventrolateral thorax at the ninth intercostal space, just dorsal to the level of the elbow, caudodorsal to LIV-14 (sixth intercostal space at the level of the mammary)

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Alarm point for the gallbladder, the crossing point of the GB and SP Channels; liver and gallbladder disorders, liver *Qi* stagnation

GB-25 Jing-men 京门

A very commonly used point (figs. 5.43)

LOCATION

On the ventrolateral thorax on the free end of the lower border of the 13th rib

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Alarm point for the kidney
Kidney *Qi*, *Yin* and *Yang* deficiency, infertility, ovarian disorders, lumbar pain, abdominal pain, impaction, constipation, liver and gallbladder disorders

GB-26 Dai-mai 带脉

Not a commonly used point (figs. 5.43, 5.46, and 5.47)

LOCATION

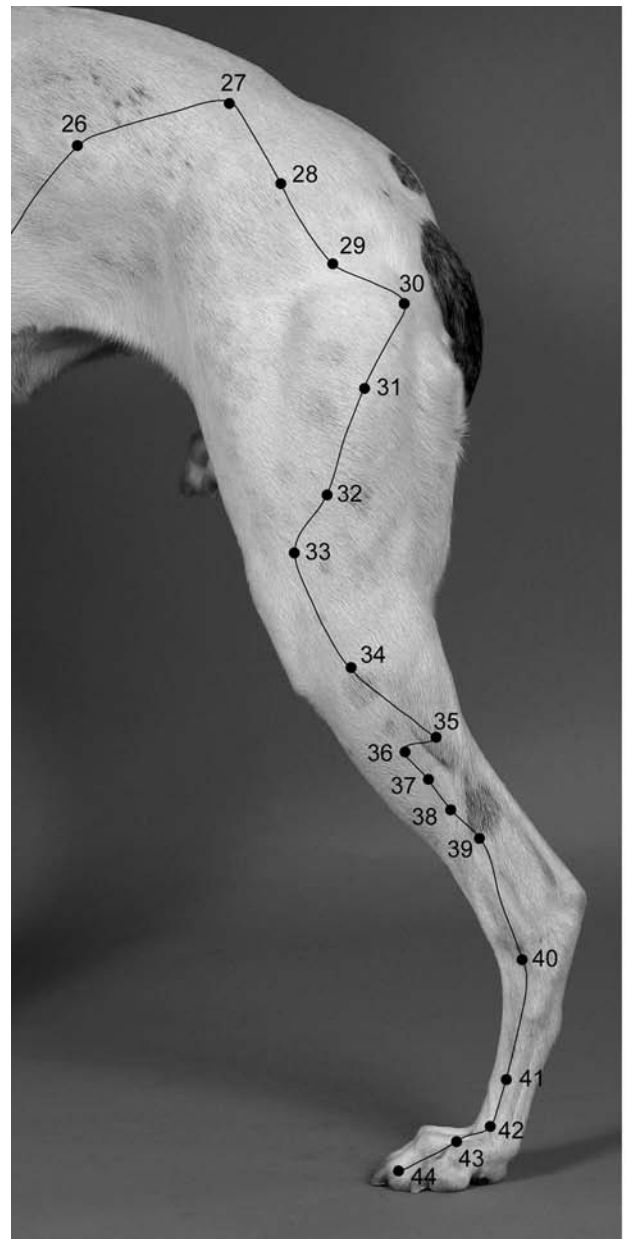
On the lateral abdomen, 1.5 cun caudodorsal to GB-25 on a line between GB-25 and the wing of the ilium

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the GB and *Chong* Channels; lumbar pain, abdominal pain, estrus irregularities, back and rear weakness



5.47. The locations of acupoints GB-26 to GB-44 on the Gallbladder Channel.

GB-27 Wu-shu 五枢

Not a commonly used point (figs. 5.43, 5.46, and 5.47)

LOCATION

On the lateral aspect of the gluteal region, 0.5 cun craniodorsal to the cranial aspect of the iliac spine (wing of the ilium)

METHOD

Perpendicular insertion: dry-needle depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the GB and *Chong* Channels; thoracolumbar intervertebral disk disease, uterine prolapse, constipation, back and rear weakness

GB-28 Wei-dao 维道

Not a commonly used point (figs. 5.43, 5.46, and 5.47)

LOCATION

On the lateral aspect of the gluteal region, in a depression midway between GB-27 and GB-29 (GB-27 is dorsal to the wing of the ilium and GB-29 is just cranial to the greater trochanter.)

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the GB and *Chong* Channels; vaginal discharge, infertility, uterine disorders, abdominal pain

GB-29 Ju-liao 居寥

A very commonly used point (figs. 5.43, 5.46, and 5.47)

LOCATION

At the coxofemoral joint, in a depression just cranial to the greater trochanter of the femur (one of the three “bowling ball” points around the hip)

METHOD

Perpendicular insertion: dry-needle depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the GB and *Yang-qiao* Channels; osteoarthritis of the coxofemoral joint, pelvic limb paresis or paralysis, gluteal muscle pain

GB-30 Huan-tiao 环跳

A very commonly used point (figs. 5.43, 5.46, and 5.47)

LOCATION

In a depression midway between the greater trochanter of the femur and the tuber ichii

METHOD

Perpendicular insertion: dry-needle depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the GB and BL Channels; osteoarthritis of the coxofemoral joint, pelvic limb paresis or paralysis, gluteal muscle pain

GB-31 Feng-shi 风市

A commonly used point (figs. 5.43, 5.46, and 5.47)

LOCATION

On the lateral aspect of the thigh, in a depression 7 cun proximal to the lateral epicondyle of the femur

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

ATTRIBUTES AND INDICATIONS

Pruritus, pelvic limb paresis or paralysis

GB-32 Zhong-du 中渎

Not a commonly used point (figs. 5.43, 5.46, and 5.47)

LOCATION

On the lateral aspect of the thigh, in a depression 3 cun proximal to the lateral epicondyle of the femur

METHOD

Perpendicular insertion: dry-needle depth 1.5 cun

ATTRIBUTES AND INDICATIONS

Pruritus, urticaria, pelvic limb paresis or paralysis

GB-33 Xi-yang-guan 膝阳关

A commonly used point (figs. 5.43, 5.46, and 5.47)

LOCATION

On the lateral side of the pelvic limb at the stifle, in the large depression just proximal to the lateral epicondyle of the femur between the insertion of the biceps femoris tendon and the femur

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Stifle pain, osteoarthritis, and other stifle disorders

GB-34 Yang-ling-quan 阳陵泉

A very commonly used point (figs. 5.43, 5.46, and 5.47)

LOCATION

On the lateral side of the pelvic limb at the stifle, in a small depression cranial and distal to the head of the fibula

METHOD

Oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

He-sea point (earth), influential point for tendon and ligaments
ST and LIV *Qi* stagnation, hypertension, vomiting, liver and gallbladder disorders, tendon and ligament disorders, pelvic limb lameness, weakness and paresis or paralysis, general pain relief

GB-35 Yang-jiao 阳交

Not a commonly used point (figs. 5.46 and 5.47)

LOCATION

On the lateral side of the pelvic limb distal to the stifle, level with and 1 cun caudal to GB 36 (GB-36 is 4 cun proximal to GB-39 between the common digital extensor and lateral digital extensor muscles, and GB-39 is 3 cun proximal to the tip

of the lateral malleolus on the caudal border of the fibula near where the lateral saphenous vein crosses.)

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Xi-cleft point of *Yang-wei* Channel; stifle pain, pelvic limb pain or atrophy

GB-36 *Wai-qiu* 外丘

Not a commonly used point (figs. 5.46 and 5.47)

LOCATION

On the lateral side of the pelvic limb distal to the stifle, 4 cun proximal to GB 39 between the common digital extensor and lateral digital extensor muscles (GB-39 is 3 cun proximal to the tip of the lateral malleolus on the caudal border of the fibula near where the lateral saphenous vein crosses.)

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Xi-cleft point of the GB Channel

Liver *Yang* rising (anger, irritability, hypertension), pelvic limb pain or atrophy

GB-37 *Guang-ming* 光明

Not a commonly used point (figs. 5.46 and 5.47)

LOCATION

On the lateral side of the pelvic limb distal to the stifle, 3 cun proximal to GB 39 between the common digital extensor and lateral digital extensor muscles (GB-39 is 3 cun proximal to the tip of the lateral malleolus on the caudal border of the fibula near where the lateral saphenous vein crosses.)

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun.

ATTRIBUTES AND INDICATIONS

Luo-connecting point of the GB Channel

Acute or chronic ocular diseases, pain in the mammary gland, pelvic limb paresis or paralysis

GB-38 *Yang-fu* 阳辅

Not a commonly used point (figs. 5.46 and 5.47)

LOCATION

On the lateral side of the pelvic limb distal to the stifle, 1 cun proximal to GB 39 between the common digital extensor and lateral digital extensor muscles (GB-39 is 3 cun proximal to the tip of the lateral malleolus on the caudal border of the fibula near where the lateral saphenous vein crosses.)

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Jing-river point (fire)

Ocular diseases, pharyngitis, pelvic limb paresis or paralysis, cholecystitis

GB-39 *Xuan-zhong* 悬钟

A very commonly used point (figs. 5.46 and 5.47)

LOCATION

On the lateral side of the pelvic limb distal to the stifle, 3 cun proximal to the tip of the lateral malleolus of the fibula in a depression on the caudal border of the fibula (near where the lateral saphenous vein crosses)

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Influential point for marrow

Neurological disorders, hemopoietic disorders, cervical pain, intervertebral disk disease, pelvic limb paresis or paralysis, thoracic pain, pharyngitis, perianal and anal disorders, cholecystitis

GB-40 *Qiu-xu* 丘墟

A commonly used point (figs. 5.43, 5.46, and 5.47)

LOCATION

On the lateral side of the pelvic limb distal to the hock, craniodistal to the tip of the lateral malleolus of the fibula, over the tendon of the lateral digital extensor muscles cranial to BL-62 (BL-62 is on the lateral side of the pelvic limb at the hock, in a depression directly distal to the lateral malleolus of the fibula.)

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Yuan-source point

Hock pain, thoracic pain

GB-41 *Zu-lin-qi* 足临泣

A commonly used point (figs. 5.43, 5.46, and 5.47)

LOCATION

On the lateral side of the pelvic limb distal to the hock, on the dorsum of the foot proximal to the metatarsophalangeal joint, just distal to the junction of the fourth and fifth metatarsal bones

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Shu-stream point (wood), horary point, confluent point with the *Dai* Channel

Metatarsal pain and tendonitis, urinary incontinence, irregular heat cycles, ocular diseases, auditory dysfunction, mastitis, lateral costal pain, hip pain, lateral pelvic limb pain

GB-42 *Di-wu-hui* 地五会

Not a commonly used point (figs. 5.43, 5.46, and 5.47)

LOCATION

On the pelvic limb, on the dorsum of the foot just proximal to the metatarsophalangeal joint, between the fourth and fifth metatarsal bones

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Local swelling of the foot, mastitis

GB-43 Xia-xi 侠溪

Not a commonly used point (figs. 5.43, 5.46, and 5.47)

LOCATION

On the dorsum of the pelvic limb foot, just distal to the metatarsophalangeal joint on the lateral side of the fourth digit in the webbing

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Ying-spring point (water)

Hypertension, mastitis, ocular diseases, pelvic limb and foot pain

GB-44 Zu-qiao-yin 足窍阴

Not a commonly used point (figs. 5.43, 5.46, and 5.47)

LOCATION

On the lateral aspect of the fourth digit of the pelvic limb at the nail bed

METHOD

Perpendicular insertion: dry-needle depth 0.2 cun

ATTRIBUTES AND INDICATIONS

Jing-well point (metal)

Emergencies, shock, ocular and vestibular disorders

LIVER CHANNEL (LIV) 肝经

1 to 3 A.M.; Pelvic Limb *Jue-Yin*: hind foot to chest

The Liver Channel begins on the distal pelvic limb on the lateral side of the second digit nail bed and ascends proximally along the craniomedial aspect of the metatarsus and tibia. It then moves caudally at the midtibial region crossing the SP Channel and traveling past the caudal aspect of the medial condyle of the femur to the inguinal area. Moving cranially, it passes by the tip of the 12th rib and ends in the sixth intercostal space at the level of the mammary gland. There are 14 acupoints along the exterior LIV Channel (fig. 5.48).

LIV-1 Da-dun 大敦

Not a commonly used point (figs. 5.48, 5.49, and 5.50)

LOCATION

On the lateral side of the second digit of the pelvic limb at the nail bed

METHOD

Perpendicular insertion: dry-needle depth 0.2 cun

ATTRIBUTES AND INDICATIONS

Jing-well point (wood), horary point

Hernia, uterine prolapse, genital pain and inflammation, loss of consciousness, irregular estrus

LIV-2 Xing-jian 行间

A commonly used point (figs. 5.48, 5.49, and 5.50)

LOCATION

On the medial side of the pelvic limb, distal to the metatarsophalangeal joints on the lateral surface of the second digit in the webbing

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Ying-spring point (fire)—child (sedation) point for excess disease patterns

Liver *Yang* rising, ocular diseases, irregular heat cycles, blood heat, bleeding due to febrile diseases

LIV-3 Tai-chong 太冲

A very commonly used point (figs. 5.48, 5.49, 5.50, and 5.51)

LOCATION

On the medial side of the pelvic limb, proximal to the metatarsophalangeal joint between the second and third metatarsal bones

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Shu-stream point (earth), *Yuan*-source point

Liver *Qi* stagnation, liver and gallbladder disorders, gastrointestinal disorders, urogenital disorders, abnormal heat cycles, pelvic limb paresis or paralysis, general painful conditions

LIV-4 Zhong-feng or Qu-chi 中封

Not a commonly used point (figs. 5.48, 5.49, 5.50, and 5.51)

LOCATION

On the medial side of the pelvic limb, on the craniomedial aspect of the hock just distal to the level of ST-41, cranial and distal to KID-6 and cranial and proximal to SP-4 (ST-41 is on the cranial aspect of the hock, KID-6 is immediately distal and caudal to the medial malleolus, and SP-4 is in the depression distal to the proximal end of the second metatarsal bone.)

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Jing-river point (metal)

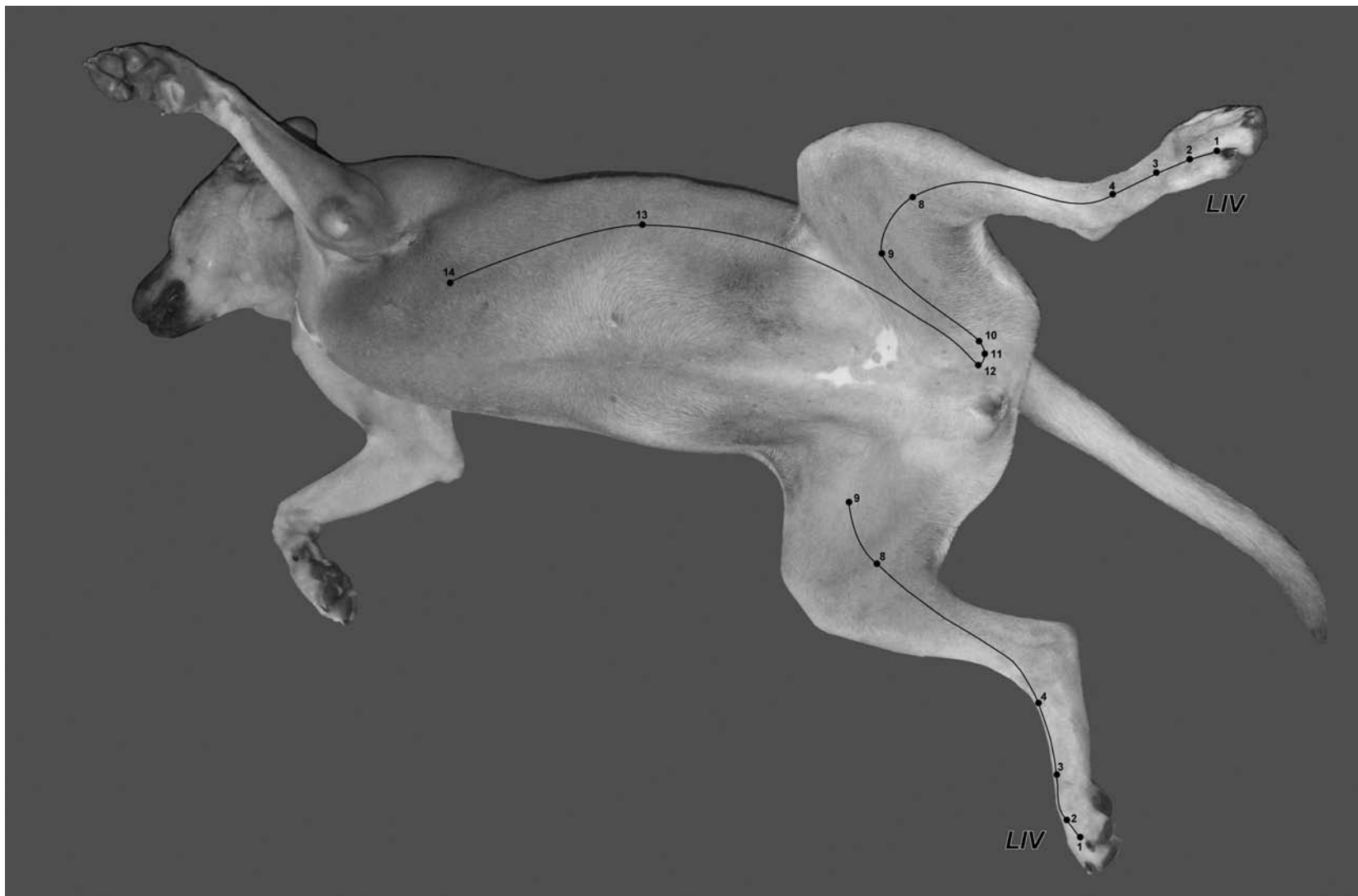
Hock pain, swelling and pain of the pelvic limb, pain and swelling of the genitals

LIV-5 Li-gou 蠡沟

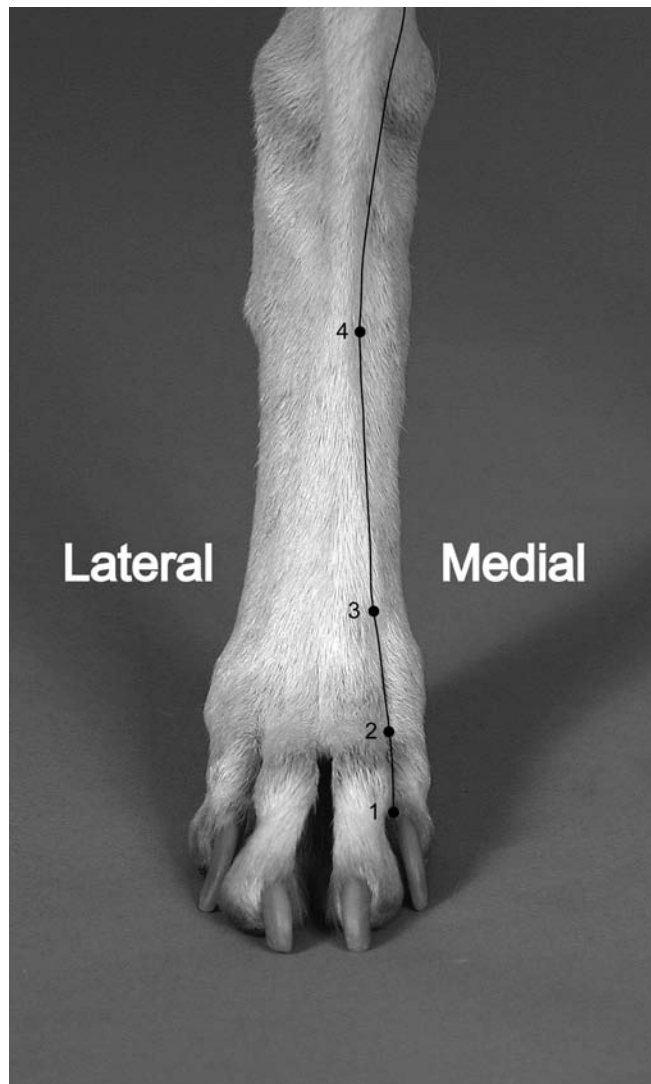
A commonly used point (figs. 5.50 and 5.51)

LOCATION

On the medial side of the pelvic limb above the hock, 5 cun proximal to the medial malleolus of the tibia on the caudal border of the tibia (2 cun proximal to SP-6)



5.48. The location of the Liver Channel and some of the most commonly used acupoints. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)



5.49. The locations of acupoints LIV-1 to LIV-4 on the Liver Channel.

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Luo-connecting point of the LIV Channel

Liver and gallbladder disorders, urinary incontinence, stranguria, pain, itching or swelling of the genitals, abnormal heat cycles, pelvic limb paresis or paralysis

LIV-6 *Zhong-du* 中都

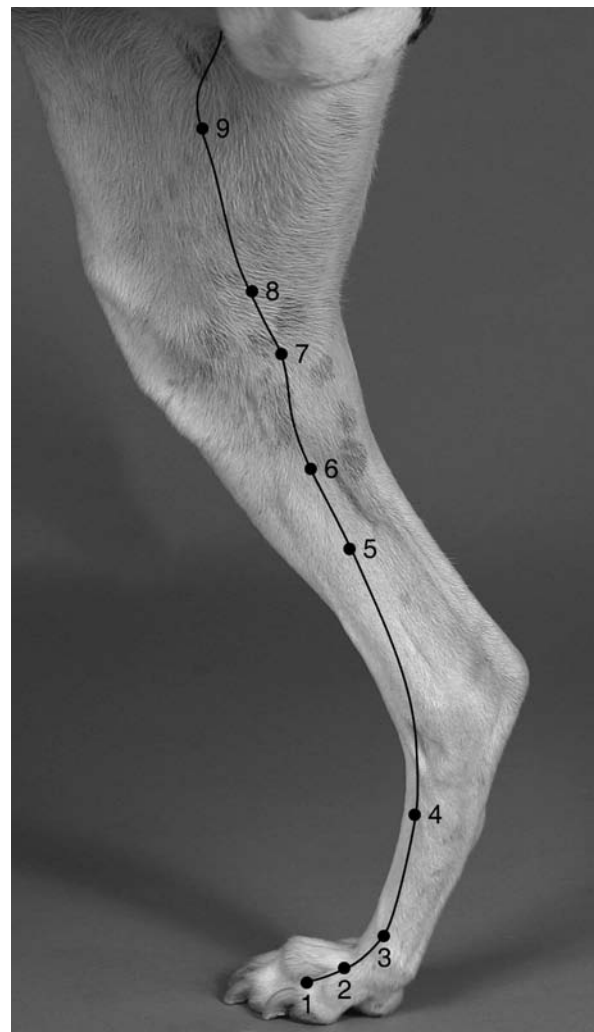
Not a commonly used point (figs. 5.50 and 5.51)

LOCATION

On the medial side of the pelvic limb above the hock, 7 cun proximal to the tip of the medial malleolus, in a depression on the caudal border of the tibia (2 cun proximal to LIV-5)

METHOD

Perpendicular insertion: dry-needle depth 1 cun



5.50. The locations of acupoints LIV-1 to LIV-9 on the Liver Channel.

ATTRIBUTES AND INDICATIONS

Xi-cleft point

Hernia, uterine disorders, abnormal heat cycles, abdominal pain

LIV-7 *Xi-guan* 膝关

Not a commonly used point (figs. 5.50 and 5.51)

LOCATION

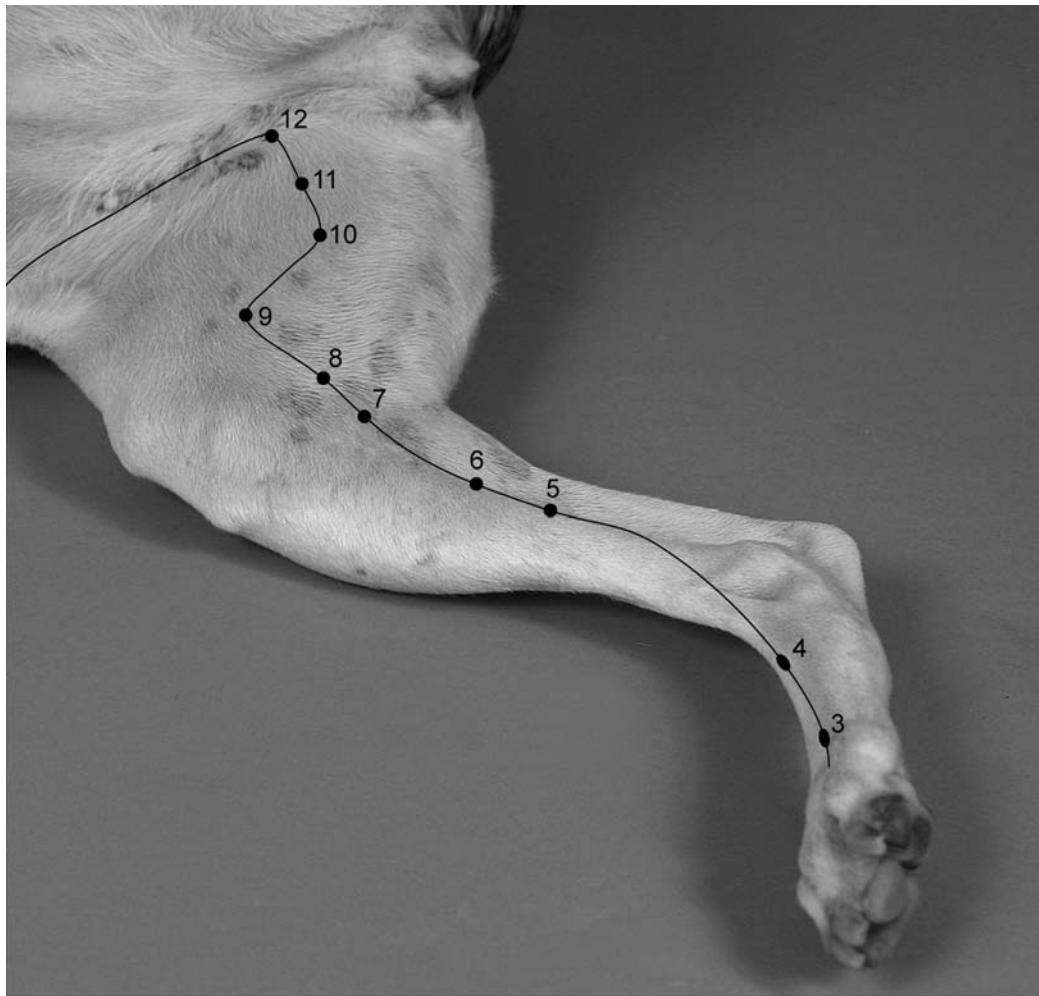
On the medial aspect of the pelvic limb at the stifle, in a depression 1 cun caudal to SP-9 (SP-9 is in the large depression between the lower border of the medial condyle of the tibia and the gastrocnemius muscles.)

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Swelling and pain in the stifle



5.51. The locations of acupoints LIV-3 to LIV-12 on the Liver Channel.

LIV-8 *Qu-quan* 曲泉

A commonly used point (figs. 5.48, 5.50, and 5.51)

LOCATION

On the medial stifle, proximal to the medial end of the popliteal crease, in a depression between the medial femoral condyle and the insertion of the semimembranosus and semitendinosus muscles, proximal and cranial to KID-10 (KID-10 is at the level of BL-40, between the semitendinosus and semimembranosus muscles, and BL-40 is in the center of the popliteal crease.)

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

He-sea point (water)—mother (tonification) point for deficiency disease patterns

Male and female reproductive disorders, uterine prolapse, genital pruritus, urinary incontinence, stifle pain

LIV-9 *Yin-bao* 阴包

Not a commonly used point (figs. 5.48, 5.50, and 5.51)

LOCATION

On the medial side of the pelvic limb proximal to the stifle, 4 cun proximal to LIV-8 and the medial epicondyle of the femur between the vastus medialis and sartorius muscles

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Uterine prolapse, urinary incontinence

LIV-10 *Zu-Wu-li* 足五里

Not a commonly used point (fig. 5.51)

LOCATION

On the medial side of the pelvic limb in the inguinal region, on the border of the adductor longus muscle, 3 cun distal to ST-30 (ST-30 is at the level of the pubis, 2 cun lateral to the ventral midline.)

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Stranguria, abdominal distension



5.52. The locations of acupoints LIV-13 and LIV-14 on the Liver Channel.

LIV-11 *Yin lian* 阴廉

Not a commonly used point (fig. 5.51)

LOCATION

On the medial side of the pelvic limb in the inguinal region, on the border of the adductor longus muscle, 2 cun distal to ST-30 (ST-30 is at the level of the pubis, 2 cun lateral to the ventral midline.)

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Irregular heat cycles, medial hind limb pain

LIV-12 *Ji-mai* 急脉

Not a commonly used point (fig. 5.51)

LOCATION

In the inguinal region at the level of the pubis 2.5 cun from the midline

METHOD

Perpendicular insertion: dry-needle depth 0.3–0.5 cun

ATTRIBUTES AND INDICATIONS

Prolapsed uterus, lower abdominal pain

LIV-13 *Zhang-men* 章门

A commonly used point (figs. 5.48 and 5.52)

LOCATION

On the lateral thorax, at the distal end of the 12th rib

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Master point of viscera; influential point for *Zang* organs; alarm point for the spleen, crossing point of the LIV and GB Channel; abdominal pain, diarrhea, abdominal mass, generalized muscle pain, agitation, and anger

LIV-14 *Qi-men* 期门

A commonly used point (figs. 5.48 and 5.52)

LOCATION

On the lateral thorax in the sixth intercostal space at the level of the mammary glands

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Alarm point for the liver; crossing point of the LIV, GB, and *Yin-wei* Channels; Liver and gallbladder disorders, mastitis, pleuritis, thoracic pain, muscle pain

GOVERNING VESSEL CHANNEL (GV) 督脉经

The Governing Vessel Channel (GV), also referred to as the *Du* Channel, originates from the uterus. It travels within the

lower abdomen to emerge at the perineum. The first external point on the channel is between the anus and the underside of the tail base. The channel continues cranially along the dorsal midline to the top of the head. At this point, the channel descends down the midline of the face and nasal philtrum and ends inside the upper lip at the gingiva. There are 28 acupoints on the external GV Channel (fig. 5.53). Along its path on the dorsal midline, the GV Channel connects with all six *Yang* Channels (LI, ST, SI, BL, TH, and GB), the spinal cord, and the brain. It is known as “The Sea of the *Yang* Channels.” These connections allow the GV Channel to govern the *Qi* of all the *Yang* Channels.

GV-1 Hou-hai or Chang-qiang 后海

A commonly used point (figs. 5.53 and 5.54)

LOCATION

In the depression on the dorsal midline between the anus and the ventral aspect of the tail

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Luo-connecting point of the GV Channel; crossing point of the GV, GB, and KID Channels

Diarrhea, constipation, perianal disorders, rectal prolapse, paresis or paralysis of the anal sphincter, epilepsy, infertility

GV-2 Wei-gen or Yao-shu 尾根

Not a commonly used point (fig. 5.55)

LOCATION

On the midline, in a depression at the sacrocaudal interspace

METHOD

Perpendicular insertion: dry-needle depth 0.3–0.5 cun

ATTRIBUTES AND INDICATIONS

Thoracolumbar intervertebral disk disease, pelvic limb paresis or paralysis, epilepsy, perianal disorders

GV-3 Yao-yang-guan 腰阳关

A very commonly used point (figs. 5.53 and 5.55). It has three locations including GV-3a, 3b, and 3c.

LOCATION

On the dorsal midline in the largest depression located between the dorsal spinous process of the L4-5 (GV-3a), L5-6 (GV-3b), and L6-7 (GV-3c) vertebrae

METHOD

Perpendicular insertion: dry-needle depth 0.3–0.5 cun

ATTRIBUTES AND INDICATIONS

Kidney *Yang* and *Qi* deficiency, coldness and pain of the thoracolumbar and lumbosacral regions, lumbosacral intervertebral disk disease, impotence, pelvic limb paresis or paralysis

GV-4 Ming-men 命门

A very commonly used point (figs. 5.53 and 5.55)

LOCATION

On the dorsal midline in the depression between the dorsal spinous processes of the L2-L3 vertebrae

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Yang deficiency, diarrhea from *Yang* deficiency, impotence, irregular heat cycles, diarrhea, thoracolumbar pain, intervertebral disk disease

GV-5 Tian-ping 天平

Not a commonly used point (fig. 5.55)

LOCATION

On the dorsal midline in the depression between the dorsal spinous processes of the T13-L1 vertebrae

METHOD

Perpendicular insertion: dry-needle depth 0.3–0.5 cun

ATTRIBUTES AND INDICATIONS

Internal hemorrhage, hematuria, bloody feces, hemorrhage control during castration and ovariohysterectomy, intervertebral disk disease

GV-6 Ji-zhong 脊中

Not a commonly used point (fig. 5.55)

LOCATION

On the dorsal midline in the depression between the dorsal spinous processes of the T11-T12 vertebrae

METHOD

Perpendicular insertion: dry-needle depth 0.3–0.5 cun

ATTRIBUTES AND INDICATIONS

Diarrhea, jaundice, epilepsy, hemorrhage, intervertebral disk disease, stomach and spleen disorders

GV-7 Zhong-shu 中枢

Not a commonly used point (fig. 5.55)

LOCATION

On the dorsal midline in the depression between the dorsal spinous processes of the T10-T11 vertebrae

METHOD

Perpendicular insertion: dry-needle depth 0.3–0.5 cun

ATTRIBUTES AND INDICATIONS

Jaundice, vomiting, thoracolumbar intervertebral disk disease, hemorrhage

GV-8 Jin-suo 筋缩

Not a commonly used point (fig. 5.55)

LOCATION

On the dorsal midline in the depression between the dorsal spinous processes of the T9-T10 vertebrae

METHOD

Perpendicular insertion: dry-needle depth 0.3–0.5 cun



5.53. The location of the Governing Vessel Channel and some of the most commonly used acupoints. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)

ATTRIBUTES AND INDICATIONS

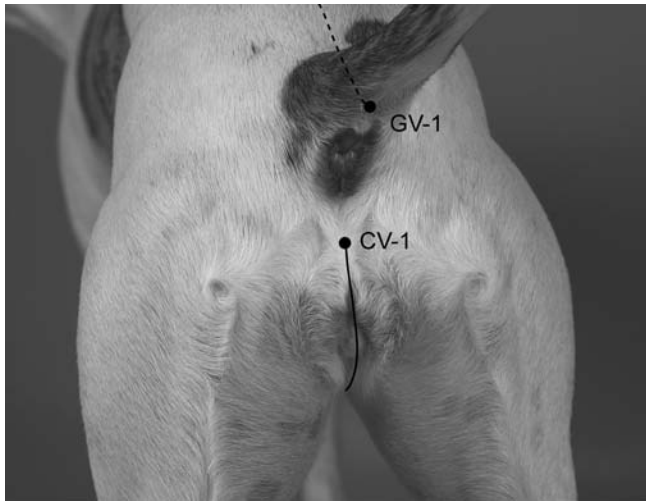
Thoracolumbar intervertebral disk disease, epilepsy, jaundice

GV-9 Zhi-yang 至阳

Not a commonly used point (fig. 5.55)

LOCATION

On the dorsal midline in the depression between the dorsal spinous processes of the T7-T8 vertebrae



5.54. The locations of acupoints GV-1 on the Governing Vessel Channel and CV-1 on the Conception Vessel Channel (CV).

METHOD

Perpendicular insertion: dry-needle depth 0.3–0.5 cun

ATTRIBUTES AND INDICATIONS

Jaundice, liver disorders, inability to eat, IVDD

GV-10 Ling-tai 灵台

Not a commonly used point (fig. 5.55)

LOCATION

On the dorsal midline in the depression between the dorsal spinous processes of the T6-T7 vertebrae

METHOD

Perpendicular insertion: dry-needle depth 0.3–0.5 cun

ATTRIBUTES AND INDICATIONS

Pulmonary disorders, cough, dyspnea, gastric disorders, hepatic disorders, thoracolumbar intervertebral disk disease

GV-11 Shen-dao 神道

Not a commonly used point (fig. 5.55)

LOCATION

On the dorsal midline in the depression between the dorsal spinous processes of the T5-T6 vertebrae

METHOD

Perpendicular insertion: dry-needle depth 0.3–0.5 cun

ATTRIBUTES AND INDICATIONS

Cardiac arrhythmias, thoracic pain, cognitive dysfunction, cough, anxiety, fright



5.55. The location of acupoints GV-2 to GV-26 on the Governing Vessel Channel.

GV-12 Shen-zhu 身柱

Not a commonly used point (fig. 5.55)

LOCATION

On the dorsal midline in the depression between the dorsal spinous processes of the T3-T4 vertebrae

METHOD

Perpendicular insertion: dry-needle depth 0.3–0.5 cun

ATTRIBUTES AND INDICATIONS

Cardiopulmonary disorders, cough, epilepsy, intervertebral disk disease, *shen* disturbances

GV-13 Tao-dao 陶道

Not a commonly used point (fig. 5.55)

LOCATION

On the dorsal midline in the depression between the dorsal spinous processes of the T1 and T2 vertebrae

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the GV and BL Channels; fever

GV-14 Da-zhui 大椎

A very commonly used point (figs. 5.53 and 5.55)

LOCATION

On the dorsal midline in the depression in front of the dorsal spinous process of the T1 vertebrae (the first palpable dorsal spinous process going from cranial to caudal)

METHOD

Perpendicular insertion: dry-needle depth 2 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the GV with the Six *Yang* Channels; clear heat, *Yin* deficiency, fever, cough, dyspnea, cervical pain, intervertebral disk disease, dermatitis, epilepsy, immune deficiency

GV-15 Ya-men 哑门

Not a commonly used point (fig. 5.55)

LOCATION

On the dorsal midline in the depression between the C1-C2 vertebrae

METHOD

Use with great caution, only superficial insertion; perpendicular or oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the GV and *Yang-wei* Channels; epilepsy, cervical pain, intervertebral disk disease, loss of voice

GV-16 Feng-fu 风府

A commonly used point (fig. 5.55)

LOCATION

On the dorsal midline in the depression between the occipital bones and C1

METHOD

Use with great caution, only superficial insertion as this is the site of cerebrospinal fluid collection; perpendicular or oblique insertion: dry-needle depth 0.5 cun.

ATTRIBUTES AND INDICATIONS

Crossing point of the GV and *Yang-wei* Channels; cervical pain, intervertebral disk disease, epilepsy, stroke, mental-emotional disorders

GV-17 Nao-hu 脑户

A commonly used point (fig. 5.55)

LOCATION

On the dorsal midline at the level of the caudal ear bases, 1.5 cun cranial to GV-16 just in front of the occipital protuberance

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Crossing (*Jiao-hui*) point between the GV and BL Channels. Epilepsy, dysphonia, vertigo, cervical pain, intervertebral disk disease, ocular disorders

GV-18 Qiang-jian 强间

Not a commonly used point (fig. 5.55)

LOCATION

On the dorsal midline halfway between GV-16 and GV-20 (GV-16 is on the midline in the depression between the occipital bones and C1, and GV-20 is on the midline at the level of the center of the ear canals.)

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Epilepsy, sleep disorders

GV-19 Hou ding 后顶

Not a commonly used point (fig. 5.55)

LOCATION

On the dorsal midline, $\frac{3}{4}$ the distance between GV-16 and GV-20 (GV-16 is on the midline in the depression between the occipital bones and C1, and GV-20 is on the midline at the level of the center of the ear canals.)

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Epilepsy, *shen* disturbances, mania

GV-20 Bai-hui 百会

A commonly used point (figs. 5.53, 5.55, and 5.56)

LOCATION

On the dorsal midline on a line drawn from the tips of the ears level with the ear canals

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the GV and BL Channels; sedation point, *shen* disturbances, epilepsy, sleep disorders, prolapse of the anus

GV-21 Qian-ding 前顶

A commonly used point (figs. 5.55 and 5.56)

LOCATION

On the dorsal midline at the level of the cranial edge of the ears (1.5 cun cranial to GV-20)

METHOD

Horizontal insertion toward GV-17 for sedation or toward GV-24 for tonification: dry needling at a depth of 0.5–1 cun; can also implant a gold bead or suture material at the point

ATTRIBUTES AND INDICATIONS

Sedation point, wind pattern, epilepsy, encephalitis, tremors, vertigo, tetanus, *shen* disturbances, hyperactive behavior

GV-22 Xin-hui 囟会

Not a commonly used point (fig. 5.56)



5.56. The location of acupoints GV-20 to GV-24 on the Governing Vessel Channel.

LOCATION

On the dorsal midline 3 cun cranial to GV-20

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Nasal congestion, nose bleed, headache

GV-23 Shang-xing 上星

Not a commonly used point (fig. 5.56)

LOCATION

On the dorsal midline 4 cun cranial to GV-20

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Nasal congestion, mania, facial swelling

GV-24 Shen-ting 神庭

A commonly used point (fig. 5.56)

LOCATION

On the dorsal midline, 1 cun cranial to the commonly used classical point *Da-feng-men* (*Da-feng-men* is on the dorsal midline of the head level with the cranial rim of the ear bases.)

METHOD

Oblique insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the GV, BL, and ST Channels; nasal congestion, epilepsy, mental-emotional disorders

GV-25 Su-liao 素寥

Not a commonly used point (fig. 5.57)

LOCATION

On the midline, at the midpoint of the nostrils, 0.5 cun dorsal to GV-26

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Nasal congestion and discharge, epistaxis, loss of consciousness

GV-26 Shui-gou/Ren-zhong 水沟 / 人中

A very commonly used point (figs. 5.53 and 5.57)

LOCATION

In the philtrum (vertical line on the upper lip and between the nares) at the level of the ventral limits of the nares

METHOD

Perpendicular insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the GV, LI, and ST Channels; emergencies, shock, collapse, coma, mania, facial paralysis, cervical and thoracolumbar intervertebral disk disease



5.57. The location of acupoints GV-25 to GV-27 on the Governing Vessel Channel (GV-28 is on the inside of the upper lip and not shown).

GV-27 *Dui-duan* 兑端

Not a commonly used point (fig. 5.57)

LOCATION

In the philtrum (vertical line on the upper lip and between the nares) midline at the haired, nonhaired junction between the nose and upper lip

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Shock, abdominal pain, facial paralysis, mania

GV-28 *Yin-jiao* 龈交

Not a commonly used point

LOCATION

On the midline of the inner surface of upper lip, on the maxillary labial vein

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Facial paralysis, tetanus, mania

CONCEPTION VESSEL CHANNEL 任脉经

The Conception Vessel (CV) Channel originates from inside the pelvic cavity. The channel emerges at the perineum between the anus and the external genitalia. It then runs cranially along the ventral midline of the abdomen, thorax, cervical region, and mandible to end on the midline of the lower lip. There are 24 acupoints on the external CV Channel (fig. 5.58). Along its path on the ventral midline, the CV Channel connects with all the *Yin* Channels (LU, SP, HT, KID, PC, and LIV). Also known as “The Sea of the *Yin* Channels,” the

CV Channel receives and regulates the *Qi* of the *Yin* Channels. The CV Channel nourishes the uterus and regulates pregnancy. It is useful for the treatment of reproductive disorders, *Yin* deficiency, and pharyngitis.

CV-1 *Hui-yin* 会阴

A commonly used point (figs. 5.54 and 5.58)

LOCATION

On the ventral midline, halfway between the anus and the root of the scrotum or vulva

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the CV, GV, and *Chong* Channels; infertility, dysuria, epilepsy, uterine prolapse

CV-2 *Qu-gu* 曲骨

Not a commonly used point (figs. 5.58 and 5.59)

LOCATION

On the ventral midline at the cranial border of the pubis

METHOD

Perpendicular insertion: dry-needle depth 0.3–0.5 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the CV and LIV Channels; impotence, urinary incontinence, irregular estrus

CAUTION

Deep insertion may penetrate a full urinary bladder

CV-3 *Zhong-ji* 中极

A commonly used point (figs. 5.58 and 5.59)

LOCATION

On the ventral midline, 4 cun caudal to the umbilicus

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Alarm point for the bladder; crossing point of CV, KID, SP, and LIV Channels; dysuria, urinary incontinence, renal failure, impotence, hernia, infertility

CAUTION

Deep insertion may penetrate a full urinary bladder

CV-4 *Guan-yuan* 关元

A commonly used point (fig. 5.59)

LOCATION

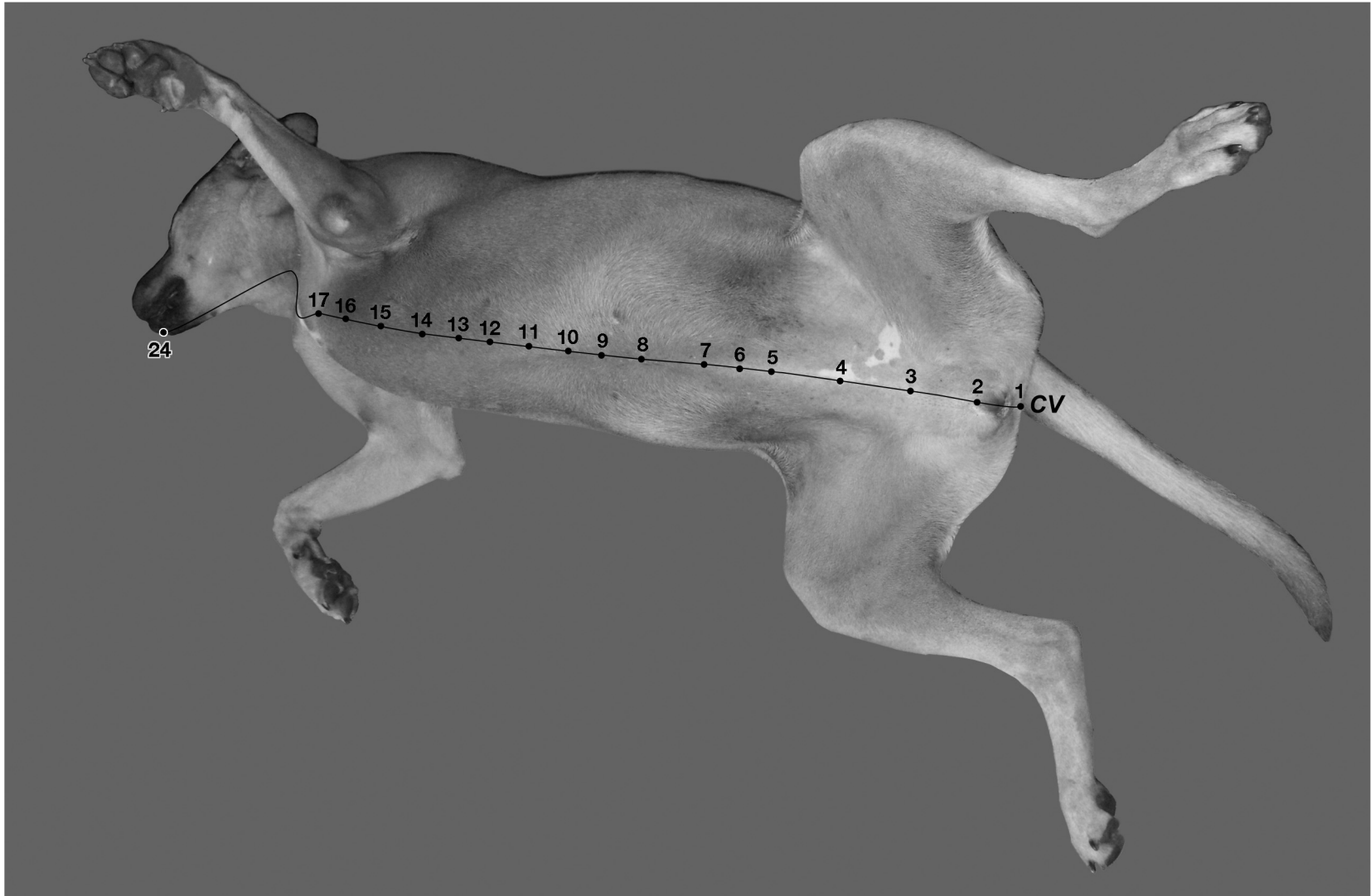
On the ventral midline, 3 cun caudal to the umbilicus

METHOD

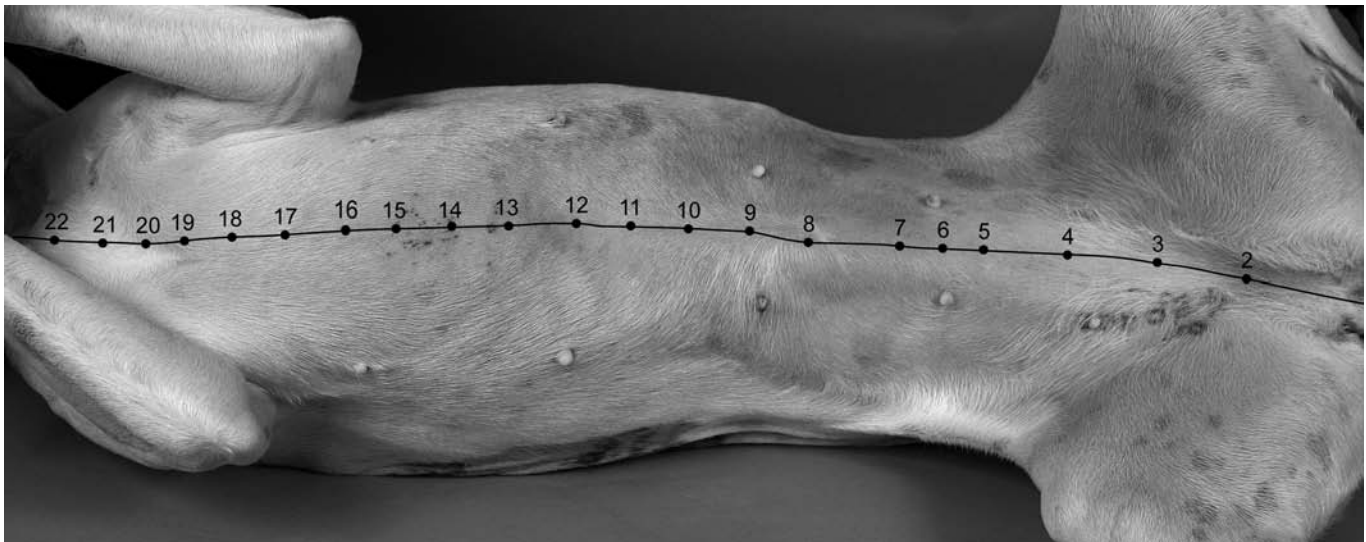
Perpendicular or oblique insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Alarm point for the Small Intestine; crossing of the CV and the 6 *Yin* Channels



5.58. The location of the Conception Vessel Channel and some of the most commonly used acupoints. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)



5.59. The location of acupoints CV-2 to CV-22 on the Conception Vessel Channel.

Kidney *Qi* or *Yang* deficiency, dysuria, urine retention, urinary incontinence, infertility, abdominal pain, diarrhea, generalized weakness

CV-5 *Shi-men* 石门

A commonly used point (fig. 5.59)

LOCATION

On the ventral midline, 2 cun caudal to the umbilicus

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Alarm point for the Triple Heater
Edema, abdominal pain, dysuria, diarrhea

CV-6 *Qi-hai* 气海

A commonly used point (fig. 5.59)

LOCATION

On the ventral midline, 1.5 cun caudal to the umbilicus

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

General *Qi* or *Yang* tonic point, urinary incontinence, abdominal pain, diarrhea, constipation, hernia, impotence, generalized weakness

CV-7 *Yin-jiao* 阴交

Not a commonly used point (fig. 5.59)

LOCATION

On the ventral midline, 1 cun caudal to the umbilicus

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Crossing point of CV and *Chong* Channels; edema, abdominal pain, irregular heat cycles

CV-8 *Shen-que* 神阙

Not a commonly used point (figs. 5.58 and 5.59)

LOCATION

At the center of the umbilicus

METHOD

Needles are contraindicated; use moxibustion or acupressure only.

ATTRIBUTES AND INDICATIONS

Chronic fatigue, inflammatory bowel disease

CV-9 *Shui-fen* 水分

Not a commonly used point (fig. 5.59)

LOCATION

On the ventral midline, 1 cun cranial to the umbilicus

METHOD

Needles are contraindicated; use moxibustion or acupressure only

ATTRIBUTES AND INDICATIONS

Edema, abdominal distension

CV-10 *Xia-wan* 下皖

Not a commonly used point (fig. 5.59)

LOCATION

On the ventral midline, 2 cun cranial to the umbilicus

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Crossing point of CV and SP Channels; abdominal pain, vomiting, diarrhea

CV-11 Jian-li 建里

Not a commonly used point (fig. 5.59)

LOCATION

On the ventral midline, 3 cun cranial to the umbilicus

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Abdominal pain, edema, indigestion

CV-12 Zhong-wan 中脘

A commonly used point (fig. 5.59)

LOCATION

On the ventral midline halfway between the xiphoid and umbilicus, or 4 cun cranial to the umbilicus

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Alarm point for the stomach, influential point for *Fu* organs, crossing point of CV, SI, TH, ST Channels
Gastric ulcers, liver disorders, diarrhea, jaundice, vomiting, inflammatory bowel disease, generalized weakness, anorexia

CV-13 Shang-wan 上脘

Not a commonly used point (fig. 5.59)

LOCATION

On the ventral midline, 5 cun cranial to umbilicus

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Crossing point of CV, ST, and SI Channels; vomiting, gastric pain

CV-14 Ju-que 巨阙

A commonly used point (figs. 5.58 and 5.59)

LOCATION

On the ventral midline, $\frac{3}{4}$ the distance between the umbilicus and xiphoid process

METHOD

Horizontal insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Alarm point for the heart
Thoracic pain, cardiac arrhythmias, gastric ulcers, epilepsy, vomiting

CV-15 Jiu-wei 鸠尾

Not a commonly used point (fig. 5.59)

LOCATION

On the ventral midline, 1 cun cranial to CV-14.

METHOD

Perpendicular insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Luo-connecting point of the CV Channel
Thoracic pain

CV-16 Zhong-ting 中庭

Not a commonly used point (fig. 5.59)

LOCATION

On the ventral midline, 2 cun cranial to CV-14

METHOD

Perpendicular insertion: dry-needle depth 0.3–0.5 cun

ATTRIBUTES AND INDICATIONS

Thoracic pain, vomiting

CV-17 Shan-zhong 膻中

A very commonly used point (figs. 5.58 and 5.59)

LOCATION

On the ventral midline, at the level of fourth intercostal space

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Alarm point for the pericardium, the crossing point of SP, KID, SI, and TH Channels; cough, thoracic pain, vomiting, mastitis, agalactia

CV-18 Yu-tang 玉堂

Not a commonly used point (fig. 5.59)

LOCATION

On the ventral midline at the level of third intercostal space

METHOD

Perpendicular insertion: dry-needle depth 0.3–0.5 cun

ATTRIBUTES AND INDICATIONS

Cough, thoracic pain

CV-19 Zi-gong 紫宫

Not a commonly used point (fig. 5.59)

LOCATION

On the ventral midline at the level of second intercostal space

METHOD

Perpendicular insertion: dry-needle depth 0.3–0.5 cun

ATTRIBUTES AND INDICATIONS

Cough, thoracic pain

CV-20 Hua-gai 华盖

A commonly used point (fig. 5.59)

LOCATION

On the ventral midline at the level of first intercostal space

METHOD

Perpendicular insertion: dry-needle depth 0.3–0.5 cun

ATTRIBUTES AND INDICATIONS

Cough, respiratory disorders, difficulty swallowing

CV-21 *Xuan-ji* 璇玑

Not a commonly used point (fig. 5.59)

LOCATION

On the ventral midline, 1 cun caudal to CV-22

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Cough, difficulty swallowing

CV-22 *Tian-tu* 天突

A commonly used point (figs. 5.59 and 5.60)

LOCATION

On the ventral midline at the tip of the manubrium of the sternum

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Crossing point of CV and *Yin-wei* Channels; cough, dyspnea, pharyngitis, loss of voice, thyroid disorders, thoracic pain

CV-23 *Lian-quan* 廉泉

Not a commonly used point (fig. 5.60)

LOCATION

On the ventral midline of the cervical region, just cranial to the larynx

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.3–0.5

ATTRIBUTES AND INDICATIONS

Crossing point of CV and *Yin-wei* Channels; laryngeal hemiplegia, dysphagia, swelling of the tongue

CV-24 *Cheng-jiang* 承将

A commonly used point (figs. 5.58 and 5.60)

LOCATION

On the ventral midline, 1 cun ventral to the border of the lower lip

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Crossing point of the CV and ST Channels

Cold damp, excessive salivation, facial paralysis, mania, behavioral disorders

OVERVIEW OF THE MOST COMMONLY USED TRANSPOSITIONAL ACUPOINTS

Although there are 361 transpositional acupoints in the dog, as described above, many are not commonly used. Knowing the commonly used acupoints around major anatomic landmarks can be useful for the practical application of acupuncture to dogs. Table 5.1 is a list and abbreviated location description for 88 of the most commonly used acupuncture points in dogs along with references to the appropriate figures demonstrating their relationships (figs. 5.61 to 5.70).



5.60. The location of acupoints CV-22 to CV-24 on the Conception Vessel Channel.

Table 5.1. Commonly Used Transpositional Acupoints Around Specific Anatomic Locations**Top of head**

- GV-17: midline level with the caudal rim of the ear bases
- GV-20: midline level with the middle of the ear bases

Nose

- LI-20: nasal labial groove at the widest part of the nostril
- GV-26: midline at the ventral limits of the nares

Eye region (fig. 5.61)

- BL-1: 0.1 cun dorsal to the medial canthus
- GB-1: 0.2 cun lateral to the lateral canthus
- ST-1: ventral to the center of the pupil just inside the infraorbital ridge
- ST-2: in the center of the infraorbital foramen
- BL-2: on the supraorbital ridge at medial end of eyebrow
- GB-14: midpoint of the extended eyebrow
- TH-23: extended eyebrow level of lateral canthus

Ear region (fig. 5.62)

- TH-21: intratragic notch directly dorsal to SI-19
- SI-19: rostral to the tragus, ventral to TH-21
- GB-2: directly below SI-19
- TH-17: ventral to ear in the depression between mandible and mastoid

Cranial neck (fig. 5.63)

- GB-20: caudal to the occipital condyles
- BL-10: at C1-C2, 1.5 cun from midline

Caudal neck and shoulder (fig. 5.63 and 5.64)

- GV-14: at C7-T1 dorsal midline
- GB-21: along the cranial edge of the scapula midway between GV-14 and the acromion
- LI-15: distal and cranial to the acromion
- TH-14: distal and caudal to the acromion
- SI-9: caudal to humerus between deltoid/triceps

Dorsal back (fig. 5.63)

- BL-11/12/13/14/15/16/17/18/19/20/21/22/23/24/25/26: along the vertebral column 1.5 cun lateral to the dorsal midline
- GV-1: between the anus and tail
- GV-3: largest midline depression L4-L7
- GV-4: dorsal midline L2-3

Elbow**Lateral side (fig. 5.64)**

- LI-11: cubital crease halfway between the lateral condyle and the biceps tendon
- LI-10: 2 cun distal to LI-11
- TH-10: caudolateral on the triceps tendon just proximal to the olecranon
- SI-8: between the humeral epicondyle and the olecranon

Medial side (fig. 5.65)

- LU-5: cubital crease cranial to the biceps tendon
- PC-3: cubital crease caudal to the biceps tendon
- HT-3: just cranial to the medial epicondyle

Radiocarpal joint region**Lateral side (fig. 5.64)**

- TH-5: 2 cun proximal to the radiocarpal joint opposite PC-6
- HT-7: large indentation in front of flexor carpi ulnaris tendon

Medial side (fig. 5.65)

- PC-6: 3 cun proximal to the carpal crease
- LU-7: 1.5 cun proximal to the radiocarpal joint (distal and cranial to PC-6)
- LU-9: medial end of radial carpal joint

Thoracic limb metacarpophalangeal region (fig. 5.64)

- LI-4: midway up the medial side of the 3rd metacarpal bone
- PC-8: midline under the large central pad
- SI-3: lateral side of the 5th metacarpal
- HT-8: volar paw between the 4th and 5th metacarpals at the edge of the pad
- TH-3: dorsum of foot between 4th and 5th metacarpals
- PC-9: medial side of the 4th digit
- HT-9: medial side 5th digit

Lateral chest and abdomen (figs. 5.63 and 5.66)

- CV-17: 4th intercostal space on the ventral midline
- LIV-14: 6th intercostal space at the mammary level
- LIV-13: distal end of the 12th rib
- GB-25: distal end of the 13th rib
- BL-41 (BL-12) through BL-52 (BL-23): 3 cun from dorsal midline

(continued)

Table 5.1. Commonly Used Transpositional Acupoints Around Specific Anatomic Locations *continued***Kidney belt (fig. 5.66)**

- GV-4: at the L2-3 dorsal midline
- BL-23: at L2-3, 1.5 cun lateral to the dorsal midline
- BL-52: at L2-3, 3 cun lateral to the dorsal midline
- GB-25: at the end of the 13th rib

Hip and pelvis (figs. 5.63 and 5.67)

- BL-54: dorsal to the greater trochanter
- GB-29: cranial to the greater trochanter
- GB-30: caudal to the greater trochanter
- GB-31: between the femur and biceps 7 cun proximal to the femoral condyle
- BL-35: in the crease lateral to the tail base
- BL-36: just ventral to the tuber ischii

Stifle region**Medial side (fig. 5.68)**

- SP-10: 2 cun proximal to and medial to the patella just anterior to sartorius muscle
- LIV-8: between the medial condyle and insertion of the semimembranosus and semitendinosus muscles
- KID-10: at the level of BL-40 (popliteal fossa)
- SP-9: lower border of the tibial condyle between the tibia and the gastrocnemius muscle

Lateral side (fig. 5.63 and 5.69)

- GB-33: depression between the femur and the insertion of the biceps femoris tendon
- ST-35: lateral eye of knee
- BL-40: center of the popliteal crease
- BL-39: just cranial to BL-40
- GB-34: distal and cranial to head of the fibula
- ST-36: 3 cun distal to ST-35 over the cranial tibialis muscle
- ST-37: 6 cun distal to ST-35 on the cranial aspect of the tibia over the cranial tibialis muscle

Hock region**Medial (fig. 5.68)**

- SP-6: 3 cun proximal to medial malleolus
- KID-7: 2 cun proximal to the medial malleolus just anterior to the calcaneal tendon
- KID-3: between the medial malleolus and calcaneus
- KID-6: directly distal to medial malleolus
- SP-4: just distal to the proximal end of the 1st metatarsal

Lateral (fig. 5.69)

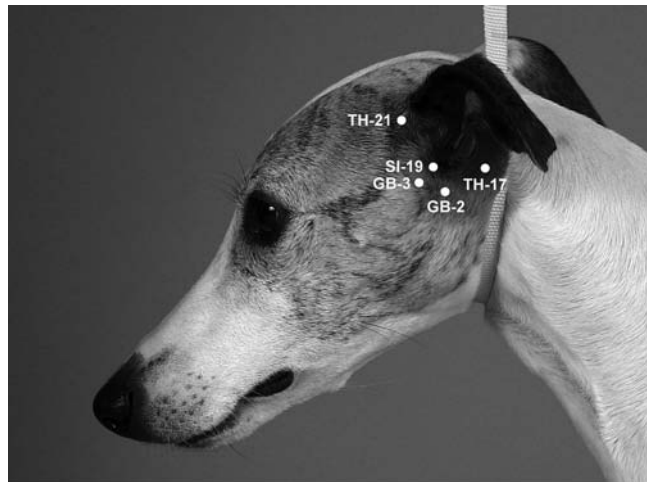
- ST-40: 1/2 way between the lateral malleolus and top of tibia
- GB-39: 3 cun proximal to lateral malleolus
- ST-41: at the cranial midline of the hock level with the malleolus
- BL-60: between the medial malleolus and calcaneus, opposite and slightly dorsal to KID-3
- BL-62: just distal to lateral malleolus

Pelvic limb metatarsophalangeal region (fig. 5.70)

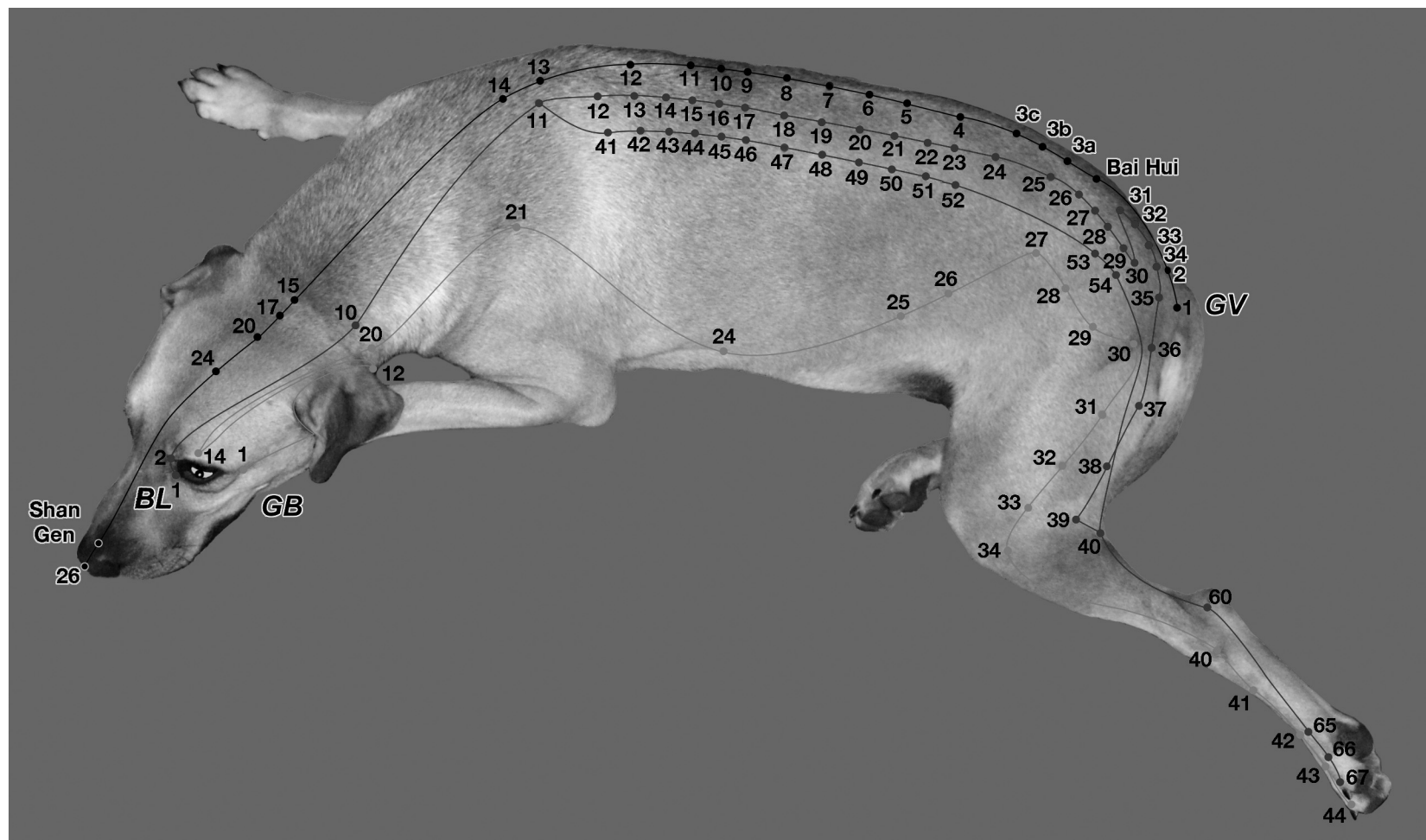
- GB-41: proximal to the distal junction of the 4th and 5th metatarsal bones
- SP-4: medial side of the proximal end of the 2nd metatarsal bone
- SP-3: medial side of 2nd metatarsal bone just proximal to the joint
- LIV-3: between the 2nd and 3rd metatarsal bones proximal to the joint
- ST-44: between the 3rd and 4th digits proximal to the web margin
- SP-2: medial side of the 2nd digit distal to the joint
- LIV-2: between 2nd and 3rd digits distal to the joint
- SP-1: medial side of the 2nd digit at the nail bed
- BL-67: lateral side of the 5th digit
- ST-45: lateral side of the 3rd digit



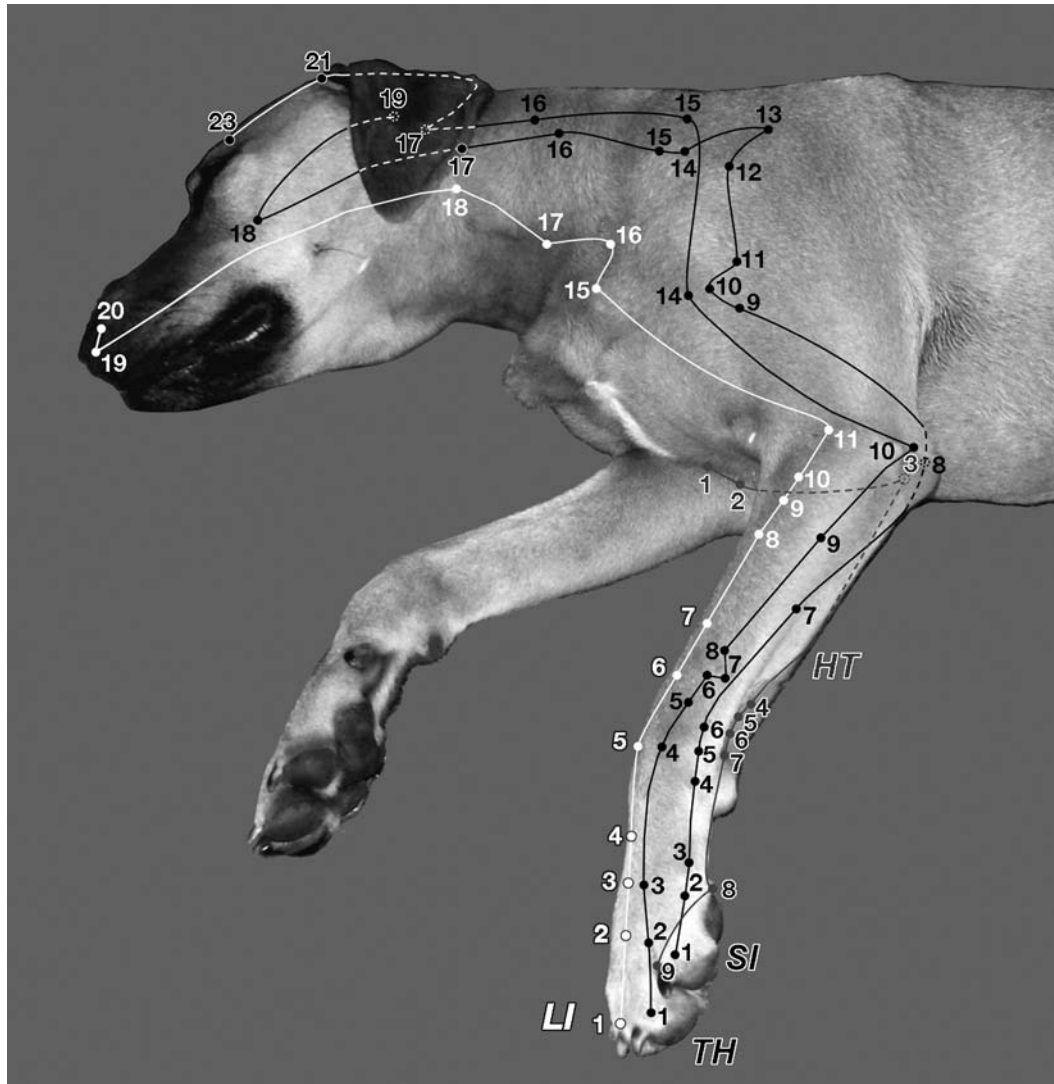
5.61. Acupoints around the eyes.



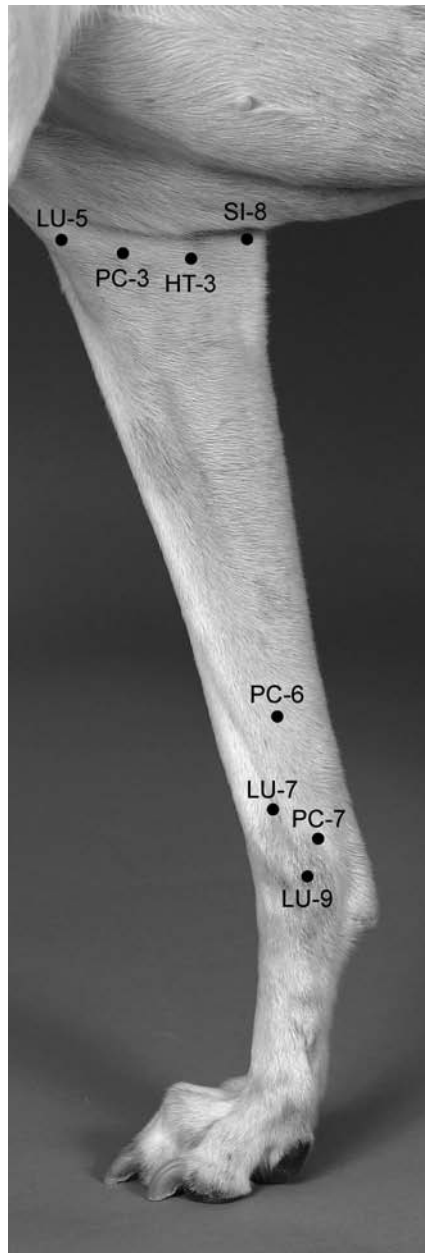
5.62. Commonly used acupoints around the ears.



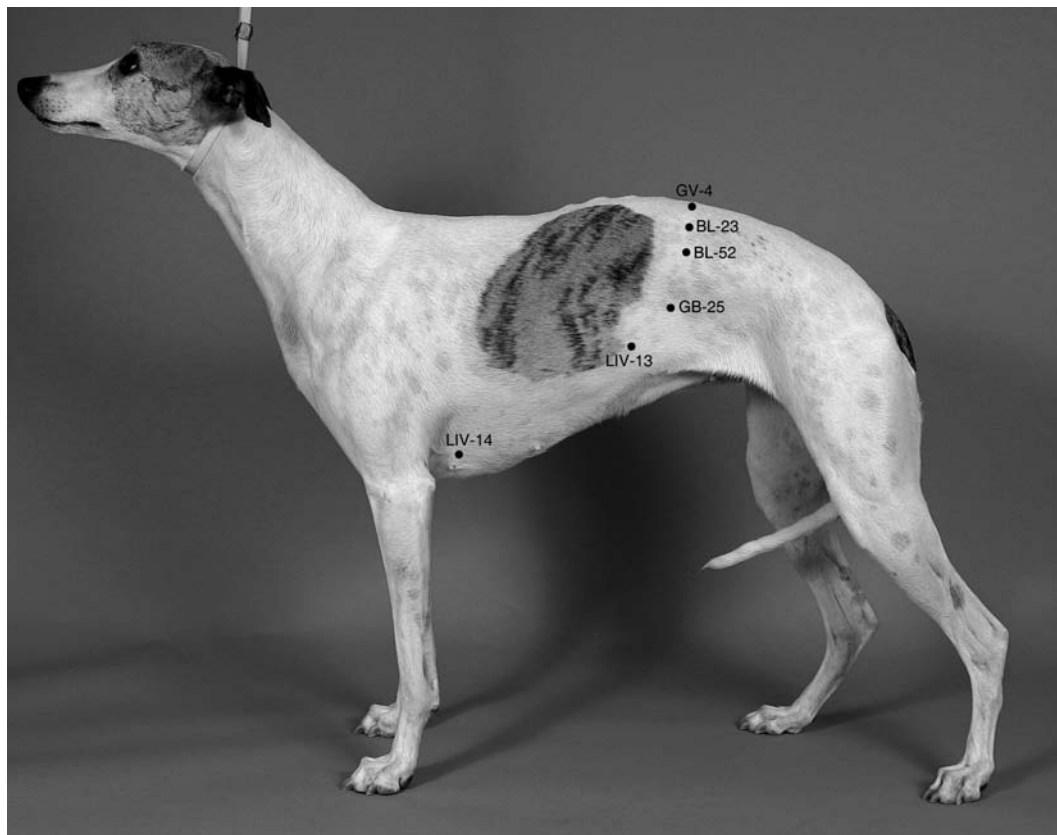
5.63. Commonly used acupoints of the head, neck, back, hips, and lateral pelvic limb. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)



5.64. Acupoints of the shoulder and lateral thoracic limb. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)



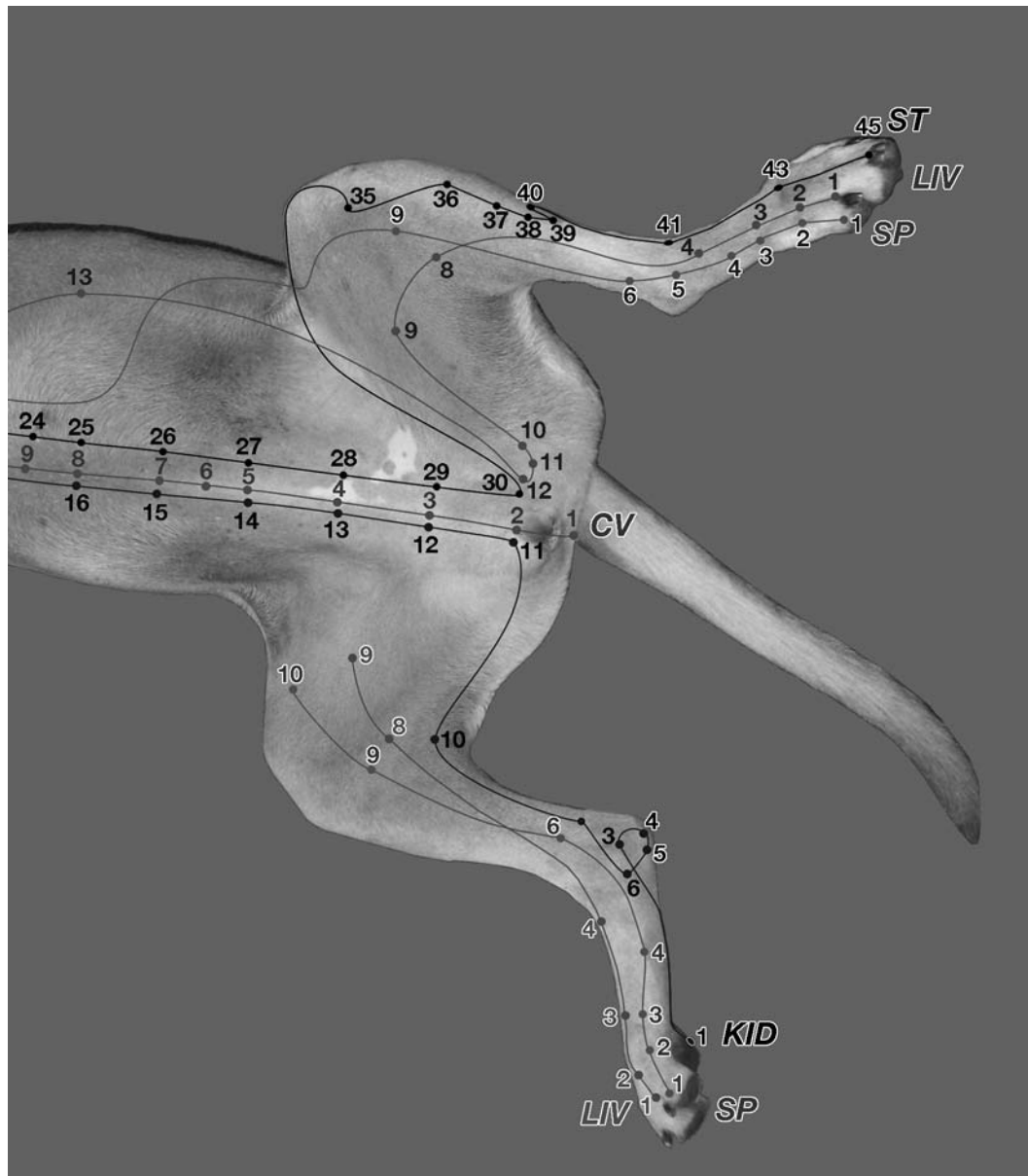
5.65. Common acupoints of the medial elbow and carpus.



