



## Let's Talk It Over

by Lee Hills

*The first letter is from Marilyn Terry (CA). Here's Marilyn:*

"I am following your suggestion to comment on your LTJO column before I put the May/June issue away and forget to write. Two things: 1) I find it shocking to read that CERF is issuing numbers to Siberians who have Comeal Dystrophy. I have a 12 year old Siberian who was diagnosed with Comeal Dystrophy as a puppy. His grandmother (a multi-national champion), had Comeal Dystrophy as did her mother. My dog's full brother had PRA. (He is now deceased.) He was going blind around the age of 8 and had dilated pupils and was in a lot of pain. I know of a bitch (now deceased) who had juvenile cataracts, although she never went blind. Her sibling sister had Comeal Dystrophy. My feeling is that if one puppy from a litter has one type of eye problem, there is sure to be some other eye problem in other puppies. I am very willing to share pedigrees with you.

2) I no longer vaccinate my dogs. I have one dog who has intermittent seizures, who's seizures are almost certainly the result of vaccinations: the rabies vaccination being the most dangerous given to animals. I am working with a homeopathic veterinarian in Oregon to try to cure this dog, and he is improving. The only alternatives 'regular medicine' has to offer are heavy-duty drugs like phenobarbitol, which do nothing to cure the problem, only to mask it. I have another dog, now 16, who, with the help of the above veterinarian in Oregon, we managed to cure of a terrible form of chorea, also caused by multiple vaccinations throughout her long life. She could not chew her food and had severe mouth and body tremors. We managed to

cure her, over a horrendous year or more, with the use of homeopathy. To me, it was like a miracle. Again, the drug of choice of the 'regular' veterinarian was phenobarbitol.

There is a lot of information 'out there' on the dangers of vaccines. It is the opinion of most holistic veterinarians that dogs and cats (horses too), are becoming more sick with each new generation, due to the over-use of drugs and yearly vaccinations. In fact, animals are now born sick. I would like to suggest a few books (there are many, but these are just for starters) which I have found very useful and interesting: Natural Health for Dogs and Cats, by Richard H. Pitcaim, DVM, PhD. This book was first issued in 1981 and has recently been updated. How I wish I had known about it in 1981! It would have saved me much grief - as well as money!. Vaccines: Are They Really Safe and Effective? by Neil Z. Miller. This is a 'people' book and very enlightening and well-researched. The Natural Remedy Book for Dogs & Cats, by Diane Stein.

P.S. -Lee, could you let us know where we can obtain the magazine you mentioned by Dr. Goldstein?"

*In answer to Marilyn's question of where she can obtain the magazine by Dr. Goldstein, I don't know as I have never seen it. It was Geri Bartsch who mentioned it in her letter to me - so, Geri, can you answer that question please? I have one comment vis a vis Marilyn's letter: If the dog who was going blind with PRA at 6 years of age was a Siberian, I'm very surprised, as they usually get the disease at a much younger age. The one we had with PRA, about 30 years ago, contracted it at about 18 months of age. Other breeds get it later in life, however. And now, from Karen Yeargain (OR):*

"I have been reading with interest the dialogue regarding vaccines. I would like to offer another viewpoint and hope that I will be forgiven for slipping back and forth between canine and human vaccines.

Vaccines have been developed to help

prevent the deaths and severe effects of diseases that have afflicted populations throughout the world. Smallpox was so prevalent that many countries experienced a 20% death rate in their children from that disease alone. In the United States, prior to vaccine licensure in 1963, there were approximately 500,000 cases and 500 deaths reported annually due to measles (rubeola). Polio caused up to 20,000 cases of paralysis yearly in the US in spite of the fact that less than 2% of polio cases cause paralysis; death rates were up to 30% of those afflicted. Survivors of polio disease are now experiencing "post polio syndrome", a recurrence of symptoms due to the deterioration of the nervous system that was caused by the original infection. Currently, tetanus kills more than 500,000 newborn babies worldwide each year.

In animals and humans, rabies disease is virtually 100% fatal. Wild and/or unvaccinated animals pose a risk to other animals and to people. Last year in Oregon, a stray cat entered a garage and attacked two people, then fled to another garage and attacked a third person. When the animal was caught and euthanized, it was found to be positive for rabies. The three attack victims, 2 animal control people, 2 veterinary workers and a sanitarian all had to receive rabies shots (the final 5 people because they handled the cat's body without proper precautions!) Reports indicate that more than 30,000 people undergo treatment every year in the US for possible rabies exposure.

