

## AVA Educational Trust Award

<b>Recipient:</b>	Eleanor West
<b>Date of award:</b>	March 2009
<b>Amount of award:</b>	£400
<b>Purpose of award:</b>	A four-day foundation course in veterinary acupuncture run by the Association of British Veterinary Acupuncturists
<b>Lecturers:</b>	Samantha Lindley BVSc MRCVS (Behavioural and pain management consultant at University of Glasgow) and Dr. Mike Cummings (Medical director of the British Medical Acupuncture Society)

The purpose of attending this course was to gain knowledge about acupuncture and its use in veterinary analgesia. I hoped to use acupuncture for patients with post-operative and chronic pain states within our hospital in-patients and Pain Management Clinic patients. Since we are a teaching hospital, I wanted to inform students and colleagues accurately about this modality.

Acupuncture is an act of veterinary surgery in United Kingdom, but practitioners are not legally required to receive training to practice. The ABVA foundation course is designed to provide a practical introduction to acupuncture and enable delegates to needle patients safely and competently.

The definition of acupuncture is 'the insertion of a solid needle into the body for the purposes of treating disease and the maintenance of health' (Lindley S: Veterinary acupuncture: a Western, scientific approach. In Pract 28:544-547, 2006). The ABVA course was subtitled 'A Western Scientific Approach'.

The Western approach describes the following neurophysiological effects of acupuncture;

- 1) local effects (e.g. vasodilation),
- 2) stimulation of nociceptive afferent fibres (and thus stimulation of local, spinal and cortical inhibitory pain pathways)
- 3) hormonal effects (such as release of endorphines systemically). The placebo effect most likely plays an important role in humans.

The course was split into lectures and practical sessions. We started with an important safety lecture. Handling and disposing of such fine needles can be difficult as they tend to disappear into bedding and fur, even if watched closely! Side-effects of acupuncture are rare, but death is reported in the human literature from complications such as pneumothorax and cardiac tamponade. Careful, tangential needling over areas such as the thorax should avoid such complications. Contra-indications to needling include dirty or infected skin, immunosuppression and coagulopathies, although the main contra-indication (particularly in animals) is patient refusal. Acupuncture during pregnancy was not recommended from a medico-legal point-of-view.

In traditional Chinese medicine, needles are placed into specific points on meridians (lines) which traverse the body. Each acupuncture point is named and designated to treat a specific problem.

In the Western approach, needles are placed into;

- 1) myofascial trigger points (a tender point in a taut band of muscle which can cause referred pain, and when palpated will often cause a local muscle twitch or a whole body 'jump'),
- 2) spinal segments which synapse at the same level in the dorsal horn of the spinal cord as the area of injury/concern
- 3) anywhere in the body to cause central and hormonal effects. Commonly traditional acupuncture points co-incide with common myofascial trigger points in muscles such as trapezius.

For clarity and ease of point description, traditional nomenclature is used in the Western approach; for instance, the traditional acupuncture point 'Stomach 36' could also be described as 'a needle placed in a cranio-caudal direction into the proximal cranial tibial muscle at the level of the distal tibial tuberosity'!

The course swiftly moved into practical sessions where delegates teamed up into pairs and we broke the seal on our first disposable acupuncture needles. We started with the dorsal interosseous muscle of the thumb. The group feedback on the experience was illuminating since no two people described the same sensation; sensations included tingling, referred sensations, throbbing and 'nothing'. For my part, I felt a mild aching and warmth through the muscle. Through the course we each needled (and were needled) around 40 times. Practising feeling the needle move into muscle is a lot easier when your patient can tell you where it is! The informal and friendly sessions gradually became an opportunity for treatment of backs (sore from driving) and heads (sore from thinking).

The main indication for veterinary acupuncture is analgesia, particularly for myofascial, neuropathic, osteoarthritic or sympathetically-mediated pain. This is the area in which I was most interested since owners of animals with

chronic pain often inquire about acupuncture and it may be useful for patients with drug-intolerance. Acupuncture may also have some benefits in normalising functional problems such as megacolon in cats or pruritis in atopic dogs. Most animals tolerate acupuncture well, often becoming sedated or calm. Initially sessions of around 20 minutes are usually repeated every week for 4-6 weeks and then acupuncture can be repeated as required.

The evidence-base for acupuncture in veterinary medicine is limited. In humans, there is strong evidence to support the use of acupuncture in promoting wound healing, preventing post-surgical/chemotherapeutic nausea and vomiting and reasonable evidence for the treatment of chronic lower back pain and knee osteoarthritis. Many analgesic studies show mixed results; methodologic difficulties exist such as 'sham' needling into the same segment and non-blinded studies. Having attended this course, I feel more confident in critically evaluating the available evidence in this field.

This course was well-structured with clear aims and objectives and in-depth handouts. The simple structure provided delegates with confidence and technical ability as well as structured support. All delegates received one-year membership of the ABVA, an invitation to join a moderated e-mail forum and eligibility to collect cases for the Certificate of Safety and Competance in Veterinary Acupuncture (Cert SCVA) run by the ABVA. The immediate benefit of attending this course is that I have improved my clinical examination, considering areas of muscular pain, and started to use acupuncture on patients with chronic and acute pain. There has been so far considerable interest shown by staff and students. I hope to continue developing this skill within our hospital.