

To many people's horror, we do not vaccinate our horses, dogs, cats, or ourselves and have not for over 30 years. When our middle-aged children were young, we minimized their vaccines and refused to give the new (at that time) measles shot from which, it turned out, over 200 children died before it was recalled. In fact, we almost went to jail over that one. It is our belief that there is absolutely no way that we can possibly vaccinate against every single "bug" that comes down the pike and would rather build our immune systems naturally with optimum nutrition. For us it has worked admirably with nary a snotty nose among the bunch of us.

For those who would like a little more substance as to the reasons for our personal choice, read on. This is a rather long article yet is but a tiny fraction of the material available that throws doubt on the wisdom of routine vaccinations as we know them today. Because this is of concern not only to ourselves as human beings but also to ourselves as responsible animal owners, information here is drawn from a variety of sources yet holds true on a trans-species level.

Iatrogenic Diseases/Vaccinosis

There is a long list of diseases caused by doctors (iatrogenic) and it grows yearly as treatments become more invasive or experimental and vaccines are not exempt. We have a very personal relationship with this concept as I was the recipient of live polio vaccine in Los Angeles in 1955 from which I contracted polio and to this day I live with Post Polio Syndrome. Hundreds, if not thousands, of Gulf War veterans also live with the ramifications of aggressive over-vaccination; it is called Gulf War Syndrome. In fact, some vets of WWII are suing the government (which is us) for its vaccination policies and the consequences of forcing so many vaccines upon them in a short period of time; some of the vaccines were even in an experimental stage.

While the government's sentiment and intention, as well as those of hundreds of thousands of physicians and veterinarians, may be admirable, in fact there have been few studies which actually measure vaccine efficiency and vaccine interaction with other vaccines for either human or animal. Meanwhile, reports of side-effects keep pouring in. Unfortunately, most people think that unless you swell up and go into anaphylactic shock within minutes of an injection (and that IS a possibility with certain medications), you are reaction-free. However, many side-effects are more subtle and may take days, weeks, months and sometimes even years/decades to show up in ways that may at first glance appear unrelated to original causation.

In fact, frequently we receive calls from horse owners who say their animal was doing great and then all of a sudden just "fell apart" with lethargy, poor appetite (even to ulcers being diagnosed), lost condition, glassy eyes or eye infections, weaving, hoof cracks/abscesses, and sometimes even ataxia or stumbling gait. Upon questioning, it turns out that yes, they were vaccinated within the last two to three weeks with multi-valent vaccines (sometimes up to 9 vaccines at a time in one or two shots) and frequently were dewormed at

the same time. Some vets in the holistic world believe that horses are the most over-vaccinated of all domestic animals in this country and others even postulate that EPM may be caused by nerve based (cultured in nerve tissue) vaccines being used: the horse begins to form antibodies to its own tissues from the vaccines. We venture to surmise that such a response may not be limited to EPM nor to the equine species alone.

Additionally, we have had numerous pet owners report to us that their vets have told them they are now vaccinating cats in the leg instead of the neck because if a cancer forms, the leg can be removed far more easily than can a head!

Much more serious is the horrifying number of children who, following vaccination go from being normal, happy active children to whiny, fearful, lethargic children with eating disorders, heart disease, speech disorders, neuro-developmental diseases, and, too frequently, autism. Some children die.

Sandy Mintz writing in the Washington Post says of the measles vaccine alone: *"It is interesting to note that in a 1990 article on measles vaccine, written by Drs. Walter Orenstein, Director of the National Immunization Program at the CDC, and Lauri Markowitz, one of the co-authors of both the 1990 article and the Katz article and formerly of the CDC, it was stated: 'From 1950 to 1959, an annual average of more than 500,000 cases and 500 deaths were reported. However, the true number of infections was estimated to be 10 times as high.' In other words, if only reported cases are considered, the death rate appears to be 1/1000. If you factor in the number of unreported cases, quite high during the era when measles was common, the death rate drops to 1/10,000. In the more recent Katz 'Vaccines' article, co-written with Redd and Markowitz, it says that the death rate is 1 to 3 in 1000 cases (pg. 223), even though later in the article they say that there used to be, 'in the prevaccine era' (pg. 229), around 500 deaths among 4,000,000 cases (actually 1.25/10,000 cases). Either they are exaggerating the current death rate, or it has gone up. We submit that if the death rate has risen, measles vaccine is the cause, having changed measles epidemiology so that high-risk groups now more often get the measles."* [www.vaccinationnews.com/Scandals/Sept_13_02/Scandal33.htm]

