

JVBM

*journal of veterinary
botanical medicine*

a publication of the
VETERINARY BOTANICAL MEDICINE ASSOCIATION
www.vbma.org

VOLUME 04 ISSUE 01

MAY 2009

INDEX

- 1 Welcome
- 2 The goals & resources of the VBMA
- 2 Certification requirements
- 3 Regional report: US
- 3 Chinese Herbal Medicine Garden
- 4 Case study
- 7 Food therapy: Human

Editor

Dr Karen Goldrick, Email: iwren@aapt.net.au

Editorial Committee

Barbara Fougere, Sydney Australia

Susan Wynn, Georgia USA

Graphic Design: www.beloved.com.au

Welcome TO OUR FOURTH ISSUE

VBMA is growing and moving with the times. We did our first teleseminar this spring and it was a resounding success. We are planning on expanding our educational efforts with more regular teleseminars, and having both beginning and advanced classes.

With our new web site, we have added a wikipedia for members use only. The hope is to build the best animal herbal database in the world. Please check it out and add your clinical experiences as well as any scientific data you have access to. And our Webmaster, Nancy Scanlan (also our incoming president and AHVMA's president), will even upload your data if you are not sure how to do it. This database will only be as good as you the members make it.

In 2011 we will have another conference, the location to be determined. This will be an international gathering of veterinary herbalists, and a rare chance to share time with like-minded people.

I have found myself wanting to spend time at home connecting with earth, planting native plants and herbs indigenous to my area. My real desire is to make some space for an herbal pharmacy where I can process some homegrown herbs as well as make salves and customize formulas with fresh herbs. I am not sure I can pull it all off, but it feels good to dream and plan. My green thumb is definitely not the best, but some plants can survive my benign neglect.

Planting your own herbs or at least doing herb walks and spending a bit of time connecting to the plants in their live form is an important part of herbal medicine. It is not just about pills and processed powders. There is an energetic and spiritual experience that is part of the complete veterinary herbalist. I hope everyone can share in at least a small way the whole herbal experience.

Enjoy your year herbally,

Joyce Harman DVM, MRCVS

Harmany Equine Clinic, Virginia USA

President VBMA

The Goals and Resources OF THE VBMA



Our Purpose

The Veterinary Botanical Medicine Association is a group of veterinarians and herbalists dedicated to developing responsible herbal practice by encouraging research and education, strengthening industry relations, keeping herbal tradition alive as a valid information source, and increasing professional acceptance of herbal medicine for animals.

Our goals are:

- 1 to represent member veterinarians and herbalists as political and professional issues arise
- 2 to develop certification standards
- 3 to encourage ethical clinical research in herbal veterinary medicine
- 4 to institute an adverse event reporting system
- 5 to explore cultural traditions such as Traditional Chinese Medicine (TCM), Greek/western herbalism and Ayurveda for their proper translation to and application in modern day animal conditions
- 6 to compile databases of existing science, ethnoveterinary medicine advances, and eventually a library
- 7 to liaise with manufacturers so that they have an expert body to advise them on the needs of veterinary herbalists and quality control concerns
- 8 to support sustainable environmental, agricultural and husbandry practices

Services include:

- A members-only listserv for daily consultation and education
- Professional certification for notable education and career achievements
- Our inaugural journal - free! More current editions available to members only!
- Discounts on professional continuing education

Certification of Competency

The VBMA seeks to provide animal owners, farmers, and veterinarians with some standard of competency by which to choose a veterinary herbalist. For certification by VBMA, the herbalist must pass a competency examination with a grade of 75%. In addition, the herbalist must submit and have accepted 3 case reports that are publication quality, and donate of at least 10 test questions for future exams. Veterinarians certified by VBMA will earn the title "Certified Veterinary Herbalist". Nonveterinary herbalists will earn the title "Certified Veterinary Herbalism Educator."

Further information on certification is available on the VBMA Web Site at www.vbma.org

Regional Report

VETERINARY HERBALISTS FROM AROUND THE GLOBE SHARE THEIR LATEST NEWS

AVA CONFERENCE MAY 2008

PERTH, WA

ACUPUNCTURE/HOLISTIC STREAM

The weather in Perth on the first day of the 2008 AVA conference was sunny and warm. Not a ripple on the river that we could see, from the huge windows of the conference center on our way to Dr. Bruce Ferguson's lectures. This was a big contrast to the whirlwind of learning that Dr. Bruce took us through for the next two days!

The topic for the conference was Traditional Chinese Veterinary Medicine Food Therapy. Food Therapy is one of the four branches of Traditional Chinese Veterinary Medicine (TCVM). The other three are: herbal medicine, Tui Na, and acupuncture and moxibustion. Bruce's goal was to simplify and enlighten the use of Food Therapy in managing our veterinary patients.

A quick review of the Cooking Pot analogy of gastrointestinal function reminded us of the Stomach being considered the cooking pot and the Spleen being the Yang fire underneath. The Spleen is also the distillation device that drives off the pure food which ascends to the Lungs, and the pure fluids which ascend to the Heart to become Blood.

Food Therapy looks at the thermal properties and action of a food, as well as its flavor, to aid in nourishing, digestion, and minimizing any negative effects the food will have on the organs. For instance, Bitter foods can drain Damp from the digestive system of an animal suffering from a Damp Heat type of stool (a stool that is often soft, covered with mucous or blood, or very smelly). Raw foods, which are considered Cold, may be too cooling and stagnating for a geriatric animal with an already weak digestive system.

The five food flavors are: sweet, sour, bitter, pungent (like onions or spices), salty and bland. Actions of foods include draining and drying (bitter), tonifying and moistening (sweet) and detoxifying (salty). An interesting thing about food is that the way it is prepared can change some of its qualities. Long cooking times add more warming qualities to the food. This is why soups and stews taste so good in the winter! Fresh food has more Qi (food energy) and less Wei, the taste or nourishing aspect. Wei-rich food is more likely to stagnate in the digestive system. Maybe this is why cats don't like to eat food out of the fridge, not enough Qi for their needs!

Bruce then went through a list of foods and their various properties. We were surprised at how many foods, including

meat, have the Sweet quality, no wonder diabetes and metabolic diseases are becoming common problems in humans and in animals alike.

Dr. Ferguson then discussed the various aspects of Food Therapy: for puppies, geriatrics, gastrointestinal disorders and liver disease, to name a few. With Bruce's encouragement, and a large amount of bravery on our part, we were soon shouting out suggestions for Chinese medical conditions that Bruce would name. A good diet for a fat Labrador puppy would include beef, chicken, lamb, raw vegetables, carrots, sweet potato, pumpkin, amaranth and spirulina. Foods to consider for an old cat with kidney disease that wanders the hallways crying at night would include duck, chicken gizzards and a bit of yam. Yum Yum!

Bruce taught us about using Food Therapy in practice by matching a Chinese Herbal Formula to foods that have similar actions and are similar energetically. For instance: Si Jun Zi Tang, or Four Gentlemen Decoction, is a formula used to treat an animal with diarrhea that also has a poor appetite and fatigue. The formula helps to increase energy (Tonify Qi) and strengthen the digestive system. Foods that can be fed while using this formula and mirror its actions are chicken, oats, mushrooms and coriander. Yum yum yum!

Many thanks to Bruce for giving so much of himself and infusing us with his enthusiasm. His fast lecturing style and his request for rapid-fire answers from his audience were balanced by gentle, energizing Qi Gong exercises between lectures. We left the lecture hall after two days excited and vitalized, and looking for food!

Joanna Milan, DVM

All Natural Vet Care, Sydney, Australia

Case Study

CHRONIC LIVER DISEASE, ARTHRITIS AND PYODERMA TREATED WITH ACUPUNCTURE AND TWO HERBAL FORMULAE

Abstract

A geriatric dog that had been diagnosed with chronic liver disease, arthritis and superficial pyoderma was presented with worsening clinical signs. During the course of treatment acupuncture and two different Chinese herbal formulae were used to manage his disease processes.

Signalment

“Gaudi” (pronounced Gow-dee) is a 13 year old neutered male terrier cross. His weight on presentation was 15 kg.

Diagnosis

Gaudi was first presented on December 4, 2006 for acupuncture treatment because of progressive loss of function and stiffness in the hind limbs, chronic hepatitis and an acute episode of dermatitis with severe pruritus. The owner was considering euthanasia because of her pet’s worsening condition. Gaudi was being treated with an antibiotic (Rilexine 300 mg given twice daily for 10 days), and corticosteroids (Prednisone 5 mg 1/2 tablet twice daily for 5 days, 1/2 tablet once daily for 5 days, and then 1/2 tablet every other day for a total of 30 days) for his skin condition.. Gaudi’s past medical history included recurrent atopy and superficial pyoderma, present since four years of age, and a dog attack six months prior to presentation.

Laboratory

Previous bloodwork results are listed here. Normal values are listed in brackets.

LAB VALUE		16/09/05	28/09/05	31/01/06	03/12/06
ALP	(<141)	1596	1388	383	671
ALT	(10-90)	2400	1685	355	235
AST	(15-80)	374			
chol	(3.5-9)	13.6	11.3		

Imaging

Ultrasound was performed and diffuse fibrosis was noted in the liver.

Hill’s L/D (Liver Diet) was commenced at this time.

On presentation Gaudi seemed slightly depressed. He walked in with a stiff gait, and was weak when standing, lying down after only a few minutes and falling into a deep sleep. His Traditional Chinese Medicine (TCM) exam revealed a pale lavender tongue which was moderately swollen, and a very weak pulse, only palpated in the deep position. The pulse was wiry and slippery.

Gaudi scratched often during the consult and had seborrhoea oleosa with large, dry flakes of dandruff dorsally. There was traumatic dermatitis on the medial surface of both front legs and on the ventral abdomen. Other physical exam signs included: moderate halitosis, moderate bilateral conjunctivitis with yellow discharge, abdominal distension and reduced range of movement of the coxofemoral and stifle joints bilaterally.

A table can be found in the Appendix which outlines the physical examination findings and the possible Chinese Medicine diagnosis for each sign or symptom during the first visit and each subsequent visit.

A TCM diagnosis was made based on clinical signs and liver enzyme changes on presentation. Gaudi had Damp and Damp Heat accumulation (in the Liver and Spleen), Liver Blood deficiency, Spleen Qi deficiency and Kidney deficiency. A Western diagnosis of chronic liver disease was made based on moderately elevated liver enzymes and the evidence of fibrosis on a previous ultrasound exam. Also included in the Western diagnosis was superficial pyoderma (based on evidence on physical exam, and bacteria present on tape impression smear from the referring veterinarian) with secondary seborrhoea oleosa. Arthritis was also present, based on decreased range of movement of multiple joints, and stiffness on rising.

