



ISSUE No

BRAINWAVE

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THE PHYLLIS CROFT FOUNDATION FOR CANINE EPILEPSY

BRAINWAVE CHECKED AND APPROVED BY DR PHYLLIS CROFT OBE PHD FRCVS BEFORE PUBLICATION

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WAG & BONE SHOW

6 August 2005

*Fun day in Windsor
Great Park*

The ideal dog weather dry, slightly overcast with perfect temperatures, brought thousands of people out with their dogs to the Wag & Bone Show. The venue was Windsor Great Park, easy to find and with space for the show to expand. Although rough under foot with a liberal sprinkling of poo, the offenders were all deer not dogs. The behaviour of dog owners was a real credit to the dog world.

Covered rings, washing up bowls of water and many bins made life easier for dog and owner alike. Queues for most things were enormous; the games desk was overwhelmed as were the food kiosks but nobody seemed to mind.



Flea market pitch

Booked into the Flea Market again we had insurance against rain and tropical heat in the knowledge that either condition would bring the public past our table.

Our notice board attracted lots of attention (see above) and we probably need a bigger pitch next year. Our colourful bi-fold leaflets were all taken and we



took every opportunity to publicise the work of the PCFCE. To those owners in need we gave copies of our BRAINWAVE special addition and also sold Dr Croft's book. We were even able to talk to "Petsavers", the veterinary charity about our work.

Has anyone tried the Tellington Touch?

I chatted to one of the ladies on the Tellington Touch stall. This method can be used to treat general hyperactivity and restlessness in dogs, and I was wondering if any of our members had tried it on their dog? Would it be appropriate in reducing the awful restless and pacing some experience after a fit?

On a walkabout I was delighted to meet PCFCE member Mr Clem Burgess and his Schnauzer Jenna who looked really well. This year we were able to speak to many more owners who were living with or had lived with epilepsy. One

lady lost her GSD in a tragic accident when he fell into the garden pond during a fit but on the positive side, a dog that contracted epilepsy aged 13 still lived to 16 years old. Another lady brought her epileptic terrier to the show and was able to take some of our information with her. The affection these owners had for their dogs was very moving.

I cannot thank Jo and Steve Burnard and John Cliffe enough for manning the stall. Jo and Steve's journey from Suffolk meant a 15 hour long but thoroughly enjoyable day. We had to work really hard to sell our books, videos, DVDs bric-a-brac, and "guess how much is in the bottle" game but we did have a star performer in the PCFCE Christmas cards. Donations from those who had lived with epilepsy were also up and our final total for the day of £175.00 was well earned.

GENITRIX POTASSIUM BROMIDE MONITORING SCHEME

You may remember from BRAINWAVE 29 that Genitrix offers a discounted monitoring scheme for those on KBr wishing to check potassium bromide levels (or combined levels of phenobarbitone and KBr in the blood). To obtain the discount, you need to apply stickers from promotional packs to the form.

With the sticker the cost is cut from £22.50 to £8.50 +vat. Additionally, for those on combination therapy, KBr and phenobarbitone levels can be checked at a special price of

PCFCE CHRISTMAS CARDS



We have decided not to have a new Christmas card this year as we still have 170 packs of the 2003 and 2004 cards to sell and Pat has limited space in which to store them.

Our cards are already selling well at the reduced price of £3.00 including p&p so if you would like to order more, you will find an order form enclosed with this issue of BRAINWAVE.

Any photos you have already sent will be used in next year's card.

£27.40 +vat

As previously promised I am reprinting the Potassium bromide information passed on by Genitrix.

POTASSIUM BROMIDE HANDOUT

Although parts of this article may be too technical for some members, don't be put off - there is some important info in here. ED

Introduction

Like sodium chloride, potassium bromide is a salt. It is a very old anticonvulsant, which has been used since the

GENITRIX MONITORING FORMS CAN BE OBTAINED FROM MANDY on 01296 715829 AND I ALSO HAVE TWO FREE STICKERS TO GIVE AWAY COURTESY OF JACKIE KENNEDY SO CALL ME! FIRST COME FIRST SERVED.

Special thanks to Jackie for passing these stickers on. She has suffered the double tragedy of losing both of her epileptic dogs after long and difficult battles.

1800's as both an anticonvulsant and sedative. Its mechanism of action is not fully understood, but presumably it competes for and replaces chloride in the cell (and the neuron), thus increasing the electro negativity of the cell and hyperpolarizing it. The potassium does not appear to disassociate. The therapeutic range for potassium bromide in dogs has not been well established, but there are some published reports that offer guidelines. Generally, the recommendations are 1.0 to 2.5 mg/ml if the animal is receiving phenobarbital; and 2.0 to 3.5 if not concurrently receiving phenobarbital. The latter range is less well established.

