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Vaccinations/Bloat/Seizures/Subclinical Cases of Distemper

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(Editor's Note: This article originally appeared in Field Advisory News, November/December, 1988 and has been reprinted many times since. I first read it in 1988. I have included it here as a public service to those who did not have the opportunity to read it then. I have indicated where some of the information is outdated but generally, this is still an important read for those exploring the question of whether or not, or how to vaccinate their pets.)

I am neither a veterinarian nor an immunologist. But to compensate for this lack, I have a rare combination of experiences which has made me hold firmly to many unpopular theories through many years.

I have a full 35 years experience with only one successful Standard Poodle family.

I have consistently line-bred, inbred (with severe culling as required to keep the line free of such hereditary faults as appeared), on this same family which for me started with only five closely related individuals – two bitches and three dogs. In the intervening years nothing has been added

to these five by outcrosses, so my present-day dogs have a very high coefficient of inbreeding, being perhaps the most inbred line of dogs in the world.

Because of the successes of my dogs, not only do they appear frequently in the lines of other North American breeders, but additionally I have exported them to many other countries, and they have been bred in their new homelands, enabling me to find out how they fare in different environments.

Beginning in 1952, my start in Standard Poodles was almost fairy tale in its success. Every litter had in it several champions. The personality was excellent. The dogs were very healthy. They were very fertile. Slowly they grew larger, and matured physically and sexually later than they had when they were smaller. The high quality continued when I bred youngsters to their sire or dam, when I inbred half-brothers and sisters, and cousin to cousin.

When hereditary faults surfaced - as they did a very few times - I dealt firmly with the problem, neutering every pup in a litter when even one pup had shown a problem, and also culling both parents of the litter which had in it even one pup affected with a hereditary defect, even though the parents might be very successful champions.

Painful as this severe culling was, I can now readily see how wise it was, for as the years passed by our litters had in them fewer and fewer hereditary faults, and breeding litters of even, high quality pups became ever easier.

But unalloyed success was not to continue. Probably starting in about 1962, and continuing until 1983, several persistent problems bothered us, arriving one at a time, but close together. These proved not as simple to eliminate as were the previous hereditary problems. Consulted veterinarians and geneticists frequently blamed bad family genes, but this explanation never satisfied me, because the new problems did not obey the same laws as did hereditary defects. So, like other breeders (for many others had come by the same new problems about the same time), I worked unsuccessfully at theories and possible causes and cures. But, until very recently, never did a believable cause of the three new problems become clear to me.

The most serious of the problems which began about 1963 was bloat. I had not heard even once of bloat in Standard Poodles in my first 10 or 11 years in the breed. Even more importantly, I had never heard of this malady in any other breed either. But suddenly this horror was killing off increasing numbers of dogs, mostly in the larger breeds of dogs. Hereditary? I could not accept that it was. My own inbreeding had not brought it to the fore earlier, as it certainly ought to have done were it hereditary. And besides, how in the world could the same hitherto unknown

hereditary defect surface in numerous large breeds at the same time? Utterly impossible. Everyone worked in their own way to deal with the menace of bloat, and many theories evolved. Foods came to receive most of the blame, sometimes the new complete dry foods, sometimes and the new ingredient soy meal. These theories were disproved when even dogs on homecooked diets, without soy, continued to bloat. Better management was suggested as a preventative - such things as preventing hard exercise or copious water drinking either just before or just after meals. While these helped to some degree, they did not eliminate bloat. I personally felt, and still feel, that physical and mental stress triggered attacks of bloat being sent to a boarding kennel, the death of an owner, divorce in the family, a traveling owner leaving the dog at home, long trips with the dog, dog shows/excessive grooming, etc. Over time I came to call bloat in a few of my own house dogs "paralysis of the digestive system."

I figured out, through trial and error and home treatment with human-style stomach tubes, that I could tube out large quantities of gas from a dog merely uncomfortable, but still without any visible stomach distension, but at this early time there would be no stomach noises and no peristalsis -hence, I came to call it paralysis of the digestive tract. I found out that if I laid the dog on a hot water bottle and massaged its belly, in an hour or two or three the stomach noises and peristalsis would return, the dog would belch and expel gas and that episode of threatened bloat and torsion would be over. But why did the peristalsis stop? It was most worrying as one could not be constantly at the side of one's dog, and what if the paralysis developed when one was out, and the dog distended horribly and went on to torsion? The total elimination of bloat was a long way off.