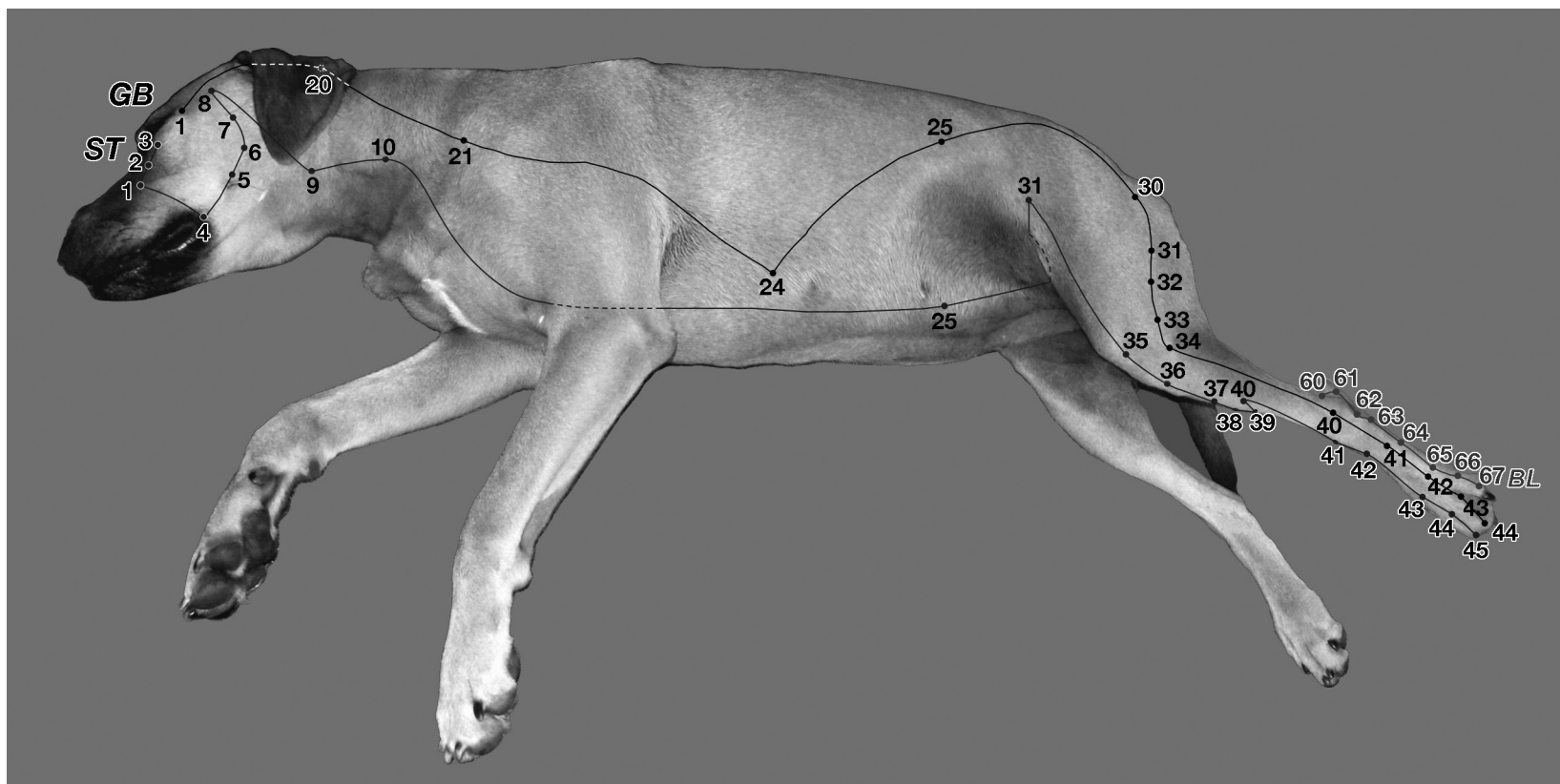
5.66. Common acupoints of the lateral thorax and the "kidney belt."



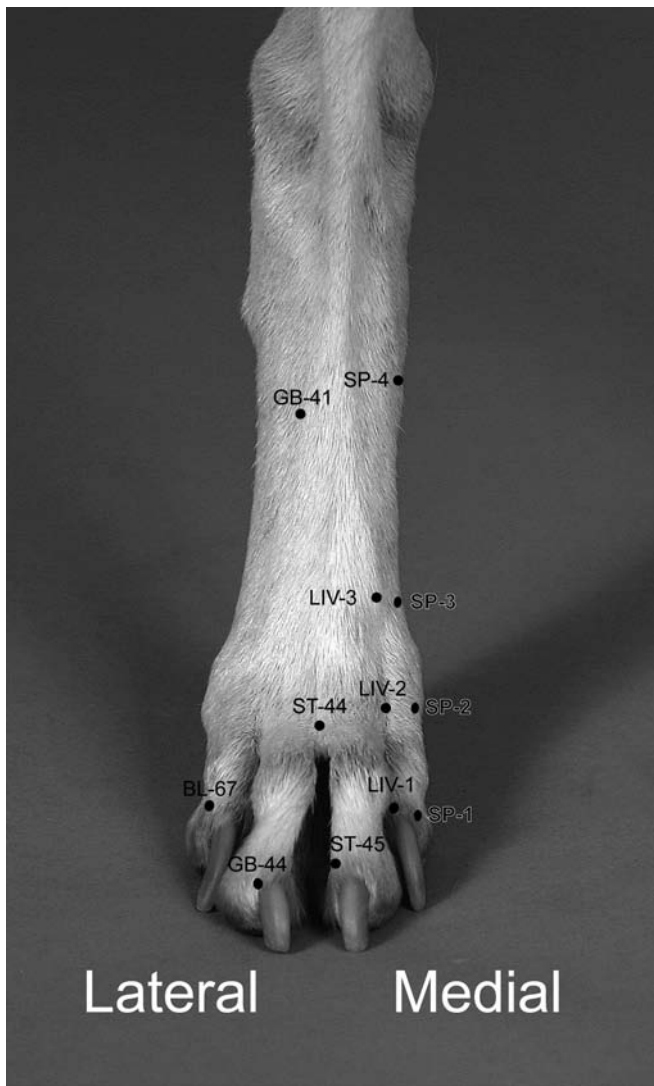
5.67. Common acupoints around the coxofemoral joint region.



5.68. Common acupoints of the medial pelvic limb and the relationship of the SP, KID, and LIV Channels.



5.69. Common acupoints of the lateral thorax, abdomen, and pelvic limb. (From H. Xie, Veterinary Acupuncture Atlas, 2003.)



5.70. Common acupoints of the pelvic limb metatarsophalangeal joint and digits.

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6 Canine Classical Acupoints

Cheryl Chrisman and Huisheng Xie

The classical acupoints in dogs have been adapted from the classical acupoints transposed to dogs from humans, horses, cattle, pigs and laboratory animals. The classical acupoints were derived from the traditional veterinary acupuncture literature and modified by the experience of acupuncture clinicians. The most useful 77 canine classical acupoints are described in this chapter. Some of the classical acupoints are the same as the transpositional acupoints located on the specific channels described in chapter 5. Other classical acupoints are not associated with any specific channel.

Classical acupoints in dogs as in other species are grouped into the following regions: head, trunk and tail, thoracic limbs, and pelvic limbs. The acupoints are numbered sequentially only for the purpose of identifying them on the figures in this chapter. For each acupoint the pinyin Chinese name, the English translation and the Chinese character name are given. In some cases the classical point is the same as a transpositional acupoint, and if so, the corresponding transpositional acupoint is also given. The frequency of use for each acupoint is provided as very commonly used, commonly used and not commonly used. The location of each acupoint is described in relation to anatomic landmarks, and the Chinese proportional measurement, the cun, may be used to measure distances from a landmark or another acupoint. For a review of the cun, see chapter 5, figure 5.1. A review of pertinent anatomic landmarks is also found in chapter 5, figures 5.2–5.8. In the Method section, the angle and depth of insertion are provided for dry needles. Electroacupuncture, aquapuncture, and moxibustion are also methods that can be used unless stated otherwise. An acupoint may be associated with special attributes and may be a crossing point for several channels, and these are listed under the Attributes and Indications sections. The indications for each acupoint have been derived from both clinical experience and relevant traditional literature and are listed as clinical findings and Western and Chinese diagnoses.

HEAD AND NECK REGIONS

There are 23 acupoints in the head and neck regions.

1 *Tian-men* (Gate of Heaven) 天门

A very commonly used acupoint (fig. 6.1)

LOCATION

On the dorsal midline of the head level with the caudal rim of the two ear bases

METHOD

Perpendicular insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Crossing acupoint of the GV and BL Channels
Epilepsy, dysphonia, vertigo, cervical pain

2 *Da-feng-men* (Great Wind Gate) 大风门

A very commonly used acupoint (figs. 6.1 and 6.2)

LOCATION

On the dorsal midline of the head level with the cranial rim of the ear bases

METHOD

Horizontal insertion away from the nose for sedation or toward the nose for tonification: dry-needle depth 0.5–1 cun; can also implant a gold bead or suture material at the acupoint

ATTRIBUTES AND INDICATIONS

Sedation, wind pattern, epilepsy, encephalitis, tremors, vertigo, tetanus, *shen* disturbances, hyperactive behavior

3 *Long-hui* (Dragon Meeting) 龙会

Not a commonly used acupoint (figs. 6.1 and 6.2)

LOCATION

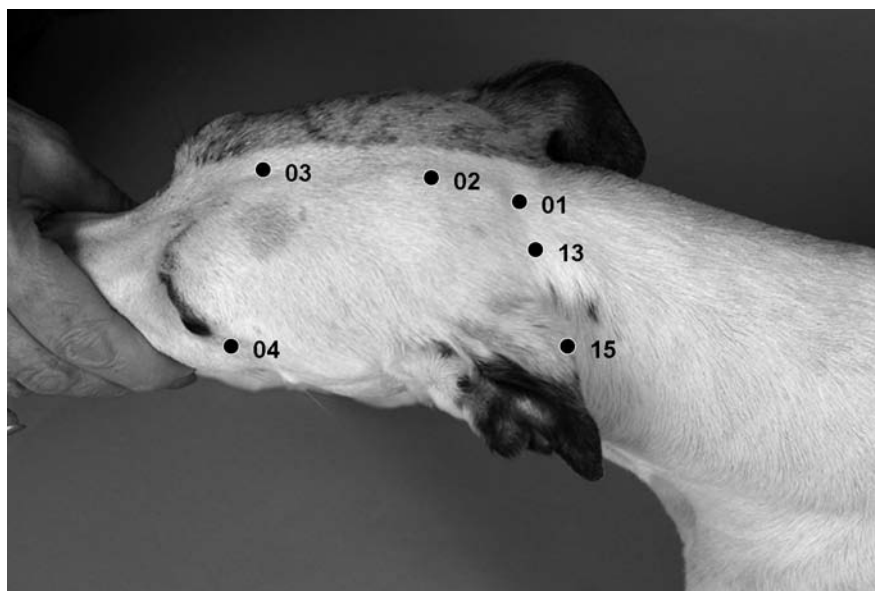
On the dorsal midline of the head on a line between the two temporal fossas

METHOD

Perpendicular insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Epilepsy, encephalitis, nasal congestion



6.1. The location of the classical points of the head and neck: 1 Tian-men, 2 Da-feng-men, 3 Long-hui, 4 Tai-yang, 13 Feng-chi, and 15 An-shen.



6.2. The location of the classical points of the head and neck: 2 Da-feng-men, 3 Long-hui, 4 Tai-yang, 5 Shan-gen, and 6 Ren-zong/Shui-gou.

4 *Tai-Yang* (Great Yang) 太阳

A commonly used acupoint (figs. 6.1 and 6.2)

LOCATION

In a depression on the sides of the head 1 cun lateral to the lateral canthus of the eye

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Acute ocular disorders, facial paralysis, headache, wind heat, fever

5 *Shan-gen* (Base of Mountain) 山根

A very commonly used acupoint (fig. 6.2)

LOCATION

On the dorsal midline of the head on top of the nose in a depression at the junction of the haired and nonnonhaired region

METHOD

Perpendicular insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Poor appetite, wind-cold, wind-heat, shock, coma, sinusitis

6 *Ren-zong/Shui-gou*, GV-26 (The Center of Man/Water Passage) 人中 / 水沟

A very commonly used acupoint (fig. 6.2)

LOCATION

In the philtrum (midline vertical line of the upper lip and nose) at the level of the ventral limits of the nares

METHOD

Perpendicular insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Crossing acupoint of the GV, LI, and ST Channels
Coma, shock, fever, bronchitis, lung heat, facial paralysis

7 *Jing-ming*, BL-1 (Brighten Eye) 睛明

A very commonly used acupoint (fig. 6.3)

LOCATION

0.1 cun dorsal to the medial canthus of the eye

METHOD

Push the eyeball laterally and make a perpendicular insertion dry-needle depth 0.1 cun; do not twist the needle; moxibustion is contraindicated.

ATTRIBUTES AND INDICATIONS

Crossing acupoint of the BL, SI, *Yin-Qiao*, *Yang-Qiao*, and ST Channels

Conjunctivitis, uveitis, optic neuritis, keratitis, liver heat

8 *Cheng-Qi*, ST-1 (Receiving Tears) 承泣

A commonly used acupoint (fig. 6.3)

LOCATION

Directly ventral to the center of the pupil just inside the infra-orbital ridge; the point can be penetrated by retropulsing the eyeball dorsally and directing the needle over the infraorbital ridge, through the skin and under the eye.

METHOD

Perpendicular insertion: dry-needle depth 0.3 cun; do not twist needle; moxibustion is contraindicated

ATTRIBUTES AND INDICATIONS

Crossing acupoint of the BL, *Yang-Qiao*, and CV channels
Conjunctivitis, uveitis, ocular discharge or swelling, abnormal tear production, eyelid twitching, facial paralysis, liver heat

9 *San-jiang* (Three Rivers) 三江

Not a commonly used acupoint (fig. 6.3)

LOCATION

On the side of the nose 1 cun below the medial canthus of the eye over the angular vein



6.3. The location of the classical points of the head and neck: 7 Jing Ming, 8 Cheng-qi, 9 San-jiang, 10 Ying-xiang, 11 Bi-tong, and 12 Nao-shu of the right side of the face. These same points are on the left side of the face as well.

METHOD

Perpendicular insertion: dry-needle depth 0.3 cun; hemo-
acupuncture

ATTRIBUTES AND INDICATIONS

Uveitis, keratoconjunctivitis sicca, constipation, and abdom-
inal pain

10 Ying-xiang, LI-20 (Receive Fragrance) 迎香

A commonly used acupoint (fig. 6.3)

LOCATION

In the nasal labial groove at the widest part of the nostril ap-
proximately 0.1 cun outside the haired/nonhaired junction

METHOD

Oblique insertion: dry-needle depth 0.3 cun.

ATTRIBUTES AND INDICATIONS

Nasal congestion and discharge, facial paralysis, epistaxis,
facial pruritus, urticaria, heat stroke, cough, sinusitis,
fever, cold

11 Bi-tong (Nose Passing) 鼻通

A commonly used acupoint (fig. 6.3)

LOCATION

On the side of the nose halfway between *Ying-xiang* (LI-20)
and the medial canthus of the eye

METHOD

Perpendicular insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Nasal congestion, sinusitis, facial paralysis

12 Nao-shu (Brain Association Acupoint) 脑俞

A commonly used acupoint (fig. 6.3)

LOCATION

Over the temporalis muscles $\frac{1}{3}$ the way along a line from the
cranial ear base to the lateral canthus

METHOD

Perpendicular insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Epilepsy, *shen* disturbances

13 Feng-chi, GB-20 (Wind Pond) 风池

A very commonly used acupoint (figs. 6.1 and 6.4a)

LOCATION

On the dorsum of the neck, in the large depression just caudal
and lateral to the occipital protuberance medial to the cranial
edge of the wings of the atlas

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

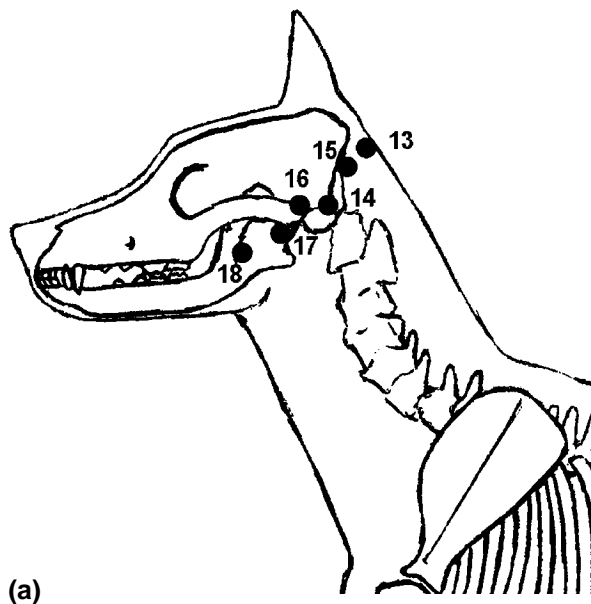
External wind, internal wind, cervical pain, intervertebral
disk disease, epistaxis, nasal discharge or congestion,
epilepsy

14 Yi-feng, TH-17 (Wind Screen) 翳风

A commonly used acupoint (fig. 6.4)

LOCATION

Caudoventral to the base of ear, in the depression between
the mandible and the mastoid process



(a)



(b)

6.4. (a) A drawing of the location of the classical points of the head and neck: 13 Feng-chi, 14 Yi-feng, 15 An-shen, 16 Shang-guan, 17 Xia-guan, and 18 Bao-sai. (b) A photograph of the location of the classical points of the head and neck: 14 Yi-feng, 15 An-shen, 16 Shang-guan, 17 Xia-guan, and 18 Bao-sai.

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Otitis, temporomandibular joint pain, cervical pain, intervertebral disk disease, facial paralysis, swelling in the face

15 An-shen (Pacify Shen) 安神

A very commonly used acupoint (figs. 6.1 and 6.4)

LOCATION

On the side of the head, caudal to the base of the ear halfway between *Yi-feng* (TH-17) and *Feng-chi* (GB-20) described above in 13 and 14.

METHOD

Perpendicular insertion: dry-needle depth 0.3–0.5 cun

ATTRIBUTES AND INDICATIONS

Behavioral problems, *shen* disturbances, internal wind, epilepsy, cervical stiffness, epistaxis, nasal discharge or congestion, facial paralysis, facial swelling, otitis, deafness

16 Shang-guan, GB-3 (Upper Joint) 上关

A commonly used acupoint (fig. 6.4)

LOCATION

In the depression (more prominent with the mouth open) at the caudal end of the temporomandibular joint, caudal to the masseter muscle, dorsal to the zygomatic arch and ST-7 (ST-7 is caudal to the masseter muscle and cranial to the temporomandibular joint.)

METHOD

Oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Crossing acupoint of GB and ST Channels
Facial paralysis, auditory dysfunction

17 Xia-guan, ST-7 (Lower Joint) 下关

Not a commonly used acupoint (fig. 6.4)

LOCATION

On the side of the face, caudal to the masseter muscle and cranial to the temporomandibular joint (TMJ)

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Crossing of the ST and GB Channels
Facial paralysis, dental pain, tetanus, gastric ulcers, TMJ pain

18 Bao-sai, (Embrace Mandible) 抱腮

Not a commonly used acupoint (fig. 6.4)

LOCATION

On the side of the face in the center of the masseter muscle belly; the point is found at the intersection of a line from the corner of the mouth to the angle of the mandible and another

line perpendicular to it, which originates from the lateral canthus of the eye.

METHOD

Perpendicular insertion: dry-needle depth 0.3–0.5 cun

ATTRIBUTES AND INDICATIONS

Mandibular pain, dental pain, facial paralysis

19 Er-jian (Ear Tip) 耳尖

A very commonly used acupoint (fig. 6.5)

LOCATION

On the convex surface of the ear tip over the auricular vein

METHOD

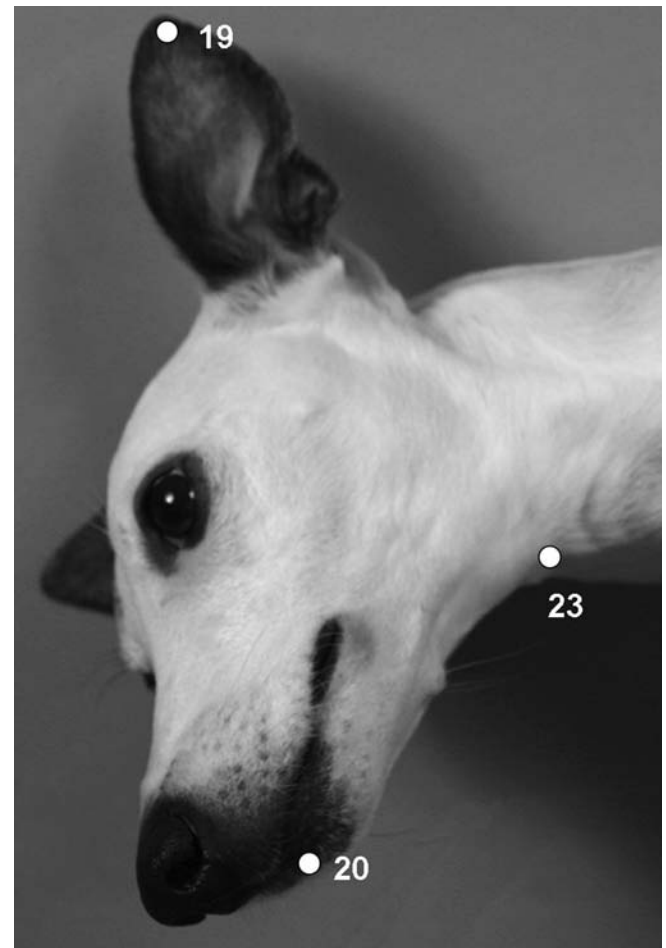
Perpendicular insertion: dry-needle depth 0.3 cun; hemoacupuncture

ATTRIBUTES AND INDICATIONS

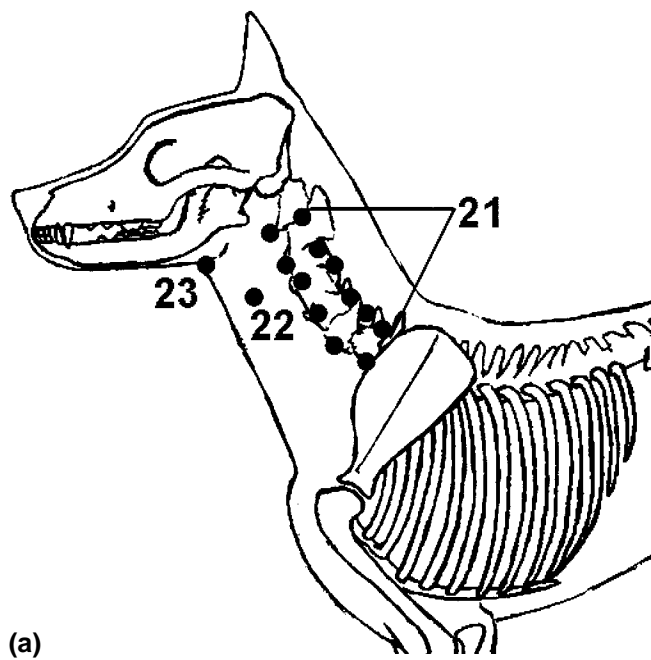
Wind-heat, heat, fever, abdominal pain

20 Cheng-jiang, CV-24 (Receiving Saliva) 承江

A commonly used acupoint (fig. 6.5)



6.5. The location of the classical points of the head and neck: 19 Er-jian, 20 Cheng-jiang, and 23 Lian-guan.



(a)

LOCATION

On the ventral midline, 1 cun ventral to the border of the lower lip

METHOD

Perpendicular or oblique insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Crossing acupoint of the CV and ST Channels
Cold damp, excessive salivation, facial paralysis, mania, behavioral disorders

21 *Jing-jia-ji* (Cervical Paravertebral Point) 颈夹脊

Very commonly used acupoints (fig. 6.6a,b)

LOCATION

Two rows of acupoints on the lateral aspect of the cervical region, 0.5 cun above and below the lateral processes of each cervical vertebra

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Cervical pain, cervical intervertebral disk disease, cervical spondylomyelopathy (Wobbler's)

22 *Jian-wei* (Strengthen Stomach) 健胃

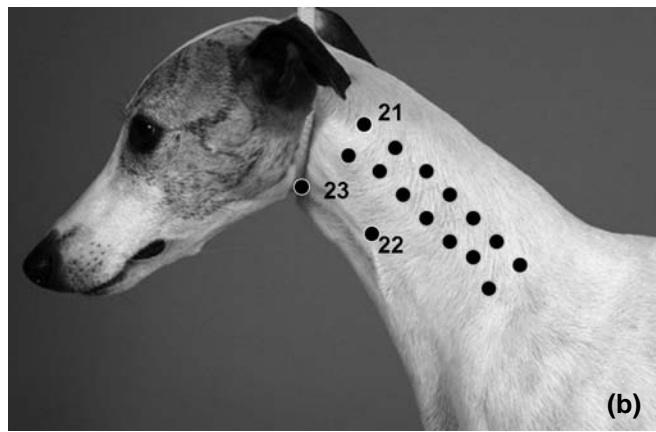
Not a commonly used acupoint (fig. 6.6a,b)

LOCATION

On the lateral cervical region between the jugular vein and the lateral processes of the cervical vertebrae at the junction of the upper and middle $\frac{1}{3}$ of the jugular groove

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun



(b)

6.6. (a) A drawing of the location of the classical points of the head and neck: 21 *Jing-jia-ji* (C1–C8), 22 *Jian-wei*, and 23 *Lian-guan*. (b) A photograph of the location of the classical points of the head and neck: 21 *Jing-jia-ji* (C1–C8), 22 *Jian-wei*, and 23 *Lian-guan*.

ATTRIBUTES AND INDICATIONS

Anorexia, vomiting, other gastric disorders

23 *Lian-guan*, CV-23 (Ridge Spring) 廉泉

Not a commonly used acupoint (figs. 6.5 and 6.6a,b)

LOCATION

On the ventral midline of the neck, just cranial to the larynx

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.3–0.5 cun

ATTRIBUTES AND INDICATIONS

Laryngeal hemiplegia, dysphagia, swelling of the tongue

TRUNK AND TAIL REGIONS

There are 26 acupoints on the trunk and tail.

24 *Da-zhui*, GV-14 (Great Vertebrae) 大椎

A very commonly used acupoint (figs. 6.7, 6.8, and 6.9)

LOCATION

On the dorsal midline in the depression in front of the dorsal spinous process of the T1 vertebrae (the first palpable dorsal spinous process going from cranial to caudal)

METHOD

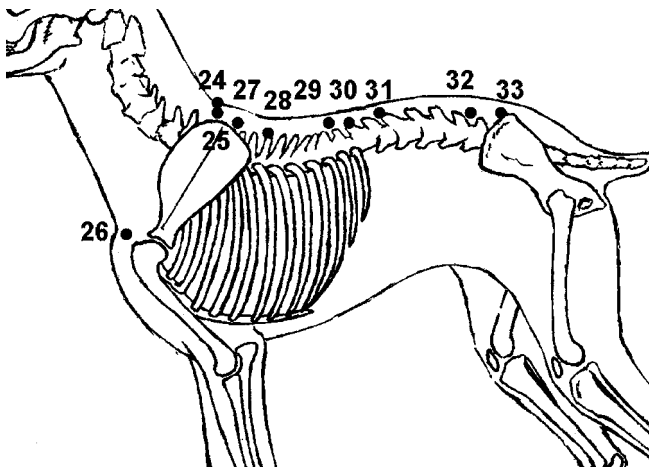
Perpendicular insertion: dry-needle depth 2 cun

ATTRIBUTES AND INDICATIONS

Clear heat, *Yin* deficiency, fever, cough, dyspnea, cervical pain, intervertebral disk disease, dermatitis, epilepsy, immune deficiency

25 *Ding-chuan* (Stop Cough/Asthma) 定喘

A commonly used acupoint (figs. 6.7, 6.8, and 6.9)



6.7. A drawing of the location of the classical points of the trunk and tail: 24 Da-zhui, 25 Ding-chuan, 26 Tian-tu, 27 Shen-zhu, 28 Ling-tai, 29 Ji-zhong, 30 Tian-ping, 31 Ming-men, 32 Yao-yang-guan, and 33 Bai-hui.

LOCATION

On the dorsolateral cervicothoracic junction 0.5 cun lateral to Da-zhui (GV-14, midline between C7-T1)

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Cough, asthma, dyspnea

26 Tian-tu, CV-22 (Celestial Ceiling) 天突

A commonly used acupoint (figs. 6.7 and 6.8)

LOCATION

On the ventral midline at the tip of the manubrium of the sternum

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Cough, dyspnea, pharyngitis, loss of voice, thyroid disorders, thoracic pain

27 Shen-zhu, GV-12 (Body Post) 身柱

Not a commonly used acupoint (figs. 6.7 and 6.9)

LOCATION

On the dorsal midline in the depression between the dorsal spinous processes of the T3-T4 vertebrae

METHOD

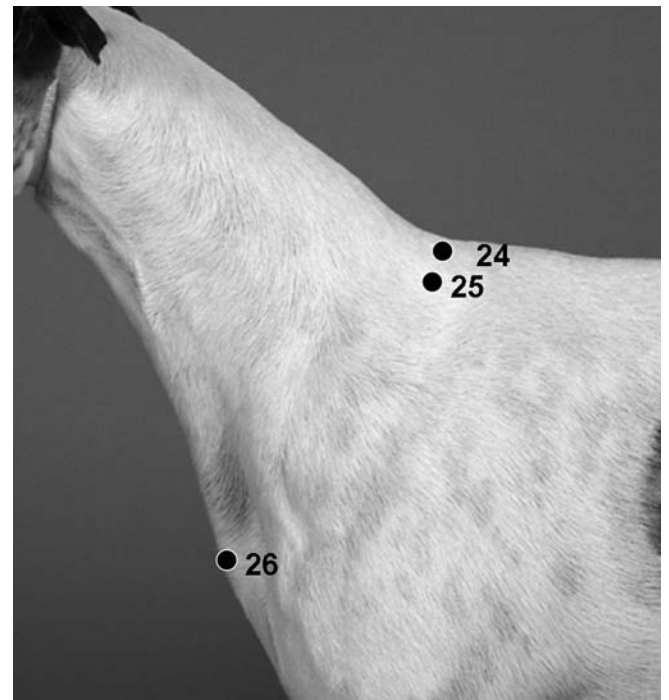
Perpendicular insertion: dry-needle depth 0.3–0.5 cun

ATTRIBUTES AND INDICATIONS

Cardiopulmonary disorders, cough, epilepsy, intervertebral disk disease, *shen* disturbances

28 Ling-tai, GV-10 (Spirit Tower) 灵台

Not a commonly used acupoint (figs. 6.7 and 6.9)



6.8. A photograph of the location of the classical points of the trunk and tail: 24 Da-zhui, 25 Ding-chuan, and 26 Tian-tu.

LOCATION

On the dorsal midline in the depression between the dorsal spinous processes of the T6-T7 vertebrae

METHOD

Perpendicular insertion: dry-needle depth 0.3–0.5 cun

ATTRIBUTES AND INDICATIONS

Pulmonary disorders, cough, dyspnea, gastric disorders, hepatic disorders, thoracolumbar intervertebral disk disease

29 Ji-zhong, GV-6 (Spine Center) 脊中

Not a commonly used acupoint (figs. 6.7 and 6.9)

LOCATION

On the dorsal midline in the depression between the dorsal spinous processes of the T11-T12 vertebrae

METHOD

Perpendicular insertion: dry-needle depth 0.3–0.5 cun

ATTRIBUTES AND INDICATIONS

Diarrhea, jaundice, epilepsy, hemorrhage, intervertebral disk disease, stomach and spleen disorders

30 Tian-ping, GV-5 (Scale) 天平

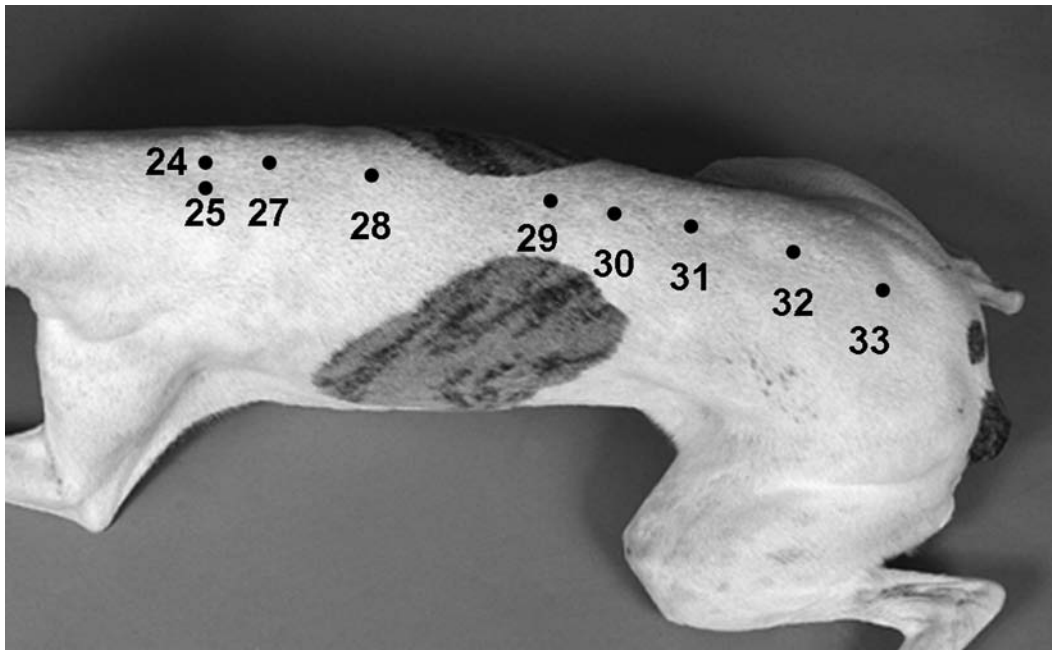
Not a commonly used acupoint (figs. 6.7 and 6.9)

LOCATION

On the dorsal midline in the depression between the dorsal spinous processes of the T13-L1 vertebrae

METHOD

Perpendicular insertion: dry-needle depth 0.3–0.5 cun



6.9. A photograph of the location of the classical points of the trunk and tail: 24 Da-zhui, 25 Ding-chuan, 27 Shen-zhu, 28 Ling-tai, 29 Ji-zhong, 30 Tian-ping, 31 Ming men, 32 Yao-yang-guan, and 33 Bai-hui.

ATTRIBUTES AND INDICATIONS

Internal hemorrhage, hematuria, bloody feces, hemorrhage control during castration and ovariectomy, intervertebral disk disease

31 *Ming-men*, GV-4 (Life Gate) 命门

A very commonly used acupoint (figs. 6.7 and 6.9)

LOCATION

On the dorsal midline in the depression between the dorsal spinous processes of the L2-L3 vertebrae

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Yang deficiency, diarrhea from *Yang* deficiency, impotence, irregular heat cycles, diarrhea, thoracolumbar pain, intervertebral disk disease

32 *Yao-Yang-guan*, GV-3 (Lumbar *Yang* Gate)

腰阳关

A very commonly used acupoint (figs. 6.7 and 6.9)

LOCATION

On the dorsal midline in the largest depression located between the dorsal spinous process of the L4-5, L5-6, or L6-7 vertebrae; the position varies from animal to animal

METHOD

Perpendicular insertion: dry-needle depth 0.3–0.5 cun

ATTRIBUTES AND INDICATIONS

Kidney *Yang* and *Qi* deficiency, coldness and pain of the thoracolumbar and lumbosacral regions, lumbosacral

intervertebral disk disease, impotence, pelvic limb paresis or paralysis

33 *Bai-hui* (Hundred Crossings) 百会

A very commonly used acupoint (figs. 6.7, 6.9, and 6.10)

LOCATION

On the dorsal midline between L7 and S1 vertebrae

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Yang deficiency, pelvic limb paresis or paralysis, lumbosacral pain, lumbosacral intervertebral disk disease, coxofemoral joint pain, abdominal pain, diarrhea

34 *Shen-Shu-E* (Kidney Association-Equine) 肾俞

A commonly used acupoint (transpositional from the equine species) (fig. 6.10)

LOCATION

On the dorsolateral lumbosacral region 1.5 cun lateral to *Bai-hui* (L7-S1 dorsal midline)

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Kidney *Qi* or *Yin* deficiency, renal failure, deafness, urinary incontinence, edema, thoracolumbar pain

35 *Shen-peng* (Kidney Shelf) 肾棚

Not a commonly used acupoint (fig. 6.10)



6.10. The location of the classical points of the trunk and tail: 33 Bai-hui, 34 Shen-shu-E, 35 Shen-peng, and 36 Yan-chi.

LOCATION

On the dorsolateral caudal lumbar region 1.5 cun cranial to *Shen-shu*

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Yang deficiency, pelvic limb paresis or paralysis, lumbosacral pain, lumbosacral intervertebral disk disease, coxofemoral joint pain, abdominal pain, diarrhea

36 *Yan-chi* (Wing of Ilium) 雁翅

Not a commonly used acupoint (fig. 6.10)

LOCATION

On the dorsolateral caudal lumbar region halfway between *Shen-peng* and the tuber coxae

METHOD

Perpendicular insertion: dry-needle depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

Hip dysplasia, pelvic limb weakness, Kidney *Qi* or *Yang* deficiency, infertility

37 *Wei-jie* (Tail Vertebrae) 尾杰

Not a commonly used acupoint (fig. 6.11)

LOCATION

On the dorsal midline between Cd1 and Cd-2

METHOD

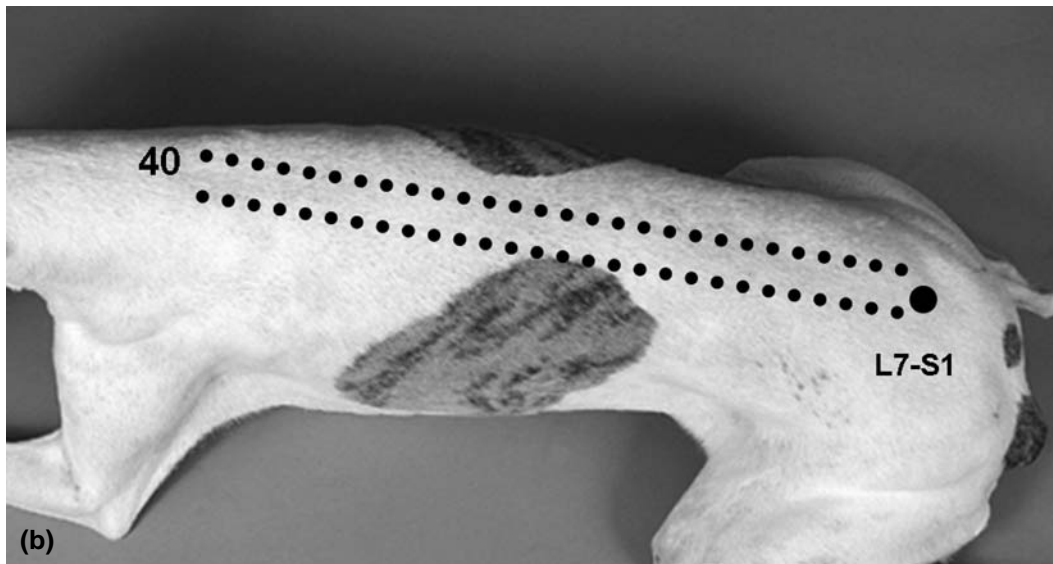
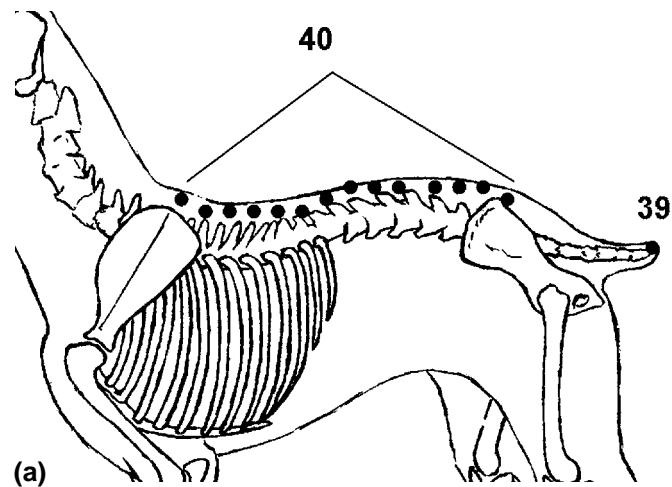
Perpendicular insertion: dry-needle depth 0.1–0.3 cun

ATTRIBUTES AND INDICATIONS

Pelvic limb paresis or paralysis, tail paralysis



6.11. The location of the classical points of the trunk and tail: 37 *Wei-jie* and 38 *Hou-hai*.



6.12. (a) A drawing of the location of the classical points of the trunk and tail: 39 Wei-jian and 40 Hua-tuo-jia-ji (T1-L7). (b) A photograph of the location of the classical points of the trunk and tail: 40 Hua-tuo-jia-ji (T1-L7).

38 Hou-hai, GV-1 (Back Sea) 后海

A commonly used acupoint (fig. 6.11)

LOCATION

In the depression on the dorsal midline between the anus and the ventral aspect of the tail

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Luo-connecting acupoint of the GV meridian; crossing point of the GV, GB, and KID Channels
Diarrhea, constipation, perianal disorders, rectal prolapse, paralysis of the anal sphincter, epilepsy, infertility

39 Wei-jian, GV-1b (Tail Tip) 尾尖

A commonly used acupoint (fig. 6.12)

LOCATION

At the tip of the tail

METHOD

Perpendicular insertion: dry-needle depth 0.1–0.3 cun

ATTRIBUTES AND INDICATIONS

Clear heat, heatstroke, shock, abdominal pain, paralysis of the tail, pelvic limb weakness

40 Hua-tuo-jia-ji (Hua-tuo's Paravertebral Point) 华佗夹脊

Very commonly used acupoints (fig. 6.12)

LOCATION

On the dorsal lateral region of the back 0.5 cun lateral to the dorsal spinous process of each vertebrae from T1 to L7

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Thoracic and lumbar pain, intervertebral disk disease

41 Si-liao (Four Points) 四寥

A commonly used acupoint (fig. 6.13)

LOCATION

A group of four acupoints 0.5 cun lateral to the dorsal midline of the sacrum; the cranial acupoint is at the first sacral foramen; the caudal point is at the second sacral foramen, and the remaining two points are equidistant between them; left and right sides equal eight acupoints (*Ba-jiao*); *Er-yan* is only the cranial and caudal point.

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Lumbosacral pain, coxofemoral pain, pelvic limb weakness, infertility, endometritis

42 Guan-yuan-shu, BL-21 (Gate of Primary Qi) 关元俞

A very commonly used acupoint (fig. 6.13)

LOCATION

On the dorsolateral aspect of the thoracolumbar region, 1.5 cun lateral to the caudal border of the dorsal spinous process of T13

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Back-*shu* association acupoint for ST
Gastrointestinal and pancreatic diseases, loss of appetite, diarrhea, nausea, vomiting, constipation, abdominal pain, generalized weakness

43 Shen-shu-H, BL-23 (Kidney Association) 肾俞

A very commonly used acupoint (transpositional from humans) (fig. 6.13)



6.13. The location of the classical points of the trunk and tail: 41 Si-liao, 42 Guan-yuan-shu, and 43 Shen-shu-H.

LOCATION

On the dorsolateral aspect of the lumbar region, 1.5 cun lateral to the caudal border of the dorsal spinous process of L2

METHOD

Perpendicular insertion: dry-needle depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

Back-*shu* association acupoint for kidney
Kidney *Yin* and *Qi* deficiency, renal diseases, urinary incontinence, impotence, edema, auditory dysfunction, thoracolumbar intervertebral disk disease, pelvic limb weakness, coxofemoral joint osteoarthritis

44 Ju-que, CV-14 (Great Tower Gate) 巨阙

A commonly used acupoint (fig. 6.14)

LOCATION

On the ventral midline, $\frac{3}{4}$ the distance between the umbilicus and xiphoid process

METHOD

Horizontal insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Alarm point for heart
Thoracic pain, cardiac arrhythmias, gastric ulcers, epilepsy

45 Zhong-wan CV-12 (Center Abdomen) 中脘

A commonly used acupoint (fig. 6.14)

LOCATION

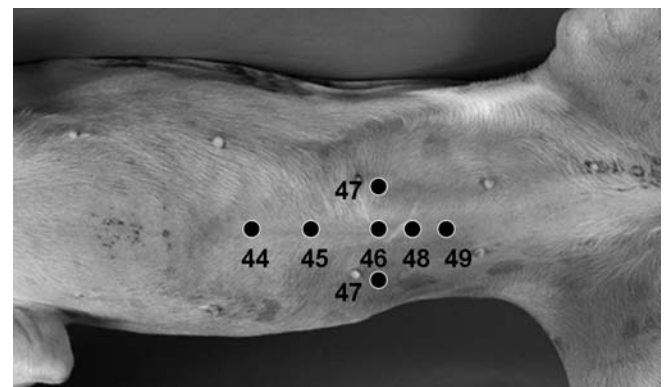
On the ventral midline halfway between the xiphoid and umbilicus, or 4 cun cranial to umbilicus

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

Alarm point for stomach; influential acupoint for *Fu* organs; crossing point of CV, SI, TH, ST Channels
Gastric ulcers, liver disorders, diarrhea, jaundice, vomiting, inflammatory bowel disease, generalized weakness



6.14. The location of the classical points of the trunk and tail: 44 Ju-que, 45 Zhong-wan, 46 Shen-shu, 47 Tian-shu, 48 Qi-hai, and 49 Guan-yuan.

46 Shen-que, CV-8 (Spirit Tower Gate) 神阙

Not a commonly used acupoint (fig. 6.14)

LOCATION

At the center of the umbilicus

METHOD

Needles are contraindicated; use moxibustion or acupressure only.

ATTRIBUTES AND INDICATIONS

Chronic fatigue, inflammatory bowel disease

47 Tian-shu ST-25 (Celestial Center) 天枢

A commonly used acupoint (fig. 6.14)

LOCATION

On the ventrolateral abdomen, 2 cun lateral to the umbilicus

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun; moxibustion contraindicated for pregnancy

ATTRIBUTES AND INDICATIONS

Alarm point for the large intestine

Constipation, megacolon, vomiting, diarrhea

48 Qi-hai CV-6 (Sea of Qi) 气海

A commonly used acupoint (fig. 6.14)

LOCATION

On the ventral midline, 1.5 cun caudal to umbilicus

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.3 cun

ATTRIBUTES AND INDICATIONS

General *Qi* or *Yang* tonic point, urinary incontinence, abdominal pain, diarrhea, constipation, hernia, impotence, generalized weakness

49 Guan-yuan CV-4 (Control Source) 关元

A commonly used acupoint (fig. 6.14)

LOCATION

On the ventral midline, 3 cun caudal to umbilicus

METHOD

Perpendicular or oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Alarm point for small intestine; crossing of the CV and 6 *Yin* Channels

Kidney *Qi* or *Yang* deficiency, dysuria, urine retention, urinary incontinence, infertility, abdominal pain, diarrhea, generalized weakness

THORACIC LIMBS

There are 17 classical acupoints associated with the thoracic limbs

50 Bo-jian (Scapula Tip) 膊尖

Not a commonly used acupoint (figs. 6.15)

LOCATION

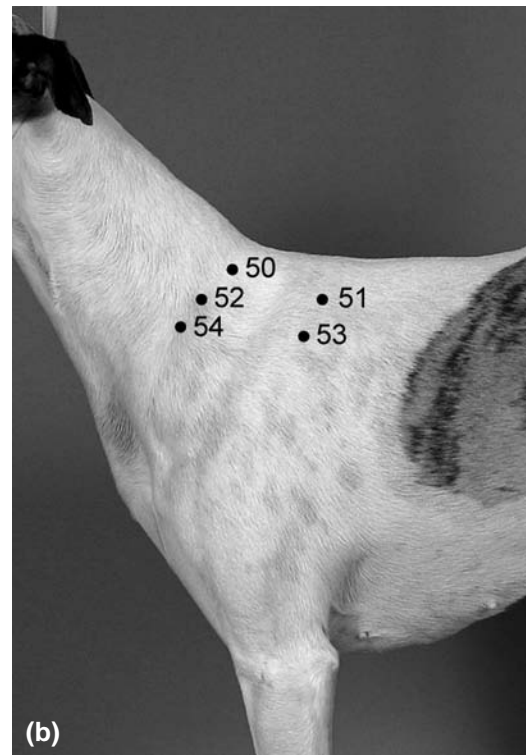
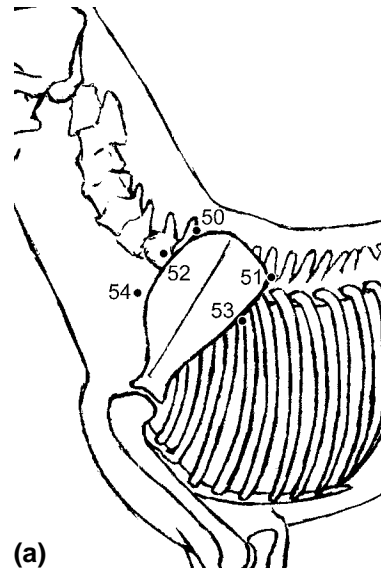
On the lateral side of the thoracic limb just cranial to the dorsocranial edge of the scapula

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Shoulder pain, thoracic limb lameness, pulmonary disorders, cough, dyspnea, nasal congestion, diskospondylitis, supra-scapular nerve paralysis



6.15. (a) A drawing of the location of the classical points of the thoracic limb: 50 Bo-jian, 51 Bo-lan, 52 Fei-men, 53 Fei-pan, and 54 Bo-zhong. (b) A photograph of the location of the classical points of the thoracic limb: 50 Bo-jian, 51 Bo-lan, 52 Fei-men, 53 Fei-pan, and 54 Bo-zhong.

51 Bo-lan (Scapula Post) 膊栏

Not a commonly used acupoint (fig. 6.15)

LOCATION

On the lateral side of the thoracic limb just caudal to the dorsocaudal edge of the scapula

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Shoulder pain, thoracic limb lameness, pulmonary disorders, cough, dyspnea, nasal congestion, diskospondylitis, suprascapular nerve paralysis

52 Fei-men (Lung Gate) 肺门

Not a commonly used acupoint (fig. 6.15)

LOCATION

On the lateral side of the thoracic limb $\frac{1}{3}$ the way along the cranial border of the scapula from dorsal to ventral

METHOD

Perpendicular or oblique insertion toward the medial aspect of the scapula: dry-needle depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

Shoulder pain, thoracic limb lameness, pulmonary disorders, cough, dyspnea, nasal congestion, diskospondylitis, suprascapular nerve paralysis

53 Fei-pan (Lung Hugging) 肺攀

Not a commonly used acupoint (fig. 6.15)

LOCATION

On the lateral side of the thoracic limb, $\frac{1}{3}$ the way along the caudal border of the scapula from dorsal to ventral

METHOD

Perpendicular or oblique insertion toward the medial aspect of the scapula: dry-needle depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

Shoulder pain, thoracic limb lameness, pulmonary disorders, cough, dyspnea, nasal congestion, diskospondylitis, suprascapular nerve paralysis

54 Bo-zhong (Scapula Center) 膊中 (GB-21)

A very commonly used acupoint (fig. 6.15)

LOCATION

In a groove in the muscle just cranial to the scapula, midway between GV-14 and the acromion (GV-14 is on the midline between C7 and T1.)

METHOD

Perpendicular or oblique insertion toward the medial aspect of the scapula: dry-needle depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

Shoulder pain, thoracic limb paresis or paralysis, mastitis, dystocia, liver and gallbladder disorders

55 Jian-jing, LI-15 (Shoulder Well) 肩井

A commonly used acupoint (fig. 6.16)

LOCATION

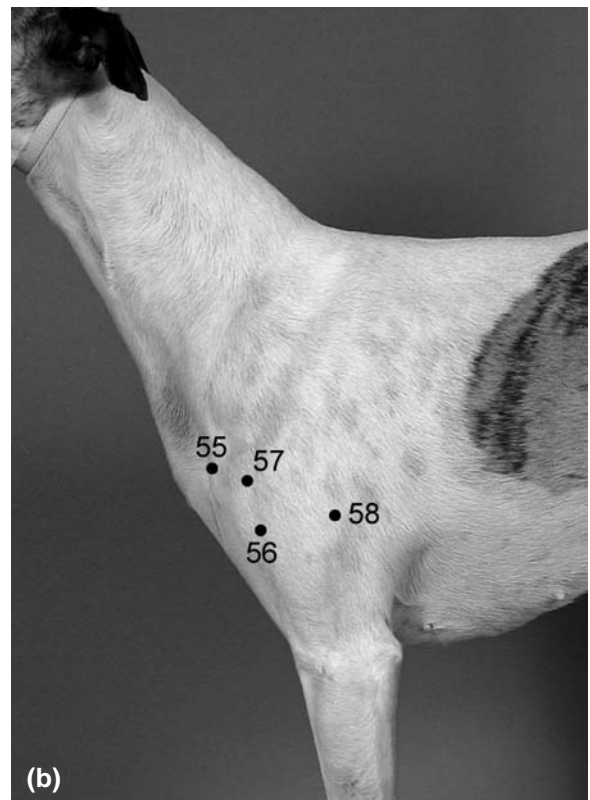
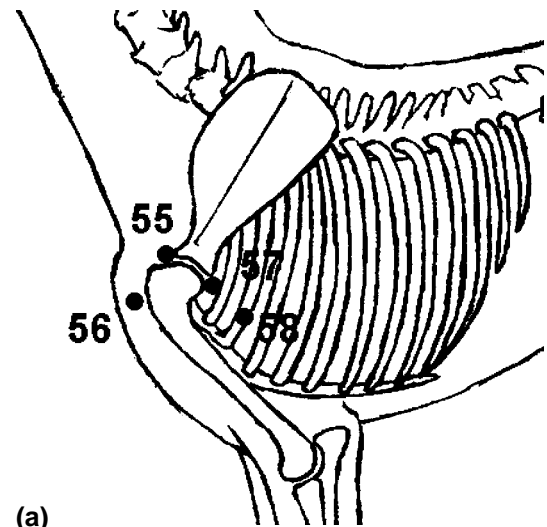
At the shoulder region, cranial and distal to the acromion on the cranial margin of the acromial head of the deltoid muscle

METHOD

Perpendicular or oblique insertion: dry-needling depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

Shoulder pain and lameness, cervical pain, intervertebral disk disease



6.16. (a) A drawing of the location of the classical points of the thoracic limb: 55 Jian-jing, 56 Jian-yu, 57 Jian-wai-yu, and 58 Qian-feng. (b) A photograph of the location of the classical points of the thoracic limb: 55 Jian-jing, 56 Jian-yu, 57 Jian-wu-yu, and 58 Qian-feng.

56 Jian-yu, LI-14 (Shoulder Clavicle) 肩髃

Not a commonly used acupoint (fig. 6.16)

LOCATION

At the shoulder, 7 cun craniodorsal to LI-11 (or 2 cun caudoventral to LI-15) along the line connecting LI-11 and LI-15

METHOD

Perpendicular: dry-needle depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

Shoulder lameness, cervical pain, intervertebral disk disease

57 Jian-wai-yu, TH-14 (Shoulder Lateral Clavicle) 肩外髃

A very commonly used acupoint (fig. 6.16)

LOCATION

At the shoulder, caudal and distal to the acromion on the caudal margin of the acromial head of the deltoid muscles

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Shoulder and thoracic limb pain and lameness

58 Qian-feng, SI-9 (Robbing Wind) 抢风

A very commonly used acupoint (figs. 6.16 and 6.17)

LOCATION

Caudal to the humerus in the large depression along the caudal border of the deltoid muscle at its juncture with the lateral and the long heads of the triceps brachii muscles, at the level of the shoulder joint

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Shoulder pain, thoracic limb lameness or paralysis, generalized pain

59 Jian-zhen (Steadfast Shoulder) 肩贞

Not a commonly used acupoint (fig. 6.17)

LOCATION

On the lateral aspect of the shoulder, 1.5 cun craniodorsal to *Qian-feng* (SI-9)

METHOD

Perpendicular or oblique insertion: dry-needle depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

Shoulder pain, thoracic limb lameness or paralysis

60 Tian-zong (Heaven Ancestor) 天宗

Not a commonly used acupoint (fig. 6.17)

LOCATION

On the lateral aspect of the shoulder, 1.5 cun dorsal to *Qian-feng* (SI-9)



6.17. The location of the classical points of the thoracic limb: 58 *Qian-feng*, 59 *Jian-zhen*, 60 *Tian-zong*, 61 *Chong-Tian*, 62 *Zhou-shu*, 63 *Qian-san-li*, and 65 *Wai-guan*.

METHOD

Perpendicular or oblique insertion: dry-needle depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

Shoulder pain, thoracic limb lameness or paralysis

61 Chong-Tian (Penetrating Heaven) 冲天

Not a commonly used acupoint (fig. 6.17)

LOCATION

On the lateral aspect of the shoulder, 1.5 cun dorsocaudal to *Qian-feng* (SI-9)

METHOD

Perpendicular or oblique insertion: dry-needle depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

Shoulder pain, thoracic limb lameness or paralysis

62 Zhou-shu (Elbow Association point) 肘俞

A commonly used acupoint (figs. 6.17 and 6.18)

LOCATION

On the lateral side of the elbow between the lateral tuberosity of the humerus and the olecranon

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Osteoarthritis of the elbow, thoracic limb lameness and paralysis

63 Qian-san-li, LI-10 (Front Three Miles) 前三里

A very commonly used acupoint (figs. 6.17 and 6.18)

LOCATION

On the cranio-lateral aspect of the thoracic limb below the elbow, 2 cun distal to LI-11 ($\frac{1}{2}$ of the distance between the elbow and carpus) in the groove between the extensor carpi radialis and the common digital extensor muscles

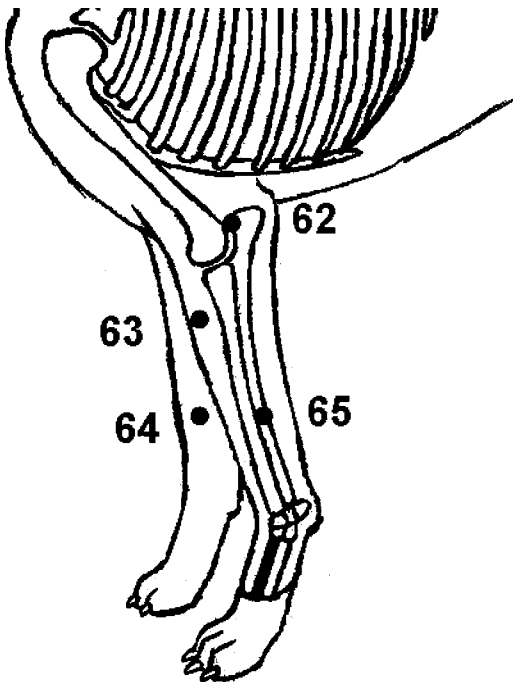
METHOD

Perpendicular insertion: dry-needle depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

Thoracic limb Three Mile acupoint (analogous to ST-36 in the pelvic limb)

Qi deficiency, immunodeficiency, wind-heat, pruritus, immune regulation, diarrhea, abdominal pain, thoracic limb lameness and paresis or paralysis, elbow pain, dental pain, gingivitis, stomatitis, pelvic limb weakness, generalized weakness



6.18. A drawing of the location of the classical points of the thoracic limb: 62 Zhou-shu, 63 Qian-san-li, 64 Nei-guan, and 65 Wai-guan.



6.19. The location of the classical points of the pelvic limb: 64 Nei-guan.

64 Nei-guan, PC-6 (Medial Pass) 内关

A very commonly used acupoint (figs. 6.18 and 6.19)

LOCATION

On the medial side of the thoracic limb, 3 cun proximal to transverse carpal crease, in the groove between the flexor carpi radialis and the superficial digital muscles (opposite *Wai-guan*, TH-5, on the lateral side)

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Luo-connecting point of the PC Channel; master point for the chest and cranial abdomen; confluent point with *Yin-wei* Channel

Shen disturbances, anxiety, sleep disorders, internal wind, epilepsy, vomiting, nausea, vertigo, vestibular disorders, thoracic pain, cardiac arrhythmias, thoracic limb paralysis

65 Wai-guan TH-5 (Lateral Pass) 外关

A very commonly used acupoint (figs. 6.17 and 6.18)

LOCATION

On the lateral side of the thoracic limb, 3 cun proximal to the carpus in the interosseous space between the radius and ulna (opposite *Nei-guan*, PC-6, on the medial side)

METHOD

Perpendicular insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Luo-connecting acupoint of the TH Channel, confluent acupoint with *Yang-wei* Channel

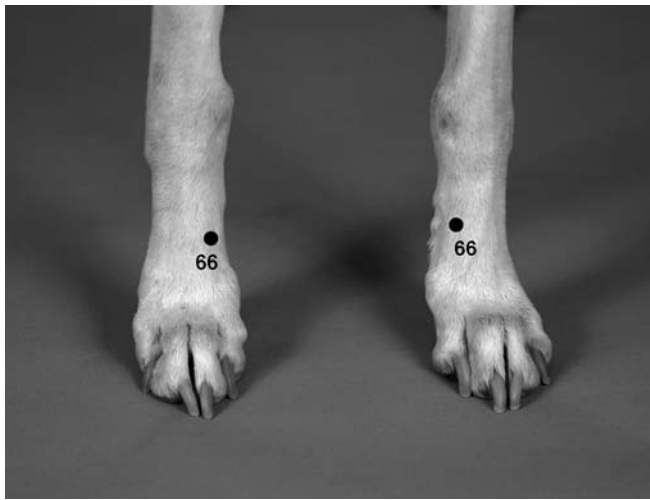
Wei Qi deficiency, thoracic limb lameness and paralysis, fever, conjunctivitis, otitis, cervical pain, intervertebral disk disease, carpal pain

66 He-gu LI-4 (Union Valley) 合谷

A very commonly used point (fig. 6.20)

LOCATION

On the medial side of the thoracic limb between the second and third metacarpal bones at the midpoint of the third metacarpal bone



6.20. The location of the classical points of the pelvic limb: 66 He-gu.

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun; this point is contraindicated in pregnancy.

ATTRIBUTES AND INDICATIONS

Master point for the face and mouth; large intestine *Yuan*-source point

Nasal discharge and congestion, epistaxis, facial paralysis, dental problems, pharyngitis, tendonitis, fever, immunodeficiency, lupus, immune-mediated skin diseases

PELVIC LIMBS

There are 11 classical points in the pelvic limbs.

67 *Jian-jiao* (Coxa Angle) 荐角

A very commonly used point (fig. 6.21)

LOCATION

On the dorsolateral aspect of the hip in a depression just ventral to the cranial dorsal iliac spine

METHOD

Perpendicular insertion: dry-needle depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

Coxofemoral osteoarthritis and pain, hip dysplasia, pelvic limb lameness, weakness, and paralysis

68 *Ba-shan* (Attachment to Mountain) 巴山

A very commonly used point (fig. 6.21)

LOCATION

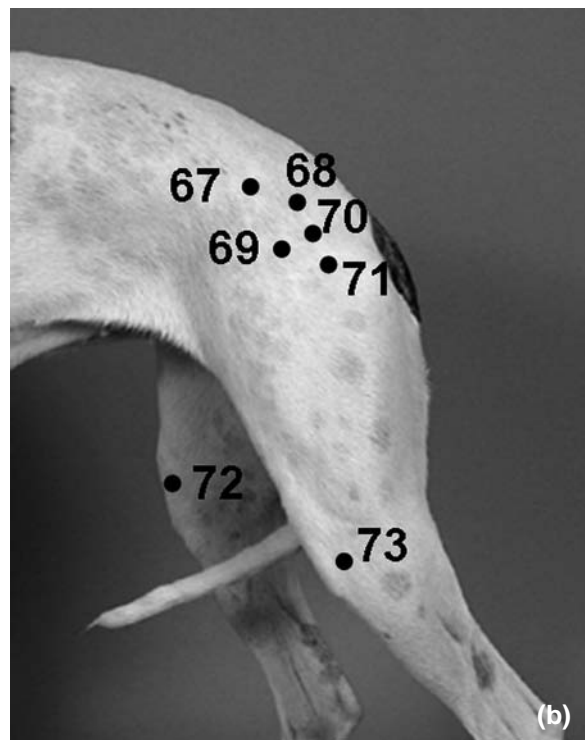
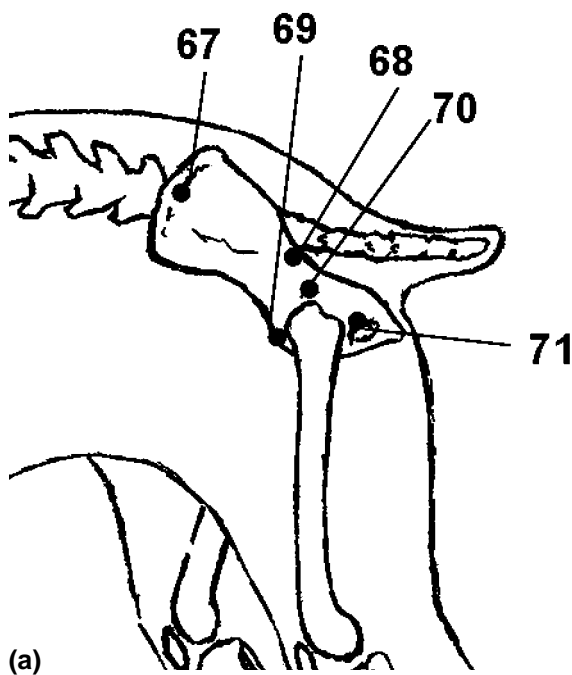
On the dorsolateral aspect of the hip, halfway between *Bai-hui* (L7-S1 on the midline) and the tuber ischii

METHOD

Perpendicular insertion: dry-needle depth 1–1.5 cun

ATTRIBUTES AND INDICATIONS

Coxofemoral osteoarthritis and pain, hip dysplasia, pelvic limb lameness, weakness, and paralysis



6.21. (a) A drawing of the location of the classical points of the pelvic limb: 67 *Jian-jiao*, 68 *Ba-shan*, 69 *Huan-tiao*, 70 *Huan-zhong*, 71 *Huan-huo*. (b) A photograph of the location of the classical points of the pelvic limb: 67 *Jian-jiao*, 68 *Ba-shan*, 69 *Huan-tiao*, 70 *Huan-zhong*, 71 *Huan-huo*, 72 *Xi-ao*, and 73 *Du-bi*.

69 Huan-tiao (Ring Craniad) 环跳

A commonly used point (fig. 6.21)

LOCATION

On the lateral aspect of the hip, in the depression proximal to the cranial border of the greater trochanter of the femur

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Major point for the coxofemoral joint
Hip dysplasia, coxofemoral osteoarthritis

70 Huan-zhong (Ring Middle) 环中

A commonly used point (fig. 6.21)

LOCATION

On the lateral aspect of the hip, in the depression proximal to the dorsal border of the greater trochanter of the femur

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Major point for the coxofemoral joint
Hip dysplasia, coxofemoral osteoarthritis

71 Huan-hou (Ring Caudad) 环后

A very commonly used point (fig. 6.21)

LOCATION

On the lateral aspect of the hip, in the depression proximal to the caudal border of the greater trochanter of the femur

METHOD

Perpendicular insertion: dry-needle depth 1 cun

ATTRIBUTES AND INDICATIONS

Major point for the coxofemoral joint
Hip dysplasia, coxofemoral osteoarthritis

72 Xi-ao, ST-35b (Knee Curve) 膝凹

A commonly used point (figs. 6.21 and 6.22)

LOCATION

In the depression distal to the patella and medial to the patellar ligament; also referred to as the medial eye of the knee or *Nei Xi Yan*. ST-35a and ST-35b are referred together as *Xi Yan*.

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Stifle pain and osteoarthritis, ligament disorders and pelvic limb weakness

73 Du-bi, ST-35a (Calf's Nose) 读鼻

A very commonly used point (figs. 6.21 and 6.22)

LOCATION

In the depression distal to the patella and lateral to the patellar ligament: also referred to as the lateral eye of the knee or

Wai Xi Yan. ST-35a and ST-35b are referred together as *Xi Yan*.

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

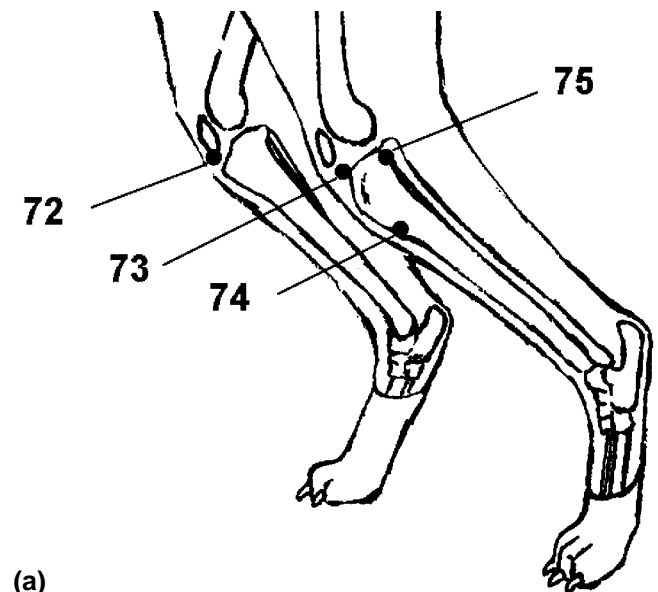
Stifle pain and osteoarthritis, ligament disorders, and pelvic limb weakness

74 Ho-san-li, ST-36 (Rear Three Miles) 后三里

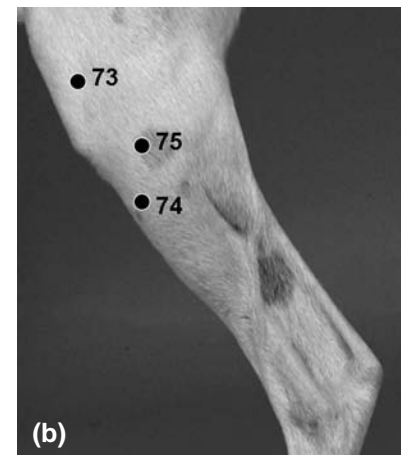
A very commonly used point (fig. 6.22)

LOCATION

On the craniolateral aspect of the pelvic limb distal to the stifle, 3 cun distal to ST-35, 0.5 cun lateral to the cranial aspect of the tibial crest, in the belly of the cranial tibialis muscle; this is a long linear point.



(a)



(b)

6.22. (a) A drawing of the location of the classical points of the pelvic limb: 72 Xi-ao, 73 Du-bi, 74 Ho-san-li, and 75 Yang-ling-guan. (b) A photograph of the location of the classical points of the pelvic limb: 73 Du-bi, 74 Ho-san-li, and 75 Yang-ling-guan.

METHOD

Oblique insertion: dry-needle depth 0.5–1 cun

ATTRIBUTES AND INDICATIONS

Master point for GI tract and abdomen, *He*-sea point (earth)
Nausea, vomiting, stomach pain, gastric ulcers, food stasis,
generalized weakness, constipation, diarrhea, general *Qi*
tonic (rear limb Three Mile point)

75 *Yang-ling-guan*, GB-34 (*Yang Tomb Spring*) 阳陵泉

A very commonly used point (fig. 6.22)

LOCATION

On the lateral side of the pelvic limb at the stifle, in a small depression cranial and distal to the head of the fibula

METHOD

Oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

He-sea point (earth), influential point for tendon and ligaments
ST and LIV *Qi* stagnation, hypertension, vomiting, liver and
gallbladder disorders, tendon and ligament disorders,
pelvic limb lameness, weakness and paralysis, general
pain relief

76 *Tai-chong*, LIV-3 (*Supreme Surge*) 太冲

A very commonly used point (fig. 6.23)

LOCATION

On the medial aspect of the pelvic limb, proximal to the metatarsophalangeal joint between the second and third metatarsal bones

METHOD

Perpendicular insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Shu-stream point (earth), *Yuan*-source point
Liver *Qi* stagnation, liver and gallbladder disorders, gastroin-
testinal disorders, urogenital disorders, abnormal heat cy-
cles, pelvic limb paresis or paralysis

77 *Liu-feng* (*Six Rapses*) 六缝

Very commonly used points (figs. 6.23 and 6.24)

LOCATION

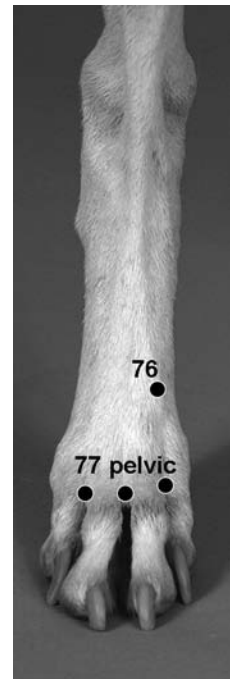
At the skin fold on the dorsal aspect of the metatarsophalangeal joints between digits 2-3, 3-4, 4-5 (three per foot for a total of six points for both pelvic limbs and six points for both thoracic limbs)

METHOD

Oblique insertion: dry-needle depth 0.5 cun

ATTRIBUTES AND INDICATIONS

Pelvic limb paresis and paralysis (use pelvic *Liu-feng*); tho-
racic limb paresis and paralysis (use thoracic *Liu-feng*)



6.23. The location of the classical points of the pelvic limb: 76 *Tai-chong* and 77 *Liu-feng* of the pelvic limbs.



6.24. The location of the classical points: 77 *Liu-feng* of the thoracic limbs.

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Xie, H., and V. Preast. 2002. *Traditional Chinese Veterinary Medicine*, Vol. 1, *Fundamental Principles*. Jing Tang.

7 General Rules of Acupuncture Therapy

Huisheng Xie and Vanessa Preast

One must follow the general rules when applying any medical modality. The rules for acupuncture therapy originated from the fundamental principles of traditional Chinese veterinary medicine (TCVM), including *Yin-Yang*, five-elements, eight-principles, and *Zang-Fu*. It is beyond the scope of this text to provide detailed descriptions of all the rules, but the general principles of acupuncture therapy are described in this chapter.

7-1. SIX BASIC ACUPUNCTURE METHODS

The ultimate goal of TCVM diagnosis is to differentiate a pattern. The six basic patterns (or the three pairs) are as follows: (1) cold and heat, (2) excess and deficiency, (3) collapse and rebellion.

One may choose an acupuncture technique based upon which pattern is present in a patient. The six basic acupuncture methods known as *tonifying*, *reducing*, *warming*, *cooling*, *ascending*, and *descending techniques* treat these patterns. Each of these methods is performed by using certain techniques and acupuncture points (see table 7.1).

As the therapeutic goal is to help bring the patient back into balance, the choice of method is typically one that opposes the kind of pattern. For example, the tonifying (reinforcing) method is designed for the deficiency pattern, and the reducing (decreasing) method is for the excess pattern.

Similarly, the warming and cooling methods are used for the cold and heat patterns, respectively. The ascending method is used for the prolapse or sinking pattern, and the descending method is used for rebellious *Qi* pattern.

A. Tonifying and Reducing Methods

TONIFY METHOD (BU-FA)

Tonifying method is called *bu-fa* in Chinese. *Bu* means increasing, reinforcing, and tonifying. *Fa* refers to a method. *Bu-fa* can reinforce and increase *Qi*, blood, *Yin*, or *Yang* of the body. It is used for treatment of deficiency pattern because *Ling Shu (Miraculous Pivot)* states, “deficiency should be tonified.” The general clinical signs of deficiency pattern include general weakness, anemia, exercise intolerance, shortness of breath, fatigue, pale tongue, and weak pulse. The signs are often seen in geriatric patients and are also associated with a chronic course of disease.

Special Technique. *Bu-fa* (see table 7.2)

Special Points. See table 7.3.