General Information

The half-life of potassium bromide in dogs is probably about 24 days. Since it takes any drug 3 to 5 half-lives to reach steady state, that means that the efficacy of a particular potassium bromide dose should not be evaluated until 3 to 4 months have elapsed in a patient receiving that dose.

There are also other idiosyncrasies regarding potassium bromide because of its long half-life.

- First, if the dose has to be manipulated (decreased or increased), 3 to 4 months must elapse before the desired effect is realized.

- Second, if toxicity occurs, administration of sodium chloride will increase its elimination from the kidney, since chloride will be conserved at the cost of bromide.

- Third, if a patient misses a dose, or a week of doses, there is not likely to be any adverse effect. Simply have the owner make up those missed doses over the next week (i.e., double dose for a week). Alternatively, if the patient is about to seizure, adding an extra dose will be of no benefit, since the total amount of drug in the animal's body represents approximately 3 months worth or 90 doses. A single dose will not appreciably change plasma drug concentrations. In fact, a pet owner could administer this drug once a week with no adverse effects. Twice daily dosing is probably recommended because some animals cannot tolerate that much salt in their gastrointestinal tract at once (imagine eating a tablespoon of sodium chloride). However, if the pet will tolerate it, and the client won't consistently forget, once daily dosing is frequent enough.

- Finally, because of the long half-life, serum bromide concentrations change very little during a single 24 hour dosing interval (remember, it takes 24 days for serum drug

concentrations to drop by 50%). Thus, when monitoring, a single sample can be collected at any time. We recommend trough samples, particularly if you are also measuring phenobarbital, simply for consistency's sake.

Loading Doses and Blood Tests

Because of the long half-life, it is necessary to wait several months before the maximum anticonvulsant effects of this drug are realized. To avoid this wait (which simply is not tolerable in some fitting dogs), a loading dose is administered to dogs starting potassium bromide, or dogs whose potassium bromide concentrations are too low (if the patient is fitting).

The loading dose is intended to rapidly achieve therapeutic concentrations and is based on patient volume of distribution of potassium bromide (0.3 l/kg) and the target concentration (1.5 mg/ml or 1.5 gm/l). Thus the loading dose is $1.5 \text{ gm/l} \times 0.3 \text{ l/kg}$ or 0.450 gm/kg (450 mg/kg). This 450 mg/kg dose is divided over 5 days (90 mg/kg/day) and added to a maintenance dose of 20 to 40 mg/kg (average of 30 mg/kg) per day. Thus, a new patient should receive 120 mg/kg of potassium bromide each day for 5 days, and then back down to 30 mg/kg per day.

We strongly recommend collecting a single sample within a week of the loading dose to see how close you came to therapeutic levels with this loading dose. We then recommend another sample at 1 month to see if your maintenance dose is sufficient to maintain the concentrations established by the loading dose.

Modify the maintenance dose if the sample at 1 month is not the same as the post-loading sample. Finally retest at 6 month intervals once the patient's seizures are controlled. Genitrix and Leeds Veterinary Laboratories run a discounted bromide testing scheme. Call 01043 734555 for details.

Side Effects

Side effects of potassium bromide therapy are limited to sedation, ataxia, increased urination and rare skin disorders. These signs are most commonly seen in patients whose potassium bromide concentrations are greater than 2.5 mg/ml. Decreasing phenobarbital doses may be preferred to decreasing potassium bromide concentrations in a patient whose seizures are controlled, yet is too groggy.

We encourage monitoring prior to any dose change in a controlled animal (in order to establish the target if seizures begin again). If a patient continues to seizure after receiving potassium bromide, we recommend monitoring and modifying the dose based upon actual concentrations. Again, we recommend loading the patient.

Rather than loading with 450 mg/kg, load with a fraction of 450 mg/kg depending upon how far away the patient is from 1.5 (the first target). Thus, if the patient is 1.0 mg/ml, we will load with $450 \text{ mg} \times ([1.5-1]/1.5)$ or 0.5×450 or 150 mg/kg. We will also increase the daily maintenance by the same fraction $([1.5-1]/1.5)$. If the patient is already at 1.5 mg/ml and continues to

seizure, our next target is 2.0. We use the same approach in loading, and we always recommend collecting a monitoring sample after loading. Care should be taken that the animal receiving potassium bromide be maintained on the same diet, or a diet with similar salt content. Since chloride competes with bromide for absorption, high salt diets can increase the elimination of bromide and thus decrease plasma drug concentrations. Note also that most clinical pathology tests can not distinguish between the chloride ion and the bromide ion. Thus, chloride concentrations may "max out" (i.e., greater than 200 meq/l).

