

**Vaccination**  
**ALTERNATIVE VETERINARY MEDICINE CENTRE**  
**Information Sheet WS024/07**  
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**VACCINATION**

The vaccination of puppies, kittens, foals and rabbits, in order to protect them from infectious diseases, is motivated by a commendable desire to lessen animal suffering. It also, however, represents a violent and unquantifiable challenge to the immune system and it occurs at a time when the whole body is coming to terms with life, growth and development.

In the young animal, early development and coordination of immune, skeletal, hormonal and neurological structure and function is an extremely complex and fragile process. There are very real fears that the good intentions could be backfiring and causing suffering of a different sort and on a massive scale. The manufacturing industry is slow to address these fears.

Vaccination not only presents an unnatural disease challenge, given via an unnatural route, but it also introduces foreign material other than the supposed antigen (e.g. host tissue proteins, antibiotics, preservatives and adjuvants such as Aluminium). These materials can cause their own problems, including potentially sparking an auto-immune response.

In a recent survey of dog cases, I found that the first signs of disease, in 80% of my chronic disease patients, in whom it was known when signs first started (it is not possible to ascertain the starting date in every case), started within three months of a vaccination event. These diseases included skin problems, bowel disorders, auto-immune disorders, heart disease, CDRM, epilepsy, colitis and many others. When one considers that three months is only 25% of the year, this statistic is frightening. There has to be an explanation for this phenomenon and the most obvious is that vaccination is either causing or triggering chronic disease. If that is not the

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explanation, another must be found. The Animal Health Trust performed an 'independent' survey in 2004 (dubbed POOCH), which appeared to negate my findings. My data have only come from referring veterinary surgeons' clinical records, so I am uncertain why the POOCH study was so diametrically opposite in its outcome ('Practice Overview of Canine Health (POOCH): an epidemiological investigation of ill health in dogs and any temporal association with vaccination' by D.S. Edwards, W.E. Henley, E.R. Ely, J.L.N. Wood). One particular reason may be that no attempt was made in the study to trace an animal's medical history back to the **first** signs of trouble, often a painstaking process.

Certain diseases that are currently considered purely hereditary in origin also appear to manifest soon after the primary vaccination course. This may mean that those diseases are not truly hereditary but that those breeds have an inherited susceptibility, possibly triggered by vaccination. We are also seeing problems in the offspring of mothers who have been vaccinated during pregnancy. This is not unduly surprising, considering the violence of the challenge that vaccination represents. Much more research is needed, into this issue and diligent completion of the MLA252A forms ([SARSS Scheme](#)) is essential, if the truth is ever to be revealed. Sadly, the SARSS Scheme is generally being treated with neglect or disdain and reports almost never go in.

Many people are now turning to the homeopathic method of disease [prevention](#), which is called homeoprophylaxis. This consists of giving doses of [nosodes](#), according to a recommended régime. There is no **absolute proof** that this method really does confer protection, other than the **anecdotal evidence** of vast numbers of animals so protected, up and down the country, which have not contracted the vaccinable illnesses. The method does not give rise to measurable **antibody responses**, so the idea of testing immunity in this way is not fully valid. Clinical trials are under way, to see if proof of efficacy can be found, without the customary laboratory animal methodology that I am unable, as a veterinary surgeon, to perform or to recommend. An earlier clinical research project, studying a kennel cough outbreak, is reported on this site ([Research](#)).

My own dog was born in 2001. She is a 'rescue' pup and has never had vaccination. She is, happily, disgustingly healthy. Our previous dog died at over 15 years of age, never having suffered a day's illness and never having been vaccinated. She had the demeanour of a puppy and, thankfully, a very healthy and robust body, with good teeth, right up to the day before she died. She was protected homeopathically. She had visited cities, parks, canals, rivers, ditches, lakes, ponds, motorway halts and lay-

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bys, the length and breadth of the UK and Ireland. A young dog patient even died of Parvovirus, on our premises (which is also our home), without causing a ripple in the health of either dog (both were with us at the time). Our Collie was likewise unaffected when I had cause to nurse a case of Canine Distemper at our home. These anecdotes are not absolute proof of the efficacy of homeoprophylaxis, but they are powerful anecdotal support for the system. Most of my patients are now protected only in this way, many of whom have not received even the primary course of vaccination. We have never been given cause to doubt this method. It is important to note that I am, of course, only able to speak for the nosodes that I use at the AVMC; I cannot speak for other 'brands' or sources, of which I have no experience.

