

# ***SHELTIE TALES***

**January-February 2012**

**Newsletter of the Shetland Sheepdog Club of Southeast Florida, Inc.**

**[www.sscsefl.com](http://www.sscsefl.com)**

## **2011 Officers and Board Members:**

<b>President:</b>	<b>Meredith Hector</b>
<b>Vice-President:</b>	<b>Lorna Staab</b>
<b>Secretary:</b>	<b>Ellen Ragland</b>
<b>Treasurer:</b>	<b>Karen Salvage</b>
<b>Board of Directors:</b>	<b>Hector Hector</b>
	<b>Anna Whiting</b>
	<b>Lisa Malanowski</b>

## **Committees:**

<b>Breeder Referral:</b>	<b>Maryann Lannon</b>
<b>Newsletter Editor:</b>	<b>Holly Potts</b>
<b>Show Chairman:</b>	<b>Hector Hector</b>
<b>Website:</b>	<b>Holly Potts</b>
<b>Membership:</b>	<b>Hector Hector</b>
	<b>Anna Whiting</b>
	<b>Lisa Malanowski</b>

## **Upcoming Club Events -----**

Next General Membership Meeting: Sunday, February 26, 2011, at 1:00 p.m.

Location: Constitution Park  
2841 West Hillsboro Boulevard  
Deerfield Beach, Florida 33442  
Phone: 954-480-4494

2012 Back-to-Back Specialties: Saturday, March 3, 2012

Location: Wickham Park Pavilion  
3865 North Wickham Road  
Melbourne, Florida

ASSA Raffle: Wednesday, March 7, 2012

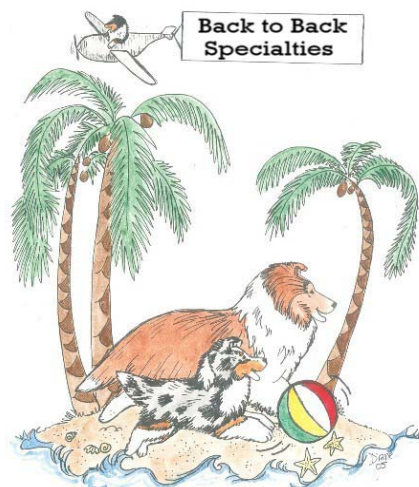
Location: Osceola Heritage Park, Exhibition Hall  
1875 Silver Spur Trail  
Kissimmee, Florida 34744

Bark and Bowl: Friday, May 18, 2012, 7:00-10:00 p.m.

Location: Palm Beach Strikezone  
6591 South Military Trail  
Lake Worth, Florida 33463  
561-676-7600

## Club Information-----

**2012 Back-to-Back Specialties.** Our back-to-back Specialties will be held on Saturday, March 3, 2012, at Wickham Park Pavilion, 3865 North Wickham Road, Melbourne, Florida. **Entries close February 15, 2011.** A link to the premium list is located at <http://www.sscsefl.com/Premium%20List.pdf>. Volunteers are needed to help set up early and/or take down and clean up after the second show. Please contact the Show Chairman, Hector Hector, to volunteer. Hector's e-mail address is: [h2enclave@aol.com](mailto:h2enclave@aol.com).



**Raffle:** For those members that will be at the ASSA National in Kissimmee, Florida, on Wednesday, March 7, 2012, please volunteer an hour or two between 9:00 a.m. — 4:00 p.m. to help sell raffle tickets. All proceeds go to benefit our club. E-mail Ellen Ragland, the Raffle Committee Chair, and let her know when you can help out at the club's table. Ellen's e-mail address is: [erbandymama@aol.com](mailto:erbandymama@aol.com).

**ASSA National:** All members attending the ASSA National in Kissimmee, Florida, are encouraged to volunteer to help the event run smoothly. Below are various positions and contact information which you might consider:

- Agility - Joanne Killeen, [Joannekilleen@verizon.net](mailto:Joannekilleen@verizon.net), 727-544-5443.
- Herding - Sherry Lee, [lindenhollow@gmail.com](mailto:lindenhollow@gmail.com), 321-624-1704.
- Obedience/Rally - Bob Withers, [Bob.withers@lmco.com](mailto:Bob.withers@lmco.com), 863-688-9099.
- Catalogs - Jackie Mascioli, [Mandy610@verizon.net](mailto:Mandy610@verizon.net), 423-319-6784.
- Grounds/Clean-up - Bill Munsey, [donlynknls@aol.com](mailto:donlynknls@aol.com), 813-310-2329.
- Trophies - Stephanie Riley, [Trillantshelties@gmail.com](mailto:Trillantshelties@gmail.com), 813-986-9109.
- Symposium - Judy Kelsey, [jkdij@yahoo.com](mailto:jkdij@yahoo.com), 352-341-5621.
- Raffle - Ellen Ragland, [erbandymama@aol.com](mailto:erbandymama@aol.com), 954-771-1129.
- Equipment - Diane Miles, [sheltieluvr@earthlink.net](mailto:sheltieluvr@earthlink.net), 727-544-6950.

