



*XXIV S.I.A.V. INTERNATIONAL CONGRESS
THE "THREE TREASURES" IN THE GERIATRIC ANIMAL
ROME, ITALY 12-14 OCTOBER 2023*



"DAL BI AL WEI NEL CANE ANZIANO"



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CASO CLINICO MATILDA

TRATTAMENTO DELLA MDIV CON
ELETTROAGOPUNTURA, AGOPUNTURA E
MOXIBUSTIONE

Olga Quintero Echeverry
Francisco Minguell Martín



25 Kg

MATILDA

Femina

Canina

14 anni

Criolla



MOTIVO DELLA CONSULTAZIONE:

- Tetraparesi non deambulatoria
- Areflessia dei 4 arti
- Incontinenza urinaria e fecale
- forte dolore nella regione cervicale
- Ernie cervicali precedentemente diagnosticate
- In ospedale per due settimane, senza evoluzione
- "Proposta per l'eutanasia"

PRIMA SESSIONE: 18 FEBBRAIO 2022

Elettroagopuntura segmentale
+ Punti di agopuntura distale



TRATTAMENTO:

- ❖ Elettroagopuntura cervicale e lumbosacra
- ❖ Agopuntura: 3SI-67BL, Liufeng, 1KI, PC8
- ❖ MOXIBUSTIONE A CASA 2 volte al giorno

SECONDA SESSIONE: 21 FEBBRAIO 22

È in grado di incorporare la testa, ha riflessi molto leggeri

La proprietaria riferisce che è più attiva e attenta.

TRATTAMENTO:

- ❖ Elettroagopuntura cervicale e lumbosacra
- ❖ Agopuntura: 3SI-67BL, Liufeng, 1KI, PC8
- ❖ Caudopuntura
- ❖ MOXIBUSTIONE A CASA 2 volte al giorno



TERZA SESSIONE: 25 FEBBRAIO 22



Ha più riflessi

Ha il controllo degli sfinteri !!!!

TERZA SESSIONE: 25 FEBBRAIO 22

TRATTAMENTO:

- ❖ Elettroagopuntura cervicale e lumbosacra
- ❖ Agopuntura: 3SI-67BL, Liufeng, 1KI, PC8
- ❖ Caudopuntura
- ❖ MOXIBUSTIONE A CASA 2 volte al giorno



POST TRATTAMENTO 3a SESSIONE

La proprietaria segnala:
La sollevano 4 volte al giorno con il
petrale.

Aumento della sensibilità profonda
e superficiale, miglioramento del
riflesso propriocettivo dei 4 arti.



QUARTA SESSIONE: 4 MARZO 2022

TRATTAMENTO:

- ❖ Elettroagopuntura cervicale e lumbosacra
- ❖ Agopuntura: 3SI-67BL, Liufeng, 1KI, PC8
- ❖ Caudopuntura
- ❖ MOXIBUSTIONE A CASA 2 volte al giorno



POST TRATTAMENTO 4a SESSIONE

È in grado di sostenersi e dare il suo
Primi passi.

Non è ancora in grado di alzarsi da sola, ha
bisogno di aiuto.



QUINTA SESSIONE: 12 MARZO 2022

TRATTAMENTO:

- ❖ Elettroagopuntura cervicale e lumbosacra
- ❖ Agopuntura: 3SI-67BL, Liufeng, 1KI, PC8
- ❖ Caudopuntura
- ❖ MOXIBUSTIONE A CASA 2 volte al giorno



SESTA SESSIONE: 19 MARZO 2022

TRATTAMENTO:

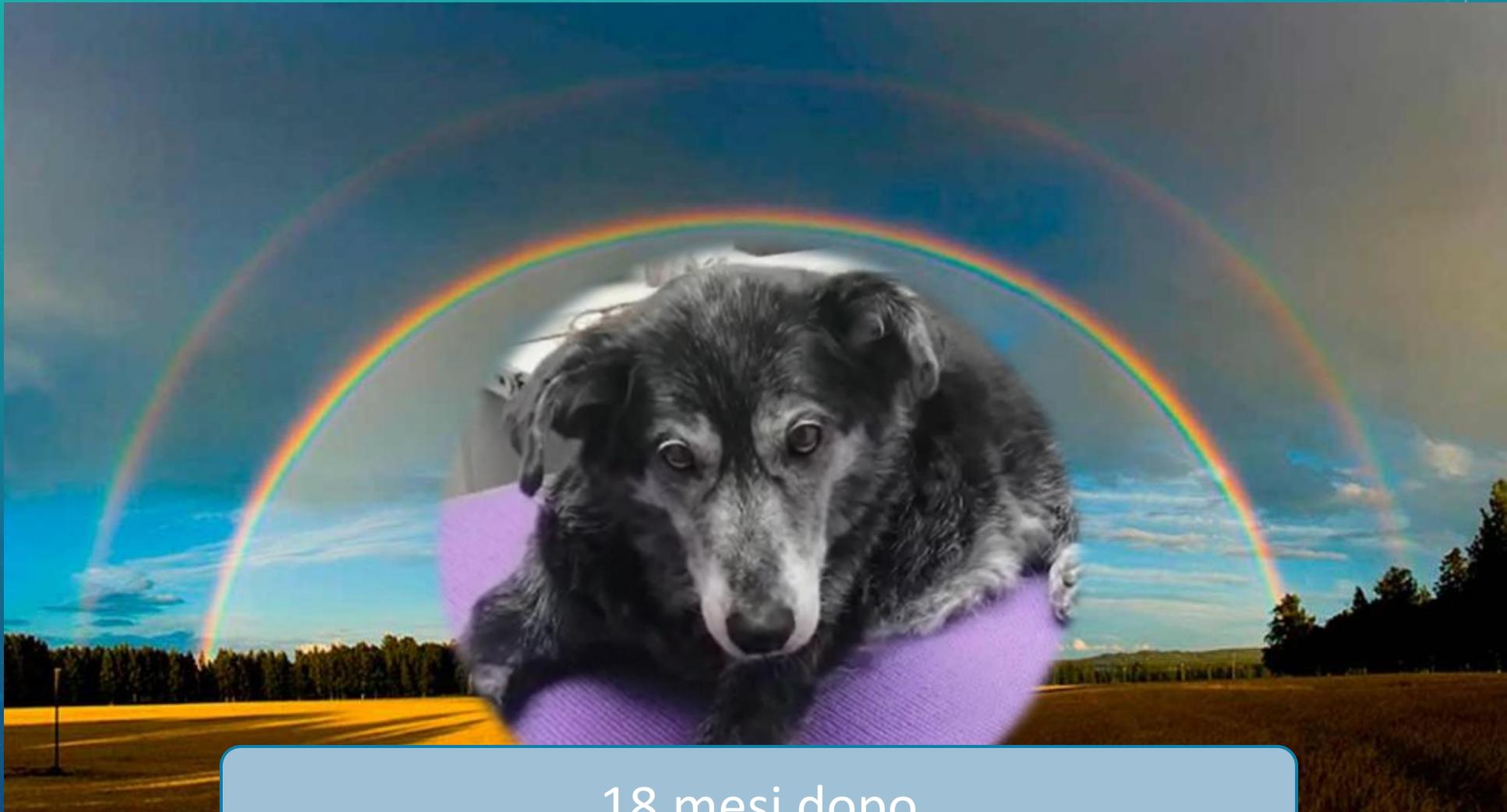
- ❖ Elettroagopuntura cervicale e lumbosacra
- ❖ Agopuntura: 3SI-67BL, Liufeng, 1KI, PC8
- ❖ Caudopuntura
- ❖ MOXIBUSTIONE A CASA 2 volte al giorno