Treatment

Wei Ling Tang, or Harmonize the Stomach with Five Herbs and Poria, was the herbal formula that was prescribed on Gaudi’s first acupuncture visit. The main effect of Wei Ling Tang is to Drain Damp; the secondary effects are to Move and Tonify. The formula addresses Spleen Qi deficiency with secondary Dampness accumulation. Through the tonifying action on the Spleen it also indirectly improves Liver Blood deficiency and Kidney Essence deficiency. It was prescribed for Gaudi because of the many signs of Damp accumulation, including a swollen tongue, broad pulse, deep sleep and depression, seborrhoea and dandruff, and ocular discharge. This formula was also indicated because of evidence of Blood Deficiency which included a pale lavender tongue, a thin pulse, alopecia and pruritus, and moderately elevated liver enzymes.

The formula would also Move stagnation in the Liver.

Wei Ling Tang was prescribed at a dose rate of 1/3 teaspoon every twelve hours. The treatment was continued for 3 weeks until the disease picture changed and a new herbal formula was prescribed. Ten days into treatment the dose was decreased to 1/3 teaspoon twice daily as the owner thought the herb may be contributing to Gaudi's inappetence.

Results

Gaudi came in for his second visit on December 13, 2006. His owner reported that his skin was improving. Gaudi was still receiving Prednisone but had finished the Rilexine. Three days previously Gaudi's owner noticed his hind legs trembling after swimming in the pool, but he generally had less difficulty moving around. His appetite had decreased and he drank more water. His owner reported an increase in his energy level and an improvement in his attitude, with Gaudi wagging his tail more often and interacting more with his owners.

On physical exam Gaudi was much brighter and interested in his surroundings. He remained alert throughout the entire consultation. The dandruff flakes had resolved and the skin was no longer greasy. Hair was starting to grow back in the areas of alopecia and the traumatic dermatitis lesions had resolved but the skin felt hot.

TCM exam revealed a thin, dry tongue with thick, swollen edges. The edges were brick red and the middle was pale. The pulse was weak, thin and wiry. The mucous membranes were pale. There was erythema 10 cm dorsal to the midline bilaterally, from BL 11 to BL 25. This resolved with bilateral needling of these two points. Decubital ulcers were present bilaterally on the posterior hocks. The pulse improved with needling of BL49, a point for relieving Damp and Damp Heat (Lade, 1989). ST 36 was also needled for its strong Spleen Tonifying effect (Lade, 1989).

Because many of the Damp signs were resolving and there was an overall improvement in Gaudi's demeanour, the Wei Ling Tang was continued. His owner thought that the herbs in the food were discouraging Gaudi from eating, so the dose was lowered to 1/3 teaspoon every 12 hours. The Prednisone would be continued until the next visit.

Gaudi's third visit was on December 20, 2006. The owner had discontinued the Prednisone two days after the last acupuncture visit because Gaudi's skin was so much better. His appetite had improved considerably but was still variable, and he was still drinking more than usual. He was able to sleep on his side for the first time in three months. His energy level was still improving, his attitude was still improving, and he was no longer scratching.

On physical exam Gaudi's tongue was moderately swollen and a pale lavender colour. His pulse was slightly wiry, in the middle position. He was noticeably restless, and had discomfort on palpation of the costal arch. His pulse improved with needling of the active points GB25 and GB34.

Even though Gaudi was improving clinically the TCM signs showed evidence of Shao Yang syndrome emerging. A new formula was indicated but the owner did not want to change anything since Gaudi was improving and had just started to eat normally. Xiao Chai Hu Tang was ordered so it could be started at the next acupuncture visit. The owner was to report on Gaudi's progress in one weeks time.

Gaudi was treated for the fourth time on December 31, 2006. He had been unable to get up on his own for three days. He was still able to ambulate normally and posture for bowel movements and urination once he was helped up. His appetite was very good and he was drinking normal amounts of water. His attitude and energy levels were good and he still seemed less stiff while ambulating.

Gaudi walked normally into the consultation room. He was bright and alert. He was able to lie down unassisted but could only stand if his legs were placed properly under his body. His hind legs were splayed in extension, and were unable to be manually flexed. The tongue was swollen and purple and the pulse was wiry, rapid and deep. Pulse improvement was seen when GB 25, GB29 and GB30 were needled. Other points used were BL40, GB41 and TH5.

The TCM pattern had changed. There were still signs of Spleen Qi deficiency (soft stool, abdominal distension) but now the signs of Shao Yang syndrome were more evident (collapse, abdominal distension, purple tongue, deep wiry pulse, pain in the costal arch).

Xiao Chai Hu Tang (Minor Bupleurum) was the herbal remedy prescribed at this fourth Chinese Medicine consult. It is the quintessential formula for Shao Yang obstruction. It was prescribed for Gaudi on the basis of findings at his previous physical exam (restlessness, abdominal distension with tension of the costal arch, and pulse improvement with needling of GB 25 and GB 34), a history of cholesterol elevations and the present condition of collapse and inability to rise. Xiao Chai Hu Tang was prescribed at a dose rate of 1/3 teaspoon every 12 hours for a period of at least 2 months.

Three days after presentation the owner reported that Gaudi had not experienced any more episodes of collapse. There were no signs of dermatitis. The herbal formula is still being used three weeks into the treatment course and Gaudi's appetite, attitude, mobility and energy level are still slowly improving with no new clinical signs.

Discussion

The presentation of animals with multiple Western medical diagnoses as well as multiple TCM diagnoses are very common in a holistic medicine practice. Initially they can be challenging but we often rely on the animal to present new physical signs so we can fine tune the herbal or acupuncture formulae that are used.

Gaudi's first TCM diagnosis was Damp and Damp Heat accumulation in the Spleen and Liver, Liver Blood deficiency, Spleen Qi deficiency and Kidney deficiency. Gaudi's signs of Damp and Damp Heat had a fairly acute onset. He lives in the tropics and the hot, humid weather is an External influence that would be overwhelming to a system that was already weakened by Spleen Qi Deficiency and Liver Blood Deficiency, which were in evidence earlier in his life with the onset of atopy and superficial pyoderma. Gaudi was also eating a processed dry food which is fairly high in carbohydrates which tend to be very Dampening, and dry food energetically tends to be very Hot because of the energy that goes into processing. The high carbohydrate diet is also the main contributor of Blood Deficiency, even though there is a genetic component as well (Marsden, 2003). The Damp and Damp Heat would settle in the Spleen, since it is most efficient in a warm, dry environment and is easily damaged by Damp (Dill, 2001). Damp would also cause stagnation in the Liver, because of the vacuity present due to Liver Blood deficiency. Kidney deficiency, especially due to declining Essence, is common in an aged animal as Kidney reserves cannot be replaced.

Shao Yang syndrome is obstruction of the Triple Heater and Gall Bladder that interferes with the descent of the Yang Qi from the Heart, and the movement of Yang Qi externally through the Gall Bladder channel to mobilize the limbs (Marsden, 2006b). Damp and Phlegm are the source of Triple Heater and Gall Bladder obstruction. Gaudi may have already been pre-disposed to stasis in the Triple Burner – high cholesterol levels and very high liver enzyme levels were in evidence one year prior to presentation. The External Damp and Heat may have been enough to compromise an already unbalanced system, moving in to the Triple Heater and causing obstruction. Kidney deficiency signs were more likely due specifically to the Triple Heater obstruction preventing Essence or Yin deposition in the Kidney, and preventing the descent of Heart Yang energy to produce Kidney Qi (Marsden, 2006b). The aromatic and drying nature of Wei Ling Tang also may have contributed to the moving outward of Yang energy separating from the Yin energy (Marsden, 2006b) which ultimately led to Qi deficiency and collapse.

The use of Wei Ling Tang most likely changed the course of disease in this Chinese Medicine case. It is a formula whose main effect is to Drain Damp, which was the branch of Gaudi's disease that was manifesting itself most obviously on first

presentation. There was significant improvement in the superficial pyoderma and seborrhoea, and of the depression and lethargy. One could argue that the antibiotics and corticosteroids caused the improvements seen. Antibiotics are Drying and Cooling and were only used for 10 days of treatment. Corticosteroids are in themselves Dampening, and so would contribute to the state of Dampness rather than resolving it. The Dampness present did not return even when both medications had been discontinued. Wei Ling Tang should be avoided in hot animals (Marsden, 2006a) but was the best Dampness draining formula available at the time, and seemed better than Si Miao San in supporting Liver Blood and Kidney Essence.

Xiao Chai Hu Tang likely changed the course of the disease by its TCM action of pulling the Yang energy back down to the lower Burners, and encouraging Yin to move upwards (Marsden, 2006b). The Qi and Blood tonic herbs, Ginseng, Licorice and Jujube, would address the Qi Deficiency and Blood Deficiency. The biochemical effects of the individual herbs, discussed in the next section, would have contributed longer term to an improvement in liver function.

Research has been done on many of the individual herbs present in Wei Ling Tang and Xiao Chai Hu Tang, which may explain why these herbs can benefit animals suffering from chronic hepatitis and arthritis. Wei Ling Tang (Harmonize the Stomach with Five Herbs and Poria) contains the following herbs: Bai Zhu (White *Atractylodes* rhizome), Cang Zhu (*Atractylodes* rhizome), Chen Pi (Citrus peel), Fu Ling (Poria), Hou Pu (Magnolia bark), Ze Xie (*Alisma* tuber), Tong Cao (Rice paper pith), Gan Cao (Licorice root), Sheng Jiang (Ginger rhizome), Da Zao (Jujube) and Rou Gui (Cinnamon bark). Poria contains dehydrotumulosic acid (Song et al. 2002). Dehydrotumulosic acid has been found to be active in vivo in different models of acute and chronic inflammation (Giner et al. 2000). A Chinese herbal mixture containing magnolia bark and ginger rhizome was found to have multiple biochemical effects, including decreasing nitric oxide synthase levels, which may explain why the herbal mixture can be used for clinical depression (Li et al. 2003). *Alisma* was found to improve aminotransferase activities and had other hepatoprotective effects on chronic liver disease due to fatty liver disease in mice (Hong et al. 2006). An extract of the rhizome of *Zingiber officinale* tested in acetaminophen-induced liver toxicities in rats was found to help decrease ALT, AST ALP and other liver enzymes (Yemitan and Izegebu. 2006). All these actions may have contributed to clinical improvements while Gaudi was taking Wei Ling Tang.

