Sample of Case Report for the Chi University

Kidney Yang Deficiency Leading to Bony Bi Syndrome and Cervical Pain

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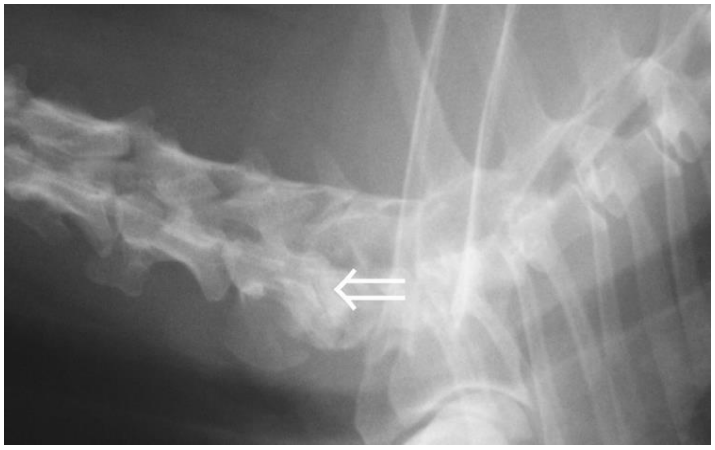
Signalment: 10 year old, female spayed Yorkshire Terrier

Owner=s Complaint: Right foreleg lameness of 7 months duration which was gradually worsening.

History: Dog developed a cough followed by a GI upset (termed pancreatitis) at the time that the foreleg lameness began. Otherwise, there were no previous illnesses. The dog was fed Kibbles & Bits dry food (1 cup daily) with saltine crackers as treats. The dog has a good appetite and there is no diarrhea. The dog is current on vaccinations including DA_2LPP and rabies.

Physical Examination: The dog was BAR with good hydration status. The mucous membranes of the mouth were pink with a capillary refill of <2 sec. The overall conformation was good with a 6/9 nutritional status. The coat was good except for a small shaved area where a sebaceous cyst had been previously removed by referring veterinarian. The dog was panting, but the respiration was unlabored. The body temperature was slightly elevated at 103.7° F. The pulse rate was 120 bpm and strong. The remainder of a systemic examination was unremarkable except for a right foreleg lameness and mild atrophy of the musculature of the right foreleg. There was a red spot on the tongue of the right side approximately 1 cm x 0.5 cm in size in the Alung@ region. There were several missing teeth (13) which were pulled 8 months ago by the referring veterinarian. Neurologic examination was within normal limits except for the presence of pain in the mid to caudal area of the neck resulting in a root signature.

Based upon initial assessment, a tentative diagnosis of cervical disc disease was made. A plan to take radiographs of the cervical spine and the left and right foreleg. In addition, a CBC was performed. The cervical radiographs revealed a chronic collapsed this space between C6-7. (Fig. 1) There were no bony abnormalities in the right foreleg. On the other hand, both the elbow and carpus of the left leg showed signs of osteoarthritis. These CBC was normal except for an elevated fiber antigen level at 300 mg/dl.



Following the initial assessment, a discussion of the treatment options was made with the client. These actions included further diagnostic tests including cerebrospinal fluid analysis

and myelography. In the unlikely event that a compresses lesion was discovered, surgical correction could be considered. Alternatively, conservative management could be continued. This would include corticosteroids, diazepam, and analgesics. Confinement to a crate would also be helpful. Since the condition appeared to be amenable to acupuncture therapy and had not previously responded to conservative treatment with carprofen, the owner decided to pursue acupuncture treatment.

Traditional Chinese Medicine (TCM) Examination: The patient has outward appearance as previously described. When observed, the dog would hide under a chair and peer out behind the owner presenting a shy appearance. The patient did not like to be picked up by anyone but the owner and seemed fearful of the examination procedure. Discussing when the problem seemed worse, the owner related that most of the problems were between the hours of 5-7 PM although the dog was also occasionally restless at night around 12-2 AM. The dog prefers heat and seems to worsen on continued movement. Although the appetite is good, the dog does have excess thirst and urination. The dog prefers warm water. The tongue is slightly purple with a red area in the right lung region of the tongue. The pulses were string-taught. Sensitivity was noticed at the lung Mu point (LU 1), Spleen Shu and Mu points (BL 19 and LIV 13), and the Kidney Shu point (BL 23). The was local sensitivity in the caudal neck around GB 21 and right foreleg lameness.