Indication. Deficiency pattern

Contraindication. Excess pattern in which pathogenic factors are strong or excessive

REDUCING METHOD (XIE-FA)

Reducing method is called *xie-fa* in Chinese. *Xie* means decreasing, reducing, and clearing. *Fa* is a method. *Xie-fa* is

Table 7.1. Application of Six Basic Acupuncture Methods

Acupuncture method	Technique	Special points	Indication	Contraindication
Tonifying	<i>Bu-fa</i> or reinforcing	CV-4 ST-36	Deficiency	Excess
Reducing	<i>Xie-fa</i> or clearing	ST-40 GV-14	Excess	Deficiency
Warming	Moxibustion	GV-3 GV-4	Cold pattern	Heat pattern
Cooling	Hemo-acupuncture	<i>Wei-jian</i> <i>Er-jian</i>	Heat pattern	Cold pattern
Ascending	Tonifying	CV-4 CV-6	Prolapse, dizziness, vertigo	—
Descending	Reducing	LIV-3 PC-6	Vomiting, nausea, Liver <i>Yang</i> rising	—

Table 7.2. Tonifying and Reducing Techniques of Acupuncture

	Tonifying technique	Reducing technique	Comments for veterinary practice
Twisting/rotating the needle	Gently and slowly, or counter-clockwise (left)	Rapidly and forcefully, or clockwise (right)	Not commonly used
Lifting/thrusting the needle	Strongly thrusting and softly lifting	Strongly lifting and softly thrusting	Not commonly used
Insertion-withdrawal of the needle	Slow insertion and quick withdrawal	Quick insertion and slow withdrawal	Not commonly used
Respiration of patient	Insertion of the needle at inhalation	Insertion of the needle at exhalation	Not commonly used
9-6 method	Lift, thrust, rotate the needle 9 times	Lift, thrust, rotate the needle 6 times	Not commonly used
Open-close of the point after withdrawal of the needle	Pressing the point (closing the point)	Leaving the point open (do not press the point)	Commonly used
Meridian directions	Inserting the needle tip toward the direction of a channel	Inserting the needle tip against the direction of a channel	Commonly used
Double H	Half tonification	Half sedation	Most commonly used

Table 7.3. Special Points for General Deficiency Patterns

Kidney <i>Qi</i> Deficiency:	BL-23 (Kidney associate point) KID-3 (Kidney source point) CV-4 (General <i>Qi</i> tonic point)
Spleen <i>Qi</i> Deficiency:	SP-3 (Spleen source point) CV-6 (<i>Qi-hai</i> , <i>Qi</i> tonic point) ST-36 (He-sea, <i>Qi</i> tonic point)
Blood Deficiency:	SP-10 (Sea of Blood) BL-17 (Blood influential point)
<i>Yin</i> Deficiency:	KID-3 (Kidney source point) KID-6 (To <i>Yin-qiao</i> , benefiting urination) SP-6 (Crossing point of 3 <i>Yin</i> Channels)
<i>Yang</i> Deficiency	GV-3 (General <i>Yang</i> tonic point) GV-4 (Gate of Life, general <i>Yang</i> tonic point)

used to clear any pathogenic factors and is used for excess pattern. The common signs of excess pattern include high fever, pain, acute inflammation, infections, constipation, food stasis, phlegm, mass or lumps, bright red or purple tongue, and full pulse. The signs are associated with an acute or short course of disease.

Indication. Excess pattern

Special Technique. *Xie-fa* (see table 7.2)

Special Points. See table 7.4.

Contraindications. Deficiency pattern or weak patients

TONIFYING AND REDUCING TECHNIQUES

Special techniques can be used to achieve tonification or reduction. These techniques include twisting-rotating, lifting-thrusting, insertion-withdrawal of the needle, opening-closing of the point, respiration of patient, the direction of channels, 9-6 method, and double H.

Twisting/Rotating Technique. In general, the tonifying technique is achieved when one inserts the needle into a point with a slow, gentle rotating or twisting motion that

has a low amplitude. For the reducing technique, the needle is twisted rapidly and forcefully with a large amount of amplitude.

Another way to tonify or reduce depends on clockwise or counterclockwise rotation of the needle. The counterclockwise rotation, also called “left-rotation,” is the tonifying technique. In this case, the right index finger forces the needle forward. The clockwise rotation, or “right rotation,” is the reducing technique. This occurs when the right thumb forces the needle forward.

Lifting-Thrusting Technique. In the tonifying technique, the needle is lifted softly and rapidly then thrust strongly and slowly. The reducing technique involves thrusting the needle softly and rapidly then lifting strongly and slowly.

Insertion-Withdrawal of a Needle. The tonifying technique involves inserting the needle slowly and withdrawing quickly, and the reducing technique is inserting the needle quickly and withdrawing slowly.

Opening-Closing of the Point. The tonifying technique involves pressing the point immediately after withdrawal of the needle in order to close the point and prevent *Qi* from escaping. For the reducing technique, shake the needle while withdrawing it to enlarge the hole. This opens the point and allows the pathogenic factors to exit.

Respiration of Patient. Tonifying technique: Insert the needle when patient inhales. Reducing technique: Insert the needle when patient exhales.

Meridian Directions. Tonifying technique: Insert the needle tip in the direction of a channel. For example, the tip of a needle is pointed toward the tail when needling BL-21. Reducing technique: Insert the needle tip against the direction of a channel. For instance, the tip of the needle is pointed toward the head when needling BL-21.

9-6 Method. Tonifying technique: Lift, thrust, and rotate the needle nine times. Reducing technique: Lift, thrust, and rotate the needle six times.

Half Tonifying and Half Sedate (Ping-bu-ping-xie). This is called the “double H” technique. This technique is to lift, thrust, and rotate the needle evenly and gently at a moderate speed. It can generate mild tonification and mild reduction to balance both excess and deficiency patterns. This is the most commonly used technique in veterinary practice.

Table 7.4. Special Points for General Excess Patterns

Exterior pattern (Wind Cold/Heat):	GB-20, LI-4
Heat:	LI-11, ST-44, GV-14
Constipation:	ST-25, BL-25, ST-37
Food stasis:	CV-12, ST-36
Phlegm:	ST-40
Blood stagnation:	LIV-3, local points or <i>A-shi</i> points

B. Warming and Cooling Methods

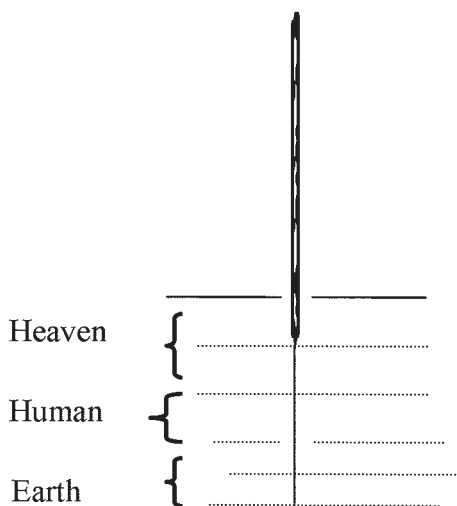
WARMING METHOD (WENG-FA)

Techniques.

- Moxibustion
- Ca-fa* (rubbing) of *Tui-na* manipulation
- Setting the mountain on fire (*Shao-shan-huo*). The depth of an acupuncture point is divided into three levels (see fig. 7.1): superficial (heaven), medium (human), and deep (earth). *Shao-shan-huo* is achieved with the following steps:
 - Insert the needle slowly.
 - Bring the needle into the heaven, and lift/thrust/rotate the needle nine times.
 - Bring the needle slowly into the human, and lift/thrust/rotate the needle nine times.
 - Bring the needle slowly into the earth, and lift/thrust/rotate the needle nine times.
 - Bring the needle quickly up to the heaven.
 - Repeat steps 2 through 5 one, three, five, seven, or nine times until the patient feels warm around the point.
 - Quickly withdraw the needle and press the point.

Special Points. See table 7.5.

Indications. Cold pattern, hip dysplasia, weakness of back and limbs, arthritis, *Bi* syndrome, chronic diarrhea, *Qi* deficiency, *Yang* deficiency



7.1. Depth of an acupoint.

Table 7.5. Special Points for the Warming Method

ST-36 (General *Qi* tonic)
Bai-hui (General *Yang* tonic)
 GV-3 (General *Yang* tonic)
 GV-4 (Life Gate fire)
 CV-4 (*Guan-yuan*)
 CV-6 (Sea of *Qi*)

Contraindications. Heat pattern, *Yin* deficiency, dry and red tongue, dry nose, acute inflammation or infection, pain, high fever

COOLING METHOD (QING-FA)

Techniques.

- Hemoacupuncture (bleeding the point)
- Penetrating heaven coolness (*Tou-tian-liang*). This is achieved with the following steps:
 - Insert the needle quickly.
 - Bring the needle into the earth, and lift/thrust/rotate the needle six times.
 - Bring the needle up to the human, and lift/thrust/rotate the needle six times.
 - Bring the needle up to the heaven, and lift/thrust/rotate the needle six times.
 - Bring the needle down to the earth.
 - Repeat steps 2 through 5 two, four, five, or eight times until the patient feels cool around the point.
 - Slow withdrawal of the needle and do not press the point after withdrawal.

Special Points. See table 7.6.

Indications. Heat pattern, acute *Qi* blood stagnation (painful conditions)

C. Ascending and Descending Method

ASCENDING METHOD (SHENG-FA)

Techniques. Tonifying techniques

Special Points. See table 7.7.

Indication. Dizziness, vertigo due to *Yang* collapse, prolapse of rectum or uterus due to middle *jiao Qi* deficiency

DESCENDING METHOD (JIANG-FA)

Techniques. Reducing techniques

Special Points. See table 7.7.

Indication. Nausea, vomiting, liver *Yang* rising

Table 7.6. Special Points for the Cooling Method

General heat pattern:	<i>Wei-jian</i> (Tip of tail), <i>Er-jian</i> (Tip of ear), GV-14, LI-11, and LI-4
<i>Zang-fu</i> heat:	<i>Jing</i> -well point (e.g. bleeding LU-11 for Lung Heat) <i>Ying</i> -spring point of the channel (e.g., ST-44 for stomach heat)
Heat stroke:	GV-26 and 12 <i>Jing</i> -well points
Pain:	Local points using hemoacupuncture, TH-1 for laminitis

Table 7.7. Special Points for the Ascending and Descending Methods

	Clinical conditions	Special points
Ascending method	Dizziness, vertigo, prolapse	<i>Bai-hui</i> , CV-4, CV-6, ST-36
Descending method	Vomiting/nausea Liver <i>Yang</i> rising	CV-17, CV-12, PC-6, ST-36 GB-20, LIV-3, GB-34

7-2. FIVE GENERAL PRINCIPLES TO SELECT ACUPUNCTURE POINTS

How one selects acupoints for treatment of a disease depends on many factors. In general, there are five categories of points to choose from: local points, distant points, symptomatic points, balance points, and special points.

A. Selection of Local Points

An acupoint generates a local effect. Any local condition can be treated by local acupoints. Selection of local points is the most important approach when major complaints are localized. Table 7.8 lists examples of local points for various conditions.

B. Selection of Distant Points

HOW TO DEFINE A DISTANT POINT

Points that are far from the location of the complaint, lesion, or disease are called distant or remote points. These points can be based on the pathway of each channel and five elements as well as *Zang-Fu* physiology.

Based on the Pathway of the Channel. Choose a point distant from the lesion but one that is located on the same channel that travels through the lesion. For example, ST-44 (located on the rear foot) is the distant point for eye problems since the ST Channel starts at the lower border of the eyelid and ends at the rear foot. TH-15 (located around the scapula) is the distant point for sore front feet since the TH Channel starts on the front foot, goes up along the scapula and ends at the lateral eyebrow. Nasal congestion can be treated by LI-4 (located on the front limb) since the LI Channel starts at the front foot and ends at the nose.

Based on Five Elements and Zang-Fu Physiology. One can choose distant points based upon the association of the lesion with *Zang-Fu* organs and the five elements. For example, LIV-3, a point located on the rear limb, can be used for disorders of the eyes. Even though the Liver Channel does not directly connect the rear limb and eyes, the Liver Channel connects with the liver. According to five elements, the

liver opens to the eyes; the eyes are the window of the internal liver organ. Thus, LIV-3 serves as a distant point for treatment of poor vision.

Similarly, LU-7, which is located at the front limb, is far from the nose. The Lung Channel does not directly run from the front limb to the nose, but the nose is the opening of the internal organ, the lung. Thus, LU-7 can be used as a distant point for treatment of nasal congestion.

HOW TO SELECT A DISTANT POINT

Far-Far Principle. This is used for conditions in the head and neck by selecting the most distal points on the limb. In essence, one tries to choose points that are as far apart as possible. For example, BL-67 (the most distal point of Bladder Channel) is chosen for cervical stiffness. PC-9 (the most distal point of PC Channel) is for mental disorders (head).

Near-Near Principle. Close points on the limbs are chosen for thoracic and abdominal internal organ problems (to select the points close to the internal organ). For example, LU-1 and LU-5 (near shoulder) are often used for pneumonia. KID-10 (near stifle) is used for renal failure.

EXAMPLES

See table 7.9.

C. Selection of Symptomatic Points

Based on extensive clinical experience, the following points have been found to be effective in relieving certain symptoms (table 7.10).

D. Selection of Balance Points

FRONT AND REAR LIMB BALANCE

Points may be selected from both the front and hind limbs to achieve balance. For example, LI-10 in the front limb is often combined with ST-36 in the rear limb for *Wei* syndromes, general weakness, paresis, and paralysis. PC-6 in the front limb and ST-36 are often together used for vomiting. For

Table 7.8. Selection of Local Acupoints

Conditions	Selection of points
Nasal congestion/discharge	LI-20, GV-25
Conjunctivitis/uveitis	BL-1, GB-1, ST-1
Ear infections (otitis)	SI-19, TH-17, GB-2
Oral cavity complaints	ST-4, ST-6, CV-24
Toothache	ST-6 and ST-7
Throat problems	CV-22 and CV-23
Laryngeal hemiplegia	CV-23, ST-9
Headache (front)	<i>Ying-tang</i> or <i>Long-hui</i>
Headache (side)	<i>Tai-yang</i> , GB-8
Headache (top)	GV-20, <i>Da-feng-men</i>
Cervical pain	SI-16, LI-18, BL-10
Shoulder pain	SI-9, TH-14, SI-10
Lumbar pain	<i>Bai-hui</i> , BL-26, <i>Shen-shu</i>
IVDD	<i>Hua-tuo-jia-ji</i>
Hip dysplasia	BL-54, GB-29, GB-30
Stifle pain	GB-34, ST-35
Abdominal pain	CV-12, ST-25

Table 7.9. Selection of Distant Points

Conditions	Distant points
Eye problems	GB-37, SI-6
Nasal discharge/congestion	LI-4 and LU-7
Ear problems	KID-3, TH-3, GB-43
Teeth problems	LI-4 and ST-44
Head (Front)	LI-4 and ST-44
Head (Top)	PC-6 and LIV-3
Head (Side)	TH-5 and GB-41
Throat	LU-11 and KID-6
Neck	SI-3, BL-67, BL-60
Chest	PC-6
Abdomen	SP-4 and ST-36
Shoulder	LI-4 and LI-1
Uterus	SP-6 and LIV-1
Lumbar	BL-40 and BL-57
Anus	GV-20 and BL-57
Lung	LU-7 and LI-4
Stomach	ST-36 and SP-4
Heart	HT-7 and SI-3
Liver	LIV-3 and GB-34
Kidney	KID-10 and BL-39

Table 7.10. Selection of Symptomatic Points

Conditions	Distant points
Fever	GV-14, LI-11, and LI-4
Coma	GV-26, TH-5 through PC-6, and KID-1
Fatigue	Moxibustion on CV-8 and CV-4
Epilepsy	GV-1
Night sweating	SI-3, KID-7, and HT-6
Spontaneous sweating	LI-4 and KID-7
Clenched jaws	ST-6 and LI-4
Cough and asthma	CV-22 and <i>Ding-chuan</i>
Chest pain	CV-17 and PC-6
Cardiac pain	PC-6 and PC-4
Nausea/vomiting	PC-6 and ST-36
Anemia	BL-17, BL-21, and SP-10
Ligament/tendon/sinews (<i>Jin</i>)	GB-34, ST-36, KID-1
Hypertension	LIV-3 and GB-34
Urinary incontinence	BL-39 to BL-40
Hyperactivity	BL-15 and HT-7
Constipation	ST-25 and TH-6
Diarrhea	GV-1
Skin itching (pruritis)	LI-11, SP-10, and SP-9

shoulder pain, the opposite GB-29 and BL-54 in the hip are often used in addition to local shoulder points including SI-9, LI-15, and TH-14.

LEFT- AND RIGHT-SIDE BALANCE

One may select points on either side of the body to achieve balance. For left facial paralysis, the right side points ST-6 and LI-4 are often selected in addition to left ST-4, ST-6, LI-4, and ST-7. For left hemiplegia, right GB-34, ST-36, and LI-11 are often used in addition to left-side points. Left TH-14 can be used for right shoulder pain. The opposite location of an *a-shi*, painful point (trigger point), can be used for local pain.

YIN AND YANG CHANNEL BALANCE

KID-1 (*Yin* Channel) and BL-60 (*Yang* Channel) are often combined for treatment of kidney *Qi* deficiency, hip dysplasia,

and osteoarthritis. SP-2 (*Yin* Channel) and ST-36 (*Yang* Channel) can be used for acute stomach pain.

BACK AND ABDOMEN BALANCE

CV-12 (abdomen) and BL-21 (back) are often used together for treatment of stomach pain and abdominal pain. BL-26 (back) and CV-4 (abdomen) are often combined for rear weakness and renal failure.

E. Selection of Special Points

The most commonly used points are the special points. Those special points include master points, five-*shu* transporting points, *Yuan*-source points, back-*shu* association points, front-*mu* alarm points, *Luo*-connecting points, *Xi*-cleft points, lower *He*-sea points, eight influential points, and eight confluent points (table 7.11). Detailed information on special acupoints can be found in chapter 2.

7-3. EIGHT METHODS FOR DEFICIENCY PATTERN

According to eight principles, any disease can be either deficiency or excess pattern. The deficiency and excess patterns are used to determine strength of the *Zheng Qi* (the body's resistance to diseases) and the presence or absence of pathogens. The deficiency pattern is characterized by weakness of the *Zheng Qi* and absence of pathogens, and excess pattern refers to presence of pathogens. Differentiation between excess pattern and deficiency pattern is summarized in table 7.12.

A deficiency of *Zheng Qi* resulting from overwork, loss of blood, or chronic illness often causes a deficiency pattern. There are four types of deficiency patterns: *Qi*, blood, *Yin*, and *Yang*. The differentiation of these four deficiency patterns is summarized in table 7.13. The *Qi* deficiency pattern

Table 7.11. Selection of Special Points

Special Points	Indication
Master points	LI-4, Face, mouth LU-7, Head, neck PC-6, Chest, cranial abdomen BL-40, Back and hips ST-36, GI tract, abdomen SP-6, Caudal abdomen, urogenital
Influential points	A special point for bone, bone marrow, ligament/tendon, vessels, <i>Qi</i> , blood, phlegm, wind, <i>Zang</i> and <i>Fu</i> organs
<i>Luo</i> -connection points	For disorders of both <i>Yin</i> (wife) and <i>Yang</i> (husband) channels/organs
Five- <i>shu</i> points	Based on five levels and five elements
Source (primary) points	Can be used for both deficiency and excess pattern of internal organs
<i>Xi</i> -cleft points	Excess conditions
Back- <i>shu</i> association points	Diagnosis and treatment of the internal organ
Front- <i>mu</i> alarming points	Diagnosis and treatment of the internal organ
Eight confluent points	Disorders of eight extraordinary channels and internal organs
Lower <i>He</i> -sea point	Excess pattern of six <i>Yang</i> organs

Table 7.12. Differentiation Between Excess Pattern and Deficiency Pattern

Parameter	Excessive signs	Deficient signs
Course of illness	Acute (new)	Chronic (prolonged)
Constitution	Strong (mostly)	Must be weak
Age	< 6 years	> 10 years
Appearance	Hyperactivity	Depression
Voice	Loud	Weak
Massage or touch preference	No	Yes
Fever	High (>2°F)	Low (<1.5°F) or no fever
Cold shivers	No change after warming	Alleviated with warming
Nodule or enlargement	Yes	No
Inflammation/infections	Acute	No, or chronic
Pain	Yes	No
Tongue color	Purple or red	Pale or red
Tongue coating	Thick	None or Little
Pulse	Forceful	Weak
Excess pattern	4 or more excess signs	1 or no deficient sign
Deficiency pattern	1 or no excessive sign	4 or more deficient signs
Excess with deficiency pattern	2 or more excess signs	2 or more deficient signs

Table 7.13. Differentiation of Deficiency Patterns

Pattern	Differentiation
<i>Qi</i> deficiency	Spontaneous sweating Shortness of breath or cough Loss of appetite or loose stool Exercise intolerance Prolapse of uterus or rectum Frequent urination Infertility or incontinence Tongue: Pale, wet Pulse: Weak
Blood deficiency	Dull eyes Easily frightened Weakness in tendons Crack lines in the hoof wall Tongue: Pale, dry Pulse: Thready, soft
<i>Yin</i> deficiency	Weariness Prolonged low fever or afternoon fever Dry and small feces Scant dark urine Tongue: Red, dry Coating: Less or none Pulse: Thready, rapid
<i>Yang</i> deficiency	Cold nose and ears Cold trunk and limbs Lassitude or loss of appetite Diarrhea with undigested food Edema or clear long urination Tongue: Pale purple, Coating: Thin or none Pulse: Deep, slow, weak

is seen in the lung, heart, spleen, and kidney. The blood deficiency pattern is seen in the liver, spleen, and heart. A *Yin* deficiency pattern is similar to a deficiency heat pattern (or False Heat) and is seen in all five *Yin* organs. *Yang* deficiency pattern is similar to a deficiency cold pattern (False Cold) and is seen in the kidney, spleen, and heart.

The general symptoms of a deficiency pattern may include dry or burned hair, emaciation, lassitude, exercise intolerance, limb or back weakness, general weakness, pale tongue, no tongue coating, and a weak pulse. Deficiency pattern is commonly seen in geriatric patients with chronic illness such as chronic renal failure, heart failure, or liver failure.

A. General Tonic Points

Based on long-term clinical experience, the general points to tonify *Qi*, blood, *Yin*, or *Yang* are those shown in table 7.14.

Table 7.14. General Tonic Points

Pattern	Treatment points
<i>Qi</i> deficiency	CV-4 and CV-6 for KID/SP <i>Qi</i> deficiency CV-17 for LU/HT <i>Qi</i> deficiency ST-36 for general <i>Qi</i> deficiency
Geriatric <i>Wei</i> syndrome	KID-1, PC-8 (4 roots point) BL-21 (classical <i>Guan-yuan-shu</i>) BL-26
<i>Yang</i> deficiency	<i>Bai-hui</i> , <i>Shen-shu</i> , GV-4, and GV-3
<i>Yin</i> deficiency	KID-3, SP-6, BL-23
Blood deficiency	BL-17 and SP-10

B. Source (*Yuan*) Point

The *Yuan*-source point is the place that receives the *Yuan*-source *Qi* from the kidney essence. Each channel has only one *Yuan*-source point. It is commonly used for treating disorders of the internal *Zang-Fu* organs (table 7.15). For example, HT-7 (the source point of the Heart Channel) is for heart *Qi*/blood deficiency. LU-9 (the source point of the Lung Channel) is for lung *Qi*/*Yin* deficiency. LIV-3 (the source point of the Liver Channel) is for liver *Yin*/blood deficiency. KID-3 (the source point of the Kidney Channel) is for kidney *Yin* deficiency.

C. Influential Point

Zang, Fu, Qi, blood, tendons, vessels, bone, and marrow are the eight most important tissues, organs, or systems. Each of these tissues has a specific influential point that influences its functions and is commonly used for disorders of that tissue (table 7.16). For example, disc disease and osteoarthritis are treated using BL-11 (the bone influential point) and GB-39 (the bone marrow influential point). GB-34 (tendon-ligament influential point) is commonly used for treatment of ligament/tendon weakness. BL-17 (the blood influential point) is commonly used for blood deficiency.

D. Back-shu Association Points or Front-mu Alarm Points

Both back-shu points and front-mu points are special points. Because the *Qi* of *Zang-Fu* organs infuses and distributes itself from these points, they are used for diagnosis and treatment of internal organs (table 2.7). For example, kidney *Yin* deficiency is treated with BL-23 (kidney back-shu point). Kidney *Qi* deficiency is treated using *Shen-shu* (2 cun lateral to *Bai-hui*, equine classical kidney back-shu point). BL-20

Table 7.15. Application of *Yuan*-source Points

<i>Yin</i> meridian source point	Indication	<i>Yang</i> meridian source point	Indication
LU-9	Chronic cough or asthma	LI-4	Fever
SP-3	Chronic diarrhea	ST-42	Rear weakness
HT-7	<i>Shen</i> disturbance	SI-4	Hematuria
KID-3	Chronic renal failure	BL-64	Urinary incontinence
PC-7	<i>Shen</i> disturbance	TH-4	Edema
LIV-3	Anemia, weak tendon	GB-40	Jaundice

Table 7.16. Application of Influential Points

Influential points	Indication
LIV-13	Disorders of any internal <i>Zang</i> (<i>Yin</i>) organs
CV-12	Disorders of any internal <i>Fu</i> (<i>Yang</i>) organs
CV-17	<i>Qi</i> deficiency
BL-17	Blood deficiency
GB-34	Weakness of ligament and tendon
LU-9	Weakness of pulse, disorders of vessels
BL-11	Arthritis, degenerative joint disease, disc disease
GB-39	Disorders of bone marrow, spinal cord

(spleen back-*shu* point) is used for treatment of spleen *Qi* deficiency. BL-18 (liver back-*shu* point) is used for liver blood/*Yin* deficiency. BL-15 (heart back-*shu* point) is used for heart *Qi*/blood/*Yin* deficiency. CV-12 (stomach front-*mu* point) is used for diagnosis and treatment of stomach disorders.

E. Mother Point on That Channel

Based on the five elements theory, each channel has a mother point. Since the lung belongs to the metal element, the mother of this channel would be earth (spleen). As listed in table 7.18, LU-9 is the *shu*-stream point that belongs to the earth element and is considered to be the mother point of the Lung Channel. Thus, using LU-9 can benefit conditions with deficiency of lung *Qi* or *Yin*. Kidney belongs to water; its mother is metal (lung). Therefore, KID-7, which is the metal point and mother point of Kidney Channel, is used for kidney deficiency. In the same manner, SP-2 is the fire/mother point of the Spleen Channel and is used for spleen deficiency. HT-9 is the wood/mother point of the Heart Channel and is used for heart deficiency. LIV-8 is the water/mother point of the Liver Channel and is used for liver deficiency.

F. Five Levels of Five-*Shu* Points

As discussed in chapter 2, five-*shu* points are located between the distal digits and the elbow or knee. Each channel has five special points, and these are the five levels. The *Jing*-well, *Ying*-spring, *shu*-stream, *Jing*-river, and *He*-sea are respectively the first, second, third, forth, and fifth levels. The recommended use of each point varies with its level.

- The first level of each channel is used for treatment of mental conditions. For example, KID-1 is used for coma.

- The second level is commonly used for excess heat and false heat. For example, lung *Yin* deficiency (false heat and dry cough) is treated using LU-10.
- The third level is commonly used for a painful condition. For example, LIV-3 is for general pain.
- The fourth level is for cough or asthma. For example, LU-8 is used for cough due to lung deficiency.
- The fifth level points, including LIV-8, KID-10, and SP-9, are commonly used for renal failure.

G. Hind Limb *Yin* Channel *He*-Sea Points

The *He*-sea points of the rear limb *Yin* Channels are commonly used for severe deficiencies of that channel and organ. For example, LIV-8 is used for treatment of liver blood/*Yin* deficiency. KID-10 is used for treatment of kidney *Qi*/*Yin* deficiency. SP-9 is for spleen *Qi* deficiency.

H. Four-Point Techniques

According to five elements theory, the “mother” element can give birth to the “child” element. This affects how one element acts in relation to another. Similarly, within the *cheng* cycle there is a “grandparent” and “grandchild” relationship, which can affect the balance of the elements. When the grandchild is deficient or the grandparent is excessive, the grandparent element tends to overcontrol the grandchild element. For a patient with a deficiency pattern, the mother should be tonified, and the grandparent should be sedated.

There are two ways to tonify the mother: (1) stimulate the mother point on the deficient channel and (2) stimulate the horary point on its Mother Channel. The horary point is point that has the same element as that of the channel. For example, SP-3 is a horary point because it is an earth point on

Table 7.17. Application of the Back-*Shu* and Front-*Mu* Points

Internal organ	Back- <i>shu</i> points	Front- <i>mu</i> points	Indication
LU	BL-13	LU-1	Respiratory disorders, cough or asthma
PC	BL-14	CV-17	Cardiovascular disorders, <i>shen</i> disturbance
HT	BL-15	CV-14	Cardiovascular disorders, <i>shen</i> disturbance
LIV	BL-18	LIV-14	Liver problems, ligament/tendon problems, seizure
GB	BL-19	GB-24	Ligament/tendon problems, ear problems, foot conditions
SP	BL-20	LIV-13	Gastrointestinal disorders, diarrhea, edema, <i>Wei</i> syndrome
ST	BL-21	CV-12	Gastrointestinal disorders, <i>Wei</i> syndrome
TH	BL-22	CV-5	Edema, nonsweating, endocrine disorders
KID	BL-23	GB-25	Renal failure, arthritis, rear weakness, disc diseases
LI	BL-25	ST-25	Constipation, diarrhea, colic
SI	BL-27	CV-4	Chronic diarrhea, rear weakness
BL	BL-28	CV-3	Urinary incontinence, bladder atony

Table 7.18. Application of Mother Points

Meridian	Mother point	Indication
Lung (metal)	LU-9 (earth)	Lung <i>Qi</i> or <i>Yin</i> deficiency, chronic cough or asthma
Spleen (earth)	SP-2 (fire)	Spleen <i>Qi</i> or <i>Yang</i> deficiency, chronic diarrhea
Heart (fire)	HT-9 (wood)	Heart <i>Qi</i> or blood deficiency, <i>shen</i> disturbance
Kidney (water)	KID-7 (metal)	Kidney <i>Yin</i> or <i>Qi</i> deficiency, chronic renal failure
Pericardium (fire)	PC-9 (wood)	Heart <i>Qi</i> or blood deficiency, <i>shen</i> disturbance
Liver (wood)	LIV-8 (water)	Liver or blood deficiency, liver failure

the Spleen Channel, which belongs to the earth element. Similarly, KID-10 is a water point on the Kidney Channel, which belongs to the water element. There are two ways to sedate the grandparent: (1) sedate the grandparent point on the deficient channel and (2) sedate the horary point on the grandparent channel. Therefore, a total of four points can be chosen for a deficiency pattern.

For example, this method might be applied in a case as follows: A 15-year-old canine patient has renal failure with weakness, a pale tongue, and a weak pulse. The diagnosis is kidney deficiency. The following four points are used:

1. Tonify the mother point on the deficient channel (KID-7).
2. Tonify the horary point on its mother channel (LU-8).
3. Sedate the grandparent point on the deficient channel (KID-3).
4. Sedate the horary point on grandparent channel (SP-3).

7-4. EIGHT METHODS FOR EXCESS

The excess pattern is characterized by the presence of pathogens. The pathogens include the six exogenous *Xie Qi*: wind, cold, dampness, summer heat, dryness, and fire. The pathogens can also include secondary pathological products

such as food stasis, blood stagnation, and phlegm. The excess patterns often manifest themselves as hyperfunctional states. The signs include high fever, rapid breath, hyperexcitation, abdominal fullness or pain, constipation, a red or deep red tongue, a thick tongue coating, and an excessive or surging pulse. The general differences of excess patterns from deficiency patterns are summarized in table 7.12. The most common excess patterns include wind-cold, wind-heat, damp-heat, cold-damp, wind-cold-damp, phlegm, blood stagnation, and *Qi* stagnation (table 7.19).

A. Local Points

When the illness is a local condition, the TCVM diagnosis may be local *Qi*-blood stagnation. Almost all points can be used for local stagnation of *Qi*-blood. For example, shoulder injuries may be diagnosed as *Qi*-blood stagnation of the shoulder, thus local points including SI-9, TH-14, and SI-10 are most commonly used for this condition. More examples are listed in table 7.20.

B. Master Points

Master points are points that are commonly used for specific indications. The eight most widely used are those in table 7.21.

Table 7.19. Differentiation of Excess Patterns

	Wind Cold	Wind Heat	Damp Heat	Cold Damp	Wind-Cold-Damp	Phlegm	Blood stagnation	<i>Qi</i> stagnation
Course of illness	< 3 days	< 7 days	<5 days	<10 days	Acute or chronic	Sub-acute	Acute or chronic	Acute or chronic
Nasal discharge	Clear	Thick	—	—	—	—	—	—
Cough	No	Yes	—	—	—	Yes	—	—
Preference of massage	—	—	No	Yes	Yes	—	No	No
Stool	OK	OK	Bloody	Loose	OK	Loose	OK	OK
Preference of temperature	Warm	Cool	Cold	Warm	Warm	—	—	—
Fever	Yes	Yes	Yes	No	No	No	No	No
Cold shiver	Yes	No	No	—	—	—	—	—
Tongue color	Purple/ pale	Red	Red/ yellow	Purple/ pale	Purple	Red or pale	Purple	Purple
Tongue coating	Thin/ white	Thin/ yellow	Thick/ yellow	Thick/ white	Thin	Thick/ greasy	Thin	Thin
Pulse	Floating	Floating/ fast	Forceful	Slow	Tight	Choppy	Tight	Tight

Table 7.20. Application of Local Points for Excess Patterns

Condition	Points	Condition	Points
Conjunctivitis/uveitis	BL-1, GB-1, BL-2	Abdominal pain	CV-12, ST-25
Nasal congestion/ discharge	LI-20, GV-25	Ear infections (otitis)	SI-19, TH-17, GB-2
Oral cavity complaints	ST-4, ST-6, CV-24	Hip dysplasia	GB-29, GB-30, <i>Jian-jiao</i>
Stifle pain	GB-34, ST-35	Shoulder pain	SI-9, TH-14, SI-10
Laryngeal hemiplegia	CV-23, ST-9, SI-17, <i>Hou-shu</i>	Cervical pain	SI-16, LI-18, BL-10, <i>Jiu-wei</i>
Headache (top)	GV-20, <i>Si-shen-cong</i>	IVDD	<i>Hua-tuo-jia-ji</i> (0.5 cun lateral to each vertebra)
Headache (front)	<i>Yin-tang</i>	Lumbar pain	<i>Bai-hui</i> , <i>Ba-jiao</i>
Headache (side)	<i>Tai-yang</i> , GB-8	Toothache	ST-6 and ST-7
Throat problems	CV-22 and CV-23	<i>A-shi</i> points	Trigger points

Table 7.21. Application of Master Points

Master points	Indication
LI-4	Problems in face, mouth
LU-7	Problems in head, neck
PC-6	Chest, cranial abdomen pain
BL-40	Pain in back and hips
ST-36	Gastrointestinal tract conditions
SP-6	Caudal abdomen, urogenital pain
SI-9	Front limb lameness
BL-54	Hind limb lameness

C. Influential Points

For example, BL-11 (the influential point of bones) can be used for any bony condition including hip pain. GB-34 (the influential point of tendon and ligament) is used for tendonitis. Blood stagnation is treated with BL-17 (the influential point of blood).

D. Back-*shu* Associate Points or Front-*mu* Alarm Points

As for deficiency conditions, the back-*shu* and front-*mu* points may be used for both diagnosis and treatment of excess conditions. For example, hip pain is treated using BL-23 (kidney associate point) as kidney controls the bones. Similarly, BL-20 as the spleen association point is beneficial for diarrhea. BL-21 (stomach association point) assists with vomiting. CV-12 (stomach alarm point) is beneficial for gastric pain.

E. Energetic Points

Based on long-term clinical experience, the points given in table 7.22 can be effective in relieving specific symptoms.

F. Five Levels of Five-*Shu* Points

Table 7.23 summarizes how to use five levels of five-*shu* points.

G. The Child Point

Just as stimulating a mother point helps to support a deficient child, stimulating a child point helps to drain excess from an excessive mother. It is similar to increasing the ability of the child to draw from the mother. LU-5 is the water/child point of the lung and is commonly used for lung excess pattern, such as Lung Heat and excessive asthma/cough.

Table 7.22. Application of Energetic Points

Condition	Points
High fever	GV-14
Heat	LI-4 / LI-11
Wind	GB-20 / BL-10
Damp	SP-6 / SP-9
Cold	GV-4 / <i>Bai-hui</i>
Coma	GV-26, KID-1, PC-6 to TH-5
Fatigue	Moxa on CV-8 and CV-4
Nausea/vomiting	PC-6 and ST-36
Hypertension	LIV-3
Urinary incontinence	BL-39, SP-6, and SP-9
Constipation	ST-25 and TH-6
Skin itching	LI-11, SP-10, and SP-9

Table 7.23. Application of Five Levels of Five-*Shu* Points

Level	General condition	Example
First level	Mental conditions	PC-9 for anxiety
Second level	Heat pattern	ST-44 for stomach heat
Third level	Pain	LIV-3 for general pain
Fourth level	Cough/asthma	LI-5 for cough due to lung heat
Fifth level	GI conditions	ST-36 and GB-34 for vomiting

H. Other Eight Methods

Xi-CLEFT POINTS

Any acute excess condition can be treated with the *Xi*-cleft points. For example, SP-8 (spleen *Xi*-cleft point) is commonly used for acute gastrointestinal disorders. TH-7 (TH *Xi*-cleft point) is for acute seizure. All other *Xi*-cleft points are listed in chapter 2 (table 2.10).

SINGLE POINT

It is possible to use only one point to treat a problem. For example, GV-1 alone may be used for diarrhea. This technique is more commonly used in humans as this method requires the patient to provide feedback about the *de-Qi* sensation in order to be effective.

Jing-WELL POINT

For example, TH-1 (*Jing*-well point of TH) is used for laminitis. GB-44 (*Jing*-well point of GB Channel) and BL-67 (*Jing*-well point of Bladder Channel) are used for hip and hock pain. PC-9 (*Jing*-well point) is used for *shen* disturbance. *Jing*-well points are commonly used in equine practice.

FOUR-POINT TECHNIQUE

According to the five elements theory, two strategies can be used for treatment of excess pattern: (1) sedate the child, and (2) tonify the grandparent. There are two ways to sedate the child: (1) sedate the child point on the excessive channel and (2) sedate the horary point on its child channel. There are two ways to tonify the grandparent: (1) stimulate the grandparent point on the excessive channel and (2) stimulate the horary point on the grandparent channel. Therefore, a total of four points can be chosen for an excess pattern.

Case Example. A cat with gingivitis, an ulcer on the tongue, and restlessness is diagnosed with heart excess fire. The following four points are chosen:

1. Sedate the child point on the excessive channel (HT-7).
2. Sedate the horary point on its child channel (SP-3).
3. Tonify the grandparent point on the excessive channel (HT-3).
4. Tonify the horary point on grandparent channel (KID-10).

EIGHT EXTRAORDINARY CHANNELS

BL-62 (*Yang-qiao* Channel starting point) is used for ataxia and Wobbler's syndrome.

Luo-CONNECTING POINTS

This is commonly used when both the *Yang* (husband) and *Yin* (wife) organs are affected. For instance, LU-7 (the

Luo-connecting point of Lung Channel) and LI-6 (the *Luo*-connecting point of LI Channel) are used for lung conditions (cough) as well as LI conditions (constipation). In addition, ST-40 (the *Luo*-connecting point of Stomach Channel) and SP-4 (the *Luo*-connecting point of Spleen Channel) are used for both spleen conditions (diarrhea) and stomach conditions (vomiting).

LOWER HE-SEA POINTS

- ST-37: the LI lower *He*-sea point is used for colitis, constipation, and diarrhea.
- BL-39: the TH lower *He*-sea point is used for urinary leakage.
- ST-39: the SI lower *He*-sea point is used for lower abdominal pain.

EIGHT CONFLUENT POINTS

Confluent points are communicating points between the 8 extraordinary channels and the 12 regular channels. They are located around the carpal or hock areas. PC-6 is for *Yin-wei* Channel. LU-7 is for *CV Mai*. SP-4 is for *Chong Mai*. KID-6 is for *Yin-qiao*. TH-5 is for *Yang-wei*. SI-3 is for *Du Mai*. BL-62 is for *Yang-qiao*, and GB-41 is for *Dai Mai*.

These points are usually used in pairs (one from the front limb and another from the hind limb). For example, SI-3 with BL-62 is used for GV, neck, back, shoulder, and medial canthus conditions. PC-6 with SP-4 is used for treatment of chest, heart, and stomach conditions. LU-7 with KID-6 is used for chest, lung, and throat problems. TH-5 with GB-41 is used for shoulder, neck, cheek, and outer canthus conditions.

7-5. NUMBER OF POINTS SELECTED

As many as 60 points and as few as a single point may be chosen for treatment. However, 5 to 19 points are most commonly selected per session.

Large Number

As many as 20 to 60 points may be selected per treatment. For example, 59 points were selected to treat an acute high febrile disease in *Su Wen (General Questions)*:

There are 59 points for febrile diseases. Where are they? There are five groups of points to clear Heat in all the *Yang* Channels. The first group consists of five GV points including GV-23, GV-22, GV-21, GV-20, and GV-19. The second group consists of ten bilateral BL points including BL-5, BL-6, BL-7, BL-8, and BL-9. The third group consists of ten bilateral GB points including GB-15, GB-16, GB-17, GB-18, and GB-19. Eight points including BL-10, BL-11, ST-12, and BL-12 are to clear Heat in the Chest. Eight points that clear Heat in the four limbs are LU-2, LI-15, BL-40, and GV-2. BL-42, BL-43, BL-47, BL-49, and BL-52 clear Heat in the Five *Zang* organs.

Another example is to use all the *hua-tuo-jia-ji* points for spinal and back pain. There are 25 canine and 29 equine *hua-tuo-jia-ji* points.

INDICATIONS

Several excess patterns such as conjunctivitis, ear infections, and skin itching

Severe painful conditions at multiple locations such as arthritis of the elbow, shoulder, hock, and hip joints

CONTRAINDICATIONS

Geriatric or weak patients

Qi-blood deficiency

Small Number

Only one point is used. This is called single-point technique. For example, GV-1 is used for treatment of diarrhea in cows and foals. To calm the mind, aquapuncture at *An-shen* is used. Anorexia can effectively be treated by *Shan-gen* in the dog and *Tong-guan* in the horse. CV-22 is used to stop cough. Colic can be relieved by *Jiang-ya*. Seizures can be stopped by *Nao-shu*. High fever can be effectively released by GV-14.

Because this requires more feedback about the *de-Qi* sensation from patients, it is not commonly used in veterinary practice.

Moderate Number

This method uses about 5 to 19 points. It is the most commonly used method in veterinary practice. For example, a spleen *Qi* deficiency horse with chronic watery diarrhea can be treated using BL-20, BL-21, GV-1, *Qi-hai-shu*, SP-6, and ST-36.

7-6. DURATION OF ACUPUNCTURE TREATMENT

Generally, the duration of acupuncture treatment is 10 to 30 minutes. Sometimes, however, for special cases such as colic, an acupuncture needle may be retained in the point *Jiang-ya* for 3 hours. It is possible to leave a needle in the point for 1–3 weeks. For example, an equine practitioner may treat a hyperactive horse by leaving a staple in the *Shen-men* point in the ear for a couple of weeks. Magnetic balls or gold beads can be embedded into points for lifetime treatment of hip dysplasia or epilepsy in dogs. Thus, there are three methods to determine how long the needle should remain in the points.

Long Duration

This method lasts for over an hour or is permanent. Gold bead implantation at GB-29 and GB-30 for hip dysplasia is a permanent acupuncture treatment. It is possible to retain a needle at *Jiang-ya* up to 3 hours for the relief of colic pain.

Short Duration

This method lasts for a couple of seconds to minutes. The points around the feet, eyes, and nose can be very sensitive. The needle may be retained only a few seconds to minutes around those areas.

Moderate Duration

This is the most commonly used method. In general, needles at points are retained for 10 to 30 minutes.

7-7. FREQUENCY OF ACUPUNCTURE TREATMENT SESSIONS

The course of acupuncture sessions depends on the nature and severity of the disease and the patient. One to 3 acupuncture treatments are enough for wind-cold or wind-heat. Seven to 15 acupuncture sessions are needed for hemiplegia. Generally for most cases, clinical results can be achieved after 2 to 5 acupuncture sessions. Consider other therapies if no positive results are noted after 3 to 5 treatments.

High-Frequency Program

This method uses one treatment every one to three days. This is used more for acute or severe conditions in which the patient is hospitalized or receiving special care at home. For example, a horse with acute, severe laminitis can be treated by using acupuncture once every 12 to 48 hours to relieve pain until the pain is under control.

Common Program

For most of the common clinical cases, acupuncture may be used once every one to four weeks for three to seven sessions.

Tune-up Program

After the clinical signs resolve or the disease is cured, a 6- to 12-month recheck is recommended to tune up the body and balance *Yin-yang*.

7-8. PREPARATION FOR ACUPUNCTURE

Before conducting an acupuncture procedure, the following preparation is needed.

Veterinary Acupuncturist

First of all, veterinary acupuncturist must have a sound plan as when approaching any other medical and surgical problem. Are the Western and TCVM exam and diagnosis complete and accurate? Which points should be selected based on the TCVM pattern? Are those selected points available (or possible) for that patient? Which technique should be used: dry-needling, electroacupuncture, aquapuncture, or a combination? How long should the needles be retained? How often should acupuncture treatment be given? Is it necessary to combine acupuncture with other medications?

Second, the veterinary acupuncturists should have a good *Qi* and *shen*. A good *shen* and positive energy can induce a better outcome.

Animal

Fasting is not required before an acupuncture treatment. However, before needling the points, the acupuncturist should take time to help the animal relax as much as possible by petting the patient's forehead (around *Da-feng-men*) and talking gently. The environment should be as serene as possible. Using such environmental conditions as soft light, music, and flower fragrances can help set a peaceful mood.

Owner

The owner is a part of the healthcare team. She or he should be well educated about the procedure and the course of

acupuncture treatments. She or he should be committed to bringing the pet for at least three treatments before quitting as it may take three treatments to see significant results. The owner should be encouraged to conduct posttreatment care programs, such as dietary changes, daily exercise, and massage.

7-9. PRECAUTIONS AND CONTRAINDICATIONS

Pregnant Animals

Points around the abdomen and lumbosacral regions (including CV-2/3/4/5/6, *Yan-chi*, BL-23/24/25/26/27/28/52) are contraindicated for pregnant animals. LI-4, SP-6, BL-60, BL-40 ST-36, and BL-67 are also contraindicated for pregnant animals.

Skin Conditions

Direct insertion of acupuncture needles into tumors, skin ulcers, skin infection areas, and scar tissues is contraindicated. It is acceptable to use acupuncture procedures for a cancer patient as long as the needle is not directly inserted into the cancerous mass.

Posttraining or Postracing

For training or racing horses and dogs, make sure that they rest and relax about one hour immediately after racing or training before conducting acupuncture procedures.

Extremely Fatigued or Weak Patient

It is acceptable to use acupuncture for very weak and old patients, but use a shorter, smaller-gauge needle, only a few points (four to eight points), and a shorter duration (less than 10 minutes) of acupuncture treatment.

Dying Animal

It is acceptable to treat a dying patient using acupuncture for terminal life care to relieve pain and comfort the patient. GV-26, KID-1, and TH-5 through PC-6 are recommended if a patient is in shock (collapse of *Yang*). Sometimes acupuncture may stimulate *Yang* and *Qi* and cause the animal to improve temporarily but die shortly after. In this case, warn the owner before conducting the acupuncture procedure.

Special Locations

POINTS AROUND FEET AND EYES

These points are very sensitive. Use 1/2-inch needles with 1 to 15 minutes of stimulation.

BACK-SHU POINTS BL-13 TO BL-21

The needle should not be inserted too deeply into these points. The following are recommendations by species and patient size:

- Large or fat horse: 2 inches
- Thin or small horse: 1 inch
- Large dog: 1/2 inch

- Medium sized dog: $\frac{1}{3}$ inch
- Cat or small dog: $\frac{1}{4}$ inch

SPECIAL POINTS

GV-15 and GV-16: Use caution. These are contraindicated for beginners.

CV-8: Use only moxa at this site.

SPECIAL DISEASES

1. Anemia or blood deficiency: Do not use hemoacupuncture.
2. High fever or excess heat: Do not use moxibustion.
3. Urinary incontinence: Do not needle around the caudal abdomen areas.
4. Seizure: Electroacupuncture is contraindicated.

7-10. MANAGEMENT OF POSSIBLE ACCIDENTS

A. Stuck Needle

The most commonly seen locations where the needles bend and become stuck are the back-*shu* points and the points in the limbs.

CAUSE

1. The needle is too thin (the diameter of the needle is less than 0.30 cm or #30-gauge in horses) to tolerate local muscle spasm caused because the muscles are stagnant and tight or because the animal is nervous and reacts too strongly.
2. The needle is twisted and turned in only one direction (either only to the left or only to the right).

TREATMENT

1. Do not try to forcefully pull the stuck needle out. Leave the stuck needle alone, and withdraw all other needles that are not stuck. Then gently massage the local area for one minute and try to withdraw the needle.
2. If the needle is still stuck, walk the horse or dog slowly for one minute and then massage the local area and withdraw the needle.

PREVENTION

1. Use bigger needles (the diameter of the needle over 0.35 cm or #28-gauge for horses).
2. Before needling, gently massage the local muscles if they are very painful or tight.
3. Twist the needle evenly in both directions while inserting.

B. Broken Needle

It is rare to see a needle that breaks while in a point. The possible locations where the needles break are the back-*shu* points from BL-16 to BL-20 in horses. The problem has not been seen in small animal practice.

CAUSE

1. Repeatedly using the same acupuncture needles too many times.
2. When used for aquapuncture, a hypodermic needle is too weak and fragile to tolerate local muscle spasms.

TREATMENT

1. When an acupuncture needle is broken, restrain the animal and keep the local area still. Use forceps to pull the broken needle out.
2. It is more difficult when a hypodermic needle is broken down in a point.

PREVENTION

1. Follow the “one-time use policy,” as the sterile acupuncture needles are designed to be used only once.
2. When a hypodermic needle is used, choose a 0.5-inch needle for aquapuncture of the back-*shu* points.

C. Swallowed Needle

This is a rarely seen accident. It has only been seen in canine practice.

CAUSE

Patients with a wood personality tend to want to try new experiences. When a needle is placed in the point around the mouth or lower front limb, the wood dog may pull it out and swallow the needle.

TREATMENT

Use a high-fiber diet such as chives, celery, etc. Radiographs are very useful in monitoring the location of the swallowed needle. It may take five to seven days to pass the needle.

PREVENTION

Hold or restrain the mouth when needling points around the mouth and lower portions of the front limbs.

D. Hematoma

The points where hematomas may occur after withdrawal of the needle include *Tai-yang* and *Xiong-tang*.

CAUSE

Improper needling technique: using too large a hypodermic needle or inserting the needle too deeply

TREATMENT

1. Mild hematoma (local mild swelling, but not painful) will disappear in 24 hours, thus no treatment is needed.
2. If the local swelling is severe and painful, press these areas with cotton for three minutes.

PREVENTION

1. Make sure the location of the acupuncture point is accurate.
2. Avoid too deep an insertion of the needle.

8 Acupuncture for Treatment of Musculoskeletal and Neurological Disorders

Huisheng Xie and Vanessa Preast

8-1. BI SYNDROME

Acupuncture may be an effective treatment for certain acute conditions. Musculoskeletal diseases (including arthritis, degenerative joint disease, and intervertebral disc disease) are the most common and most responsive disorders treated with acupuncture. These disorders are known as “*Bi* syndrome” in traditional Chinese veterinary medicine (TCVM).

Bi refers to stiffness and blockage of circulation. *Bi* syndrome involves pain in muscles, tendons, bones, and joints as well as difficult movement or deformation of these structures. These disorders result from invasion of wind, cold, damp, and heat. Nine types of *Bi* syndromes are observed: wind, cold, damp, heat, skin, muscle, vessel, tendon, and bone. The Western diseases such as osteoarthritis, arthritis, discospondylitis, and spondylosis fall within the first four kinds of *Bi* syndromes. Skin *Bi* is similar to dermatitis. Muscle *Bi* is similar to inflammation in muscles. Vessel *Bi* is similar to inflammation of arteries or veins. Tendon *Bi* is similar to neuralgia. Bony *Bi* is similar to arthritis, discospondylitis, spondylosis, and osteoarthritis.

Musculoskeletal problems are commonly associated with wind, cold, damp, heat, and bony *Bi* syndromes. Of these, wind, cold, damp, and heat *Bi* are excess patterns while bony *Bi* is a deficiency pattern, which includes kidney *Qi*, *Yang*, and *Yin* deficiency patterns. The cold, damp, and bony *Bi* syndromes are commonly seen in practice.

Etiology and Pathology

The exogenous pathogens wind, cold, and damp may occur when exposing to windy, cold, and wet environments for long periods of time. This is especially true after perspiration because of exercise and physical overwork. The combination of wind-cold-damp invades the body and blocks *Qi* flow in the meridians and muscles, which leads to *Bi* syndrome. As *General Question (Su Wen)* states, “Invasion of a combination of three pathogens Wind-Cold-Damp causes *Bi* syndrome.” With a *Yang* and excessive body constitution, wind-cold-damp *Bi* easily turns into heat *Bi* (fig. 8.1).

Pattern Differentiation and Treatment

Table 8.1 summarizes local acupoints for *Bi* syndrome. Table 8.2 compares most common *Bi* syndromes.

WIND BI SYNDROME

Wind *Bi* is also called wandering *Bi* (or *Xing Bi*), which is characterized by migrating pain. Wind is the dominant pathogen, but the condition is caused by a combination of wind-cold-damp.

Clinical Signs.

Rapid onset

Pain in the meridian and joints

Changing from one place to another (“pain wanders”)

Pain worsens when exposed to wind

Tongue: Pale with slightly thin coating

Pulse: Superficial (floating)

Treatment Strategies. Eliminate wind and invigorate the channels; eliminate cold and disperse damp

Acupuncture Treatment. GB-20, LIV-3, BL-17, and SP-10, plus the local points

1. GB-20: Pond of wind (*Feng-chi*), eliminates wind.
2. LIV-3: The Liver Channel *Yuan*-source point, and can invigorate *Qi* to eliminate stagnation and eliminate wind.
3. BL-17: The influential point of blood, and can invigorate and activate blood.
4. SP-10: Sea of Blood (*Xue-hai*) can invigorate and activate blood. “When blood circulates, wind will commit suicide.”

Herbal Medicine. *Fang Feng Tang* (Siler powder)

COLD BI SYNDROME

Cold *Bi* is also called painful *Bi* (*Tong Bi*), which is characterized by severe pain. The condition is caused by a combination of wind-cold-damp, but the primary pathogen is cold.

Clinical Signs.

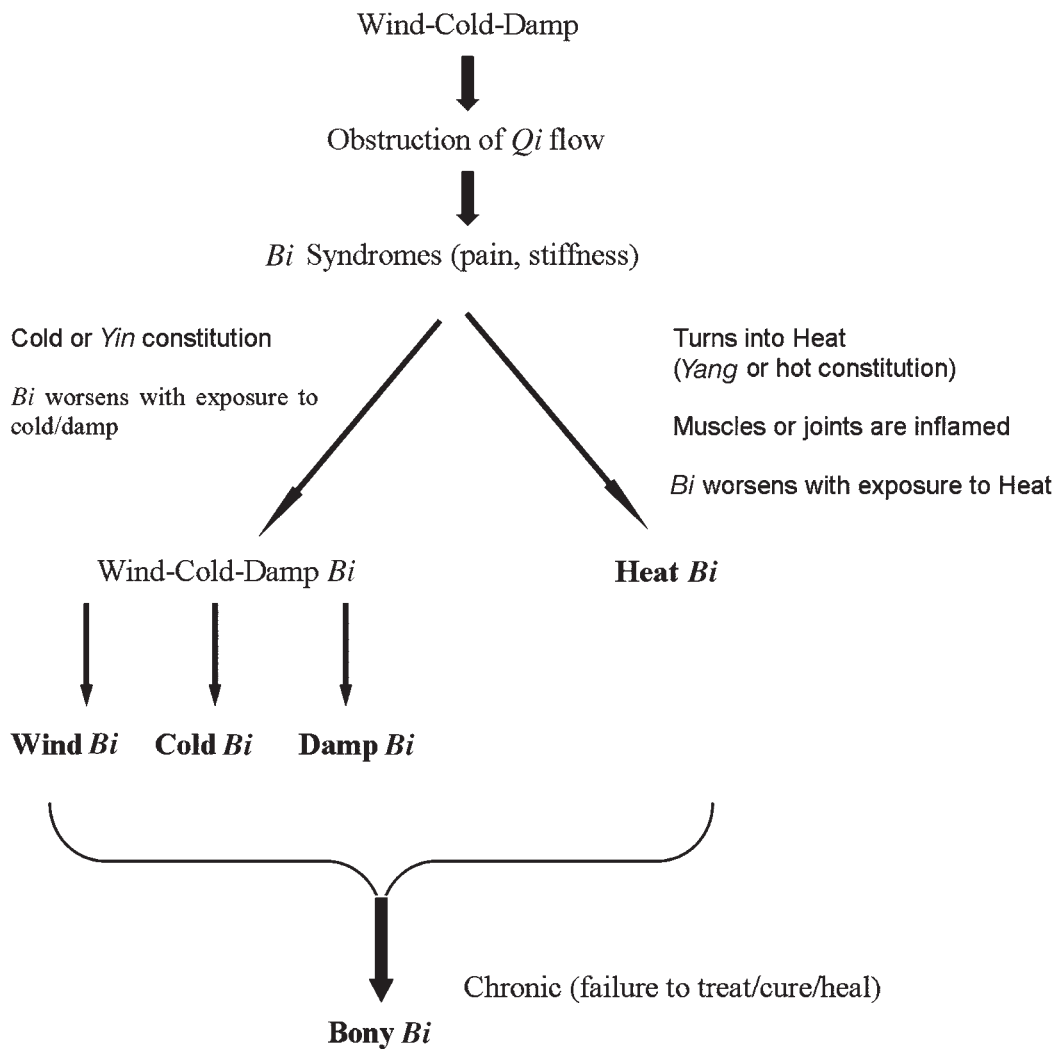
Pain in joints, difficult movement (*acute*)

Pain relief with exposure to heat

Pain exacerbated with exposure to cold

Tongue: Purple with slightly pale coating

Pulse: Wiry and slow



8.1. Etiology and pathology of Bi syndrome.

Treatment Strategies.

Warm the channel and eliminate cold.

Eliminate wind-damp.

Acupuncture Treatment. BL-23, *Bai-hui*, CV-4, *Shen-shu*, *Shen-peng*, local points. Use moxibustion or electroacupuncture.

1. BL-23, a kidney back-*shu* associate point, warms *Yang* and eliminates cold.
2. *Bai-hui* and CV-4 warms *Yang* and eliminates cold.
3. *Shen-shu* and *Shen-peng* are the classical equine points for warming *Yang* and eliminating cold.

Herbal Medicine. *Du Huo Ji Sheng Tang*

DAMP Bi SYNDROME

Damp *Bi*, also called fixed *Bi* (*Zuo Bi*), is characterized by marked stiffness and heaviness. Damp is the dominant pathogen factor even though damp *Bi* syndrome is caused by a combination of wind-cold-damp.

Clinical Signs.

Difficult movement with chronic conditions

More stiffness than pain

Pain relief with exposure to heat and dryness

Pain is exacerbated with exposure to cold-damp (weather changed)

Tongue: Greasy and pale coating

Pulse: Soft and slow pulse

Treatment Strategies.

Resolve damp and activate channel.

Eliminate wind-cold.

Acupuncture Treatment. SP-6, SP-9, ST-36, BL-20, BL-21. Combine with local points to invigorate *Qi* flow.

1. SP-6 and SP-9 resolve damp.
2. ST-36, BL-20, and BL-21 strengthen spleen to resolve damp.

Herbal Medicine. *Coix Formula* (*Yi Yi Ren Tang*)

HEAT *Bi* SYNDROME

Heat *Bi*, also called febrile *Bi* (*Re Bi*), is characterized by local inflammation and sudden onset. It may occur in myositis and immune-mediated polyarthritis.

Clinical Signs.

Pain, redness, swelling, and heat of muscles or joints

Acute onset

Fever or thirst

Tongue: Red with yellow coating

Pulse: Strong and fast pulse

Treatment Strategies.

Clear heat and activate channel.

Eliminate wind-damp.

Acupuncture Treatment. GV-14, LI-11, LI-4, ST-44, *Er-jian*, and *Wei-jian*

1. GV-14 clears heat and eliminates wind; invigorates *Yang*, *Qi*-blood.
2. LI-11 clears wind-heat and resolves swelling.
3. LI-4 clears wind-heat.
4. ST-44 is the second level (*Ying*-spring) point and can clear heat.

Herbal Medicine. *Bai Hu Si Miao Tang*

BONY *Bi* SYNDROME

Bony *Bi* is a very chronic stage of *Bi* syndrome in which the bones, including the spine, are getting affected. Hip dysplasia, degenerative joint diseases (DJD), spondylosis, and intervertebral disc diseases (IVDD) are part of this syndrome.

KIDNEY YANG DEFICIENCY**Clinical Signs.**

Difficulty getting up, walking

Coldness of the back and extremities, or soft stool

Lameness is worse in cold or damp.

Heat seeking

Tongue: Pale and wet

Pulse: Deep and weak

Treatment Strategies.

Tonify kidney *Yang*.

Eliminate wind-cold-damp.

Acupuncture Treatment. *Bai-hui*, *Jian-jiao*, BL-23, BL-11, BL-40, BL-60, GB-34, GB-39. Combine with local points.

1. *Bai-hui* warms kidney *Yang* and strengthens back.
2. *Jian-jiao* is a classical canine point for hip dysplasia.
3. BL-23 is the kidney back-*shu* associate point to tonify kidney.
4. *Shen-shu*, *Shen-peng*, and *Shen-jiao* are the equine classical points to tonify kidney.
5. BL-11 is the influential point of bones and strengthens bone.
6. BL-40 strengthens the lower back and hind limbs.
7. BL-60 disperses the wind and relaxes the muscles.

8. GB-34 is the influential point for tendons and strengthens the hind limbs.
9. GB-39 is the influential point for bone marrow to strengthen bones.

Herbal Medicine. *Loranthus Powder* (*Sang Ji Sheng San*)

KIDNEY YIN DEFICIENCY (BONE STEAMING)**Clinical Signs.**

Arthritis, weakness in back and limbs

Infection of discs, spondylitis

Difficulty getting up, walking

Cool-seeking, panting

Tongue: Red or pink

Pulse: Deep and weaker on the left side

Treatment Strategies.

Tonify kidney *Yin*.

Eliminate wind-damp.

Acupuncture Treatment. BL-23, KID-3, SP-6, KID-1, KID-6, KID-10, local points

1. BL-23 (back-*shu* associate point) + KID-3 (*Yuan*-source point) tonify the kidney.
2. SP-6, known as Three *Yin* Crossing (*San-yin-jiao*), is a general *Yin* tonic point.
3. KID-1, KID-6, and KID-10 tonify kidney *Yin*.

Herbal Medicine. *Qin Jiao San*

KIDNEY YIN AND *QI* (OR *YANG*) DEFICIENCY**Clinical Signs.**

Arthritis, weakness of back and limbs

Very chronic discs, spondylitis, or degenerative joint disease

Difficulty getting up, walking

Cool-seeking or heat-seeking

Tongue: Red, dry or pale, wet

Pulse: weak on both sides

Treatment Strategies.

Tonify kidney *Yin* and *Yang*.

Eliminate wind-damp.

Acupuncture Treatment. KID-3, KID-10, BL-23, BL-26, *Shen-shu*, *Shen-peng*, *Shen-jiao*, LIV-3, SP-6, SP-9, ST-36, LI-10, and LI-11. Combine with local points.

1. KID-3 is a *Yuan*-source point and can nourish kidney and strengthen the lower back.
2. KID-10 is the *He*-sea point and can nourish kidney *Qi* and *Yin*.
3. BL-23 is the back-*shu* associate point to tonify the kidney.
4. BL-26 tonifies the *Yuan*-source *Qi*.
5. *Shen-shu*, *Shen-peng*, and *Shen-jiao* are classical points to tonify kidney.
6. LIV-3 is a *Yuan*-source point and the third level point to break up stagnation.
7. SP-6 and SP-9 strengthen spleen and tonify *Yin*.
8. ST-36 and LI-10 are general *Qi* tonic points.
9. LI-11 dispels wind-heat and tonifies *Qi* and blood.

Herbal Medicine. *Di Gu Pi*

Table 8.1. Local Acupoints for *Bi* Syndrome

Location	Local acupuncture points
Neck area	GB-20, GB-21, BL-10, SI-16, <i>Jiu-wei</i> (nine commission)
Shoulder area	LI-14, LI-15, LI-16, SI-9, TH-14, TH-15
Carpus area	LI-4, SI-3, TH-5, LU-7, LI-6, <i>Ming-tang</i>
Hock area	BL-60, BL-62, KID-3, KID-6, LIV-4, SP-4
Pelvic limb/rear	BL-54, BL-35, BL-36, <i>Lu-gu</i>
Coxofemoral area	GB-29, GB-30, BL-54, <i>Lu-gu</i> , <i>Huan-tiao</i> , <i>Huan-zhong</i> , <i>Huan-hou</i>
Stifle area	ST-34, ST-35, ST-36, GB-33, GB-34, SP-10, SP-9, BL-39, BL-40
Elbow area	LI-10, LI-11, LU-5, TH-10, SI-8, HT-3, <i>Zhou-shu</i> (elbow associate)
Vertebral column	<i>Hua-tuo-jia-ji</i> at the lesion areas, GV-14, GV-5, GV-4, GV-3, <i>Bai-hui</i>
Front heel and feet	SI-3, PC-9, TH-1, LI-1, LU-11, <i>Qian-ti-men</i> (front hoof gate), <i>Ming-tang</i>
Hind heel and feet	BL-65, KID-1, ST-45, BL-67, GB-44, <i>Hou-ti-men</i> (hind hoof gate), <i>Lao-tang</i>

Table 8.2. Comparison of Most Common *Bi* Syndromes

Parameter	Painful <i>Bi</i>	Fixed <i>Bi</i>	Bony <i>Bi</i>	
			<i>Yang</i> deficiency	<i>Yin</i> and <i>Qi</i> deficiency
Major pathogen	Cold	Damp	Kid <i>Yang</i> deficiency	Kid <i>Yin</i> and <i>Qi</i> deficiency
Onset	Acute	Subacute	Chronic	Very chronic
Symptoms	Pain in joints, difficult movement	More stiffness than pain, difficulty moving	Coldness of back and extremities, soft stool, heat-seeking	Bone steaming, inflammation in discs, cold-seeking
Worse	With cold	With cold/damp (weather change)	With cold/damp	With heat/dryness
Better	With heat	With heat/dryness	With massage/heat	With coldness
Tongue	Purple	Greasy, pale coating	Pale/wet	Red/dryness
Pulse	Tight/wiry	Soft/slow	Deep/weak	Thready/weak
Treatment principles	Warm channels, eliminate cold, clear wind-damp	Resolve damp, activate channel	Warm and tonify kidney <i>Yang</i> , dispel wind-cold-damp	Nourish <i>Yin</i> , clear wind-damp
Acupoints	BL-23 <i>Bai-hui</i> , CV-4, local points	SP-6 SP-9 ST-36, local points	<i>Bai-hui</i> , <i>Jian-jiao</i> , BL-23/40/60, GB-34/39, local points	KID-3, LIV-3, SP-9, SP-6, LI-11, ST-36, local points
Formula	<i>Du Huo Ji Sheng Tang</i>	Coix formula	Loranthus powder	<i>Di Gu Pi</i>

Case Examples: Case 1

Tiger, a 12-year-old castrated male domestic short hair cat, presented to the acupuncture service because of limping and stiffness of his hind limbs. Three years before, he was diagnosed with osteoarthritis of his hip and spine. His Western medications, which included Rimadyl, prednisone, and Dera-maxx, made him comfortable until three weeks ago when the weather became cold. He was a mellow and easy-going cat. Recently his mobility and stiffness were getting worse. He showed lameness and weakness of both rear limbs. Exercise and cold or damp weather exacerbated the lameness. He sought warm places, and his ears, back, and extremities felt cold. His tongue was pale and wet, and his pulse was deep, slow, and weak.

TCVM DIAGNOSIS

Kidney Yang deficiency Bi Syndrome. This case is typical of *Bi* syndrome due to kidney *Yang* deficiency. The complaint of lameness and stiffness falls into *Bi* syndrome. The warm-seeking behavior, coldness of the back and extremities, weak and slow pulse, and pale and swollen tongue indicate kidney *Yang* deficiency. Rear weakness and wet tongue indicate *Qi* deficiency.

Yang deficiency occurs when *Qi* deficiency gets worse. *Yang* deficiency = *Qi* deficiency + coldness.

ACUPUNCTURE TREATMENT

Dry needling at GV-20, GV-3, GV-4, *Bai-hui*, BL-23, BL-26, KID-3, KID-1, LIV-3, ST-36, BL-54, BL-11 for 20 min. The owner uses moxibustion for 5 min each at *Bai-hui* and GV-4 daily for 10 days.

HERBAL MEDICINE

Du Huo Ji Sheng Tang, one pill, twice daily for six months

OUTCOME

Tiger was given acupuncture once every two weeks for five treatments. The owner claimed 50% overall improvement in mobility and walking after the second treatment, 80% improvement after the third treatment, and almost normal after the fifth treatment. The lameness and weakness were completely resolved after the five acupuncture treatments. He then received the “tune-up” (preventive maintenance) acupuncture once every four to six months. He has continued to show no evidence of lameness for the past three years.

Case Examples: Case 2

Dok is a 12-year-old, 56-lb, castrated male mixed breed dog. A referring veterinarian diagnosed multiple lesions of intervertebral disc disease (lumbo-sacral, thoraco-lumbar, and cervical-thoracic) and osteoarthritis of the elbow, shoulder, hip, and knees. He could walk stiffly for two minutes at a slow pace. He did not respond to Western medications including analgesics, corticosteroids, and nonsteroidal anti-inflammatory agents. No significantly sensitive points were found on palpation upon acupuncture examination. He showed no conscious proprioception deficits. He panted a lot, especially at night, exhibited cool-seeking behavior, was fearful of thunderstorms and noises, and had always lived on a boat. His personality was water. His pulse was deep and weaker on the left side. His tongue was deep red and dry.

TCVM DIAGNOSIS

Kidney Yin deficiency Bi syndrome. This is *Bi* syndrome because Dok showed stiffness and has arthritis in multiple places. The kidney *Yin* deficiency diagnosis is based on cool-seeking behavior, panting at night, deep red and dry tongue, weak left-side pulse. *Yin* deficiency may cause the body to be less tolerant of *Yang* activities such as thunderstorms and noises.

ACUPUNCTURE TREATMENT

Dry-needling technique at GV-20, SP-6, SI-9, KID-3, KID-6, LI-10 for 20 min

Electroacupuncture at the following six pairs of points for 20 min at 20 Hz: (a) BL-11, bilateral; (b) BL-23, bilateral; (c) BL-26, bilateral; (d) BL-54, bilateral; (e) GB-21, bilateral; and (f) GV-14 + *Wei-jian*

Aquapuncture using vitamin B₁₂ (0.3 cc per point), *Hua-tuo-jia-ji* at L-S, T-L, C-T.

Owner was instructed to follow up with daily acupressure on back and local joints.

HERBAL MEDICINE

Di Gu Pi, five capsules (0.5 grams per capsule) twice daily for two months

OUTCOME

Dok was initially treated using daily herbal medication and acupuncture once every two weeks for two months. He showed dramatic improvements in walking, mobility, panting at night, and attitude after the second treatment. After the fourth treatment, he was able to walk and run on the beach for 45 minutes twice daily without any problems. Then he was given acupuncture once every three months. He lived a good quality life until he passed away at 16 years of age because of renal and heart failure.

Case Examples: Case 3

Rosie, a 14-year-old, 18-lb, spayed female Finnish spitz, showed severe acute onset of back and spine pain 10 days ago. A referring veterinarian diagnosed spondylosis from T10 to L5. She fears thunderstorms and prefers warm places to lie down. Her back is hunched all the time due to the pain.

Her back is very sensitive from BL-17 to 26 on palpation. She pants and has increased thirst. She has a water personality. Her tongue is pale purple. Her pulse is deep and weak on both sides.

TCVM DIAGNOSIS

Back Qi-blood stagnation with kidney Yin and Qi deficiency Bi syndrome. The severely sore, hunched back, acute onset, and purple tongue support *Qi*-blood stagnation of the back (excess). The excess stagnation may be secondary to the underlying kidney *Yin-Qi* deficiency. Kidney *Yin* deficiency is considered due to the thunderstorm-phobia, panting, increased thirst, and weak pulses. Kidney *Qi* deficiency is based on warm-seeking behavior, pale tongue, and deep, weak pulses.

ACUPUNCTURE TREATMENT

Dry needle at GV-20, BL-40, ST-36, BL-60

Electroacupuncture at the following pairs of points for 20 min at 20 Hz: (a) BL-18, bilateral; (b) BL-21, bilateral; (c) BL-23, bilateral; (d) BL-26, bilateral; (e) *Bai-hui* + GV-14

Aquapuncture at *Hua-tuo-jia-ji* using vitamin B₁₂ (0.1 cc per point) at T-10/11/12/13, T13/L1, L1/2/3/4/5

HERBAL MEDICINE

Body Sore (*Shen Tong Zhu Yu Tang*), two pills twice daily for two months

Di Gu Pi, two pills twice daily for four months

OUTCOME

Rosie was initially treated with acupuncture once every two weeks for four treatments. The owner reported Rosie had 60% relief of back pain after the first acupuncture, and 100% relief after the fourth treatment. Rosie received tune-up acupuncture treatments every six months for three years. She looked clinically healthy when she moved from Florida to Colorado at 17 years of age.

8-2. FACIAL PARALYSIS

Facial paralysis refers motor function loss of the facial muscles innervated by the facial nerve. TCVM calls this condition *wai-zui-feng*, deviating mouth wind. As indicated by its name, facial paralysis is associated with invasion of wind. The main channels involved in facial paralysis are ST, LI, and SI as they are located in this region. This condition is characterized by acute onset in any season and age. The unilateral form is the occurrence mostly seen in horses.

Etiology and Pathology

When *Zheng Qi* is not strong enough due to overwork and stress, the weakened *Wei Qi* allows invasion of wind-cold or wind-heat to the face and meridians. This leads to blockage of *Qi*-blood and failure of *Qi*-blood to nourish the local muscles. Thus, the consequence is facial paralysis. The three *Yang* Channels including LI, ST, and SI are the ones primarily involved.

Clinical Signs.

Bilateral facial paralysis: drooping of both ears and upper and lower lips, smaller nostrils, which may fail to dilate with respiration, difficulty eating and drinking.

Unilateral facial paralysis: drooping of the lower lip and upper eyelid, drooping of the ear on the affected side, deviation of the nose and upper lip toward the normal side, salivation, protrusion of the tongue tip.

Acupuncture Treatment.

Use either electroacupuncture (EAP) or aquapuncture (AA)

1. EAP: Choose five pairs of the points below. Apply 80–120 Hz for 20–30 min once every 1–2 weeks for 3–5 treatments.
2. AA: Choose 8–10 of the points below. Use 3 ml vitamin B₁₂ per point once every 2–3 days for 5–10 treatments.

Points: ST-4, ST-5, ST-6, ST-7, ST-36, LI-18, LI-10, LI-4, SI-19, SI-18, GV-26, *Fen-shui*, CV-24.

ST, LI, and SI are three main channels that distribute *Qi* and blood in the face. Therefore, they are the key channels for treating facial paralysis. ST-4, ST-5, ST-6, ST-7, LI-18, SI-18, and SI-19 are local points from those three channels. ST-36 and LI-10 tonify *Qi* to nourish the face. LI-4 is the master point for any facial problem. GV-26, *Fen-shui*, and CV-24 are local points.

Case Example

A 10-year-old thoroughbred mare sustained traumatic injuries to the left side of her face six weeks ago. She is in-foal, has a four-month foal, and has a history of four other successful births. A referring veterinarian diagnosed her to have left facial paralysis. The major clinical complaints were drooping lips and ear. After three biweekly electroacupuncture treatments (30 min each session) at ST-4, ST-5, ST-6, ST-7, SI-18, and SI-19, and dry needle at LI-4 and LI-10, the mare showed a clinical complete recovery.

8-3. SHOULDER PAIN

Shoulder pain refers to pain and lameness of the shoulder region due to *Qi*-blood stagnation of the shoulder or chest region. TCVM calls this pain *xiong-bo-tong*.

Etiology and Pathology

Blockage of *Qi*-blood in the chest may occur with slipping, jumping, strenuous exercise, and the lack of slow walks after prolonged exercise/work. This leads to shoulder pain.

Clinical Signs.

Frequent alternation of the front feet to support the body when standing

Difficulty turning the head and neck toward the back

Oblique and careful movements when going downhill

Difficulty raising the front limb

Shorter front half stride: the front half stride length is less than the back half stride length (fig. 8.2)

Table 8.3. Diagnostic Points for Shoulder Pain

Diagnostic points	Clinical significance
SI-9	+++ Necessary point to make a diagnosis
LI-16 or 15	+++ Necessary point to make a diagnosis
TH-14	+++ Necessary point to make a diagnosis
SI-10	+ Not necessary points for diagnosis
TH-15	+ Not necessary points for diagnosis
GB-21	+ Not necessary points for diagnosis
<i>Yan-zhou</i>	+ Not necessary points for diagnosis
<i>Cheng-deng</i>	+ Not necessary points for diagnosis
LI-18	+ Not necessary points for diagnosis, if compensation from a foot problem

Tongue: Purple

Pulse: Wiry

Palpation sensitivity (see table 8.3)

TCM Diagnosis. *Qi*-blood stagnation at *Xiong-bo* (shoulder-chest)

Treatment Strategies.

Activate blood and eliminate stagnation.

Promote the *Qi* flow and stop pain.

Acupuncture Treatment.

Dry-needling at LI-1, TH-1, and SI-1

Bleeding at SI-3 or *Xiong-tang* if acute injuries

Aquapuncture at SI-9, SI-10, TH-14, LU-1, *Yan-zhou*, *Cheng-deng*

Electroacupuncture at GB-21, SI-9, SI-10, LI-14, LI-15, LI-10, LI-11 if radial nerve paralysis

Pneumoacupuncture at *Gong-zi* if muscle atrophy

Tui-na (extend forward and vibrate) the shoulder

Persistent sensitivity on LI-15 and TH-14 may indicate joint pathology.

Aquapuncture at BL-54, *Lu-gu*, and GB-29 (*Huan-tiao*) on the opposite hind limb

Herbal Medicine.

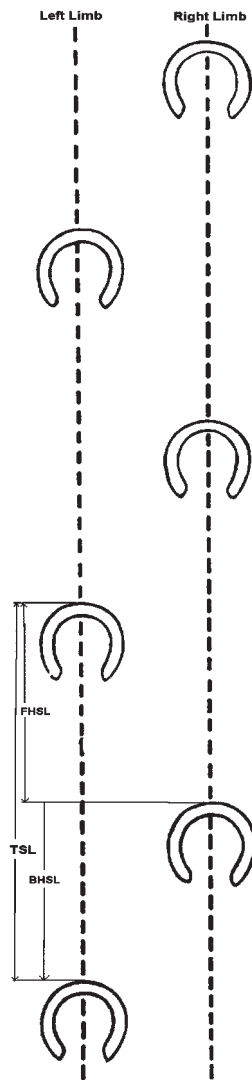
Soft-tissue injuries: Chest Formula, 15 grams, twice daily for one to two months

Joint pathology: *Sang Zhi San*, 15 grams, twice daily for one to three months

Case Example

A million-dollar, three-year-old Thoroughbred filly exhibited left-front lameness because another horse ran into her left shoulder one year ago. Since then, she has had a problem with her left-front limb. Radiographic and scintigraphic findings were within normal limits. Nerve blocks did not clear the soreness. No conclusive conventional diagnosis was made.

