

# ***SHELTIE TALES***

**June-July 2012**

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

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

## **2012 Officers and Board Members:**

<b>President:</b>	<b>Hector Hector</b>
<b>Vice-President:</b>	<b>Kelly McDonough</b>
<b>Secretary:</b>	<b>Meredith Hector</b>
<b>Treasurer:</b>	<b>Lucy Carr</b>
<b>Board of Directors:</b>	<b>Ellen Ragland</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>Lisa Malanowski</b>
<b>Website:</b>	<b>Holly Potts</b>
<b>Membership:</b>	<b>Ellen Ragland</b>
	<b>Anna Whiting</b>
	<b>Lisa Malanowski</b>

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

Next General Membership Meeting: Tuesday, July 10, 2012, at 7:30 p.m

Location: Home of:  
Hector and Meredith Hector  
1100 Southwest 128th Drive  
Davie, Florida 33325  
954-472-7945

Take Flamingo Road to Southwest Tenth Court. Go west on Southwest Tenth Court (which becomes Southwest Ninth Place) to Southwest 128th Drive. Go south on Southwest 128th Drive to 1100 Southwest 128th Drive.

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Dog Dental Health and Kennel Management Seminar:

Saturday, August 11, 2012.

Location: To be determined.

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AKC-Sanctioned Match, BBQ, Sheltie Social, and Membership Meeting:

Sunday, August 26, 2012, at 10:00 a.m.

Location:

Oakhill Equestrian Park  
3100 Southwest 130th Avenue  
Davie, Florida

I-595 to Flamingo Road exit. Travel south for 2 3/4 miles and turn west onto Southwest 36th Court. Travel 1/2 mile to Southwest 130th Avenue, turn north. The park is on the east side of 130th Avenue.

## **Club Information-----**

**Membership:** The second reading of an associate member application submitted by Jay Garcia of Boca Raton, Florida, was read at the June general membership meeting. Jay was voted into membership. Welcome Jay!

Merrylee Malanowski, Lisa Malanowski's mother, has applied for associate membership. Merrylee has been involved in shelties for over 40 years. Her kennel name is Cierra. She bred the ASSA Winners Dog in 2008. She is currently the ASSA Treasurer. She is Treasurer and also a life member of the Chicagoland Shetland Sheepdog Club and a 22-year member of the Interlocking Shetland Sheepdog Club and serves on its board.

**Garage Sale:** The June 2, 2012, garage sale netted \$415.70 for the club. Thanks to everyone who participated and contributed.

**Calendar:** Please submit photos to Pam Danca by October 15, 2012, as the calendar will go to print in early November. Pam Danca has volunteered to do sittings for photographs if you want them done for your dogs.

**Dog Dental Health and Kennel Management Seminar:** The club will be hosting a Royal Canin seminar on the topics of dog dental health and kennel management. August 11, 2012, is the date slated. The venue is being secured. Pricing will be:

- Full-day attendance: Club members \$25.00; non-club members \$30.00.
- Half-day attendance: Club members \$20.00; non-club members \$25.00.

**AKC-Sanctioned Match:** Arrangements are underway to hold an AKC-Sanctioned Match on Sunday, August 26, 2012, at the Oakhill Equestrian Park in Davie, Florida. Please mark your calendars for the fun event!

**Annual Audit:** The annual audit of the club finances has been completed and all finances and transactions were found to be satisfactory.

**“Ask the Breeder”:** At a past meeting, questions pertaining to vaccinations were discussed during the club’s “Ask the Breeder” portion of our general membership meeting. 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. As you may remember, the first three parts of his chapter entitled “Vaccination” have been published in prior newsletters. This month we are continuing in the incremental reprinting of that chapter. Again, if you enjoy reading this information, I encourage you to read the entire book as the rest of the book is just as informative on other aspects of dog care.