Xiao Chai Hu Tang (Minor Bupleurum) contains Chai Hu (Bupleurum root), Ban Xia (*Pinellia* rhizome), Gan Cao (Licorice root), Sheng Jiang (Ginger rhizome), Da Zao (Jujube), Ren Shen (Ginseng root) and Huang Qin (*Scutellaria* root).

Bupleurum, the main ingredient in Xiao Chai Hu Tang, was the main ingredient in a herbal formula which preserved cholesterol levels in mice fed a cholesterol-rich diet (Cheng et al. 2004). Bupleurum was found to contain saikosaponin-d (Lin et al, 2005). Saikosaponin-d had inhibitory effects on chemically-induced hepatic fibrogenesis in rats (Dang et al. 2007). Scutellaria contains flavonoids which have beneficial effects in hepatitis (Kowalczyk et al. 2006).

APPENDIX

Following are tables of the physical examination findings, bloodwork, historical events and the possible Chinese Medicine diagnosis for each sign or symptom during each TCM visit. The diagnosis chosen for the final TCM pattern diagnosis is listed first.

December 4, 2006: First Visit

Physical Exam Finding or History	Possible TCM Diagnosis
tongue swollen	Damp
tongue pale lavender	Blood deficiency
pulse very weak	Blood deficiency Qi deficiency
Pulse deep	Stasis at deep level?
Pulse wiry	Liver Qi stagnation
Pulse slippery	Damp
Weak when standing, wobbly	Spleen Qi deficiency Qi deficiency Kidney Qi deficiency
Very stiff gait	Kidney Qi or Yang deficiency
Stiff gait improves with mild exercise	Damp Heat
Slightly depressed	Damp Phlegm Shen disturbance Liver Qi stagnation
Deep sleep during consultation	Damp
Moderate bilateral conjunctivitis	Liver Yang rising Liver Blood deficiency Damp Yin deficiency?
Moderate bilateral discharge from eyes - yellow	Damp Damp Heat
Moderate halitosis	Damp Heat Stomach Heat
Seborrhea oleosa	Damp

Conclusion

The presentation of animals with multiple organ involvement is common in Western medicine. In this case report, a geriatric dog treated with two different Chinese herbs and acupuncture improved when treatment was based on traditional Chinese medical diagnosis.

Physical Exam Finding or History	Possible TCM Diagnosis
Skin – musty odour	Damp
Dandruff – large, dry flakes	Damp Heat
Moderate to severe pruritus	Liver Blood deficiency Blood Heat
Alopecia	Liver Blood deficiency
Distribution alopecia and self-trauma – medial front legs, ventral abdomen	LU/LI stagnation Blood stasis abdomen?
Seeks cool places	Heat Yin deficiency
Abdominal distension	Spleen Qi deficiency Shao Yang syndrome/TH channel obstruction
Decreased range of movement hips and knees	Qi stagnation and Blood stasis Kidney deficiency
Decreased energy	Qi deficiency Spleen Qi deficiency Blood stasis
Slow urination	Kidney Yin deficiency Kidney Qi not firm
Mild elevations ALT, ALKP	Liver Blood deficiency
History of elevated Cholesterol	Qi or Blood stasis TH/GB obstruction (Marsden, 2006c)

December 13, 2006: Second Visit

Physical Exam Finding or History	Possible TCM Diagnosis
Tongue – thin, dry	Qi deficiency Heat or False Heat?
Tongue – edges thick, swollen, edges brick red	Damp Blood stasis Liver/Gallbladder
Tongue – middle pale	Blood deficiency
Pulse – weak, thin, wiry	Qi deficiency Liver Qi stagnation
Mucous membranes pale	Blood deficiency
Erythema bilaterally on dorsum 10 cm lateral to midline, from BL 11 to BL 25	Qi stasis Bladder channel Heat Bladder channel? Empty Heat
Skin hot	Heat Yin deficiency?
Decubital ulcers posterior hock	Blood deficiency Blood stasis Bladder channel
Pulse improvement needling BL 49	Damp and Damp Heat Spleen Qi deficiency Rebellious Qi (Lade, 1989)
Appetite decreased, polydypsia	Damp
Legs trembling after exercise	Qi deficiency Shao Yang obstruction Wind invasion?

December 20, 2006: Third Visit

Physical Exam Finding or History	Possible TCM Diagnosis
Tongue – moderately swollen, pale lavender	Damp Blood deficiency
Pulse- slightly wiry, middle position	Liver Blood Stasis
Restless	Shao Yang syndrome Blood stasis Qi Stagnation
Pulse improvement GB 25, GB 34	Shao Yang syndrome
Discomfort costal arches	Shao Yang syndrome

December 31, 2006: Fourth Visit

Physical exam Finding or History	Possible TCM Diagnosis
Tongue – swollen, purple	Damp Shao Yang obstruction
Pulse – wiry, rapid, deep	Shao Yang obstruction
Collapse, unable to rise	Qi deficiency due to Shao Yang obstruction Qi deficiency
Hind legs splayed	GB obstruction Stagnation Liver/Spleen meridian? Weakness Yin
Hind legs in extension, unable to flex manually	Qi and Blood Stasis Wind invasion?
Abdominal distension	Spleen Qi Deficiency Shao Yang syndrome/TH channel obstruction
Stool – soft, dark and light coloured sections	Spleen Qi deficiency

This Case Study was written for the Chinese Veterinary Herbal Medicine Course Sydney 2006/2007.

Dr Joanna Milan DVM

All Natural Vet Care, Sydney, Australia

REFERENCES

- CHENG BJ, MORITOMO A, YAMASAKI Y, WU L.X, INAGAKI M, NISHIMURA M, TANISHIMA K AND PORACOVA J, Preventive effect of traditional herbal formulae against experimental hypercholesterolemia in rats with special reference to blood lipoprotein cholesterol levels. *Journal of Ethnopharmacology*. 2004; 94(2-3):275-278.
- DANG SS, WANG BE, CHENG YA, SONG P, LIU ZG AND LI, ZF, Inhibitory effects of saikosaponin-d on ccl(4)-induced hepatic fibrogenesis in rats. *World Journal of Gastroenterology*. 2007; 13(4): 557-563.
- DILL S AND BIERMAN N, Acupuncture for Gastrointestinal Disorders. In AM SCHOEN, ed. *Veterinary Acupuncture – Ancient Art to Modern Medicine*. 2001; St. Louis, Missouri: Mosby: 239-279.
- GINER EM, MANEZ S, RECIO MC, GINER RM, CERDANICOLAS M AND RIOS JL, In vivo studies on the anti-inflammatory activity of pachymic and dehydrotumulosic acids. *Planta Medica*, 2000; 66(3): 221-227.
- KOWALCZYK E, KRZESINSKI P, KURA M, NIEDWOROK J, KOWALSKI J AND BLASZCZYK J, Pharmacological effects of flavonoids from *Scutellaria baicalensis*. *Przegląd Lekarski*, 63(2): 95-96.
- LADE A, *Acupuncture Points – Images and Functions*. 1989; Seattle, WA: Eastland Press.
- LI JM, KONG LD, WANG YM, CHENG CH, ZHANG WY AND TAN WZ, Behavioural and biochemical studies on chronic mild stress models in rats treated with a Chinese traditional prescription Banxia-houpu decoction. 2003. *Life Science*, 74(1): 55-73.
- LIN X, XUE L, ZHANG H. AND ZHU C, Determination of saikosaponins a,c, and d in *Bupleurum Chinense* DC from different areas by capillary zone electrophoresis. *Analytical and Bioanalytical Chemistry*. 2005; 382(7): 1610-1615.
- MARSDEN S AND WYNN SG, *Manual of Natural Veterinary Medicine Science and Tradition*. St. Louis, Missouri: Mosby. 2003.
- MARSDEN S, *Guide to Chinese Veterinary Herbal Medicine*. Canada: Natural Path Herb Company. 2006.
- MARSDEN S, *Course Notes for Chinese Veterinary Herbal Medicine Course*, 8-15 November 2006. Sydney.
- SONG Z, BI K, LUO X AND CHAN K, The isolation, identification and determination of dehydrotumulosic acid in *Poria cocos*. *Analytical Sciences: the International Journal of the Japan Society for Analytical Chemistry*, 2002; 18(5): 529-531.
- YEMITAN OK AND IZEGBU MC, Protective effects of *Zingiber officinale* (Zingiberaceae) against carbon tetrachloride and acetaminophen-induced hepatotoxicity. *Phytotherapy Research*, 2006; 20(11): 997-1002.



Practice Pearls

PRACTICAL TIPS FROM VETERINARY HERBALISTS



A quick and easy herbal cream.

Herbal creams are useful to treat both acute and chronic skin conditions, and also as first aid for wounds. They are usually made by emulsifying an aqueous phase (e.g: herbal infusion, decoction or tincture) with an oily phase (e.g: an infused oil, or emulsifying wax). An easy option is to mix a liquid herbal extract, with an excellent quality Vitamin E cream base.

Although the alcohol in the tincture may cause mild short term irritation (which usually only lasts a minute), it has the benefit of acting as a preservative, and gives a longer shelf life to a product which is to be used many times.

Making an easy cream for topical use:

Slowly mix in 10-20ml of your herbal tincture or tinctures of choice, to a base of 50g of Vitamin E cream. Mix in a glass bowl, with a wooden or stainless steel spatula, until the two are well combined, the colour is homogenous, and all lumps removed. Use less tincture if your base is high in moisture.

Useful topical creams:

Calendula: (vulnerary, anti-inflammatory, styptic, antimicrobial, antiviral (topically) antifungal (topically))

Lavender: (carminative, anxiolytic)

Peppermint: (carminative, antimicrobial, antipruritic, analgesic)

Gotu Cola (vulnerary, anti-inflammatory, nervine tonic)

Chamomile (anti-inflammatory, anti-ulcer, vulnerary)

St John's Wort (anti viral, nervine tonic, vulnerary, antimicrobial)

Echinacea (immune enhancing, anti-inflammatory, vulnerary, immune modulator)

Chickweed (antipruritic, vulnerary, emollient)

Up to three liquid extracts can be mixed in a single cream. If sealed correctly in a glass jar, these creams should last two - three months.

