

Acupuncture and Chinese Herbs to Treat a Twelve-Year-Old Labrador Retriever with Chronic Kidney Disease

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ABSTRACT

Acupuncture and Chinese herbal supplementation was used to successfully treat, support and stabilize a twelve-year-old Labrador Retriever with chronic kidney disease and hind end weakness. A Chinese herbal formulation, Rehmannia Eight (Ba Wei Di Huang Wan), was started when mild azotemia with isosthenuria was noted in lab work. Acupuncture was used to provide further support to the kidneys as well as for mobility support. The patient showed mild improvement in the creatinine and the hind end weakness significantly improved, enhancing the patient's overall quality of life.

INTRODUCTION

Chronic kidney disease (CKD) is a common pathology seen in small animal veterinary medicine. This disease is typically progressive and irreversible once parenchyma mass reduction reaches a critical limit (Perini-Perera 2021). CKD is diagnosed with increased glomerular filtration rate (GFR) markers, serum creatinine and symmetric dimethyl arginine (SDMA).

The International Renal Interest Society (IRIS) has developed a series of testing and staging of the disease with treatment recommendations at the various stages to try and standardize treatment plans and improve patient outcomes (IRIS 2025).

Stage 1 No azotemia (Normal creatinine)	Stage 2 Mild azotemia (Normal or mildly elevated Creatinine)	Stage 3 Moderate azotemia	Stage 4 Severe azotemia
Creatinine <1.4	1.4-2.8	2.9-5.0	>5.0
SDMA <18	18-35	36-54	>54

Table 1. Canine IRIS CKD Stages

HISTORY

A twelve-year-old female spayed Labrador Retriever presented for an integrative consultation due to a history of chronic kidney disease, urinary incontinence and intermittent reluctance to jump onto furniture with some stiffness in the rear. The patient is reported to be eating and drinking well. The patient is currently on a prescription dry and canned renal diet. The patient is currently on Phenylpropanolamine ("Proin" Pegasus Laboratories Inc.) 25mg by mouth (PO) every (q) 24hrs for the urinary incontinence. On 2 June 2023 the patient was diagnosed with a urinary tract infection based on rod type bacteria and pyuria noted on a free catch urinalysis. Urine culture and sensitivity was declined by the owner. The infection was treated with Marbofloxacin ("Marboquin" Dechra) 100mg PO q 24hrs. The infection was resolved based on a recheck urinalysis on 17 June 2023. Standard Process Renal Support was added on 22 June 2023 as recommended based on weight.

Date	SDMA (0-14)	Creatinine (0.5-1.5)	BUN (9-31)	Urinalysis
30 Nov 2022	13	1.9	22	USG 1.016
2 June 2023	19	2.1	28	USG 1.020 WBCs, rods
17 June 2023	15	2.3	24	Pyuria and bacteriuria resolved
31 August 2023	17	2.3	47	

Table 2. Abnormal Laboratory Findings

CLINICAL SIGNS: WESTERN DIAGNOSIS

On examination, the patient was bright, alert and responsive. They had mild-moderate dental tartar. There was a small amount of clear discharge at the medial canthus from both eyes. The eyes appeared comfortable with lenticular sclerosis. The patient ambulated with a short-strided stiff gait in the rear and was fairly slow to rise especially with the rear legs. The hips had decreased bilateral range of motion but the patient was also fairly tense during the entire orthopedic examination. No neurologic deficits were appreciated. There were multiple soft freely moveable subcutaneous masses throughout that have historically been aspirated as suspected lipomas. The rest of the examination was unremarkable.

The patient was diagnosed with chronic kidney disease based on persistent azotemia on lab work, urinary incontinence and osteoarthritis. Radiographs were recommended to try and further characterize the level of joint disease but were declined by the owner.

Integrative Aspects

CLINICAL SIGNS

The owner reported that the patient has a good appetite. The patient has normal bowel movements twice a day and urinates outside normally. The patient has a history of urinary leakage/incontinence when lying down and/or sleeping which has resolved since starting the Proin and tapering to her current dose. Her owner reports that she is a classic easy going but excitable Labrador. They report the patient has started to show some signs of potential cognitive decline over the past few years where she will become restless at night and try to lay in abnormal places such as under the dresser or on top of toys. The patient's hearing has declined over the past few years. The patient no longer hears them when they come back into the house. The owner reports the patient seems to have a preference for warm places. She will often find her lying in the sun outside even on hot days. She will lay on a bed or next to a blanket all night.