## Members with New Litters on the Ground -----

Colleen Kessler of Simcos Shelties is pleased to announce the arrival of four puppies, two boys and two girls, born on May 17, 2011. There is one blue merle male and three tris. The sire and dam are: “Chase,” BPISS/BISS AKC/UKC/CKC CH Cameo Dreamchaser ex “Gidget,” Simcos Wild Blue Yonder.

## With Sorrow -----

Club member, Colleen Kessler, informs of the passing of “Stormy,” Simcos Perfect Storm, CD RN, on May 26, 2011. “Stormy” was born September 28, 2002, and was sired by CH Larenta Skyline ex Simcos Queen of the Night.

“Stormy” had been undergoing treatment for an unknown illness for about two weeks. He had a high fever, held his head a little to the side, walked slowly, his bark had changed, he would cough at times, and would spit up a little. His first test did not show anything unusual, so medication was only given for his fever and apparent pain. A few days later, he seemed to be getting worse and a blood count definitely confirmed he had something going on, so Clavamox was given for seven



days. On the fifth night, at 6:15p.m., 15 minutes after the vet's office closed, "Stormy" started bleeding from his nose. Ice packs were applied to his nose and head while keeping his head high. The bleeding stopped and he appeared okay. During the night he had some seepage in his crate. The first thing in the morning he was taken to the vet. His fever was 104.1, but no bleeding. He was a little dehydrated, but was eating well. Because of the upcoming long weekend, additional Clavamox was prescribed. Copies of all his medical records were obtained in case he had to be taken to an emergency clinic over the weekend. The vet's office was to close at 2:00 p.m. Unfortunately, at 12:30 p.m. Stormy was again bleeding and was rushed back to the vet's office. "Stormy" had been having some issues with his mouth and head ever since he had seven teeth removed. They had become very loose and "Stormy" had a foul odor in his mouth. One side of his mouth was a little larger. His left eye looked like it was protruding a little, and he was holding his head to the side. It was thought that he had a tumor causing all this. The hard decision was made to put "Stormy" to sleep. Colleen will miss "Stormy."

## Interesting Information -----

**Fleas:** *The Whole Dog Journal* published an article entitled "Are 'Spot-On' Flea Killers Safe?" You may find it educational and interesting to read. It is located at <http://www.apnm.org/publications/resources/fleachemfin.pdf>.

If you would like to address a flea problem without using chemicals, there is a good article to read entitled "Eliminate Fleas Without Poisons—Integrated Pest Management is a nontoxic way to effectively control fleas" at: <http://www.homevet.com/images/pdfs/fleacontrol.pdf>.

**AKC:** If you are interested in reading information on what the AKC is doing to protect responsible small breeders, you can find the information at <http://www.akc.org/petition>.

## Member Brags -----

### **Anna Whiting:**

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

- On June 17, 2012, at the St. Petersburg Dog Fanciers Association, Inc. show, "Caper" was Winners Dog and Best of Winners for a major.

"Denim," Highfields Remember When:

Sire and dam are: CH Cameo Dreamchaser ex Highfields Almost Winter.

- On June 21, 2012, at the Mid-Florida Shetland Sheepdog Club, Inc. show, "Denim" was Reserve Winners Dog.
- On June 23, 2012, at the Central Florida Kennel Club, Inc. show, "Denim" was Reserve Winners Dog.

### ***Joni Lowther:***

"Ghillie," CH Jade Mist Kippen Ghillie Dhu:

Sire and dam: CH Jade Mist Memorandum ex Jade Mist Perfect Touch.

- On June 21, 2012, at the Mid-Florida Shetland Sheepdog Club, Inc. show, "Ghillie" was Select Bitch.
- On June 22, 2012, at The Brevard Kennel Club, Inc. show, "Ghillie" was Select Bitch.

### ***Bill and Irene Munsey:***

"Diamond," Donlyn's White Ice:

Sire and dam: Shadow Hill's Polaris ex Kismet's Black Ice.

- On May 26, 2012, at the Greater Fort Myers Dog Club, Inc. show, "Ice" was Winners Bitch and Best of Opposite Sex for a major.

