Complementary Veterinary Medicine Newsletter

August 2018
Special Interest Branch Newsletter of the New Zealand Veterinary Association

How Acupuncture Works | Success Stories: When Going the Extra Mile Makes A Difference | Lameness and Muscle Trigger Points

Photo by Photo by Caitlin Mackey
Our mission

To provide educational opportunities and support vets, as well as the public to make use of integrative medicine, thus encouraging sustainable healthcare options and working towards a healthier planet.

President’s report

The theme of this newsletter is Acupuncture, a versatile and powerful complementary therapy that can be used for pain relief as well as to promote health and healing for a variety of health issues.

I know that our Massey Complementary Veterinary Therapy Students are looking forward to their annual conference on 16 September which is all about acupuncture. For those students who are keen, be sure to book your place ASAP as numbers are limited. A Big thank you to Rowan Skentelbery and Marie Potthoff, our MCVT student committee, who have done an incredible job organising vet student talks and this year’s conference.

I am contacted by vets and vet students regularly for information about complementary therapy options, suppliers and contact details of other vets who provide complementary therapy care. Instead of our next newsletter in October we will be producing a “Directory Resource” for our members. This will be another perk for you, our valued CVMB member. If you know of a useful resource, please send it through to us so that we can include it.

Our December newsletter will focus on nutrition. If you would like to contribute any case studies please forward these as we would love to share them.

Thank you to our contributors and advertisers, enjoy your read!

Enjoy your read,

Liza Schneider
President of Complementary Veterinary Medicine Branch of the New Zealand Veterinary Association
Success Stories
When going the extra mile makes a difference!

If you have a case that you would like to share please send it through, we would love to post it here.

Please note that in integrative veterinary practice, these types of successes are common-place and are often reliant on a multi-modal approach.

**Penny, 10-year-old daschund FS with chronic urinary incontinence**

Penny had been successfully treated with Propanolamine for 5 years and as long as she was maintained on this she had no incontinence. Her owners were concerned about possible side effects and had noticed the development of some aggression towards other dogs, they wanted to explore other options. Penny was treated with herbs and homeopathy (combination remedies from the Heel range called Hormeel and Plantago), weaned off her Propanolamine, her aggression subsided and she never suffered from urinary incontinence again.

**Monday, 7-year-old Saanen Goat with resistant helminthiasis**

Monday’s was unwell, developing regular bouts of pneumonia as well as suffering from diarrhea and having repetitively elevated Faecal egg counts despite being drenched with several drenches aimed at the resistant parasites and conventional options were now exhausted. On further questioning, husbandry was found to be meticulous and the other resident goats had no evidence of internal parasites. Monday was treated with a combination of herbs and homeopathics as well as NIS (Neurological Integration System, a system of healing designed to support the immune system and normal physiological function). Over time (6 weeks) he developed less frequent bouts of pneumonia, his FEC decreased (without the use of drenches) and the stiffness in his movement which had been a side issue had improved tremendously.
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NEW CVMB Member Perk: Resources Directory

Do you want to know where to resource complementary therapy products or access contact details of vets with specific skills to refer to or to be listed as a vet with these skills? In October we will be producing a directory to facilitate this.

If you would like to be listed as a vet with complementary therapy skills that other vets may refer to, please send your name, practice details (address and phone number, website optional) and a list of the therapies that you use as well as your qualifications to holistic@vets.org.nz before 15 September.

If you know of or have a valued supplier of complementary therapy products that would be of benefit to share with our members, please send to holistic@vets.org.nz before 15 September.

We look forward to your input and producing this valuable resource!

Other CVMB membership perks include:

• Being a part of one of the NZVA’s most rapidly growing Special Interest Branches!
• Free student and new grad membership
• Regular newsletter and info snippets showcasing successful outcomes with integrative care and information from internationally respected Integrative Vets
• Special member promotions from various businesses aligned with our values
• Facebook discussion group
• Alliance with the Massey Complementary Veterinary Therapies Group who host an annual vet student conference (known for the best goodie bags) and lunchtime talks often with FREE lunch!
• Collegial support and learning
• We aim to create a fear free environment for vets to express their ideas, share innovation and encourage open minded discussion
• Complementary therapies are a growing trend. For improved patient outcomes, greater client and job satisfaction, join our SIB (Special Interest Branch) to learn more!