TCM Diagnosis: The root problem in this patient was a kidney yang deficiency leading to bony bi syndrome. The dog had a characteristic Awater@ constitution which would make kidney problem more likely. Historically, since the dog was deficient in kidney yang energy, the kidney pulled from its parent, the lungs, leading to the asthma (cough). The kidney could not support the liver (Sheng cycle) and the lung also insulted the liver (Wu cycle). The liver could not control the spleen (Ke cycle) which led to pancreatitis. Although these symptoms were treated with Western medicine and had subsided, the root problem was not addressed leaving the persistent bony bi problem unresolved. However, the evidence for the lung problem did remain in the tongue. Also, the pulses indicated that Qi stagnation in the liver remained which was the reason for neck pain.

TCM Treatment: Based upon the TCM diagnosis the following points were selected for treatment:

Constitutional points: BL 23, GV 4, KID 3, ST 36

Local Points: LI 4, LI 11, SI 9, GV 14, GB 21

5 Element points: SP 9, KID 10, LU 8, BL 58, LIV 3

Association points: BL11, BL 12 (clemmons BL 11)

Since, the patient did not like needles (particularly distally) the initial treatment was limited more proximal points. A combination of fine needle, dry acupuncture (DA), electrical acupuncture (EA) at 20 Hz, aquapuncture using dilute B12 (1:4 with saline) (AP), and pneumoacupuncture

(PA) was performed. Weekly treatments for 5-8 treatments was planned.

In addition, TCM herbal formulations were instituted. Great Corydalis (1 pill twice a day) was to be given for one month and Solitary Hermit (2 pills twice a day) was to be given for 3 months.

First treatment and response: To help calm the dog for therapy GV 20a was used (DA). DA was performed at ST 36 (bilaterally), BL 60 through to KID 3 (bilaterally), and LI 11 (right). Each needle was manipulated right and left several times every 3-5 minutes. EA was performed for 15 minutes (adjusted upward every 5 minutes) at BL 12 (bilaterally), GV 14 connected to GV 4, and BL 23 (bilaterally). AP with 0.25 cc of dilute B12 was performed at LI 11 (bilaterally), GV14, BL 13 (bilaterally) and BL 23 (bilaterally). PA was performed at SI 9 on the right using 2 cc of air injected subcutaneously at the point. The owner reported that for the rest of the day and for the next 24 hours, that the patient was unsteady on the feet and had difficulty walking. The right foreleg lameness was more pronounced. However, later the next day she began to improve and used the right leg more that before. By the fourth day after the initial treatment, the dog was using the right front leg more than not, was more active and had much less problems in the evening (opposite of initial history). The patient also was sleeping through the night without disturbances. On the second examination, the neck pain was much reduced, the tongue was less purple and the pulses were deep, slightly rapid (constitutional response to examination) and weak, but were no longer string-taught.

Second treatment and response: DA was performed at GV 20a and GB 20 (bilaterally- - both as a local point, but also since there seemed to be an acute wind condition developing). EA was performed at GB 21 (bilaterally), BL 12 (bilaterally), BL 23 (bilaterally), ST 36 (bilaterally), and between GV 14 and Bai hui (GV 20b). AP was performed at GV 14, GV 4, BL 12 (bilaterally), BL 23 (bilaterally), ST 36 (bilaterally), LI 11 (bilaterally), and LI 4 (right). Additional instructions were given to changing the diet to a balanced, hone prepared formula, adding antioxidants (vitamin E, vitamin C, beta carotene and selenium), membrane stabilizers (omega-3-fatty acids and gamma linolenic acid) and cofactors (vitamin B complex), and using Western herbals including ginkgo extract. Following the treatment, the patient slept most of the day, but had minimal limp when walking. The limp has changed to be more of a problem in the morning with the limp disappearing by evening. Moreover, the patient is sleeping better and has more energy than previously. The neck pain is even more reduced although some carpal pain is present. The tongue is unchanged from previous examination, but the pulsed have normalized except for the right kidney yang pulse which remains weak.