"Sabrina," Donlyn's Spellbinder:

Sire and dam: CH Belmark Lo And Behold ex Donlyn's Blue Ice.

- On May 27, 2012, at the Greater Fort Myers Dog Club, Inc. show, "Sabrina" was Best Bred-By Exhibitor.
- On June 21, 2012, at the Mid-Florida Shetland Sheepdog Club, Inc. show, "Sabrina" was Best in Sweeps.

"Jessica," Donlyn's Dark Angel, RN:

Sire and dam: CH Kismet's Notable ex Kismet's Black Ice.

- On June 17, 2012, at the St. Petersburg Dog Fanciers Association, Inc. show, "Jessica" was Winners Bitch and Best of Opposite Sex for a major.

### ***Jackie Corwin:***

"Splash," Royale Crest With A Splash:

Sire and dam are: Royale Crest Arbitrage ex Royal Crest Ringsend Moonstruck.

- On June 22, 2012, at The Brevard Kennel Club, Inc. show, "Splash" was Winners Dog.

***Bonny Thatcher:***

“Bandette,” Himark Bonnys Bandette, CD, RN, CGC:

Sire and dam: Himark Deal of the Century ex Himark Little Mermaid.

- On May 5, 2012, at the Dog Training Club of St. Petersburg Inc. trial, “Bandette” achieved her CD title from Novice B with a score of 181.
- On May 6, 2012, at the Dog Training Club of St. Petersburg Inc. trial, “Bandette” finished in third place in Novice B with a score of 184.

“Diamond,” Himark Magical Diamond Dust:

Sire and dam: CH Kismet’s Notable ex Himark Busy as a Bee.

- On May 5, 2012, at the Dog Training Club of St. Petersburg Inc. trial, “Diamond” achieved her RA title from Rally Advanced with a score of 85.
- On June 23, 2012, at the Imperial Polk Obedience Club of Lakeland, Florida, Inc. trial, “Diamond” finished in fourth place in Novice B with a score of 191.
- On June 23, 2012, at the Imperial Polk Obedience Club of Lakeland, Florida, Inc. trial, “Diamond” qualified in Rally Excellent with a score of 85.
- On June 24, 2012, at the Imperial Polk Obedience Club of Lakeland, Florida, Inc. trial, “Diamond” qualified in Novice B with a score of 189.
- On June 24, 2012, at the Imperial Polk Obedience Club of Lakeland, Florida, Inc. trial, “Diamond” qualified in Rally Excellent with a score of 86.



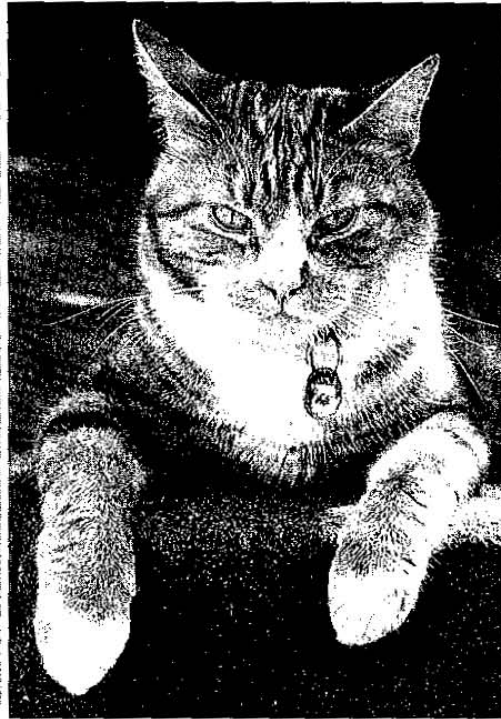
Homeopathic Care for Cats & Dogs

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**

### Vaccination and Brain Damage

There is a book by Harris Coulter called *Vaccination, Social Violence, and Criminality* (see the appendix) that proposes a theory about vaccination causing psychological and behavioral changes in humans. As I found Dr. Coulter's postencephalitis syndrome to be quite compelling, I decided to see if animals provided any evidence to support the theory. I concluded that this syndrome could explain many abnormal behavior problems we see in animals, including fear, desire for solitude, aggression, rage, inability to relate to others, restlessness, and hypersexual behaviors (nymphomania, satyriasis, and masturbation—even in neutered animals).

