

Case Report for Chi Institute:
Kidney Qi Deficiency with Boney Bi and Wei Syndrome
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Acupuncture Fall 2017

Signalment: 13 years 9-month, male neutered miniature schnauzer

Owners Presenting Complaint: Hind limb weakness and seeming unsteady on his back legs

History: Chance originally presented in March 2017 for hind limb weakness for a 1-week duration. Owner reported that Chance seemed unsteady on his back legs, and it was worse after he had been kenneled. Owner declined radiographs at that time. On physical exam, Chance demonstrated neurological deficits in his hind limbs. Chance was treated with Prednisone, Gabapentin, and Famotidine. Throughout the summer, owner sought out treatment from a rehab specialist (board certified). Chance was treated with underwater treadmill and laser therapy. Chance is known as the leader of the house, and he can be very demanding. Chance historically had a calcium oxalate urolith removed in 2014. Chance is very assertive and dominant. When he enters a room, he enters barking. Whenever someone enters a room Chance is in, he will bark non-stop.

Constitution: Wood

Visit 1 – November 6th, 2017

History: Chance presented for evaluation of seeming weaker and possibly painful since he presented for annual exam one week prior. Owner reported that Chance whimpers when he stands up, but then is ok, except his back legs get tangled. Chance is eating and drinking well, with no vomiting, diarrhea, coughing, or sneezing. The week prior, full lab work was performed (CBC, chemistry panel, and 4Dx Plus), with all results being normal.

Physical Examination:

Appearance: BAR

Hydration: Adequate

Eyes: Normal menace, palpebral, PLR OU; nuclear sclerosis and immature cataracts OU

Ears: NSF

Nose: NSF

Oral Cavity: No noted ulcers or petechiations; severe dental calculus and halitosis

Heart/Lungs: Grade 1/6 right murmur; no arrhythmia, lungs auscult clear, eupneic

****Murmur was not heard at exam 6 months prior****

Abdomen: Soft on palpation; no mass palpable

Musculoskeletal: Ambulatory x4, ataxic hind limbs; weak hind limbs; increased panniculus along T6 and caudal, mild pain response on palpation of T13 to L5; pain on left hip extension; diffuse and significant muscle loss

BCS: 4.5/9

Neurological: placement test significantly delayed to absent bilateral hind limbs; sciatic, patellar, and gastrocnemius reflexes WNL; flexor reflex delayed bilateral with R>L

Urogenital: NSF

Skin: LF ~1 cm soft swelling, medial aspect has 2-3 ~3 mm firm swelling; soft swelling – cyst
Lymph Nodes: NSF
Anal tone: WNL

Western Diagnostics: Owner declines spinal radiographs; lab work performed the week prior and was normal.

Western Medicine Differential Diagnosis: IVDD, spinal neoplasia, other

Owner Election: Discussed with owner that referral would be ideal for Chance, and advanced imaging would be recommended. Owner declined referral, as Chance resolved earlier in the year with symptomatic care. Owner elected to pursue acupuncture therapy and rehabilitation exercises.

Traditional Chinese Veterinary Medicine (TCVM) Examination:

Pulse: Thready, weaker on the right

Tongue: Pale, wet

Reactive Points: Divots in Back-shu Point for Gallbladder BL19 and Back-shu Point for Spleen BL20

TCVM Diagnosis: Kidney Qi Deficiency with Boney Bi and Wei Syndrome – Chance is a wood constitution, which makes tendon and ligament pathology more likely. Chance has a lifelong history of rebellious behavior, resulting in Liver Qi Stagnation. The Wood element (Liver) has pulled from its parent, the Water element (Kidney) via the Sheng Cycle, leading to disc disease and Qi stagnation. The Qi stagnation has resulted in Bi Syndrome. When left untreated, the Bi Syndrome progressed into Wei Syndrome, and the pain remained secondary to the Qi stagnation. With Chance's chronic history of Liver Qi Stagnation from his chronic Shen disturbance and irritability, he developed Kidney Qi Deficiency. If left untreated, Chance's Kidney Qi Deficiency and Liver Qi Stagnation would progress to Heart Qi Deficiency, resulting in congestive heart failure. This phenomenon may occur one of two ways. The first being the grandparent-grandchild relationship of Water to the Fire element via the Ke cycle. The second being the parent-child relationship of Wood to Fire via the Sheng cycle.

