As I write this message in mid-November for the December newsletter, the sun is shining and the temperatures are soaring to record highs in Winnipeg, Manitoba. I am not sure if we will need a new nick-name to replace “Winter-peg” but I am quite sure that eventually… “Winter is Coming”.

The AVAC Board hosted a successful Advanced Acupuncture C.E. event in Toronto on October 22-23, 2016. Dr. Neal Sivula was our speaker and we learned plenty of neurology and scalp acupuncture. I don’t know about you, but I need neurology updates on a regular basis. It was great to see all of you who attended. My IVAS acupuncture class of 2004 had a bit of a mini-reunion as there were six of us who attended the C.E. event; lots of memories and laughs and catching up with one another.

We also held the AVAC Annual General Meeting (AGM) on October 22. While it was a bit longer than previous AGM’s, the Board members needed the time to explain all the happenings in our organization the past year, particularly the details of our finances. This included an update on last year’s fraud and the positive changes we have made with book-keeping and payment of bills. Thank you to all who attended and for all the positive comments and feedback we received. The 2016 AGM minutes are included in this newsletter.

The Board held a total of 11 meetings during the year, mostly by skype and conference call. We did meet in person the day before the C.E. event in Toronto. We worked on the AVAC Policy and Procedure Manual (almost complete!) as well as finalized the details for the C.E. event. We are making tentative plans for hosting an IVAS approved Basic Acupuncture Course, most likely in Toronto, in the very near future (beginning date pending). Stay tuned!

The Policy and Procedure Manual is a detailed guidebook on how AVAC operates, and spells out very clearly who does what, when and where. There are guidelines for our IVAS House of Delegates (HOD) members and also new guidelines for our Regional Delegates. If you are one of those people, we will be contacting you shortly so you will finally know what your responsibilities are. Thanks for your patience. If you are interested in what these volunteer duties entail, please contact me or any member of the Board and we can forward to you the relevant pages from the P & P manual.

For the past few years I have been promising an update of the AVAC By-laws. Now that AVAC is on solid ground and we have a firm handle on how our organization works and runs, those by-laws will be scrutinized and updated within the next year. This is a huge project. I worked on the IVAS by-law updates 4 years ago and it took nearly 2 years to complete them.

This past year has been very busy for all of us on the Board and I am very proud how we all worked together to get AVAC into great shape. We will now be able to sit back a bit and breathe…until the next project! Many thanks to all of our AVAC members for your support as we work together to make AVAC a strong and relevant organization.

Happy winter to all and I hope to see you at future C.E. events and future AGM’s. Maybe, just maybe, some of you will be inspired to step up and volunteer to join the Board or let your name stand for HOD or regional delegate, or even come up with C.E. ideas.

May your Qi flow smoothly,

Dr. Linda Hamilton BSc DVM CVA
AVAC President
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AVAC AGM Minutes – October 22, 2016 – Toronto, Ontario

Linda Hamilton called the meeting to order at 12:47 pm.
Number of people in attendance: 16 (quorum achieved).

Dr. Linda Hamilton introduced herself President of AVAC and Past President of IVAS, Members of the AVAC Board: Dr. Myriam Audet, Past President; Dr. Rona Sherebrin, Education Coordinator; Dr. Allyson MacDonald, Treasurer; Dr. Janet Knowlton Member-at-Large and Newsletter Editor.

Motion to accept the AGM Order of Business: Corinne Chapman
Seconded: Michelle Kinoshita
No discussion. Vote: all in favour.

Minutes of 2015 AGM in Halifax: Linda Hamilton read the overview of last year’s minutes.
Motion to accept 2015 AGM minutes: Janice Huntingford
Seconded: Janet Knowlton
No discussion. Vote: all in favor.

Board of Directors Report (see complete report attached to Minutes): Linda Hamilton gave a synopsis of AVAC Board’s activity this past year: e-mail fraud with loss of funds, retrieval of some money, involvement of Nfld RCMP; subsequent to this the AVAC Board worked hard to get things in order with AVAC; eleven meetings held last year by conference call or skype; multiple phone messages, texts, emails; a lot of time and effort and dedication by Board members; meeting of Board members yesterday to work on P & P Manual; planning AGM; website updates; newsletter – we would like input from members; MOU with IVAS; questionnaire re CE; affiliate report written and presented at IVAS Congress in Tacoma in June 2016; planning Toronto CE weekend; early discussion re: Basic Acupuncture Course in fall of 2017. Linda read description of Vice President’s position from the draft P & P Manual.

Motion to accept BOD report: Boudewijn Claeys
Seconded: Corinne Chapman. Vote: all in favour.

Treasurer’s Report: Allyson MacDonald

Explained that Dr. Vicki O’Leary had been treasurer since 2003, books were accurate and detailed till 2007; Vicki had asked to resign in 2007 and again 2009, but no one came forward to replace her, she was overwhelmed and paid the bills, forgot to reimburse herself a few times, but not able to do the book keeping. Allyson made it very clear that Vicki had worked to her best ability and was not implicated by the Board in any dishonest activity with respect to AVAC. Other issues: AVAC Board previously had not been meeting regularly, not good communication, cheques issued via email with no invoice; financial reports at previous AGM were not detailed, not looked into but rubber stamped by the membership; no accounting expenses, no discussion, no questions. This has been remedied significantly (see AGM Minutes).

Allyson explained her trip to Deer Lake to receive and go over the past books from/with Vicki, meet with the Bank of Nova Scotia regarding the fraud, closed bank account, and met with RCMP to discuss the situation.

Current book keeping (since September 2015): all accounts for past 10 years entered into Quick Books; two separate accounts, one related to old bank account (in Nfld) and the second is since opening of new account, located in Ontario.