From England comes a report on the preliminary results of a well structured survey concerning possible health problems resulting from vaccination of dogs:

- Cancer--31% within 3 months
- Chorea--63.2% within 3 months
- Encephalitis--75% within 3 months
- Heart conditions--26.8% within 3 months
- Kidney damage--40.5% within 3 months
- Lameness--52% within 3 months
- Liver damage--47% within 3 months
- Paralysis of abdomen--64.7% within 3 months
- Short attention span--68.4% within 3 months
- Autoimmune diseases--54.8% within 3 months

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Prior-to-Vaccination Questions

www.909shot.com

- Is my child/pet **sick** right now?
- Has my child/pet had a **bad reaction** to a vaccination before?
- Does my child/pet have a **personal or family history** of:
 - *vaccine reactions
 - *convulsions or neurological disorders
 - *severe allergies
 - *immune system disorders
- Do I know if my child/pet is at **high risk** of reacting?
- Do I have full information on the vaccine's **side effects**?
- Do I know how to identify a vaccine **reaction**?
- Do I know how to **report** a vaccine reaction?
- Do I know the vaccine **manufacturer's name & lot #**?

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[\[www.naturalrearing.com/J_In_Learning/Immunization/CanineVaccinationSurvey.htm\]](http://www.naturalrearing.com/J_In_Learning/Immunization/CanineVaccinationSurvey.htm)

Reports have been coming in to us anecdotally about horses with severe ataxia (hind-end weakness) and even death from the highly touted West Nile Vaccine. More recent reports are even more shocking. Sunny Wyland, DVM has a six inch file of reports she has collected since March 2003 (and this is only 4 months later) of owners who, following veterinarian advice in vaccinating their bred mares, have lost their entire foal crop. She says, "At this time, I cannot count the number of foals lost due to Placenta Previa, deformities, respiratory distress syndrome, displaced placentas, stillborns and many many more illness. I researched sometimes upwards to twenty-two hours a day. In my opinion, the only common link is the West Nile Vaccine." She goes on to say, "My next question is this, will it affect the stallion in the same manner? I believe it will." She invites people to contact her: "Anyone with any questions about these issues may contact me at horsedoc03@aol.com" [<http://lost-foals-group.4t.com/>]

Vaccine Ingredients

When one actually studies a list of ingredients that are contained in most vaccines, some of the side-effects may not seem so bizarre or unbelievable. In addition to the actual "vaccine" itself, there are added numerous ingredients to the carrier for various expressed purposes.

One of the most toxic additives is the potent neurotoxin mercury under the guise of *thimerosal* preservative. While banned from hepatitis vaccines in 1999, it is still found in most other vaccines including those given routinely to children and is thought to be one of the major causes of the startling increase of autism and other related diseases in this country. Based on the results [of studies], which found thimerosal-containing vaccines to contain mercury in excess of Federal Safety Guidelines, researchers confirmed a link between thimerosal-containing childhood vaccines and neurodevelopment disorders and heart disease. [*Journal American Physicians & Surgeons Spring 2003*; www.mercola.com/2003/apr/5/vaccines_mercury.htm] Unfortunately, due to devious labeling regulations, many thimerosal-containing vaccines do not have to state such a fact on their product insert making it all but impossible for the average physician/veterinarian to know; only the most dedicated researcher can find the truth.