DUE SETTIMANE DOPO L'ULTIMA SESSIONE APRILE 2022



AGOSTO 2023:



18 mesi dopo

HA UNA BASE SCIENTIFICA?

The screenshot shows a PubMed search interface. The search bar contains the text "veterinary acupuncture and neurology". Below the search bar, there are buttons for "Advanced", "Create alert", "Create RSS", and "User Guide". The search results are sorted by "Best match" and there are buttons for "Save", "Email", and "Send to". On the left side, there is a "RESULTS BY YEAR" bar chart showing a peak in 2021. The first result is highlighted with a red circle and is titled "Acupuncture for Small Animal Neurologic Disorders." by Roynard P, Frank L, Xie H, Fowler M. The citation is "Vet Clin North Am Small Anim Pract. 2018 Jan;48(1):201-219. doi: 10.1016/j.cvsm.2017.08.003. Epub 2017 Oct 14." The second result is "Veterinary Neurologic Rehabilitation: The Rationale for a Comprehensive Approach." by Frank LR, Roynard PFP.

Some clinical research suggests that EA may have a success rate of 83% in treating canine thoracolumbar (TL) IVDD

The image shows the cover of the journal "Veterinary Clinics of North America: Small Animal Practice". The Elsevier logo is visible in the top left corner. The title "Acupuncture for Small Animal Neurologic Disorders" is prominently displayed. Below the title, the authors are listed: Patrick Roynard DVM, MRCVS^{a, b}, Lauren Frank DVM, MS, CVA, CVCH, CCRT^c, Huisheng Xie DVM, PhD, MS^d, Margaret Fowler DVM, MS^{e, f, g}. The journal information is "Volume 48, Issue 1, January 2018, Pages 201-219".

PUBBLICAZIONI DI AGOPUNTURA E NEUROLOGIA

Comparison of decompressive surgery, electroacupuncture, and decompressive surgery followed by electroacupuncture for the treatment of dogs with intervertebral disk disease with long-standing severe neurologic deficits

Jean G. F. Joaquim, DVM, PhD; Stelio P. L. Luna, DVM, PhD; Juliana T. Brondani, DVM, PhD; Sandra R. Torelli, DVM, PhD; Sheila C. Rahal, DVM, PhD; Fernando de Paula Freitas, DVM

Objective—To compare the effects of decompressive surgery (DSX), electroacupuncture (EAP), and DSX followed by EAP (DSX + EAP) for the treatment of thoracolumbar intervertebral disk disease (IVDD) in dogs with severe neurologic deficits of > 48 hours' duration.

Design—Retrospective case series and prospective clinical trial.

Animals—40 dogs between 3 and 6 years old and weighing between 10 and 20 kg (22 and 44 lb) with long-standing (> 48 hours) clinical signs of severe neurologic disease attributable to thoracolumbar IVDD.

Procedures—Thoracolumbar medullar injury was classified on the basis of neurologic signs by use of a scale ranging from 1 (least severe) to 5 (most severe). The DSX dogs (n = 10) were retrospectively selected from those that underwent DSX for the treatment of thoracolumbar IVDD. In addition, 19 dogs received EAP alone and 11 dogs underwent DSX followed by EAP (DSX + EAP). Outcome was considered a clinical success when a dog initially classified as grade 4 or 5 was classified as grade 1 or 2 within 6 months after the end of treatment.

Results—The proportion of dogs with clinical success was significantly higher for dogs that underwent EAP (15/19) than for dogs that underwent DSX (4/10); the proportion of dogs with clinical success for dogs that underwent DSX + EAP was intermediate (8/11).

Conclusions and Clinical Relevance—EAP was more effective than DSX for recovery of ambulation and improvement in neurologic deficits in dogs with long-standing severe deficits attributable to thoracolumbar IVDD. (*J Am Vet Med Assoc* 2010;236:1225–1229)

Journal of American Veterinary Medical Association 2010; 36 (11):1225-9. Ensayos controlados aleatorios: 40 perros con déficits neurológicos Grado 4 y 5 por EDIV (Enfermedad de disco intervertebral) fueron tratados con dosis reducidas de Prednisona, y recibieron además EA, cirugía o EA más cirugía. Los Resultados: el índice de recuperación fue significativamente más alto en el grupo de Electroacupuntura.

EA sola: 78,9%

EA más cirugía: 72%

Cirugía sola: 40%

L'AGOPUNTURA-MOXIBUSTIONE ED ELETTROAGOPUNTURA SONO UNA TERAPIA MOLTO VALIDA PER TRATTARE IVDD

- Troppi casi con segni clinici come MATILDA vengono sottoposti a eutanasia a causa dell'ignoranza su questa terapia.



- Grazie alla pazienza e alla perseveranza di persone come Elizabet, che non si arrendono e danno una possibilità ai loro amati compagni a quattro zampe.





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Photo of
the
author



Kidney *Qi* Deficiency with Boney Bi and Wei Syndrome in a patient with Urethral Sphincter Incontinence and Degenerative Joint Disease

Kristin K Burton-Hall, VMD, CVA, CVFT

Kidney, Geriatric, Urinary and Reproductive

MS0240

Summer 2019

Signalment 10 ½ year old Female Spayed Newfoundland

History: She received the full series of puppy vaccines and de-worming. Ovariohysterectomy was done at 4 months of age on 3/26/2009. The patient had a gastric foreign body and secondary MRSA peritonitis in May-June of 2014. In March of 2017 the patient presented for urinary leakage while sleeping. Chemistry Panel/CBC/UA and blood pressure were WNL. The patient was started on Proin® 50mg every 12 hours due to urethral sphincter incompetence.

Owner's Complaint: The patient presented for TCVM evaluation on May 22, 2019 as the owner wanted to explore TCVM treatment as an option for the degenerative joint disease and urethral sphincter incontinence. The patient was having progressively more difficulty getting up from a down position and was occasionally needing the owner to lift her back end.