**Bark and Bowl:** This year's Bark and Bowl is to be held on Friday, May 18, 2012, 7:00-10:00 p.m. at Palm Beach Strikezone, 6591 South Military Trail, Lake Worth, Florida 33463, 561-676-7600. Team information and donation page are located at: <http://barkandbowl.com/southflorida/sscsef-p-615.html>.

**Membership:** The first reading of an associate member application submitted by Paul Zaryczny was read at the January membership meeting.

**Nominating Committee:** A nominating committee was appointed in preparation for the annual election in March. The slate of officers presented at the January General Membership meeting was:

- President: Hector Hector
- Vice President: Kelly McDonough
- Secretary: Meredith Hector
- Treasurer: Lucy Carr
- Board: Ellen Ragland, Anna Whiting and Lisa Malanowski.

Additional nominations will be taken at the February meeting after which time the nominations will close. All nominees may present their qualifications to the general membership in writing for submission in the February newsletter.

**Membership Dues:** Membership dues were due on or before January 1, 2011. If you have not yet paid your dues, please contact the club's Secretary, Ellen Ragland, and make arrangements for payment. Please be sure she has your correct address, e-mail address, telephone numbers, and any other contact information on yourself.

**"Ask the Breeder":** Occasionally at our general membership meetings, the club has an "Ask the Breeder" segment where any member or guest is invited to ask our team of sheltie breeders questions pertaining to the health, nutrition, and well-being of shelties. At a past meeting, questions pertaining to vaccinations were discussed. Because of this query, I requested and was granted permission to reprint in our newsletter a chapter from the book Homeopathic Care for Cats & Dogs, by Don Hamilton, which addresses many questions pertaining to vaccinations. Therefore, for the next several months, that chapter will incrementally be included in the club's newsletter. Your feedback on its inclusion in the newsletter is invited. If you enjoy reading this information, I encourage you to read the entire book as the rest of the book is just as informative.

## With Sorrow -----

Club members, Walter and Dee Silverstein, announce the passing of "Rainy," Dee-Sign By Silver Trails, on January 11, 2012. "Rainy" was 11 years old.

"Rainy" was whelped on April 15, 2000, and passed on January 11, 2012. "Rainy's" sire and dam: BISS CH Royle Marchwind User Friendly ex It'l CH Rolins Rhapsody In Bleu.

Dee mentions how Rainy was one of the most amazing shelties she ever knew. "Rainy" was Dee's constant companion never leaving her side throughout the day, everyday, relentlessly loyal and brave. "Rainy" demonstrated a natural intelligence which was passed on to her get.



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Club member, Holly Potts, announces the death of “Mandy,” CH MACH Sunridge Follow Your Heart, HT, AXP, AJP, CH+VCX. “Mandy” was 15½ years old. “Mandy” was whelped on June 30, 1996, and died on January 11, 2012. “Mandy’s” sire and dam: CH Heatherland’s Follow My Lead ex Benayr Beautiful Dreamer.

Holly says that “Mandy” inspired her to dream and together those dreams came true. She was definitely a dog that enriched Holly’s life!



## Interesting Information -----

You may find the article entitled “Pet Food and China - More Cause for Concern?” interesting to read.

The first three sentences of the article are:

Recently the Taipei City Government ordered four brands of pet food removed from store shelves due to false labeling.

The pet food companies involved were charged with violating China's Commodity Labeling Act.

Out of 140 pet foods tested by Taipei city officials, four were found to contain not even a trace of beef, despite label claims and misleading product names.

The link to the article is:

<http://healthypets.mercola.com/sites/healthypets/archive/2012/02/01/pet-food-and-china-more-cause-for-concern.aspx>.

