

OPEN LETTER TO AUSSIE OWNER ON WHAT TO DO IF YOUR DOG HAS SEIZURES

(This is not a dog from my breeding program)

Original Email:

Hi Nannette,

I wanted to let you know that our Aussie, Ollie (age 2 1/2), was tested for the MDR1 gene through WSU, and his results indicate that he is Normal/Normal. Since we spoke a few weeks ago, Ollie has had 2 seizures, about 1 week apart. He is being transitioned off of phenobarbital onto the generic of Keppra. The transition will continue for 4 more weeks until he is completely off of phenobarbital. We omitted the September 1st doses of both NexGard and HeartGard by omitting the September 1st dose. Even so, he had a seizure on September 14th. Ollie now wears a Seresto flea and tick collar. We gave him a HeartGard dose on September 22nd in the morning and he had a seizure at 2 pm that day. We will not give him another dose for the foreseeable future. We have taken Ollie to Dr. XXXXXX at the XXXXXX Holistic Veterinary Clinic, and she has been supportive, although there don't seem to be any easy answers yet.

My Response:

I am so sorry that Ollie has had seizures. Australian Shepherds and most of the herding breeds are sensitive to toxins and the common result is a seizure(s). Generally removing the toxin removes the reaction. I am pleased that you are seeking the advice of a holistic vet in this case. I think Ollie will benefit from that point of view, skill and knowledge. And I do think that the answers to Ollie's situation are easier to remedy than you think!

Over the years I have counseled hundreds of owners of dogs who have seized worldwide and in 98% of the time, when the offending toxin is removed from the immediate environment or the dog's system, the seizures have stopped and the dogs can live normal long and healthy lives. The mistake some vets make is in immediately giving anti-seizure medications and/or steroids. We have found empirical evidence that dogs that do not have idiopathic epilepsy do not respond to anti-seizure medications. The vet then recommends more and different kinds of anti-seizure medications, generally more and more expensive, that do not work over time. These dogs generally die of liver failure from the drugs even though the drugs do NOT stop the seizures.

I have been actively working to extend the longevity and health of my own breeding program. When I first entered the breed in 1972, our dogs easily lived to be 14-16 years of age. Now 10-12 years seems average. This is unacceptable. In my own program over the past 15 years, I have extended the life of my own dogs. How did I do this?

1. I do not vaccinate annually. I follow a modified vaccine schedule (10, 14 and 18 weeks parvo and distemper ONLY). The vaccine given after 16 weeks of age is good for the life of the dog. I titer test each dog every 5 years to verify blood serum level immunity.
2. I do NOT use monthly heartworm medication. While this may sound out of line, I have studied the lifecycle of the heartworm and its host the mosquito. I have provided links below to a two-part article that covers this topic in depth. Basically heartworm preventative is NOT a preventative. It is a chemical that circulates in your dog's internal system and works ONLY when your dog has been infected with heartworm in the larval state. The larval stage can last up to 6 months. So I keep a weather calendar handy. Heartworm carriers are dependent on specific weather temperatures. If we have any of these weather events I wait two months and then administer a blood test for heartworm. If the dog is infected (which has NOT happened in 10 years!) I merely administer one heartworm tablet.
3. I do not use topical flea and tick medications. The main ingredient in most is nothing more than tree and shrub insecticide you purchase at Home Depot. Iminicloprid. Read about it.

I have found that when I support and encourage my dog's own natural immune system that they are able to handle fleas tick and worms on their own, as well as warding off typical events such as kennel cough.

4. If you are only feeding one dog, I highly recommend feeding a raw diet. The health benefits outweigh any additional cost and will help you avoid many future and costly veterinarian visits including teeth cleaning.

5. If you choose to remain on a kibble diet, look at supplementing with fresh fruits and vegetables suitable for dogs. I use blueberries and lightly steamed broccoli. I also use a dog-developed probiotic.

If you would like to talk to me more about this I have quite a bit of data I can share with you. Here are links to a 3-part article I wrote regarding environmental seizures.

<http://www.stonepine.net/pdfs/EnvironmentalSeizures1.pdf>

<http://www.stonepine.net/pdfs/EnvironmentalSeizures2.pdf>

<http://www.stonepine.net/pdfs/MedicationSeizures-part-3.pdf>

Also I would encourage you to Google “adverse reactions to Seresto flea collars.” You can make your own decision, but I do not and would not use them on my dogs. One of the more common reactions is seizures. There are other newly developed natural flea collars with no toxins available.

The MDR1 gene test only tests for PROTEINS that pass the blood brain barrier. What we as breeders of herding breeds worldwide have discovered (thank goodness for the internet) is that there are many other drugs that will cause seizures in our breeds. I have compiled a list of these known drugs. This is a combination of the MDR1 researchers list of protein based substances AND empirical evidence from breeders in the UK and the US. Here is the link.

<http://www.stonepine.net/pdfs/Do%20Not%20Use%20List%20REVISED.pdf>

I have also attached handouts that are in my current puppy packet that may have been updated since Ollie went home.

I am pleased that you informed me about Ollie and I would like the opportunity to share with you and your vet what we know about drug and toxin sensitivities in our breed. Please feel free to call. Nn

Be an Advocate for Your Dog's Health!

Treat all Australian Shepherds as if they have major sensitivities to medications (refer to the Do Not Use Drugs list).

TELL YOUR VETERINARIAN THIS!

