GREYHOUND
ACUPUNCTURE

by
Dr David Gilchrist B.V.Sc. (Hons.), Dip.Ac.
This book is dedicated to my wife Jay, for her continuing assistance and her unfailing support, without which a full time practitioner, and a part time author, could not have survived.

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ABOUT THE AUTHOR

David Gilchrist graduated from the University of Queensland in 1967, and spent 2 years in mixed practice in New Zealand before entering small animal practice in Brisbane Australia.

In 1976 he visited the NAVA Animal Acupuncture Clinic in California where he saw for the first time acupuncture in clinical use.

In 1977 he commenced a course in human acupuncture and graduated with a practitioner diploma at the end of 1978. After a brief period as a human acupuncturist, he concentrated his efforts on transposing the teachings from the human model to the dog, and commenced practice in animal acupuncture on a referral basis as an adjunct to conventional veterinary practice.

In 1981 he published the first practitioners textbook on acupuncture available in the English language, "MANUAL OF ACUPUNCTURE FOR SMALL ANIMALS". This book stirred up great interest around the world, and particularly in Australia where a demand became evident for a more formal instruction course. As this has not been forthcoming from the universities, Dr Gilchrist took it on himself to provide instructional seminars for veterinarians who wished to learn the basic skills. He has now personally instructed over 200 veterinarians from Australia and New Zealand. Many of those pupils have gone on to become involved in animal acupuncture in great depth. Indeed several have gone on to study human acupuncture and have practised in that field with distinction.

ABOUT THIS BOOK

The fact that a large percentage of Dr Gilchrist's patients were Greyhounds, made the choice of subject matter for his second book quite obvious. Greyhounds suffer from all the conditions common to the canine species as well as from conditions that are unique to the breed. In selecting the greyhound as the model for this book it has been possible to cover a wide range of general canine disorders and at the same time to provide a text book for those involved in the greyhound racing industry.

HOW TO USE IT

The book has been produced in a ring-binder format with the intention that it can be easily used as a proper how-to-do-it manual. Once a diagnosis has been established, the book may be opened at the appropriate page, and laid flat on the treatment table. The therapist will then have all the necessary details (of points to use, where they are, and how to stimulate them), laid out without the need to flip back and forth chasing odd items of information.
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INTRODUCTION

Acupuncture has been used in animals for thousands of years. The origins go back to ancient Chinese times and are recorded in Chinese history. In the Western World little had been done until fairly recently when Oswald Kothbauer began experimenting with treatment of cattle in Austria, and Erwin Westermayer with horses in Germany. In the last decade, a strong interest has been taken by Richard Glassberg, Grady Young, David Jagger and others, which has resulted in the formation of the International Veterinary Acupuncture Society, based in Cincinnati. This organisation is basically for the encouragement of the study and dissemination of knowledge of acupuncture as it applies to ALL domestic animals. Their membership is in excess of 150 veterinarians. In Australia there are over 200 vets, trained in the basic principles and practice of acupuncture. About 20 of these are practising acupuncture in greyhounds with remarkable results.

Acupuncture, has its roots in a peasant society and accordingly the methods evolved for treatments are simple and well within the grasp of the lay-person. In animal medicine as well as human medicine there are many lay-practitioners who practise the art often with astounding results.

WHAT IS ACUPUNCTURE?

Western Scientists are still undecided how it works, although they agree that it does. According to the Chinese, when an animal is healthy, there is a circulation of energy, life force, or "chi" along well defined channels on the skin called MERIDIANS. The meridians are connected with internal organs, muscular and joint structures, and nervous system. ACUPUNCTURE POINTS, which lie on the meridians are areas of the skin, [which can be shown to exist with modern electronic equipment], at which the flow of "chi" can be influenced. In disease states, there is an imbalance of, or interference with the flow of energy. The acupuncturist can manipulate the energy flows, by stimulating the acupuncture points, thus rectifying the disorder. SIMPLICITY: The advantage of acupuncture, particularly in the hands of greyhound trainers, is that a precise scientific diagnosis does not have to be made, although this can be helpful. The acupuncture diagnosis revolves around knowing what AREA of the body contains the problem. The treatment requires a knowledge of:

A) What meridians pass through that area.
B) What points on that meridian should be stimulated.
C) What method of stimulation should be used.
D) What other SPECIAL POINTS on other meridians will have a beneficial effect on the problem.

TREATMENT Acupuncturists tend to talk in terms of "PROBLEMS". For example the vastus muscle may have tears, sprains, strains, bruising, scars, atrophy, or myositis, but the acupuncturist would diagnose "a thigh muscle problem". He would then select points on the meridians that pass through the affected areas, and stimulate them with either needles or laser beam. To this formula he would add points that are beneficial for muscles in general, thigh muscles in particular, and if inflammation or infection is present, special points for those conditions. Most muscular conditions respond with about 3 treatments 3 days apart.
A shoulder joint problem would be treated in the same way, firstly with points on the meridians that pass through the shoulder joint, then special points for joints in general, then special points for any known special disorder for example a sprained ligament.

For internal organs a similar approach is made. For inflammation of liver, as in hepatitis, one would choose points on the meridians that are connected to liver, and special points that influence the liver, and special points for infection and inflammation.

NOTE: These treatments are completely drug-free, and therefore do not infringe the rules of racing with respect to the administration of drugs.

PERFORMANCE Acupuncture is now widely used to influence the performance of a dog indirectly. It is not advisable to use an acupuncture treatment 48 to 60 hours before a race, because any treatment will cause a sedating effect as the healing process is activated. This is a followed 48 hours or so later by a bounce-back effect of increased vigour, vitality, and a feeling of well being.

LASERS IN GREYHOUNDS

The laser beam has revolutionized the practise of acupuncture for several reasons.

(1) It avoids the slight discomfort to the animal of inserting the special stainless steel needles, i.e. it is painless.
(2) The operator does not have to become skilled in needle insertion techniques.
(3) The treatment with the special Helium-Neon Laser is safe to tissue.
(4) It can not introduce infection.
(5) It is generally less time consuming than a needling treatment which takes about 20 minutes.
(6) Lasers are relatively cheap - from $1000 for a reliable effective machine up to about $4000 for a fancy, more powerful and versatile machine, complete with electronic point-finder.

In addition, lasers can be used directly on sore or diseased tissue in much the same way as an ultra-sonic machine. The mode of action of laser beams is, however, different. Whereas an ultra-sonic machine uses sound energy, and it's thermal effect, to increase blood supply to the affected area, the laser uses light energy to exert a photo-chemical action at the cellular level of the tissue. Diseased tissue cells have been shown to have a reduced or zero level of mitogenic radiation. Normal cells emit a measurable level of radiation which stimulates adjacent cells to divide, in the normal process of regeneration and healing. Laser light stimulates abnormal tissue to activate this normal inter-cellular radiation, and thus the normal healing process to start again.

Consequently, laser beams are of extreme benefit to racing greyhounds, enabling them to be kept racing without the use of drugs. Apart from speed healing of muscle injuries, lasers are used for diminishing scar tissue within muscles and on the skin, revitalising sore and worn joints, chronic and acute ligament and tendon injuries, slow-healing wounds of any sort, chronic infections and ulcerated areas of skin and mucus membranes.

Beauticians have been quick to see the value of lasers in their work. Around the world, many hundreds of beauty therapists are using the very same laser beams to stimulate regenerative processes in their clients' faces. They are producing more youthful faces by elimination of wrinkles, saggy flesh and acne.

Although greyhounds do not generally have wrinkles or saggy faces, it could be time to consider the new direction in therapy now available to you as a greyhound trainer.
Acupuncture treatments, are simply a matter of finding the points listed in this book, and treating them as per instructions. In general, if no special instructions are given, then the use of plain needles, inserted for 20 minutes, is implied. Where other instructions are given, they should be followed.

To find the required point on your greyhound, follow the written description on the left hand page, then check it with the diagram on the facing page. In this way you should be able to narrow down the search area, to within a circle of 1 cm diameter. In most cases this will be close enough, because an acupuncture point is a "zone", with most activity at the centre, and lesser activity further out. Should you wish to be precise, then you can enlist the aid of an electronic point-finder. These devices work better on dogs than they do on humans, because the sweat-factor, which interferes with human readings, is absent in dogs. Having found your 1 cm circle where you expect to find the point, criss-cross the area with the probe of the machine, having previously made sure the earth return circuit has been connected. The device will seek the point of lowest resistance, and give a "beep", or a flash of light, when it is found. The point of lowest resistance in your circle is taken as the acupuncture point. Point finders are useful tools to help the beginner, but you will find that as you gain experience, you will dispense with their use. For this reason it is better to purchase a combined point-finder and electrical stimulator.

When you have located the point to your satisfaction, proceed to stimulate it in the appropriate manner. Points are treated bilaterally, in all cases where there are paired meridians, unless otherwise stated.

Electro-acupuncture is used specifically in some formulae. It can also be tried in other cases where plain needles do not seem to be working. If instructions are given they should be followed. Otherwise, general instructions for usage are as follows:

For acute conditions such as infections or fresh injuries, a SEDATING treatment should be used. This involves using high frequency pulsations (100 Hz +) for 20 minutes. In chronic or non-acute conditions use a TONIFYING treatment of low frequency (2 - 5 Hz) for a short time (5 - 8 mins). A tonifying treatment should be of greater intensity than a sedating treatment. ie: "less comfortable".

The technique is to connect up pairs of needles, by alligator clips, to each circuit of the machine, select the frequency, turn on, adjust the intensity to the comfort of the patient, and then wait the prescribed time. As the patient becomes accustomed to it, the intensity can be adjusted.

Maxibustion, involves the heat treatment of the point with a burning stick of "Moxa". This is like an oversize cigar, and provides heat with particular qualities necessary for successful acupuncture. Just any form of heat will not do!

Laser stimulation is the greatest breakthrough in centuries. Using laser you are able to treat painlessly, and without any fear of causing infection. As well as having an acupuncture tool for stimulating points, you also have a method of treating local injuries, much as you probably already do with ultrasonic therapy, but with significant differences. You are causing a photo-chemical rather than a thermal effect, and you are striking at the diseased cells themselves and initiating healing of tissues, rather than just improving the circulation to the area.
CELLULOME

A concept, relatively unknown to western, medically-trained personell, yet very well known to the "alternative" therapists, is the concept of cellulomes, or cellulomes by some other name.

For some unknown reason, and usually as a result of trauma, areas of muscle tissue will go into spasm, and stay that way for months at a time, and long after the causative injury has resolved. The curious thing is that the cellulome develops in a site some distance removed from the injury.

A frequent example is the cellulome that develops in the triceps muscle subsequent to injury to the elbow joint. The cellulome may be felt as a firm nodule within the mass of the muscle, varying in size from that of a pea up to that of a bantam egg.

Another example is found in the gluteal muscles of the hind-leg after injury lower down the leg. In the racing greyhound and in the human, cellulomes may often be found in the paravertebral muscles.

All cellulomes are very painful on deep pressure. Another feature of cellulomes is the speed with which they can be resolved permanently. Chiropractors will perform a deep and painful massage to these tissues until they "blow" or release. Acupuncturists will insert needles into them, with or without stimulation until they release. This may take from a few seconds to 30 minutes. The result of a released cellulome is a return to normal function free from the inhibiting effect of the cellulome. In a human who has not had acupuncture before, and who has a lifetime of accumulated cellulomes released at the first visit, there is a feeling of being six inches taller due to the combined slackening of many paravertebral cellulomes.

In the racing greyhound it is important to develop a technique of palpation which will detect and distinguish the cellulome from other forms of pathology. The treatment of the cellulome is so quick and so simple, yet if left untreated and not released the dog will not be able to perform up to his potential. Lately the laser beam appears to be having equal effects to needles in releasing cellulomes.
For all shoulder muscle injuries a basic formula of 5 points is used. To the basic formula add a ring of needles one half inch apart encircling the affected muscle area. To achieve this a careful palpation must be done to identify precisely the area involved. Place this ring of needles in sound tissue. If the problem area is in the area defined as "A" (facing page) then certain special points should be used, while if it is in area "B" then certain other points should be used instead.

**BASIC FORMULA.**

*ST 36* The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

*GB 34* Locate the upper end of the fibula and then move 4mm antero-ventrally. The point is located within a crescent-shaped bony structure. Insertion is 1 inch deep and perpendicular to the skin at this point. If correctly located the needle will pass between the tibia and fibula.

*LI 11* This point is found at the lateral end of the elbow crease with the elbow flexed. Having identified the point place the foot on the ground for insertion, which is 1 inch, perpendicularly, at right angles to the long axis of the dog, and so that the needle is placed to lie in front of the joint.

*SI 1* Located on the 5th digit of the front leg, 2mm behind the lateral corner of the nail, in the sensitive ridge of tissue. Insert a half-inch needle to about half its depth.

*SI 11* Identify the spine of the scapula. From its mid-point move posteriorly about three quarters of an inch into the middle of the muscle bulk that occupies the infra-spinous fossa. Insertion is with a 1 inch needle, obliquely down the bulk of the muscle, parallel to the spine of the scapula.

**PART "A" POINTS.**

*BL 11* Found at the level of the posterior border of the spine of the first thoracic vertebra and one-half inch lateral to the mid line. Insertion is perpendicular and one inch deep.

*BL 13* Found at the level of the posterior border of the spine of the third thoracic vertebra and one inch lateral to the mid line. Insertion is one inch perpendicularly.

**PART "B" POINTS.**

*BL 13* As above

*BL 15* Found at the level of the posterior border of the spine of the sixth thoracic vertebra and one inch lateral to the mid line. Insertion is one inch perpendicularly.

In general points are treated weekly unless the condition is acute, in which case it may be done 2 or 3 times weekly. Needles are inserted for 20 minutes. The laser-beam is useful for the irradiation of the muscle itself, and 3 minutes at each treatment will speed healing.
THIGH MUSCLES

For all thigh muscle injuries a basic formula of 4 points is used. To the basic formula add a ring of needles one half inch apart encircling the affected muscle area. To achieve this a careful palpation must be done to identify precisely the area involved. Place this ring of needles in sound tissue. If the problem area is in the area defined as "A" (facing page) then a special point should be used, while if it is in area "B" another special point should be used instead.

BASIC FORMULA.

*ST 36  The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

*GB 34  Locate the upper end of the fibula and then move 4mm antero-ventrally. The point is located within a crescent-shaped bony structure. Insertion is 1 inch deep and perpendicular to the skin at this point. If correctly located the needle will pass between the tibia and fibula.

*BL 67  Located on the 5th digit of the hind leg, 2mm behind the lateral corner of the nail, in the sensitive ridge of tissue. Insert a half-inch needle to about half its depth.

*BL 40  Located in the mid line of the crease formed when the knee is flexed. Insertion is one inch deep and directed anteriorly, parallel to the ground as the dog is standing.

PART "A" POINT.

*BL 54  Found in the centre of the bulk of the gluteal muscle. Insertion is vertically downwards to a depth of one inch.

PART "B" POINT.

*GB 30  This point is located directly above the neck of the femur. The insertion is one inch vertically downwards with the point coming to rest in the fibrous tissue of the joint capsule.