Chance had previously been treated with Western Medicine, however his underlying cause of Kidney Qi Deficiency and Liver Qi Stagnation, was never addressed, therefore allowing progression of his Bi and Wei Syndromes, as well as his heart murmur. Another manifestation of the weak Water element is Chance's severe dental disease. Overall, Chance is demonstrating significant Kidney Qi deficiency at this time, however, we will address all elements involved over the course of his treatment. As the layers of deficiency are treated, it is expected that Chance may demonstrate stronger deficiencies, or even excess, in other areas.

TCVM Treatment:

Constitutional Points: GV20, GB20 left, LI4 right, ST 36 bilateral

Local Points: Shen-shu bilateral; Shen-peng bilateral; shen-jiao bilateral; Bai-hui

5 Element Points: LIV3 bilateral, KID3 bilateral

Association Points: BL19 bilateral, BL20 bilateral

Electroacupuncture for 12 mins at 20 Hz – did not differentiate in notes what points

Additional Therapeutic Plan:

Recommend minimal activity – no jumping, no stairs.
Play with feet several times daily to help with proprioception.
Place hind limbs square and gentle weight shift back and forth.
Recheck 7-14 days.
Rx: Rimadyl 75 mg – ¼ tab PO q12hrsx14d.

Response to Therapy: Chance tolerated electroacupuncture very well. He remained comfortable throughout the procedure. No immediate changes were noted.

Visit 2 – November 21st, 2017

History: Chance presented for continued acupuncture. Owner was happy with results and reported that Chance seemed to be doing much better. Owner noted that Chance remained weak on his right hind. However, he did not seem painful and his hind legs are tangling less.

Physical Examination:

Musculoskeletal: Ambulatory x4, ataxic hind limbs; increased panniculus at L4

BCS: 4.5/9

Neurological: placement significantly delayed to absent bilateral hind limbs; sciatic, patellar, and gastrocnemius reflexes WNL bilaterally, very strong; flexor reflex improved from previous visit

Thigh circumference: LH 20 cm; RH 19 cm

All other PE findings were the same as initial visit

Western Medicine Differential Diagnosis: IVDD

Traditional Chinese Veterinary Medicine (TCVM) Examination:

Pulse: Weaker on the right

Tongue: Pale, wet

Reactive Points: none noted at this visit

TCVM Diagnosis: Kidney Qi Deficiency with Boney Bi and Wei Syndrome

TCVM Treatment:

Constitutional Points: GV20, GB20 right, LI4 right, ST 36 bilateral, GV14

Local Points: Shen-shu bilateral; Shen-peng bilateral; shen-jiao bilateral; Bai-hui; BL54

5 Element Points: LIV3 bilateral, KID3 bilateral; BL60 right

Association Points: BL19, BL20, BL23, BL25

Electroacupuncture for 20 mins at 20 Hz with the following pairs:

KID3 left to KID3 right
ST36 right to LIV3 right
ST36 left to LIV3 left
BL25 left to Shen-shu left
BL54 right Shen-shu right
GV14 to BL23 left
BL23 right BL25 right

Additional Therapeutic Plan:

Start returning to controlled walks. No jumping. Controlled stairs.
Play with feet to help with proprioception.
Placing hind limbs square and gentle weight shifting.
Front leg lifts – with hind limbs square, lift a front leg, hold for 3 secs, then do with other front leg. Repeat 5 times once daily.
Cavaletti's – perform very low ground bar slowly 4 times once daily.
Recheck in 14 days.

Response to Therapy: Chance tolerated electroacupuncture very well. He remained comfortable throughout the procedure. His overall comfort level appeared improved.

Visit 3 – December 12th, 2017

History: Chance presented for continued acupuncture. Owner continues to be happy with results and reported that Chance seemed to be doing much better. Owner noted that Chance remained weak on his right hind. However, he did not seem painful.

Physical Examination:

Musculoskeletal: Ambulatory x4, ataxic hind limbs; panniculus increased slightly at L2
BCS: 4.5/9
Neurological: placement significantly delayed to absent bilateral hind limbs
All other PE findings were the same as initial visit

Western Medicine Differential Diagnosis: IVDD

Traditional Chinese Veterinary Medicine (TCVM) Examination:

Pulse: Weaker on the left
Tongue: Pale, wet, swollen
Reactive Points: None at this time

TCVM Diagnosis: Kidney Qi and Yin Deficiency with Boney Bi and Wei Syndrome – unsure why the progression to Yin deficiency at this time. Possibly due to the extreme dental disease.

