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The American Holistic Veterinary Medical Association explores and supports alternative and complementary approaches to veterinary health care, and is dedicated to integrating all aspects of animal wellness in an ethical and environmentally responsible manner.

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Welcome to our Spring 2014 issue of JAHVMA. Spring represents a season of rebirth, and with that, we are launching our first “focus” issue of the Journal.

This issue is devoted to Oncology. Cancer remains one of the more elusive “conditions” that afflicts our domestic animals. With diagnostic tests ranging from cytology and histopathology to advanced diagnostic imaging studies and genetic testing, veterinarians are able to better categorize the different types of cancer, but more often than not the treatment options are limited either due to expense, availability, efficacy, side-effects or client preferences.

Every once in a while, we hear a success story about an incurable cancer. In the world of complementary and alternative veterinary medicine, we seem to hear many such stories. With that in mind, we decided to devote this issue to some of these many successes.

Success in the context of cancer has multiple standards. The gold standard is cure, or at least long-term remission until the patient dies of old age and unrelated causes. Quite often, however, success can also mean an improved quality of life or an extension of survival time beyond that expected for the particular type of cancer.

The issue contains a wide variety of articles including homeopathic treatment of mast cell tumors, cancers in ferrets treated with herbs and multiple approaches to the treatment of canine hemangiosarcoma. Please start by reading the Perspective article by Dr. Rick Palmquist.

We welcome any comments and suggestions for future focus issues.

Bernie Fischer
Editor-in-Chief/Chair, Editorial committee
editor.jahvma@gmail.com
EVIDENCE-BASED PRACTICE: WHAT IS IT?

Richard E. Palmquist, DVM. Centinela Animal Hospital, Inc. 721 Centinela Avenue, Inglewood, CA. 90302. 310-673-1910. cahdogcat@aol.com

Abstract:
Veterinarians desire to practice with an evidence-based approach, but frequently clinicians are presented with cases that challenge the available evidence. Because the profession has recently placed more emphasis on evidence-based veterinary medicine (EBVM), which presents both advantages and challenges, new models emerged. Evidence Based Practice (EBP) allows the use of clinical experience and available evidence. Translational Medicine (TM) and Translational medical research strive to bring together formerly disjointed areas of scientific research and knowledge and more efficiently and effectively discover, develop, validate and disseminate improved methods of patient care. Pioneering clinicians can be frustrated by rote EBVM approaches that leave no therapeutic option in the face of desperate patient need. Through improved understanding, veterinarians can begin to see how pioneering work can be properly aligned and assisted in its development while generating a rich and useful medical literature. Readers are encouraged to question the current operating models of research and clinical applications in our veterinary teaching hospitals and medical centers, and to learn more about how translational medicine could be implemented in our profession, especially within the realms of complementary and alternative veterinary medicine.

Perspective:
Veterinary medicine seeks to discover, develop, validate and disseminate knowledge which can be used to improve human and animal health. Our profession is responsible for management of a wide variety of spheres and so must work diligently to properly advance our knowledge base. Tacit knowledge and good judgment are necessary to implement any body of professional information (1). Because knowledge is based upon data and its correct application, it is desirable to develop evidence that validates both the appropriate and inappropriate utility and efficacy of models and treatments available to clinicians.

Clinicians are exposed to data of ever-increasing volume and complexity. Clinicians generate data in their clinics daily as they see and monitor responses to various therapies. They also receive data from many other channels such as...
interpersonal discussion, television news and Internet sources, medical literature and pharmaceutical advertising. Much of this data is never fully evaluated and clinicians can form opinions based upon experiences that are correct or incorrect (2, 3). Habits and protocols can develop that fail to fully meet the needs of patients, and we must constantly evaluate and reevaluate our approaches to verify that patients are receiving optimal care.

When presented with a clinical case, a clinician must evaluate the present data, assess the correctness of the diagnostic plan, generate a list of rule-outs, arrive at an appropriate diagnosis, and then consider acceptability and usefulness of various treatment options. Through the use of informed consent, those options are shared with the veterinary client and a course of therapy is chosen. Evidence is necessary for the evaluation and advancement of medical practice. To be used, that data must be discovered and tested for validity, and it must be disseminated through appropriate channels and continually evaluated in comparison to other available therapies. This has ramifications not only for clinical application but also as evidence related to developing public health care policy (4).

When an effective therapy is not widely known, or has not been sufficiently tested, then patient care can suffer. Patients can become more ill or even die because professionals did not have access to a model, tool, theory or particular therapy needed for recovery. Harm can ensue when data is not known or it is misapplied. Clients deserve accurate representations of treatments offered and the evidence for the treatments suggested for their animals. For this reason the Principles of Veterinary Medical Ethics of the AVMA states that, “Attending veterinarians are responsible for choosing the treatment regimens for their patients. It is the attending veterinarian’s responsibility to inform the client of the expected results and costs, and the related risks of each treatment regimen” (5). The professional’s dedication to continually improving oneself is held in the AVMA Veterinarian’s Oath that states, “I accept as a lifelong obligation the continual improvement of my professional knowledge and competence” (6).

In an effort to address this situation, Rosenberg and Sackett called for and developed the concept of evidence-based-medicine (EBM) and defined it as, “Evidence-based medicine is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients” (7). This tool provides a yard stick for clinicians to use in evaluating and choosing evidence from divergent sources such as “expert opinion, case reports, personal experience, and other non-literature sources which should be collated, assessed, and ranked in order to arrive at a decision”(8, 9). Veterinarians have gradually embraced the goal of improving evidence, but much work is needed to more fully embrace and properly utilize this important tool. Our profession still lacks the major infrastructure necessary to truly adopt EBVM fully (10–13).

The EBM and EBVM movements are highly useful and can greatly advance clinical knowledge and correct application of care to patients. However, the EBVM approach does have several weaknesses:

- To be used, one must be trained in the techniques. People ignorant of aspects of EVBM often misapply it and can create much disagreement and angst between professionals and the public.
- Data necessary for case resolution or improvement may not be available in commonly searched or accessible publications making searches deficient. Missing data is a major defect in applying EBVM as the entire tool is dependent upon access to data. False or altered data can also influence clinical choices making data evaluation an important skill. As an example, in 1960, if one searched in the American professional literature for acupuncture therapies for treatment of degenerative joint disease, this option would not surface. It required a presidential visit to China before funds became available to more properly research the subject and bridge the language and cultural gaps in developing scientific cooperative efforts, which later validated these approaches and gave rise to increasing interest and use of Traditional Chinese Medicine and acupuncture, as well as medical acupuncture, in its various present forms.
- Lack of evidence can be incorrectly presented as negative evidence. If a study has not been done then no evidence exists, but this does not mean a therapy does not have potential usefulness. Clinical experience and judgment must be properly evaluated and used in evaluation of evidence. If no evidence exists, an EBVM practitioner may not feel safe further exploring an area. That stops access to potentially useful therapies (but could also prevent use of a potentially harmful one as well).
- To evaluate a therapy requires multiple trials and meta-analysis of large numbers of patients. In many cases these
studies are not available. As an example, the author recently discussed research of herbal products in an equine research facility. Because of the cost of test horses, many studies involve the use of as few as ten horses. Use of such small numbers omits individual variation and can mask trends, which can slow access to correct data. This is a major problem for the veterinary profession.

- Validating a new treatment can take many years. One must find a researcher with interest and experience in the model. One must provide financial support for the project and then one must generate data of sufficient size and statistical significance to make accurate evaluations. Bias, ignorance or conflict with other models can negatively affect availability of such studies. Further, once these studies are completed and properly written for publication, it can be challenging to achieve acceptance into high impact medical publications. In economically constrained areas, the financial support may be lacking. This can lead to an inability to generate evidence in support of natural substances and foods.

- In general, EBVM is good at proving efficacy or validating new drugs or surgical interventions and assessing established medical conditions, but it is not good at developing or pioneering new ideas or therapies. EBVM must know something before it can validate it. Pioneering efforts by researchers or clinicians require seeking data outside of established EBVM and then synthesizing that data into new potentials for clinical use. It is also possible that some phenomena may not be appropriate for examination by these methods (14). For this reason the concept of Evidence-Based Practice (EBP) was conceived, and while neither EBVM or EBP are without limitations, taken together they provide clinicians with valuable tools to improve practice quality and outcomes in an environment where information is constantly expanding (15).

Translational medicine (TM) came into being to speed and coordinate advancements in molecular biology and to move more efficiently into Phase 1 and Phase 2 drug trials (16). It has applicability in a far wider sphere of fields and also addresses some of these weaknesses in the EBM model while maintaining its strengths. It serves a much-needed integrative effort as it works actively to advance interdisciplinary data through multiple fields, while it continues to develop evidence and works toward application goals. This is a developing field and is still loosely defined, and its criteria and definitions are in a state of flux (17). “Conventionally, the definition of translational research describes a two-way process of translation from the ‘bench to the bedside’ and the ‘bedside to the bench’ (18). In this model, we see solutions to several of the problems inherent in EBM and this is why human medical schools are rapidly embracing this subject. By uniting intention, information and multiple disciplines along a common purpose of improved patient outcomes, TM translates the knowledge inherent in living things and nature into useable tools for application in clinical practice. It directs research as well (18–21). A translational approach is vital in fulfilling goals of the “One-Health” and “One Medicine” approaches that work to organize medicine from molecules across the globe (22).

The AVMA and deans of veterinary schools agree that complementary and alternative veterinary medicine is recognized as an important part of veterinary medicine and veterinary education. They desire that this field be taught in an evidence-based fashion, which is possible as we better learn how to properly investigate these areas and gain the finances to do so (23–27). Further research and education are needed, and translational research may be a tool to advance this field. The AHVMA and AHVM Foundation support such plans, which are presently underway to better examine these possibilities at several veterinary schools in the United States (28, 29).

**Conclusion:**

Pioneering CAVM veterinarians may have low opinions of EBVM because of prior exposures that restricted or left patients without sufficient treatment options. Evidence based practitioners may be stopped from considering a therapy because they lack training or understanding, or reject it because of an insufficiency of blinded, randomly-controlled clinical trials or meta-analyses. In either case the flow of information is interrupted and we have the possibility of delayed responses. Inappropriate application of EBVM as a tool or political weapon can slow the advance of vital information in our profession. Like all forms of bad practice and authoritarian behavior, it should be avoided. Clinicians should always keep the best interest of their patients in mind and work to improve outcomes. In areas where there is insufficient evidence or where current therapies give poor or less than optimal outcomes, it is within the rights and responsibilities of animal guardians and professionals to actively seek new approaches and to discuss those in a professional,
collaborative manner. As with all practice and research, it is vital that such interactions involve full disclosure as part of the client education cycle.

Translational medicine provides the bridge to connect pioneering efforts with solid evidence based practices. This seems like a sensible and worthy effort, and with the arrival of groups like the AHVM Foundation, we may finally be on the constructive road to achieving these goals. The following cases in this journal can be used, not just as initial evidence in building an EBVM pyramid, but also as searchable resources within the veterinary literature.

Epidemiologists can use them to identify potential targets for research or treatment. The case study on page 47 in this journal regards just such a case involving canine cutaneous hemangiosarcoma treated with bioregulatory therapy. If we take commonly seen diagnoses and begin to include CAVM modalities and practitioners in the discussion, we open the possibility of new advances and understanding both of what is effective as well as what is ineffective. This is something we owe our patients and our colleagues, and it is simply good practice, good science, and civilized behavior to operate this way.

REFERENCES:
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- Significantly enhanced peripheral blood leukocyte phagocytic activity.
- No negative effects in terms of expression of cell surface markers (an indicator of immunodeficiency).
- The report concluded that consumptions of velvet antler could significantly improve resistance and ability to fight disease in dogs.

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THE AMERICAN HOLISTIC VETERINARY MEDICAL ASSOCIATION: (AHVMA) AN UPDATE

Barbara Royal, DVM, President

AHVMA Mission
The American Holistic Veterinary Medical Association explores and supports alternative and complementary approaches to veterinary healthcare, and is dedicated to integrating all aspects of animal wellness in a socially and environmentally responsible manner.

In keeping with our mission, the AHVMA continues to be an active voice for integrative medicine and all of its varied forms. As the organization that champions education and the practice of complementary and alternative veterinary medicine (CAVM) in our profession, we have recent successes on many fronts.

• In our new affiliate status with the AVMA, and as a member of the American Veterinary Medical Association’s (AVMA) House of Delegates (HOD), we actively discussed and supported both homeopathy and the American Association of Veterinary Acupuncturists at this winter’s HOD session. The anti-homeopathy bill was defeated, and the American Academy of Veterinary Acupuncture was accepted as the newest HOD voting member. It was thrilling to feel the wave of support for our membership from our conventional colleagues as over 90% of the AVMA delegate votes were in our favor.

• Because of the AHVMA’s efforts, an increasing number of holistic and integrative lectures are now accepted for continuing education credits in many states. The AHVMA will continue to lead the movement, state by state, for our members’ right to learn and be credited for our knowledge.

• Our position on the AVMA Reference Committee for Education and Science gives us a voice in these categories, allowing open discussion during the formation of the final committee recommendations prior to HOD votes.

• The AHVMA, as a professional resource for the AVMA Committee on the Guidelines for Complementary and Alternative Veterinary Medicine, will be a voice for all aspects of holistic medicine as policy is made.

Before the conference, we will hold our annual AHVMA retreat, “Healer, Heal Thyself,” September 7–11, 2014, at Breitenbush Retreat and Conference Center. Breitenbush is a worker-owned cooperative and one of the most pristine natural hot springs retreat locations in the USA. Located along a mountain river, the 154 acres of wildlife sanctuary in the Willamette National Forest of the Oregon Cascades provides miles of trails through old growth forest full of beautiful ferns, mosses and wildlife. All our members, family and friends are welcome to participate in the retreat.

The AHVMA is committed to bringing CAVM treatments and solutions into the consciousness of mainstream medical thinking and practice. As integrative practitioners, we are moving forward in our profession. We are a visible, effective and successful voice for positive change in the way veterinary medicine is practiced. And most importantly, we are creating an environment for true health in the wonderful animals we treat.

Our upcoming AHVMA conference, September 13–16, 2014, at The Red Lion On The River, Portland, Oregon, will include information on a wide variety of current and relevant CAVM topics. There will also be three interactive labs that will cover chiropractic/joint mobilization, Tai chi, and Herbal preparations.

Fascinating and useful subjects cover acupuncture to homeopathy, leeches to bee venom, and range of motion to free range foods and much more. Our highly qualified and dynamic speakers come from all over the world, from general practice to academia and include:

Sagiv Ben-Yakir DVM, CVA, CVC
Barbara Fougere, BSc, CVA, DVBM, CVCP, CMAVA
Steve Marsden, DVM, ND, MSOM, LAc, Dipl.C.H.
Laurie McCauley DVM, CCRT
Donna Raditic DVM, PhD, FAAVA
Lea Stogdale, DVM, MRCVS, ACVIM (Dipl)
MANAGEMENT OF A LARGE FELINE FIBROSARCOMA WITH NEOPLASENE, AN HERBAL MEDICINE

Charlie Timmerman, DVM, Aiken Veterinary Clinic, 1316 Richland Ave E, Aiken, S.C. 29801. Aikenvet.com

Abstract:
Neoplasene (a), an herbal remedy consisting of various plant alkaloids and glycoprotein, was used in the treatment of a large fibrosarcoma on a cat, which presented on the right flank. The mass had been surgically removed once and had returned 2 months later. Treatment resulted in complete resolution of the mass, which did not return for 6 years (at the time of euthanasia for liver failure).

Introduction:
Feline vaccine related sarcomas are a devastating problem that has been reviewed elsewhere by numerous people and is beyond the scope of this article. Typically, there is not a satisfactory treatment regimen, which results in a predictable cure of the condition. Vaccines, both adjuvanted and non-adjuvanted and other injections are strongly associated in tumorigenesis. To make these tumors more accessible to surgery, veterinarians advocate using extremity vaccination sites such as limbs. Recent efforts in this regard recommend administration of vaccines into the tail. Once the tumors form they are usually biopsied and treated with aggressive surgery, radiation and chemotherapy. Ultimately the tumor returns and veterinarians seek better tools in management of this unfortunate condition.

Neoplasene (a) is purported to cause apoptosis of tumor tissue resulting in ulceration, necrosis and eventual sloughing of diseased tissue (1, 2). It offers another approach to the management of sarcomas and should be considered as a viable treatment option worthy of further research and discussion.
A 5-year-old spayed female cat was presented for examination of a small “knot” on her right side that occurred 2 months after routine rabies (b) vaccination at the site. Surgical removal and biopsy were performed with deep and wide margins. Histopathology demonstrated fibrosarcoma and it was noted that excision was complete but some tumor cells were evident in the underlying muscle. The owner was informed of all options at this time and they elected to wait and see what happened. They were told it would most likely re-occur.

As predicted the mass returned two months later, much more aggressive this time, and grew until it ruptured the skin (Figure 1). Owners were against any more surgery. An herbal remedy that is a mixture of various plant alkaloids and glycoprotein (a) was offered as an alternative to surgery at this time. The owners were made aware of the effects of the herbal remedy and the aftercare that would be needed. Due to the size of the tumor, multiple topical applications were used over a period of 30–40 days. The herbal remedy was allowed to remain in contact with the tumor for 12–18 hours at each application and was applied once or twice a week. Pain was managed with Traumeel (c) and Arnica (c) orally during the process. The area was kept moist with an herbal compound consisting of Burdock root, Echinacea root and Yarrow herb in olive oil and beeswax (d), applied 3–4 times daily as needed, after each application of the herbal remedy (Figure 2).

The areas healed with very slight scarring. As new areas appeared they were treated with the herbal remedy by injection and topically (Figure 3). Two years after initial diagnosis the cat was tumor free and Figure 4 shows the final appearance of the treated area. The cat lived well until it died 6 years later of liver failure.

Discussion:
In all cases, veterinarians seek to cure their patients’ primary conditions. Oncology can be frustrating as we balance our attempts to cure tumors while lacking solid, evidence-based therapies. Often we must settle for palliative therapies and management of quality of life with no hope of cure. Clients ask clinicians to seek better alternatives, and in this effort complementary and alternative medicine may have options that are not adequately known or appreciated.

The herbal remedy, Neoplasene (a), is a medication derived from multiple plant alkaloids, glycoproteins plus adjuvants. The action of the medication is preferential, apoptotic, and catastrophically antimitotic and induces an immune-
mediated response according to Dr. Fox in his paper presented at the AVMA conference in Atlanta in 2010 (2). The alkaloid salts agglutinate on the diseased cell membrane, penetrate and induce apoptosis. The adjuvants facilitate an immune response and the glycoproteins amplify the preferentiality of the alkaloid salts, all working together to facilitate resolution of the cancer. The different modes of application – oral, topical, injectable – allow for the treatment of many different types of tumors. This author has utilized this herbal remedy in management of several tumor types – squamous cell carcinoma, malignant melanoma, transitional cell carcinoma. The agent is known to cause pain at the application site and proper pain management should be included in treatment planning. Clients need to be informed that it is an unapproved product, of the development of open wounds that require management and the inability to predict long term responses before treatment is initiated. All such conversation should be clearly documented in the medical record.

With those comments in mind, this case clearly demonstrates that Neoplasene (a) has merit for consideration of use and further research should be done. At present, this author has treated four other cases of vaccine-related sarcomas with similar results. It should be noted that all adverse reactions from vaccinations, drugs and herbal products should be reported. This adverse event was reported.