In general points are treated weekly unless the condition is acute, in which case it may be done 2 or 3 times weekly. Needles are inserted for 20 minutes. The laser-beam is useful for the irradiation of the muscle itself, and 3 minutes at each treatment will speed healing.
HIP JOINT

The following formula is used to treat all disorders of this joint whether they be inflammatory or degenerative, arthritic or rheumatic, surgically or accidentally traumatised. It matters not whether the pathology involves the joint surface or the ligaments, the cartilages or the tendons of insertion. The acupuncture treatment will tend to normalise the whole area. The exception to this rule is if there is a fracture of bony structures near the joint, or chips within the joint space. This would be an indication for surgical intervention.

*GB 30 This point is located directly over the neck of the femur. The needle should be inserted vertically downwards until the tip is lodged in the joint capsule of the hip.

*SP 6 Located one-third the distance up from the medial malleolus or ankle prominence, to the knee joint, and on the postero-medial aspect of the tibia. This point is likely to vary about 1 cm either way, and will usually be felt as an indentation or a ridge on the tibia in this area. A 1 inch needle is inserted at this point subcutaneously between skin and tibia, along the long axis of the tibia, towards the knee.

*BL 40 Located in the mid line of the crease formed when the knee is flexed. Insertion is one inch deep and directed anteriorly, parallel to the ground as the dog is standing.

*BL 67 Located on the 5th digit of the hind leg, 2 mm behind the lateral corner of the nail, in the sensitive ridge of tissue. Insert a half-inch needle to about half its depth.

*BL 11 Found at the level of the posterior border of the spine of the first thoracic vertebra and one-half inch lateral to the mid line. Insertion is perpendicular and one inch deep.

*SP 5 This point is found on the medial aspect of the hock on the medial border of the medial branch of the long digital extensor as it merges with the tarsus. Insertion is 3 mm into the insertion of the tendon with a half inch needle.

*ST 36 The point is located half-way down the tibial crest on the lateral side and about 3 mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

*GB 34 Locate the upper end of the fibula and then move 4 mm antero-ventrally. The point is located within a crescent-shaped bony structure. Insertion is 1 inch deep and perpendicular to the skin at this point. If correctly located the needle will pass between the tibia and fibula.

In general points are treated weekly unless the condition is acute, in which case it may be done 2 or 3 times weekly. Needles are inserted for 20 minutes. The laser-beam is useful for the irradiation of the joint itself, and 3 minutes at each treatment will speed healing.
The following formula is used to treat all disorders of this joint whether they be inflammatory or degenerative, arthritic or rheumatic, surgically or accidentally traumatised. It matters not whether the pathology involves the joint surface or the ligaments, the cartilages or the tendons of insertion. The acupuncture treatment will tend to normalise the whole area. The exception to this rule is if there is a fracture of bony structures near the joint, or chips within the joint space. This would be an indication for surgical intervention.

*ST 35 The point is in a depression between the tibia and femur just lateral to the patellar ligament. Known as the lateral "knee-eye", insertion is one half inch postero-medially towards the centre of the joint.

*XIIAN The point is the medial "knee-eye" and is in a depression between the tibia and femur, just medial to the patellar ligament. Insertion is half an inch postero-laterally towards the centre of the joint.

*BL 40 Located in the mid line of the crease formed when the knee is flexed. Insertion is one inch deep and directed anteriorly, parallel to the ground as the dog is standing.

*BL 67 Located on the 5th digit of the hind leg, 2mm behind the lateral corner of the nail, in the sensitive ridge of tissue. Insert a half-inch needle to about half its depth.

*BL 11 Found at the level of the posterior border of the spine of the first thoracic vertebra and one-half inch lateral to the mid line. Insertion is perpendicular and one inch deep.

*SP 5 This point is found on the medial aspect of the hock on the medial border of the medial branch of the long digital extensor as it merges with the tarsus. Insertion is 3mm into the insertion of the tendon with a half inch needle.

*ST 36 The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

*GB 34 Locate the upper end of the fibula and then move 4mm antero-ventrally. The point is located within a crescent-shaped bony structure. Insertion is 1 inch deep and perpendicular to the skin at this point. If correctly located the needle will pass between the tibia and fibula.

In general points are treated weekly unless the condition is acute, in which case it may be done 2 or 3 times weekly. Needles are inserted for 20 minutes. The laser-beam is useful for the irradiation of the joint itself, and 3 minutes at each treatment will speed healing.
HOCK JOINT

The following formula is used to treat all disorders of this joint whether they be inflammatory or degenerative, arthritic or rheumatic, surgically or accidentally traumatised. It matters not whether the pathology involves the joint surface or the ligaments, the cartilages or the tendons of insertion. The acupuncture treatment will tend to normalise the whole area. The exception to this rule is if there is a fracture of bony structures near the joint, or chips within the joint space. This would be an indication for surgical intervention.

*BL 60
This point is found on the lateral aspect of the hock, in the "v" formed by the junction of the fibular tarsal bone and the tarsus. Insertion is thru to *KI3 using a half inch needle.

*BL 62
This point is found on the lateral aspect of the hock just below the lateral malleolus of the hock, in a depression. Insertion is directed subcutaneously towards the point of the hock.

*GB 37
This point is found one quarter the distance up from the lateral point of the hock (lateral malleolus) to the knee joint. The one inch needle is inserted perpendicularly to about half its length, placing the shaft close to the posterior border of the tibia. If the needle was passed thru the leg it would emerge at *LIV 5.

*BL 67
Located on the 5th digit of the hind leg, 2mm behind the lateral corner of the nail, in the sensitive ridge of tissue. Insert a half-inch needle to about half its depth.

*BL 11
Found at the level of the posterior border of the spine of the first thoracic vertebra and one-half inch lateral to the mid line. Insertion is perpendicular and one inch deep.

*SP 5
This point is found on the medial aspect of the hock on the medial border of the medial branch of the long digital extensor as it merges with the tarsus. Insertion is 3mm into the insertion of the tendon with a half inch needle.

*ST 36
The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

*GB 34
Locate the upper end of the fibula and then move 4mm antero-ventrally. The point is located within a crescent-shaped bony structure. Insertion is 1 inch deep and perpendicular to the skin at this point. If correctly located the needle will pass between the tibia and fibula.

In general points are treated weekly unless the condition is acute, in which case it may be done 2 or 3 times weekly. Needles are inserted for 20 minutes.
The laser-beam is useful for the irradiation of the joint itself, and 3 minutes at each treatment will speed healing.
SHOULDER JOINT

The following formula is used to treat all disorders of this joint whether they be inflammatory or degenerative, arthritic or rheumatic, surgically or accidentally traumatised. It matters not whether the pathology involves the joint surface or the ligaments, the cartilages or the tendons of insertion. The acupuncture treatment will tend to normalise the whole area. The exception to this rule is if there is a fracture of bony structures near the joint, or chips within the joint space. This would be an indication for surgical intervention.

*LI 15
The anterior "shoulder-eye" is located in a depression one half inch anteriorly and downwards from the acromion process. Insertion is posteriorly medial towards the centre of the joint, for 1 inch.

*SI 9
The posterior "shoulder-eye" is located in a depression one half an inch posteriorly from the acromion. Insertion is anteriorly medial towards the centre of the joint. The 2 "shoulder-eyes" tend to meet at right angles within the joint.

*SI 1
Located on the 5th digit of the front leg, 2mm behind the lateral corner of the nail, in the sensitive ridge of tissue. Insert a half-inch needle to about half its depth.

*SI 11
Identify the spine of the scapula. From its mid-point move posteriorly about three quarters of an inch into the middle of the muscle bulk that occupies the infra-spinous fossa. Insertion is with a 1 inch needle, obliquely down the bulk of the muscle, parallel to the spine of the scapula.

*BL 11
Found at the level of the posterior border of the spine of the first thoracic vertebra and one-half inch lateral to the mid line. Insertion is perpendicular and one inch deep.

*SP 5
This point is found on the medial aspect of the hock on the medial border of the medial branch of the long digital extensor as it merges with the tarsus. Insertion is 3mm into the insertion of the tendon with a half inch needle.

*ST 36
The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

*GB 34
Locate the upper end of the fibula and then move 4mm antero-ventrally. The point is located within a crescent-shaped bony structure. Insertion is 1 inch deep and perpendicular to the skin at this point. If correctly located the needle will pass between the tibia and fibula.

In general points are treated weekly unless the condition is acute, in which case it may be done 2 or 3 times weekly. Needles are inserted for 20 minutes.
The laser-beam is useful for the irradiation of the joint itself, and 3 minutes at each treatment will speed healing.
ELBOW JOINT

The following formula is used to treat all disorders of this joint whether they be inflammatory or degenerative, arthritic or rheumatic, surgically or accidentally traumatised. It matters not whether the pathology involves the joint surface or the ligaments, the cartilages or the tendons of insertion. The acupuncture treatment will tend to normalise the whole area. The exception to this rule is if there is a fracture of bony structures near the joint, or chips within the joint space. This would be an indication for surgical intervention.

*LI 11 This point is found at the lateral end of the elbow crease with the elbow flexed. Having identified the point place the foot on the ground for insertion, which is 1 inch, perpendicularly, at right angles to the long axis of the dog, and so that the needle is placed to lie in front of the joint.

*LÜ 5 This point is found in the middle of the elbow crease. Insertion is parallel with the long axis of the dog in a posterior direction, towards the joint. Depth is half an inch, avoiding the cephalic vein.

*SI 1 Located on the 5th digit of the front leg, 2mm behind the lateral corner of the nail, in the sensitive ridge of tissue. Insert a half-inch needle to about half its depth.

*SI 11 Identify the spine of the scapula. From its mid-point move posteriorly about three quarters of an inch into the middle of the muscle bulk that occupies the infra-spinous fossa. Insertion is with a 1 inch needle, obliquely down the bulk of the muscle, parallel to the spine of the scapula.

*BL 11 Found at the level of the posterior border of the spine of the first thoracic vertebra and one-half inch lateral to the mid line. Insertion is perpendicular and one inch deep.

*SP 5 This point is found on the medial aspect of the hock on the medial border of the medial branch of the long digital extensor as it merges with the tarsus. Insertion is 3mm into the insertion of the tendon with a half inch needle.

*ST 36 The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

*GB 34 Locate the upper end of the fibula and then move 4mm antero-ventrally. The point is located within a crescent-shaped bony structure. Insertion is 1 inch deep and perpendicular to the skin at this point. If correctly located the needle will pass between the tibia and fibula.

In general points are treated weekly unless the condition is acute, in which case it may be done 2 or 3 times weekly. Needles are inserted for 20 minutes. The laser-beam is useful for the irradiation of the joint itself, and 3 minutes at each treatment will speed healing.
Female hormones are secreted by the ovaries. The same formula is used to regulate both excesses and deficiencies in female hormones.

*KI 12 Located one fifth of the distance from the brim of the pelvis to the umbilicus, and one half an inch lateral to the mid-line. Laser for 30 seconds is the preferred method of stimulation.

*KI 13 Located two fifths of the distance from the brim of the pelvis to the umbilicus, and one half an inch lateral to the mid-line. Laser for 30 seconds is the preferred method of stimulation.

*KI 7 This point is on the medial aspect of the hind leg, one sixth the distance from the hock joint to the knee joint, and on the anterior border of the achilles tendon. Insertion is shallow.

*SP 6 Located one-third the distance up from the medial malleolus or ankle prominence, to the knee joint, and on the postero-medial aspect of the tibia. This point is likely to vary about 1 cm either way, and will usually be felt as an indentation or a ridge on the tibia in this area. A 1 inch needle is inserted at this point subcutaneously between skin and tibia, along the long axis of the tibia, towards the knee.

*GB 37 This point is found one quarter the distance up from the lateral point of the hock (lateral malleolus) to the knee joint. The one inch needle is inserted perpendicularly to about half its length, placing the shaft close to the posterior border of the tibia. If the needle was passed thru the leg it would emerge at *LIV 5.

*LIV 3 This point is found just proximal to the 2nd metatarso-phalangeal joint, on the mid medial aspect of the 2nd metatarsal bone. Insertion is half an inch, subcutaneously, and parallel to the bone.

Treatments should be carried out weekly.
Male hormones are produced in the testicles. The points listed are used to regulate the supply of male hormones. The same formula will "normalise" conditions of excess or deficiency.

*KI 11 Found on the anterior brim of the pelvis, half an inch lateral to the mid-line. Laser stimulation for 30 seconds is the preferred method of stimulation.

*GV 3 This point is located on the mid-line of the back, between the spinous processes of the sixth and seventh lumbar vertebrae. Use a half inch needle inserted to full depth and directed vertically downwards.

*GV 4 This point is located on the mid-line of the back, between the spinous processes of the second and third lumbar vertebrae. Use a half inch needle inserted to full depth and directed vertically downwards.

*GV 5 This point is located on the mid-line of the back, between the spinous processes of the first and second lumbar vertebrae. Use a half inch needle inserted to full depth and directed vertically downwards.

*BL 47 Found at the level of the posterior border of the spine of the tenth thoracic vertebra and two inches lateral to the midline. Insertion is one inch perpendicularly.

*ST 36 The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

*CV 3 The point is on the mid-line of the abdomen, one fifth of the distance from the brim of the pelvis to the umbilicus. Stimulation by laser is preferred.

*CV 4 The point is on the mid-line of the abdomen, two fifths of the distance from the brim of the pelvis to the umbilicus. Stimulation by laser is preferred.

Treatments should be carried out at weekly intervals.

NOTE: The lower abdominal points are shown opposite on a female greyhound. In the male, the penis is displaced slightly laterally to allow for stimulation of the *CV points. The *KI points are at the junction of the sheath and the abdominal skin.
PITUITARY FUNCTION

Pituitary gland access involves the use of 4 points. Additional to these points are special points for special reasons.

*GV 16  Located in the mid-line, directly below the external occipital protuberance. A one inch needle is inserted vertically downwards for half an inch.

*GV 17  Located in the mid-line, directly in front of the external occipital protuberance. The insertion is anteriorly, subcutaneously, and for a depth of 1 inch.

*GV 19/20 This point is found at the divergence of the parietal crest on the skull. Because of confusion between *GV 19 and *GV 20 both points are treated as one. Insertion of the needle actually links both points. The needle is inserted 3mm anterior to the point, and is slid between the skin and skull, posteriorly for a distance of one inch.

*BL 1  This point is located in the pigmented skin, 2mm lateral to and 2mm above the inner canthus of the eye. Insertion is posterior, parallel with the ground, to a depth of 1 inch. The needle is placed so that it curves around the inside of the bony orbit.

For an oxytocic effect, to promote milk let-down, or uterine contractions.

*BL 60  The point is on the lateral aspect of the hock, in the apex of th "v" formed by the tibia and the fibular tarsal bones. Insertion is very shallow.

*KI 13  The point is found two fifths of the distance from the anterior brim of the pelvis to the umbilicus and half an inch lateral to the mid-line. It is preferred to use laser for 30 seconds on this point.