TCVM Treatment:

Constitutional Points: GV20, GB20 right, BL40 bilateral; ST36 bilateral

Local Points: Shen-shu bilateral, BL54 bilateral, Bai-hui

5 Element Points: LIV3 bilateral, KID3 bilateral

Association Points: BL20 bilateral

Electroacupuncture for 20 minutes at 20 Hz for 10 mins, then 60 Hz for 10 mins with the following pairs:

KID3 right to BL40 right
ST36 left LIV3 left
ST36 right to LIV3 right
BL20 left to Shen-shu left
BL54 right to Shen-shu right
BL-54 left to BL40 left
Bai-hui to BL-20 right

Additional Therapeutic Plan:

Start returning to controlled walks. Continue to increase activity.
Play with feet daily to help with proprioception.
Placing hind limbs square and gentle weight shifting; perform once daily.
Front leg lifts – with hind limbs square, lift a front leg, hold for 3 secs, then do with other front leg. Repeat 5 times once daily.
Cavaletti's – perform very low ground bar slowly 4 times once daily.
Recheck in 14 days.

Response to Therapy: Chance tolerated electroacupuncture very well. He remained comfortable throughout the procedure. His overall comfort level appeared improved.

Visit 4 – January 9th, 2017

History: Chance presented for continued acupuncture. Owner was happy with results and reported that Chance seemed to be doing much better. Owner noted that Chance remained weak on his right hind. However, he did not seem painful and is now jumping on furniture. Chance had a dental cleaning with 10 extractions and the tumor from his left front leg removed since his previous visit.

Physical Examination:

Oral cavity: extraction sites healing well
Heart/Lungs: Grade 1/6 right murmur; no arrhythmia, lungs auscult clear, eupneic
Musculoskeletal: Ambulatory x4, ataxic hind limbs; panniculus normal today
BCS: 4.5/9
Neurological: placement significantly delayed to absent bilateral hind limbs
Skin: incision of mass on left front healing well

Western Medicine Differential Diagnosis: IVDD

Traditional Chinese Veterinary Medicine (TCVM) Examination:

Pulse: weaker on the right

Tongue: Pale, wet with phlegm on tongue
Reactive Points: none today

TCVM Diagnosis: Kidney Qi Deficiency with Boney Bi and Wei Syndrome

TCVM Treatment:

Constitutional Points: GV20, ST36, LI4, ST40, SP6, SP9

Local Points: Shen-shu, Bai-hui

5 Element Points: LIV3, KID1, LI11

Association Points: none

Electroacupuncture for 20 minutes at 20 Hz for 10 mins, then 80 Hz for 10 mins with the following pairs:

LIV3 left to ST36 left
ST40 right to KID1 right
Shen-shu right to SP6 right
Shen-shu left to SP9 left
LI4 left to LI11 left

Additional Therapeutic Plan:

Start returning to controlled walks. Continue to increase activity.
Play with feet to help with proprioception.
Placing hind limbs square and gentle weight shifting for 30 seconds once daily.
Pelvic push down – with Chance standing square, gently push down on his pelvis until light resistance from him, repeat for 10 seconds once daily.
Front leg lifts – with hind limbs square, lift a front leg, hold for 3 secs, then do with other front leg. Repeat 5 times once daily.
Cavaletti's – perform very low ground bar slowly 4 times once daily.
Recheck in 4-6 weeks.

Response to Therapy: Chance tolerated electroacupuncture very well. He remained comfortable throughout the procedure. His overall comfort level appeared improved.

Visit 5 – February 20th, 2017

History: Chance presented for evaluation for continued acupuncture treatment. Owner reports Chance is doing well, eating and drinking well, with no vomiting, diarrhea, coughing, or sneezing. Owner is very happy with the progress that Chance has made and believes his quality of life is improved. Chance gets around the house well, without his limbs tangling, and is jumping on furniture. Diet: Zignature Kangaroo 1/2 cup twice a day.