The second previously unknown problem which slowly began to appear in the early '60s was convulsions or seizures. So far as I am concerned, the veterinary profession as a whole is far too quick to declare such conditions hereditary, whereas in truth they are just as apt to be due to illness and fever. My own experiences with convulsions were largely limited to many individual pups having a "spell" or two 10 to 12 days after their first shots. But the problem increased until in 1982 we had all pups in one litter having seizures 10 to 12 days after their first shots. Others with my stock raised pups which would have their first seizure at perhaps six to eight months, and continuing erratically throughout life.

In 1982, my own experiences came to a horrendous end when an especially valued litter was given. For the first time ever, the new combined shot including parvo-virus. They all had severe seizures, and one beautiful pup had continuous fits for 72 hours which damaged her brain and central nervous system.

All had very severe tooth staining in their second teeth. Three of the pups died of bloat, and a fourth died of perforated stomach ulcers. Only one survived. They were superb until their shots. I was heartbroken and have never since given a combined shot which included parvo-virus.

The third problem which first emerged in the 1960s and has continued until recently was ugly, brown stained, second teeth. I know many other breeders who also have this. I consulted several vets. Wise older ones would opine that those ugly brown teeth looked just like the "distemper teeth" they had encountered in the years just after World War II, when vaccines for pet dogs were not yet on the market and all dogs ran the risk of getting distemper. I laughed. Our dogs were carefully immunized in the most up-to-date manner. This staining simply could not be from distemper. Could it?

One veterinarian finally became interested enough to write the pharmaceutical company from which he bought his vaccines, to find out if any other breeders had encountered this problem which I felt was due to the vaccines. The answer came back that the vaccines were tested and completely safe and that Mrs. Lyle somehow must have distemper on her premises. (Not so!) It was a bitter blow to have my pups otherwise becoming better and better but invariably cursed by having varying degrees of staining on their second teeth. We grew to blame the mineral content in different local water, the chemicals present in foods, the tetracycline present in eggs, etc. But the stain continued.

One intriguing bit of information came to me in 1982 or 1983 from the public relations

veterinarian and sent out by the same pharmaceutical company which had claimed I must have distemper on my premises. He held a seminar, and when I again asked if vaccines could be responsible for my worrisome problems, he said this was quite possible! He visually explained just how increasingly stressful for immature pups were the immunizations given from 1950 until the present, from one killed virus vaccine for distemper only in 1950, to gradually more dangerous modified live virus vaccines for a total of six diseases in 1982. He said this greatly stressed immature pups. He also said there were a variety of companies making vaccines, that the testing procedures for safety were sometimes lax, since there was a very thin line for there to be enough virus to be effective, but not so much that it could give the viral disease to the dog being immunized. It made one wonder what dangers we subjected our puppies to.

This veterinarian certainly hinted that some of our pups were being immunized when they were too immature to withstand the considerable stress. He suggested that some dogs might do better if they were immunized for fewer diseases at one time.

In spite of this clever veterinarian's statements, the directions sent to veterinarians as to how their vaccines should be given to pups have not been changed to reflect his advice - and most veterinarians still advise immunizing puppies in the same way that severely damaged my pups for years. Worse still, many veterinarians refuse to conform to the request of the breeder of a certain breed that a different regime (and safer) be used. There appears to be some grounds for believing that parvo given at the same time as other disease shots, suppresses the immune system of the pup or adult, thus allowing the dog to contract a subacute case of distemper which results in encephalitis. But finally came the breakthrough! Dr. W. Jean Dodds of the Wadsworth Center for Laboratories and Research, Albany, New York, had been consulted about various matters, including the tooth-staining, and she suggested that a different regime of immunizations be tried. I have now been using this immunization schedule for approximately four years. The teeth on all pups when the schedule was exactly followed are thankfully as white as they were in the 1950s. Additionally, my pups now never convulse after their first shots, and I have not heard of any related Poodle convulsing (seizures) at any age when immunized with this schedule.