*SP 6  Located one-third the distance up from the medial malleolus or ankle prominence, to the knee joint, and on the postero-medial aspect of the tibia. This point is likely to vary about 1cm either way, and will usually be felt as an indentation or a ridge on the tibia in this area. A 1 inch needle is inserted at this point subcutaneously between skin and tibia, along the long axis of the tibia, towards the knee.

For testicular control. (Use *BL 47 as well)

*KI 11  This point is located on the anterior brim of the pelvis and half an inch from the mid-line. Laser for 30 seconds is the preferred method of stimulation.

*BL 47  Found at the level of the posterior border of the spine of the tenth thoracic vertebra and two inches lateral to the mid line. Insertion is one inch perpendicularly.

Treatments should be carried out weekly.
Adrenal overactivity can be due to pituitary malfunction, or to tumour of the adrenal gland. The symptoms reflect the excessive glucocorticoid production by the adrenal glands. They equate with long term cortisone therapy, and include obesity, weakness, thinning of the skin, hairlessness on the thighs, excessive appetite and excessive thirst.

*SP 6 Located one-third the distance up from the medial malleolus or ankle prominence, to the knee joint, and on the postero-medial aspect of the tibia. This point is likely to vary about 1 cm either way, and will usually be felt as an indentation or a ridge on the tibia in this area. A 1 inch needle is inserted at this point subcutaneously between skin and tibia, along the long axis of the tibia, towards the knee.

*PE 7 This point is found at the centre of the back of the wrist, and is located in the depths of the fossa. Insertion is shallow, but a 1 inch needle is needed to reach it.

*BL 47 Found at the level of the posterior border of the spine of the tenth thoracic vertebra and two inches lateral to the mid line. Insertion is one inch perpendicularly.

As this is a relatively slow-moving condition, weekly treatments will suffice.
ADRENAL INSUFFICIENCY

Adrenal insufficiency is due to the failure of the cells of the adrenal gland to secrete their hormones. This may be due to failure of the anterior pituitary gland, surgical removal, atrophy, or prolonged cortisone therapy. The symptoms and therapy of acute insufficiency is outside the scope of this book. However, chronic insufficiency, exhibits a gradual weight loss, appetite loss, decreased exercise ability and occasional bouts of vomiting and/or diarrhoea. Chronic insufficiency may be treated with acupuncture. The commonest greyhound complaint is "cortisone burnout", while in other breeds the condition is called Addison's Disease.

*KI 7 This point is one sixth of the distance up from the hock joint to the knee joint, and is on the anterior border of the achilles tendon, on the medial side of the hind leg. Insertion is shallow, either up or down, but parallel to the tendon.

*BL 47 Found at the level of the posterior border of the spine of the tenth thoracic vertebra and two inch lateral to the mid line. Insertion is one inch perpendicularly.

*GV 10 Found in the mid-line of the back between the spines of the 7th and 8th thoracic vertebrae. Insertion is half an inch vertically downwards.

*CV 6 Found in the mid-line of the abdomen 1 inch posterior to the umbilicus. Very shallow needling, but laser stimulation for 30 seconds, or direct maxibustion for 20 minutes is preferred.

*GV 17 Located in the mid line at the rear of the head just above the external occipital protuberance. Insert subcutaneously, anteriorly, for 1 inch.

The success of the treatment, and the frequency of its application can be gauged by monitoring of the serum sodium and potassium levels.
HYPOPARATHYROIDISM

Primary hypoparathyroidism is a disease due to loss of function of the parathyroids either due to inadvertant removal along with the thyroid gland, or to a condition where connective tissue infiltrates the glands and replaces the normal tissues. The symptoms relate to decreased levels of calcium in the blood stream and include spasms, tetany and convulsions. When sudden in onset it resembles tetanus. When it comes on slowly, its first sign may be lethargy, followed by gastrointestinal upsets, restlessness and then twitching, which leads to spasms, and convulsions.

*BL 11  Found at the level of the posterior border of the spine of the first thoracic vertebra and one-half inch lateral to the mid line. Insertion is perpendicular and one inch deep.

*LIV 2  Found on the mid medial aspect of the 2nd metatarso-phalangeal joint. Slide a half inch needle, subcutaneously upwards, parallel to the bone, to a depth of 4mm.

*LIV 3  Found just distal to the 2nd tarso-metatarsal joint, on the mid medial aspect of the 2nd metatarsal bone. Insertion is shallow and subcutaneous to a depth of 4mm, using a half-inch needle.

*CV 15  On the mid-line of the abdomen just posterior to the xiphoid. Insertion very shallow. Laser stimulation for 30 seconds is preferred to needling.

*SI 3  Situated on the fifth toe of the front foot, on the mid-lateral aspect, at the metacarpophalangeal junction. Insert a half inch needle subcutaneously upwards to a depth of 4mm.

*PE 6  Draw an imaginary string line from the fossa behind the wrist (*PE7) curving medially up to the middle of the elbow crease (*LU5). One sixth of the way up this line is *PE6. The needle is inserted antero-laterally half to one inch deep. If correctly found the needle will pass thru between the radius and ulna without touching either, to emerge at *TH5.

*ST 36  The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

Serum calcium and phosphorus levels should be monitored to gauge the effectiveness of the treatment and should be used as a guide as to how often to treat. Each needle should be left in for 20 minutes per treatment.
Primary hyperparathyroidism is a disease due to tumours or hyperplasia of the parathyroid glands which are embedded in the thyroid gland. Whatever the cause the symptoms relate to the increased level of calcium in the blood stream. The parathyroid glands may be thought of as the regulators of the calcium levels in the blood. Symptoms include muscle weakness and lethargy, derangement of the gastrointestinal tract, fractures due to demineralised bones, loosening of teeth, and kidney failure due to calcium being deposited in kidney tissue.

*BL 11 Found at the level of the posterior border of the spine of the first thoracic vertebra and one-half inch lateral to the mid line. Insertion is perpendicular and one inch deep.

*GB 30 This point is located directly over the neck of the femur. The 1 inch needle is inserted perpendicularly and the tip comes to rest in the joint capsule of the hip.

*GB 34 Locate the upper end of the fibula and then move 4 mm antero-ventrally. The point is located within a crescent-shaped bony structure. Insertion is 1 inch deep and perpendicular to the skin at this point. If correctly located the needle will pass between the tibia and fibula.

*ST 36 The point is located half-way down the tibial crest on the lateral side and about 3 mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

Serum calcium and phosphorus levels should be monitored to gauge the effectiveness of treatment and should be used as a guide as to how often to treat. Each treatment should take 20 minutes.
Hypothyroidism

Hypothyroidism, or underactivity of the thyroid gland can be manifest in many ways, including obesity, sluggishness, thinning of hair, depression, oestrous disorders, and impotence.

*ST 9  Take care. Avoid the jugular vein, carotid artery, lymph nodes, and salivary glands. The point is situated between the submandibular salivary gland, and the upper border of the external maxillary vein, directly below the angle of the jaw. Insertion is one inch, perpendicularly. If you do not know your anatomy well you should use a laser-beam.

*GV 14  Find the first thoracic vertebral spine. The point is just in front of the spine, in the mid-line. Penetrate vertically, one inch in depth.

*GV 19/20  This point is found at the divergence of the parietal crest on the skull. Because of confusion between *GV/19 and *GV/20 both points are treated as one. Insertion of the needle actually links both points. The needle is inserted 3mm anterior to the point, and is slid between the skin and skull, posteriorly for a distance of one inch.

*KI 7  This point is on the medial aspect of the hind leg, one sixth the distance up from the cleft of the hock to the knee joint, and situated on the anterior border of the achilles tendon. Insertion is very shallow. Stimulation by laser beam may be preferred.

*CV 6  The point is found on the mid-line of the abdomen 1 inch posterior to the umbilicus. Moxibustion is preferred.

*LI 4  On the front foot, the dew-claw base is Metacarpal-1, and will still be present even if the dew-claw itself is not. The point is found in the space between M/C 1 and M/C 2, halfway down M/C 1. A half-inch needle is inserted so that the needle tip is firmly anchored between the bones at this point.

The treatment should be conducted once weekly. Needles are inserted for 20 minutes, direct moxibustion is performed for 5 minutes, and laser irradiation for 30 seconds per point.
HYPERTHYROIDISM

Hyperthyroidism is due to the over-activity of the thyroid gland. Its symptoms can be those of an overstimulated nervous system such as fine muscle tremors, palpitations of the heart, nervousness, irritability and hyperactivity. Other symptoms include bulging eyes, enlarged thyroid gland, loss of appetite, loss of weight, and sometimes vomiting and diarrhoea.

*ST 9  Take care. Avoid the jugular vein, carotid artery, lymph nodes, and salivary glands. The point is situated between the submandibular salivary gland, and the upper border of the external maxillary vein, directly below the angle of the jaw. Insertion is one inch, perpendicularly. If you do not know your anatomy well you should use a laser-beam.

*CV 23  This point is in the mid-line of the throat, in the middle of the neck crease. Insertion is obliquely forwards and upwards 1 inch in depth. Unskilled persons should use a laser-beam for this point.

*GV 14  Find the first thoracic vertebral spine. The point is just in front of the spine, in the mid-line. Penetrate vertically, one inch in depth.

*GV 19/20 This point is found at the divergence of the parietal crest on the skull. Because of confusion between *GV19 and *GV20 both points are treated as one. Insertion of the needle actually links both points. The needle is inserted 3mm anterior to the point, and is slid between the skin and skull, posteriorly for a distance of one inch.

*CV 16  This point is on the mid-line of the chest, three quarters of the way from the sternal notch to the xiphoid. Stimulation is by way of moxibustion or by laser-beam.

*BL 15  Found at the level of the posterior border of the spine of the sixth thoracic vertebra and one inch lateral to the midline. Insertion is one inch perpendicularly.

*HE 7  Locate the styloid process of the ulna on the outside of the wrist. The point lies posterolaterally at the junction of this process and the wrist bones. Insertion is in an antero-medial direction with a half inch needle inserted about 4mm deep.

*LIV 2  Found on the mid-medial aspect of the 2nd metatarso-phalangeal joint of the back foot. Slide the half inch needle to half its depth subcutaneously upwards, parallel to the bone.

*LI 4  On the front foot, the dew-claw base is Metacarpal-1, and will still be present even if the dew-claw itself is not. The point is found in the space between M/C 1 and M/C 2, halfway down M/C 1. A half-inch needle is inserted so that the needle tip is firmly anchored between the bones at this point.

The treatment should be conducted once weekly. Needles are inserted for 20 minutes, direct moxibustion is performed for 5 minutes, and laser irradiation for 30 seconds per point.
ORCHITIS

Orchitis is an inflammation of the testicles and may be due to infection or to injury. The points in this formula may be used for all structures within the scrotum, thus including epididymitis.

*GV 3 This point is on the mid-line of the back between the spinous processes of the sixth and seventh lumbar vertebrae. Insertion is vertically downwards for one half an inch.

*LIV 8 This point is located where the medial knee crease meets the anterior border of the tendon of the semi-membranosus muscle. Insertion is perpendicularly, one inch at right angles to the long axis of the dog, with the needle lying behind the knee joint.

*BL 23 Found at the level of the posterior border of the spine of the third lumbar vertebra and one inch lateral to the mid line. Insertion is one inch perpendicularly.

*BL 31 Found at the level of the posterior border of the spine of the first sacral vertebra and one-half inch lateral to the mid line. Insertion is half an inch perpendicularly.

*BL 34 Found at the level of the posterior border of the spine of the third sacral vertebra and one-half inch lateral to the mid line. Insertion is half an inch perpendicularly.

*SP 6 Located one-third the distance up from the medial malleolus or ankle prominence, to the knee joint, and on the posteromedial aspect of the tibia. This point is likely to vary about 1 cm either way, and will usually be felt as an indentation or a ridge on the tibia in this area. A 1 inch needle is inserted at this point subcutaneously between skin and tibia, along the long axis of the tibia, towards the knee.

*ST 36 The point is located half-way down the tibial crest on the lateral side and about 3 cm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

Due to the urgent nature of the condition, the treatment should be undertaken daily until resolution.
BILIARY COLIC

The structure of the bile duct and the pancreatic duct in a dog is quite variable. Therefore one should treat both bile duct and pancreatic duct as one, as in many cases they empty into the small intestine by a common duct. Bile duct or common duct or pancreatic duct spasm produces incredible pain and extremely high levels of bilirubin and pancreatic enzymes in the blood.

*BL 19 Found at the level of the posterior border of the spine of the eleventh thoracic vertebra and one inch lateral to the mid line. Insertion is one inch perpendicularly.

*BL 20 Found at the level of the posterior border of the spine of the twelfth thoracic vertebra and one inch lateral to the mid line. Insertion is one inch perpendicularly.

*LIV 13 Found at the free end of the last rib. Insertion is very shallow, but the preferred method of stimulation is by laser beam for 30 seconds.

*ST 36 The point is located half-way down the tibial crest on the lateral side and about 3 mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

*SP 6 Located one-third the distance up from the medial malleolus or ankle prominence, to the knee joint, and on the postero-medial aspect of the tibia. This point is likely to vary about 1 cm either way, and will usually be felt as an indentation or a ridge on the tibia in this area. A 1 inch needle is inserted at this point subcutaneously between skin and tibia, along the long axis of the tibia, towards the knee.

*GB 24 Located on the nipple line between rib 7 and rib 8. Insertion is very shallow. The preferred method of stimulation is by 30 seconds of laser-beam irradiation.

This treatment should be continued two or three times weekly until the problem is resolved, then once weekly for at least three weeks to ensure against recurrence.
Pancreatitis may be acute, chronic or relapsing. Pancreatitis involves an inflammation of the pancreas and it may be due to many causes. The symptomatology revolves around a loss of either the insulin-producing capacity, or the digestive enzyme producing capacity, or both. Acute pancreatitis is a life threatening disorder and requires immediate veterinary attention. Chronic pancreatitis or relapsing pancreatitis can be successfully treated using the following formula.

*BL 20 Found at the level of the posterior border of the spine of the twelfth thoracic vertebra and one inch lateral to the mid line. Insertion is one inch perpendicularly.

*LIV 13 Found at the free end of the last rib. Insertion is very shallow, but the preferred stimulation is by 30 seconds of laser-beam irradiation.

*GB 34 Locate the upper end of the fibula and then move 4mm antero-ventrally. The point is located within a crescent-shaped bony structure. Insertion is 1 inch deep and perpendicular to the skin at this point. If correctly located the needle will pass between the tibia and fibula.

*ST 36 The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

This condition requires at least twice weekly treatment for up to 4 or 5 weeks. Proper attention should be given to monitoring blood in urinary and fecal enzymes.
Mastitis is an inflammation of mammary glands normally due to an infection. The symptoms include a hardening of the affected gland, with pain, heat, and often redness. The bitch will resent it being touched and will often refuse to suckle her pups. There is usually an increase in the body temperature, and the bitch goes off her food. The "milk" from an affected gland may become watery or take on the consistency of thick pus.

*GB 41 This point is located in the cleft between the 4th and 5th metatarsal bones on the front aspect of the hind foot.