ENDNOTES:
a) Neoplasene, Buck Mountain Botanicals, Miles City, MT; 406-232-1185
b) Rabies vaccine data – Merial IMRAB- one year killed rabies vaccine.
c) Traumeel, Arnica – Homeopathic medication from Heel Inc.
d)Wound Balm, Buck Mountain Botanicals, Miles City, MT; 406-232-1185

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1. Fox, TS. Buck Mountain Botanicals; personal communication. Buckmountainbotanicals.net
2. Fox, TS. Preferential destruction of cancerous tissue with Neoplasene and the development of a theory of cancer; paper presented at the 2010 AVMA Conference in Atlanta, GA Available for review at Buckmountainbotanicals.net
THE USE OF NEOPLASENE IN THE TREATMENT OF HEMANGIOSARCOMA IN A LABRADOR RETRIEVER: A CASE REPORT

Kimberly Juhlin, BVSc, Vale Park Animal Hospital, 2606 Valley Drive, Valparaiso, Indiana, valepark99@comcast.net

Abstract
A 9-year-old male neutered Labrador retriever presented for treatment following splenectomy. Biopsy revealed hemangiosarcoma (HSA) with no radiographic signs of thoracic metastasis. A complex herbal preparation was used to treat this dog. When the patient was euthanized for discospondylitis, over 9 months after diagnosis with HSA, his necropsy report revealed no evidence of neoplasia (of any kind). This herbal preparation appears to have been an effective intervention in this case and warrants further study.

Introduction
Hemangiosarcoma (HSA) is a highly malignant neoplasm arising from vascular endothelium and accounts for approximately 5–7% of canine malignancies (1). This cancer has been reviewed elsewhere (1). The spleen, right atrium, and liver are the most common primary sites of tumor development. However, because this tumor originates from vascular endothelial cells, it can arise anywhere in the body. Local infiltration and metastases are important clinical considerations. Metastasis is rapid and often involves the liver and lungs. In many cases it has occurred prior to diagnosis. Conventional therapy includes surgical removal followed by chemotherapy. Median survival of dogs following splenectomy alone has been reported to range from 19–86 days; in one study, 100 days was average. Less than 10% survive one year (1). Median survival times increase to 141–179 days with surgery plus Doxorubicin-based chemotherapy. Even with chemotherapy, less than 10% survive to 12 months (2).
A 9-year-old, 35 kg, male neutered Labrador retriever, presented to Purdue University Veterinary Teaching Hospital (PUVTH) on July 21, 2011, recumbent, tachypneic, anemic and depressed. Abdominal ultrasound revealed a large volume of free abdominal fluid and the presence of a splenic mass. Preparative radiographs showed no evidence of macrometastasis, and the mass was removed surgically. The histopathologic diagnosis was HSA [See histopathology report – Supplement 1]. The clients were offered the options of no further treatment, with the anticipated prognosis of 1–3 months survival, or chemotherapy with intravenous doxorubicin or low dose oral cyclophosphamide with piroxicam. The clients were interested in looking at potential complementary and alternative veterinary medical (CAVM) options. Ultimately, the clients elected to use a complex herbal mixture of plant alkaloids derived from plants including, but not limited to, bloodroot, poppies and lilies along with glycoproteins (i.e. lectins), adjuvants and other proprietary ingredients (a) (3). The components appear to preferentially attack neoplastic cells, resulting in apoptosis. Since PUVTH does not currently treat with this herbal preparation, the clients requested my assistance.

Practitioners are using the herbal preparation topically, orally, intra-lesionally, and/or intravenously. It can also be infused into the bladder, prostate, udder, nares, and other locations in the body. An experienced practitioner will select one or more methods of administration based on the individual case status. The notable possible side effects include vomiting, and intravenous injection may result in anaphylaxis. As tumor cells undergo apoptosis various other adverse effects can occur including open, slowly or non-healing ulcerations, fever, edema and generalized inflammatory responses. Clients need to be fully informed of all adverse effects prior to electing therapy with any agent. Anti-inflammatory medications of any kind inhibit the action of this herbal preparation and must be avoided during treatment unless life threatening issues necessitate their use. The author elected to use the oral formulation for this dog’s disease process.

On August 18, 2011, treatment of the patient was started at 11 mg/kg BID PO for the first week. On week two we increased his dose to 22 mg/kg PO BID. Because the product can cause nausea, anorexia and vomiting, especially at the high end of the dose, we followed a specific feeding protocol. The dog was fed twice a day. His diet was comprised of 50% cooked ground meat, 25% cooked white rice and 25% cooked chopped vegetables. The herbal compound was mixed thoroughly into this mixture immediately prior to feeding. The purpose was to have a high surface area to disperse the herbal preparation and to minimize the potential for nausea. Raw and dry food were discouraged because the cell membrane (meat) or cell wall (vegetables) of raw food does not absorb the unpleasant tasting/emetic oral medication well.

The company reports that oral doses of 22 mg/kg are associated with a higher incidence of nausea and vomiting. This patient was nauseous at this dose. To address this expected issue, metoclopramide was given 30 minutes prior to his neoplasene containing meal.

The patient was also given an astragalus tincture (b) (1.5 ml PO BID) to help boost his immune function.

Assuming the patient would show clinical resolution of the HSA, the plan was to maintain the patient on a dose of 22 mg/kg PO BID for the first year. After that we would reduce his dose to 5 mg/kg PO BID for life to help prevent recurrence of clinical disease.

The patient did well on this protocol for 9 months. By May of 2012, we were ready to wean him onto a more balanced diet. Unfortunately, the dog presented May 5, 2012, with grade III/IV right forelimb lameness. His caudal right shoulder muscles were very reactive and painful. He appeared to have neck pain, holding his head very level. The clients elected not to do further radiographs. The patient was already on tramadol and gabapentin (both generic) for previously diagnosed intervertebral disc disease at C4–5. We chose to try Class IV therapeutic laser to see if it would help to ease the patient’s discomfort.

We performed a chemistry panel, CBC and tested for the presence of antibodies from Ehrlichia canis, Ehrlichia ewingii, Anaplasma phagocytophilum, Anaplasma platys, Borellia burgdorferi and Dirofilaria immitis (c). The patient
was mildly anemic, serum chemistries were within normal limits, and the patient was negative for tick borne disease.

After 2 weeks of therapeutic laser, the dog was worse. The muscles of his right front leg had atrophied dramatically. The clients declined further diagnostics, fearing the cancer was back. The patient’s quality of life was unacceptable. Ten months from his initial diagnosis, the dog was humanely euthanized. A thorough necropsy was immediately performed at PUVTH.

The pathology report from the Purdue University, Animal Disease Diagnostic Laboratory identified discospondylitis at T4–T5. No infectious agents were observed within the T4–T5 area but T5 had focal osteonecrosis. Axonal degeneration was found in the brachial plexus and spinal nerves in the thoracic and cervical regions, and the right forelimb had myocyte atrophy. Hemangiosarcoma was not identified postmortem. The histologic slides from the splenic biopsy specimens from the patient’s original tumor were reviewed; the diagnosis of hemangiosarcoma was confirmed, but no evidence of neoplasia was observed in any of the sections evaluated at necropsy [See necropsy report – Supplement 2].

It is not known what caused the discospondylitis in this case, as this is not a known side effect of this particular herbal formulation. It is exciting, and unusual, to have had the benefit of the dog’s necropsy to definitively show that he had no sign of cancer (of any kind) at the time of his euthanasia. This herbal combination appears to have been an effective intervention in this case, and warrants further study.

---

**Histopathology report – Supplement 1**

Animal Disease Diagnostic Laboratory
Purdue University, 406 S. University Street, West Lafayette, IN 47907-2065
Phone: (765)494-7440 Fax (765)494-9181 Email: addl@purdue.edu
Web: http://www.addl.purdue.edu
ADDL Case #: Other ID: Date Received:
VETERINARY TEACHING HOSPITAL
PURDUE UNIVERSITY
WEST LAFAYETTE, IN 47907

Vet Phone: (765)494-1107 Vet Fax: 496-1025
Species: Canine Breed: Labrador Retriever
Sex: MN-Male Neutered Age: 8.5 Years
Animal ID: Tests Requested in: Path

**Final Report**
5/30/2012 4:09:07 PM

**Pathology** by Dr. Jose Ramos-Vara

**Histopathologic Examination (7/25/2011)**

**Diagnosis:**
Hemangiosarcoma
Marginal zone lymphoma

**Comment1:** Immunohistochemistry is available to confirm the hemangiosarcoma diagnosis (2 markers, CD31 and factor VIII on block #6 for additional $52). Let us know if you want to request these tests. This tumor has metastatic potential. Periodic monitoring is warranted. Marginal zone lymphoma is considered a low progressive (indolent) lymphoma. As such, systemic disease -if it happens- occurs after several months/years of the diagnosis.

**Histopathology:** This dog has a history of weakness and hyperpnea. A 10 cm in diameter nodule is present in the tail of the spleen. The entire spleen is submitted for microscopic evaluation.

Nodule (slides 4 and 5). There is an unencapsulated and poorly demarcated neoplastic proliferation of spindle to epithelioid cells with indistinct cell margins, variably sized eosinophilic to amphophilic cytoplasm, oval to round or pleomorphic vesicular nucleus with nucleolus. Nuclear atypia is moderate. There are 14 mitotic figures/5 hpf. Neoplastic cells form solid aggregates in some areas whereas in others outline irregular channels (some of them very large) partially filled with red blood cells or fibrin.

The adjacent splenic parenchyma has an intense hematopoietic response (erythroid and megakaryocytic). Multifocally, lymphoid follicles depict an inverted pattern characterized by a small central cluster of small (mantle zone) lymphocytes surrounded by a thick and monotonous cuff of intermediate to large lymphocytes with thick nuclear membrane and central nucleus. Mitotic activity is not apparent in this lymphoid proliferation. Cuffs of these atypical lymphoid cells in adjacent follicles sometimes coalesce.
Necropsy report – Supplement 2

Animal Disease Diagnostic Laboratory
Purdue University, 406 S. University Street, West Lafayette, IN 47907-2065
Phone: (765)494-7440 Fax (765)494-9181 Email: addl@purdue.edu
Web: http://www.addl.purdue.edu

ADDL Case #: Other ID: Date Received:

VETERINARY TEACHING HOSPITAL
PURDUE UNIVERSITY
WEST LAFAYETTE, IN 47907

Vet Phone: (765)494-1107 Vet Fax: 496-1108
Species: Canine Sex: MN-Male Neutered
Breed: Labrador Retriever Age: 9 Years
Animal ID: Tests Requested in: Path

Final Report
7/24/2013 6:55:56 PM

Pathology by Katharine Horzmann and M. A. Miller

Case Summary (5/30/2012)

Diagnosis:
Discospondylitis T4-T5
Axonal degeneration, brachial plexus, spinal nerves
Right forelimb muscles: Myocyte atrophy
Urinary bladder: Follicular cystitis
Skin: Fibroadnexal hamartoma

Comment on Diagnosis:
Note that hemangiosarcoma was not found postmortem. See additional comments on Histopathology.

Histopathologic Examination (5/30/2012)

Description of Histopathology:
Sections of kidney, adrenal gland, liver, trachea, lung, pancreas, urinary bladder, esophagus, stomach, small intestine, cecum, large intestine, thyroid, parathyroid, haired skin, heart, bone marrow, cranial cervical lymph nodes, sciatic and vagus nerves, infraspinatus, supraspinatus, biceps, triceps, and vastus medialis muscle, brain, spinal cord, brachial plexi, and vertebral bodies are examined microscopically. Observed lesions are described.

T4-T5 Vertebrae: A bony spur extends from T5 towards T4 and is comprised of thickened trabeculae. The marrow spaces adjacent to the intervertebral disc space predominately contain adipose tissue with scattered aggregates of band and segmented neutrophils with fewer granulocytic precursor cells and mature and immature lymphocytes. The intervertebral space contains disorganized hyaline cartilage, which is focally lost along the mid-body of the vertebrae, and cellular debris with no evidence of the nucleus pulposus.

T5: Focally, bony trabeculae have empty lacunae or lacunae with shrunken pyknotic nuclei. The adjacent bone marrow is necrotic.

Spinal cord: Within the thoracic spinal cord, there are scattered dilated myelin sheaths and some are infiltrated by macrophages (digestion chambers). Rare spheroids are within the white matter. The cervical spinal cord has fewer dilated myelin sheaths and rare digestion chambers.

Right and left brachial plexus and spinal nerve roots from the cervical tumescence and from T4-T5 are similarly affected with dilated myelin sheaths and rare digestion chambers. Multifocally myelinated axons are inapparent; in these areas, there is increased fibrous
collagen (blue with Masson's trichrome) and loss of myelin (with Luxol fast blue). In general, myelination of spinal cord white matter is within normal limits.

Right supraspinatus, infraspinatus, triceps, and biceps: In comparison to contralateral muscles there is increased variation in myocyte diameter with increased numbers of small, thin fibers.

Sciatic and vagal nerves: Scattered myelin sheaths are dilated. Myelinated axons are focally inapparent.

Urinary bladder: The lamina propria contains follicle-like aggregates (about 0.3 mm in diameter) of lymphocytes and fewer plasma cells, macrophages, neutrophils, and eosinophils. The lamina propria has increased vascularity.

Kidney: Small linear areas of fibrosis extend from the corticomedullary junction to the capsular surface and contain atrophied tubules. Few glomeruli within the area have dilated Bowman's space and thickened Bowman's capsule. Scattered aggregates of lymphocytes and plasma cells are adjacent to arcuate vessels. Scattered medullary tubules contain foci of mineralization.

Haired skin (nodule on the caudal aspect of left thigh seen grossly): A fibrous dermal nodule entraps dilated and distorted hair follicles, hyperplastic sebaceous lobules, and dilated apocrine sweat glands.

Cranial cervical lymph nodes: The medullary and subcapsular sinuses are congested, hemorrhagic, and contain numerous hemosiderophages, macrophages, neutrophils, and few eosinophils.

Liver: A few aggregates of lymphocytes are in the hepatic parenchyma. Increased numbers of lymphocytes and hemosiderophages are within portal tracts. Few aggregates of foamy macrophages are scattered throughout hepatic parenchyma. Diffusely hepatocytes have feathery clear vacuoles consistent with glycogen.

Lung: A focus of mineral expands one interalveolar septum.

Stomach: Lymphocytes, plasma cells, and eosinophils infiltrate the lamina propria near the muscularis mucosae.

Intestine: The lamina propria adjacent to the muscularis mucosae is infiltrated by eosinophils.

Thyroid: One <1-mm-diameter cyst is lined by ciliated columnar epithelial cells.

**Morphologic Diagnosis:**

- T4-T5 vertebrae: Discospondylitis
- T5: Focal osteonecrosis
- Spinal cord: Axonal degeneration
- Nerves: Axonal degeneration
- Right forelimb muscles: Myocyte atrophy
- Urinary bladder: Follicular cystitis
- Kidney: Chronic infarcts
- Skin: Fibroadnexal hamartoma

**Comment on Histopathology:**

No infectious agents were observed within the T4-T5 area. The discospondylitis may have caused the clinical signs reported and may have contributed to the changes in the brachial plexus. The histologic slides from the splenic biopsy specimens were reviewed; the diagnosis of hemangiosarcoma was confirmed, but no evidence of neoplasia was observed in any of the sections evaluated at necropsy.

**Necropsy Examination (5/17/2012)**

**Gross Findings:**

A reportedly 9-year-old neutered male Labrador Retriever was submitted dead for necropsy May 16, 2012. According to the history, splenectomy was the sole treatment for splenic hemangiosarcoma in July 2011. The dog was euthanized May 16, 2012, after two weeks of pain in the right forelimb/neck and lameness/muscle wasting of the right forelimb.

The dog is a yellow, 38.8 kg, neutered male in good body condition with abundant adipose tissue. The perineum has mild fecal staining.

The disc space between the fourth and fifth thoracic vertebrae is bridged ventrally by off-white bony tissue. The ventral half of the disc space is collapsed with accumulation of granular yellow-brown exudate surrounded by white fibrous tissue and sclerotic bony tissue that forms the ventral bridge and thickens the ventral half of the end plates of adjacent ventral bodies. The medulla of the 3rd, 4th, and...
5th thoracic vertebral bodies has patchy dark-red discoloration. Smaller ventral bony bridges (spondylosis) join the sixth and seventh cervical vertebrae, the seventh cervical and first thoracic vertebrae, and several cranial lumbar intervertebral spaces.

The infraspinatus, supraspinatus, triceps, and biceps muscles of the right forelimb are shrunken in comparison to those of the left forelimb.

Both cranial cervical lymph nodes are enlarged (approximately 2 cm x 1 cm x 1 cm), firm, and mottled gray-white to red.

Few 1-2 mm-diameter, tan to red, hard irregular foci are scattered through the visceral pleura of all right lung lobes.

The capsular of the left kidney is focally pitted and irregular.

The cecal apex has a small 3 mm diameter tan to pink nodule.

The caudal aspect of the left thigh has a 1 cm diameter firm dermal nodule.

The bladder has a 1 cm diameter spherical red blood clot adhered to the ventral mucosal surface of the apex.

Gross lesions are not observed in the brain, pituitary gland, eyes, spinal cord, brachial plexi, sciatic nerves, oral cavity, larynx, trachea, thyroid gland, parathyroid glands, esophagus, heart, aorta, stomach, small intestine, colon, pancreas, liver, gall bladder, adrenal glands, prostate gland (atrophyed), midshaft femoral bone marrow, or joints.

Gross Diagnosis:
Discospondylitis of T4-T5
Spondylosis of C6-C7, C7-T1, and lumbar disc spaces
Right forelimb muscle atrophy
Cranial cervical lymphadenomegaly
Multifocal pleural mineralization

Comment on Necropsy:
Final diagnosis pending results of histopathology.

ENDNOTES:
a. Neoplasene, Buck Mountain Botanicals, Inc. Miles City, Montana 59301
b. Astragalus for Animals-extract, Buck Mountain Botanicals, Inc. Miles City, Montana 59301
c. 4DX Plus Test, Idexx Laboratories, One Idexx Drive, Westbrook, Maine 04092

REFERENCES:
THE USE OF A NOVEL COMPLEX HOMEOPATHIC FORMULA IN THE TREATMENT OF ADVANCED SUBCUTANEOUS HEMANGIOSARCOMA IN ONE DOG: A CASE REPORT

Jan E Hale, DVM
Vets In The City Mobile Veterinary Clinic, 2087 Belgrave Drive, Sarasota, Florida, 34242

Disclosure of possible conflict of interest:
Dr Jan E Hale is currently under contract with World Health Advanced Technologies, Ltd. as a distributor for Enercel-VetTM products. However, at the time of this case study he was a private practitioner who purchased the product and used it for the sole purpose of treating his private patients.

Abbreviations
HAS hemangiosarcoma
DTI direct tumor injection
IM intramuscular

Abstract
Subcutaneous Hemangiosarcoma (HSA) is a highly malignant tumor in dogs, and most die within 6 months of diagnosis. This article reports on a canine patient that had an advanced case of subcutaneous HSA, was not eating, and was just laying around in a very lethargic state. The goal was to evaluate the effects of a complex homeopathic on an advanced stage of HSA with the possibility of an improved quality of life for the patient. A mixed breed canine was treated for 3.5 months; soon after the start of treatment and throughout there was a much improved quality of life up until the final rapid decline. Quality of Life is the predominant goal of pet owners whose pet is being treated for cancer, and this protocol warrants further investigation.

Introduction:
Canine Hemangiosarcoma (HSA) is a highly malignant tumor (1). Although very rare in humans, HSA is considerably more common in dogs (1). The disease is often seen on the ventral skin of light-colored dogs. Sun exposure and ultraviolet radiation, inflammation and
vasculitis may be linked to the onset of disease (2). HSA can occur in several areas and is generally classified as visceral, dermal, or hypodermal (2). Prognosis varies depending on several factors including location, type and whether metastasis has occurred (2). Wide and early metastasis occurs commonly, and most affected dogs die within 6 months of diagnosis (1, 2). Doxorubicin is the most effective chemotherapeutic drug for this malignancy, but provides only a moderate improvement in survival (1). In one paper discussing doxorubicin therapy, quality of life during this improved survival period was not addressed (1). Recently, however, researchers at the University of Pennsylvania School of Veterinary Medicine used a polysaccharopeptide (PSP) compound extracted from the Coriolus versicolor mushroom, commonly known as the Yunhzi mushroom, to treat dogs with aggressive, invasive HSA. These patients achieved the longest survival times ever reported for dogs with this disease (3). At the 2011 annual meeting of the American Holistic Veterinary Medical Association, Dr. Palmquist suggested, with regard to HSA, that everyone involved in veterinary oncology would agree that there is a need to find better therapies for these patients, and that immunotherapy may be one of those therapies (2).