New procedures:
   i. AVAC new accountant is Rebecca Briley, RLM Chartered Professional Accountant;
   ii. all outgoing cheques require approval of 4/5 of the AVAC Board members;
   iii. no expenses paid without receipt;
   iv. three signing authorities: Linda, Allyson, Rona of which any two sign each cheque

Allyson suggested AVAC send Vicki a letter thanking her for her hard work and letting her know we do not hold her solely responsible;

Motion to write the letter: Janet Knowlton.
AVAC AGM Minutes – October 22, 2016 – Toronto, Ontario

Seconded by Corinne Chapman.

No discussion. Vote: all in favour.

Linda Hamilton will write the letter.

Attendees at AGM thanked Allyson for her hard work in getting and keeping the AVAC financial records in great shape.

Motion to accept the financial report: Rona Sherebrin.

Seconded by Michelle Kinoshita.

No discussion. Vote: all in favour.

<table>
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<th>Description</th>
<th>Amount</th>
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<td>Bank Balance Jan 18 2015</td>
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<td>Bank Balance Jan 01, 2016</td>
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<tr>
<td>Bank Balance Sep 16, 2016</td>
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<td>Investments (2 GICs) as of June 2016</td>
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<tr>
<td>Total as of September 16, 2016</td>
<td>$ 105,216.44</td>
</tr>
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Accountant appointment: Rebecca Briley, RLM Chartered Professional Accountant, London

Motion to accept accountant appointment: Michelle Kinoshita

Seconded: Myriam Audet. No discussion. Vote: all in favour.

Old Business:

Discussion of CE: It would be best if we could sponsor CE events across our large country in east, central and west regions; Corinne Chapman volunteered to try to organize something for Alberta.

Chi Institute TCM conference in Toronto is scheduled for late August 2017, same time as IVAS Congress in Australia.

AVAC is considering putting on IVAS approved Basic Acupuncture course: dates tentatively set for fall & winter 2017-2018, need lecturers to confirm they are available, Rona explained procedures with IVAS, takes approx. 18 months to get a course together. There is a Canadian government incentive whereby those who take a course may qualify to receive at least part of their total expenses.

Bylaws are to be revised in near future.

New Business:

Vice president position is open at this time; anyone interested in letting their name stand, please let the Board know at any time.

Linda read the description of duties of VP from the draft P & P Manual, expected though not mandatory to step into president position after 2-4 years.

RCMP investigation still on-going, there has been a delay due to illness of primary investigator, Constable Jamie Bingle.

Current members of the Board have agreed to stay in their positions for at least another year. Hopefully the AVAC by-laws will be revised in the next year and we can start looking for new Board members.

Regional delegates have not had a “job description” nor have they been active. The Board has come up with a description of duties, have included it in the P & P manual and will share with the regional delegates in the near future, so they can become more active.

Volunteers very important to make our Association work.

Next AGM: March 16 or 17, 2017 at COMS in Vancouver

Motion by Myriam Audet

Second Corinne Chapman

Some discussion. Vote: all in favour

Meeting adjourned by Linda Hamilton at 1:40 pm.

Minutes taken by Janet Knowlton

October 22, 2016

Toronto, ON
Advanced Acupuncture with Dr. Neal Sivula - October 22-23 2016 in Toronto, Ontario

The Fall AVAC AGM was combined with a wonderful seminar given by Dr. Neal Sivula. The main focus was Neurologic disease and treatment using Chinese medicine and acupuncture. It has been 20 years since Vet school for me so the neurology review was timely! Dr. Sivula reviewed the neurologic examination the first morning as well as differentials… DAMNIT-V anyone? We then looked at Segmental Acupuncture and choosing points based on myotomes, dermatomes, sclerotomes, and viscerotomes. These “tomes” all share innervation and each one of these segments influences the next type. Treating our patients with internal medicine problems from this neurological perspective with acupuncture made so much sense!

Dr. Neal talked about pain… a lot… but it wasn’t painful! He presented a great deal of current research in both human and animal medicine that links present-day acupuncture for treating and healing so many common disease patterns. He discussed the mechanisms of pain, assessment, scoring, and pain perception. Dr. Neal then looked at trigger points and their wide referral pattern with accompanying research proving that acupuncture in these areas signals our higher centres for significant pain relief. The use of electroacupuncture and current research on pain relief, both acute and chronic, was also reviewed. I am excited to start using EA more again in practice after seeing all of the positive research available!

Both Saturday and Sunday we had real Veterinary case reports provided by our very own classmates! Dr. Allyson MacDonald presented an interesting case of a Bichon Frise with early neurologic disease as well as a mare she treated and cured after a chronic pelvic fracture. Dr. Janet Knowlton presented two interesting cases on bladder uroliths in a Shitzu as well as a bulldog with hyper salivation and IBD.

On Sunday Dr. Janice Huntingford reviewed the case of a HBC Staffordshire who presented with pneumothorax and right forelimb paresis and a standard poodle she cured of quadraparesis from coonhound paralysis. Later in the day Dr. Linda Hamilton discussed her successful treatment of an elderly dachshund with advanced IVDD and extreme neurologic signs while Dr. Deborah Boyd talked about her treatment of sick sinus syndrome in a mini schnauzer. I think these case reports helped to solidify what we were learning through Dr. Neal and also brought a sense of community. They allowed for lively discussion which I hope to harness even more through AVAC.

Our Saturday lunch included the AVAC AGM. It was good to review what has been going on in the very busy lives of our AVAC board. They have worked tirelessly to make it much easier and streamlined to join the board in future.

On Sunday Dr. Sivula discussed further treatment of neurologic and musculoskeletal problems from a neurologic perspective with acupuncture. We then branched in to the exciting world of scalp acupuncture! Scalp acupuncture (SA) integrates TCM with Western medical knowledge and requires very few needles for effect. We reviewed the meridians of the head, the homunculus, and landmarks and needling techniques for SA.

This was a very solid two days of learning and I am very grateful to have been able to fly East for such an informative seminar.

Thank you again Dr. Sivula!

Dr. Corinne Chapman, DVM

A few minutes of QI Gong in between lectures

Oct. 2016 Toronto CE event …Dr. Neal Sivula being presented with a small Canadiana gift (maple syrup and maple cookies) by Dr. Rona Sherebrin.