*CV 17 This point is located on the midline of the chest, two thirds of the distance from the sternal notch to the xiphoid. Insertion of needles is unusual, and the laser beam stimulation for 30 seconds is preferred.

*SI 1 Located on the 5th digit of the front leg, 2mm behind the lateral corner of the nail, in the sensitive ridge of tissue. Insert a half-inch needle to about half its depth.

*ST 18 Located on the nipple line at the level of the xiphoid. Shallow insertion of needle. Laser is preferred.

*ST 36 The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

*SP 6 Located one-third the distance up from the medial malleolus or ankle prominence, to the knee joint, and on the postero-medial aspect of the tibia. This point is likely to vary about 1cm either way, and will usually be felt as an indentation or a ridge on the tibia in this area. A 1 inch needle is inserted at this point subcutaneously between skin and tibia, along the long axis of the tibia, towards the knee.

This treatment is secondary in importance to the judicious use of antibiotics. Acupuncture should be used while awaiting veterinary attention as a adjunct to the use of antibiotics, and may be given concurrently with medical treatment.
Normally a placenta is shed with every puppy born. Normal practice is to inject oxytocin to ensure that placentae are shed during the process of, or shortly after whelping.

*LI 4 On the front foot, the dew-claw base is Metacarpal-1, and will still be present even if the dew-claw itself is not. The point is found in the space between M/C 1 and M/C 2, halfway down M/C 1. A half-inch needle is inserted so that the needle tip is firmly anchored between the bones at this point.

*SP 6 Located one-third the distance up from the medial malleolus or ankle prominence, to the knee joint, and on the posteromedial aspect of the tibia. This point is likely to vary about 1cm either way, and will usually be felt as an indentation or a ridge on the tibia in this area. A 1 inch needle is inserted at this point subcutaneously between skin and tibia, along the long axis of the tibia, towards the knee.

*BL 67 Located on the 5th digit of the hind leg, 2mm behind the lateral corner of the nail, in the sensitive ridge of tissue. Insert a half-inch needle to about half its depth.

*GB 34 Locate the upper end of the fibula and then move 4mm antero-ventrally. The point is located within a crescent-shaped bony structure. Insertion is 1 inch deep and perpendicular to the skin at this point. If correctly located the needle will pass between the tibia and fibula.

This treatment should be performed hourly for six hours. If placentae are retained for more than six hours veterinary help should be sought.
NEPHRITIS

Nephritis is an inflammation of the kidneys and is most commonly due to an infection. The first line treatment for infected kidneys should always be antibiotics. However in cases of chronic nephritis, or relapsing acute nephritis that is not satisfactorily treated with antibiotics, acupuncture is very useful. The following formula is also used for all primary kidney disorders, and kidney pain.

*BL 23  Found at the level of the posterior border of the spine of the third lumbar vertebra and one inch lateral to the mid line. Insertion is one inch perpendicularly.

*GB 25  Located just posterior to the tip of the last rib. Insertion is very shallow, but laser-beam stimulation is preferred.

*ST 36  The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

*KI 3  Located on the medial side of the hock right at the apex of the "v" formed by the tibia and the fibular tarsal bone. Insertion is shallow. If the needle is passed thru the leg, it will emerge at *BL 60 effectively joining the two points. This has a very powerful general analgesic effect.

*SP 6  Located one-third the distance up from the medial malleolus or ankle prominence, to the knee joint, and on the posteromedial aspect of the tibia. This point is likely to vary about 1cm either way, and will usually be felt as an indentation or a ridge on the tibia in this area. A 1 inch needle is inserted at this point subcutaneously between skin and tibia, along the long axis of the tibia, towards the knee.

Acute cases can be treated daily, and less acute cases once or twice weekly. All needles are inserted for 20 minutes and laser stimulation is for 30 seconds per point.
Rhabdomyolysis is at present a scientific hot potato. Many experts have succeeded in confusing most veterinary surgeons about what is actually happening. However, it is generally believed that stress, mediated thru the adrenal gland is capable of causing a wide range of symptoms. These include an excessive thirst accompanied by frequent urination, hardening of the muscles of the loins and hind legs, passing of coffee colored urine, and the loss of several kilograms weight after a race. The injudicious use of cortisone products has also been implicated. Another common factor is the unfit greyhound. All of these factors in varying proportions are known to contribute to the conditions called cramps, tying-up, cording-up, or rhabdomyolysis. The points for treating this condition during an attack, or for preventing its recurrence are as follows.

*BL 67 Located on the 5th digit of the hind leg, 2mm behind the lateral corner of the nail, in the sensitive ridge of tissue. Insert a half-inch needle to about half its depth.

*BL 13 Found at the level of the posterior border of the spine of the third thoracic vertebra and one inch lateral to the mid line. Insertion is one inch perpendicularly.

*BL 15 Found at the level of the posterior border of the spine of the sixth thoracic vertebra and one inch lateral to the mid line. Insertion is one inch perpendicularly.

*SP 6 Located one-third the distance up from the medial malleolus or ankle prominence, to the knee joint, and on the postero-medial aspect of the tibia. This point is likely to vary about 1cm either way, and will usually be felt as an indentation or a ridge on the tibia in this area. A 1 inch needle is inserted at this point subcutaneously between skin and tibia, along the long axis of the tibia, towards the knee.

*GB 34 Locate the upper end of the fibula and then move 4mm antero-ventrally. The point is located within a crescent-shaped bony structure. Insertion is 1 inch deep and perpendicular to the skin at this point. If correctly located the needle will pass between the tibia and fibula.

*KI 7 This point is found on the medial aspect of the hind leg, one sixth of the distance up from the cleft of the hock to the knee joint and on the anterior border of the achilles tendon. Insertion is very shallow. Stimulation by laser-beam is preferred.

*BL 47 Found at the level of the posterior border of the spine of the tenth thoracic vertebra and two inches lateral to the mid line. Insertion is one inch perpendicularly.

A well nourished, fit greyhound, which has not been abused with cortisone injectins is unlikely to suffer rhabdomyolysis. In an acute attack, in addition to conventional veterinary treatment use the formula daily. In remission, use the formula weekly to prevent another attack.
SPINAL PARALYSIS

A vertebral disk is a dense fibrous rubbery cushion, with a fluid core, which acts as a cushion between the vertebrae. On occasions it can intrude into space occupied by the spinal cord. This can cause the whole range of symptoms from mild discomfort thru to complete paralysis.

Many cases of "paresis" or partial paralysis, can be helped with acupuncture. The important thing is to find the area of spine that is causing the trouble. X-rays are often misleading. A more reliable test is the "panniculus" reflex. Using a sharp needle, prick the skin along both sides and about 1 inch out from the mid-line of the back. Test the full length of the spine for areas of hypersensitivity, which will be evidenced by a flinching of the skin when pricked. The area of maximum hypersensitivity indicates the site of the trouble. Select bladder meridian points above and below the lesion. That is, points 1 inch out from the midline, and on a line at right angles to the long axis of the dog, placed at the posterior aspect of the spines of the vertebrae. Insert needles 1 inch deep into the points selected. Also use a point on the mid-line, half an inch deep, right into the centre of the trouble. Then add the points of the formula.

*BL 40 Located in the mid line of the crease formed when the knee is flexed. Insertion is one inch deep and directed anteriorly, parallel to the ground as the dog is standing.

*BL 67 Located on the 5th digit of the hind leg, 2mm behind the lateral corner of the nail, in the sensitive ridge of tissue. Insert a half-inch needle to about half its depth.

*BL 11 Found at the level of the posterior border of the spine of the first thoracic vertebra and one-half inch lateral to the mid line. Insertion is perpendicular and one inch deep.

*ST 36 The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

*GB 34 Locate the upper end of the fibula and then move 4mm antero-ventrally. The point is located within a crescent-shaped bony structure. Insertion is 1 inch deep and perpendicular to the skin at this point. If correctly located the needle will pass between the tibia and fibula.

Paresis should be treated three times weekly if the injury is fresh. If you are treating a long standing condition, then weekly treatment will be sufficient. In general, treat all points for 20 minutes. Sometimes a better response will be gained by using electro-acupuncture on the local points. In a fresh injury, 20 minutes of 20Hz stimulation is used. In a chronic injury, 8 minutes of 5Hz stimulation is used. In both cases, intensity is at maximum comfortable level.
Mesalliance is the term for the inopportune mating of a dog and a bitch. After the event one has 4 days in which to interfere with conception. The normal veterinary treatment in this period is to inject female hormones into the bitch, to create an unfavourable environment in the womb so that implantation cannot take place. This has the undesirable side effect of prolonging the season for another 2 to 3 weeks. The following formula creates an unfavourable womb environment without prolonging oestrus.

**LI 4** On the front foot, the dew-claw base is Metacarpal-1, and will still be present even if the dew-claw itself is not. The point is found in the space between M/C 1 and M/C 2, halfway down M/C 1. A half-inch needle is inserted so that the needle tip is firmly anchored between the bones at this point.

**SP 6** Located one-third the distance up from the medial malleolus or ankle prominence, to the knee joint, and on the postero-medial aspect of the tibia. This point is likely to vary about 1 cm either way, and will usually be felt as an indentation or a ridge on the tibia in this area. A 1 inch needle is inserted at this point subcutaneously between skin and tibia, along the long axis of the tibia, towards the knee.

**BL 67** Located on the 5th digit of the hind leg, 2 mm behind the lateral corner of the nail, in the sensitive ridge of tissue. Insert a half-inch needle to about half its depth.

The formula should be used daily for 20 minutes for the four days.
PERFORMANCE

It is not possible to make an unfit, poorly-trained, poorly-nourished, sore greyhound consistently win races. However, providing these matters have been attended to and you have a fit, well-balanced greyhound, it is possible to maximise that dog's performance by the use of the following formula, approximately 3 days before the race.

*BL 23 Found at the level of the posterior border of the spine of the third lumbar vertebra and one inch lateral to the mid line. Insertion is one inch perpendicularly.

*ST 36 The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

*GB 34 Locate the upper end of the fibula and then move 4mm antero-ventrally. The point is located within a crescent-shaped bony structure. Insertion is 1 inch deep and perpendicular to the skin at this point. If correctly located the needle will pass between the tibia and fibula.

*BL 40 Located in the mid line of the crease formed when the knee is flexed. Insertion is one inch deep and directed anteriorly, parallel to the ground as the dog is standing.

*BL 67 Located on the 5th digit of the hind leg, 2mm behind the lateral corner of the nail, in the sensitive ridge of tissue. Insert a half-inch needle to about half its depth.

*BL 13 Found at the level of the posterior border of the spine of the third thoracic vertebra and one inch lateral to the mid line. Insertion is one inch perpendicularly.

*BL 15 Found at the level of the posterior border of the spine of the sixth thoracic vertebra and one inch lateral to the mid line. Insertion is one inch perpendicularly.

*CV 6 Found in the mid-line of the abdomen 1 inch posterior to the umbilicus. Laser stimulation is the preferred method, although direct maxibustion may be substituted.

Any acupuncture treatment within 48 hours of a race is likely to depress the performance. This is followed 50 to 60 hours post treatment by a bounce-back effect of increased vigour and vitality. Therefore when using acupuncture take into account your next nomination date so that your dog is not penalised for "failure to chase". This temporary sedative effect is thought to be due to endorphin release. Needles for 20 minutes, laser-beam for 30 seconds per point.
LICK GRANULOMA

Lick granuloma is a skin condition normally confined to the wrist area of a dog. The generally accepted cause is boredom. The symptoms include the development of a hairless, inflamed, and generally pigmented and eroded area of the skin of the wrist.

*GB 31 This point is located in the groove between the semitendinosus muscle and the biceps femoris muscle, one third of the distance up from the lateral end of the knee crease to the hip joint.

*GV 19/20 This point is found at the divergence of the parietal crest on the skull. Because of confusion between *GV19 and *GV20 both points are treated as one. Insertion of the needle actually links both points. The needle is inserted 3mm anterior to the point, and is slid between the skin and skull, posteriorly for a distance of one inch.

*PE 6 Draw an imaginary string line from the fossa behind the wrist (*PE7) curving medially up to the middle of the elbow crease (*LU5). One sixth of the way up this line is *PE6. The needle is inserted antero-laterally half to one inch deep. If correctly found the needle will pass thru between the radius and ulna without touching either, to emerge at *TH5.

*ST 36 The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

Also add a ring of encircling needles as illustrated on the opposite page. Depending on the chronicity of the lesion, the treatment should be performed once or twice weekly. Response to Laser irradiation is often dramatic.
Greyhounds are "biled-out" when the trainer diagnoses "thick in the wind".
The physiological basis for biling-out presupposes a condition of biliary stasis. In other words the gall bladder becomes engorged with bile which has not emptied via the bile duct to the small intestine. A normal biling-out programme consists of feeding the greyhound a fatty meal and then introducing emesis or vomiting. The rationale is as follows:
The introduction of fatty substances into the stomach stimulates the gall bladder to contract and therefore to empty its load of bile juices into the small intestine. The vomiting is supposed to rid the body of these excessive juices. If in fact an overloaded gall bladder is producing a problem in a greyhound, it may be more satisfactorily relieved by the following formula, without having to subject the dog to the trauma of vomiting.

*BL 19 Found at the level of the posterior border of the spine of the eleventh thoracic vertebra and one inch lateral to the midline. Insertion is one inch perpendicularly.

*BL 20 Found at the level of the posterior border of the spine of the twelfth thoracic vertebra and one inch lateral to the midline. Insertion is one inch perpendicularly.

*GB 24 Found on the nipple line between the 7th and 8th rib. Stimulation is by very shallow needling or by moxibustion or laser beam.

*GB 34 Locate the upper end of the fibula and then move 4mm antero-ventrally. The point is located within a crescent-shaped bony structure. Insertion is 1 inch deep and perpendicular to the skin at this point. If correctly located the needle will pass between the tibia and fibula.

*LIV 13 Located at the free end of the last rib. Insertion is very shallow to a depth of half an inch.

A trainer decides that biling out is necessary following a diagnosis of "thick in the wind". A more satisfactory parameter to measure is urinary bilirubin. To assess the value of a biling out treatment, or your acupuncture treatment, one should measure urinary bilirubin both before and after treatment. A treatment would consist of 20 minutes of needling with intermittent rotational stimulation, and 5 minutes of direct moxibustion where indicted.
Sugar diabetes is a disease caused by a deficiency in the secretion of insulin by cells in the pancreas. Normal western treatment involves the daily injection of artificial insulin to control the blood sugar. A diabetic dog will show sugar in the urine. Acupuncture treatment can be used in mild cases, or once the drug therapy has the patient stabilized. By close monitoring of the urine sugar levels, it may be possible to reduce the dosage of insulin, even to zero.

*BL 20 Found at the level of the posterior border of the spine of the twelfth thoracic vertebra and one inch lateral to the mid line. Insertion is one inch perpendicularly.

*LIV 13 Found at the free end of the last rib. Insertion is subcutaneous for half an inch.

*SP 21 Found on the mid lateral line on the chest wall, between rib 6 and rib 7. Insertion is very shallow, and moxibustion is preferred.

