

Chapter Five: Contraindications, Bi Syndromes & Canine Common Conditions

Chapter Five Overview

This chapter provides you with some Canine Common Conditions and suggested acupressure points for these conditions. This is not an exhaustive list of points that can be used for each condition, nor is it all the conditions you may run into when working with dogs. We wanted to give you some ideas to get you started, but know that ultimately you will find your own points that address the conditions you run across in your canine clients.

We also have some information provided by Dr. Salewski, our veterinary advisor, about contraindications, Bi syndromes and point selections that he uses.

Canine Vital Signs

It is important to be aware of what the normal vital signs are for a dog. However, you are not expected to check their vitals as part of an acupressure session.

Vital Signs	Normal Range
Heart rate (pulse)	60-160 beats per minute
Respiratory rate	10-30 breaths per minute (unless panting)
Gum color	light pink - reddish pink
Capillary refill	when pressing the tip of your finger to the dog's gums for a few seconds, the color should return within 1-2 seconds
Temperature	100.5-102.5 degrees Fahrenheit

Heart Rate/Pulse

The pulse is the rate at which the left ventricle of the heart is pumping blood to the rest of the body. It is measured in units of beats per minute. It can be felt directly over the area of the heart or at blood vessels in several regions of the body. The words pulse and heart rate are often used interchangeably. Pulse rate is an important measure of health, because it not only indicates if the heart is not functioning properly, but also indicates if an area of the body is not receiving sufficient circulation (weak or fluttery) or excessive circulation (pulsing or rapid

pulse). In Traditional Chinese medicine, the pulse is one of the most important diagnostic tools. The pulses can be measured not only by their rate but also by their quality and rhythm.

How to Take a Pulse

Place the animal on its right side (left side facing up). Bend the foreleg toward the body until the elbow contacts the chest. This indicates roughly the location of the heart. Place your fingers across the area and feel the heartbeat. Count the beats for one minute or a fraction of a minute then multiply it. (i.e. 15 seconds X 4 = 60 seconds or 1 minute)

It is also possible to feel the pulse at the inner thigh or above the paws. On the inner thigh, you will want to place your fingers close to the area where the thigh meets the trunk or body wall. On the paws, the pulse is found on the underside just above the middle pad of the foot.

When measuring a pulse rate to use your fingers, but never your thumb as you may confuse your own pulse felt in your thumb with that of the dog.

Pulse Rates

The normal pulse rate for a dog is 60-160 beats per minute. This may seem like an extraordinary range, but consider the difference in how hard the heart must work to circulate blood through the body of a 100 pound (A Great Dane versus an 18 pound Terrier.)

- Dogs over 30 pounds range slightly lower, between 60-100 beats per minute
- Dogs less than 30 pounds range between 100-160 beats per minute
- Puppies will have a higher range in their first year, between 120-160 beats per minute.

Respiration

The respiration is the rate of breathing. Respiration in dogs can vary dramatically based on level of activity and environment. Respiration is measured in breaths per minute. One breath is considered both the inhale and exhale phase.

How to take a Respiratory Rate

Look at either the chest or ribcage and count the rise and fall of the ribcage. If this is difficult to see (due to a long coat or if the dog is resting quietly), then resting a hand over the ribcage

will allow you to feel the rise and fall of the chest. You can also use your hand or a mirror held in front of the nose and mouth to feel or see the breath. This may be especially useful in puppies or cats if the breathing is very shallow. You may choose to count the breaths for one full minute or any fraction of a minute then multiply it. (i.e. 15 seconds X 4 = 60 seconds or 1 minute)

Respiratory Rates

- The normal range for the respiratory rate is 10-30 breaths per minute which can seem excruciatingly slow when you are measuring it.
- A dog that is warm from exercise or exposure can pant up to 200 times per minute. In this case, re-evaluate the dog every 5-10 minutes until they regain normal respiration. If the respiration does not return to normal once the dog is resting, there is reason to be concerned.

Capillary Refill Time

Another measurement that indicates the health of the circulatory system is capillary refill time. The capillaries are the smallest of the blood vessels and are generally found in the periphery of the body. Mucous membranes have an especially high concentration of blood capillaries close to the surface giving their tissues a healthy pink or rosy color. Capillary refill time is the time it takes for blood to return to an ischemic area which is an area deprived of blood.

How to Test Capillary Refill Time

Press the gum with the pad of your finger until the tissue turns white due to lack of blood flow. Now, as you release the pressure of your finger, begin counting until the healthy color returns. In a normal pet, capillary refill should occur in less than 2 seconds.

Simply observing the color of the capillary beds is one way of assessing health.

- Normal tissues will appear pink and evenly colored.
- Toxic tissues will be purple and appear bruised or mottled. (indicating infection or possibly poisoning)
- Ischemic tissues will be very pale pink or white. (lacking circulation as in cases of shock or blood loss)
- Cyanotic tissues will be gray or blue (due to lack of oxygen in the blood)

Temperature

The body temperature is a strong indicator of the internal health of the body. Temperature is measured in degrees (Fahrenheit or Celsius, depending on the thermometer).

The body regulates core temperature as part of its quest for homeostasis which is a balance between all the systems of the body. Whenever the body is assaulted by infection or stress the temperature can rise rapidly. When a traumatic incident such as overexposure or severe blood loss occurs the temperature can drop suddenly. The body will struggle to reestablish a normal core temperature. A failure to regain normal body temperature can be fatal.

Temperature is also affected by activity and environment. Age can also play a factor. It is important to know what the normal temperature is for an animal, so that any deviation can be readily recognized.

How to Take a Temperature

In order to take the temperature, the thermometer must be inserted into the rectum approximately one inch. You may use either a digital thermometer or the more traditional glass thermometer. (Digital is preferred for safety reasons and also because it is faster and easier to read). In either case, some form of lubricant (petroleum jelly or KY Jelly®) should be applied to the thermometer before insertion. Most dogs will object to this process, so you may want to ask your client to restrain the dog or use a humane muzzle to avoid being bitten. It is wise to keep one hand on the thermometer while you wait (1 minute for digital, up to three minutes for glass thermometers). Some people tie a string to the thermometer with a clip at the opposite end and clip it to the collar. This is handy in case the animal struggles or gets away from you during the process. The thermometer will likely become dislodged, but at least it will not be lost inside the dog.

Temperature Ranges

- The range for a normal temperature is between 100.2 - 102.8° Fahrenheit.
- Healthy adult dog is generally between 101.5-102.5° Fahrenheit.
- Younger animals, puppies, and kittens will tend to have higher temperatures.
- Recent activity level will result in a higher temperature.
- Older dogs or animals with circulatory insufficiency may have lower body temperatures.

Again, knowing what is normal for your pet or your client is valuable so that in case of an emergency, you can estimate just how high or low the dog's temperature really is.

The most common conditions causing a higher than normal temperatures are:

- Heat stroke (hyperthermia)
- Seizures
- Infection resulting in fever
- Post-partum eclampsia (muscle spasms following whelping)

The most common conditions resulting in lower than normal temperatures include overexposure to cold (hypothermia), shock and excessive blood loss.

Contraindications

As acupressure practitioners we want to be aware of our scope of practice. In reality, acupressure can help with almost any situation, however, in some cases it is vital to the dog's well-being that he be seen by a veterinarian first. We asked our veterinary advisor, Dr. Salewski to write a little bit about contraindications and his thoughts on the subject are in the paragraph below.

In most situations, there are very few contraindications for an acupressure session. The most obvious would be emergency situations: anaphylaxis, shock, non-weight bearing pain or severe pain that does not resolve, etc. In these situations a veterinarian should be called. Caution should be used in pregnant animals, particularly to avoid stimulation of the Spleen, Stomach, or Conception Vessel meridians and the following points in particular: *Quepen* (ST 12), *Tianshu* (ST 25), *Sanyinjiao* (SP 6), *Kunlun* (BL 60), *Zhongji* (CV 3), *Guanyuan* (CV 4), and *Hegu* (LI 4). Care should also be taken in patients with cancer: avoid direct treatment to or adjacent to a mass, and avoid stimulating the meridian on which a mass may lie or has a corresponding organ (for example, avoiding the Spleen/Stomach pair in patients with splenic masses).

Understanding Pain from a TCM perspective

As you have seen in some of the previous chapters, the way the Chinese viewed the body is very different than the Western view of the body. When looking at how and why a dog is in pain, we need to look at why the Qi isn't flowing smoothly. Is it due to trauma, or is it due to External Pathogenic Factors, or is it due to some other reason? In this next section, our veterinary advisor, Dr. Salewski shares a paper he wrote about Bi Syndromes.

A Bi syndrome is a disorder that results from an obstruction along the channels, causing a

slowing down of Qi and Blood circulation in the dog's body. This is the result of an invasion of pathogenic Wind, Cold, Dampness or Heat and is characterized by pain, numbness and a heavy feeling to the muscles. There may be swelling of tendons and joints and heat and restricted movement of joints.