COGNITIVE DECLINE AND CANINE EPILEPSY

Wendy Hallows sent a copy of the *"UK DNA Archive for Companion Animals"* newsletter. We are delighted that members have already contributed blood samples to the archive but we need many, many more.

"There is a new and exciting study taking place involving the University of Liverpool Veterinary School and the Centre for Integrated Genomic Medical Research at Manchester.

We are looking at two diseases that can have major impacts on canine welfare in an attempt to better understand and hopefully treat these conditions.

The diseases that we are looking at are epilepsy and the

canine equivalent of human senile dementia. We hope to collect samples of DNA from dogs that suffer with either of these conditions. From these samples, we will investigate a number of genes that we suspect may be involved in each of these diseases.

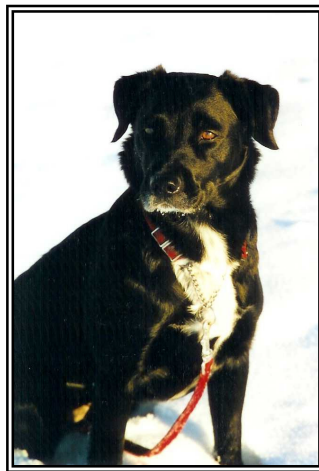
We need to gather a large number of samples then hopefully we will be able to understand and treat these conditions further thus improving the quality of life for both dog and owner.

If your dog suffers from either of these conditions and is having a blood test, ask your vet how you can help.

*Ash Dunne BBSRC PhD Student
A.Dunne@liv.ac.uk*

*(Alternatively you can contact the
PCFCE for epilepsy archive forms).*

SILENT AUCTION



X-breed Tesslan, is owned by Swedish PCFCE member Bodil Enoksson. We were delighted to meet Bodil at the PCFCE symposium in 2004. Bodil is always generous to us and she has donated several items for sale to raise funds for the PCFCE.

We would like to offer one of these items to the membership. It is a detailed and delicately wrought, handmade Mats Jonasson glass relief featuring a wolf. The relief is 6.5 cm tall by 5.5cm with a maximum depth 2.5 cm. It was made at the Målerås glass works in Sweden and comes with a black presentation box. Jonasson's website is - www.matsjonasson.com.



* Should you wish to bid for this distinctive relief, please send your bids to Mandy Cliffe (address on page). Bids should be returned by 30 October 2005. It will then be posted to the successful bidder.

Thank you.

YOUR NEWS

I can only apologise for taking so long to get your news into print. I shall do my very best to get back on track with your news and with BRAINWAVE as soon as possible as I know how much you miss having it drop on your mat.

If your dog's condition has changed since you wrote to us, then we hope it is for the better. For those who are having a difficult time, we send our thoughts and prayers.

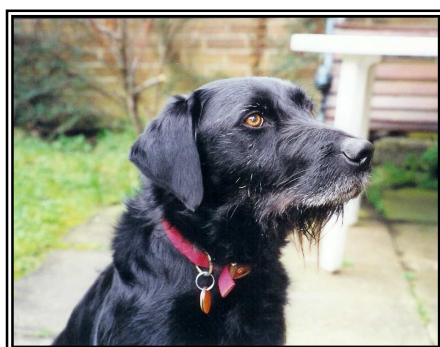
Doing well

Ben Bishop

☰ Things have been good for Ben since last June. He hasn't had any fits at all. My vet has your poster on display so hopefully someone will get help from you as it is comforting to know other people have the same problem with their pets.

Lena Bishop, Rustington, .Sussex.

Rocky Goulburn



☰ Rocky has not had a fit for 10 months – until yesterday. His medication is 60 mg Epiphen twice daily. Rocky is now 8 yrs old and is a strong and very fit Labrador/terrier crossbreed. (Margaret also says that Rocky is so gorgeous that she is convinced that if he were a pedigree everyone would want one and who can argue with that).

Margaret Goulburn, Belfast

Wendy Lumley

☰ Cocker spaniel Wendy has been free of all medication for 16 months with no problems (touch wood).

Denise Lumley, Barnsley

Luka Luther

☰ Luka has had 4 fits since May 04 usually linked to the

timing of his medication. All the fits were of very short duration. Luka is on 90mg of Epiphen twice daily which my vet says is the lowest dose for a 110lb Giant Schnauzer

Lorraine Luther, Essex

Buddy May

☰ Buddy well last fit 14/8/04. Still on root the spirit, clear yang (Chinese) two herbs Richard has made up for Buddy, also milk thistle. He is on 90mg phenobarbitone twice daily. He has just had check up.

