

COLIC – the role of Red Light Therapy/Acupressure

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Colic is a nasty word in the equine world. Everyone wants to avoid cases because the implications can be fatal. Quick action is always necessary. There are many variations and causes of colic. Many attacks can be tracked down to a sudden change in diet. We must always remain vigilant that the diet remains as constant as possible even when owners do not have total control over their horse's diet if someone else tends to the daily care.

As an example, years ago I had a very valuable TB horse in my care that suddenly had an attack of colic. I can honestly say I had never had a bout of colic in 20 years despite caring for 55 horses at once over that time. The horse, being a sensitive and emotional type, was very distressed. The visiting owner had just left, and I was rather glad she didn't have a mobile phone so could not be contacted to return and see him in that state. With veterinary intervention, the horse was over it completely in 2 days but I remained unsettled. It kept nagging at the back of my mind, what the cause could have been. I could not trace the colic back to any variation in the diet at all nor any other changes or anxiety. Some weeks later the sheepish owner confessed to feeding him a titbit out of her drizabone pocket. It was a 3 month old, dried up, curried sausage roll. She said she knew better, but the horse WANTED it.

No matter what the cause, or the type of colic, you should call your Vet. If you know how to take the horse's heart rate, do so and let the Vet know what it is when you call. If the HR is over 60 beats a minute it's important to act quickly. People living in remote areas find the travelling time factor to have a Vet in attendance quite distressing, and will often try different 'remedies' that many laymen swear by, like drenching with warm beer or running a cool hose over the loins. It is not advisable to administer anything yourself, as the point is, unless you are a Vet yourself, you cannot diagnose the type of colic your horse has. Therefore time and management may be crucial.

Red Light/Acupressure use in urgent situations will prevent many conditions from worsening by providing pain relief, relaxing of the muscles and neutralising of stomach acids. However a Vet will make their diagnosis by the signs and symptoms present when they arrive and therefore may not consider the case very serious if the horse is now relaxed and resting. It is therefore suggested you film the horse initially prior to applying any treatment plan (use your mobile phone video). This serves as a record of intervention for you, and for the vet to see the original condition and symptoms. For example, if you have applied the colic treatment plan and have seen an improvement, the film will act as a reference point for the vet to use to begin further diagnosis and treatment. If you do not have film you must note the vital signs and time frames and describe how the horse was before you applied therapy. (It will also stand as a testimony to the effectiveness of the treatment).

ALWAYS tell the Vet you have given Acupoint therapy for pain relief.

The following Red Light or Acupressure treatment (see picture below) is one I advise which generally covers all bases no matter what type of colic the horse has. As noted above, these points will relieve pain and muscle spasm, neutralise stomach acid, relax and calm your horse. Administering this cannot harm your horse or worsen the condition in any way. Use your fingers or a red light. Never use any type of laser unless professionally trained in its use.

It is still preferred that you walk the horse around quietly to assist the system functions and prevent injury if the horse rolls violently. Your common sense must prevail here. If walking obviously causes the horse more pain then just keep it company without forcing it to walk. Try to discourage the horse from lying down or violently kicking at itself. If the horse is distressed, be careful and avoid danger from sudden head tossing and kicking. If at any time the horse tells you to go away when you are activating acupoints, do so. Leave that acupoint and find another. There is no set order to work on these points, so find the easiest and safest ones for you. You can reapply the treatment plan any time the horse has obvious pain.

BI 20 & BI 21 on the loin area/back muscle either side of the last rib.