The mercury and aluminum that is in every flu vaccine (and some childhood vaccines) is toxic to the brain and will eventually cause cognitive dysfunction such as Alzheimer's Disease. According to Hugh Fudenberg, MD [www.nitrf.org], the world's leading immuno-geneticist and 13th most quoted biologist of our times (nearly 850 papers in peer review journals), if an individual has had five consecutive flu shots, his/her chances of getting Alzheimer's Disease is ten times higher than if they had one, two or no shots. Dr. Fudenberg presented his research at the National Vaccine Information Center's (NVIC) International Vaccine Conference, Arlington, VA September, 1997. According to the John's Hopkins Newsletter Nov 1998, Alzheimer's is expected to quadruple and that certainly seems to be occurring.

Sherri J. Tenpenny, D.O., a nationally renowned and respected vaccine expert advises every consumer to read the package insert on every vaccine [www.mercola.com/2003/jan/25/pediarix.htm]. Some other additives, adjuvants and contaminants that may be listed on an insert ingredient list are:

- **VERO** (monkey) **cells** -- potentially containing the SV40 virus incriminated in several different cancers, including leukemia.
- **Bovine extract, bovine casein and calf** (bovine) **sera** -- It is common knowledge that bovine blood products can be contaminated with viruses, and bovine viral diarrhea virus (BVDV) is the one most often contaminating fetal bovine serum.
- **Formaldehyde** -- a chemical that has caused cancer in laboratory animals and may cause cancer in humans. There is no known threshold level below which cancer risk does not exist. [www.nsc.org/ehc/indoor/formald.htm]
- **Glutaraldehyde** -- a toxic chemical that is used for cold sterilization of medical and dental equipment. There is no Occupational Safety and Health Administration (OSHA) permissible exposure limit. [www.afscme.org/health/faq-glut.htm]
- **2-Phenoxyethanol** -- the chemical name for antifreeze
An excellent website that tells about not only all vaccine content and suggested timing but also possible adverse reactions, etc. is www.know-vaccines.org/faq.htm#3a.

Vaccine Numbers & Frequency

The sheer number of "shots" given to our children and our animals is becoming overwhelming. The current childhood immunization schedule calls for approximately twenty injections in the first two years of life and, with the development and introduction of new vaccines, that number will continue to increase. [www.internetwire.com/iwire/release_html_b1?release_id=50035]

Ronald Schultz, a researcher at University of Wisconsin-Madison, suggests in guidelines published in Trends, the Journal of the American Animal Hospital Association, that annual vaccinations to prevent rabies, distemper and other life-threatening diseases are not necessary, and their side effects may hurt the dogs the vaccines were supposed to protect. Schultz recommends dogs receive the major shots once every three years and less critical vaccines only in certain instances. Dr. Schultz became convinced American dogs were being over-vaccinated after conducting years of clinical trials measuring the potency of vaccinations. His studies showed a rabies vaccine lasts about three years, while the three other core vaccines for the most dangerous canine diseases lasted seven years or more, he said. Veterinarians have

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recommended annual shots of many of these vaccines for decades. Schultz said that puts dogs at risk for infrequent but potentially serious side effects including skin problems, allergic reactions and autoimmune diseases. "These adverse reactions have caused many veterinarians to rethink the issue of vaccination," Schultz said. "The idea that unnecessary vaccines can cause serious side effects is in direct conflict with sound medical practices." Other groups supporting the new guidelines include the American Colleges of Veterinary Internal Medicine, Veterinary Microbiology and the American Association of Veterinary Immunologists.

Don Hamilton, DVM concurs: "A practice that was started many years ago and that lacks scientific validity or verification is annual re-vaccinations. Almost without exception there is no immunologic requirement for annual revaccinations. 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 (secondary) response as a result of interference by existing antibody (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 examination or is required by law (i.e., certain states require annual revaccination for rabies)." [www.shirleys-wellness-cafe.com/petvacc.htm]

Vaccine Effectiveness

It has long been argued by some researchers, that many disease states thought to have been eradicated by vaccines were actually on their way out in the natural course of events before vaccines were administered.