Tell your Veterinarian about the following, before allowing any medications to be administered, or procedures be performed on your puppy or dog.

1. Do not use Ivermectin products, they can kill your Australian Shepherd.
2. Do not use Trifexis, Sentinel, Bravecto, Revolution or Seresto flea collars on your Australian Shepherd.
3. Do not use Metronidazole (Flagyl) on your Australian Shepherd. It is a neurotoxin and can cause seizures in the Australian Shepherd, especially when used on puppies.
4. Do not give a Leptospirosis vaccine.
5. Wait at least one month after final vaccinations before giving a Rabies vaccination. Rabies vaccinations can and do cause adverse health reactions in Aussies.

Use a Thimerosal-free rabies vaccine. Go to a different veterinarian if they don't have a rabies vaccine without Thimerosal (mercury) or cannot/will not order this for you. The traditional rabies vaccine contains mercury and/or aluminum salts which have the potential for long-term negative effects on your dog's health.

6. Do not give vaccinations and worming medication on the same day or visit. If your dog is at the veterinarian for an unrelated health issue DO NOT allow the veterinarian to vaccinate. Flea medications and heartworm medications should also be given separately.

ADDITIONAL ADVICE:

1. Have your dog tested for MDR1 sensitivity at Washington State University. See the application in your puppy packet.
2. Do not Neuter or Spay your puppy early. We recommend no spay/neuter surgery before 24 months of age. EARLY NEUTERING CAUSES CANCER and other serious long-term health issues. This is a researched and published fact with at least seven peer reviewed studies cited as of 2015.
3. Do NOT give annual vaccinations; vaccinate by titer results every three to five years. Vaccinate ONLY using core vaccines for distemper virus and parvo virus. Administered properly your puppy vaccine is potentially good for the LIFE OF THE DOG and a titer test every three to five years will confirm this.
4. Investigate the need for monthly Heartworm medications versus using testing protocols. We recommend that you consider having a quarterly low-cost heartworm test and administer heartworm medication ONLY if the test is positive (which is rare). We do NOT recommend monthly heartworm medication.
5. If your dog has a seizure, DO NOT assume it is epilepsy. Do not automatically start epilepsy medications. Call your breeder to discuss the situation.
6. Do not leave you dog overnight at the Vet Office if there is no night staff.

STONEPINE AUSTRALIAN SHEPHERDS

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DO NOT USE DRUGS FOR AUSTRALIAN SHEPHERDS!

Compiled by Nannette Newbury

The following list is compiled from the Rough Collie Council of the U.K. and the Washington State University websites.

It has taken years, but we now “scientifically” know that herding breeds can be sensitive to certain drugs (MDR1). However the MDR1 gene test ONLY focuses on drugs that are known to be pumped out of the brain by P-glycoprotein, the protein encoded by the MDR1 gene. Therefore the MDR1 test is only a tool.

It is wise to treat all Australian Shepherds as though they are carriers (Mutant/Mutant). Australian Shepherds without the MDR1 gene (Normal/Normal) have had severe reactions to the list of drugs below. **NOTE:** The drugs on the list are also distributed in “generic” forms with different names (i.e., Metronidazole is the same as Flagyl).

MANY other drugs can cause severe, even deadly reactions in the herding breeds, most having to do with the Central Nervous System disorders including encephalitis, seizures, etc. The reactions may not be immediate...they may even take years to manifest. The list of these drugs has been compiled with the help of breeders and owners over many years that have personally experienced the disastrous results.

I have combined the two lists for ease of use. If the drug has an asterisk (*) after it, it is from *Washington State University* (MDR1) and is on their “problem” drug list. If the drug is on both lists there will be two asterisks (**). All others are solely from the *Rough Collie Council of the U.K.*

Acepromazine**	Diltiazem	Itraconazole	Phenothiazines
Aldosterone	Domperidone	Ketoconazole	Phenytoin
Amitriptyline	Doxorubicin**	Loperamide**	Quinidine
Antiemetics	Doxycycline	Losartan	Ranitidine
Apomorphine*	Ebastine	Methylprednisolone	Rifampin
Buprenorphine	Erythromycin	Metoclopramide	Rifamicin
Butorphanol**	Estradiol	Metronidazole	Selamectin**
Chinidin	Etoposide	Milbemycin**	Sparfloxacin
Cimetidine	Fentanyl	Mitoxantrone	Tacrolimus
Cortisol	Fexofenadine	Morphine	Tetracycline
Cyclosporin A	Grepafloxacin	Moxidectin**	Verapamil
Dexamethasone	Hydrocortisone	Ondansetron	Vinblastine**
Digoxin	Ivermectin**	Paclitaxel**	Vincristine**

Please Note: Not every Australian Shepherd will have a negative or deadly reaction to the drugs listed above. However enough of them have had severe reactions and/or died to warrant caution. YOU must be an advocate for your Australian Shepherd.

If you have an Australian Shepherd that becomes severely neurologically impaired after being administered one of the drugs above and does not survive...please consider making arrangements for a brain and spine necropsy.

If you like send the results of the brain necropsy to stonepine@hughes.net so we can continue to store the anecdotal results in one location.

Washington State University: (<https://vcpl.vetmed.wsu.edu/problem-drugs>)

Rough Collie Council of the U.K.:(<http://www.roughcolliebreedcouncil.co.uk/health/drugsensitivity.html>)