Pain Management: Bi Syndrome Theory

Michael Salewski, DVM

TCVM (Traditional Chinese Veterinary Medicine) practitioners are often asked to treat cases that involve pain of one type or another. This may be an older animal whose owner is looking to improve their pet's quality of life or an animal athlete suffering the aches and pains of a competition season. Regardless, many patients are unable to tolerate Western pharmaceuticals, or the owner is looking for an alternative, or rules of competition may prohibit the use of drugs. This is where TCVM comes in. The catch-all phrase for painful conditions in Chinese medicine is Bi Syndrome. The Chinese character for Bi means "blockage" or "obstruction", and TCVM goes on to specify the syndrome as the obstruction of Qi and/or Blood in the channels and collaterals due to the invasion of pathogenic factors that leads to pain, numbness and impairment of movement. Western definitions might include conditions such as inflammatory and degenerative joint disease, neuralgia, peripheral vascular disease and pain subsequent to trauma.

There are two requirements for Bi syndrome to occur. The first is that Zheng Qi (Qi, Blood, Yin, Yang, and especially Wei Qi) must be low. This occurs commonly with aging, but may also be present in overworked athletes and breeding animals, as both activities will consume the Zheng Qi. Animals with poor constitutions are also susceptible. Those deficient in Yang will also have weak Wei Qi and be prone to Wind-Cold-Damp Bi while Yin and Blood deficient patients will tend towards Wind-Damp-Heat Bi (both discussed later). The second requirement of Bi Syndrome is that the pathogenic Qi must be strong. These Xie Qi penetrate the body through the pores, carried by Wind, primarily at the Shu Yuan points of the Yang meridians.

Bi syndrome will present at one of three stages. In the first, the *San Bi* stage, Wind, Cold, and Damp attack simultaneously. This stage is confined to the meridians, is considered an excess condition, and is usually reversible. The intermediate, or five-tissue stage, is where the pathogens reach the tissues (blood vessels, tendons, muscle, skin, and bone). Signs are more severe than the *San Bi* stage and tend to recur with some frequency. Deficiencies of Blood and Qi may be present, eventually leading to Phlegm accumulation and Blood Stasis. Finally, the deep, or five organ stage, is one practitioners commonly see. At this stage the Zang Fu have been invaded, leading to chronic soreness with acute exacerbation and

swelling or deformity of the joints. Such permanence and stubbornness makes this stage difficult to treat.

Success in treatment does not just depend on the stage of Bi syndrome, it also depends on the type. There are four patterns that contribute to Bi Syndrome: Wind Bi, Cold Bi, Damp Bi, and Heat Bi.

Wind, or **Wandering Bi**, is a condition where Wind predominates the clinical signs of a condition. This means that the pain is migratory, moving from location to location. The type of pain may also change, going from mild stiffness one day, to sharp, stabbing pain the next. Patients may also have a fever and/or shiver. Like most Wind conditions, symptoms also appear very quickly, and the front limbs, head, and neck are more easily affected than the hindquarters. The tongue of these patients will have a fine, whitish coat and their pulse will be superficial and perhaps slightly slow.

Cold, or **Painful Bi**, is where Cold predominates the pattern. Patients are very painful, presenting with sharp, stabbing pain that is very sensitive to palpation and manipulation. There is much stiffness in the joints, which will improve, along with a reduction in pain, by the application of heat and movement. Tongues will be similar to patients with Wandering Bi, but will be paler. The pulse will also be superficial and slow (especially in early stages) and exhibits more of a wiry characteristic as pain increases.

Damp, or **Fixed Bi** cases present with stronger signs of Damp. Affected areas of the body are swollen and painful, with a pain that is dull and deep, requiring stronger palpation to elicit. In some cases there may be numbness. This presentation is never acute, but rather appears gradually, and is often aggravated by weather. The tongue of a Fixed Bi Patient will have a thick, sticky coat and a pulse that is slippery and slightly slow.

Heat, or **Rei Bi**, is slightly different than the other types of Bi Syndromes in that it can develop in two different ways. In the first, Heat invades as the primary pathogen, usually carried by Wind, and combines with Damp. In the second, a more typical Wind-Damp-Cold invasion occurs in a patient that is already affected by internal Heat. This process is called *Huo Hua*. These patients, because of the predominance of Heat, will present with fever, thirst, restlessness, dry mucous membranes and constipation, and aversion to heat. The affected will be painful, swollen and red, with pain increasing with palpation, as in cases of inflammatory or infectious arthritis. The tongue will be red with a yellowish coat and the pulse will be rapid and slippery.

Trauma is a different category than Bi Syndrome, because rather than an invasion or accumulation of pathogens, direct damage to the meridians creates stagnation. Whether caused by a surgical blade, hyperextension, or impact, trauma severs the channels. The first stage of trauma is characterized by sharp pain, heat and swelling. This stage can last up to a

few hours or weeks, depending on the severity. As time goes by, the amount of heat lessens, fluid congestion and Qi and Blood stagnation predominate. In the very last stages of healing post-trauma there is still stagnation, but no heat. Depending on how the initial stages of trauma were handled, Cold may start to invade the site of the injury, transitioning to one of the stages and types of Bi Syndrome.

Successful treatment of painful conditions starts with correct identification of the TCVM pattern. A strong foundation in the theory of Bi Syndrome will allow practitioners to choose the most effective herbal formulas and/or acupuncture points for effective treatment.

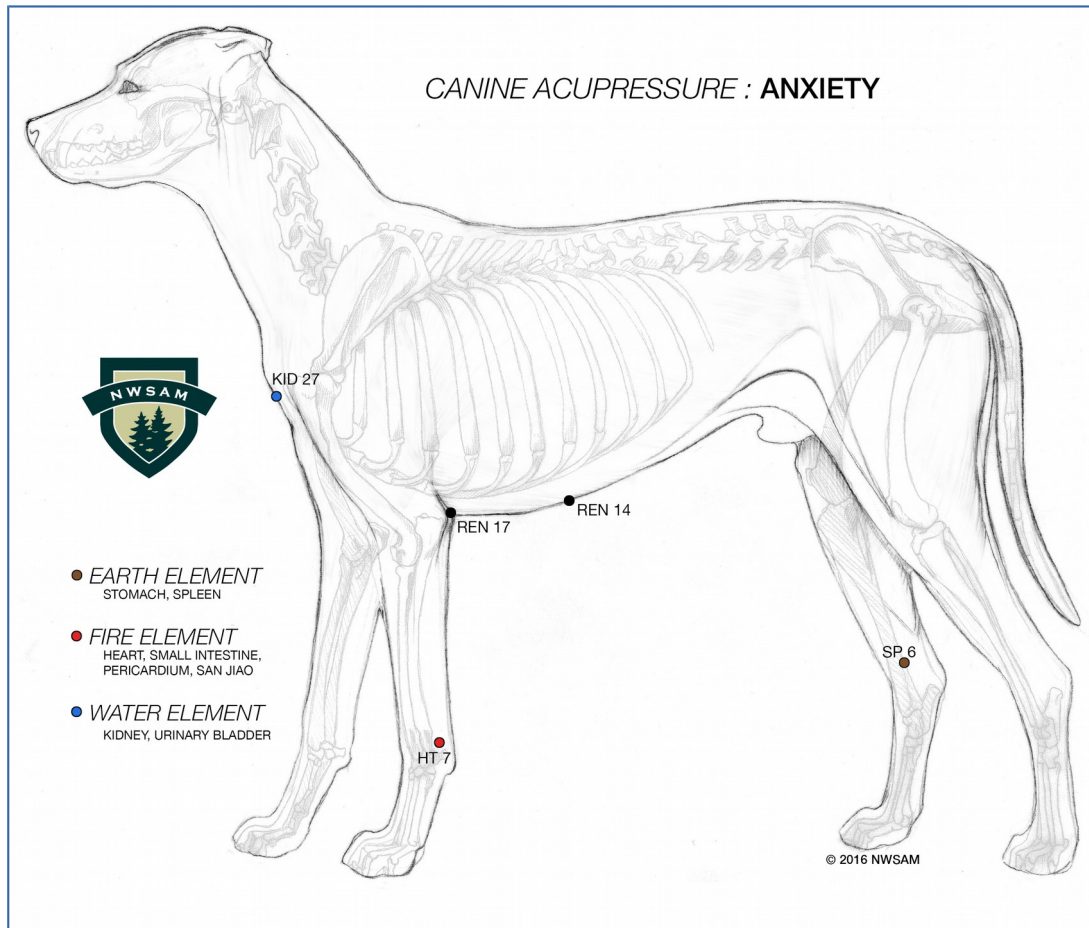
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1. Shanghai College of Traditional Medicine, Translation by O'Connor, J. & Bensky, D. (1981) *Acupuncture: A Comprehensive Text*, Eastland Press, Incorporated, Seattle, WA.
2. Vangermeersch, L. & Pei-Lin, S. (1994) *Bi-syndromes or Rheumatic Disorders Treated by Traditional Chinese Medicine*, SATAS, Brussels, Belgium.
3. Xie, H. & Preast, V. (2002) *Traditional Chinese Veterinary Medicine, Volume 1: Fundamental Principles*, Jing Tang, Reddick, FL.