Dr Karen Goldrick, BVSc

All Natural Vet Care, Sydney, Australia

Monograph

GOTU KOLA

Distribution:

Indigenous to warmer regions of both hemispheres including Australia, Africa, Cambodia, Central America, China, Indonesia, Pacific Islands, South America, Thailand, Laos, Viet Nam, Madagascar, southern USA and is especially abundant in the swampy areas of India, Iran, Pakistan and Sri Lanka

Similar species:

Centella coriacea, *Hydrocotyle asiatica* L, *Hydrocotyle lunara* and *Trisanthus cochinchinensis*

Common names:

Asiatic pennywort, centella, gotu kola, Indian pennywort, luei gong gen, pami, yerba de chavos

Family:

Apiaceae, also known as Umbelliferae

Parts Used:

Aerial parts preferred, however whole plant is also used which can include leaves, fruit, seed and root.

Selected Constituents:

Active constituents: The major principles are the triterpines: Asiatic acid and madecassic acid; and their derived triterpene ester glycosides: asiaticoside and madecassoside.

Clinical actions:

adaptogen, connective tissue regenerator, nerve tonic, mild diuretic, alterative.

Energetics:

cold, bitter

History and Traditional Prescribing:

Centella asiatica is a medicinal plant with a long history of traditional use, particularly in India and Asia. Considered useful as a remedy against elephantiasis of the Greeks (leprosy). In Ayurvedic medicine used for chronic eczema and other cutaneous maladies, also in scrofula, secondary syphilis, ulcers and chronic rheumatism. Internally used for skin disorders such as dermatitis, eczema, abscesses, lupus scleroderma, bruises, fractures, snakebites, rheumatic conditions, epilepsy, insanity, infantile diarrhoea, urethritis, bronchitis, asthma, anaemia, haematemesis, nephritis, toothache and furunculosis.



Centella Asiatica

Ethnoveterinary use includes the whole plant for jaundice, contagious abortion, foot and mouth disease, colic and swelling of the respiratory tract.

Published Research

Studies have been conducted in particular to investigate the madecassosides and asiaticosides, and have shown *Centella* to be effective in the treatment of wound healing disturbances (Brinkhaus 2000), including delayed type wound healing (Shukla 1999, Maquart 1999). They stimulate collagen synthesis in human fibroblasts (Maquart 1990), hyaluronic acid and chondroitin sulphate (Del Vecchio 1984), and activate the cells of the germinative layer of the epidermis of porcine skin and stimulate keratinisation (May 1968). *Centella* reduces scarring (Widgerow 2000). The possible mechanism of the effect of Asiaticoside on hypertrophic scars is related to its inhibitory action on the fibroblast proliferation and collagen synthesis (Qi 2000). Madecassol has been shown to have a preventive effect on burns, postoperative hypertrophic scars and reducing keloid scars. It compares favourably in effectiveness with compression bandaging, and gives more lasting results than intralesional cortisone or radiation therapy (Bosse 1979).

Formulations (ointment, cream and gel) of aqueous extract of *C. asiatica*, when applied topically three times daily for 24 days on open wounds in rats, epithelialised faster and the rate of wound contraction was higher compared to control wounds. The process of healing was better with the gel formulation when compared to the other two (Sunilkumar 1998). *C. asiatica* on rat dermal wounds was found to epithelialise faster and the rate of wound contraction was higher, as compared to control wounds (Suguna 1996, Rosen 1967, Leung 1980). Scar formation is reduced when asiaticoside is applied during wound

healing (Hostettmann 1995). An extract of *C. asiatica* demonstrated accelerated healing, in particular keratinisation, and the transformation of the granular layer into the corneous layer in guinea pig skin (Morisset 1987). *C. asiatica* extract administered externally for wound healing in rats accelerated the proliferation of granulation and increased tensile strength. The area of skin necrosis induced by burns was also decreased (Tsumuri 1973).

Clinical studies in humans have demonstrated that Asiaticoside has an accelerating influence on wound healing (particularly in slow healing wounds) in hospital patients when applied locally as a 1% salve or 2% powder (Kiesswetter 1964). *C. asiatica* extract has been used as a supporting therapy in the treatment of patients with second and third degree burns. Topical application expedited the healing of burns (Gravel 1965). An extract of *C. asiatica* and antiseptic compounds was applied in an open study with patients with soiled wounds or chronic or recurrent atony which were resistant to other forms of treatment (including antibiotic therapy, wound healing agents, debridement, skin flaps, grafts), 64% of the lesions completely healed and 16% were improved (Morisset 1987).

Patients with chronically infected ulcers were treated with *C. asiatica* cream (1%), 77% of the ulcers completely healed at the end of the treatment period and 23% did not heal completely but reduced in size (Kosalwatna 1998). Extracts of *C. asiatica* exhibited antibacterial and antifungal activity (Ray 1976, Leungsakul 1987, Medda 1995).

The anti-ulcerogenic activity of fresh juice of *C. asiatica* (CAJ) was investigated against induced gastric ulcers in rats. Given orally in doses of 200 and 600 mg/kg twice daily for five days, *Centella* showed significant protection against all the above experimental ulcer models and the results were comparable with those elicited by sucralfate (SF, 250 mg/kg, p.o., BD x 5 days). At 600 mg/kg CAJ significantly increased gastric juice mucin secretion and increased the mucosal cell glycoproteins signifying increase in cellular mucus. It also decreased cell shedding indicating fortification of mucosal barrier. Thus, the ulcer protective effect of CAJ may be due to strengthening of the mucosal defensive factors (Sairam 2001).

Gotu Kola extract and purified extracts destroyed cultured cancer cells in vitro and retarded the development of solid and ascites tumours and increased the life span of these tumour bearing mice. Practically no toxic effects were observed in normal human lymphocytes at the effective concentrations (Babu 1995). Oral treatment with 50 mg per kg per day of crude methanol extract of *Centella asiatica* for 14 days significantly increased the anti-oxidant enzymes, like superoxide dismutase (SOD), catalase and glutathione peroxidase (GSHPx), and anti-oxidants like glutathione (GSH) and ascorbic acid decreased in lymphoma-bearing mice (Jayashree 2003).

Indications:

Evidence based: Treatment of wounds, burns and ulcerous skin ailments and prevention of keloid and hypertrophic scars. Extracts have been used to treat second and third degree burns. Extracts have been used topically to accelerate healing, particularly in cases of chronic post surgical and post traumatic wounds.

Suggested Veterinary Indications:

INTERNAL USE:

Helicobacter pylori infections with ulceration of the stomach
Aspirin/ NSAID induced gastritis
Lymphoma and possibly other tumours in mice

TOPICALLY

Equine granulomatous lesions
Acral lick granulomas
Post traumatic degloving injuries
Delayed wound healing
Wounds in large animals and horses
Feline leprosy ulcers
Anal furunculosis

Contraindications:

Allergies to Asteraceae

Toxicology and Adverse effects:

Toxicology studies have shown that even very large doses of asiaticoside are not toxic and the toxicity of both standardised extract and asiaticoside are very low (Laerum 1972) Topical sensitization is possible to either gotu kola or carriers. It may increase sleeping time when given with phenobarbitone.

Preparation notes:

Externally: Water or oil infusions, ointment, dried herb powder.
Internally: dried herb or concentrated extracts

Notes of interest:

The name hydrocotyle is derived from the Greek "water" and "cup" to describe the habitat, water and appearance of the cup shaped leaves.

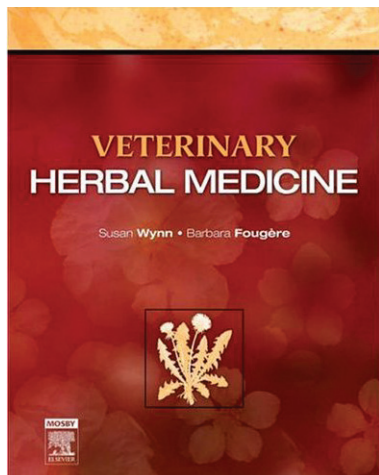
Dosage:

Topically: applied twice daily in a 1% salve or 2% powder
Orally: 0.05- 0.1 grams per 10kg or 20lb
1:2 tincture: 20-40mls per week

References:

- World Health Organisation monographs on selected medicinal plants Volume 1 *Herba Centellae* (4 volumes) (ISBN 92 4 154517 8), WHO Geneva, 1999
- Babu TD, Kuttan G, Padikkala J. *Cytotoxic and anti-tumour properties of certain taxa of Umbelliferae with special reference to Centella asiatica* (L.) Urban. *J Ethnopharmacol.* 1995 Aug 11;48(1):53-7.
- Banion S O, Griswold J, *Evaluation of Emu Oil in Lubrication and Treatment of Healed Burn Wounds.* Texas Tech University Health Sciences Center, Lubbock, Texas. American Burn Association, March 18, 1998, Chicago, Illinois.
- Bosse JP, Papillon J, Frenette G, Dansereau J, Cadotte M, Le Lorier J. *Clinical study of a new antikeloid agent.* *Ann Plast Surg* 1979 Jul;3(1):13-21
- Brinkhaus B, Lindner M, Schuppan D, Hahn EG. *Chemical, pharmacological and clinical profile of the East Asian medical plant Centella asiatica.* *Phytomedicine* 2000 Oct;7(5):427-48
- Del Vecchio A, Senni I, Cossu G, Molinaro M. *Effect of Centella asiatica on the biosynthetic activity of fibroblasts in culture Farmaco [Prat].* 1984 Oct;39(10):355-64. Italian.
- Dr. Duke's Phytochemical and Ethnobotanical Databases www.ars-grin.gov Dec 2003
- Gravel J A. *Oxygen dressings and asiaticoside in the treatment of burns.* *Laval Med.* 1965 May;36(5):413-5
- Hostettmann NR and Marston *A Chemistry and Pharmacology of Natural Products: Saponins* Cambridge University Press, Cambridge (1995)
- Jayashree G, Kurup Muraleedhara G, Sudarshana S, Jacob VB. *Antioxidant activity of Centella asiatica on lymphoma-bearing mice.* *Fitoterapia.* 2003 Jul;74(5):431-4.
- Kiesswetter H *Wein Med Wschr* 114, 124 (1964) cited in *Australian College of Phytotherapy Module 8*, 178. 2000
- Kosalwatna S et al *Siriraj Hosp Gaz* 40, 455 (1998) cited in Farnsworth NR, Bunyapraphatsara N eds. *Thai Medicinal Plants. Medicinal Plant Information Centre Bangkok* (1992)
- Laerum O D , Iversen O H. *Reticuloses and epidermal tumours in hairless mice after topical skin applications of cantharidin and asiaticoside.* *Cancer Res.* 1972 Jul;32(7):1463-9.
- Leung A Y *Encyclopaedia of Common Natural Ingredients used in food, drugs and cosmetics* John Wiley New York Chichester (1980)
- Leungsakul S *13th Symposium on Science and Technology, Songkhla Thailand* p 20 (1987)
- Lopez A, Sims DE, Ablett RF, Skinner RE, Leger LW, Lariviere CM, Jamieson LA, Martinez-Burnes J, Zawadzka GG. *Effect of emu oil on auricular inflammation induced with croton oil in mice.* *Am J Vet Res* 1999 Dec;60(12):1558-61
- Maquart FX, Bellon G, Gillery P, Wegrowski Y, Borel JP. *Stimulation of collagen synthesis in fibroblast cultures by a triterpene extracted from Centella asiatica.* *Connect Tissue Res.* 1990;24(2):107-20
- Maquart FX, Chastang F, Simeon A, Birembaut P, Gillery P, Wegrowski Y. *Triterpenes from Centella asiatica stimulate extracellular matrix accumulation in rat experimental wounds.* *Eur J Dermatol* 1999 Jun;9(4):289-96
- May A. *The effect of asiaticoside on pig skin in organ culture.* *Eur J Pharmacol.* 1968 Oct;4(3):331-9
- Medda S, Das N, Mahato SB, Mahadevan PR, Basu MK. *Glycoside-bearing liposomal delivery systems against macrophage-associated disorders involving Mycobacterium leprae and Mycobacterium tuberculosis.* *Indian J Biochem Biophys.* 1995 Jun;32(3):147-51.
- Morisset R et al *Phytother Res* 1, 117 (1987) cited in *Australian College of Phytotherapy Module 8*, 177. 2000
- Politis MJ, Dmytrowich A. *Promotion of second intention wound healing by emu oil lotion: comparative results with furasin, polysporin, and cortisone.* *Plast Reconstr Surg* 1998 Dec;102(7):2404-7
- Qi S, Xie J, Li T. *Effects of Asiaticoside on hypertrophic scars in a nude mice model* *Zhonghua Shao Shang Za Zhi* 2000 Feb;16(1):53-6 [Article in Chinese]
- Ray P G , Majumdar SK *Econ Bot* 30, 317 (1976) cited in *Australian College of Phytotherapy Module 8*, 177. 2000
- Rosen H, Blumenthal A, McCallum J. *Effect of asiaticoside on wound healing in the rat.* *Proc Soc Exp Biol Med.* 1967 May;125(1):279-80
- Sairam K, Rao CV, Goel RK. *Effect of Centella asiatica Linn on physical and chemical factors induced gastric ulceration and secretion in rats.* *Indian J Exp Biol.* 2001 Feb;39(2):137-42.
- Shukla A, Rasik AM, Jain GK, Shankar R, Kulshrestha DK, Dhawan BN. *In vitro and in vivo wound healing activity of asiaticoside isolated from Centella asiatica.* *J Ethnopharmacol* 1999 Apr;65(1):1-11
- Shukla A, Rasik AM, Dhawan BN. *Asiaticoside-induced elevation of antioxidant levels in healing wounds.* *Phytother Res* 1999 Feb;13(1):50-4
- Suguna L, Sivakumar P, Chandrakasan G. *Effects of Centella asiatica extract on dermal wound healing in rats.* *Indian J Exp Biol* 1996 Dec;34(12):1208-11
- Sunilkumar, Parameshwaraiah S, Shivakumar HG. *Evaluation of topical formulations of aqueous extract of Centella asiatica on open wounds in rats.* *Indian J Exp Biol* 1998 Jun;36(6):569-72
- Tsumuri K et al *Oyo Yakur* 7, 833 (1973) cited in *Australian College of Phytotherapy Module 8*, 177. 2000
- Widgerow AD, Chait LA, Stals R, Stals PJ. *New innovations in scar management.* *Aesthetic Plast Surg* 2000 May-Jun;24(3):227-34

Book Review



Veterinary Herbal Medicine

edited by **Susan G. Wynn and Barbara J. Fougere**

First published in 2007, *Veterinary Herbal Medicine* provides an extensive and comprehensive reference for the effective use of herbal remedies, for not only the domestic animal, but also other applications including equine and bovine medicine.

There have been many reference books compiled with the evolution of botanical medicine, however, there are very few that offer the insights to potential veterinary indications that this edition contains. Contributors are many, including: Andrew Pengelley, Program Convener and Lecturer in Herbal Therapies, School of Applied Sciences University of Newcastle NSW; and Kerry Martin Bone, Adjunct Associate Professor for the School of Health at the University of New England and also Director of Research for Mediherb Pty Ltd here in Australia.

The authors have included a thorough materia medica (monographs) for at least 120 species, many with colour photographs, highlighting essential information as to the correct genus / species and similar species that may be potentially indicated in any given situation.

Thorough detail is provided regarding active constituents, their indications and clinical actions. There is emphasis on possible contra-indications, and potential herb drug interactions. There is also informative discussion of historical and traditional uses for each plant as well as the associated energetics.

Extensive information relating to published research is included, as well as the most recent findings available, as our understanding of active constituents improves with advanced

scientific research methods. This by no means diminishes the traditional application the whole plant has for the individual, as in most cases there is positive reinforcement and scientific evidence to support the historical uses. As practising herbalists are aware, however, there is still a great deal to be researched in phytochemistry.

The book also includes a guideline for dose recommendations, with dosing from standard to drop dosage explained in depth, and examples of both Clarke's rule and Meeh's formula.

Other areas discussed include Ayurvedic Medicine and the principles underlying its use, history and philosophies. There is reference to the current status of Ayurveda in veterinary medicine and the therapeutic protocols applicable for veterinary practice. Included is an extensive table of 26 of the most investigated Ayurvedic herbs used in veterinary practice.

A small chapter on the overview of Traditional Chinese Medicine assists in comprehension relating to TCM pathogens such as Cold, Heat, Damp and Wind and the correct application of herbs via utilization of the plants' energetics.

Additionally there is a complete body systems based review of herbal remedies for common disease conditions in both large and small animals. The advantage of this chapter is the therapeutic rationale for each of the herbs contained in the formula provided. This generally offers more than one action for each herb, thus providing a deeper understanding of why that particular herb had preference in the final formula.

I find this book an invaluable part of my Herbal Medicine library. The applications for Veterinarians relate not only to the individual's interest in this growing field, and quest for knowledge, but the ability to have correct information available for your clients. Many veterinary clients will have used complimentary therapies themselves, and will be looking for similar alternatives for their pets. This edition gives a wealth of information necessary before the veterinarian can more confidently and safely proceed with the use of herbal medicine.

Reviewed by:

Colin Daly, BHSoc (Comm Therapies) ACNEM DBM

(available from Amazon online)

Treatment of Heart Disharmonies with TCVM Food Therapy

Prelude

All Zang Fu organs may have ANY combination of Patterns of Disharmony. For the Eight Principles and the Six Roots this means Excess and/or Deficiency of Yin, Yang, Qi and Blood. Most students of TCVM have only been taught the most common patterns, but more exist (Zhang, 2004). For example, Kidney Blood Deficiency is a newly recognized Pattern of Disharmony. We probably have failed to diagnose this pattern in the past due to either our pre-existing notions of Zang Fu organ Excess and Deficiency, or because it is “hidden” by another pattern. The pattern that “hides” Kidney Blood Deficiency is Liver Blood Deficiency.

A TCM statement of fact is “Liver and Kidney have the same source”. We also know that the Water Phase (Kidney and Bladder) is the parent of the Wood Phase (Liver and Gallbladder). So Deficient Kidney Blood would fail to nourish Liver Blood. It is therefore important for us to observe and record all TCVM clinical signs and describe patterns which we actually observe. Only then can we develop appropriate acupuncture, herbal medicine, and Food Therapy treatment protocols.

Introduction to Heart and Cardiovascular Disharmonies in TCVM

Heart deficiencies are much more common than excesses, with Yin, Blood and Qi deficiencies most often expressed as emotional problems. Yang, Qi, and Blood deficiencies as well as Blood stagnation are commonly associated with cardiovascular disorders.

It may be possible to diagnose Qi and Yang deficiency as in contemporary human pulse diagnosis by a drop in resting heart rate with very little exercise, Yang Qi deficiency showing the more dramatic reduction (Hammer, 2001). Heart Blood deficiency tends to lead to rapid elevations in heart rate with only mild activity, the increase in heart rate beyond normal variation being directly correlated with the severity of Heart Blood deficiency. Heart Qi deficient animals are dying slowly, Heart Yang deficient animals slowly and coldly, while Heart Blood deficient animals are at great risk of dying acutely from tachyarrhythmia.

PATTERNS OF HEART DISHARMONIES AND THEIR FOOD THERAPY

Heart Qi Deficiency

Ding Zhi Wan Settle the Emotions Pill for Heart Qi deficiency with disturbed Shen causing anxiety, arrhythmias, forgetfulness or fright, insomnia.

-Tongue: pale

-Pulse: weak

-Functions: Tonifies the Heart Qi, sedates the Heart, and calms the spirit.

-Primary Herbs: Ren shen Ginseng is sweet, slightly bitter and slightly warm and tonifies Yuan Qi and Heart, Lung and Spleen Qi. Fu Ling Poria is sweet, bland and neutral and eliminates Dampness, strengthens the Spleen, pacifies the Heart and Calms the Spirit. Shi chang pu Sweetflag rhizome is acrid, slightly warm and aromatic and opens the orifices, quiets the spirit and harmonizes the middle burner. Yuan Zhi Polygala is pungent, bitter and slightly warm and tranquilizes the mind, calms the spirit, dispels Phlegm and clears the orifices. Since deficient Qi is the root of the disorder, the chief herbs calm the spirit by augmenting the Qi. The deputies work together to clear the senses in order to calm the spirit.

Food Therapy Example:

An appropriate food therapy formula palatable to carnivores might include chicken for a colder animal or mutton or turkey for simply Qi deficient animals. The appropriate well-cooked grain could be either bitter, neutral rye for the stagnant animal or sweet, neutral rice for simple Qi deficiency. Warm, sweet Yam may be used to support Qi and increase the digestibility of the other ingredients. Hawthorn fruit is the “clueless herb” (Peter Holmes, 1999) which is warm, enters the Heart channel and enhances both Heart Qi and Blood circulation. If tolerated by the animals, either thyme or turmeric may be used as warm, aromatic and bitter herbs that enter the Heart channel to harmonize the middle Jiao. The ratios of meat to vegetables, grains and herbs in this example will vary with the age and infirmity of the individual being treated as well as the geographical origin of the breed (Cusick, 1990). For most carnivores this would mean about 40% meat, 30% vegetable, 30% grain, and aromatic herbs to a detectable yet palatable level.