I find these two points at the rear of the rib cage have great effect and you can work on two at once. Stroking the horses back, move to the flank area, find the last rib, which is not difficult if you feel with your fingers starting just below the point of hip and moving towards the head. Once located, place a finger on either side of the last rib, and follow the hollows slowly upwards (the rib always slants towards the mid back not straight upwards) until you cannot feel the bone any longer because of the loin muscles that lay over the back. On the muscle, just above the shelf of the rib, using both fingers at once, rub up and down for 1.5-2.5cm (½ -1") (directly upwards towards the spine. Just irritate the skin, don't use much pressure. Watch the horse's eyes and look for relief signs. It is unlikely that the horse will show usual release signs in a case of emergency e.g. lick, chew, yawn etc., , so rub for no more than 2 mins if the horse is obviously accepting. If you have a red light, shine it on each of these points for 10 secs only with a McLaren torch and 1 minute with any other brand. If the horse does release, desist immediately and move to the next acupoint. If the horse is standing, repeat on the other side. If the horse is lying down, stand beside the back, not near the legs, and be sure of enough space behind you to move quickly away should the horse try and roll. Once the horse feels the reaction they usually understand you are helping and become quite quiet and still.

St 2 at the junction of the veins below and in front of the eye.

Many horses like to have their eyes gently rubbed so working with the heel of the hand over the ST 2 point is usually very acceptable. Place one finger on the point and hold without applying more pressure than the horse wants. You can mini rub with the finger tip if preferred. If using a red light, gently rub the eye

first with your finger or hand, locate the point and angle the torch in a way to avoid shining the light directly into the eye. It is not dangerous to do so, just makes them pull their head away. Work on St 2 on the other side.

GV 1 is found directly under the tail above the anus.

Shine the red light there, or press and slowly circulate your thumb. It doesn't look good if someone is watching, but is very effective to relieve colic!

Usually by the time you have worked on the points above the horse will have quietened down a bit. However, decide whether it is safest for you to go for points under the belly next, or on the foreleg and hind coronet bands.

LI 1 Ting point Both coronary bands of the fore legs. If the toe is 12:00 the point is located at 2:00 on L F & 10:00 on RF.

Press repeatedly on the coronet band down in the direction of the hoof capsule or shine the red light.

ST 45 Ting point Mid front of both hind coronet bands.

Always hold the tail and apply some tension as you work on the acupoints of the rear legs. This simple action will keep you safe and the horse attentive to the position you are in. If the horse is inclined to kick you can reach under and work on ST 45 on the other leg.

You need to locate the navel to find the next points. A horse's navel is usually like a little button. It may vary in size from horse to horse, some the size of your little finger nail, some even smaller. They also can have 'outies' or 'inies' like people. On a gelding you will find the navel on the midline, just in front of the sheath. An easy way to locate the navel when a horse is standing without trying to turn upside down, is to feel the most rear turning point of the last rib which is about 2/3rds the distance from the spine straight down to the rear of the belly. If you then dropped a plumb line, this line will be at the level of the navel on the midline. For those who know their acupoint locations it can also be found directly under BI 23.

CV 12 also located on the midline, **half way between** the xyphoid process (rear tip of sternum, behind the girth area, in a hollow where the two lobes of the pectoral muscles separate) and the navel. Stroke backwards and forwards with the tips of the fingers or the red light. The light may 'stick' to the acupoint. If the horse is lying down, reach across the belly, to feel for CV12 rather than be in amongst the legs. When working this point horses often lie flat out and moan a little in relief.