Acupressure Points for Common Conditions

In the next 11 sections you will find some suggested acupoints for Canine Common Conditions. These are designed to get you started when doing acupressure with dogs. There are other points that can be used for some of these conditions, so don't assume that this is an exhaustive list. As you become more proficient you will find points that you like to use for certain conditions.

Anxiety



Anxiety

In TCM anxiety can come from the following syndromes. Regardless of which syndrome it is, the points in the above chart can be useful when a dog is suffering from anxiety or obsessive behavior.

- Stagnation of Liver Qi
- Heart Fire
- Heart Blood deficiency
- Kidney and Heart Yin deficiency

Point Locations

KID 27 is between the manubrium and the 1st rib, 1-2 cun lateral to the ventral midline.

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. Opposite PC 7.

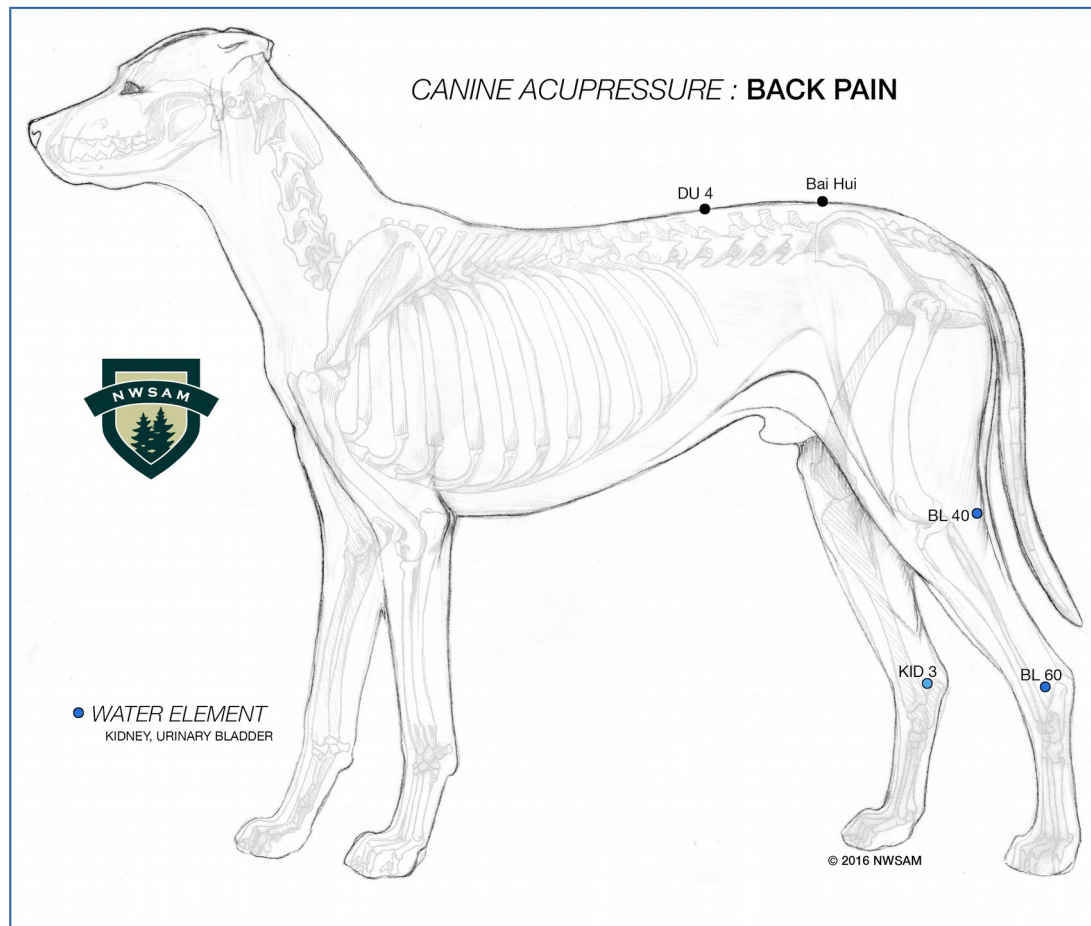
REN 17 is on the ventral midline, at the caudal border of the elbow in the 4th intercostal

space.

REN 14 is on the ventral midline, at the tip of the xiphoid process.

SP 6 is 3 cun above the proximal tip of the medial malleolus, on the caudal border of the tibia.
Opposite GB 39.

Back Pain



Points around Joints

Whether your dog has an acute soft tissue injury or a chronic degenerative disease that is affecting certain joints, the main goal of an acupressure session will be to open the affected channels, break up the accumulation of Qi, Blood and Body Fluids to prevent further blockage, relax the surrounding tissues and bring blood circulation to the area to reduce inflammation and maximize healing.

In acute injury, if the local area is too tender or inflamed to touch, we would stimulate DISTAL or ADJACENT points including points on adjacent channels. For chronic disorders, for

example, arthritic changes, we may want to stimulate **LOCALLY** if the area is not resistant to touch or pressure. Some points may be repeated if appropriate.

Point Locations

DU 4 is on the dorsal midline in the depression between L2 and L3. Dorsal to BL 23.

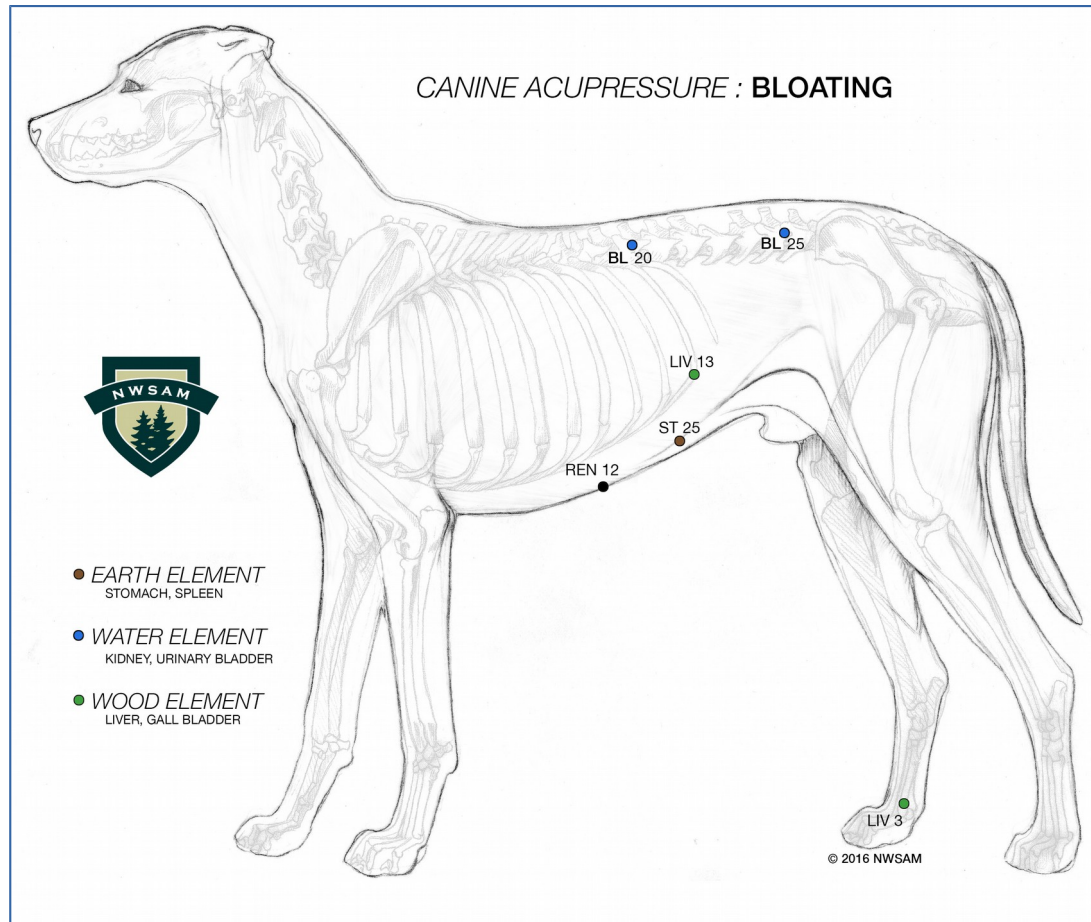
Bai Hui is on the dorsal midline at the lumbosacral junction.

UB 40 or BL 40 is in the center of the popliteal crease.

KID 3 is between the medial malleolus and the calcaneal tuber. Opposite BL 60.

UB 60 or BL 60 is between the lateral malleolus and the calcaneal tuber. Opposite KID 3.

Bloating



Digestive Disorders

The most common digestive disorders in dogs include; vomiting, diarrhea, bloating/distention and loss of appetite. Although it is essential to have the dog checked out if these symptoms

present with no obvious cause, stimulating the points on this chart may help ease some of the symptoms.

Point Locations

UB 20 is 1.5 cun off the dorsal spine, lateral to the caudal border of the dorsal spinous process of T12.

UB 25 is 1.5 cun off the dorsal spine, lateral to the caudal border of the dorsal spinous process of L5.