In general one would moxa *SP21 for 5 minutes and needle the other points for 20 minutes. This treatment has the potential to lower the blood sugar so dramatically that hypoglycaemic shock can occur, so it should be carried out in consultation with your veterinary surgeon. Initially it is suggested that treatments be carried out weekly and the urine sugar levels closely monitored to see how great an effect there is and how long it lasts.
HEPATITIS

Hepatitis is the term for an inflamed liver. There are non-specific hepatitis cases and very specific hepatitis conditions such as Infectious Canine Hepatitis where the causative virus is known. Hepatitis can be caused by viruses, bacteria, and also by toxic substances. The acupuncture treatment of hepatitis requires no knowledge of cause. It should however follow a proper diagnosis of liver disease.

*LIV 14 This point is found on the nipple line between the 6th and 7th ribs. Insertion of a needle must be shallow, and directed subcutaneously, parallel to the ribs.

*CV 12 Found on the mid line of the abdomen, half-way from the umbilicus to the xiphoid. Moxibustion is more common than needling, but laser irradiation may be used.

*ST 36 The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

*ST 21 Locate *CV12 as above and then move laterally half-way to the nipple line. Moxibustion is to be preferred, but the laser beam can be substituted.

*GB 34 Locate the upper end of the fibula and then move 4mm antero-ventrally. The point is located within a crescent-shaped bony structure. Insertion is 1 inch deep and perpendicular to the skin at this point. If correctly located the needle will pass between the tibia and fibula.

*BL 18 Found at the level of the posterior border of the spine of the tenth thoracic vertebra and one inch lateral to the mid line. Insertion is one inch perpendicularly.

All liver diseases tend to take a prolonged course. Treatments should be done once or twice weekly. It is recommended that drug therapy be combined with acupuncture therapy in this case.
Paralysis of the radial nerve is generally caused by an impact on the shoulder or fore-arm area. The dog will be unable in varying degrees, to move the front leg forwards, and may be unable to place the foot properly on the ground. When severe the whole leg hangs useless. Providing that the damage is not 100%, the following formula should be used.

*LI 4 On the front foot, the dew-claw base is Metacarpal-1, and will still be present even if the dew-claw itself is not. The point is found in the space between M/C 1 and M/C 2, halfway down M/C 1. A half-inch needle is inserted so that the needle tip is firmly anchored between the bones at this point.

*LI 11 At the lateral end of the elbow crease, when the elbow is flexed. The 1 inch needle is inserted full length, perpendicularly, at right angles to the long axis of the dog, and with the shaft positioned just in front of the joint.

*LI 15 In a depression just in front of the shoulder joint, and level with the tip of the acromion. Insertion is directed towards the centre of the shoulder joint and the depth is one inch.

*SI 11 Locate the mid-point of the spine of the scapula. Then move posteriorly to the centre of the bulk of the muscle which occupies the infraspinous fossa. Insertion is obliquely down the body of the muscle for a depth of one inch.

*BL 11 Found at the level of the posterior border of the spine of the first thoracic vertebra and one-half inch lateral to the mid line. Insertion is perpendicular and one inch deep.

*BAXIE These are "extra-points". There are 8 altogether, in the mid-point of the interdigital webs of the front feet. Insertion is half an inch directed towards the metacarpophalangeal inter-joint area.

The formula may be used with plain needles, or with electro-acupuncture. The treatment should be given daily in the early stages. If the injury is more than 1 week old then treatments should be given twice weekly. The baxie points are the ones commonly electrified using strong stimulation of about 5 Hz.
Deafness in a pet dog may be difficult to detect and may be of little significance to its well being. Excellent hearing in a greyhound is vital for good box jumping. It is quite possible that dogs which routinely jump poorly, or "miss the kick", could be suffering some hearing impairment.

*TH 5  Draw an imaginary line from the styloid process of the ulna up to *LU5. One sixth of the way up this line is *TH5. Insertion is in the postero-medial direction, half to one inch deep. If correctly located the needle will pass thru between the radius and ulna without touching either, to emerge at *PE6.

*TH 21 This point is found in a depression formed as the mouth is opened, just posterior to the temporo-mandibular joint. Insertion is half an inch, slanting slightly anteriorly, and downwards.

*TH 17 This point is located in a depression between the mastoid process and the mandible. Insertion is half an inch directed slightly anteriorly and upwards.

*LI 4  On the front foot, the dew-claw base is Metacarpal-1, and will still be present even if the dew-claw itself is not. The point is found in the space between M/C 1 and M/C 2, halfway down M/C 1. A half-inch needle is inserted so that the needle tip is firmly anchored between the bones at this point.

Deafness is a chronic problem so that once weekly treatments should be sufficient. In human deaf-mutes, responses are only obtained after more than 30 treatments.
TEETH  (Upper and Lower Jaws)

The points listed here cover all conditions of the teeth and gums.

*LI 4 On the front foot, the dew-claw base is Metacarpal-1, and will still be present even if the dew-claw itself is not. The point is found in the space between M/C 1 and M/C 2, halfway down M/C 1. A half-inch needle is inserted so that the needle tip is firmly anchored between the bones at this point.

*ST 44 This point is located between the 2nd and 3rd metatarso-phalangeal joints. A half-inch needle is inserted to its full depth, so that the needle is anchored between the 2 joints.

*ST 6 This point is found on the attachment of the masseter muscle, just anterior to the angle of the jaw, and immediately below the temporo-mandibular joint. Insertion is obliquely towards the corner of the mouth, to a depth of 1 inch.

*ST 36 Used when infection is present. The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

Although the points listed are primarily intended for the long term treatment of diseased gums, they are also useful for stop-gap treatment of decayed teeth while awaiting extraction, due to the fact that the formula has an analgesic effect.
WRIST JOINT

The following formula covers all painful conditions of the wrist including sprains, bruising, accidental trauma and post-operative trauma. All ligament problems are covered by this formula.

*LI 4 On the front foot, the dew-claw base is Metacarpal-1, and will still be present even if the dew-claw itself is not. The point is found in the space between M/C 1 and M/C 2, halfway down M/C 1. A half-inch needle is inserted so that the needle tip is firmly anchored between the bones at this point.

*TH 5 Draw an imaginary line from the styloid process of the ulna up to *LU5. One sixth of the way up this line is *TH5. Insertion is in the postero-medial direction, half to one inch deep. If correctly located the needle will pass thru between the radius and ulna without touching either, to emerge at *PE6.

*PE 7 Point is found at the back of the wrist, midway between *LU9 and *HE7, in the depths of the fossa. A 1 inch needle is aimed at the deepest part of the fossa and inserted about 3 mm.

*LU 7 Draw an imaginary line from the postero-medial wrist crease (*LU9), medially to the centre of the elbow crease (*LU5). One eighth of the distance up this line and on the medial aspect of the styloid process of the radius is *LU7. Insertion is sub-cutaneous in either direction, parallel to the radius. Insertion is one half inch.

*LU 9 Run a finger down the inside of the front leg (radius bone) till a projection of bone at the lower end is felt. The next depression forms the radio-carpal (wrist) joint. *LU9 is found in the postero-medial area of the joint. Insertion is about 3 mm into the joint using a half-inch needle.

*BL 11 Found at the level of the posterior border of the spine of the first thoracic vertebra and one-half inch lateral to the mid line. Insertion is perpendicular and one inch deep.

As the wrist joint consists of many bones and therefore many joint surfaces, it may be difficult to find exactly where the problem is located. Irradiation of all the joint spaces by laser-beam, in addition to the above formula will be beneficial. A wrist can be treated on a daily basis if it is acute, otherwise weekly treatments will suffice.
SPRUNG TOE (front foot)

The usual treatments for dislocated or "sprung" toe in the greyhound leave the toe enlarged and often arthritic. Acupuncture treatment will generally return the joint to functional and visual normality. 4 local points are inserted, using half-inch needles, 2 on each side of the affected joint on the mid-lateral lines of the affected toe as per the illustration opposite. These are left in for 20 minutes.

*SP 5
This point lies at the intersection of the medial border of the medial branch of the long digital extensor as it merges with the tarsus. A half inch needle is inserted into the "vee" so formed.

*BL 11
Found at the level of the posterior border of the spine of the first thoracic vertebra and one-half inch lateral to the mid-line. Insertion is vertically downwards one inch.

*ST 36
The point is located half way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, posteriorly.

*GB 34
Locate the upper end of the fibula, and then move 4mm antero-ventrally. The point is located within a crescent-shaped bony structure. Insertion is 1 inch deep and perpendicular to the surface of the leg. If correctly located the needle will pass between the tibia and fibula.

*L1 4
for 2nd toe
On the front foot, the dew-claw base is Metacarpal-1, and will still be present even if the dew-claw itself is not. The point is found in the space between M/C 1 and M/C 2, halfway down M/C 1. A half-inch needle is inserted so that the needle tip is firmly anchored between the bones at this point.

*PE 6
for 3rd toe
Draw an imaginary string line from *PE7 curving medially up to *LU5. One sixth of the way up this line is *PE6. The needle is inserted antero-laterally half to one inch deep. If correctly found the needle will pass thru between the radius and ulna without touching either, to emerge at *TH5.

*TH 5
for 4th toe
Draw an imaginary line from the styloid process of the ulna up to *LU5. One sixth of the way up this line is *TH5. Insertion is in the postero-medial direction, half to one inch deep. If correctly located the needle will pass thru between the radius and ulna without touching either, to emerge at *PE6.

*S1 11
for 5th toe
Locate the mid-point of the spine of the scapula and then move posteriorly to the centre of the bulk of the muscle which occupies the infra-spinous fossa.

After each treatment, pad the toes with cotton wool, and bandage up the whole foot to give same support. All points are needled for 20 minutes per treatment. Laser irradiation of the affected joint for three minutes during each treatment will speed up the healing process. Repeat the treatment every three days. The dog will usually be back in full work in 3 weeks.
SPRUNG TOE (hind foot)

The usual treatments for dislocated or "sprung" toe in the greyhound leave the toe enlarged and often arthritic. Acupuncture treatment will generally return the joint to functional and visual normality. 4 local points are inserted, using half-inch needles, 2 on each side of the affected joint on the mid-lateral lines of the affected toe as per the illustration opposite. These are left in for 20 minutes.

*SP 5 This point lies at the intersection of the medial border of the medial branch of the long digital extensor as it merges with the tarsus. A half inch needle is inserted into the "vee" so formed.

*BL 11 Found at the level of the posterior border of the spine of the first thoracic vertebra and one-half inch lateral to the mid-line. Insertion is vertically downwards one inch.

*ST 36 The point is located half way down the tibial crest on the lateral side and about 3 mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, posteriorly.

*GB 34 Locate the upper end of the fibula, and then move 4 mm antero-ventrally. The point is located within a crescent-shaped bony structure. Insertion is 1 inch deep and perpendicular to the surface of the leg. If correctly located the needle will pass between the tibia and fibula.

+*ST 44 for 2nd toe. Locate the 2nd and 3rd metatarsophalangeal joints. The point is located between these structures. Insert a half-inch needle to full depth to anchor it.

+*GB 37 for 4th toe. This point is found one quarter the distance up from the lateral point of the hock (lateral malleolus) to the knee joint. The one inch needle is inserted perpendicularly to about half its length, placing the shaft close to the posterior border of the tibia. If the needle was passed thru the leg it would emerge at *LIV 5.

+*BL 40 for 5th toe. Located in the mid line of the crease formed when the knee is flexed. Insertion is one inch deep and directed anteriorly, parallel to the ground as the dog is standing.

After each treatment, pad the toes with cotton wool, and bandage the whole foot to give some support. All points are needled for 20 minutes per treatment. Laser irradiation of the affected joint for three minutes during each treatment will speed up the treatment process. Repeat the treatment every three days. The dog will usually be back in full work in 3 weeks.
Jet-lag is caused by interruption of a dog's inbuilt biological rhythms, due to rapid transportation across several time zones in aircraft. It does not seem to be a problem when dogs are transported within time zones, i.e. north/south. Symptoms include disorientation and extreme lethargy. Treatment is aimed firstly at synchronization of the chronological clock with the dog's biological clock. The whole body is then re-energised.

*GV 19/20 This point is found at the divergence of the parietal crest on the skull. Because of confusion between *GV19 and *GV20 both points are treated as one. Insertion of the needle actually links both points. The needle is inserted 3mm anterior to the point, and is slid between the skin and skull, posteriorly for a distance of one inch.

*ANMIEN This point is located at the posterior tip of the (para)mastoid process. Insert perpendicularly and penetrate one half inch.

*BL 23 Found at the level of the posterior border of the spine of the third lumbar vertebra and one inch lateral to the mid-line. Insertion is one inch perpendicularly.

*ST 36 The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

*GB 34 Locate the upper end of the fibula and then move 4mm antero-ventrally. The point is located within a crescent-shaped bony structure. Insertion is 1 inch deep and perpendicular to the skin at this point. If correctly located the needle will pass between the tibia and fibula.

*BL 40 Located in the mid-line of the crease formed when the knee is flexed. Insertion is one inch deep and directed anteriorly, parallel to the ground as the dog is standing.

The treatment should be given immediately prior to embarkation and immediately after arrival. It may be repeated twice daily for a couple of days if necessary.
ANOESTRUS

Anoestrus is the term which describes the failure of a bitch to come into season normally. Greyhound bitches in particular are subjected to anabolic hormone therapy which has the effect of interfering with the normal cyclic behaviour. If the bitch's season is overdue, then the following formula is used.

*BL 23  Found at the level of the posterior border of the spine of the third lumbar vertebra and one inch lateral to the mid line. Insertion is one inch perpendicularly.

*BL 25  Found at the level of the posterior border of the spine of the sixth lumbar vertebra and one inch lateral to the mid line. Insertion is one inch perpendicularly.

*SP 6   Located one-third the distance up from the medial malleolus or ankle prominence, to the knee joint, and on the postero-medial aspect of the tibia. This point is likely to vary about 1 cm either way, and will usually be felt as an indentation or a ridge on the tibia in this area. A 1 inch needle is inserted at this point subcutaneously between skin and tibia, along the long axis of the tibia, towards the knee.

*CV 4   Located on the mid-line of the abdomen, one half inch posterior to the mid-point between the umbilicus and the anterior brim of the pelvis. Stimulation by laser beam or maxibustion or aquapuncture is preferred to needling.

*LIV 8  Flex the knee to define the medial end of the knee crease. The point lies on this crease where it joins the anterior border of the tendon of the semimembranosus muscle. Insertion is perpendicular, to a depth of 1 inch, and such that the shaft of the needle is directed behind the knee joint.

Use the formula twice weekly until oestrus begins. Needles are inserted for 20 minutes and maxibustion is applied to *CV4 for 5 minutes per treatment.
GALACTORRHOEA

Galactorrhoea is the term for an excessive milk production. This could occur during the nursing of puppies, but is more common at weaning time or during a false pregnancy.

*HE 1 Draw an imaginary line extending the nipple line forwards. HE1 is found halfway between the first nipple and the first rib. Insertion of a needle should be shallow. Laser stimulation, aquapuncture or maxibustion is to be preferred.