Please encourage new members to help us grow a veterinary profession that values complementary therapies as an important part of animal health care so that we can help to improve patient outcomes, client and job satisfaction.

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**Rose’s Blog**

Our secretary / treasurer is a lady of many talents and has a number of interesting and invaluable insights to share.

Some days you cannot help but feel slightly disillusioned by your job. Every blog or article that you read seems to be full of doom and gloom. Attrition rates from the profession are running at twenty percent within five years of graduating. Debt to income ratios are unsustainable.

You stand back and try to take a dispassionate view of vet life and it can be difficult but then you have a day where you read something that just reminds you of why you chose to be a vet and you get that poke in the ribs that simply renews all of your commitment to the profession.

Reading the news feed the other morning was just one of those days. Two kiwi vets at the forefront of their profession, in my opinion, leading the way and having an amazing time doing it.

The Complementary Veterinary Medicine Branch of the New Zealand Veterinary Association SIB is about doing the best that you can while thinking outside of the squares that we are placed in.

Dr Paula Short from Nelson has used lateral thinking to develop a dog food using possums and lamb in New Zealand.

Novel protein, lean meat, obesity control. How good is that? Pet food production and exports are a growing market and one company Kiwi Zest is doing really well in that area. Key emphasis is on quality and sourcing. Dr Short seems to have nailed it with her new product.

Then we come to our President. Dr Liza Schneider. I recently had occasion to research her for an article and I was totally gobsmacked at the person and talents that I uncovered.

A recent article in the Bay of Plenty Times profiles her as an individual but more importantly from the CVMBs perspective it serves to bring complementary veterinary medicine and the reasoning behind our choices to the fore. It also serves to bring discussion into the public arena. Our intent is to encourage mutual respect and promote collegiality within the profession and reinforce the importance of having an open mind and developing an increased understanding of clients who ask what else can we do? Are there any other options open to us for treatment and care?

Both of these vets are embracing the NZVA’s mission statement whereby we aim to be the chosen provider of care as well as being the most trusted profession. Combine this with respect for the environment and they both have it nailed.

And that in short is what keeps us all going. Having passion and being inspired. Making a difference.

On a slightly different note my day started with a dingo pup and a wallaby. Last night was a husky and a cane toad. I’m currently in outback Australia working with Dr Sarah Brett at the Kimberley Wildlife and Rescue Centre.

Now if that isn’t a positive reason for being a vet what isn’t? Sarah has a deep passion for complementary medicine and wildlife and is another of those incredible people who also happen to be vets that my involvement with the CVMB has led me to.

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What is a muscle trigger point (MTP)? Not something that is taught during our veterinary education. Those of us who know about MTP’s have learnt about them during our continuing veterinary education.

A working definition of a MTP for veterinarians according to Dr Mark Hocking is as follows:

- A MTP is a focal contracture that can be found in any skeletal muscle.
- A MTP shortens the affected muscle and so may distort posture, restrict range of motion, restrict/stiffen movement and interfere with function.
- A MTP may cause spontaneous pain and so contribute to lameness.
- Palpation of a muscle containing a MTP reveals focal tenderness.
- The tender area in the muscle may feel firmer than the surrounding non-tender muscle and palpation of the surrounding muscle may reveal a taut band.
- A MTP is no longer tender after appropriate treatment.

MTP’s most commonly cause a lameness with a reduced range of motion. Because of the focal contracture of the muscle it can no longer extend through its full range of motion. The dog is usually stiff when it first gets up, may improve as it warms up, but gets worse again after a lot of exercise. The typical history of a lame dog with a MTP is that it responds mildly to anti-inflammatory drugs, there are no lesions on radiographs and most veterinarians are stumped at this point.

These MTP’s can be treated in a number of ways, either using acupuncture choosing a distal point on a meridian that runs through the MTP area and needling the actual trigger point. Once the treatment is complete it is important to place very gentle finger pressure on the MTP and hold for 30 – 60 seconds, gradually increasing the pressure until the MTP dissolves and then stretch the muscle through its full range of motion. This pressure should not elicit pain. It is also possible to use a TENS machine to treat the MTP.