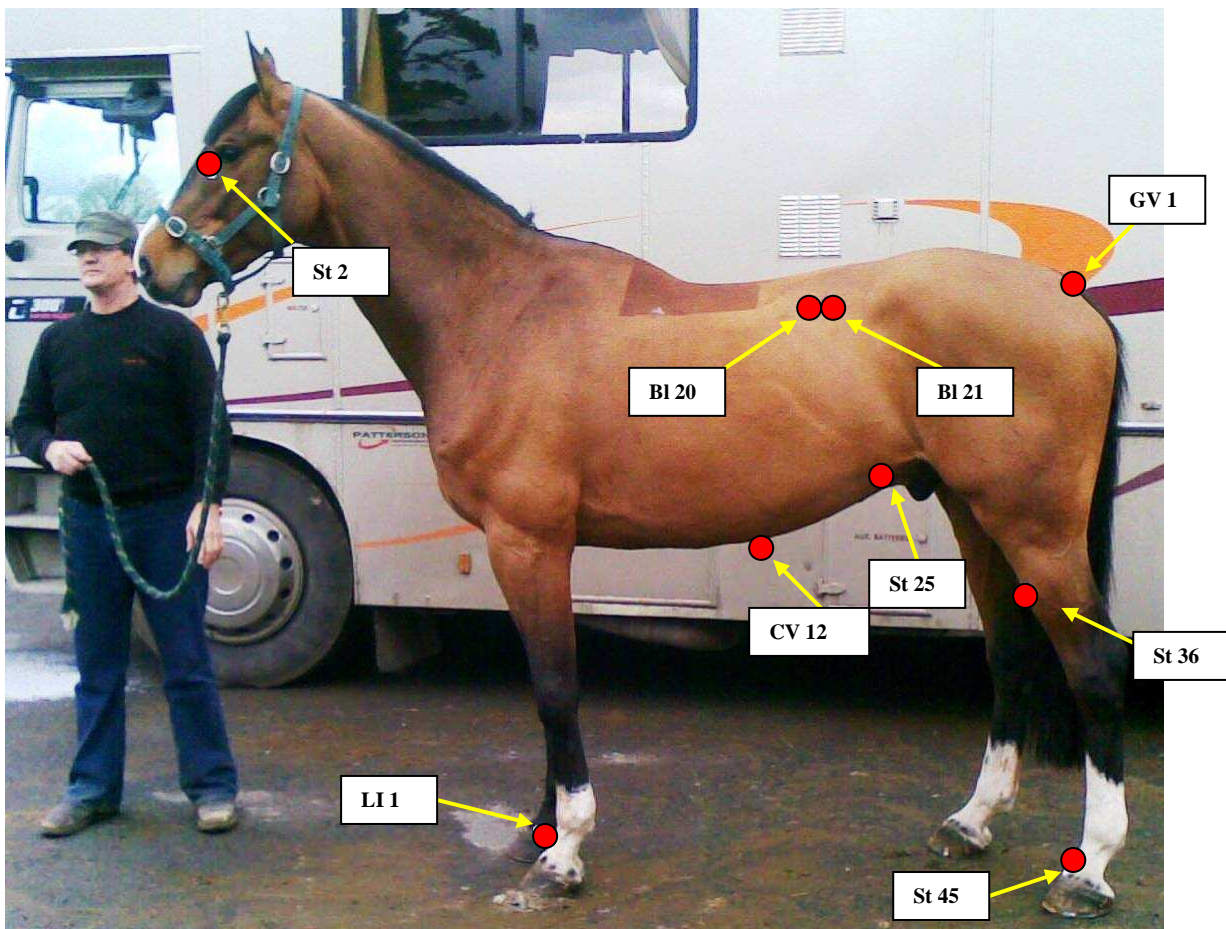
St 25 A distance of 2 of the horse's rear rib widths either side of the navel. This may be 4-6cm (1½-2½") As you gently feel for the point a hollow generally opens under your finger tip. I've known horses that have been down for hours gain such relief from stimulation of St 25 that they then get up and lie down on the other side, obviously indicating they want the other side done now thanks!

St 36 Just to the outside on the upper front of the gaskin muscle. Place 3-4 fingers below the tibial crest (lowest bone on the front line below the stifle), then draw to the outside about 1.2cm (½"). This point is hard to locate but you can't go wrong trying to find it. A red light will often 'stick' to the acupoint so move it slowly and lightly to feel for stickiness. Stroking downwards will cover a larger area to ensure you work the correct acupoint.

This treatment plan can be repeated any time the horse shows obvious signs again of pain and distress. Don't continue if the horse is obviously well. More is not better! If you are worried about missing the correct location of points, remember you cannot do any harm, and working over a greater area will allow for some misplacement.

Any time you hear gurgling gut sounds, the condition is improving.

Don't forget it is important to let your Vet know on their arrival if you have administered acupoint therapy as the pain symptoms will be less and the Vet needs to know this to accurately assess and diagnose the seriousness of the case.



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