Geraldine May, Putney

Sam Karger

☰ Sam (10½) is now getting older but fits are now under control. Dare I say this! 45mg x 2 Epiphen daily seems to have sorted him out. It is 4 years since his last fit though it seems only last year. Weight seems his main problem now.

Felicity Karger, Gloucestershire

Meg Roberts

☰ Meg has been fit free for 9 years and is approaching her 12th birthday. Having nearly lost Meg with a cluster when she was 2 yrs old every year of our time together is a bonus. Being a border collie she is still full of life despite arthritic hips and a heart murmur.

Margaret Roberts, North Shields

Sophie Scott

☰ Sophie is coping well on 1½ x 15mg phenobarbitone twice a day with only a very occasional seizure. We now have James, a 5 yr old toy poodle who is currently on 1¼

15mg tablets twice a day. His progress is being monitored.

Joan Scott, London

Ed – *don't forget if you are giving small amounts of drug to your dog, there is a paediatric liquid preparation which members with small dogs may find easier to measure and administer.*

Titch Skelton Goodman

☰ Titch (MLHD) is now 10 yrs old and is well maintained on phenobarbitone 15mg twice per day. She had a fit in April 2004 and in Feb 2005.

Sarah Skelton & Christine Goodman, Lincoln

Rift Skipp

☰ Rift is doing very well. It is now 2.5 yrs since her last fit. (Yes I am touching wood).

We have started to reduce her Epiphen by 15mg per day. She was on 90mg plus 200mg Epilease We are leaving it like this for 3 months then another reduction of 15mg for 3 months followed by a blood test. Is it possible for dogs to grow out of fits as I believe children can?

Julia Skipp, Rugby

Sam Sillar

☰ My Golden Retriever Sam turned 13 last October. He is very slow and arthritic but still enjoys going out for a walk. He has been fit free for the past couple of years on 3 x 60mg Epiphen daily.

Gillian Sillar, Kinross

Lucy Williams

☰ Lucy (9) is doing very well. She has been fit free for 7 years and her medication has

now been reduced from 45mg twice daily to 30 mg twice daily.

Mr & Mrs D Williams, Billericay

Mist Wilkerson

☰ Mist has had no fits since February 2004 - keeping everything crossed.

Linda Wilkerson, Exeter

Jack Williams

☰ Hi I am Jock a Goldie! I am 9 and I feel like a 2 year old. My first fit was when I was 20 months old but I have not had a fit for 6 years. Mum says she enjoys seeing people on our walks who said all those years ago, "of course you won't keep him now he is an epileptic?" With a lot of love and patience my medication sorted me out and now what I say is I am fitter than my Mum and Dad. My pills are reduced to one 60mg pill every other day but I still wrap Mum and dad around my finger so I still get my treats even without a pill. Please stay hopeful my fellow sufferers as there is a light at the end of the tunnel and I am living proof of it. Woof woof to all my friends.

Mr & Mrs J Williams, Wiltshire

Solutions to potassium bromide problems

Benson Jeffries

☰ We last reported that Benson was cluster fitting fortnightly. His dosage is now 240mg daily phenobarbitone and Epilease 1000mg daily. (*The Epilease is given without the shell casing as it causes Benson to vomit. Thank you Mrs Jenkins in issue 28 for pointing this out*). Benson has now gone 5 months fit free. He

is in good health generally though he needs to urinate frequently and is always hungry. Bloods were checked last week and his therapeutic level is well within range.

Benson gave an extra blood sample to the DNA archive with the hope it will help others in the future. Unfortunately he didn't give it willingly!

We have made changes which may be significant we are not sure:

- 1) no full bath, only a trunk wash separate to a back wash (we think a trigger).
- 2) strict diet, no colourants
- 3) Benson does not seem to enjoy Dave's overnight absence (work commitments). Fortunately this is not too frequent but has been shown to be a likely trigger.

Jeanette Jeffries, Bristol

Tara Walker

☰ Tara started with a fit 4 days into her season in Feb 04. Fortunately, I had seen a dog having a fit so I knew what was happening. My vet, Hettie, was great and as things went we were lucky. After trying without medication Tara was put on phenobarbitone tablets and was also sent to the Animal Health Trust at Newmarket (thank heavens for pet insurance), all tests proved negative. She was still cluster fitting, so Hettie talked to the AHT. It was decided to put her on potassium bromide tablets. Unfortunately she had side effects to these. The KBr took the lining off her stomach and we thought we

were going to lose her. To cut a long story short we have tried the KBr syrup with no side effects and at the moment we are going into our 7th week without a fit.