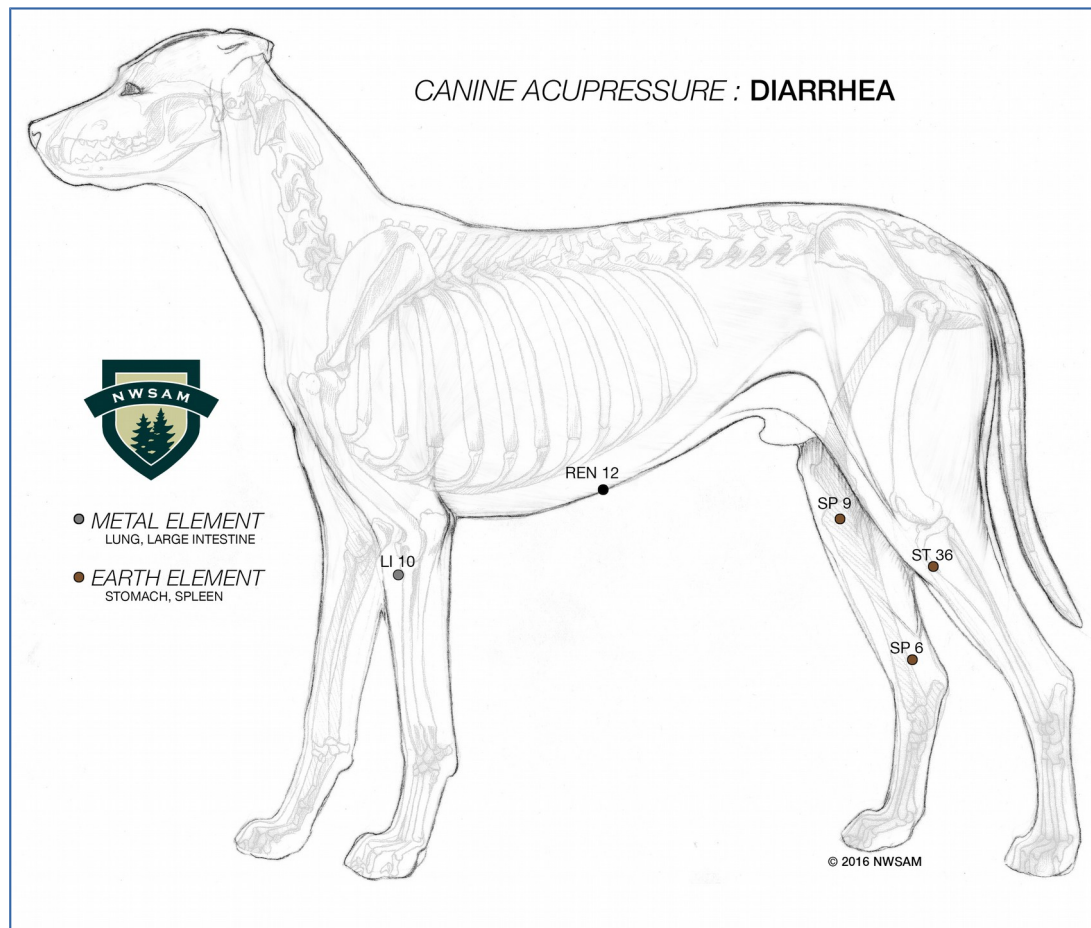
REN 12 is on the ventral midline, halfway between the xiphoid process and the umbilicus.

ST 25 is 1.5 to 2 cun lateral to the umbilicus.

LIV 13 is at the tip of the 12 rib.

LIV 3 is on the craniomedial side of the hind leg proximal to the metatarsophalangeal joint between the 2nd and 3rd digits.

Diarrhea



Digestive Disorders

The most common digestive disorders in dogs include; vomiting, diarrhea, bloating/distention and loss of appetite. Although it is essential to have the dog checked out if these symptoms present with no obvious cause, stimulating the points on this chart may help ease some of the symptoms.

Point Locations

LI 10 is 2 cun distal to LI 11, on the lateral side of the foreleg between the extensor carpi radialis and the common digital extensor muscles. This point is the mirror image of St 36 on the hind leg.

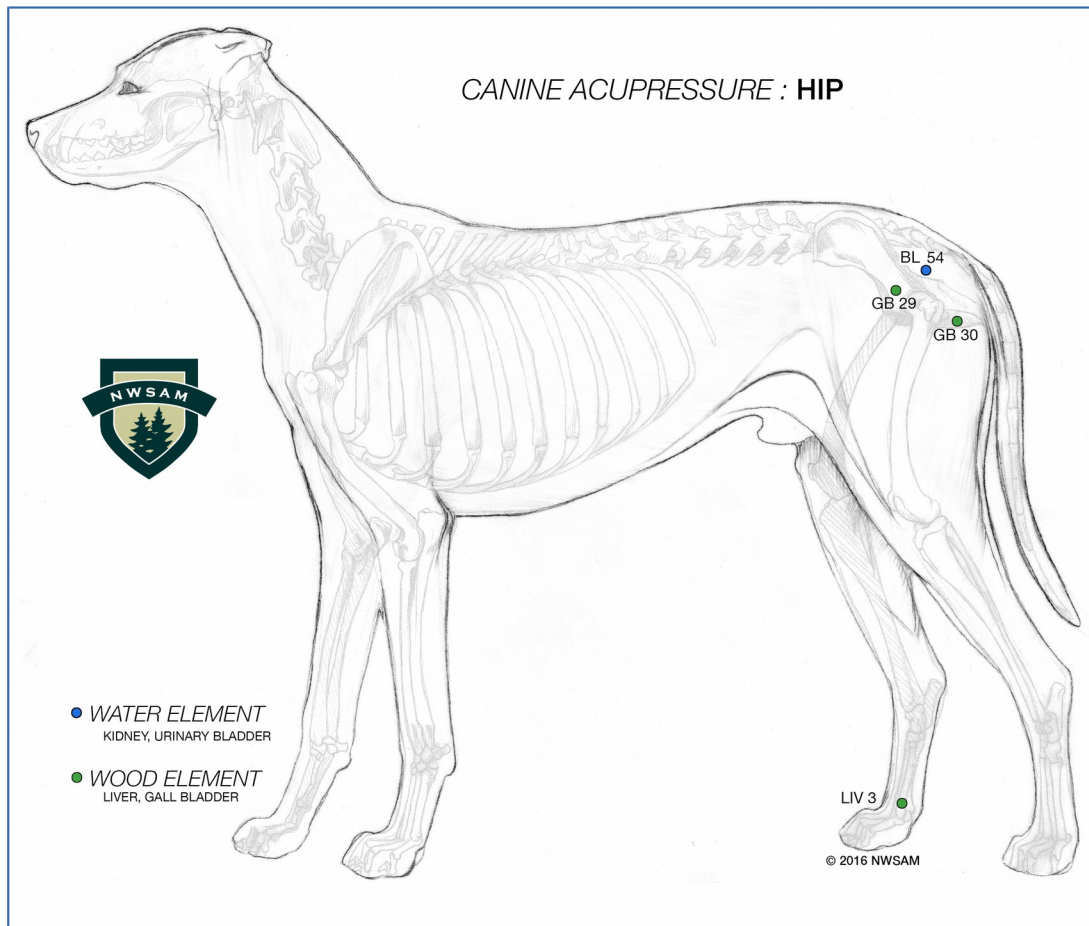
REN 12 is on the ventral midline, halfway between the xiphoid process and the umbilicus.

SP 9 is in a depression between the distal border of the medial condyle of the tibia and the gastrocnemius muscle.

SP 6 is 3 cun above the proximal tip of the medial malleolus, on the caudal border of the tibia. Opposite GB 39.

ST 36 is on the craniolateral aspect of the hind leg, 3 cun below ST 35, 0.5 cun lateral to the cranial aspect of the tibial crest, in the belly of the cranial tibialis muscle. It is a long linear point.

Hip Issues



Points around Joints

Whether your dog has an acute soft tissue injury or a chronic degenerative disease that is affecting certain joints, the main goal of an acupressure session will be to open the affected channels, break up the accumulation of Qi, Blood and Body Fluids to prevent further blockage, relax the surrounding tissues and bring blood circulation to the area to reduce inflammation and maximize healing.

In acute injury, if the local area is too tender or inflamed to touch, we would stimulate DISTAL or ADJACENT points including points on adjacent channels. For chronic disorders, for example, arthritic changes, we may want to stimulate LOCALLY if the area is not resistant to touch or pressure. Some points may be repeated if appropriate.