*SI 1 Located on the 5th digit of the front leg, 2mm behind the lateral corner of the nail, in the sensitive ridge of tissue. Insert a half-inch needle to about half its depth.

*ST 36 The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

*CV 17 This point is located in the midline of the chest, two-thirds of the distance posteriorly from the sternal notch to the xiphoid. Needling of this point is unusual. Maxibustion or laser stimulation is recommended.

*ST 30 The point is found on the abdomen, on the anterior brim of the pelvis mid-way between the mid-line and an imaginary extended nipple line. Stimulation should be by laser beam or aquapuncture.

This formula should be used daily until the desired effect is attained.
DYSTOCIA

Whelping is usually trouble-free. However if the bitch is in labour and no pups are produced, or if there appears to be too long a period between puppies, or if the bitch starts to tire and stops bearing down, the following formula should be used.

*LI 4 On the front foot, the dew-claw base is Metacarpal-1, and will still be present even if the dew-claw itself is not. The point is found in the space between M/C 1 and M/C 2, halfway down M/C 1. A half-inch needle is inserted so that the needle tip is firmly anchored between the bones at this point.

*SP 6 Located one-third the distance up from the medial malleolus or ankle prominence, to the knee joint, and on the postero-medial aspect of the tibia. This point is likely to vary about 1 cm either way, and will usually be felt as an indentation or a ridge on the tibia in this area. A 1 inch needle is inserted at this point subcutaneously between skin and tibia, along the long axis of the tibia, towards the knee.

*BL 67 Located on the 5th digit of the hind leg, 2 cm behind the lateral corner of the nail, in the sensitive ridge of tissue. Insert a half-inch needle to about half its depth.

Treatments should be given every half-hour for 5 minutes at a time, using intermittent rotational stimulation of each point. There is always the possibility of a malformed or oversized foetus being the cause of the trouble. Therefore it is unwise to delay seeking veterinary attention.
TONSILLITIS

Tonsillitis should always be treated with anti-biotics initially. Acupuncture is useful for the chronic relapsing type of tonsillitis that is resistant to drugs.

*LI 4
On the front foot, the dew-claw base is Metacarpal-1, and will still be present even if the dew-claw itself is not. The point is found in the space between M/C 1 and M/C 2, halfway down M/C 1. A half-inch needle is inserted so that the needle tip is firmly anchored between the bones at this point.

*LU 11
Located on the medial side of the dew-claw, about 2mm posterior to the lateral corner of the nail, on the sensitive ridge of tissue. A half-inch needle is inserted to a depth sufficient to anchor it in place. If the dew-claw is absent then the point cannot be used.

*ST 44
Locate the 2nd and 3rd metatarso-phalangeal joints. The point is found between these structures. A half-inch needle is inserted so that its tip lies between the two joints.

*ST 36
The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

*SI 17
Locate the angle of the jaw. A one inch needle is inserted perpendicularly to half its length at this point.

*GV 14
Locate the tip of the spine of the first thoracic vertebra. The point lies just in front of this spine in the mid-line. A one inch needle is inserted to its full depth.

The treatment should be given every three days for 20 minutes at a time, until recovery is complete. "Booster" treatments should be given from time to time to prevent relapses.
EMERGENCIES

Emergencies arise for various reasons and are usually characterised by a state of shock in which the mucus membranes of the mouth appear quite cold and the skin gets a cold feel to it. Slow breathing or respiratory depression may be a feature. Emergency, includes such conditions as fits, coma, apnoea, concussion and cardiovascular collapse from any cause. The emergency points in order of importance are as follows:-

*GV 26 This point is found in the groove in the mid-line of the nose. The point is taken as where the mid-line intersects with a line drawn across the lower borders of the nasal orifices. Insertion is one-half inch.

*KI 1 Located beneath the main central pad of the hind foot, between the 2nd and 3rd metatarsal bones. Insertion is from the posterior aspect of the pad directed towards the centre of the base of the pad, so that the tip of the needle will lie between the metatarsal bones. Use a 1 inch needle.

*GV 19/20 This point is found at the divergence of the parietal crest on the skull. Because of confusion between *GV19 and *GV20 both points are treated as one. Insertion of the needle actually links both points. The needle is inserted 3mm anterior to the point, and is slid between the skin and skull, posteriorily for a distance of one inch.

*SP 6 Located one-third the distance up from the medial malleolus or ankle prominence, to the knee joint, and on the postero-medial aspect of the tibia. This point is likely to vary about 1cm either way, and will usually be felt as an indentation or a ridge on the tibia in this area. A 1 inch needle is inserted at this point subcutaneously between skin and tibia, along the long axis of the tibia, towards the knee.

Confronted with an emergency, one should firstly insert *GV26 and stimulate vigorously. If response to this point is inadequate, then add the other points and stimulate vigorously. If needles are not available then any sharp objects such as nails, pins, knitting needles will do. These points are not intended to take the place of conventional lifesaving techniques but are intended as useful measures to be taken while awaiting professional help. *SP6 is always used where haemorrhage is known or suspected.
SCARS

A scar is a normal and necessary component of any wound healing process. However, a large or thick scar can cause problems with energy flow along acupuncture meridians, to say nothing of their interference with muscular and joint function. Scars may be lessened and in some cases virtually removed by certain acupuncture needling techniques.

If the scar is very small, then a needle, inserted in each end of the scar, very superficially and directed obliquely towards the centre of the scar, and left in position for 20 minutes, should "clear" the meridian at least temporarily. Several treatments may be necessary for permanent resolution.

If the scar is longer than 1" then more needles should be inserted along the length of the scar at half inch intervals, obliquely towards the scar centre.

If the scar covers a larger area, and is of non-linear type, then one should ring the scar with needles every half inch using the above technique. One should be careful to insert a needle wherever the scar forms a sharp "point", or "indentation".

With successive treatments, many scars will appear to shrink, and some even disappear. Scars within a mass of tissue can sometimes be almost completely resolved by the application of a similar technique:- Determine the size and shape of the scar-body by careful palpation, and then insert a needle into the "poles" of the scar if any are apparent and then insert as many needles as practicable into the body of the scar from all directions, all such needles being about a half inch away from all other needles. Insert just deep enough to anchor the tip into the fibrous tissue. If progress is slow then consider electrical stimulation.

LASER

The laser beam has an extremely good effect in the rapid resolution of scar tissue. Every part of the scar should receive irradiation of at least 30 seconds. All scar treatments should be performed once or twice weekly.

Additionally, the first 5 points listed under "Dermatitis" should be added to the scar formula since they constitute a "general skin formula". (p. 91)
SHORT SCAR.

LONG SCAR.

JAGGED SCAR.

DEEP SCAR.
The word dermatitis includes all the conditions of the skin which cause inflammation, such as eczema, allergies, acute infections, and trauma. The first 5 points constitute a general "skin-formula". To these basic points are added special points for special conditions.

*L1 4 On the front foot, the dew-claw base is Metacarpal-1, and will still be present even if the dew-claw itself is not. The point is found in the space between M/C 1 and M/C 2, halfway down M/C 1. A half-inch needle is inserted so that the needle tip is firmly anchored between the bones at this point.

*L1 11 This point is found at the lateral end of the crease formed when the elbow is flexed. Insertion is perpendicular, one inch deep, at right angles to the long axis of the dog, and with the needle lying in front of the joint.

*LU 7 Draw an imaginary line from the postero-medial wrist crease (*LU9), medially to the centre of the elbow crease (*LU5). One eighth of the distance up this line and on the medial aspect of the styloid process of the radius is *LU7. Insertion is sub-cutaneous in either direction, parallel to the radius. Insertion is one half inch.

*LU 9 This point is found at the postero-medial aspect of the wrist, where the styloid process of the radius meets the wrist bones. Insert 4mm with a half-inch needle directed towards the joint space.

*PE 6 Draw an imaginary string line from the fossa behind the wrist (*PE7) curving medially up to the middle of the elbow crease (*LU5). One sixth of the way up this line is *PE6. The needle is inserted antero-laterally half to one inch deep. If correctly found the needle will pass thru between the radius and ulna without touching either, to emerge at *TH5.

*SP 6 Located one-third the distance up from the medial malleolus or ankle prominence, to the knee joint, and on the postero-medial aspect of the tibia. This point is likely to vary about 1cm either way, and will usually be felt as an indentation or a ridge on the tibia in this area. A 1 inch needle is inserted at this point subcutaneously between skin and tibia, along the long axis of the tibia, towards the knee.

*ST 36 The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

Treatments are carried out once or twice weekly. If allergy is suspected, then *PE6 is added. If infection is complicating the condition then *ST36 is added.
Pharyngitis

Pharyngitis is generally a chronic condition in the greyhound although it can be acute. The main finding is phlegm at the back of the throat, hence it is often mis-diagnosed as "thick-in-the-wind". The acute form is often associated with tonsillitis. Chronic pharyngitis is resistant to antibiotic therapy which makes it a good candidate for acupuncture treatment.

*LI 4 On the front foot, the dew-claw base is Metacarpal-1, and will still be present even if the dew-claw itself is not. The point is found in the space between M/C 1 and M/C 2, halfway down M/C 1. A half-inch needle is inserted so that the needle tip is firmly anchored between the bones at this point.

*LU 11 Located on the medial side of the dew-claw, about 2mm posterior to the lateral corner of the nail, on the sensitive ridge of tissue. A half-inch needle is inserted to a depth sufficient to anchor it in place. If the dew-claw is absent then the point cannot be used.

*ST 44 Locate the 2nd and 3rd metatarso-phalangeal joints. The point is found between these structures. A half-inch needle is inserted so that its tip lies between the two joints.

*ST 36 The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

*LU 7 Draw an imaginary line from the postero-medial wrist crease (*LU9), medially to the centre of the elbow crease (*LU5). One eighth of the distance up this line and on the medial aspect of the styloid process of the radius is *LU7. Insertion is sub-cutaneous in either direction, parallel to the radius. Insertion is one half inch.

Treatment should be carried out twice weekly until the condition is completely resolved, and then weekly for several treatments, and then once a month. Several "booster" treatments may be required from time to time to prevent recurrence.
CYSTITIS

Cystitis is an infection or inflammation of the urinary bladder. It will usually manifest itself in the frequent passage of small amounts of urine. Blood may or may not be present in the urine. The passage is often painful, and the dog may or may not be off its food.

*CV 3 This point is found in the mid-line of the lower abdomen, one quarter of the distance up from the brim of the pelvis to the umbilicus (*CV8). Stimulation by laser or maxibustion is preferred to needling.

*KI 10 Flex the knee to find the medial end of the knee crease. Identify two tendons inserting in this area. *KI10 is located between these tendons near the end of the crease. The direction of insertion is such as to place the needle behind the knee joint. Insertion depth is half to one inch.

*BL 28 Found at the level of the posterior border of the spine of the second sacral vertebra and one inch lateral to the mid-line. Insertion is one inch perpendicularly.

*BL 40 Located in the mid-line of the crease formed when the knee is flexed. Insertion is one inch deep and directed anteriorly, parallel to the ground as the dog is standing.

*ST 36 The point is located half-way down the tibial crest on the lateral side and about 3 cm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

*KI 13 Identify *CV4, half an inch posterior to the mid-point between the umbilicus (*CV8), and the brim of the pelvis. Then move half an inch laterally to *KI13. Maxibustion or laser beam is the preferred method of stimulation.

This formula should be used three times weekly until the problem is resolved. Use needles for 20 minutes, and laser-beam for 30 seconds per point. Normally, antibiotics will be the first choice of treatment. However, many cases of cystitis tend to recur regularly, suggesting an underlying energy imbalance which allows infection to gain access. It is these cases that respond so well to the above formula.
ANAEMIA

Anaemia may occur on its own due to deficient blood production, but more usually it occurs as a consequence of some other condition, for instance hookworm, haemorrhage, or liver disease. It is important to rectify the underlying disease if present, before using the following formula.

*ST 25  This point is found lateral to the umbilicus mid-way between the mid-line and the nipple line. Stimulation by laser beam or maxibustion is preferred toneedling.

*CV 12  This point is found on the mid-line of the abdomen, half-way from the umbilicus to the xiphoid. Stimulation by laser beam or maxibustion is preferred.

*ST 36  The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

*BL 21  Found at the level of the posterior border of the spine of the thirteenth thoracic vertebra and one inch lateral to the mid line. Insertion is one inch perpendicularly.

*ST 21  Find the mid-point between the umbilicus and the xiphoid (*CV12), and move laterally half-way from the mid-line to the nipple line. This is *ST21. Stimulation by laser beam or maxibustion is preferred to needling.

*PE 6   Draw an imaginary string line from the fossa behind the wrist (*PE7) curving medially up to the middle of the elbow crease (*LU5). One sixth of the way up this line is *PE6. The needle is inserted antero-laterally half to one inch deep. If correctly found the needle will pass thru between the radius and ulna without touching either, to emerge at *TH5.

*SP 6   Located one-third the distance up from the medial malleolus or ankle prominence, to the knee joint, and on the postero-medial aspect of the tibia. This point is likely to vary about 1cm either way, and will usually be felt as an indentation or a ridge on the tibia in this area. A 1 inch needle is inserted at this point subcutaneously between skin and tibia, along the long axis of the tibia, towards the knee.

This formula may be used twice weekly until the anaemia is rectified.
HEART DISORDERS

Cardiac insufficiency is very often associated as a cardio-pulmonary problem. For this reason, it is usual to treat heart and lungs together when using acupuncture formulae.

*BL 15 Found at the level of the posterior border of the spine of the sixth thoracic vertebra and one inch lateral to the mid line. Insertion is one inch perpendicularly.

*BL 13 Found at the level of the posterior border of the spine of the third thoracic vertebra and one inch lateral to the mid line. Insertion is one inch perpendicularly.

*PE 6 Draw an imaginary string line from the fossa behind the wrist (*PE7) curving medially up to the middle of the elbow crease (*LU5). One sixth of the way up this line is *PE6. The needle is inserted antero-laterally half to one inch deep. If correctly found the needle will pass thru between the radius and ulna without touching either, to emerge at *TH5.

*CV 17 The point is located in the mid-line of the chest, two thirds of the distance posteriorly from the sternal notch to the xiphoid. Needling of this point is not usual. Moxibustion or laser stimulation is recommended.

*LU 7 Draw an imaginary line from the postero-medial wrist crease (*LU9), medially to the centre of the elbow crease (*LU5). One eighth of the distance up this line and on the medial aspect of the styloid process of the radius is *LU7. Insertion is sub-cutaneous in either direction, parallel to the radius. Insertion is one half inch.

*HE 7 Located on the postero-lateral aspect of the wrist crease, where the styloid process of the ulna meets the wrist bones. Insertion is directly into the joint space, using a half-inch needle, just deep enough to anchor.

This condition is generally of a chronic nature or quite longstanding. Treatments are thus generally given only once or twice weekly until secondary symptoms such as ascites (fluid abdomen) or cough are controlled. Treatment is then given as often as necessary to keep the dog comfortable.
ANXIETY

Anxiety can manifest in many ways such as restlessness or fear. Anxiety could well rob a dog of its best performance. An observant trainer who is aware of his dogs anxiety could improve it's performance with this formula.