Four Patterns of Canine Wei Syndrome Treated with Traditional Chinese Medicine

Subject Area: [Further Areas](#) , [General Medicine](#)

[Binxue Wang](#)  ; [Yuting Liu](#); [Shuangyi Xiehe](#); [Xiao Ju](#); [Yunpeng Fan](#); [Yingqiu Liu](#); [Weimin Zhang](#); [Xiaoping Song](#); [Wuren Ma](#) 

Complement Med Res (2023) 30 (2): 174–180.

<https://doi.org/10.1159/000528047>  [Article history](#)

Abstract

Atrophy and weakness of the limbs is a common condition in animals, especially dogs. It typically presents with flaccidity and weakness of the limbs, especially the hind legs, muscle atrophy, and the inability to walk. In Traditional Chinese Medicine (TCM) and Traditional Chinese Veterinary Medicine (TCVM), this is known as wei syndrome (WS). According to TCM, the etiology of WS can be (1) lung heat and fluid consumption; (2) insufficiency of the liver and kidneys; (3) dampness-heat invasion; (4) damage to the spleen and stomach, which are also the patterns of WS. This report aims to provide an alternative option for the treatment of canine paralysis. Four dogs with different WS patterns were treated with acupuncture, moxibustion, and Chinese herbs based on the guidelines of the TCM literature. Three patients recovered normal functioning. The fourth patient could walk normally after 2 weeks of treatment, but his hind limbs became weak again 3 months later. Weekly acupuncture treatment was resumed until his death 18 months later. TCM application of acupuncture, moxibustion, and Chinese herbs can be an effective treatment for canine WS. It is hoped that this case report will broaden the treatment options of other veterinarians when patients present with this condition.

Malattie della
medicina occidentale
correlate con

SINDROME WEI

Brain:
GME
Neoplasia
Toxoplasmosis

Primary Muscle Disease
Immune Mediated Myositis
Nutritional Myopathies
Lyme Disease
Strains & Sprains

Upper Motor Neuron disease
IVD
Degenerative Myelopathy
Diskospondylitis
Neoplasia
Fibrocartilagenous Embolism
Trauma
Cervical Vertebral Instability

Cardiovascular Disease
Thromboembolic Disease
Any heart disease which
decreased cardiac output

Lower Motor Neuron Disease
IVDD
Cauda equina (LSI)
Trauma
Neoplasia
Peripheralis Nerve Degen.

Metabolic Disease
Chronic Renal Failure
Cancer cachexia
Hypothyroidism
Enteropathy protein losing
Hepatic disease

Neuromuscular junction dis.
Myastenia gravis
Hypothyroidism

Orthopedic disease
Athrophy second. to arthritis
Atrophy second. to bleasures

WEI significa secco o appassito. Nessuna forza per stare in piedi.

Sindrome Wei, segni clinici:

- flaccidità muscolare
- tendini e legamenti deboli
- intorpidimento
- atrofia negli arti con ridotta funzione motora
- PARESI E PARALISI DELLE ESTREMITÀ
- DOLORE? Trattamenti analgesici ?



Chiamato anche:
SINDROME WEI ATROFICA
WEI FLACCIDITÀ

Può derivare da lesioni a diversi livelli

- SNC, Sistema Nervoso Centrale
- SNP, Sistema Nervoso Periferico
- Giunzione neuromuscolare
- Muscoli



EZIOLOGIA DELLA SINDROME WEI:

Malattie sistemiche del SNC, SNP, malattie muscolari, cardiovascolari, metaboliche, muscoloscheletriche

Perdita della funzione PROPRIOCETTIVA

Malattie occidentali:

- Avulsione nervosa
- Fibroembolia
- Mielopatie degenerative
- IVDD
- Infarti cerebrali
- Meningoencefalite granulomatosa
- Sequele di malattie croniche
- **Invecchiamento**



EZIOLOGIA DELLA SINDROME WEI

- **Carenza di Qi e sangue:**
 - nella maggior parte dei libri di MTC, la carenza di qi e sangue non è considerata un fattore principale per causare la sindrome di Wei, ma dalla nostra esperienza è un fattore molto importante e anche un modello clinico comune della sindrome di Wei,
 - alcuni casi cronici in particolare. In genere deriva da una carenza della milza e dello stomaco o da un'alimentazione scorretta, che causano la carenza di qi e sangue, con conseguente malnutrizione dei muscoli e dei tendini.
- **Trauma:**
 - può causare direttamente lesioni ai tessuti, compresi muscoli, tendini e ossa, nonché ai meridiani, con conseguente stasi di sangue e ristagno di qi. I muscoli e i tendini non sono nutriti in modo adeguato, i meridiani non funzionano normalmente e ciò è evidenziato da intorpidimento e incapacità

PERCHÉ L'INVECCHIAMENTO PREDISPONE ALLA SINDROME WEI?

- **Malattia degenerativa articolare:**
 - Mobilità ridotta,
 - gamma di movimento articolare,
 - Ristagno di Qi e Sangue
- **Carenza di organi che producono sangue:** Rene e Milza
- **Malattie croniche:** la Milza è sempre coinvolta