It has been a sharp learning year for us and the book on epilepsy was a great help, I recommend it.

Diane & Chas Walker, Kent

Improvement with Homeopathy

Milly Lewis

☰ Since consulting Christopher Day who recommended an additive free diet plus homeopathic medicine, Milly has had 12 fits this year compared with 45 in the previous year and we have reduced her medication because her pelvic limb ataxia was bad. Phenobarbitone has been reduced by 30mg a day - the KBr by 140mg. Vivitonin has been added but Clare Rusbridge hasn't evaluated its effects yet. I think we have to decide what degree of ataxia is acceptable with what number of fits!

Joan Lewis, Axbridge, Devon

The "Sunday Telegraph" reported on a German trial comparing conventional medicine and homeopathy. Researchers recruited 400 adults and children with long term health problems ranging from chronic back pain, through sinusitis to insomnia and depression. Results showed that after 6 months the condition of patients treated homeopathically had improved significantly more and more quickly than those on conventional treatment.

However, shortly afterwards the "ST" printed another article with the opposite conclusions!!!!!! -ED

Has your dog ever ingested poison?

Presley Taylor

☰ Presley has had another 3 fits since June 2004. All these occurred on the fields during his walk. The vet hasn't started him on medication but says he is a borderline case. Unfortunately, Presley ingested a poisoned rat at the end of January and even though he was treated by the vet within half an hour he had another fit a week later. His clotting time is still elevated and he is receiving vitamin K.

The council say they rarely use rat poison and as Presley is something of a scavenger I am beginning to wonder if his fits are being triggered by ingesting some kind of poison on a regular basis.

I would be interested to know if any of your vets or members have had a similar experiences.

Helen Taylor

Difficult times

Maggie May Smith

☰ Maggie May has been having cluster fits 10 -12 in 36 - 48 hrs, approx 11-15 days apart followed by 48 hours without rest, pacing up and down, crying, urinating and bumping into furniture etc, also during the night finally collapsing dead tired.

Aggression becoming worse also has rage attacks triggered by noise daily. Demand for food has increased. Vet has increased Epiphen by 15 mg, dose now 105mg. Also introduced Epilease 100mg twice a day (so far 36 days

without a fit) At times, I am physically and mentally exhausted. My husband cannot help as he is visually impaired with glaucoma, severe arthritis and also has short term memory loss. Very much enjoy reading Brainwave news. Find it very helpful and comforting.

Ann Smith, Shropshire

This is a heartrending letter from Ann. Aggression is difficult to bear in a dog you love so much. I wonder if a low protein diet might help as per experiments previously done by Waltham pet foods? I also have a diet that has been used to reduce aggression but it is not easy to follow as four meals a day have to be given at set times, (a timed dog bowl might help with this). I wonder if it is worth trying a bowl of ice cream laced with rescue remedy. I would also be tempted to try skullcap & valerian tablets. These could be crushed in ice cream too. ED

Trevor Newton

☰ Discovered Trev's epilepsy caused by scar tissue from a head injury at 7 weeks old after being referred to Animal Health Trust with suspected brain tumour following a scan. Dreadful 2004 - cluster fits x 2 4 & 6 weekly only stopped by sedation. No fits since introducing 6ml KBr daily in October 2004. Still trying to get pheno/Kbr balance right. He is a little drunk but fingers crossed the fits stay away. He is happy and so are we and Simon Platt at the AHT is fantastic.

Sarah Jane Newton, Marlborough

Max Mc Pherson

☰ Even though Max's medication has been increased

to 1ml liquid KBr twice a day and 2 Epanutin 100mg every 8 hours he still has 2 or 3 fits every 2 weeks. He did have a gap of 6 weeks a little while ago but then had 5 fits in 24 hours and took longer to recover. Because of the bad reaction to phenobarbitone this is not an option and my vet cannot offer any other answers except to increase his medication further.

Lynda McPherson, Swindon

I am not sure whether Epitard the slow release form of Epanutin can still be obtained by some of our neurologists. It is not licensed in the UK but I know Clare Rusbridge (Wimbledon) was able to obtain it at one time and Jeff Skeritt (Cheshire). ED

Sara Osborne

☰ Sara started to fit at 8.5 yrs after a dental op in Jan 04. At first they were clusters but with long intervals in between so I decided not to medicate at that time but on 10-12-04 she went into status epilepticus. What a horrendous week that was as she was so drugged up that she was almost unconscious all week and I didn't think I could cope but then she started coming to (I had baby nappies on her as she was incontinent as well) and things got a bit better. She is now on medication although I am terrified of forgetting doses and so far she seems OK.

