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Vaccines - Are They Safe for Your Dog?

Written by: Dee Blanco who is a holistic veterinarian practicing in Santa Fe, New Mexico. She is listed under [Altvvetmed](#).

The questions surrounding the issue of veterinary vaccinations are many. My intent is to open other doors of thought that might help you make your decisions align with your animals well being, your lifestyle, your left and right brain and most importantly - your heart. ... Because I cannot completely separate from this topic, you will clearly hear my bias, my emotions as well as my perspective from my years practicing allopathy and subsequently homeopathy. I will make recommendations based both on this study of many years and on the way I hope to be of help in the world.

I strongly recommend for you to let this info simmer a bit ... please make sure to do more research. And always listen to your inner voice. You are your own authority, you are your animal's primary health care practitioner, on call, 24 hours a day. You may decide some of this info is useful, and some you will let go by. Please make sure you do not allow fear to run your decisions.

I have spent a good amount of time in the last 12 of my 19 years as a vet, studying the issue of vaccinations. During this time, in my holistic vet practice, I have been able to see the clinical manifestations and harmful effects of the use and abuse of vaccinations. I have also been able to see improvements of many common maladies in our domestic animals using holistic medicines, in particular homeopathy. It is from this clinical standpoint as well as my own study of the available info on vaccinations that I present my info. I am continually compiling more info in my 'database', so if you would like to add anything you might have, please feel free to send me your info.

The History of Vaccinations

The birth of vaccinations came when the English doctor Edward Jenner discovered that the people who worked closely with cows seemed to be less susceptible to smallpox. He injected small amounts of the smallpox crusts into healthy individuals (including his own son) and found these people to also be less susceptible to smallpox. Unfortunately, this process may have fatally weakened his son and his son's friends, because he died at the early age of 21 of tuberculosis.

Then, during the American Civil War, Louis Pasteur, an accomplished microbiologist, was able to change the vaccines he was using enough that some of the harmful effects were diminished. He was famous for his work in cattle where he was able to prove that vaccines could protect against the deadly disease, anthrax. Thus, he started the new field of medicine called immunology. Pasteur also became famous for his concept of the 'germ theory'. This is still the theory modern medicine uses to explain all illness. Thus we have created a 'war on bugs' that we seem to be losing. It's interesting to note that on his deathbed Pasteur recanted his prior work of blaming the microorganism. His last words were "seed is nothing, soil is everything". In Chinese medicine we say "it's not the agent, but the terrain". Both are saying the same thing - the germ is nothing, but the host's resistance is everything. These concepts lay the foundation for all forms of holistic medicine.

How Vaccines Work

The primary intention of the vaccine is to produce a stimulation to the cellular immune system, via the production of antibodies. Antibodies attach onto the virus and render it inactive and harmless. It is through this stimulation and resultant production of antibodies that the body is now prepared for a possible 'attack' by 'foreign invaders' later down the line. These invaders are typically known as bacteria or viruses. This immunity will later provide protection without having to go through the disease itself. It's a bit like the vigilant minute-men always on guard for a possible attack. There are problems with this way of thinking which we will discuss later.

Why Vaccines Cause Problems

Typically, the vaccines are injected into the body; subcutaneously (under the skin) or intramuscularly (in the muscle). These vaccines usually have numerous viruses as well as other ingredients in them. Exceptions to this include the rabies, corona, and bordatella vaccines. Herein lies the second and third problem with the vaccination process.

The process of injecting numerous viruses at one time into the body does not mimic in any way what we would see in the natural world. There would never be such an enormous

exposure to that many microorganisms at one time. ... These diseases have never, in the real world, occurred at one time, never. The purpose for which mother nature uses and continues to use acute illness is to thin out the population, whereby the fittest survive. Everything in nature has a rhythm, everything. The rhythm of distemper, of polio, of measles, of influenza, of parvo, of rabies are all on a schedule. This schedule, much to the chagrin of the vet profession, is not determined by the vet profession!

Neil Miller, a father of two, in his desire to understand the issues around vaccinations for his children, decided to explore the issue extensively. He studied the rise and fall and the death rate of the childhood diseases of polio, measles, and whooping cough in both the US and the UK. He compared the death rates and the point at which vaccinations were introduced. Much to his surprise, in all three of these diseases, he saw that the death rates starting in the early 1900s were markedly decreasing by the time the vaccines were introduced. In the case of polio there was actually a bit of an increase after the vaccines. The increased numbers of deaths after polio vaccines were covered up by reclassifying them as aseptic meningitis. Therefore the deaths didn't show up in the records, but it is quite clear that vaccinations did not really have a beneficial impact on the already declining health rate. The reason the diseases were declining had more to do with the increased natural resistance and better understanding about prevention through hygiene.