TORONTO CE EVENT 2016…from left to right: Dr. Corinne Chapman, Dr. Linda Hamilton, Dr. Myriam Audet, Dr. Michelle Kinoshita.
Reviews of some speakers and topics presented at the IVAS Congress in Tacoma, WA, June 2016

OSTEOPATHIC ACUPUNCTURE by Dr. Jean-Yves Guray

Dr. Jean-Yves Guray presented a lecture on “Osteopathic Acupuncture” that had the audience engaged from start to finish. He used the “I Jing” to represent the organization of all things, and how it relates to the universe, the world, and how our bodies are functioning. He explained how acupuncture and osteopathy are intimately connected and how this can be explained by the “I Jing”. There was a detailed discussion about osteopathic blockages and how to eliminate them. He explained that an osteopathic blockage is reduction or a limitation in the movement ability of a bone-ligament-muscle structure, and that it can only occur on a meridian. With osteopathic blockages there must be two meridians involved. There must be a blockage in the Qi movement through the connected Jing Luo, and also Qi blockage in the “bony” structure under the meridian. If only one meridian is involved there may be slowing, but not an impairment of movement. To eliminate a blockage, Dr. Jean Yves Guray explained that a technique is used to bring the bony process as far as possible in the only possible direction of movement, and then to push a little bit further, in what is called a “thrust”. He also explained how he uses the back Shu points for diagnosing where the blockages in the 2 meridians are occurring, and is then able to give a thrust in the blocked meridians to relieve the osteopathic blockage. Dr. Jean Yves Guray demonstrated that osteopathic manipulation is an easy, risk-less and efficient way of freeing blocked structures.

Review by Dr. Lynn McMullin-Robblee

EXPANDED USE OF THE ANCESTRAL SINEVES IN TREATMENT OF INTERNAL MEDICINE PATTERNS by Dr. Linda Boggie

As usual, Linda presented a very organized, clear and thoughtful presentation on the Ancestral sinews. Her notes are highly understandable. It is obvious that Linda has been influenced by all the myofascial work being done recently, her teaching with Rikke Schultz in Europe has had her meld some of these mechanical fascial planes with her Ancestral Sinew work.

OSTEOPATHIC ACUPUNCTURE by Dr. Jean-Yves Guray

It was a pretty inconceivable presentation. I can see that he was presenting Richard Tan’s balance method using the Ba Gua but only because I have attended Richard Tan’s workshops. I also went to see Jean-Yves work in the barn at the wet lab. It then became clearer to me. That is exactly what he is doing, using Dr. Tan’s system of reflection and balance and systematically clearing what he sees.

Review by Dr. Janice Crook

CHINESE HERBAL REMEDIES IN TRANSDERMAL GEL – THE BEST WAY TO TREAT ANIMAL SKIN CONDITIONS by Dr. Sagiv Ben-Yakir

As always, Sagiv is presenting something new in a simple way! He is using Chinese Herbs topically in small amounts using a PLO delivery method (the same as we are using for transdermal methimazole application). He had some pretty darn impressive before and after photos. If I understood him correctly, he doses them at about 1/4 of an oral dose, once a day for about two weeks. The client needs to wear a plastic glove or protection as the herbs will also go through our skin. I am going to try to make some, so we will see if it is as easy as he says. Sure looks like a good idea for cats!

Review by Dr. Janice Crook

FIRST ANNOUNCEMENT / IVAS AVAC/IVAS BASIC ACUPUNCTURE COURSE

The AVAC Board is planning on offering a Basic Acupuncture Course beginning in the fall of 2017. This is based on the IVAS Basic Course and subject to IVAS Approval. There will be four modules two in fall/winter of 2017 and 2 in winter/spring of 2018 and then a ‘module’ for the final examinations. The course will be held in Toronto, ON, Canada.

Further details are to follow as plans evolve.

For information and interest, please contact the AVAC Office.

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Report from House of Delegates (HOD) meeting at the IVAS Congress in Tacoma, WA June 7, 2016.

Switzerland is a country of only 8 million people and they now recognize IVAS certification as equivalent to a Board certification!

Germany also has a process for Board certification, but it varies from state to state.

The US has been working hard to get at least a Diplomate status (in the way of Feline or Canine Diplomate status), and preferably a Board certification status. The AVMA declined it in April 2016. Their reasons were: A) not enough research (which is a problem in that without residents, the research production is low); and B) not strict enough Policies and Procedures. The current plan is to form a College of Complementary and Integrative Medicine Board with Neal Sivula spearheading it to attempt to have the modalities under one umbrella and therefore more numbers.

The next Congress is in Australia (Cairns, August 23, 2017) and the following year the proposed site could be Poland or Israel. The next year after that, the hope is to combine with AHVMA somewhere in the US.

Janice Crook

From the AVAC Policy and Procedure Manual

Duties of Regional Delegates

1. Are Active regular members of AVAC.

2. Membership outreach: should be aware of all AVAC members in their region and

3. Keep an updated list of certified acupuncturists who are not AVAC members: this can be done by each regional delegate and will be also be supplied by the AVAC Administrative Assistant yearly. Lists should be combined and checked for discrepancies. Non-AVAC members may be found locally by word-of-mouth but also by checking IVAS, Chi, MAV and CIVT websites and cross-referencing with AVAC list.

4. Note: IVAS and Chi websites often do not list e-mail addresses of their members; however a google search often will reveal personal or work-place e-mail. These can be used to contact non AVAC members.

5. Forward C.E. announcements to non-AVAC members at the request of the AVAC Board of Directors.

6. Arrange/Facilitate local informal meetings for local/regional acupuncture veterinarians. This may be in conjunction with regional Veterinary meetings/conferences or can be separate. Notify the Board of Directors of any and all meetings/gatherings.