According to Richard H. Pitcairn, DVM, PhD: "Looking at the statistics available for smallpox, polio, measles, and pertussis (whooping cough), we find that besides the fact that the incidence of these diseases was already declining before vaccination programs were enforced, the incidence actually increased once these programs were instituted. Some countries, looking at statistics showing this lack of efficacy and increase in disease incidence, together with deaths resulting from reactions to the vaccination, have terminated compulsory vaccination. When Australia did so in the case of the smallpox vaccine, smallpox virtually disappeared in that country (three cases in fifteen years). In the case of the polio vaccine, many European countries refused to systematically inoculate their citizens, yet polio epidemics also ended in these countries as well.

Measles is an especially interesting disease to look at because of its close similarity to canine distemper. The measles vaccine was introduced in 1963, even though in the United States and England a greater than 95% decline in the measles death rate had already occurred between 1915 and 1958. Also, the death rate from measles in the mid-1970s (post-vaccine) was exactly the same as it was in the early 1960s (pre-vaccine). A study by the World Health Organiza-

tion concludes that chances are 14 times greater that measles will be contracted by those vaccinated against the disease than by those who have not been vaccinated. The federal government reported in 1985 that 80% of the 1,984 cases of measles occurred in people who had been properly vaccinated. More recently, outbreaks have continued to occur throughout the country, sometimes among 100% vaccinated populations." [www.cyberpet.com/cyberdog/articles/health/vaccin.htm]

Keith W. Wassung, nationally known author and

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AVMA Principles of Vaccination

Approved by the AVMA Executive Board April, 2001
[http://www.avma.org/policies/vaccination.htm]

...Thorough evaluations of the risks of the disease, and those potentially associated with the vaccine, compared to the benefits of vaccination for the patient, are necessary in crafting optimal health recommendations that include vaccination.....COBTA (The Council on Biologic and Therapeutic Agents) believes that variation in our patients and their lifestyle, and between the individual vaccine products available, requires a customized approach to vaccination recommendations to best match the variation in the patients presented for immunization

...Adverse events may be associated with the antigen, adjuvant, carrier, preservative, or a combination thereof. Possible adverse events include failure to immunize, anaphylaxis, immuno-suppression, autoimmune disorders, transient infections, and/or long-term infected carrier states. In addition, a causal association in cats between injection sites and the subsequent development of a malignant tumor is the subject of ongoing research. The role of genetic predisposition to adverse events needs further exploration and definition

...The one-year revaccination frequency recommendation found on many vaccine labels is based on historical precedent and United States Department of Agriculture regulation, not on scientific data. Even in those cases where scientific data was submitted to qualify the label claim, the data generated does not resolve the question about average or maximum duration of immunity. There is evidence that some vaccines provide immunity beyond one year. Revaccination of patients with sufficient immunity does not add measurably to their disease resistance, and may increase their risk of adverse post-vaccination events. Vaccination is a potent medical procedure associated with both benefits and risks for the patient. Adverse events, including some that are potentially severe, can be unintended consequences of vaccination.

...Unnecessary stimulation of the immune system does not result in enhanced disease resistance, and may increase the risk of adverse post-vaccination events.

...Vaccines, including polyvalent products, should be selected to include only those antigens appropriate for the specific risk needs of the patient, thereby eliminating unnecessary immune system stimulation and lowering potential risks of adverse events.

...Veterinarians and owners/clients need to carefully consider the benefits and risks of using these vaccine products on an individual basis.