On examination, the patient had the attitude of a happy-go-lucky Labrador Retriever but did get somewhat nervous with palpation and manipulation. Clear discharge was noted bilaterally at the medial canthus of both eyes. There was a small amount of clear mucoid discharge noted at the vulva. No odors were detected. The patient ambulated with a short-strided stiff gait and was slow to rise especially in the rear. There was decreased bilateral coxofemoral range of motion and discomfort with palpation over the lumbar sacral region of the back. Numerous soft freely moveable subcutaneous masses were noted mostly over the ventrum and bilateral sides of the thorax and abdomen. The tongue was slightly pale, lavender with a white film and the pulses were toned and deep.

The patient was diagnosed with a Kidney Yang Deficiency based on the lab work findings, urinary leakage, vaginal discharge, lumbar back pain, warm-seeking tendencies and hearing loss. This deficiency is secondary to a Spleen Qi Deficiency from inadequate diet leading to Dampness/Phlegm accumulation causing inadequate postnatal essence to the Kidneys from the Spleen. The Damp/Phlegm is apparent from the white film on the tongue and the numerous subcutaneous lipomas. There is also Qi Stasis/Stagnation noted with the dull aching osteoarthritis pain in the hips, lavender tongue and toned pulses.

Treatment

CONVENTIONAL (WESTERN) TREATMENT

The Phenylpropanolamine and prescription renal diet were continued.

INTEGRATIVE/TCM TREATMENT

The Traditional Chinese Medicine (TCM) treatment principle for Kidney Yang Deficiency is to warm and tonify the Kidney Yang. Other goals for the patient are to resolve Damp and move Qi to resolve the stasis/stagnation and relieve the pain.

Day 1 (01 September) - The patient was started on Ba Wei Di Huang Wan (Rehmannia Eight Combination Natural Path) at 3 grams PO q 12hrs.

Shu Di Huang	Prepared Rehmannia Root
Shan Yao	Chinese Yam rhizome
Shan Zhu Yu	Fructus corni
Fu Ling	Poria
Ze Xie	Allisma tuber
Mu Dan Pi	Moutan bark
Rou Gui	Cinnamon bark
Fu Zi	Prepared Aconite root

Table 3. Ba Wei Di Huang Wan (CIVT 2025)

The first three herbs are Yin tonics. Rehmannia has a warming effect and nourishes the Kidney Yin and Blood. Cornus nourishes Liver Blood and Yin and aids to restrain Kidney Essence leakage. Chinese Yam restrains Kidney Essence aiding in avoiding dryness in the Kidney, Lung and Middle Burner. The next three herbs are moving and draining herbs which balance the Yin tonics. Alisma promotes urination in the Lower Burner. Poria provides gentle Spleen support and drains Damp from the Middle Burner. Moutan Bark clears Heat and drains Fire from the Liver. The last two herbs warm the Kidney Yang (CIVT 2025).

Date	SDMA (0-14)	Creatinine (0.5-1.5)	BUN (9-31)	Urinalysis
31 August 2023	17	2.3	47	
2 December 2023	15	3.0	50	

Table 4. Monitoring Kidney Values

Day 60 (02 December 2023) - The owner elected to add in acupuncture to further support her and increase her quality of life. The acupuncture point prescription used at the initial treatment is outlined in Table 5. Acupunctured needles with copper handles in the size of 0.18x25mm and 0.20x13mm were used and left in place for 15 minutes for a tonifying effect. Governing Vessel (GV) 14 and Lumbar Bai Hui (BH) were placed first to open the Yang meridians and move Blood/Qi along the channels. Bladder (BL) 20 is the Association Point for the Spleen and aids in resolving Damp. BL 23 is the Association Point for the Kidney and was used to tonify Kidney Yang. This point has also been shown to increase renal blood flow. BL 24 was used as an important point for Qi deficiency and to strengthen the back and to move Qi/Blood. BL 40 is the Master point for the lower back and hips and aids in circulation and increasing renal blood flow. Stomach (ST) 36 is the Master Point for the Abdomen, builds Qi and Blood and is a good tonification point for deficient patients. BL 60 through to Kidney (KI) 3 and KI 7 was attempted but the patient was too reactive so acupressure was used at these locations. BL 60 is a good pain point and KI 3 acts to tonify the Kidney Yin and Yang. KI 7 is used with Kidney Yang Deficiency and dispels Damp.