7. Let board members know on a yearly basis (every January) if you wish to continue with Regional Delegate duties.
From the AVAC Policy and Procedure Manual

AVAC HOD (House of Delegates) Delegate Duties

1. The purpose of the AVAC HOD delegate is to be the communication representative between IVAS and AVAC members/Board.
2. Each August IVAS will send the number of HOD delegates AVAC is allowed to have for the next fiscal year (see IVAS Bylaws for how this is calculated). The AVAC Board will contact current AVAC HOD members to confirm their continued willing participation.
3. AVAC HOD delegates will send regular updates to the AVAC Board (this may be every 2-4 months, or less frequently depending on how active the HOD is); together the delegates and Board will decide what information should be sent to the AVAC membership (via direct e-mail or through AVAC Newsletter).
4. The AVAC HOD delegates are expected to attend on-line HOD meetings thru the IVAS website “Forum”.
5. When possible AVAC HOD delegates should try to attend the annual IVAS HOD meeting, generally held the day before the annual IVAS Congress begins. The AVAC Delegate(s) will contact the AVAC Board 12 weeks before the IVAS Congress to confirm HOD annual meeting attendance OR to inform the Board to arrange for a proxy.
6. Eight weeks before IVAS Congress, the HOD delegates and AVAC Board will meet (via e-mail or skype/conference call, electronically) to gather information for the annual AVAC report to IVAS. At that meeting, it will be decided who will write the report. The report draft shall be sent to all AVAC HOD delegates AND the AVAC Board for review, edits, etc. The final draft will be sent by the most senior HOD delegate to the secretary of the IVAS House of Delegates one month before IVAS Congress.

Quantum Physics and Doc Ron Hamm

What does an urban small animal woman veterinarian from the Canadian Pacific Northwest have in common with a rural dairy male veterinarian from the American Mid West? Quantum Physics -- and healing.

I spent an enlightening weekend in rural Idaho with the esteemed Doc Ronald Hamm in 2009. He offered to mentor me if I would travel to see him. It was one of the wisest things I have ever done. Doc has written his second book about healing in Quantum terms and I had read half of that manuscript before I landed. He and his wife picked me up at the airport and we whisked to his home surrounded by wild turkeys, mules, horses and cows. We spent half of our time huddled over the computer discussing theory and the other half out communing with the animals and the plants. And of course there was the social sharing of stories. All so heart centered.

Doc has a huge collection of flutes made from many different kinds of trees, and has spent much time working with the healing timbre of these flutes. The collection of herbs and plants that he uses for healing is extensive. And the most important point to me is that he has gone to these plants, communed with them, honoured them and asked for their permission to be part of his healing repertoire. I knew this happened in my area where the Aboriginal people have always done this, but I had never been a part of it before.

The most amazing thing to me, is that the recently retired Doc was willing to give so freely of his time and also of his heart to share his lifelong lessons. This is true mentoring. He simply shares what his big "Ah ha" moments have been and are. There is no short cut to this kind of sharing. I feel very honoured to have met Doc at the AHVMA in Reno and then again in Kentucky. From those meetings a conversation was started. This conversation has been ongoing. I am honoured to be his mentee and to be part of his healing Network.

Doc is looking for more students to share his message with. If you feel a stirring to really understand healing from a Quantum Physics viewpoint, send Doc an e-mail at analogdr@ida.net.

Janice Crook

This is what Janice says:

Ron is looking to share his theories. I found his approach and his Quantum Physics knowledge to be life changing. Ron doesn't like to travel, hence me travelling to him, but I think might consider it pretty profound. I would be happy to be a reference for a group who would organize. It needs at least four days and for me, going to his place was pretty great. To see a brilliant healer in the midst of Monsanto and Trump country is
PEARLS OF WISDOM FROM DR. MYRIAM AUDET

The character of Qi indicates that it is something which is, at the same time, material and immaterial.

If a Gall Bladder point modifies the pulse, look for a Shao Yang Syndrome or Triple Burner Obstruction, and think of Xiao Chai Hu Tang or a modification of it (as per Dr Steve Marsden).

Letting go means opening oneself to something else coming in.

--Chinese idiom

It does not matter whether medicine is old or new, so long as it brings about a cure, it matters not whether theories be eastern or western, so long as they prove to be true.

--Jen Hsou lin

I always like to use ST 36, as a homeostatic point for all my patients.

--Myriam Audet

When you treat a patient, always remember to treat the TH meridian!

--Myriam Audet

MANITOBA ACUPUNCTURE VET GATHERING

I was so inspired by the Toronto C.E. event and the case report presentations on October 22 & 23, 2016, I wanted to share this with my fellow vet acupuncturists in Manitoba. For years we have talked about getting together and having a case discussion group, so I decided to finally organize it.

There are seven vets certified in acupuncture in Manitoba that I know of (sorry if I missed anyone!) and five were able to attend a 3 hour session on Sunday, November 20, 2016. Three of us prepared two case reports each on PowerPoint.

My office is centrally located, I have a projector and a modified screen (sheet taped to the wall) and since I own my own business, I could even supply some snacks, beer and wine.

The case reports were great and we had some good discussions and even helped out one vet with a bit of a difficult case she was dealing with. The topics included: treating a dog with hydrocephalus, hydromyelia and syringomyelia; the case of the Wobbly Bichon; the case of the itchy Boston Terrier (severe atopy); a case of Coonhound Paralysis; a case of Degenerative Myelopathy; using the Extraordinary Meridians to treat a golden retriever puppy with a proximal radial growth plate anomaly.

I will be sending the PowerPoints to IVAS and we "may" be awarded some C.E. hours, so that would be an added bonus.

This event was so successful (and so easy to organize!) that we are looking at dates to hold the next session. Here’s hoping all seven Manitoba AP vets can attend.

I strongly recommend that if you have any acupuncture vets in your "neighbourhood", get together with them for a case report session. It is wonderful to bounce ideas off one another, get help with some cases that you might be having difficulty with, and just hang out with your colleagues.