**GV 19/20** This point is found at the divergence of the parietal crest on the skull. Because of confusion between *GV19 and *GV20 both points are treated as one. Insertion of the needle actually links both points. The needle is inserted 3mm anterior to the point, and is slid between the skin and skull, posteriorly for a distance of one inch.

**GB 20** This point is found between the tip of the wing of the atlas and the occipital bone of the skull. Insertion is one inch deep diagonally towards the spinal cord.

**GB 34** Locate the upper end of the fibula and then move 4mm antero-ventrally. The point is located within a crescent-shaped bony structure. Insertion is 1 inch deep and perpendicular to the skin at this point. If correctly located the needle will pass between the tibia and fibula.

**BL 10** Located one-half inch posterior to the external occipital protuberance, and one inch laterally. The needle is inserted one inch deep, and directed obliquely towards the spinal cord.

**BL 23** Found at the level of the posterior border of the spine of the third lumbar vertebra and one inch lateral to the mid line. Insertion is one inch perpendicularly.

**ST 36** The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

**LI 4** On the front foot, the dew-claw base is Metacarpal-1, and will still be present even if the dew-claw itself is not. The point is found in the space between M/C 1 and M/C 2, halfway down M/C 1. A half-inch needle is inserted so that the needle tip is firmly anchored between the bones at this point.

**LI 11** Found in the depression at the lateral end of the elbow crease when flexed. Insertion is one inch at right angles to the axis of the dog, with the needle passing in front of the joint.

Some or all of the above points should be tried on a weekly basis. Be aware that it usually takes 3 to 4 weeks for any improvement to be noticed.
IMPOTENCE

Impotence is the inability of the stud dog to produce an erection for the purpose of serving a bitch. It may be due to physical inability or may be due to a lack of desire to mate.

*BL 23  Found at the level of the posterior border of the spine of the third lumbar vertebra and one inch lateral to the mid line. Insertion is one inch perpendicularly.

*BL 32  Found at the level of the posterior border of the spine of the second sacral vertebra and one-half inch lateral to the mid line. Insertion is one-half inch perpendicularly.

*CV 4   The point is found one half-inch posterior to the mid-point between the umbilicus and the anterior brim of the pelvis. Moxibustion is the preferred method of stimulation.

*LIV 8  Identify the medial end of the crease formed when the knee is flexed. Feel the tendon of the semi-membranosus inserting in this region. The point is where the tendon meets the crease. Insertion is perpendicular, depth is 1 inch, and the needle should lie just behind the knee joint.

*SP 6   Located one-third the distance up from the medial malleolus or ankle prominence to the knee joint, and on the posteromedial aspect of the tibia. This point is likely to vary about 1 cm either way, and will usually be felt as an indentation or a ridge on the tibia in this area. A 1 inch needle is inserted at this point subcutaneously between skin and tibia, along the long axis of the tibia, towards the knee.

Initially one should needle *SP6 daily for 20 minutes, using intermittent rotational stimulation. If this is ineffective after 2 days, add Moxa on *CV4. If these 2 points are ineffective, then the complete formula should be used on a weekly basis.
Constipation accompanies many gastro-intestinal upsets and can be due to inappropriate food, to infections and their fevers and as a side effect of disease processes in other areas. Prolonged insult to the G.I. tract can result in functional constipation. Idiopathic constipation is a functional constipation of unknown cause.

_**CV 8**_ 
This point is the umbilicus, and traditionally is forbidden to needle. Moxibustion is the preferred method of stimulation.

_**LI 4**_ 
On the front foot, the dew-claw base is Metacarpal-1, and will still be present even if the dew-claw itself is not. The point is found in the space between M/C 1 and M/C 2, halfway down M/C 1. A half-inch needle is inserted so that the needle tip is firmly anchored between the bones at this point.

_**ST 25**_ 
This point is found lateral to the umbilicus, midway between mid line and the nipple line. Because of its position it is necessary to needle in a sub-cutaneous fashion, or better still use a laser beam.

_**ST 36**_ 
The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

_**LI 11**_ 
This point is found at the lateral end of the elbow crease when the fore-leg is flexed. The insertion is perpendicular to the skin, and at right angles to the long axis of the dog, with the needle passing just in front of the elbow joint to 1 inch depth.

Needling for constipation should be carried out for 20 minutes daily until the condition is controlled, and then weekly then monthly to achieve a "cure". While functional and idiopathic constipation respond to the above formula, one should always seek to treat the primary cause of the constipation if possible.
The epileptic greyhound is a problem because medication to control the seizures will depress the performance of the dog. This medication would also be against the rules of racing in that it affects the performance. The following formula has been proven effective on several occasions.

*SI 3 On the fifth toe of the front foot, on the mid-lateral aspect of the metacarlo-phalangeal joint. A half-inch needle should be inserted sub-cutaneously at this point, and directed towards the wrist. The left *SI3 only is used and it is connected to the negative lead of the first circuit for electro-stimulation.

*BL 62 Located in a depression just below the lower tip of the lateral malleolus of the tibia (ankle prominence). The half-inch needle is inserted sub-cutaneously at this point, and directed towards the point of the hock. The left *BL62 only is used and it is connected to the positive lead of the first circuit.

*LI 4 On the front foot, the dew-claw base is Metacarpal-1, and will still be present even if the dew-claw itself is not. The point is found in the space between M/C 1 and M/C 2, halfway down M/C 1. A half-inch needle is inserted so that the needle tip is firmly anchored between the bones at this point. Only the right *LI4 is used, and it is connected to the negative lead of the second circuit.

*ST 36 The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly. Only the left *ST36 is used and it is connected to the positive lead of the second circuit.

*LU 1 This point is found on the front edge of the first rib, level with the acromion process, as the front leg is pulled posteriorly. Use aquapuncture.

*ST 21 Find the mid-point between the umbilicus and the xiphoid, then move laterally, halfway to the nipple line. Use aquapuncture.

*BL 13 Found at the level of the posterior border of the spine of the third thoracic vertebra and one inch lateral to the mid line. Use aquapuncture.

*BL 15 Found at the level of the posterior border of the spine of the sixth thoracic vertebra and one inch lateral to the mid line. Use aquapuncture.

*GV 19/20 This point is found at the divergence of the parietal crest on the skull. Use aquapuncture.

Electroacupuncture points should receive 10 minutes stimulation at 20 Hertz. The intensity should be maximum tolerable, and should be increased during the treatment.

Aquapuncture is performed by using Vitamin B12 injectable, a #26 needle, and raising a "bleb" of B12 at the point. Take care to inject into the skin at the point and not under it. Give daily until seizures are controlled and then increase the spacing of treatments to suit the case. Drugs should be withdrawn during the course of treatment.

A maintenance level of treatments will be found, usually between once weekly and twice yearly.
Diarrhoea accompanies many gastro-intestinal upsets and can be due to faulty food, to infections and as a side effect of disease processes in other areas. Prolonged insult to the G.I. tract can result in functional diarrhoea. Idiopathic diarrhoea is a functional diarrhoea of unknown cause.

*CV 8  This point is the umbilicus, and traditionally is forbidden to needle. Moxibustion is the preferred method of stimulation.

*LI 4  On the front foot, the dew-claw base is Metacarpal-1, and will still be present even if the dew-claw itself is not. The point is found in the space between M/C 1 and M/C 2, halfway down M/C 1. A half-inch needle is inserted so that the needle tip is firmly anchored between the bones at this point.

*ST 25  This point is found lateral to the umbilicus, midway between mid line and the nipple line. Because of its position it is necessary to needle in a sub-cutaneous fashion, or better still use a laser beam.

*ST 36  The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

*LI 11  This point is found at the lateral end of the elbow crease when the fore-leg is flexed. The insertion is perpendicular to the skin, and at right angles to the long axis of the dog, with the needle passing just in front of the elbow joint to 1 inch depth.

Needling for diarrhoea should be carried out for 20 minutes daily. Moxa on *CV8 can be used every hour for a few minutes at a time to relieve abdominal spasm and pain. While functional and idiopathic diarrhoea respond to the above formula, one should always seek to treat the primary cause of the diarrhoea if possible.
ANOREXIA

Anorexia is the lack of a proper appetite for food. The reason may be obvious as in fever accompanying infections. It may also be due to nausea accompanying many other disorders. As in a human, it can also be of nervous origin.

*ST 25  This point is found lateral to the umbilicus mid-way between the mid-line and the nipple line. Stimulation by laser beam or maxibustion is preferred to needling.

*CV 12  This point is found on the mid-line of the abdomen, half-way from the umbilicus to the xiphoid. Stimulation by laser beam or maxibustion is preferred.

*ST 36  The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

*BL 21  Found at the level of the posterior border of the spine of the thirteenth thoracic vertebra and one inch lateral to the mid line. Insertion is one inch perpendicularly.

*ST 21  Find the mid-point between the umbilicus and the xiphoid (*CV12), and move laterally half-way from the mid-line to the nipple line. This is *ST21. Stimulation by laser beam or maxibustion is preferred to needling.

If there is no obvious disorder causing the loss of appetite, the following technique has proved useful on numerous occasions:-
Insert a half-inch needle fully into *ST36, rotate backwards and forwards for 5 to 10 seconds or until the dog resents it and then take the needle out. Repeat the procedure in the other leg. This procedure has been reported by a number of workers to cause an almost immediate increase in appetite which lasts for days to weeks.
FLATULENCE

Flatulence is an excessive production of gas in the bowel and is manifest by its emergence from the anus, sometimes with accompanying sound effects, and usually with an offensive odour. Some gas production is normal. It is only when considered abnormal in quantity, or when emission is inappropriate, that treatment is necessary. Firstly correct dietary causes, and if the problem remains the following formula should be used.

*ST 25  This point is found lateral to the umbilicus, midway between midline and the nipple line. Because of its position it is necessary to needle in a subcutaneous fashion, or better still use moxibustion.

*ST 36  The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

*CV 6  This point is found on the mid-line of the abdomen, 1 inch posterior to the umbilicus (*CV8). Very shallow needling is necessary, but laser-beam or moxibustion stimulation is preferred.

*CV 4  This point is found on the mid-line of the abdomen, one-half an inch posterior to the mid-point between the umbilicus and the brim of the pelvis. Laser-beam or moxibustion is the preferred method of stimulation.

*CV 8  This point is the umbilicus, and is one point that is traditionally forbidden to be needled. Moxa is the stimulation of choice for this point.

Treatment should be given once or twice weekly until the problem is resolved. Give *ST36 20 minutes of needle stimulation, and all other points 20 minutes of direct moxibustion.
Epistaxis is the correct name for "nose-bleeds". This can occur as an inherited weakness whereby the capillaries of the mucus membranes in the nasal cavity are easily damaged due to their closeness to the surface and/or their inherent fragility. Normal membranes may bleed due to damage by foreign bodies, or due to the presence of polyps or tumors. "Rat-Sak" or dicoumarol poisoning may first manifest itself by a nose-bleed.

**LI 20**
This point is located at the junction of the normal skin of the face and the specialized skin of the nose at the 4 o'clock and the 8 o'clock positions. Insertion is one-half an inch perpendicularly.

**LI 2**
This point is located on the mid-medial aspect of the second toe on the front leg, in a depression just distal to the metacarpo-phalangeal joint. Insertion is shallow, sub-cutaneous and to a depth of a few mm.

**BL 2**
First locate a point 2mm lateral to the inner canthus of the eye. Then move upwards to the rim of the orbit. **BL 2** will be found here in a depression. Insertion is a few mm, using a half-inch needle.

**BL 40**
Located in the mid line of the crease formed when the knee is flexed. Insertion is one inch deep and directed anteriorly, parallel to the ground as the dog is standing.

**SP 6**
Located one-third the distance up from the medial malleolus or ankle prominence, to the knee joint, and on the postero-medial aspect of the tibia. This point is likely to vary about 1cm either way, and will usually be felt as an indentation or a ridge on the tibia in this area. A 1 inch needle is inserted at this point subcutaneously between skin and tibia, along the long axis of the tibia, towards the knee.

Treatment should be given daily or weekly depending on the severity. Each treatment should last about 20 minutes.
AGALACTIA

This condition is defined as an absence of, or deficiency in, the production of milk after whelping. Normally, milk production follows a sudden drop in serum progesterone, such as occurs at whelping or in false pregnancy. True agalactia in animals is rare. It should not be confused with failure of milk let-down or failure of milk production due to inadequate nutrition. For "let-down" failure see Pituitary Treatments.

*HE 1
Draw an imaginary line extending the nipple line forwards. *HE1 is found halfway between the first nipple and the first rib. Insertion of a needle should be shallow. Laser stimulation, aquapuncture or moxibustion is to be preferred.

*SI 1
Located on the 5th digit of the front leg, 2mm behind the lateral corner of the nail, in the sensitive ridge of tissue. Insert a half-inch needle to about half its depth.

*ST 36
The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

*CV 17
This point is located in the midline of the chest, two-thirds of the distance posteriorly from the sternal notch to the xiphoid. Needling of this point is unusual. Moxibustion or laser stimulation is recommended.

This formula should be used 3 times daily after whelping until an adequate milk supply is established. With the exception of *ST1, all points should receive direct moxibustion for about 8 minutes. *ST1 should be needled for 20 minutes.
GASTRITIS

Gastritis is an inflammation of the lining of the stomach. It can be caused by irritants from the external environment such as corrosive substances, or it can be caused by endogenous irritants such as urea, when it "spills-over" into the stomach from the circulation. It can also be caused by infection of the stomach or adjacent organs. The most obvious symptoms are vomiting and/or loss of appetite. It is important to look for the underlying problem when treating gastritis as this condition usually is secondary to some other disorder. However, in primary gastritis the following formula is used.

*CV 12
This point is found on the mid-line of the abdomen half-way from the umbilicus ("CV8") to the xiphoid. Stimulation by laser-beam or maxibustion is preferred.

*ST 36
The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

*BL 21
Found at the level of the posterior border of the spine of the thirteenth thoracic vertebra and one inch lateral to the mid line. Insertion is one inch perpendicularly.

*GB 34
Locate the upper end of the fibula and then move 4mm antero-ventrally. The point is located within a crescent-shaped bony structure. Insertion is 1 inch deep and perpendicular to the skin at this point. If correctly located the needle will pass between the tibia and fibula.

Because gastritis can have severe and potentially lethal complications, it should be treated daily until resolved. This formula can be used after gastric surgery, and in dogs that are prone to gastric torsion as a preventive measure.
There are 4 points commonly used for all eye disorders, including conjunctivitis, blepharospasm, corneal ulcer, loss of visual acuity, retinal defects and cataract. To the four basic points are added specific points for special disorders to complete the formula.

*BL1  The point is located in the pigmented tissue 2mm lateral to, and 2mm above the inner canthus of the eye. Insertion as a local eye point is skin depth with a half-inch needle. For meridian effects a half-inch needle is inserted full depth, and in hormonal formulae, a one inch needle is inserted full depth.