In addition, there is still the concern over chicken jerky treats from China for which the FDA has issued a warning, but no recall. A link to an article entitled: “FDA Warns Pets Poisoned by Treats: Manufacturers Refusing Recall” is at:

<http://news.petpardons.com/fda-warns-pets-being-poisoned-by-treats-manufacturers-refusing-recall/>.

## **Member Brags -----**

### ***Holly Potts:***

“Lacey,” GrandGables A Gracious Gift, MX, MXJ:

Sire and dam: Am/Can CH GrandGables Dancing Along ex BIS/BISS Am/Can CH GrandGables Homecomin’ Queen (RWB ASSA 2006).

- On December 30, 2011, at the Tailwaggers Agility Club of South Florida, Inc.’s agility trial, “Lacey” completed her Master Agility Jumpers (MXJ) title and added another double Q to her collection.

### ***Anna Whiting:***

“Caper,” Highfields Winter Landscape:

Sire and dam are: Highfields Winter Weather (major points) ex Vankrols Taegan.

- On January 7, 2012, at the Clemson Kennel Club, Inc. show, “Caper” was Winners Dog and Best of Opposite Sex.



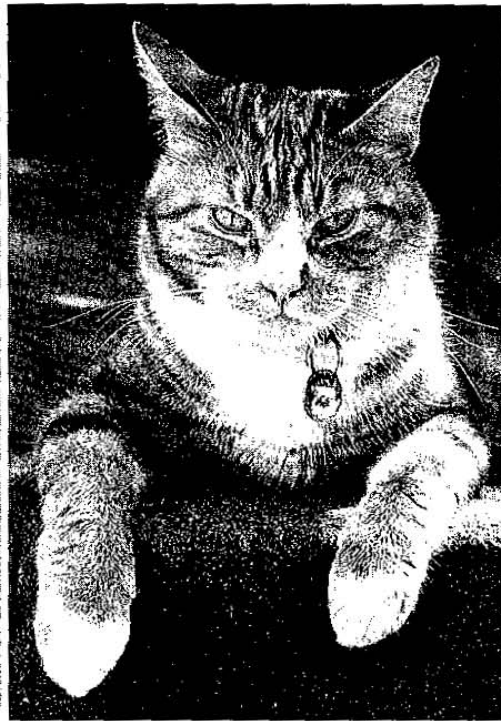
## Homeopathic Care for Cats & Dogs

### Small Doses for Small Animals

By: Don Hamilton, DVM

## Chapter Sixteen

### VACCINATION



#### Introduction

#### The Vaccine Quandary

#### Why Do We Give Annual Vaccinations if They Are Unnecessary?

#### Vaccination Does Prevent Disease, Doesn't It?

#### Can Vaccination Cause Problems?

#### Vaccination: Replacing Acute Illness with Chronic Disease

#### How Can Vaccination Cause Illness?

#### Vaccination and Brain Damage

#### What Steps Should You Take with This Information?

#### Nosodes

#### If You Still Decide to Vaccinate, What Vaccines Should You Use?

#### Titers (Antibody Testing)

#### Summary

## Introduction

Fortunately, since I first wrote this book and this chapter, we have made some progress on the vaccine front. Most veterinary schools and most leading veterinary organizations now offer much more conservative vaccination recommendations than a decade ago. Most experts differentiate core vaccines, such as feline panleukopenia virus, canine distemper and parvovirus, and rabies virus, from noncore vaccines like the feline leukemia virus. The latter vaccines are not typically recommended in most circumstances. This change somewhat follows my recommendations, although we do not agree totally here. Furthermore, most experts now recommend booster vaccines every three years rather than yearly. This is just how I began backing away from vaccinations twenty years ago. It is really "baby steps," and it is unnecessary to give triennial (every three years) vaccinations, but it is a big step in the right direction. As I explain in this chapter, vaccine boosters are almost totally unnecessary, but at least the profession as a whole is moving in the right direction. Still, we have a long way to go yet.

I have spoken with university veterinarians who admit that we do not need even the triennial boosters, yet they still teach this to students because they think it would be too confusing for students (and private-practice veterinarians) to learn that boosters are unnecessary. I suppose they think the students and clinicians will have a hard time bridging the gap between previous annual vaccination recommendations and the actual absence of any need for boosters. I disagree; I think my colleagues and soon-to-be colleagues are much more capable of change than this. But I am still grateful for the shift in recent years. Even seeing how the wider veterinary community is taking some of the same steps I took encourages my hope that the shift will continue in the direction I have taken.