Nosodes are available for Canine Distemper, Hepatitis, Parvovirus, Leptospirosis, Kennel Cough, Feline Leukaemia, Calicivirus, Rhinotracheitis, Panleucopaenia, Chlamydia, Equine Herpes, Rhinopneumonitis, Myxomatosis, Salmonellosis, Pasteurellosis and other vaccinate diseases.

There are even nosodes for diseases not yet covered by conventional vaccination (e.g. FIV, FIP, Shigella, Klebsiella). This raises the possibility of prevention of such diseases, not preventable by vaccination, and the AVMC has been using such methods for many years.

The mechanism by which homeoprophylaxis may work is obscure to us, with our current level of knowledge. It may operate by sensitising the immune-mediating B-cells, or by providing them with the necessary coding for the immediate production of antibodies, in the event of a later infection.

The challenges facing those who wish to protect their animals in this way are:

**Kennels & Catteries** - many are accepting our methods, on production of an appropriate certificate.

**Puppy Classes & Dog Training Classes** - likewise.

**Stables & Liveries** - Some establishments are slow to realise the benefits of the method.

**Insurance Companies** - they are usually content to accept the method, with an exclusion on claims arising from the vaccine diseases.

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**Travel** - there is, sadly, no way around the heavy vaccination and chemical treatment requirement for Pet Passports for travel to and from mainland Europe. For this reason, the **AVMC** cannot recommend taking animals abroad except for emigration.

**Export** - there is no way around current export legislation.

**Importation** - likewise, there is no way around these regulations.

**Competition** - there is currently no way round the rules of certain equine competitions. British Dressage dropped the requirement, several years ago, with none of the disastrous consequences and impending doom that were predicted by the 'establishment'. Vaccination of dressage horses may still be required, however, for some competition venues.

**Contra-indications** - Vaccine manufacturers all state, on the Data Sheet, which is part of the Product Licence, words to the effect that '*only healthy animals should be vaccinated*'. This rules out the vaccination of any dog, cat or horse who is suffering chronic disease. In such cases, certain individual authorities may accept a letter, signed by a veterinary surgeon, stating why an animal should not receive further conventional vaccination.

### **Vaccine Boosters**

On the question of vaccination boosters, it is known that there is no scientific support for an annual booster system. There is even scientific evidence against the practice. This may be surprising to the reader, considering how adamantly the policy of annual boosting is recommended. It is also rather unbecoming of the critics of homeopathy, therefore, to label those who use homeopathy as 'unscientific'. Many dogs may be immune for life, following the primary course. It is not, of course, possible to predict each individual's sensitivity or level of immunity. Sadly, some puppies and kittens can be killed or damaged with only a single injection.

**N.B.:** Antibody testing does not answer the question of immunity, since an animal can be immune with no detectable circulating antibodies.

The risk of annual boosting any animal is currently not quantifiable. Giving a 'starter' course of two boosters to an animal that has not been given annual boosters for a few years appears to be much more dangerous and is a practice not at all supported by science.

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Experience has shown us that boosting vaccination, after an apparent homeopathic 'cure' of chronic illness, can result in a serious relapse to the previous diseased state. Many of our patients are put onto a régime of homeoprophylaxis, by their owners, rather than repeating boosters, for this reason. Furthermore, they only come to us when unhealthy, so are anyway ineligible for revaccination, according to the legally-based contra-indication mentioned above (on the product data sheet).

### **Advice**

Realising the very real dilemma that faces many who care sincerely for their animals, we are willing to discuss any aspect of this subject, with owner, vet, kennel owner and sporting authority. We offer our support because we understand that this is an area of serious anxiety, uncertainty and heavy responsibility for owners.

See also:

[Nosode Protection  
Research  
Vaccination Problems](#)

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