We also see many animals with physical conditions that Dr. Coulter associated with vaccination. These conditions include paralytic states, asthma, convulsions, skin allergies, developmental problems, and poor appetite.

I would like to briefly present another case that fits quite well with Dr. Coulter's hypothesis. Dolly is a female cocker spaniel who was nine years old when I was first consulted about her condition. She had quite severe neurologic impairment, including convulsions, mental confusion, and a poor ability to relate with her guardians. She would frequently get "stuck" in corners, that is, she would get her head into a corner or into a small space



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such as between a chair and an end table, and she simply could not find her way out. She also had a palsy involving the facial nerves on one side, making drinking and eating difficult. This is interesting in that cranial nerve damage is another part of the postencephalitis syndrome.

A key element for me in connecting her case to vaccination was that when she was vaccinated, she became very hyperactive for a few days. On one occasion she even jumped off an eight-foot-high deck in this frenzied state. Other symptoms that pointed to vaccination were a thickened and cracked nose and foot pads, both symptoms of acute canine distemper.

Fortunately, Dolly responded dramatically to homeopathic treatment. I first tried the remedy *Helleborus*, with minimal improvement. Then, after a single high-potency dose of *Nux moschata*, Dolly's guardian remarked that "it was like she came out of a seven-year coma."

In the decade since this book was originally published, I have seen (or recognized) more and more cases of aggression, convulsions, and other brain disorders following vaccination. Additionally, in humans, there is growing evidence for vaccinations as at least one causative factor in autistic spectrum disorders, as Coulter suggested. With more awareness, more data continually accumulates.

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

I know the above information is rather detailed and sometimes complex, but I believe in giving complete information, especially for something as controversial as vaccination. *While I include specific vaccine recommendations, this is only for those of you who feel uncertain about abandoning vaccinations altogether. I feel that vaccination is more risky than not vaccinating for most animals in most situations.* If you have read everything up to this point and still feel unsure about just what to do, here is a summary of my recommendations, starting with the most cautious position and moving forward from there.

*First*, remembering that booster vaccines are unnecessary, we can stop all vaccination after one year of age for virtually all diseases (see below; rabies vaccine boosters are required by law, so we need to work to change the laws so that they are in accordance with fact rather than fear). As repetition naturally increases the likelihood of problems, we can reduce side effects tremendously *with no additional risk to the patient* simply by stopping adult boosters. Of course, there will still be some risk involved with even

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the initial vaccinations, but no risk of contracting the acute disease once the animal is immunized by these first vaccines. See below for duration of immunity to the various diseases for which vaccines are available.

*Secondly*, all vaccines should be administered as single antigens. (An antigen is something that is capable of eliciting an immune response, in this case a viral or bacterial organism from which a vaccine is produced.) This means not using the polyvalent (combination) vaccines, which have become so common these days. Natural exposure to diseases is usually one at a time, and the body is probably more successful at responding to only one antigen and producing immunity without adverse effects, rather than responding to a complex of antigens. Therefore, rather than giving a group of antigens together at three- to four-week intervals, individual components should be given using an alternating schedule with a minimum of repetition (see below).

*Third*, only immunize for diseases that meet *all* of the following criteria:

1. The disease is serious, even life threatening.
2. The animal is or will be exposed to the disease.
3. The vaccine for the disease is known to be effective.
4. The vaccine for the disease is safe.

