

Summary of a Presentation by Dr. Ron Schultz

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This is what Dr. Schultz is telling all the breed clubs.

In 1999 the WHO listed the veterinary vaccine adjuvant as having a carcinogenesis rating of 4 which is high. That was mostly due to the aluminum hydroxide.

Too many vets don't know they are ignorant and haven't even ever thought of what they are doing. (I bet not 2 % of the populations of vets that do inject vaccines have a clue as to what is on the MSDS sheet about that vaccine and could even answer a multiple question test about the contents, safety factors and long term carcinogenic studies done.)

Dr. Schultz started out telling us one of the major faux faux of the medical profession, but used the example to explain to us how slowly the facts take to become known.

For 18 years after it was found out that peptic ulcers were caused by a *H. pylori* bacterium, general practitioners were still trying to address this disease from the standpoint of the patients personality traits. The cause was found to be a bacterium. Of course the environment of the disease is reflective of the patient's stress level and in some ways his or her personality traits but for 18 years the gastroenterologists knew how to treat this and the general practitioner did not.

Kennel Cough is NOT A VACCINATABLE DISEASE, realize this and stop the boarding kennels from making the dogs sick. In people, cows, dogs, cats, horses, birds etc, the respiratory disease complex is also not a vaccinatable disease. Stress, diet, crowding, ventilation—all play a part in who gets what and how bad they get it.

Only vaccinate against WHAT IS NECESSARY. Anytime you inject anything into a patient you have the potential of killing them.

Corona Vaccine is a vaccine in search of a disease. Don't use the vaccine. This is an example of them making a vaccine to anything, whether it causes disease or not. Corona virus does not cause disease in the dog. Plus the current vaccine fails to confer intestinal immunity and is useless. Even if a wild variant of corona virus should develop the capacity of causing disease, the present vaccine would not confer the ability to stop the disease!

For 15 years there was one Feline Leukemia vaccine out there on the market that was used in thousands and thousands of cats and yet was no more effective of inducing immunity against Feline Leukemia virus than salt water! The vaccine was able to induce an anti-body reaction and this unfortunately is the only requirement for a vaccine to get licensing. In other words, they don't have to work!

The only Feline Leukemia vaccine on the market that is not killed and does not contain an adjuvant is the Merial Purevax Canary pox vectored that delivers both cell mediated immunity and humoral immunity. The only non adjuvant Feline Leukemia vaccine is the one from Merial and is injected into the sub cutis of the thigh in a new type of delivery method.

Corona virus vaccine was never licensed in Europe, Why? Because they knew it never worked. (Here in the US we have the FDA, we have conflict research, we have conflict interrelationships, bribes. We have a system you can not trust.)

So far, we are unable to make a canine parvo or a feline distemper vaccine that will immunize if given orally.

The best Bordatella vaccine is the one delivered intranasally. Dogs should receive natural exposure or the intranasal vaccine; some dogs will do their best to kill you for trying to get the vaccine delivered intranasal. Don't even use the injectible Bordatella: there are very real issues against injecting bacterins and the risk of the vaccine reactions does not outweigh the risk of contracting the disease.

The immune system is better utilized when imprinted early, Get the animals vaccinated at 16 weeks and titer check to make sure immunity is there. No other vaccines are needed after that. As far as "no responder" is concerned, Schultz has found the rate to be one in 1,000 for canine parvo, one in 5,000 for canine distemper and one in 100,000 for canine adenovirus. The last dose of parvo really does need to be around 16 weeks no matter what the label on the vaccine says.

Vets out of school 10 years or longer have had little to no immunology, and no vaccinology. Don't expect them to have a clue on what they are doing when vaccinating unless they make an effort to get into this information, by reading the literature from the researchers, not conflict marketing articles from free periodicals like *Veterinary Forum*.

The demonstration of the information to prove these statements has just been in the last 10 years Immunology research is very hard to read, even for immunologists. The research is dry, very specific and mouse line oriented.

What they have "discovered" is that immunity is about terrain. The thymus and the gut are your two big immune organs along with the skin. Of course this is what Antoine Beauchamp said in the 1800's and it was his work that was plagiarized by Louis Pasteur. This is not germ theory; this is the "terrain theory"—the terrain of the individual, or individual response.

In 1978, prior to this, canine parvo virus was not even in the dog. Where did it come from? Mutated wild virus or mutated feline distemper modified live vaccine, we don't know. However, the immune system is set up to handle things it has never seen before. This is innate immunity. It is this natural ability to deal with pathogens that the body may encounter that is innate in the individual and our protection from whoever created all of this. (The real crime is the development of the real weapons of mass destruction that would cause a disruption of this innate immunity to work for the survival of the individual.)

Vaccines rarely enhance innate immunity but do enhance acquired immunity.

Our immune system is tied into two major systems, the endocrine system and the neurological system. We actually have neurotransmitters and hormones to help our stand against disease. (Anything that can destroy our immune system destroys our endocrine and neurological systems and vice versa.)

Many dogs get infected with *Borrelia burgdorferi*, the active agent of Lyme Disease. However, less than 5 % get the disease, and it has to do with the individual terrain, the individual, not the germ. Lyme disease has been linked to autoimmune disease.

The philosophy needs to change to keep up with WHAT WE NOW KNOW. Be proactive in helping your patients stay healthy. The yearly mumbo jumbo vaccine protocols are outdated, never scientifically researched and non-evidence based.