But also, miracle of miracles, as I was studying my breeding records recently, I suddenly realized that not one Poodle immunized this "new way" had so far bloated and many were three to four years of age.

What did all of this mean? Why, for me, have these three problems vanished? They were obviously not hereditary, or I would have them still. I am old fashioned, a great admirer of nature, very leery of new diseases and new treatments about which doctors and veterinarians get very enthusiastic. I like to think that common sense and long experience are extremely valuable, too.

I clearly remember how we immunized pups in the fifties when we did not have the three problems. For distemper only. We used only killed vaccines. We gave a series of three shots, starting not until nine week of age, with two others at 11 and 13 weeks. Annual boosters. My dogs were always healthy and never contracted distemper. When pharmaceutical companies developed modified live virus vaccines in the early 1960s. and marketed them by advertising that they gave better immunity, my wise veterinarian advised that the new vaccines were also more dangerous, so we continued using the killed vaccines until the pharmaceutical companies discontinued making them.

Very quickly in the 1960s and 1970s, pharmaceutical companies began to make additional vaccines for several diseases leptospirosis, hepatitis, two kinds of kennel cough - and very soon they were combining vaccines for several diseases into one combined "shot." They also advised immunizing puppies earlier and earlier.

The advent of parvo in 1978 accelerated this process, and the very damaging vaccine which I eventually used was the result of including parvo along with five other vaccines into one single shot. I now hear there is a new vaccine for corona, and that it too will be added to the combined "one shot" vaccine. This will mean stressing very immature infant pups with vaccines not for one, but for seven diseases at one time.

My own country of Canada recently set up a government-sponsored fund out of which they can reimburse the parents of human babies who become brain damaged by bad reactions to their infant immunizations. So, obviously, immunizations can damage, and occasionally do. It can happen just as easily to a puppy as to a human infant. In retrospect, my pups began to be damaged by their shots in the early 1960s and the damage grew worse as the vaccines grew more complicated. What damage? To begin, the modified live virus vaccines do contain live virus, and I am now

thoroughly convinced that either because these vaccines were not always thoroughly tested, or because they were too "hot," they definitely were giving at least some pups subacute cases of distemper. The "distemper teeth" are proof of this. But distemper does much greater damage than merely staining teeth. Its most feared effect is in the brain inflammation of the brain (encephalitis) which frequently leaves, as a residue, permanent damage to the brain or to the central nervous system (CNS).

The fits my pups suffered 10 to; 12 days after immunizations had to be due to encephalitis. The continuing erratic convulsions suffered by many other Standard Poodles are a result of damage to the nerve pathways of the brain and CNS by the distemper acquired from immunizations with modified-live virus distemper vaccines. Because it is sub-acute, the distemper is not noticed, but it is distemper, and in some cases causes residual damage.

Where does bloat come in? Exactly the same way. The vaccine-induced encephalitis in some dogs damages the sympathetic nervous system which controls peristalsis in the digestive system. When there is a failure in the automatic control system, the digestive system does not get its usual automatic control signals - and paralysis occurs which lasts until the signals start up again - so one gets gas, distension because neither burping or peristalsis is possible, and this causes bloat anchor torsion unless treatment is instigated. The episode is over when the CNS again sends appropriate signals. But it is because the cause is in a damaged CNS that dogs which bloat once often bloat again if the electric impulses which go along the nerves are again disrupted there once again will be paralysis of the whole digestive system lasting until the damaged electrical system decides to work again and send proper messages controlling peristaltic action.

I can think of no other explanation as to how Dr. Dodds' immunization schedule has stopped

(1) teeth staining,

(2) convulsions, and

(3) bloat, at least in my dogs, which effectively disposes of the widely held belief that these three conditions are hereditary faults. It would seem that the Dodds regime effectively prevents distemper, whereas I do not think combined shots do so in all cases, though they indubitably are effective with some dogs.