Point	Anatomical Location	Action
GV 14	On the midline between the dorsal spinous process of the last cervical and the first thoracic vertebrae.	Tonifies Wei Qi, Opens all Yang meridians.
Bai Hui (BH)	On the dorsal midline in the depression at the lumbosacral.	Any lumbar disorder.
BL 20	Lateral to the caudal border of the spinous process of the twelfth thoracic vertebra, along the longitudinal line of the costal tubercula.	Spleen association point, Dispels Damp, Tonifies Qi and Blood. Local point for IVDD.
BL 23	Lateral to the caudal border of the spinous process of the second lumbar vertebra, along the longitudinal line of the costal tubercula.	Kidney Association Point, Tonifies Kidney Yang and Yin. Local point for IVDD.
BL 24	Lateral to the caudal border of the spinous process of the third lumbar vertebra, along the longitudinal line of the costal tubercula.	An important point for Qi Deficiency, strengthens the back
BL 40	In the center of the popliteal fossa.	Master Point of low back and hips, Local stifle point,

		Increases renal blood flow.
BL 60	In the depression between the lateral malleolus of the fibulas and the attachment of the common calcanean tendon to the calcaneal tuber.	Used for Deficiency Pain, Regulates the entire Bladder channel and is able to both draw pathogenic Qi out and infuse healthful Qi in.
KI 3	In the depression ventral to the medial malleolus of the tibia, between the malleolus and the talus.	Tonify the Kidney Qi.
KI 7	On the cranial border of the calcanean tendon, approximately two sixteenths the distance from the medial malleolus to the stifle joint.	Used for Kidney Yang Deficiency, Dispels Damp, Strengthens lower back.
BL 11	In a depression 1.5 cun lateral to the caudal border of the spinous process of the first thoracic vertebra, midpoint between the spinous process and the medial border of the scapula.	Influential Point for Bone, an important point to move Blood, Strengthens Qi, Nourishes Blood. Relieves pain, Nourishes the Tendons.
GB 34	In the depression anterior and distal to the head of the fibula, in the interosseous space.	Influential Point of the muscles and tendons, local point for the stifle.

Table 5. Acupuncture Points (CIVT 2025)

Day 74 - The owner reported that the patient was stable. No big change was noted after the initial acupuncture visit. The above point prescription was used again with the addition of Bladder (BL) 11 and Gallbladder (GB) 34. BL 11 was added as an important point to move Blood but also as the Influential Point for Bone. GB 34 is the Influential Point for the muscles and tendons and has the ability to move Qi stagnation. BL 60 through to K 3 was able to be needed. Acupressure was used at KI 7.

Acupuncture was continued every two to four weeks for the next four months with a similar point prescription. Lab work was rechecked in April and showed improvement in the BUN and Creatinine. The owner reports the patient is able to get up easier and use the stairs with more confidence since starting the herbs and acupuncture. The Phenylpropanolamine was able to be decreased to twice a week.

Date	SDMA (0-14)	Creatinine (0.5-1.5)	BUN (9-31)
30 Nov 2022	13	1.9	22
2 June 2023	19	2.1	28
17 June 2023	15	2.3	24
31 August 2023	17	2.3	47
1 September 2023 - Ba Wei Di Huang Wan (Rehmannia Eight) added			
2 December 2023	15	3.0	50
2 December 2023 - Acupuncture added			
23 April 2024	16	2.4	35

Table 6. Monitoring Kidney Values and Treatment Timeline

The patient has continued to do well in regards to improvement in mobility and pain management with monthly to bimonthly acupuncture sessions and continuing the Rehmannia Eight. Moxibustion was used on BL 23, ST 36, KI 3 and KI 7 in the winter months to add additional warming benefits to the points.