Dr. Linda Hamilton BSc DVM CVA CAC CCRT
Natural Healing Vet Care
Winnipeg, MB

L-R: Dr. Rita McKay, Dr. Cara Warkentine, Dr. Valerie Millette, Dr. Tracy Radcliffe.
Review of Dr. Uwe Petermann’s IVAS Advanced Course on Pulse Controlled Laser Acupuncture

Low level light laser therapy and laser acupuncture have been becoming increasingly popular for chronic and acute pain in both human and veterinary medicine in the last several years. Dr. Uwe Petermann provides a broad and in depth description of both the mechanics and treatment principles of laser therapy and acupuncture. I have had the pleasure of attending several of Dr. Petermann’s lectures on these topics at IVAS congresses, and always come out feeling I have a more clear and deeper understanding of how the laser works, and techniques to better treat and diagnose my patients.

In October of this year I was fortunate enough to attend Dr. Petermann’s 3 day IVAS Advanced Course on Pulse Controlled Laser Acupuncture, in beautiful Fort Collins, Colorado. The course had a great turn out and was full to capacity! It was a jammed packed 3 days with both didactic lectures, but also hands on practical labs with both dogs and horses. The days went by very quickly as the topics were very well received by all that attended. The days even extended into evening discussions over dinner with great colleagues and Dr. Petermann about experiences using laser in practice. A fun time was had by all!

Dr. Peterman’s course takes the concepts of low level light laser therapy and laser acupuncture much further, past just the treatment of acute and chronic pain. He shows how Qi, ATP and laser are intricately connected. Cell health is directly influenced by the ATP and Qi being in balance in the tissues of the body. He teaches to look at the whole animal and the factors that may have influenced it to have improper Qi and ATP within their cells.

Dr. Petermann provided us with a unique and innovative diagnostic technique called Pulsed Controlled Laser Acupuncture Concept. (PCLAC). This method of diagnosis helps the clinician to get a thorough and in depth diagnosis of the patient by searching for disturbing foci in both the teeth and body of the animal, and also by searching for active acupuncture points on the body and the ear. This was done by measuring the clinicians own pulse changes while searching for disturbing foci and active acupuncture points. This was a very quick method of diagnosis, often only taking 5-10 minutes to perform, making it extremely useful and practical in the field.

Dr. Petermann also explained the various frequencies of the laser and how they can be used to most effectively treat the disturbing foci and points that are detected in the examination. He went beyond peak power and joules to discuss the importance of the pulse frequencies and how each tissue of the body has a particular resonance that requires specific frequencies of the laser to be treated. The frequency of the laser was emphasized as being the most important setting. He discussed the frequencies according to Dr. Bahr and Dr. Reininger and how to choose these frequencies to treat Qi stagnation and meridians respectively.

With proper diagnosis of disturbing foci and active acupuncture points with PCLAC, and treatment with the appropriate frequencies, clinicians are better able to treat the root of the disease and not just the area that is causing pain or discomfort. The laser can then be used as a tool not only to treat acute and chronic pain, but also a multitude of other diseases as the animal’s Qi and ATP are brought back into balance. I would highly recommend clinicians looking to improve their treatment outcomes with laser to explore Dr. Petermann’s PCLAC techniques, or better yet, attend a course in this technique and spend quality time with your IVAS family!

Dr. Lynn Robblee
It was with delight and awe that we were able to attend Dr Thoresen's Banff 2016 conference. The focus was on using pulse diagnostics to find the Christ Healing/Middle Point to transform the pathological conditions. A challenging method for sure, as the practitioner has to go into an almost out of body, spiritual plane where their thinking, willing and feeling are suspended. During this time, the practitioner focuses on the heart of their patient, and feels their own physical pulse at the level of their wrists—both left and right. It is important to concentrate on their patient, and let all the other sounds, sights and feelings fade away as they focus 100% on that patient and feeling the difference between the six pulse levels on each wrist. They then are able to feel the spiritual pulse of their patient, through their own pulse. The left wrist is felt with the right hand’s pointing, middle and index finger, and signifies from distal to proximal the Lung, Spleen, Pericardium at the deep level and Large Intestine, Stomach and Triple Heater at the superficial level. The middle pulse is identified by a pulse intermediate in strength compared to the other two— it is not the deficient or excess pulse. The point that is chosen for treatment is along that middle pulse’s meridian, usually the Jing Well points (or Dr Thoresen Ting points), or points along the extremes of this meridian. For example if the Liver pulse is the Middle Pulse, then LIV3 is usually treated. If the Heart pulse is the Middle Pulse, then HT9 is treated, and if the Kidney is the Middle Pulse, then KID3 is treated. Any acupuncture point along that meridian, if treated with Will and intent, can work to balance all three pulses. Usually the needle is left in for 15 minutes to 30 minutes. If laser acupuncture unit is used, then 1.5 minutes. Another option is to treat the point using Dermojet unit from France— www.dermojet.com. With this unit, 0.1mL of vitamin B12 is injected into the skin. It is a little bit startling, but very fast and effective.

It is important to note that Dr. Thoresen’s methods incorporate use of a six pointed, rather than five pointed (as in TCVM) star. The Heart, Liver and Kidney make one triad and the Lung, Spleen and Pericardium make the other triad. Because the six pointed star consists of two triangles, there is always a middle, and it is this Middle/Christ healing point, the point which truly cures the disease. For pictorial representation, check out Dr. Thoresen’s books (listed below) and this series of lecture notes from 2015: https://www.youtube.com/watch?v=pbo53BA8HJU

And a video of Dr Thoresen’s techniques treating a horse: https://www.youtube.com/watch?v=N5CFDx83P-c.

There is also another way to find this powerful Middle Point. It involves using the anatomical midpoint for those practitioners who are able to see, smell or feel the pathologic structures or demons. It is located between the two pathological demons. If one presses this point with a finger, or treats with an acupuncture needle this anatomical midpoint, then the pathologic structures will separate away from each other. In cases of cancer, the two pathological forces are very close and intertwined with each other so it can be very challenging to find the Middle point. However, it is still possible to find the Middle point, because the two pathological forces can never fully join— they are always slightly separated.