Point Locations

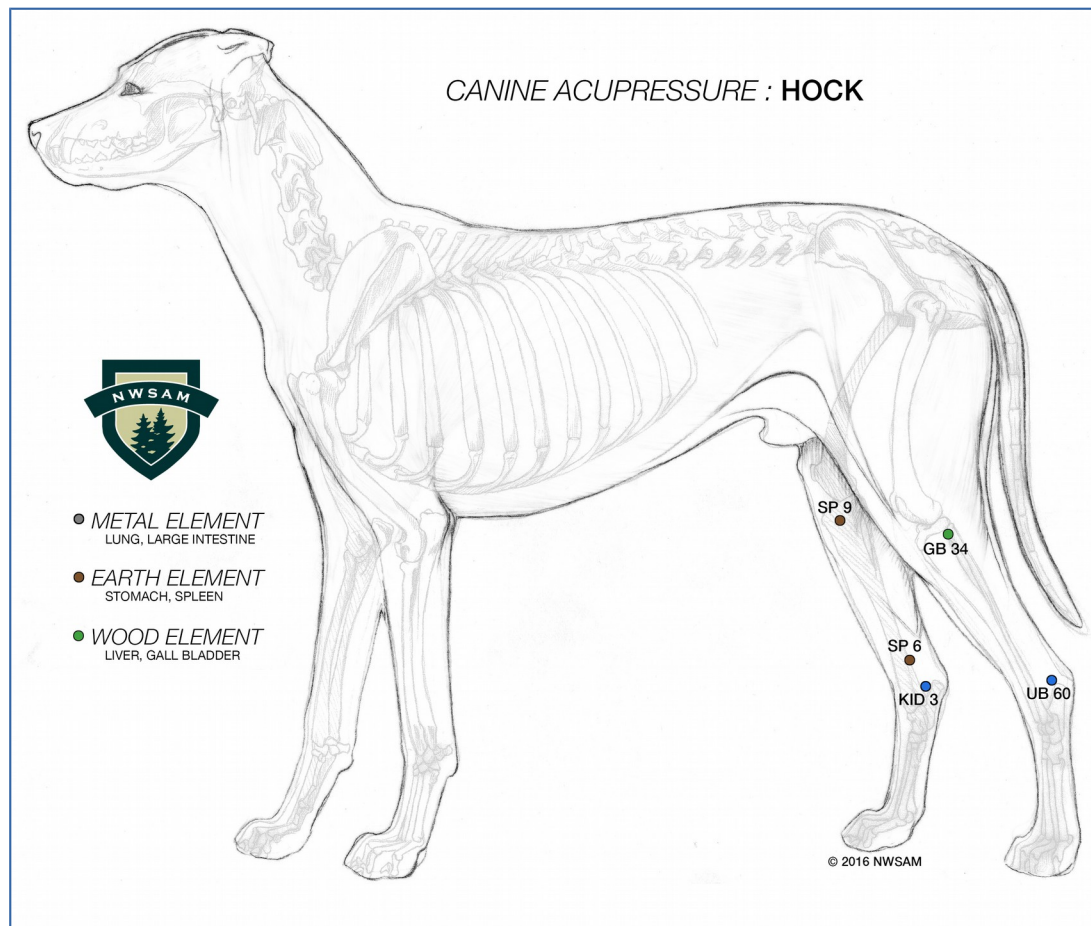
GB 29 is in a depression just cranial to the greater trochanter of the femur.

GB 30 is in a depression midway between the greater trochanter of the femur and the ischial tuberosity.

UB 54 or BL 54 is just dorsal to the greater trochanter of the femur.

LIV 3 is on the craniomedial side of the hind leg proximal to the metatarsophalangeal joint between the 2nd and 3rd digits.

Hock Issues



Points around Joints

Whether your dog has an acute soft tissue injury or a chronic degenerative disease that is affecting certain joints, the main goal of an acupressure session will be to open the affected channels, break up the accumulation of Qi, Blood and Body Fluids to prevent further blockage, relax the surrounding tissues and bring blood circulation to the area to reduce

inflammation and maximize healing.

In acute injury, if the local area is too tender or inflamed to touch, we would stimulate DISTAL or ADJACENT points including points on adjacent channels. For chronic disorders, for example, arthritic changes, we may want to stimulate LOCALLY if the area is not resistant to touch or pressure. Some points may be repeated if appropriate.

Point Locations

SP 9 is in a depression between the distal border of the medial condyle of the tibia and the gastrocnemius muscle.

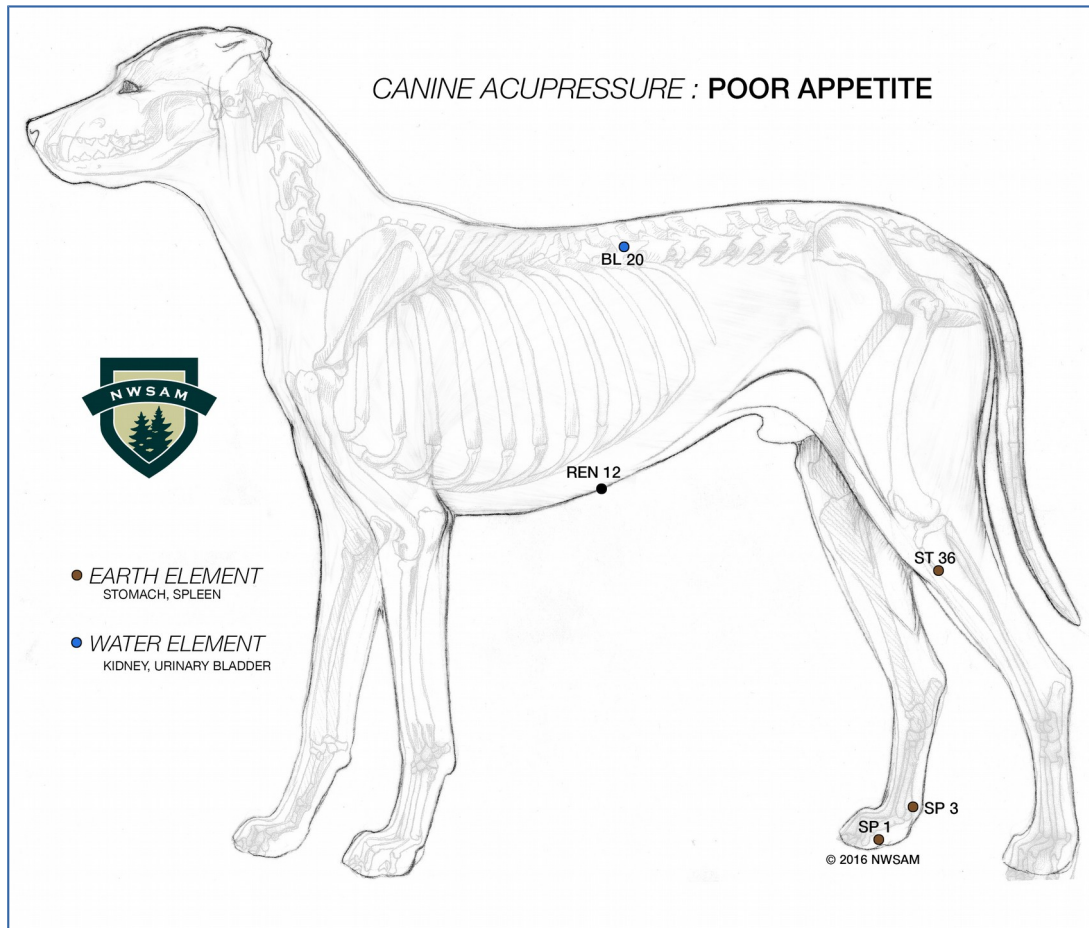
GB 34 is in the interosseous space between the tibia and fibula, cranial and distal to the head of the fibula.

SP 6 is 3 cun above the proximal tip of the medial malleolus, on the caudal border of the tibia. Opposite GB 39.

KID 3 is between the medial malleolus and the calcaneal tuber. Opposite BL 60.

UB 60 is between the lateral malleolus and the calcaneal tuber. Opposite KID 3.

Poor Appetite



Digestive Disorders

The most common digestive disorders in dogs include; vomiting, diarrhea, bloating/distention and loss of appetite. Although it is essential to have the dog checked out if these symptoms present with no obvious cause, stimulating the points on this chart may help ease some of the symptoms.

Point Locations

UB 20 is 1.5 cun off the dorsal spine, lateral to the caudal border of the dorsal spinous process of T12.