Pat Osborne, Essex

Bad News and Good

Molly & Peter Rae

☰ Unfortunately, Molly died in June aged 15 years. She

had not had any fits for the previous 2 yrs. We still have Peter, a min poodle who had his last fit 3 weeks ago. He is now 10. We have adopted Louis, another white standard poodle from poodle rescue. He is nearly 2. Hopefully he will be free from any fits but its early days yet. He settled in well and Peter loves having a playmate.

Jill Rae, Watford

IN MEMORIAM

GOOSEMOORS ETERNAL FLAME

18 Aug 1997 – 26 July 2004

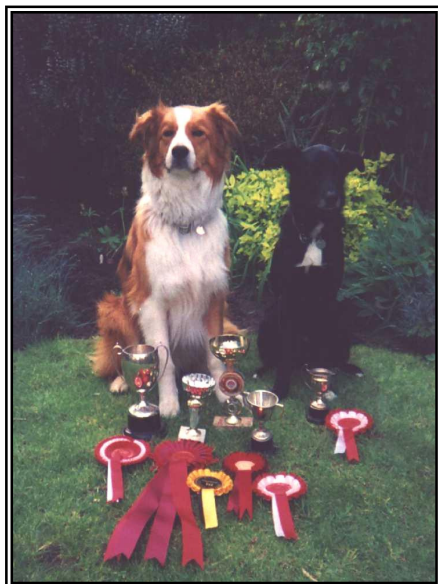
*Welsh Red Hillman – Much loved
pet of Bob & Sandie Hornby*

Flame was put to sleep on 26 July 2004 after a series of strokes. He was only 6 years old and had suffered from epilepsy from the age of 3 months. Despite the fact that this was never satisfactorily controlled by drugs, he led a very full and active life with us and achieved a very high standard in obedience competition. He was our special dog and life is not the same without him although we have other dogs at home that mean a lot to us. I worked him in obedience competition and am proud that he achieved so much including being placed 5th in the Beta Obedience Dog of the Year Competition in 1999. I feel privileged to have owned such a loyal and beautiful companion.

God Bless you our beautiful boy!

Lots of Love

Mum



Flame Hornby

It is with regret and sadness I write to say that we have lost Jake. He had a large cluster of fits so we rushed him to our vets but they were not able to save him. His liver had failed so he was put to sleep to save



Jake French

further suffering. To put in to words how we feel just doesn't describe the feelings of loss. He was such a loving dog. Nothing like how the Staffords are usually described.

He loved other dogs and animals, was brilliant with children and people alike. So many people knew him and cared about him. We are finding it hard to believe that he

has gone. Rosie and Jest, our other dogs still look for him. He made his mark by winning a trophy and rosette in our local dog show, had his photo in "Your Dog" magazine, PDSA and Blue Cross mags, SBT Welfare and twice in BRAINWAVE. I returned home with him and he's resting in his/our garden.

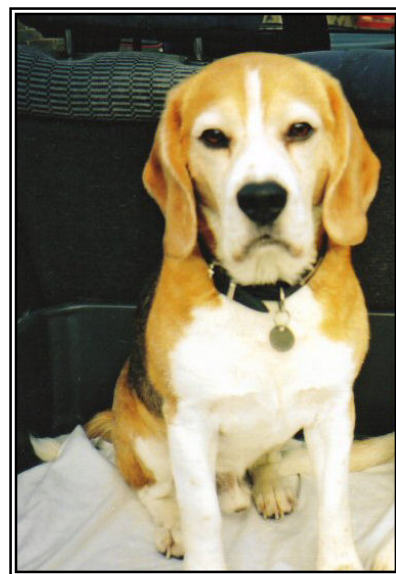
We both want to thank the PCFCE for helping us understand how to look after a dog with epilepsy.

*John & Hilda French,
Immingham*

JACOB SHARR

Jacob was a beagle bought for us as a 30th wedding present by our family. He was a beautiful puppy but having had Beagles for 30 years he seemed abnormally restless. Our suspicion that he was not normal was confirmed when he started fitting at 10 months of age.