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speaker in the field of health education and research, goes to the heart of the matter challenging the theory of artificial immunity. "The science of immunology is on a fast track due to recent advances in molecular biology and genetics research. Though there is still much to be learned, it has become evident that artificial immunity, stimulated by vaccination, is not even close to duplicating immunity received from natural exposure and may actually work in an immune suppressive fashion. Pressed by advancing technology and consumer demand, health care is slowly changing its focus from disease treatment to performance enhancement. Accompanying this will be an increased emphasis on nutrition, exercise, and structural integrity of the human frame, all of which maximize the body's innate healing power." [http://www.vaccinationnews.com/]

More from that previously mentioned English survey. The following shows the percentage of dogs contracting the diseases they were vaccinated against which indicates that vaccines either don't protect, or can cause the disease itself:

- Hepatitis--63.6% occurred within three months
- Parainfluenza--50% within three months
- Parvovirus--68.2% within three months
- Distemper--55.6% within three months
- Leptospirosis--100% of dogs contracted leptospirosis within three months of vaccination.

Vaccine Contraindications

Because vaccinations have become so routine in everyone's minds and perhaps to save visits to the doctor/vet, vaccinations are frequently given when directly contraindicated by both the AVMA and vaccine package inserts.

One of these contra-indications is illness. Stephen Tobin, DVM says: ". . . All vaccines are supposed to be given only to healthy animals. That is so stated in the package inserts. If an animal is sick, it is not supposed to be vaccinated. That is why vets are supposed to give an examination before giving the vaccination. Giving a vaccination to a sick animal is malpractice. Also, there is no vaccine that can be used, for the vaccine is only licensed for use in healthy animals. But how do you define healthy? If an animal is being treated by the vet for a problem, that is prima facie evidence that the animal is not healthy. If the vet insists the animal is healthy enough, but you think it is not, remind the vet that he is giving the vaccine off license, and that he and he alone is responsible for any problems that arise from the vaccination, as the manufacturer does not need to stand by a product that is used off license. In fact, it would be a good idea to get him to sign a statement saying just that." [http://www.thesome.com/vaccinations.htm]

On Reporting of Adverse Vaccine Reactions . . .

Adverse reactions are not rare. In horses, we are hearing more and more frequently of serious ataxia (hind end weakness) and either abortion or malformed foals following the West Nile Vaccine and for years we have heard and witnessed abortions following the Rhino series (usually after the second shot) which is given to prevent abortions. This is just us hearing about a few horses.

Most people are totally perplexed as to what to do when confronted with adverse vaccine reactions especially when their physicians/veterinarians are unwilling to admit the

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Titers: What Do They Tell Us?

by Christie Keith; www.caberfeidh.com/Titers.htm

Many people who are trying to reduce vaccination are interested in using "titers" as a test to measure whether or not their dog is still immune to a disease. They often speak of titers as showing "high" or "low" immunity, or of "having to" re-vaccinate when a titer is low. While there is not a tremendous amount of research on titers in dogs, I think it's fair to say there is quite a bit of misunderstanding on the part of pet owners, and even many veterinarians, as to what a titer test does or does not tell us.

A "titer" is a measurement of how much antibody to a certain virus (or other antigen) is circulating in the blood at that moment. Titers are usually expressed in a ratio, which is how many times they could dilute the blood until they couldn't find antibodies anymore. So let's say they could dilute it two times only and then they didn't find anymore, that would be a titer of 1:2. If they could dilute it a thousand times before they couldn't find any antibody, then that would be a titer of 1:1000.

A titer test does not and cannot measure immunity, because immunity to specific viruses is reliant not on antibodies, but on memory cells, which we have no way to measure. Memory cells are what prompt the immune system to create antibodies and dispatch them to an infection caused by the virus it "remembers." Memory cells don't need "reminders" in the form of re-vaccination to keep producing antibodies. (*Science*, 1999; "Immune system's memory does not need reminders.") If the animal recently encountered the virus, their level of antibody might be quite high, but that doesn't mean they are more immune than an animal with a lower titer.

Dr. Donald Hamilton, a holistic veterinarian and author of *Homeopathic Care for Cats and Dogs: Small Doses for Small Animals*, compares antibodies to fire engines. Just because the fire engines aren't racing all over town all the time, and the fire fighters are back in the firehouse, sleeping, eating or playing cards, doesn't mean they aren't ready to jump in their trucks and head to the fire when the alarm sounds.