Western Biomedical Disorders:

A wide range of psychological disorders including anxiety and obsessive-compulsive disorders.

Heart Qi Deficiency

Bao Yuan Tang Preserve the Basal Decoction for Heart Qi or Yang deficiency with lassitude, listlessness, arrhythmias, shortness of breath and cold ears and extremities.

-Tongue: pale or purple

-Pulse: weak, irregular

-Functions: tonifies the Heart Qi and warms the Yang

-Primary Herbs: Huang Qi Astragalus is sweet, slightly warm and tonifies the Lung and Spleen Qi. Ren shen Ginseng is sweet, slightly bitter and slightly warm and tonifies Yuan Qi and Heart, Lung and Spleen Qi. Zhi gan cao honey-fried Licorice is sweet, neutral and tonifies the Spleen and Heart Qi. Rou gui Cinnamon bark is pungent, sweet, very hot, warms the fire of the vital gate, strengthens the Kidney and Spleen Yang, and promotes the generation of Qi and Blood.

Food Therapy Example:

An appropriate food therapy formula palatable to carnivores might include sweet, warm chicken; sweet, neutral rice; sweet, warm yam; sweet, sour and warm hawthorn fruit and a pinch of sweet, pungent and warm cinnamon twig. As mentioned above, hawthorn fruit is the “clueless herb” which is warm, enters the Heart channel and enhances both Heart Qi and Blood circulation.

Heart Yang Deficiency

Zhen Wu Tang True Warrior Decoction for urinary difficulty, edema, loose stools, arrhythmias, coolness of back and extremities, and coughing.

-Tongue: pale and swollen with tooth marks

-Pulse: submerged, thin and forceless

-Function: warms the Kidney and Heart Yang and promotes urination

-Primary Herbs: Fu zi Aconite is very hot, acrid and restores Kidney and Heart Yang. The deputies Bai zhu Atractylodes and Fu ling Poria strengthen the Spleen and promote urination. Sheng jiang fresh Ginger warms and dispels the pathogenic water.

Food Therapy Example:

An appropriate food therapy formula palatable to carnivores might include lamb which is hot, enters the Kidney channel and tonifies Yang Qi. Sweet, neutral corn enters the Kidney

and Stomach channels and promotes urination. Watercress enters the Spleen and Stomach channels, is warm and promotes Qi circulation and promotes urination. Lastly, fresh ginger is warm and enters the Spleen and Stomach channels.

Western Biomedical Disorders:

chronic nephritis, valvular heart disease, congestive heart failure, chronic hepatic disorders, primary hypertension, and hypothyroidism.

Heart Yang Collapse

Shen Fu Tang Ginseng and Prepared Aconite Decoction for Yang deficiency with severe deficiency of Yuan Qi and sudden collapse of Yang Qi with cold extremities, dizziness and weak breathing and shortness of breath.

-Tongue: pale

-Pulse: faint, imperceptible

-Functions: Restores the Yang, strongly tonifies the Yuan Qi and rescues Qi from collapse due to devastated Yang

-Primary Herbs: Ren shen Ginseng is sweet, warm and tonifies the Spleen and the Yuan Qi in the Lungs. Fu zi Aconite warms and tonifies the Yuan Yang.

Food Therapy Example:

First remember that this is usually an emergency. Feel free to treat according to your veterinary training. Food Therapy will support and not replace appropriate strong drugs or herbs for Yang collapse. The days and weeks following Yang collapse are most important in regenerating normal Heart Yang function. Food Therapy will always be warm and offered in small amounts throughout the day, commonly in a gruel or liquid form by syringe.

An appropriate food therapy formula palatable to carnivores might include lamb which is hot, enters the Kidney channel and tonifies Yang Qi. Oats are warm, promote Qi circulation and enter the Kidney and Spleen channels. Chestnuts are warm, tonify Yang Qi and promote Blood circulation. Lastly, fresh ginger is warm and enters the Spleen and Stomach channels.

Western Biomedical Disorders:

cardiac failure, myocardial infarction, cardiogenic shock, and hypovolemic shock.

Heart Yin Deficiency

Tian Wang Bu Xin Dan Emperor's Heart Tonic Pill for Heart/Kidney yin deficiency, Heart Blood deficiency and false heat where Kidneys and Heart don't harmonize. This leads to insomnia, restlessness, palpitations or poor memory.

-Tongue: red, dry with little coat

-Pulse: thin, rapid

-Function: Enrich Yin, nourish Blood, tonifies the Heart and calms the spirit

-Primary Herbs: Sheng di huang Rehmannia is sweet, bitter, cold, nourishes the Yin and

clears Heat and mildly nourishes Blood. The deputies tonify

Blood, calm the Shen and assist the Heart Qi. The assistants enrich Yin and clear Heat from deficiency. The envoy

Jie geng Platycodon conducts the actions of the other herbs upward toward the upper

burner wherein resides the Shen.

Food Therapy Example:

This is a very complex herbal formula with fourteen ingredients. An appropriate simple food therapy formula palatable to carnivores might include neutral, sweet beef or duck which nourish Blood and Yin. Well-cooked rice is neutral and nourishes both Blood and Qi. Neutral potato enters the Kidney, Stomach and Spleen channels and helps to nourish Yin, Blood, Qi and clear Heat. A small amount of hawthorn fruit is warm, enters the Heart channel and enhances both Heart Qi and Blood circulation and so acts both as an assistant and envoy to the upper Jiao.

Western Biomedical Disorders:

heart disease, chronic urticaria, and neurasthenia.

Heart Blood Deficiency

Gui Pi Tang Restore the Spleen Decoction for Heart Blood and Yin deficiency leading to anxiety, insomnia, decreased appetite, and nightmares. Gui Pi Tang is also useful for purpura due to Spleen Qi/Blood deficiency.

-Tongue: pale with thin white coating and dry

-Pulse: thin, frail

-Function: augments the Qi, tonifies Blood, strengthens the Spleen, and nourishes Blood.

-Primary Herbs: The chief herbs Ren shen, Huang qi, Bai zhu and Gan cao all work synergistically to tonify the Spleen Qi and regulate dampness. The deputies tonify the Blood and calm the Shen. The assistant Mu Xiang Aucklandia combines with Bai zhu to help the Spleen deal with the rich herbs in this formula. The envoys Sheng jiang fresh ginger root and Da Zao jujube fruit improve the appetite and regulate the nutritive and protective Qi.

Food Therapy Example:

This is a complex herbal formula with ten ingredients. An appropriate food therapy formula palatable to carnivores might include neutral sweet beef which enters the Stomach and Spleen and tonifies Yin, Blood, and Qi. Both sweet, neutral rice and sweet, warm oats tonify Qi and Blood. Sweet neutral beets enter the Heart channel and tonify Blood. Similar to Aucklandia, hawthorn fruit is warm, enters the Spleen, Stomach and Heart channels and enhances both Heart Qi and Blood circulation and regulates Stomach Qi as well. Of course we may use jujube fruit or fresh ginger root in small amounts as in the original formula.

Western Biomedical Disorders:

neurasthenia, myasthenia gravis, congestive heart failure, supraventricular tachycardia, anemia of chronic disease, thrombocytopenic or immune-mediated purpura.

Heart Blood Deficiency

Zhi Gan Cao Tang Honey-Fried Licorice Decoction for Heart Qi/Blood or Yin deficiency causing arrhythmia, insomnia, coronary heart disease and anxiety. Sometimes it is known as Fu Mai Tang Restore the Pulse Decoction.

-Tongue: pale, thin and dry

-Pulse: thin, faint, possibly irregular

-Function: augments Qi, nourishes Blood, enriches Yin and restores the pulse

-Primary Herbs: Zhi gan cao honey-fried licorice is sweet, neutral augments Qi and nourishes the Heart. Ren shen Ginseng is sweet, warm, tonifies Yuan Qi and calms the Shen. Da zao Jujube is sweet, warm and benefits the Spleen and nourishes the Heart. The four deputies address the Blood and Yin aspects of this disharmony. Gui zhi Cinnamon twig unblocks the flow of Heart Qi. Gui zhi is found in every formula devised by Zhang Zhong-Jing for treating palpitations. Sheng jiang fresh Ginger is used to strengthen the Stomach and helps it deal with the rich Tonifying ingredients in this formula.

Food Therapy Example:

An appropriate food therapy formula palatable to carnivores might include sweet, warm chicken to enter the Spleen and Stomach, nourish Zhong Qi and benefit Blood circulation. Cool, sweet and bitter barley enters the Stomach and Spleen channels and nourishes both Yin and Blood. Sweet, cool spinach enters the Stomach and Large Intestine channels and nourishes Blood. Add hawthorn fruit which is warm, enters the Heart channel and enhances both Heart Qi and Blood circulation. A small amount of cinnamon twig and ginger are both added as in the original herbal formula.

Western Biomedical Disorders:

supraventricular arrhythmia, rheumatic heart disease, mitral stenosis, mitral valve prolapse, hyperthyroidism and neurasthenia.

Heart Blood Stagnation

Xue Fu Zhu Yu Tang Drive out Stasis in the Mansion of Blood Decoction for Blood stagnation in head, chest, and diaphragm causing angina, palpitations, insomnia, nightmares, or irritability.

-Tongue: dark red or dark spots or purple

-Pulse: wiry, tight or choppy

-Functions: invigorates Blood, dispels Blood Stasis, spreads Liver Qi, and unblocks the channels.

-Primary Herbs: The chief herbs in this formula are mostly sweet, pungent, and invigorate Blood and dispel Blood Stasis, especially above the diaphragm. The assistant herbs are sweet, bitter and cool the Blood, clear Heat and moisten dryness. Chai hu Bupleurum is pungent, bitter, slightly cold and smoothes the flow of Liver Qi, relieves constraint and raises the clear Yang. Chai hu with the remaining assistants promotes the movement of Qi and relaxes the hypochondrium.

Food Therapy Example:

Please remember that Heart Blood Stagnation can be a medical emergency. Draw on all your resources during the acute phase. Herbal formula coupled with acupuncture may be the best primary treatment. Food therapy is both palliative and preventative for future episodes.