Complementary medicine is commonly being used in the treatment of cancer patients in human medicine (4, 5). While the data is limited, there is a need for more investigation. The authors of one paper that investigated the mechanism of action of homeopathic remedies on cancer cells stated, “Several published outcome studies and some randomized controlled trials have shown that there may be a role for homeopathy in symptom relief and improving quality of life in patients touched by cancer (5).”

While most homeopathic remedies are singular, the one in this report is categorized as a complex homeopathic product that derives its benefits from the synergy of several ingredients: Cactus grandiflorus 4X; Aloe socotrina 6X; Abies nigra 6X; Arnica montana 6X; Lachesis mutus 11X; Calcium carbonate 6X; Lycopodium clavatum 4X and alcohol (5–8% by volume) (a) (6, 8–10). Homeopathic medications have been shown to be associated with prolonged survival and improved quality of life, and while larger studies are needed, evidence is building that homeopathic agents may improve quality of life for cancer patients (4, 11). The parent product of the one in this report has been tested in several studies for toxicity and safety (b). Other than the complications arising from tumor cell death and the subsequent toxicity associated with tumor necrosis, it has not been shown to cause any major adverse effects (12).

The protocols used in this case study are those extrapolated from human protocols. This case report demonstrates the therapeutic response of a dog with HSA to a novel complex homeopathic formulation (a). The components of this complex homeopathic formula act synergistically and studies have shown that it can increase NK cells without toxic side effects (12). The individual components and their actions are shown in Table 1 (located on page 24). Quality of life of the dog with consideration of the owners’ goals was also addressed.
A 9-year-old neutered male, Pointer-mix dog weighing 83 pounds was presented on April 26, 2007. The owners reported that he had received a biopsy by a local board-certified oncologist and was diagnosed with subcutaneous HSA. The author confirmed the diagnosis with the oncologist.

The owners described their pet prior to developing cancer as a very healthy dog, bouncy, energetic and who loved life. There was no mention of previous ill-health.

In the 2 months following the discovery of his HSA, the owners reported that the dog had almost completely lost his appetite and was reduced to lying around all day with little or no energy. They did not want to see him that way and had as their goal to regain his vitality.

At the time of presentation, the dog was lethargic and inappetent; his temperature, pulse and respiratory rate were within normal limits and he had a large swelling over the right thoracic and anterior abdominal area at the level of the liver. The swelling was firm but not painful. Further palpation tracked the mass deep into the anterior right quadrant of the abdomen.

Radiographs were taken and they revealed a shadow impinging on the stomach and displacing it against the left abdominal wall. It measured 61 cm in length and 19 cm in width. It was much larger than expected by physical examination. The mass involved much of the abdominal wall including several ribs, making surgical excision a more difficult option. It did not appear to involve the vital organs.

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After consulting with the owners, the decision was made to pursue treatment in spite of a very poor prognosis.

Treatment Plan and Results:
The initial treatment plan was directed at improving the dog’s quality of life, reducing the size of the tumor and relieving compression of the stomach. Bottles of the homeopathic preparation were vigorously succussed (hit 20 times on the pad of the hand) prior to each use as directed by the manufacturer. Twenty milliliters were injected directly into the tumor in locations that could be accessed and evenly distributed (direct tumor injection, DTI). An indwelling catheter was placed and 25 ml of the homeopathic preparation were given via slow intravenous infusion. (A primary line was used and no other fluids were administered in this line as per manufacturer’s recommendations). Amoxicillin 500 mg capsules were dispensed for prevention of infection in the event of significant tumor lysis.

The owner was a trained nurse and felt comfortable maintaining the indwelling catheter and administering the preparation intravenously each day. The medication was given at a once-daily dosage of 25 ml for an additional 9 days (a total of 10 days). Additional treatment, clinical assessments and diagnostic studies were performed (see Table 2 on page 26).

On initial presentation to the author, primary complaints were extreme lethargy and inappetence. By 2 days after the start of homeopathic complex therapy, the owner reported that the dog is already eating and drinking normally. On day 7, the pet was seen by the author and palpation of the tumor reveals suggests a reduction in size from the first examination. The patient is much more alert and active and the owner reports that the dog is already eating and drinking normally.

On day 17, the patient was seen again and palpation revealed the tumor to be stable, with no apparent change in size. According to the owners, the dog was still eating and active. By Day 39 there was a measurable decrease in size as shown by new radiographs taken; original measurement of tumor was 61 cm by 19 cm and on this day the measurements were 57 cm by 17 cm. Owner reports that the pet is stable and maintaining the gains in appetite and energy.

On day 50, palpation reveals no change in tumor size and character and owner reports pet is still eating but had developed mild diarrhea which the owner was treating with a probiotic she purchased but did not recall the name.

The dog was rechecked on day 57 and it appeared that there was a slight reduction in the size of the tumor; no radiographs were taken due to finances. Owner reports that he is eating well and acting normal and the diarrhea is under control.

On day 71 the mass appears to be the same size, however it has extended to the lumbar area. Owner reports that he has started to lose some weight, down from 83 pounds to 76.3 lbs. He is more lethargic and his appetite is not as good, but still eating and now he is having some difficulty defecating. By day 78 we started the dog on detoxification agents, with Guna Cell, Lymph, Liver and Matrix (c, d), 10 drops PO BID each. On physical exam the tumor had changed in shape and was now protruding laterally. Owner reported that the mass looks bigger to her and the dog is not as peppy as usual and his stools are smaller and sometimes loose.

On day 88, because the tumor was now growing instead of reducing the owner was beginning to deal with the idea that maybe it was time to consider euthanasia; however, since the patient was still feeling good she was not ready at this time. We decided to keep him on the intramuscular [IM] (d) and oral drops (e) forms of the homeopathic formula for maintenance along with the Guna (c) detox products.

On day 106 the tumor had grown to the point where the dog was struggling to defecate and he was no longer eating and was not active. The owner decided it was time for euthanasia. They were satisfied with the quality of life afforded their pet and happy to have him be active and acting normal during the rest of his life.

Summary
This case study reports short-term improvement in quality of life and reduction of tumor mass in a 9-year-old dog.
with cutaneous HSA that was treated by a combination homeopathic product. Within 24 hours of instituting treatment, the patient experienced an almost-complete return to vitality as manifested by restoration of a vibrant appetite and a re-establishment of daily exercise and squirrel-chasing. Essentially, there was a return to the quality of life he once had prior to developing HSA. He maintained that vitality for approximately 3 months, up until the last week of life, when he failed rapidly. The owners were satisfied with the healthy period he experienced and felt that they had taken the right course of treatment.

The protocol in this case was extrapolated from the protocols for humans. In this regard, it is unknown if variations in the protocol used in this case would have caused further benefits to the dog. With our current state of knowledge of this therapy, it is unknown if a longer survival time would have been realized if the treatment was commenced earlier. Most HSA cases are not diagnosed in the early stages and carry a very poor prognosis (1).

This report suggests that use of immunoactive, complex homeopathics such as the one used for this dog may be warranted in cancer patients where lack of energy and appetite are important constraints to quality of life. Previous studies (11) highlight this potential. These findings are preliminary. Further, formal study and controlled clinical trials are indicated.

<table>
<thead>
<tr>
<th>Date</th>
<th>Treatment</th>
<th>Assessment</th>
<th>Diagnostic tests</th>
<th>Owners assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 5, 2007</td>
<td>NSAIDs for pain, and to make the patient comfortable</td>
<td>Biopsy reveals Subcutaneous HSA History from previous veterinary oncologist</td>
<td>Owner brought the dog to the author for the first time. Primary complaints: extreme lethargy and inappetence</td>
<td></td>
</tr>
<tr>
<td>April 26, 2007 Day 1</td>
<td>20cc Enercel-VetTM (a) DTI; 25cc IV drip; Rx Amoxicillin 500mg PO BID</td>
<td>Larger than expected mass by radiology and biopsy-proven HSA</td>
<td>Radiograph: large abdominal mass 61 X 19 cm</td>
<td></td>
</tr>
<tr>
<td>April 27, 2007 Day 2</td>
<td>25cc IV daily drip</td>
<td>Palpation of tumor reveals a reduction in size; patient is much more active</td>
<td>Owner reports that the dog is already eating and drinking normally</td>
<td></td>
</tr>
<tr>
<td>May 4, 2007 Day 7</td>
<td>24cc DTI and 25cc IV. Owner to discontinue daily drips, start 2ml IM (d) daily and administer 10 drops BID of oral Enercel-VetTM (e)</td>
<td>Tumor Palpated Stable, no change in tumor size</td>
<td>Owner reports that the dog is already eating and drinking normally</td>
<td></td>
</tr>
<tr>
<td>May 17, 2007 Day 17</td>
<td>New catheter placed and 25cc IV drip daily for 10 days was initiated; oral dosing was continued.</td>
<td>Still eating well and active</td>
<td></td>
<td></td>
</tr>
<tr>
<td>June 8, 2007 Day 39</td>
<td>20cc DTI; IV discontinued; 2ml IM (d) QD and 10 drops (e) PO BID restarted</td>
<td>Decrease in size of tumor</td>
<td>New radiograph shows reduction in size and now measures 57 X 17 cm</td>
<td>Stable, maintaining gains</td>
</tr>
<tr>
<td>June 19, 2007 Day 50</td>
<td>20 cc DTI; 15cc IV; owner to continue 2ml IM (d) QD and 10 drops (e) PO BID</td>
<td>No change in tumor size; patient stable; developed mild diarrhea. Owner treated with probiotics</td>
<td>Stable</td>
<td></td>
</tr>
</tbody>
</table>
**TABLE 2 CONTINUED: CASE STUDY HSA TIME TABLE**

<table>
<thead>
<tr>
<th>Date</th>
<th>Treatment</th>
<th>Assessment</th>
<th>Diagnostic tests</th>
<th>Owners assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 26, 2007</td>
<td>10cc DTI; restart 15cc IV drip QD for 10 days</td>
<td>Slight reduction in size of tumor by physical examination. Owner controls diarrhea with probiotics</td>
<td></td>
<td>Owner reports he is still eating well and acting normal</td>
</tr>
<tr>
<td>Day 57</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>July 3, 2007</td>
<td>10cc DTI; changed catheter</td>
<td>Weight slightly decreased to 76.3 lbs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 64</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>July 10, 2007</td>
<td>10cc DTI; 10cc IV; oral drops continued</td>
<td>The mass appears to be the same size however it has extended to the lumbar area</td>
<td></td>
<td>Having an off week, appetite not as good but still eating, having trouble with BMs and a little more lethargic</td>
</tr>
<tr>
<td>Day 71</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>July 17, 2007</td>
<td>Restart IV 15cc daily; start Guna Cell Matrix (c) 10 drops BID PO each Lymph and Liver for detoxification and removal of tumor breakdown</td>
<td>Mass is changing shape, and is now protruding laterally and dorsally; patient’s spirit is still good</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 78</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>July 26, 2007</td>
<td>Continue 2ml IM (d) daily, oral drops (e) BID and Guna Cell Matrix (c) (lymph and liver). Discontinue IV</td>
<td>The treatment is no longer keeping the tumor from growing; however it is not growing as rapidly as before treatment</td>
<td></td>
<td>Owner reports the mass is growing but the dog still feels well</td>
</tr>
<tr>
<td>Day 88</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>August 14, 2007</td>
<td>Euthanasia</td>
<td>The tumor has grown to the point where the dog is struggling to have BMs, he is not as active and is not eating</td>
<td></td>
<td>Owner feels his quality of life is not what they want and request euthanasia. However, they are happy with the short-term success we were able to obtain.</td>
</tr>
<tr>
<td>Day 106</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ENDNOTES:**
(a) Enercel-Vtm Complex Veterinary homeopathic manufactured by World Health Advanced Technologies, Ltd. 2477 Stickney Point Rd, Sarasota, Florida 34231 941-927-3444
(b) Enercel Complex homeopathic products manufactured by World Health Advanced Technologies, Ltd. 2477 Stickney Point Rd, Sarasota, Florida 34231 941-927-3444
(c) Guna-Matrix,Guna-Cell, Guna-Lympho, Guna-Liver, GUNA, Inc. 3724 Crescent Court West - Whitehall, PA 18052, USA
(d) Enercel-Vet Plus IM (intramuscular) manufactured by World Health Advanced Technologies, Ltd. 2477 Stickney Point Rd, Sarasota, Florida 34231 941-927-3444
(e) Enercel-Vet Max (oral drops) manufactured by World Health Advanced Technologies, Ltd. 2477 Stickney Point Rd, Sarasota, Florida 34231 941-927-3444

**REFERENCES:**
(6) Townsend Letter for Doctors & Patients 1994
PALLIATIVE CANCER CARE USING FREQUENCY-SPECIFIC LOW LEVEL LASER THERAPY: FOUR CASE REPORTS

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Conflict of Interest Statement
Drs. Jeff Grognet and Louise Janes are private practice veterinarians, with no paid connection to the Erchonia Corporation that manufactures the laser device employed in this case report.

Abbreviations
FSLL: Frequency-specific low level laser
CCF: Chaos conversion factor

Abstract
Four cases of cytologically diagnosed, histologically diagnosed, or presumed malignant neoplasia managed with frequency-specific low level laser therapy in dogs are described. In each of these cases, the therapy resulted in temporary tumor regression and improvement in clinical signs associated with the cancer. Specific laser frequencies along with chaos conversion factor frequencies for third (and fourth) bodies were utilized to manage four cancer patients with a class two laser. Further research is needed to optimize the selection of frequencies for managing specific cancers in individual companion animals.

Introduction
Frequency-specific low level laser therapy (FSLLLT) is currently being used to manage a myriad of disease conditions in companion animals. The potential of FSLLLT can be fully realized with the use of the Erchonia base station laser.

The class two laser (a) has been described in a prior publication (1). The laser utilized was designed to re-establish communication systems of the body using the elements that emulate the energy type (photonic light), the wavelength (635 and 405 nm), the energy level
(5 milliwatts), as well as the frequencies that are inherent to all biological systems.

The use of this laser depends on the delivery of specific frequencies of light (in the correct form) to elicit healing. In work done by Dr. William Inman (2), FSLLLT enhances the body’s ability to solve its own problems by putting the cells of the body back into communication with one another. This has been applied to a wide variety of disease processes, with a recent focus on determining the frequencies needed to trigger healing in conditions such as neoplasia, endocrine disease, and immune disease.

Based on previous work (2), it has been suggested that in these complex disorders, there are third and sometimes fourth body influences that hold the problems in place. These bodies are commonly (though not exclusively) the colon, liver, lung, or skin. Delivery of the inherent frequencies of these tissues (20 Hz, 53 Hz, 21 Hz, and 363 Hz, respectively) alone is not enough to re-establish cellular communication.

Inman created the chaos conversion theory where specific frequencies can speak to aberrant third (and fourth) body tissues that are held out of communication with the body. These frequencies can be calculated. For example, the third body chaos conversion factor (CCF) for the colon is 43.82 Hz. This is calculated by raising the number 20 (the inherent frequency) to the power of log4 over log3 (which is 1.2618).

Directing the necessary CCF frequency to the body appears to be the key to re-establishing the communication needed to promote healing in complex conditions such as neoplasia.

**case 1**

**Retroperitoneal Mass: Soft Tissue Sarcoma**

A 9-year-old, castrated male Labradoodle was presented for a general examination following an unusual episode of aggression towards another dog. He exhibited sensitivity with palpation of the epaxial muscles of the lumbar spine, but more importantly, a mass was detected in his caudal dorsal abdomen. The mass could not be palpated rectally on this initial exam.

On ultrasound examination (b), a 13 cm by 4 cm by 7 cm infiltrative mass was found in the caudal retroperitoneal space. The mass was closely associated with the aorta, vena cava, and the internal and external iliac arteries. Based on the location, size, and infiltrative nature of the mass, a retroperitoneal sarcoma (nerve root tumor, spindle cell sarcoma, fibrosarcoma) was strongly suspected. No measureable evidence of metastasis was seen in the abdomen, but thoracic radiographs were not performed.

Surgical removal was considered an unfavorable option due to the involvement of the blood vessels. The owner decided to use FSLLLT for palliative care of the tumor and to manage the dog’s back pain, rather than pursue chemotherapy for the tumor alone. Based on this decision, getting a definitive diagnosis with a needle aspiration was declined. The laser frequencies were chosen in attempts to address both the tumor as well as the musculoskeletal pain (see Table 1 on page 30).

An intensive therapy schedule was instituted. The patient was lasered twice daily for 3 days, daily for 4 days, then twice weekly. After 18 days and 12 sessions, the patient was quite active and moving well, indicating that his pain was greatly diminished. On abdominal palpation, the mass was felt to have grown, but from the benefit seen with the musculoskeletal pain, the owner decided to continue treatment. The frequencies for orthopedic pain were removed but those for the sarcoma were continued.

By day 45, the patient was running 6 kilometers with the owner and had a great appetite. On day 68 the dog deteriorated (19th treatment). Once again, he had heat and discomfort in his lumbar area. Frequencies to relieve the inflammation in the spine were added to his frequency set. When the dog presented again 3 weeks later, his...
signs were much improved. Frequencies for pain were periodically used throughout the course of treatment to keep his spine comfortable.

The laser therapy was continued on roughly a monthly basis. The 25th treatment was done on day 166. The mass felt the same size as it did when it was first detected. On day 178, the mass size was noted to be stable. The patient was not treated again until day 298. At that time, the mass was not palpably enlarged, but the surface was more irregular in texture.

Over the next 12-week period, the patient received additional FSLLLT (with appropriate light frequencies) that addressed other medical conditions – an anal sac abscess and two bouts of ileocolitis.

As well, a new CCF frequency (for liver tissue) was added. Until that time, the frequencies provided by Inman for sarcomas had been employed – those for bladder and skin. On day 325, the mass was significantly smaller on abdominal palpation and it was smaller yet again when it was felt on day 352 (31st treatment).

The patient was reassessed on day 449 because he started having difficulty defecating. The mass was much larger, irregular, and had invaded the entire pelvic canal, restricting stool passage. He received his 36th treatment that day.

A stool softener was introduced (Peg 3350, 1 teaspoon PO q 12 h or to effect) (c) to allow easier passage of the feces. The laser sessions were increased to 3 times that week and twice weekly for a further 3 weeks. After one session, the patient was more comfortable but still straining. By day 459, he was not straining; he was passing stools of varying sizes (still on the stool softener).

On day 466, the mass in the abdominal cavity had decreased noticeably by abdominal palpation. It was even smaller on day 491. When assessed on day 544, the mass was stable in size.

On day 552, the patient was presented because he was unable to urinate. The abdominal component of the mass had once again grown significantly. A catheter could be passed, but the dog could not urinate unassisted. He was lasered that day and he subsequently managed to urinate on his own for 2 days. Reobstruction occurred on day 555, at which time euthanasia was elected by the owner.