The smell is what I found very interesting. Have you ever noticed that a patient with cancer smells ‘off’? Also, a diabetic patient, or very obviously a patient with kidney disease has a very characteristic aroma. Next time you see a pet with pancreatic cancer, smell closely the body odor- you will never forget it. Also, if you enter the ‘spiritual realm’ and focus on your patient as listed in the first paragraph, you can smell difference in certain areas of the body, thus locating the pathological entity. Dr Thoresen calls this the Middle Point Sniff Diagnostic Test.

When performing the Thoresen pulse diagnosis, the weakest, most deficient pulse is found first – it is found on either your right or the left wrist. But it is important not to treat that pulse. If one treats the deficiency pulse, then the pathology of the
patient will most often only be transferred to another area of the body, or to another human, animal or living creature such as a tree or plant. The Christ Middle point must be treated, which is on the same triad as the deficiency pulse, being the second weakest (middle strength). The pulse that is most excess is not treated as treating the excess can also translocate disease. If the Christ Middle point is treated, with intention and Will, then the disease will be transformed to light or good energy. That will prevent the pathalogy from just going to another living being. It is important to use Will, your own intention to heal, at the same time as you are needling your patient. Be brave and use your inner strength, focusing on knowing that treating the Middle point will cure the disease.

We treated throughout the course 5 horses and 10 dogs. Their owners brought their own pets, and it was interesting to not only read the pulses of the pets but also their owners.

Some of the most significant treatments were affecting the pet because they were affecting their owner first. The pet is closely linked to the owner and often is affected by the illness of their owner. Also of note is that if you focus on determining when the pet became ill, as in how long ago their pulse started to become deficient, you can help the owner discover what triggered the disease. If you, while in the spiritual realm, focus on feeling the pulse while tracing (looking) down the midline of the pet’s body, you can feel changes in the pulse from chest to the os pubis. The pulse may feel strong at the novel, but weak in the chest, indicating that the disease started mid life. It is also possible to pick up on trans-generational traumas. If you follow the pulse below the Os pubis, you can determine if the patient’s parents were affected, or grandparents, etc. This is interesting as sometimes trauma that happened to a patient’s grandparents, or great great grandparents have affected them. The patient can be affected by trauma that occurred up to seven generations before their own birth.

Below is a summary of some of the cases we treated:

**CASE#1**

Beauty, a 6 year old black lab spayed female who was Kidney Deficient based on pulse diagnostics. The Middle pulse was the Heart and Excess pulse was the Liver. Thus, HT9 was treated. This caused immediate improvement of his KID pulse. Homeopathic gold and St John’s Wort herb were prescribed.

The most likely cause of the Kidney Deficiency was that the owner separated from her long term boyfriend 2 years ago, however the dog was really bonded to this ex-boyfriend. When her owner said the name of the ex-boyfriend, Ed, Beauty’s KID pulse improved. This suggested that Beauty and Ed may be a good match for each other. However, the treatment given (HT9) should help cure the dog from the grief. Also, continued absence of the ex-boyfriend should help the dog forget about him and focus on a new, stronger bond with her current owner.

**CASE#2**

Another case was a Golden Retriever male dog with a Spleen tumor. When thinking about the Ko cycle, Spleen tumors are caused by poor control of the Liver. Thus, the LIV was deficient. With the Thoresen technique the deficiency is not treated. The Middle is treated. Thus the right wrist was used to determine which was the Middle/Christ Healing pulse. In this case it was the Pericardium Pulse. Therefore P8 was treated with an acupuncture needle (Dr Thoresen’s favorite are Huangqui 0.3mm by 30mm needles) retained 15 minutes. Done! Pulses were nicely balanced after treating LIV18 with the B-Cure laser for 1.5 minutes. Herbs to support the Pericardium including Hypericum (aka St. John’s Wort) can also be used.

**CASE#3**

Tucker, a Schnauzer mixed breed 8 year old neutered male with severe anxiety and aggression toward other dogs. His pulses were read using the Thoresen technique. It was discovered that the Middle pulse was the Kidney pulse. Therefore, Kid3 was treated. Supportive herbs for Kidney include chamomile, and homeopathic silver. Also, covering him in a jacket when outside during cold months is important to support the Kidney, as it is sensitive to Cold invasion. Chamomile should be prescribed by mouth until the patient feels better, then discontinued as over-stimulating the Kidney can lead to behaviour problems. Another way to stimulate the Kidney meridian is to maintain a connection to the Moon. (Say hello to the moon, notice the moon when one walks at night with the dog.)

Note that homeopathics work best if made by the practitioner and dispensed to the patient, rather than purchased over the counter. This is because the Will and intent of the doctor passes into the medicine, making it
more effective for their patient. Homeopathic silver can be made by rubbing a pure silver spoon inside the mortar of a rough pestle and mortar set. Then grasping the silver with cognac to make your dilutions. Dr. Thoresen feels that cognac makes the best homeopathic medicine or isopathic nosode. Only 1 drop is needed by mouth daily, of a D6 solution (diluted 6 times after firm succussion between each dilution).

CASE#4
26 year old gelded male Arab mixed with Quarter horse—he had Cushing’s disease and arthritis. He was boarding for many years in a stable that was full of loud power lines. The power lines were so strong that we could hear their hum when close enough. Many people in the class felt a headache or discomfort in that area close to the power lines. Pulse diagnostics revealed the Middle Point was LIV, and the KID was the weakest point (the deficiency point) and the Heart pulse was the excess pulse. Treatment included LIV18, which just so happened was also the Anatomical Mid Point seen by students able to see/sense the pathological demons. It is also important to remove the horse into a new, healthier boarding area that was not close to the power lines, because power lines can affect the KID meridian. Cell phone towers can also affect horses and people. Maybe sour gas wells too? We discussed in class how to treat the environment as the power lines are there to stay. It was suggested that perhaps burying a piece of silver then a piece of copper every meter around the perimeter of the horse boarding areas. This is because silver treats Kidney Deficiency in the form of upwards streams such as adrenal glands, other hormone pathways and behaviour problems, and is influenced by the Moon. Copper treats blood vessels and circulation imbalance aspect of Kidney deficiency and is influenced by Venus. We are not sure if burying these metals will help, as they are treating the deficiency and not the Middle point, but there are a few occasions when treating the deficiency works to transform/cure the disease. We had to do something to help these horses who live near the power lines, most of whom had developed Kidney Deficiency.