This is a complex formula with eleven ingredients. Both chicken and sheep kidney are sweet, warm and benefit Blood circulation. Barley is a cool, sweet and salty herb that serves to anchor the Yin and nourish Blood. Turnip is particularly important as a neutral food that is pungent, sweet, and bitter and increases Blood circulation. Neutral, sweet and sour Aduki bean enters the Heart, Kidney and Stomach channels, nourishes Blood and Yin and disperses stagnant Blood. Turmeric is warm, sweet, and pungent and increases both Qi and Blood circulation. Both garlic and ginger are pungent, hot spices that invigorate Blood and Qi. Lastly, with repetition indicating its importance in Heart disharmonies, hawthorn fruit is warm, sweet and sour and enters the Heart channel and enhances both Heart Qi and Blood circulation.

Western Biomedical Disorders:

coronary artery disease, valvular heart disease, hypertension, cor pulmonale, and intercostal neuralgia.

References:

- Bensky, D. and Barolet, R. (1990). *Chinese Herbal Medicine, Formulas and Strategies*. Eastland Press, Seattle, Washington.
- Cusick, W. (1990). *Canine Nutrition and Choosing the Best Food for Your Breed of Dog*. Adele Publications, Inc., Aloha, Oregon
- Ehling, D. (2002). *The Chinese Herbalist's Handbook*. Lotus Press. Twin Lakes, WI.
- Flaws, B.(1998). *The Tao of Healthy Eating*. Blue Poppy Press, Boulder, Colorado.
- Hammer, L. (2001). *Chinese Pulse Diagnosis: A Contemporary Approach*. Eastland Press Seattle.
- Leggett, D. (1995). *Helping Ourselves – A Guide to Chinese Food Energetics*. Meridian Press, Tottnes, England.
- Pitchford, P. (2002). *Healing with Whole Foods*. North Atlantic Books, Berkeley, California.
- Zhang, K. (2004). *Third International Conference on Traditional Chinese Veterinary Medicine*. Guanzhou, China.
- Zong, L.X. (2001). *Pocket Handbook of Chinese Herbal Prescriptions*. Waclicon International, Inc. Miami. FL.

Bruce Ferguson, DVM, MS

President AATCVM

Holistic Veterinary Care, Karawara Western Australia

Practice Insights

AN INTERVIEW WITH SUSAN WYNN

Susan G. Wynn, DVM is a clinical resident in small animal nutrition with the University of Tennessee, an adjunct faculty for the University of Georgia's College of Veterinary Medicine. She earned her veterinary degree from the University of Georgia in 1987 and went on to complete an internship and subsequently to study viral immunology in the Emory School of Medicine as a post doctoral fellow. She consults for the Veterinary Information Network, the AVMA's Network of Animal Health and the National Animal Supplement Council, as well as pet food and supplement companies from the U.S. to Japan. She has authored or co-authored four professional level textbooks, including: *Veterinary Herbal Medicine* (2007), *The Manual of Natural Veterinary Medicine: Science and Tradition* (2003), and the seminal text, *Complementary and Alternative Veterinary Medicine: Principles and Practice* (1998). Dr. Wynn is a registered herbalist (American Herbalists Guild), was certified in acupuncture in 1997 and Chinese herbal medicine in 2003, and practices clinical nutrition, herbal medicine and acupuncture with Georgia Veterinary Specialists near Atlanta, GA. She has delivered keynote speeches internationally and lectured for veterinarians at all of the major U.S. veterinary conferences.

Describe your garden. What is your favorite place, and what herbs do you grow?

My favorite place is on my patio where I can sit with a glass of wine and see the large oak, redbud, poplars and dogwood trees behind my house, and my garden if I turn my chair around. I can watch birds feed and hummingbirds fight. As any gardener will know, you never 'finish' a garden, so at the moment, the herbs in my garden include lemon balm, agrimony, gotu cola, yarrow, St John's wort, blueberry (bilberry to Europeans), hawthorn, bee balm, motherwort, sweet wormwood, catnip, butterfly weed, black cohosh, echinacea...

When and how did you become passionate about herbal medicine?

I loved plants before I went to vet school, and grew a huge number of orchids and other tropicals in high school. I don't even know when I put medicine and plants together, but I do know it was sparked by my discovery of the American Holistic Veterinary Medical Association. There were great herbal medicine articles in the older journals from the 80s and 90s.

What is the best advice you ever received – and did you take any notice?

From my sister who said in a time of crisis – deal with it and move on!

Do you have a favorite herb, or herbal formulae?

My favorite formula is for moderate to severe osteoarthritis, and is 1/3 devils claw, 1/3 corydalis, and 1/3 prickly ash (or if earlier in the disease, ginger instead of prickly ash). I've had a few dogs taking this combination for a couple of years with no problem or changes in liver enzymes, and the benefit is pretty dramatic in most cases. I use tonic formulas or food as a tonic in addition, as needed.

What would you keep in a first aid kit for pets?

This would be my professional kit – I'd change it a bit for clients:

Slippery elm	Chamomile
Tea (as in green or black tea)	Corydalis
Tea tree oil	Ginger

Do you have pets?

I have a rescue dog from my hospital – Brownie – who is some sort of sheltie cross, and very sweet. I also have a 165 yr old Maine Coon cat (Foster) and a 10 year old torti named Nancy.

What types of animals do you treat? Do you have a preference?

Dogs and cats only for me. When I went through school, the sum total of our education in birds was production chicken medicine, and I remember next to nothing about rabbits and their ilk. I leave birds, pocket pets and exotics to the experts. I have on occasion treated my own horses and find them really responsive to herbs and acupuncture.

What is your favorite piece of music?

Impossible question! I'll tell you what's on the ipod at the moment – Lenny Kravitz, Jethro Tull, Lyle Lovett, collective soul, Herb Alpert and the Tijuana Brass, Genesis, Blue Man Group, Republica, Rihanna, Rolling Stones, String Cheese Incident, U2....But if I had to live with one piece the rest of my life – maybe Beethoven's 5th.

Susan, you have co-written three essential texts for herbal veterinarians. Which other book or books do you find essential (or enjoyable) reading for veterinary herbalists?

There are SO many. I really learned a lot from reading the seminal texts that changed medical history, like Samuel Thompson, John Scudder, Nicholas Culpeper, Hippocrates... I collect strange specialty books, like herbals specifically dealing with psychoactive plants, anti-inflammatory plants, abortifacients, etc. When I travel, I try to find books on local herbs and herbal treatments, so my ethnobotany collection is

pretty extensive. For the the most comprehensive and up to date clinical herbal medicine, I can't live without the books by David Winston, David Hoffman and Jonathan Treasure. As for simply reading about plant medicine – look at titles by Matthew Wood and Steven Buhner for in depth discussions that will change the way you think!

Which part of your work do you enjoy most?

Talking to the animals. If I could make a living being the person who hangs out in ICU looking out for the patients' mental well-being, I would do that. Otherwise I love it all - developing treatment plans, talking with other doctors, speaking, writing – I'm the luckiest person I know to have settled into a career with a job description (or benefits, as I think of them) like these.

Do you think vet students should begin learning about holistic modalities such as acupuncture and herbal medicine as undergraduates, or should they get "straight medicine" under their belt first?

I think that basic herbal medicine and acupuncture could very easily be integrated into the curriculum without crowding out anything else. That's what vet school is for – getting an introduction into the most useful treatments.

What are the challenges for holistic vets in practice?

Have things changed since you started practice?

Things have definitely changed since I entered practice 21 years ago, because I see colleagues more willing to consult us when they have clients who want natural treatments. What hasn't changed is the call for – and need to – have our claims proven through controlled studies. I don't think that's going to go away!

Susan G. Wynn, DVM

*Bell's Ferry Veterinary Hospital , Acworth GA
Georgia Veterinary Specialists, Sandy Springs, GA , USA
Clinical Resident, Small Animal Nutrition , University of Tennessee*

Interviewed by Karen Goldrick

Instructions for Contributors

The VBMA invites contributions to the *Journal of Veterinary Botanical Medicine*. The *JVBM* publishes material on all aspects of veterinary medical herbalism with emphasis on the clinical application of medicinal plants in veterinary medicine, the philosophy of veterinary herbal medicine, and the phytochemistry, pharmacology, herb drug interactions and research that applies to veterinary botanical medicine.

Editorial Policy

Subject material must relate to veterinary botanical medicine. Accepted articles become the property of the *Journal of Veterinary Botanical Medicine*. Contributions are subject to peer review and editing. Contributions to the *Journal of Veterinary Botanical Medicine* must not be submitted elsewhere.

Contribution Requirements

Contributions should be word processed and forwarded by email to the editor, with the file(s) saved in plain text or Microsoft Word formats. All statements must be referenced and a full reference list must be included (if references are lengthy, they may be published in full on the VBMA website rather than in print). If the statement is the author's observation or opinion, this should be made clear. All statements should be of a professional nature and exclude any inappropriate style of writing. An abstract of the article should be included. A brief profile of the author should be included.

Peer Review

All feature articles will be reviewed by two independent peer reviewers. Reviewed articles will be returned to the author for modification if required.

Referencing

Textual citation method should be employed. Requires the name of author and year of publication in brackets at the end of statements or paragraphs. The reference list should be arranged in alphabetical order using the following format:

JOURNALS

Author's surname Author's initials. Year. Title of article. Journal name volume; issue: page numbers. *For example:*
Bauer V, Bauer F. 1999. Reactive oxygen species as mediators of tissue protection and injury. *Gen Physiol Biophys* Oct; 18 :7-14

BOOKS

Author's surname Author's initials. Year. Book title. Edition. City of publication: Publisher. *For example:*
Bensky D and Gamble A. 1993. Chinese Herbal Medicine: Materia Medica. Seattle, WA. Eastland Press, Inc.

Event Calendar

APRIL 2009

April 4-5, 2009: Southwest Conference on Botanical Medicine

Tempe, AZ.

www.botanicalmedicine.org.

April 6-9, 2009: 8th Annual Oxford-International Conference on the Science of Botanicals

Oxford, MS.

www.oxfordicsb.org

April 17- 19: Michael Moore and American Herbalism.

Truth or Consequences, NM.

www.mooreandmore2009.com/index.html for information about becoming a donor, a sponsor and (of course) registration by the day or for the event

April 20th 2009: Mediherb

London, UK

Full Day Seminar

Autoimmune Disease and Gut Flora Dysbiosis presented by Associate Professor Kerry Bone

New Connaught Rooms, 61-65 Great Queen Street,
Covent Garden London
www.standardprocess.com

April 23rd 2009: Mediherb

Harrisburg, PA

Full Day Seminar. Herbal Solutions for the Modern Patient: Stress & Adrenal Fatigue, Intestinal Dysbiosis and Tissue Healing

Associate Professor Kerry Bone

Standard Process of Pennsylvania, Inc. Ph: 800-222-2445,
Email: info@spofpa.com

May 2009

May 2nd 2009: Mediherb

Dallas, TX

Full Day Seminar.