**TABLE 1: LASER FREQUENCIES USED TO MANAGE THE SARCOMA AND OTHER CONDITIONS IN CASE 1**

<table>
<thead>
<tr>
<th>Muscleoskeletal Inflammatory Pockets &amp; Pain Sarcoma</th>
<th>“a” head</th>
<th>“b” head</th>
<th>“405” head</th>
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<tbody>
<tr>
<td>4-33-60-151 9-16-42-53 4-777-60-151</td>
<td>465-20.5-25-666 465-20.5-25-666 53-240-20.5-1884</td>
<td>45.2-8166-1550-36 155.6-155.7-279-111 1698.6-55.15-10000-5000</td>
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</table>

<table>
<thead>
<tr>
<th>Diarrhea Colitis</th>
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<tbody>
<tr>
<td>4-33-60-151 20-96-784-440</td>
<td>784-16-66-96 880-216-465-25</td>
<td>83-2949-776-727 43.82-46.6-10000-5000</td>
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<table>
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<tr>
<th>Anal Sac Infection Sarcoma (Liver CCF)</th>
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</table>
case 2

Large cell/Lymphoblastic Lymphosarcoma

A 15-year-old neutered, male German shorthaired pointer was presented for acute onset of facial edema, including the upper and lower jaws, muzzle, and eyelids. On examination, severe mandibular and prescapular lymphadenopathy was found and fine needle aspirates were performed on the lymph nodes.

While waiting for a definitive diagnosis, the edema was managed with FSLLLT. Frequencies for lymphatic drainage were utilized (see Table 2). The patient was on the anti-inflammatory meloxicam (d) (0.1 mg/kg PO q 24 h) for chronic arthritis treatment. The owner was asked to stop the meloxicam that day in case prednisone therapy was needed in the future.

Cytologic findings became available the next day (day 2) with a diagnosis of lymphosarcoma (LSA), large cell/lymphoblastic type (e). The owner was given the option of chemotherapy, but this was declined due to cost and the age of the patient. Because the edema had resolved overnight and with the apparent success of the treatment, the owner elected to pursue a course of FSLLLT for the LSA as well as his arthritic pain (see Table 2).

Therapy began on day 3 and was repeated on days 8, 11, 14, 16, 23, 24, 29 and 38. The treatment regime was dictated by the owner’s personal work schedule. By day 8, the patient was feeling good, moving well and his lymph nodes were estimated to have decreased to about half their original size. By day 14, all lymph nodes were of normal dimensions. The dog was feeling well with excellent mobility. He had initiated play in the snow, which the owner had not seen for a long time.

On day 44, there was an acute recurrence of the peripheral lymphadenopathy. Prednisone (f) (1 mg/kg PO q 24 h) was prescribed as a rescue therapy combined with the antacid/proton pump inhibitor omeprazole (g) (1 mg/kg PO q 24 h). The patient failed to respond, his appetite fell, and he was euthanized 5 days later.

### TABLE 2: LASER FREQUENCIES USED TO MANAGE THE LYMPHOSARCOMA AND EDEMA IN CASE 2

<table>
<thead>
<tr>
<th></th>
<th>“a” head</th>
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<th>“405” head</th>
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</thead>
<tbody>
<tr>
<td>Lymphatic Drainage</td>
<td>45-24-54-47</td>
<td>15-250-230-146</td>
<td>279-111-100-55</td>
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<tr>
<td>Inflammation</td>
<td>4-33-60-151</td>
<td>20-66-73-43</td>
<td>9-16-42-53</td>
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<tr>
<td></td>
<td>363-21-59-97</td>
<td>155.6-155.7-36-2</td>
<td></td>
</tr>
<tr>
<td>Lymphosarcoma</td>
<td>10-234-78-46</td>
<td>363-21-59-97</td>
<td>155.6-155.7-36-2</td>
</tr>
</tbody>
</table>
The patient, an 11-year-old neutered, female Labrador retriever, was presented to the hospital with a massively swollen left hind leg. The leg had become markedly enlarged over the previous 24 hours. Radiographs revealed mild arthritis in the stifle but no evidence of a bone tumor. An infection and a soft-tissue tumor were considered the most likely differential diagnoses. The dog was started on marbofloxacin (h) (1.45 mg/kg PO q 24 h) and an aspirate was taken of the enlarged leg.

Pathology was suggestive of a myxosarcoma due to a homogeneous population of spindle cells (e). These tumors are considered to be locally aggressive and challenging to remove due to their infiltrative nature. Because the tumor surrounded the coxofemoral joint, complete excision was considered unlikely. Limb amputation was declined.

Due to the edema distal to the mass, the dog was started on prednisone (f) at a tapering dose beginning at 20 mg PO BID (0.44 mg/kg PO q 12 h). The edema resolved, but the bulk of the mass remained unchanged. The prednisone was tapered and treatment concluded over a 14-day period.

Eight months later, the patient was reassessed for a new left hindlimb lameness. The tumor had grown and seemed to be interfering with the mechanical movement of the leg. Because pain was also a likely contributing factor to her abnormal ambulation, meloxicam (d) (0.1 mg/kg PO q 24 h) was dispensed. On a follow-up phone call, the owner reported that the dog was moving somewhat better. The meloxicam dose was tapered to about half the full dose and maintained at that level until the next reassessment.

Four months later, the patient was presented due to inappetance. A physical examination revealed a fever (39.7°C), massive enlargement of the leg (Figure 1), but no edema or lymphadenopathy. The patient was put on marbofloxacin (h) (1.45 mg/kg PO q 24 h) due to the fever.

Though the owner thought there was an initial improvement in appetite, it was apparent 9 days later that the patient was not feeling any better and was barely eating. A course of FSLLLT was initiated, including frequencies for pain, the malignancy, as well as appetite stimulation (day 1) (see Table 3).

Over the following 5 days (and 7 treatments), the patient showed continuous improvement and she was eating normally. Four days later, her appetite fell again and she seemed uncomfortable at night. For this reason, meloxicam (d) (0.1 mg/kg PO q 24 h) was reintroduced. This improved her mobility and she was more interactive. The anti-inflammatory was continued daily.

On day 18, the leg distal to the tumor began to swell with edema. Frequencies for lymphatic drainage were added (see Table 3). Three days later, on recheck, the fluid had mostly resolved.

By day 40, the patient was running with the owner, aggressively taking sticks from the other dogs, and swimming in the pond. Treatments were continued every 2 to 3 weeks with the last treatment on day 146. The leg remained stable in size with no edema. The patient remained active, was eating well, and feeling good overall through this time. On the day of euthanasia (day 157), the patient developed bloody diarrhea, was depressed, and refused food.

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**TABLE 3: LASER FREQUENCIES USED TO MANAGE THE MYXOSARCOMA AND OTHER CONDITIONS IN CASE 3**

<table>
<thead>
<tr>
<th>Condition</th>
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<tr>
<td>Pain - general</td>
<td>9-16-25-465</td>
<td>125-3-100-2720</td>
<td>46.6-333.89-666-727</td>
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<tr>
<td>Loss of appetite</td>
<td>151-60-9-4</td>
<td>42-59-33-16</td>
<td>279-111-20.5-216</td>
</tr>
<tr>
<td>Cancer (general)</td>
<td>4-33-60-151</td>
<td>10000-5000-3176-2720</td>
<td>2489-2189-2084-2050</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>9-16-42-53</td>
<td>465-25-666-20.5</td>
<td>45.2-8166-1550-36</td>
</tr>
<tr>
<td>Lymphatic drainage</td>
<td>15-42-250-230</td>
<td>20.5-100-279-111</td>
<td>45.2-1699-279-111</td>
</tr>
</tbody>
</table>
Large, Non-cleaved Cell Lymphosarcoma

A 14-year-old castrated male Border collie presented with a peripheral lymphadenopathy. A fine needle aspirate cytology (e) was consistent with large cell lymphoma. As well, his walk was stilted and painful, and he resisted palpation of his rigid spine. He was started on Tramadol (i) (2.3 mg/kg PO q 8–12 h) for pain control.

Chemotherapy was discussed but declined due to the patient’s age. The owner elected to pursue FSLLLT to manage the malignancy and the dog’s pain (see Table 4).

The treatment schedule followed an intensive program, twice a day for 3 days, then once daily for 4 days, followed by twice weekly for 4 weeks. The frequency of treatment was subsequently adjusted according to the patient’s needs.

After the first day of treatment, the patient was reported to be more alert and he had slept more comfortably. After 2 days, the lymph nodes were palpably softer and were about one-half the original size. By day 4, the patient was feeling well enough to initiate play. The tramadol was reduced to one-half the starting dose. This medication was continued on an “as needed” basis throughout the treatment period.

On day 15, the patient became very active which caused an intense aggravation of his back pain. To assist in pain management, the patient received a spinal adjustment (Veterinary Neuronal Adjustment (VNA)) (j) and was given meloxicam (d) (0.1 mg/kg PO q 24 h) which helped ameliorate the discomfort and re-establish his appetite.

On day 29, the day of the patient’s 16th treatment, palpation revealed that his lymph nodes were of normal size. His pain was well controlled, but he presented with a head tilt without a nystagmus, as well as mild balance issues on ambulation. Early geriatric vestibular disease was diagnosed. VNA was performed to improve neurological messaging and to provide continued support for his spine. As well, laser frequencies were added to hasten resolution of the vestibular condition (see Table 4).

By day 52, the head tilt was resolved and the patient was feeling well. The owner was giving daily or every-other-day meloxicam. The owner was cautioned to limit the dog’s exuberant activity to prevent reinjuring the back.

On day 70, the lymph nodes were mildly enlarged. The frequencies were changed to include a CCF fourth body frequency (see Table 4). A week later (day 85), the lymph nodes had shrunk to normal size.

On day 122, the lymph nodes increased in size yet again. This episode occurred after a period of extreme activity and subsequent severe back pain. The patient was treated daily with FSLLLT for 5 days, and the lymph nodes again regressed in size.

The patient was euthanized on day 136 following an acute episode of unrelenting pain and refusal to eat.

### TABLE 4: LASER FREQUENCIES USED TO MANAGE THE LYMPHOSARCOMA AND OTHER CONDITIONS IN CASE 4

<table>
<thead>
<tr>
<th>Condition</th>
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<th>“405” head</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lymphosarcoma, pain, incontinence (4 sets)</td>
<td>4-33-60-151</td>
<td>10000-5000-777-230</td>
<td>83-73-1550-66</td>
</tr>
<tr>
<td></td>
<td>45-36-46-363</td>
<td>465-20.5-25-666</td>
<td>8166-2167-1260-1151</td>
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<tr>
<td></td>
<td>55-97-96-100</td>
<td>125-454-153-5</td>
<td>9-16-42-53</td>
</tr>
<tr>
<td></td>
<td>59-21-78-234</td>
<td>43-20-784-24</td>
<td>155.6-155.7-279-111</td>
</tr>
<tr>
<td>Lymphosarcoma, new inherent frequency</td>
<td>4-33-60-151</td>
<td>10000-5000-777-230</td>
<td>145.65-73-1550-66</td>
</tr>
<tr>
<td>Lymphatic drainage</td>
<td>59-21-71-20.5</td>
<td>146-250-15-363</td>
<td>100-155.7-279-111</td>
</tr>
<tr>
<td>Vestibular</td>
<td>4-33-60-151</td>
<td>9-16-42-47</td>
<td>178.95-5.75-61-4</td>
</tr>
</tbody>
</table>
Discussion:
Laser has many diverse applications in veterinary medicine. Historically, laser use in patients with cancer has been dissuaded because of the belief that it augments cancer cell growth (3). Though this may be true for the more powerful units, very weak units, such as the Erchonia laser, are being used for successful palliation of cancer in companion animals.

The patients in these case reports were managed with FSLLLT because the owners did not want to pursue surgical intervention or chemotherapy. FSLLLT is an excellent option in managing cancer because it can promote “quality of life” with no side effects. Also, frequencies can readily be added/adjusted to address the ever shifting imbalances of the whole patient, not just those associated with the patient’s cancer. This is especially important in geriatric patients that typically suffer from a myriad of disorders concurrently.

In the cancer patient cases presented in this article, FSLLLT extended the patients’ lifespan, with good quality of life, beyond what would have been expected had FSLLLT not been implemented for the presenting clinical problems. The tumor-associated clinical signs were very well-managed and some temporary tumor control was also provided. This was particularly evident in the two dogs with lymphoma.

The laser frequencies chosen for each patient were based on recommendations from Inman (2). The addition of CCF frequencies for third (and sometimes fourth) bodies to the treatment regime of cancer patients appears to play an important role in the response to FSLLLT. This is a novel approach that needs continued investigation.

These case reports document the positive effect of FSLLLT on canine cancer patients needing palliative care. Further investigation is needed to determine additional light frequencies that will prove beneficial to individual companion animals with specific forms of cancer.

ENDNOTES:

a. The Erchonia laser consists of three class 2 laser heads (“a” head is red, 635 nm; “b” head is red, 635 nm; and “405” head is violet, 405 nm) inserted into a charging and programming station. Each head is programmed to deliver four frequencies of light, for a total of 12 frequencies, in three-minute sessions.

b. SonoVU Ultrasound Incorporated, interpreted by Radiology Vet Consulting, Toronto, Ontario, Canada

c. Peg 3350, Medisia, St. Laurent, Quebec, Canada

d. Metacam, Boehringer Ingelheim, Burlington, Ontario, Canada

e. True North Veterinary Diagnostics, Burnaby, British Columbia, Canada

f. Apo-Prednisone, Apotex Inc, Toronto, Canada

g. Losec, Atrazeneca, Mississauga, Ontario, Canada

h. Zeniquin, Pfizer, Quebec, Canada

i. Ultram, Janssen Inc, Toronto, Ontario, Canada

j. Veterinary Neuronal Adjustment, VOM Seminars Inc, Coeur d’Alene, Idaho, USA

REFERENCES:


2. Dr. William Inman, VOM Seminars Incorporated, personal communication

LONG-TERM REMISSION OF GRADE III MAST CELL TUMORS IN A DOG USING HOMEOPATHY

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Abstract
A 6.5-year-old intact male Bull Terrier mix dog was presented with a 2 cm cutaneous mass in the area of the left popliteal fossa. Histopathology revealed a grade III mast cell tumor (MCT) with a high mitotic index. Treatment was started with homeopathic medicines Thuja occidentalis and Carcinosin. Three months after initial surgery, further masses were removed from the same area and also from the ribs and scrotum. Two weeks after the second surgery, a 15 cm growth was discovered in an inguinal lymph node. Homeopathic treatment was continued using Carc and a new remedy, Lachesis, replacing the Thuja. All masses resolved within 10 months, and the dog remained tumor-free at the 18 month follow-up examination.

Introduction
Mast cell tumors (MCTs) are the most common canine cutaneous tumor, accounting for approximately 20% of all canine skin tumors (1). This is in direct contrast to humans in which neoplastic disease of mast cells is extremely rare (2). The reason for such a high incidence of mast cell neoplasia in the dog is unknown, but it is clear that this cancer represents a source of frustration for both dog owners and veterinarians. The biologic behavior of these tumors is highly dependent on tumor grade. Those patients with grade I tumors are likely to experience long-term survival, while those with grade III tumors have a reported median survival time of only 6 months (3).

Surgery and radiotherapy are the treatments of choice for localized MCTs. In a recent retrospective study it was found that re-excision or radiation therapy improves survival and local control after incomplete or close surgical excision on MCTs (4). Systemic therapy is indicated when surgery or radiation therapy is not feasible, or as an adjunct to those
Systemic therapy is often the only treatment option for dogs with non-resectable, recurrent or metastatic MCTs (2). Options for systemic therapy, however, are limited. Lomustine, vinblastine, corticosteroids, tyrosine kinase inhibitors as well as other agents have antitumor activity against canine MCTs, but there is a clear need to identify additional therapies for this disease (2).

The purpose of this report is to describe a case of a dog with a grade III MCT with a high mitotic index. Oral administration of homeopathic medicines resulted in disappearance of the skin tumors over 10 months with long-term remission of 18 months at the time of case submission. Surgery had been performed initially, and a specimen was collected at that time for histopathology. Surgery was again performed to remove additional tumors 3 months later. After the initial surgery, the owners elected to use homeopathic medicines only.

Disappearance of all masses occurred over 12 months while administering homeopathic drops in the water daily. These drops were made from a plant substance (Thuja occidentalis), from a cancer tissue (Carcinosin) and also from the venom of a snake (Lachesis mutans). The wellbeing and energy of the dog improved continually as the treatment was given.

This is the first reported case of clinical remission of canine mast cell tumors after treatment with homeopathic medicines in which follow-up biopsies and photographic images were utilized to track the progress accurately.

A 6.5-year-old intact male Bull Terrier mix dog presented with a fast growing 2 cm diameter cutaneous mass in the area of the left popliteal fossa. He had had a cruciate repair of his right stifle one year previously and also had mild medial joint thickening on the left stifle from an older unrepaired cruciate injury. He had been regularly vaccinated.

Initial treatment on day 1 entailed surgical removal of the mass with 2 cm margins and histopathological analysis. Regional lymph nodes were not palpably enlarged, and no biopsies were obtained of these lymph nodes. Histopathology showed that the dermis and subcutis contained a poorly circumscribed nodule consisting of markedly pleomorphic round cells arranged in loose sheets. The neoplastic mast cells had variably-sized and often large, hyperchromatic nuclei with prominent nucleoli and scant cytoplasm that rarely contained discernible grey-blue granules. Some multinucleate cells were present. The mitotic index was 6/10 hpf. Well-differentiated eosinophils were also present. The diagnosis was a grade III MCT with a high mitotic index. A narrow zone of normal tissue surrounding the mass indicated marginal excision.

After thorough discussion of prognosis with further surgery and chemotherapy, the owners elected to have the dog treated using homeopathic medicines only.

On day 10 following the surgery, he was started on two different homeopathic medicines, Thuuj and Carc. The potency used in this case was a 200C liquid dilution in 10% alcohol solution. Three drops of one medicine were added into his water daily, and 3 drops were also added into his food each day. These medicines were rotated each alternate week and continued until day 94. At that time, he presented with three new masses, one at the same surgical site in the area of the left popliteal fossa, one on his left scrotum and one on the right lower thorax. These masses ranged in size from 5–10 mm. The owners elected to have these surgically removed as they were superficial and accessible and could increase his survival time.
Surgery was again performed on day 90, and the three masses were removed with 3 cm wide margins. The owners elected to have no histopathology performed after this surgery.

The dog next presented at day 108 with a severe lameness of his right hind leg. This was associated with a 15 cm diameter swelling in the right inguinal lymph node. This lymph node had enlarged in the 2 weeks since the previous surgery and was painful on palpation. Approximately 60 growths varying in diameter from 2–10 mm had begun to regrow on the skin in the inguinal area at this time. A poor prognosis was given and the owners planned to have him euthanized when he became too uncomfortable.

Thuj was discontinued and Lach 200C liquid dilution in 10% alcohol was started. This medicine was administered every second week on rotation with the Carc 200C at the rate of three drops into the drinking water and three drops into his food each day.

The owners reported on day 112 that the dog had improved substantially after dosing with the new medicine.

The next visit was on day 126. The mass felt more circumscribed with pain on palpation. He had appeared painful at times on movement at home. He had no other problems and he was eating well.

Re-examination on day 144 revealed more skin tumors appearing all over the leg, abdomen and popliteal fossa region, mainly on the left side. The dog was licking these new masses. The enlarged inguinal lymph node had decreased to 10 cm diameter and was not as painful on palpation. He had started playing roughly again (Figure 2). The Carc 200C and Lach 200C were continued on alternate weeks.

On day 172 the enlargement of the inguinal lymph node was almost completely resolved, but there were additional cutaneous masses, some as large as 5 cm in diameter (Figure 3). He remained energetic and was feeling very well. The owners had to put him out of the house as he was running about too roughly and knocking things over in his exuberance. They reported that in spite of the cutaneous masses, he seemed healthier than he had ever been in his life. He had licked at some of the masses which had ulcerated. Calendula mother tincture (a) was dispensed to spray on any open wounds.
Over the next 2 months, some of the smaller masses disappeared and newer ones appeared. The largest mass grew to 6 cm diameter and ulcerated the skin (Figure 4).