The lameness was nonresponsive to stall rest and conventional medications including analgesics and nonsteroidal anti-inflammatory agents. She had a 3/5 lameness of the left-front limb. TCVM examination revealed strong sensitivity on the left SI-9, SI-10, TH-14, LI-16, *Yan-zhou*, and *Cheng-deng*. Her tongue was purple, and her pulse was wiry and



8.2. Footprints of a normal stride. The total stride length (TSL) is divided by the opposite hoof into the front half stride length (FHSL) and the back half stride length (BHSL). Normally, FHSL and BHSL should be equal or close to each other.

strong. Thus, *Qi*-blood stagnation of the left shoulder was the TCVM diagnosis.

The lameness was completely gone after five weekly acupuncture treatments with electroacupuncture (bilateral GB-21, left SI-9 + LI-16, left TH-14 + LI-15, left *Yan-zhou* + SI-10) and dry needle (TH-1, LI-1 and SI-1). The Chinese herbal medicine Chest Formula was also given for two months at a dose of 15 grams twice daily. The horse won over three million dollars before she was retired from her racing career.

Figure 8.2 demonstrates the measurements of a horse's stride. The total stride length (TSL) is divided by the opposite hoof into the front half stride length (FHSL) and the back

half stride length (BHSL). Normally, FHSL and BHSL should be equal or close to each other.

8-4. SCAPULA-CHEST PAIN (*JIA-QI* PAIN)

Jia-Qi pain refers to the pain in the region around the point *Jia-Qi* (HT-1), the thoracic wall, and the scapula-shoulder.

Etiology and Pathology

Slipping, jumping, and other strenuous exercises, and sudden sprains of the scapula/shoulder cause stagnation of *Qi*-blood in the region between the thoracic wall and scapula-shoulder area, which leads to local pain.

Clinical Signs.

- Scapula anterior angle (TH-15) was lower than other side.
- The affected limb extends forward with its toe touching the ground when resting.
- Abducting when moving, difficulty on raising the affected limb
- Painful response when the affected limb touches the ground during locomotion
- Lameness and pain of the local region with exercise
- Worsening of lameness when movement continues, lameness subsides after taking rest
- Atrophied scapular muscle of the affected limb
- Palpation sensitivity: SI-9 and HT-1

TCVM Diagnosis. *Qi*-blood stagnation at *Jia-Qi*

Treatment Strategies.

- Activate blood and dissolve stagnation.
- Promote *Qi* flow and stop pain.

Acupuncture Treatment. Dry needle (DN), electroacupuncture (EA), aquapuncture (Aq), and pneumoacupuncture (PA)

1. HT-1: DN
2. SI-9 and SI-10, *Tian-Zong* and *Chong-Tian*: EA and Aq
3. *Gong-Zi*—Injection of 500–1,000 ml of air into *Gong-Zi* if atrophied: PA

8-5. ELBOW PAIN

Elbow pain occurs mainly in dogs and rarely in horses. It may result from soft-tissue injuries or local joint pathological changes.

TCVM Diagnosis.

- Qi*-blood stagnation for acute soft-tissue injuries
- Bony *Bi* syndrome for joint pathology: Kidney *Yang* deficiency or kidney *Yin-Qi* deficiency

Acupuncture Treatment.

- Qi*-blood stagnation: TH-10, SI-8, *Zhou-shu*, *Yan-zhou*, *Cheng-deng*, SI-3, LI-4, LI-1, TH-1, and TH-3
- Bony *Bi* syndrome (see *Bi* syndrome, sec. 8-1)

8-6. PARALYSIS OF THE RADIAL NERVE

The radial nerve innervates the extensors of the elbow, carpal, and digital joints, and it also supplies the lateral flexor of the carpus. Paralysis of the radial nerve inactivates these muscles. This mainly involves the TH, SI, and LI Channels. The condition primarily occurs in horses, cattle, and dogs.

Etiology

Paralysis of the radial nerve may occur from trauma, such as from a kick, from falling down, and during prolonged lateral recumbency on an operating table or on the ground. Temporary radial nerve paralysis may also occur after general anesthesia; for example, if a horse was lying on its side for a long time.

Clinical Signs.

Complete or incomplete paralysis of the radial nerve:

Complete Paralysis. This condition presents with the following signs: (1) forward extension of the affected limb with its toe touching the ground, (2) high extension of the shoulder joint, (3) drooping of the elbow joint, and (4) flexing of the carpal and digital joints. The affected limb appears to be longer than the opposite limb. If the foot of the animal's affected leg is placed to support its body weight, it can bear the weight without difficulty. The affected limb is difficult to lift without dragging the limb while moving. The pain sensitivity in the affected area decreases. Prolongation of this problem may cause local muscle atrophy.

Incomplete Paralysis. This condition has the following signs: (1) little lameness is exhibited when walking slowly, (2) no obvious abnormal signs are noted at rest, (3) there is insufficient extension of the joints of the affected limb when moving, (4) the joints flex when the affected limb touches the ground, and (5) the lameness worsens with a rapid walk. The animal may stumble if the foot encounters an obstacle as the toe catches and the foot does not land flat.

TCVM Diagnosis. *Qi* stagnation

Treatment Strategies.

Activate blood and ease tendons and muscles.

Invigorate the meridians.

Acupuncture Treatment.

Apply three to five acupuncture treatments with one session every one to two weeks.

Dry needle or aquapuncture: SI-9, *Zhou-shu*, *Chong-tian*, and trigger points (*A-shi* points)

Electroacupuncture (EA) at the following pairs of points with 30 min stimulation using 20 Hz (15 min) and 80–120 Hz (15 min): (a) SI-10 + GB-21, (b) *Tian-zong* + LI-10, (c) TH-15 + BL-13, (d) TH-9 + TH-5, (e) LI-4 + LI-11.

8-7. CARPAL PAIN

Carpal pain is usually caused by local soft-tissue strains and contusions. This includes check ligament injuries,

Table 8.4. Diagnostic Points for Carpal Pain

Diagnostic points	Clinical significance
<i>Hua-tuo-jia-ji</i> at C4*	+++ Necessary point
LI-17	+++ Necessary point
BL-13/14/22/25	+ Not necessary point

**Hua-tuo-jia-ji* at C4 is also called carpal point.

osteoarthritis in dogs and cats, and carpal fractures in racing horses. Acupuncture can be effective for both acute strains or contusions and chronic arthritis. For fractures, using acupuncture with surgery can be beneficial to assist postoperative pain management, to promote the healing process, and to prevent subsequent arthritis.

Etiology

Slipping, jumping, other strenuous exercise, and the lack of a slow walk after prolonged exercise or work can cause blockage of *Qi*-blood in the carpal regions, which leads to pain. Carpal osteoarthritis can be a slow development of *Bi* syndrome (see *Bi* Syndrome, sec. 8-1).

Clinical Signs.

Lameness of lower front limb

Head-nodding on the horizontal level

Tongue: Purple or pale purple

Pulse: Wiry

Palpation sensitivity (see table 8.4)

TCVM Diagnosis. *Qi*-blood stagnation pattern

Treatment Strategies.

Activate blood and eliminate stagnation.

Promote the *Qi* flow and stop pain.

Acupuncture Treatment.

Dry needle (DN) at LI-1, TH-1, and LU-11

Aquapuncture or/and electroacupuncture at TH-4, TH-5, PC-6, BL-11, BL-23, SI-9

Trigger points (*A-shi* points) if they still exist after the first and second acupuncture procedures: dry-needling (DN)

If acute, use hemoacupuncture at SI-3.

Herbal Medicine. Topical application of herbal medicine, once daily for 10–20 days

1. Soreness Salve: massage into the skin for 5–10 minutes per day.
2. Keep wrapped for 12 hours on and 12 hours off.

8-8. BUCKED SHINS

Bucked shins refers to inflamed and painful conditions of the front (dorsal surface) of the cannon bone (the third metacarpal bone) in the front limb. It is sometimes called shin soreness and is common in young racehorses in their first year of race training. Bucked shins usually occurs bilaterally, but sometimes only one side is affected. Reports indicate that the incidence of bucked shins can be as high as 70% in two-year-old Thoroughbred racehorses.

Etiology and Pathology

Suddenly starting intensive training or racing, especially on dirt surfaces (instead of grass surfaces), before regularly engaging in moderate exercise leads to *Qi*-blood stagnation of the cannon bone. The main channels affected by bucked shins are TH and SI.

Clinical Signs.

Sudden onset of a painful response to palpation of the metacarpus

Almost always occurs immediately after fast-speed training or racing

Unwillingness to work at fast speed

Mild to moderate lameness, which is worse on hard surfaces

Heat and pain localized to the dorsal aspect of middiaphysis or near the junction of the proximal and middle thirds of the diaphysis

In severe cases, soft-tissue thickness and swelling becomes visible on the dorsum of the cannon bone.

Sensitive points include LI-16, SI-9, TH-15, TH-16, opposite BL-54 and *Lu-gu* if only one side is affected

Tongue: Pale

Pulse: Deep

TCVM Diagnosis. Blood stagnation at the third metacarpal bone with kidney *Jing* deficiency

Treatment Strategies.

Move *Qi* and blood.

Resolve stagnation and relieve pain.

Acupuncture Treatment.

Use three to five treatments, one to four weeks apart.

Dry needle at TH-1, SI-1, SI-3, SI-4, LI-4, HT-8

Electroacupuncture or aquapuncture at SI-9, GB-21, BL-11, BL-23, *Shen-shu*

Herbal Medicine. Body Sore (*Shen Tong Zhu Yu*), 15 grams twice daily for two months

Training Program.

1. For the first three to four weeks, confine the horse to a stall and hand-walk for 20 minutes twice daily until the heat, pain, and lameness are completely resolved.
2. Gradually increase exercise training regime (slow work, mild training, moderate training, and then galloping).

Case Example

A two-year-old Thoroughbred colt presented with an acute onset of bucked shins after his first race. Both his left and right front cannon bones were swollen, hot, and very painful on palpation. The left side was worse than the right side. His left LI-16, TH-15, SI-9, and right BL-54 *Lu-gu* were very sensitive (4/5) on palpation. His right LI-16 and left BL-54 were mildly sensitive (1/5) on palpation. His tongue was purple and his pulse was wiry. No other abnormal clinical signs were found. The TCVM diagnosis was blood stagnation of the cannon bones. Electroacupuncture

was performed at the following pairs of points: bilateral BL-54, bilateral *Shen-shu*, LI-16 + PC-1, left SI-3 + HT-7, left LI-4 + LU-10, left GB-21 + SI-9. Dry-needle acupuncture was performed at *Bai-hui*, TH-1, and SI-1. The lameness and local conditions completely resolved with three weekly acupuncture treatments, stall rest, and 20-minute hand-walking. After gradually moving through mild, moderate, and normal training schedules, the horse began racing normally.

8-9. SPLINTS

Splints refer to bony swellings on the splint bone (either the second or fourth metacarpal bone) or on the side of the cannon bone. Splints include hot splint (inflamed and painful), cold splint (a bony swelling without heat and pain), and blind splint (interosseous ligament). They are a common problem of growing horses.

Etiology and Pathology

A direct injury, such as a kick from the opposite foot or from other horses, traumatizes the surface of the splint bone. This leads to stagnation of *Qi*-blood and pain. Stagnation of *Qi*-blood can turn into heat. Most splints occur along the course of the LU and LI Channels.

Clinical Signs.

Sudden onset

Mild (1–2/5) lameness

Heat, pain, and bony swelling (hot splint)

Only bony swelling (cold splint)

Sensitive points: BL-13 and LI-15

Tongue: Purple

Pulse: Fast and wiry

TCVM Diagnosis. *Qi*-blood stagnation at heat

Treatment Strategies.

Move *Qi*-blood to resolve stagnation.

Clear heat and relieve pain.

Acupuncture Treatment.

Use three to five treatments, one to four weeks apart.

Dry needle at TH-1, SI-1, SI-3, LU-11, LU-10, LI-4, LI-11, LU-1, PC-8

Electroacupuncture or aquapuncture at LI-15, GB-21, BL-11, BL-23, *Shen-shu*

Herbal Medicine.

Oral: Body Sore, 15 grams twice daily for two months

Topical: Relief Salve, rub over the affected area for 15 min a day for 10 days

Training Program.

For the first one to two weeks, confine the horse to a stall and hand-walk for 30 minutes twice daily until the heat, pain, and lameness are completely resolved.

Gradually increase exercise training regime (slow work, mild training, moderate training, and then gallop)

8-10. TENDON AND LIGAMENT PROBLEMS

Tendon and ligament problems are disorders of *Jin*. *Jin* refers to tendons, ligaments, fascia, myofascia, and sinews. Disorders of *Jin* include check ligament injuries, suspensory ligament damage, torn cruciate ligaments, tendonitis (bowed tendons), contracted tendons, and tendosynovitis. These are the most commonly seen soft-tissue injuries in dogs and performance horses. The liver controls *Jin*, thus tendon and ligament conditions are related to liver disharmony. An animal with a wood constitution is prone to have tendon and ligament conditions.

Etiology and Pathology

Jin refers to the main tissues linking the joints and muscles and is the means for movement of the limbs. Its capacity to contract and relax depends on nourishment and moisture from the liver blood and *Yin*. If the liver blood and *Yin* are abundant, the *Jin* will be moistened and nourished thus ensuring smooth joint movement and good muscle action. Deficient liver blood or *Yin* fails to moisten and nourish *Jin*, which predisposes tendon and ligaments to injury due to improper training, excessive exercise, improper shoeing, and excessive heel trimming. Injury of tendons and ligaments blocks *Qi* flow, which leads to local stagnation and results in pain and lameness.

Clinical Signs.

Lameness or very painful local injuries
Compensatory hind limb lameness or opposite front limb lameness
Poor growth of hoof, weakness of ligament or tendons
Tongue: Pale or red and dry
Pulse: Wiry or thin and weak
Palpation sensitivity (see table 8.5)

TCVM Diagnosis. *Qi*-blood stagnation, liver blood or *Yin* deficiency

Treatment Strategies.

Move *Qi*-blood to stop pain.
Nourish liver blood to strengthen *Jin*.

Acupuncture Treatment. GB-34, BL-18/19, BL-17, SP-10, BL-23, KID-3, LIV-3

1. Bowed or contracted tendon of front limb: add LI-4, TH-1, TH-2, TH-3, SI-3, PC-9, PC-8, LU-10, HT-7, *Xi-mai*, *Ming-tang*, *Qian-ti-men*
2. Bowed or contracted tendon of hind limb: add SP-3, LIV-1, LIV-3, ST-45, ST-44, ST-43, KID-1, BL-65, BL-66, BL-67, GB-44, GB-42, GB-43
3. Torn cruciate ligament: add GB-32, GB-33, ST-34, ST-35, ST-36, SP-9, BL-40, LIV-8, KID-1.

Herbal Medicine.

Topical: Massage Relief Salve into the skin for 5–10 minutes per day once daily for 10–20 days. Keep it wrapped for 12 hours on and 12 hours off.

Table 8.5. Diagnostic Points for Tendon and Ligament Problems

Diagnostic points	Clinical significance
TH-15	+++ Necessary point
SI-16	+++ Necessary point
BL-14/15	+ Not necessary point
BL-18/19	+ Not necessary point; wood constitution

Oral: Tendon/Ligament Formula 15 grams twice daily for three months in horse, or 0.5 gram per 10 lbs. body weight twice daily in dog.

8-11. FETLOCK AND PASTERN PAIN

Fetlock and pastern pain are usually caused by local soft-tissue strains and contusions (including suspensory ligament injury), degenerative joint disease, or bony proliferation (ringbone at pastern).

Etiology and Pathology

Improper training, too excessive exercise, and improper shoeing generate excessive tension and strain on the local structures and lead to blockage of *Qi*-blood, resulting in pain and lameness. Local osteoarthritis and ringbone can be slow processing of *Bi* syndrome (see fig. 8.1). Kidney deficiency is prone to having this problem as the kidney control bones.

Clinical Signs.

Lameness at fetlock or pastern, or very painful on palpation
Head-nodding at the lower position
Shorter back half stride: FHSL > BHSL (see fig. 8.2)
Tongue: Purple or pale purple
Pulse: Wiry or deep and weak
Palpation sensitivity (see table 8.6)

TCVM Diagnosis. *Qi*-blood stagnation pattern with kidney deficiency

Treatment Strategies.

Activate blood to eliminate stagnation.
Promote the *Qi* flow to stop pain.
Tonify the kidney to strengthen bones.

Acupuncture Treatment. BL-11, BL-23, BL-26, *Shen-shu*, *Shen-peng*, *Shen-jiao*

1. Front limb: LI-1, TH-1, SI-1, *Ming-tang*, SI-3, LI-4, SI-9
2. Hind limb: ST-45, GB-44, SP-3, BL-67, BL-66, BL-67, GB-42, GB-43, *Lao-tang*

Table 8.6. Diagnostic Points for Fetlock and Pastern Pain in the Front Limb

Diagnostic points	Clinical significance
TH-16	+++ Necessary point
LI-17 or LI-16	+++ Necessary point
BL-13, SI-16, opposite BL-25	+ Not necessary point

Herbal Medicine.

Oral: Administer *Sang Zhi San*, 15 grams twice daily for three months. Ringbone: Bone Stasis, 15 grams twice daily for three months.

Topical: Apply Relief Salve, once daily for 10–20 days. Massage into the skin for 5–10 minutes per day. Wrapped for 12 hours on and 12 hours off.

8-12. HEEL AND HOOF PAIN

Heel and hoof problems include laminitis, navicular disease, local soft-tissue injuries, and compensatory pain from shoulder pain. These mostly occur in wood constitution horses.

Etiology and Pathology

Heel and hoof pain can be caused by two factors: (1) external force and (2) internal injury.

1. *External force:* Slipping, jumping, and strenuous exercise cause blockage of *Qi*-blood in the heel and foot regions, which leads to pain and lameness.
2. *Internal injury:* Carbohydrate-rich food in addition to the lack of exercise and water intake can result in blockage of *Qi* in the gastrointestinal tract. This generates endogenous toxins in the spleen system. Endogenous toxins are absorbed in blood of the liver system and then spread to the hooves of the liver system, leading to hoof pain and “founder.”

Clinical Signs.

Lameness at the hoof or very painful on palpation of hoof
 Difficulty walking or lying on solid ground
 Shorter back half stride: FHSL > BHSL (see fig. 8.2)
 Head-nodding at the lower position
 Tongue: Purple or red purple
 Pulse: Wiry or forceful
 Palpation sensitivity (see table 8.7)

TCVM Diagnosis. *Qi*-blood stagnation pattern

Treatment Strategies.

Activate blood and eliminate stagnation.
 Promote the *Qi* flow and stop pain.

Acupuncture Treatment. Dry needle or aquapuncture at BL-18, BL-19, BL-11, and *Bai-hui*

Table 8.7. Diagnostic Points for Heel and Hoof Pain in the Front Limb

Diagnostic points	Clinical significance
LI-18	+++ Necessary point
PC-1	+++ Necessary point
BL-13 + BL-25	+ Not necessary point; medial foot
BL-15 + BL-27	+ Not necessary point; lateral foot
BL 14	+ Not necessary point; heel
LI-15/16 or SI-9	+ Not necessary point; secondary shoulder pain

Front Limb:

1. Dry-needling TH-1, HT-9
2. Electroacupuncture at the following pairs of points for 20 min at 20 Hz. Tape or wrap these needles to help them remain in position.
 - a. *Qian-ti-men* on the same side as the affected limb
 - b. PC-9 bilateral
 - c. LI-1 + LI-3 on the affected limb
 - d. SI-1 + SI-3 on the affected limb
 - e. LU-11 + LI-15 on the affected limb
 - f. GB-21 + TH-15 on the affected limb
 - g. SI-9 + TH-14 if shoulder pain is involved
3. Aquapuncture at trigger points

Hind Limb:

1. Dry-needling LIV-1, LIV-3
2. Electroacupuncture at the following pairs of points for 20 minutes at 20 Hz. Tape or wrap these needles to help them remain in position.
 - a. *Hou-ti-men* on the same side of the affected limb
 - b. KID-1 bilateral
 - c. BL-67 + BL-65 on the affected limb
 - d. GB-44 + GB-42 on the affected limb
 - e. SP-1 + SP-3 on the affected limb
 - f. BL-54, bilateral
 - g. *Shen-shu*, bilateral
3. Aquapuncture at trigger points

Acute Laminitis:

Hemoacupuncture at *Qian-chan-wan*, *Xiong-tang*, and TH-1 for the front limb, hemoacupuncture at *Hou-chan-wan*, *Qu-chi*, and ST-45 for the hind limb.

Herbal Medicine.

Topical: Apply Four Herbs Salve, once daily for 10–14 days, wrapped for 12 hours on and 12 hours off.

Oral: Administer Hot Hoof II, 30–100 grams, twice daily for 1–3 months. For chronic conditions: Hot Hoof I, 15–30 grams, twice daily for 2–5 months.

Case Example

A 15-year-old, quarterhorse-thoroughbred-cross pleasure horse presented with a three-month history of left-front lameness. The referring veterinarian diagnosed navicular disease of the left-front limb with radiograph and nerve blocks. The horse had 3/5 lameness of the left-front limb. He was sensitive to palpation (4/5) at LI-18, left PC-1, and left BL-13. He had a bilateral sensitivity (2/5) at BL-18/19 and left LI-15/16. His tongue was purple, and his pulse was wiry. His constitution was wood. The TCVM diagnosis was *Qi*-blood stagnation of the left-front foot. Even though radiographs showed only mild improvement of bony structure changes, his lameness was completely resolved by the third biweekly acupuncture and herbal treatment, including:

1. Dry needling at BL-18/19 and *Bai-hui*

2. Electroacupuncture: 20 Hz, 20 minutes
 - a. PC-9 bilateral
 - b. *Shen-shu*, bilateral
 - c. left *Qi-ti-men*
 - d. left LI-1 + SI-3
3. Aquapuncture: SI-9, PC-9, bilateral
4. Topical herbal application: Four Herbs Salve rubbed around the coronary band of left front foot, once daily, wrapped for 12 hours on and 12 hours off for 21 days

He returned to normal pleasure riding (45 to 60 minutes twice weekly) without lameness for three years.

8-13. HIP PAIN

Hip pain includes soft-tissue injuries around sacropelvic and gluteal region, degenerate joint disease, subluxation of sacroiliac and coxofemoral joints, hip dysplasia, and compensatory pain from a front lameness.

Etiology and Pathology

Sprains and contusions due to improper training and sliding lead to *Qi* blockage at the hip. This results in *Qi*-blood stagnation and lameness. Local osteoarthritis and hip dysplasia can be slowly progressing *Bi* syndrome (see *Bi* Syndrome, sec. 8-1). Because the kidney controls the rear and bones, patients with kidney deficiency are prone to this problem.

Clinical Signs.

Forward extension of the affected limb with its toe touching the ground

Difficulty raising the affected limb

Dragging the limb when walking, difficulty backing up

Obvious pain when the affected limb steps on the ground

Prolongation of the problem may result in atrophy of the gluteal muscles.

Tongue: Purple or pale purple

Pulse: Wiry or deep and weak

Palpation sensitivity (see table 8.8)

Treatment Strategies.

Activate blood.

Ease the tendons and muscles.

Invigorate the meridians.

Table 8.8. Diagnostic Points for Hip Pain

Diagnostic points	Clinical significance
BL-54, or <i>Lu-gu</i>	+++Necessary point
BL-53	+++Necessary point
<i>Huan-tiao</i> , <i>Huan-hou</i> , or <i>Huan-zhong</i> (or GB-29/30)	+++Necessary point
<i>Shen-shu</i> , <i>Shen-peng</i> , <i>Shen-jiao</i>	+Not necessary point
BL-23 to BL-26	+Not necessary point
GB-20 or GB-21	+Not necessary point
<i>Ba-jiao</i> or BL-36	+Not necessary point

Acupuncture Treatment.

Dry needle or aquapuncture at *Bai-hui* and *Yan-chi*

Dry needle GB-44, ST-45, BL-67/60

Aquapuncture or electroacupuncture at *Shen-shu*, *Shen-jiao*, BL-54, *Lu-gu*; add GB-29/30 or *Huan-tiao*/*Huan-zhong*/*Huan-hou*, BL-11 if pathogenic changes.

Pneumoacupuncture at BL-54/BL-36 if muscle atrophy

Gold bead implants can be used for very chronic conditions.

Herbal Medicine.

1. *Topical*: Apply Relief Salve

2. *Oral*: Administer herbal medicine

Soft-tissue soreness: Body Sore (*Shen Tong Zhu Yu*), 15 grams for horses, or 0.5 gram per 10 lbs. body weight for dogs/cats twice daily for 1–3 months

Cold Bi:

- Horses: Equine *Du Huo*, 15 grams twice daily for 1–3 months

- Dogs: Hip dysplasia in dogs—Dok's Formula, 0.5 grams (1 cap), twice daily for 1–3 months

Damp Bi: Coix Formula

Kidney Yang deficiency: Loranthus Powder, 15 grams for horses, or 0.5 grams per 10 pounds body weight for dogs/cats, twice daily for 1–3 months

Kidney Yin deficiency: *Qin Jiao San*, 15 grams for horses, or 0.5 grams per 10 lb body weight for dogs/cats, twice daily for 1–3 months

Kidney Yin + Qi (Yang deficiency): *Di Gu Pi*, 15 grams for horses, or 0.5 grams per 10 lb body weight for dogs/cats, twice daily for 1–3 months.

Case Example

A 16-year-old Thoroughbred broodmare presented with severe rear lameness. She had a history of hip fracture and tendonitis during her racing career 10 years before. She had three normal foals. Her lameness grade was 4/5 in her right-rear limb. Her right BL-54, right BL-53, right *Lu-gu*, right *Huan-tiao*, right *Huan-hou* were very sensitive (++++) or 4/5) on palpation. Her constitution was earth. Her tongue was purple, swollen, and wet. Her pulse was deep and weak. Because of her famous genetic traits, the goal was to make her comfortable enough to be ready for the next breeding season. The TCVM diagnosis was *Qi*-blood stagnation of the hip with kidney *Qi* deficiency. She became pasture-sound after three acupuncture treatments and herbal medicines as follows:

1. Dry needling at *Bai-hui*, BL-67, GB-44, ST-45
2. Electroacupuncture: 20 Hz, 20 minutes
 - a. *Shen-shu*, bilateral
 - b. BL-54, bilateral
 - c. BL-40 + BL-35, bilateral
 - d. Left BL-38 + coxa stifle point
 - e. Right *Lu-gu* + GB-29
3. Oral herbal administration of Body Sore, 15 grams twice daily for three months

To date, she has had five normal foals and is currently in-foal after the above TCVM treatments.

8-14. SCIATIC AND FEMORAL NERVE PARALYSIS

The sciatic and femoral nerves innervate the sacropelvic area, rump, and gluteal region. According to TCVM, the cause, diagnosis, and treatment of paralysis are similar for both nerves. Femoral nerve paralysis may result from a blow to the side of the hip or thigh. Occasionally, it occurs in mares after difficult foaling if the sacroiliac joint is damaged. Sciatic nerve paralysis may result from local trauma including external forces and improper intramuscular injections.

Clinical Signs.

History of injuries in the sacropelvic area
Lack of skin sensation
Inability to bring the leg forward
Tongue: Pale
Pulse: Weak

TCVM Diagnosis. *Qi* stagnation

Acupuncture Treatment.

Five to seven acupuncture treatments, one session every one to two weeks

Dry needle or aquapuncture: GB-44, ST-45, KID-1

Electroacupuncture (EA) at the following pairs of points for 30 min using 20 Hz (15 min) and 80–120 Hz (15 min): (a) *Bai-Hui* + GV-1 or *Wei-jian*; (b) BL-54, bilateral; (c) *Ba-jiao*, bilateral; (d) ST-36 + *Huan-tiao* or GB-29 on the same side; (e) BL-36 + ST-34 on the same side

8-15. STIFLE PAIN

The stifle region contains a fairly complex joint with numerous ligaments. Stifle pain refers to soft-tissue injuries (including patellar, crutiate, and collateral ligaments), bone cysts, upward fixation (locking) of the patella, degenerate joint disease of the stifle joint, and osteochondrosis dissecans (OCD).

Etiology and Pathology

Direct trauma, improper training or exercise, improper shoeing, compensation from sacroiliac subluxation, or hock pain can lead to *Qi* blockage in the stifle region. This results in *Qi*-blood stagnation and pain. Stifle osteoarthritis can be chronic progression of *Bi* syndrome (see *Bi* Syndrome, sec. 8-1). Patients with kidney deficiency are prone to having this problem as the kidney controls the rear and bones. OCD is a defect of developing bone in young horses due to kidney *Jing* deficiency. Locking of the patella refers to the condition in which the medial patellar ligament catches on the large medial condyle of the femur resulting in an inability to flex the stifle. Stifle bone cysts are cavities in the bone just beneath the joint cartilage on the bottom of the femur. Spleen and

Table 8.9. Diagnostic Points for Stifle Pain

Diagnostic points	Clinical significance
<i>Dan-tian</i> or <i>Ju-liao</i>	+++ Necessary point
SP-13 or ST-31	+++ Necessary point
<i>Yang-ling</i>	+++ Necessary point
BL-36 to BL-38	+ Not necessary point
ST-10	+ Not necessary point
<i>Qi-hai-shu</i> , BL-20, BL-21, BL-22	+ Not necessary point
BL-30	+ Not necessary point

Stomach Channels are the main meridian systems that are involved in stifle pain.

Clinical Signs.

Moderate to severe stifle lameness
Local region very painful on palpation
Unable to flex the leg (locking of the patella) or joint instability (cruciate ligament injuries)
Tongue: Purple or pale purple
Pulse: Wiry or deep and weak
Palpation sensitivity (see table 8.9)

TCVM Diagnosis. *Qi*-blood stagnation with kidney deficiency

Treatment Strategies.

Activate blood to resolve stagnation.
Move *Qi* to stop pain.
Tonify kidney to strengthen bones.

Acupuncture Treatment.

Dry needle at *Bai-hui*, ST-45, GB-44

Electroacupuncture at the following pairs of points: (a) BL-54, bilateral; (b) BL-20 or BL-21, bilateral; (c) *Dan-tian* + *Ju-liao* at the same side for the horse; (d) ST-34 + GB-34 at the same side; (e) SP-10 + ST-36 at the same side; (f) *Yang-ling* + BL-40

- For OCD, DJD, or bone cysts, add BL-11, BL-23, KID-3, KID-10.
- For ligament injuries, add LIV-8, GB-32, GB-33, LIV-3, LIV-8.
- For locking of patellar, add ST-35, ST-32, *Hou-fu-tu*, *Xiao-kua*.

Aquapuncture at BL-36, BL-37, BL-38, or other trigger points

Herbal Medicine.

Topical: Apply Relief Salve

Oral: Administer

- a. General pain management: Body Sore
- b. DJD: *Sang Zhi San*
- c. OCD: *Yi Zhi Ren*
- d. Ligament injuries: Tendon/ligament Formula
- e. *Yang* deficiency, add *Ba Ji San*
- f. *Yin* deficiency, add *Qin Jiao San*
- g. *Yin-Qi* deficiency, add *Di Gu Pi*
- h. Kidney *Jing* deficiency, add Epimedium Powder

8-16. HOCK PAIN

The hock is the most common site of hind limb lameness. Hock pain refers to local soft-tissue injuries, bog spavin, synovitis, and bone-and-cartilage fragments (including OCD, bone spavin, DJD, tendonitis, thoroughpin, curb, extensor tenosynovitis, cunean bursitis, and stringhalt). Bog spavin is a nonpainful, fluidy swelling at the front and sides of the hock region. Thoroughpin is a soft, fluid-filled swelling at the back of the hock. Curb is a small, firm swelling at the back of the leg. Stringhalt is an abnormal gait with involuntary and exaggerated flexion (hyperflexion) of the hock of one or both hind limbs.

Etiology and Pathology

Improper training, excessive performance, and direct external force can cause acute hock injuries leading to *Qi*-blood stagnation and hock pain. Local osteoarthritis can be a chronic progression of *Bi* syndrome (see *Bi* Syndrome, sec. 8-1). Patients with kidney deficiency are prone to having this problem as the kidney controls the rear limb and bones. However, the Gallbladder and Liver Channels are commonly involved in hock pain. In addition, the Spleen and Bladder Channels are occasionally involved.

Clinical Signs.

Moderate to severe hock lameness

Local region very painful on palpation

Swelling of the back (thoroughpin) or sides and front (bog spavin) of the hock

Tongue: Purple or pale purple

Pulse: Wiry or deep and weak

Palpation sensitivity (see table 8.10)

TCVM Diagnosis. *Qi*-blood stagnation with kidney deficiency

Treatment Strategies.

Activate blood to resolve stagnation.

Move *Qi* to stop pain.

Tonify kidney to strengthen bones.

Acupuncture Treatment.

Dry needle at *Bai-hui*, BL-67, GB-44, LIV-1, KID-1

Electroacupuncture or aquapuncture at the following points:

Yan-chi, *Shen-jiao*, *Dan-tian*, *Ju-liao*, BL-54, BL-35, BL-39, BL-60

Table 8.10. Diagnostic Points for Hock Pain

Diagnostic points	Clinical significance
GB-27 or <i>Yan-chi</i>	+++Necessary point
BL-35	+++Necessary point
BL-39	+++Necessary point
BL-17, BL-18, or BL-19	+Not necessary point
GB-20 or GB-21	+Not necessary point
BL-23 or <i>Shen-shu</i>	+Not necessary point
BL-27 or BL-28	+Not necessary point

Herbal Medicine.

Topical: Apply Relief Salve, 10–20 days, wrapped on 12 hours, and off 12 hours

Oral: Administer *Sang Zhi San* 15 grams for horses, or 0.5 gram per 10 lbs. body weight for dogs/cats twice daily for one to three months

- For general pain management, add *Body Sore*.
- If Yang deficiency, add *Ba Ji San*.
- If Yin-*Qi* deficiency, add *Di Gu Pi*.
- If OCD, add *Yi Zhi Ren*.

Case Example

A 27-year-old Arab gelding presented with a chronic lameness of the right-rear limb. He was a school riding horse for young children. He had a 5-year history of right-hock injuries. The referring veterinarian diagnosed hock DJD and bone spavin based on nerve blocks and radiographs. Recently, his lameness had worsened, and he was pulled out of the riding school. He showed 3/5 lameness of left rear limb. His left hock was swollen and very painful on palpation. He was of a water constitution. His sensitive acupuncture points include: right GB-27 (++++), right BL-23 (++++), right *Shen-shu* (++++), right BL-35 (++++), right BL-39 (++++), left BL-54 (++) , and left *Lu-gu* (++) . His tongue was pale, swollen, and wet. His pulse was deep and feeble. He looked skinny and depressed. He was diagnosed with right-hock *Qi*-blood stagnation with kidney *Qi* deficiency. He was treated with electroacupuncture at BL-23, BL-26, BL-54, BL-35, BL-39, BL-60, GB-27, and *Yan-chi*, and dry-needle at *Bai-hui*, BL-67, and GB-44. He showed only 1/5 lameness after three treatments, and he became performance sound after five acupuncture treatments.

8-17. CERVICAL *BI*/SYNDROME AND WOBBLER'S SYNDROME

Cervical *Bi* syndrome includes local soft-tissue injuries, cervical stiffness, and cervical vertebral malformation (CVM, or Wobbler's syndrome). Wobbler's syndrome refers to abnormalities of the cervical vertebrae, which cause a compression of the spinal cord.

Etiology and Pathology

Cervical *Bi* syndrome is *Qi*-blood stagnation at the neck region. A traumatic incident, such as a fall or collision, can cause a blockage of *Qi* flow leading to *Qi*-blood stagnation in the neck. Prolonged travel in a trailer results in a lack of cervical movement and exercise, which can also lead to *Qi*-blood stagnation of the neck. An external pathogenic invasion of Wind-Damp-Cold can also cause *Qi*-blood stagnation in the neck. Patients with kidney *Jing* deficiency who already have abnormal joint and soft tissues are prone to cervical *Bi* syndrome.

In young animals, Wobbler's syndrome appears to be secondary to inherited malformations and misarticulations of the cervical vertebrae. In small animals, this is accentuated

by high-protein diets. In older animals, it appears to be secondary to chronic degenerative disc disease. Cervical *Bi* (including Wobbler's) syndrome can be divided into two patterns: *Qi* stagnation and blood stagnation. All seven *Yang* Channels (GV, GB, BL, TH, SI, LI, ST) are distributed in the neck region, thus, they are involved in cervical stiffness and Wobbler's syndrome.

Pattern Differentiation and Treatment

Qi STAGNATION

Clinical Signs.

Mild neck pain on palpation/manipulation, or mild evidence of ataxia, possibly in only the hind limbs

Cervical stiffness

No abnormal radiographic evidence

Tongue: Purple or pale purple

Pulse: Wiry

TCVM Diagnosis. *Qi* stagnation with kidney *Jing* deficiency

Treatment Strategies.

Move *Qi*.

Invigorate blood.

Relieve stagnation.

Acupuncture Treatment. GB-20, BL-10, SI-16, LI-18, GV-14, TH-16, TH-15, SI-3, BL-62, BL-67, GB-44, SI-1, TH-1, LU-7, *Jiu-wei*, *Chou-jin*

Herbal Medicine. Cervical Formula, 15 grams for horses, or 0.5 gram per 10 lbs. body weight for dogs/cats twice daily for one to two months

BLOOD STAGNATION

Clinical Signs.

Obvious/severe evidence of ataxia of all four hind limbs (worse in hind limbs)

Neck pain on palpation/manipulations

Cervical stiffness

Abnormal radiographic evidence, narrow IVD spaces, sclerosis of the demifacets

Tongue: Purple

Pulse: Wiry or fast

TCVM Diagnosis. Blood stagnation

Treatment Strategies.

Activate blood.

Relieve stagnation/stasis.

Acupuncture Treatment. BL-11, BL-23, *Shen-shu*, SI-3, GV-14, BL-62, BL-67, GB-44, SI-1, TH-1, LU-7, BL-54, BL-40, ST-36, *Hua-tuo-jia-jie*, *Jiu-wei*, *Chou-jin*

Herbal Medicine. Cervical Formula and *Da Huo Luo Dan*

Case Example

A 4-month-old Thoroughbred colt presented with a four-week history of hind limb ataxia. Recently, his signs were getting worse and he was diagnosed with Wobbler's syndrome. He was very ataxic in all four limbs but worse in the

hind limbs. He was restless. His tongue was pale and wet, and his pulse was deep and weak. He has a fire constitution. His TCVM diagnosis was blood stagnation with kidney *Jing* deficiency. He was treated with aquapuncture (vitamin B₁₂, 1 ml per point) at *Bai-hui*, BL-62, and SI-3, and electroacupuncture at *Shen-shu* (bilateral), GB-21 (bilateral), SI-16 + TH-16, *Hua-tuo-jia-jie* at C2/3, C4/5, C5/6, for one session per month for a total of seven treatments. He also received 10 grams of Cervical Formula orally twice daily for three months, and then 10 grams of Epimedium Powder twice daily for four months. He also received daily acupressure at GB-21 and *Hua-tuo-jia-jie* on the neck. His ataxia completely resolved after seven months of TCVM treatment. He sold for \$350,000 at a yearling sale in Kentucky.

8-18. EQUINE PROTOZOAL MYELOENCEPHALITIS (EPM)

Equine protozoal myeloencephalitis (EPM) is caused by *Sarcocystis neurona* (a protozoan), which enters the horse's body and then travels to the spinal cord and brain. Horses of all ages may be affected, however most are young horses one to six years old.

Etiology and Pathology

Zheng Qi is not strong enough to dispel parasites, including protozoa, and allows them to enter the body. The protozoal parasites eventually invade the lower *Jiao* and kidney system where they spread to the spinal cord and brain leading to *Qi*-blood stagnation.

Clinical Signs.

Acute onset of neurologic abnormalities including ataxia

Mild to severe lameness

Weakness, recumbency

Muscle atrophy over the hind quarters

Cranial nerve deficits or single limb paralysis, reflex loss

Acupoint sensitivities on palpation including KID-27, GB-32, *Feng-long*, *Bai-cong-wo*

Tongue: Pale purple and wet

Pulse: Weak and deep

The final diagnosis can be made by CSF collection and analysis.

TCVM Diagnosis. *Qi* stagnation with *Qi* deficiency

Treatment Strategies.

Move *Qi*-blood to resolve stagnation.

Tonify *Qi*.

Acupuncture Treatment.

Dry needle at *Bai-hui*, BL-62, KID-1, GV-14, LI-10, LI-4

Electroacupuncture or aquapuncture (vitamin B₁₂) at *Shen-shu* (bilateral), BL-54 (bilateral), BL-21 (bilateral), ST-36 + GB-34

Aquapuncture with the horse's own blood (3 cc per point) at KID-27, LI-11, GB-32

Herbal Medicine. *Qing Hao San*, 15 grams, twice daily for three months

8-19. LYME DISEASE

Lyme disease is transmitted by ticks infected by a microscopic organism *Borrelia burgdorferi*. It occurs in both horses and dogs.

Etiology and Pathology

Zheng Qi is not strong enough to dispel the pathogenic organisms, and it allows the pathogens to enter the body. Initially, it leads to heat-toxin, then it damages fluids and *Zheng Qi*, which results in *Qi-Yin* deficiency.

Clinical Signs.

Lethargy, or low-grade fever
Neurologic abnormalities, stiffness, or reluctance to move
Single or multiple painful and swollen joints
Acupoint sensitivities on palpation including LI-16 and BL-25, or sensitive all over the body
Tongue: Red and dry or pale purple
Pulse: Thin and fast, or weak and deep
Diagnosis can be made via serology (serum antibody titers).

TCVM Diagnosis. Heat-toxin with *Qi-Yin* deficiency

Treatment Strategies.

Clear heat.
Detoxify.
Tonify *Qi*.
Nourish *Yin*.

Acupuncture Treatment.

Dry needle at *Bai-hui*, LIV-3, KID-3, LI-4, LI-11, GV-14, LI-10, ST-36
Aquapuncture or electroacupuncture at BL-23, BL-26, BL-54, SI-9
“Circling the dragon” around the local painful joints

Herbal Medicine. *Bai Hu Si Miao San* + Jade Screen Eight

8-20. LARYNGEAL PARALYSIS OR HEMIPLEGIA

Laryngeal paralysis, hemiplegia, or paresis is a partial or complete loss of laryngeal muscle function in which the arytenoids, cartilages of the larynx, do not move away from the midline during inspiration. It is common in horses and dogs but rare in cats.

Etiology and Pathology

The cause of laryngeal paralysis or hemiplegia is degeneration or damage to the laryngeal nerve. In horses, the most common site is the left recurrent laryngeal nerve. Trauma, toxins, infection, neoplasia, polyneuropathies, and endocrine disorders may affect the neurologic pathway and cause laryngeal paralysis.

Clinical Signs.

Hoarse, raspy respiratory sounds, particularly during inspiration
Exercise intolerance
Dyspnea, inspiratory stridor, or an inspiratory noise (“roaring”)
Cough or gagging, or hoarse bark or unable to bark
Tongue: normal or pale
Pulse: normal, or deep and weak

TCVM Diagnosis. *Qi* deficiency

Treatment Strategies.

Tonify *Qi*.
Strengthen the muscles.

Acupuncture Treatment.

Two to six treatments, one to four weeks apart. The treatment is over 90% effective.
Dry needle at *Bai-hui*, LI-4, LU-7, LI-10, SI-3
Electroacupuncture 20 Hz 15 min and 80–120 Hz 15 min (total: 30 min) at the following acupuncture paired points: (a) GB-21 + CV-23a or CV-23b (CV-23a and CV-23b are located 0.5 cun lateral to CV-23); (b) LI-18, bilateral; (c) CV-23 + LI-17; (d) SI-17 bilateral; (e) ST-9 bilateral; (f) *Hou-shu* + CV-24

Herbal Medicine. Four Gentlemen (*Si Jun Zi Tang*)

Case Example

A one-year-old Thoroughbred colt presented with left laryngeal hemiplegia (30% paralysis). His tongue and pulse were normal. No other clinical abnormal signs were found. He is a wood constitution. He was treated with acupuncture therapy, which included dry needle at *Bai-hui*, SI-3, and LU-7, and electroacupuncture at ST-9 (bilateral), SI-17 (bilateral), left LI-17 + CV-23, left GB-21 + CV-23 a, *Hou-shu* + CV-24, LI-18 (bilateral). His laryngeal muscles returned to normal functions after seven acupuncture treatments (one session every 2–4 weeks). He was sold for \$560,000 at a two-year-old sale in Kentucky.

8-21. TYING UP (EXERTIONAL RHABDOMYOLYSIS)

Tying up is also called exertional rhabdomyolysis, azoturia, or myositis. It is a common disease in young racing horses.

Etiology and Pathology

Tying up is mainly involved in an earth-water-wood imbalance. Its incidence increases in sudden weather changes (cold, damp, and windy days), or spring time (wood). The nervous wood personality fillies seem to be more affected (wood). Vaccination (wood) may trigger tying up. The excessive wood can overcontrol (*cheng*) the earth (muscles), leading to *Qi* stagnation of the muscles. An imbalance between diet (too much carbohydrate, earth) and exercise (irregular or too mild exercise) leads to *Qi* stagnation of muscles (earth). Disorders of spleen (muscle *Qi* stagnation) can overcontrol (*cheng*) the

water system (kidney and bladder), leading to azoturia. Some fearful horses (kidney) are prone to tying up.

Clinical Signs.

Muscle pain and cramps soon after the start of exercise
 Tying up commonly seen in the muscles of the thigh and rump
 The affected muscles are swollen, firm, painful
 The horse's gait is stiff and stilted
 Reluctant to continue exercise, or refusal to move at all
 Urine: Dark or red-brown
 Sensitivity of points on palpation at BL-18 to BL-28, BL-54, *Lu-gu*, SI-9, SI-10
 Tongue: Purple or pale purple
 Pulse: Wiry

TCVM Diagnosis. *Qi*-blood stagnation, disharmony between liver, spleen, and kidney

Treatment Strategies.

Move *Qi* to stop pain.
 Move blood to resolve stagnation.
 Harmonize the LIV and SP.
 Harmonize the SP and KID.

Acupuncture Treatment.

Use two to four treatments, one to two weeks apart. The treatment is over 95% effective.
 Dry needle at *Bai-hui*, *Wei-ben*, *Wei-jian*, KID-1, LIV-1, ST-1, BL-67
 Electroacupuncture or aquapuncture at BL-18 (bilateral), BL-21 (bilateral), *Shen-shu* (bilateral), BL-54 (bilateral)
 If rear limbs are affected, add *Lu-gu*, GB-30, BL-36, BL-37.
 If front limbs are affected, add SI-9, GB-21, TH-15. If the back muscles are affected, add BL-23, *Shen-jiao*, BL-16.

Case Example

A 10-year-old quarterhorse mare presented with tying up five days after the start of exercise. The owner claimed this incident was related to vaccination because the mare was vaccinated seven days before and two other horses in the same barn also tied up after vaccination. The mare was very painful over her entire body, particularly in the shoulder, midback, and rump regions. She was very stiff and reluctant to move. She had an earth constitution. Her tongue was purple and pulse was wiry. She was given acupuncture treatments including dry needle at *Bai-hui* and BL-67, and electroacupuncture at GB-21 + SI-9, BL-21 (bilateral), *Qi-hai-shu* (bilateral), *Shen-shu* (bilateral), BL-54 + *Lu-gu*. After three weekly acupuncture treatments, her tying up completely resolved. She returned to normal training and won over \$250,000.

8-22. ANHIDROSIS

Anhidrosis is a common problem in horses of all ages. It occurs commonly in hot, high-humidity climates.

Etiology and Pathology

The heart dominates "sweat." The heart *Yin* and blood supply the fluids to the sweat gland. The lung controls *Wei Qi*,

which dominates the opening and closing mechanism of skin pores (sweat glands). The Triple Heater (TH) is the pathway of body fluids. Therefore, the normal functions of sweat gland and sweating are regulated by the heart, lung, and TH.

The pathogen, summer heat, invades the body during the hot and high-humidity season. It blocks *Qi* flow of heart, lung, and TH, leading to anhidrosis. Prolongation of Summer Heat can damage body fluids and eventually heart *Yin* and blood, which results in heart *Yin* and blood deficiency. Extreme fire due to Summer Heat may also damage the lung (the fire overcontrols the metal), leading to lung *Qi* deficiency. With deficient lung *Qi*, the skin pores fail to open and anhidrosis results. Patients with kidney *Jing* deficiency may have a global *Yin* and body fluid deficiency and may suffer with anhidrosis from birth.

Clinical Signs.

Acute onset of nonsweating after changing to hot, high-humidity weather
 Dry coat, nonsweating
 High fever
 Exercise intolerance
 Fatigue, anorexia, and a decrease in water intake
 Tongue: Dry and red or deep red, or pale
 Pulse: Fast

TCVM Diagnosis. Summer heat with heart *Yin*/blood deficiency or lung *Qi* deficiency

Treatment Strategies.

Clear the summer heat.
 Nourish *Yin* and promote body fluids.
 Regulate *Wei Qi* to open the sweat pores.

Acupuncture Treatment.

Two to six treatments, one to four weeks apart. The treatment is over 75% effective.
 Clear summer heat: Hemoacupuncture at the following points: Tip of Ear, Tip of Tail, *Tai-Yang*, *Tong-guan*, *Xiong-tang*, TH-1, LU-11, SI-1, HT-9
 Nourish *Yin*/body fluids: KID-7, HT-7, BL-22, BL-13
 Open the sweat pores: LI-4, GV-14, LI-11, BL-40, Tip of Tail, *Wei-Ben*, *Fei-Shu*

Herbal Medicine. New *Xiang Ru San*, 30 grams twice daily for two weeks, and then 15 grams twice daily for two months

8-23. SEIZURES

In traditional Chinese veterinary medicine (TCVM), a seizure is known as *Chou-feng*, and epilepsy is called *Xian Zheng*. Both seizures and epilepsy belong to internal wind syndromes, which are related to phlegm, stagnation, and deficiency of *Yin*, blood, and essence (*Jing*). Six TCVM patterns of seizure include obstruction by wind-phlegm, internal profusion of phlegm-fire, stagnation of blood, liver blood deficiency, liver/kidney *Yin* deficiency, and kidney *Jing* deficiency.

OBSTRUCTION BY WIND-PHLEGM**Clinical Signs.**

Sudden onset of seizures without warning
 Loss of consciousness, convulsions, foaming at the mouth, screaming
 Possible urinary and/or fecal incontinence
 Occasionally, temporary disorders of consciousness (temporary disorientation) without seizure
 Tongue: Pale or purple
 Coating: White greasy
 Pulse: Wiry and slippery

Treatment Strategies.

Expel phlegm.
 Extinguish wind.
 Open the orifices.
 Stabilize seizures.

Acupuncture Treatment. CV-15, ST-40, PC-5, GV-1, GV-26, HT-7, ST-6, LIV-3, *An-Shen, Da-feng-men*

Herbal Medicine. *Ding Xian Wan*: 0.5 grams per 10–20 lb body weight in dog or cat

INTERNAL PROFUSION OF PHLEGM-FIRE**Clinical Signs.**

Wood type of personality (agitated emotion, irritability)
 Insomnia/barking or other abnormal behavior at night
 Sudden onset of seizures without warning
 Loss of consciousness, convulsions, foaming at the mouth, screaming
 Occasionally, constipation, cough with yellow phlegm
 Tongue: Red or purple
 Coating: Yellow greasy
 Pulse: Rapid, wiry and slippery

Treatment Strategies.

Clear the liver.
 Drain fire.
 Transform phlegm.
 Open the orifices.

Acupuncture Treatment. CV-15, ST-40, LIV-3, GV-14, GB-20, HT-7, ST-44, *An-Shen, Da-feng-men*

Herbal Medicine. *Long Dan Xie Gan Tang + Di Tan Tang*

BLOOD STAGNATION**Clinical Signs.**

History of head injuries
 Sudden onset of seizures without warning
 Loss of consciousness, convulsions, foaming at the mouth, screaming
 Possible urinary and/or fecal incontinence
 Occasionally, temporary disorder of consciousness (temporary disorientation) without seizure
 Tongue: Pale or purple
 Coating: White greasy
 Pulse: Wiry and slippery

Treatment Strategies.

Expel phlegm
 Extinguish wind
 Invigorate blood

Acupuncture Treatment. CV-15, ST-40, PC-5, LIV-3, LI-11, HT-7, *An-Shen, Da-feng-men*

Herbal Medicine. *Ding Xian Wan + Tao Hong Si Wu San*

LIVER BLOOD DEFICIENCY**Clinical Signs.**

Chronic seizures
 Anemia
 Emaciation, dry, or burned hair
 Rigidity of the neck and lockjaw
 Weakness of all four limbs
 Cool ear and nose
 Tongue: Pale
 Pulse: Weak and thready

TCVM Diagnosis. *Qi*-blood deficiency pattern

Treatment Strategies. Tonify both blood and *Qi*.

Acupuncture Treatment. BL-17, BL-18, BL-19, SP-10, SP-9, SP-6, CV-15, ST-40, LIV-3, GV-14, GB-20, HT-7, ST-44, *An-Shen, Da-feng-men*

Herbal Medicine. *Bu Xue Xi Feng San*

LIVER/KIDNEY YIN DEFICIENCY**Clinical Signs.**

Chronic seizures
 Dry nose and mouth
 Seizures occur at night or late afternoon
 Tongue: Red
 Pulse: Weak and thready

TCVM Diagnosis. Kidney and liver *Yin* deficiency pattern

Treatment Strategies. Nourish *Yin*

Acupuncture Treatment. BL-18/23, KID-3/7, SP-6/9, ST-40, LIV-3, GB-20, HT-7, *An-Shen, Da-feng-men*

Herbal Medicine. *Yang Yin Xi Feng San*

KIDNEY JING DEFICIENCY**Clinical Signs.**

Seizures at a very young age (<1 year old)
 Dry nose and mouth
 Tongue: Pale or red
 Pulse: Weak and thready

TCVM Diagnosis. Kidney *Jing* deficiency

Treatment Strategies. Nourish kidney *Jing*

Acupuncture Treatment. KID-3, BL-23, GV-20, ST-36, SP-6, GB-20, HT-7, *An-shen, Da-feng-men*

Herbal Medicine.

Epimedium Powder

ADDITIONAL CONSIDERATIONS

Avoid *Yang* meat (i.e., lamb); avoid pungent meats including seafood (i.e., shrimp).

Avoid chemicals and drugs that could make them more susceptible to seizures.

How to start.

Herbal medicine based on the TCVM pattern/differentiation (twice daily for 3–6 months)

Acupuncture once every 1–6 months; avoid electroacupuncture therapy.

If it is a cluster of seizures, combine with use of anticonvulsants: phenobarbital (2 mg/kg, twice daily) + KBr (33 mg/kg, once daily). When the seizures are under control, gradually reduce phenobarbital and potassium bromide.

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9 Acupuncture for Internal Medicine

Huisheng Xie

9-1. COMMON COLD (SHANG-FENG)

The common cold is called *shang-feng* in Chinese. *Shang* means “injury” and *feng* is “wind.” Thus, the common cold is “injuries by wind.” It is caused by an invasion of the exogenous pathogen wind. It occurs mostly in the spring or during seasonal changes. Its major clinical signs are nasal obstruction, nasal discharge, cough, headache, general body aches, aversion to cold, and fever. It can be divided into wind-cold and wind-heat. The nose and throat are the most affected areas.

Etiology and Pathology

Wind-cold often results from a weak constitution. Consequently, when the exogenous pathogen wind (with cold or heat) invades the body via the skin pores, nose, and mouth, the *Wei Qi* is not strong enough to dispel the pathogen, leading to an acute onset of the common cold.

Pattern Differentiation and Treatment

WIND-COLD

Clinical Signs.

Very acute onset, less than three days
Aversion to cold, piloerection
Clear nasal discharge, sneezing
Headache or body ache
Cold ears and nose
No sweating, no desire to drink cold water
Tongue: Pale and wet with thin and white coating
Pulse: Superficial and slow
Wind-cold pattern

Treatment Strategies. Eliminate wind-cold.

Acupuncture Treatment. LU-7, LI-4, GB-20, BL-10, BL-13, *Tai-yang*, *Er-jian*, LI-20

1. LU-7 is the connecting-*Luo* point, can clear wind-cold, and disperse the lung to resolve the surface.
2. LI-4 is the source-*Yuan* point and can enhance LU-7 to disperse the lung to resolve the surface and dispel the pathogens.
3. GB-20 and BL-10 can clear wind-cold.

4. BL-13 is the lung associate point and can disperse the lung to stop cough.
5. *Tai-yang* and *Er-jian* can open the surface to dispel the exogenous pathogens.
6. LI-20 is to resolve the nasal discharge, congestion, and sneezing.

WIND-HEAT

Clinical Signs.

Acute onset, less than seven days
Depression, fatigue
Fever, thirst
Sore throat, cough
Warm air exhaled from the nose
Dry mouth
Tongue: Red, yellow, and thin coating
Pulse: Superficial and rapid
Wind-heat pattern

Treatment Strategies. Eliminate wind-heat.

Acupuncture Treatment. LI-4, LI-11, GV-14, LU-5, LU-10, LI-1, LU-11, BL-13, LU-7, *Tai-yang*, and *Er-jian*

1. LI-4, LI-11, and GV-14 are the major points to clear heat and wind-heat.
2. LU-5 is the water (child) point and can clear lung heat.
3. LU-10 is the *Ying*-spring point (at the second level) to clear heat.
4. LI-1 and LU-11 are the *Jing*-well points to open the channel and clear wind-heat.
5. BL-13 and LU-7 can disperse the lung and resolve the surface.
6. *Tai-yang* and *Er-jian* open the surface to dispel the pathogens.

Herbal Medicine. *Yin Qiao San*

9-2. COUGH (KE-SOU SYNDROME)

Cough is called *ke-sou* in Chinese. *Ke* refers to abnormal respiratory sound without phlegm (sputum). *Sou* means spitting sputum without sound. Spitting sputum and abnormal sounds

are not separate in most clinical cases. Therefore, they are together called *ke-sou* syndrome or cough. Cough can be caused either by the invasion of exogenous pathogens including wind, cold, and heat or by internal deficiency of lung *Qi*, *Yin*, or both. Acupuncture for treatment of common patterns of cough is found in table 9.1.

Etiology and Pathology

EXTERNAL INVASION OF THE LUNG BY EXOGENOUS PATHOGENS

The lung distributes *Wei Qi* to protect the skin and surface. It connects through the throat and has its opening in the nose. It dominates the ascending-descending flow of *Qi* and governs the exchange of O₂ and CO₂. Once exogenous pathogenic factors (*Xie-Qi*), including wind-cold and wind-heat, invade the body via the nose and skin, the lung becomes affected. Consequently, the *Qi* flow of the lung is blocked and fails to ascend/descend leading to a cough. The cough caused by exogenous pathogens falls into the category of an excess pattern. There are two subcategories: wind-cold pattern and wind-heat pattern.

INTERNAL INJURIES

Cough caused by internal injury mainly belongs to a deficiency pattern, which may result from functional impairment of the *Zang-Fu* organs. Lung *Yin* deficiency fails to moisten the lung system including the upper and lower airways leading to the failure of normal ascending-descending *Qi* flow.

Spleen *Qi* deficiency fails to transport and transform the fluids leading to an accumulation of dampness and phlegm. Phlegm accumulated in the lung blocks *Qi* flow of the lung leading to cough.

Kidney *Qi* deficiency fails to grasp *Qi* from the Upper Burner (or *jiao*) leading to lung *Qi* deficiency and results in cough.

Stagnation of liver *Qi* may be transformed into fire, which flares up and injures the lung *Yin* and fluids, resulting in cough.

Pattern Differentiation and Treatment

WIND-COLD

Clinical Signs.

Very acute onset of cough, less than three days
Aversion to cold
Piloerection
Clear nasal discharge
Cough with sputum, low sound of cough
Cold ears and nose
No sweating, no desire to drink cold water
Tongue: Pale and wet with thin and white coating
Pulse: Superficial and slow
Wind-cold pattern

Treatment Strategies.

Eliminate wind-cold.
Disperse the lung.
Stop cough.

Acupuncture Treatment. LU-7, LI-4, GB-20, BL-10, BL-13, *Ding-chuan*, and CV-22

1. LU-7 is the connecting-*Luo* point, can clear wind-cold, and disperse the lung to resolve the surface.
2. LI-4 is the source-*Yuan* point and can enhance LU-7 to disperse the lung to resolve the surface and dispel the pathogens.
3. GB-20 and BL-10 can clear wind-cold.
4. BL-13 is the lung associate point and can disperse the lung to stop cough.
5. *Ding-chuan* and CV-22 can stop cough.

WIND-HEAT

Clinical Signs.

Acute onset of cough, less than seven days
Depression, fatigue
Fever, thirst
Sore throat
Loud cough
Warm air exhaled from the nose
Dry mouth
Tongue: Red, yellow, and thin coating
Pulse: Superficial and rapid
Wind-heat pattern

Treatment Strategies.

Eliminate wind-heat.
Disperse the lung to stop cough.

Acupuncture Treatment. LI-4, LI-11, GV-14, LU-5, LU-10, LI-1, LU-11, BL-13, LU-7, *Ding-chuan*, CV-22

1. LI-4, LI-11, and GV-14 are the major points to clear heat and wind-heat.
2. LU-5 is the water (child) point and can clear lung heat.
3. LU-10 is the *Ying*-spring point (at the second level) to clear heat.
4. LI-1 and LU-11 are the *Jing*-well points to open the channel and clear wind-heat.
5. BL-13 and LU-7 can disperse the lung and resolve the surface.
6. *Ding-chuan* and CV-22 can stop cough.

Herbal Medicine. *Yin Qiao San*

LUNG YIN DEFICIENCY

Clinical Signs.

Fever, thirst
Dry cough
Emaciation, dry or burned hair
Cool-seeking
Warm air exhaled from the nose
Tongue: Red and dry
Pulse: Thin and rapid
Lung heat pattern

Treatment Strategies.

Nourish lung *Yin*.
Stop cough.

Table 9.1. Acupuncture for Treatment of Common Patterns of Cough

Pattern type	Clinical signs	Acupuncture points
Wind-Cold	Aversion to cold Clear nasal discharge Cough with sputum Cold ears and nose Acute onset of cough Tongue: Pale red with thin coating Pulse: Superficial/slow	LU-7, LI-4, GB-20, BL-10, BL-13, <i>Ding-chuan</i> , CV-22
Wind-Heat	Depression, fever, thirst Loud cough with less sputum Warm air exhaled from the nose Tongue: Red with yellow coating Pulse: Superficial/fast	LI-4, LI-11, GV-14, LU-5, LU-10, LI-1, LU-11, BL-13, LU-7, <i>Ding-chuan</i> , CV-22
Lung <i>Yin</i> deficiency	Prolonged and weak cough Cough better in day, worse at night Emaciation, dry hair Dry and thick nasal discharge Tongue: Red and dry Pulse: Thready and rapid	LU-9, SP-6, KID-3, BL-13, BL-42, CV-22, <i>Ding-chuan</i>
Lung <i>Qi</i> deficiency	Cough with weak voice Fatigue, exercise intolerance Tongue: Pale and wet Pulse: Deep and weak	CV-17, ST-36, SP-6, SP-9, ST-40, BL-13, LU-9, LU-8, CV-22, <i>Ding-chuan</i>

Acupuncture Treatment. LU-9, SP-6, KID-3, BL-13, BL-42, CV-22, and *Ding-chuan*

1. LU-9 is the source-*Yuan* point and can tonify lung.
2. SP-6 and KID-3 can generally nourish global *Yin*.
3. BL-13 and BL-42 are two back-*shu* associate points and can disperse the lung.
4. CV-22 and *Ding-chuan* can stop cough.

Herbal Medicine. *Bai He Gu Jin Tang*

LUNG *Qi* DEFICIENCY

Clinical Signs.

Prolonged and weak cough
Weak voice, cough worse in daytime
Clear nasal discharge or wet cough
Fatigue or exercise intolerance
Tongue: Pale and wet
Pulse: Weak and deep
Lung *Qi* deficiency pattern

Treatment Strategies.

Nourish lung *Qi*.
Transform phlegm.
Stop cough.

Acupuncture Treatment. CV-17, ST-36, SP-6, SP-9, ST-40, BL-13, LU-9, LU-8, CV-22, and *Ding-chuan*

1. CV-17 and ST-36 is to nourish lung *Qi* and *Zong Qi*.
2. SP-6, SP-9, ST-40 are to move fluids and transform phlegm.
3. BL-13, LU-9 and LU-8 are to disperse the lung to stop cough.
4. CV-22 and *Ding-chuan* are to stop cough.

Herbal Medicine. *Bu Fei San*

Case Examples: Case 1

Silver, a two-year-old male Thoroughbred, started to have a fever three days ago. His rectal temperature was 104.5°F. He has thick, yellow nasal discharge and a slight cough. His tongue is red and slightly dry, and his pulse is fast and superficial. His personality is wood. His appetite and thirst are ok. Bowel movements and urination are within normal limits. Four other horses at the same barn have similar signs.

TCVM DIAGNOSIS

Wind-heat

ACUPUNCTURE TREATMENT

1. Electroacupuncture at GV-14 and *Bai-hui*, BL-13, *Ding-chuan*
2. Dry-needling at LI-4, LI-11, LI-1, LU-11

HERBAL MEDICINE

Equine *Yin Qiao*, 50 grams, bid, orally, 10 days

OUTCOME

Silver and four other horses had similar treatment. They all recovered within 10 days.

Case Examples: Case 2

A 13-year-old, spayed, female Siberian husky was presented with gagging or hacking (dry cough-like) a few times daily for 2 years. She is moderately thin dog. She coughs on palpation of trachea. She has a good coat condition. Her pulses is thin and rapid, tongue is red and dry with no significant coating. She urinates less frequently with a normal amount. Her thirst level is normal. X-rays indicates that she has mild to moderate bronchial cuffing, normal cardiac silhouette.

TCVM DIAGNOSIS

Lung *Yin* deficiency

ACUPOINTS

BL-13, *Ding-chuan*, CV-22, LU-7, LU-9, SP-6, BL-23, and KID-3

HERBAL MEDICINE

Lily Combination, 0.5 grams per 10 lb body weight, bid, three months

OUTCOME

Her cough had almost completely resolved after 6 biweekly acupuncture and three-month daily herbal medication. And then she received the “tune-up” (preventive maintenance) acupuncture once every three to six months and passed away at age of 15 years old.

9-3. DYSPNEA AND ASTHMA (*CHUAN ZHENG*)

Dyspnea and asthma are signs that refer to loss of breath. It results from abnormal ascending and descending *Qi* flow of the lung. It can be divided into excess asthma (wind-cold and phlegm-heat) and deficiency asthma (lung *Qi* deficiency and kidney *Qi* deficiency). Table 9.2 summarizes treatment for common patterns of dyspnea and asthma.

Etiology and Pathology

EXTERNAL ATTACK OF WIND-COLD

Exogenous pathogen wind-cold occurs because of the cold season or sudden weather changes. Wind-cold invades the body and impairs the smooth flow of lung *Qi*. As a result, lung *Qi* fails to descend and ascend leading to dyspnea or asthma. When the animal has a constitution of *Qi* deficiency, *Wei Qi* may not be strong enough to dispel the exogenous pathogens. Therefore, in cases of *Qi* deficiency, the body is prone to attacks by the exogenous pathogen wind-cold.

WIND-HEAT OR HEAT TOXIN

Wind-heat toxin occurs during the hot season or because of exogenous pathogens including pollen, fungi, food (fish, shrimp, milk, egg), and some medications. Wind-heat or heat toxin invades the body and becomes heat accumulated in the lung. Lung heat impairs lung fluids and *Yin* leading to asthma or dyspnea. Therefore, in cases of *Yin* deficiency, the body is prone to be affected by external attack of wind-heat or heat toxin.

SPLEEN *Qi* DEFICIENCY

Deficient spleen *Qi* fails to transport and transform fluid and dampness leading to production of phlegm. Phlegm accumulated in the lung may turn into heat or fire, which impairs lung *Yin* and leads to dyspnea.

LUNG *Qi* DEFICIENCY

Prolonged cough and dyspnea can weaken and injure lung *Qi*. Overwork and emotional sadness and grief can also gradually damage lung *Qi*. Weakness of the spleen (the mother element of lung) and kidney (the child element of the lung) may also lead to lung *Qi* deficiency. Lung *Qi* deficiency fails to descend and ascend resulting in dyspnea and asthma.

KIDNEY *Qi* DEFICIENCY

Any chronic illness weakens the *Zheng Qi* (the power of the body's resistance) and damages the source-*Yuan Qi* leading to kidney *Qi* deficiency. Overwork and excessive sexual activities injure kidney *Jing* (essence) and kidney *Qi*. Emotional fear and shock may also damage kidney *Qi*. Deficient kidney *Qi* fails to grasp and receive *Qi* from the upper-*jiao* to the lower-*jiao* leading to dyspnea and asthma.

Pattern Differentiation and Treatment

WIND-COLD***Clinical Signs.***

Harsh respiration and asthma, cough

Clear nasal discharge

Cool ears and nose, shivers

Tongue: Pale and wet with thin and white coating

Pulse: Superficial and slow

Cold pattern

Treatment Strategies.

Dispel wind-cold.

Disperse the lung.

Stop dyspnea/asthma.

Acupuncture Treatment. GB-20, BL-10, LU-7, BL-13, CV-17, ST-40, CV-22, and *Ding-chuan*. Moxibustion can be used.

1. GB-20 and BL-10 are to clear wind-cold.
2. LU-7 is to disperse the lung and dispel the exogenous pathogens.
3. BL-13 is the lung association point and can disperse lung to stop dyspnea.
4. CV-17 is to expand the chest and smooth *Qi* flow.
5. ST-40 is to transform phlegm to stop cough and dyspnea.
6. CV-22 and *Ding-chuan* are to stop asthma and cough.

LUNG HEAT***Clinical Signs.***

Rapid respiration, shortness of breath

Dry cough

Flared nostrils and nasal shiver

Warm air from nostrils

Thick nasal discharge

Fever, dry feces, scant and yellow urine

Tongue: Dry and deep red

Pulse: Surging and rapid

Heat pattern

Treatment Strategies.

Clear lung heat.

Stop dyspnea/asthma.

Acupuncture Treatment. GV-14, LI-11, LU-5, LU-7, BL-13, CV-17, ST-40, CV-22, *Ding-chuan* Hemoacupuncture at *Er-jian* and *Wei-jian*

1. GV-14, LI-11, LU-5, *Er-jian*, and *Wei-jian* are to clear lung heat.

2. BL-13, LU-7, and CV-17 are to disperse the lung and chest to stop dyspnea.
3. ST-40 is to transform phlegm.
4. CV-22 and *Ding-chuan* are to stop dyspnea and asthma.

Herbal Medicine. Schisandra Five

LUNG *Qi* DEFICIENCY

Clinical Signs.

Prolonged course of disease
Weak asthma and cough, loss of breath
Fatigue, weakness of all four limbs
Spontaneous sweating
Tongue: Pale and wet
Pulse: Weak
Lung *Qi* deficiency pattern

Treatment Strategies.

Tonify lung *Qi*.
Stop dyspnea/asthma.

Acupuncture Treatment. BL-13, BL-42, LU-9, ST-36, CV-6, CV-17, *Qi-hai-shu*, *Fei-men*, *Fei-pan*, CV-22, and *Ding-chuan*

1. BL-13 and BL-42 are the lung back-*shu* associate points and can tonify lung *Qi*.
2. LU-9 is the source-*Yuan* point and can tonify lung *Qi*.
3. ST-36, CV-6, CV-17 are general *Qi* tonic points.
4. *Qi-hai-shu*, *Fei-men*, and *Fei-pan* are the classical equine points to tonify *Qi* and lung.
5. CV-22 and *Ding-chuan* are to stop dyspnea and asthma.

Herbal Medicine. *Bu Fei San*

KIDNEY *Qi* DEFICIENCY

Clinical Signs.

Prolonged course of asthma
Feeble asthma with diminished respiratory sounds
More exhalation and less inhalation
Loss of breath, exercise intolerant
Obvious heaves line
Easily tire
Tongue: Pale mouth or tongue, thin coating
Pulse: Deep and weak
Kidney *Qi* deficiency pattern

Treatment Strategies.

Tonify lung and kidney *Qi*.
Stop dyspnea/asthma.

Acupuncture Treatment. BL-23, BL-26, BL-13, CV-17, CV-4, CV-6, ST-36, KID-3, KID-10, *Shen-shu*, *Shen-peng*, *Shu-jiao*, CV-22, and *Ding-chuan*

1. BL-23 is the kidney back-*shu* point and tonifies kidney.
2. BL-26 is to tonify source-*Yuan Qi*.
3. BL-13 and CV-17 are to widen the chest and disperse the lung to stop dyspnea.
4. CV-4, CV-6, and ST-36 are general points to tonify *Qi*.
5. KID-3 is the kidney source-*Yuan* point and can tonify kidney.
6. KID-10 is the kidney *He*-sea point and can tonify kidney.
7. *Shen-shu*, *Shen-peng*, *Shen-jian* are the equine classical points to tonify kidney.
8. CV-22 and *Ding-chuan* are to stop dyspnea and asthma.

Herbal Medicine Breathe Easier (*Ren Shen Ge Jie San*)

Table 9.2. Acupuncture for Treatment of Common Patterns of Dyspnea and Asthma

Pattern type	Clinical signs	Acupuncture points
Wind-Cold	Acute, worse in the cold season Clear nasal discharge Cool ears and nose, shivers Tongue: pale and wet Pulse: superficial and slow	GB-20, BL-10, LU-7, BL-13, CV-17, ST-40, CV-22, <i>Ding-chuan</i>
Lung Heat with <i>Yin</i> deficiency	Allergic heaves, worse in summer Dry and thick nasal discharge Dry cough Cool seeking Tongue: Red and dry Pulse: Thready and rapid	GV-14, LI-11, LU-5, LU-7, BL-13, CV-17, ST-40, CV-22, <i>Ding-chuan</i>
Lung <i>Qi</i> deficiency	Chronic heaves/asthma Dyspnea worse when moving Weak voice Fatigue Exercise intolerance Tongue: Pale and wet Pulse: Deep and weak pulse	BL-13, BL-42, LU-9, ST-36, CV-6, CV-17, <i>Qi-hai-shu</i> , <i>Fei-men</i> , <i>Fei-pan</i> , CV-22, <i>Ding-chuan</i>
Kidney and lung <i>Qi</i> deficiency	Prolonged course of asthma Feeble asthma with low sound of respiration Exercise intolerance Loss of breath Worse asthma when moving Obvious heaves/asthma line Tongue: Pale with thin coating Pulse: Deep and weak	BL-23, BL-26, BL-13, CV-17, CV-4, CV-6, ST-36, KID-3, KID-10, <i>Shen-shu</i> , <i>Shen-peng</i> , <i>Shu-jiao</i> , CV-22, <i>Ding-chuan</i>

Case Examples: Case 1

Mary, a nine-year-old domestic long-haired cat, presented for three-year history of asthma (about one episode per week), congenital heavy breathing, and obesity. Her personality type is water. She is shy and hid for most of the exam in a cabinet. Does fight with other cat in the house but never initiates the fights.

PHYSICAL FINDINGS

Overweight; breathing heavily; last asthma attack five days ago; ears/nose: cool; tongue: pale and wet; pulse: right side weaker

TCVM DIAGNOSIS

Lung *Qi* deficiency

ACUPUNCTURE

Dry needling at GV-20, *Ding-chuan*, BL-13, LU-7, and LU-9

HERBAL MEDICINE

Bu Fei San, one pill, bid, three months

RECOMMENDATIONS

Acupressure at *Ding-chuan* and CV-22 daily, five min per point

OUTCOME

Mary was given acupuncture once every two weeks for six treatments (three months). Two episode of asthma were noticed in the first month, only one in the second and third month. No asthma attack has been noticed for past six months.

Case Examples: Case 2

Jan is a nine-year-old Thoroughbred stallion. COPD was diagnosed three years ago. He wheezes during the summer. He is a pleasure riding horse (45 minutes twice a week). Heaves seem worse as time goes by. He is the boss of three other horses. He's always the one who first gets hay and grain. He loves to compete when trail riding. No other medical complaints since he was born except heaves.

PHYSICAL EXAM

He wheezed so loudly that he could be heard outside the barn. However, he looked strong and perspired normally. Both front hooves were cracked. The eyes were red and dry. His ears were warmer than normal and he had hot air from the nostrils. Severe dyspnea (both his nostrils moved very violently and fast). A "heaves line" was obvious on both sides. His urination was thick and stinky. He drank a good amount of water. His appetite and defecation were normal. No cough and no lameness were noticed. No sensitivity at back-*shu* association/front-*mu* alarm points were found. His tongue was red and dry, and his pulse was thready, weak, and rapid.

TCVM DIAGNOSIS

Lung heat with *Yin* deficiency

ACUPUNCTURE TREATMENT

Three monthly treatments

1. Dry needle: LU-11, LI-1, LI-4, LU-5, GV-14

2. Electroacupuncture at *Ding-chuan* bilateral and BL-13 bilateral
3. Aquapuncture using vitamin B₁₂, 5 cc per point at LU-5, LI-11, GV-14

HERBAL MEDICINE

(1) Lily Combination, 15 grams, bid, three months (Nourish lung *Yin*); and (2) Schisandra 5, 15 grams, bid, two months (clear heat)

OUTCOME

The owner noticed the stallion breathed more comfortably about two weeks after the initial acupuncture treatment and daily herbal medication. He was almost normal six weeks after TCVM treatment. The horse's wheezing was not so bad in the summer of 2000. The same treatment plan helped manage the heaves through the summer of 2001, 2002, 2003, 2004, 2005, and 2006.

9-4. NASAL CONGESTION AND DISCHARGE

Nasal congestion and discharge is called *bi-yuan*. *Bi-yuan* is one of the TCVM syndromes. It may manifest during rhinitis, sinusitis, influenza, etc. The nose is the opening of the lung system. The lung dominates the body surface. Thus, nasal congestion and discharge are closely related to the invasion of exogenous pathogens to the lung. Although it may occur as a deficiency pattern, the most common pattern seen in the clinic is an excess pattern that can be divided into wind-cold, wind-heat, and damp-heat. Acupuncture for treatment of common patterns of nasal discharge and congestion is found in table 9.3.

Etiology and Pathology

Exogenous pathogenic wind-cold invades the body via the nose and skin and blocks the lung *Qi*. When the lung *Qi* and *Wei Qi* are not deficient, the body tries to dispel the pathogens leading to sneezing and nasal discharge. Cold generates a blockage leading to nasal congestion.

Wind-cold may transform into heat. The lung may be directly affected by wind-heat. The deficient spleen may generate dampness. The pathogenic damp and heat can attract each other and merge leading to damp-heat. Damp-heat in the middle-*jiao* may migrate to the nose and sinus via the meridian system.