Herbal Solutions for the Modern Patient: Stress & Adrenal Fatigue, Intestinal Dysbiosis and Tissue Healing

Associate Professor Kerry Bone

Standard Process of North Texas, Inc. Ph: 800-410-2310,
Email: chamilton@standardprocess.com

May 7th 2009: Mediherb

Los Angeles, CA

Half Day Seminar 1:00 pm - 6:00 pm. Herbal Solutions for the Modern Patient: Stress & Adrenal Fatigue, Intestinal Dysbiosis and Tissue Healing

Associate Professor Kerry Bone

Standard Process of Southern California. Ph: 800-372-7218,
Email: customerservice@spsocal.com

9th May 2009: Mediherb

San Francisco, CA

Full Day Seminar. Herbal Solutions for the Modern Patient: Stress & Adrenal Fatigue, Intestinal Dysbiosis and Tissue Healing

Associate Professor Kerry Bone

Standard Process of Northern California, Inc. Ph: 800-662-9134, Email: info@spnatural.com

May 15-18 or 22 – 25: Northern California Women's Herbal Symposium

Laytonville, CA.

www.womensherbalsymposium.org.

May 12-15: North American Research Conference on Complementary & Integrative Medicine.

Minneapolis, MN.

www.imconsortium-conference.org

May 16-17: "Talking Forest Medicine Trail" Inauguration

Goldenseal Sanctuary, Rutland, OH.

www.unitedplantsavers.org.

17-22nd: AVA conference

Darwin

Details about our program to follow, including post conference workshops. Main speaker Dr Bruce Ferguson. Check for updates at: www.ava.com.au. under "Conference"

May 30-31: Planting the Future

Williams, OR.

www.unitedplantsavers.org

May 30-June 1: Medicines from the Earth Herb Symposium

Black Mountain, NC.

www.botanicalmedicine.org.

June 2009

June 5, 6 and 7: Traditional Food Weekend

Vashon Island, WA.

Sponsored by K-Jo Farm. For more information and/or to register: 206-463-9906

June 5th-7th: Homotoxicology Seminar

Denver Renaissance Hotel Denver, Colorado

To register: www.ahvma.org

June 6th: 11th Annual Bastyr University Herb & Food Fair

Bastyr University campus

Saturday, from 10-5pm. Contact number is 425-602-3013.

June 19-21: International Herb Symposium

Norton, MA.

www.sagemountain.com

June 22-23: 2009 Berry Health Benefits Symposium.

Monterey, CA.

www.berryhealth.org

July 2009

4th July: Mediherb Australia

Brisbane, Australia

InClinic Seminar. Full Day Seminar presented by Angela Hywood and Berris Burgoyne. Topic to be Advised.

Sebel & Citigate, King George Square, Brisbane QLD 4000

5th July: Mediherb Australia

Sydney, Australia

InClinic Seminar. Full Day Seminar presented by Angela Hywood and Berris Burgoyne. Topic to be Advised.

Citigate Central Sydney, 169-179 Thomas Street, Sydney NSW 2000

July 8-29: 3rd Annual Women's Herbal/Earthways Residential Apprenticeship Program

Coon Valley, WI.

For more information see:

<http://moonwiseherbs.com/herbalapprenticeshipresidential.htm>

July 30-August 1: Aromatherapy, Clinical Phytotherapy & Endobiogénie Retreat & Trade Show

Salt Lake City, UT.

www.eimcenter.com

18th July: Mediherb Australia

Melbourne, Australia

InClinic Seminar. Full Day Seminar presented by Angela Hywood and Berris Burgoyne. Topic to be Advised.

Sofitel Melbourne on Collins, 25 Collins Street, Melbourne VIC 3000

19th July: Mediherb Australia

Perth, Australia

InClinic Seminar. Full Day Seminar presented by Angela Hywood and Berris Burgoyne. Topic to be Advised.

Sheraton Perth Hotel, 207 Adelaide Terrace, Perth WA 6000

August 2009

July 30-August 1: Aromatherapy, Clinical Phytotherapy & Endobiogénie Retreat & Trade Show

Salt Lake City, UT.

www.eimcenter.com

August 21-23: New England Women's Herbal Symposium

Peterborough, NH.

www.sagemountain.com.

22nd August: Mediherb Australia

Auckland, New Zealand

InClinic Seminar. Full Day Seminar presented by Angela Hywood and Berris Burgoyne. Topic to be Advised.

Novotel Ellerslie, 72-112 Greenlane Road East, Ellerslie, Auckland

23rd August: Mediherb Australia

Christchurch, New Zealand

InClinic Seminar. Full Day Seminar presented by Angela Hywood and Berris Burgoyne. Topic to be Advised.

The George Hotel, 50 Park Terrace, Christchurch

August 26-29: International IVAS Congress on Veterinary Acupuncture

San Antonio, Texas

For more information, visit www.ivas.org.

August 29-September 12: Herbal Medicine Italy 2009

A two week course offered through Bastyr University. This promises to be an incredible journey experiencing the plants and culture of Italy, and a deeper sense of self through international travel and yoga.

Led by Robin DiPasquale, ND.

Email: robindipasquale@yahoo.com.

September 2009

September 4-7: Northern California Women's Herbal Symposium

Laytonville, CA.

www.womensherbalsymposium.org.

September 12-15: VBMA Annual Conference

Fitchburg, Massachusetts

www.vbma.org

September 12-15: AHVMA annual conference

Fitchburg, MA.

Courtyard® by Marriott® Fitchburg

150 Royal Plaza Drive, Fitchburg, Massachusetts 01420 USA

Phone: 1-978-342-7100 Fax : 1-978-342-7376

September 16-19: Elder's Retreat

Moultonborough, NH

Geneva Point Center

<http://www.genevapoint.org/forms.htm>

September 19: Planting the Future

Apeiron Institute, RI.

www.unitedplantsavers.org

October 2009: IVAS Basic Course on Veterinary Acupuncture

Atlanta, Georgia

For more information, visit www.ivas.org.

October 2-4: SE Women's Herbal Conference

Black Mountain, NC.

www.sewisewomen.com

October 9-11: Wise Woman Ways with Susun Weed; Menopause Can Change Your Life

Maywood Environmental Center, Sheboygan, WI.

www.moonwiseherbs.com

October 17: Planting the Future

Tucson, AZ.

www.unitedplantsavers.org

October 22-25: 20th Annual American Herbalists Guild National Symposium – Herbal Medicine: New Possibilities for Primary Care

Santa Rosa, CA

Hyatt Vineyard Creek Hotel & Spa

October 23-25: American Veterinary Chiropractic Association (AVCA) Annual Conference

Lexington, Kentucky

For more information, visit their website at www.animalchiropractic.org.

Other Educational Events

VBMA Teleseminars (available on CD for purchase)

Building & Reviewing the Basics - Prescribing Herbs for Common Veterinary Conditions - 8 Herbs that Can Help Your Patients

Speaker: Dr. Barbara Fourgere, BSc BVMS (Hons) GDBus MOD&T BHSC (Comp Med) MHSc (Herb Med) CVA (IVAS), CVHM, CVCP, ACNEM, CMAVA

Costs:

Non-member w/ 1.5 RACE approved CE credits - \$95

Member w/ 1.5 RACE approved CE credits - \$50

To order: contact Jasmine at office@vbma.org

The Chi Institute offers several basic and advanced courses on veterinary acupuncture, herbology and TCVM.

For more information, visit www.tcv.com

IVAS Course in Veterinary Chinese Herbal Medicine

The course consists of 8 modules totaling 180 hours, leading to a Certificate of Veterinary Chinese Herbal Medicine. Learning materials include printed study guides, reading material, lecture notes, herb samples, CD-ROMs, and DVDs as well as other interactive teaching methods.

The course is conducted at your own pace – you can complete the course in as little or as much time as you like. This allows you to study in a way that fits with work and family commitments.

Support and communication between you and your personal tutor is available via email and online forums.

There are no examinations, only a final assessment that includes a 5-part assignment and submission of 2 case studies.

Enrollment Deadlines – Annually:

February 28

May 31

August 31

November 30

Application Form

HOW TO BECOME A MEMBER OF THE VETERINARY BOTANICAL MEDICINE ASSOCIATION



Who can apply?

Regular membership is open to any veterinarian with an interest in herbal medicine. Nonveterinarian herbalists may join as associate members, provided they are professional members of the AHG or NIMH, or have equivalent experience. Affiliate membership is for members of the industry to remain current in the needs and concerns of veterinary herbalists, and does not imply clinical expertise or certification of any sort. Multiple memberships are for additional members at the same practice/business.

Special allowance for DEVELOPING COUNTRIES: VBMA accepts membership applications and grants membership to qualified applicants in developing countries for \$30 per year.

Due Date

Dues must be paid by March 1st to avoid cancellation of membership.

YOUR DETAILS

First Name Last Name

Practice or Company name

Phone number Fax number

Email

Address 1

Address 2

City

State Zip code or postal code Country

Experience/education

Please note that an email address is required, since most of our association business and benefits occur electronically.

SELECT THE TYPE OF MEMBERSHIP (ALL AMOUNTS USD):

- Regular (Veterinarian) \$80 Associate \$80
 Affiliate (Member of industry) \$180 Veterinary Student \$15 Developing Countries \$30
 Multiple Membership first member \$80 Multiple Membership additional member \$45

PAYMENT: Please select one of the following methods of payment

- Check, made payable to VBMA

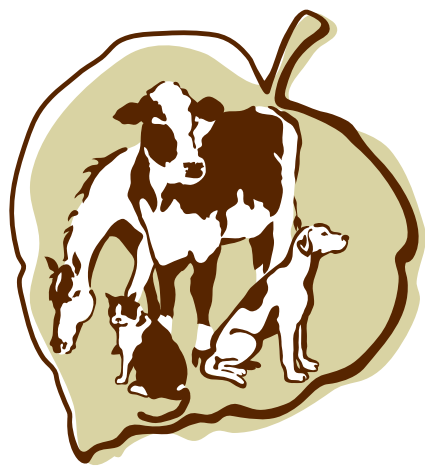
Post checks to: Jasmine Lyon
589 Delphinium Blvd. Acworth, GA 30102 USA

- Credit Card via Paypal

To pay by credit card you will need a paypal account:
Go to www.paypal.com, sign in (or register),
click 'send money' and enter the email address
jlyon86@aol.com

Please notify VBMA of your paypal account name:

Post this application form to the address above. You can also apply for membership online at: www.vbma.org



VBMA