MTP’s can also cause pain or tingling that is referred to other parts of the affected limb. In this case the dog does not show any lameness however will lick or even chew an area that is distal to the affected muscle. This is not as common as lameness but is often misdiagnosed as a behavioural problem. This problem quickly resolves once the MTP is treated.
This is Cleo a 4 year old Staffie, who for 12 months had a lick granuloma on her left foreleg. The treating veterinarian had tried cortisone, various topical ointments, Clomicalm (clomipramine hydrochloride) and sedatives without any success. A biopsy of the lesion indicated chronic inflammation. The diagnosis was acral lick granuloma due to a behavioural issue.

Cleo – first treatment

On clinical examination, Cleo seemed a very calm Staffie and the only abnormalities found was an exquisitely painful MTP in the left Triceps Muscle and some secondary painful points over the shoulder area. Cleo was treated with acupuncture using a needle directly into the Triceps MTP and needling the painful points on the shoulder, in addition to “surrounding the dragon” encircling the actual lick granuloma. Cleo was treated weekly on 3 occasions. After the first treatment the lick granuloma no longer looked red and the owner had not noticed her licking. After the third treatment the Triceps MTP had completely resolved and the bald spot was no longer red. Unfortunately, the hair never grew back but the dog and owner were not troubled by this and five years later there has not been a recurrence.

Lesion during treatment – this is how the lesion appeared when Cleo first came

Lesion after third treatment – it remained like this over the next 5 years.
Therefore, if you have a patient with a lick granuloma either front or back leg, look for MTP’s, treat these and the acral lick granuloma will resolve once the MTP has resolved.

**DR ULRRIKE WURTH BVSC, DIP AC, CVA (IVAS)**

Dr Ulrike Wurth graduated from Melbourne University in 1972. She has extensive veterinary practice experience, starting in mixed practice in Australia and the UK, before setting up the Highton Veterinary Clinic in Geelong, which she continued to run until 2010. Ulrike also has research experience investigating potential anti-inflammatory drugs. She currently works part-time at the Geelong Animal Emergency centre in South Geelong, where she treats patients with acupuncture and Chinese herbs.

Ulrike’s first exposure to acupuncture was in 1982 for a cat with a paralysed bladder and amazed by the experience, she commenced a part-time human acupuncture course in 1984, graduating with a Diploma of (Human) Acupuncture in 1986 and becoming IVAS Certified in 1991. Since this time, she has successfully integrated acupuncture into her busy veterinary practice caseload.

In addition to being a highly skilled and well regarded veterinary acupuncture practitioner, Ulrike has been a passionate advocate for veterinary education in acupuncture and has been instrumental in developing and teaching the Australian IVAS Certification Course curriculum since 1991 and to date has taught 10 courses. The course has been continually updated and improved to ensure high level delivery and optimum learning experiences for veterinarians wanting to integrate acupuncture into their practice. She is currently the Executive Director of the ACVA Foundation Ltd, a non-profit organisation that is the trustee for the Australian College of Veterinary Acupuncture that delivers the IVAS Course in Australia, as on-line lectures and face to face workshops. The 10th Course has just been completed and to date approximately 400 students have completed their IVAS Certification since 1991.

Ulrike was President of the Australian Veterinary Acupuncture Group (AVAG) from 1993 – 2003, the AVAG representative on the Australian Veterinary Association (AVA) Policy Council from 2006 -2012. In 2003 she received an AVA Meritorious Services Award for services to Veterinary Acupuncture. She has lectured in Italy, Thailand and Australia. Currently she is a member of the IVAS Education Committee and the IVAS House of Delegates and the Executive Director of the ACVA Foundation Ltd as Trustee for the Australian Veterinary Acupuncture College.

Email ulrikewurth@bigpond.com
The Australian College of Veterinary Acupuncture presents
Dr Mark Hocking's

TRIGGER POINT THERAPY WORKSHOP

30th September 2018

The Australian College of Veterinary Acupuncture Ltd (ACVA) is a ‘not-for-profit’ organisation that has been established to promote veterinary acupuncture education and research within Australia and the Asia Pacific region.

As organisers of the International Veterinary Acupuncture Society (IVAS) Certification course in Australia, the ACVA provides an 18 month program of lectures, assignments, intensive residential hands-on workshops, mentoring, tutoring and advice on clinical application of acupuncture, to enable course participants to attain the internationally recognised Certificate of Veterinary Acupuncture (CVA) upon successful completion of the required criteria.