On day 212, the strength of both the Lach and the Carc medicines was increased to 1M with continuation of alternating weekly dosing. The medicines remained as 10% alcohol liquid solution, 3 drops into all food and drinking water. He had gained 3 kg in weight. The masses on the abdominal skin were almost completely gone (Figure 5). By day 254 the only mass that remained was a new 2 cm diameter mass which had appeared over the original scar tissue in the popliteal fossa. The dog was licking this mass. All the other masses had gradually resolved (Figure 6). A fine needle aspirate was performed on this last lesion at this visit (Figure 7). Cytology showed a low cellularity smear dominated by heavily granulated mast cells, those which were best preserved showing mild to moderate anisocytosis and anisokaryocytosis. Mitoses were not appreciated.

When this final growth did not change over the next 8 weeks, another dose of 3 drops of the original homeopathic remedy, Thuj, was given in a 1M potency in 10% liquid alcohol. This was given once on day 296 and again on day 323 (Figures 8 and 9).

After these doses the final mass began to resolve. The dog has remained clear of any signs of tumor recurrence from day 371 until the last follow up at day 630 (Figures 10 and 11).
Discussion

MCTs are common neoplasms, representing 7 to 21% of all skin tumors and 11 to 27% of all malignant skin tumors in the dog (5). They are most frequently seen in older dogs with a reported mean age of 8.5 years (6, 7). Studies indicate that Boxers, Boston terriers, English bull dogs, English bull terriers and possibly Labrador Retrievers have a higher incidence of this neoplasm than other breeds (8). A comparative study in UK recently found English Springer Spaniels, English Cocker Spaniels, German Shepherd Dogs, West Highland White Terriers and Cavaliers King Charles Spaniels were underrepresented (8).

The vast majority of primary canine MCTs arise from the dermis or subcutaneous tissues and in 11% of cases are multiple (6). Excutaneous MCTs without skin involvement are uncommon (9). When present, they usually involve the liver, spleen and kidney (10). Also reported are involvement of the larynx, bone, intestinal tract and tracheobronchial lymph nodes (6). Mast cell leukemia is rare in the dog (11). A recent retrospective study of dogs with grade III MCTs with a high mitotic index indicated a poor outcome as a result of a high rate of local and distant metastasis or inoperable recurrence, with a median survival time of less than 2 months (12).

Surgery was the initial treatment performed in this case. The surgical margins were 2 cm diameter for the 2 cm diameter mass, and the histopathology report indicated a narrow zone of normal tissue. On the subsequent surgical procedure, 3 cm margins were utilized to excise masses ranging from 5–10 mm. It is doubtful that wider surgical margins would have helped prevent recurrence. In one recent study high-grade (n=39) tumors were more likely to recur than low-grade (n=51) tumors (35.9% versus 3.9%, P<0.0001), with no association between histologically tumor free margin width and local recurrence (13).

After the appearance of the painful 15 cm diameter enlarged inguinal lymph node following the second surgical resection of masses, homeopathic treatment was initiated. Homeopathy is a system of medicine developed by the German physician Samuel Hahnemann (1755–1843). Homeopathic medicines are prescribed based on the concept of “let like cure like.” A substance is given to healthy human provers, who then record their mental, emotional, and physical signs that arise as a result of the medicine’s effects. These clinical signs are collated and recorded in materia medicas and repertories. Clinical signs and diseases that have been cured by homeopathic medicines are also recorded in these texts. These clinical signs are then used as indications for the remedy to be administered when a sick patient presents with these symptoms (or signs in the case of an animal) (14).

Certain homeopathic medicines have been shown to be more useful in cases of cancer just as other homeopathic medicines are more useful for gastroenteritis or other conditions. Homeopathic medicines useful in cancer therapy may have been introduced after noticing the effects of the raw substance in its natural state. For example, Hecla lava was introduced as a remedy for bone cancer, especially of the jaw, after it was observed that livestock grazing in the fields of lava from Mount Hecla developed bony exostoses of the jaw (15).

Continued on page 40.
In the current case report it was observed that changes occurred quickly when the correct prescriptions in both strength and type were administered. Although the mechanism of action of homeopathic medicines in the body is unknown, current thinking involves an integration of intracellular and complex adaptive whole body responses to either nanoparticles of the starting substance or their electromagnetic signals in the liquid medicine or pellet form (16, 17). The nervous system may play a crucial role in the response to the medicines as well (18). According to Bell et al., endogenous amplification processes within the recipient organism may involve hormesis, time-dependent sensitization, and/or stochastic resonance (16).

In classical homeopathy the traditional way of prescribing is to administer only one remedy at a time and on an indicated basis. In the treatment of cancer, however, many clinicians feel that a more aggressive dosing interval is indicated due to the adverse effects of primary and secondary lesions. In some protocols medicines are repeated multiple times daily (19).

During homeopathic treatment it is often observed that as the patient improves, more lesions will often appear on the outside of the body. In this case report the final mass appeared in the site of the original tumor. This last mass was comparatively slow to heal and responded only when the medicine was changed back to the Thuja. This process of healing in reverse order of appearance is recognized in homeopathy as the “direction of cure.” In this patient the last mass that appeared in the inguinal lymph node was the first one to subside, and the final growth appeared in the original location.

Three homeopathic medicines were used to treat this dog. Thuja and Carc are important homeopathic medicines used for treatment of cancer in animals. Many others may be selected or interchanged depending on the rate of healing and on the type of cancer involved (19). Thuja is a medicine that is used for any overgrowth of tissue in the body whether the overgrowths are polyps or warts or malignant growths. It is made from the Northern White Cedar. The medicine Lach is made from the venom of the Bushmaster snake from South America. It is a remedy helpful when tumors are growing more on the left side of the body and is especially useful in a demanding, aggressive type of animal (20). Carc is made from human breast cancer tissue and is used in homeopathic cancer treatments as an alternating medicine to try to stimulate the body to heal cancerous tissues (21). The use of two different homeopathic medicines repeated in weekly alternation is used in cancer cases because too frequent repetition of a single remedy can at times cause aggravation or over stimulation of the immune system.

The strengths of the medicines were changed during the course of treatment. In summary they were begun at the strength of 200C daily, and as the body healed, the strengths were increased to 1M. The 200C strength is usually chosen to begin cancer treatments as it has been found to be the most efficacious in these cases (19). If the case is responding well, it is customary to increase the potency to 1M and perhaps even to 10M over several months of treatment.

The major problem for veterinarians using homeopathic medicines is precisely matching the medicine to the patient in order to bring about cure in a case such as this.

Conventional treatments such as surgery or chemotherapy do not strengthen the original system that produced the tumor, but they do help kill or remove the tumor that is present. As observed in this case, with proper homeopathic treatment, the patient is much healthier, both mentally and physically, in comparison to the pre-treatment state.

ENDNOTES:
a. Calendula officinalis flower low alcohol mother tincture diluted 50% with water. MediHerb Australia.

REFERENCES:
**HERBAL SUPPORT IN FERRETS WITH CANCER**

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**Abstract**

Chinese and Western Botanical medicines can increase the longevity and quality of life in ferrets that have been diagnosed with cancer.

**Introduction**

Ferrets currently have a 70% chance of developing cancer, primarily insulinoma, lymphosarcoma or adrenal cancer, before the age of 3 years (1). At one rescue organization, it is not uncommon to find one of these. Over the past 6 years, 15 animals have been seen at our clinic with lymphosarcoma or lymphoma. Many of these lymphoma or lymphosarcoma cases had concurrent adrenal or pancreatic involvement. All of these animals were seen after a conventional work up with a definitive diagnosis.

Lymphomas in ferrets are usually divided into two basic categories, adult form and juvenile form.

The adult form of lymphoma usually occurs in ferrets over 3 years of age. The majority are 5–7 years old. This form progresses relatively slowly and initial symptoms are vague – such as poor appetite, weight loss, and lethargy. The prognosis is very guarded in this disease, and survival rates are given in months.

When lymphoma occurs in animals less than 2 years of age, it is called the juvenile or lymphoblastic form. At this age, it produces a different set of symptoms that progresses much faster. In this disease, large immature lymphocytes quickly infiltrate the viscera, including the thymus, spleen, liver, and many other organs. Little to no lymph node tissue replacement is seen in these cases. This form can take on a myriad of clinical appearances depending on which organs are involved. One of the more common presentations results in dyspnea with rapidly growing thymic masses that lead to pulmonary compression. The prognosis given using conventional medicines is extremely guarded in these cases; the survivability is often less than weeks (1).

Using the support of both Chinese and Western herbal medicine, the ferrets in this rescue group have done well. (See Table 1) Of the seven that had adult onset lymphosarcoma, using Chinese herbs; survival time was 1 to 7 years, with mean survival time of 4 years using basic supportive herbs. This is significantly longer than any conventional treatment. Ferrets with Spleen qi deficiency with stagnation received Wei Ling Tang; Spleen qi Collapse, Bu Zhong Yi Qi Tang; and Triple Heater obstructions, Xiao Chai Hu Wan.

In the group that had juvenile onset, the survivability has ranged from 1 year to 6 years with three ongoing cases. This group differs in that their patterns of disharmony always consisted of Kidney deficiency despite their younger age in addition to Spleen exhaustion/deficiency with secondary stagnation and production of pathologic phlegm. Chaste Berry, Vitex agnus-castus, and Liu Wei Di Huang Wan have been common herbs used in this group.
<table>
<thead>
<tr>
<th>Patient/diagnosis</th>
<th>TCM findings</th>
<th>Primary Herbal treatment</th>
<th>Final disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td>“El”, FS – 2 year, Juvenile onset; diagnosed by regular vet clinic 2/19/2005. Juvenile onset Lymphosarcoma</td>
<td>Liver Blood deficiency; Spleen stagnate with Phlegm with Kidney Yin deficiency</td>
<td>Xiao Yao San with Lui Wei Di Huang Wan</td>
<td>Died 4/2012-Survival time from diagnosis-7 years</td>
</tr>
<tr>
<td>“Wi” – 2 year MC: 5/2012- Diagnosed with Juvenile onset Lymphosarcoma</td>
<td>Overall Qi deficient, Spleen deficiency with Pathologic Phlegm</td>
<td>Wei Ling San; Bu Zhong Yi Qi Tang</td>
<td>on 2/2013; adrenal involvement was overwhelming; died 3/2013: survival time-10 months (I feel not proper kidney support, in hindsight)</td>
</tr>
<tr>
<td>“Mi” – 1-year, MC 11/2012 –diagnosed with Juvenile onset Lymphosarcoma with Liver and Spleen involvement</td>
<td>liver and spleen stagnate with Kidney Yin deficiency;</td>
<td>Wei Ling Tang; Xiao Chai Hu Tang and Lui Wei Di Huang Wan</td>
<td>2/2014-alive, active</td>
</tr>
<tr>
<td>“Mi” – 1-year-old male castrated; 7/13/2012: Diagnosed with Juvenile onset Lymphosarcoma</td>
<td>Kidney Yin deficiency</td>
<td>Lui Wei Di Huang Wan</td>
<td>2/2014-A live</td>
</tr>
<tr>
<td>“Be” – 2-year-old female spayed; Diagnosed with Juvenile onset Lymphosarcoma-10/4/2011- large abdominal mass;</td>
<td>Qi collapse, Pathologic Phlegm</td>
<td>Wei Ling Tang</td>
<td>Passed on 3/13/2013- Survival time 1 ½ years</td>
</tr>
<tr>
<td>“Ed” –3-year-old spayed female; 9/2011diagnosis of juvenile Lymphosarcoma but presented with enlargement of peripheral lymph nodes and facial swelling</td>
<td>Pathologic phlegm trapped in Yang Ming level</td>
<td>Da Chai Hu Cistus canadensis homeopathic</td>
<td>Survival time 10 months Passed on 7/2012</td>
</tr>
<tr>
<td>“Sa” – 2-year-old male castrated; diagnosis with Juvenile Lymphosarcoma, 8/20/2012</td>
<td>Kidney Yin Deficiency</td>
<td>Liu Wei Di Huang Wan</td>
<td>Ongoing case- currently doing well.</td>
</tr>
<tr>
<td>“Gr” – See full case study on page 44</td>
<td></td>
<td></td>
<td>Currently doing well.</td>
</tr>
</tbody>
</table>

**Adult Onset Cases**

<table>
<thead>
<tr>
<th>Patient/diagnosis</th>
<th>TCM findings</th>
<th>Primary Herbal treatment</th>
<th>Final disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Ca” – 5-year-old female spayed adult onset 5/2006; conventional veterinarian diagnosis</td>
<td>triple heater obstruction</td>
<td>Xiao Chai Hu Tang</td>
<td>Passed on in 7/2008 survival time of 2-1/3 years</td>
</tr>
<tr>
<td>“No” – 5-year-spayed female onset 7/2006;</td>
<td>Triple Heater Obstruction</td>
<td>Xiao Chai Hu Tang</td>
<td>Passed on in 8/2010- survival time four years, died of old age</td>
</tr>
<tr>
<td>“E” – 14-year-old spayed female: adult onset 3/2011 huge abdominal mass</td>
<td>Spleen stagnant</td>
<td>three seed/ Cluster dissolve (a K’an formula);</td>
<td>Passed on 8/2013; survival time 2 years</td>
</tr>
<tr>
<td>“E”II – 5-year-old spayed female, adult onset, 5/2012.</td>
<td>Spleen Qi deficient with stagnation</td>
<td>6 gentleman</td>
<td>Ongoing case-doing well</td>
</tr>
<tr>
<td>“St” – 4-year-old spayed female; adult onset with peripheral lymph nodes and pancreatic involvement in 2007</td>
<td>Pathologic phlegm with stagnation in the Middle Jiao</td>
<td>Xiao Chai Hu Tang</td>
<td>Passed on in 2012; survival 5 years</td>
</tr>
</tbody>
</table>
“Gr” is a 2-year-old female spayed ferret who was diagnosed with juvenile lymphosarcoma with thymic involvement.

7/23/13: Gr was a very depressed ferret. She did not explore the office; she just quietly lay on a towel on the exam table. She was in moderate respiratory distress with severe sneezing spasms. She was an exhausted animal. Her heart sounded muffled, and her chest was not compressible; she also had a palpable mass on the right side of her abdomen in the area of her right adrenal gland. She had no Kidney pulse; she was very painful on Bl 20, with a palpable pit on Bl 23. Her Chinese diagnosis was Kidney Qi deficiency with Qi and Blood stagnation with secondary Wind and pathologic Phlegm.

To treat the presenting symptom of chest oppression, Gr was started on a Chinese Modular Formula called Harmonize Lung and Liver. This formula is designed to tonify Blood, disperse Blood and Qi, and dispel Heat, Wind and Phlegm. This formula has many anti-cancer herbs within the formula. The primary herb in this formula is Bupleurum root, Chai Hu, a harmonizing herb. Saikosaponin-d (Ssd), a triterpene saponin derived from the Bupleurum falcatum L. (Umbelliferae) has exhibited a variety of pharmacological activities including anti-inflammatory, antibacterial, antiviral and anticancer action. Ssd can inhibit activated T lymphocytes. Ssd significantly potentiated TNF-α-mediated cell death in cancer cells via suppression of TNF-α-induced NF-κB activation and the target genes expression controlling cancer cell proliferation, invasion, angiogenesis and survival. Also, Ssd has revealed a significant ability to abolish TNF-α-induced cancer cell invasion and angiogenesis while inducing apoptosis by enhancing the loss of mitochondrial membrane potential in cells (2). Saikosaponins also sensitize cancer cells to cisplatin through ROS-mediated apoptosis (3). Isochailulactone, another phytochemical found in Bupleurum, induces antiproliferative and apoptotic effects on carcinoma cells (4).

Fritillary Bulb, Zhe Bei Mu, and treated Pinellia rhizome, Fa Ban Zia are used in this formula to help resolve Phlegm; White peony root, Bai Shao Yao helps to disperse blood; Lycii Fruit, Gou Qi Zi, is a yin tonifying herb that stimulates a non-specific immunity and can suppress the growth of cancer cells. Scutellaria root, Huang Qin, clears Heat and Damp. The flavonoid baicalin isolated from the dried root of Scutellaria baicalensis Georgi (Huang Qin), can inhibit the proliferation of cancer cells (5).

Perilla seed, Zi Su Zi, is used in the formula for the symptom control of coughing and wheezing. Licorice root, Gan Cao, is an adaptogenic herb that helps to harmonize the whole herbal formula and also is strongly antineoplastic. Licorice possesses strong inhibitory effects against NF-κB-mediated inflammation as well as strong activation of the anti-oxidative stress signaling pathways, which promotes pharmacological effects against diseases including cancer. Licorice functions as a tumor suppressor through influencing the phosphatidylinositol-3 kinase pathway in carcinogenesis (6). Licorice root can modulate the expression of apoptotic regulatory factors. Extracts of Licorice can inhibit basal and epidermal growth factor-induced cell migration, invasion and adhesion (7).

Cyperus rhizome, Xiang fu, is used in the formula to regulate the flow of Qi. Platycodon root, Jie Geng, helps to resolve and disperse pathologic phlegm.

Platycodin D (PD) is one of the triterpenoid saponins isolated from the roots of Platycodon grandiflorum that have strong anti-inflammatory and anti-oxidant effects and can significantly inhibited the proliferation of cancer cells (8).

All Platycodon saponins have antiproliferative effects, with a potent apoptosis-inducing agent. Platycodin induces apoptosis and decreases telomerase activity in leukemia cells (9).

Chrysanthemum flower, Huang Ju Hua, and Morus leaf, Sang Ye, are used in this formula to help relieve the symptom of wind and relieve heat (inflammation) — that is to clear the heat from the lungs.

Gr not only had the presenting symptoms of her thymic lymphoma but also had a very weak Kidney pulse. A formula to support her weakened state called Fu Zheng was also started. Fu Zheng includes Coriolus, Reishi, Cordyceps, Flammulina mycelium and fruiting bodies, Astragalus root, Eleutherococcus root bark and Suma
root. This formula is frequently used in China for patients with cancer. It has strong anti-cancer, Spleen and Kidney tonic effects.

The final herb used for Gr was Chaste berry, Vitex agnus-castus. Chaste berry has been widely used to control the Pituitary-Adrenal-Gonad axis. Dopaminergic compounds present in Vitex agnus-castus are the clinically important compounds which act to control this axis (10).

The Harmonize Liver and Lung comprised 60%, Fu Zheng 25% and Chaste Berry 15% of the formula given to Gr. Gr was sent home with these herbs in a tincture form for the owner to give 3–5 drops of the mixture three to four times a day.

August 22, 2013: Gr had a remarkable change. Her sneezing and wheezing was gone, her chest auscultated normally with normal chest compressibility. It was assumed that her thymic mass was smaller. No mass was palpable in her abdomen. She was very active and inquisitive. But she was now itching and ripping hair and skin. Her skin was rough, and red, yet had a very strong odor with a greasy feeling. It was felt that she was “de-toxifying”. Her herbal formula was changed to a Western eclectic herbal formula that was developed in the 1800’s by Dr. Scudder. This formula was used to treat and prevent cancer by improving the body’s ability to eliminate toxic wastes. Corydalis, Corydalis yanhusuo was added as a modification of the original formula. Originally, Dr. Scudder used Turkey Corn, Dicentra canadensis, but this is now an endangered herb. Corydalis is a close relative. This herb is an analgesic used for blood stasis with pain, and can stimulate the liver and gallbladder. Corydalis inhibits cancer growth by inhibiting MCF-7 cell proliferation by inducing apoptosis (11), and relieves inflammation. Corydalis also has a strong inhibitory effect against cancer metastasis which involves the activation of p38 and inhibition of the mitogen-activated protein kinase (MAPK) signaling (12).

Figwort, Scrophularia nodosa, has anti-inflammatory, antimicrobial and alterative activity. It stimulates lymphatic circulation. It is also a skin tonic. Its use is specific if there is dry fragile skin with heat sensations or psoriasis with red papules, which Gr had.