Physical Examination:

Appearance: BAR
Hydration: Adequate

Eyes: Normal menace, palpebral, PLR OU; immature cataracts OU; nuclear sclerosis OU
Ears: NSF
Nose: NSF
Oral cavity: No noted ulcers or petechiations; mild plaque
Heart/Lungs: No murmur/ arrhythmia, lungs auscult clear, eupneic
BCS: 4/9
Abdomen: Soft on palpation; no mass palpable
Musculoskeletal: Ambulatory x4, hindlimb musculature visually improved slightly
Neurological: placement significantly delayed bilateral hind limbs, flexor reflex better on left than right hind; anal tone good
Urogenital: NSF
Skin: NSF
Lymph Nodes: NSF
Rectal: NA

Western Medicine Differential Diagnosis: IVDD

Traditional Chinese Veterinary Medicine (TCVM) Examination:

Pulse: Slippery, fairly equal with the left slightly weaker

Tongue: Pale pink, phlegm

Reactive Points: none today

TCVM Diagnosis: Kidney Qi Deficiency with Boney Bi and Wei Syndrome

TCVM Treatment:

Constitutional Points: GV20, LI10, GB34, BL40, ST36, ST40

Local Points: BL54, Shen-peng, Shen-shu, Bai-hui

5 Element Points: LIV3

Association Points: BL23, BL20

Electroacupuncture for 20 minutes at 20 Hz for 10 mins, then 80 Hz for 10 mins with the following pairs:

BL40 right to ST36 right

Shen-peng right to BL23 right

Shen-peng left to BL20 left

GB34 left to ST40 left

Additional Therapeutic Plan:

Play with feet to help with proprioception.

Placing hind limbs square and gentle weight shifting for 30 seconds once daily.

Pelvic push down – with Chance standing square, gently push down on his pelvis until light resistance from him, repeat for 10 seconds once daily.

Front leg lifts – with hind limbs square, lift a front leg, hold for 3 secs, then do with other front leg. Repeat 5 times once daily.
Cavaletti's – perform very low ground bar slowly 4 times once daily.
Walks - do controlled walks to what Chance can/will tolerate
Increase food to 3/4 cup twice a day.
Recheck in 6 to 8 weeks.

Response to Therapy: Chance tolerated electroacupuncture very well. He remained comfortable throughout the procedure. His overall comfort level appeared improved. Chance is returning to a more 'normal' life style now. Owner is very pleased with how he is doing. Chance's heart murmur is no longer audible. We will continue acupuncture and rehabilitation for Chance on an as needed basis, likely every 6 to 8 weeks lifelong.

Final Summary: Chance's original TCVM Pattern Diagnosis was Kidney Qi Deficiency with Boney Bi and Wei Syndrome, which likely stemmed from chronic Liver Qi Stagnation. Chance is a typical Wood dog, and having been imbalanced for such a long time, he developed a list of health issues. As his treatment progressed, some of these issues resolved. The most notable, other than pain control and neurological function and muscle strength improvement, was the improvement in Chance's heart murmur. When treatment was initiated, Chance's clinical signs were hind end weakness, ataxia, stumbling, painful back, severe dental disease, and a newly diagnosed Grade 1/6 left sided heart murmur. Owner declined all imaging diagnostics and referrals, and opted to try acupuncture for therapy, as Chance was not in a life-threatening condition. The theory is Chance had long term Liver Qi Stagnation, represented by his irritability, which ultimately progressed to Kidney Qi Deficiency via the Sheng cycle of parent-child, represented by his back pain and neurological deficits. Via the Ke Cycle, Chance developed deficiency in the Earth element (Spleen) from the over-bearing grandparent the Wood element (Liver), illustrated by diffuse muscle loss. Also, via the Ke cycle, Chance developed a deficiency in the Fire element (Heart) from the over-bearing grandparent the Water element (Kidney), as illustrated by the newly diagnosed heart murmur. Chance's Shen disturbance from his Liver Qi Stagnation may have also contributed to his heart murmur via the Sheng cycle parent-child relationship, with the overbearing parent. This was addressed by tonifying his Liver, the parent.

Throughout treatment, not only was the stagnation in Chance's back cleared, but so was the stagnation on his heart, therefore resolving his heart murmur. Another main component to his treatment was cleaning and extracting affected teeth, therefore improving his Kidney Qi. As Chance's treatments continue, we will continue to tonify Liver Qi and Kidney Qi, with hopes of continuing to keep Chance comfortable. Overall, the results of this case have been very promising. The owner is very happy with Chance's progress, and even though is not in the shape of her 3 year old dog, she is very content that Chance is able to go for short walks, jump on furniture, and keep an active lifestyle, despite his age and underlying health concerns.

Acupuncture Points Used

GV20 (Bai-hui) – located on the dorsal midline on a line drawn from the tips of the ears level with the ear canals. Needle insertion is perpendicular, and dry needle depth of 2 cun. Used as a sedation point to calm the animal for acupuncture treatment.

GV14 (Da-zhui) – located 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). Needle insertion is perpendicular and dry needle depth of 2 cun. Opening point for all Yang meridians and boosts the immune system. In this case, it was used for intervertebral disc disease.