Thirdly, the process of injecting viruses into the body is a very unnatural method of introducing viruses, with the exception of Rabies virus. Most other forms of exposure are through the mucous membranes - the nose, throat/mouth, even the eyes. This creates another huge insult to the immune system. First we gather a whole bunch of viruses and other 'stuff', then we inject them into the body at one time! I have to ask myself if this could be the start of massive confusion and havoc causing the body to attack itself? In other words, could this be why we are seeing so much autoimmune disease?

Fourth, when these viruses are injected into the body, they find their way into the small capillaries, then into the larger vessels and are filtered by the lymph nodes. This sounds fine except that usually these viruses are first introduced into the mouth and nose, where the humoral immune system is stimulated. It produces the powerful immunoglobulins (IgA, IgG, IgM) which provide the first line of defense.

When this primary defense mechanism of the humoral immune system is bypassed, you are dependent on the cellular immune system only; this is the branch that produces antibodies. Producing antibodies is a fine thing, but when the natural pathways are bypassed it creates an extra load on the system. Having the natural stimulation of both wings of the immune system is a more balanced approach and isn't what happens with injected vaccines.

Last, but certainly not least, are the other substances that are in the vaccine vials that are potentially problematic. This discussion follows.

What Is In A Vaccine?

The two forms of vaccines available are the modified-live (MLV) and the killed vaccine. For obvious reasons, the Rabies vaccine is a killed product ... the MLVs are the viruses that were once alive and now have been chemically attenuated (altered) so that they are still recognized by the body but are, theoretically, not able to cause the full blown clinical disease. Typically, the chemical agent used to alter the virus is formalin or formaldehyde, a known carcinogen. Attenuating the virus so that it cannot attach to a cell wall and infect that cell is a good idea, but not all the virus particles may be altered. Some may escape attenuation and are free to cause disease. This may be part of the reason that we see 'breaks' in vaccinated animals. There has also been much speculation that these MLVs have shed into the environment, exposing other animals, including wild animals, to these diseases.

Additional components of the vaccines are the preservatives that do what preservatives do. These ingredients are also known in current medicine to be carcinogenic agents, including a compound called thymersol, a mercury derivative and aluminum, used to attenuate the viruses. We all know the possible effects of aluminum.

Even the cells these viruses are grown on can produce allergic reactions in the body. Some of the tissue lines used are from ducks, monkeys, pigs, and the like. These could be creating much of the constant itching, inflamed bowel, and eczematous ears that are so prevalent.

There are additional ingredients called adjuvants. These are foreign proteins that are added to give a generic, non-specific immune response. These proteins are proprietary (secret) info and are not given out to anyone. It's much like the ingredients on a bottle of BBQ sauce where they list 'herbs and spices' generically. No one really knows what 'herbs and spices' really means. These preservatives and adjuvants are what are believed to be the major cause of the surging incidence of fibrosarcomas in cats. Studies at Colorado State U. by one of my professors, Dr. Dennis Macy, are showing this strong correlation.

It is felt by the biologics companies that if the body doesn't respond to the numerous viruses that are in each vial of vaccine, than surely the body will respond to other foreign proteins. One rep from a major biologics company, at a meeting on vaccines in 1997 I attended, said quite embarrassed, 'We know how to turn the immune system on, but we don't know how to turn it off'. This is the fundamental problem with vaccines: they are generically stimulating to the body, usually creating illness where there once was none.

How Do You Tell If a Vaccine Is Working?>

The easiest way to determine if a vaccine is working is to take a blood sample and send it to a lab to determine if there are still circulating antibodies against that virus. This is called an antibody titer. This is a simple test, but there has been some controversy as to what titer level will provide protection from the clinical disease, and what level tells you there has been exposure to the disease.

The next way is to believe the biologics companies. This is not my ideal choice since I believed them many years ago when I would vaccinate animals and they would break out with the disease. Perfectly healthy animals coming down with the diseases they were being vaccinated against! It was embarrassing and horrifying that I caused these illnesses. The biologics companies told me their vaccines could never have caused the illness. They justified this by saying that the animals must have been incubating the illness and it coincidentally came out at the time of the vaccine. This never made sense to me but as a young, brain-washed vet, I passed this info on to the clients. I still to this day find it interesting that we are a self-serving profession creating the illnesses that return later through our doors to be treated again. What could be more self-serving? I believe this is one of the reasons the vet profession turns its back on the issue of vaccinations. It would mean we would have to take a good hard look at what we are doing. It would mean we would have to take responsibility. Enough of my soap box, for now.