Red Alder Bark, Alnus rubra, enhances liver and bowel function and is used for chronic skin conditions. It is an alterative, mild laxative and cholagogue with antibacterial properties. It is considered specific for skin conditions where the eruptions are red, and raised. Red Alder is strongly indicated for Gr’s skin issues. Red Alder Bark also has been shown to have the ability to inhibit the proliferation and to induce apoptosis in a human colon cancer cell line (T84) (13).

Yellow Dock, Rumex crispus, promotes liver and bowel function to clear liver torpor. It has the ability to promote apoptosis in leukemia cells. It is a general tonic alternative that has special influence upon skin eruptions. Yellow Dock is a tonic and laxative-cholagogue, improving bile secretion and excretion. Some of Gr’s skin eruptions were more of a pustular nature with a slight dampness. Yellow Dock has a long traditional use in the treatment of cancer. Yellow Dock has been found to have cytotoxic activities on leukemia cell lines and T-cell lines (14).

Mayapple, Podophyllum peltatum, is used to promote liver and bowel activity. The formula was made with a special water extraction to eliminate any potentially toxic resins that can be found in the rhizomes. Poke root, Phytolacca americana, was added into the formula in a very small dose to help relieve the lymphatic stagnation.

Gr was given 5 drops of this formula 3 times a day.

On October 12, 2013: Gr seems to be in normal health. She has no radiographic evidence of her thymic mass, no palpable abdominal mass; her skin has cleared up with just a few dry areas. She is doing great (Figure 1). She is currently being maintained on a few drops of Scudder’s alternative a day.

Figure 1 - “Gr” has gained weight and is, on Oct 12, 2013, playing.
Dietary factors can be a significant cause of the weakness found in the animals with Spleen qi stagnation, deficiency, with the production of pathologic Phlegm. The diets of these animals need to be explored to ensure that they are receiving an easily digested and utilized diet of good quality.

Summary:
Lymphosarcoma in ferrets has a very poor survivability. As animal care givers, we must explore and identify the causes for this increased rate of cancer.

Gr has shown that not only can we improve survivability but we also can potentially eliminate the disease. Herbal medicines, both Chinese and Western, can improve the quality of ferrets when facing these cancerous ailments. When treating these cases with Traditional Chinese Veterinary Medicine (TCVM), the traditional diagnosis is crucial in the selection of the proper herbal medicine. These cases illustrate the value of TCVM theory in making a more detailed diagnosis beyond the naming of the primary disease, allowing truly individualized treatments that are more likely to succeed.

REFERENCES:
MANAGEMENT AND TREATMENT OF CANINE MULTIFOCAL CUTANEOUS HEMANGIOSARCOMA

Richard E. Palmquist, DVM, Centinela Animal Hospital, Inc, 721 Centinela Avenue, Inglewood, CA. 90302. cahdogcat@aol.com

Abstract
A 7-year-old, altered female, Staffordshire bull terrier mix with invasive cutaneous hemangiosarcoma (HSA) was treated by nonconventional therapy after the guardian was informed and declined conventional therapy. Large inflammatory mammary masses were excised surgically and biopsied after failure of antibiotic therapy. Multiple cutaneous lesions were discovered at surgery. Cutaneous lesions regressed upon administration of nutraceutical and antihomotoxic agents thought to affect health of the extracellular matrix, tissues and mitochondria. Due to limited finances the therapy was discontinued. She continued to do well until the skin tumor-related disease recurred rapidly; she was euthanized after 903 days of therapy. The treatment program was based on theoretical concepts and not on existing research. Subsequently, other dogs have been treated in similar fashion and have had parallel, extraordinary outcomes. This case illustrates a bioregulatory medical approach, shows how a translational approach can be used when evidence is lacking, and indicates the need for further investigation.

Case presentation
A 7-year-old altered female, Staffordshire bull terrier mix presented to our office to evaluate her skin. She was vaccinated for DHPP and rabies at another clinic. On examination we found a significant flea count and a dog in good body condition (3/5 body composition score) with no muscle wasting. Her mammary chain had 3 large and inflammatory masses present in the caudal chain of the left side. We contacted the guardian and shared our findings and concerns about the fleas and mammary masses.

The guardian consented to a medical work-up consisting of a complete blood count and chemistry panel with a T-4, urinalysis, and three views of the chest cavity in an attempt to evaluate the dog for the presence of macrometastasis. The blood work demonstrated normocytic, normochromic anemia, and the patient was euthyroid and normocalcemic. Urinalysis showed urine specific gravity of 1.041 and an absence of protein, blood, inflammatory cells, abnormal epithelial cells or bacteria. The guardian declined fine needle aspirates and cytology for financial reasons, and
asked that we treat the dog with antibiotics for 2 weeks to see if this might be a case of mastitis. A guarded prognosis was given and the guardian was advised about the potentially rapid advancement and poor prognosis of inflammatory mammary neoplasia. She accepted the risks and we prescribed cephalexin at 10 mg/lb PO BID x 2 weeks.

The guardian called 2 weeks later to say that the masses were growing and opted for surgery. A guarded prognosis was given and we discussed the costs and potentially poor outcome since we knew that the guardian would not pursue chemotherapy or other oncologic solutions. The guardian provided an informed consent and opted for regional lumpectomies and biopsies.

When the dog presented for surgery we found a series of over 50, one-millimeter, red masses on the skin of the abdomen and trunk. A new mass had grown rapidly in the mammary chain. The skin masses appeared to be blood vessel-related tumors and we feared the presence of cutaneous hemangiosarcoma (HSA). Ultrasound and further radiographs were declined, and the guardian stated they had prayed and decided upon surgery and biopsy, even though the prognosis was poor. Surgery was performed consisting of major lumpectomies of the 4 mammary masses and biopsy of several of the skin masses. On visual cut section, the mammary masses appeared to be hemorrhagic. The surgeon felt that this would be HSA with metastasis. The dog recovered well and went home on pain management while awaiting histopathology results.

She returned 10 days later for suture removal. She was in good spirits, but even more skin masses were developing. All biopsies revealed canine cutaneous HSA with aggressive lymphatic and subcutaneous invasion. The family declined any oncology referral as they lacked further funds. A grave prognosis was anticipated. We shared the current medical literature regarding survival, which consisted of two studies that indicated cutaneous HSAs have a better prognosis than all other primary sites of tumor origin, with surgically-treated cutaneous HSAs patients having experienced a “median survival time of 780 days.” In this same study, HSA that had invaded the subcutaneous tissues and muscle had a “median survival time of 172 and 307 days, respectively” (1, 2).

The patient’s first treatment plan was based upon my clinical experience in management of advanced oncology cases, as detailed in our textbook (3) and tailored to the available budget of the guardians. Due to financial limitations we opted to do only one subcutaneous injection of Tonsilla compositum (a) succussed with 0.5 cc of patient whole blood. A go-home mixture was dispensed consisting of Galium-Heel (b), Lymphomyosot (c), 1 tablet of Hepar compositum (d), 1 tablet of Solidago compositum (e), 1 tablet of Thyroidea compositum (f), 1 tablet of Mucosa compositum (g), 1 tablet of Ubichinon compositum (h), 1 tablet Coenzyme compositum (i), and one-half the volume of Tonsilla compositum (a) and autogenous blood mix. This mixture was succussed, as is the practice in homeopathy, 10 times and given at a rate of 10 drops PO q 3 days. A commercial product called 4 Life – TF Canine Complete (j) was also dispensed for its reported support of thymic function and general antioxidant properties. It was given at 1.5 scoops daily with food. A recheck examination appointment was made for 14 days.

She returned 1 month later at which time 50% of the skin masses had vanished. The guardian reported that the masses would shrink, turn dark and then vanish leaving only pigmented skin behind. This was observed to follow recovery as detailed in the theory of the Disease.
Evolution Table of Homotoxicology. By her evaluation appointment two months post-operatively, nearly all masses were gone (see Figure 1 on page 50). She felt well, ate well and was active and playful.

Following the above visits the dog received 2 monthly subcutaneous injections of Tonsilla compositum (immune support) and Cutis compositum (k) (skin support). The remainder of her skin tumors vanished after the third injection consisting of Tonsilla compositum (a), Cutis compositum (k) and Ubichinon compositum (h) (used for its potential effect on mitochondria and energy production, as well as theoretical support in radiation damage). These agents were selected as the theoretically most important therapeutic agents and in an effort to minimize expense. Her guardians were overjoyed and visited us monthly for 3 more injections of this protocol and then stopped coming in to the office. They continued the oral drops from the first treatment plan until they ran out about 6 months later.

She continued to do well until rapid and wide-spread recurrence occurred. She was euthanized after 903 days of therapy. We wondered what would have occurred if we had continued monthly injection therapy and oral therapy. All parties were extremely pleased and these guardians have referred several new clients to our clinic.

**Discussion:**
Veterinarians are often faced with medical situations for which we have little evidence. When the author went into clinical medicine at Colorado State University, a clinician advised, “No veterinary education can prepare you with all the information needed to

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treat all the cases you will see. The information we provide you with today will be outdated by the time you graduate. The purpose of the veterinary teaching hospital is to give you tools to use to approach cases in a systematic and appropriate fashion so that you can improve your ability to assist others in their quest for better health care.” This case illustrates how we can examine existing evidence, both written and verbal, and work within the means and restrictions imparted upon us by owners to find therapies that may prove useful.

One can rightly argue that with a single case we can make no claims to the usefulness or causative nature of this treatment plan. It is possible that this entire response was coincidence or a placebo effect, but the rapidly advancing nature of her disease and sudden cessation and regression which occurred coincidental to administration of these agents is fascinating and certainly worth further investigation.

This case report was not written to demonstrate efficacy, but rather to show a thought process that could be used in cases where little or no evidence exists upon which a treatment plan could be based. In this case, the clinical approach was based upon a theory that is not generally accepted in our profession, but which is being used in veterinary hospitals across the world. In an unpublished survey of bioregulatory veterinary medical therapists, clinicians stated that they like the common sense approach of homotoxicology, and when they approach cases with this theory they find responses where they were failing before. Documented evidence is weak but is building for this approach. It seems logical that bioregulatory medicine be included in translational clinical research. In support of these thoughts, a recent publication demonstrated apparent effects of Ubichinon compositum (h) on mitochondrial activity of porcine sperm. This paper confirmed what had previously been a theoretical effect of this agent (5). Another subsequent study demonstrated activity of this agent on natural killer cell activity suggesting it may be useful for cancer therapy (6). Homeopathic agents appear to be of assistance in managing cancer, but we have far to go before we can intelligently apply these in an evidence-based manner (7). It is interesting to note that clinicians have used this agent for precisely that reason for many years. As more research is done, pioneers are finding scientific support for their clinical observations, and it may be that such research causes a renaissance of interest and

Continued from page 49.

Figure 1 - Two months post operative. Note “A” (active lesion), “B” (resolving lesion), and “C” pigmented area where lesions existed before. All large pigmented patches represented prior active lesions, which had resolved on this appointment. Note also that these areas were biopsied as HSA and that other lesions remain, although much less prominent, following therapy. This treatment appeared to be palliative and not curative. The surgical line is along the bottom of the picture.
In this case, an owner asked for options; and after investigation and discussion, an area of application was found that was agreeable to both clinician and client. Application of that modality gave a result which is presented more formally here, as well as in case discussions at various professional meetings. Such discussion gives opportunity for our profession to question and seek answers to the phenomena observed. If repetition of results can be demonstrated, then further investigation is warranted. Case series and trials can be designed to more properly define the effective components or aspects of this case. If the process is validated, then dissemination more widely becomes appropriate.

We currently are refining this protocol and have clinical experience with seven cases. Once they are completed, we will publish them and share that data; one dog is now over seven years in remission. In these other cases, lesions recur upon cessation of therapy indicating some causative effect is in operation. In the meanwhile, interested professionals can review this data and see how it might apply in their clinical or research settings. To the author’s knowledge, this paper marks the formal entry of this data into the veterinary literature. The author would appreciate progress notes on any case that receives similar treatment.

Patients need and deserve better care. Clinicians, guardians and researchers desire that. With more inclusive, focused, complete and rapid advancement of knowledge, we gain improved access to approved and validated therapies. Death and suffering occur because of deficiencies in our professional literature regarding development, validation and dissemination of pertinent data. Our profession should embrace any tools needed to advance our knowledge base.

FOOTNOTES:

a) Tonsilla compositum oral vials - Heel USA. Purported to balance immune function.
b) Galium-Heel Oral Drops - Heel USA. Purported to drain connective tissue and support immune function.
c) Lymphomyosot Oral Drops - Heel USA. Purported to drain lymphatics and support immune functions.
d) Hepar compositum - Heel USA. Purported to drain the liver and support its function.
e) Solidago compositum - Heel USA. Purported to drain the kidney and urinary system.
f) Thyroidea compositum - Heel USA (no longer available commercially in the USA). Purported to support thyroid aspects of a case.
g) Mucosa compositum - Heel USA. Purported to drain the mucus membrane and support its repair and function.
h) Ubichinon compositum - Heel USA. Purported to affect mitochondrial function and energy metabolism.
i) Coenzyme compositum - Heel USA. Purported to assist energy metabolism.

REFERENCES:


Equine Sarcoid Treated by Acupuncture: Eighteen Cases

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Arethore@online.no

Editor note: The author has previously published parts of this article on-line at Med-vetacupuncture.org/english/articles/equinesarcoi.html

Abstract
This article describes the use of acupuncture as an effective treatment in sixteen of eighteen horses diagnosed with Equine Sarcoid (ES). The treatment consisted of stimulation of one single individual acupuncture point, repeated three times.

In 16 of these cases, a marked shrinking of the tumor occurred with the sarcoid disappearing within 6 weeks. In two cases the sarcoid started to enlarge after 2 years, shrinking again after treatment was reinitiated. In two cases the sarcoid continued to grow in spite of treatment with acupuncture and other treatments were used.

Introduction
Sarcoïd-like tumors are the most common tumor of the horse. These are fibroblastic, wart-like skin lesions that show variable manifestations. They are often invasive and recurrent, although they do not fulfil all criteria of malignancy. Due to their anatomic location, these tumors can sometimes cause loss of use of the horse. ES are most likely caused by viruses closely related or identical to bovine papilloma viruses (BPV), and genetic studies have shown associations between genes in or near the equine major histocompatibility complex (MHC) and susceptibility to sarcoid (reviewed in 1). Sarcoïd-affected horses and horses living in contact with cattle are the main carriers (73%), but BPV DNA has also been detected in 50% of horses living in contact with other sarcoïd-affected horses and in 30% of the control population. These findings suggest latent infection and a wide-spread occurrence of BPV in the horse population (2).

ES represent 51.4% of all neoplasms in the equine population (3). One study analysed clinical parameters of ES and the equine leucocyte antigen system (ELA) for 120 Swedish horses. Lesions at different sites differed in size, and multiple tumors, early onset, long duration, and older age were all associated with large size. One-third of the untreated horses became free of ES due to “spontaneous” regression, perhaps as a result of immune response against the tumors (4). No correlation to clinical parameters was found.

Several types of treatments have been successful in treating sarcoïds, although the response to therapy is not consistent (1). Seventy percent of 120 Swedish horses were treated (mostly by excision), and large size of the tumor was the main parameter used to determine whether a sarcoïd should be treated. Excision of a primary sarcoïd had no significant effect on remaining sarcoïds relating to growth or development (4). Recurrence rate after first treatment was about 35%, with the majority of tumors recurring within 4 months. Early onset, long duration, large size, and localization to distal limbs all appeared to increase risk of recurrence (4). Failure to resolve the lesions frequently resulted in regrowth of the tumor, and in most cases this recurrence appeared to be more aggressive, with extensive local infiltration and faster growth (5).
A retrospective study of 63 cases of ES (66 lesions) reviewed other treatment options for ES (6). Five different treatments were employed in the management of 66 lesions, including surgical excision alone or in combination with cryotherapy, radiotherapy, immunotherapy and tumour transfer to a subcutaneous site on the neck. The majority of cases were treated with surgical excision alone (18/66), excision followed by cryotherapy (31/66) and immunotherapy (16/66), with success rates of 28%, 42% and 81% respectively. Success was defined as no sign of recurrence of the lesion at the time of follow-up, at least 6 months later.

Carbon dioxide laser as a surgical instrument for ES therapy was tried on 60 cases (7). The objective of this retrospective clinical study was to evaluate the carbon dioxide laser in the treatment of single and multiple ES in 60 animals (44 horses, 13 donkeys, 2 mules, and 1 pony). Only animals that had been operated on 6 months or more previously were included. Recurrence, new manifestation rate, and cosmetic outcome were determined. Recurrence was observed in 23 (38%) individuals. Animals with new sarcoid manifestation with or without recurrence of a sarcoid were observed in 35 cases (58%). Cases of scar tissue formation and, rarely, leukotrichia were observed. Animals that presented with multiple ES were more predisposed to recurrence (7).

The potential of acupuncture in affecting the immunological system has been shown (8, 9). These studies report substantial increases of T-lymphocyte proliferation, increase in NK-cell activity, activation of the complement system, heat-stable mitogenic humoral factors and increase in CK4 cells. Proof of effect from acupuncture at the physiological and biochemical level has resulted in acupuncture being combined with chemotherapy in cancer treatment trials (10).

Several of the body functions, especially those of growth and cell death, are controlled by “feedback mechanisms.” It should therefore be possible to treat ES by stimulating the adequate and individual control mechanisms, and by such control the cancer with the sole use of acupuncture.

Knowing that acupuncture can stimulate the self-healing processes of the body through stimulating the immune system (10–12), it could be hypothesized that acupuncture might be a useful treatment for sarcoid-like tumors in the horse. The method has been used by the author in general cancer since 1984 and in ES since 1995 (13–15). The purpose of this study is to describe a case series where acupuncture stimulation of the self-healing processes was used as the primary treatment.

To the author’s knowledge, no studies have been published on the effect of acupuncture on the development of ES.

In 1984, this author initiated a new method of acupuncture treatment aimed at specific stimulation of the self-healing system of the body in patients suffering from cancer (16). Since 1984, the method has been used on more than 1000 patients and has shown promising results. Sixty percent of all humans cancer patients who had been deemed incurable after failure of conventional treatment showed diminishing of the tumors, and 82% of all patients who were not already treated with chemotherapy or radiation showed remission of the tumors. (16). Other therapists worldwide, after being trained by the author, have used this method with similar results.

The method was first tried in 1984 on an intact female Dachshund, 6 years of age, (16). The dog had bilateral
mammary cancer (multiple tumors along both nipple lines) and had begun to develop dyspnea due to lung metastases. A few weeks after the initial treatment, the tumors had disappeared almost completely, leaving a small amount of connective tissue. The dog died several years later from renal failure.

In 1995, the first horse with ES was treated according to the method described in this article. The ES was gone after six weeks (13).

The author has subsequently treated 17 more horses with ES. The method described herein requires an individual meridian diagnosis based on the acupuncture meridian where the cancer started. It is therefore possible to address the specific self-healing process relating to the specific and individual tumor. The results showed that in 16 of the 18 horses, the ES was gone within 9 weeks.

**Methodology**

Eighteen horses were presented to the author for treatment of ES. The diagnosis of ES was based on typical clinical appearance. The method used in the horses described in this article is based upon the self-healing capacity of the body stimulated by the help of acupuncture.