Third treatment and response: DA was performed at GV 4 and BL 40 (bilaterally). EA between TH 5 (local point for carpus and to boost Wei Qi) and LI 11 (right), between GV 14 and Bai hui, BL 12 (bilaterally), BL 23 (bilaterally), and GB 21 (bilaterally). AP GV 14, GB 21 (bilaterally), BL 12 (bilaterally), and ST 36 (bilaterally). Following this treatment, there was some restlessness for the first 24 hours. Then, the patient began to show more energy and was seen playing in the yard with the other household pet. There were occasional periods of discomfort, but mostly the dog remained active with minimal or no signs of the right foreleg limp. Overall, after 2 weeks, there was an 80% improvement in the dogs lameness from the start of therapy. The neck pain was mostly resolved and the tongue had only the slightest tinge of purple. The pulsed remained improved, with a still deficient kidney yang pulse.

Forth treatment: DA was performed at GV 20a. EA was given at GB 21 (bilaterally), BL 12 (bilaterally), BL 13 (bilaterally- -point to strength the lung and see if tongue would improve further), and BL 23 (bilaterally). AP was given at GV 4, GV 14 and GB 21 (bilaterally). At this point the Great Corydalis was discontinued and Solitary Hermit was continued for another 2 months. The patient was told to return for additional therapy in 4-8 weeks based upon clinical signs for additional therapy as needed.

Case Summary: This case represented a common presentation which has generally required surgical intervention to control. Unfortunately, surgery can put the animal at greater risk of neurologic impairment and lead to permanent neurologic deficits. The patient had not responded to conservative management although strict confinement had not been carried out. Acupuncture treatment offered an alternative to either choice. The patient seemed to be a good candidate since the TCM diagnosis explained the dog=s symptoms so closely. This dog was a classic water dog, showing timidity and fear typical of this constitution. Most of the dog=s problems could be traced to kidney deficiency in that chronic arthritis of the legs and spinal column were evident. The kidneys rule the bones. The patient also show classic signs of yang deficiency in that it sought warmth and preferred warm water over cold. Even the time of day when most of the symptoms were evident 5-7 PM spoke to the constitutional problem. There was Qi stagnation which led to pain leading to the presenting complaint. Following each treatment, the patient showed a trend toward improvement which had not been evident in the 2 months prior to beginning therapy, although the problem had been present for the last 7 months. All Western medication were stopped and only acupuncture and TCM herbal remedies were continued. The diet was altered to one which was more supportive of the kidney including pork, rice and tofu (although it included other ingredients to warm the patient and balance the diet from both a Western and TCM perspective). Not all of the selected points were used, due to the nature of the patient; however, the patient responded well to the ones which could be used. Currently, the patient is 80% improved and uses the limb with minimal discomfort. The signs of muscle atrophy in the leg resolved following the first treatment and have not returned. It is anticipated that continue treatments will be needed every few months to maintain the improvements. Hopefully, the dietary changes and continue TCM herbal remedies will strength the patients kidney and balance the yang deficiency as the patient ages.

The owner was so impressed with the results that they brought their other dog in for acupuncture treatment, as well.

Acupuncture Points Used:

GV 20a: (Human Bai hui) located on the top of the head level with the ear canals. Horizontal insertion subcutaneously through the point. Calms the shen and quiets the animal.

GV 14: (Da zhui) located on the midline between the 7^{th} cervical and 1^{st} thoracic spinous processes. Perpendicular insertion 2-4 cm deep. Reduces heat and dispels wind, boosts the immune response, and is local point for cervical problems. Master point for forelegs

and opening of all yang meridians.

GV 4: (Ming men) located on the midline between the 2nd and 3rd lumbar vertebral spinous processes. Perpendicular insertion 1-2 cm deep. Support kidney yang function.