One way to determine how long a vaccine is capable of lasting in the body is by duration of immunity studies. These are studies that the biologics companies conduct to determine whether vaccinated animals can withstand a challenge from a live virus contact. The problem here is that there are inadequate duration of immunity studies at this time. These are

difficult and expensive test and there has not been enough pressure on these companies to do these tests. One of the reasons is because the profession has assumed that vaccines are harmless and giving repeated doses or annual vaccinations is 'good medicine'.

Because of inadequate studies, the biologics companies are not willing at this point in time to change the recommended protocols. Much info available from numerous sources verifies that the MLVs, if given after 14 wks of age (after maternal antibodies have decreased), are effective for a lifetime. Most rabies titers at this time are showing effective protection at 5 to 6 years after vaccination. I believe the rabies duration of immunity studies would help us change the ludicrous yearly vaccination requirements in many states. Many animals I test are showing protection to parvo and distemper after 10 years or more. The real question here is: how did these recommendations for yearly vaccinations start?

Why Are We Vaccinating Yearly?

This is a really good question, isn't it? The first massive vaccination program began in the 1940s and the 50s for distemper and adenovirus. These early vaccines showed that one third of the puppies did not maintain protective titers to distemper for one year after the initial vaccination. By the way, we have yet to talk about susceptibility, which these researchers did not take into account. This led to the recommendation in 1959 that dogs should be vaccinated annually, as a safety measure. Distemper was a horrible, life threatening disease and was capable of going through a population of puppies very quickly. Usually it caused gastrointestinal symptoms such as bloody diarrhea (much like Parvo), or respiratory symptoms, and in the most severe state would cause neurological symptoms which were rarely successfully treated.

In 1961, recommendations that a serum analysis of the blood was the best way to determine immunological protection. Since clients would need to pay for that, plus an exam, and possibly the re-vaccination fee, it would be easier and cheaper, based on the local incidence of distemper, the history of the animal, and the potential risk, that annual vaccinations be given. Thus start the annual standard of practice. There was no science here! Unfortunately, there were few people willing to push for the serum analysis, or to really look at the exposure of each animal, or to look at any other factors influencing susceptibility.

Dr. Ron Schultz and the U. of Wisconsin-Madison, a veterinary immunologist, questions the lack of scientific evidence to support our current practices. In his article in the 1992 edition of Current Veterinary Therapy, Dr Schultz and his co-author, Dr. Phillips, discuss the issue. Their words follow: "A practice that was started many years ago and that lacks scientific validity or verification is annual vaccinations. 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. Only the immune response to toxins requires boosters (e.g. tetanus toxin booster, in humans, is recommended once every 7-10 years) and no toxin vaccines are currently used for dogs and cats. Furthermore, revaccination with most viral vaccines fails to stimulate an anamnestic response as a result of interference by existing antibodies (similar to maternal antibody interference). 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 exam or is required by law (i.e. certain states require annual revaccination for rabies)."

Whew! The summary of his statement is this: yearly boosters are unnecessary and the current antibody protection in the body will actually interfere with other new vaccines. Therefore, they are not useful and certainly don't provide more protection if given annually. This report also emphasizes that yearly reminders get people into the clinic to give yearly vaccines and put little to no emphasis on a wellness exam. This is a backward approach, isn't it? Shouldn't we remind our clients to come in for a yearly wellness check and if necessary then suggest the vaccinations? Have we become so complacent and dependent on these little vaccine vials and their financial power? Are there not other methods of preventative medicine? If you choose these yearly vaccines will your animals be protected against all the harmful diseases known to animals?

Who Is Susceptible? And To What?

There is a questions as to who is susceptible and to what diseases, which really distills down to: at what age are the animals most and least susceptible, and what diseases are species specific or regionally specific?