The ACVA has established a charitable Foundation to raise money to fund research into veterinary acupuncture. It is our aim that the ACVA Foundation will establish research projects within a number of Australian universities over the coming years.

This workshop is open to all veterinarians who are interested in learning more about trigger points. The numbers for the course are limited and acceptance into the course is on a first come, first paid basis.

**Enrolment Fee**

The workshop fee is AUD $770 (incl GST) this includes lecture notes morning and afternoon tea and lunch.

Enrolment forms and accommodation options are available on our website: www.vetacupcollege.com.au

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Abstract

Acupuncture has many mechanisms of action and not all have been elucidated yet. This paper reviews current research on how it works and acupuncture theory.

Background

The effects of Acupuncture cannot be explained by a single mechanism however a simple explanation is that stimulating acupuncture points modulates the physiology of the body (Fung 2009), such as reducing blood pressure (Flachskampf et al 2007), reducing arrhythmias (Lomuscio et al 2011), relieving dyspepsia symptoms and improving quality of life (Ma et al 2012)- all akin to regulating homeostasis. Conceptually from a Chinese medicine perspective, acupuncture is believed to relieve pain and regulate other processes in the body by stimulation being transmitted through acupuncture points via meridians or channels to the internal organs (Patil et al 2016).

With respect to acupoints, recent studies have examined the structure, function, and characteristics of acupoints and focused on the existence of acupoint specificity (Zhao 2012). However the actual existence and function of acupoints is a matter of controversy with persuasive evidence lacking (Ernst 2006) including the evidence from histological studies for acupoints being unconvincing (Ramey 2001). It is however proposed that the structure under acupuncture points has higher concentrations of high density nerve endings, A and C afferent fibres and higher concentration of neural and vascular components including mast cells which can perceive stimulation (Fang et al 2015). Interestingly keratinocytes have been demonstrated to generate signalling patterns after environmental stimulation and act as an information gathering network in the skin which is responsive to the changing environment. Acupuncture may simply be a more exaggerated form of stimulation (Denda, Tsumi 2014). During acupuncture, connective tissue, elastic, and collagen fibers are entwined around the needle to produce a characteristic needling sensation, called “Deqi” (Langevin 2001).

Langevin (2002) found 80% of acupuncture points correspond with the location of intermuscular or intramuscular connective tissues in post-mortem tissue sections. More recently it is proposed there is no structural difference between a traditional acupuncture point and a sham point however the difference between a traditional acupoint and other points may be in the intensity of response rather than structural components per se (Cheng 2009). This is supported by a systematic review in which Linde et al (2010), raised the question whether sham acupuncture is associated with potent non-specific effects that might account for the discrepancy between several recent large randomized trials finding clinically relevant effects of acupuncture over no treatment or routine care, whereas blinded trials comparing acupuncture to sham interventions often reported only minor or no differences. They found that “sham acupuncture interventions are often associated with moderately large nonspecific effects which could make it difficult to detect small additional specific effects. Compared to inert placebo interventions, effects associated with sham acupuncture might be larger, which would have considerable implications for the design and interpretation of clinical trials” (Linde et al 2010).

Mechanisms of Action

None the less, when needles stimulate acupuncture points (or perhaps even sham points to varying degrees) a number of mechanisms are initiated including:
• Eliciting a local mechanical deformation resulting biomechanical, vasomotor and neuromodulatory effects on interstitial connect tissue (Langevin 2012, Langevin 2001).
• Activates the endogenous pain inhibitory pathways (Wu et al 2016)
• Enhancing endogenous opiates, such as dynorphin, endorphin, encephalin, and release of corticosteroids, relieving pain and enhancing the healing process (Patil et al 2016) as well as release of serotonin and noradrenaline (Wong, Shen 2010).
• Changes in microcirculation varying with needle technique and condition of subjects (Kim et al 2016).
• Generally improves local blood flow via elevating nitric oxide levels resulting in vasodilatation (causing some skin flushing around acupuncture point) (Kimura et al 2013)
• Production and excretion of nitric oxide lowers sympathetic activity in the body (Wong, Shen 2010).
• Micro trauma from needling causing cystoskeletal reorganization, cell contraction and migration, autocrine release of growth factors and stimulation of specific gene transcription, in order to promote local healing (Wong, Shen 2010).
• Needling creates minor bleeding and initiates the release of haemoglobin derived heamorphins which mediate local analgesia (Song et al 2013)
• Transmission of electrical impulses to the spinal cord via inhibitory Aβfibers, causing release of β-endorphins by the pituitary glands, reducing pain (Wong, Shen 2010).
• Excretion of serotonin from the periaqueductal grey matter, in a feedback response to the pain stimuli caused by needling (Wong Shen 2010).