Pattern Differentiation and Treatment**WIND-COLD****Clinical Signs.**

Nasal congestion

Clear nasal discharge

Sneezing

Aversion to cold (chills) and fever

General pain in the whole body

Tongue: Pale and wet

Pulse: Superficial and slow

Cold pattern

Table 9.3. Acupuncture for Treatment of Common Patterns of Nasal Discharge/Congestion

Pattern type	Clinical signs	Acupuncture points
Wind-Cold	Nasal congestion with clear discharge Sneezing Tongue: pale Pulse: slow	LI-20, <i>Bi-tong</i> , <i>Yin-tang</i> , LI-4, LU-7, GB-20, BL-10
Wind-Heat	Allergic rhinitis Sinusitis Sneezing Nasal congestion with thick discharge Tongue: Red Pulse: Fast	LI-20, <i>Bi-tong</i> , <i>Yin-tang</i> , LI-4, LU-7, GV-14, LI-11, <i>Er-jian</i> , <i>Tai-yang</i> , <i>Wei-jian</i>
Damp-Heat	Yellow, thick nasal discharge with odor and pus Obesity, loose stool, or gingivitis Tongue: Red or purple Pulse: Deep or fast	LI-20, <i>Bi-tong</i> , <i>Yin-tang</i> , LI-4, LU-7, GV-14, LI-11, SP-9, SP-6, ST-40, BL-20, BL-21, ST-36

Treatment Strategies.

Clear wind-cold.

Relieve nasal congestion.

Acupuncture Treatment LI-20, *Bi-tong*, *Yin-tang*, LI-4, LU-7, GB-20, BL-10

1. LI-20, *Bi-tong*, and *Yin-tang* are three local points for nasal congestion and discharge.
2. LI-4 is the *Yuan*-source point and can clear the pathogens and resolve the surface.
3. LU-7 is the *Luo*-connecting point and can open the lung and resolve the surface.
4. GB-20 and BL-10 can clear wind-cold.

Herbal Medicine. *Xin Yi San*

WIND-HEAT**Clinical Signs.**

Fever

Nasal congestion

Thick and yellow nasal discharge

Headache

Dry feces and dark urination

Tongue: Dry and deep red

Pulse: Surging and rapid

Heat pattern

Treatment Strategies.

Clear wind-heat.

Relieve nasal congestion.

Acupuncture Treatment. LI-20, *Bi-tong*, *Yin-tang*, LI-4, LU-7, GV-14, LI-11, *Er-jian*, *Tai-yang*, *Wei-jian*

1. LI-20, *Bi-tong*, and *Yin-tang* are three local points for nasal congestion and discharge.
2. LI-4 is the *Yuan*-source point and can clear wind-heat and resolve the surface.
3. LU-7 is the *Luo*-connecting point and can open the lung and resolve the surface.
4. GV-14 and LI-11 can clear wind-heat.
5. *Er-jian*, *Tai-yang*, and *Wei-jian* can clear wind-heat.

Herbal Medicine. *Tuo Ming Fang*

DAMP-HEAT**Clinical Signs.**

Nasal discharge and congestion

Anorexia or polyphagia

Ulcer on the tongue or in the mouth

Loose stool

Obesity

Tongue: Red with greasy coating

Pulse: Surging and rapid

Damp-heat pattern

Treatment Strategies.

Clear damp-heat.

Resolve nasal congestion.

Acupuncture Treatment. LI-20, *Bi-tong*, *Yin-tang*, LI-4, LU-7, GV-14, LI-11, SP-9, SP-6, ST-40, BL-20, BL-21, and ST-36

1. LI-20, *Bi-tong*, and *Yin-tang* are three local points for nasal congestion and discharge.
2. LI-4 is the *Yuan*-source point and can clear wind-heat and resolve the surface.
3. LU-7 is the *Luo*-connecting point and can open the lung and resolve the surface.
4. GV-14 and LI-11 can clear wind-heat.
5. SP-9, SP-6, and ST-40 are to transform fluids and clear damp.
6. BL-20, BL-21, and ST-36 are to strengthen spleen *Qi* to clear damp.

Herbal Medicine. Nasal Damp-Heat Formula (*Qing Bi Jie Shi Re Fang*)

Case Examples: Case 1

A 10-year-old male cat was presented with a serious chronic sinus infection. The cat had been treated by an internist with large doses of various antibiotics, with poor results. There has been a lot of congestion and a deep-seated *Pseudomonas* bacteria cultured. In general, the cat looks strong. His tongue is red and dry; and his pulse is deep and strong.

TCVM DIAGNOSIS

Damp-heat with *Qi* stagnation at the sinus level

ACUPUNCTURE TREATMENT

GV-14, *Er-jian*, LI-4, LI-11, ST-44, LU-5, SP-6, three sinus points including LI-20, *Bi-tong*, and *Yin-tang*. Daily acupressure at LI-20 and *Bi-tong* by owner was also recommended.

HERBAL MEDICINE

1. *Xin Yi San* (to move *Qi*-blood stagnation and resolve nasal congestion), one capsule (0.2 grams) twice daily for two months
2. Nasal Damp-Heat Formula (to clear damp-heat and resolve the bacterial sinus infection), one capsule (0.2 grams) twice daily for two months

OUTCOME

The cat showed great improvement with four biweekly acupuncture treatments and one month of daily herbal medicine. He had much less nasal congestion and discharge. After three monthly acupuncture treatments and three months of herbal medication, no nasal congestion or discharge were noticed. He had no recurrent sinus infection, and he died at 18 years old due to renal failure.

Case Examples: Case 2

Cly, a c/m six-year-old, 50-lb mixed-breed dog, was presented with a major complaint of significant nasal discharge and congestion for over two weeks. He disliked water and swimming. He had a history of back pain and spinal misalignment (resolved by acupuncture). He has a thunderstorm/gunshot/firework fear with a water personality. He sneezed heavily and had red and swelling at right nostril. He had a thick nasal discharge. Nasal discharge and congestion did not get any better after two weeks of antibiotics therapy. His pulse was superficial and fast. His tongue was red.

TCVM DIAGNOSIS

Wind-heat

ACUPOINTS

LI-20, *Bi-tong*, *Yin-tang*, LI-4, LU-7, GV-14, LI-11, BL-23, KID-3

HERBAL MEDICINE

Tuo Ming Fang, five capsules (0.5 grams per capsule) twice daily for one month

OUTCOME

Cly's nasal discharge and congestion were completely resolved after one month of herbal medicine and four weekly acupuncture sessions. He has not shown any nasal signs for four years.

9-5. ANOREXIA SYNDROME

Anorexia refers to a complex of symptoms of loss of appetite or no appetite. It may occur in many diseases. It can be di-

vided into four patterns: stomach cold, stomach heat, spleen *Qi* deficiency, and food stagnation (stasis). See also table 9.4 for acupuncture treatment of anorexia.

Etiology and Pathology**INTERNAL IMPAIRMENT OF COLD**

The pathogenic cold generated from cold food and water can directly invade the spleen and stomach and lead to cold in the stomach. Cold weather or environment can affect the stomach and spleen meridian gradually leading to cold in the stomach.

ACCUMULATION OF HEAT IN THE STOMACH

Heat can be generated in the stomach via overwork, running fast for a long period of time, overfeeding, working immediately after eating, and insufficient drinking. An accumulation of food in the stomach can also turn into heat. The pathogenic heat can impair the fluid of the stomach and therefore impair its functions of receiving and decomposing leading to anorexia.

FOOD STAGNATION

Suddenly overeating, eating indigestible food, or eating immediately after work may lead to accumulation of food in the stomach leading to food stagnation and anorexia.

SPLEEN *Qi* DEFICIENCY

Overworking, insufficient nutrients due to poor food quality or overfeeding can gradually damage spleen *Qi* leading to spleen *Qi* deficiency. Deficient spleen *Qi* fails to transport and transform food resulting in anorexia.

Pattern Differentiation and Treatment**STOMACH COLD****Clinical Signs.**

Anorexia
Lassitude
Cold ears/nose
Hypersalivation (wet mouth)
Tongue: Pale purple with white coating
Pulse: Deep and slow

Treatment Strategies.

Warm the spleen and stomach.
Dispel cold.

Acupuncture Treatment. Dry needle, aquapuncture, or moxibustion at *Bai-hui*, GV-4, BL-20, BL-21, *Shan-gen*, and *Mi-jiao-gan*

1. *Bai-hui* and GV-4 are general points to warm *Yang* to dispel cold.
2. BL-20 and BL-21 are the spleen and stomach associate points and can strengthen the spleen and stomach, regulate the middle-*jiao*.
3. *Shan-gen* is the classical point to stimulate appetite for dogs and cats.
4. *Mi-jiao-gan* is the classical point to stimulate appetite for horses.

STOMACH HEAT**Clinical Signs.**

Anorexia

Increased thirst

Halitosis

Dry feces, dark and short urination

Tongue: Deep red with yellow coating

Pulse: Surging and fast

Treatment Strategies.

Eliminate heat.

Regulate the stomach.

Acupuncture Treatment.

Dry needle or aquapuncture at BL-20, BL-21, ST-44, LI-4, LI-11, *Shan-gen*, *Mi-jiao-gan*

Hemoacupuncture at *Wei-jian*, *Yu-tang*, or *Tong-guan*

1. BL-20 and BL-21 are the spleen and stomach associate points and can strengthen the spleen and stomach, regulate the middle-*jiao*.
2. ST-44 is the second level of the Stomach Channel and can clear heat.
3. LI-4 and LI-11 are general points to clear heat.
4. *Shan-gen* is the classical point to stimulate appetite for dogs and cats.
5. *Mi-jiao-gan* is the classical point to stimulate appetite for horses.
6. *Wei-jian* is located at the tip of tail and can clear heat and stagnation.
7. *Yu-tang* and *Tong-guan* are the classical points to clear heat and promote appetite for horses.

Herbal Medicine. Jade Lady (*Yu Nu Jian*)

FOOD STAGNATION (STASIS)**Clinical Signs.**

Anorexia

Lassitude or weariness

Swelling of upper palate

Halitosis

Tongue: Greasy and thick coating

Pulse: Deep and slippery

Treatment Strategies.

Promote digestion.

Relieve stasis.

Acupuncture Treatment. Dry needle or aquapuncture at BL-21, CV-12, ST-25, ST-37, BL-25, *Shan-gen*, *Mi-jiao-gan*

1. BL-21 is the stomach associate point and can strengthen the stomach, regulate the middle-*jiao*.
2. CV-12 is the stomach alarm point and can regulate the stomach to relieve food stagnation.
3. ST-25, BL-25, and ST-37 are the LI alarm point, back associate point, and lower *He*-sea point, respectively; they regulate gastrointestinal motility and relieve GI food stagnation.

4. *Shan-gen* is the classical point to stimulate appetite for dogs and cats.
5. *Mi-jiao-gan* is the classical point to stimulate appetite for horses.

SPLEEN Qi DEFICIENCY**Clinical Signs.**

Anorexia

Lassitude, weariness, or weakness of the four limbs

Exercise intolerance, fatigue

Loose stool with undigested grain

Edema or muscle atrophy

Tongue: Pale and wet

Pulse: Deep and weak

Treatment Strategies.Tonify *Qi*.

Strengthen the spleen and stomach.

Acupuncture Treatment. Dry needling, aquapuncture, or electroacupuncture at BL-20, BL-21, *Qi-hai-shu*, *Pi-shu*, CV-4, CV-6, ST-36, LI-10, SP-3, SP-6, *Shan-gen*, and *Mi-jiao-gan*

1. BL-20 and BL-21 are the spleen and stomach associate points and can strengthen the spleen and stomach, regulate the middle-*jiao*.
2. *Qi-hai-shu* and *Pi-shu* are the classical points to tonify spleen *Qi* for horses.
3. CV-4 and CV-6 are general *Qi* tonic points for dogs and cats.
4. ST-36 and LI-10 are *Qi* tonic points.
5. SP-3 and SP-6 are to strengthen spleen *Qi* to transport and transform food.
6. *Shan-gen* is the classical point to stimulate appetite for dogs and cats.
7. *Mi-jiao-gan* is the classical point to stimulate appetite for horses.

Herbal Medicine. Eight Gentlemen (*Xiang Sha Liu Jun Zi Tang*)

Case Example

A 12-year-old spayed, female, 80-lb Great Dane presented with a severely depressed appetite and body weight loss. She became anorexic and had loose stools several months ago. No vomiting, minimal thirst, no itchy skin or lameness seen. Recently, she has refused any food. She has been getting weaker and more lethargic. She lost about 35 lb in the past three months. She has been losing hair for the past two months. She is a laid-back dog. She barks to let the owner know when someone visits the house. She will use a different tone to bark if there is another dog. She is a friendly dog and has never bitten any people or dogs. Her *shen* was low, her tongue was pale and swollen, and her pulse was deep and weak. She was sensitive to palpation at BL-20, BL-21, and BL-23. She was diagnosed with spleen *Qi* deficiency. She was given the herbal medicine *Si Jun Zi Tang* pill (Four

Table 9.4. Acupuncture for Treatment of Anorexia

Pattern type	Clinical signs	Acupuncture points
Stomach Cold	Anorexia Lassitude Cold ears/nose Hypersalivation Wet mouth Tongue: Pale/purple with pale coating Pulse: Deep and slow	<i>Bai-hui</i> , GV-4, BL-20, BL-21, <i>Shan-gen</i> , and <i>Mi-jiao-gan</i> using moxibustion or aquapuncture
Stomach Heat	Anorexia Increased thirst Halitosis Dry feces Dark and short urination Tongue: Deep red with yellow coating Pulse: Surging and fast	Dry needle or aquapuncture at BL-20, BL-21, ST-44, LI-4, LI-11, <i>Shan-gen</i> , <i>Mi-jiao-gan</i> Hemoacupuncture at <i>Wei-jian</i> , <i>Yu-tang</i> , or <i>Tong-guan</i>
Food Stagnation	Anorexia Lassitude Vomiting Fatigue Halitosis Tongue: Greasy and thick coating Pulse: Deep and slippery	BL-21, CV-12, ST-25, ST-37, BL-25, <i>Shan-gen</i> , <i>Mi-jiao-gan</i>
Spleen <i>Qi</i> deficiency	Anorexia Lassitude Loose stool with indigested grain Fatigue Weight loss Edema Weakness of the four limbs Tongue: Pale Pulse: Deep and weak	BL-20, BL-21, <i>Qi-hai-shu</i> , <i>Pi-shu</i> , CV-4, CV-6, ST-36, LI-10, SP-3, SP-6, <i>Shan-gen</i> , <i>Mi-jiao-gan</i>

Gentlemen), eight pills, twice daily for three months. She also received dry needles at LI-10 and *Shan-gen*, and electroacupuncture (20 Hz, 20 min) at BL-21 (bilateral), BL-20 (bilateral), and ST-36 (bilateral). She showed great improvement after three biweekly acupuncture sessions and six weeks of daily herbal medicine. She gained 15 lb and had hair regrowth and more energy. After another four acupuncture treatments (one session per two months) and eight months of daily herbal medicine, her body weight was 116 lb and her appetite, hair coat, and stool became normal. She died of congestive heart failure and renal failure when she was 15 year old.

9-6. VOMITING

Vomiting is directly caused by rebellious stomach *Qi* or failure of the stomach *Qi* to descend. It may occur in many diseases in dogs and cats. However, the most common causes are food stagnation, liver *Qi* stagnation, and hypofunction of the spleen and stomach. Acupuncture for treatment for common patterns of vomiting is shown in table 9.5.

Etiology and Pathology

1. External attack of exogenous pathogenic *Qi*: Exogenous pathogenic *Qi*, especially wind-cold and summer heat, invade the stomach from the skin, mouth, or nose causing rebellious flow of *Qi* of the stomach resulting in vomiting.

2. Emotional disturbance and depression cause the liver *Qi* to overcontrol (*cheng* cycle) the stomach, impairing *Qi* flow of the stomach, leading to rebellious stomach *Qi* and vomiting.
3. Overfeeding: Food stagnation in the stomach causes the failure of stomach *Qi* to descend leading to vomiting.
4. Accumulation of cold in the stomach causes the failure of stomach *Qi* to descend leading to rebellious stomach *Qi* and vomiting.

Pattern Differentiation and Treatment

DISRUPTION OF STOMACH BY EXOGENOUS PATHOGENIC FACTORS

Clinical Signs.

Sudden onset of vomiting especially after changes in weather or season or after travel

Aversion to cold, wind, or heat (sunshine)

Headache (aversion to petting around the head)

Abdominal palpation: Cranial abdomen sensitivity (++)

Tongue: White coating

Pulse: Floating and superficial

TCVM Diagnosis. Rebellious stomach *Qi* with exogenous attack (*Tai-yang* and *Yang-ming* disease)

Treatment Strategies.

Dispel wind-cold.

Regulate up-down *Qi* flow.

Acupuncture Treatment. PC-6, ST-36, LI-4, GB-20, BL-14, BL-20, BL-21

1. PC-6 calms the *shen* and inhibits vomiting.
2. ST-36 regulates stomach *Qi* flow.
3. LI-4 dispels wind-cold and wind-heat.
4. GB-20 dispels wind.
5. BL-14 is the PC back associate point and can calm the *shen*.
6. BL-20 and BL-21 are the spleen and stomach back associate points that regulate the normal *Qi* flow of the spleen and stomach.

Herbal Medicine. *Huo Xiang Zheng Qi Wan*

OBSTRUCTION OF STOMACH BY FOOD STAGNATION

Clinical Signs.

Anorexia
Sudden onset of vomiting after eating
Loose stool
Halitosis
Vomiting of acidic fluid or undigested contents of stomach
Relief after vomiting
Abdominal palpation: Fullness
Tongue: Red with greasy and thick coating
Pulse: Slippery

TCVM Diagnosis. Food stagnation or retention of food in stomach

Treatment Strategies.

Promote digestion.
Relieve stasis.
Stop vomiting.

Acupuncture Treatment. PC-6, BL-14, GB-34, ST-36, BL-21, CV-12, ST-25, ST-37, ST-44

1. PC-6 and BL-14 calm the *shen* and inhibit vomiting.
2. GB-34 and ST-36 are both earth points and regulate stomach *Qi* and stop vomiting.
3. BL-21 and CV-12 are the stomach associate and alarm points and regulate stomach *Qi*.
4. ST-25 and ST-37 are the LI alarm and lower *He*-sea points and assist stomach *Qi* to descend.
5. ST-44 clears heat and stagnation.

Herbal Medicine. *Bao He Wan*

DISRUPTION OF STOMACH BY LIVER *Qi*

Clinical Signs.

Hyperactive wood personality
Irritability
Vomiting small amounts frequently
Acid regurgitation or eructation
Very sensitive to palpation along the flank (LIV-GB Channel regions)
Eyes: Red
Tongue: Purple
Pulse: Wiry

TCVM Diagnosis. Liver *Qi* stagnation or disharmony of the liver and stomach

Treatment Strategies.

Disperse liver.
Eliminate stagnation.
Regulate liver and stomach.

Acupuncture Treatment. PC-6, BL-14, HT-7, GB-34, ST-36, GB-41, LIV-3, BL-18, BL-19

1. PC-6, BL-14, and HT-7 calm the *shen* and inhibit vomiting.
2. GB-34 and ST-36 regulate stomach *Qi* to stop vomiting.
3. GB-41 and LIV-3 soothe liver *Qi* and resolve liver *Qi* stagnation.
4. BL-18 and BL-19 are the LIV and GB associate points and regulate liver *Qi* flow.

Herbal Medicine. *Xiao Yao San*

FALSE COLD DUE TO SPLEEN AND STOMACH

Clinical Signs.

Fatigue or general weakness
Loose stool with undigested grain
Loss of appetite
Muscle atrophy or edema
Warm-seeking
Coldness at ears and extremities
Abdominal discomfort may be relieved by massage
Tongue: Pale
Pulse: Deep and weak

TCVM Diagnosis. Spleen/stomach *Yang* deficiency

Treatment Strategies.

Warm and tonify the middle-*jiao*.
Eliminate cold.

Acupuncture Treatment. *Bai-hui*, GV-3, GV-4, PC-6, BL-14, GB-34, ST-36, BL-20, BL-21, *Pi-shu*, *Qi-hai-shu*, CV-4, CV-6

1. *Bai-hui*, GV-3, and GV-4 warm *Yang*.
2. PC-6 and BL-14 calm the *shen* and inhibit vomiting.
3. GB-34 and ST-36 regulate stomach *Qi* to stop vomiting.
4. BL-20 and BL-21 regulate spleen and stomach.
5. *Pi-shu* and *Qi-hai-shu* are the classical points to strengthen the spleen in horses.
6. CV-4 and CV-6 are general *Qi* tonic points for cats and dogs.

Herbal Medicine. *Li Zhong Tang*

DEFICIENCY OF STOMACH *Yin*

Clinical Signs.

Vomiting, frequent vomiting with small amounts
Loss of appetite
Dry mouth, dry and small feces
Palpation: Abdominal palpation (+++)

Tongue: Red with less or no coating

Pulse: Thready and rapid

Table 9.5. Acupuncture for Treatment for Common Patterns of Vomiting

Pattern type	Clinical signs	Acupuncture points
Disruption of stomach by exogenous pathogenic factors	Sudden onset of vomiting especially after weather/seasonal changes or travel Aversion to cold, wind or heat (sunshine) Headache (aversion to touch around the head) Palpation reveals cranial abdomen pain (++) Tongue: Pale coating Pulse: Floating/superficial	PC-6, ST-36, LI-4, GB-20, BL-14, BL-20, BL-21
Food stagnation	Anorexia Sudden onset of vomiting after eating Loose stool Foul odor from mouth Vomit acidic fluid or undigested stomach contents Relief after vomiting Abdominal palpation: Fullness Tongue: Red with greasy and thick coating Pulse: Slippery	PC-6, BL-14, GB-34, ST-36, BL-21, CV-12, ST-25, ST-37, ST-44
Liver <i>Qi</i> stagnation	Hyperactive personality Irritability Vomiting small amounts Flank and rib pain (+++) on palpation Frequent acid regurgitation/eructation Red eyes Tongue: Purple Pulse: Wiry	PC-6, BL-14, HT-7, GB-34, ST-36, GB-41, LIV-3, BL-18, BL-19
Spleen <i>Qi</i> /Yang deficiency	Vomiting Fatigue Loose stool with undigested grain Loss of appetite Weakness Edema Warm seeking Enjoy massage of the abdomen Abdominal discomfort, may improve after massage Tongue: Pale Pulse: Deep and weak	<i>Bai-hui</i> , GV-3, GV-4, PC-6, BL-14, GB-34, ST-36, BL-20, BL-21, <i>Pi-shu</i> , <i>Qi-hai-shu</i> , CV-4, CV-6
Stomach <i>Yin</i> deficiency	Vomiting Frequent vomiting of small amounts Loss of appetite Dry mouth Small, dry feces Palpation: Abdominal pain (+++) Tongue: Red with less or no coating Pulse: Thready and rapid	PC-6, BL-14, GB-34, ST-36, BL-17, SP-10, KID-3, SP-6, SP-9, BL-20, BL-21

TCVM Diagnosis. Stomach *Yin* deficiency

Treatment Strategies. Nourish stomach *Yin*.

Acupuncture Treatment. PC-6, BL-14, GB-34, ST-36, BL-17, SP-10, KID-3, SP-6, SP-9, BL-20, BL-21

1. PC-6 and BL-14 calm the *shen* and inhibit vomiting.
2. GB-34 and ST-36 regulate stomach *Qi* to stop vomiting.
3. BL-17 and SP-10 are common points to nourish blood and *Yin*.
4. KID-3, SP-6, and SP-9 nourish *Yin*.
5. BL-20 and BL-21 regulate spleen and stomach.

Herbal Medicine. Stomach Happy Formula

Case Example

A four-year-old, intact, male, 77-lb Doberman pinscher presented with a chronic history of inflammatory bowel disease (IBD) and vomiting of yellow fluid/undigested food. The current owner had owned him since seven weeks of age. He

started to have stomach problems at ten months old. He is a dominant dog. He wants to be in charge when in the company of other dogs. He will fight or attack another dog. The squirrel is his worst enemy (he chases and barks at squirrels all the time). There are many complaints from the neighbors because of all the barking at squirrels. He also competes as a show dog. He licks his right front and left rear feet. He is a finicky eater. He vomits yellow liquid before eating.

He barked at every dog on the way to the exam room. He appeared thin, but very bright and alert (great *shen*). On palpation, his flank areas, LIV-14, BL-18, and BL-19, seemed more sensitive. His eyes were red, his tongue was red/purple, and his pulses were very wiry.

He was diagnosed as liver *Qi* stagnation with stomach *Qi* stagnation (or disharmony between liver and stomach). He was treated with herbal medicine *Xiao Yao San* (seven pills, twice daily for two months) and acupuncture. Acupuncture treatments included dry needling at GB-20, LIV-3, LIV-2, PC-6, BL-14, and electroacupuncture (20 Hz and 20 minutes)

at ST-36 + GB-34, BL-21 (bilateral), BL-18 (bilateral), BL-19 (bilateral). His vomiting was under control after four bi-weekly acupuncture treatments and two months of daily herbal medication.

9-7. DIARRHEA

Diarrhea is a common problem in veterinary practice. Diarrhea is defined as an increase in the fecal fluid content, ranging from soft to watery feces, or an increase in frequency (Li 1987). Chronic diarrhea is considered as persistence of diarrhea of at least one month's duration (Merritt 1994). In the Western medical view, it may be a sign of a primary bowel disease including enteritis and colitis, or a nonspecific response to sepsis, toxemia, or diseases of another organ system (Smith 1996). Chronic equine diarrhea has been studied for over two decades by Western medical practitioners, however, diarrheic horses can still be a diagnostic and therapeutic challenge (Merritt 1994). One study showed that diarrhea in animals represented up to 27% of all inpatients and outpatients (Zhang 1988). In another study from Texas A&M University Veterinary Teaching Hospital, 122 horses were admitted for acute diarrhea (identified within 24 hours). Only 91 horses (74.6%) lived and were discharged from the hospital, 28 horses (23.0%) were euthanatized, and three horses (2.4%) died. Antimicrobial administration may induce diarrhea. Horses with a history of administration of antimicrobials, for a problem preceding diarrhea, were found to be approximately 4.5 times less likely to survive (Cohen & Woods 1999).

Traditional Chinese veterinary medicine (TCVM) including acupuncture and herbal medicine has been used in treatment of gastrointestinal disorders, including diarrhea, for at least 1,000 years (Yang 1990). In the TCVM view, diarrhea is divided into five patterns: Cold-damp, damp-heat, food stagnation, spleen *Qi* deficiency, and kidney *Yang* deficiency (Liu 1983, Yang 1990). Acupuncture for treatment of diarrhea is summarized in table 9.6.

Etiology and Pathology

Diarrhea reflects a major disorder of the spleen and stomach. The spleen's main physiological activity is to transform and transport food and water, and spleen *Qi* must always ascend. The stomach receives and decomposes food, and its *Qi* always descends. Anything that causes damage to the spleen's transformation and transportation as well as the *Qi* flow of the spleen and stomach can lead to disorders of digestion and absorption of food and water resulting in diarrhea.

EXOGENOUS PATHOGENIC DAMP-COLD

The spleen favors dryness and needs fire to cook the food. The spleen dislikes damp. Damp or cold environments, food, and medication may result in an accumulation of damp-cold in the spleen damaging the spleen's function of transformation and transportation, and therefore resulting in watery diarrhea.

EXOGENOUS PATHOGENIC DAMP-HEAT

Summer heat, food poisoning, high-carbohydrate and high-protein foods, humid and hot environments, and hot or damp

medication can generate damp-heat in the middle-*jiao* and spleen. Damp-heat damages the blood vessels of the gastrointestinal tract and the spleen's function of transformation and transportation leading to bloody and mucoid diarrhea.

FOOD STAGNATION

Excessive intake of food, particularly greasy, raw, cold, indigestible, or dirty food, can lead to food stagnation in the middle-*jiao*. This can impair the spleen's actions of transformation and transportation and the normal *Qi* flow of the spleen and stomach leading to diarrhea.

SPLEEN *Qi* DEFICIENCY

Deficient spleen *Qi* fails to digest and absorb food and water, is too weak to ascend, and can lead to chronic watery diarrhea.

SPLEEN/KIDNEY *Yang* DEFICIENCY

The fire is the mother of the earth. The spleen (earth) needs fire to cook the food. The fire of *Ming-men* (life gate fire) associated with kidney *Yang* must warm the spleen and stomach to digest and absorb food. A weak kidney *Yang* (life gate fire) fails to support the spleen *Yang* leading to spleen *Yang* deficiency. Deficient spleen *Yang* is unable to digest and absorb water and food leading to diarrhea.

Pattern Differentiation and Treatment

COLD-DAMP

Clinical Signs.

Watery feces

Bowel movements (loud sound of intestinal peristalsis)

Normal feces combined with water

Cold ears and nose

Tongue: Purple, white, or yellow with too much fluid

Pulse: Deep and slow

TCVM Diagnosis. Stomach cold or cold-damp pattern. It can be caused by stressful environmental changes including cold weather, sudden change in diet, drinking too much cold water, or an unknown etiology.

Treatment Strategies.

Warm the middle-*jiao* and eliminate cold.

Excrete damp and stop diarrhea.

Acupuncture Treatment. GV-1, *Bai-hui*, GV-4, ST-36, GB-34, SP-6, SP-9, BL-21, BL-20

1. GV-1 is a local point to stop diarrhea, balance water (body fluids) and regulate the middle-*jiao*.
2. *Bai-hui* and GV-4 are common points to warm *Yang* to dispel cold-damp.
3. ST-36 and GB-34 are the earth points to strengthen the spleen and stomach.
4. SP-6 and SP-9 strengthen the spleen and eliminate dampness.
5. BL-20 and BL-21 are the back-associate points to strengthen the spleen and stomach.

Herbal Medicine. *Ping Wei San*

DAMP-HEAT**Clinical Signs.**

Mucoid feces with a foul odor
 Depression, fever
 Loss of appetite or no appetite
 Abdominal pain
 Scant and dark urination
 Tongue: Deep red with a bad smell
 Coating: Yellow and greasy
 Pulse: Deep and rapid

TCVM Diagnosis. Damp-heat or heat-toxin pattern of spleen and stomach. It can occur in colitis, enteritis, Potomac fever (equine ehrlichial colitis), salmonellosis, and nonspecific gastroenteritis, clostridial and antimicrobial-associated diarrhea.

Treatment Strategies.

Eliminate heat.
 Dry up damp.
 Drain water.
 Stop diarrhea.

Acupuncture Treatment. GV-1, BL-20, BL-21, LI-4, SP-6, LI-11, GV-14, *Wei-jian*, BL-25, ST-25, LI-10, ST-36, GB-34

1. GV-1 is a local point to stop diarrhea, balance water (body fluids), and regulate the middle-*jiao*.
2. BL-20 and BL-21 are the back-associate points to strengthen the spleen and stomach.
3. LI-4 and SP-6 clear damp-heat.
4. LI-11, GV-14, and *Wei-jian* clear heat.
5. BL-25 and ST-25 are the LI associate and alarm points to regulate LI function and stop diarrhea.
6. LI-10, ST-36, and GB-34 strengthen the spleen and stomach.

Herbal Medicine. *Yu Jin San* (Curcuma Powder)

FOOD STAGNATION**Clinical Signs.**

Soft or watery feces with a sour smell or undigested food
 Anorexia with light abdominal fullness and pain
 Abdominal fullness and pain are reduced after diarrhea.
 Tongue: Red with a thick and greasy coating
 Pulse: Deep and tight

TCVM Diagnosis. Food stagnation or food stasis pattern (overfeeding—a common cause)

Treatment Strategies.

Eliminate food stasis.
 Promote digestion.

Acupuncture Treatment. GV-1, BL-21, CV-12, ST-37, BL-25, ST-25, LI-10, ST-36, *Mi-jiao-gan*

1. GV-1 is a local point to stop diarrhea, balance water (body fluids) and regulate the middle-*jiao*.
2. BL-21 and CV-12 are the ST associate and alarm points to strengthen the stomach and resolve food stasis.
3. ST-37 is the LI Lower *He*-sea point to promote GI motility and resolve food stasis.

4. BL-25 and ST-25 are the LI associate and alarm points to regulate LI function and stop diarrhea.
5. LI-10 and ST-36 strengthen the spleen and stomach.
6. *Mi-jiao-gan* is the classical point to promote vagosympathetic function for horses.

Herbal Medicine. *Bao He Wan*

SPLEEN QI DEFICIENCY**Clinical Signs.**

Chronic diarrhea with soft, coarse, or watery feces
 Undigested grain in the feces
 Anorexia
 Emaciation, dry and burned hair, weariness
 Loss of strength of the four limbs
 Tongue: Pale or yellow
 Pulse: Deep and thready

TCVM Diagnosis. Spleen *Qi* deficiency pattern. It can result from a disruption in normal physiologic processes or from a very chronic inflammatory condition.

Treatment Strategies.

Tonify spleen *Qi*.
 Drain damp.
 Stop diarrhea.

Acupuncture Treatment. GV-1, BL-20, BL-21, LI-10, ST-36, SP-6, SP-9, *Qi-hai-shu*, *Pi-shu*

1. GV-1 is a local point to stop diarrhea, balance water (body fluids) and regulate the middle-*jiao*.
2. BL-20 and BL-21 are the spleen and stomach back associate points to strengthen the Stomach.
3. LI-10 and ST-36 strengthen the spleen and stomach.
4. SP-6 and SP-9 strengthen the spleen and eliminate damp to stop diarrhea.
5. *Qi-hai-shu* and *Pi-shu* are the classical points to tonify spleen *Qi* in horses.

Herbal Medicine. *Shen Ling Bai Zhu San*

KIDNEY YANG DEFICIENCY**Clinical Signs.**

Prolonged diarrhea
 Diarrhea occurring at night, especially just before daybreak
 Soft stool with undigested grain
 Coldness in the limbs
 Weakness of the lumbar and limb muscles
 Tongue: Pale
 Pulse: Deep and weak
 More frequent in male animals. 60 of 78 diarrhea cases due to kidney deficiency in cattle were bulls (Xiao 1991).

Diagnosis. Kidney *Yang* deficiency pattern

Treatment Strategies.

Warm and tonify kidney *Yang*.
 Stop diarrhea.

Acupuncture Treatment. GV-1, BL-20, BL-21, LI-10, ST-36, GV-4, GV-3, *Bai-hui*, BL-23, *Shen-shu*, KID-7, KID-3, *Qi-hai-shu*, *Pi-shu*

Table 9.6. Acupuncture for Treatment of Diarrhea

Pattern type	Clinical signs	Acupuncture points
Cold-Damp	Increased bowel movements or loose stool after stressful environmental changes, sudden changes in diet, or drinking too much cold water Cold ears/nose Colic Tongue: Pale or purple and wet Pulse: Deep and slow	GV-1, <i>Bai-hui</i> , GV-4, ST-36, GB-34, SP-6, SP-9, BL-21, BL-20
Heat-Toxin Damp-Heat	Bloody/watery diarrhea or malodorous mucoid feces Colitis, enteritis, Potomac fever, salmonellosis and non-specific gastroenteritis Hot ears/nose Increased thirst Tongue: Deep red with yellow coating Pulse: Deep and rapid	GV-1, BL-20, BL-21, LI-4, SP-6, LI-11, GV-14, <i>Wei-jian</i> , BL-25, ST-25, LI-10, ST-36, GB-34
Food stagnation	Soft or watery feces with a sour smell or undigested food Anorexia with light abdominal fullness and pain Abdominal fullness and pain reduced after diarrhea Tongue: red with a thick and greasy coating Pulse: deep and tight.	GV-1, BL-21, CV-12, ST-25, ST-37, LI-10, ST-36, <i>Mi-jiao-gan</i>
Spleen <i>Qi</i> deficiency	Chronic diarrhea with undigested grain Anorexia Loss of body weight Exercise intolerance Tongue: Pale or yellow Pulse: Deep and weak	GV-1, BL-20, BL-21, LI-10, ST-36, SP-6, SP-9, <i>Qi-hai-shu</i> , <i>Pi-shu</i>
Kidney <i>Yang</i> deficiency	Prolonged diarrhea Diarrhea at night or early morning (day break) Cold and painful back Rear weakness and stiffness Tongue: Pale Pulse: Deep and weak	GV-1, BL-20, BL-21, LI-10, ST-36, GV-4, GV-3, <i>Bai-hui</i> , BL-23, <i>Shen-shu</i> , KID-7, KID-3, <i>Qi-hai-shu</i> , <i>Pi-shu</i>

1. GV-1 is a local point to stop diarrhea, balance water (body fluids) and regulate the middle-*jiao*.
2. BL-20 and BL-21 are the spleen and stomach back-associate points to strengthen the stomach.
3. LI-10 and ST-36 strengthen the spleen and stomach.
4. GV-4, GV-3, and *Bai-hui* warm kidney *Yang*.
5. BL-23, *Shen-shu*, KID-7, and KID-3 tonify the kidney.
6. *Qi-hai-shu* and *Pi-shu* are classical points to tonify spleen *Qi* and stop diarrhea in horses.

Herbal Medicine. Four Immortals

Case Examples: Case 1

Pakie, a six-year-old Freisian mare, was presented to the VMTH on May 8, 2003, as a normal mare with a three-day-old foal with diarrhea. On May 15 she had scant feces and colic with copious amounts of reflux (15–20 liters). She continued to reflux until May 17; at that time she had normal urination and defecation. On May 18 she had severe explosive diarrhea. She became lame with laminitis on May 19.

DAY 1

Major Complaints. Watery diarrhea and laminitis

Physical Findings. Depressed, thin, poor appetite; severe pain at both front feet, often found lying down; stool: watery, foul smelling; tongue: purple, trembles; pulse: weak

TCVM Diagnosis. Spleen *Qi* deficiency, *Qi* stagnation of the feet

TCVM Analysis. Watery stool, thin body condition, poor appetite, trembling tongue, weak pulse and depression indicate *Qi* deficiency. Purple tongue and sore feet indicate *Qi* stagnation.

Treatment Strategies. Tonify spleen *Qi* and move *Qi* to relieve stagnation.

Acupuncture Treatment.

1. Dry needle: PC-9, *Qian-ti-men*, *Bai-hui*
2. Electro: BL-21, BL-25, TH-15, SI-9, and GB-21
3. AquAp: Vitamin B₁₂ (5 cc/point): BL-20, *Qi-hai-shu*

BL-20, *Qi-hai-shu*, BL-21, BL-25, *Bai-hui* tonify *Qi*. The rest of the points move *Qi* and relieve pain.

At the beginning of treatment, the mare was recumbent. After receiving acupuncture therapy for her sore feet, she was willing to stand, started eating, and looked much more comfortable.

DAY 2

This morning Pakie was standing in a normal stance verses leaning back as she was on the 20th. This indicates she is able to bear more weight on her front feet. Even though she stands up more, Pakie is often recumbent throughout the day. Her feces were beginning to have a small amount of a more solid component, but were still watery diarrhea. Her pulse appeared weaker than yesterday and her tongue was darker and trembling more (indicating weakened spleen *Qi*). She eats her hay ration, but is not interested in the Equine Senior

offered to her. Her temperature is 101°F, a slight increase from yesterday of 100.6°F.

Acupuncture Treatment. Dry needling at the following points for 10 minutes: LU-11, TH-1, LI-11, GV-14, PC-9, *Qian-ti-men*, BL-21/20, *Qi-hai-shu*

Herbal Medicine. *Shen Ling Bai Zhu San*, 150 grams (14 scoops), bid

DAY 3

Pakie is eating her hay better but not much of the Equine Senior. Her tongue is pink and not as dark but still has tremors. Her feet are still very sensitive, but she is standing and walking more than yesterday. Her temperature fluctuates between 100.6°F and 101.3°F. Her feces are still watery but with a firmer component, similar to yesterday.

Acupuncture Treatment.

1. Dry needle: PC-9 and TH-1
2. Electroacupuncture at the following pairs of points with 10 min of 20 Hz and 10 min of 80–120 Hz: (a) BL-20, bilateral; (b) BL-21, bilateral; (c) *Qi-hai-shu*, bilateral; (d) GV-1 + *Bai-hui*; and (e) SI-9 + GB-21

Herbal Medicine. Continue with the *Shen Ling Bai Zhu San*, 150 grams, bid.

DAY 4

Pakie was lying down. Watery diarrhea was reported earlier today, however during acupuncture treatment, she had cow-pie feces. Her feet are very sensitive to needling, and she required a twitch to allow the placement of needles. Her temperature has been around 100.6°F. Her appetite is fair to good.

Acupuncture Treatment.

1. Dry needle at BL-25, *Shen-shu*, SI-9, GB-21 for 10 min
2. Electroacupuncture at PC 9 and right front *Qian-ti-men* for 20 Hz 10 min

Herbal Medicine. Continue with the *Shen Ling Bai Zhu San*, 150 grams, bid

DAY 5

She was lying down but got up easily. Her feet are sensitive, but she seems brighter. Her tongue is pink with slight tremors. She continues to have cow-pie feces (soft feces). No watery stool is noticed. Her appetite is fair to good. Her temperature varies between 100.6°F and 101.3°F.

Acupuncture Treatment.

1. Dry needle at *Bai-hui* and BL-21 for 10 min.
2. Electroacupuncture using 20 Hz 10 min at following points: BL-20/25, *Shen-shu*, and *Qi-hai-shu*, PC-9 + *Qian-ti-men*.

Herbal Medicine. Continue with the *Shen Ling Bai Zhu San*, 150 grams, bid.

DAY 6

Pakie is standing today. She is still painful on her feet but seems more comfortable. Her tongue is pink with some

bumps but not trembling. Her appetite is fair to good. Her temperature still fluctuates in the 100.6–101.3°F range. She still has cow-pie, soft feces. She does not object to the needle treatment on her feet as much today.

Acupuncture Treatment.

1. Dry needle: *Bai-hui*, ST-36, GB-34, BL-18b/19, lateral *Qian-ti-men* for 20 min
2. Electroacupuncture with 10 min of 20 Hz and 10 min of 80–120 Hz at the following pairs of points: BL-18a, BL-25, PC-9 + Medial *Qian-ti-men*.

Herbal Medicine. *Shen Ling Bai Zhu San*, 50 grams bid

DAY 7

Pakie is standing and is bright. Her tongue is red to pink. Her feces are within normal limits, slightly soft but formed fecal balls. Her appetite is still fair to good. Her feet are still slightly sore, but much easier to needle. Her temperature still fluctuates in the same range.

Acupuncture Treatment.

1. Dry needle: *Bai-hui*, BL-18, BL-19, LIV-8 for 20 min.
2. Electroacupuncture: *Qi-Hai-Shu*, ST-36 1 GB-34, *Qian-Ti-Men* 1 PC-9 for 20 Hz 20 min.

Herbal Medicine. *Shen Ling Bai Zhu San*, 50 grams bid

DAY 8

Pakie looks very comfortable. She's standing in the stall. Her feces are normal fecal balls. Her appetite is good. Her pulse is normal and strong. Her tongue is pink.

Recommendation. Discharge from the hospital, discontinue the acupuncture and herbal medication.

Case Summary. Diarrhea is one of the most commonly seen clinical conditions. Chinese medicine, including acupuncture and herbal medicine, is an effective therapy for acute and chronic diarrhea in horses. This includes chronic diarrhea cases that do not respond to Western medical therapies and diarrheic horses that have other complications such as laminitis.

Case Examples: Case 2

A 10-year-old spayed female Lhasa apso presented with chronic diarrhea. This dog started having loose, dark stools in February (five months ago). She seems to show some effort to produce them, and they are not more frequent, but large volume and loose. She was being fed a homemade diet based on a variety of raw meat, rice, and vegetables. She has a couple of masses over her right hip/sacral area that are firm and not growing. Over the past three months, the diarrhea has continued in spite of diet modification (more fiber, changing the meat type from chicken to beef to turkey, and finally switching to Hill's W/D). Initially, the dog was not losing weight, but now she has quit eating and is losing weight. CBC/Chem panel were unremarkable. Empirical use of Trimethoprim/Sulfa and Metronidazole have done nothing for the diarrhea. A fecal exam was unremarkable.

On exam, she was bright and alert initially and became more depressed. Heart/lung sounds were normal, abdominal palpation was normal, no masses, no pain, slightly gassy/fluidy guts, lymph nodes were also normal. She has begun to vomit a little. Her tongue was pale lavender and the pulse was deep and deficient. She's very quiet and depressed on the exam table. She seeks warmth and seems more perky in the evenings. The owner is reluctant to do radiographs or exploratory surgery and prefers a TCVM approach.

She was diagnosed as spleen *Qi* deficiency on the basis of the clinical presentation such as loss of body weight, loss of appetite, diarrhea, depression (lethargy), deficient pulse, and a pale lavender tongue. Her increased energy in the evening or greater lethargy in the morning also indicates spleen deficiency since the morning belongs to the earth time (7–11 A.M.). Vomit indicates that spleen *Qi* deficiency allows the “husband” stomach *Qi* to rebel as the SP and ST are like a seesaw. If one side (SP) is up, the other side (ST) automatically goes down. If one side (SP) is deficient or going down, the other side (ST) will rebel (or be stagnant). Thus, regulating the ST is needed in addition to tonifying SP *Qi*.

She was given acupuncture treatments and daily herbal *Xiang Sha Liu Jun Zi Wan* (Eight Gentlemen), one pill per 10 lb, bid, two months. Acupuncture treatments included dry-needling at ST-36, BL-20, and BL-21, CV-4, CV-6, CV-12, GV-1, *Shan-gen*. According to the owner, her clinical signs (including appetite and stool) were 75% resolved after four weekly acupuncture sessions and one month of daily herbal medication. Complete resolution was achieved after another two biweekly acupuncture sessions and one more month of daily herbal treatment.

9-8. ABDOMINAL PAIN (COLIC)

Abdominal pain, colic, is a commonly seen clinical condition in horses and dogs. It directly results from *Qi*-blood stagnation in the abdomen, which can be caused by *Zang-Fu* disorders. It can be divided into five patterns: Cold, damp-heat, bloat *Qi* stagnation, food stagnation, and obstruction. Table 9.7 shows acupuncture for treatment of colic.

Etiology and Pathology

EXOGENOUS COLD

Exogenous pathogenic cold results from cold food and water, cold environments and weather. Cold is characterized by causing contraction, therefore, it leads to stagnation and pain in the gastrointestinal tract when it invades the stomach.

EXOGENOUS PATHOGENIC DAMP-HEAT

Summer heat, food poisoning, high-carbohydrate and high-protein foods, humid and hot environments, hot and damp medications can all generate damp-heat in the middle-*jiao* and spleen. Damp-heat damages the blood vessels of the gastrointestinal tract leading to *Qi*-blood stagnation and colic.

FOOD STAGNATION

Excessive intake of food, particularly greasy, raw, cold, indigestible, and dirty food, leads to food stagnation in the middle-*jiao* and colic.

Pattern Differentiation and Treatment

COLD

Clinical Signs.

Acute onset of abdominal pain or intermittent abdominal pain

Lying down and getting up, pawing at the ground, kicking at the abdomen, looking at the flank, or rolling

Soft or watery feces; increased borborygmus

Cold ears and nose

Tongue: Purple or pale

Pulse: Slow and deep

TCVM Diagnosis. Stomach cold pattern (may be associated with enterospasm)

Treatment Strategies.

Warm the middle-*jiao* to disperse cold.

Promote *Qi* flow.

Stop pain.

Acupuncture Treatment. *Bai-hui*, GV-4, ST-2, GV-26, TH-1, CV-12, BL-21, ST-36, SP-4, *Jiang-ya*, *Er-ding*

1. *Bai-hui* and GV-4 warm *Yang* to dispel cold.
2. GV-26, ST-2, and TH-1 enhance *Qi* flow in the abdomen and stop pain.
3. CV-12 and BL-21 are the stomach alarm and associate points that regulate gastrointestinal function, promote *Qi* flow, and relieve pain.
4. ST-36 and SP-4 strengthen the spleen, warm and promote *Qi* flow in the *Yang* organs.
5. *Er-Ding* and *Jiang-ye* are classical points to promote GI motility and stop colic in horses.

Herbal Medicine. *Ju Pi San*

DAMP-HEAT

Clinical Signs.

Acute onset of abdominal pain or intermittent abdominal pain

Looking at the flank and/or sensitivity to palpation

Fever

Thirst

Diarrhea with mucous, stinky smell

Scant and dark urination

Tongue: Deep red with yellow/greasy coating

Pulse: Surging and rapid

TCVM Diagnosis. LI damp-heat pattern (associated with enteritis)

Treatment Strategies.

Eliminate damp-heat.

Promote *Qi* flow.

Relieve stasis.

Acupuncture Treatment. LI-4, LI-11, GV-14, *Tai-yang*, *Er-jian*, *Wei-jian*, SP-6, SP-9, GV-26, ST-2, TH-1, *Dai-mai*

1. LI-4, LI-11, GV-14, *Tai-yang*, *Er-jian*, and *Wei-jian* clear heat.
2. SP-6 and SP-9 eliminate damp.

3. GV-26, ST-2, and TH-1 promote *Qi* flow in the abdomen and stop pain.
4. ST-2 and TH-1 move *Qi* to stop colic.
5. *Dai-mai* is the classical point to promote GI motility and stop colic in horses.

Herbal Medicine. *Yu Jin San*

BLOAT *Qi* STAGNATION

Clinical Signs.

Subacute onset abdominal pain

Bloat or abdominal fullness

More often in wood constitution animals

Dyspnea or restlessness

Gaseous bowel movement and diminished borborygmus

Anorexia

Tongue: Purple or red

Pulse: Fast or wiry

TCVM Diagnosis. Bloat *Qi* stagnation (associated with gas colic)

Treatment Strategies.

Relieve the stagnant *Qi*.

Disperse bloat.

Purge the feces.

Improve the flow of *Qi*.

Acupuncture Treatment. BL-21, CV-12, ST-37, ST-25, BL-25, ST-2, TH-1, *Pi-shu*, *Qi-hai-shu*, *Jiang-ya*, and *Er-ding*

1. BL-21 and CV-12 are the stomach associate and alarm points that regulate gastrointestinal function, promote *Qi* flow, and relieve pain.

2. ST-37, ST-25, and BL-25 are the LI lower *He*-sea, alarm and associate points to promote GI motility.
3. ST-2 and TH-1 promote *Qi* flow in the abdomen and stop pain.
4. *Qi-hai-shu* is the classical point to tonify the spleen and promote *Qi* flow
5. *Er-ding* and *Jiang-ya* are the classical points to promote GI motility and stop colic in horses.

Herbal Medicine. *Xiao Zhang San*

FOOD STAGNATION

Clinical Signs.

Acute onset of abdominal pain

Reflux esophagitis

Halitosis or swollen upper palate

Tongue: Deep red with yellow and thick coating

Pulse: Deep

TCVM Diagnosis. Food stasis or food stagnation. It refers to accumulation of food or feed impaction.

Treatment Strategies.

Eliminate food stasis.

Promote digestion.

Acupuncture Treatment. BL-21, CV-12, ST-37, ST-25, GV-1, *Wei-jian*, ST-36, ST-40, *Jiang-ya*, and *Er-ding*

1. BL-21 and CV-12 are the stomach associate and alarm points that regulate gastrointestinal function, promote *Qi* flow, and relieve pain.
2. ST-37 and ST-25 are the LI lower *He*-sea, alarm and associate points to promote GI motility.

Table 9.7. Acupuncture for Treatment of Colic

Pattern type	Clinical signs	Acupuncture points
Cold pattern	Acute onset of abdominal pain or intermittent abdominal pain Lying down & getting up, pawing the ground, kicking at the abdomen, looking at the flank, rolling Soft or watery feces, or borborygmus Cold ears and nose Tongue: Purple or pale Pulse: Slow and deep	<i>Bai-hui</i> , GV-4, ST-2, GV-26, TH-1, CV-12, BL-21, ST-36, SP-4, <i>Jiang-ya</i> , <i>Er-ding</i>
Damp-Heat pattern	Acute onset of abdominal pain or intermittent abdominal pain Looking at the flank and/or sensitivity to palpation Fever, increased thirst Diarrhea with mucous, foul smell Scant, dark urination Tongue: Deep red with yellow/greasy coating Pulse: Surging and rapid	LI-4, LI-11, GV-14, <i>Tai-yang</i> , <i>Er-Jian</i> , <i>Wei-Jian</i> , SP-6, SP-9, ST-2, TH-1, <i>Dai-Mai</i>
Bloat <i>Qi</i> stagnation	Subacute onset of colic Bloat; Gaseous bowel movement Abdominal fullness; anorexia Tongue: Purple or red Pulse: Fast or wiry	BL-21, CV-12, ST-37, ST-25, BL-25, ST-2, TH-1, <i>Pi-shu</i> , <i>Qi-hai-shu</i> , <i>Jiang-ya</i> , <i>Er-ding</i>
Food stagnation	Acute onset of abdominal pain Reflux esophagitis Halitosis, or swollen upper palate Tongue: Deep red with yellow and thick coating Pulse: Deep	BL-21, CV-12, ST-37, ST-25, GV-1, <i>Wei-jian</i> , ST-36, ST-40, <i>Jiang-ya</i> , <i>Er-ding</i>

3. GV-1 and *Wei-jian* promote GI motility to resolve food stagnation.
4. ST-36 and ST-40 tonify the spleen and stomach to resolve phlegm and food stagnation.
5. *Er-Ding* and *Jiang-ya* are classical points to promote GI motility and stop colic in horses.

Herbal Medicine. *Qu Mai San*

OBSTRUCTION

See sec. 9-9, Impaction and Constipation.

Case Example

A 12-year-old QH-Arab mare presented to the emergency service of a veterinary medical teaching hospital because of severe colic, which had occurred 24 hours earlier. The rectal palpation indicated large impactions of the large and small intestine. Surgery was not an option because of chronic heaves and respiratory distress. Her heart rate was 89 beats per minute, respiratory rate was 56 breaths per minute. She looked very depressed and had no thirst and no appetite. Her tongue was purple and pulse was weak and fast. Her rectal temperature was 100.9°F. The TCVM diagnosis was food stagnation at the intestines. She was treated with (1) dry-needles at *Bai-hui*, *Jiang-ya*, and *Er-ding*; (2) hemoacupuncture at ST-2 and TH-1; and (3) electroacupuncture at BL-20 (bilateral), BL-21 (bilateral), BL-25 (bilateral), *Pi-shu* (bilateral), and *Qi-hai-shu* (bilateral). She seemed much more comfortable immediately after the acupuncture session. Her heart rate dropped to 50 beats per minute, and respiratory rate to 25 breaths per minute. Four hours later, she defecated and started eating hay and drinking water. Her bowel movement was within normal limits, and the next day she was discharged from the hospital. While she has been treated with acupuncture and herbs for heaves, there has not been any recurrent colic over the past two years (the time the book is written).

9-9. IMPACTION AND CONSTIPATION (JIE ZHENG)

In TCVM, impaction and constipation belongs to *jie zheng*, or obstruction syndrome. Constipation is defined as absent or infrequent defecation. It is a common clinical problem in cats and dogs. It refers to the condition in which feces remain in the colon longer and become drier, harder, and more difficult to pass. Obstipation is defined as intractable constipation in which defecation cannot occur.

Impaction refers to an obstruction of the gastrointestinal tract, which is a common cause of colic in horses. It includes cecal impaction and colonic impaction.

The spleen's responsibility is to digest and absorb food, generate *Gu Qi* (nutrients), and transport *Gu Qi* (ascend) to the upper-*jiao* where the lung can distribute it to be used in the whole body. The stomach sends the rest as waste to the large intestine. The main function of the large intestine is to eliminate feces. A TCVM dictum states: "Large Intestine is the Minister of the transmission (of feces) and feces should

never be stored." Constipation or impaction occur if feces remain too long in the large intestine. See acupuncture for treatment of impaction or constipation in table 9.8.

Etiology and Pathology

Internal Heat. Accumulation of heat in the gastrointestinal tract, either in hot weather, when food is eaten immediately after prolonged work, or eating indigestible food will accumulate and stagnate in the gastrointestinal tract. The stagnation of food will turn into heat, which damages fluids and *Yin*, leading to constipation and impaction.

Internal Dryness. Internal dryness of the large intestine can be caused by blood or *Yin* deficiency. Large intestine lacking moisture will lead to constipation and impaction.

Qi Deficiency. Deficient *Qi* fails to eliminate the feces (defecation) resulting in an impaction or constipation.

Pattern Differentiation and Treatment

HEAT

Clinical Signs.

Acute onset of constipation or impaction

Abdominal pain

Difficulty in defecation or defecating dry/hard feces

Short and yellow urination

Tongue: Deep red with yellow coating

Pulse: Deep and rapid

TCVM Diagnosis. Heat excess pattern

Treatment Strategies. Eliminate heat and purge stasis from the intestines.

Treatment. GV-14, LI-4, LI-11, *Wei-jian*, ST-2, ST-44, ST-45, TH-1, BL-20, BL-21, GV-1, *Jiang-ya*, *Er-ding*

1. GV-14, LI-4, LI-11, and *Wei-jian* clear heat, relieve pain.
2. ST-2, ST-44, ST-45, and TH-1 clear heat, move *Qi*, and relieve pain.
3. BL-20 and BL-21 tonify the spleen and stomach and promote GI motility.
4. GV-1 is a local point to open the *Yang* meridians and regulate GI motility and relieve impaction.
5. *Jiang-ya* + *Er-ding* are the classical points to stop colic and promote GI motility in horses.

Herbal Medicine. *Da Cheng Qi Tang*

INTERNAL DRYNESS

Clinical Signs.

Abdominal pain

Difficulty in defecation or defecating dry/hard feces

Dry skin and haircoat

General weakness

Tongue: Dry, pale, or red

Pulse: Thin, weak, or soft

TCVM Diagnosis. Blood and/or *Yin* deficiency

Treatment Strategies.

Tonify blood and *Yin*.

Moisten the intestines.

Table 9.8. Acupuncture for Treatment of Impaction or Constipation

Pattern type	Clinical signs	Acupuncture points
Heat	Acute onset colic Hot ears/nose; cool seeking Thirsty; foul breath Swollen upper palate Tongue: Red and dry Pulse: Fast	GV-14, LI-4, LI-11, <i>Wei-jian</i> , ST-2, ST-44, ST-45, TH-1, BL-20, BL-21, GV-1, <i>Jiang-ya</i> , <i>Er-ding</i>
Yin/blood deficiency	Very chronic megacolon Impaction Dry and flaky skin Weak or geriatric patients Tongue: Pale or red and dry Pulse: Fast, thready, and weak	BL-17, SP-10, SP-6, KID-3, BL-21, CV-12, ST-25, BL-25, ST-37, GV-1
Qi deficiency	Chronic constipation or colic Anorexia Loss of body weight Exercise intolerance or general weakness Tongue: Pale and wet Pulse: Deep and weak	LI-10, ST-36, CV-4, CV-6, BL-21, CV-12, ST-25, BL-25, ST-37, GV-1, <i>Pi-shu</i> , <i>Qi-hai-shu</i>

Acupuncture Treatment. BL-17, SP-10, SP-6, KID-3, BL-21, CV-12, ST-25, BL-25, ST-37, GV-1

1. BL-17 and SP-10 nourish blood and moisten the large intestine.
2. SP-6 and KID-3 nourish *Yin*.
3. BL-21 and CV-12 are the stomach alarm and associate points that regulate gastrointestinal function, promote *Qi* flow, and relieve pain.
4. ST-37, ST-25, and BL-25 are the LI lower *He*-sea, alarm and associate points to promote GI motility.
5. GV-1 is a local point to open the *Yang* meridians, regulate GI motility, and relieve constipation.

Herbal Medicine. *Dang Gui Cong Rong Tang*

Qi DEFICIENCY

Clinical Signs.

Anorexia or loss of body weight
Difficulty in defecation or weak defecation
Lethargy or exercise intolerance
Tongue: Pale and wet
Pulse: Deep and weak

TCVM Diagnosis. Spleen *Qi* deficiency with stagnation

Treatment Strategies.

Tonify *Qi*.

Promote defecation.

Acupuncture Treatment. LI-10, ST-36, CV-4, CV-6, BL-21, CV-12, ST-25, BL-25, ST-37, GV-1, *Pi-shu*, *Qi-hai-shu*

1. LI-10 and ST-36 tonify *Qi* and promote defecation.
2. CV-4 and CV-6 general *Qi* tonification.
3. BL-21 and CV-12 are the stomach associate and alarm points that regulate gastrointestinal function, promote *Qi* flow, and relieve pain.
4. ST-37, ST-25, and BL-25 are the LI lower *He*-sea, alarm and associate points to promote GI motility.
5. GV-1 is a local point to open the *Yang* meridians, regulate GI motility, and relieve constipation.

6. *Pi-shu* and *Qi-hai-shu* are classical points to tonify spleen *Qi* in horses.

Herbal Medicine. *Fan Xie Ye* + Four Gentlemen

Case Example

A 13-year-old spayed female Maine coon cat presented with chronic and frequent impactions of her colon. Her colon had been cleaned out under anesthesia five times in the past two years. Recently, she refused to eat and drink much water. She vomited digested food when impacted. She was on Lactulose and Cisapride daily. Her first visit was on July 1, 2003. She had no bowel movements for five days. Her whole abdomen felt like it was filled with hard fecal “eggs.” Her haircoat and skin were dry. Her tongue was red and dry and pulse was weak. Her personality was the earth. She showed warm-seeking behavior.

She was diagnosed as spleen/stomach (LI) *Yin* and *Qi* deficiency. *Yin* deficiency was based on dryness, and red and dry tongue. *Qi* deficiency was because of warm-seeking, weak pulse, anorexia, and decreased thirst. She was given *Ma Zi Ren Wan* two pills twice daily, and *Fan Xie Ye*, one capsule, twice daily. She also received acupuncture therapy including dry-needling at GV-20, CV-12, and ST-25, and electro-acupuncture (10 minutes of 20 Hz and 10 minutes of 80–120 Hz) at BL-21, (bilateral), BL-25 (bilateral), ST-36 + ST-37. The owner reported the cat defecated a long (12 × 3 cm) firm stool 10–16 hrs after the acupuncture treatment. Then she had a bowel movement every two to three days. The stool is dry and contains no blood. She had a normal bowel movement after three weekly acupuncture treatments and 30 days of herbal medication.

9-10. JAUNDICE SYNDROME (*HUANG-DAN*)

Jaundice/icterus, also called *Huang-dan*, refers to the expression of a yellow color in the skin, sclera, and mucous membranes. It results from increased amounts of bilirubin in tissues and increased serum bilirubin levels. It includes *Yang*

Table 9.9. Acupuncture for Treatment of Jaundice

Pattern type	Clinical signs	Acupuncture points
<i>Yang</i> jaundice	Sudden occurrence of jaundice/icterus Yellow mucous membranes of the mouth, eyes and nostrils Bright yellow color like orange peel Depression, loss of appetite, dry feces or diarrhea, fever Tongue: Red and yellow with yellow and greasy coating Pulse: Wiry and rapid	BL-18, BL-19, GV-9, GB-34, LIV-3, LIV-2, <i>Wei-jian</i> , LI-4, LIV-4, SP-9, SP-6, ST-40
<i>Yin</i> jaundice	Chronic jaundice Yellow mucous membranes of the eyes/mouth/nose grey/yellow color Depression, weakness of the four limbs Loss of appetite Cool ears and nose, and cold extremities Tongue: Pale with white and greasy coating Pulse: Deep, thready and weak	BL-18, BL-19, GV-9, SP-9, SP-6, ST-40, ST-36, BL-20, BL-21, BL-48, GV-4, CV-12

jaundice and *Yin* jaundice. Table 9.9 summarizes acupuncture for treatment of jaundice.

Etiology and Pathology

SUFFOCATING OF DAMP-HEAT

Damp-heat accumulated in the Middle-*jiao* impairs the spleen's functions of transporting and transforming, as a result, the damp-heat suffocates the liver and gallbladder leading to overflow of the bile and jaundice.

ACCUMULATION OF COLD-DAMP

When cold-damp accumulates in the interior bile flow may be obstructed and spills into the skin and mucous membranes leading to the jaundice.

Pattern Differentiation and Treatment

YANG JAUNDICE

Clinical Signs.

Sudden occurrence of jaundice/icterus
Yellow mucous membrane of the mouth, eyes, and nostrils
Bright yellow color like orange peel
Depression, loss of appetite, dry feces or diarrhea, fever
Tongue: Red and yellow with yellow and greasy coating
Pulse: Wiry and rapid

TCVM Diagnosis.

Liver damp-heat pattern. Often occurs in acute cholangio-hepatitis.
Many times associated with ascending bacterial, fungal, protozoal infection or liver flukes.

Treatment Strategies. Eliminate liver damp-heat.

Acupuncture Treatment. BL-18, BL-19, GV-9, GB-34, LIV-3, LIV-2, *Wei-jian*, LI-4, LIV-4, SP-9, SP-6, ST-40

1. BL-18 and BL-19 are the liver and GB associate points to regulate liver and GB.
2. GV-9 is an important point to clear jaundice.
3. LIV-3 and GB-34 soothe liver *Qi* and clear liver excess.
4. LIV-2, *Wei-jian*, LI-4, and LIV-4 clear heat from the liver.
5. SP-9, SP-6, and ST-40 tonify the spleen to resolve dampness.

Herbal Medicine. *Long Dan Xie Gan Tang*

YIN JAUNDICE

Clinical Signs.

Chronic jaundice
Yellow mucous membranes of the eyes/mouth/nose (grey/yellow color)
Depression, weakness in the four limbs
Loss of appetite
Cool ears and nose; cold extremities
Tongue: Pale with white and greasy coating
Pulse: Deep, thready, and weak

TCVM Diagnosis. Cold-damp pattern. Often associated with chronic pancreatitis, IBD, or liver flukes. Progressive chronic disease may be associated with hepatic encephalopathy.

Treatment Strategies.

Tonify the spleen and *Qi*.
Warm the middle-*jiao* and resolve damp.

Acupuncture Treatment. BL-18, BL-19, GV-9, SP-9, SP-6, ST-40, ST-36, BL-20, BL-21, BL-48, GV-4, and CV-12

1. BL-18 and BL-19 are the liver and GB associate points to regulate liver and GB.
2. GV-9 is an important point to clear jaundice.
3. SP-9, SP-6, and ST-40 tonify the spleen and resolve dampness.
4. ST-36, BL-20, BL-21 tonify the spleen and resolve dampness.
5. BL-48, GV-4, and CV-12 (using moxibustion) warm the middle-*jiao* and resolve cold-damp.

Herbal Medicine. *Yin Chen Zhu Fu Tang*

9-11. WEI SYNDROME

Wei syndrome refers to a complex of signs including flaccid muscles, weak tendons and ligaments, numbness, and/or atrophy of limbs with motor impairment. Its clinical signs are as the *Su Wen (General Questions)* states: “*Wei* means that the hands and feet are too weak to move.” For the treatment of *Wei* syndrome, the general guideline is based on pattern differentiation and selecting points of ST and LI as the *Su*

Wen states: “Only points along the *Yang-ming* Channels are selected to treat *Wei* Syndrome.” Acupuncture for treatment of *Wei* syndrome is summarized in table 9.10.

Etiology and Pathology

HEAT IN THE LUNG

Exogenous pathogens invade the body and generate heat in the lung. Lung heat can damage body fluids. Deficient body fluids and *Yin* fail to nourish tendons, ligaments, and muscles leading to flaccidity, weakness, and atrophy of the limbs.

DAMP-HEAT

Greasy and rich food may gradually generate damp-heat in the middle-*jiao*. Exogenous pathogenic damp-heat can also invade the body. Damp-heat accumulated in the interior can generate *Qi*-blood stagnation leading to malnourishment of the tendons and muscles and, therefore, *Wei* syndrome.

SPLEEN DEFICIENCY

Overwork, poor quality of food, or overfeeding may impair the spleen and stomach leading to spleen *Qi* deficiency and, therefore, decreased production of *Qi* and blood. With nourishment of *Qi* and blood diminished, limbs gradually become flaccid and atrophied.

DEFICIENCY OF LIVER

The liver stores blood and controls the tendons and ligaments. Therefore, liver blood and *Yin* deficiency can lead to *Wei* syndrome.

DEFICIENCY OF KIDNEY

The kidney stores essence (*Jing*) and dominates the bones. Chronic illness, ageing, or indulgent sexual activities may cause loss of essence gradually leading to *Wei* syndrome.

Pattern Differentiation and Treatment

HEAT IN THE LUNG

Clinical Signs.

Dry skin, short urination, dry stool
Increased thirst, restlessness, dry throat
Early stage of *Wei* syndrome, worse in the front limbs
Metal personality is prone to this condition.
A history of cough or asthma/heaves
Tongue: Red and dry
Pulse: Thready and fast

TCVM Diagnosis. Lung heat

Treatment Strategies.

Clear lung heat.
Tonify tendons and muscles.

Acupuncture Treatment. LI-4, LI-2, LI-11, LU-5, LU-10, LI-10, LI-15, LU-9, LU-1, BL-13

1. LI-4, LI-2, LI-11, LU-5, and LU-10 clear lung heat.
2. LI-10 and LI-15 tonify the front limbs.
3. LU-9, LU-1, and BL-13 tonify the lung and the front limbs.

Herbal Medicine. *Qing Zao Jiu Fei Tang*

DAMP-HEAT

Clinical Signs.

Obesity
Earth personality
A history of IBD or damp skin
Edema
Muscle atrophy
Weakness
Lethargy
Tongue: Greasy and wet
Pulse: Fast

TCVM Diagnosis. Damp-heat in the spleen and stomach

Treatment Strategies.

Clear damp-heat.
Tonify tendons and muscles.

Acupuncture Treatment. LI-4, LI-11, GV-14, ST-44, SP-9, SP-6, GB-34, ST-36, ST-31, ST-32, ST-34, LI-10

1. LI-4, LI-11, GV-14, and ST-44 clear heat.
2. SP-9 and SP-6 tonify the spleen and resolve dampness.
3. GB-34, ST-36, ST-31, ST-32, ST-34, and LI-10 tonify the tendons, ligaments, and muscles of the limbs.

Herbal Medicine. *Si Miao San*

SPLEEN *Qi* DEFICIENCY

Clinical Signs.

Lethargy, shortness of breath
Weakness of the limbs, too weak to walk (get up)
Loose lips, anorexia
Loose stool
Emaciation, dry or burned hair
Edema
Tongue: Pale and wet
Pulse: Deep and weak

TCVM Diagnosis. Spleen *Qi* deficiency

Treatment Strategies.

Tonify spleen *Qi*.
Strengthen tendons and muscles.

Acupuncture Treatment. BL-20, BL-21, ST-36, LI-10, CV-6, CV-12, SP-3, LI-4, LI-11, GB-34, ST-31, ST-32, ST-34

1. BL-20, BL-21, ST-36, LI-10, CV-6, CV-12, and SP-3 tonify *Qi* and strengthen the spleen and muscles.
2. LI-4, LI-11, GB-34, ST-31, ST-32, and ST-34 tonify the tendons, ligaments, and muscles of the limbs.

Herbal Medicine. *Bu Zhong Yi Qi Tang*

KIDNEY *Qi* AND *YANG* DEFICIENCY

Clinical Signs.

Weak lumbar region and hindquarters
Inability to rise and walk
Emaciation or anorexia
Coldness in the back, trunk, and limbs; warm-seeking
Urinary incontinence or infertility
Prolonged diarrhea

Tongue: Pale and swollen
Pulse: Very deep and weak

TCVM Diagnosis. Kidney *Qi*/*Yang* deficiency

Treatment Strategies.

Tonify kidney *Qi* and *Yang*.
Strengthen the tendons and muscles.

Acupuncture Treatment. GV-3, GV-4, BL-23, BL-26, *Shen-shu*, *Shen-peng*, *Shen-jiao*, LI-10, ST-36, GB-34, PC-8, KID-1, KID-7, KID-10

1. GV-3, GV-4, and *Bai-hui* warm *Yang*.
2. *Shen-shu*, *Shen-peng*, *Shen-jiao*, BL-23, and BL-26 tonify the kidney to strengthen the rear limbs.
3. LI-10, ST-36, and GB-34 tonify the tendons, ligaments, and muscles of the limbs.
4. PC-8 and KID-1 tonify the limbs.
5. KID-7 and KID-10 tonify the kidney.

Herbal Medicine. *You Gui Wan*

KIDNEY *QI* AND *YIN* DEFICIENCY

Clinical Signs.

Emaciation
Weakness of the lumbar region and limbs
Heat-seeking, cool extremities (more *Qi* than *Yin* deficient)
Dry skin
Tongue: Pale or red and dry
Pulse: Weak and thready

TCVM Diagnosis. Kidney *Qi* and *Yin* deficiency

Treatment Strategies.

Tonify kidney *Qi* and *Yin*.
Strengthen tendons and muscles.

Acupuncture Treatment. KID-3, SP-6, BL-23, CV-4, CV-6, BL-26, *Shen-shu*, *Shen-peng*, *Shen-jiao*, LI-10, ST-36, GB-34, PC-8, KID-1

1. KID-3, SP-6, and BL-23 tonify kidney *Yin*.
2. CV-4, CV-6 and BL-26 tonify kidney *Qi*.
3. *Shen-shu*, *Shen-peng*, *Shen-jiao*, and BL-26 tonify the kidney and strengthen the rear limbs.
4. LI-10, ST-36, and GB-34 tonify the tendons, ligaments, and muscles of the limbs.
5. PC-8 and KID-1 tonify the limbs.

Herbal Medicine. *You Gui Wan* + *Zuo Gui Wan*

Case Example

A 13-year-old, male, 76-lb golden retriever presented with limb weakness and muscle atrophy. As expected, he did not show any pain or sensitivity along the *shu* points. His pulses were deficient and very hard to find. His tongue was usually pale and wet. His muscles were atrophied on all four limbs. His appetite was good and bowels and urination were normal. He was occasionally urinary incontinent. He was exercise intolerant. He preferred to be warm. Although he struggled to

Table 9.10. Acupuncture for Treatment of *Wei* Syndrome

Pattern type	Clinical signs	Acupuncture points
Damp-Heat	Obesity Earth personality History of IBD or damp skin Edema Muscle atrophy Weakness Lethargy Tongue: Greasy and wet Pulse: Fast	LI-4, LI-11, GV-14, ST-44, SP-9, SP-6, GB-34, ST-36, ST-31, ST-32, ST-34
Spleen <i>Qi</i> deficiency	Lethargy, shortness of breath Weakness of the limbs, too weak to walk (get up) Loose lips, anorexia Loose stool Emaciation, dry or burned hair Edema Tongue: Pale and wet Pulse: Deep and weak	BL-20, BL-21, ST-36, LI-10, CV-6, CV-12, SP-3, LI-4, LI-11, GB-34, ST-31, ST-32, ST-34
Kidney <i>Qi</i> / <i>Yang</i> deficiency	Weakness of the lumbar region and limbs Inability to rise and walk Emaciation or anorexia Cold trunk and limbs Urinary incontinence or infertility Prolonged diarrhea Tongue: Pale Pulse: Weak	GV-3, GV-4, BL-23, BL-26, <i>Shen-shu</i> , <i>Shen-peng</i> , <i>Shen-jiao</i> , LI-10, ST-36, GB-34, PC-8, KID-1, KID-7, KID-10
<i>Qi</i> - <i>Yin</i> deficiency	Emaciation Weakness of the lumbar region and limbs Heat-seeking or cool extremities Dry skin Tongue: Pale or red and dry Pulse: Weak and thready	KID-3, SP-6, BL-23, CV-4, CV-6, BL-26, <i>Shen-shu</i> , <i>Shen-peng</i> , <i>Shen-jiao</i> , LI-10, ST-36, GB-34, PC-8, KID-1

walk, he was able to get around and eliminate without accidents in the house. He seemed very content just lying around the house. He appeared to be getting progressively weaker as time went by.

This is a typical *Wei* syndrome presentation: an old dog with general weakness, unable to get around very well, atrophied muscles, and no major pain issues. The major differentiation between *Bi* syndrome (arthritis) and *Wei* syndrome is pain. *Bi* refers to blockage, thus there must be pain involved (“Where there is blockage, there must be pain”). On the other hand, *Wei* refers to weakness and deficiency. *Wei* syndrome often occurs in geriatric patients.

This dog was diagnosed with spleen *Qi* and kidney *Qi* deficiency or *Wei* syndrome. Kidney *Qi* deficiency was based on age and urinary incontinence. Spleen *Qi* deficiency was based on four-limb weakness, exercise intolerance, and muscle atrophy. He was given the herbal medicine *Shi Quan Da Bu Tang* at a dose of seven pills twice daily. He was also treated with acupuncture: dry needling at *Bai-hui*, PC-8, LI-10, KID-1, CV-4, and CV-6 and electroacupuncture at BL-20 (bilateral), BL-21 (bilateral), BL-26 (bilateral), and ST-36 + GB-34. He was able to walk 30 minutes twice every day after four biweekly acupuncture and two months of daily herbal medicine. He was doing very well until he died at the age of 15.

9-12. SHEN DISTURBANCE

Shen is the outward appearance of the vital activities of the whole body. It rules the mind, mental activities, memory, and sleep. It provides us with awareness, clear feeling, and gives us inner peace. Disorders of *shen*, or *shen* disturbance, refers to mental disorders and behavioral problems. The heart dominates blood and vessels. The heart stores *shen*. Therefore, *shen* disturbance is mainly related to the heart. Treatment for *shen* disturbance is summarized in table 9.11.

Etiology and Pathology

FIRE AND PHLEGM

Excessive heat or fire can be generated from food or environment, especially in the excessive fire constitution, which tends to be hot, or in the weak water constitution, which fails to control fire. Heat or fire can easily damage and boil the body fluids, which generates phlegm. Phlegm combined with fire stagnates in the Heart Channel and mind leading to a *shen* disturbance.

EMOTIONAL STRESS

Loss of a companion, traveling/boarding, drug abuse, competition/racing, and noise/light can lead to liver *Qi* stagnation. Liver *Qi* stagnation can easily turn into excessive fire and disturb the *shen*.

HEART *YIN* OR BLOOD DEFICIENCY

When the heart blood or *Yin* are deficient, they fail to nourish *shen* leading to a *shen* disturbance.

Pattern Differentiation and Treatment

PHLEGM FIRE FLARING UPWARD

Clinical Signs.

Hyper/strong personality from hyperactivity to mental mania
Unable to be still, always restless

Strange, manic behavior (chewing fences, barking without reason, chasing tail)

Tongue: Red or deep red

Coating of the tongue: Yellow, or thick yellow and dry

Pulse: Surging and rapid

TCVM Diagnosis. Excess fire and phlegm

Treatment Strategies.

Clear fire/heat.

Transform phlegm.

Calm the heart.

Tranquilize the mind.