So what does a low or zero titer tell you? Nothing much. A high titer is strongly correlated with either recent infection or good immunity, but the opposite isn't true. You can use a titer test about two weeks after vaccination to determine if the vaccination was effective in stimulating an immune response (in other words, if the animal was successfully immunized from the vaccine), but testing that same animal's titer years down the road doesn't really tell you anything new.

The only other uses for titer tests in my opinion are to check immunization status on dogs with an unknown history, to provide documentation for legal purposes such as travel, or licensing in areas that accept rabies titers in lieu of rabies vaccination, to satisfy curiosity, or to provide peace of mind for pet owners. However, for every person who has his or her mind relieved by finding his or her dog "has a titer" to a disease they were worried about, there is someone else who now thinks his or her dog or cat is "unprotected" against a disease to which they are most likely really immune.

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possibility. However, any and all reactions should be reported to the FDA which maintains a database of Adverse Drug Reactions. It is imperative to use the reporting option www.fda.gov/cvm/index/ade/adetoc.htm and use form FDA 1932a. Or call 888/FDA-VETS. Manufacturers are required by law to report to the FDA any negative reports.

Another place to report that actually gets legislative attention quite quickly is your state's Legislative Audit and Budget Subcommittee/Ombudsman's Office.....they do the reviews of all the publicly funded licensed boards, like the veterinary boards. When you submit something to the vet board simply copy it to this subcommittee. When the board's review comes up, the subcommittee must contact you to hear your side of the issue. It is the legislature's way of checking on how responsive the board has been to the concerns of the public and to be sure the vet board doesn't just stonewall you.

Since 1990, the U.S. government has collected many thousands of reports of damage caused by vaccines. This database, called the Vaccine Adverse Event Reporting System (VAERS), is available for anyone to download from www.medalerts.org/vaersdb/. However, the data available from the government is difficult to use for these reasons:

- It is broken up into separate databases for each year.
- Each year's data is split into two different files: one with the details of the case, and another with specific information about the vaccinations that were given.
- The data is in raw form, and must be imported into a real database system before any analysis can be done.
- There are some formatting errors in these files.

The site organizes the government's VAERS data and makes it available for online searching. Before using this data, please read the government's warning about the data.

Blood Titers

Many holistic vets suggest drawing blood titers annually to check for immune levels before automatically giving vaccines. *Horse Journal, Jan 2002* states: "If you are concerned about over-vaccination and would like to pay for an assessment of your horses' blood titers, ask your vet to contact your state's Department of Agriculture, Division of Animal Health Diagnostic Laboratory. These labs are far more likely to be set up to do the necessary serology than are commercial labs. The USDA Veterinary/Animal Biologics Lab (515/663-7331) is a good general contact for questions about serological testing and/or laboratory facilities. You can also contact the National Cooperation for Laboratory Accreditation for a list of certified labs: NACLA Secretariat, Office of Standards Services, National Institute of Standards and Technology, PO Box 4045, Gaithersburg, MD 20885-4045, 301/975-6472 or email naclasecretariat@nist.gov."

Although more and more insurance companies and some counties are now accepting high titer counts in lieu of vaccinations for animals, unfortunately even titers do not always paint an accurate picture. As they depend on stimulation at the time of the draw, they can exhibit different results even at different times of the same day.

Homeopathics

Many homeopaths prefer to use homeopathic nosodes in lieu of standard vaccinations. Widely used in Europe for decades, they are just now gaining some acceptance in this country. Unfortunately, nosodes will not show up with antibodies on a