Let's look at some common diseases to see how this works. I'll start with feline leukemia virus (FeLV) disease. An indoor-only cat will not be exposed (criterion number two), as this virus requires direct, intimate, cat-to-cat contact for transmission. Many veterinarians recommend immunizing indoor cats against this disease, but I feel this is unethical. This disease does not fit criterion number three or four anyway, in my experience, so vaccination is unwarranted in most if not all circumstances. Most current (2009) recommendations do not include FeLV as a core (essential) vaccine. Transmission of FeLV only occurs in young cats in any case, almost without exception, so vaccination would only be warranted in young cats. Ninety-five to ninety-seven percent of cats who do become infected after exposure to FeLV recover without incident in any case. (In clusters of cats, such as in households with a lot of cats, this percentage may drop as low as 70 percent, but this would not pertain to most households. By "a lot," I mean more than at least twenty cats, and really thirty to fifty or more. Furthermore, FeLV infection is declining significantly, at least in the United States, but not because of vaccination, according to Richard Ford, a veterinarian at North Carolina State



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University who is on vaccination recommendation committees for the American Animal Hospital Association and the American Association of Feline Practitioners.

Feline infectious peritonitis (FIP) is another disease that fits neither criteria three nor four, and rarely number two. The FIP virus vaccine has generally been found ineffective and has produced severe side effects. Among the side effects I have observed with both FIP and FeLV vaccines is induction of the clinical disease they were intended to prevent. Additionally, it is pretty clear that FIP is an immune suppression (chronic) disease, not an acute disease, so the vaccine is unlikely to help. FIP results from a feline coronavirus (FCoV) infection, but the virus's relationship to FIP illness is complicated. There are two biotypes of FCoV—an avirulent (non-disease causing) biotype one (AB1) and a virulent biotype two (VB2), the FIP virus. AB1 is contagious but rarely causes problems. Most cats only develop a transient infection, though some may become healthy lifelong shedders of AB1. In a *very* small minority of cats who contract AB1, an immunological insult or some other event (this is not fully understood) causes AB1 to mutate to VB2. (I suspect this insult is human-caused, by vaccination, medications, pesticides, or some other toxin, although researchers believe the mutations occur at random. There is a genetic susceptibility in some breeds, though, primarily Persians and Burmese, for this conversion to occur. Some lines within these breeds are worse than others.) VB2 infection results in FIP disease (the disease can have other forms that do not involve the peritoneum), which is 95 percent fatal. This conversion is rare, however. Further, *VB2 is not contagious, so cats with FIP are not contagious*. Only cats with the non-disease causing form, AB1, are contagious. Thus a cat with FIP in a household need not be euthanized or separated from other cats. There may be other cats shedding AB1, however. As with FeLV, illness occurs in only a small minority of cats.

Feline panleukopenia virus is very serious, and the vaccine is quite effective, but most cats will not be exposed to the virus, and the disease generally affects kittens only. Only those cats that are likely to be exposed would benefit from vaccination. One vaccination is sufficient (see below).

With the feline upper respiratory diseases (calicivirus and rhinotracheitis virus as well as feline chlamydia), most are not serious except in very young kittens. These kittens generally contract the disease before vaccines would typically be administered, so the vaccine is not often beneficial. Only the

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intranasal vaccine is effective in most cases, and it can cause illness that mimics the natural infection.

Recently a vaccine for ringworm was introduced. I have no direct experience with this vaccine, but I am certain that it will have little benefit and that it is probably unsafe. Ringworm is usually the result of immunodeficiency—a chronic disease rather than an acute illness, so the vaccine will not address the cause of disease. I strongly recommend against using this vaccine.

In dogs, canine hepatitis virus (the vaccine virus to prevent canine hepatitis is adenovirus-2) is almost nonexistent (criterion number two). Leptospirosis is extremely rare (number two) and the bacterial serotypes that cause the few observed cases are often not the same serotype as the ones used in the vaccine<sup>26</sup> (there is no cross-protection between different serotypes). In other words, the leptospira component in the combination vaccines rarely protects the dog against the disease (number three). Additionally, the bacterin for "lepto" is very prone to side effects (number four).