Acupuncture Treatment. GV-14, *Tai-yang*, *Er-jian*, *Wei-jian*, ST-44, HT-9, PC-9, *An-shen*, *Da-feng-men*, HT-7, PC-6, ST-40, SI-3, LIV-3, LIV-2

1. GV-14, *Tai-yang*, *Er-jian*, *Wei-jian*, and ST-44 clear heat.
2. HT-9 and PC-9 are the first level (*jing*-well) points and calm the mind.
3. *An-shen*, *Da-feng-men*, HT-7, and PC-6 are the major points to calm the heart and *shen*.
4. ST-40 clears phlegm.
5. SI-3 opens the GV and calms *shen*.
6. LIV-3 and LIV-2 soothe and cool the liver.

Herbal Medicine. *Zhen Xin San*

FIRE WITH *YIN* DEFICIENCY

Clinical Signs.

Easily frightened by thunderstorms, fireworks, strangers

Stall restlessness

Panting or hot ears, nose, body

Increase in thirst

Tongue: Red or deep red with crack lines

Coating: None or little or peeled off and dry

Pulse: Thready, fast, and weak

TCVM Diagnosis. *Yin* deficiency with false heat

Treatment Strategies.

Nourish *Yin*.

Drain the false fire.

Calm the *shen*.

Acupuncture Treatment. HT-7, BL-15, *An-shen*, *Da-feng-men*, KID-3, BL-23, SP-6

1. HT-7 and BL-15 are the heart source and associate points to nourish the heart and calm *shen*.
2. *An-shen* and *Da-feng-men* calm *shen*.
3. KID-3, BL-23 and SP-6 nourish *Yin*.

Herbal Medicine. *Er Yin Jian*

HEART *Qi* DEFICIENCY***Clinical Signs.***

Panic without any reason
 Tolerates thunderstorms, fireworks, or noise
 Poor memory
 Prolonged sleep pattern
 Distracted easily, or loss of focus/attention
 Unable to obey the owner or trainer
 Tongue: Pale and wet
 Coating: White coating
 Pulse: Weak

TCVM Diagnosis. Heart *Qi* deficiency

Treatment Strategies.

Tonify heart *Qi*.
 Calm the heart.
 Tranquelize the mind.

Acupuncture Treatment. *An-shen*, *Da-feng-men*, HT-7, PC-6, CV-17, LU-7, LI-10, ST-36, BL-14/15/43/44

1. *An-shen* and *Da-feng-men* calm *shen*.
2. HT-7 and PC-6 tonify heart *Qi* and calm *shen*.
3. CV-17, LU-7, LI-10, and ST-36 tonify *Qi*.
4. BL-14, BL-15, BL-43, and BL-44 nourish the heart and calm *shen*.

Herbal Medicine. *Yang Xin Tang* (Heart *Qi* Tonic)

HEART *Yin*/BLOOD DEFICIENCY***Clinical Signs.***

Panic without reason
 Poor memory
 Insomnia
 Distracted easily or loss of focus/attention
 Unable to obey the owner or trainer
 Dry skin or dandruff
 Tongue: Red or pale with crack lines
 Coating: None or little, or peeled off and dry
 Pulse: Thready, weak

TCVM Diagnosis. Heart *Yin*/blood deficiency

Treatment Strategies.

Nourish heart *Yin* and blood.
 Calm the heart.
 Tranquelize the mind.

Acupuncture Treatment. *An-shen*, *Da-feng-men*, HT-7, PC-6, BL-14/15/43/44, BL-17, SP-10, KID-3, SP-6

1. *An-shen* and *Da-feng-men* calm *shen*.
2. HT-7 and PC-6 tonify the heart and calm *shen*.
3. BL-14, BL-15, BL-43, and BL-44 nourish the heart and calm *shen*.
4. BL-17 and SP-10 nourish blood.
5. KID-3 and SP-6 nourish *Yin*.

Herbal Medicine. *Shen Calmer*

Table 9.11. Acupuncture for Treatment of *Shen* Disturbance

Pattern type	Clinical signs	Acupuncture points
Phlegm fire flare upward	Hyper/strong personality from hyperactivity to mental mania Unable to be still, always restless Strange manic behavior (chewing fences, barking without reason, chasing the tail) Tongue: Red or deep red with yellow and dry coating Pulse: Surging and rapid	GV-14, <i>Tai-Yang</i> , <i>Er-jian</i> , <i>Wei-jian</i> , ST-44, HT-9, PC-9, <i>An-shen</i> , <i>Da-feng-men</i> , HT-7, PC-6, ST-40, SI-3, LIV-3, LIV-2
Fire with <i>Yin</i> deficiency	Easily frightened by thunderstorms/fireworks/strangers Stall restlessness Panting, or hot ears/nose/body Increase in thirst Tongue: Red or deep red with crack lines Coating: None or little, or peeled off and dry Pulse: Thready, fast, and weak	HT-7, BL-15, <i>An-shen</i> , <i>Da-feng-men</i> , KID-3, BL-23, SP-6
Heart <i>Qi</i> deficiency	Panic without any reason OK with thunderstorm, fireworks, or noise Poor memory Prolonged sleep pattern Distracted easily or loss of focus/attention Unable to obey the owner or trainer Tongue: Pale and wet Coating: White coating Pulse: Weak	<i>An-shen</i> , <i>Da-feng-men</i> , HT-7, PC-6, CV-17, BL-14/15/43/44
Heart <i>Yin</i> /blood deficiency	Panic without reason Poor memory Insomnia Distracted easily or loss of focus/attention Unable to obey the owner or trainer Dry skin or dandruff Tongue: Red or pale with crack lines Coating: None or little, or peeled off and dry Pulse: Thready, weak	<i>An-shen</i> , <i>Da-feng-men</i> , HT-7, PC-6, BL-14/15/44/43, BL-17, SP-10, KID-3, SP-6

Case Examples: Case 1

A four-year-old spayed female cocker/LabX presented with severe separation anxiety. Bungee was adopted from the shelter at one to two years old. She has some skin allergies that get worse in the spring and summer. She has been caged when the owner is not home. Bungee had always shown signs of separation and thunderstorm anxiety since she was adopted. The owner had tried Clomicalm, peppermint oil, homeopathic anxiety formulas, and behavior modification techniques but nothing had improved the condition. Recently her anxiety and thunderstorm fear was getting worse. She broke a canine tooth on the cage and showed excessive panting, drooling, and clawing. She first presented to the hospital on June 24, 2003, for acupuncture and herbal therapy for her anxiety. Her ears and whole head felt hot. Her tongue was bright red and her pulse was strong and fast. She has a water constitution.

TCVM DIAGNOSIS

Shen disturbance due to phlegm-fire

ACUPUNCTURE TREATMENT

1. Dry needle at GV-20, *An-shen*, BL-23, KID-3, KID-7, and *Da-feng-men*
2. Aquapuncture: 0.3 cc vitamin B₁₂/point at BL-14, BL-43, BL-15, BL-44, HT-7

HERBAL MEDICINE

Zhen Xin San, five capsules bid, three months

FUTURE PLAN

Encourage cool foods such as tofu, fish, beef, rice, potato, and spinach. Avoid hot foods such as lamb, deer meat, and chicken. Complete six acupuncture treatments every two weeks, and continue the herbal therapy for three months.

OUTCOME

The owner claimed that the dog's behavior improved 50% after three biweekly acupuncture treatments and daily herbal medicine, and it was 90% better after completion of six biweekly acupuncture treatments and three months of daily herbal medication. The dog then received acupuncture treatments once every three to six months and remained comfortable at home even when the owner was away.

Case Examples: Case 2

An eight-year-old, FS red, Doberman pinscher was rescued in November 2002 from an owner who abused and neglected her. She had been doing well with the current owner until about five weeks ago. The owner reported that she had been stung by a bee in the backyard and since then had been reluctant to go out of the house. She now urinates in the house. She had a history of urinary incontinence, which had been controlled using Proin 50, one tablet bid. She has a good appetite and drinks a lot. She also has a history of urinary tract infections.

TCVM EXAM

Her ears and face feel warm, her underside is cooler. Her tongue is pale, cracked, and dry. Her pulse is weak, weaker

on the left. Her skin is dry and flaky. She also showed cool-seeking behavior. She sometimes woke up the owner at midnight. Her personality is water (she is fearful, older, has a tendency toward bladder problems such as incontinence and infection).

TCVM DIAGNOSIS

Behavioral problem due to heart blood and *Yin* deficiency

ACUPUNCTURE TREATMENT

1. Dry needle: GV-20, *Bai-hui*, BL-26, BL-14, BL-15, BL-44
2. Aquapuncture: Vitamin B₁₂, 2 cc at *An-shen*, and 0.3 cc at BL-39

HERBAL THERAPY

Shen Calmer, six capsules bid for two months

OUTCOME

The owner reported the dog showed great mental improvement without any incident of urinary incontinence. She was playful and went out to the backyard after one acupuncture treatment and one month of daily herbal medicine.

Case Examples: Case 3

A yearling quarter horse colt presented with stall anxiety. He was going up for sale in two weeks. He was easily distracted when training and showed storm anxiety and nervousness. He had a deep red tongue and a weak pulse on the left side. He was a hyper, strong colt. His personality was fire as he was very friendly, loved to be touched and petted, difficult to keep still, and very sensitive to needles.

TCVM DIAGNOSIS

Shen disorder due to fire and *Yin* deficiency

ACUPUNCTURE TREATMENT

1. Dry needle: GV-14, LI-4, LI-11, HT-7, BL-15, KID-3, BL-23, SP-6
2. Aquapuncture: Vitamin B₁₂, 5 cc each point at *An-shen*, BL-14

HERBAL MEDICINE

Shen Calmer, 30 g, bid for two weeks

OUTCOME

He was peaceful in the trailer on the way to the Kentucky yearling sale and was sold for a good price.

9-13. HEART FAILURE

Heart failure occurs when the heart cannot pump enough oxygenated blood to the peripheral tissues. Cardiac output is, therefore, inadequate. Congestive heart failure (CHF) occurs when blood dams up in organs (usually lungs), consequently, leading the organs to function abnormally or become edematous.

Clinical signs include dyspnea, cough, exercise intolerance, and collapse. There are three types of heart failure: Class I in which Clinical Signs are seen only with the most

vigorous exercise, Class II where signs are seen with minimal exercise, and Class III where signs are seen even at rest. Table 9.12 summarizes acupuncture for common patterns of congestive heart failure.

Etiology and Pathology

In traditional Chinese medicine (TCM), the heart is the “King of Circulation.” The heart *Qi* is the power and force used to pump the blood to circulate in the whole body. The heart is also the house of the spirit (mind), or *shen*. The deficient heart can lead to poor circulation and *shen* disturbance. Heart failure, or CHF, can be divided into six TCVM patterns: (1) *Qi*-blood stagnation, (2) heart *Qi* deficiency, (3) heart *Yang* deficiency, (4) kidney *Yang* deficiency, (5) deficiency of *Qi* and *Yin*, and (6) collapse of *Yang Qi*.

Pattern Differentiation and Treatment

Qi-BLOOD STAGNATION

Clinical Signs.

Painful sensitivity of the back and thorax

Fullness in the flank

Restlessness

Pulse: Deep or slow

Tongue: Grey/purple with petechia

Overall, no significant deficient signs are seen

It can be seen in Class I heart failure.

Treatment Strategies.

Activate *Qi* and blood.

Eliminate stagnation to stop pain.

Acupuncture Treatment. BL-14, BL-15, PC-6, LU-7, LU-9, HT-7, LIV-3, LI-4

Herbal Medicine. *Xue Fu Zhu Yu Tang*

HEART *Qi* DEFICIENCY

Clinical Signs.

Shortness of breath

Palpitation

Spontaneous sweating

Listlessness

Lassitude

Tongue: Pale with a white coating

Pulse: Weak, irregularly or regularly intermittent

Treatment Strategies. Tonify heart *Qi*.

Acupuncture Treatment. BL-14/15, PC-6, LU-7, LU-9, HT-7, CV-17, CV-14, CV-4, ST-36

Herbal Medicine. *Yang Xin Tang* (Heart *Qi* Tonic)

HEART *Yang* DEFICIENCY

Clinical Signs.

Shortness of breath

Palpitation

Spontaneous sweating

Listlessness, lassitude, fatigue, lethargy

Loose stool

Coolness of the ears/nose

Tongue: Pale or purple

Pulse: Weak, irregularly or regularly intermittent

Treatment Strategies.

Warm *Yang*.

Tonify *Qi* and heart.

Eliminate cold.

Acupuncture Treatment. BL-14, BL-15, PC-6, LU-7, LU-9, HT-7, GV-3, GV-4, *Bai-hui* (moxibustion)

Herbal Medicine. *Bao Yuan Tang*

KIDNEY *Yang* DEFICIENCY

Clinical Signs.

Cough

Shortness of breath

Ascites

Edema of the rear limbs

Warm-seeking behavior

Coldness of the back and limbs

Tongue: Pale purple

Pulse: Deep and weak

Treatment Strategies.

Tonify kidney.

Warm *Yang*.

Acupuncture Treatment. BL-23, BL-26, KID-3, KID-7, LU-7, LU-9, HT-7, CV-4, CV-6 (moxibustion)

Herbal Medicine. *Zhen Wu Tang*

DEFICIENCY OF *Qi* AND *Yin*

Clinical Signs.

Fullness and pain in the chest that is worse after moving

Palpitations and dizziness

Tongue: Red with teeth marks

Pulse: Weak and irregular

Treatment Strategies.

Tonify heart *Qi* and *Yin*.

Activate blood.

Regulate pulse.

Herbal Medicine. *Sheng Mai San*

COLLAPSE OF *Yang Qi*

Clinical Signs.

Spontaneous sweating

Coldness of the limbs and back

Urine retention or short urination

Syncope or coma

Tongue: Blue purple

Pulse: Feeble

Treatment Strategies. Revive *Yang* to resuscitate collapse.

Acupuncture Treatment. GV-26, KID-1, TH-5 to PC-6, LI-10, ST-36

Herbal Medicine. Aconite-Ginseng Complex (*Shen fu tang*)

Case Examples: Case 1

Andi, a 13-year-old Jack Russell neutered, male, terrier was brought to the clinic for a persistent gagging cough 6 months

Table 9.12. Acupuncture for Common Patterns of Congestive Heart Failure

Pattern type	Clinical signs	Acupuncture points
Heart <i>Qi</i> deficiency	Shortness of breath Palpitation Spontaneous sweating Listlessness Lassitude Tongue: Pale tongue, white coating Pulse: Weak, irregularly or regularly intermittent	BL-14/15, PC-6, LU-7/9, HT-7, CV-17/14/4, ST-36
Heart <i>Yang</i> deficiency	Shortness of breath Palpitation Spontaneous sweating Listlessness Lassitude Fatigue Lethargy Loose stool Coolness of the ears/nose Tongue: Pale or purple Pulse: Weak, irregularly or regularly intermittent	BL-14/15, PC-6, LU-7/9, HT-7, GV-3/4, <i>Bai-hui</i> (moxibustion)
Kidney <i>Yang</i> deficiency	Cough Shortness of breath Ascites Edema of the rear limbs Warm-seeking behavior Coldness of the back and limbs Tongue: Pale purple Pulse: Deep and weak	BL-23/26, KID-3/7, LU-7/9, HT-7, CV-4/6 (moxibustion)

ago. He was diagnosed with congestive heart failure based on clinical signs and radiographic findings. The referred veterinarian noticed a purple tongue and gums and a 3/6 heart murmur and heart rate of over 200 bpm. With Enalapril and Lasix, the dog has improved. The heart rate is 120 bpm and is requiring more Lasix now to keep the cough under control. Andi is developing ascites.

TCVM EXAM

He is timid and fears other dogs and strangers, and he has had an occasional biting incident. He no longer will go up stairs and can only walk for five minutes (used to walk and run for 30 minutes). He has a good appetite and *shen*. His cough is persistent but is worse in the daytime. His abdomen is starting to get bigger because of the ascites. He has a 3/6 heart murmur. He is not PD/PU. His tongue is pale lavender. His pulse is hard to feel on both sides, but the right side is worse. He is seeking a warm place to sleep. His back, ears, and extremities feel very cold.

TCVM DIAGNOSIS AND TREATMENT

Kidney/heart *Yang* deficiency. Andi received the herbal medicine *Zhen Wu Tang*, three pills twice daily, and acupuncture at BL-14, BL-15, BL-23, BL-26, GV-3, GV-4, ST-36, ST-40, LU-7, CV-17, and CV-22, once per month.

OUTCOME

After three monthly acupuncture treatments and daily herbal medicine, his cough was rarely seen. He was able to walk 20 minutes twice a day, his abdomen returned to normal with no palpable ascites, and his back and extremities felt warm. Andi's treatment plan was modified to receive the herbal Heart *Qi* Tonic, three pills twice daily, and one acupuncture session per six months.

Case Examples: Case 2

Randy, a 13-year-old, male Chihuahua, has had hip dysplasia for several years. He had all of his teeth extracted in 2000. Randy has a 4/6 heart murmur that was diagnosed in March 2003. There is mild left atrial enlargement with moderate to severe mitral insufficiency and mild tricuspid insufficiency. Enalapril was recommended at that time, but the owner chose acupuncture and herbal therapy for this problem.

TCVM EXAM

His personality is a typical water. He had red and purple tongue, his pulse was weak on the right side. He had a 4/6 heart murmur and an occasional cough. His *shen* was normal. BL-14/15/54 was slightly sensitive to palpation. He favored the right rear limb. *Bi* syndrome seems worse with cold weather.

TCVM DIAGNOSIS

Heart *Qi* deficiency, kidney *Qi* deficiency, *Bi* syndrome, *Qi* stagnation at the right hip

ACUPUNCTURE TREATMENT

1. Dry needle at BL-15, GV-20, HT-7
2. Electroacupuncture 20 min of 20 Hz at the following pairs of points: BL-54 (bilateral), BL-23 (bilateral), GB-29 + GB-30, *Jian jiao* + ST-36.

HERBALS

Body Sore, $\frac{1}{4}$ tsp once daily in A.M.; Heart *Qi* tonic, $\frac{1}{4}$ tsp once daily in P.M.

RECOMMENDATION

Next acupuncture treatment in one month (Randy seems to last about four weeks before he gets sore and requires

another treatment). Exercise is encouraged. If the murmur is not better in another five months, an appointment with a cardiologist is recommended to have a thorough evaluation. If any problems occur before then, such as cough or shortness of breath, an appointment as soon as possible is recommended.

OUTCOME

Randy walked much better after the first treatment. He walked pain-free after three acupuncture treatments. His heart function is monitored regularly by EKG and echocardiogram. He has received acupuncture once every one to three months and daily herbal medications for the past two years. To date, when this book was written, Randy lives a great life, walks 30 minutes twice a day without difficulty, and has no sign of cough.

9-14. EDEMA SYNDROME

Edema syndrome refers to retention of water or body fluid in the skin, muscle, or body cavity leading to swelling in the thoracic, abdomen, spermary, limbs, and even the whole body. Edema includes ascites, hydrothorax, and general edema in the skin and muscles. It can be divided into three patterns: (1) water retention, (2) spleen *Qi* deficiency, and (3) kidney *Yang* deficiency. Acupuncture treatment for edema is summarized in table 9.13.

Etiology and Pathology

INVASION OF WATER-DAMP

Exogenous water-damp can be caused by a humid environment and food. Water-damp invades the body and impairs the spleen's functions of transportation and transformation resulting in retention of water and fluid in the skin and muscles leading to edema.

SPLEEN *Qi* DEFICIENCY

Overwork and overfeeding can impair spleen *Qi*. Liver *Qi* stagnation can also overcontrol and damage spleen *Qi*. Deficient spleen *Qi* fails to transform and transport fluid and water properly. As a result, water and fluid spill and flood, leading to ascites, edema, and hydrothorax.

KIDNEY *Yang* DEFICIENCY

Any chronic illness, old age, and coldness can gradually lead to kidney *Yang* deficiency. Deficient kidney *Yang* fails to warm the body and reabsorb the fluid and water leading to edema, ascites, and hydrothorax.

Pattern Identification and Treatment

RETENTION OF WATER AND FLUID

Clinical Signs.

Edema or swelling of the thorax, abdomen, scrotum, and four limbs, especially in the two pelvic limbs

Scant urine

Stiffness of limbs and lumbar region

Chronic or prolonged course of edema

Tongue: White and greasy coating

Pulse: Deep and slow pulse

Treatment Strategies. Warm *Yang* and excrete water.

Acupuncture Treatment. LU-7, LI-4, LI-6, BL-39, BL-20, BL-21, ST-40, BL-22, SP-6, SP-9

1. LU-7 and LI-4 clear the lung to promote diaphoresis and relieve the exterior.
2. LI-6 and BL-39 promote diuresis to remove damp.
3. BL-20 and BL-21 tonify spleen to eliminate edema.
4. ST-40 transforms phlegm and resolves edema.
5. BL-22, SP-6, and SP-9 eliminate damp and resolve edema.

Herbal Medicine. *Wu Ling San*

SPLEEN DEFICIENCY

Clinical Signs.

Severe edema of the ventral abdomen and four limbs

Loss of appetite, emaciation, dry or burned hair

Fatigue or exercise intolerance

Scant urine

Tongue: Pale and wet

Pulse: Deep and weak

Treatment Strategies. Tonify spleen and excrete water.

Acupuncture Treatment. BL-20, BL-21, ST-36, LI-10, SP-6, SP-9, KID-7, CV-9, *Qi-hai-shu*, and *Pi-shu*

1. BL-20 and BL-21 tonify spleen and eliminate edema.
2. ST-36 and LI-10 tonify spleen *Qi*.
3. SP-6 and SP-9 eliminate damp and resolve edema.
4. KID-7 and CV-9 warm *Yang* to move water and fluid.
5. *Qi-hai-shu* and *Pi-shu* are classical points to tonify spleen in horses.

Herbal Medicine. *Shen Ling Bai Zhu San*

KIDNEY *Yang* DEFICIENCY

Clinical Signs.

Obvious edema of ventral abdomen, scrotum, and pelvic limbs

Edema, especially at the distal rear limbs

Sore and weak in the lumbar region and hindquarters

Dilute urine

Coldness in the back, limbs, and extremities

Tongue: Pale and swollen

Pulse: Deep and weak

Treatment Strategies. Warm the kidney and excrete water.

Acupuncture Treatment. GV-3, GV-4, *Bai-hui*, *Shen-shu*, *Shen-peng*, BL-26, CV-4, CV-6, SP-6, SP-9, CV-9, and KID-7

1. GV-3, GV-4, and *Bai-hui* warm kidney *Yang*.
2. *Shen-shu*, *Shen-peng*, and BL-26 tonify kidney.
3. CV-4 and CV-6 general *Qi* and *Yang* tonic points.
4. SP-6 and SP-9 eliminate damp to resolve edema.
5. KID-7 and CV-9 warm *Yang* to move water and fluid.

Herbal Medicine. *Zhen Wu Tang*

Table 9.13. Acupuncture for Treatment of Edema

Pattern type	Clinical signs	Acupuncture points
Water-fluid retention	Edema or swelling of the thorax, abdomen, scrotum, and four limbs (especially in the two pelvic limbs) Scant urine Stiffness of limbs and lumbar region Chronic or prolonged course of edema Tongue: White and greasy coating Pulse: Deep and slow pulse.	LU-7, LI-4, LI-6, BL-39, BL-20, BL-21, ST-40, BL-22, SP-6, SP-9
Spleen <i>Qi</i> deficiency	Severe edema of the ventral abdomen and four limbs Loss of appetite, emaciation, dry or burned hair Fatigue or exercise intolerance Scant urine Tongue: Pale and wet Pulse: Deep and weak	BL-20, BL-21, ST-36, LI-10, SP-6, SP-9, KID-7, CV-9, <i>Qi-hai-shu</i> , <i>Pi-shu</i>
Kidney <i>Yang</i> deficiency	Obvious edema of ventral abdomen, scrotum, and pelvic limbs Edema especially at of the distal rear limbs Sore and weak lumbar region and hindquarters Dilute urine Coldness in the back, limbs, and extremities Tongue: Pale and swollen Pulse: Deep, weak	GV-3, GV-4, , BL-26, CV-4, CV-6, SP-6, SP-9, KID-7, CV-9

9-15. RENAL FAILURE

Renal failure refers to the clinical syndrome when excretory and renal function cannot maintain homeostasis. The patient in renal failure presents with less than 25% of normal glomerular filtration rate (GFR).

Renal failure can be covered in the TCVM *long-bi* syndrome, which includes difficult urination, urinary incontinence, or other disorders of kidney function. *Long* refers to the milder conditions in which urination is difficult (dysuria), each attempt to void has a diminished volume and the urination dribbles (stranguria). *Bi* refers to the more severe cases when the patient tries to urinate but is unable to void. Renal failure can be divided into kidney *Qi* deficiency, kidney *Yang* deficiency, kidney *Yin* deficiency, kidney *Qi/Yin* deficiency, or kidney *Jing* deficiency. Acupuncture for common patterns of renal failure is summarized in table 9.14.

Etiology and Pathology

Chronic illness, aging, and congenital weakness can gradually damage kidney *Jing* leading to deficiency of kidney *Qi*, *Yang*, or *Yin*.

Pattern Differentiation and Treatment

KIDNEY *Qi* DEFICIENCY

Clinical Signs.

Dysuria, stranguria, weakness in back, urinary incontinence

Tongue: Pale, wet

Pulse: Deep and weak (especially at right side)

Preference: Warm place

TCVM Diagnosis. Kidney *Qi* deficiency

Treatment Strategies. Tonify kidney *Qi*.

Acupuncture Treatment. BL-23, KID-3, KID-7, KID-10, CV-4, CV-6, BL-22, and BL-39

1. BL-23 and KID-3 are the kidney associate and source points to tonify kidney.

2. KID-7 and KID-10 are the metal (mother) and water (*He*-sea) points of KID Channel and tonify kidney.
3. CV-4 and CV-6 are *Qi* tonic points.
4. BL-22 and BL-39 are the TH associate and lower *He*-sea points, which tonify the water pathway to regulate urination.

Herbal Medicine. *Suo Quan Wan*

KIDNEY *Yang* DEFICIENCY

Clinical Signs.

Pale complexion

Aversion to cold, warm-seeking, cold extremities

Subdued manner, sore lumbar region

Poor teeth, hearing loss

Copious clear urine or enuresis

Urinary incontinence

General debility/weakness

Edema in limbs or ventral abdomen

Tongue: Swollen and pale with a wet coating

Pulse: Weak, deep (especially on the right side)

TCVM Diagnosis. Kidney *Yang* deficiency

Treatment Strategies. Tonify kidney *Yang*.

Acupuncture Treatment. GV-3, GV-4, *Bai-hui*, *Shen-shu*, *Shen-peng*, *Shen-jiao*, BL-26, KID-7, KID-10, CV-4, CV-6, BL-22, and BL-39

1. GV-3, GV-4, and *Bai-hui* (moxibustion) warm kidney *Yang*.
2. *Shen-shu*, *Shen-peng*, *Shen-jiao*, and BL-26 tonify kidney *Qi*
3. KID-7 and KID-10 the metal (mother) and water (*He*-sea) points of KID Channel and tonify kidney.
4. CV-4 and CV-6 are *Qi* tonic points.
5. BL-22 and BL-39 are the TH associate and lower *He*-sea points, which tonify the water pathway to regulate urination.

Herbal Medicine. *Jin Gui Shen Qi Wan***KIDNEY YIN DEFICIENCY****Clinical Signs.**

Dysuria, stranguria, weakness of back
Thin and shriveled (dehydrated) constitution
Dry throat, warm palmar surfaces (hot five hearts)
Cool-seeking, panting
Night sweating, generalized erythema
Hearing loss or infertility problems
Tongue: Red, dry
Pulse: Deep, thready, weak (especially on left)

TCVM Diagnosis. Kidney *Yin* deficiency

Treatment Strategies. Tonify kidney *Yin*.

Acupuncture Treatment. KID-3, BL-23, SP-6, KID-7, KID-10, CV-4, CV-6, BL-22 and BL-39

1. KID-3, BL-23, and SP-6 tonify kidney *Yin*.
2. KID-7 and KID-10 the metal (mother) and water (*He*-sea) points of KID Channel and tonify kidney.
3. CV-4 and CV-6 are *Qi* tonic points.
4. BL-22 and BL-39 are the TH associate and lower *He*-sea points that tonify the water pathway to regulate urination.

Herbal Medicine. *Liu Wei Di Huang Wan***KIDNEY JING DEFICIENCY****Clinical Signs.**

Premature aging
Bad teeth

Brittle bones

Poor neonatal growth and development

Poor skeletal development

Developmental bone diseases

Congenital defects

A preponderance of symptoms toward either kidney *Yin* or kidney *Yang* deficiency

Tongue: Pale or red

Pulse: Weak

TCVM Diagnosis. Kidney *Jing* deficiency

Treatment Strategies.

Tonify prenatal and postnatal *Jing*

Kidney *Qi* and *Yin*.

Acupuncture Treatment. KID-3, BL-23, BL-26, SP-3, ST-36, BL-21, BL-20, CV-4, CV-6, BL-22, and BL-39

1. KID-3, BL-23, and BL-26 tonify prenatal *Jing*.
2. SP-3, ST-36, BL-20, and BL-21 tonify postnatal *Jing*.
3. CV-4 and CV-6 are *Qi* tonic points.
4. BL-22 and BL-39 are the TH associate and lower *He*-sea points that tonify the water pathway to regulate urination.

Herbal Medicine. Epimedium Powder**Case Examples: Case 1**

A 10-year-old spayed, female, mixed-breed dog presented with a one-year history of chronic renal failure on December 21, 2002. Her BUN was 95 and creatinine was 4.7. Her body was hot. She was panting more than normal. She preferred

Table 9.14. Acupuncture for Common Patterns of Renal Failure

Pattern type	Clinical signs	Acupuncture points
Kidney <i>Qi</i> deficiency	Urinary incontinence, dysuria, or stranguria Weakness of back Tongue: Pale, wet Pulse: Deep, weak (especially at right)	BL-23, KID-3, KID-7, KID-10, CV-4, CV-6, BL-22, BL-39
Kidney <i>Yang</i> deficiency	Pale complexion, aversion to cold, cold extremities Subdued manner, sore lumbar region Poor teeth, hearing loss Copious clear urine or enuresis Urinary incontinence, general debility/weakness Edema in limbs or ventral abdomen Tongue: Swollen and pale with a wet coating Pulse: Weak, deep (especially on the right side)	GV-3, GV-4, <i>Bai-hui</i> , <i>Shen-shu</i> , <i>Shen-peng</i> , <i>Shen-jiao</i> , BL-26, KID-7, KID-10, CV-4, CV-6, BL-22, BL-39
Kidney <i>Yin</i> deficiency	Dysuria, stranguria, weakness of back Thin and shriveled (dehydrated) constitution Dry throat, warm palmar surfaces (hot five hearts) Night sweating, generalized erythema Hearing loss or infertility problems Tongue: Red, dry Pulse: Deep, thready, weak (especially on left)	KID-3, BL-23, SP-6, KID-7, KID-10, CV-4, CV-6, BL-22, BL-39
Kidney <i>Jing</i> deficiency	Premature aging Bad teeth Brittle bones Poor neonatal growth and development Poor skeletal development Developmental bone diseases Congenital defects A preponderance of symptoms toward either kidney <i>Yin</i> or kidney <i>Yang</i> deficiency Tongue: Pale or red Pulse: Weak	KID-3, BL-23, BL-26, SP-3, ST-36, BL-21, BL-20, CV-4, CV-6, BL-22, BL-39

cool places. Her skin and hair coat were dry and flaky. She was subject to recurrent ear and skin infections. Her stifles were stiff (osteoarthritis). She was very sensitive on palpation of BL-23. Her tongue was red and dry. Her pulse was fast and weak. Her stool, appetite, and thirst were within normal limits. She was diagnosed with kidney *Yin* deficiency. She was given herbal medicine *Liu Wei Di Huang Wan*, seven pills twice daily (her body weight was 71 lb) and acupuncture treatment. Acupuncture therapy included dry needling at GV-20, BL-23, *Shen-shu*, KID-3, KID-7, KID-10, and SP-6. Her panting, hot body, dry skin, and red tongue were much improved after two monthly acupuncture sessions and two months of daily herbal medication. She was given acupuncture once every two to four months and *Liu Wei Di Huang Wan*, four pills twice daily for another six months. On September 16, 2003, her BUN = 51 and creatinine = 3.1.

Case Examples: Case 2

Initial Visit: A 13-year-old castrated male Alaskan malamute presented with an onset of acute renal failure 14 days ago. After intensive care and IV fluids, he survived. However, he was still anorexic and very weak. He lost about 30 lb during the past two weeks. His BUN = 98 and creatinine = 7.7. He had a three-year history of urinary incontinence at night (wearing diapers). His ears and back were cool to the touch. He preferred to be warm. His pulse was deep and weak. The tongue was pale and wet. He was able to walk about 1/2 mile (used to walk about three miles daily).

TCVM DIAGNOSIS

Spleen *Qi* and kidney *Qi* deficiency

ACUPUNCTURE TREATMENT

1. Dry needle at GV-20, *Bai-hui*, and *Shan-gen*
2. Electroacupuncture a total of 20 min (10 min of 20 Hz + 10 min of 80–120 Hz) stimulation at the following pairs of points: (a) BL-20, bilateral; (b) BL-21, bilateral; (c) BL-26, bilateral; and (d) ST-36 + GB-34

HERBAL MEDICINES

Xiang Sha Liu Jun Zi (Eight Gentlemen), 10 pills twice daily for four weeks and *You Gui Wan*, 5 pills, twice daily for four weeks

Follow-up Visit (2 weeks after initial visit): The dog responded to acupuncture very well and ate an entire bowl of food immediately after withdrawal of needles (first time after the incident of this illness). The same acupuncture and herbal medicine were given.

Third Visit: Four weeks after the initial visit, he was doing well with a normal appetite and thirst. He looked very happy with regular exercise (1.5 miles once daily). He weighed 100 lb (gained 10 lb). But he still had an episode of urinary incontinence and had to wear a diaper. His tongue was pale and pulse was still weak. His BUN = 88 and creatinine = 8.1

TCVM DIAGNOSIS

Kidney *Qi* deficiency

ACUPUNCTURE TREATMENT

1. Dry needle: BL-23, BL-26, KID-3, KID-10, KID-7, ST-36
2. Aquapuncture (vitamin B₁₂ 0.2 cc per point): CV-4, CV-6, BL-39, BL-22

HERBAL MEDICINE

(Discontinue *Xiang Sha Liu Jun Zi*): (1) *You Gui Wan*, five pills twice daily for three months; (2) *Suo Quan Wan*, eight pills twice daily for three months

OUTCOME

The urinary incontinence stopped (dry diaper) after three months. He was then treated with acupuncture once every three to five months as needed. Overall, he had a great quality of life (enjoying a long walk daily) and normal appetite and thirst, although his BUN ranged from 80 to 100 and creatinine ranged from 8 to 12. He died three years later at the age of 16 due to congestive heart failure.

9-16. LIN SYNDROME

Lin syndrome (dribbling syndrome) refers to conditions including frequent urination, urgent urination, painful micturition, or urinary incontinence. It includes heat dribbling (*re-lin*), stone dribbling (*shi-lin*), blood dribbling (*xue-lin*), turbid dribbling (*gao-lin*), stagnation dribbling (*qi-lin*), and deficiency dribbling (*lao-lin*). Acupuncture for some common patterns of *Lin* syndrome is summarized in table 9.15.

Etiology and Pathology

Food with a too high percentage of fat and carbohydrate, or hot and spicy food, can gradually lead to damp-heat in the lower-*jiao* and the bladder where the urine is condensed into crystals and calculi leading to stone dribbling. Heat can also damage blood vessels and force the blood to extravasate leading to blood dribbling. Damp-heat accumulated in the interior for a long time can also decoct or boil the urine, which may result in turbid dribbling.

Liver *Qi* stagnation can generate fire and cause obstruction of *Qi* flow in the bladder causing difficult urination.

Overwork, indulgent sexual activities, or chronic illness can cause kidney *Qi* deficiency and deficiency dribbling.

Pattern Differentiation and Treatment

HEAT DRIBBLING (DAMP-HEAT PATTERN)

Clinical Signs.

Frequent urination, urgent urination
Painful micturition with scant, red-yellow urine
Tongue: Red
Pulse: Slippery and rapid

Treatment Strategies.

Eliminate heat, fire, and damp.
Promote diuresis and resolve dribbling.

Acupuncture Treatment. GV-14, LIV-2, BL-66, *Wei-jian*, BL-28, CV-3, BL-22, BL-39, SP-9, SP-6

1. GV-14, LIV-2, BL-66, and *Wei-jian* clear heat in the lower *jiao*.

2. BL-28 and CV-3 are the bladder associate and alarm points to tonify bladder, promote diuresis, and resolve dribbling.
3. BL-22 and BL-39 are the TH associate and lower *He*-sea points that tonify the water pathways.
4. SP-9 and SP-6 eliminate damp.

Herbal Medicine. *Ba Zheng San*

STONE DRIBBLING (DAMP-HEAT BLADDER)

Clinical Signs.

Prolonged urination, frequent and urgent urination with pain
Scant urine

Crystals in the urine, urinary tract, or bladder stones

Anuria secondary to obstruction of the urinary tract

Tongue: Red with yellow coating

Pulse: Surging and rapid

Treatment Strategies.

Eliminate damp-heat and resolve crystals.

Promote diuresis and relieve pain.

Acupuncture Treatment. GV-14, *Wei-jian*, BL-28, CV-3, BL-22, BL-39, SP-9, SP-6, LIV-3, BL-65

1. GV-14 and *Wei-jian* clear heat in the Lower *jiao*.
2. BL-28 and CV-3 are the bladder associate and alarm points to tonify bladder, promote diuresis, and resolve dribbling.
3. BL-22 and BL-39 are the TH associate and lower *He*-sea points that tonify the water pathways.
4. SP-9 and SP-6 eliminate damp.
5. LIV-3 and BL-65 are the third-level points to move *Qi* and relieve pain.

Herbal Medicine. Crystal/Stone Formula

BLOOD DRIBBLING

Clinical Signs.

Difficult micturition with pain

Dark or bloody urine

Tongue: Red with yellow coating

Pulse: Rapid

Treatment Strategies.

Eliminate heat.

Cool blood.

Stop bleeding.

Acupuncture Treatment. GV-14, LIV-2, BL-66, *Wei-jian*, BL-28, CV-3, BL-22, BL-39, SP-10, BL-17, *Duan-xue*, *Wei-ben*

1. GV-14, LIV-2, BL-66, and *Wei-jian* clear heat in the lower *jiao*.
2. BL-28 and CV-3 are the bladder associate and alarm points to tonify bladder, promote diuresis, and resolve dribbling.
3. BL-22 and BL-39 are the TH associate and lower *He*-sea points that tonify the water pathways.
4. SP-10 and BL-17 cool blood.
5. *Duan-xue* and *Wei-ben* are the classical points to stop hemorrhage.

Herbal Medicine. *Xiao Ji Yin*

STAGNANT DRIBBLING

Clinical Signs.

Urine dribbling

Irritability

Fullness and discomfort in the lower abdomen

Tongue: Purple

Pulse: Wiry

Treatment Strategies.

Eliminate heat.

Soothe liver *Qi*.

Acupuncture Treatment. GV-14, LIV-2, BL-66, *Wei-jian*, BL-28, CV-3, BL-22, BL-39, LIV-1, LIV-3, GB-34

1. GV-14, LIV-2, BL-66, and *Wei-jian* clear heat in the lower *jiao*.
2. BL-28 and CV-3 are the bladder associate and alarm points to tonify bladder, promote diuresis, and resolve dribbling.
3. BL-22 and BL-39 are the TH associate and lower *He*-sea points that tonify the water pathways.
4. LIV-1, LIV-3, and GB-34 soothe liver *Qi*.

Herbal Medicine. Liver Happy (*Jia Wei Xiao Yao San*)

TURBID DRIBBLING

Clinical Signs.

Urine dribbling

Turbid urination with mucus or white flocculent matter

Tongue: Pale

Pulse: Weak

Treatment Strategies. Tonify kidney *Qi* to strengthen bladder sphincter.

Acupuncture Treatment. BL-23, BL-26, KID-7, BL-28, CV-3, BL-22, BL-39, CV-4, CV-6, *Yan-chi*

1. BL-23, BL-26, and KID-7 tonify kidney to strengthen bladder sphincter.
2. BL-28 and CV-3 are the bladder associate and alarm points to tonify bladder, promote diuresis, and resolve dribbling.
3. BL-22 and BL-39 are the TH associate and lower *He*-sea points that tonify the water pathways.
4. CV-4, CV-6, and *Yan-chi* tonify *Qi*.

Herbal Medicine. *Gao Lin San*

DEFICIENT DRIBBLING

Clinical Signs.

Chronic urine dribbling, worse after work

Weakness of the lower back and hind limbs

Tongue: Pale

Pulse: Weak

Treatment Strategies. Tonify spleen and kidney *Qi*.

Acupuncture Treatment. BL-23, BL-26, *Yan-chi*, BL-28, CV-3, BL-22, BL-39, CV-4, CV-6, ST-36, SP-6, LI-10

Table 9.15. Acupuncture for Common Patterns of *Lin* Syndrome (Dribbling Syndrome)

Pattern type	Clinical signs	Acupuncture points
Heat dribbling	Frequent urination, urgent urination Painful micturition with scant, red-yellow urine Tongue: Red Pulse: Slippery and rapid	GV-14, LIV-2, BL-66, <i>Wei-jian</i> , BL-28, CV-3, BL-22, BL-39, SP-9, SP-6
Stone dribbling	Prolonged urination, frequent and urgent urination with pain Crystals or stones in the urinary tract Anuria secondary to urinary tract obstruction Tongue: Red, yellow coating Pulse: Surging and rapid	GV-14, <i>Wei-jian</i> , BL-28, CV-3, BL-22, BL-39, SP-9, SP-6, LIV-3, BL-65
Blood dribbling	Difficult micturition with pain Dark or bloody urine Tongue: Red, yellow coating Pulse: Rapid	GV-14, LIV-2, BL-66, <i>Wei-jian</i> , BL-28, CV-3, BL-22, BL-39, SP-10, BL-17, <i>Duan-xue</i> , <i>Wei-ben</i>
Deficient dribbling	Chronic urine dribbling, worse after work Weakness of the lower back and hind limbs Tongue: Pale Pulse: Weak	BL-23, BL-26, <i>Yan-chi</i> , BL-28, CV-3, BL-22, BL-39, CV-4, CV-6, ST-36, SP-6, LI-10

1. BL-23, BL-26, and *Yan-chi* tonify kidney *Qi*.
2. BL-28 and CV-3 are the bladder associate and alarm points to tonify bladder, promote diuresis and resolve dribbling.
3. BL-22 and BL-39 are the TH associate and lower *He*-sea points that tonify the water pathways.
4. CV-4 and CV-6 tonify spleen and kidney *Qi*.
5. ST-36, SP-6, and LI-10 tonify spleen *Qi*.

Herbal Medicine. *Lao Lin* Formula

Case Example

A two-year-old spayed, female, 37-lb Welsh Corgi had a kidney stone diagnosed two months ago. She presented with dribbling of urine, painful bleeding with a foul smell, and urinary incontinence. Her left rear limb manifested CP deficits. Her rear weakness and urinary incontinence was worse in the morning and better at night. She preferred cold and did not tolerate heat (heavy panting). Her personality type was wood. Her tongue was pale and pulse was weak. She had a good *shen*.

TCVM DIAGNOSIS

Kidney *Qi* deficiency with stone dribbling. Kidney *Qi* deficiency (rear weakness, CP deficits, pale tongue, weak pulse, urinary incontinence, dribbling worse in A.M.) may be caused by kidney *Jing* deficiency. When kidney *Qi* is deficient, it fails to move *Qi* and fluids leading to kidney stones. Kidney stones represent stagnation, which in turn generates heat leading to painful, smelly, bloody urination, and panting. A wood personality tends to enjoy cool and not tolerate heat very well.

ACUPUNCTURE TREATMENT

1. Dry needle: GV-20, *Bai-hui*, CV-4, CV-6, BL-23
2. Electroacupuncture: BL-26, BL-28, *Yan-chi* + BL-24
3. Aquapuncture (vitamin B₁₂ 0.2 cc per point): BL-39, BL-22, KID-10, SP-6

HERBAL MEDICINE

(1) *Jin Suo Gu Jing Wan*, four pills bid, three months; (2) Crystal/Stone Formula, six capsules, three months

OUTCOME

The dog's clinical signs were almost completely resolved after six biweekly acupuncture sessions and three months of daily herbal medicine.

9-17. INFERTILITY

This discussion of infertility refers to the pathology of the ovary and uterus. Disorders including anestrus due to ovary quiescence, anestrus due to persist corpus luteum, irregular estrus, anovulatory follicles, and silent estrus in mares are addressed. In the traditional Chinese veterinary medicine (TCVM) paradigm, the reproductive functions are related to the kidney, liver, *Ren* (Conception Vessel) Channel, and *Chong* (Penetrating) Channel.

Infertility can be divided into three different TCVM Patterns: kidney *Qi* deficiency, kidney-liver *Yin* deficiency, and *Qi*-blood stagnation. Acupuncture treatment is found in table 9.16.

Etiology and Pathology

The kidney rules the uterus and ovaries. The kidney *Jing* (essence) controls the germination and growth of the follicle. Kidney *Qi* provides the motive force for ovulation. The liver maintains the normal cyclical flow of estrus and provides blood to nourish the uterus and genital tissues. The *Ren* (Conception Vessel, or CV) Channel originates from the uterus and meets all other *Yin* Channels (meridians), thus it is considered "the sea of the *Yin* Meridians." The CV receives and regulates the *Qi* of the *Yin* meridians and assists the reproductive functions. The kidney has the most intimate connection to the CV Channel.

Like the CV Channel, the *Chong* Channel originates from the uterus. It meets the CV, Governing Vessel (GV), and 12 regular channels (meridians) and is considered as "the sea of

12 Meridians” and “the sea of Blood.” It preserves the *Qi* and blood of the 12 regular channels and regulates fertility and estrous functions. The liver is the most intimate organ associated with the Chong Channel.

Pattern Differentiation and Treatment

KIDNEY *Qi* DEFICIENCY

Clinical Signs.

Anestrus, prolonged diestrus, anovulatory follicles, silent estrus, or irregular estrous cycle
Scant and thin leukorrhea
Poor body condition, emaciation, depression
Lack of strength, poor performance
Coldness along the back (especially around *Bai-hui*) and limb extremities
Tongue: Pale with thin coating
Pulse: Deep and weak

TCVM Diagnosis. In TCVM, this condition belongs to the kidney-*Qi* deficiency pattern, or kidney *Yang* deficiency pattern (when the back is cold). Kidney stores essence and dominates reproduction. This function relies on kidney *Qi*, thus, deficiency of kidney *Qi* can affect the function of reproduction and cause infertility. This pattern of infertility may be represented by inactive ovaries, atrophied ovaries, cessation of follicle growth, persistent corpus luteum, silent estrus, and prolonged diestrus.

Treatment Strategies.

Replenish kidney and warm *Yang*.
Balance the *Chong-Ren* meridians.

Acupuncture Treatment. One to five treatments, two to four weeks apart:

Dry or aquapuncture: CV-4, CV-6, KID-7, BL-26
Electroacupuncture, 20 Hz 10 min and 80 to 120 Hz for another 10 min at the following pairs: (a) *Bai-hui* + GV-1; (b) *Yan-chi* + *Shen-peng*; (c) *Shen-shu*, bilateral; (d) GV-3 + GV-4; and (e) BL-24, bilateral.

1. CV-4, CV-6, KID-7, and BL-26 tonify *Qi* and strengthen kidney.
2. *Bai-hui*, GV-3, GV-4, and GV-1 warm *Yang* and tonify kidney.
3. *Yan-chi* is a special point for infertility.
4. *Shen-shu*, *Shen-peng*, and BL-24 tonify kidney *Qi*.

Herbal Medicine. Epimedium Powder (*Yin Yang San*)

LIVER-KIDNEY *Yin* DEFICIENCY

Clinical Signs.

Anestrus, irregularities of estrous cycle
Failure to conceive for a long time
Thick and yellow leukorrhea
Swollen eyelids, tearing when exposed to light
Weakness in the back, lassitude
Deafness or declining sense of hearing
Night sweats
Poor appetite and constipation at times

Dry haircoat or hooves

Tongue: Deep red

Pulse: Deep, weak, and thready

TCVM Diagnosis. Kidney *Yin* is the root of the entire body's *Yin*. Kidney disorders may cause disorders of other *Zang-Fu* organs. Deficiency of kidney *Yin* most likely causes deficiency of liver *Yin*. Liver controls the *Chong* and CV meridians, which are most important to the conception process. In this case, both kidney and liver *Yin* deficiency results in infertility.

Western Medical Diagnosis. Inactive ovaries, atrophied ovaries, irregular follicle growth

Treatment Strategies.

Tonify kidney and liver.
Balance *Chong* and CV meridians.

Acupuncture Treatment. One to five treatments, two to four weeks apart:

Dry or aquapuncture: KID-3, SP-6, KID-7, KID-6
Electroacupuncture, 20 Hz 10 min and 80 to 120 Hz for another 10 min at the following pairs: (a) *Yan-chi* + *Shen-peng*; (b) BL-23, bilateral; (c) BL-52, bilateral; (d) *Shen-shu*, bilateral; and (e) BL-18, bilateral

1. KID-3, SP-6, KID-7, and KID-6 tonify *Yin*.
2. *Yan-chi* is a special point for infertility.
3. *Shen-shu* and *Shen-peng* tonify kidney.
4. BL-23 and BL-52 tonify kidney.
5. BL-18 tonifies liver.

Herbal Medicine. Liver-Kidney Nourishment Powder (*Zi Shen Yang Gan Tang*)

LIVER *Qi* AND BLOOD STAGNATION

Clinical Signs.

Anestrus, short luteal phase, or an irregular estrous cycle
During estrus, thick discharge from vagina
Intolerance to pressure on the abdomen
Petechia under tongue or on gum (especially during estrus)
Tongue: Purple tongue with a thin coating
Pulse: Wiry

TCVM Diagnosis. When stagnant *Qi* and blood occur, it can impair the uterus' reproductive function leading to infertility.

Western Medical Diagnosis. Cystic ovaries

Treatment Strategies.

Activate blood and eliminate stagnation.
Regulate meridian and stop pain.

Acupuncture Treatment. One to five treatments, two to four weeks apart:

Dry or aquapuncture: LIV-3, GB-34, LI-4, ST-40
Electroacupuncture, 20 Hz 10 min and 80 to 120 Hz for another 10 min at the following pairs: (a) *Yan-chi* + *Shen-peng*; (b) *Shen-shu*, bilateral; (c) BL-23 + BL-52; (d) BL-26, bilateral; and (e) BL-21 + BL-18.

1. LIV-3, GB-34, and BL-18 soothe liver *Qi*.
2. LI-4, ST-40, and BL-21 move *Qi*-blood to resolve stagnation.

Table 9.16. Acupuncture for Treatment of Common Patterns of Infertility

Pattern type	Clinical signs	Acupuncture points
Kidney <i>Qi</i> deficiency	Anestrus, prolonged diestrus, Anovulatory follicles, silent estrus, or irregular estrous cycle Poor body condition, emaciation, depression Lack of strength, poor performance Coldness along the back (especially around <i>Bai-hui</i>) and extremities Tongue: Pale with thin coating Pulse: Deep and weak	CV-4, CV-6, KID-7, BL-26 <i>Bai-hui</i> , GV-1, <i>Yan-chi</i> , <i>Shen-peng</i> , <i>Shen-shu</i> , GV-3, GV-4, BL-24
Liver-kidney <i>Yin</i> deficiency	Anestrus, irregularities of estrous cycle, Failure to conceive after many breedings Thick and yellow leukorrhea Swollen eyelids, tearing when exposed to light Weakness in the back, lassitude Deafness or declining sense of hearing Sweating at night Poor appetite; sometimes constipation Dry haircoat or hooves Tongue: Deep red tongue Pulse: Deep, weak, and thready	KID-3, SP-6, KID-7, KID-6, <i>Yan-chi</i> + <i>Shen-peng</i> , BL-23, BL-52, <i>Shen-shu</i> , BL-18
Liver <i>Qi</i> and blood stagnation	Anestrus, a short luteal phase, or irregular estrous cycle During estrus, thick discharge from vagina Intolerance to pressure on the abdomen Petechia under tongue or on gum (especially during estrus) Tongue: Purple tongue with a thin coating Pulse: Wiry	LIV-3, GB-34, LI-4, ST-40, <i>Yan-chi</i> , <i>Shen-peng</i> , <i>Shen-shu</i> , BL-23, BL-52, BL-26, BL-21, BL-18

3. *Yan-chi* is a special point for infertility.
4. *Shen-shu*, *Shen-peng*, BL-23, BL-52, and BL-26 tonify kidney reproductive functions.

Herbal Medicine. *Shao Fu Zhu Yu Tang*

Case Example

Tatra, 17-year-old, warmblood mare, presented with infertility on June 6, 2001. Tatra has a history of infertility. She was bred all last year and March, April, and May of this year. Nonetheless, she was checked and found to be open on June 5, 2001. Her physical findings were red tongue, weak pulse on left side, dry eye, and dry haircoat. Tatra's personality is earth. She is easy going and tolerates needles well.

TCVM DIAGNOSIS

Infertility due to kidney/liver *Yin* deficiency

ACUPUNCTURE TREATMENT

Three weekly acupuncture treatments

1. Electroacupuncture: 20 Hz 10 min, 80–120 Hz 20 min at the following pairs of points: BL-23 + BL-52 (ovary) bilateral, *Yan-chi* + *Shen-peng*, *Shen-shu*
2. Aquapuncture: Vitamin B₁₂ injection 5 cc at BL-23, KID-3, SP-6, BL-18

HERBAL MEDICINE

Epimedium Powder, 30 g × 2/day for 14 days

OUTCOME

Tatra was found to have a strong heat with a good follicle on June 26 and was bred. She conceived and had a normal foal in May 2002.

9-18. DIABETES

Diabetes is called *Xiao-ke* in TCM. Three patterns are described based upon the clinical signs of polydipsia, polyphagia, and polyuria. They include upper-*xiao*, middle-*xiao*, and low-*xiao*, respectively. At the later stage of this disease, it is complicated with eye problems, deafness, stroke, edema, and diarrhea. It includes diabetes insipidus and diabetes mellitus, and others. Table 9.17 summarizes acupuncture treatments for common patterns of diabetes.

Etiology and Pathology

There are three pathways that induce diabetes: (1) imbalanced diet, (2) emotional stress, and (3) overwork.

Overeating (especially eating fat and sweets) leads to stagnation of ingesta and food stasis, which generates fire and heat. Fire and heat can damage body fluid and cause *Yin* deficiency resulting in diabetes.

Emotional stress can cause stagnation of liver *Qi*, which generates fire. Fire damages lung and stomach *Yin*, leading to diabetes.

Overworking or too frequent sex can damages kidney essence. *Yin* can cause false heat or fire, which goes upward to damage lung and stomach, resulting in upper-*xiao* or middle-*xiao* diabetes.

In summary, *Yin* deficiency is the root of diabetes, while dryness-fire is the manifestation. However, *Yin* deficiency and dryness-fire are reciprocal: *Yin* deficiency can lead to dryness-fire, which causes more *Yin* deficiency. Dryness-fire boils body fluid (*ye*) and leads to production of phlegm, which can stagnate in the meridians, resulting in stroke. *Yin* deficiency of long duration can lead to *Yang* deficiency, consequently causing deficiency of both *Yin* and *Yang*. *Yin* deficiency can lead to liver blood deficiency, which causes eye problems including cataracts. A chronic course of *Yin* deficiency can lead to kidney *Jing* deficiency, which causes deafness. Food stasis and liver *Qi* stagnation may generate fire and heat.

Pattern Differentiation and Treatment

UPPER-XIAO DIABETES

Clinical Signs.

Polydipsia, polyuria

Red tongue with a thin and yellow coating

Dry mouth

Rapid and full pulse

It belongs to lung heat and *Yin* damage.

Diabetes insipidus may be diagnosed and treated on the basis of this pattern.

TCVM Diagnosis. Lung heat and *Yin* damage

Treatment Strategies.

Clear heat and moisten lung.

Produce body fluids.

Stop thirst.

Acupuncture Treatment. LI-4, GV-14, LI-11, LU-7, SP-6, BL-13

1. LI-4, GV-14, and LI-11 clear heat from upper-*jiao*.
2. LU-7, SP-6, and BL-13 tonify and moisten lung.

Herbal Medicine. Upper *Xiao-ke-fang*

MIDDLE-XIAO DIABETES

Clinical Signs.

Polyphagia (overeating)

Emaciation

Dry stool

Red tongue

Yellow coating

Forceful and slippery pulse

TCVM Diagnosis. Stomach heat pattern

Treatment Strategies.

Clear stomach heat.

Tonify *Yin* (body fluid).

Acupuncture Treatment. CV-12, ST-25, ST-44, BL-21, KID-3, SP-8, SP-6, SP-9

1. CV-12, ST-25, ST-44, and BL-21 clear heat from stomach and resolve stomach stagnation.
2. KID-3, SP-6, SP-8, and SP-9 promote body fluids and tonify *Yin*.

Herbal Medicine. *Yu Nu Jian* (Jade Lady)

LOWER-XIAO DIABETES: KIDNEY *YIN* PATTERN

There are two patterns of lower-*xiao* diabetes: Kidney *Yin* and *Qi* + *Yin* deficiency patterns. Diabetes mellitus can be diagnosed and treated on the basis of this category.

Clinical Signs.

Polyuria

Glucosuria

Dry mouth

Red tongue

Deep and thready pulse

Treatment Strategies. Tonify kidney *Yin*.

Acupuncture Treatment. BL-23, KID-3, KID-7, KID-6, SP-6, KID-10

1. BL-23, KID-3, and KID-7 tonify kidney and nourish *Yin*.
2. SP-6, KID-6, and KID-10 are to tonify *Yin*.

Herbal Medicine. *Xiao Ke Fang* (lower *jiao*) or *Zhi Shen Ming Mu Tang*

LOWER-XIAO DIABETES: *QI* + *YIN* DEFICIENCY PATTERN

Clinical Signs.

Polyuria

Urination immediately after drinking water

Glucosuria

Weak back and knees

Panting

Cool-seeking

Impotence

Tongue: Pale with white coating

Pulse: Deep, thready, and weak

Treatment Strategies. Tonify kidney *Qi* and *Yin*.

Acupuncture Treatment. BL-23, KID-3, KID-7, SP-6, CV-4, CV-6, BL-26, ST-36

1. BL-23, KID-3, KID-7, and SP-6 tonify kidney and nourish *Yin*.
2. CV-4, CV-6, BL-26, and ST-36 tonify *Qi*.

Herbal Medicine. *Rehmannia 11*

Case Examples

A 10-year-old, spayed, female cocker spaniel presented with the major complaint of diabetes mellitus. She has been a diabetic for several years. She has been well regulated on 10 units of insulin and on W/D food. She drinks very little water when she is doing well. This weekend she got a bone and developed gastritis and probably mild pancreatitis and is now experiencing very high blood sugar, polydipsia, and lethargy. She is also blind.

Current exam: She looks depressed and lethargic. She drinks large quantities of cool water. Her appetite is poor. Her stool and urination are within normal limits. BL-17 and BL-18 are very sensitive. Her tongue is deep red and dry; her pulse is weaker on the left side.

Table 9.17. Acupuncture for Treatment for Common Patterns of Diabetes

Pattern type	Clinical signs	Acupuncture points
Lung Heat upper <i>Xiao</i>	Polydipsia Polyuria Tongue: Red, thin yellow coating; dry mouth Pulse: Rapid and full	LI-4, GV-14, LI-11, LU-7, SP-6, BL-13
Stomach Heat middle <i>Xiao</i>	Polyphagia (overeating) Emaciation Dry stool Tongue: Red with yellow coating Pulse: Forceful and slippery	CV-12, ST-25, ST-44, BL-21, KID-3, SP-8, SP-6, SP-9
Kidney <i>Yin</i> deficiency	Polyuria Glucosuria Panting Cool seeking Tongue: Dry and red Pulse: Deep and thready	BL-23, KID-3, KID-7, KID-6, SP-6, KID-10
Kidney <i>Qi-Yin</i> deficiency	Polyuria Urination immediately after drinking water Glucosuria Weak back and knees Impotence Tongue: Pale or red Pulse: Deep, thready, weak	BL-23, KID-3, KID-7, SP-6, CV-4, CV-6, BL-26, ST-36

TCVM DIAGNOSIS

Spleen *Qi* deficiency with kidney *Yin* deficiency

ACUPUNCTURE POINTS

ST-36, BL-20, BL-21, KID-3, SP-6, BL-23, GB-34, BL-17

HERBAL MEDICINE

Jiang Tang Cha (Glucose-decreasing Tea)

OUTCOME

Her blood sugar level and appetite normalized after two bi-weekly acupuncture sessions and one month of daily herbal medication. After another two months of herbal medicine and two acupuncture treatments, her insulin dose was reduced to only eight units per day. She has been doing well for the past two years.

9-19. CUSHING'S DISEASE

Cushing's disease is caused by hyperadrenocorticism. In TCVM, Cushing's disease is often considered as one of *Xiao-ke* diseases, especially as *Xia-xiao*. There are three common patterns: *Yin* deficiency, *Qi-Yin* deficiency, and *Yang* deficiency. Table 9.18 presents acupuncture treatments for common patterns of hyperadrenocorticism (Cushing's disease).

Pattern Differentiation and Treatment**YIN DEFICIENCY****Clinical Signs.**

Polyphagia

Dry haircoat and skin; hair thinning to frank alopecia

Polyuria, polydipsia

Panting excessively, especially spontaneous outbursts at night

Tongue: Dry and red

Pulse: Thready and rapid

TCVM Diagnosis. *Yin* deficiency

Acupuncture Treatment. BL-23, BL-52, KID-3, KID-7, KID-6, SP-6, SP-9, SP-8

Herbal Medicine. *Mai Men Dong* (Ophiopogon Powder)

QI-YIN DEFICIENCY**Clinical Signs.**

Polydipsia, polyuria

Pendulous abdomen or ascites

Pulmonary edema, congestive heart failure, or enlarged liver

Panting excessively, especially spontaneous outbursts at night

Tongue: Pale or red

Pulse: Thready and weak

TCVM Diagnosis.

Qi-Yin deficiency

Acupuncture Treatment. BL-23, KID-3, HT-7, LIV-3, KID-7, SP-6, CV-4, CV-6, BL-26, ST-36

Herbal Medicine. *Rehmannia* 11

YANG DEFICIENCY**Clinical Signs.**

Polydipsia, polyuria

Pendulous abdomen or ascites

Pulmonary edema, congestive heart failure, or enlarged liver

Warm-seeking

Hirsutism, chronic/recurrent laminitis

Tongue: Swollen and pale

Pulse: Deep and weak

TCVM Diagnosis.

Yang deficiency

Acupuncture Treatment. BL-26, GV-3, GV-4, BL-18, BL-21, CV-4, CV-6, ST-36

Herbal Medicine. *Rehmannia* 14

Case Examples: Case 1

March 12, 1991, involving a stallion, 10 years old, with black hair. The stallion started to drink water excessively one

Table 9.18. Acupuncture for Treatment of Common Patterns of Hyperadrenocorticism (Cushing's Disease)

Pattern type	Clinical signs	Acupuncture points
<i>Yin</i> deficiency	Polyphagia Dry haircoat and skin Hair thinning to frank alopecia Polyuria Polydipsia Excessive panting with nightly outbursts Tongue: Dry and red Pulse: Thready and rapid	BL-23, BL-52, KID-3, KID-7, KID-6, SP-6, SP-9, SP-8
<i>Qi</i> and <i>Yin</i> deficiency	Polydipsia Polyuria Pendulous abdomen or ascites Pulmonary edema Congestive heart failure Enlarged liver Excessive panting with nightly outbursts Tongue: Pale or red Pulse: Thready and weak	BL-23, KID-3, HT-7, LIV-3, KID-7, SP-6, CV-4, CV-6, BL-26, ST-36
<i>Yang</i> deficiency	Polydipsia Polyuria Pendulous abdomen or ascites Pulmonary edema Congestive heart failure Enlarged liver Warm seeking Hirsutism Chronic/recurrent laminitis Tongue: Swollen and pale Pulse: Deep and weak	BL-26, GV-3, GV-4, BL-18, BL-21, CV-4, CV-6, ST-36

month ago. He drank 15 liters each time, three to five times per day. He also had polyuria and urinated about 50 liters per day. He had dry, small feces, and a poor appetite.

The current exam showed depression; coarse, lackluster hair; dry skin; dry mouth; red tongue with pale coating; rapid and deep pulse (T: 38 °C, HR: 60, RR: 30). Urine: Glucose (–), urine specific gravity: 1.002.

DIAGNOSIS

Yin deficiency pattern

TREATMENT STRATEGIES

Tonify *Yin* and body fluid.

ACUPUNCTURE TREATMENT

BL-13, BL-23, KID-3, SP-6, *Shen-shu*, *Shen-peng*, *Shen-jiao*

HERBAL MEDICINE

Mai Men Dong Powder. Mix 250 grams of the herbal powder with warm water and administer via stomach tube once daily for four days.

OUTCOME

Water consumption and urine output decreased significantly after four daily herbal and acupuncture treatments. He was then discharged from the hospital.

Case Examples: Case 2

A 13-year-old, spayed, female bichon frise dog presented with Cushing's disease. She had a history of drinking and urinating excessively. She prefers cool areas, pants, and is very excitable.

The current exam showed slightly red tongue, rapid pulse, deficient at kidney *Yin* position. Recently, PD/PU has

worsened. She also has a thin hair coat and tested positive for Cushing's disease. All other lab tests were normal.

TCVM DIAGNOSIS

Kidney *Yin* deficiency

ACUPUNCTURE TREATMENT

BL-23, KID-7/6/3/10, SP-6/10, once every two weeks for two months

HERBAL MEDICINE

Mai Men Dong, twice daily for two months

OUTCOME

All clinical signs associated with Cushing's disease were significantly improved after the two months of acupuncture and herbal therapy.

Case Examples: Case 3

A 12-year-old male terrier presented with diabetes mellitus, Cushing's disease, and cataracts.

The current exam shows he has PU/PD, a reddish dry tongue, and weaker pulses on the left. He's warm-seeking at times and is weak in the back legs. His nose is cold and paws are a little cool.

TCVM DIAGNOSIS

Kidney *Qi-Yin* deficiency

ACUPUNCTURE TREATMENT

BL-23, KID-3/7/10, SP-6, CV-4, CV-6, BL-26, ST-36, GV-3/4, one session every two weeks for three months

HERBAL MEDICINE

Rehmannia 11, twice daily for three months

OUTCOME

All clinical signs of Cushing's disease were significantly improved after three months of TCVM treatment. Future treatment was limited to acupuncture once every three months and daily herbal administration of *Rehmannia* 11.

9-20. HYPOTHYROIDISM

In TCVM, hypothyroidism is called *ying-bing*, which means "swollen neck" disease. There are three types of hypothyroidism: liver *Qi* stagnation, *Qi/Yin* deficiency, and *Yuan Qi* deficiency. See acupuncture treatments in table 9.19.

LIVER *Qi* STAGNATION***Clinical Signs.***

Wood type personality
Goiter or evident thyroid enlargement
Emotional issues
Tongue: Purple or slightly red
Pulse: Wiry

TCVM Diagnosis. Liver *Qi* stagnation

Treatment Strategies.

Soothe liver and resolve stagnation.
Eliminate the swelling.

Acupuncture Treatment. BL-18, BL-19, GB-34, LIV-3, LIV-2, KID-27, ST-40

Herbal Medicine. *Si Hai Su Yu Wan* (Four Seas Eliminating Stagnation)

YANG/*Qi* DEFICIENCY***Clinical Signs.***

Developmental retardation (bone and tendon)
Muscular problems
Poor exercise tolerance or fatigue
Warm-seeking or decreased body temperature
Goiter
Scaly hair coat
Edema
Tongue: Pale tongue with white coating
Pulse: Deep, weak

TCVM Diagnosis. Kidney *Yang* or *Qi* deficiency pattern

Treatment Strategies.

Tonify kidney *Qi* or *Yang*.
Move *Qi*-blood to resolve stagnation.

Acupuncture Treatment. BL-26, BL-23, KID-27, LIV-3, GB-34, ST-40, LI-4, GV-3, GV-4, CV-4

Herbal Medicine. *Xiao Ying San* (Eliminate Goiter Formula)

QI-YIN DEFICIENCY***Clinical Signs.***

Aversion to cold
Cold extremities

Table 9.19. Acupuncture for Treatment of Common Patterns of Hypothyroidism

Pattern type	Clinical signs	Acupuncture points
Liver <i>Qi</i> stagnation	Wood type personality Goiter or evident thyroid enlargement Emotional issues Tongue: Purple or slightly red Pulse: Wiry	BL-18, BL-19, GB-34, LIV-3, LIV-2, KID-27, ST-40
<i>Yang Qi</i> deficiency	Developmental retardation (bone and tendon) Muscular problems Poor exercise tolerance or tiredness Warm-seeking or decreased body temperature Goiter Scaly hair coat Edema Tongue: Pale tongue with white coating Pulse: Deep, weak	BL-26, BL-23, KID-27, LIV-3, GB-34, ST-40, LI-4, GV-3, GV-4, CV-4
<i>Qi-Yin</i> deficiency	Aversion to cold Cold extremities Cold and painful lower back Reduced libido or fertility Loose teeth Deafness or loss of hearing Copious clear urine Urinary incontinence Lethargy Exercise intolerance Dry flaky skin Increased shedding Hair loss (bilaterally symmetrical) Loose, dry, thickened, and darkly pigmented skin Weight gain without increased appetite or caloric consumption Weak bark or meow Constipation or diarrhea Tongue: Swollen, pale, thin moist or red/dry Pulse: Weak, deep	BL-26, BL-23, KID-27, KID-3, KID-7, ST-36, ST-40, CV-4, CV-6

Cold and painful lower back
 Reduced libido or fertility
 Loose teeth
 Deafness or loss of hearing
 Copious clear urine
 Urinary incontinence
 Lethargy
 Exercise intolerance
 Dry flaky skin
 Increased shedding
 Hair loss (bilaterally symmetrical)
 Loose, dry, thickened, and darkly pigmented skin
 Weight gain without increased appetite or caloric consumption
 Weak bark or meow
 Constipation or diarrhea
 Tongue: Swollen, pale, thin, moist or red/dry
 Pulse: Weak, deep

TCVM Diagnosis. Kidney *Qi-Yin* deficiency

Treatment Strategies.

Tonify *Qi*.

Nourish *Yin*.

Move *Qi*-blood to resolve stagnation.

Acupuncture Treatment. BL-26, BL-23, KID-27, KID-3, KID-7, ST-36, ST-40, CV-4, CV-6

Herbal Medicine. *Jia Bing Fang* (Thyroid Formula)

Case Examples: Case 1

Kipp is a c/m 10-year-old, mixed-breed dog that presented on November 25, 2002 (first visit). He was diagnosed with hypothyroidism two years ago and has been medicated with Levothyroxine since then. Recently, he gained weight very quickly (80 to 114 lb). He was exercise intolerant and only able to walk for five minutes. He loved to be massaged. He has a typical earth personality. His body felt cold and he desired warm places. His tongue was pale/purple, the pulse was slow, deep, and weak. He was diagnosed with *Yang Qi* deficiency. He was treated with dry needling at BL-26, CV-4, CV-6, ST-36, GV-3, GV-4, KID-27, and KID-7 and herbal medicine *Xiao-Ying-San* (four grams twice daily). After three acupuncture treatments (one session per month) and daily herbal medication, he was able to walk 30 minutes twice a day, lost 17 lb, and had pink tongue and normal pulse.

Case Examples: Case 2

An eight-year-old, spayed, female pointer presented with hypothyroidism. She had been on thyroid supplements in the past, but the owner chose to stop the medicine over the past few years. The owner complains that her dog is just stiff, “puffy,” and depressed. There was a history of infertility and pyometra. The dog was spayed at age six.

The examination showed that S point BL-23 was slightly sensitive. She prefers warm, soft surfaces, and drinks less than normal. She is a good eater. Her hair coat is dry with areas of alopecia and sometimes itchy. Nose is dry, crusty on top, and cold with a clear discharge. Gums are pale and lips are red. Oral cavity has slight odor with normal moisture. Her whole

body is cold and damp. The ears have a mild yeast infection. The eyes appear slightly red with a watery discharge. Tongue is pale and small with a thin coating. The pulse was slow, weak, and stronger on the right than the left. Her voice is weak. She is always constipated, with very hard stools. Her stiffness seems to worsen by exposure to cold/damp. She likes to be massaged. Personality appears to be earth. Her *shen* is depressed. *Bai-hui* was cold and mild edema was noted on her distal hind legs.

TCVM DIAGNOSIS

Qi and *Yin* deficiency

ACUPUNCTURE TREATMENT

Dry needle at *Bai-hui*, *Shen-shu*, BL-23, KID-3, SP-6, LIV-3, BL-22

HERBAL MEDICINE

Jia Bing Fang (Thyroid Formula)

9-21. HYPERTHYROIDISM

Table 9.20 contains acupuncture for treatments of common patterns of hyperthyroidism.

Etiology and Pathology

Dietary imbalance leads to food stagnation, which may transfer into heat/fire leading to *Yin* deficiency. Emotional stress leads to liver *Qi* stagnation. Chronic illness may lead to kidney *Yin* deficiency.

Pattern Differentiation and Treatment

LIVER *Qi* STAGNATION WITH STAGNATION OF BLOOD AND PHLEGM

Clinical Signs.

Irritability

Anxiety

Depression

Aversion to palpation along the hypochondriac region

Tongue: Bluish-dark red, thin white coat

Pulse: Wiry, slippery

TCVM Diagnosis. Liver *Qi* stagnation with stagnation of blood and phlegm

Treatment Strategies.

Soothe liver *Qi* to resolve stagnation.

Soften the swelling.

Dissolve the phlegm.

Acupuncture Treatment. LIV-3, LIV-2, GB-34, LI-4, SP-6, ST-40, ST-36, BL-21, BL-18

Herbal Medicine. *Hai Zao Yu Hu Tang* (Sargassum Jade Pot Decoction)

DEFICIENCY OF *YIN* WITH *YANG* FLOATING

Clinical Signs.

Enlarged thyroid mass

Weight loss

Emaciation

Table 9.20. Acupuncture for Treatment of Common Patterns of Hyperthyroidism

Pattern type	Clinical signs	Acupuncture points
Stagnant liver <i>Qi</i> with stagnation of blood and phlegm	Irritability Anxiety Depression Aversion to palpation along the hypochondriac region Tongue: Bluish-dark red, thin white coat Pulse: Wiry, slippery	LIV-3, LIV-2, GB-34, LI-4, SP-6, ST-40, ST-36, BL-21, BL-18
Deficiency of <i>Yin</i> with <i>Yang</i> floating	Enlarged thyroid mass Weight loss Emaciation Irritability Restless, hyperactive, or aggressive behavior Palpitations Insomnia Panting Tremors of tongue and hands Large appetite Fatigue Loose stools Vomiting Tachycardia Panting, cool-seeking, or night sweat Exophthalmos Photophobia Tongue: Red and dry Pulse: Wiry, rapid, floating, thin	KID-3, SP-6, SP-9, BL-23, LIV-3, GB-34, BL-19, KID-27, LI-4

Irritability
Restless, hyperactive or aggressive behavior
Palpitations
Insomnia
Panting
Tremors of tongue and hands
Large appetite
Fatigue
Loose stools
Vomiting
Tachycardia
Cool-seeking, panting, or night sweat
Exophthalmos
Photophobia
Tongue: Red and dry
Pulse: Wiry, rapid, floating, thin

TCVM Diagnosis. *Yin* deficiency and *Yang* floating pattern

Treatment Strategies. Tonify *Yin* and pacify *Yang*.

Acupuncture Treatment. KID-3, SP-6, SP-9, BL-23, LIV-3, GB-34, BL-19, KID-27, LI-4

Herbal Medicine. Hyper *Jia Bing* Formula

Case Example

Kitty, a 17-year-old, domestic, long-haired, castrated cat, presented with a 10-year history of hyperthyroidism. He has been medicated with Tapazole at ½ tablet (2.5 mg) bid for 10 years. Recently, he lost 2 lb and presented with palpitations. His heart rate was over 240 beats per minute. His tongue was

red and dry; his pulse was weak and fast. His ears and body felt hot. He chose cool places to stay. He had a dry haircoat. He was a good easygoing earth cat. He was diagnosed as kidney *Yin* deficiency with *Yang* floating. He was treated with dry-needling acupuncture at BL-23, BL-21, KID-27, KID-3, KID-7, and SP-6, and herbal medicine Hyper-*Jia-Bing* formula (0.5 grams twice daily). He gained 1.8 lb after three acupuncture treatments (one session per month) and three months of daily herbal medication. Future therapy was limited to daily herbal supplements and one acupuncture session every three to six months. He lived to a good life until he died at 20 years of age.

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10 Acupuncture for Acute and Miscellaneous Conditions

Huisheng Xie

10-1. SYNCOPE AND COLLAPSE

Syncope refers to acute and temporary loss of consciousness as a result of deprivation of oxygen to the brain. Similar to but unlike syncope, collapse refers to acute onset of severe and emergency conditions in which the affected animal falls or almost falls, without losing consciousness.

Etiology and Pathology

YANG QI DEFICIENCY

Chronic weakness of *Yang Qi* can be caused by loss of blood during parturition and long-term overwork. It is triggered by a sudden motion leading to a deficient *Yang Qi* that cannot reach the brain and four limbs causing a *shen* disturbance and loss of consciousness.

QI STAGNATION

Severe emotional stress or external mechanical injuries can cause *Qi* stagnation. The subsequent dissipation of meridian *Qi* disturbs the *shen* leading to loss of consciousness.

Pattern Differentiation and Treatment

YANG QI DEFICIENCY

Clinical Signs.

Sudden onset of dizziness, nausea, coma, or syncope

Shortness of breath, sweat

Coldness in the limbs

Tongue: Pale

Pulse: Slow and weak

Treatment Strategies. Revive *Yang* to resuscitate syncope, tonify *Yang Qi*.

Acupuncture Treatment. GV-26, PC-9, PC-6 to TH-5, KID-1, ST-36, CV-4, CV-6, moxibustion at CV-8 and *Bai-hui*

1. GV-26 stimulates the brain and wake up *shen*.
2. PC-9 is the *Jing*-well (the first level) of PC to wake up *shen*.
3. PC-6 + TH-5 can protect the heart and stimulate *shen*.
4. KID-1 can stimulate the kidney *Qi* and open the orifices.
5. ST-36, CV-4, and CV-6 can tonify *Yang Qi*.

6. CV-8 and *Bai-hui* (moxibustion) can warm *Yang* and tonify *Qi*.

Herbal Medicine. Heart *Qi* Tonic (*Yang Xin Tang*)

QI STAGNATION

Clinical Signs.

Sudden onset of dizziness, nausea, coma, or syncope after fighting, emotional stress or attack of external forces

Tongue: Purple

Pulse: Wiry and soft

Treatment Strategies.