IF YOU CHOOSE TO VACCINATE

- Vaccinate for only the most virulent or locally prevalent & dangerous diseases
- Before vaccinating, draw blood titers to generally assess immunity levels; immunity has in many instances been shown to last far longer than originally anticipated
- Only give one vaccine at a time rather than multi-valents which contain numerous vaccines in one injection; single vaccines lessen the chance of side-effects and if any occur, can be tracked more readily
- Space vaccinations out a minimum of 3-4 weeks between injections; rabies vaccines 3-6 months after any others
- Increase **Ester-C®** or **Hiscorbadyne** intake following label directions from 2 weeks before and continuing for 4 weeks afterward—some researchers suggest up to 3 grams of Vit C/day for an adult human; adjust for children/animals accordingly bearing in mind that **Ester-C®** is far more potent
- Immediately spray injection site with **Release** and cover with a **Miracle Clay** poultice to draw toxins; with animals, support digestion for at least 2 weeks with daily **DynaPro**
- If you are inclined towards homeopathics, Thuja (follow directions) is the generally recommended remedy as a follow up to prevent or diminish vaccine reactions
- Since vaccines are stressful, do not introduce any other stressful factor the same day of the vaccination such as other vaccines, deworming or heavy physical activity
- According to the AVMA and instructions included with each vaccine, **no animal or human should receive a vaccination if health is compromised**—even with just a cold; be sure to take temps prior to administering vaccines and if at all abnormal, **do not vaccinate**
- Consider checking with your holistic physician/veterinarian about the use of homeopathic nosodes in lieu of some or all vaccines
- Build basic immune system health by correct diet and overall reduced toxin loads

titer test. Because of this, they can be difficult to use in the case of rabies, as they will not provide any kind of legal help.

More accepted is the use of various homeopathic remedies as guards against side-effects following standard vaccinations. Since homeopathic tinctures are given very individualistically, to use the allopathic concept of "this medicine for this disease" does not necessarily hold true. It is far safer to check with your homeopathic physician/veterinarian for advice in this matter. However, that said, there are a few common remedies which do seem to hold a certain universal truth. Thuja should be given at the same time as any vaccination and many claim it will prevent vaccine related problems. Warts on horses are almost always due to vaccinosis and usually disappear when the animal is given Thuja. Lachesis can be used as a Rabies vaccination antidote.

Vitamin C Considerations

Many times babies are taken to the emergency rooms with blood clots in the brain, bruises and hemorrhage, even frac-

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tures, and the parents or caregivers are charged with child abuse. However, Alan Clemetson, MD, Professor Emeritus, Tulane University School of Medicine points out in the Townsend Letter for Doctors and Patients, Jan 2002, that such hemorrhages and all are symptoms of infantile **scurvy** or **vitamin C deficiency**. Infant vaccines can deplete vitamin C by raising blood histamine levels and then the endothelial cells lining the inside of the blood vessels become separated from one another. Infection or the stress of a cold can also halve the blood levels of vitamin C in just a matter of 24 hours. Dr. Clemetson said, "It has been shown that the toxins or toxoids of the usual inoculants (vaccines) cause increased blood histamine levels in animals. . . It will be possible to study the protective effects of vitamin C in reducing histaminemia. Ascorbic acid (vitamin C) aids the conversion of histamine to hydantoin-5-acetic acid for elimination and has been shown to protect against the toxicity of inoculations, both in animals and humans. Even some soldiers going to the Gulf War suffered severe reactions to some of their inoculations, so this matter is of concern to the armed forces as well as the rest of us. . . we are defective mammals, lacking fur and lacking the ability to make our own vitamin C. We take great care to provide ourselves with clothes and housing to make up for our lack of fur, but we do not always take enough care to make up for our inborn error of metabolism. It is odd that medical schools, which teach so much about DNA and the genetic code, do not pay more attention to teaching nutrition and about a major human genetic defect shared by us all."