Why then do the combined shots work perfectly well for some dogs, as the pharmaceutical companies insist they do for all dogs? Remember that bloat is largely a curse of large and giant breeds. This slow growth includes physical growth mental development, sexual maturity, and I suspect, the immune system as well. So when we give combined shots to small breeds at very young ages, their immune systems may be better developed and they cope. But at the same ages the immune systems of large and giant breeds are so immature, they cannot always cope with the stress of being immunized for six or seven diseases at once (remember the fund for damaged babies). they get distemper from the modified live virus vaccine, and the teeth may be stained and they get encephalitis, which causes convulsions, and may cause residual brain and CNS damage which can later cause seizures and bloat.

I now plainly see that the reason bloat started in many breeds at the same time is that methods of immunization changed at that time from killed virus vaccines to modified live virus vaccines. These new MLV vaccines damaged brains and the CNS when some unnoticed cases of sub-acute distemper occurred. It affected large breeds more because their immune systems may have been less well developed when their immunizations were given. Previously, when killed vaccines were used, infection was impossible and these after-effects of distemper were never seen.

For years, I resisted the notion that any of these three conditions could possibly be hereditary, for

the facts simply did not "fit." But so far as bloat was concerned, the fact which most intrigued me was that bloat was almost unknown in Europe, even when my own stock was bred there. Why did my dogs too often bloat in America when descendants of my dogs in Europe did not? There had to be a clue as to the cause of bloat in this fact.

One informed European told me that the only Poodles which had been known to bloat in Europe were dogs imported from America! What a reputation for America to have! But the fact that bloat was not hereditary, but due somehow to the environment or management, was again underscored.

The only clue I had was that Dr. Dodds' immunization regime at that time somehow prevented bloat. So I resolved to thoroughly investigate European methods of immunizing their dogs when I went there. I was able to speak with veterinarians and breeders from England, Switzerland, Germany, Sweden and Finland.

They happily assured me that their dogs had white teeth (one exception), no seizures and no bloat. I had hoped that one sure system would emerge from my inquiries, but this was not to be. However, several important differences between North American immunizations and theirs did appear.

First, aside from the occasional use of early distemper-measles shots, Europeans generally delayed immunizations all together until they were sure all immunity inherited from the dam was worn off at 10 - 12 weeks

[ED. NOTE: More recent studies show maternal antibodies can last up to 16 weeks.]

None of the countries include vaccines for kennel cough. There was much more use of killed vaccines in place of MLV. Killed parvo vaccines were much used because of their fear that the use of live parvo along with distemper did cause encephalitis. They used far fewer combined shots than Americans.

It boiled down to the fact that their better results came from startling immunizations much later, mixing fewer vaccines in one dose, and relying far more on killed virus vaccines than do we. On the continent where rabies rages, they gave rabies shots at either three or five months, but were very careful to separate them well from any other vaccines.

So now we do know that there is a safe way to immunize our valuable puppies. We also know from different experiences in different breeds that many commonly advised immunization procedures are devastating to some members of some breeds.

[ED Note: There is no science behind vaccines and they are not 100% effective or safe]In practice, when I have insisted upon the sale of a pup that the above regime be followed, I have found many veterinarians strongly resist, saying such things as

- (1) those vaccines are not made,
- (2) it is not as effective as the one I recommend, and
- (3) it is unnecessarily expensive.

Since this regime is so important for future health and perfection of my pups, and since any well-informed veterinarian ought to know the advantages of this regime over the one commonly advised by the pharmaceutical companies, I do not see why veterinarians do not make it available at an inclusive, affordable price, rather than a per visit charge which would be punishingly expensive.

I have even had some veterinarians murmur that they were following the regime, when in fact they did not, and only when the distraught owner complained when the second teeth were stained did the vet admit he had changed the regime without permission or without informing his client. So effective is the regime - and so dangerous are some other regimes substituted - that I have slowly become positive that the veterinarian did not follow the regime in cases where stained teeth (three cases) and in the lone case where the dog bloated after apparently being immunized this way. I have come to advise customers to inspect the vials before permitting the vet to inject the puppy. This should not be necessary.

I would be interested in hearing from anyone - and I know there are many - who have Poodles

with stained teeth, epileptic-like seizures, or bloat, with particulars on how those dogs were immunized.

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