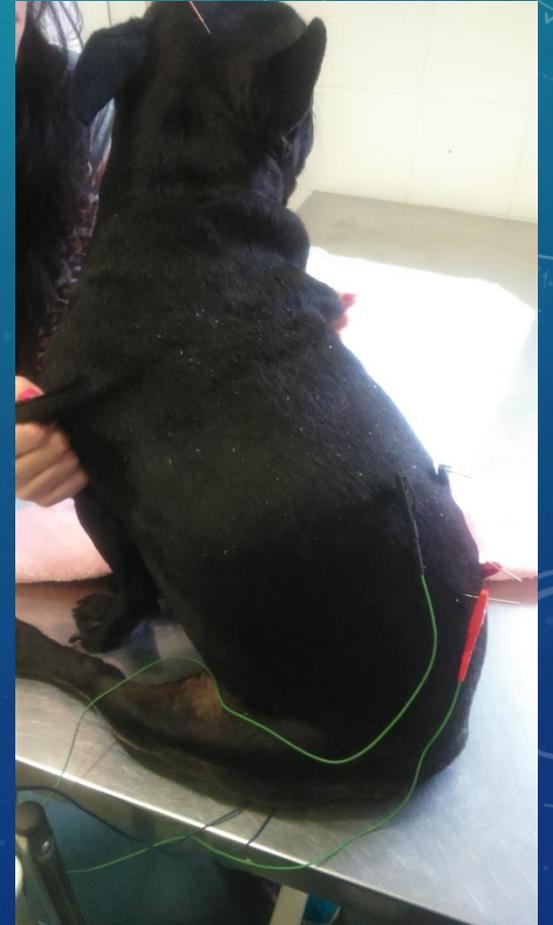
DAL BI AL WEI

- Wei Bi indotto da Trauma
- Wei Bi come progressione della Bi ossia cronica

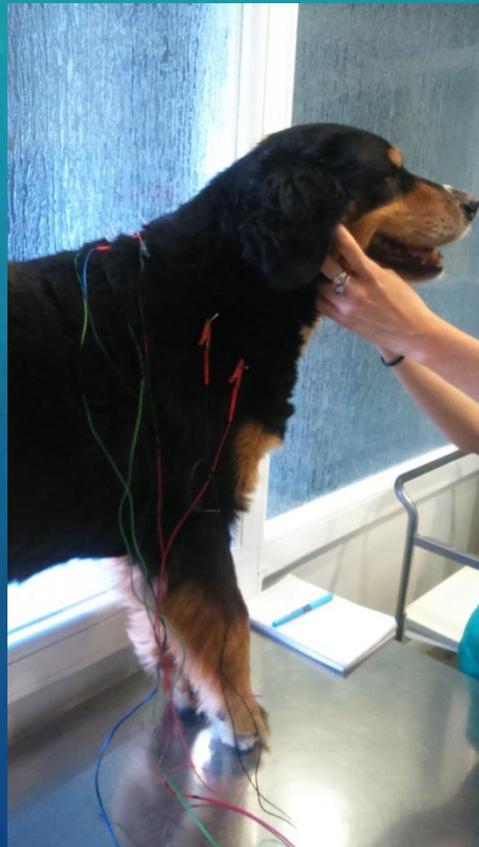


WEI BI INDOTTO DA TRAUMA

- Lesione nervosa
- Patologia del disco
- Cani sportivi, cani da lavoro, traumi continui
- Ristagno di Qi e Sangue
- Perdita di flusso de Qi e Sangue
- Di solito si vede la lingua lavanda o viola
- Nutrire e muovere Qi e Sangue!!



WEI BI INDOTTO DA TRAUMA

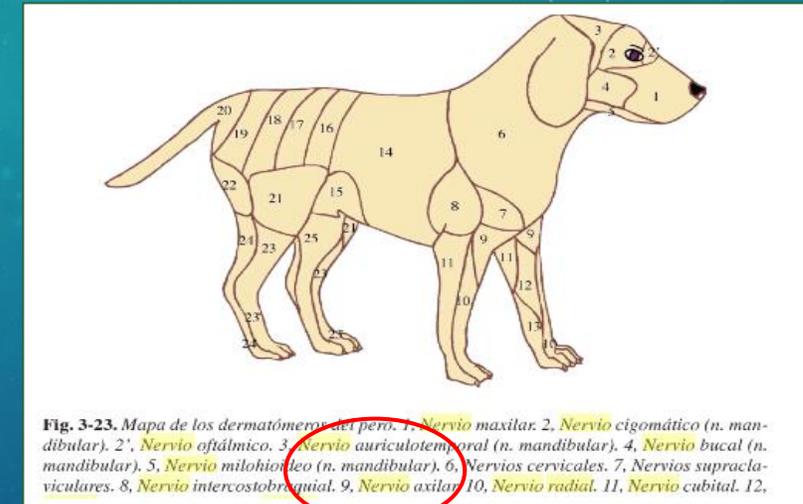


NERVO RADIALE

Dermatoma

Anatomía del N. Radiale

- È costituito da fibre nervose dai metameri C7 a T1.
- Innerva i muscoli estensori delle articolazioni del gomito, del carpo e delle dita.
- Lascia la regione ascellare che si tuffa verso il ms. Tricipiti a circa metà del braccio.
- Dopo aver emesso rami per questo muscolo, accompagna il muscolo brachiale attorno all'aspetto laterale dell'omero per raggiungere la faccia di flessione dell'articolazione del gomito.



Percorso Meridiani

Intestino crasso

Strutture associate: nervo radiale, ramo ventrale del nervo spinale, nervo facciale.

Origen e inervación motora de los principales nervios espinales del miembro torácico del perro. (Adaptada de deLaHunta, Veterinary neuroanatomy and clinical neurology; WB Saunders, 1983.)			
Nervio	Segmentos medulares	Músculo inervado	Función de los músculos
Supraescapular	C(5), 6, 7.	Supraespinoso Infraespinoso	Extensión del hombro. Extensión o flexión del hombro.
Subescapular	C6, 7.	Subescapular	Extensión del hombro.
Musculocutáneo	C6, 7, 8.	Biceps braquial	Flexión del codo.
		Braquial Coracobraquial	Extensión y abducción del hombro.
Axilar	C(6), 7, 8.	Deltoides Teres mayor y menor	Flexión y abducción del hombro.
		Tríceps Extensor carporradial Cubital lateral Ext. digital común Ext. digital lateral	Extensión del codo, carpo y dedos.
Mediano	C8, T1, (2).	Flexor carporradial Flexor digital superficial (Flexor digital profundo)	Flexión de carpo y dedos.
Cubital	C8, T1, (2).	Flexor carpocubital	Flexión de carpo y dedos.
		Flexor digital profundo	

TRATTAMENTO



- Agopuntura
 - Segmentale: metamero interessato o segmento midollare
 - Punti locali
 - Punti distali
 - Cranio o Caudopuntura
- Tuina



WEI BI COME PROGRESSIONE DI CHRONIC BONE BI

- Artrite cronica, dolore cronico → sviluppa ostruzione de Qi e Sangue
- Coxartrosi avanzata, Displasia del gomito, Cauda Equina
- Azione dell'agopuntura sui neurotrasmissori e i mediatori vascolari:
Migliorano i SNP intorno alle articolazioni
- Jing Well points (Jing !! Riserva)
- Liu feng





acupuncture neurology



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Review Article

Effect of Acupuncture on Neuroplasticity of Stroke Patients with Motor Dysfunction: A Meta-Analysis of fMRI Studies

Qiuyi Lv ¹, Guixing Xu ², Yuxin Pan ³, Tongtong Liu ⁴, Xiaodong Liu ⁵,
Linqing Miao ⁶, Xing Chen ¹, Lan Jiang,¹ Jie Chen,⁷ Yingjia He ⁵, Rong Zhang ⁵,
and Yihuai Zou ¹

5. Conclusion The meta-analyses of clinical outcome measures (FMA, NDS, BI, or MBI) show that acupuncture treatment is effective for motor function recovery in ischemic stroke patients. The ReHo meta-analysis reveals that acupuncture could induce extensive changes of cerebral activity, which suggests that the alterations of the basal ganglia, insula, and motor-related areas are involved in neuroplasticity of acupuncture. These findings provide a new insight into the mechanisms underlying effectiveness of acupuncture and also lead to the articulation of a more general hypothesis that acupuncture plays a role in facilitating neuroplasticity