The fits increased yearly despite being on a wide selection of drugs. Sometimes

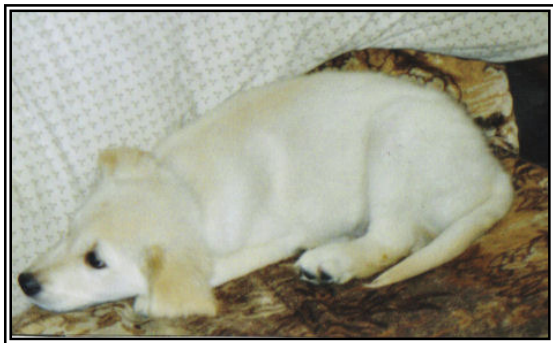


as many as three different types at a time. He lived for seven years but in his final year he

had more than ninety fits and it was clear that he was deteriorating. Thus, although we loved him dearly we decided it was time for him to be at peace.

Michael & Dairne Sharr, Kent

Fluke Kennedy



NEWSLETTER BACK NUMBERS

In the past I have mentioned that back numbers of our newsletter **BRAINWAVE** are available for sale, although we have had very little response from members.

As space for paperwork in my house is at a premium and the sheer quantity is actually causing me organisational problems, I would like to ask any member who would like back numbers to contact me. Just let me know which numbers you already have and I will send you what missing copies I have.

Back numbers will not be destroyed but I feel very strongly that they need to be passed on to those who will find them of most use - our members.

Mandy Cliffe - 01296 715829 or
pcfce@btopenworld.com

FLUKE KENNEDY

13 July 2004 – 28 February 2005

My beautiful Fluke lost his battle against epilepsy. He is now at peace and for once in his short life seizure free and reunited with his half brother and fellow sufferer, Buddy.

*When tomorrow starts without me
And I am not there to see
If the sun will rise and find your eyes
All filled with tears for me
I wish so much you wouldn't cry
The way you did today
While thinking of the many times
You didn't get to play
But when tomorrow starts without me
Please don't be in awe
That an angel came and called my name
And took me by the paw
And said my place was there
In heaven far above
And that I'd have to leave behind
All those I dearly love
But when I pranced through heaven's gate
I felt so much at home
God looked down and smiled at me
From his great golden throne.
He said "This is eternity and all I've promised you
For today life on earth ends
But here it starts anew
I promise no tomorrow for today will always last
And as each day's the same way
there's no longing for the past
So when tomorrow starts without me
Don't think that we're apart
For I'll truly be right there deep down in your heart
Until we meet again my darling boy
You're always in our hearts.*

**Love
Mum Jackie
and best friend
Lucy the Cat**

COMMITTEE MATTERS

SECRETARY'S SAY

It is often very hard to come to terms with the fact that one's dearly loved pet is epileptic. We all search frantically for a reason and all too often feel that the blame lies with something we have done, or not done, as the case may be. In the majority of cases there is no underlying cause for the seizures and the diagnosis is idiopathic or primary epilepsy. This tempts us, quite naturally, to explore any avenue of help for our pet but unless taken from a professional, the quality of that advice can be suspect.

Over the last few weeks several members have expressed reservations about telephone advice they have received and in some cases paid for (not, I hasten to add, from a member of the PCFCE). Norman Smith in particular shares my concern as he, too, has received calls from worried owners.

I don't think any of us need reminding that epilepsy can be a serious veterinary condition. In many cases, the first line of treatment has to be drugs in order to control the fits and stop the effects of kindling (where the more fits a dog has, the more the brain learns to have). Homeopathy too can be a very effective treatment, though it is best started early. The time to look at other options is when your dog is fitting infrequently or when you feel that the fits are controlled.

Norman Smith feels that he and his beloved Gunner were helped enormously by a

consultation with an experienced and holistic therapist in conjunction with conventional medicine.

My advice is always to seek professional help. I would not let anyone treat my dog, or myself for that matter, without a face to face consultation with a qualified professional. Members wishing to try homoeopathic remedies should ask for a referral from their vet to a qualified practitioner. We can only do what we feel is best for our pet but the more esoteric ideas such as allergies and sensitivity to the colour of bedding and bowls etc. are, in my opinion, misinformation that is not helping the already deeply distressed owner. A homeopathic veterinary surgeon or qualified holistic therapist spend years training and are the best people to advise on complementary protocols.

EDITORS SAY

Sack cloth and ashes for me as this edition of **BRAINWAVE** is long overdue. I have started to address the problem by getting my husband posted to London in October with accompanying flat! The PCFCE has also invested in a laptop computer which should allow me much more flexibility in when and where I can work on the newsletter, as well as being portable information storage.

The Cliffe household has two new editions - Tilly and Harry. It has been 14 years since we last had a puppy and you forget just how active they can be. The garden is looking like a bomb site and our brand new skirting board is full of teeth

marks. Guess they are as keen on "make overs" as the TV!

