

**Huisheng Xie  
Vanessa Preast**

**XIE'S VETERINARY  
ACUPUNCTURE**



**Blackwell  
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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](http://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.

## **ACKNOWLEDGMENTS**

We sincerely appreciate the efforts of all who have helped to make this book possible. Let us begin by recognizing our chapter contributors including Drs. Cheryl Chrisman, Bruce Ferguson, and Roger Clemmons. They have done an excellent job on their subjects. We also thank Drs. Bruce Ferguson, Cheryl Chrisman, Robert Spiegel, Carolina Ortiz-Umpierre, Inbar Israeli, and Tiffany Rimar for proofreading all of the chapters. Thank you to Drs. Kosei Yamagiwa, Minsu

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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.

# 1

## Introduction to Meridians

Huisheng Xie and Vanessa Preat

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**

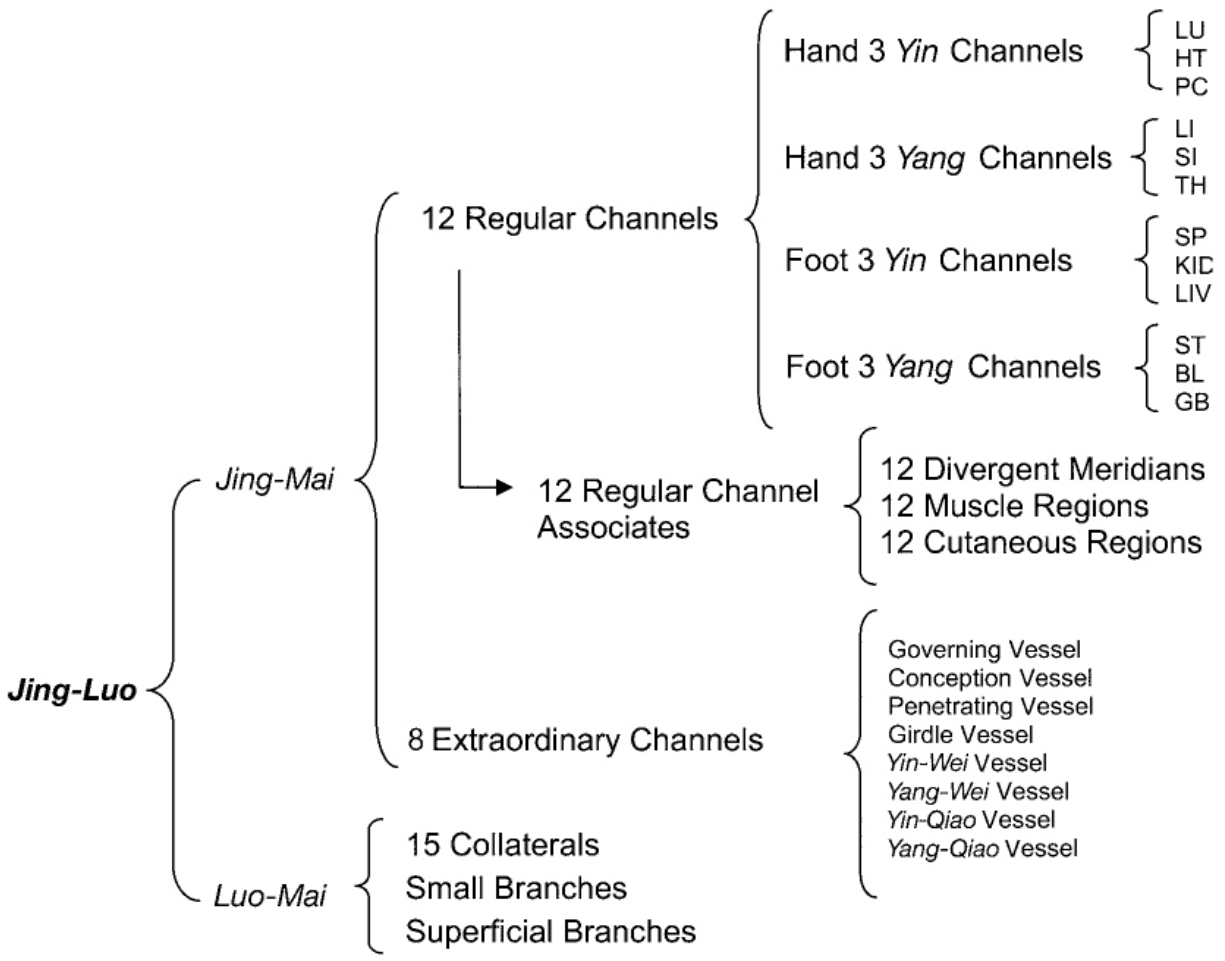


In the beginning, ancient people may have observed that accidentally puncturing their body surfaces with a sharp object (such as a stone or twig) could relieve discomfort and pain. Later, they intentionally began to use the sharp objects to puncture the body at specific loci in order to treat illness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

### [1.1](#). *Parts of the Jing-Luo system.*



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, Chang-sha, 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](#)).

**Table 1.1.** The 12 Regular Channels

Channel location	Zang-Fu 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.

## 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 1.2](#)**. The Levels of the 12 Regular Channels