GB20 (Feng-chi) – located 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. It is perpendicular needle insertion and 0.5 cun dry needle depth. It was used for intervertebral disc disease.

GB34 (Yang-ling-quan) – located on the lateral side of the pelvic limb at the stifle, in a small depression cranial and distal to the head of the fibula. Needle insertion is oblique with a dry needle depth of 0.5 cun. It is a He-sea point and is the Influential point for tendon and ligaments. It is used for Stomach Liver stagnation. It was used in this case for Liv stagnation, tendon and ligament disorder, pelvic limb lameness, and weakness of the hind limb. It is also a general pain reliever.

BL19 (Dan-shu) – located on the dorsolateral aspect of the spine, 1/5 cun lateral to the caudal border of the dorsal spinous process of T11. Needle insertion is perpendicular and at a dry needle depth of 0.5-1 cun. It is the Back shu association point for Gallbladder. It is used for Liver Qi Stagnation, Liver diseases, and Liver yang rising. For this case, it was used primarily for thoracolumbar intervertebral disc disease.

BL20 (Pi-shu) – located on the dorsolateral aspect of the spine, 1/5 cun lateral to the caudal border of the dorsal spinous process of T12. Needle insertion is perpendicular and at a dry needle depth of 0.5-1 cun. It is the Back shu association point for the Spleen. It is used for Spleen deficiency and in this care, thoracolumbar intervertebral disc disease.

BL23 (Shen-shu) – located on the dorsolateral aspect of the spine, 1.5 cun lateral to the caudal border of the dorsal spinous process of L2. Needle insertion is perpendicular and at a depth of 1-1.5 cun using dry needle technique. This point is a Back shu association point for the Kidney and is used in Kidney Yin and Qi Deficiency. It was used in this case for that, as well as hind limb weakness, thoracolumbar disc disease, and coxofemoral joint osteoarthritis.

BL25 (Da-chang-shu) – located on the dorsolateral aspect of the spine, 1.5 cun lateral to the caudal border of the dorsal spinous process of L5. Needle insertion is perpendicular, using a dry needle with a depth of 1-1.5 cun. This point is a Back shu association point for the Large Intestine. In this case, it was used for thoracolumbar intervertebral disc disease and lumbar pain.

BL40 (Wei-zhong) – located in the center of the popliteal crease. Needle insertion is perpendicular, with a dry needle depth of 1-1.5 cun. This point is the Master point for the back and hips, as well as a He-sea point (Earth). This point was chosen to nourish the Spleen in order to help strengthen muscles. It was also chosen for hip and thoracolumbar pain.

BL54 (Ba-shan) – located at the coxofemoral joint at the level of the sacralcoccygeal hiatus, just dorsal to the greater trochanter of the femur. It is considered one of the 3 ‘bowling ball points’ around the hip, along with GB29 and GB30. Needle insertion is perpendicular, with a dry needle depth of 1 cun. This point is the Master point for the hind limbs. It was used for the treatment of coxofemoral joint pain and osteoarthritis, pelvic limb paresis, and lameness and muscle atrophy.

BL60 (Kun-lun) – located 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 KID3). Needle insertion is perpendicular, with a dry needle depth of 0.5 cun. This point is a Jing river (Fire) point for the Bladder meridian. It was used for intervertebral disc disease and thoracolumbar pain.

KID1 (Hou-qiu or Yong-quan) – located on the volar side of the pelvic limb, between the 3rd and 4th metatarsals underneath the paw pad. Needle insertion is oblique, with a needle depth of 0.5-1 cun. This point is a Jing well point (Wood) and is used for Child (sedation) point for excess patterns. It was chosen in this case due to its Jing well point association on the Kidney meridian, in hopes of nourishing the Wood element.

KID3 (Tai-xi) – located 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 BL60). Needle insertion was perpendicular, with a needle depth of 0.5 cun. KID3 and BL60 were typically penetrated with the same needle. This point is a Shu stream point (Earth) and Yuan Source point. It was chosen to nourish the Earth element, aiding in muscle healing and strength. It was also chosen to assist with thoracolumbar disc disease.

LI4 (He-gu) – located on the medial side of the thoracic limb between the 2nd and 3rd metacarpal bones at the midpoint of the 3rd metacarpal bone. Needle insertion is perpendicular, with a dry needle depth of 0.5 cun. This point is the Master point for the face and mouth and is a Yuan source point. It was chosen to sedate Earth, the grandparent of Wood, to allow the grandchild to regain strength. This point was also used for its efficacy in generalized pain syndrome.