Dr. Thoresen’s techniques take a lot of training for most people, and a willingness to enter the spiritual realm. It does not mean you have to see demons and elves, as you can block them out if you do not want to see them. Or you can use terminology describing disease and pathological entities that does not frighten you. However it does mean that you have to focus on the fourth dimension—a dimension that does not include time or physical. It may be uncomfortable at first for some people to do so. But it certainly is an interesting and effective way of focusing in on your patient, and looking at them in all levels, and also finding the source of the disease and treating it, even if it means treating the owner, or suggesting to the owner that they need their own treatment. It fundamentally involves connecting with your patient, finding and using the Christ Healing point to truly transform the pathological entities into light, love and forgiveness. This not only cures the patient, and often the owner, but also prevents the negative pathological entity from invading or wanting to invade another area of the body or another organism.

For a better understanding on Dr Thoresen’s techniques, read his new books:

https://www.amazon.ca/7-fold-way-Therapy-spiritual-anthroposophy/dp/1517477662/ref=sr_1_1?ie=UTF8&qid=1479187460&sr=1-1&keywords=are+thoresen

https://www.amazon.ca/Demons-Spiritual-Medicine-Christology-Anthroposophy/dp/1539476480/ref=sr_1_3?ie=UTF8&qid=1479187460&sr=1-3&keywords=are+thoresen

Also, another course by Dr Thoresen is going to be offered in the fall of 2018 in Banff, so keep your eyes open for announcements as more information becomes available.

You can also put your name on a wait list for an acupuncture seminar with Dr Thoresen in Iceland in July 2017. Dr Cynthia Lankenau cyndvm@gmail.com
Pulsed Electro Magnetic Field aka PEMF/PMF Therapy
By Dr. Linda Hamilton

Note from Linda: At the Toronto C.E. event in October several of us were talking among ourselves about patients and treatments and sharing stories and information. I mentioned how I used PEMF therapy beds with almost all my patients and I was asked about it several times. Those discussions prompted me to write a short article on PEMF therapy beds. I am not affiliated with Respond Systems in any way, but this is a glowing article about their product.

I first saw PEMF therapy bed used at Colorado State University when I was taking my Canine Physio-Rehab Certification course (CCRT). The surgeons were using it on all of their post-op patients to help them heal faster. My first thought was “if this is good enough for the CSU surgeons’ patients, it must be good enough for MY patients”. I bought a 4 magnetic coil bed on the spot from the “Respond Systems” company (they also sell class 3 and 4 lasers) and haven’t regretted it for one minute. As a matter of fact, I liked it so much and felt that it enhanced my acupuncture treatments, that I bought a second PEMF bed and have one in each of my two treatment rooms. Prior to buying a second one, I was dragging the bed back and forth between rooms.

How does PEMF therapy work? Well, even though I achieved A’s in my university physics class, I am still fuzzy on some physics principles (maybe because my last physics class was about a gazillion years ago in the 1970’s). The Respond Systems website explains it best in simple layman’s terms:

“PEMF uses pulsing electromagnetic fields to jumpstart and accelerate normal biological cellular reactions. Cells contain electrically charged particles called ions that govern all cellular processes. When the body is stressed by illness, competition, environmental factors or age, the cellular membrane that conducts the essential ions in to and out of the cell becomes compromised and is unable to efficiently do its job of managing the transport of these ions. When the PEMF penetrates the body, a magnetic field in motion is created that immediately and positively directly impacts these ions and membrane potential to stimulate them into action. The result is an increase in cellular communication and circulation, a decrease in inflammation and pain and a resulting acceleration of healing.

Pulsing Magnetic therapy penetrates completely through the joints and muscles…. PEMF has the unique ability to pass through fur, skin, bandages and bone. The depth of field of Respond Systems Bio-Pulse PEMF Small Animal Bed can penetrate through the entire body of a dog lying on the bed reaching deep into the joints and muscles stimulating circulation. The beds can be placed on the couch, in a crate, under the dog’s bedding or even in the car.”

http://respondsystems.com/pemf/

If you haven’t heard of PEMF, you “may” have heard of Assisi Loops….they work basically on the same principle. The one thing that I love with the Respond Systems Bio-Pulse PEMF Small Animal Bed can penetrate through the entire body of a dog lying on the bed reaching deep into the joints and muscles stimulating circulation. The beds can be placed on the couch, in a crate, under the dog’s bedding or even in the car.”

http://respondsystems.com/pemf/

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https://www.amazon.ca/?_encoding=UTF8&camp=15121&creative=330641&linkCode=ur2&tag=assocofvetera-20
Owner assessment of chronic pain intensity and results of gait analysis of dogs with hip dysplasia treated with acupuncture.

T e i x e i r a  L R,  L u n a  S P,  M a t s u b a r a  L M,  C á p u a  M L,  S a n t o s  B P,  M e s q u i t a  L R,  F a r i a  L G,  A g o s t i n h o  F S,  H i e l m - B j ö r k m a n  A.

Abstract

OBJECTIVE To evaluate pain intensity and kinetic variables in dogs with hip dysplasia (HD) treated with acupuncture, carprofen, or a placebo.

DESIGN Randomized, controlled clinical study.

A N I M A L S 5 4 HD-affected dogs and 16 healthy dogs.