Current recommendations, however, as taught by universities, still weigh heavily upon overvaccination. Until the universities begin teaching vaccine practices based upon current immunological knowledge, we who do not wish to use vaccinations, or wish to use them based upon current guidelines, must stand firmly. Hopefully, this chapter will help you in this area. And unfortunately, many clinicians "in the field" have yet to adopt even these basic guidelines, and they still vaccinate yearly. It takes time for new information to filter down, apparently. But you can check such Web sites as the American Veterinary Medical Association and the American Animal Hospital Association, as well as the American Association of Feline



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Practitioners, if you need to give your local veterinarian evidence to at least back away from annual vaccinations. You can, of course, also show her this chapter from my book (or buy her a copy!), though obviously my views are much further away than those of the associations above.

To be clear up front, I do not recommend vaccination in almost all circumstances, just in case you have not yet read this chapter from my previous book. I only mention the above as assistance in bringing your local veterinarian along the path toward understanding how much our profession overvaccinates and the possible dangers of vaccination. This is a long distance for many veterinarians, so the information from the sites mentioned above can be a bridge between where your local veterinarian may be now and where you will be once you have integrated the information in this chapter.

Fortunately, there is widespread vaccine awareness among holistically oriented veterinarians and guardians today. In addition to moving away from excessive vaccination, emphasis has shifted toward alternative procedures to ensure animal health. Diet and decreased reliance upon drugs and pesticides are part of this shift, though not directly related to vaccination and specific disease protection. Titer testing and nosode use, however, are directly related. Many people today express interest in both as a part of protecting their companion animals or their patients. Unfortunately, there is a lot of confusion and even downright misinformation out there. In the current version of this chapter, therefore, I have added a more complete discussion of nosodes as well as an entirely new section on titers. I actually overlooked the titer issue in the first edition, so I am grateful now to be able to provide some clarity on this important issue, as titer testing can be helpful for veterinarians and guardians who would like some assurance of protection against those major diseases for which we vaccinate. Understanding just how and when titers can help—and when they do not—is critical. Nosodes as well can reassure some guardians of assistance in protecting their companions, although, as I discuss toward the chapter's end, they are not simply a replacement for vaccines but must be used according to their best effectiveness and safety.

In addition to adding the nosode and titer sections, I have also fleshed out certain parts of the original chapter, including adding new information about vaccine damage. Another shift by the conventional veterinary community has been research into vaccine damage. While I do not like animal



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experimentation, the fact that university researchers and others are beginning to examine the vaccine damage question is a huge step. I believe this will further result in decreasing our dependence upon vaccination in the future. I have added a few examples of these research findings to this chapter, as they support my previous conclusions nicely. I encourage anyone who has read the first version of this chapter to read the chapter again, not only for your own edification but also to assist you when you talk with others about vaccines. So let's start from the beginning.

### **The Vaccine Quandary**

Veterinarians and animal guardians alike are seriously questioning the current guidelines for vaccination of animals. Not only holistic veterinarians, but also increasing numbers of conventional practitioners and leading veterinary immunologists believe we are overemphasizing immunization. The issue is a hot one, challenging a half-century of rapid expansion of vaccine use and the attendant income this use provides to veterinarians and vaccine manufacturers. Quite naturally, this provides an ethical dilemma as well as a mounting controversy. Personally, I do not consider the issue controversial; certainly within the veterinary homeopathic community it is not. But realizing how sensitive the vaccine issue is within the broader veterinary community, I decided the best approach for this chapter was to share my experience and what I have learned along the way about vaccination.

During veterinary school, we studied the underlying theory of vaccination: exposing animals to an organism that had been modified so that no disease would be created but immunity to that organism would develop. It made a lot of sense. It still does, at least theoretically. Vaccination would thus prevent suffering by stopping the acute expression of disease. Historically, we learned, vaccination had stopped epidemics by limiting the spread of contagious diseases. Examples in animals included reduction of rabies in most domestic animals since the 1950s, canine and feline distemper virus diseases (they are different viruses), and the feline rhinotracheitis epidemic of the late 1960s. Vaccination had led to decreased mortality, particularly in young animals who were most susceptible to disease. Domestic animals were living longer, healthier lives thanks to these vaccines and to "responsible animal owners." Our professors, in whom we had great trust, asserted that vaccination not only provided benefit to the primary host species but was a public health benefit against diseases that are transmissible to humans,

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such as rabies and the equine viral encephalitis viruses. Medical pioneers such as Edward Jenner (smallpox) and Louis Pasteur had gifted humans and animals with a way to reduce suffering.