Once again, I am really sorry that this edition is late. All I can say is thank you for your patience.

STATEMENT OF ACCOUNTS FOR YEAR ENDED 31.12 04

INCOME

Membership subscriptions	£ 2566.19
Donations	3440.32
Sales	1446.46
Refund from Wag & Bone show	152.75
Veterinary Seminars	200.00
Total	£ 7805.72

EXPENDITURE

Printing	2670.15
Postages	767.20
Stationery	643.02
B. T. telephone charges	531.05
A.G.M. expenses	217.27
Wag & Bone stall	290.25
Book purchases	67.50
Committee expenses	189.67
Veterinary Seminars	685.75
Membership refund	6.00

Total	£6067.86
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Excess of Income over Expenditure	£1737.86
B/F from 31.12.03	5847.38

Total	£7585.24
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Current Account balance @ 31.12.04	£7585.24
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Reserve Account balance @ 31.12.04	8724.11
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Interest	133.16
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TOTAL	£16442.51
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REMEMBERING “A LIFE LOVINGLY AND WILLINGLY SHARED”

By Jo Wynn

There is no right or wrong in grief, we all react to loss in different ways. What for some is devastation may for others be quiet acceptance. Intense grief can sap our energy. We feel anger, denial, and despair, experience storms of tears or a quiet deep weeping. Life can appear pointless and our emotional energy can be drained to a state of exhausted numbness.

We may sustain ourselves by deeply held personal beliefs, or our hearts can be broken and we struggle to regain our former well-being. If death comes after a long battle with illness, and if it is summoned by our, or veterinary intervention we can feel dread, relief and then slide into guilt.

But all grief can be “turned” with courage, to honour with joy memories of a life lovingly and willingly shared. Be clear on memory, don’t make it responsible for tears and heartache that actually is not what you and your cherished companion shared.

We might see ourselves as trustees of these memories and then it becomes possible to remember with smiles and laughter. We can learn to integrate our pain and it strengthens us by becoming part of us and our life experience.

Sometimes it eases our grief if we commemorate our cherished pet. There are many ways of honouring them. We can plant a tree in a selected wood through the woodland trust, adopt or rescue an animal through IFAW, support a third world family, donate to any number of charities or select a memorial plaque for house of garden. Your local funeral director often has off-cuts in slate or marble and may even have a selection of stone tablets used for babies. An inscription can also be added. If your companion is cremated, ashes can be buried, scattered, or as I have chosen kept until I too transit, then they will be merged with mine and we will be scattered together in a favourite place.

I do not believe that death of the physical changes anything other than the physical. In all of nature nothing ceases, it simply changes form. I do not believe we or our loved ones are any different.

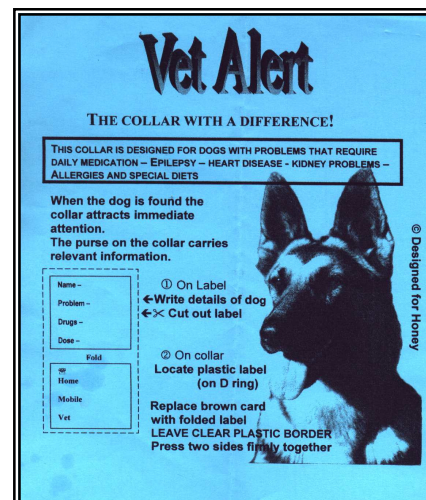
If you have any questions or would simply like to talk, don’t hesitate to phone me and remember if you want to give comfort and support to anyone grieving the death of a beloved companion, come to them with no concealed ideas of fixing the situation. Have no time scale for their mourning and no solution for their pain. Put aside your own ideas about how people should grieve, everyone is different. Come open hearted, be there, listen hard, a repeated account of events lessens the impact with each retelling. Be patient and they might take your hand if they wish.

Your loss goes through me, like a thread through a needle,

everything I do now is stitched with your colour.

Jo Wynn

**THE VET ALERT COLLAR -
PHONE MARY ROUSE ON
01295 711579**



NEXT TIME

- An article on alternative medicine techniques reprinted from the Veterinary Times with comments about the influence of diet, acupuncture and environment on epilepsy.

- An article on Bach Flower remedies written by a veterinary nurse at the Stone Lion Veterinary Centre.

- Your news and views continued.

- News and a report from our annual meeting which took place on August 21st at the Canine Academy, Tolerton, Notts.

COMMITTEE & CONTACTS PAGE

This page has been removed to protect those who have lost their dogs and may no longer wish to be contacted.