Coronavirus was never a serious threat (numbers one and two) except to dog companions' bank accounts, and the same is true for Lyme disease, except possibly in very small regions (number two). The vaccine for Lyme disease commonly causes illness, in my experience, often mimicking the disease (number four). Additional note for the second edition: Lyme disease has spread much farther than previously; at least it is being diagnosed in a much wider area. I suspect some of this is due to incorrect diagnosis, as diagnosis for Lyme disease is not entirely consistent. Further, I would still not recommend the vaccine, as it provides questionable immunity. Kennel cough disease is generally not serious (number one), and one study showed immunization to be ineffective or even counterproductive (number three).<sup>27</sup> Immunization for kennel cough should be limited to high-risk circumstances, if at all. As with the feline upper respiratory viruses, only the intranasal kennel cough vaccine provides much protection, though it can incite illness. Nosodes can be helpful (see below).

Recently, a horse influenza virus has developed contagion to dogs, and this virus is now spreading somewhat. It is now called the canine influenza virus. As with human influenza, the vast majority of dogs do not develop serious illness (criterion number one). Furthermore, I wonder how safe and effective the vaccine will be (criteria number three and four), since



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human influenza vaccination is poorly effective and often causes influenza-like illness.

Canine parvovirus and canine distemper virus present the only real threats, and most dogs will not be exposed to these diseases. Parvovirus rarely affects dogs over one year of age, and even eight- to twelve-month-old dogs generally survive the disease with minimal illness. One vaccination is usually sufficient for either virus (see below). Hepatitis virus (adenovirus type two) is a dangerous virus, although pretty rare. Consider vaccination only if your companion has a likelihood of exposure.

Rabies is another disease for which indoor cats and well-confined dogs have no exposure, so the vaccine is clinically unnecessary, although it is required by law. Even nonconfined animals have little risk of exposure, though there is some risk, and the disease is devastating. Vaccination may be of value for outdoor animals, especially in rural homes, though there is a risk of chronic illness (see "Aggression and the Rabies Miasm" in Chapter Thirteen, "Nervous System"). Once immunized, however, most animals are protected for life.

*Fourth*, vaccines should *never* be given to unhealthy animals. When I graduated from veterinary school, this was accepted doctrine; it was largely considered malpractice at the time. Unfortunately, however, today it is rather common to vaccinate sick animals. This has gained popularity among veterinarians for some strange reason, and it goes against the recommendations in all vaccine inserts as well as those of virtually all immunologists. It is still malpractice in my opinion—even more now than thirty years ago, as the risks are much better understood.

A bolder option is to refuse immunizations entirely, recognizing the inherent risk in administering even one vaccine into the body, and being willing to accept the risk of not immunizing. While risk does exist if animals are unvaccinated, it can be moderated significantly by feeding better quality foods (home-prepared and including fresh raw meats) and by limiting exposure until the animals are six to eight months of age. An unvaccinated animal will be significantly less likely to suffer from allergies and many health problems.

Please understand that there is a risk, albeit minimal, with not vaccinating. I have seen panleukopenia virus (FPL), for example, in adult unvaccinated cats. The cats were probably overcrowded in an apartment, thus under some stress that would have compromised their immunity, but they did

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become ill. But this is rare. The exposure in this case came from a sick cat who went to a veterinary clinic and was exposed there to a kitten with FPL. I also know of canine parvovirus infections in unvaccinated dogs. Again, this is quite rare. The quote by Samantha McCormick in the section above titled "Vaccination Does Prevent Disease, Doesn't It?" clarifies this somewhat. The risk is there, but I believe it is extremely small. Hopefully you understand why if you have read this chapter up to this point.

As with polio virus in humans, there is a moderate risk with exposure to vaccinated animals. Exposure of unvaccinated humans to recently vaccinated children is responsible for all of the polio infections in recent history in the United States. Similarly, exposure to recently vaccinated animals can result in illness, either in unvaccinated animals or in littermates whose vaccinations did not induce protection. This is most common with dogs, and most common with parvovirus. With puppy classes and such, dogs are much more likely to be exposed to other vaccinated dogs than are cats. Thus if you don't vaccinate your dog (or cat), it would be wise to avoid exposure to dogs for a week or two following their immunizations. This can be difficult with puppy classes, but it is possible. Nosodes can help here (see below).