BMJ Open Evidence mapping and overview of systematic reviews of the effects of acupuncture therapies

Liming Lu ,¹ Yuqing Zhang ,^{2,3,4} Shuqi Ge,⁵ Hao Wen,⁶ Xiaorong Tang ,¹ Jing chun Zeng ,⁷ Lai Wang,⁸ Zhao Zeng,⁹ Gabriel Rada ,¹⁰ Camila Ávila ,¹¹ Camilo Vergara ,¹¹ Rouhao Chen ,¹ Yu Dong,¹ Xiaojing Wei,¹ Wen Luo ,¹ Lin Wang,¹ Gordon Guyatt,² Chun-Zhi Tang,¹ Neng-Gui Xu¹

To cite: Lu L, Zhang Y, Ge S, *et al.* Evidence mapping and overview of systematic reviews of the effects of acupuncture therapies. *BMJ Open* 2022;**12**:e056803. doi:10.1136/bmjopen-2021-056803

► Prepublication history and additional supplemental material for this paper are available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2021-056803>).

LL, YZ, SG and HW contributed equally.

ABSTRACT

Objective To provide a route map regarding systematic reviews (SRs) of acupuncture therapies that will meet two goals: (1) to identify areas in which more or better evidence is required and (2) to identify acupuncture applications that, although proven effective, remain underused in practice, and thus warrant more effective knowledge dissemination.

Eligibility criteria We included SRs that conducted meta-analyses (MAs) of randomised controlled trials (RCTs) for this overview.

Information sources We searched for SRs without language restrictions from January 2015 to November 2020 in four Chinese electronic databases and Epistemonikos database. And we also searched for newly published RCTs that were eligible for selected best SRs in PubMed, Medline, Cochrane Central Register of Controlled

STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ This study was the first evidence map for acupuncture therapies across all therapeutic areas to our knowledge.
- ⇒ This study includes a comprehensive search of eligible systematic reviews and randomised controlled trials and explicit eligibility criteria.
- ⇒ This study use of both a combination of evidence mapping and an overview approach provides readers with both a broad perspective of the evidence landscape and in-depth information on the certainty of evidence and the effect size on patient-important outcomes.
- ⇒ This study, in-depth collaboration with the Epistemonikos foundation, makes it possible for readers to have an overview of evidence and access



Electroacupuncture Inhibits NLRP3 Activation by Regulating CMPK2 After Spinal Cord Injury

Yi Chen^{1†}, Lei Wu^{1,2†}, Mengting Shi¹, Danyi Zeng¹, Rong Hu¹, Xingying Wu¹, Shijun Han¹, Kelin He^{1,2}, Haipeng Xu¹, XiaoMei Shao¹ and Ruijie Ma^{1,2*}

¹ Department of Neurobiology and Acupuncture Research, The Third School of Clinical Medicine (School of Rehabilitation Medicine), Zhejiang Chinese Medical University, Key Laboratory of Acupuncture and Neurology of Zhejiang Province, Hangzhou, China, ² Department of Acupuncture, The Third Affiliated Hospital of Zhejiang Chinese Medical University, Hangzhou, China

L'elettroagopuntura è stata eseguita nei punti jiaji su entrambi i lati di T9 e T11 per 20 minuti ogni giorno per 3 giorni consecutivi.

I parametri sono stati impostati come segue: la corrente alternata (2/100 Hz) è stata applicata il primo giorno dopo l'operazione e l'intensità della corrente è stata mantenuta a 1 mA, causando lievi vibrazioni muscolari intorno all'area di trattamento, per 20 minuti al giorno.

Conclusione: Il nostro studio ha dimostrato che CMPK2 ha regolato l'espressione di NLRP3 nei ratti con SCI. L'attivazione di NLRP3 è un meccanismo critico di attivazione dell'inflammasoma e della risposta infiammatoria dopo SCI. L'elettroagopuntura ha ridotto l'espressione di CMPK2 e inibito l'attivazione di NLRP3, che potrebbe migliorare la funzione motoria nei ratti con SCI.