LI10 (Quian-san-li) – located on the craniolateral aspect of the thoracic limb, 2 cun distal to LI11 (1/6 the distance between the elbow and carpus) in the groove between the extensor carpi radialis and the common digital extensor muscles. Needle insertion is perpendicular, with a dry needle depth of 1-1.5 cun. This point is noted as the thoracic limb ‘3-mile point’, analogous to ST in the pelvic limb. It was used in this case for Qi deficiency and generalized weakness.

LI11 (Qu-chi) – located on the lateral side of the thoracic limb in the lateral end of the cubital crease, halfway between the lateral epicondyle of the humerus and the biceps tendon when the elbow is flexed. Needle insertion is perpendicular or oblique, with a dry needle depth of 1.5 cun and an aquaacupuncture depth of 1 cun. This point is a He-sea point (Earth). It is a Mother (tonification) point for Deficiency disease patterns. It was used in this case to tonify the Earth element to assist with muscle strength.

LIV3 (Tai-chong) – on the medial side of the pelvic limb, proximal to the metatarsophalangeal joint between the 2nd and 3rd metatarsal bones. Needle insertion is perpendicular, with a dry needle depth of 0.5 cun. This point is a Shu-stream point (Earth) on the Wood element, as well as a Yuan source point. It was used to tonify the Earth element, as well as to assist with pelvic limb paresis and generalized pain.

ST36 (Hou-san-li) – located on the craniolateral aspect of the pelvic limb, 3 cun distal to ST25, 0.5 cun lateral to the cranial aspect of the tibial crest, in the belly of the cranial tibialis muscle. This point is a long linear point, therefore needle insertion is oblique, with a needle depth of 0.5-1 cun. This point is a Mast point for the GI tract and abdomen, as well as the He-sea point (Earth) on the Earth element and a Horary point. This point is the rear limb 3-mile point and was primarily used for Chance's hindlimb weakness and as a generalized Qi tonic.

ST40 (Feng-long) – located 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. Needle insertion is perpendicular or oblique, with a dry needle depth of 0.5 cun. This point is the Influential point for phlegm and the Luo connecting point for the Stomach Meridian. It was used in this case to disperse phlegm (however, I did not find a primary source of Chance's phlegm on his tongue) and assist with improvement of pelvic limb paresis.

Shen-shu (Kidney Association Point) – located 1 cun lateral to Bai-hui. Needle insertion is perpendicular, with a dry needle depth of 0.5 cun. This point was used for Source Qi and to nourish Kidney Qi/Yang due to deficiency. It was also used for intervertebral disc disease and pelvic limb paresis.

Shen-peng (Kidney Shelf) – located on the dorsolateral caudal lumbar region 1.5 cun cranial to Shen-shu. Needle insertion is perpendicular, with a dry needle depth of 0.5 cun. This point was used for Yang deficiency, pelvic limb paresis, lumbosacral pain, lumbosacral intervertebral disc disease, and coxofemoral joint pain.

Shen-jiao (Kidney Corner) – located on the dorsolateral caudal lumbar region 1.5 cun caudal to Shen-shu. Needle insertion is perpendicular, with a dry needle depth of 0.5 cun. This point was used for Yang deficiency, pelvic limb paresis, lumbosacral pain, lumbosacral intervertebral disc disease, and coxofemoral joint pain.

Bai-hui (Hundred Crossings) – located on the dorsal midline between L7 and S1 vertebrae. Needle insertion is perpendicular, with a dry needle depth of 0.5 cun. This point was chosen for Yang deficiency, pelvic limb paresis, lumbosacral pain, lumbosacral intervertebral disc disease, and coxofemoral joint pain.

SP6 (San-yin-jiao) – located 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 GB39 on the lateral side). Needle insertion is perpendicular, with a dry needle depth of 1-1.5 cun, which may have inadvertently stimulated GB39. This point is the Master point for the caudal abdomen and urogenital tract (3 Yin crossing). It is the Crossing (meeting) point of the Spleen, Liver, and

Kidney meridians. Allow this point tonifies Yin and Blood, it was used in this case for pelvic limb paresis.

SP9 (Yin-ling-quan) – located 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. Needle insertion is perpendicular or oblique, with a dry needle depth of 1 cun. This point is the He-see point (Water) on the Spleen meridian of the Earth element. In this case it was used for osteoarthritis and to sedate the grandparent, Wood, to allow muscle rebuilding.