Other viruses, such as distemper, parvo and corona have also played havoc with our dog population over the years. Read books written at the turn of the century, such as My dogs in the Northland, by Egerton Young (1902) that describe epidemics of distemper killing the whole sled dog population in a village. Talk to long time Siberian breeders such as Susan Calshan about the era before parvo vaccine. She had a puppy buyer who came to the kennel, bypassed the house and went straight to the puppy pen. That girl worked at a vet's office and had come without changing her clothes! Susan ended up with 25 dead puppies and four months of quarantine while waiting out successive incubation periods. No breeding was done in that kennel for the next year due to the durability of parvo virus in the soil. My foundation dog, Meomar's Faux Pas, was born in Canada before corona vaccines were available there. The whole litter was nearly lost to that disease.

Vaccines have played a major role in decreasing the rate of serious illness and death for our animals, our children and, yes, for ourselves. As we learn how differ-

ent vaccines function, their usage recommendations make sense.

There are two categories of vaccines - Live, attenuated (weakened) and Inactivated (killed). The first of these, Live, attenuated, are weakened versions of the actual virus that causes the 'wild' form of disease. As it is introduced into the body, either orally or by injection, the weakened virus multiplies and stimulates the immune system to produce antibodies which destroy the foreign virus. When symptoms occur with a live attenuated vaccine, they often mimic the illness, only milder. That explains why normal side effects of MMR (measles, mumps, rubella) vaccine are low-grade fever, swollen glands and rash; those of INTRATRAC II (kennel cough) vaccine are mild runny nose and sneezing. Protective effects from a live virus vaccine generally approximates immunity from wild disease; if the disease gives lifetime immunity, then vaccine-induced immune response will generally be lifetime. There are times when an additional dose is recommended to ensure that the highest number of vaccine recipients achieve protective response.

Inactivated (killed) vaccines do not contain live organisms at all. They are sometimes comprised of the whole, killed organism; at other times, when research has identified the exact portion(s) of the organism that stimulates immune response, the vaccine will contain specifically those com-

ponents while 'filtering out' the un-needed parts of the original organism. (A recent transition in children's vaccine is from whole-cell pertussis to a sub-unit vaccine called Acellular Pertussis. In studies spanning more than 10 years and millions of dollars, the bacterial components needed to stimulate immunity have been isolated and the remainder of the cell has been 'filtered out' of the vaccine. It has been shown that the newer vaccine causes less fever response, body aches and soreness at injection sites, while providing equal or greater protection than the old vaccine; while long-term side effects with whole-cell pertussis were rare and the causal correlation much debated, it is expected that those which may be directly linked to the vaccine will also be decreased by the new vaccine.)

Inactivated vaccines do not replicate in the body, because the dose is small, it often takes several doses to stimulate protective levels of immunity. The first dose causes the immune system to create a 'blueprint' for that antigen. The subsequent doses strengthen and quicken the protective response so that the immune system can act rapidly and effectively in case of exposure to the wild organism. Because the duration of this type of immunity varies, killed vaccines may require boosters to keep the protective level adequate for prevention of disease; the length of time varies by both the vaccine and the degree of risk

of exposure to 'wild' disease. (The length of time a vaccine is licensed to cover also depends on the duration of the studies done prior to licensure; it is specific to that company's product.) Knowing that rabies vaccine is killed, we would now understand that the first dose provides the immune system's memory-base for that organism and provides short-term protection. The second dose and subsequent boosters strengthen and lengthen the level of protection. It's not that the vaccine dose is different, it is that the immune system already has the 'blueprint'; it doesn't have to learn the lesson, just review and strengthen the response.

There are things we should know, and our medical providers (of all varieties) should counsel when screening for appropriate vaccines. Live virus vaccines should not be given to a person/animal with severe immune suppression; their inability to mount the proper immune response may allow the weakened virus to continue multiplying to the point of causing actual disease and possibly severe or fatal complications. Questioning regarding known immune suppression should **always** be part of screening before giving a live virus vaccine. A few live virus vaccines may be shed outside the recipient's body (ie. oral polio vaccine in the stools, intranasal kennel cough vaccine in nasal and oral secretions); counseling should also include avoiding exposure of immune suppressed contacts to these

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# Things We Can Learn From A Dog

1. Never pass up the opportunity to go for a joy ride.
2. When loved ones come home, always run to greet them.
3. Run, romp, and play daily.
4. If what you want lies buried, dig until you find it.
5. On hot days, drink lots of water and lay under a shady tree.
6. Never pretend to be something you are not.
7. When it's in your best interest, practice obedience.
8. Let others know when they've invaded your territory.
9. Be loyal.
10. When someone is having a bad day, be silent, sit close by and nuzzle them gently.
11. When you're happy, dance around and wag your entire body.
12. Avoid biting when a simple growl will do.
13. Thrive on attention and let people touch you.
14. Delight in the simple joy of a long walk.
15. Allow the experience of fresh air and the wind in your face to be pure ecstasy.
16. No matter how often you're scolded, don't buy into the guilt thing and pout... run right back and make friends.
17. Take naps and stretch before rising.