I am still opposed to vaccinations in most circumstances. My position has evolved over thirty years of experience as a practicing veterinarian, from study and from personal observation. My overarching concern is that the veterinary community tremendously overuses vaccines, though there is some slow movement toward fewer vaccinations. The decision to vaccinate is an individual one, though. While I am opposed to vaccination, I do not ask that you blindly accept this judgment but that you make your own decision. I do ask that your decision be based upon facts, however, not fear.

Vaccination has become a freedom-of-choice issue. Animals, like children, have no voice. We as guardians are the voice for our companion animals, so it is up to us to make the best choice for them. *In the case of rabies, state law mandates the vaccines, and so we have no real choice other than breaking the law or asking for exemptions in certain circumstances. We can, however, strive to change the laws to a factual basis.*

Other vaccines are very heavily pushed although not legally required. Some veterinary clinics or boarding kennels require other vaccines prior to admission, sometimes even for emergencies. Guardians who question the



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need for vaccines are often belittled. The veterinarian will either imply that the guardian does not really care about the companion animal or that the guardian has no qualification to make such a decision. Unfortunately, however, in most cases the veterinarian himself is not making an informed decision based upon immunological science. Thus, since we as guardians are in fact morally and ethically the responsible party, we must take charge and act upon our knowledge to make a fact-based rather than a fear-based decision. This decision should not rest with someone else.

I entered veterinary medicine because of my deep care for animals, and it is their welfare I have at heart. I believe vaccination to be the source of tremendous illness and suffering in animals, and probably people. My practice involves primarily chronic disease, and I estimate that at least 75 percent (probably more) of the illnesses I treat have their roots in vaccination. Vaccination thus amounts to abuse of animals, something I cannot abide. If we do not defend our rights and those of all animals, including wild animals, we will lose our rights and perhaps even the animals.

What, then, is the best approach to protection against these diseases? First and foremost, prevention is indeed better than trying to cure disease. Rather than vaccination, however, promotion of health is the best choice for long-term well-being. This involves primarily nutrition and lifestyle choices. Good nutrition for dogs and cats is similar to that for humans in that fresh foods are best. Eating out of bags and cans is a poor substitute. As these are carnivores, fresh raw meats with small quantities of cooked grains and vegetables are the basis of a good diet. Use organic ingredients if possible. Lifestyle should include opportunities for fresh air, sunshine, and exercise—conditions that nourish mental health. With young puppies and kittens, minimize their exposure to situations where stress and the presence of unfamiliar animals create opportunities for transmission of infectious diseases.

Possibly the best use of vaccines is in an epidemic situation rather than blanket use where no risk of exposure is involved for most individuals. Interestingly, however, epidemic or other known exposures are situations when nosodes or the *genus epidemicus* (see below) appear to work well. Appropriate use of nosodes could provide adequate protection in most circumstances with a small fraction of the risk of vaccines.

## Nosodes

A nosode is a homeopathic remedy made from a discharge or a similar product from an individual with the disease. It is not made simply from the causative agent; it generally contains that agent within the discharged fluid or infected tissue. It thus represents not only the infectious organism itself but also the host response. The nosode therefore carries the energy of the disease. This energetic package has the capability of, in a sense, filling the susceptibility of the patient with this modified, vibratory disease energy. In doing this, it can block receptivity to the actual disease organ and disease process.