First, an exact and individual meridian diagnosis is made by simple observation of where the sarcoïd started in

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**TABLE 1: AREAS CONTROLLED BY MERIDIANS**

<table>
<thead>
<tr>
<th>Meridian</th>
<th>Area controlled (as indicated by the blood-supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung</td>
<td>follows: V. cephalica humeri, V. cephalica antebrachii, A/V. radialis proximalis, A. radialis, V. (metacarpalis)</td>
</tr>
<tr>
<td>Heart</td>
<td>Heart-meridian follows: A. mediana, A. prof. antebrachii, A. palmaris lat., A. mtcp. palm. prof. lat., A/V. digit. lat. and A/V. coronalis phal. III.</td>
</tr>
</tbody>
</table>
relation to the acupuncture meridians. If it is not obvious, the blood supply of the area can be used to determine which meridian applies. (Table 1 on page 54)

To find out which point to use, the Ko cycle as known in acupuncture can be used (Figure 1). The arrows point to the meridian the cancer is on, and the origin of the arrow indicates the meridian that the controlling Ting point is on.

For example, the LV-meridian can be used to control problems of the spleen or stomach as well as tissues along the course of these meridians, like the lower medial tibia (where the SP-meridian passes) or mammary glands. (ST-meridian passes through the nipple).

The SP-meridian can be used to control problems of the kidney or bladder as well as the adrenal gland, ovary, oviduct, uterus, cervix, vagina, testicle, spermatic ducts, seminal vesicle, prostate, penis (all directly related to the kidney) or the tissues along the course of these meridians.

The point to treat the cancer is chosen from the Yin Ting points. (Figures 2 - 4, Table 2)

**TABLE 2: ANATOMICAL DESCRIPTION OF TING POINTS**

<table>
<thead>
<tr>
<th>Ting point</th>
<th>Point situated</th>
</tr>
</thead>
<tbody>
<tr>
<td>TH01</td>
<td>Exactly cranial in the coronary band of the front foot (zone 3)</td>
</tr>
<tr>
<td>SI01</td>
<td>55° lateral to the cranial point of the coronary band in the front foot (zone 2)</td>
</tr>
<tr>
<td>HT09</td>
<td>90° lateral to the cranial point of the coronary band in the front foot, (zone 1)</td>
</tr>
<tr>
<td>PC09</td>
<td>In the heel of the front foot (zone 6)</td>
</tr>
<tr>
<td>LU11</td>
<td>90° medial to the cranial point of the coronary band in the hind foot (zone 5)</td>
</tr>
<tr>
<td>LI01</td>
<td>55° medial to the cranial point of the coronary band in the hind foot (zone 4)</td>
</tr>
<tr>
<td>ST45</td>
<td>Exactly cranial in the coronary band of the hind foot (zone 9)</td>
</tr>
<tr>
<td>GB44</td>
<td>55° lateral to the cranial point of the coronary band in the hind foot (zone 8)</td>
</tr>
<tr>
<td>BL67</td>
<td>90° lateral to the cranial point of the coronary band of the hind foot (zone 7)</td>
</tr>
<tr>
<td>KI01</td>
<td>In the heel of the hind foot (zone 12)</td>
</tr>
</tbody>
</table>

Figure 2. Ting Points lateral view.

Figure 3. Ting points cranial and caudal view.

Figure 4. Ting points (Yin points underlined)
To bring a sarcoid (or any other cancer) under control usually takes one to three acupuncture sessions at intervals of 3 weeks.

**Results**

Table 3 (above) summarizes the signalment, treatment and results for the 18 horses discussed in this report. 77% (14/18) of the horses in the presented case series experienced full regression of their sarcoid-like tumors without relapse. A total of 88% (16/18) were free of tumors after 3 years. In only 11% (2/18) the sarcoids continued to grow.

Of the 18 cases of ES presented here, 12 responded with a marked shrinking of the sarcoid, and within 7 weeks the ES was almost completely gone. Case 18 illustrates this progression of tumor remission. (15). The ES first appeared on the medial hind leg, just at the Kidney meridian (Figure 5).

<table>
<thead>
<tr>
<th>Case</th>
<th>Breed</th>
<th>Sex</th>
<th>Age (years)</th>
<th>Sarcoid Location (Channel)</th>
<th>Acupoint Treated</th>
<th>Pre-treatment size (cm)</th>
<th>Post-treatment size (cm)</th>
<th>Time (weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Warmblood</td>
<td>Mare</td>
<td>6</td>
<td>Stomach</td>
<td>LIV-1</td>
<td>6</td>
<td>0.5</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>Coldblood</td>
<td>Mare</td>
<td>9</td>
<td>Heart</td>
<td>KID-1</td>
<td>8</td>
<td>0.6</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>Coldblood</td>
<td>Stallion</td>
<td>5</td>
<td>Stomach</td>
<td>LIV-1</td>
<td>2.5</td>
<td>0.3</td>
<td>8</td>
</tr>
<tr>
<td>4</td>
<td>Coldblood</td>
<td>Geling</td>
<td>7</td>
<td>Triple Heater</td>
<td>KID-1</td>
<td>25</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>Coldblood</td>
<td>Geling</td>
<td>12</td>
<td>Gall-bladder</td>
<td>LU-11</td>
<td>15</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Coldblood</td>
<td>Mare</td>
<td>6</td>
<td>Lung</td>
<td>HT-9</td>
<td>9</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>7</td>
<td>Warmblood</td>
<td>Geling</td>
<td>9</td>
<td>Large Intestine</td>
<td>HT-9</td>
<td>12</td>
<td>2.5</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Coldblood</td>
<td>Stallion</td>
<td>10</td>
<td>Stomach</td>
<td>LIV-1</td>
<td>3</td>
<td>1.5</td>
<td>5</td>
</tr>
<tr>
<td>9</td>
<td>Warmblood</td>
<td>Geling</td>
<td>5</td>
<td>Lung</td>
<td>HT-9</td>
<td>8</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>10</td>
<td>Coldblood</td>
<td>Mare</td>
<td>7</td>
<td>Heart</td>
<td>KID-1</td>
<td>4</td>
<td>0.5</td>
<td>6</td>
</tr>
<tr>
<td>11</td>
<td>Warmblood</td>
<td>Mare</td>
<td>12</td>
<td>Stomach</td>
<td>LIV-1</td>
<td>3,5</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>12</td>
<td>Warmblood</td>
<td>Mare</td>
<td>16</td>
<td>(the sarcoid had started close to the eye, but now it was so big that it was impossible to determine where it had started)</td>
<td>PC-1</td>
<td>8</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>13</td>
<td>Coldblood</td>
<td>Geling</td>
<td>4</td>
<td>Bladder</td>
<td>HT-9</td>
<td>13</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>14</td>
<td>Warmblood</td>
<td>Mare</td>
<td>13</td>
<td>Stomach</td>
<td>LIV-1</td>
<td>10</td>
<td>2.5</td>
<td>6</td>
</tr>
<tr>
<td>15</td>
<td>Coldblood</td>
<td>Geling</td>
<td>3</td>
<td>Kidney</td>
<td>HT-9</td>
<td>3</td>
<td>0.3</td>
<td>7</td>
</tr>
<tr>
<td>16</td>
<td>Warmblood</td>
<td>Mare</td>
<td>8</td>
<td>Pericardium</td>
<td>KID-1</td>
<td>14</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>17</td>
<td>Warmblood</td>
<td>Mare</td>
<td>6</td>
<td>Liver</td>
<td>LU-11</td>
<td>11</td>
<td>15</td>
<td>7</td>
</tr>
<tr>
<td>18</td>
<td>Coldblood</td>
<td>Mare</td>
<td>6</td>
<td>Kidney</td>
<td>HT-9</td>
<td>12</td>
<td>1.5</td>
<td>6</td>
</tr>
</tbody>
</table>
In the Ko cycle the Heart meridian controls the Kidney meridian. Therefore one needle was inserted at HT09, a point at the coronary band at the left front leg. Figures 6 and 7 show how the sarcoid appeared after 3 and 5 weeks, respectively. After 6 weeks, on the third treatment, only a scar remained (Figure 8).

In two cases (15 & 10) the ES shrunk and remained stable at a small size, but then resumed growing after 2 years. After a new series of treatments, this ES again decreased in size. In two cases the ES continued to grow (12 & 17) and other treatments had to be used. In another two cases the sarcoid stopped growing and remained the same size for as long as the horses could be monitored (9 & 13).

**Discussion**

77% (14/18) of the horses in the present case series experienced full regression of their sarcoid-like tumors without relapse. A total of 88% (16/18) were free of tumors after 3 years. In only 11% (2/18) the ES continued to grow.

The 18 horses were consecutive patients given this diagnosis in one veterinary practice. It is likely that these

*Continued on page 58.*
Continued from page 57.

cases are representative of other cases of ES in the general population. An information bias could be present if the presumptive diagnosis was incorrect, as biopsies were not performed. In future controlled trials, biopsies should be performed.

Two important statistical issues should be considered: First, is the success rate (88%) significantly different from the spontaneous regression rate (33%), especially given the small sample size (2)? Second, are the recurrence rate (2/16) and the progression rate (2/18) significantly different from what would be expected without the treatment? The spontaneous regression rate (33%), shows that there are processes within the body that are able to heal the ES. In addition, considering that regression of the ES started within the first week after the initial treatment indicates that the acupuncture was able to initiate the self-healing of the ES.

REFERENCES:
The Foundation held its first fund drive of the year during the last week in March, to benefit education and research in integrative holistic veterinary medicine. There are plans for a membership drive during the summer and a fall fund drive to establish a holistic veterinary nutrition center at the University of Tennessee (UTN). This will be a cooperative center, with the primary site at the UTN, but they will be establishing alliances with other veterinary schools to pursue research and education in the same field.

Scholarship applications are being reviewed and scholarship winners will be announced later in April. Scholarships include one for veterinary students interested in holistic veterinary research, expense-paid trips to the AHVMA conference, memorial scholarships, and one for pre-veterinary students at Cal Poly San Luis Obispo.

In April, the Foundation will have a booth at the World Family Pet Expo at the Orange County Fairgrounds in Southern California. Barbara Royal’s latest book will be raffled off, and this will also kick off the Foundation’s membership drive. Membership benefits will include quarterly updates on all research sponsored by the Foundation. In addition there will be the usual T-shirts and mugs available for various membership levels along with a few unusual items.

An increasing number of artists and celebrities are signing on to Artists for the Foundation. The latest as of press time was Keith Carradine. You can see information about him and others at ArtistsForTheFoundation.org.

The Foundation reviews grant applications twice a year. June 1 is the deadline for the next round of grants. Application information is available on the website.

The Foundation’s first event, a dog walk for cancer, is tentatively scheduled for the fall. Watch for more news as the event draws nearer.
2014 AHVMA CONFERENCE
JOIN US SEPTEMBER 13–16 IN PORTLAND

On September 13–16, 2014, AHVMA will host the largest annual Conference in the world for holistic and integrative veterinarians, veterinary technicians, and their staff, in scenic Portland, Oregon.

Our 2014 Conference features nineteen tracks, 94 lecture sessions, and THREE, separate fee, lab offerings this year. With Dr. Laurie McCauley teaching two joint mobilization technique labs, Dr. Barbara Fougere providing two hands-on instructional labs on preparing herbal tinctures and salves, and Dr. Jim Clark (plus instructors from the Portland Taoist Tai Chi Society) guiding two Tai Chi labs, you’ll be able to attend an exhilarating mix of lectures and labs this September! We’ve even arranged lab times to permit you to attend all three labs if you like - just make sure to register early, as we expect all labs to fill to capacity very quickly.

Those new to our Conference can enjoy a full day of introductory CAVM lectures on topics ranging from chiropractic to nutraceuticals. All-day advanced herbal, homotoxicologic, and integrative medicine lecture topics will be presented by Drs. Steve Mardsen, P.J. Broadfoot, Donna Raditic, and Barbara Fougere. In cooperation with the AAVA and VBMA, full days of practical acupuncture, Ayurvedic medicine, and herbal aromatherapy lectures will be offered. Full-day lectures in equine biomechanics, homotoxicology, geriatric medicine, holistic nutrition, and novel integrative therapeutics are also available for those who prefer extended-duration topics. Our 2014 program is rounded out with shorter-duration lectures on prolotherapy, low-level laser therapy, holistic and integrative practice management, how to generate on-line literature searches, holistic cancer therapy, homeopathy, and even holistic care of backyard chickens and downer cows.

Portland provides a perfect setting for our 2014 AHVMA Conference. With tremendously diverse food and microbrewery options, world-class public gardens, art fairs, food fairs and other accessible outdoor events, and excellent public transportation, you’re sure to have a wonderful time. Please save these dates - September 13–16, 2014 - and join us in Portland to grow your career and your future by exploring all that holistic and integrative veterinary medicine has to offer!
ACADEMY OF VETERINARY HOMEOPATHY
ANNUAL CASE CONFERENCE
JOIN US IN BEAUTIFUL PORTLAND SEPTEMBER 12–14, 2014

Lisa Brienen, DVM, CVH
AVH President Elect and Journal Chair

We are excited to announce the upcoming AVH Annual case conference, Practical Homeopathic Philosophy, September 12–14, 2014. The AVH Conference will be overlapping with the AHVMA meeting (Sept. 13–16) to enable participants to attend both conferences. The meetings will be located in the Red Lion Hotel on the River in Jantzen Beach, Portland, Oregon.

The focus of this AVH meeting is how knowledge of Samuel Hahnemann’s *The Organon of the Medical Art* has helped in the diagnosis, treatment and management of cases. This text is the foundation of the practice of Classical Homeopathy. First published in 1810, it detailed the observations drawn from Dr. Hahnemann’s medical discoveries of how a medicine able to produce disease signs in a healthy individual could heal these signs in a sick individual. The book serves as a timeless reference to the practice of homeopathy.

Our special guest this year is the well-known and respected human homeopath, Nicola Henriques, author of *Crossroads to Cure* and *Release the Vital Force*. She is truly an expert on *The Organon* and Hahnemann’s principals of homeopathy. Her lecture is entitled, “Identification and Removal of Obstacles to Permanent Health Restoration.”

Other exciting speakers include veterinary homeopaths Sara Fox Chapman, Will Falconer, Lisa Melling, Elise Radebaugh, Adriana Sagrera, Sarah Stieg and the popular and highly respected teacher, mentor and author of *Dr. Pitcairn’s Complete Guide to Natural Health for Dogs and Cats*, Richard Pitcairn.

Topics include homeopathic care for patients presenting with cancer, blood dyscrasias, spider bites, car-sickness, gastroenteritis and trauma, with a special session on the special care for rescue animals. We will have a short session as well on practice management, as we treasure our sharing and new ideas.

AHVMA members are offered a complimentary day pass for the AVH meeting. We look forward to seeing everyone in beautiful Portland, Oregon and sharing the experience with our friends from the AHVMA.
# 2014-2015 Membership Form

(Dues Year Begins April 1st and Ends March 31st Following Year)

Your information is for AHVMA Office use only, unless authorized to list you on our member mailing list or referral directory. Please complete in entirety and print clearly (preferably with black pen if faxing back). Thank you!

<table>
<thead>
<tr>
<th>NAME: (FIRST)</th>
<th>(LAST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAY OF BIRTH</td>
<td>GENDER (OPTIONAL): ☐ MALE ☐ FEMALE ☐ NOT SPECIFIED</td>
</tr>
<tr>
<td>VET DEGREE</td>
<td>VET COLLEGE/UNIVERSITY: VET GRAD YEAR:</td>
</tr>
<tr>
<td>OTHER DEGREES AND CERTIFICATIONS:</td>
<td></td>
</tr>
<tr>
<td>WHERE YOU WANT AHVMA MAILINGS: <strong>THIS IS MY HOME ☐ ~ WORK ☐</strong></td>
<td></td>
</tr>
<tr>
<td>CLINIC NAME (IF APPLICABLE):</td>
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<td>ADDRESS:</td>
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<td>CITY:</td>
<td>STATE:</td>
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<td>WORK PHONE:</td>
<td>HOME PHONE:</td>
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<td>FAX:</td>
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<td>WORK EMAIL:</td>
<td>HOME EMAIL:</td>
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<tr>
<td>PREFERRED EMAIL: ☐ HOME ☐ WORK</td>
<td>WEBSITE:</td>
</tr>
<tr>
<td>How/Where did you hear about us?</td>
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</tbody>
</table>

☐ YES, I AM A NEW MEMBER THIS YEAR! Please send me a new member packet.

Your preferred email is your user name. To set your password for the first time, or to re-set it at any time, click on Forgot Password and follow the instructions.

Do you want to be listed in our referral directory? Yes ☐ No ☐ (if yes, please read and complete 2nd page)

Do you want to be visible to other AHVMA members? Yes ☐ No ☐

DO YOU BELONG TO THE AVMA? No ☐ Yes ☐ If YES, MEMBER #: ____________________

OTHER ASSOCIATION MEMBERSHIPS:

You will be receiving AHVMA E-Journals **You must be logged in to see the Members Only section**

- E-Journals are available via the members’ only section of www.ahvma.org. Preferred email and password required.
- Subscribers and Students will receive CD copies as they do not have website access

<table>
<thead>
<tr>
<th>Types of Membership</th>
<th>Fees</th>
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<tbody>
<tr>
<td>Membership</td>
<td>$197.00</td>
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<tr>
<td>Retired Veterinarian</td>
<td>$98.50</td>
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<tr>
<td>Subscribers (Email Journal only)</td>
<td>$95.00</td>
</tr>
<tr>
<td>Students (graduation 2014+) (Email Journal only)</td>
<td>$20.00</td>
</tr>
<tr>
<td>1st Year Grad (2013) (Email Journal only)</td>
<td>Complimentary!</td>
</tr>
<tr>
<td>2nd Year Grad (2012) (Email Journal only)</td>
<td>$98.50</td>
</tr>
</tbody>
</table>

AHVMA Membership includes:
- Inclusion in the online referral directory (exceptions apply)
- Members-only Web pages (password protected)
- Client handouts
- Access to the Natural Standard Database – a $290 value
- E – Journals
- E – Newsletters
- Annual Conference Proceedings (text CD)
- Discounted registration to AHVMA Conferences

Amount Paid: $ ________________

Check or Money Order # ________________ payable to AHVMA, US Dollars ONLY

Credit Card: Visa ☐ MasterCard ☐ Discover ☐ American Express ☐ # ________________

Exp. Date: ________________ Security Code: ________________ Billing Zip Code: ________________

Name on card (print) __________________________ Name on card (signature): __________________________

☐ I request automatic renewal of my dues each year and authorize the AHVMA to keep my credit card # on file. (Initial) __________

Dues payments to the AHVMA may be deductible on federal income tax returns as business expenses, but are not deductible as charitable contributions.

** If you would like to be included in our Referral Directory, please complete the information on the 2nd page. **
AHVMA REFERRAL DIRECTORY

The AHVMA office maintains a Referral Directory of Members, which lists all contact information and modalities practiced. It is available to the public online at www.AHVMA.org, and by email when the public contacts our office. If you are a Licensed Practicing Veterinarian who currently utilizes at least one holistic modality listed below, are accepting new clients, and would like to be included in our referral directory, we request that you fill out the form below. The accuracy of the information provided is your responsibility. If any of your information changes, you must submit a new form or update your profile online.

Dues must be current by April 1st each year to remain on the directory, though we do allow a 30-day grace period before your listing is removed. Please check your information online to make sure it is correct.

Please type or print clearly. Fill in all information you want listed in the directory. Remember, this is referral information, so the contact information you give should be related to your business (in other words, don't list your home address or phone number unless you want it in the directory). Check all of the "Practice Type" and "Modalities Used" categories that apply to you.