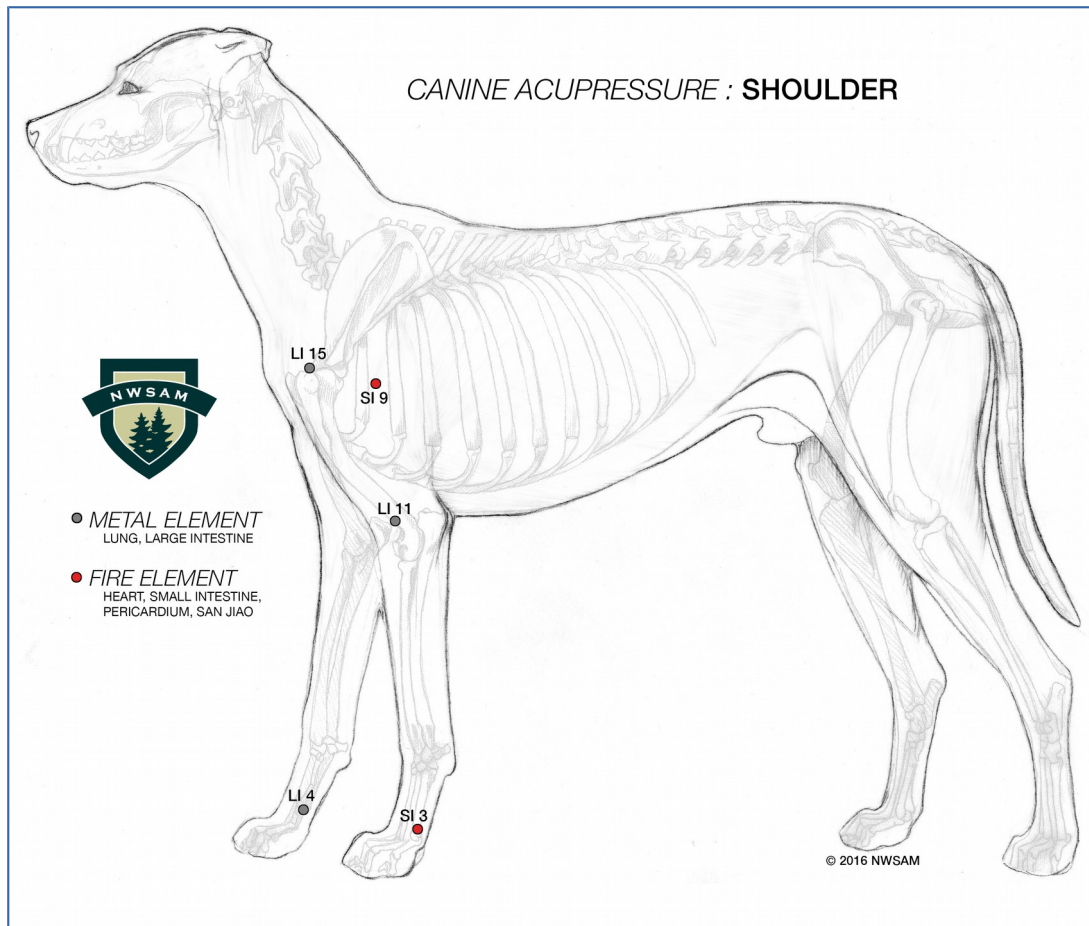
REN 12 is on the ventral midline, halfway between the xiphoid process and the umbilicus.

ST 36 is on the cranialateral aspect of the hind leg, 3 cun below ST 35, 0.5 cun lateral to the cranial aspect of the tibial crest, in the belly of the cranial tibialis muscle. It is a long linear point.

SP 3 is just proximal to the metatarsophalangeal joint on the medial side of the 2nd metatarsal bone.

SP 1 is on the medial aspect of the 2nd digit of the hind foot at the nail bed. If the dog has a hind dew claw this point is located on it.

Shoulder Issues



Points around Joints

Whether your dog has an acute soft tissue injury or a chronic degenerative disease that is affecting certain joints, the main goal of an acupressure session will be to open the affected channels, break up the accumulation of Qi, Blood and Body Fluids to prevent further blockage, relax the surrounding tissues and bring blood circulation to the area to reduce inflammation and maximize healing.

In acute injury, if the local area is too tender or inflamed to touch, we would stimulate DISTAL or ADJACENT points including points on adjacent channels. For chronic disorders, for example, arthritic changes, we may want to stimulate LOCALLY if the area is not resistant to touch or pressure. Some points may be repeated if appropriate.

Point Locations

LI 15 is cranial and distal to the acromion on the cranial margin of the acromial head of the deltoid muscle.

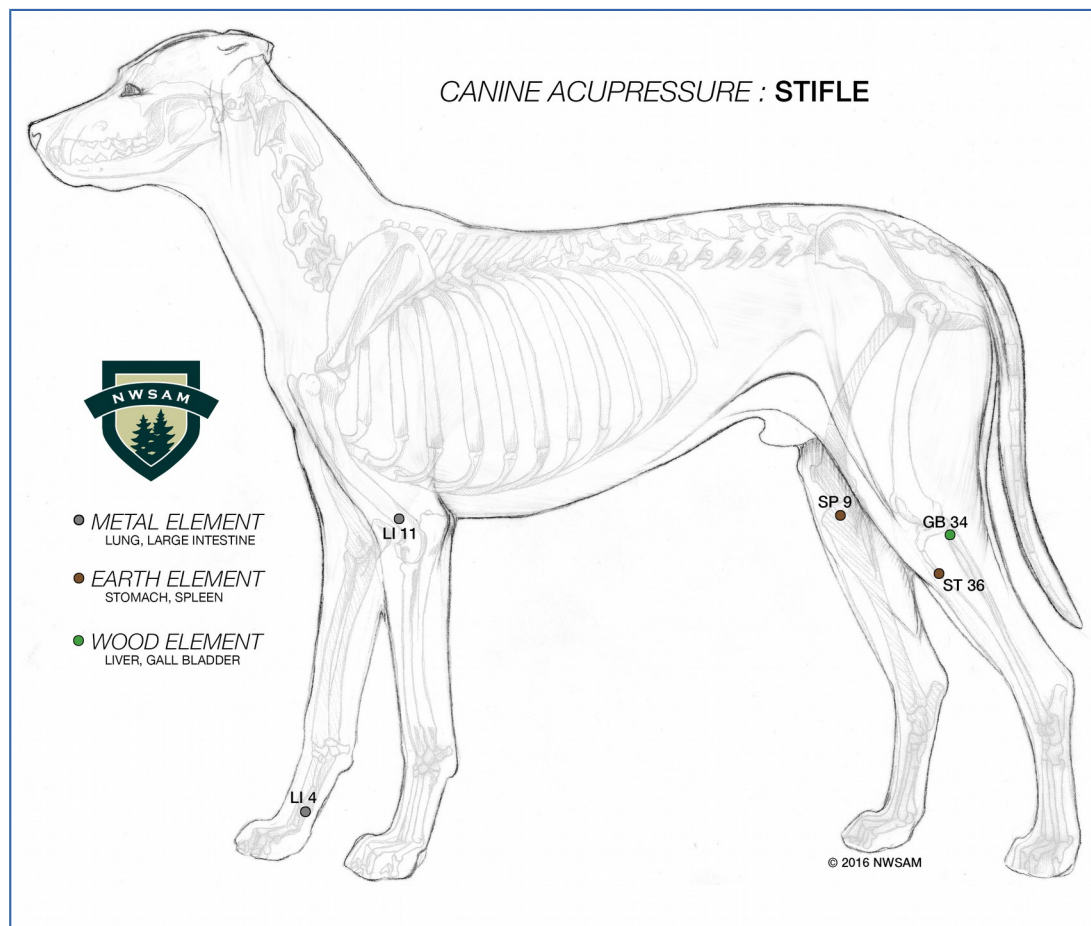
SI 9 is in a large depression along the caudal border of the deltoid muscle between the long and lateral heads of the triceps brachii muscle at the level of the shoulder joint.

LI 11 is a movable point. To find it, flex the elbow, the point is on the lateral side of the foreleg in the transverse cubital crease.

LI 4 is on the medial side of the front leg at the midpoint of the second metacarpal bone. (Under the dew claw if one is present.)

SI 3 is proximal to the metacarpophalangeal joint on the lateral side of the 5th metacarpal bone.

Stifle Issues



Points around Joints

Whether your dog has an acute soft tissue injury or a chronic degenerative disease that is affecting certain joints, the main goal of an acupressure session will be to open the affected channels, break up the accumulation of Qi, Blood and Body Fluids to prevent further blockage, relax the surrounding tissues and bring blood circulation to the area to reduce inflammation and maximize healing.

In acute injury, if the local area is too tender or inflamed to touch, we would stimulate DISTAL or ADJACENT points including points on adjacent channels. For chronic disorders, for example, arthritic changes, we may want to stimulate LOCALLY if the area is not resistant to touch or pressure. Some points may be repeated if appropriate.

Point Locations

LI 11 is a movable point. To find it, flex the elbow, the point is on the lateral side of the foreleg in the transverse cubital crease.