I have seen nosodes work quite well in the exposure and stressful atmosphere of an animal shelter. Although it was not a controlled study, there was no doubt about the effectiveness. I have also seen protection in other exposure situations. Indications from these experiences as well as historical use of nosodes in epidemics suggests that nosodes work best when administered shortly before to shortly after exposure. Evidence for long-term protection seems to be lacking, but typically these diseases are a threat only in prepubertal individuals *unless* they have been vaccinated (as with measles in humans—see above). In fact, I doubt that it is possible for nosodes to induce permanent protection, as they do not work like vaccines, even though the concept is somewhat similar. One study with parvovirus in dogs, for example, showed no protection from nosodes. The study, however, was poorly designed—in a sense it was designed to fail, though that may not have been the researchers' intent. But they gave the nosodes, waited, and then exposed the puppies well after any residual nosode protection would have disappeared. Thus they found no protection.

But nosodes are not vaccines, and their protection is only transient. They require intermittent use until puberty for puppy or kitten (or children's) diseases. Alternatively, they can be administered around possible exposures, such as before and after puppy classes or during boarding. The latter works well for kennel cough prevention, for example. In my experience, overuse of nosodes may create a disease situation, however, so wise use is necessary. Do not continue them too long. In fact, it is best to not even use nosodes routinely, though some guardians are uncomfortable with no protection other than good nutrition, so they opt for regular use until puberty. As this can cause problems, *I do not recommend this approach for the vast majority of*



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*animals. Rather, dosing around probable exposure is better unless exposure risk is fairly constant.*

I recommend that you consult with a veterinary homeopath regarding nosode use for disease prevention. Nosodes are prescription medicines and should be used with appropriate guidance, so your veterinary homeopath must have direct experience with nosodes. Essentially, if you desire a vaccine-like regimen, I recommend using 30C potencies once or twice a week until the animal is six to eight months old. At this time it is usually best to stop the nosode administration. You can then go to exposure-based dosing. Some veterinarians recommend repetition of nosodes at four- to six-month intervals for the animal's lifetime, but this is unnecessary. I have seen this cause problems, especially when using high potencies (200C or 1M). Most animals have a competent immune system by the time they reach puberty, and they no longer need nosode protection.

In short, nosodes do work, and they work fairly well, in exposure situations. It is not always possible to know when an exposure has occurred, and they do not provide lasting protection, thus they require repetition. Many homeopaths (probably most) do not understand how they work, and certainly almost no conventional veterinarian or physician does. As a result, many otherwise well-meaning doctors proclaim that they do not work, or on the other hand, attempt to use them without understanding how they work. This can cause failures or problems and leads to a perception that nosodes are useless in disease prevention, which is untrue. Furthermore, nosodes will only work well in acute contagious diseases, just like vaccination (see above in the section "Vaccination Does Prevent Disease, Doesn't It?"). They will provide limited protection in chronic, immune suppression diseases like FeLV and FIP, though they do appear to provide some protection in animals who are exposed. I have even seen some apparent protection in previously exposed cats with high coronavirus titers who lived in a household with an FIP cat. This protection is far from predictable, but it can help.

A *genus epidemicus* is a traditional homeopathic remedy that matches the majority of cases in an epidemic, thus it can be used as a preventive. This has been done quite successfully in outbreaks of such diseases as cholera and yellow fever. It is equally effective for animal diseases, though you would need to consult a homeopath to see if she knows or can ascertain the best remedy for a given outbreak. This would be uncommon, as epidemics are

uncommon in animals. The parvovirus epidemic of the late 1970s was the last major animal epidemic, for example.

Whether with a nosode or the *genus epidemicus*, dosing near exposure is critical. I realize I am repeating myself, but this is probably the most misunderstood aspect of prophylactic nosode use. The best method is simply administration shortly before to shortly after potential exposure. For puppy classes, give one dose of 30C before the class and a second dose upon arriving home or the next day. With boarding, dose before going to the kennel, every day in the kennel if fewer than four days total, or every two to four days for longer periods. Give a final dose after returning home. This is only for kennel cough or feline upper respiratory pathogens unless there is a likely exposure to other viruses in young animals. Even better on all counts is to keep your animals at home with a house sitter. With unknown or potentially extended exposure risk, continued repetition is feasible (e.g. in puppies or kittens up to puberty), but it is not without risk and is a secondary approach.

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