Long term management strategies and recommendations have been discussed with the owner at follow up visits including adding in fish oil for kidney and joint support as well as transitioning to a gently cooked homemade diet to better support the Spleen and postnatal essence long term.

DISCUSSION

A twelve-year-old female spayed Labrador Retriever was diagnosed with chronic kidney disease, urinary incontinence and osteoarthritis and given a TCM diagnosis of Kidney Yang Deficiency. Chinese herbals and acupuncture were used to support her deficiencies and improvement was noted in her Creatinine and overall quality of life.

Chronic kidney disease is one of the most common diseases found in older cats and less commonly in older dogs but dogs are typically given a guarded to poor long-term prognosis. Data base studies demonstrate median survival from the time of diagnosis is 226 days in dogs and 778 days in cats. A newer small study demonstrated dogs with stage three (based on IRIS guidelines) CKD medial survival time was eleven months (range 0.3 to 13 months) and with stage four was two months (Rosado 2023). The patient in this case report is still alive 24 months after

her kidney values were noted to be worsening, 22 months after adding in TCM therapies. The patient would be considered an IRIS Stage 2-3 CKD (Table 1).

Evidence-based studies indicate that herbal medicine can benefit humans with CKD (Huang 2018). Numerous case reports are also available showing the benefits of acupuncture and herbal therapies to treat both dogs and cats with CKD (Rosado 2023).

It is thought that acupuncture has a significant impact on the progression of CKD through multiple pathways including: 1. Suppressing the inflammatory response including NF-kB-related pathways delaying glomerular and tubular lesions; 2. Improving energy metabolism and regulations of the kidney immune function via regulating enzymes involved in aerobic metabolism in mitochondria; 3. Reducing podocyte apoptosis and protecting glomerular filtration; 4. Improving glomerular hemodynamics through blood pressure regulation; 5. Reducing inflammatory reactions and protection of cells from antioxidant stress (Lui 2022).

Acupuncture can improve other factors such as pain and anemia which have a relationship with CKD progression and worsening quality of life (Lui 2022).

The Chinese herbal formula used with this patient, Ba Wei Di Huang Wan (Rehmannia Eight), can aid patients fitting the correct TCM diagnosis for the formula. Success from Rehmannia Eight with kidney failure is thought to be due to the fact that the formula boosts renal blood flow suggesting there is a portion of nephrons that are hypofunctioning (compared to dead or functioning) due to hypoxia with chronic kidney disease. This increased blood flow aids to restore these under-functioning nephrons resulting in increased urine concentration ability and a seeming partial reverse in kidney disease (Marsden 2014). Due to this increased blood flow functioning this formula is not recommended for active acute kidney inflammation where blood flow to the kidneys is already increased. This does not include patients with kidney hypertension due to reduced kidney perfusion. Rehmannia also benefits anemia by stimulating the bone marrow production of erythrocytes (Marsden 2014).

One of the ways to understand the role of the Kidney through a TCM perspective is to imagine the body as a cooking pot over the fire. The Kidney is the fire, the provider of vital energy to the body. The Kidney acts to balance the Yin (cool) and Yang (hot) of the body by evaporating a small amount of Yin to cool and moisten the Yang in the upper parts of the body. The Yang is what lights the flame. When the Kidney is not functioning, Excess Heat in the upper body is noted and demonstrated clinically with an increased thirst and the lower body tends to become cool which can be demonstrated clinically as hind end weakness. Over the flame or the cooking pot sits the organs responsible for digestion, the Spleen and Stomach. When the flame is too low, cooking is inadequate and Phlegm starts to accumulate which can show as gastrointestinal issues (vomiting, inappetance, etc) often noted with CKD patients.

This explanation can be useful in seeing the herbal benefits of Ba Wei Di Huang Wan with CKD due to Fu Zi (prepared Aconite) and Rou Gui (Cinnamon) being used to reignite the spark of the Kidneys (Wynn 2003).

The goals of TCM treatments with CKD are to slow the progressive loss of kidney function, improve appetite and weight loss, improve and maintain a good quality of life and achieve a greater lifespan than what is typically possible with Western medicine alone.

This case report demonstrates that acupuncture and herbal therapies improved some of the patients kidney values, improved their quality of life in regards to pain and mobility management and extended their expected lifespan beyond what would be expected for typical Western management of CKD.

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