Various theories tie these mechanisms together to propose how acupuncture works including:

Neurohumoral theory
The most well known theory describes the analgesic effects of acupuncture being explained by the production of endogenous opioid substances and neurotransmitters (Cabyoglu, 2006).

Local mechanotransduction theory
When a needle is inserted into the body tissue, there is mechanistic deformation of connective tissue. In response to this, cells generate cascades of cellular and molecular events which lead to activation of intracellular signalling pathways and to changes in the extracellular milieu surrounding needled tissues. This promotes local healing. These effects may expand to distant connective tissue to spread the healing process with longer term effects (Langevin, 2001; 2006).

Gate control theory
This theory states that in the nervous system, there exist nerve fibers that both transmit (Cfibers) and inhibit (myelinated Aβfibers) pain. These nerve fibers come together in the spinal cord. Acupuncture stimulates the pain inhibitory nerve fibers, which lowers the pain input and therefore, relieves the pain. The gatekeeper in this theory is the substantia gelatinosa of the spinal cord that controls what impulses are let through (Melzack 1965).

Post synaptic inhibition
Post synaptic inhibition occurs where an acupuncture stimulus is conducted to the rafe nuclei in the periaqueductal grey matter, which produce serotonin, accommodated by the presence of encephalin. Disinhibition of the rafe nuclei induces impulses down to the place in the spinal cord, where the pain signal entered in the first place, and serotonin and noradrenaline are released to dampen the pain stimulus even more. (Stux, 2000).

Homeostasis Theory
Several studies have shown that acupuncture inhibits the sympathetic nervous system and activates the parasympathetic system, therefore assisting with numerous processes, such as digestion, reduction in blood pressure, reducing stress and muscle contraction. Relaxation of the body by the parasympathetic system, therefore assisting with numerous processes, such as digestion, reduction in blood pressure, reducing stress and muscle contraction. Relaxation of the body by the parasympathetic system allows the body to calm and activate pathways of healing (Nishijo, 1997; Sugiyama, 1995; Sakai, 2007).

The morphogenetic singularity theory
This theory states that acupuncture points and meridians originate from the organising centers in the developing embryo. This growth control system directs the embryonic development, next to the genetic imprinting. As every cell has its own place and function in the growing fetus, communication between cells is essential. Collagen fibers can transport impulses and form the communicating network between the organizing centers. It gives a reason for the bidirectional action of acupuncture points in adjusting bodily processes and restoring normal function by activating the network of organizing centers in the organism. The activation of the self-organizing activity may induce normal physiological processes (Shang 1989, 2001).

Conclusion
There is more scientific proof for the mechanisms of action and the neurohumoral theory, however as with many explanations of phenomena, the combination is most probably closest to the truth, and no one theory explains the effects. Balancing the flow of Qi is a much simpler explanation!

Complementary Veterinary Medicine Branch of the NZVA | April 2018
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Dr. Barbara Fougere earned her Veterinary Degree from Murdoch University Veterinary School Western Australia. She has served on the Australian Veterinary Association Policy Council, Therapeutic Advisory Committee, Feline Health Research Fund and has held positions as President of the Australian Veterinary Acupuncture, President of the Veterinary Botanical Medicine Association, House of Delegates IVAS, is the current President for IVAS and is one of the first veterinarians to be certi-fied in Veterinary Botanical Medicine worldwide. She holds a Masters degree in herbal medicine and a bachelors degree in Complementary Medicine as well as a Masters in the field of education and training. She is also holds qualifications in vet-erinary acupuncture, spinal integration, homeopathy and other therapies. She has authored Healthy Dogs a Manual of Natural Therapies, The Pet Lovers Guide to Natural healing for Cats and Dogs (2006) and coauthored two veterinary texts Veteri-nary Herbal Medicine and Integrating Complementary Medicine into Veterinary Practice. She was awarded the AHVMA Practitioner of the Year in 2010 and Educator of the Year in 2011
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