We did not learn, however, that Pasteur had ultimately recanted much of his theory with the maxim, "the microbe is nothing, the terrain everything." Nor did we learn that Pasteur's success with rabies was not nearly so great as he had originally claimed.

After graduation, I witnessed firsthand the canine parvovirus epidemic of the late 1970s, and I saw the disease diminish after vaccines were introduced. (Parvovirus infection causes severe damage to the intestinal tract as well as immunosuppression. Affected animals become quite ill with vomiting and diarrhea, and many die.) How could I not champion vaccines for stopping this horrible disease that killed thousands of dogs and caused tremendous suffering for these poor animals? I saw that unvaccinated dogs would frequently get "parvo" or occasionally distemper. I observed that vaccinated animals seemed to be generally healthier than unvaccinated animals. As time passed, however, I saw more and more cases of vaccinated dogs coming down with parvo, some so soon after the vaccine that it appeared the vaccine was causing the disease, or at least making the dogs more susceptible.

I remember one client (this was in the late 1980s) who bred huskies and was having problems with parvovirus even though she was vaccinating appropriately. She had called two vaccine companies; their representatives suggested she vaccinate earlier and more often (e.g. start at four weeks instead of eight, and vaccinate every week instead of every three to four weeks). Her problems continued until, at my suggestion, she stopped using modified live vaccine and gave noninfectious (killed) vaccine at normal intervals. She had no more puppies with parvovirus after this change. When I reported to vaccine manufacturers my suspicion that the vaccine might be causing disease, I was politely informed that this was not possible.

With the introduction of the first feline leukemia virus (FeLV) vaccine during this same period of time, the veterinary community had hope that a terrible disease of cats could finally be halted (feline leukemia virus disease is similar to HIV and the AIDS syndrome in humans). Problems arose from the start, however. The vaccine, touted as safe and highly effective, did not appear to prevent the disease, and side effects were numerous and often severe. I even saw (and still see) many cases in which healthy cats, tested



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and found free of the virus, succumbed to the disease shortly after vaccination, as though the vaccine had initiated the disease. Again, the manufacturers assured me that this was impossible.

Studies by independent researchers, however, found the effectiveness of the vaccine to be as low as 17 percent, and typically in the 50 to 70 percent range.<sup>1</sup> These same researchers found the incidence of harmful side effects to be much greater than the manufacturer had reported. One study found, for example, that 32 percent of vaccinated cats died during the twenty-four months following vaccination with a feline leukemia virus vaccine. There was a 43 percent death rate of control cats in the same study; researchers vaccinated the latter group with a killed rabies vaccine as a "placebo." Both groups were then housed with feline leukemia virus infected cats to test vaccine effectiveness. While a greater percentage of control cats died, the difference was not statistically significant.<sup>2</sup> Interestingly, while approximately two-thirds of the control (rabies vaccinated) group who died were persistently infected with feline leukemia virus, only one-third of the FeLV-vaccinated cats that died were persistently infected. The unasked question is, why did so many noninfected cats die in both groups (one-third of rabies-vaccinated deaths and two-thirds of FeLV-vaccinated deaths)? Could it have been vaccine-induced?

Canine coronavirus appeared at about the same time as the canine parvovirus outbreak. I remember the emergence of these diseases clearly during my senior year of veterinary school, as they had just appeared, and parvo was so ominous with its fast onset and high death rate. But I remember just as clearly learning that coronavirus was relatively mild, usually causing no more trouble than a few days of diarrhea. So when a major vaccine manufacturer brought out a vaccine for coronavirus in 1984, I wondered why. The company representative reported that the virus was causing havoc "in other areas of the country." Reports of serious illness were showing up in veterinary literature. Other veterinarians in my community later reported seeing coronavirus and that it was "worse than parvo." These colleagues suggested various ways of differentiating coronavirus from parvovirus. This puzzled me. Had the disease changed so much? Was I truly not seeing the disease, or was I missing the diagnosis?