It is odd to me that the topic of age susceptibility is rarely if ever spoken about and yet it seems to be such an important consideration in the decision about the need for vaccinations. We are not talking about breed susceptibility, we are talking about the ages at which certain illnesses are more likely to manifest. For example, measles and chicken pox are a childhood disease that if allowed to be expressed while young are relatively benign. As the child grows older, the susceptibility to these illnesses decreases. This is the same with many of the animal vaccines. As a clinician it is very, very uncommon to see distemper, parvo, parainfluenza, adenovirus, panleukopenia, calicivirus, herpesvirus, and others in adult animals. These seem to be most dangerous when the animal is young and their immune system is not fully developed. When I see an adult with parvo or distemper, it is frequently a purebred or has other immune dysfunction or is likely poorly cared for. I do see a predominance of parvo and distemper in young animals less than 6-8 months old, and less frequently as they get closer to 1 year old.

My question is this: why are we vaccinating animals that have passed the point of great susceptibility? Would it not be similar to humans being vaccinated every year of our lives with chicken pox, measles, diphtheria, whooping cough, hepatitis, tetanus, etc.?

The other question concerns the vaccination of diseases that are not seen at all in a particular region, or that vaccines are not effective against because the viruses have many different serovariants. For example, leptospirosis. This is a vaccine that does not provide long-lasting protection and will not provide cross-protection for all the different strains of lepto. Then why are we using this? Coronavirus is another vaccine enigma. Corona in dogs produces a mild, transient diarrhea and it is known that the vaccine does not provide protection against an infection with corona. Hardly worth the vaccine, isn't it?

Lepto is not seen in my area, so why are we vaccinating? I have seen this practice with Lyme, Corona, Feline Leukemia, Feline Infectious Peritonitis, and many equine vaccines. This seems to be an issue of convenience since the manufacturers supply all over the country/world. It also seems to fall into the category that the practice of injecting viruses into a healthy body, or an unhealthy one for that matter, is a benign process.

What Are the Adverse Reactions, If Any?

Unfortunately, adverse reactions to vaccines have been considered to be the immediate hypersensitivity reactions of anaphylaxis. This severely limits the types of reactions that are ever even considered to be related to vaccines. Other problems surface which make accurate tallying of adverse reactions difficult. At present time there are no easy or effective reporting systems; many vets are reluctant to report even those where an animal dies, and the cause-effect relationship is not always clear. Even to those who believe that many of the illnesses we see, both acute and chronic, are directly related to over-vaccination, it is still at times difficult to show how this works. There are many situations where the perfectly healthy puppy is taken at 6 weeks for his first vaccines. Maybe he has a slight fever or lack of appetite and energy for a day or so. Then he is returned 2 to 3 weeks later for more vaccines. Maybe he will show another fever or maybe a day of diarrhea. Then he is returned in 2 or 3 weeks for more vaccines. Maybe he starts to itch a bit. Often by the time the pup is 6 months old he has several problems going on. He often has loose stools and he itches, but there are no fleas. Thus begins the first stages of chronic illness brought on by the vaccines.

When a perfectly healthy individual is given viruses that cause illness, the animal is going to manifest illness-related symptoms. This healthy individual is asked to maintain a low-level stimulation of a state of distemper, a low level state of parvo, a low level state of rabies, and so on. As long as you are in a low level state of illness you are not in a high level state of health. Therefore, the vaccines provide protection by keeping the body in a diseased state of health. Often the animal will not manifest the illness it is vaccinated for, at least not in its acute form, but it will manifest in other conditions. Usually these conditions are inherited weaknesses.

Chronic symptoms look very much like the acute illnesses but they are often not life-threatening unless allowed to continue for years and years.

For distemper we often see:

- Watery fluid dripping from the nose
- Conjunctivitis, eye discharge, entropion
- Chronic gastritis, hepatitis, pancreatitis, appetite disorders
- Recurrent diarrhea
- Sensitivity to food with resultant diarrhea
- Epilepsy, rear leg paralysis, spondylitis
- Lip fold dermatitis
- Excessive licking of feet, eruptions between the toes, allergies
- Kennel cough, chronic bronchitis
- Chronic skin eruptions, especially lower half of body
- Failure to thrive, abnormally thin

For rabies we often see:

- Restless nature, suspicion of others, aggression to animals and people
- Changes in behavior: aloofness, unaffectionate, desire to roam, OR clingy, separation anxiety, 'velcro dog'
- Restraining can lead to violent behavior and self-injury
- Self-mutilation, tail chewing
- Voice changes, hoarseness, excessive barking
- Chronic poor appetite, very finicky
- Paralysis of throat or tongue, sloppy eaters, drooling
- Dry eye, loss of sight, cataract
- Eating wood, stones, earth, stool
- Destructive behavior, shredding bedding
- Seizures, epilepsy, twitching
- Increased sexual desire, sexual aggression
- Irregular pulse, heart failure
- Reverse sneezing

Some of the illnesses you are familiar with include any auto-immune disease such as lupus, red cell aplasia, auto-immune hemolytic anemia cardiomyopathies; neoplasias such as fibrosarcomas, mast cell tumors, thyroid tumors, etc.; inflammatory bowel disease, eczematous ears, any dermatological condition, warts, lipomas, poor hair coats, stomatitis, periodontal disease, thyroid disease, and the list goes on and on.