The AVMA is no longer making vaccine recommendations and they shouldn't be. Dr. Schultz reports that those cow vets have no right to be making recommendations for the cats or for any species they have not studied. Thus those new recommendations are coming out from the AAFP for the cats and the AAHA for the dogs but all based on the advice of researchers like Dr. Jean Dodds and Dr. Ron Schultz, Dr. Rich Ford and others.

A sad fact is that in 1978, Dr. Schultz and Dr. Scott already had these conclusions, and again in 1998

even which vaccines should be used and not. No one is mandated to know what they are doing, and there is no overseeing authority to make sure dangerous or useless vaccines are not purchased and used by veterinarians. (The FDA licenses many vaccines as safe but this is based on conflicting research and again, the real effect is not ever safety tested. Hence the adverse reaction reporting page for the FDA, made for reporting once the product hits the masses.)

There is a minimum requirement for a vaccine to be licensed: for efficacy, it just has to result in antibody production. (Also the safety issues are essentially not established. Look at how restrictive—and how small the studies surrounding the vaccines are. The real test is what happens once they are released. However, in many cases this is too late. In the case of genetic damage over time and cancer production, it never is fully realized and certainly never acknowledged. The veterinary community needs to assume and shoulder the responsibility of what they are injecting into patients.)

Vaccinate your pups at 9, 12, 15 weeks of age and only with distemper, parvo and CAV2. Use the recombinant distemper by Merial and you won't endanger certain breeds like the Weimaraner. He recommends using the 3-way as the only combo; parvo, distemper and CAV2.

Rabies is the only regulated vaccine. Rabies is also the vaccine most likely to lead to an ADVERSE EVENT. Veterinarians that are administering RABIES yearly for the sake of vaccinating yearly are committing malpractice (and should be prosecuted). Only 25 of the 50 states mandate a rabies vaccine for cats so find out and if not mandated, don't vaccinate! The best rabies vaccine for cats is the one that is NOT ADJUVANTED, the Merial Purevax and at this time is a yearly vaccine. The rabies vaccine is also the only vaccine that the USDA cares about the stated length of immunity. This is the only binding legality for vaccine length of immunity rabies. The USDA doesn't care about any other vaccine.

(Don't let drug salesman try to use scare tactics on articles written by J.D.s on the length of immunity studies. I know, the Webster Rep to the Cape area tried this. Length of immunity is only a concern for the USDA for the only regulated vaccine out there, that of the Rabies vaccine.)

Parvo is the vaccine you must have "on board" prior to exposure.

You should NEVER give Rabies at the same time as the other vaccines.

You should never administer vaccines together, never the mumbo jumbo, never with anesthesia and never with surgery. Never use vaccines that

contain both bacterins and viruses. To do so is not good practice, escalates to being a reason to remove a veterinarian's license and when done in the previous entirety, is OBSCENE.

Dr. Schultz used to look to the medical profession for guidance on the application of vaccine protocols but understands that what is going on in human medicine is OBSCENE. He states that if the vaccine protocol doesn't kill the child, it will render them unable to think!

Dr. Schultz does not recommend nor does he use either the Lepto vaccines, nor the Lyme vaccine even though he lives in an endemic area for both of those diseases.

He already stated omit the corona.

He doesn't like nor recommend the bacterins vaccines so Lepto and Bordatella parenteral are OUT.

If you must consider Lyme vaccine use the recombinant DNA Lyme from Merial.

If you must vaccinate against Lepto, realize these facts: there are over 2,000 serovars of lepto but only 4 cause diseases in the dog. There is no cross protection from some of the serovars. Lepto only protects for a very short time (4-6 months). Lepto then needs to

be administered every 6 months to attempt at any protection, and those bacterins can easily result in more pathology than the few that will actually become exposed. You will also then have a more difficult time protecting the client.

Lepto vaccines, as with the whole Lyme vaccine, are the cause of many adverse reactions and in most cases more disease than the disease itself would cause. The reactivity(sensitivity) of the patient to the Lepto vaccine will last up to 4 years, and yet, the immunity lasts only 3 months for protecting the animal from shedding and DOES NOT protect that animal from the subclinical disease state. As a matter of fact in the case of one serovar, the client is more apt to catch the lepto from the animal because they would shed the bacteria and yet not show the disease. Lepto is not on the radar for most MDs and therefore realize that using the Lepto vaccine may very well endanger your client more than it will protect the pet from the organism. Vaccines do not imply immunity. Make sure if you are going to use the Lepto vaccine that it is used by itself and not at the time of the other puppy vaccines, preferably AFTER the puppy's viral vaccine series is finished.

Bacterins and viruses do not belong together in the same vaccine sequence. Doing this confers confusion to the immune system and may not even confer immunity via the production of antibody production. These animals definitely should be titer checked because this method is unsound and probably not effective and possibly dangerous to the puppy.

The vaccine makers need to reflect these facts. Many vets rely on the marketing tools from the vaccine makers. If the information from the marketers to the veterinarians, the vet techs and the clients is not accurate and correct, it is the veterinarian that is ultimately liable, not the vaccine maker. The marketer is not the professional and they also are not the one with the license to lose.

So, if the client "trusts" their vet with the health and care of their companion, where does the client go to check up on their vet? Where do they go indeed. This is like the pet food industry: no one that appears to be overseeing this most important medical procedure done on a daily basis at almost every veterinary facility in the United States.

EDUCATE YOURSELF AND YOUR CLIENTS AND CONSUMER DEMAND WILL HAVE TO DICTATE SAFE PREVENTION!