PROCEDURES Seven HD-affected dogs were removed from the study. Dogs with HD were treated in a blinded manner for 30 days with acupuncture (once weekly for 5 sessions; n = 15), carprofen (4.4 mg/kg [2.0 mg/lb], PO, q 24 h; n = 16), or placebo capsules containing lactose (1 mg/kg [0.45 mg/lb], PO, q 24 h; n = 16). Dogs were evaluated 2 weeks and immediately before (baseline) and 2, 4, and 6 weeks after the onset of treatment. Owners evaluated the dogs’ pain intensity with 2 validated questionnaires and a visual analogue scale (VAS) for pain and evaluated degree of lameness with a VAS for locomotion. Kinetics of the hind limbs were also evaluated. Sixteen HD-free dogs were used to assess the evaluation protocol.

RESULTS Owners’ assessments revealed that outcomes of the 3 treatments did not differ significantly. The Canine Brief Pain Inventory and VAS pain intensity assessments were decreased from baseline at weeks 4 and 6, respectively, but only in acupuncture-treated dogs. The locomotion VAS values were decreased at week 4 in acupuncture-treated and carprofen-treated dogs. Kinetic evaluation findings did not differ among the groups or over time.

CONCLUSIONS AND CLINICAL RELEVANCE Neither acupuncture nor carprofen was significantly different from placebo. Acupuncture and carprofen reduced the degree of subjectively evaluated lameness, and acupuncture was associated with a decrease in validated chronic pain scores.

PMID: 27767433
DOI: 10.2460/ja-vma.249.9.1031

Dr. Huntingford’s comments:

The abstract kind of makes it look like acupuncture did not work but I read the entire paper and that is not what the discussion said…I am quoting the paper here:

On the basis of the CBPI questionnaire data provided by owners, the comparison of the effects of acupuncture, carprofen, or placebo on pain intensity and lameness in dogs with HD in the present study revealed that only acupuncture alleviated signs of pain at week 4 (ie, after 1 month of treatment), compared with findings before the start of treatment. This improvement also persisted for 2 weeks after cessation of treatment, as indicated by the CBPI data and the VAS score for pain at week 6. Regarding the score for the owner-evaluated VAS for locomotion, lameness was improved at week 4 in both the acupuncture- and carprofen-treated dogs; however, of these 2 treatments, acupuncture had a more long-lasting effect and improvement in lameness was maintained for at least 2 more weeks, as assessed at the follow-up visit at week 6.

So acupuncture improved the patients according to the pain score but not the kinetic data--however if you read the study none of the dogs had abnormal PVF anyway in any of the groups so how could you improve on 0.

FYI CBPI = Canine Brief Pain Inventory and PVF = Peak vertical force (from the forceplate)
Urine Spraying in a 4 year old M/N Siamese Cat by Dr. Jan Huntingford

A 4 year old M/N Siamese cat had a history of urine spraying and marking. When the owner would go away the cat would urinate on her clothes or in her suitcase. The owner recently acquired a new kitten and the spraying escalated.

Western Examination

The cat was very stressed. T= 39 P=220 and panting. Physical examination showed mild dental tartar and mild dandruff. Blood chemistry and CBC and Urine were completed. Results were unremarkable. USG was 1.050

TCVM Examination

Cat had hot ears, red, dry tongue, thin and thready pulses weaker on left. Cat was very anxious. TCVM diagnosis =Heart Yin and Blood Deficiency.

Treatment principles—nourish Heart Blood and Yin, Calm Shen

Acupuncture was done with no electroacupuncture.

Points used were
GV20—for calming and anxiety
Da feng men—Heart Yin tonic
PC 6—clear heat, decrease anxiety, Heart Yin Tonic
HT 7—sedation and Earth point of the Heart meridian, quiets heart, clears fire and cools heart heat, Heart Yin Tonic and Heart blood tonic
KID 3—Heart Yin tonic
BL 22—Nourish Yin
Herbal Shen Calmer Teapills from Jing Tang Herbal 1 daily (I would have liked twice daily but cat was not amenable to this.) Shen Calmer nourishes heart Yin and blood, calms the Shen and soothes liver Qi.

Cat was treated weekly for 4 weeks with good results. Cat is still on Shen Calmer as when the owner tries to withdraw it the cat relapses.

Continuing Education Opportunities

https://www.ivas.org/ivas-upcoming-ce-events/ Chinese food therapy

https://www.ivas.org/ivas-ce-event-calendar/ Balance method for pain (on multiple dates…you just have to click on the different months, then click on each event); AAVA conference (March 2017);

https://www.ivas.org/congress/ IVAS congress 2017 in Australia

Canadian Oriental Medical Symposium (COMS) 2017

VETERINARY PRE-SYMPOSIUM – DR. STEVE MARSDEN MARCH 16 & 17, 2017

http://comsvancouver.com/schedule/veterinary-pre-symposium

Day 1 Thursday March 16, 2017
Chinese Medical Treatment of Hemangiosarcoma (2 hrs)
Chinese Medicine for Treatment and Prevention of Cushing’s Disease (2 hrs)
Chinese Medical Management of Autoimmune Disease (2 hrs)

Day 2 Friday March 17, 2017
Clinical Application of the Three Yang Conformations (3 hrs)
Afternoon Day Two – Live or Case Review Workshop

Pinnacle Hotel Vancouver Harbourfront
1133 West Hastings Street, Vancouver, BC
V6E 3T3, CANADA

Attention Members: We now have a new feature in our newsletter and on our website:

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Non-AVAC members can advertise with AVAC for $100 which includes: 6 months on our website, one e-mail blast to our current membership, and one notice in a newsletter.
Come join our amazing team! Bloorcourt Veterinary Clinic, a small animal practice in west Toronto, is looking for a veterinary acupuncturist with experience in treating small animal disease through Traditional Chinese Medicine. Techniques currently being used with our clients include dry needling, electro-acupuncture, as well as food and herbal therapy. Our holistic clientele has been built up for 30 years, is robust, and makes up a large portion of our overall practice. Applicants should have experience in these treatment methods, and a commitment to continued learning, as well as growing the existing client base. Applications can be submitted to Robin Payton, at robin_bloorcourtvets@rogers.com

Merry Christmas and Happy New Year!