Mercury, copper and other heavy metals in the vaccines are also shown to raise blood histamine levels. Subperiosteal hemorrhages (the capillary fragility in the covering of the bone) can lift the periosteum right off the growing bone and be the cause of spontaneous fractures. Dr. Clemetson goes on to point out that C deficiency also impairs the ability of the amino acids *lysine* and *proline* to form collagen and the foundation for fibrous tissue, bone, cartilage and tooth dentin. In a case where the parents were accused of murder of their young infant, based on the bruising, fractures, etc. revealed in autopsy, it was found that the baby had been premature. The mother said she was too sick to take her vitamins, and actually lost weight during the pregnancy. This premature, malnourished baby was then vaccinated at 8 weeks with oral polio, DPT, influenza B, and hepatitis B. The baby developed a high pitched cry and a fever of 105, and after respiratory arrest at home 2 days later, died at the hospital at age 10 weeks. The father is serving a prison sentence for murder after the finding of "shaken baby syndrome".

Another physician recognizing the value of Vitamin C is Matthias Rath, M.D. who immigrated from Germany to become the first Director of Cardiovascular Research at the Linus Pauling Institute in Palo Alto, California. In recognition of his civil courage against the pharmaceutical interests which he believes are undermining appropriate research and his efforts on behalf of the people of the world, Dr. Rath received the prestigious 2001 "Bulwark of Liberty Award" from the American Preventive Medical Association. On his Foundation's website [www4.dr-rath-foundation.org] he states: "Dozens of studies with different viruses have all confirmed that there is no known virus that does not respond to vitamin C. In a study published in the *Proceedings of the National Academy of Sciences USA*, it was shown that vitamin C alone can block even

the HIV/ AIDS-Virus by more than 99 % (*Proceedings Natl. Acad. Sci. USA*, 1990, 87, 7245-9)."

Conclusion

We cannot help but ask:

- *Why are we stressing infant (human and animal alike) immune systems with vaccines for diseases that are far less than fatal in their natural states and/or for those it is highly improbable that they will be exposed (such as the Hepatitis B vaccine given sometimes at less than 2 weeks of age)?*
- *Why is this the most vaccinated country in the world, for both humans and animals, yet the increase of fatal or seriously debilitating neuromuscular diseases is frightening to those examining the trends?*
- *Who/what is behind this insane hyperbole of fear: today, fear of West Nile Virus and SARS ; tomorrow, what will it be? Who stands to gain from this?*
- *Some statistics show that malaria kills 3,000 children daily in Africa; why are we not outraged at this? Could it be there is no money to be made there?*

We believe in the ultimate healing power of nature rather than solely in the hubris of funded science. Too much information is being left out of too many equations to the detriment of all. Living in fear of something can actually create that which we fear—disease included. We prefer instead to focus on health and well-being and think that eating species-appropriate optimum diets, supplementing with **DYNAMITE**[®] bio-available minerals and their **Hiscorbadyne** (Ester-C[®]-based formula), following reasonable hygiene suggestions and avoiding toxins wherever possible should provide an optimum immune system for any species.

For those animals under stress such as campaigning, training or on a breeding/boarding facility with frequent visitors, many owners prefer to keep them on a more rigorous **Hiscorbadyne** regimen along with quarterly **SOD** rounds. Cyclical **SOD** is also recommended for dark skinned animals whose immune systems tend to require more copper or simply when an animal is stressed or you think it appropriate.

Ultimately, we must each learn to question rather than to just blindly accept "popular" or "common" advise. After all, doctors are human like the rest of us and many simply do not have the time to read even their own Journals let alone do research into areas which may seem bizarre in light of their education. Rather than heaping the responsibility for our own and our animals' health on someone else, let us each take more personal responsibility, do our own research, come to our own conclusions and perhaps even share those conclusions with our health practitioners. Here are some websites which we have found personally helpful:

- www.mercola.com/article/vaccines/prevent_health.htm
- www.know-vaccines.org/faq.html#3a
- www.909shot.com
- www.vaccines.net/
- www.pcslink.com/~klove/immunize.htm
- www.access1.net/via/
- www.anthraxvaccine.org
- www.vaccinationnews.com
- www.vaccinewebsite.com
- www.thedoctorwithin.com/index1.html
- www.vaclib.org/pdf/exemption.htm (State Vaccination Laws)
- www.ahvma.org (American Holistic Veterinary Medicine Association—carries listings of holistic vets by area) ■