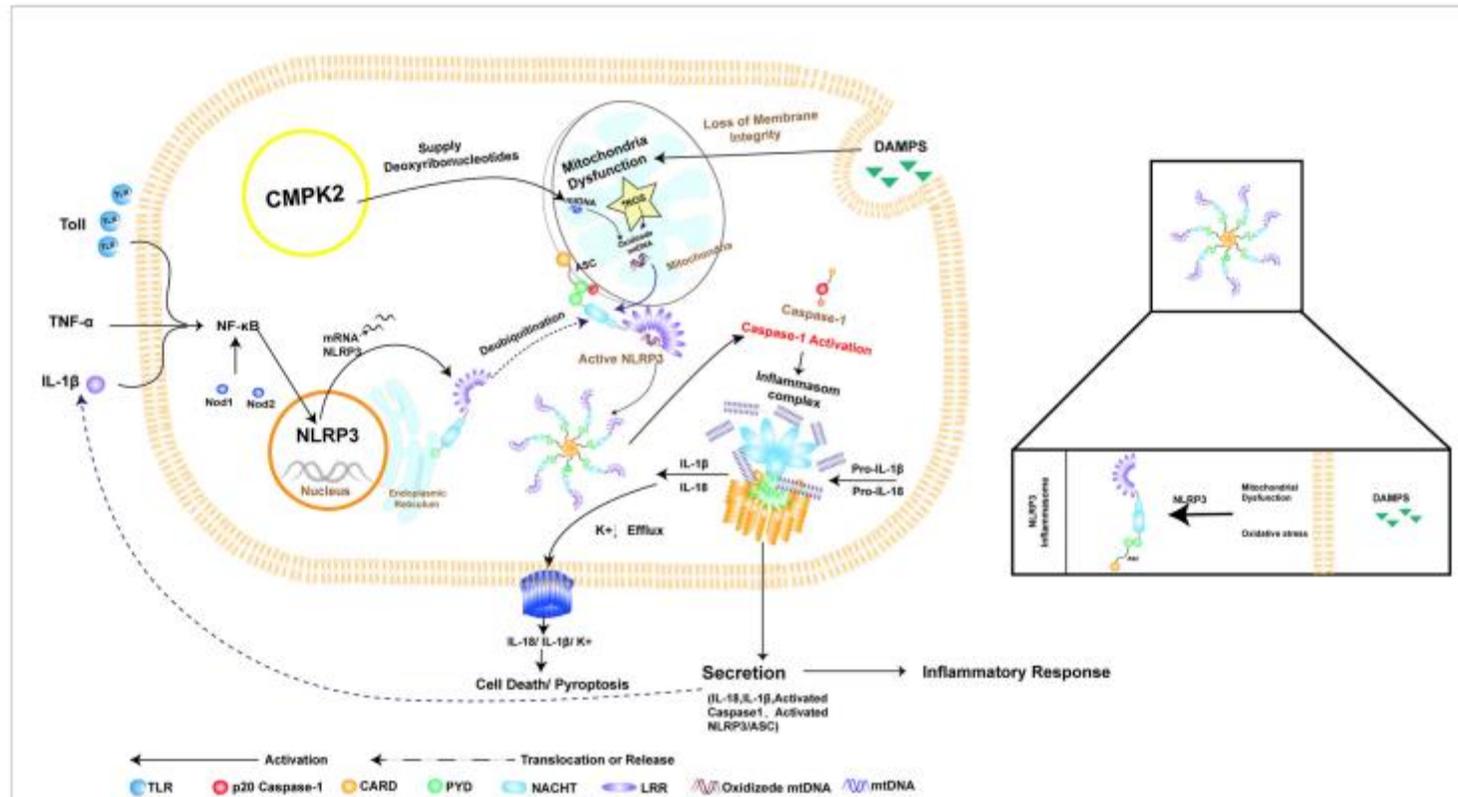


FIGURE 1 | The relationship between NLRP3 inflammasome activation and CMPK2. NLRP3 consists of PYD, NACHT, and LRR domains, which recruit the joint protein ASC and downstream pro-caspase-1 to form the inflammasome. Assembly and activation of the NLRP3 inflammasome require mitochondrial damage, which results in the release of fragmented mtDNA and increased production of reactive oxygen species (ROS), resulting in oxidation of mtDNA (OX-mtDNA). Activation of the NLRP3 inflammasome involves pathogen-related or damage-associated molecular patterns (dampPs), which are directly involved in toll-like receptor (TLR) activation, leading to rapid activation of NF-κB and induction of mitochondrial DNA (mtDNA) synthesis. Oxidized mtDNA is associated with the NLRP3 inflammasome complex. CMPK2 is a rate-limiting enzyme that provides deoxyribonucleotides for mtDNA synthesis, thus playing a key role in NLRP3 activation and the downstream inflammatory response. This graphic was generated using AI.

JTCM

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RESEARCH ARTICLE

Electroacupuncture improves neuronal function by stimulation of ascending peripheral nerve conduction in rats with spinal cord injury

Song Meng, Chen Wu, Kamiie Junichi, Okuno Seiichi, Orito Kensuke

Song Meng, Okuno Seiichi, Orito Kensuke, Laboratory of Physiology II, School of Veterinary Medicine, Azabu University, Fuchinobe, Sagamihara, Kanagawa 229-8501, Japan

Chen Wu, Beijing Key Laboratory of Traditional Chinese Veterinary Medicine, Beijing University of Agriculture, Beijing 102202, China

Kamiie Junichi, Laboratory of Pathology, School of Veterinary Medicine, Azabu University, Fuchinobe, Sagamihara, Kanagawa 229-8501, Japan

Okuno Seiichi, Veterinary Clinic of Neurology, 892-1 Tanaka-machi, Isesaki, Gunma 372-0814, Japan

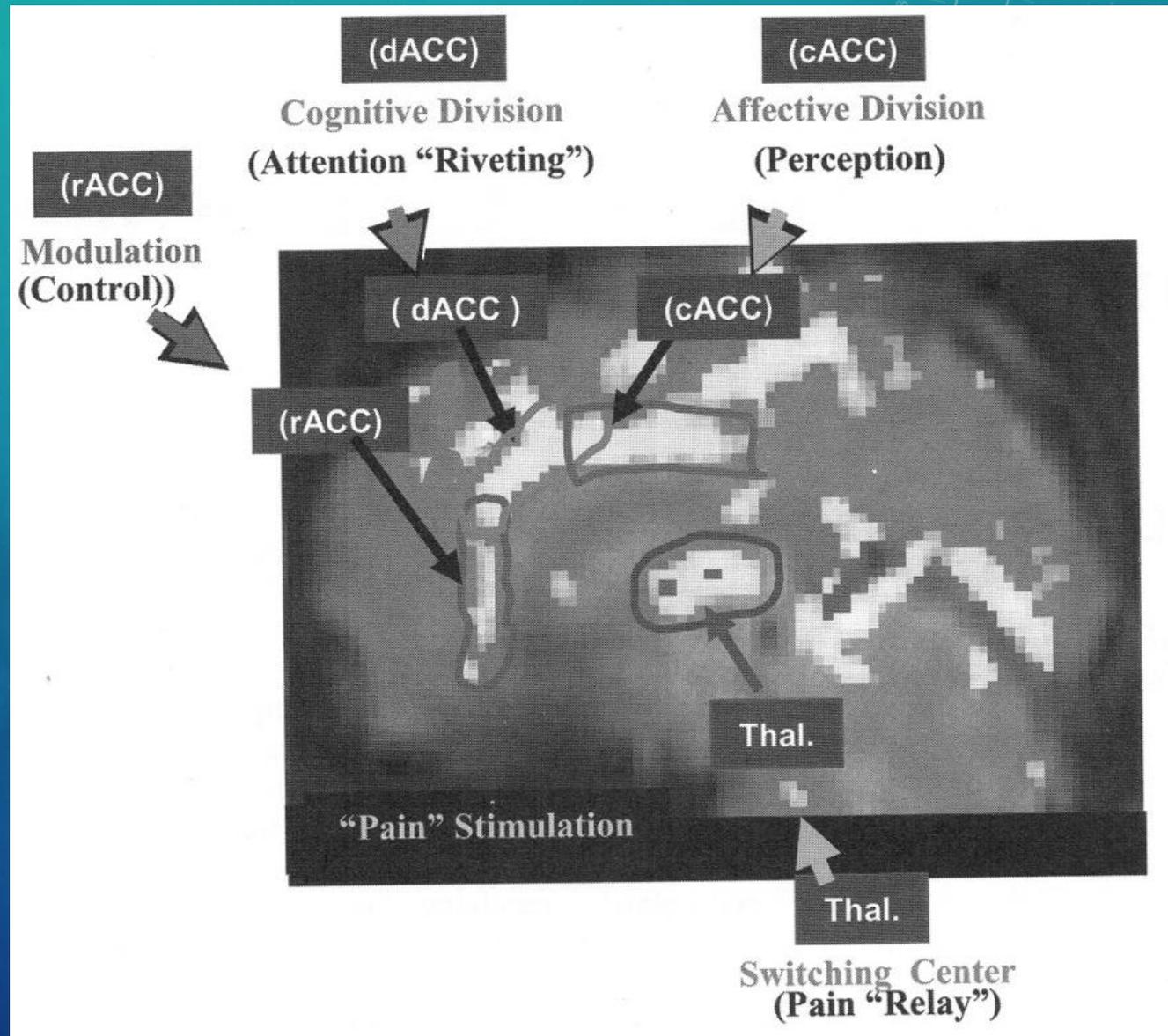
block and electroacupuncture (SCI-NB-EA) group (nerve block was achieved by lidocaine administration to transiently block the ascending peripheral nerve pathway). Behavioral tests and electrophysiological examinations were performed to evaluate recovery of neurological function.