Revive *Yang* to resuscitate syncope.

Soothe liver *Qi*.

Acupuncture Treatment. GV-26, PC-9, PC-6 to TH-5, KID-1, LIV-3, LI-4

1. GV-26 stimulates the brain and wake up *shen*.
2. PC-9 is the *Jing*-well (the first level) of PC to wake up *shen*.
3. PC-6 + TH-5 can protect the heart and stimulate *shen*.
4. KID-1 can stimulate the kidney *Qi* and open the orifices.
5. LIV-3 and LI-4 can move *Qi*-blood to resolve stagnation.

Herbal Medicine. Compound *Dan Shen* (*Fu Fang Dan Shen*)

10-2. HIGH FEVER

High fever refers to mammalian body temperature over 104°F and may occur in any acute infectious disease or in an acute inflammatory disease. It belongs to the excess heat pattern, which can be divided into three subtype patterns: (1) heat in the *Wei* stage, (2) heat in the *Qi* stage, (3) heat in the *Ying*-blood stage.

Acupuncture works well for high fever. It can be combined with Chinese herbal medicine or antibiotics to clear the pathogens and control inflammation and infection. Table 10.1 summarizes acupuncture for treatment of high fever.

Etiology and Pathology

External pathogens including wind-heat, damp-heat, heat toxin, or summer heat invade the body via the nose, mouth,

and skin, leading to heat accumulated in the *Wei*, *Qi*, or *Ying-Xue* stage.

Pattern Differentiation and Treatment

WEI STAGE HEAT (WIND-HEAT)

Clinical Signs.

Fever, slight aversion to wind and cold or wind-heat
Cough, thick nasal discharge, swollen throat with painful sensitivity
Tongue: Red with white or yellow thin coating
Pulse: Superficial and rapid
It belongs to wind-heat pattern or exterior heat pattern.

Treatment Strategies.

Eliminate wind-heat.
Disperse the lung.
Open the surface.

Acupuncture Treatment. GV-14, LI-4, LI-11, LU-10, GB-20, BL-10, TH-5, hemoacupuncture at *Tai-yang*, *Wei-jian*, *Er-jian*

1. GV-14 is on the GV location where all *Yang* gathers and can clear heat from the whole body.
2. LI-4 and LI-11 can open the surface and clear heat.
3. LU-10 is the second level of the LU Channel and can clear the heat from the upper *jiao*.
4. GB-20, BL-10, and TH-5 can open the surface and clear the exterior pathogens.
5. *Tai-yang*, *Wei-jian*, and *Er-jian* can clear heat from the whole body.

Herbal Medicine. *Yin Qiao San*

QI STAGE HEAT

Clinical Signs.

Prolonged high fever or high body temperature
Sweating, excess thirst
Depression, no appetite
Dry feces, scant and dark urine
Tongue: Deep red with yellow and dry coating
Pulse: Surging and rapid pulse
It belongs to heat pattern in the *Qi* stage.

Treatment Strategies.

Eliminate heat and generate body fluids.

Purge the intestines.
Eliminate heat.

Acupuncture Treatment. GV-14, LI-4, LI-11, LU-10, ST-44, LU-5, TH-5; hemoacupuncture at *Tai-yang*, *Wei-jian*, *Er-jian*, 12 *Jing*-well points, *Xiong-tang*, *Jing-mai*

1. GV-14 is GV location where all *Yang* gathers and can clear heat from the whole body.
2. LI-4 and LI-11 can open the surface and clear heat.
3. LU-10 and ST-44 are the second level of the LU and ST Channels and can clear the heat from the upper and middle *jiaos*.
4. LU-5 is the water (child) point and clears heat from the lung.
5. TH-5 can clear the surface.
6. *Tai-yang*, *Wei-jian* and *Er-jian* can clear heat from the whole body.
7. *Jing*-well point is the connecting point between the *Yang* and *Yin* Channels and can clear heat.
8. *Xiong-tang* and *Jing-mai* are classical equine points and can clear excess heat toxin.

Herbal Medicine. *Bai Hu Tang* (White Tiger Decoction)

YING-BLOOD STAGE HEAT

Clinical Signs.

Prolonged high fever (may be worse at night)
Restlessness or coma, convulsions
Petechia or echymoses, epistaxis, bloody feces
Tongue: Deep red or maroon and dry
Pulse: Thready and rapid
It belongs to heat pattern in the *Ying* or blood stage.

Treatment Strategies.

Clear *Ying* (nutrient) stage.
Cool blood.
Calm *shen*.
Subdue wind.

Acupuncture Treatment. GV-14, LI-4, LI-11, PC-6, HT-7, SP-10, BL-17, BL-14, BL-15, and GB-20; hemoacupuncture at *Tai-yang*, *Wei-jian*, *Er-jian*, 12 *Jing*-well points

1. GV-14 is GV location where all *Yang* gathers and can clear heat from the whole body.
2. LI-4 and LI-11 can open the surface and clear heat.

Table 10.1. Acupuncture for Treatment of High Fever

High fever pattern	Wind-Heat	Heat in the <i>Qi</i> stage	Heat in the <i>Ying</i> -blood stage
Clinical signs	Very acute, sore throat, headache, aversion to cold Tongue: Red or thin coating Pulse: Fast and superficial	Cough, thirsty, sweating too much, or no sweat Tongue: Deep red Pulse: Forceful, fast	Fever worse at night, hemorrhage, <i>shen</i> disturbance Tongue: Deep red and dry Pulse: Fast
Major points for high fever	GV-14, LI-11, LI-4, <i>Jing</i> -well points (LU-11, LI-1, TH-1, ST-45, etc.) Hemoacupuncture at <i>Tai-yang</i> , <i>Wei-jian</i> , and <i>Er-jian</i>		
Adjunct points for pattern	LU-10, GB-20, BL-10, TH-5	LU-5, ST-44, <i>Xiong-tang</i> , <i>Jing-mai</i>	HT-7, PC-6, SP-10, BL-17
Chinese herbal medicine	<i>Yin Qiao San</i>	<i>Bai Hu Tang</i>	<i>Qing Ying Tang</i>

3. PC-6, HT-7, SP-10, and BL-17 can calm the *shen* and clear heat from the *Ying*-blood stage.
4. BL-14, BL-15, and GB-20 calm the *shen* and subdue wind.
5. *Tai-yang*, *Wei-jian*, and *Er-jian* can clear heat from the whole body.
6. *Jing*-well point is the connecting point between the *Yang* and *Yin* Channels and can clear heat.

Herbal Medicine. *Qing Ying Tang*

10-3. HEMORRHAGE

Hemorrhage refers to a symptom complex of blood extravasation or blood leaving the vessels. It includes epistaxis, hematuria, and enterohemorrhagia. See table 10.2 for acupuncture treatment of hemorrhage.

Etiology and Pathology

BLOOD HEAT

Heat accumulated in blood may expel blood out of the vessel resulting in hemorrhage.

SPLEEN *Qi* DEFICIENCY

Spleen *Qi* deficiency can be caused by long-term overwork, malnutrition, and prolonged diseases. Deficient spleen *Qi* fails to keep blood circulating in the vessels leading to blood extravasation.

INJURIES FROM FALLS, FRACTURES, CONTUSIONS, AND STRAINS

Falls, fractures, contusions, and strains can injure blood vessels leading to hemorrhage.

Pattern Differentiation and Treatment

EPISTAXIS

Epistaxis, or nosebleeding, is mainly caused by blood heat or *Qi* blood stagnation due to local injuries. It can occur in febrile diseases, tumors, food poisoning, drug reactions, nasosinus diseases, or autoimmune diseases. In horses, nosebleeding can also be caused by exercise-induced pulmonary hemorrhage (EIPH). EIPH is one of the most challenging equine athletic problems. As the horse is a fire animal, it tends to produce excess heat. Strenuous physical competition and racing also generates heat. Horses live in an environment full of stress including shows, stall confinement, being given too much chemical medication, being exposed to pollution, or traveling. Too much stress easily causes liver *Qi* stagnation. Long-term liver *Qi* stagnation will transform into heat. The above three sources of heat make the equine athletes prone to EIPH.

Clinical Signs.

Sudden onset of nosebleeding from one or two nostrils

Tongue: Bright red

Pulse: Rapid

If epistaxis is due to injury, pulse and tongue color are normal.

Treatment Strategies.

Clear heat.

Stop hemorrhage.

Acupuncture Treatment. LU-6, LI-4, LU-10, LU-11, LU-5, ST-44, LIV-3, LIV-2, LI-20, GV-25, *Duan-xue* in horses and *Tian-ping* in dogs

1. LU-6 is the *Xi*-cleft point and can clear heat and stop hemorrhage.
2. LI-4, LU-10, LU-11, LU-5, ST-44 can clear heat from the upper and middle *jiaos*.
3. LIV-3, LIV-2 can clear heat from the liver.
4. LI-20 and GV-25 are local points.
5. *Duan-xue* and *Tian-ping* are classical points to stop hemorrhage.

Herbal Medicine.

Single Immortal, or *Yun Nan Bai Yao*

For prevention: Red Lung

HEMATURIA

Hematuria refers to the presence of blood in the urine or abnormally increased numbers of red blood cells (RBC) in the urine. It can be caused by bladder damp-heat, false heat due to kidney *Yin* deficiency, and urinary stones. It can occur in renal or urinary tract infections, nephrolithiasis or bladder stones, tumor, or traumatic injuries.

Clinical Signs.

Bloody urine with bright red or dark color

Tongue: Red and dry

Pulse: Thready and rapid

The patient with hematuria due to traumatic injury may show lumbar pain, purple tongue, and a wiry pulse.

Treatment Strategies.

Cool blood.

Clear damp-heat and stop hemorrhage.

For false heat, add nourishment of *Yin*.

Acupuncture Treatment. BL-23, BL-28, CV-3, BL-17, SP-10, *Wei-jian*, *Wei-ben*, LIV-2, LIV-3, SP-6, SP-9, HT-7, PC-7, *Duan-xue* in horses and *Tian-ping* in dogs. For *Yin* deficiency, add KID-3.

1. BL-23 is the back-*shu* association of kidney. The kidney controls urination.
2. BL-28 and CV-3 are the back-*shu* and front-*mu* points of the bladder.
3. BL-17 and SP-10 can cool blood to clear heat.
4. *Wei-jian* and *Wei-ben* are the classical points to cool blood and clear heat and resolve stagnation in the lower *jiao*.
5. A combination of LIV-2, LIV-3, SP-6 and SP-9 can clear damp-heat in the lower *jiao*.
6. HT-7 and PC-7 are the *Yuan*-source points of HT and PC Channels and can clear excess heat in the heart and pericardium.
7. *Duan-xue* and *Tian-ping* are the classical points to stop hemorrhage.
8. KID-3 is the *Yuan*-source of kidney and can nourish *Yin*.

Table 10.2. Acupuncture for Treatment of Hemorrhage

Hemorrhage type	Acupuncture point	Herbal medicine
Epistaxis	LU-6, LI-4, LU-10, LU-11, LU-5, ST-44, LIV-3, LIV-2, LI-20, GV-25 <i>Duan-xue</i> in horses and <i>Tian-ping</i> in dogs For <i>Qi</i> deficiency, add CV-4, CV-6, ST-36.	Single Immortal For prevention, Red Lung
Hematuria	BL-23, BL-28, CV-3, BL-17, SP-10, <i>Wei-jian</i> , <i>Wei-ben</i> , LIV-2, LIV-3, SP-6, SP-9, HT-7, PC-7, <i>Duan-xue</i> in horses and <i>Tian-ping</i> in dogs For <i>Yin</i> deficiency, add KID-3.	Red Front Door (<i>Xiao Ji Yin</i>) + <i>Yun Nan Bai Yao</i>
Hematochezia	GV-1, BL-57, BL-25, BL-32, <i>Duan-xue</i> in horses and <i>Tian-ping</i> in dogs For damp-heat, add <i>Wei-jian</i> , <i>Wei-ben</i> , SP-6, SP-9, SP-3. For <i>Qi</i> deficiency, add CV-4, CV-6, ST-36, GV-4, <i>Bai-hui</i> .	Red Lung Plus For Damp-Heat, add Great Saussurea For <i>Qi</i> deficiency, add <i>Huang Tu Tang</i>

Herbal Medicine. Red Front Door (*Xiao Ji Yin Zi*) + *Yun Nan Bai Yao*

HEMATOCHEZIA

Hematochezia refers to the presence of blood in the feces or abnormally increased numbers of red blood cells (RBC) in the feces. It can be caused by large intestine damp-heat, and spleen *Qi* deficiency. It can occur in gastrointestinal ulceration, inflammatory bowel diseases, food poisoning, tumor, or traumatic injuries.

Clinical Signs.

LI damp-heat: Bloody feces with bright red blood, red tongue, rapid and forceful pulse

Spleen *Qi* deficiency: Bloody feces with dark blood, pale tongue, deep and weak pulse

Treatment Strategies.

Clear damp-heat and stop hemorrhage.

Tonify spleen *Qi* to stop hemorrhage.

Acupuncture Treatment. GV-1, BL-57, BL-25, BL-32, *Duan-xue* in horses and *Tian-ping* in dogs. For damp-heat, add *Wei-jian*, *Wei-ben*, SP-6, SP-9, SP-3; For *Qi* deficiency, add CV-4, CV-6, ST-36, GV-4, and *Bai-hui*.

1. GV-1 is an empirical local point.
2. BL-57, BL-25, and BL-32 are the major points to regulate the “back door” (anus).
3. *Duan-xue* and *Tian-ping* are the classical points to stop hemorrhage.
4. SP-6, SP-9, and SP-3 are to clear damp-heat.
5. CV-4, CV-6, ST-36, GV-4, and *Bai-hui* can tonify *Qi* to hold blood inside the vessels.

Herbal Medicine. Red Lung Plus. For damp-heat, add Great Saussurea *Coptis*. For *Qi* deficiency, add *Huang Tu Tang*.

10-4. EYE PROBLEMS

Corneal and other eyes problems include keratitis, conjunctivitis, keratoconjunctivitis sicca (KCS), anterior uveitis, equine recurrent uveitis (ERU), corneal ulceration, and scars (healed ulcers). In traditional Chinese veterinary medicine (TCVM), those eye diseases can be divided into three patterns: Liver heat pattern, stagnation pattern, and liver-kidney *Yin* deficiency pattern. Acupuncture for treatment of eye problems is shown in table 10.3.

Pattern Differentiation and Treatment

LIVER HEAT PATTERN

Clinical Signs.

Conjunctivitis or keratitis

Congestion of the conjunctival vessels

Red eyes or swollen eyelids

Ocular discharge varying from clear and watery to mucoid

Tongue: Red

Pulse: Wiry and rapid, or surging

Treatment Strategies.

Dissipate wind.

Eliminate heat.

Acupuncture Treatment. LI-4, BL-18, BL-19, GB-37, GB-43, ST-44, LIV-2, ST-1, GB-1, and BL-1

1. LI-4 clears heat.
2. BL-18 and BL-19 clear heat from liver and gallbladder.
3. GB-37 is a special point to brighten the eyes.
4. GB-43, ST-44, and LIV-2 are the second level points to drain heat and fire from the liver.
5. ST-1, GB-1, and BL-1 are local points for eye problems.

Herbal Medicine. *Long Dan Xie Gan*

STAGNATION PATTERN

Clinical Signs.

Swollen eyelids, ocular discharge

Aversion to sunlight (photophobia), miosis

Grey or blue nebula (turbidity of the cornea), opacity of the cornea

Tongue: Red or purple

Pulse: Wiry, fast, or deep

Treatment Strategies.

Clear liver and eliminate fire.

Clear eyes and resolve nebula.

Acupuncture Treatment. LI-4, LIV-3, LIV-2, LIV-1, BL-18, BL-19, GB-37, GB-43, ST-45, ST-44, ST-1, GB-1, BL-1, and GB-14

1. LI-4, LIV-3, LIV-2, and LIV-1 clear heat and soothe liver *Qi*.
2. BL-18 and BL-19 clear heat from liver and gallbladder.
3. GB-37 is a special point to brighten the eyes.
4. GB-43, ST-45, and ST-44 are to drain heat and fire from the liver.

Table 10.3. Acupuncture for Treatment of Eye Problems

Pattern type	Clinical signs	Acupoint and herbal
Liver Heat	Conjunctivitis or keratitis Congestion of the conjunctival vessels Red eyes, or swollen eyelids Ocular discharge varying from clear and watery to mucoid Tongue: Red Pulse: Wiry and rapid, or surging	LI-4, BL-18, BL-19, GB-37, GB-43, ST-44, LIV-2, ST-1, GB-1, BL-1 <i>Long Dan Xie Gan</i>
Stagnation pattern	Swollen eyelids, ocular discharge Aversion to sunlight (photophobia), miosis Grey or blue nebula (turbidity of the cornea) or opacity of the cornea Tongue: Red or pale Pulse: Surging fast, or deep and weak	LI-4, LIV-3, LIV-2, LIV-1, BL-18, BL-19, GB-37, GB-44, ST-45, ST-44, ST-1, GB-1, BL-1, GB-14 <i>Jue Ming San</i>
Liver-kidney deficiency pattern	+/- atrophied pupil Thick mucoid ocular discharge on the medial canthus Corneal opacity; atrophied, yellow or grey sclera Tongue: Deep red Pulse: Deep, weak	BL-23, KID-3, KID-7, BL-18, BL-19, GB-37, BL-1, GB-1, ST-1 <i>Qi Ju Di Huang</i>

5. ST-1, GB-1, BL-1, and GB-14 are local points for eye problems.

Herbal Medicine. *Jue Ming San* (Haliotis Powder)

LIVER-KIDNEY YIN DEFICIENCY PATTERN

Clinical Signs.

+/- atrophied pupil

Thick mucoid ocular discharge on the medial canthus

Corneal opacity; atrophied, yellow or grey sclera

Tongue: Deep red

Pulse: Deep weak and fast

Treatment Strategies.

Nourish the liver and kidney.

Clear the eye and resolve opacity.

Acupuncture Treatment. BL-23, KID-3, KID-7, BL-18, BL-19, GB-37, BL-1, GB-1, ST-1

1. BL-23, KID-3, and KID-7 nourish kidney *Yin*.
2. BL-18 and BL-19 clear heat from liver and gallbladder.
3. GB-37 is a special point to brighten the eyes.
4. BL-1, GB-1, and ST-1 are local points for eye problems.

Herbal Medicine. *Qi Ju Di Huang*

Case Examples: Case 1

A 10-year-old quarter horse gelding was presented with severe uveitis. He had a wood personality. He was irritable and tried to kick and bite the practitioner. The horse appeared to be generally in good health. The uveitis started after a severe case of shipping fever associated with a very high fever. It appeared as though the horse would lose the eye. He was currently on topical atropine, dexamethasone, and oral banamine. The eye is still inflamed, swollen, and very painful. He has a purple tongue and wiry pulse.

TCVM DIAGNOSIS

Liver heat with stagnation

ACUPUNCTURE TREATMENT

1. Dry needle at GB-20, BL-18/19, *Bai-hui*, GB-37, BL-1/2, ST-1
2. Hemoacupuncture at ST-2, *Tai-yang*

HERBAL MEDICINE

Jue Ming San, 15 grams, bid, two months

OUTCOME

The eye was completely healed after two monthly acupuncture treatments and daily herbal medicine.

Case Examples: Case 2

A 1.5-year-old Thoroughbred filly presented for a corneal ulcer on the right eye. Fluorescein staining revealed a descemet-ocle in the center of the ulcer. A dorsal conjunctival pedicle flap was performed and a subpalpebral lavage system was placed to allow frequent administration of topical medication to the eye. There was little improvement over the next week so a second surgery was performed. A corneal graft along with an amniotic membrane graft and a second conjunctival flap were used. In addition, tissue plasminogen activator was injected into the anterior chamber to dissolve the fibrin meshwork. Since the second surgery, the eye has been showing some but very slow improvement. Acupuncture was requested for promoting healing and relieving pain.

PHYSICAL EXAMINATION

The filly was friendly, easy going, and mellow. Her *shen* was ok. Her tongue was red and dry. Her pulse was deep and weak on the left side. Her eye was still inflamed, red, and painful.

TCVM DIAGNOSIS

Liver heat with *Yin* deficiency

ACUPUNCTURE TREATMENT

1. Dry needle at *Bai-hui*, BL-67, ST-45, GB-44, SI-1, LI-1
2. Electroacupuncture (EA) 20 minutes at 20 Hz at the following pairs of points: (1) BL-18, bilateral; (2) BL-19,

bilateral; (3) left GB-34 + GB-37; (4) right GB-34 + GB-37; (5) GB-1 + BL-1; and (6) ST-1 + *Chui-jing*

HERBAL MEDICINE

Jue Ming San, 15 grams, bid for three months

OUTCOME

The eye was completely healed after six biweekly acupuncture treatments and three months of daily herbal medicine.

10-5. OTITIS

One of the most common presenting complaints in the small animal clinic is the dog with itchy and infected ears. The patient is often presented to the clinic after days of discomfort and often self-mutilation. The condition often is bilateral, however, it may be unilateral. It is mainly considered as liver/gallbladder damp heat.

Etiology and Pathology

Damp-heat generated by food and environmental conditions invades the body and is accumulated in the liver and then transferred to the GB Channel. Damp-heat may migrate upward toward the ear leading to itchy, malodorous, and waxy ears.

Liver *Qi* stagnation + spleen *Qi* deficiency: Liver *Qi* stagnation generated by emotional stress causes liver *Yang* rising and heat. Spleen *Qi* deficiency can generate damp. Heat and damp attract each other and merge into damp-heat.

Clinical Signs.

Ear malodorous, swollen, erythematous, and discharging a waxy exudate mixed at times with purulent material

Tongue: Red

Pulse: Strong and fast

Treatment Strategies.

Clear damp-heat from liver and gallbladder.

Clear wind to stop itching.

Acupuncture Treatment. GB-20, BL-10, BL-18, LIV-2, SP-6, SP-9, GB-34, BL-40, SP-10, SI-19, TH-17, GB-3, *Er-jian*, and *Tai-yang*

1. GB-20, BL-10 can clear wind to stop itching.
2. BL-18, LIV-2, SP-6, SP-9, and GB-34 can clear damp-heat from liver and gallbladder.
3. BL-40 and SP-10 can cool blood to clear heat.
4. SI-19, TH-17, and GB-3 are local points.

Herbal Medicine.

Oral herbal: *Long Dan Xie Gan*

Topical herbal: *Di Er You*

10-6. STOMATITIS AND GINGIVITIS

Stomatitis refers to the generalized inflammation of the mouth that may include the gums (gingivitis), lips (cheilitis), and tongue (glossitis). It is a common problem in the small animal clinic. It includes heart fire flaring upward, stomach heat, and blood heat.

Etiology and Pathology

ACCUMULATION OF HEART HEAT/FIRE

As the tongue is the external orifice of the heart, heart heat/fire may transmit upward into the tongue leading to stomatitis and ulceration.

ACCUMULATION OF STOMACH HEAT

As the lips and gums are the external orifices of the spleen and stomach, stomach heat may transmit upward into the gums resulting in stomatitis and gingivitis.

Pattern Differentiation and Treatment

HEART FIRE FLARES UPWARD

Clinical Signs.

Depression, fever, thirst

Swollen or ulcerated tongue, ulcerated mouth

Thick malodorous salivation, rapid respiration

Dry feces, scant and dark urine

Tongue: Deep red

Pulse: Surging and rapid

It belongs to heart excess heat pattern.

Treatment Strategies.

Clear heart fire and toxin.

Dissipate stagnation and swelling.

Acupuncture Treatment. LI-4, LI-11, GV-14, *Er-jian*, *Tai-yang*, HT-7, PC-7, ST-44

1. LI-4, LI-11, and GV-14 are three key points to clear heat.
2. *Er-jian* and *Tai-yang* can cool blood to clear heat.
3. HT-7 and PC-7 can calm *shen*.
4. ST-44 can clear heat.

Herbal Medicine.

External application of herbal medicine: *Bing Peng San*

Internal therapy: *Xi Xin San*

STOMACH HEAT

Clinical Signs.

Loss of appetite

Thick salivation or foam from the mouth with foul smell and slight warmth

Swollen or ulcerated gums and hard palate or lips and medial cheek, ulcer on the tongue

Tongue: Red with thick and yellow coating

Pulse: Surging and rapid

It belongs to stomach excess heat pattern.

Treatment Strategies.

Clear stomach heat.

Resolve swelling.

Acupuncture Treatment. LI-4, LI-11, GV-14, *Er-jian*, *Tai-yang*, *Wei-jian*, BL-21, ST-44, ST-4, ST-6, *Duan-xue*, *Tian-ping*

1. LI-4, LI-11, and GV-14 are three key points to clear heat.
2. *Er-jian*, *Tai-yang*, and *Wei-jian* can cool blood to clear heat.
3. BL-21 and ST-44 can clear stomach heat.

4. ST-4 and ST-6 are local points.
5. *Duan-xue* in horses and *Tian-ping* in dogs are the classical points to stop bleeding.

Herbal Medicine.

1. External application of herbal medicine: *Bing Peng San*
2. Internal therapy: Jade Lady (*Yu Nu Jian*)

Food Therapy. Dietary recommendations include food with cooling properties such as rice, barley, sweet potato (starches), fish, pork, eggs, beef (protein), and vegetables with fish and olive oil. There may be value in providing a raw diet.

Other Recommendation. Oral hygiene with aloe vera gel or green tea will be soothing to the gums. Liquid aloe vera may help to cool stomach heat.

BLOOD HEAT

Clinical Signs.

Occurred in chronic severe gingivitis associated with immune-mediated disease

Gums: Red, ulcerated, bloody, swollen, and very painful with a bad breath

Tongue: Red

Pulse: Wiry, strong, fast

Treatment Strategies.

Cool the blood and stop bleeding.

Regulate *Ying-Wei*.

Acupuncture Treatment. LI-4, LI-11, GV-14, SP-10, KID-7, *Er-jian*, *Tai-yang*, *Wei-jian*, *Duan-xue*, *Tian-ping*

1. LI-4, LI-11, GV-14, SP-10, and KID-7 are to clear heat and regulate *Ying-wei*.
2. *Er-jian*, *Tai-yang*, and *Wei-jian* can cool blood to clear heat.
3. *Duan-xue* is the classical point to stop bleeding in horses; *Tian-ping* is the classical point to stop bleeding in dogs.

Herbal Medicine.

1. External application of herbal medicine: *Bing Peng San*
2. Internal therapy: Blood Heat Formula

10-7. EXCESSIVE SALIVATION

Excessive salivation refers to abnormally increased amount of watery or thick/mucous salivation secreted from the mouth.

Etiology and Pathology

EXTERNAL ATTACK OF COLD AND DAMP

Accumulation of cold and damp in the body may increase fluid in the mouth resulting in excessive watery salivation.

EXTERNAL INVASION OF HEAT

Accumulation of heat in the heart or stomach may flare upward and reach the mouth, gums, and tongue leading to local ulceration and excessive thick salivation.

SPLEEN *Qi* DEFICIENCY

Spleen *Qi* deficiency can be caused by long-term overwork, poor nutrition, ageing, or chronic illness. Deficient spleen *Qi* fails to hold and control the lips leading to excessive salivation.

Pattern Differentiation and Treatment

EXCESSIVE SALIVATION DUE TO SPLEEN *Qi* DEFICIENCY

Clinical Signs.

Occurred in the majority of dogs with laryngeal paresis or paralysis

Watery, thick, or mucousy excess salivation

Depression, loss of appetite, dry or burned hair, emaciation

Cold ears and nose

Tongue: Purple and wet

Pulse: Deep and slow

Treatment Strategies.

Strengthen the spleen and tonify *Qi*.

Warm the middle-*jiao*.

Acupuncture Treatment.

Dry needle at *Bai-hui*, ST-36, CV-4, GV-4, SP-6, SP-9

Electroacupuncture at the following pairs of points: (1) CV-23 + CV-24; (2) ST-9, bilateral; (3) LI-18, bilateral; (4) SI-17 + *Hou-bi* (half way between SI-17 and ST-9); (5) BL-21; (6) BL-20

1. *Bai-hui*, ST-36, CV-4, and GV-4 can warm spleen *Qi*.
2. SP-6 and SP-9 can strengthen the spleen to clear excessive salivation.
3. CV-23, CV-24, ST-9, LI-18, SI-17, and *Hou-bi* are local points to treat laryngeal paresis.
4. BL-20 and BL-21 are the back-*shu* points of the spleen and stomach.

Herbal Medicine. *Shen Ling Bai Zhu*

EXCESSIVE SALIVATION DUE TO HEAT

Clinical Signs.

Gingivitis or stomatitis, foul odor from the mouth

Anorexia, separation anxiety, or other *shen* disturbance

Thick salivation, depression, difficulty eating and drinking

Tongue: Red

Pulse: Forceful and rapid

Treatment Strategies.

Eliminate heat and toxin from the heart.

Relieve swelling.

Stop pain.

Acupuncture Treatment. HT-7, PC-7, *Tai-yang*, *Er-jian*, *Wei-jian*, LI-4, LI-11, GV-14, ST-44, CV-24, ST-4, ST-5

1. HT-7 and PC-7 are the source points of the HT and PC Channels and can calm the *shen*, clear heat.
2. *Tai-yang*, *Er-jian*, and *Wei-jian* (hemoacupuncture) can clear heat from the whole body.
3. LI-4, LI-11, and GV-14 are three key points to clear heat.
4. ST-44 is the second level of the ST Channel and clears heat from the stomach.
5. CV-24, ST-4, and ST-5 are local points.

Herbal Medicine. *Xi Xin San***FOAM DUE TO LUNG COLD****Clinical Signs.**

Too much white foam or froth from the mouth

Depression, emaciation, dry hair

Tongue: Pale and cool

Pulse: Weak and deep

Treatment Strategies.

Warm the lung.

Disperse cold.

Acupuncture Treatment. BL-13, LU-7, LU-9, LI-10, LI-11, BL-20, BL-21, ST-36, CV-12, CV-4, CV-6

1. BL-13, LU-7, LU-9, LI-10, and LI-11 strengthen the lung.
2. BL-20, BL-21, ST-36, and CV-12 tonify spleen *Qi*. The spleen is the “mother” element of the lung.
3. CV-4 and CV-6 tonify *Qi*.

Herbal Medicine. *Er Chen Tang***HABITUAL WATERY SALIVATION (CRIBBING)****Clinical Signs.**

Occurred most often in horses

Wood chewing, watery salivation, or cribbing (wind sucking, crib biting) during rest

Salivation is normal when working or eating.

Tongue: Red or purple

Pulse: Wiry or fast

Treatment Strategies. Calm *shen* to stop salivating.

Acupuncture Treatment.

Dry needle: *Bai-hui*, HT-7, PC-7, PC-9, LI-4, LU-7, BL-43, BL-44

Aquapuncture (point injection) using vitamin B₁₂ (2–10 ml per point) at *An-shen* and CV-24. Reports have claimed that equine cribbers respond effectively to aquapuncture at CV-24, and *Jia-cheng-jiang* (1 cun lateral to CV-24) using 35% alcohol (2 ml per point). If no response is seen, repeat in two to three days.

Herbal Medicine. *Zhen Xin San***10-8. PRURITUS AND SKIN ALLERGY**

Pruritus and skin allergy belong to *Shi-Zhen* or eczema. They are the most challenging problems in veterinary practice.

They can be caused by wind-heat, damp-heat, blood heat, blood deficiency, and liver/kidney *Yin* deficiency.

Etiology and Pathology**EXTERNAL FACTORS**

1. Wind: Signs—Urticaria, skin rash, rubella, pruritus, dryness
2. Dampness: Signs—Papular eruption, exudative lesions, eczema, or erosion
3. Heat: Signs—Red and hot, sore with heat sensation, papular eruption, itching and pain, erosion with pus
4. Parasite—Scabies (*Jie Man*), fungi, intestinal worm, pinworm
5. Allergy to food/drugs

INTERNAL FACTORS

1. Stagnation: Liver *Qi* stagnation or blood stagnation
2. Blood deficiency with wind and dryness
3. Liver and kidney *Yin* deficiency

Pattern Differentiation and Treatment**WIND-HEAT**

Etiology and Pathology. Seasonal allergy, pollen/food allergy, springtime, external wind/heat invasion, pruritus, contact dermatitis, flea-allergy dermatitis

Clinical Signs.

Worse in spring and summer

Pruritus, itching, scratching (dorsal body regions)

Tongue: Red or slight dry

Pulse: Wiry or fast

Acupuncture Treatment. GB-20, BL-10, BL-12, BL-17, SP-10, *Er-jian*, *Wei-jian*

1. GB-20, BL-10 and BL-12 clear wind and stop itching.
2. BL-17 and SP-10 move flow of blood, and make wind commit “suicide.”
3. *Er-jian* and *Wei-jian* clear heat.

Herbal Medicine. *Xiao Feng San* or Wind-Heat Toxin

Other Supplements. Flaxseed oil, barley green powder

Food Therapy. Cool/cold diets are recommended. Avoid warm or hot food (see tables 10.4, 10.5, and 10.6).

Table 10.4. Cold or Cool Diets and Food

Meats, oils, sausage	Grains and beans	Vegetables	Fruits and tea
Turkey	Millet	Spinach	Watermelon
Deep ocean fish, cod	Brown rice	Broccoli	Bitter melon
Rabbit	Buckwheat	Celery	Pear
Frog	Wheat flour	Kelp	Banana
Turtle	Barley	Chinese cabbage	Sugarcane
Clam	Barley sprouts (green)	Eggplant	Gingko, persimmon (<i>shi zi</i>)
White fish	Seed of Job's tear (Coix)	Cucumber	Chrysanthemum, green tea
Sesame oil, flaxseed oil	Tofu	Winter melon	
Sausage (wheat)	Mung Bean		

Table 10.5. Chinese Food Therapy for Dogs and Cats

	Cool/cold diets	Warm/hot diets	Neutral
Vegetable	Spinach Broccoli Celery Kelp Chinese cabbage Eggplant Cucumber Winter melon	Ginger Garlic Onion Chives Pepper Carrots Squash Pumpkin Asparagus	Yam Sweet potato
Fruits and tea	Watermelon Bitter melon Pear Banana Sugarcane Ginkgo, persimmon (<i>shi zi</i>) Chrysanthemum, green tea	Peach Plum Walnut Apricot Citrus, tangerine Olive Asparagus	Grape Green pea
Grains and beans, oil, sausage	Millet Brown rice Buckwheat Wheat flour Sesame oil, flaxseed oil Sausage (wheat) Barley Barley sprouts (green) Seed of Job's tear (<i>Coix</i>) Tofu Mung bean	Oats White rice Rice vinegar Brown sugar Olive oil Broad bean	Corn Sweet rice Soy bean String beans Peanuts
Meats	Turkey Deep ocean fish, cod Rabbit Frog Turtle Clam White fish	Chicken Shrimp Mutton Deer meat Beef	Pork Eggs Goose Duck Catfish Salmon Sardine Tripe (rumen) Quail

DAMP-HEAT

Etiology and Pathology. Dermatitis, eczema, skin rash/itching, otitis, hot spots

Clinical Signs.

Eruption, erosion, redness, thick/yellow malodorous secretions
Itching, scab formation, or alopecia

Tongue: Red

Pulse: Forceful and rapid

Acupuncture Treatment. *Er-jian*, *Wei-jian*, SP-6, SP-9, ST-40, BL-17, SP-10

1. *Er-jian* and *Wei-jian* clear heat.
2. SP-6, SP-9, and ST-40 drain dampness and resolve phlegm.
3. BL-17 and SP-10 move flow of blood and make wind commit suicide.

Herbal Medicine. Damp Heat Skin Formula

Food Therapy. Cool/cold diets are recommended. Avoid warm or hot food (see tables 10.4, 10.5, and 10.6).

Other Comments. Fast one day a week.

BLOOD HEAT

Etiology and Pathology. Discoid lupus erythematosus (DLE), systemic lupus erythematosus (SLE), pemphigus foliaceus, and other autoimmune-mediated diseases

Clinical Signs.

Depigmentation, crusting, erythema, ulceration of the planum nasale or skin, erosions

Tongue: Red or purple

Pulse: Surging and Fast

Acupuncture Treatment. GB-20, *Er-jian*, *Wei-jian*, LIV-3, GB-34, BL-17, SP-10, GV-14, LI-4, and LI-11

1. GB-20 clears wind and stops itching.
2. *Er-jian* and *Wei-jian* clear heat.
3. LIV-3 and GB-34 soothe liver *Qi*.
4. BL-17 and SP-10 cool blood and clear heat.
5. GV-14, LI-4, and LI-11 regulate immune functions.

Herbal Medicine. Blood Heat Formula

Food Therapy. Cool/cold diets are recommended. Avoid warm or hot food (see tables 10.4, 10.5, and 10.6).

Other Comments. Fast one day a week.

BLOOD DEFICIENCY

Etiology and Pathology. Geriatric dryness or chronic skin problem

Clinical Signs.

Chronic itching, geriatric animals, dandruff, dry/burned skin/hair coat, alopecia

Table 10.6. Warm or Hot Food

Meats, oils, sausage	Grains and beans	Vegetables	Fruits and tea
Chicken	Oats	Ginger	Peach
Shrimp	White rice	Garlic	Plum
Mutton	Broad bean	Onion	Walnut
Deer meat		Chives	Apricot
Beef		Pepper	Citrus, tangerine
Olive oil		Carrots	Olive
Rice vinegar		Squash	Asparagus
Brown sugar		Pumpkin	
		Asparagus	

Table 10.7. Neutral Food

Meats, oils, sausage	Grains and beans	Vegetables	Fruits and tea
Pork	Corn	Yam	Grape
Eggs	Sweet rice	Sweet potato	Green pea
Goose	Soy bean		
Duck	String beans		
Catfish	Peanuts		
Salmon			
Sardine			
Tripe (rumen)			
Quail			

Tongue: Pale and dry

Pulse: Deep, thready, and weak

Acupuncture Treatment. SP-10, BL-17, ST-36, SP-6, *An-shen*, HT-7, GB-20/BL-10

1. SP-10 and BL-17 move flow of blood and make wind commit suicide.
2. ST-36 and SP-6 strengthen spleen to generate blood.
3. *An-shen* and HT-7 nourish heart and calm the mind.
4. GB-20 and BL-10 clear wind and stop itching.

Herbal Medicine. *Yang Xue Xi Feng*

Food Therapy. Neutral or cool diets are recommended (see tables 10.5 and 10.7).

DEFICIENCY OF LIVER AND KIDNEY YIN

Etiology and Pathology. Geriatric dryness or chronic skin problems

Clinical Signs.

Chronic itching, geriatric animals

Cool-seeking behavior

Dandruff, dry skin/hair coat, alopecia, or crusting; hyperactivity or abnormal behavior at night

Tongue: Red or deep red, and dry

Pulse: Thready, deep and fast

Acupuncture Treatment. KID-3, BL-23, SP-6, SP-9, SP-10, *An-shen*, HT-7, GB-20, BL-10

1. KID-3 and BL-23 tonify kidney and nourish Yin.
2. SP-6, SP-9, and SP-10 nourish Yin and blood.
3. *An-shen* and HT-7 nourish the heart and calm the mind.
4. GB-20 and BL-10 clear wind and stop itching.

Herbal Medicine. *Yang Yin Zhi Yang*

Food Therapy. Cool diets are recommended (table 10.5).

10-9. URTICARIA

Urticaria refers to the acute onset of wheals and hives on the skin surface. In traditional Chinese veterinary medicine, it is regarded as lung wind *Huang* pattern.

Etiology and Pathology

External attack of wind and heat

Internal accumulation of heat in the heart and lung

Clinical Signs.

Sudden occurrence of wheals or hives varying from 0.5 cm to 5.0 cm in diameter, especially on the head, neck, thorax, abdomen, and croup

Urticarial lesions elevated with firm, round, flat-topped wheals

Swelling of the eyelids and lips, itching

Tongue: Bright red

Pulse: Surging and rapid

It belongs to excess heat pattern or lung wind heat pattern.

Treatment Strategies.

Eliminate heat and toxin.

Dispel wind.

Stop itching.

Acupuncture Treatment.

LI-11, LI-4, SP-10, BL-40, BL-17, TH-10, GB-20, and BL-10

1. LI-11 opens skin and clear wind.
2. LI-4 opens skin and clear wind.
3. SP-10 clears heat in blood.
4. BL-40 + BL-17 clears heat-toxin in blood.
5. TH-10 opens three *jiaos* (burners) to clear heat.
6. GB-20 and BL-10 clear wind to stop itching.

For horse, bleeding at *Jing-mai* and *Xiong-tang* clears heat and detoxifies.

Herbal Medicine. Lung Wind Huang

10-10. SORES AND OPEN WOUNDS

Sores and open wounds refers to suppurative inflammatory or infected lesions with rotten muscles and pus in the body surface. It includes suppurative wounds, carbuncles, cellulitis, and fistulas. It can be divided into three patterns: heat toxin, *Qi*-blood stagnation, and *Qi* deficiency.

Etiology and Pathology

ACCUMULATION OF HEAT

Heat accumulates in the muscles and boils or decocts blood, thus blood gradually becomes thick and circulates slowly leading to stagnation of blood, then stagnation of *Qi*. Stagnation of *Qi* and blood may turn into heat. Heat causes the muscles to degenerate, eventually resulting in sore, ulceration, pus.

EXTERNAL INJURIES

The muscles are injured and blood stagnates leading to degenerative muscles and pus.

Pattern Differentiation and Treatment

HEAT TOXIN

Clinical Signs.

Acute or early course of soreness with redness, swelling, heat, and pain

Obvious boundary of swollen carbuncle, easy swelling and rupture with pus

Local carbuncle in the neck, scapular, back, and saddle regions

Fever, dry feces, scant and dark urine

Tongue: Red

Pulse: Surging and rapid

It belongs to heat toxin pattern.

Treatment Strategies.

Eliminate heat and toxin.

Activate blood.

Dissolve stagnation.

Acupuncture Treatment. LI-4, LI-11, GV-14, GV-12, GV-10, *Wei-jian*, *Wei-ben*, 12 *Jing*-well points, SP-10, BL-40

1. LI-4 and LI-11 can open the surface and clear heat.
2. GV-14, GV-12, GV-10, *Wei-jian*, and *Wei-ben* are all located on the GV Channel and can clear heat from the whole body.
3. *Jing*-well points can open the channel and cool blood.
4. SP-10 and BL-40 can cool blood and clear heat.

Herbal Medicine.

Internal therapy: *Xian Fang Huo Ming*

External therapy: *Wu Wei Xiao Du Yin*

Qi-BLOOD STAGNATION WITH *YIN* DEFICIENCY

Clinical Signs.

White and soft sore with serious pain and with heat and swelling

Fever, dry feces, scant and dark urine

Tongue: Red

Pulse: Rapid

Treatment Strategies.

Move *Qi* and blood to resolve stagnation.

Evacuate pus.

Expel the toxin.

Acupuncture Treatment. LI-4, LIV-3, SP-10, BL-40, circling dragon around the local wound, plus distal or rostral points (which are based on the wound and the pathway of the channels. For example, choose LI-1 if the wound is located around LI-20. Choose LU-1 if the wound is located around LU-11).

1. LI-4 and LIV-3 can move *Qi*-blood to resolve stagnation.
2. SP-10 and BL-40 can cool blood and clear heat.

Herbal Medicine. *Tou Nong San*

Qi-BLOOD DEFICIENCY

Clinical Signs.

Rupture of pus or external discharge of pus, degrading sore without heat

Depression, weakness

Tongue: Pale

Pulse: Weak

Treatment Strategies. Tonify both *Qi* and blood.

Acupuncture Treatment.

BL-20, BL-21, *Qi-hai-shu*, BL-26, LI-10, ST-36, BL-17, BL-18, SP-10

1. BL-20, BL-21, *Qi-hai-shu*, BL-26, LI-10, ST-36 can strengthen spleen and tonify *Qi*.
2. BL-17, BL-18, and SP-10 can nourish blood.

Add "circling dragon" around the local wound. Plus distal or rostral points based on the wound and the pathway of the channels. For example, choose LI-1 if the wound is located around LI-20. Choose LU-1 if the wound is located around LU-11.

Herbal Medicine. *Shi Quan Da Bu Tang*

10-11. BURNS

Burns are acute injuries of the integument and underlying tissues due to high temperatures or chemical substances. In traditional Chinese veterinary medicine, burns are divided into two grades: mild burns and severe burns.

Etiology and Pathology

High temperature

Chemical substances

Pattern Differentiation and Treatment

MILD BURNS

Clinical Signs.

Injury of superficial layers of the skin, burning pain, burned hair, or easily extracted hair, skin edema or blisters that produce weeping discharge, or pus if infected

Occurred in the burn of grade I

Tongue: Red

Pulse: Fast

Treatment Strategies.

Clean injury.

Clear heat.

Detoxify.

Acupuncture Treatment. LI-4, LI-11, GV-14, *Wei-jian*, *Wei-ben*, 12 *Jing*-well points, SP-10, BL-40

1. LI-4, LI-11, and GV-14 are three key points to clear heat.
2. *Jing*-well points can open the channel and cool blood to detoxify.
3. SP-10 and BL-40 can cool blood and clear heat to detoxify.

External Herbal Application. *Qing Liang Gao*

SEVERE BURNS

Severe burns are burns of grades II, III, IV, or V. Within severe burns are three patterns: heat impairing fluid, extreme heat-toxin, and *Qi*-blood deficiency.

SEVERE BURNS: HEAT IMPAIRING FLUID

Clinical Signs.

Occurred in the early stage of severe burns

Infectious burning wound

Fever, dry mouth, thirst, dry feces, scant urine

Tongue: Red with yellow coating

Pulse: Rapid

It belongs to heat pattern.

Treatment Strategies.

Eliminate heat and toxin.

Nourish *Yin* and body fluid.

Acupuncture Treatment. LI-4, LI-11, GV-14, *Wei-jian*, *Wei-ben*, 12 *Jing*-well points, SP-10, BL-40, KID-3, SP-6, and SP-9

1. LI-4, LI-11, and GV-14 are three key points to clear heat.
2. *Wei-jian* and *Wei-ben* are all located at the GV Channel and can clear heat from the whole body.
3. *Jing*-well points can open the channel and cool blood to detoxify.
4. SP-10 and BL-40 can cool blood and clear heat to detoxify.
5. KID-3, SP-6, and SP-9 are three key points to nourish *Yin* and body fluid.

External Herbal Medicine. *Zi Cao Gao*

Internal Herbal Medicine. *Huang Lian Jie Du Tang*

SEVERE BURNS: EXTREME HEAT-TOXIN

Clinical Signs.

Sudden increase in body temperature

Muscle tremor, rapid respiration

Severe depression or restlessness, anorexia

Tongue: Deep red with yellow coating

Pulse: Surging or thready and rapid

It occurs in the septicemia stage of severe burns.

Treatment Strategies.

Eliminate heat and detoxify.

Cool blood.

Nourish *Yin*.

Acupuncture Treatment. GV-14, GV-12, GV-10, *Wei-jian*, *Wei-ben*, 12 *Jing*-well points, SP-10, BL-40

1. GV-14, GV-12, GV-10, *Wei-jian*, *Wei-ben* are all located on the GV Channel and can clear heat from the whole body.
2. *Jing*-well points can open the channel and cool blood to detoxify.
3. SP-10 and BL-40 can cool blood and clear heat to detoxify.

Internal Herbal Treatment. *Qing Ying Tang*

External Herbal Medicine. *Zi Cao Gao*

SEVERE BURNS: *Qi*-BLOOD DEFICIENCY

Clinical Signs.

Gradual recovery of the body after injury

Emaciation, general weakness

Tongue: Pale

Pulse: Weak and deep

Qi-blood deficiency pattern

Treatment Strategies. Tonify *Qi* and blood.

Acupuncture Treatment. BL-20, BL-21, *Qi-hai-shu*, BL-26, LI-10, ST-36, BL-17, BL-18, SP-10

1. BL-20, BL-21, *Qi-hai-shu*, BL-26, LI-10, ST-36 can strengthen spleen and tonify *Qi*.
2. BL-17, BL-18, and SP-10 can nourish blood.

Herbal Medicine. *Ba Zhen Tang*

10-12. PROLAPSE

Prolapse refers to a symptom complex of partial or whole prolapse of rectum, vagina, and uterus. It mostly occurs in elderly and weak animals.

Etiology and Pathology

Prolapse may be caused by the following factors: prolonged diarrhea, reversed downward flow of middle-*Qi* due to the deficiency of *Qi*-blood, slow discharge of afterbirth, or prolonged parturition.

Pattern Differentiation and Treatment

RECTUM PROLAPSE

Clinical Signs.

Prolapse of anus and rectum

Tongue: Pale

Pulse: Weak

Treatment Strategies.

Return rectum and anus to normal position.

Tonify middle-*jiao* and *Qi*.

Treatment.

1. Clean prolapsed rectum with clean warm water.
2. Clear rectum with *Fang Feng Tang* (Ledebouriella Decoction)

3. If there is swelling and degenerating mucous membrane on the surface of prolapsed rectum, *Lian-Hua* or *A-shi* point is punctured with a needle, and cut off the affected mucous membrane.
4. Return the rectum after cleaning it with sterile saline.
5. Electroacupuncture therapy at the following pairs of points: (a) *Gang-tuo*, bilaterally; (b) GV-1 + *Bai-hui*; (c) BL-20, bilateral; (d) *Qi-hai-shu*, bilateral; and (e) *Pi-shu*, bilateral.

Herbal Medicine. *Bu Zhong Yi Qi Tang*

PROLAPSE OF VAGINA OR UTERUS

Clinical Signs.

Prolapse of partial or whole vagina or uterus

Tongue: Pale

Pulse: Weak

Treatment Strategies.

Return vagina or uterus.

Tonify the middle-*jiao* and *Qi*.

Treatment.

1. Clean prolapsed vagina or uterus with sterile solution.
2. Return the vagina and suture the vaginal orifice.
3. Electroacupuncture therapy at the following pairs of points: (a) CV-1 + GV-1; (b) BL-26, bilateral; (c) *Qi-hai-shu*, bilateral; and (d) *Pi-shu*, bilateral.

Herbal Medicine. *Bu Zhong Yi Qi Tang*

10-13. HEATSTROKE AND SUNSTROKE

Heatstroke or sunstroke refers to the symptom complex of high fever and dysfunction of the nervous system due to high environmental temperature or sunlight. Heatstroke and sunstroke include two patterns: (1) summer heat and (2) extreme heat.

Etiology and Pathology

Invasion of heat is produced by exercising or working in the blazing sunlight and high environmental temperatures with inadequate ventilation. Heat invades the body and accumulates in the heart and lung leading to heatstroke or sunstroke.

Pattern Differentiation and Treatment

SUMMER HEAT (MILD OR CHRONIC HEATSTROKE)

Clinical Signs.

Chronic exposure to summer heat

Depression, weakness of the four limbs

Fever, sweating, thirst

Shortness of breath, anorexia

Tongue: Deep red

Pulse: Surging and rapid

It belongs to summer heat pattern.

Treatment Strategies.

Eliminate summer heat

Acupuncture Treatment.

Dry needle at GV-14, LI-11, LI-4, BL-40, SP-10, TH-1, LI-1
Hemoacupuncture at *Er-jian*, *Tai-yang*, and *Wei-jian*

1. GV-14, LI-11, and LI-4 can open the surface and clear heat.
2. BL-40 and SP-10 can cool blood and clear heat.
3. TH-1 and LI-1 open the channels to clear heat.
4. *Er-jian*, *Tai-yang*, and *Wei-jian* can cool blood, clear summer-heat.

Herbal Medicine. *New Xiang Ru San*

EXTREME HEAT (SEVERE OR ACUTE SUNSTROKE)

Clinical Signs.

Sudden occurrence of high fever and coma

Ataxia

Severe depression, dyspnea, profuse sweating

Muscle convulsions

Tongue: Deep red and dry

Pulse: Surging or weak

It belongs to extreme heat pattern.

Treatment Strategies.

Eliminate summer heat.

Calm the mind.

Open the orifices.

Acupuncture Treatment.

Take the animal to a cool place with adequate shade and ventilation and cover its head with an ice bag and hose cool water to the head.

Dry needle at GV-14, LI-11, LI-4, BL-40, SP-10, TH-1, LI-1, SP-6, and KID-7

Hemoacupuncture at *Jing-mai*, *Xiang-tang*, and *Wei-jian*

1. GV-14, LI-11, and LI-4 can open the surface and clear heat.
2. BL-40 and SP-10 can cool blood and clear heat.
3. TH-1 and LI-1 can open the channels to clear heat.
4. SP-6 and KID-7 can nourish *Yin*.
5. *Jing-mai*, *Xiang-tong*, and *Wei-jian* can cool blood, clear summer heat.

Herbal Medicine. *Bai Hu Tang*

10-14. MENINGITIS AND ENCEPHALITIS

Meningitis and encephalitis refer to acute or chronic inflammatory lesions of the meninges and cerebral substance. In traditional Chinese veterinary medicine, they are called Cerebral *Huang* syndrome. They are divided into two patterns: *Yang* mania pattern and *Yin* depression pattern.

Etiology and Pathology

ACCUMULATION OF HEAT IN THE HEART

Heat accumulates in the heart and may disturb the heart mind leading to mental disorders.

STAGNATION OF PHLEGM

Phlegm, which is caused by heat, stagnates in the pericardium and heart resulting in mental depression.

Pattern Differentiation and Treatment

YANG MANIA PATTERN

Clinical Signs.

Maniac behavior

Tongue: Deep red

Pulse: Surging and rapid pulse

In serious cases, sudden fall, profuse perspiration, white foam from the mouth, muscle tremors

It belongs to *Yang* mania pattern.

Treatment Strategies.

Clear heat.

Resolve phlegm.

Calm the heart to tranquilize the mind.

Acupuncture Treatment.

Dry needle at *An-shen*, *Da-feng-men*, *Tian-men*, BL-14, BL-15, HT-7, PC-7, PC-9, LI-4, GV-14, LI-11

Hemoacupuncture at *Jing-mai*, *Tai-yang*, *Xiong-tang*

1. *An-shen*, *Da-feng-men*, and *Tian-men* are the classical points to calm *shen* and clear wind.
2. BL-14, BL-15, HT-7, PC-7, and PC-9 are to calm *shen*.
3. LI-4, LI-11, and GV-14 are to clear *Yang* excess.
4. *Jing-mai*, *Tai-yang*, *Xiong-tang* are to clear *Yang* excess heat and resolve stagnation.

Herbal Medicine. *Zhen Xin San*

YIN DEPRESSION PATTERN

Clinical Signs.

Depression, body vacillation when moving

Sudden fall and coma

Blindness, deviation of the mouth and eyes

Tongue: Purple with white thick coating

Pulse: Slippery or irregular

It belongs to *Yin* depression pattern.

Treatment Strategies.

Transform phlegm.

Open the orifice.

Calm the heart to tranquilize the mind.

Acupuncture Treatment. Dry needle or aquapuncture at *An-shen*, *Da-feng-men*, *Tian-men*, BL-14, BL-15, HT-7, PC-7, PC-9, ST-40, BL-21, BL-20, SP-6

1. *An-shen*, *Da-feng-men*, and *Tian-men* are the classical points to calm *shen* and clear wind.
2. BL-14, BL-15, HT-7, PC-7, and PC-9 are to calm *shen*.
3. ST-40, BL-21, BL-20, and SP-6 are to strengthen the spleen and transform phlegm.

Herbal Medicine. *Di Tan Tang*

10-15. HYDROCEPHALUS

Chronic hydrocephalus refers to a chronic cerebral disease, which is characterized by accumulation of profuse cerebrospinal fluid (CSF) in the ventricles of the brain, general increase in intracranial pressure, dysfunctions of movement and consciousness. In traditional Chinese veterinary medicine,

it is considered as spleen *Qi* deficiency with damp. It mostly occurs in horses.

Etiology and Pathology

Prolonged overwork or other chronic illness may cause spleen *Qi* deficiency leading to damp and phlegm. Damp and phlegm may block normal flow of *Qi* and blood in the brain and heart leading to dysfunctions of movement and consciousness.

Clinical Signs.

Initially depression, disorientation, general weakness, anorexia, no fever; gradually clinical symptoms become worse: severe depression, exercise intolerance, frequently stumbling, ataxia, weakness of four limbs, slow or no response to any stimulation

Tongue: Pale and wet

Pulse: Slow and deep pulse

TCVM Diagnosis. Spleen *Qi* deficiency with damp

Treatment Strategies.

Dry up damp.

Transform phlegm.

Eliminate water.

Clear the mind.

Acupuncture Treatment. GV-20, *Da-feng-men*, BL-10, BL-20, BL-21, ST-36, ST-40, SP-6, SP-9, TH-5, TH-7, PC-6

Herbal Medicine. *Jie Yin Tang*

10-16. DIAPHRAGM SPASM (THUMPS)

Thumps refers to the spasmodic contraction of the diaphragm and rhythmical tremor of the trunk. It mostly occurs in horses. It can be caused by hypocalcemia, which induces the diaphragm to spasm during extreme exercise. It is usually induced by an overuse of Lasix (furosemide) or steroids. It subsides with rest.

Etiology and Pathology

Diaphragm spasms are considered “lung and stomach *Qi* stagnation.” Stagnation of *Qi* may block normal *Qi* flow of the diaphragm leading to its spasmodic contraction.

Clinical Signs.

Spasmodic contraction of the diaphragm and rhythmical tremor of the trunk

Restlessness, anorexia

Exercise intolerance

In serious cases, sweating in the anterior thorax

Tongue: Yellow, purple and wet

Pulse: Deep and slow

TCVM Diagnosis. *Qi* stagnation pattern

Treatment Strategies.

Regulate *Qi* flow.

Resolve thumps.

Acupuncture Treatment.

Moxibustion or aquapuncture at *Bai-hui*, GV-4, BL-17, BL-21, *Pi-shu*, *Dan-shu*, *Fei-zhi-shu*, and *San-chuan*

Dry needle or electroacupuncture: *Li-zhong* and *Jiang-ya*.

Herbal Medicine. *Ge Jing Nuan*

10-17. VAGINITIS AND METRITIS

Vaginitis, endometritis, and metritis refers to inflammation of the mucosal or submucosal tissues of the vagina and uterus. This mostly occurs in cattle and horses. There are three patterns: damp-heat, *Qi*-blood stagnation, and spleen-kidney *Qi* deficiency. Acupuncture for treatment of endometritis is in table 10.8.

Etiology and Pathology

SPLEEN AND KIDNEY *Qi* DEFICIENCY

When spleen *Qi* and kidney *Qi* are deficient, they fail to transport and control the metabolism of water fluid. Thus, water fluid flows downward to the uterus resulting in uteritis or vaginitis.

INVASION OF DAMP TURBIDITY

Damp turbidity invades the uterus and, over time, it may change into heat leading to accumulation of damp-heat in the uterus.

ACCUMULATION OF HEAT TOXIN

Heat toxin accumulates in the uterus or vagina and may cause local inflammation.

Pattern Differentiation and Treatment

HEAT TOXIN (OR DAMP-HEAT)

Clinical Signs.

Purulent or bloody vaginal discharge

Vaginal discharge: Amount, heavy; color, yellow or yellowish-white; smell, foul, stinking; texture, bloody or purulent, thick

Vaginal itching

Dark scant urine

Loss of appetite, fever or abdominal pain

Tongue: Red with yellow or greasy coating

Pulse: Rapid or forceful

TCVM Diagnosis. Excessive heat or damp heat pattern

Western Diagnosis. Viral and bacterial diseases, contagious equine metritis, salmonella abortion and equine herpesvirus 1 can be treated on the basis of heat toxin (damp-heat) pattern.

Treatment Strategies. Clear heat and detoxify.

Acupuncture Treatment. LI-4, LI-11, GV-14, *Wei-jian*, *Shen-tang*, SP-6, SP-9, SP-10, BL-40, CV-1

1. LI-4, LI-11, and GV-14 are three key points to clear heat.
2. *Wei-jian* and *Shen-tang* are to cool blood and detoxify.
3. SP-6, SP-9, SP-10, and BL-40 are to clear damp-heat.
4. LIV-3, BL-60, and BL-67 are to move *Qi* and blood.
5. CV-1 is a local point.

Herbal Medicine. Phellodendron and Plantago Combination (*Bai Che San*)

Qi-BLOOD STAGNATION

Clinical Signs.

Vaginal discharge: Amount, heavy or moderate; color, dark; smell, malodorous; texture, thick

Abdominal pain

Tongue: Purple

Pulse: Wiry

TCVM Diagnosis. *Qi* or/and blood stagnation

Western Diagnosis. Uterine inflammation

Treatment Strategies.

Clear heat and detoxify.

Activate blood.

Resolve stagnation.

Acupuncture Treatment. LI-4, LI-11, GV-14, *Wei-jian*, SP-10, BL-40, LIV-3, BL-60, BL-67, CV-1

1. LI-4, LI-11, and GV-14 are three key points to clear heat.
2. *Wei-jian*, SP-10, and BL-40 are to clear heat and detoxify.

Table 10.8. Acupuncture for Treatment of Endometritis

TCVM patterns of endometritis	Heat toxin (Damp-Heat)	<i>Qi</i> -blood stagnation	Spleen-kidney <i>Qi</i> deficiency
Onset	Acute	Subacute	Chronic
Vaginal discharge	Heavy Yellow Foul Bloody/purulent Itching	Heavy or moderate Dark Malodorous Thick	Moderate White or pale No foul odor Thin
<i>Qi</i> level	Low or high	High or low	Very low
Body surface temperature	Warm	Ok	Cool
Behavior	Cold-seeking	Ok	Heat-seeking
Others	Any type of mare Uterine infections	Wood type of mare Abdominal pain	Water/earth type GI complaints Weak/sore back
Tongue	Red	Purple	Pale
Moisture	Dry		Wet
Coating	Greasy		Thin/white
Pulse	Rapid/forceful	Wiry	Deep/weak
Acupoints	LI-4, LI-11, GV-14, <i>Wei-jian</i> , <i>Shen-tang</i> , SP-6, SP-9, SP-10, BL-40, CV-1	LI-4, LI-11, GV-14, <i>Wei-jian</i> , SP-10, BL-40, LIV-3, BL-60, BL-67, CV-1	BL-20, BL-21, ST-36, <i>Qi-hai-shu</i> , BL-26, ST-40, SP-6, SP-9, CV-1
Herbal formula	Phellodendron and plantago	Ligusticum and salvia combination	<i>Wan Dai Fang</i>

3. LIV-3, BL-60, and BL-67 are to move *Qi* and blood.
4. CV-1 is a local point.

Herbal Medicine. Ligusticum and Salvia Combination (*Xiong Dan San*)

SPLEEN-KIDNEY *Qi* DEFICIENCY

Clinical Signs.

Vaginal discharge: Amount, moderate and chronic; color, white or yellow; smell, no foul odor; texture, thin
 Loss of appetite, loose stool, or weakness at rear limbs/back
 Fatigue or edema in limbs
 Anestrus, or delayed estrus, or infertility
 Tongue: Pale
 Pulse: Weak

TCVM Diagnosis. Spleen and kidney *Qi* deficiency

Treatment Strategies.

Strengthen spleen and warm kidney.
 Eliminate damp.
 Relieve vaginal discharge.

Acupuncture Treatment. BL-20, BL-21, ST-36, *Qi-hai-shu*, BL-26, GV-4, *Bai-hui*, ST-40, SP-6, SP-9, CV-1

1. BL-20, BL-21, ST-36, and *Qi-hai-shu* tonify spleen *Qi*.
2. BL-26, GV-4, and *Bai-hui* warm kidney and tonify *Qi*.
3. ST-40, SP-6, and SP-9 clear damp and transform phlegm.
4. CV-1 is a local point.

Herbal Medicine. *Wan Dai Fang*

10-18. EDEMA DURING PREGNANCY

Edema during pregnancy refers to edema in the ventral abdomen and pelvic limbs during the later stage (10–30 days prior to parturition) of the pregnancy. It mostly occurs in horses and sometimes in cattle. It includes spleen *Qi* deficiency, and kidney *Yang* deficiency.

SPLEEN *Qi* DEFICIENCY PATTERN

Clinical Signs.

Edema in the ventral abdomen and limbs prior to parturition
 Depression, general weakness, anorexia
 Soft stool
 Tongue: Pale and wet
 Pulse: Slow and weak
 It belongs to spleen *Qi* deficiency pattern.

Treatment Strategies.

Tonify spleen.
 Excrete water.

Acupuncture Treatment. BL-20, BL-21, *Qi-hai-shu*

1. BL-20 and BL-21 are the associate points of the spleen and stomach and tonify spleen *Qi*.
2. *Qi-hai-shu* is the classical equine point and tonifies spleen *Qi*.

Herbal Medicine. *Wu Ling San*

KIDNEY *Yang* DEFICIENCY PATTERN

Clinical Signs.

Edema of the vaginal orifice and then edema of the pelvic limbs and ventral abdomen
 Weakness and stiffness of the hind limbs
 Back and extremities: Cool
 Tongue: Pale and swollen with thin and white coating
 Pulse: Deep and slow

Treatment Strategies.

Warm *Yang*.
 Excrete water.

Acupuncture Treatment. BL-23, *Qi-hai-shu*, *Bai-hui*, GV-4, *Shen-shu* (moxibustion)

1. BL-23 is the associate point of the kidney and tonifies kidney.
2. *Qi-hai-shu* is the classical equine point and tonifies spleen *Qi*.
3. Moxibustion on *Bai-hui*, GV-4, and *Shen-shu* warms kidney *Yang*.

Herbal Medicine. *Shi Pi Yin*

10-19. FETUS RESTLESSNESS

Fetus restlessness refers to the presence of persistent vaginal discharge, restlessness, or colic during the later stage of pregnancy. It may cause abortion. It can be caused by three factors: *Qi*-blood deficiency, blood heat, and trauma.

***Qi*-BLOOD DEFICIENCY**

Clinical Signs.

Abdominal pain and restlessness with fetus moving
 Emaciation, dry and burned hair
 Tongue: Pale
 Pulse: Slippery or deep and weak
 It belongs to *Qi*-blood deficiency pattern.

Treatment Strategies.

Tonify *Qi* and blood.
 Calm the fetus.

Acupuncture Treatment. BL-20, BL-21, *Qi-hai-shu*, *Da-feng-men*, *Tian-men*, *An-shen*, *Bai-hui*

1. BL-20 and BL-21 are the associate points of the spleen and stomach and tonify spleen *Qi*.
2. *Qi-hai-shu* is the classical equine point and tonifies spleen *Qi*.
3. *Da-feng-men*, *Tian-men*, *An-shen* are the classical points to calm the mind.
4. *Bai-hui* calms the mind.

Herbal Medicine. *Bai Zhu San*

BLOOD HEAT

Clinical Signs.

Restlessness or abdominal pain (colic)
 Thirst
 Yellow and scant urine

Tongue: Dry and red with yellow coating
Pulse: Slippery and rapid
It belongs to heat pattern.

Treatment Strategies.

Eliminate heat.
Nourish *Yin*.
Calm the fetus.

Acupuncture Treatment. GV-14, BL-17, and *Bai-hui*

1. GV-14 clears heat.
2. BL-17 is the associate point of blood and cools blood.
3. *Bai-hui* calms the mind.

Herbal Medicine. *Yi Mu Cao*

Qi-BLOOD STAGNATION DUE TO TRAUMA

Clinical Signs.

Severe abdominal pain
Tongue: Purple
Pulse: Slippery and wiry
It belongs to *Qi*-blood stagnation pattern.

Treatment Strategies.

Promote the *Qi* flow.
Activate blood.
Calm the fetus.

Acupuncture Treatment. *Da-feng-men*, *Bai-hui*, LIV-1

1. *Da-feng-men* is the classical point to calm the mind.
2. *Bai-hui* calms the mind.
3. LIV-1 balances the liver and resolves stagnation.

Herbal Medicine. *Yan Hu Suo Yi Mu Cao* (Body Sore for Pregnant Mom)

10-20. PREVENTION OF ABORTION

In TCVM, the key to maintaining pregnancy is to keep a healthy environment for the fetus and a good harmony between the mother and fetus. The liver plays a big role in nourishing and soothing the fetus by supplying *Ying* blood. The spleen generates *Qi* and blood and holds the fetus in a normal position to prevent miscarriage.

Treatment Strategies.

Strengthen spleen.
Harmonize liver.
Calm the fetus.

Acupuncture Treatment.

Bai-hui, BL-18, BL-19, BL-20, BL-21

1. *Bai-hui* calms the mind.
2. BL-18 and BL-19 are the associate points of the liver and gallbladder, and harmonize the liver.
3. BL-20 and BL-21 are the associate points of the spleen and stomach, and strengthen the spleen.

During pregnancy, the following points are contraindicated: Points around the abdomen and lumbosacral regions including CV-1, 2, 3, 4, 5, and 6, *Yan-chi*, and BL-23, 24,

25, 26, 27, 28, and 52 are contraindicated for pregnant animals. LI-4, SP-6, BL-60, BL-40, ST-36, and BL-67 are also contraindicated for pregnant animals.

Herbal Medicine. *Bai Zhu San*

10-21. RETAINED PLACENTA

After parturition, the animal should expel its placenta in a certain time depending on a species of animal: 1–3 hours in horses, 1 hour in pigs, 4 hours in sheep, and 12 hours in cattle. If the animal cannot expel the fetal membranes during this time period, it is considered a retained placenta. In general, retained placenta is caused by *Qi*-blood deficiency and leads to blood stagnation.

Clinical Signs.

Unable to expel the fetal membranes within 3 hours in horses or 12 hours in cattle after parturition
Profuse bloody discharge from the vagina
Emaciation, burned hair
General weakness
Cool limbs and trunk
Tongue: Pale with thin and white coating
Pulse: Weak
It belongs to *Qi*-blood deficiency with *Qi*-blood stagnation.

Treatment Strategies.

Tonify *Qi* and blood.
Resolve stagnation.

Acupuncture Treatment.

Electroacupuncture in the following pairs of points: (a) *Bai-hui* + GV-1, (b) *Yan-chi*, (c) BL-26, (d) BL-23 + BL-52
Aquapuncture at SP-6, SP-10, ST-36, ST-40, and LIV-3

1. *Bai-hui* and GV-1 are the local points to move *Qi* of the lower *jiao* and resolve stagnation.
2. *Yan-chi*, BL-26, BL-23, and BL-52 are to tonify kidney *Qi* and resolve stagnation.
3. SP-6, SP-10, and ST-36 tonify *Qi* and blood.
4. ST-40 and LIV-3 resolves stagnation.

Herbal Medicine. *Tao Hong Si Wu Tang* + *Si Jun Zi Tang*

10-22. AGALACTIA (LACK OF MILK)

Agalactia is associated with an imbalance of nutrition or the hormones that control udder growth and development or lactation. It is divided into two patterns: *Qi*-blood deficiency pattern and *Qi*-blood stagnation pattern.

Pattern Differentiation and Treatment

Qi-BLOOD DEFICIENCY PATTERN

Clinical Signs.

Decrease or lack of milk
Small and soft udder, no heat, and no pain
Tongue: Pale with no coating
Pulse: Weak
It belongs to *Qi*-blood deficiency pattern.

Treatment Strategies.

Tonify *Qi* and blood.

Activate the udder to produce milk.

Acupuncture Treatment. BL-20, BL-21, SP-6, ST-36, *Yan-chi*, *Qi-hai-shu*, BL-24, BL-17, BL-18, SP-10

1. BL-20, BL-21, SP-6, and ST-36 are to strengthen the spleen to generate *Qi*-blood.
2. *Yan-chi*, *Qi-hai-shu*, and BL-24 are to tonify *Qi*.
3. BL-17, BL-18, and SP-10 are to nourish blood.

Herbal Medicine. *Zeng Ru San*

Qi*-BLOOD STAGNATION PATTERN*Clinical Signs.**

Little or no milk flow

Swollen, painful, and hard udder

Anorexia

Tongue: Purple with yellow and thin coating

Pulse: Wiry

It belongs to *Qi*-blood stagnation pattern.

Treatment Strategies.

Promote the *Qi* flow.

Activate blood.

Activate the milk flow from the udder.

Acupuncture Treatment. LIV-3, LIV-1, LI-4, GV-14, BL-60, BL-20, BL-21, SP-6, ST-36, BL-17, BL-18, SP-10

1. LIV-3, LIV-1, LI-4, GV-14, and BL-60 are to move *Qi*-blood.
2. BL-20, BL-21, SP-6, and ST-36 are to strengthen the spleen to generate *Qi*-blood.
3. BL-17, BL-18, SP-10 are to move and nourish blood.

Herbal Medicine. *Tao Hong Si Wu Tang* + *Zeng Ru San*

10-23. MASTITIS

Mastitis is a commonly seen problem in cows, goats, and, occasionally, horses. It can be divided into two patterns: accumulation of heat toxin and stagnation of *Qi*-blood.

Pattern Differentiation and Treatment**ACCUMULATION OF HEAT TOXIN****Clinical Signs.**

Swollen and red udder with heat and pain, refusal of milking

Reluctance to move and lie down because of painful udder

Decreased milk production

Swollen udder may be suppurative.

Fever, anorexia

Tongue: Deep red with yellow coating

Pulse: Surging and rapid

It belongs to heat toxin pattern.

Treatment Strategies.

Eliminate heat toxin.

Resolve stagnation.

Dispel swelling.

Acupuncture Treatment. LI-4, LI-11, GV-14, *Tai-yang*, *Er-jian*, *Wei-jian*, LIV-3, LIV-1, LIV-4, BL-40, SP-10

1. LI-4, LI-11, GV-14, *Tai-yang*, *Er-jian*, *Wei-jian* clear heat, cool blood, and detoxify.
2. LIV-3, LIV-1, LIV-4, BL-40, and SP-10 move blood, clear heat, detoxify.

Herbal Medicine. *Huang Lian Jie Du Tang* + *Wu Wei Xiao Du*

STAGNATION OF *Qi*-BLOOD**Clinical Signs.**

Swollen udder with no heat

Restlessness

Tongue: Purple

Pulse: Wiry and rapid

It belongs to *Qi*-blood stagnation pattern.

Treatment Strategies.

Relieve stagnation of liver *Qi*.

Eliminate heat.

Disperse swelling.

Acupuncture Treatment. BL-18, BL-19, LIV-3, GB-34, LI-4, LI-11, LIV-1, LIV-4, BL-40, SP-10

1. BL-18, BL-19, LIV-3, GB-34 are to soothe liver and move *Qi*.
2. LI-4, LI-11, LIV-1, LIV-4, BL-40, and SP-10 are to move blood and cool blood.

Herbal Medicine. Liver Happy

10-24. POISONINGS

Poisonings can be caused by intoxicants, toxins, and poisons. A quick and specific detoxifying treatment based on accurate diagnosis is usually an effective therapy. However, acupuncture and herbal medicine can be used for a nondiagnostic or nonspecific-therapy poisoning.

Clinical Signs.

Loss of consciousness or mania

Convulsions, spasm, or paralysis

Loss of appetite or increased salivation

Shortness of breath, or cough

Bloody urination, shortness of urination, or abortion

Bloody diarrhea or colic

Vomiting

History or lab work can help make an accurate diagnosis.

Treatment Strategies. Clear the poison.

Acupuncture Treatment.

Hemoacupuncture at TH-1, ST-2, *Wei-jian*, *Er-jian*, *Tai-yang*

Dry needle at BL-20, BL-21, CV-12, ST-37, and BL-39

Herbal Medicine. The general herbal medicine that can be used for poisonings includes mung bean (*Lu-dou*), licorice (*Gan-cao*), honey, talc (*Hua-shi*), Lonicera (*Jin-yin-hua*), Taraxacum (*Pu-gong-yin*), Trichosanthes (*Tian-hua-fen*), Pueraria (*Ge-gen*), or Ledebouriella (*Fang-feng*).

10-25. OBESITY

Obesity refers to the presence of excessive subcutaneous fat tissues and consequent overweight (20% over the normal body weight). It is mainly associated with endocrinological or metabolic disorders, which can be caused by an imbalance of dietary programs and lifestyle or husbandry. Obese patients often have hypertension or diabetes.

Clinical Signs.

Shortness of breath, fatigue

Tongue: Pale and wet with phlegm

Pulse: Slow and slippery

TCVM Diagnosis. *Qi* deficiency with phlegm

Treatment Strategies.

Tonify *Qi*.

Eliminate damp to transform phlegm.

Acupuncture Treatment. LI-11, ST-25, BL-21, ST-37, SP-9, ST-40, ST-29, CV-17, CV-10, CV-3, TH-6, LIV-3

1. LI-11, ST-25, BL-21, and ST-37 are to regulate the *Yangming* Channels and purge the stomach and intestines.
2. SP-9, ST-40, ST-29, and CV-17 are to eliminate damp and transform phlegm.
3. CV-10, CV-3, TH-6, and LIV-3 are to move *Qi*-blood and transform phlegm.

Herbal Medicine. Phlegm Fat Formula

10-26. POOR PERFORMANCE

Athletic performance refers to the ability of an athlete to complete a task. In the racing community, performance is often assessed in term of speed. There are three major factors that can limit an athlete's speed: physiological fatigue, psychogenic stress, and pain. In other words, poor performance is often caused by *Qi* deficiency or *Qi*-blood stagnation.

Clinical Signs.

General body sore

Poor performance or general fatigue

Tongue: Pale or pale purple

Pulse: Weak or wiry

TCVM Diagnosis. *Qi* deficiency with *Qi*-blood stagnation

Treatment Strategies.

Tonify *Qi*.

Move *Qi*-blood to resolve stagnation.

Acupuncture Treatment. *Yan-chi*, *Qi-hai-shu*, BL-21, *Shen-shu*, BL-54, GB-27, SP-13, GB-21, LIV-1

1. *Yan-chi*, *Qi-hai-shu*, BL-21, and *Shen-shu* are to tonify *Qi* and enhance performance.
2. BL-54, GB-27, SP-13, GB-21, and LIV-1 are to move *Qi*-blood to resolve stagnation.

Herbal Medicine. *Qi* Performance + Body Sore

10-27. AGING AND SENILITY

Aging and senility is generally caused by *Qi*, blood, and *Yang* deficiency.

Clinical Signs.

Depression, general weakness

Poor memory

Rear weakness

Shortness of breath

Warm seeking

Tongue: Pale or pale purple

Pulse: Weak

TCVM Diagnosis. *Qi*, blood, and *Yang* deficiency

Treatment Strategies. Tonify *Qi*, blood, and *Yang*.

Acupuncture Treatment. ST-36, LI-10, BL-21, *Qi-hai-shu*, GV-4, *Bai-hui*, CV-8, CV-4, CV-6, CV-17, LU-7, HT-7, BL-17, SP-6, SP-10, PC-6

1. ST-36, LI-10, BL-21, and *Qi-hai-shu* are to tonify *Qi*.
2. GV-4, *Bai-hui*, and CV-8 (moxibustion) are to warm *Yang* and tonify *Qi*.
3. CV-4, CV-6, CV-17, and LU-7 are to tonify *Qi*.
4. HT-7, BL-17, SP-6, SP-10, and PC-6 are to strengthen the heart and nourish blood.