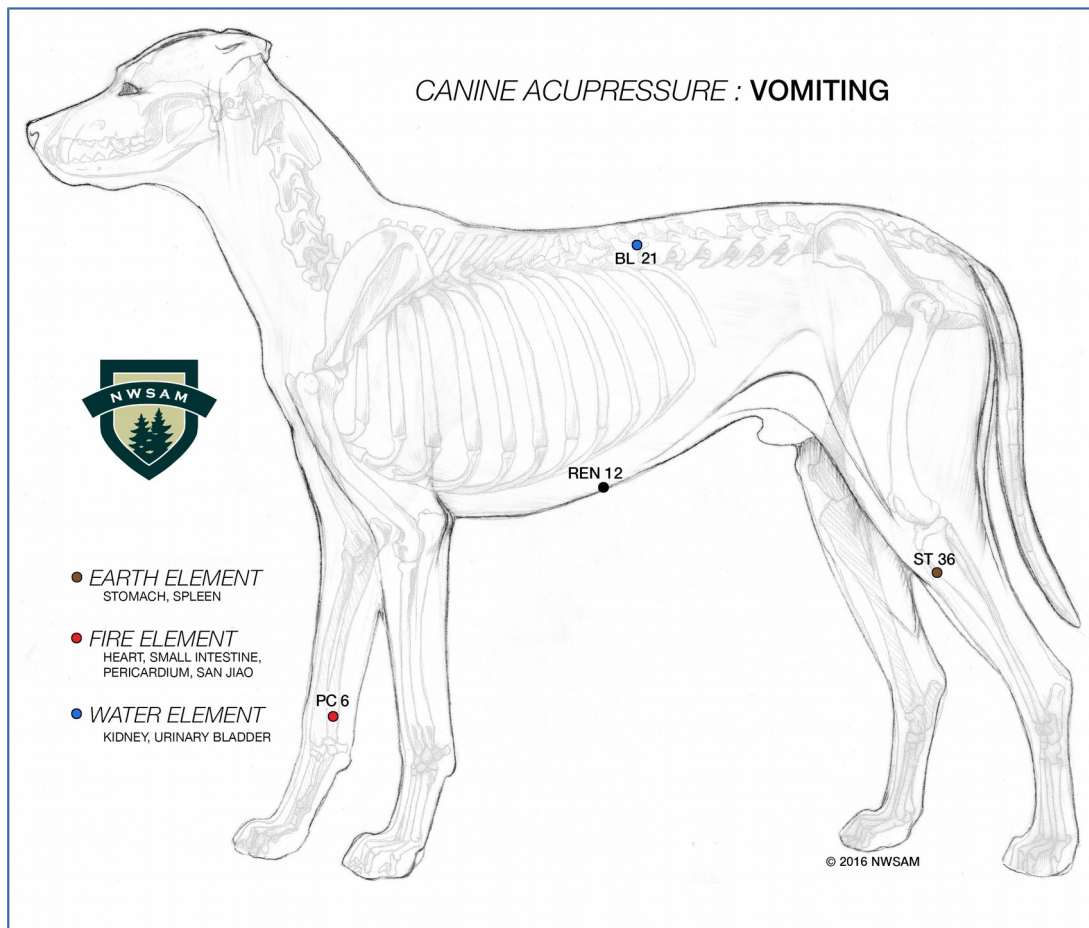
LI 4 is on the medial side of the front leg at the midpoint of the second metacarpal bone. (Under the dew claw if one is present.)

GB 34 is in the interosseous space between the tibia and fibula, cranial and distal to the head of the fibula.

SP 9 is in a depression between the distal border of the medial condyle of the tibia and the gastrocnemius muscle.

ST 36 is on the craniolateral aspect of the hind leg, 3 cun below ST 35, 0.5 cun lateral to the cranial aspect of the tibial crest, in the belly of the cranial tibialis muscle. It is a long linear point.

Vomiting



Digestive Disorders

The most common digestive disorders in dogs include; vomiting, diarrhea, bloating/distention and loss of appetite. Although it is essential to have the dog checked out if these symptoms present with no obvious cause, stimulating the points on this chart may help ease some of the symptoms.

Point Locations

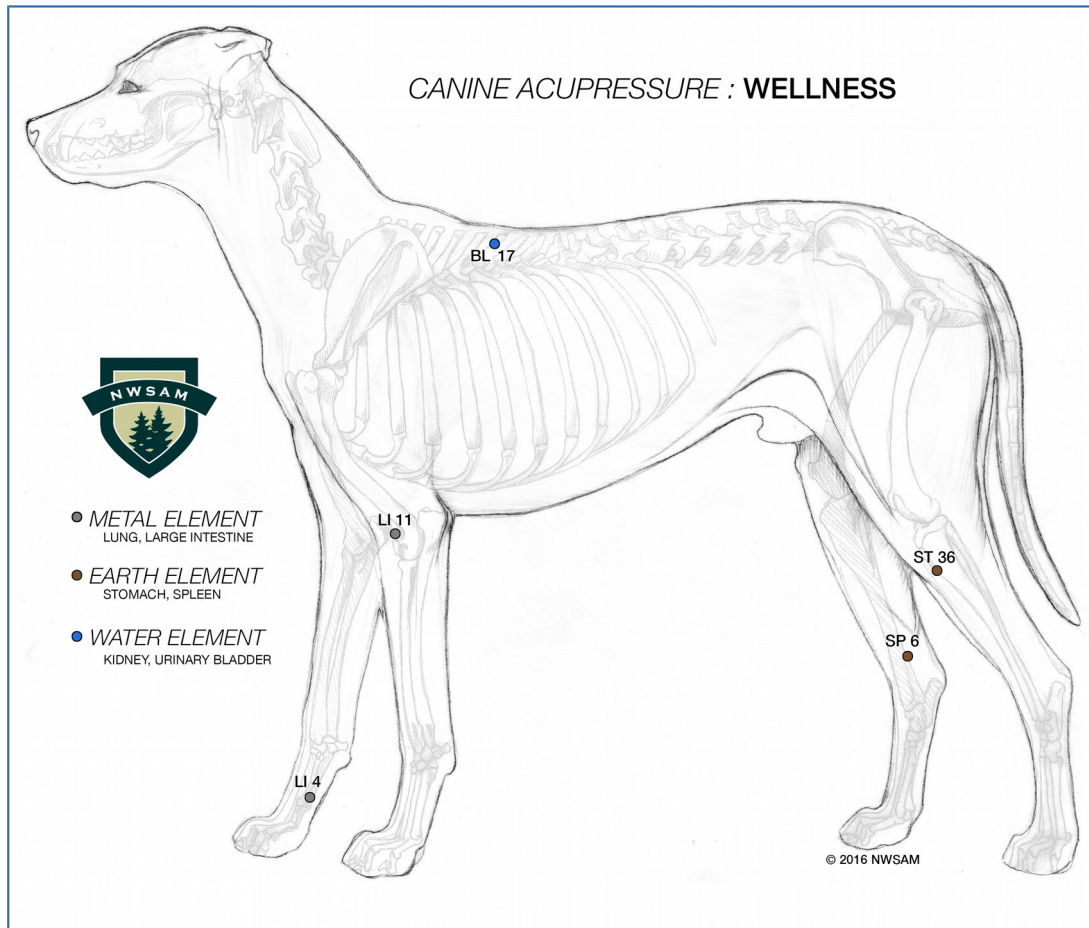
PC 6 is 2 cun proximal to the transverse carpal crease, between the flexor tendons. Opposite SJ 5.

UB 21 is 1.5 cun off the dorsal spine, lateral to the caudal border of the dorsal spinous process of T13.

REN 12 is on the ventral midline, halfway between the xiphoid process and the umbilicus.

ST 36 is on the craniolateral aspect of the hind leg, 3 cun below ST 35, 0.5 cun lateral to the cranial aspect of the tibial crest, in the belly of the cranial tibialis muscle. It is a long linear point.

Wellness/Immune System Strengthening



General Wellness and Disease Prevention

The points on the following charts can be useful in stimulating the immune system as well as circulating Qi, Blood and Body Fluids in the channels and between all the organs of the body. Remember that most disorders or imbalances arise from stagnation of these substances.

Point Locations

LI 11 is a movable point. To find it, flex the elbow, the point is on the lateral side of the foreleg in the transverse cubital crease.

LI 4 is on the medial side of the front leg at the midpoint of the second metacarpal bone. (Under the dew claw if one is present.)

UB 17 is 1.5 cun lateral to the caudal border of the dorsal spinous process of T7.

ST 36 is on the craniolateral aspect of the hind leg, 3 cun below ST 35, 0.5 cun lateral to the cranial aspect of the tibial crest, in the belly of the cranial tibialis muscle. It is a long linear point.

SP 6 is 3 cun above the proximal tip of the medial malleolus, on the caudal border of the tibia. Opposite GB 39.

Canine Common Condition activity

Pick a dog that shows signs related to one of the Canine Common Conditions you just read about. Practice finding the suggested points and practice your pointwork technique on the dog. Please note how the dog responded to the points and what, if anything, you felt under your fingers.

[See assignment](#)

Additional Canine Conditions

We asked Dr. Salewski to list the Common Conditions he sees regularly in his canine clients along with the points he likes to use. The following sections contain these conditions. Many of the points are ones you learned in Chapter 3 and quite a few of them are in the charts you just viewed. For any new points we have provided their location, otherwise, the points are listed for your reference. For points that do not have a number by them such as *Zhoushu*, that means it is a Classical point rather than a Transpositional one and is not located on any of the 12 major meridians or the Du or Ren channels.

Appetite stimulation

- *Burong* - ST 19 - 2 cun lateral to the ventral midline, 6 cun cranial to the umbilicus, at the level of CV 14.
- *Chengman* - ST 20 - 2 cun lateral to the ventral midline, 5 cun cranial to the umbilicus.
- *Liangmen* - ST 21 - 2 cun lateral to the ventral midline, 4 cun cranial to the umbilicus.
- *Zusanli* - ST 36
- *Jianwei* - on the lateral cervical region between the jugular vein and the lateral processes of the cervical vertebrae approximately 1/3 of the way down the neck.