RESULTS: Sciatic nerve conduction was normal immediately before daily lidocaine administration. Histopathological analysis also indicated normal

Centri del dolore:

fMRI

Attivazione della corteccia cingolata e del talamo.



PUNTURARE F3 (TAICHONG), MANIPULARE E RETIRAR L'AGO

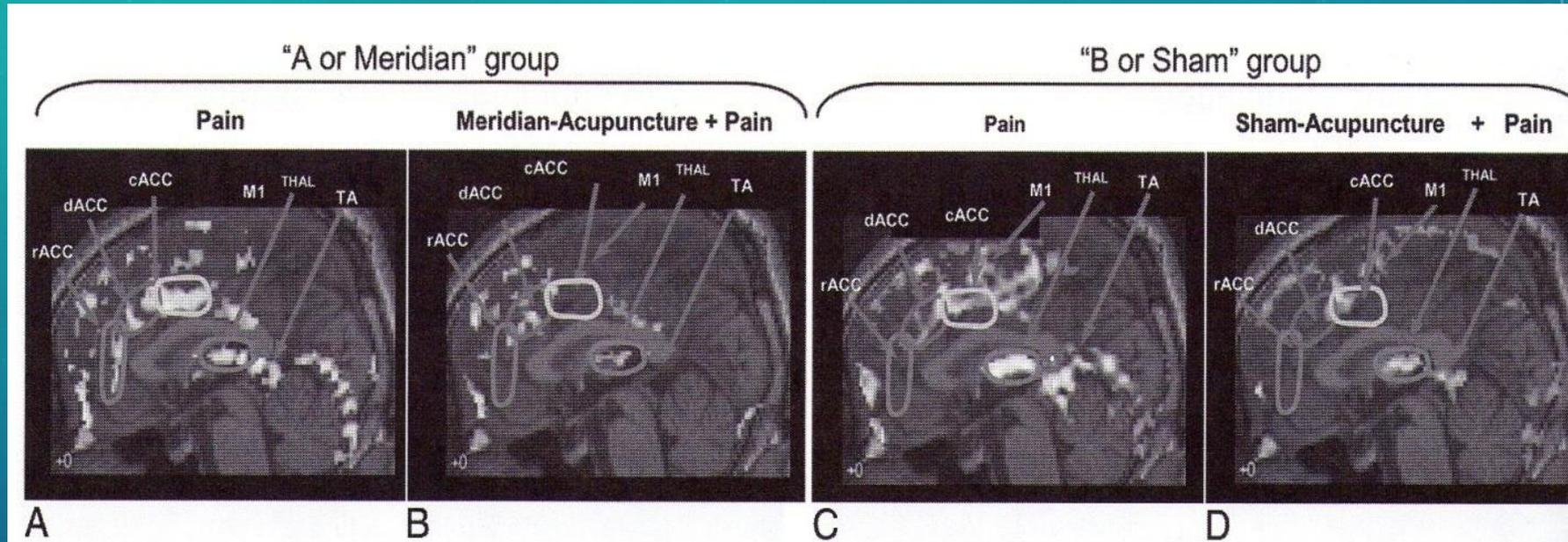
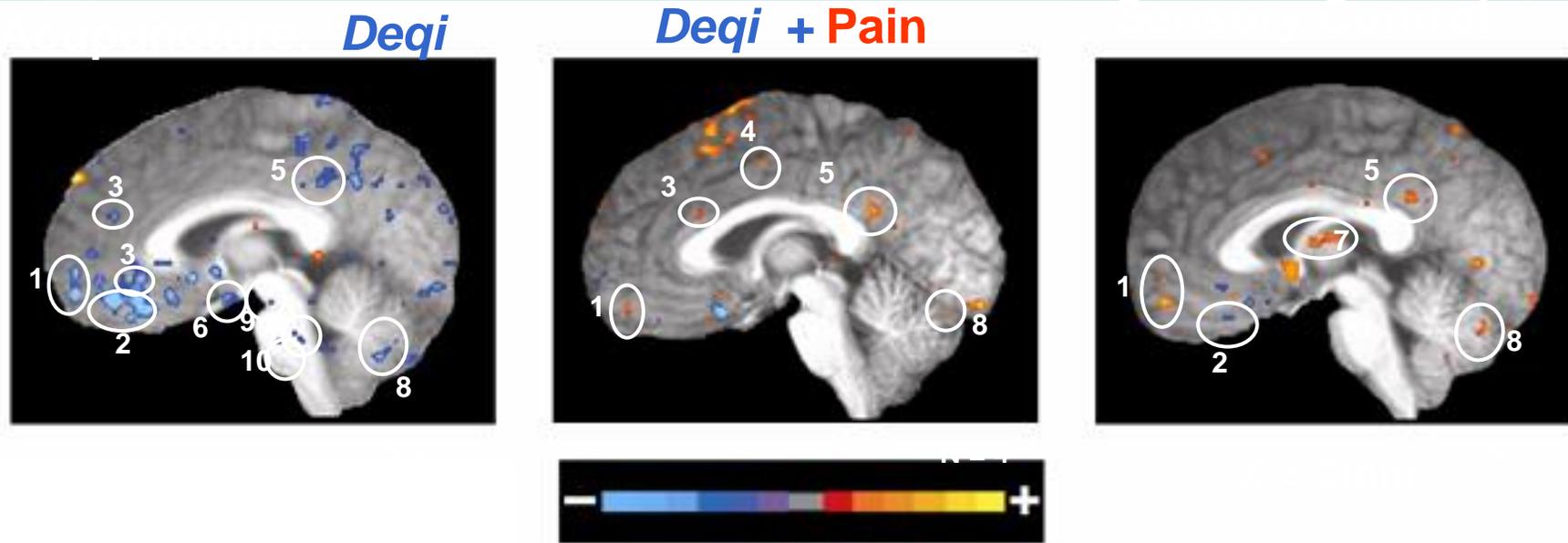


Figure 4-3 Comparison of the functional magnetic resonance imaging (fMRI) results of “pain” versus “meridian acupuncture + pain” and “pain” versus “sham acupuncture + pain” experiments. **A**, The activation pattern resulting from pain stimulation of the A group. **B**, Pain after the administration of “meridian” acupuncture stimulation of the A group. **C**, Pain stimulation of the B group. **D**, Pain after the administration of “sham” acupuncture of the B group. Both meridian or A group and sham or B group acupuncture show substantially decreased activity in most of the areas compared with pain stimulation alone, namely, the dorsal anterior cingulate cortex (dACC), the caudal ACC (cACC), and the rostral ACC (rACC) as well as the thalamus.