*GB1  This point is located one-half inch lateral to the outer canthus of the eye, and slightly upwards where a depression will be felt. Insert a half-inch needle into this depression.

*ST1  The point is found directly below the centre of the pupil with the dog looking ahead. Slide the one inch needle through the skin, just above the lower orbital ridge, and so that it passes between the orbit and the eyeball, to its full depth.

*GB37  This point is found one quarter the distance up from the lateral point of the hock (lateral malleolus) to the knee joint. The one inch needle is inserted perpendicularly to about half its length, placing the shaft close to the posterior border of the tibia. If the needle was passed thru the leg it would emerge at *LIV 5.

If infection is present add *ST36.

*ST36  The point is located half-way down the tibial crest on the lateral side and about 3mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

If allergy is present add *PE6.

*PE6  Draw an imaginary string line from the fossa behind the wrist (*PE7) curving medially up to the middle of the elbow crease (*LU5). One sixth of the way up this line is *PE6. The needle is inserted antero-laterally half to one inch deep. If correctly found the needle will pass thru between the radius and ulna without touching either, to emerge at *TH5.

If KCS or "dry-eye" is present add *BL2.

*BL2  This point is directly above *BL1 and can be felt as an indentation in the rim of the orbit.

Treatments take about 20 minutes. Needles are used for all points. In eye disorders that are acute and uncomfortable, treatment should be given on alternate days. For chronic conditions, a weekly treatment will suffice. Chronic conjunctivitis will respond more quickly if the affected membrane is irradiated with the Laser-beam at each treatment.
VOMITING

Vomiting may be the sign of serious underlying disease, or may just be a convenient way of emptying the stomach of offensive material. Naturally you should seek to correct any underlying cause before using the following formula. Idiopathic vomiting for which there is no apparent cause may be successfully treated also.

*HE 9  This point is found on the 5th toe of the front leg, 2 mm from the medial corner in the sensitive ridge of tissue. Use a half-inch needle and insert just deep enough to anchor the needle.

*PE 6  Draw an imaginary string line from the fossa behind the wrist (*PE7) curving medially up to the middle of the elbow crease (*LU5). One sixth of the way up this line is *PE6. The needle is inserted antero-laterally half to one inch deep. If correctly found the needle will pass thru between the radius and ulna without touching either, to emerge at *TH5.

*PE 9  This point is located at the tip of the ball or pad of the third toe. Insertion is a few mm posteriorly, parallel to the long axis of the dog.

*ST 36  The point is located half-way down the tibial crest on the lateral side and about 3 mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

The treatment can be given several times a day for 20 minutes. Should the vomiting continue for more than 24 hours, or be accompanied by distress, your veterinary surgeon should be called in.
For all medial thigh muscle injuries a basic formula of 5 points is used. To the basic formula add a ring of needles one half inch apart encircling the affected muscle area. To achieve this a careful palpation must be done to identify precisely the area involved. Place this ring of needles in sound tissue. If the "dropped muscle" is more in the nature of sprain, or contusions without the muscle being separated from the pelvis then treat. If separation has occurred then your vet may be able to suture it back if the injury is fresh.

*ST 36 The point is located half-way down the tibial crest on the lateral side and about 3 mm lateral to it. Insertion is to one inch depth and the direction is parallel to the long axis of the dog, and posteriorly.

*GB 34 Locate the upper end of the fibula and then move 4 mm antero-ventrally. The point is located within a crescent-shaped bony structure. Insertion is 1 inch deep and perpendicular to the skin at this point. If correctly located the needle will pass between the tibia and fibula.

*SP 6 Located one-third the distance up from the medial malleolus, or ankle prominence, to the knee joint, and on the postero-medial aspect of the tibia. This point is likely to vary about 1 cm either way, and will usually be felt as an indentation or a ridge on the tibia in this area. A 1 inch needle is inserted at this point subcutaneously between skin and tibia, along the long axis of the tibia, towards the knee.

*KI 10 Flex the knee and locate the point at the medial end of this crease. It actually lies between the two tendons you can feel in this area.

*LIV 2 Located on the mid-medial aspect of the hind foot, just proximal to the second metatarsophalangeal joint. Insertion is subcutaneous up the leg for about half an inch.

In general points are treated weekly unless the condition is acute, in which case it may be done 2 or 3 times weekly. Needles are inserted for 20 minutes. The laser-beam is useful for the irradiation of the muscle itself, and 3 minutes at each treatment will speed healing. Many cases of ruptured gracics muscle or "dropped back" muscle are abandoned as it is thought that they will never race again. These cases develop a hard knot of fibrous tissue deep inside the thigh musculature. Even these cases will respond to this formula, using needles for the points and large doses of laser radiation for the deep scar tissue.
On the animal body there literally hundreds of acupuncture "points". The practice of acupuncture involves manipulation of "vital-force" energies which are circulating around the body in well defined pathways called meridians. The "points" are certain skin areas that have different qualities to the surrounding skin. The skin of the points is electrically different and this can be demonstrated electronically by "point-finders" which show that at the points the skin resistance is significantly less. The skin at points can also be shown to differ in its microscopic structure, chemical composition, and some sensitive persons are able to "feel" a tactile difference.

The points may be defined as those preferential areas of skin at which the energy flows may be most easily influenced.

Points are grouped into MERIDIANS or pathways for energy flow. These pathways generally have connections to the organs for which they are named. There are only 12 main paired meridians and 2 unpaired meridians which are of importance in this book. It is important to know that there are a total of 59 meridians in all. Even in human acupuncture it is rare for a practitioner to be skilled in the use of all 59.

The diagrams and descriptions which follow are designed to put into perspective the relationship between points, meridians and organs.

It was not thought necessary to include diagrams for Conception Vessel and Governing Vessel meridians as their path is quite obvious.

There is a well defined order of circulation of "chi" energy from one meridian to the next, but it is outside the scope of this book to go into that much detail.
CONCEPTION VESSEL MERIDIAN

This meridian starts with *CV1 in the middle of the perineum, and follows the underside midline up the abdomen, chest, and neck to end with *CV24 in the midline just below the lower lip.

External connections commence at *CV24 and curve around the mouth and lips then upwards to join *ST1.

Internally, *CV1 connects with the organs of the lower abdomen.

GOVERNING VESSEL MERIDIAN

Commencing with *GV1 between the root of the tail and the anus, it traverses the upper midline of the back, neck and head and ends with *GV28 under the upper lip where it meets the upper gums in the midline.

Internal connections are with the lower abdominal organs via *GV1, and with the brain via *GV16.
LUNG MERIDIAN

The lung meridian commences with *LU1 on the skin of the chest wall between first and second ribs. It then passes down the inner aspect of the front leg to terminate with *LU11 on the dewclaw (if present).
External connections are made between *LU7 and *LI1.
Internal connections are made from *LU1 directly to the lung, stomach and large intestine organs, plus the diaphragm.

The function of the lung meridian is the generation of "vital-force" (or CHI), the control of breathing, regulation of water balance and the nourishing of skin and hair.

LARGE INTESTINE MERIDIAN

This meridian starts with *LI1 near the tip of the 2nd toe of the front leg and then passes from the inner to the outer aspect of the leg at the elbow. It then crosses the shoulder joint, neck and face before terminating at the corner of the nose on the opposite side of the body.
An external connection from *LI16 to *GV14 is then carried on internally to lung and large intestine organs, and thence to emerge at *GB37 (a LOWER H0 POINT) on the hind-leg.
Another external branch connects *LI18 to the lower teeth and gums and joins *CV26.

The function of the large intestine meridian relates to regulation of water balance and elimination of waste and toxic products.

Note the connection between Lung and Large Intestine meridians, and the sharing of some functions.
LU is the YIN METAL meridian.
LI is the YANG METAL meridian.
Imbalances between LU & LI can be regulated by stimulating *LI16 +/- or *LU7.
SPLEEN MERIDIAN

If a dew-claw is present on the hind leg then the meridian commences with *SP1 here. However, more usually it commences with *SP5 close to the hock joint and passes up the inner aspect of the hind leg to the ventro-lateral aspect of the abdomen to finish on the chest wall with *SP21.

Internal connections are many and complex, and are made via *CV10 with the spleen and stomach organs, oesophagus, root of the tongue and the heart.

Functions:
(1) Transformation and absorption of energy from food (remember that spleen=pancreas in Chinese medicine), and the transmission of this energy to heart and lung from where it is sent to nourish the whole body.
(2) "Controls blood", i.e. it is concerned with the maintenance of the circulation and control of haemorrhage.
(3) "Dominates muscles" i.e. by the provision and circulation of "chi".
(4) "Controls the mouth" or coordinates ingestion and transport of food via the oesophagus to the stomach.

STOMACH MERIDIAN

The main channel starts beneath the eye with *ST1, then circles the face before passing down the neck, chest and abdomen before arriving on the outside of the hind leg to end on the 2nd toe with *ST45.

External connections occur with the nose, gums and lips in the facial region.
Internally, *ST12 connects with stomach and spleen organs. Another branch from *ST30 connects with stomach and spleen organs.

From *ST36 and *ST42, external branches pass over the dorsum of the hind foot.

The function of this meridian is in controlling the storage and transformation of food.

Spleen is the YIN EARTH meridian.
Stomach is the YANG EARTH meridian.
Together they organise the digestion and absorption of food, and the transmission of the "chi" or energy derived therefrom.

Imbalances between this pair of meridians can be rectified by stimulating *SP4 +/or *ST40.
HEART MERIDIAN

This meridian starts in the "armpit" with *HE1 and passes down the inside of the front leg to end with *HE9 on the 5th toe.

Internal connections are made with the heart, small intestine and eye organs.

*HE9 is connected externally with *SI11 at the tip of the 5th toe.

The function of the heart meridian lies with the controlling of the blood and the blood vessels. "Housing the mind" is also seen as a function of this meridian, and it is said that heart dominates the spirit, consciousness, sleep and thinking.

SMALL INTESTINE MERIDIAN

It starts on the 5th toe of the front leg with *SI11 and passes up the back of the leg, across the shoulder and neck to end in front of the ear at *SI119.

External connection occurs with *GV14 at the back of the neck.

Internal connections are made with the small intestines via oesophagus, heart and stomach. This connection continues down the hind leg to connect with *ST39 the LOWER HO POINT of small intestines. Other connections occur with the inner ear, and with the eyes at *BL1.

Function of the small intestine meridian is the absorption of essential substances.

Heart is the YIN FIRE meridian.
Small intestine is the YANG FIRE meridian.

Imbalances between this pair can be effected by stimulation of *SI7 +/- or *HE5
KIDNEY MERIDIAN

This meridian starts on the sole of the hind foot and makes its way up the inside of the hind leg, making a loop at the hock and then onto the ventral aspect of the abdomen close to the mid-line. It terminates in front of the first rib with *KI27.

An external connection is made from *BL67 to *KI11.

A complex of internal connections starts with a connection from *KI10 to *KI11 via *GV1. A branch from this connection passes up the vertebral canal from *GV1 to terminate in the root of the tongue. En route it gives a branch to the kidney and bladder and another to liver and lungs.

Function of kidney meridian:

Controls reproduction, growth, and development processes.
Controls bone marrow, and brain tissue development.
Has a part in the control of water balance.
Controls reception of cosmic chi by the lungs.
Auditory function is under kidney control.

BLADDER MERIDIAN

The bladder meridian starts at the inner corner of the eye and passes down the neck lateral to the midline. It then makes 2 passes down the back before passing down the back of the leg, then going to the lateral aspect of the hock and finishing with *BL67 on the "little toe" of the hind foot.

External connections:

*BL2 connects with *BL3 via *GV24.
*BL7 connects with *GB12 and also *GV20.
*BL9 connects with *BL10 via *GV17.
*BL10 connects with *BL11 via *GV14.
*BL10 connects with *ST36.

Internal connections are made with kidney and bladder organs.

Function of the bladder meridian is the temporary storage and discharge of water.

Kidney is the YIN WATER meridian.
Bladder is the YANG WATER meridian.

Imbalances between this pair can be effected by stimulation of *KI14 +/- or *BL58.
PERICARDIUM MERIDIAN

This meridian starts with *PE1 between the 4th & 5th ribs, medial to the shoulder, and runs down the front leg to end with *PE9 on the 3rd toe.

An internal branch from *PE1 goes to the Pericardium, and from there connects up the UPPER, MIDDLE and LOWER "HEATERS". (see below)

A branch from *PE8 meets *TH1 at the tip of the 4th digit of the front foot.

The function is as protector of the Heart. Normally one does not treat the heart directly, but treats on the pericardium meridian instead.

TRIPLE HEATER MERIDIAN

This meridian starts with *TH1 on the 4th toe of the front foot, and then curves behind the elbow, up over the lateral aspect of the shoulder and neck to end at the outside corner of the eye with *TH23.

In the head region, facial branches connect with the ear and with the Gallbladder Meridian.

Many connections are made internally with the "organs" of the Triple Heater (see below).

A further branch connects the three heaters with their LOWER HO POINT, *BL39 at the knee joint.

The function of this peculiar meridian is not related to organ function but rather to the generalised "energy function" of the six major organs:-

UPPER HEATER:- (chest) HEART & LUNGS.
MIDDLE HEATER:- (epigastrium) SPLEEN & STOMACH.
LOWER HEATER:- (hypogastrium) KIDNEY & BLADDER.

PE is the YIN FIRE meridian.
TH is the YANG FIRE meridian.
Imbalance between these two meridians can be treated by stimulation of *PE6 +/- or *TH5.
LIVER MERIDIAN

This meridian starts with *LIV2, (as the hind dew-claw is usually absent,) on the inner aspect of the hind foot, and passes up the inner aspect of the hind leg to reach the abdomen. It ends on the chest wall with *LIV14.

External connections:
*LIV4 connects with *LIV5 via *SP6
*LIV11 connects with *LIV12 via *SP12 + *SP13
*LIV12 connects with *LIV13 via *CV2, *CV3 +*CV4

Internal connections:
*LIV13 connects with *LIV14 via liver and gallbladder organs.
*LIV14 connects with *GV20 via throat, naso-pharynx and eye. A branch from the liver passes to the lungs.

The function of the liver meridian is the control of the storage of blood, maintenance of free flow of "chi" to the body, nourishment of tendons and the control of vision and eye movement. The liver meridian plays an important role in the emotions.

GALLBLADDER MERIDIAN

This meridian starts with *GB1 which arises from the outer corner of the eye. It then criss-crosses the side of the head then passes down the lateral aspect of the neck, body and hind leg, to terminate with *GB44 on the 4th digit.

Many complex external interconnections occur in the head region.

A deep branch from GB1 passes via *ST5 and *ST6 to enter the thorax at the neck, and then reaches the gallbladder via the liver. This branch then continues to emerge from the body at *GB30 in the hip region.

As well as functioning to control the storage of bile, this meridian is closely related to liver in promoting the patency of vital energy, "chi".

Liver is the YIN WOOD meridian.
Gallbladder is the YANG WOOD meridian.
Harmonic balance between the two may be achieved by stimulating *LIV5 +/or *GB37.
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