Bai hui: (GV 20b) located on the midline between the 7th lumbar and 1st sacral vertebral spinous processes. Perpendicular insertion 1-2 cm deep. Master point for the rear legs and calms the mind in animals.

BL 11: (Da shu) locate 1.5 cun from the midline between the 1st and 2nd thoracic spinous processes. Perpendicular (or angular if the scapula is in the way) insertion 1-3 cm deep. Master point for bony abnormalities and local point for neck and forelimb arthritis.

BL 12: (clemmons= Da shu) located 1.5 cun from the midline between the 2nd and 3rd thoracic spinous processes. Perpendicular insertion 1-3 cm deep. While transpositionally BL 12 is suppose to be associated with wind and trachea, in studies on a limited number of dogs with hip dysplasia and other forms of arthritis, electromyographic examination has revealed positive sharp waves and bizarre high frequency discharges at BL 12, suggesting that in dogs that BL 12 may have functions similar to BL 11 in human being.

BL 13: (Fei shu) located 1.5 cun from the midline between the 3rd and 4th thoracic spinous processes. Perpendicular insertion 1-2 cm deep. Association point for the lung and used to treat lung disorders and asthma.

BL 23: (Shen shu) located 1.5 cun from the midline between the 2nd and 3rd lumbar spinous processes. Perpendicular insertion 1-3 cm deep. Association point for the kidney providing support for kidney yang disorders.

BL 40: (Wei zhong) located in the center of the popliteal crease. Perpendicular insertion (toward the patella) 0.5-1.5 cm deep. Master point for the rear legs.

BL 60: (Kun lun) located in the depression between the lateral malleolus of the fibula and the tip of the tuber calcaneous. Perpendicular insertion 0.5 cm deep. In dogs, angling the needle slightly distally can interconnect with KID 3 which is located slightly distally on the medial side of the rear leg opposite BL 60. The aspirin point which is good for pain, in general.

GB 20: (Feng chi) located in a depression just rostromedial to the wings of the atlas near the base of the skull. Perpendicular insertion 0.5-1 cm deep. Dispels wind and local point for cervical problems.

GB 21: (Jian jing) located in a depression midway between the acromion and GV 14. Perpendicular insertion 0.5-1 cm deep. I find this point very important in treating neck

pain and cervical disk disease.

LI 4: (He gu) located between the 1st and 2nd metacarpal bone, approximately in the middle of the 2nd metacarpal bone. Perpendicular insertion 0.5 cm deep. The source point on the LI meridian and used to dispel wind, heat and stop pain along the meridian.

LI 11: (Qu chi) located at the craniolateral aspect of the elbow joint on the crease of the elbow approximately half the distance between the lateral condyle of humerus and the biceps brachii tendon. Perpendicular insertion 1-2 cm deep. He point used to move fluid (resolve damp), regulate Qi and blood flow and dispel wind and heat. Also benefits the joints and ligaments and aids in immunoregulation.

TH 5: (Wai guan) located in the interosseous space between the distal radius and ulna on the rostral portion of the forelimb, 2 cun above the wrist crease. Perpendicular insertion 1-2 cm deep. Master point for wei qi movement and local point for carpal pain and neck pain.

KID 3: (Tai xi) located in a depression caudal to the medial malleolus of the tibia and tip of the tuber calcaneous. Perpendicular insertion 0.5 cm deep. May be connected with BL 60 via needle directed slightly dorsally for KID 3. Source point for the kidney and used to stimulate kidney yin.

ST 36: (Zu san li) located 3 cun distal to ST 35, 1 cun off the tibial crest in a depression between the cranial tibial and long digital extensor muscles. Perpendicular insertion 1-2 cm deep. Master point for Qi movement.

SI 9: (Jian zhen) Located in a depression between the long and lateral heads of the triceps muscle and the caudal border of the deltoideus muscle. Perpendicular insertion 1-3 cm deep. Master point for muscles and local point for cervical pain. Pneumoacupuncture point for forelimb atrophy.