Study 2: ST36

Cerebro-cerebellar and Limbic Systems



1—frontal pole; 2—ventromedial prefrontal cortex;
3—pregenual cingulate; 4—middle cingulate; 5 — posterior cingulate;
6—hypothalamus; 7—thalamus; 8— cerebellar vermis
9—substantia nigra; 10— reticular formation

blue font = limbic/paralimbic

Limbic-paralimbic-neocortical System

Deqi vs. Pain

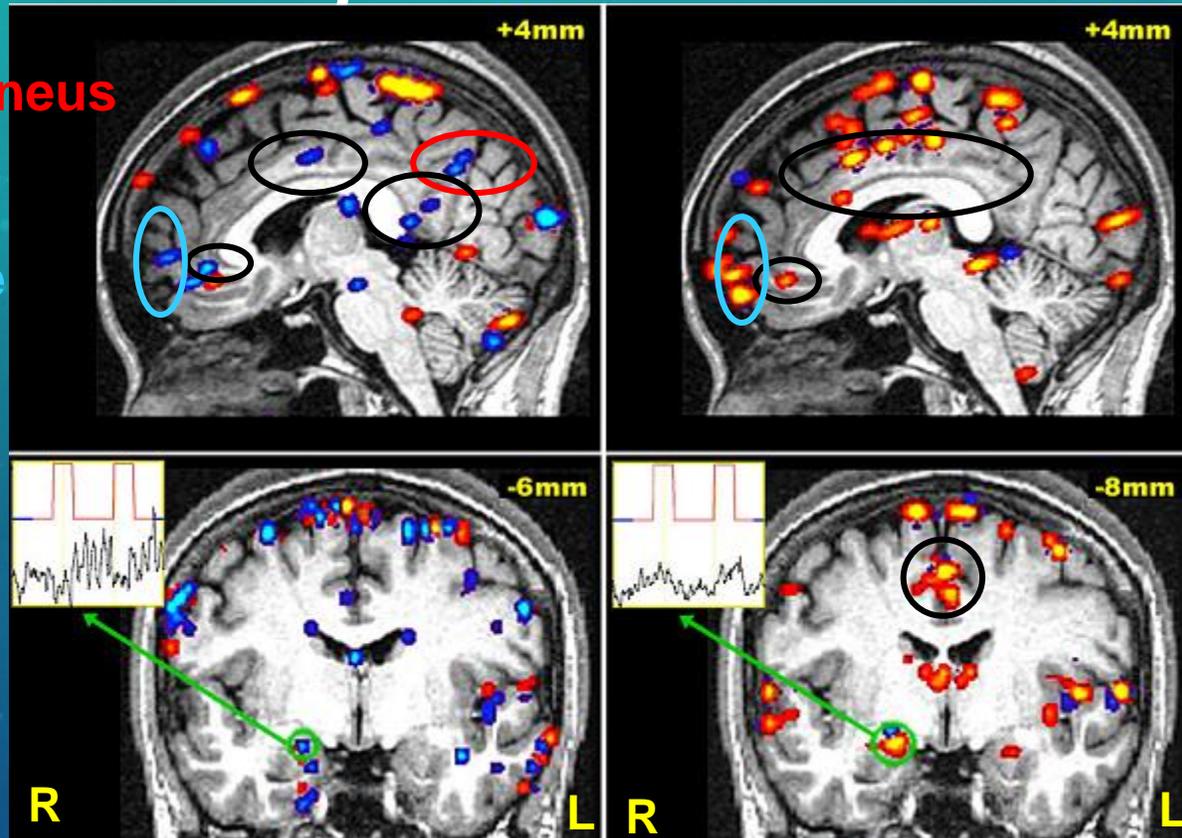
St 36, right, single subject

Deqi

Pain

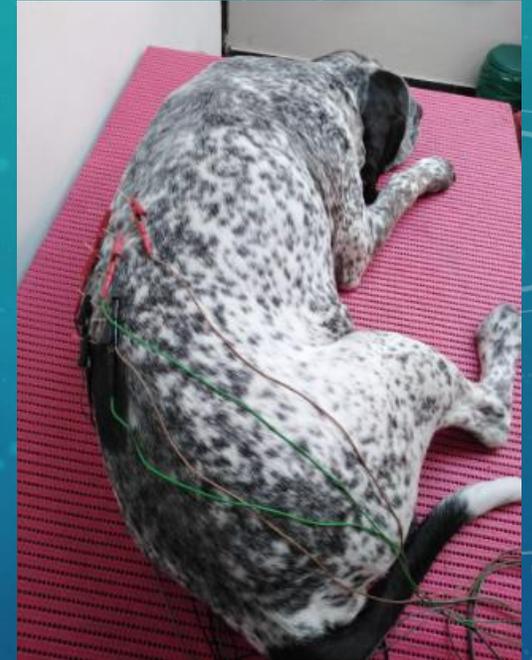
Precuneus
Cingulate
Frontal pole

Amygdala



EFFETTI DELL'AGOPUNTURA

- **Elettroagopuntura, con uno stimolo di:**
 - 2 Hz Vengono rilasciate β endorfine
 - 80 Hz Dinorfine
 - 15 Hz Encefaline
- **L'agopuntura inibisce l'attività sia del sistema limbico che dell'attività della corteccia prefrontale.**
- **Riduce la paura al movimento e il dispiacere.**
- **Può essere utile fare l'agopuntura a distanza se il paziente ha molta paura e se è scontento può essere fatta l'agopuntura locale (più emotiva).**
- **Moxibustione!!!!**



TRATTAMENTO

- Agopuntura
 - Segmentale: metameri interessati o segmento midollare
 - Punti locali
 - Punti distali
 - Cranio o Caudopuntura
- Tuina
- Moxibustione
- Nutrizione:
 - Dieta ipoproteica (?) IRIS ?
 - Brodo di midollo



TRATTAMENTO

- Nutrire Qi e sangue
- Punti fonte
 - Yang: 4LI, 40GB
 - Yin: 3F, 9P
- Armonizzare e riequilibrare
- Trattamento locale e generale
- Moxibustione!!! Per trattare l'umidità
- Fisioterapia e riabilitazione, posizione corretta!!
- Elettroagopuntura per ridurre i tempi di trattamento, molti proprietari non sono convinti di fare trattamenti lunghi (incontinenza...)



MICRONEBULIZZAZIONE + AGOPUNTURA



- Cannabis
- MBrS

Muchas
Gracias!!!



Thank you!!!!



"DAL BI AL WEI NEL CANE ANZIANO"

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Grazie mille!!!!

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Gràcies!!!!