Now you could be wondering why I am so bold to 'blame' all these and more on vaccines. The reason is simple: I have an empirical, call it experimental lab where I visit daily and watch the animals, year after year. In the short years of my career I have seen the incredible increase in all these illnesses, some we never even learned in vet school. In fact, my vet school is now primarily an oncology treatment center! This was not the case a short 20 years ago. I have also spoken with many vets who have practiced longer than I and their response is the same. They did not see the level of chronic illness, nor the resistant and concretized type of illnesses that we see today.

Because I am able to use homeopathic remedies to help resolve these effects of the vaccines I am able to see first hand the cause-effect relationship. I have also looked at the info of those who have come before me to help in this process. One such person was J. Compton Burnett, a British physician of the late 1800s and early 1900s. Burnett was a proponent of

the smallpox vaccine until he started noticing that the vaccines given to young people in the prime of their lives were causing many 'other' health problems. He coined the term 'vaccinosis' to describe the illnesses caused by vaccines, separate from the illnesses they were protecting against. Much of what Burnett saw closely resembles what we see today in our animals. This is interesting how this human model is actually teaching us about what happens with animals.

Burnett further verified his hypothesis by giving the homeopathic remedy, Thuja, to many of these vaccinated individuals, as was described by Hahneman. He was able to reverse many of these harmful effects. This is still a widely used remedy for the effects of vaccines.

Alternatives

Remember, the body has incredible capacity to provide protection against all sorts of invaders. So, if our approach to protection is from the standpoint of supporting the body in doing its job, which it already knows how to do, we are working at a more fundamental level. If we support the energy and physical systems of the body we will support the immune system, not overload it. Clean hygiene, good nutrition, clean water, plenty of exercise, constitutional treatments (preferably homeopathic), good breeding practices, and homeopathic nosodes, where needed. This all sounds very simplistic and, in fact, it is!

Should you decide to use nosodes they must be used under the guidance of a qualified vet, just as with any medication. Nosodes are homeopathic remedies made from the diseased products of whatever disease you are wanting to protect against. For distemper, nasal discharge is used. For parvo, fecal material is used. These are subsequently filtered, and sterilized, diluted and succussed as any homeopathic remedy and are administered orally. I use them starting at 7-9 weeks and continue for the first year of life only. They cannot be used for rabies licensing.

Nosodes provide protection by stimulating a non-specific immunological response. They fill the susceptibility the animal has to the disease without actually producing antibodies. If that susceptibility is filled, much like a cup of coffee to the brim, then nothing else can come in and fill it up. You can't be over-susceptible. In my practice nosodes are very effective with the exception of animals with chronic illness and poor breeding practices. The primary nosodes I use are for the life threatening diseases such as parvo, distemper, and panleukopenia. I will also use bordatella for animals in kennel situations.

If You Do Vaccinate

If you choose to vaccinate, please be careful. My recommendations are as follows: wait until 14 weeks for puppies and kittens, until the maternal antibodies are no longer present. If you must use something before 14 weeks, use nosodes; after 14 weeks, give one MLV parvo/distemper combination for dogs; for cats, give one panleukopenia, and one rabies vaccine at least two weeks after the above.

OR:

One distemper at 12 weeks, followed by one parvo at 14 weeks (these are the single vaccines and are the best, but often difficult to find). All other vaccines, except rabies, I cannot recommend, period.

Other Issues

We have yet to discuss the topic of rights, animal rights, and guardian rights. This is one you can play with on your own.

Additionally, we have yet to talk about the laws that mandate rabies requirements that don't reflect the current science. I hope to see these laws changed as there is more info from the duration of immunity studies. It will be up to the grassroots movement to initiate this as most vet associations will not support a law that will hurt the pocketbooks of the vets.

So, you can see there is quite a bit of info to assimilate, and there is more! With this, I believe there is enough to shed some light on a topic that even confuses most vets.

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