Name: __________________________ Phone: __________________________
Clinic Name: __________________________ Fax: __________________________
Address: __________________________ Email: __________________________
City: __________________ State: __________________ Zip: __________ Country: __________
Web Site: __________________________

<table>
<thead>
<tr>
<th>Practice Type:</th>
<th>Small Animal</th>
<th>Avian</th>
<th>Equine</th>
<th>Exotic</th>
<th>Farm Animal</th>
<th>House Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modalities Used:</td>
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<tr>
<td>__ Acupuncture ......................................................</td>
<td>Homeopathy ......................................................</td>
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<tr>
<td>Certified (Please check all that apply):</td>
<td>(Please check all that apply):</td>
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<td>□ Chi Inst □ CSU □ IVAS □ Tufts</td>
<td>□ Classical □ Classical (AVH Certified) □ Other</td>
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<td>Applied Kinesiology ...............................................</td>
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<td>Aromatherapy........................................................</td>
<td>Immuno-Augmentive Therapy ......................................................</td>
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<td>Bach Flower Remedies ..............................................</td>
<td>Laser Therapy ......................................................</td>
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<td>Magnetic Therapy ......................................................</td>
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<td>Certified (Please check all that apply):</td>
<td>Massage Therapy ......................................................</td>
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<td>□ AVCA □ CSU □ HOWC</td>
<td>NAET (Nambrudipad’s Allergy Elimination Technique) ......................................................</td>
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<td>Clinical Nutrition ..................................................</td>
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<td>Nutrition ......................................................</td>
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<td>Prolotherapy ......................................................</td>
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<td>Veterinary NAET ......................................................</td>
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<td>Glandular Therapy ...................................................</td>
<td>VOM (Veterinary Orthopedic Manipulation) ......................................................</td>
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<tr>
<td>________ Other</td>
<td>Other</td>
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</tbody>
</table>

Please mail with dues to:
AHVMA
P.O. Box 630
Abingdon, MD 21009

Or fax to: 410-569-2346

You may also go to the AHVMA website and obtain a PDF version of this form for printing, or you may renew/join online.

Please go to:
http://www.ahvma.org

Questions? Please contact our office: (410) 569-0795, M-F 9am-4pm ET, or send email to office@AHVMA.org.
Please fill out the following information as completely as possible to have your program listing made available to veterinary students via the Student AHVMA newsletter and website. Forms may be e-mailed to office@AHVMA.org, or faxed to (410) 569-2346. Thank you!

Veterinarian/Practitioner name: ____________________________________________________
Clinic Name/Address: ___________________________________________________________
Phone: ____________________________ E-mail: ___________________________________
Website (if applicable): __________________________________________________________
Certifications: __________________________________________________________________
Modalities practiced: ____________________________________________________________
Caseload: __________________________ Total Daily/Weekly Hours: ___________________
Practice type (circle all that apply):

<table>
<thead>
<tr>
<th>Small Animal</th>
<th>Equine</th>
<th>Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large Animal</td>
<td>Production</td>
<td>Other: ____________</td>
</tr>
<tr>
<td>Mixed Animal</td>
<td>Exotics</td>
<td></td>
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</tbody>
</table>

Are you willing to cooperate with veterinary program requirements for course credit (may include daily rounds, hands-on skills, completion of evaluation forms, or other components)?

Yes  No

Opportunities available for students in (circle all that apply):

<table>
<thead>
<tr>
<th>1st Year</th>
<th>2nd Year</th>
<th>3rd Year</th>
<th>4th Year</th>
<th>New Graduates</th>
</tr>
</thead>
</table>

How many students are taken at one time? ___________________________
When during the year are you able to take students? ___________________________

What length of time do you require/recommend for internships/externships? ________________

This internship/externship is:

Unpaid  Paid

Housing available:

Yes  No
If yes, cost of housing? ___________________________
If no, any suggestions for student housing? ___________________________
Experiences that will likely be encountered (check all that may apply):

- Ultrasound
- Radiology
- In-house diagnostics
- Primary care
- Surgery
- Acupuncture
- Chiropractic
- Holistic nutrition
- Neutraceuticals
- Homeopathy
- Herbals
- Traditional Chinese Veterinary Medicine
- Osteopathy
- Physical therapy
- Animal behavior
- Reiki
- Hospice care
- Ayurveda
- Cold laser therapy
- Stem cell therapy
- Other: __________

Please provide a brief description of the opportunities you have available for students (student expectations, amount of hands-on experience available, size of your practice, etc.)
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

How would you like students to apply? ______________________________
____________________________________________________________________________
Positions for Veterinarians

Arizona
Seeking a full-time associate veterinarian. Our well-established hospital delivers full-service care by providing preventative, integrative, diagnostic, and surgical/dental services. The ideal candidate will possess strong diagnostic abilities, solid soft-tissue surgery skills, proficiency in dentals, and a familiarity with or training in alternative or integrative modalities. 5+ years of general practice is a plus. Competitive salary and benefits offered. All inquiries will be kept confidential. E-mail resume to tmoore.cfph@gmail.com.

PAWS Integrative Veterinary Center is looking for a friendly, energetic, and compassionate full time associate veterinarian. Please visit our website, PAWSTucson.com to learn more about our award winning facility.

Please send resumes to info@pawstucson.com. We look forward to working with you!

California
Associate Veterinarian needed at a busy small animal practice in the idyllic, historic, coastal village of Mendocino, California. We are an integrated practice incorporating Western medicine, surgery, dentistry, acupuncture, Western and Chinese herbs. One to two years preferred. If interested, please email VillageVet@mcn.org

Veterinarian Position Available at Two Hands Four Paws in Los Angeles, CA

Two Hands Four Paws is an award winning canine rehabilitation center. Our clinic is fully equipped and houses two underwater treadmills, a large salt water pool, land treadmill, exercise equipment, electrical stimulation, lasers and more. We offer all levels of sports medicine and rehabilitation including client education, assistive devices, manual therapy techniques, neuromuscular re-education, therapeutic exercise and hydrotherapy. Typical cases are post-injury, post-surgical and geriatrics. We strive to help animals with obesity related conditions as well as those with treatable genetic defects. We also work with canine athletes for pre-event conditioning. We have a staff of RVT’s and PT’s all trained/certified in rehabilitation. The Veterinarians main job is to perform thorough physical examinations on all animals coming in for therapy to make sure they are healthy enough for treatment. CCRT certification a plus along with an interest in acupuncture and/or acupuncture certified. On the job training available as well as the opportunity for CCRT/CCRP certification for the right candidate.

The salary is competitive along with a comprehensive benefits package, including: medical/dental and paid vacation (for full-time employee), CE opportunities, a generous pet care discount and other benefits make this an attractive position.

If interested, please apply by email to Dr. Steve Ettinger, Medical Director at stephen@twohandsfourpaws.com and Valerie@twohandsfourpaws.com

Healthy Pets Veterinary Hospital is a full-service pet care facility located in San Francisco’s West Portal community. Our doctors practice holistic modalities integrated with a complete range of medical, surgical, and dental services. We are seeking an enthusiastic and established Veterinarian to join our stellar group. The ideal candidate will have 5+ years holistic and general practice experience. FT/PT options are available. Please contact Monica at Monica@SFHealthyPets.com for more information.

Seeking full-time associate to join our busy integrated holistic and traditional Western practice in the San Francisco Bay area. In addition to high-quality traditional Western medicine, surgery and diagnostics we offer acupuncture, Chinese medicine, classical homeopathy, herbal therapies, chiropractic, massage and cold laser. Our full-time doctors work a four day work week and are compensated with a competitive salary, health and retirement benefits, generous vacation time and CE. Willing to train the right candidate but acupuncture certification (or working towards) and an interest in acupuncture and/or acupuncture certified a plus along with a familiarity and interest in holistic practice is necessary.

Voted best veterinary clinic in the Bay area five years in a row.

Interested candidates call Dr. Jenny Taylor or Lori with questions or fax/mail/email resume and cover letter to CreatureComfortHolistic@gmail.com.

Definitions:

*Internship*: paid position, usually for 1 year minimum, for veterinarians who want to work in a veterinary hospital practicing holistic medicine.

*Externship*: unpaid position, one week or more, for veterinarians who want to work in a veterinary hospital practicing holistic medicine.

*Membership Mentoring*: availability to answer questions from other veterinarians about CAVM practice in general, or about the modalities you use.
Grayslake, IL is accepting 3rd, 4th and new graduate students cases as able. Students will go into rooms with veterinarians and discuss care, cold laser therapy and stem cell therapy (mediators) some herbals, osteopathy, physical therapy, hospice and geriatric once a month), neutraceuticals, homeopathy (Heel products), acupuncture, chiropractic, holistic nutrition (Nutritionist is on staff will experience therapeutic ultrasound, reviewing radiology, acupuncture, chiropractic, holistic nutrition (Nutritionist is on staff once a month), neutraceuticals, homeopathy (Heel products), some herbals, osteopathy, physical therapy, hospice and geriatric care, cold laser therapy and stem cell therapy (mediators).

Students will go into rooms with veterinarians and discuss cases as able. Students will be quizzed on anatomy as this is the basis for rehabilitation. Once aware of anatomy, students will be taught some manual therapies (occasionally on staff members’ dogs), view and learn about underwater treadmill, laser, e-stim, ultrasound, assisi, and PST.

Reasonably priced and animal friendly accommodations are available across the street from TOPS at Comfort Inn Suites. All interested students call send a resume to Dr. McCauley at Laura@Tops-vet-Rehab.com

**NEVADA**
Reno/Nevada/Lake Tahoe. Seeking full or part-time veterinary associate with training in acupuncture, VOM or chiropractic, nutrition, and conventional medicine and surgery. We have a state-of-the art integrative practice in an excellent demographic area. Minutes away from skiing, Lake Tahoe, hiking, kayaking, fishing. Contact information: Elisa L. Bandelin, DVM, Lakeside Animal Hospital, 6135 Lakeside Dr. Suite 141, Reno, NV 89511. Phone: (775) 827-8866; Fax: (775) 827-8865.

**TEXAS**
We are seeking a part-time associate to grow with our practice. We are an integrated full service veterinary practice located in Schertz. We offer traditional Western veterinary services in addition to alternative therapies and rehabilitation. Please send email of interest to AnimalWellness2013-dvm@yahoo.com

**WASHINGTON**
Holistic Equine Veterinarian wanted - Part time increasing to full time veterinarian wanted for holistic equine practice in Monroe, WA. We are looking for someone with excellent horse handling skills and a high level of compassion. Must be certified (or willing to become certified) in acupuncture and chiropractic as well as able to perform western medicine diagnostics, treatments, lameness work ups, dentistry and some emergency calls. An interest in horse rescue work and small animal bodywork is a plus. For more information visit CedarBrookVet.com or email Info@CedarBrookVet.com.

**NEW YORK**
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**Continued from previous page...

Please contact Dr. Bandelin at Dr. Bandelin, Lakeside Animal Hospital, 6135 Lakeside Drive, Suite 141, Reno, NV 89511, Phone: (775) 827-8866; Fax: (775) 827-8865.

**MICHIGAN**
Dr. Bev London, London Veterinary Energy Medicine, DeWitt, MI, 48820. Phone: 517-230-8775. Dr. London is offering an externship program to those interested in holistic medicine. The practice is predominantly equine in the summer and more canine/feline in the winter. The doctor practices animal chiropractic, acupuncture, applied kinesiology, MLS laser therapy, nutritional response testing and radionics. There is no stipend or housing being offered and the time period is 1 day to 2 weeks. Please contact Dr. London at 517-230-8775 or eq_doclondon@yahoo.com

**ILLINOIS**
Dr. Laurie McCauley, Acu (IVAS), Chiro (AVCA), Rehab (CCRT) of TOPS Veterinary Rehabilitation (Tops-Vet-Rehab.com), Grayslake, IL is accepting 3rd, 4th and new graduate students interested in an unpaid opportunity 1 day to 3 weeks. Caseload is small animal 100% rehab and sports medicine. Students will experience therapeutic ultrasound, reviewing radiology, acupuncture, chiropractic, holistic nutrition (Nutritionist is on staff once a month), neutraceuticals, homeopathy (Heel products), some herbals, osteopathy, physical therapy, hospice and geriatric care, cold laser therapy and stem cell therapy (mediators).

Students will go into rooms with veterinarians and discuss cases as able. Students will be quizzed on anatomy as this is

**EXTERNSHIP AVAILABILITY**

**CONNECTICUT**
Dr. Stephen Tobin, Holistic Veterinary Medicine, 26 Pleasant St., Meriden, CT 06450, 203-238-9863, StephenTobin3@cox.net. Predominantly small animal practice, 95% alternative.

Modalities used: Homeopathy, Nutrition, and Herbs. No housing or stipend provided.

**MICHIGAN**
Dr. Bev London, London Veterinary Energy Medicine, DeWitt, MI, 48820. Phone: 517-230-8775. Dr. London is offering an externship program to those interested in holistic medicine. The practice is predominantly equine in the summer and more canine/feline in the winter. The doctor practices animal chiropractic, acupuncture, applied kinesiology, MLS laser therapy, nutritional response testing and radionics. There is no stipend or housing being offered and the time period is 1 day to 2 weeks. Please contact Dr. London at 517-230-8775 or eq_doclondon@yahoo.com

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**NEW YORK**
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**Continued from previous page...**
NEW MEXICO
Dr. Christine Wilson, All Creatures Healing Arts, 1925 Juan Tabo NE, Ste. E, Albuquerque, NM 87112. Phone: 505-332-0273; Fax: 505-275-3975. Email: cwilsondvm@eartlink.net or cwilsondvm@allcreaturesha.com. AllCreaturesHA.com
Available for Externship or Mentoring. Has frequently hosted IVAS and CHI students. TCM Chiropractic (not integrated) office practicing acupuncture, Chinese Herbs, Nutrition and Chiropractic.

NEW YORK
Dr. Martha Gearhart, Pleasant Valley Animal Hospital, Pleasant Valley, NY 12569. Phone: 845-635-2110.
Dr. Gearhart is certified in acupuncture CVA-IVAS, Equi-MYO (canine/feline course only), ABVP. This is a Small Companion animal practice seeing 5 - 10 patients a day. The practice provides acupuncture, holistic nutrition, nutraceuticals, Myo therapy, Tui-Na, along with surgery, ultrasound, radiology, and physical therapy. The position is unpaid with no available housing. Please call in the AM and ask for Mary Lictro or email through the website: PleasantValleyVeterinary.com

EXTERNSHIP AVAILABILITY CONTINUED

NEW YORK
Dr. Martha Gearhart, Pleasant Valley Animal Hospital, Pleasant Valley, NY 12569. Phone: 845-635-2110.
Dr. Gearhart is certified in acupuncture CVA-IVAS, Equi-MYO (canine/feline course only), ABVP. This is a Small Companion animal practice seeing 5 - 10 patients a day. The practice provides acupuncture, holistic nutrition, nutraceuticals, Myo therapy, Tui-Na, along with surgery, ultrasound, radiology, and physical therapy. The position is unpaid with no available housing. Please call in the AM and ask for Mary Lictro or email through the website: PleasantValleyVeterinary.com

Pennsylvania
With Dr. Alexandra Konegger, DVM, CVA, K. Vet Animal Care, 761 S. Main Street, Greensburg, PA. Phone:724-216-5174. K. Vet Animal Care is an integrative practice in small animals and exotics. We welcome 1st-4th year students or new TCVM graduates interested in an externship with no available housing. Please email resume for DrK@KVetAC.com if interested.

Virginia
Dr. Marjorie Lewter, Holistic Veterinary Consultants, Blacksburg, VA24060. Dr. Lewter is certified in acupuncture and Chinese herbs (IVAS). Experiences likely to be encountered are in-house diagnostics, primary care, acupuncture, chiropractic, holistic nutrition, nutraceuticals, homeopathy, herbs, traditional Chinese veterinary medicine, hospice care, Ayurveda and cold laser therapy. Students experience a wide variety of veterinary practice from equine to small animal, cattle, goats and sheep. The percentage varies with the season. Students will observe, listen, keep records, and discuss cases with the doctor. The externship is one month and unpaid. Housing is available. All 4th year students can send a resume with goals to: HolisticVeterinaryConsultants@gmail.com

MENTOR AVAILABILITY

Connecticut
Dr. Stephen Tobin, Holistic Veterinary Medicine, 26 Pleasant St., Meriden, CT 06450, 203-238-9863, StephenTobin3@cox.net. Predominantly small animal practice, 95% alternative. Modalities used: Homeopathy, Nutrition, and Herbs. No housing or stipend provided.

Idaho
Retired holistic veterinarian, All species, multiple modalities (analog medicine). Address: 314 Lago-Liberty Road, Grace, Idaho 83241. Phone: 208-427-6233. Email: AnalogDr@ida.net

Illinois
Dr. Deb Mitchell, Knollwood Hospital for Pets, 2237 West Schaumburg Road, Schaumberg, IL 60194. NW Chicago suburbs, equidistant from U of IL, Purdue, Madison-Wisc. Please see our website for further details: KnollwoodHospitalForPets.com

Massachusetts
Margo Roman, DVM, M.A.S.H., 72 Main Street, Hopkinton, MA 01748, 508-435-4077, Mroman3@aol.com. Position working with dogs, cats, small animals, using Homeopathy, Acupuncture, Functional Nutritional Therapy, Chiropractic, Bach Flowers, Ozone therapy, surgery and conventional medicine. My practice is 10 minutes from Tufts University, taught there for 7 years.

New Mexico
Dr. Christine Wilson, All Creatures Healing Arts, 1925 Juan Tabo NE, Ste. E, Albuquerque, NM 87112. Phone: 505-332-0273; Fax: 505-275-3975. Email: cwilsondvm@eartlink.net or cwilsondvm@allcreaturesha.com. AllCreaturesHA.com
Available for Externship or Mentoring. Has frequently hosted IVAS and CHI students. TCM Chiropractic (not integrated) office practicing acupuncture, Chinese Herbs, Nutrition and Chiropractic.
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FOR SALE

ARIZONA
Veterinary practice focusing on holistic medicine; acupuncture, herbs, gentle manipulations, diet and natural supplements. Also make recommendations in conventional medicine where appropriate. Asking $320,000.00 Beautiful Northern Arizona. Real Estate available for additional $100,000. Contact Matt@wcibusinessbrokers.com

FLORIDA
Winter Garden - Intimate practice! Located in a charming historic town within half hour of Orlando. Gives you plenty of options for entertainment in this growing family community. Enjoy the town's local and cultural events or take a short drive to nearby attractions! Solo doctor general practice with current owner offering integrative/holistic medicine, grossed $380k in 2012 and revenues are up 11% as of October. Currently no emergencies, boarding or grooming offered, and practice has an excess of 3500 clients with an average growth of 18 new clients monthly. Minimal doctor hours of less than 35 per week, allows room for income expansion. Leased in a quaint renovated house with friendly long term staff that are ready to assist the new owner. Motivated current owner is ready to return to their roots! Contact Simmons Southeast today for more information on this practice. Listing #FL35G. Email: southeast@simmonsinc.com Phone: 800-333-1984. Simmonsinc.com

FOR SALE

MAINE
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EVENTS & ANNOUNCEMENTS

Announcement: AHVMA Membership Renewal
Date: April 1, 2014
Login and renew ONLINE or send in the membership form found in this journal.
More info: Visit ahvma.org or email office@ahvma.org

Event: AHVMA Retreat
Dates: Sunday, September 7 – Thursday, September 11, 2014
BEFORE ANNUAL CONFERENCE!
Location: Breitenbush Hot Springs – Oregon
More Info: Visit meetings.ahvma.org

Event: AHVMA Annual Conference
Dates: Saturday, September 13–Tuesday, September 16, 2014
Location: Red Lion Hotel – Portland, Oregon
More Info: See registration form in this Journal or visit meetings.ahvma.org

Event: 20th Anniversary Herb Walk
Dates: Friday, May 16 – Sunday, May 18, 2014
Location: Haverkos Family Centennial Farm, Batesville, Indiana
More Info: visit vbma.org

Event: Pitcairn Institute of Veterinary Homeopathy Course
Dates: June 26-29, 2014
September 18-21, 2014
November 6-9, 2014
February 5-8, 2015
April 9-2, 2015
Location: Portland, Oregon
More Info: visit pivh.org

Classified Advertising

All meeting announcements and classified ads should be submitted to the AHVMA office by e-mail, fax, or snail mail (contact information is in the front of the Journal).