Herbal Medicine. *Shi Quan Da Bu Wan*

11 Techniques of Veterinary Acupuncture and Moxibustion

Bruce Ferguson

Acupuncture has evolved considerably since its introduction in China approximately 3,200 years ago. About 2,200 years ago, the *Huang-di-nei-jing* (*Yellow Emperor's Classic of Internal Medicine*) was published with its second volume, the *Ling Shu* (*Spiritual Axis*), devoted to acupuncture. At this time, the nine needles were introduced, and a cursory analysis of these needle types indicated the scope of acupunctural practice in the early days (see fig. 11.1). The arrowhead, sharp, sword, and roundsharp needles were used to drain abscesses and bleed superficial vessels. The round and pressure needles were used as acupressure devices, which did not penetrate the skin. Finally, the fine, or filiform, long, and large needles were used to penetrate the skin at known acupuncture points to stimulate the flow of *Qi* and blood to the *Jing-Luo* and *Zang-Fu* organs. Thus, we can surmise that early acupuncture therapy included crude surgery, acupressure, and something akin to modern acupuncture (Xinghua and Baron, 2001).

As shown in figure 11.1, the nine needles of ancient Chinese acupuncture are arrowhead, round, pressure, sharp, sword, roundsharp, fine, long, and large.

The fine, or filiform, needle is most commonly used in modern times. In addition, modern acupuncture therapy includes electroacupuncture, injectable acupuncture (aquapuncture and

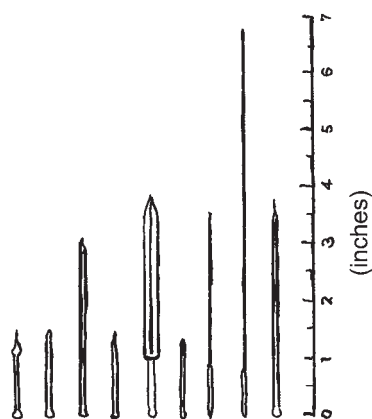
pneumoacupuncture), laser therapy, magnetic therapy, and infrared therapy (Xie 1994). The purpose of this chapter is to introduce the reader to these acupuncture modalities, moxibustion, and needle selection and manipulation. Last, species-specific points of importance will be briefly reviewed.

Other authors have extensively reviewed numerous technical modalities related to veterinary acupuncture (Altman, 1994). Only techniques and devices with which this author has direct experience will be reviewed in the following paragraphs. This chapter is, above all, a user's guide to empirically valid techniques available to the veterinary acupuncturist.

There is adequate scientific evidence of acupuncture's effectiveness for a large variety of disorders in humans (see chap. 12). Some individuals question whether such data are available for nonhumans or whether the human data on acupuncture point selection can be transposed onto nonhumans. In fact, we may ask: Do nonhumans have acupuncture channels? At the Guangzhou International Conference on Advanced Traditional Chinese Veterinary Medicine in 2000, Chinese researchers published a paper demonstrating that acoustic emission signals were propagated along transposed acupuncture channels in sheep (Luo et al., 2000). This research indicates that, in at least one other mammalian species, acupuncture channels exist and, similar to humans, energy is propagated along those channels. Most veterinary acupuncturists safely assume that other nonhuman species have reliable and valid acupuncture points and channels amenable to treatment.

TYPES AND SIZES OF ACUPUNCTURE NEEDLES

There are three primary categories of acupuncture needles. The first group includes three-edged needles, wide needles, and beveled hypodermic needles, and is used for hemoacupuncture or bleeding acupuncture points. The second and most common needle is called filiform and has a tapered tip. Filiform needles have a handle made of plastic or various metals and a shaft of varying diameters and lengths. In modern times, one more class of needle has been introduced. It is



11.1. The "nine needles" practiced two thousand years ago.

Table 11.1. Acupuncture Needle Diameters in Gauge and Millimeters

Gauge	Millimeters
40	0.15 (Korean hand needle)
38	0.16
36	0.20
34	0.22
32	0.25
30	0.30
28	0.35

Table 11.2. Acupuncture Needle Lengths in Millimeters and Inches

Millimeters	Inches
7	0.25 (Korean hand needle)
13	0.5
25	1.0
40	1.5
50	2.0
75	3.0
100	4.0

sterile and hollow, and it is used to inject air (pneumoacupuncture) or liquids (aquapuncture) into acupuncture points or tissues.

The most common needle used in veterinary practice in the West is the filiform needle. It has a tail and handle grasped by the practitioner and a body of variable length and tapered point. Although plastic handles are available, most practitioners choose metal handles for durability, strength, and electrical conductivity. Some practitioners also suggest that the practitioner's *Qi* is primarily an electromagnetic phenomenon, and that *Qi* transfer to the patient is enhanced by conductive needle handles and inhibited by nonconductive handles.

Acupuncture needle diameters are given in gauge, millimeters, or inches. For ease of reference, common needle diameters are given in table 11.1.

Acupuncture lengths are given in either millimeters or inches. For the Westerner unfamiliar with metric lengths, common needle lengths are given in table 11.2.

Thin needles are less stimulating and are used for weak, geriatric, and small patients, and deficiency conditions. These needles are also used for periocular regions. Thick needles are more stimulating and are used in strong and large patients, or excess conditions and stagnation.

Short needles are used for small, thin patients and shallow acupuncture points commonly found over bony prominences or deeper structures at risk of accidental puncture. Long needles are used for large, thick patients and deep acupuncture points commonly found in large muscle masses (Ellis, Wiseman, and Boss, 1991).

FINDING EFFECTIVE ACUPUNCTURE POINTS

The Chinese characters for acupuncture suggest that both the right and left hand of the acupuncturist should be used. For right-handed acupuncturists, the left hand is the guiding hand

and the right hand is the insertion hand. Notably, the left or guiding hand of the needle is at least as important as the right or insertion hand. This is because the left hand finds and holds the area of needle insertion. So, the primary antecedent to effective acupuncture is localizing an active acupuncture point before needle insertion.

Detection of "activity" through acupuncture point palpation is essential to determine the precise position of points before needling. The anatomic descriptions of acupuncture points guide us to a general area that then needs to be examined for exact point location. Strict adherence to an anatomical acupuncture description of point location is a novice's error. It seems that only live points (energetically active) give both effective and long-duration results.

How do we find effective acupuncture points? For all species, consider *qixue* (*qi* caves) or *jingxue* (channel caves) and depressions as the first guiding principle. These *qi* caves are commonly found in depressions in elbows and stifles, the large depressions in metacarpals and metatarsals, and in muscle masses. In contrast, remember that a smaller number of points will be large, firm, or painful in excess conditions and patterns of stagnation. These *A-shi* ("oh yes") points are commonly needled as part of a larger treatment protocol.

Practitioners may use fingers as *Qi* detectors to guide them in point selection. The tips of the thumb and third finger of the searching hand are touched together and the index finger is slowly passed over likely point locations. A tingle or electrical feeling is felt in the index finger by the practitioner whenever a "live" acupuncture point is found. Another indication of acupuncture point activity is the temperature of the skin surface over an acupuncture point. Both temperatures above (excess/stagnation) and below (deficiency) surrounding tissues may guide the practitioner to an active point. Finally, the arrival of *Qi*, or *de-Qi*, will inform the acupuncturist of correct point location. This is discussed below.

TECHNIQUES FOR NEEDLE INSERTION

Acupuncture needle insertion has been described as having three distinct aspects. First, the needle is inserted through the epidermis. Second, the needle is inserted more deeply to the depth of the acupuncture point. Last, the needle is manipulated until there is a characteristic physiological reaction of the patient, the arrival of *Qi*, or *de-Qi*.

There are two methods commonly used to insert an acupuncture needle through the epidermis and move it to the correct point depth: rotation insertion and guide tube insertion. Rotation insertion is the most versatile and commonly used method of needle insertion used by skilled practitioners.

The two-finger press uses two fingers of the guide hand to support the needle shaft while the insertion hand pushes the needle downward. This is useful with long needles. The single-finger press uses the nail of a guide finger or, more commonly, the thumb to press firmly against the skin and guide the shaft to the acupuncture point. The skin-spreading technique uses the guide hand to firmly stretch the skin while the needle tip touches the skin above the acupuncture point. The

insertion hand then firmly pushes the needle through the skin. This is especially useful for areas of loose skin. Be certain to stretch the skin symmetrically in all directions above the acupuncture point or the needle will deviate significantly postinsertion when skin tension is released. The skin-pinching technique uses the guide hand to pinch skin above the acupuncture point while the needle is quickly thrust through the skin by the insertion hand. This is useful where the skin is thin such as the face and head.

Insertion Techniques: Flying Needle, Thumbnail Assisted, Two-Finger, and Shaft Insertion

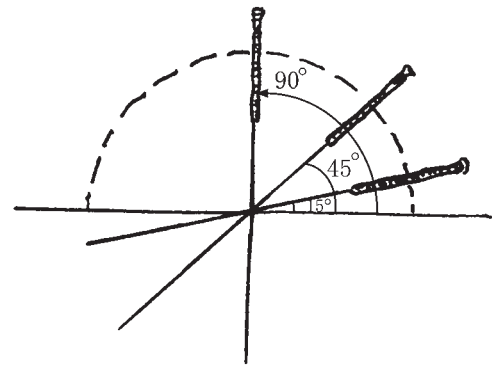
Guide tube insertion has become particularly common in human and veterinary acupuncture training in the United States. Trends in human acupuncture to use an insertion tube are based upon Universal Precautions (due to probable blood-borne infectious disease in human patients) and Clean Needle Technique to reduce iatrogenic and nosocomial disease transmission. Insertion or guide tubes also allow students at an earlier stage of their technique development to adequately place needles in a patient.

Benefits of using insertion tubes include: mildly desensitizing the skin at a needle-insertion point reducing the pain of insertion, allowing for one-handed insertion of needles, counting the insertion tubes in order to recall the number of needles placed in hairy animals, and making it easier to adhere to clean needle technique.

Drawbacks of using insertion tubes include: limiting the sensitivity of the acupuncturist's guide hand during insertion, limiting the angles at which a needle may be inserted, and increasing the amount of waste generated. Some practitioners are happy to have a guide tube set aside for every needle inserted to remind them of the number of needles that need to be removed from patients in which the hair coat commonly hides them.

The angle and depth of insertion vary with the local anatomical area to be needled, the intended effect of treatment, and the status of the patient. Three insertion angles generally used are: perpendicular, oblique, and transverse or horizontal (fig. 11.2). Acupuncture needle insertion perpendicular to the skin is the most common and is used for areas with enough flesh to keep the needle in place when it is moved to the correct depth. Oblique insertion at a 45 degree angle to the skin is used to protect deeper structures at risk and in areas of thin flesh. Oblique insertion is also thought to guide the *Qi* in the direction that the needle tip is pointed. Transverse or horizontal insertion at a 10–20 degree angle to the skin surface is used in areas of least flesh and to join acupuncture points lengthwise (e.g., BL-1 to BL-2).

The depth of insertion is determined by local anatomy, age, size, and robustness of the patient, and the intention of the treatment. For example, an older animal that needs tonification would be needled relatively superficially, but a younger animal with stagnation in its muscles would be needled more deeply. The *Nan Jing Classic of Difficulties* suggests that the *Qi* is more *Yang* and superficial in spring and summer and,



11.2. Angle of needle insertion: perpendicular, oblique, and horizontal.

thus, the needles should have shallow insertion. The opposite is true in autumn and winter in which deeper needle insertion is necessary. In general, the deficiency and heat patterns should be needled superficially, and the excess and cold patterns should be needled deeply. Finally, the experience of many practitioners have led to specific guidelines for depth of needling for each point in humans. Veterinary practitioners with considerable experience should be consulted for their recommendations for needling depths as well (see also chaps. 3–6).

Needle withdrawal should be uncomplicated and pain free. If no blood-borne zoonotic disease is suspected, needles can be withdrawn with a gentle rotation. If blood contamination is an issue, a cotton ball may be used to depress the skin during needle withdrawal. Occasionally, the needle may stick and depressing the surrounding skin during withdrawal may facilitate removal. If the needle still seems to be stuck, gently massaging the tissues surrounding the needle or slowly repositioning the patient will aid in needle removal. If these measures are not adequate, acupuncture points distal and proximal to the stuck needle on the same channel may be gently stimulated with either needles or *Tui Na* techniques, such as *An Fa* (pressing) or *Tui Fa* (pushing). This will commonly relax the tissues enough for needle withdrawal.

Ideally, the patient should be positioned in a manner that will allow both a complete physical diagnosis and acupuncture treatment. Equine practitioners have this advantage with the horses restrained in a cross-tie. Small animal practitioners must usually work with the position in which the patient places her or himself. Some tips for practitioners for each major species may be found in the final section of this chapter. One of the most important aspects of positioning is for the practitioners to take a comfortable position that also allows easy escape in times of danger.

New veterinary acupuncturists will benefit from practice with either inanimate objects or themselves. Many find that a piece of fruit such as citrus offers resistance approximating skin and can be used by the practitioner to discover nuances in insertion related to variables of needle length and diameter. Quality fruit may be ingested to facilitate health after being used to practice needle insertion technique. The sensation

of acupuncture as well as insertion practice can be simultaneously enjoyed by self-needling useful points for each individual practitioner's pattern of disharmony or beneficial points for all nonpregnant humans such as *Zu San Li* (ST-36) or *San Yin Jiao* (SP-6).

ARRIVAL OF *QI*

The essential point of acupuncture is to induce arrival of qi. Treatment will be effective only if there is arrival of qi.

—Lingshu

De-Qi

The *de-Qi* effect is a needle sensation that the patient feels. Commonly, we infer this feeling when the patient has skin fasciculation, ear movement, or lip movement, or the patient looks at the needle or acupuncturist. The *Ling Shu* book of the *Huang-di-nei-jing* (*Yellow Emperor's Classic of Internal Medicine*) emphasizes, "The important thing about acupuncture is that the effect comes with the arrival of *qi*. The sign of this is like the wind blowing the clouds away. It becomes clear and bright, like looking into the blue sky." To many practitioners, the arrival of *Qi* is synonymous with the acupuncture needle having an effect.

However, not every needle placed into an animal will elicit a *de-Qi* response. Some treatments seem to have an overall *de-Qi* response greater than other treatments. This may be related to the relative state of *Zheng Qi* (True *Qi*) in the patient. Severely debilitated patients may sometimes lack the *Qi* to respond. Those patients with neurological deficits or neurodegenerative diseases are least likely to show a consistent or strong *de-Qi* response.

Different acupuncture points tend to have point consistency, but there can be point inconsistencies of the *de-Qi* response. Thus, some acupuncture points have very little apparent arrival of *Qi* compared to others. Typically, the command points or five *Shu* (transport) points, from elbow to digit and stifle to digit, demonstrate strong *de-Qi* responses. Bladder *Shu* points tend to have less likelihood of showing a strong arrival of *Qi*. How do we apprehend our ability to activate each acupuncture point if we do not see the arrival of *Qi* or how can we enhance the *de-Qi* response?

Zhi Qi

This is the arrival of *Qi* felt by the acupuncturist rather than the patient. As noted above, the *de-Qi* response is inconsistent between points. The *Zhi Qi* response allows us to understand when the acupuncture needle has appropriately activated a point.

According to Yanagiya Sori, the man who revived traditional acupuncture in Japan:

The coming and going of *Qi* is described in the classics as (1) a feeling of heaviness or tension, (2) pulsation, (3) some trembling, (4) a floating feeling, (5) a sinking feeling, (6) heaviness or dampness, (7) sensation of

heat, (8) a refreshing coolness, and (9) spontaneous movement in the needle. When the practitioner is able to feel the coming and going of *Qi* like this in his inserting or supporting hand, he can be considered to be a full-fledged acupuncturist. (Yanagiya, 1980)

Regardless how the practitioner ascertains the arrival of *Qi*, the main purpose of acupuncture is to induce and maximize the patient's needle sensation, irrespective of which needling method described below is used. Many factors may influence the strength of the needle sensation, including constitutional differences in patients, the nature and duration of the disharmony, the available *Zheng Qi* of the patient, the environmental temperature, the accuracy of point location, the needling technique, and the *Qi* of the practitioner (Mann, 1992).

Palpation and light massage of the involved channels is the best simple method for enhancing the patient's needle sensation and thus enhancing the acupunctural effect. Other methods include flicking the needle with a quick, light finger strike; scraping the needle with the nail of the same fingers that also stabilize the needle in place; lightly shaking the needle body; rapidly and lightly twisting the needle with a quick release (called "flying needle"); and vibrating the needle.

TYPES AND TECHNIQUES OF ACUPUNCTURE

The rules of acupuncture can be summarized succinctly. First, choose the correct channel or meridian to affect either the *Jing-Luo* or *Zang-Fu* target organ. Then locate an appropriate or "live" point on that channel. Finally, place a needle into the point and manipulate the needle until *Qi* arrives. This is called *Shou Fa*, or hand technique. Some acupuncturists believe that the patient's body will utilize the acupuncture needle stimulation for tonification or sedation as needed. Others believe that the acupuncturist must use distinct techniques to tonify or sedate.

Tonification and Sedation: Reinforcing or Reducing

Reducing and reinforcing refer to the results of the acupuncture treatment, not to the process itself. The acupuncture needle should always reinforce or tonify the *Zheng Qi* of the patient. The results of such tonification may sometimes reduce signs such as excess heat or damp heat. Forceful needle manipulation does not necessarily reduce nor does gentle needling technique necessarily reinforce.

Tonification techniques are used to increase the flow of *Qi* and blood in an acupuncture channel or collateral. Tonification also affects a *Zang-Fu* organ that is directly or indirectly influenced by that channel. Tonification also refers to any technique that strengthens the *Zheng Qi*, or True *Qi*.

Throughout the millennia, many hypotheses have been advanced by various practitioners to support tonification techniques. Currently, the most common techniques of tonification include lifting slowly and gently then thrusting forcefully. In this method, the practitioner is pushing the *Wei* or

Yang Qi down into the level of the *Ying* to normalize its function. Adding slow insertion to this deep thrusting may increase its tonifying effect (Flaws, 1990).

Reinforcing may also be achieved by slow rotation in an arc of 90 degrees or less when the needle has contacted the acupuncture point. This means that light stimulation attracts the patient's *Zheng Qi* to the acupuncture point. Although some practitioners have argued that needling with the flow of a channel is also tonifying, many now agree that pointing the needle toward the affected body area supersedes tonification or sedation. Electroacupuncture with low frequency (5–20 Hz) and short duration (5–15 min) is considered tonifying or reinforcing.

Sedation or reducing techniques are used to decrease the heat, damp, cold, or stagnation in an acupuncture channel or collateral or *Zang-Fu* organ directly or indirectly influenced by that channel. Sedation techniques are also used to invigorate blood stasis in a local *A-shi* point. Practitioners have different opinions about sedation techniques but tend to agree on the following: after the acupuncture point has been reached with the needle tip, lift forcefully and thrust gently to reduce. The feeling is that the practitioner is finding the *Xie Qi* (evil *Qi*) deep within the body and lifting it to a more superficial level where it may be dispelled.

Rapid and forceful needle rotation of 180–270 degrees is sedating. The feeling is that strong stimulation disperses the *Xie Qi*. Electroacupuncture of high frequency (80–120 Hz) and long duration (15–45 min) is considered sedating or reducing.

METHODS OF STIMULATING ACUPUNCTURE POINTS

Dry Needle Acupuncture

Dry needle (white needle) acupuncture is the most common treatment modality in veterinary practice. Dry needle acupuncture is done with filiform needles and does not intentionally induce bleeding. Various needle manipulations as delineated above are used to increase the treatment effect of dry needling. Filiform needles of length and diameter commensurate with the species, size, constitution, and disharmony being treated should be chosen as mentioned above.

Hemoacupuncture

Hemoacupuncture (red needle) is the use of a sharp traditional needle or beveled hypodermic needle to intentionally puncture a blood vessel to draw blood. Unlike the barbaric, high-volume “blood-letting” that killed patients, such as George Washington, hemoacupuncture is a controlled method with its own specific indications and contraindications. It is indicated for specific points that have a history of hemoacupuncture in TCVM, such as *Er-jian* and *Wei-jian*.

Hemoacupuncture is useful for conditions of blood stagnation, blood heat, and excess heat disharmonies in a robust animal. For example, a 5-kg cat with modestly increased body temperature due to pathogenic heat may have 1–2 drops of blood drawn from *Er-jian* or Ear Tip (marginal ear vein)

by pricking with a 25-gauge needle. A 500-kg stallion with blood stagnation in the hock may have 50–100 ml of blood drawn from its medial saphenous vein with a 16-gauge needle. In the case of blood stagnation, bleeding is usually brought to a halt when the blood changes in color from blue-grey to red if still within safe blood-loss volumes for the treated species.

Cautions and contraindications to hemoacupuncture are obvious. Weak and debilitated animals with insufficient *Qi* and blood should not be hemoacupunctured. Animals that are dehydrated or severely *Yin*-deficient should not be bled. Pregnant animals should be bled with caution. Patients with potentially zoonotic blood-borne pathogens should be bled with caution.

Aquapuncture

Aquapuncture is the most common method of injection. It is the injection of fluids and soluble products into acupuncture points. Sterile saline, vitamin B₁₂, homeopathic remedies, the patient's own blood, and local anesthetics are most commonly used in Western acupuncture practice. A variety of useful sterile herbal extracts is used in China with superb results, but they are not licensed for use in most Western countries. Aquapuncture is used to lengthen and strengthen an acupuncture treatment. It is also used when the patient will not remain calm enough to keep filiform needles in place.

Aquapuncture is performed with solution volumes, sterile syringes, and needles that are appropriate for the acupuncture point and the size of the patient being treated. For example, a 15-kg dog may have 1.0 ml of vitamin B₁₂ injected into acupuncture points with a 3-ml syringe and 25–27-gauge needle in large muscle masses. A 400-kg mare may have 4–6 ml of vitamin B₁₂ diluted with sterile saline injected into acupuncture points with a 10-ml syringe and 20–22-gauge needle in large muscle masses.

Injection of an animal's own blood has become common for autoimmune and inflammatory disorders. The blood is generally drawn from a large vein (e.g., cephalic or jugular) into a syringe without additives. The acupuncturist then has approximately one minute to inject the blood into appropriate acupuncture points. It is compassionate to the patient to change hypodermic needles every one to two injections to reduce the pain from needle dulling. Local points are used for most hemoacupuncture, such as BL-1 for keratoconjunctivitis sicca.

Pneumoacupuncture

Pneumoacupuncture is another injection technique. This variation of aquapuncture uses air rather than a liquid to inject into both acupuncture points and specified larger areas. More commonly used in large animals, such as horses than small companion animals, pneumoacupuncture involves injecting rather large volumes of air (100+ ml) into subcutaneous tissues. The acupuncturist must be certain to draw back on the injection needle to check for blood to avoid a gas embolism. The patient should be rested for a few days following pneumoacupuncture to allow the air to diffuse without causing

undue pressure on surrounding nerves and vessels. Pneu-moacupuncture is generally used as tonification procedure for deficiency conditions such as suprascapular nerve paresis.

Moxibustion

Moxibustion is a method by which moxa punk or other herbs are burned on or above the skin near acupuncture points. The heat and herbal essence warms the *Qi* and blood in the channels and collaterals and thus increases the flow during times of stasis. Moxibustion also invigorates the *Yang Qi* and dispels internal cold and dampness as well as eliminates some forms of local heat toxin.

There are two general methods of moxibustion therapy: direct and indirect. For direct moxibustion, moxa material (wool) is shaped into cones, threads, or “rice,” and placed directly on skin over an acupuncture point. Sometimes a tenacious material such as aloe gel or petrolatum jelly is first rubbed on the point so the moxa wool sticks to area where it is placed. Direct moxa is common in human practice and can be either scarring or nonscarring. Since verbal feedback of heat intensity (which changes from imperceptible to too hot almost instantaneously!) is lacking in nonhuman patients, direct moxa is rarely used in veterinary acupuncture practice.

Indirect moxibustion therapy is done by the veterinary acupuncturist as either needle moxa (warming needle) or moxa stick therapy. Needle moxa is done using a moxa wool ball that is placed on the top of a previously inserted acupuncture needle. The moxa is lit closest to the skin and allowed to burn and add warmth to the inserted needle’s handle and shaft. Some practitioners use a piece of foil at the needle insertion point near skin level to catch any burning embers that might fall from the burning moxa ball.

The most common form of indirect moxibustion therapy used in veterinary acupuncture practice is indirect stick moxa. Prerolled moxa sticks of mugwort (*Artemisia vulgaris*) mixed with small amounts of other herbs, such as cinnamon, dried ginger, cloves, myrrh, and frankincense, are available for inexpensive bulk purchase. These sticks are about six inches long and resemble a cigar. They are lit on one end until there is a burning ember and then moved close to the skin above a known acupuncture point.

Because we are dealing with a nonverbal patient, a popular method has evolved to ensure feedback of heat intensity. The acupuncturist’s guide hand is placed on the patient’s skin surface with the index and middle finger spread about 2 cm apart. The insertion or moxatherapy hand holds the moxa stick between the thumb and forefinger. The fifth digit of the moxatherapy hand contacts the resting guide hand as a point of support to set the appropriate distance to the skin. The moxa stick is then moved toward the skin and acupuncture point with gentle wrist motion until the acupuncturist’s guide hand’s index and middle fingers become warm, and the moxa is then withdrawn. This is repeated every one to two seconds until the cumulative heat is either too much for the acupuncturist’s guide hand or the patient indicates that the sensation has approached an intolerable level. The rationale is to have equal distance to each guide hand finger and the patient’s skin.

One last advantage of stick moxa is that the patient’s caretaker can be taught to use moxatherapy at home. If caretakers comply, the patient can have great benefit. The caretaker must be warned about two moxa-related issues. The first is that moxa smoke is similar to that of illicit herbal substances used in America and may cause the home to smell odd. Thus, moxatherapy should usually be done outdoors. Second, the moxa stick tends to smolder and should be snuffed out with certainty or it may become a fire hazard. Snuffing should be done in sand or a blunt container and not by water, which reduces the ease of reignition of the moxa stick.

Moxibustion is contraindicated near large blood vessels, on mucous membranes, or near sensory organs. Moxibustion is used with caution with pregnancy and is contraindicated for the abdomen and dorsal lumbar area in pregnant patients.

Acupuncture Effect with Electrical Devices

Electrical devices such as electroacupuncture units, lasers, infrared lamps, TDP lamps, and others may be used to stimulate acupuncture points. These devices generally have advantages of saving time and the practitioner’s energy as well as quantifying treatments for documentation, replication, and research. Many brands exist for each of these devices, and new hardware seems to be available on the market monthly. An acupuncturist interested in purchasing one should thoroughly review the safety and efficacy data from the company as well as consult experienced veterinary and human acupuncturists.

ELECTROACUPUNCTURE

Electroacupuncture is the use of electrical current passed through the acupuncture needles that have already been inserted into acupuncture points. There are many types of electroacupuncture units available with the ultimate goal of strengthening and altering the needle stimulation. Electroacupuncture was first used in China in the 1930s and has become common in veterinary practices throughout the world.

The advantages that electroacupuncture offers over hand-needling are primarily the following. First, electroacupuncture stimulation can at some level mimic the manual needle stimulation offered by the therapist, thus eliminating time spent manipulating needles by the acupuncturist. Second, the amount of needle stimulation can be accurately measured by known frequencies, amplitudes, and duration of treatment. This enables the acupuncturist to rigorously assess a treatment session and more exactly replicate effective treatments in the future. Last, electroacupuncture allows the acupuncturist to deliver a higher and more continuous level of needle stimulation than by hand, thus facilitating special treatments for pain and neurodegenerative disorders (Shanghai College of Traditional Chinese Medicine, 1981).

Although the exact settings of an electroacupuncture device will vary with its type and manufacture, the following general guidelines are common to all treatments. First, since electroacupuncture is similar but stronger than manual acupuncture, the patient should have demonstrated prior tolerance and response to dry needle therapy. Second, the machine

should have all of its leads turned to zero amplitude as well as be completely turned off before connecting to the needles. Third, stimulation should always start at the lowest amplitude and gradually be increased until there is an obvious *de-Qi* response and then lowered slightly from that amplitude. Since tolerance and habituation to the stimulus occurs, the amplitude or the frequency may be slightly increased or changed every 5–10 minutes.

Electroacupuncture may be used to tonify or sedate acupuncture points as with manual therapies. It is especially useful for neuralgia and nervous system injury and degeneration. Many veterinary acupuncturists believe that continuous, regular high frequency (80–120 Hz) mediates endorphin release and is best for treating pain and muscle spasms. Lower frequency (5–20 Hz) and intermittent, alternating, or discontinuous stimulation may be best to re-educate the motor neurons in paresis and paralysis. This is akin to saying the regular high frequencies drain excess and stagnation, and intermittent low frequencies tonify deficiency.

LASER THERAPY

Laser therapy is the use of low-power (5–30 mW) helium-neon or laser-emitting diode devices, which operate at 630–670 nm to stimulate acupuncture points. Recent research suggests that wavelengths of 635 nm may have the greatest efficacy. Laser therapy has been shown to be anti-inflammatory and analgesic, and promotes wound healing. Laser light is highly coherent and readily refracts in living tissue. This means that a laser beam of light cannot penetrate accurately and deeply into most acupuncture points because the light is refracted in the first 1–15 mm of tissue.

Laser therapy has greatest efficacy in treating superficial acupuncture points in areas of thin integument. Avian acupuncturists find laser therapy useful because it minimizes trauma and is relatively rapid to apply, and the avian skin is generally very thin. Many other veterinarians find it is of limited use except in auriculotherapy and superficial points such as *Lie Que* (Lung 7). It should be noted that lasers powerful enough to penetrate more deeply into living tissue are available, and safety guidelines for their use are under development.

Laser therapy is noninvasive and nonpainful. Its disadvantages include limitations in treating large areas (especially in large animals) and inadequate data about the optimal emission parameters for each desired effect. Equipment costs rapidly rise when units greater than 5 mW are purchased.

MAGNETIC THERAPY

Magnetic therapy is the use of small magnetic devices superficially placed over or near acupuncture points. Permanent magnets may be in a bar or pellet form and made from various alloys. Metallic coils that produce magnetic fields when electrical current flows may sometimes be used as well.

Magnetic pellets may be placed directly on an acupuncture point or attached to a needle. Generally, these devices are left in place for one to five days. Veterinary patients commonly remove the magnets by self-grooming. Adhesives or bandage materials may be added to the devices to aid retention. Various sources suggest different gauss (5,000–10,000)

strengths may be used for distinct conditions, but there is little agreement. Some researchers believe that there is possibly a biostimulation effect of solid magnets in tumor promotion.

INFRARED THERAPY

Infrared therapy is used primarily for its radiation, which causes an increase in heat in the target tissues. Infrared therapy is usually delivered by a 250-W infrared bulb or newer lamps that heat a metal plate constructed from numerous mineral substrates. These TDP lamps (*Teding Diancipo Pu*) were developed in China in the 1980s. The effect of most heating devices is similar to that of moxotherapy. The emitting head of the device is placed 20–60 cm from the skin and used until the patient feels warm or looks as if it perceives the warmth. Caution is indicated in paretic or paralyzed patients that either cannot move to show desire to escape the heat source or do not perceive the increase in heat and may suffer thermal damage. It is best for the practitioner to periodically touch the target area skin in order to feel the actual temperature.

Handheld infrared therapy devices are now used in large animal practice. These portable units are placed against the skin surface and generally moved across an area in which there is pain or delayed healing. Both the standing and portable units are used to invigorate blood stasis and thus reduce pain and increase the flow of *Qi* and blood in the channels and collaterals.

MATERIAL IMPLANTS

Various materials ranging from absorbable surgical gut to nylon and metals have been implanted into acupuncture points in order to give long-duration stimulation. Ancient Chinese veterinary implants were generally low-cost materials that stimulated the acupuncture points by their mildly irritating qualities. Points to implant are generally in loose skin or indentations in tissues, such as GV-1 for chronic diarrhea.

Gold metal bead and wire implants have become the standard in many Western countries. The most common implantation technique in small animals is the use of metal beads around the coxofemoral joint to treat chronic pain and debility from hip dysplasia and other degenerative joint diseases. Gold bead implant for canine epilepsy has also become a valid therapy of last resort. Metal implants may interfere with future magnetic imaging testing and computerized axial tomography. The efficacy of dry needle acupuncture for reducing seizure activity should be demonstrated before permanent materials are implanted.

ACUPUNCTURE NEEDLE MISHAPS

The most common needle accidents, though rare in daily practice, are needle bending, needle breaking, and bleeding after needling or excessive bleeding after hemoacupuncture. Needle bending is due to the patient moving during the acupuncture session with needles inserted at musculotendinous areas. Keeping the animal calm and quiet reduces the likelihood of bent needles. Massage the muscles surrounding the bent needle and use mild to moderate continuous withdrawing pressure

to remove stuck needles. Techniques mentioned above for stuck needles may also be applied to bent needles.

Needle breakage is very rare due to the common practice in the West of single-use sterile needles. As with orthopedic steel rods, the needle's weakest point is the juncture between handle and shaft. Thus, it is wise to use needles that are inserted to a depth with the handle-shaft juncture obviously above skin level. Needles should be used once and discarded. They are inexpensive, will not become dull and cause pain, and will not cause iatrogenic or nosocomial infection if they are sterile and used only once.

Bleeding after removal of a dry filiform needle can be common depending upon the area needled and the disharmony of the patient. Many acupuncture points are adjacent to blood vessels, which should be avoided if they can be visualized. This may be difficult in many of our patients due to fur and feather integument. Some disharmonies, such as spleen *Qi* deficiency or blood heat, may lead to bleeding even when only the tiniest of vessels are punctured by routine insertion.

Firm pressure at the point of bleeding usually stops the discharge. With hemoacupuncture, hypodermic or sharp needles equal to the animal and vessel size should be used with precision. Excessive vessel damage by poor technique that leads to bleeding that will not stop with firm pressure may require surgical intervention or cautery.

SPECIALIZED DRY NEEDLE TECHNIQUES

Scalp Acupuncture

Numerous points on the Gallbladder, Bladder, and Governing Vessel Meridians exist on the scalp and have been used over the last few thousand years in TCM. Scalp acupuncture refers to both these traditional points and newer points based upon neuroanatomy.

Scalp acupuncture based upon neuroanatomy has become more common in the last 30 years in humans. Only recently have attempts been made to correlate nonhuman neuroanatomy with scalp acupuncture points. Since electroencephalographic evidence of brain function is measurable on the scalp, it has been considered probable that brain activity can be influenced by afferent nerves in the scalp. Scalp acupuncture points, above and beyond those traditional points on the scalp such as the GB and GV Channel points, are generally used for motor enhancement, motor suppression, and sensory organ enhancement.

Scalp acupuncture atlases for dogs and cats have been published recently (Battistella, 2004). Some practitioners feel that the canine brain is not lateralized and thus scalp acupuncture points should be applied ipsilaterally. Work is under way to establish equine scalp acupuncture atlases, although the relatively large skull and sinuses of the equine brain have led to complications in interpretation and application of modern equine scalp acupuncture.

Auriculotherapy

Dry needle, hemoacupuncture, electroacupuncture, and imbedded materials may all be used to stimulate acupuncture

points in the ear. In humans it has been demonstrated that the concave surface of the ear has an upside down ipsilateral representation of a patient's body (Oleson 1996). Stimulating auricular points, although not directly related to acupuncture channels, may strengthen the overall acupuncture effect of pain relief and increasing organ function and homeostasis. It may be that there is a greater representation of *Yang* versus *Yin* energy on the ear.

Due to different ear sizes, shapes, and surgical alterations, there is no one atlas of nonhuman auricular points. Practitioners agree that the auricular points with greatest sensitivity are most amenable to treatment and commonly indicate the status of the related organ or body area. It is agreed that the areas proximal to the tragus and ear base are involved in endocrine and sensory organ function. Those points along the helix margin are more related to distal appendages and spinal areas.

One of the primary difficulties with auriculotherapy is needle retention. Small intradermal needles and seeds and tacks embedded in adhesive tape are placed in humans for multiple-day retention. Most nonhumans will groom, scratch, or otherwise attempt to dislodge the mildly irritating auricular needle. Strong adhesives (e.g., Superglue) or implantable materials are commonly used to overcome this problem. There is no agreement on loss of points and point function when so-called cosmetic ear cropping has been done.

TIPS FOR THE ACUPUNCTURIST

Qi-gong Exercises

Many practitioners believe that the therapist's attitude and health are important for efficacious acupuncture. The *Qi* that is induced by acupuncture therapy can be generated or flow more freely in the acupuncturists themselves if they practice *Qi-gong*. *Qi-gong* is the Chinese system of exercises designed to improve and maintain health and longevity. There are many styles, and most of them will benefit the veterinary acupuncturist. The primary subdivisions are *Nei-dan* (Internal Way), which is usually done by intentional *Qi* generation with little external movement, and *Wai-dan* (External Way) in which various movements are repeated to activate *Qi* flow in the practitioner's body.

Advanced healing arts professionals understand that exceptional healing occurs if there is a transfer of *Qi* into the patient by the practitioner. Simple ways to facilitate this transfer include the acupuncturist having an upright and comfortable posture, feeling one's feet completely adherent to the earth beneath, leaning into rather away from the needling, and breathing deeply while focusing on inserting the needle on one's outbreath. Some practitioners believe that intention is an extension of *Qi* flow. Every acupuncturist should carry healing intentions and extend these intentions into all of their treatments.

Position of Acupuncturist

Species size, ease of point location and needling, and relative danger to the acupuncturist are the primary determinants of

positioning. Small animals should be treated in a position that reduces their fear or inhibits their flight while still keeping a comfortable and useful posture.

For dangerous situations, such as inserting needles in medial hind limb points of horses, the acupuncturist must still focus on needling while having an escape prepared as well. This can be accomplished if one hand is placed on the animal's body at a point that both blocks impending attack and alerts the practitioner to danger. The equine medial hind limb may be needled with the free hand palm across the patella. The leg can be controlled in this fashion.

Position of Patient

The patient's position during acupuncture treatment will depend upon the size, attitude, and relative debility. All but very ill and recumbent large animals will be treated in a standing position. After tongue and pulse diagnosis are done by the veterinarian, most herbivores may be fed during treatment. Their parasympathetic status (*Yin*) will facilitate most healing effects of acupuncture.

Medium-sized animals may be treated standing if they are robust and in ventral or lateral recumbency if weak. Be certain to have a comfortable cover on hard floors for the duration of treatment in weak patients. The acupuncturist must be flexible in point selection for those patients in lateral recumbency. The comfort of the patient must take precedence over accessibility of acupuncture points. This means that not every point in an acupuncture "formula" should be needled if it causes undue positional pain to the patient, although the most important points must be stimulated.

Small animals are treated on the examination table, their caretaker's lap, or the floor depending on their personality, disharmony, and activity level. Occasionally, the most resistant and biting dogs relax and accept the treatment if muzzled in their caretaker's laps.

Ventral thoracic and abdominal acupuncture points along the Conception Vessel, Kidney, Stomach, and Spleen Channels may present a challenge to the acupuncturist. These channels have many important points and should not be excluded simply due to difficulty access. Small animals may be placed briefly in dorsal or lateral recumbency to access these channels. For both small and large animals that will not or cannot assume this position, "blind" needling by palpation and insertion of needles can be both effective for the patient and safe for the practitioner.

Caretaker Interference

Many caretakers have little experience with veterinary acupuncture and may have unrealistic expectations. Some may believe that acupuncture is pain-free and are upset when their animals react strongly to some needles. Others may want to handle patients that should not be stimulated and others refuse to hold and help relax lap-sized patients.

Education and compassion for their hopes and fears for their animal's recovery are essential. The best caretakers can be educated to understand the treatment modalities and probable outcomes and become part of the "health care team."

Because most caretakers come specifically for acupuncture therapy, very few of them have problems with not believing in acupuncture's efficacy.

Important Species-Specific Notes

The following are species-specific notes on patient position (or restraint), needle size and technique, use of aquapuncture, moxibustion, electroacupuncture, and any special considerations for less commonly acupuncture species.

CANINE

To reduce stress, treatment is commonly performed on the floor for large breeds and on the exam table, floor, or in the owner's lap for small breeds. When treating large dogs on the floor, use mats and blankets to make them more comfortable. Muzzles can protect the acupuncturist while calming and training the patient to be treated.

Dry needles from 0.5 to 1.5 inch and 0.22 to 0.30 mm diameter are used. Needle combinations used are decided upon by the patient's position. For example, a dog in right lateral recumbency presents the points LI-4, SI-3, LIV-3, and GB-41 in the order of Right LI-4, Left SI-3, Right LIV-3, and Left GB-41.

Use aquapuncture on *Qi*-deficient patients because vitamin B₁₂ is a spleen *Qi* tonic. Use local anesthetic aquapuncture or vitamin B₁₂ for *A-shi* point injection. Stick moxa is appropriate, and caretakers can be taught to do treatments at home. Electroacupuncture is useful for pain and neurological disorders except for seizures, although some practitioners use it in all of their acupuncture treatments.

FELINE

Treat on a tabletop that has a towel or blanket or the cat's own blanket to make the cat more relaxed. Use 0.5-inch length 0.20-diameter needles for BL *shu* points, 0.5-inch by 0.16–0.22 needles for most other points. Most feline patients have very superficial and accessible *Qi* and need only small, short needles and mild stimulation. Use Korean hand needles with tiny handles, short shafts, and small diameter for feline distal and *Yuan* source points. Many practitioners start with vitamin B₁₂ or dry needle in Du-20. Some use Transpositional LI-4 with dry needle to facilitate acceptance by the feline patient. Mild, short duration moxa treatment may be used. Aquapuncture should be done with 27-gauge needles into reasonable-sized muscle masses. Electroacupuncture is tolerated only if special care is taken to very gradually increase the amplitude to below threshold.

EQUINE

Horses should be cross tied, and safety is more important than placing every needle in your protocol. One-inch by 0.22-mm-diameter needles may be used for *Jing*-well points, and 2.0–4.0-inch by 0.25–0.30-mm diameter needles used for the remainder of the points. Equine skin can be difficult to penetrate with thin needles, or points difficult to reach with long needles. A number of practitioners use hypodermic needles (22 gauge, 1.5 inch) that can then be used for aquapuncture. Most veterinary acupuncturists use insertion tubes of

decreasing lengths to facilitate insertion of filiform needles into tough skin and flesh. Either cut or carry with you insertion tubes of one, two, and three inches in length. If clean-needle technique is important, do not use the same insertion tubes between different patients.

Begin by needling *Bai-hui* to calm the patients and accustom them to the needle sensation. Both direct moxa and needle moxa may be used on horses. Beware of flammable bedding materials when using open flames. Aquapuncture with vitamin B₁₂ diluted with sterile saline or the patient's own blood from 3 to 6 ml per point may be used. Electroacupuncture is very useful, and amplitude increase must proceed gradually to avoid irritating the patient. Hanging the electroacupuncture unit from the horse on saddle and training-related apparatus will free the practitioner for other tasks while allowing the electroacupuncture unit to follow the horse in case of unexpected movement.

CAPRINE

Goats are amenable to acupuncture and moxotherapy. They are generally small enough for short-term restraint. They have thin muscles on the BL Channel, so use short and relatively wide diameter needles such as 1.0 inch by 0.25 mm. Treat them as small, *Yang* ungulates, like miniature *Yang* cattle. Embedding gut or nylon may be appropriate for chronic disharmonies. Due to their low probability of remaining restrained for long periods, aquapuncture with dilute vitamin B₁₂ is practical. Indirect moxibustion may be used for appropriate disharmonies. Electroacupuncture is usually tolerated for only short durations in severely debilitated animals.

OVINE

Sheep may be placed in mild immobility by placing them on their ischium. Thick wool may inhibit needle placement. Use moderate diameter (0.22–0.25 mm) needles 1.0–1.5 inches in length. If the animals do not restrain long or calmly, use dilute vitamin B₁₂ aquapuncture with a 23–25-gauge needle for most points. Electroacupuncture may be used for severely debilitated patients. Gut or nylon implants may be used for chronic disharmonies such as unrelenting diarrhea.

BOVINE

There are TCVM atlases for cattle that may be used for classical points. Transpositional acupuncture points may sometimes be used with good efficacy. Cuban veterinarians have used acupuncture intensively on cattle for three decades and believe that there are three branches of the Bladder Channel, rather than two, on the dorsal and dorsolateral thorax and abdomen. Reproductive and “downer” cattle disorders may be treated by needling deeply into the sacral foramina (*Si Liao* or BL-27/28) coupled with strong stimulation including electroacupuncture.

Needles should be 2.0–5.0 inches long and 0.25 mm in diameter. Use the successive insertion tube technique as in horses. Aquapuncture with saline-diluted vitamin B₁₂ may be used with 22–20-gauge hypodermic needles. Direct moxibustion and deep needle moxibustion are both appropriate.

Electroacupuncture is very useful and sometimes the only compassionate way to get downer cows to rise.

CAMELIDS

This includes llamas, alpacas, camels, and any tame guanacos and vicunas. These animals resent examination and acupuncture, and thus should be needled quickly with few needles. There are TCVM dromedary camelid atlases, which may be consulted for transposition to their South American cousins.

Relatively wide diameter needles (0.25 mm) are necessary to penetrate much of camelids' skin. Smaller-diameter needles may be used around the face and feet. Camelids have thin muscle mass on the Bladder Channel and must be needled superficially. The head and face may be needled to effect with small needles and quick insertion. Distal command points on the feet are very useful and may be needled on those animals trained to have their hooves trimmed. Moxibustion is poorly tolerated in all but the most debilitated animals. Electroacupuncture is useful for down animals, but poorly tolerated in more robust camelid patients.

AVIAN

Most avian species resent acupuncture treatment. The smaller birds may be wrapped in a towel and each body part exposed sequentially as needed to place the needles. Most may be treated with Korean hand needles. Sometimes I use 0.20 × 13 mm needles along the BL Channel and 0.16 × 13 mm with shallow insertion into distal points. Short retention time is sufficient in most small birds due to the superficial and accessible *Qi*. Remember to use a hood on birds of prey to reduce stress. Aquapuncture with full strength vitamin B₁₂ may be used with caution! Remember that hypodermic needles are beveled “scalpels” and can easily lacerate tissues, and it is easy to sever small blood vessels in small birds. Moxibustion may only be used with caution in these relatively *Yang* creatures. Moxibustion is contraindicated in most avian disharmonies. Laser therapy is considered useful due to thin integument and shallow points. Electroacupuncture is useful but beware of overstimulation.

REPTILE

Reptile acupuncture can be rewarding. Restraint varies with the species. Wrapping in a towel and exposing the treatment area as with avian patients is the most common restraint. Although all of the important acupuncture points are not known, we can benefit them with the following. First, use small, thin needles and place them underneath the scales, not through them. Second, focus on the *Du* or Governing Vessel, *Ren* or Conception Vessel, and Bladder Channel. Internal disharmonies in snakes use *Ren* and GB Channels. Use *Ren* Channel with needles directed caudally for GI problems. For musculoskeletal problems, use *Du* Channel. Use the command points around the carpus and tarsus and *He-sea* points around the stifle and elbow. Snakes have *Du*, *Ren*, Stomach, Bladder, and Gallbladder Channels.

Strong moxibustion is contraindicated in most reptiles. Electroacupuncture is poorly tolerated and only useful in paretic and paralyzed patients. Implants tend to form caseous abscesses and are contraindicated.

AMPHIBIAN

Restraint techniques vary with species. Being delicate with commonly moist skin dictates that amphibians be kept moist

during much of their handling and treatment. Small, thin needles (0.5 inch by 0.16–0.20 mm or Korean hand needles) are used for very superficial stimulation. Most amphibians are too small for aquapuncture and too *Yin* for moxibustion.

Channels and points are not completely mapped in most amphibian species. As with reptiles, focus on the *Du* or Governing Vessel, *Ren* or Conception Vessel, and Bladder Channel. For internal disharmonies in amphibians, use *Ren* and GB Channels. Use *Ren* Channel with needles directed caudally for GI problems. For musculoskeletal problems, use *Du* Channel. Use the command points around the carpus and tarsus and *He-sea* points around the stifle and elbow. Local points are also very effective in amphibians.

FISH

Fish must be kept moist by holding in a cloth saturated with the water from their own tank. Fish have a dorsal GV Channel, a dorsolateral BL Channel, a lateral GB Channel, a ventrolateral ST Channel, and a ventral CV Channel. Local points are particularly useful in fish. Use as small a needle as possible for each species. Korean hand needles and 0.5 inch by 0.16–0.20 mm needles are adequate for most hobbyist species. Be certain to use shallow needle insertion between the scales. For some fish that may suffer too much when removed from their water environment, one may use soluble tranquilizing agents in the hospital or holding tank. Moxibustion is contraindicated in fish.

INSECTS

Although readers may chuckle when they read that insects may benefit from acupuncture, perhaps they really wonder whether insects deserve acupuncture! Many of us have battled insects and arachnids in our veterinary practices. Perhaps we forget that most of the insect species on the earth are beneficial and only a few species are truly pests.

Some insects and arachnids are very important to their human caretakers. Fun, social species such as Madagascar cockroaches are extolled by their humans. Fuzzy and beautiful tarantulas are more common pets than you might guess. Other insect wildlife species may be brought to us by caring

citizens who know that a compassionate veterinarian is actually interested in the welfare of most species on this planet.

Can we help insects with acupuncture? I believe so, if we note these caveats. First, insects and arachnids have an open circulatory system with hemolymph moving without vessels freely in the animal's body. Acupuncture that penetrates the exoskeleton may cause the creature to lose hemolymph and die. Therefore, only superficial stimulation of acupuncture points with needle tip pressure is indicated.

Insects and arachnids have dorsal cardiac tissue and ventral nervous system ganglia. Since these "CNS"-like ganglia are ventral, the "Bladder" and possibly the "*Du*" Channels are ventral and not dorsal. Conversely, the *Ren* Channel, if it exists in any fashion, is probably dorsal. At this point, acupuncture of these animals is only experimental, but the compassionate veterinary caretaker will try his or her best to help.

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12 Functional Neuroanatomical Physiology of Acupuncture

Roger M. Clemmons

Acupuncture represents an ancient art of medical practice. Perhaps the earliest record of acupuncture dates to the “Ice-Man” found in the Italian Alps, who had a tattoo over a known acupuncture point, which had to have been placed there by another person. On magnetic resonance imaging (MRI), the Ice-Man had an intervertebral disc herniation, which should have been painful and which might have responded to acupuncture treatment at the tattooed point.

Understanding acupuncture in today’s terms must take into account the history of acupuncture and the changes in technology that developed as acupuncture theory evolved. Today, we can look into the body in noninvasive ways using techniques like MRI, but in ancient times, science was limited to observations of the world at the time. For example, we now know the location of nerve pathways throughout the physical body that were not known to the ancients. On the other hand, early acupuncturists documented and characterized acupuncture points that lie on the nerves that we know today. As such, to know acupuncture is to know the nervous system. Certainly, we know that for acupuncture to work, it requires an intact nervous system, and acupuncture is not effective if the nervous system is damaged beyond repair.

From a modern perspective, acupuncture represents a form of nerve stimulation. Local counterirritation caused by needle insertion (or other form of acupuncture point stimulation) leads to microtrauma of the tissues. What follows is a complex, yet integrated series of reactions that leads to stimulation of the nervous system. Depending upon the acupuncture point selected and the method of stimulation, there will be sequential and simultaneous activation of local, segmental, and super-segmental neural pathways. These changes ultimately lead to altered blood flow, altered humeral responses, and effects within the immune system.

The volume of work that describes these effects individually or in aggregate is enormous and can be confusing due to conflicting, yet cohesive data. What is represented here is an overview (with support of selected studies) of a prevailing, integrated view of acupuncture based upon recent advances in understanding functional neurophysiology and how it relates to acupuncture. Included are some findings

about transcutaneous nerve stimulation (TENS), since these modern devices represent another form of acupuncture. In animals, it is much easier to place a needle directly through the haired skin to achieve transcutaneous nerve stimulation than to apply external electrodes to accomplish the same effects.

The events of acupuncture will be discussed here anatomically and functionally somewhat in isolation, but the reader should remember that all of the events of acupuncture take place (under normal circumstances) together at the same time.

HISTORICAL EVOLUTION OF MODERN ACUPUNCTURE

Acupuncture is most closely associated with ancient China where it remains part of traditional Chinese medicine (TCM). The first written record of acupuncture is found in the over 2,200-year-old *Huang-de-nei-jing* (*Yellow Emperor’s Classic of Internal Medicine*), one of the oldest medical textbooks in the world. It contains the earlier theories by Shen Nung, the father of TCM. Shen Nung documented theories about circulation, pulse, and the heart over four thousand years before Western medicine had any concept about them. The first veterinary text was written in China around 450 B.C., dealing with the treatment of horses with acupuncture and TCM herbal medicine (Jaggar and Robinson, 2001, pp. 4–11).

Interest in acupuncture in the United States exploded in the 1970s following President Nixon’s historic trip to China, where demonstrations of surgical analgesia using acupuncture were made. Reportedly, one of Nixon’s aides was ill and responded almost immediately to acupuncture treatment, even though Western medicines were not working. This led to a great increase in scientific interest in acupuncture in the West, producing over eight thousand scientific references to acupuncture since that time. For animals, the cited references make up about one-tenth of the total publications.

Although acupuncture in human beings and domestic livestock has been referenced in China for over two thousand years, recently some have observed that acupuncture in dogs and cats may be only 25 years old. This may be true, since

dogs and cats were not considered important animals in ancient China, and certainly were not, until recently, an integral part of the household as they have become in the West. On the other hand, the principle of TCM and acupuncture for pet species does have its roots in olden times.

Successful application of acupuncture depends upon three important factors: the acupuncture point, the method of stimulation, and the response observed. Modern experiments have shown that acupuncture points occur where nerves penetrate tissue planes or where nerves, themselves, divide. As such, there are four major types of acupuncture points (Gunn, 1976, 1977).

1. Type I (motor) points are the most common and exist where nerves penetrate muscles.
2. Type II points are located where nerves intersect on the dorsal and ventral midlines of the body.
3. Type III points are located where superficial nerves branch.
4. Type IV points are located where nerves penetrate tendons (Golgi tendon organ).

Most acupuncture points are located at areas of low electrical resistance and high electrical conductance of the skin. Deep in the point, there are accumulations of free nerve endings; small arterioles, veins, and lymphatics; and tissue mast cells (Egerbacher, 1971). Stimulation of these points results in degranulation of the mast cells, activation of the inflammatory cascade, alterations of blood and lymph flow, and conduction of nerve impulses to the central nervous system. This results in a local response that spreads over time throughout the entire neural axis evoking numerous biochemical changes within the nervous system and eventually the whole body. The initial sensation is termed, “*de Qi*,” meaning “the arrival of *Qi*.” In this context, *Qi* can be interpreted as energy.

Envisioning the basis of ancient acupuncture, Shen Nung theorized that the body had an energy force running throughout it. This energy force is known as *Qi* (roughly pronounced chee). The *Qi* consists of all essential life activities, which include the spiritual, emotional, mental, and physical aspects of life. A person’s health is influenced by the flow of *Qi* in the body, in combination with the universal forces of *Yin* and *Yang*. If the flow of *Qi* is insufficient, unbalanced, or interrupted, *Yin* and *Yang* become unbalanced, and illness may occur. *Qi* travels throughout the body along “meridians” or special pathways. The meridians, or channels, are the same on both sides of the body (paired). There are 14 main meridians running vertically up and down the surface of the body. Out of these, there are 12 organ meridians in each half of the body. There are also 2 unpaired midline meridians. The acupuncture points are specific locations where the meridians come to the surface of the skin, and are easily accessible by acupuncture, moxibustion, and acupressure. The connections between them ensure that there is an even circulation of *Qi*, a balance between *Yin* and *Yang*. Energy constantly flows up and down these pathways. When pathways become obstructed,

deficient, excessive, or just unbalanced, *Yin* and *Yang* are said to be thrown out of balance. This causes illness. Acupuncture is said to restore the balance.

Yin and *Yang* is an important theory in the discussion of acupuncture treatment, in relation to the Chinese theory of body systems. *Qi* is prevalent throughout all of nature and is composed of two parts, *Yin* and *Yang*. *Yin* and *Yang* are opposite forces that, when balanced, work together. Any upset in the balance will result in natural calamities, in nature, and disease in human beings. *Yin* is signified by female attributes, passive, dark, cold, moist, that which moves medially, and deficient of *Yang*. *Yang* is signified by male attributes, light, active, warm, dry, that which moves laterally, and deficient of *Yin*. Nothing is completely *Yin* or *Yang*. The most striking example of this is the human. A human is the combination of the mother (*Yin*) and the father (*Yang*). The human contains qualities of both *Yin* and *Yang* forces. Within *Yin*, there is *Yang*, and within *Yang*, there is *Yin*.

As the ancient Chinese looked upon their world and observed nature, they found universal relationships in all things. They described these events and used them to develop TCM principles of health and disease. From these observations, a number of medical theories emerged. The most commonly used are five-element theory, eight principles of disease, and *Zang-Fu* (organ) physiology. TCM today incorporates aspects of each of these theories in determining the disease pattern and treatment plan.

Nature is made up of combinations of wood, fire, earth, metal, and water. Each element represents an energy, direction, season, color, taste, feeling, *Zang-Fu* organ, and tissue. Wood is warm, east, spring, green, sour, anger, liver-gallbladder, and tendons and ligaments. Fire is hot, south, summer, red, bitter, joy, heart-small intestines/pericardium-triple heater, blood vessels, and tongue.

Moreover, individuals tend to have certain characteristics that can be explained by their elemental constitution. Wood animals are the generals. They want to be the leaders, want to be in control, and want to be around other animals. They are the alpha dogs. Strong, loud, and easy to anger, yet who you want around in a pinch. Fire animals are exuberant. They are the emperor and are the leaders. They are bouncy and always on the go. They seem to never run out of energy and are always joyful. Earth animals are laid-back and easygoing. They need constant companionship and seek to please, desiring praise for their loyalty. They worry too much about pleasing others. Metal animals are the ministers. They hold themselves aloof and are loners. They are frequently sad, yet competent when called upon to perform. Water animals are fearful and timid often hiding when around strangers. Their bark is usually worse than their bite. Knowing the constitution of the animal can help in determining how to help maintain health and minimize complications as the animal ages.

According to TCM theory, there are two major cycles: creation (*shen*) and control (*ko*). The creation cycle states, “wood feeds fire and is consumed to produce earth which is compacted to make metals giving rise to mountains who

capture water which flows to feed the wood.” This relationship means that wood is the mother of fire and fire is the child of wood. Wood nourishes fire who benefits from this relationship while draining the resources of wood. The control cycle states, “wood sends roots to hold the earth which builds up to dam the waters which quench the fires that melt the metals which can be formed into axes to chop-down the woods.” As such, wood is the grandparent of earth and restrains it from action.

The eight principles of disease determine whether the disease is superficial (exterior) or deep (internal), which describes the location of the disease. The disease is then characterized as hot or cold, which determines the nature of the disease pathogen. Finally, the disease is classified as excess or deficient, which explains the relative strength of the pathogen and the body’s defense mechanisms as they battle. These are called the 6 roots: exterior-interior, hot-cold, and excess-deficient. They are further described in regard to *Yang* or *Yin*. *Yang* diseases are usually exterior, hot, and excessive, and *Yin* diseases are interior, cold, and deficient.

There are 12 *Zang-Fu* organs (4 are fire elements, presumably since the emperor’s functions were important enough to include additional components to carry out the emperor’s duties) and include a husband-wife pair (*Fu-Zang*). In TCM, the wife always comes first, hence, *Zang-Fu*. These are

1. liver (*Yin*)—gallbladder (*Yang*)
2. heart(*Yin*)—small intestines (*Yang*)
3. pericardium (*Yin*)—triple heater (special *Yang* organ that regulates exchange of functions between the upper, middle, and lower parts of the body)
4. spleen (*Yin*)—stomach (*Yang*)
5. lung (*Yin*)—large intestines (*Yang*)
6. kidney (*Yin*) and urinary bladder (*Yang*)

Each of the *Zang-Fu* organs has superficial meridians that connect them to the organ functions and are accessible through acupuncture. In fact, recent scientific studies have shown that these connections do exist and are the basis for the somatovisceral reflexes and referred pain. Even though ancient Chinese did not perform anatomical dissections, they did uncover significant understandings of the inner workings of the body. We have interpreted these findings in translations of their works, but it is astounding how intuitive many of their insights were, particularly when the basic tenets of their understanding of *Zang-Fu* physiology were laid down over two thousand years ago.

By describing the pathology of disease in terms of these theories, acupuncture treatment plans can be developed. In the West, we like to use formulas to determine what treatments should be used, following only the application of points that have been previously shown to work in that disease. This, however, limits the use of acupuncture and TCM. It reduces the art of acupuncture to the science of Western thoughts. We do this too much, as it is. On the other hand, it is still important to study and characterize the effects of

acupuncture both when it is successful and when it fails, since even ancient wisdom must continue to grow and refine. In general, local conditions can be treated locally. All local points act locally. In addition, constitutional points can help support the patient’s struggle to return to health. Certain points have special functions that can be added as needed. Finally, five-element points can be used to support and strengthen *Zang-Fu* organs to help with internal medicine problems.

Acupuncture has come a long way and we are now beginning to put scientific methodology to it, defining its principles in modern terms and clarifying its past. As we scrutinize acupuncture, it is remarkable how much of the old knowledge stands up to the pressure. Personally, I think the pressure is on modern science. Think of the challenge for science to explain how a single, small needle appropriately placed can lead to rapid resolution of signs of disease. There is no doubt that this happens, whether it is explained in terms of *Yin* or *Yang* or in terms of endorphin release or neural stimulation.

RECENT ADVANCES IN ACUPUNCTURE NEUROPHYSIOLOGY

Although acupuncture has its roots in ancient times before modern scientific methods were available with which to study it, many important studies have been done to indicate how acupuncture works and what physiologic mechanisms are involved in its actions. One complaint has been that many studies have not been performed in a double-blinded manner, particularly when it comes to acupuncture where an acceptable sham procedure has not been developed. However, studies where the results are not based upon subjective data (like “How did it feel?”), but upon objective results of measurable test values (like changes in blood cell numbers) are not subject to the placebo effect (Hrobjartsson and Gotzsche, 2001). As such, many of the studies of acupuncture upon animals are valid scientifically.

Recently, using functional MRI (fMRI), the basic tenets of acupuncture have been proven. Those are that acupuncture is based upon the point selected, the method of stimulation, and the duration of stimulation. The result of stimulation of various acupuncture points is specific special changes in the central nervous system (CNS). The change is mild when only acupuncture needles are used and becomes more pronounced if electrical acupuncture is added. While the change initially is more limited, over time the entire neural axis becomes involved (Chiu et al., 2001).

In a separate study using fMRI, it was shown that acupuncture points that have analgesic properties associated with them tend to activate specific pain-associated brain stem regions. Nonanalgesic acupuncture points do not activate these regions; rather, they activate other regions of the brain (Chiu et al., 2003).

Although fMRI has been used to examine only about 15 different points, the experience has been enlightening. An additional study on the effects of acupuncture on equine

colic demonstrated that although both needles and electrical acupuncture provide relief of clinical signs, only electrical acupuncture results in system endorphin release (Skarda, Tejwani, and Muir, 2002).

Reviewing the recent literature, the National Institutes of Health (NIH) developed a consensus statement about acupuncture and its efficacy. NIH said that there was compelling evidence that acupuncture was useful in the management of osteoarthritis and musculoskeletal pain. It can be helpful in treating many gastrointestinal problems, including inflammatory bowel disease, diarrhea, ulcerative colitis, peptic ulcers, dyspepsia, abdominal pain, nausea, and vomiting. Acupuncture can help with management of pulmonary disease including colds and asthma. The immunomodulation of acupuncture can reduce inflammation, elevate WBC, and increase interleukin-2 production. Finally, acupuncture can help in treating reproductive disorders, decreasing uterine bleeding, and regulating ovulation. While most of these studies reviewed the effectiveness of acupuncture in human patients, much of the data was based upon animal experimentation. Moreover, the conditions for which NIH thinks acupuncture can be effective are the same conditions that veterinarians treat with acupuncture (NIH, 1997).

LOCAL EFFECTS OF ACUPUNCTURE

Acupuncture (Greek: *acus* needle; *pungere* to pierce: to puncture the skin with a needle) may be defined as the insertion of needles into specific points on the body to cause a desired healing effect. In TCM, acupuncture includes using fine-needle (dry needles) acupuncture, hemoacupuncture (blood letting), moxibustion (burning of the herb *Artemisia vulgaris* over acupuncture points), pneumoacupuncture (insertion of air under the skin), acupressure, and firing (counterirritation with heat). In modern times, constant stimulation of the needles has been replaced by electrical acupuncture. Aquapuncture (injection of dilute solutions into acupuncture points) and gold-bead implants (insertion of small metallic particles at certain acupuncture points) have also become popular. Low-power lasers and static magnets can also be used to stimulate certain superficial acupuncture points.

Most acupuncture points have been identified to be one of four basic types of points. All of these points are located along the nervous system. Although the ancients did not know the location or function of the peripheral nervous system, they mapped it by finding the location of the acupuncture points. The anatomic nature of acupuncture points represents neural vascular bundles: containing free nerve endings, an artery and vein, a lymphatic channel, and numerous mast cells. Most acupuncture points in animals also represent regions of low electrical resistance and high electrical conductance in the skin over the point (Urano and Ogasawara, 1978). Most are also found in palpable depressions (Fig. 12.2).

When a needle is placed in an acupuncture point, there is local tissue trauma, which activates Hageman's tissue factor XII. This in turn results in the activation of local coagulation cascade and the complement cascade, leading to the production of plasminogen, protein kinins, and prostaglandins.

Further, the trauma causes mast cell degranulation, which releases histamine, heparin, proteases, and bradykinin. As such, acupuncture can be thought of as a form of counterirritation where the process sets up a local reaction that ultimately results in increased blood flow to the area, increased local immune responsiveness, and relaxation of the muscles and tissues in the area.

Studies at acupuncture points have provided evidence that they can have profound influences on the body and its function. GV (Governing Vessel)-26, which is located on the midline at a point equal to the bottom of the nostrils, has numerous effects. If it is twisted, there is endorphin release leading to relaxation and calming of the animal. On the other hand, if it is manipulated by rapidly moving a needle in and out (bouncing off the bone), there is a release of epinephrine, which can result in revival of a patient. When experimental dogs had 50 percent of their blood volume rapidly removed, 75 percent of those who received stimulation of GV-26 survived, while 100 percent mortality was produced in the control animals. Pericardium (PC)-6, located on the midline above the wrist (2 cun [Chinese body inches]), is well known for its antinausea effects. In addition, a recent study showed that stimulation of PC-6 resulted in decreased lipid peroxidation of the heart, increased coronary blood flow, and stabilization of cardiac rhythm (Tsou, Huang, and Chiu, 2004).

SEGMENTAL AND SUPER-SEGMENTAL RESPONSES TO ACUPUNCTURE

Once the local acupuncture point is stimulated, nerve impulses will travel up the sensory nerves to enter the spinal cord. For the most part, the fibers are part of the pain pathways, although proprioceptive fibers also are part of the overall activation by acupuncture stimulation. The concept that the acupuncture points are connected by some sort of channel is part of TCM theory. These became known as meridians when the acupuncture maps of the body were made by French physicians. There does seem to be a close correlation between meridians and nerve pathways, particularly those in the extremities. Many of the properties ascribed to meridians are present in the peripheral nerves.

Research in China has demonstrated that meridians may exist as formal structures. If radioisotopes are injected into one acupuncture point along a meridian and the meridian is stimulated, the radioisotope migrates and accumulates at other acupuncture points along the meridian. Stimulation of one point along a meridian tends to alter the resistance (usually lowers it) at other points along the meridian. If a radio signal is introduced at one acupuncture point on the meridian, the signal can be heard at other acupuncture points along the meridian. In each of these examples, the changes were not seen at nonacupuncture points or at other acupuncture points that were not on the meridian being studied. These facts suggest that acupuncture points are interconnected in some manner.

Pain sensation is carried in the lateral spinothalamic tract. Unmyelinated fibers from pain, pressure, and thermoreceptors in the periphery enter through the nerve roots and pass

1–2 segments caudally and 3–4 segments cranially in the substantia gelatinosa. These then penetrate to synapse in the grey matter of the dorsal horn. Some fibers innervate locally the motor neurons of the spinal segment (including those on the contralateral half of the spinal cord), and the remainder of these second-order neurons pass, for the most part, across the midline in the ventral white commissure to build up on the contralateral spinal cord in the ventromedial aspect of the lateral funiculus. The spinothalamic tract then proceeds cranially where the sensation for the head is placed in the pathway by way of the spinal tract of CN-V (cranial nerve V) until it terminates in the thalamus. Along the way, many branches are given off in the reticular formation, which assists in altering the cortex through the reticular activating system (Fig. 12.1).

Pain is an extremely important biologic sensation. It alerts animals to hostile conditions in the environment. It makes adaptive sense that this pathway travels up the contralateral spinal cord, since if the leg is immobile from paralysis, it is important to be able to feel it, so the opposite limb can be used to get away from environmental threats. On the other hand, if a limb is moving, it may leave a hostile environment before extensive damage might be done. Superficial pain can be tested by pinching the webbing between the toes; however, deep pain is best tested by clamping a hemostat on the joints of the digits so that the periosteum will be stimulated. Withdrawal of the limb is only a spinal reflex. Stimulation of the lateral spinothalamic tract and subsequent transfer of information to the cerebral cortex will result in a behavioral response. This may be crying, snapping, or change in autonomic activities. Unless one or more of these behavioral responses is seen, deficiency of pain pathways must be considered.

The biochemistry of acupuncture is the same as that from TENS methods and involves the complex interaction of the endogenous opiod compounds with substance P, acetylcholine, serotonin, norepinephrine, and gamma amino butyric acid (GABA), to name a few. It is generally agreed that TENS and acupuncture both stimulate nerve endings, which in turn alters segmental and super-segmental spinal pathways. This leads to changes within the brain stem and the cortical regions and eventually affects the entire neural axis. Melzac and Wall (1965) suggested that stimulation of mixed sensory nerves results in transmission of proprioceptive information that arrives at the spinal cord before the pain information can be received due to the difference in their respective nerve conduction velocities. The proprioceptive information, then, through presynaptic inhibition, blocks the transmission of the pain information at the local level. In acupuncture, it may be the A delta fibers and type II proprioceptive fibers that are responsible for local analgesia rather than the large 1-a and 1-b proprioceptive fibers that have been associated with the effects of TENS units. On the other hand, the results are the same—both techniques produce analgesia. At one level, acupuncture is just another form of TENS. It is much easier to apply needles through the skin of animals that have hair than trying to glue electrodes on their shaved skin. When combined with electrical stimulation, acupuncture is the ultimate TENS technique.

The segmental analgesia from acupuncture utilizes several neurochemical systems depending upon the stimulus applied. With electrical acupuncture at low frequency (4–20 Hz), the predominant reaction is due to activation of dynorphin neurons. This frequency also results in the release of endorphins from the brain stem into the circulation as a super-segmental reaction. Both of these compounds and their effects can be blocked by naloxone (a morphine antagonist). At frequencies around 100 Hz, the primary mediator of segmental analgesia is due to enkephalin, which is not blocked by naloxone. At even higher frequencies (200 Hz), the segmental effects are influenced greatly by descending serotonergic neurons, which can be blocked by serotonin antagonists. This differential control of segmental analgesia depending upon the stimulus frequency partially explains the different results reported by some investigators in dealing with segmental pain control.

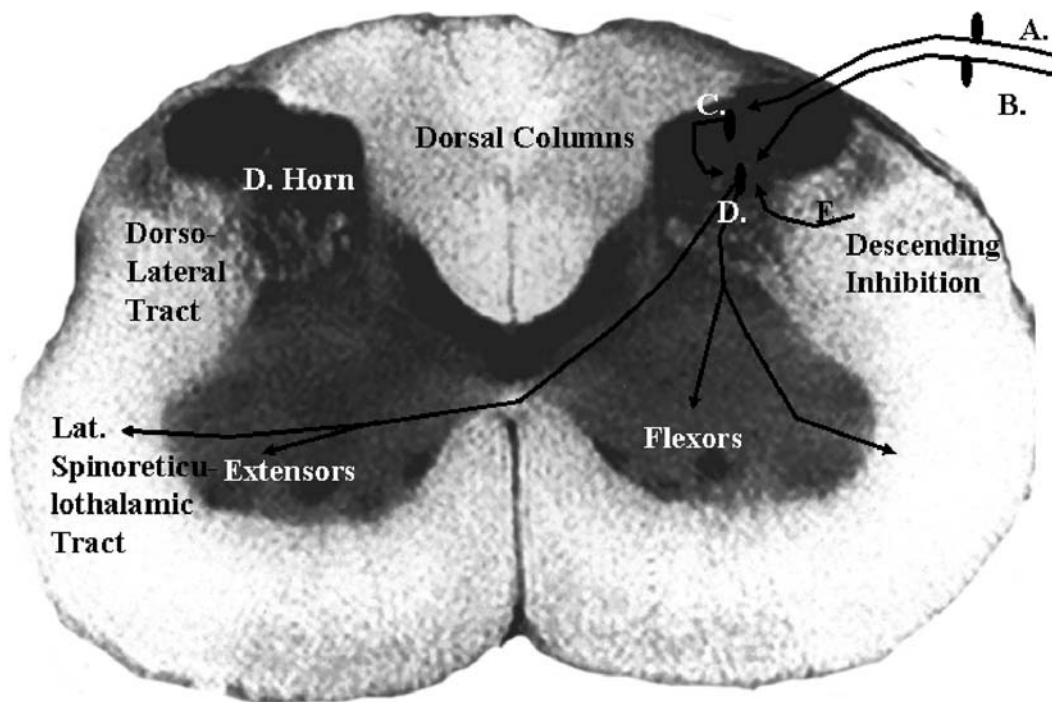
Because of the neurochemistry involved in acupuncture, a number of pharmaceutical compounds can alter the effects of acupuncture. Corticosteroid medications tend to lower endorphin levels and reduce acupuncture efficiency. Substance P, cyclic-GMP, and histamine potentiate acupuncture, whereas GABA and cyclic-AMP inhibit it. As such, antihistamines, xanthene compounds like aminophylline, and GABA agonists like diazepam can all reduce the efficacy of acupuncture. Cholinergics and alpha-blockers enhance the effects of acupuncture, but anticholinergics and beta-blockers reduce acupuncture efficacy. Clearly, it is important to know the patient's medication status to determine how effective acupuncture can be potentially. (See table 12.1.)

Since CNS neurochemistry is altered, it is not surprising that CNS function will change. Endorphins are highly concentrated in the pituitary gland where alterations will lead to changes in the release of many pituitary hormones. Through the release of these hormones into the systemic circulation, regulation of internal homeostasis can be achieved. Body metabolism and immunologic responsiveness will be altered.

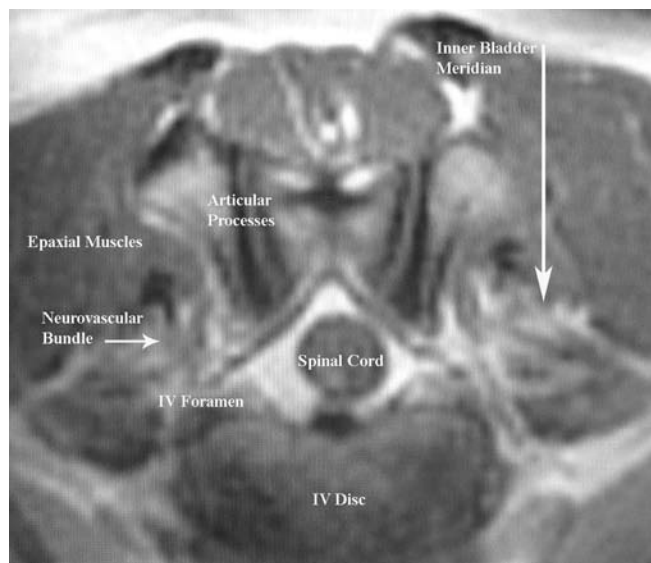
Segmentally, there is convergence of somatic and visceral afferent information. An example of this convergence is the presence of "referred pain" areas where visceral discomfort is manifested by sensitivity of somatic dermatomes. By reversing the process, visceral pain may be suppressed by stimulating appropriate somatic receptors, which correspond to acupuncture points. Moreover, organ blood flow and activity of the autonomic nervous system regulating visceral function in the segment can be altered beyond mere pain relief.

Table 12.1. Effects of Drugs on Acupuncture Responses

Decrease AP effectiveness	Increase AP effectiveness
Propranolol	Substance P
Diazepam	Histamine
Theophylline	cGMP
α -adrenergic drugs	β -adrenergic drugs
Atropine	Eserine



12.1. MRI of spinal cord indicating major acupuncture pathways. Sensory inputs (fast conducting A and slow conducting B) fibers synapse in the dorsal horn on second-order neurons. The fast conducting fibers synapse on fibers (C), which inhibit transmission on the central pain fibers (D). The central pain fibers cause ipsilateral flexion and contralateral extension of muscles by stimulating flexor and extensor motor neurons. In addition, these fibers (D) ascend the spinal cord in the lateral spinoreticulothalamic tract where they activate high pain control centers. In animals, much of the ascending pain information is bilateral, although a major portion still travels up the spinal cord on the contralateral side. Further control of segmental pain transmission occurs from descending fibers (E) in the dorsolateral tracts. The dorsolateral tracts are largely serotonergic and noradrenergic neurons, which inhibit segmental pain transmission.



12.2. MRI image of the spinal column of a dog indicating the location of the inner bladder meridian. The dorsal spinal nerve branches and ascends between the epaxial muscles toward the body surface. The deepest level of the point is located at the level of the articular processes where the spinal nerve exits the intervertebral foramen.

CONCLUSION

The effects of acupuncture cannot be explained by a single mechanism. What starts as a local event spreads by way of the nervous system to affect most of the body. Ultimately, the nervous system effects create changes in the endocrine system and the immune system. While the knowledge and theory behind the application of acupuncture in a clinical setting may be derived from antiquity, it has been modified and improved over the years. Much like modern Western medicine, acupuncture has evolved and its understanding developed with the passing years. Science is beginning to catch up and develop modern explanations for this ancient medical art. While there are likely to remain areas of traditional Chinese medicine that presently appear not to have been proven scientifically, it may only be that we have not yet developed the means to evaluate them. Wisdom comes slowly in science.

Acupuncture has reached an all-time high for popularity and acceptance, but there is still a long way to go in defining how to integrate acupuncture with modern Western medicine. While they can exist together for the mutual benefit of the patient, some Western drugs can alter the responses to acupuncture and vice versa. Traditional Chinese medical theory and pattern recognition must evolve and be characterized in terms of Western medical theory so that a unified theory can evolve. At the same time, the individualized patient care

provided by TCM approaches should be preserved as acupuncture becomes part of mainstream Western medical care.

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