I began sending serum samples out for testing to look for the disease. I continued this for several months. While clinics around me reported case after case, I never obtained a positive report. No cases. So I researched the

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literature and found that the majority of the published articles about coronavirus came from the vaccine manufacturer. Then a different company announced the imminent introduction of a test for in-clinic use that would check for both parvovirus and coronavirus at one time. I was eager to get these kits so I could continue my search for the elusive virus. But when the kits became available, only parvovirus was included. I called the company and spoke with the man who developed the test. He informed me that, after months of searching, they simply could not find any coronavirus, and it was impossible to develop the test without a sample of virus. Naturally, I found that interesting.

I then called the director of the lab where I had been sending serum samples for testing. He reported that he rarely had positive tests, and these were usually in very young pups that also had parvovirus infection. I then asked him about all the positive tests my colleagues reported from examination of feces for the virus using electron microscopy (EM). He confirmed what I had heard elsewhere, that EM identification was often inaccurate, as other viruses were hard to differentiate from corona. The obvious question was, why do universities use EM instead of serology if EM is so inaccurate? His answer: the universities did not have the virus either, which they needed to develop a serological test. Coronavirus, with such a notorious reputation, seemed to be less dragon than windmill, our beloved canines not requiring the proffered protection of Don Quixote, DVM. A few years later, in fact, many of my colleagues began referring to the coronavirus vaccine as "a vaccine looking for a disease."

Incidentally, the same company that produced the coronavirus vaccine later introduced a bacterin (a bacterial vaccine) for Lyme disease, another disease that is uncommon (due to very limited geographical occurrence of the ticks that can transmit the disease). This bacterin provides poor protection and has many side effects, including symptoms that are indistinguishable from the disease itself. Unfortunately, however, veterinarians recommend the bacterin in many places where the tick carriers of the organism do not live and thus contraction of the disease is impossible.

As a result of these kinds of situations, my faith in the vaccine industry had eroded tremendously. Sadly, even my faith in the veterinary community, my colleagues, began to wane as well. I began to question the recommendations made by vaccine manufacturers, and even the American Veterinary Medical Association. The first item was the idea of yearly "boosters." It really



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did not make much sense. With the exception of feline leukemia virus, for which the vaccine did not appear to work anyway, I rarely saw these diseases in animals over a year of age. They were puppy and kitten diseases. Furthermore, my doctor was not sending me regular notices to come in for my boosters. Why would animals be any different?

The more I considered the issue, I saw no reason boosters would benefit animals. I changed my recommendations, which angered the colleagues in my community. Finally, through involvement in homeopathy, as well as the American Holistic Veterinary Medical Association, I found other veterinarians who also felt as I did, and in 1992 I read the following quote in *Current Veterinary Therapy XI*. This is a veterinary text akin to Conn's *Current Therapy* for human medicine. It is strictly a conventional textbook. The quote is from the section on dog and cat vaccination; the authors are Tom Phillips, DVM, of the Scripps Institute, and Ron Schultz, PhD, of the University of Wisconsin-Madison School of Veterinary Medicine:

A practice that was started many years ago and that *lacks scientific validity or verification* is annual revaccinations. Almost without exception there is no immunologic requirement for annual revaccination. Immunity to viruses persists for years or for the life of the animal. Successful vaccination to most bacterial pathogens produces an immunologic memory that remains for years, allowing an animal to develop a protective anamnestic (secondary) response when exposed to virulent organisms. . . . Furthermore, revaccination with most viral vaccines fails to stimulate an anamnestic (secondary) response as a result of interference by existing antibody. . . . The practice of annual vaccination in our opinion should be considered of questionable efficacy unless it is used as a mechanism to provide an annual physical examination or is required by law (i.e. certain states require annual revaccination for rabies).<sup>3</sup> (emphasis added)

Thus, yearly "boosters" are unnecessary and provide no benefit if given (they will not increase immunity). Boosters are either a legal issue (rabies) or a manipulation issue (inducing clients to come for examinations rather than directly suggesting an examination). Or a mercenary issue.

This facet is tremendously important, and it is also decidedly clear; I believe most immunologists agree with doctors Phillips and Schultz even

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though the veterinary profession still operates in opposition to those facts. When I first read the quote above, I shared it with veterinarians in my community, thinking they would be interested since it came from such a respected source. The gesture, however, was met with anger and resentment. My faith in my veterinary community began to wane as I realized how attached my colleagues were to current practice and the tremendous revenue it provided. Veterinarians who declared their desire to provide the best, most up-to-date care available in fact revolted at the idea of publicizing such "heretical" information. Status quo was more important than new ideas if those ideas threatened vaccine income, even when experts deemed the old ways unscientific.

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