Calming

- *Anshen* - on the side of the head, caudal to the base of the ear halfway between TH 17

and GB 20.

- *Dafengmen* - on the dorsal midline of the head level with the cranial rim of the ear bases.
- *Shenting* - GV 24 - on the dorsal midline, 1 cun cranial to *Dafengmen* (see above).
- *Shenmen* - HT 7
- *Neiguan* - PC 6
- *Jueyinshu* - BL 14
- *Xinshu* - BL 15
- *Gaohuangshu* - BL 43 -
- *Shentang* - BL 44

Cough

Dingchuan - on the dorsolateral aspect, 0.5 cun lateral to GV 14.

Tiantu - CV 22 - on the ventral midline at the tip of the manubrium of the sternum.

Zhongfu - LU 1

Feishu - BL 13

Dazhui - GV 14

Geriatric patients

- *Geshu* - BL 17
- *Weishu* - BL 21
- *Zusanli* - ST 36
- *Sanyinjiao* - SP 6
- *Xuehai* - SP 10
- *Shousanli* - LI 10
- *Mingmen* - GV 4
- *Shenque* - CV 8

Geriatric patients often have an invasion of Cold, so post-treatment wrapping in a warm blanket/heating pad can help.

Lameness and Pain

You will notice that many of the points selected by Dr. Salewski were previously mentioned. We have included them here so you get an idea of what a session of his for a particular issue might look like.

1. General front limb points:

- *Jianzhen* - SI 9
- *Waiguan* - SJ (TH) 5

2. Shoulder:

- *Binao* - LI 14
- *Jianyu* - LI 15
- *Jugu* - LI 16
- *Tianliao* - SJ (TH) 15
- *Bojian* - on the lateral side of the front leg, just cranial to the dorsocranial edge of the scapula.
- *Bolan* - on the lateral side of the front leg, just caudal to the dorsocaudal edge of the scapula.

3. Elbow:

- *Quchi* - LI 11
- *Shousanli* - LI 10
- *Zhoushu* - in a depression between the olecranon tuber and the lateral epicondyle of the humerus.

4. Hip:

- *Baihuanshu* - BL 30
- *Zhibian* - BL 54
- *Yanchi* - on the dorsolateral caudal lumbar region halfway between *Shen-peng* and the tuber coxae.
- *Jianjiao* - on the dorsolateral aspect of the hip in a depression just ventral to the cranial dorsal iliac spine.
- *Bashan* - on the dorsolateral aspect of the hip, halfway between Bai Hui (lumbosacral junction) and the ischial tuberosity.
- *Huantiao* - GB 30 - on the lateral aspect of the hip, in the depression proximal to the cranial border of the greater trochanter of the femur.
- *Huanzhong* - on the lateral aspect of the hip, in the depression proximal to the dorsal border of the greater trochanter of the femur.

- Huanhou - on the lateral aspect of the hip, in the depression proximal to the caudal border of the greater trochanter of the femur.

**** these last three are major canine points for the treatment of hip pain**

5. Stifle:

- *Dubi* - ST 35
- *Zusanli* - ST 36
- *Xiyangguan* - GB 33 - on the lateral side of 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.
- *Yanglingquan* - GB 34
- *Weiyang* - BL 39 - on the lateral end of the popliteal crease, on the medial border of the biceps femoris muscle tendon, just proximal to BL 40.
- *Weizhong* - BL 40

6. Hock:

- *Kunlun* - BL 60
- *Taixi* - KI 3

7. Neck:

- *Fengchi* - GB 20
- *Jianjing* - GB 21
- *Tianzhu* - BL 10
- *Tianchuang* - SI 16
- Jingjiaji points (gentle pressure) - two rows of acupoints on the lateral aspect of the cervical region, 0.5 cun above and below the lateral processes of each cervical vertebrae.

8. Back:

- reactive points along Bladder meridian and any encountered trigger points along spine.
- *Huatoujiaji* points - a group of 24 points on each side of the spinal column running from T1 to L7. They are between the BL and GV (DU) channels and are 0.5 cun lateral to the dorsal spinous process of each vertebrae.
- *Shenshu* - 1.5 cun lateral to the caudal border of the dorsal spinous process of L2.
- *Shenpeng* - 1.5 cun cranial to *Shenshu*.
- *Dabao* - SP 21 for general pain and muscle spasms.
- *Siliao* - a group of 4 acupoints 0.5 cun lateral to the dorsal midline of the sacrum, the cranial acupoint is at the first sacral foramen, the caudal acupoint is at the second

sacral foramen, and the remaining two points are equidistance between them.

Performance

- *Weishu* - BL 21
- *Shenshu* - BL 23
- *Qihuishu* - BL 24 - 1.5 cun lateral to the caudal border of the dorsal spinous process of L4.
- *Zhibian* - BL 54
- *Wushu* - GB 27 - 0.5 cun craniodorsal to the cranial aspect of the wing of the ilium.
- *Fushe* - SP 13

Canine Common Condition Chart

Now that you have a sense of different points that can be used for common conditions, select 2 of the conditions that Dr Salewski presented and draw those points on the Canine Skeleton Template chart which can be found in the Resources section. Please label each point clearly. Once you have done so, please upload the files.

[See assignment](#)

Case studies

Now that you have the tools necessary to learn about becoming a proficient acupressure practitioner, it is time to put the theory into practice. After attending the practical, you will be asked to do a number of case studies on dogs or cats and write them up for feedback. This is how you get better at picking points, getting feedback from the animals and honing your skills.

In the next section you will find an example of a case study.

Muters, A Feline Case Study

by Kim Bauer



I first met Muters in October of 2005. He was approximately 15 years old and a well built Manx, polydactal cat. His owner Kathleen was concerned because he had some swelling of his right front foot, the vet had removed his two most medial digits (he was a 7 toed cat) many months prior and he was now mostly non-weight bearing. The vet prescribed Metacam (for pain) which he had been on for close to 6 months by the time I saw him.

My initial session focused on the right front leg, LI4 for pain and as a local point, GB34 for tendons and ligaments and BL23 with GV4 to support the Kidneys (due to his age) and to help with bone problems. I continued to work on him monthly for about 5 months trying different acupoints and moxa (which he loved). He still wasn't able to put much weight on the foot and subsequently developed an infection in the carpal joint. The primary vet was worried about gangrene and suggested amputation of the limb. Kathleen took him for a second opinion to the vet clinic where I was working part-time as a vet tech. A thorough history was taken, blood work was done and it was determined that he'd be a good surgical candidate.



On March 7th, 2006 Muters had surgery. I assisted the vet with surgery and he came through it well and had a smooth recovery. At 11 am the next day Muters suffered a seizure while still at the clinic. He was given IV valium to stop the seizure activity and it was noted that he had a normal menace response (meaning when a finger was moved towards his eye, he'd blink.). An hour later when his menace response was checked, Muters did not respond and the vet determined that he had no vision. He was started on Phenobarbital to help with seizures.

Kathleen called me because the vet was not holding out much promise that he would get his vision back and was worried about the seizures. Kathleen asked if I'd go to the clinic with her to see how bad he was. He was quite interested in food, which made her feel better and with the vet's permission I did some acupressure on him while we were there. I used Liv 3, Liv 8, GV14, BI 17 and BL 18 on him. My focus for the session was to clear toxins, and support the

Liver and the Blood.

The vet took Muters home for the night (much to her 4 cats dismay) so she could monitor him and check for seizures. He howled all night long since he could smell the other cats and was in a strange place, but didn't have any more seizures.

He was sent home the next day on Phenobarb. I continued to work Liver and Blood points with the thought that long term pain killers and then the anesthesia had put a heavy load on his Liver. I also started him on some Bach flower essences for seizures and cleansing. Essences used were; Rescue Remedy mixed with Cherry Plum, Crab Apple and Scleranthus.

I saw Muters every 3-5 days and Kathleen gave him the essences frequently. After about a week she discontinued the Phenobarb and within two weeks of his surgery his vision was restored. Muters went on to live a happy life as a tripod with monthly sessions with me until December 2008 when he started losing a lot of weight and his quality of life declined. Kathleen asked me to come with the vet to do some acupressure prior to the euthanasia. I was there to hold Ki27 and Bai Hui as the vet euthanized him.



Chapter 5 Quiz

This is a gateway assignment; you must score at least 80% to complete it.

When you are ready, take this quiz on the material in Chapter Five. You *may* refer to your notes and the material (open book) during the quiz if you wish. Use the Next and Prev buttons to navigate through the quiz, changing any answers you wish, before clicking on Finished to submit. You will see your results and your score.

You may take this quiz as many times as you like. It's a good idea to review the questions you missed, or material you didn't remember. Re-read the information and try again. The repetition will help your retention of the material and show you areas to study further. Obviously, cutting corners in submitting answers will not help your progress in the course, your working knowledge of small animal acupressure, or your performance assessment at the practicum.

You *must* pass this quiz with an 80% or better to complete the chapter study. Your best score is retained.

Please contact your instructor with any questions.

Good luck!