



ISSUE No

BRAINWAVE

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THE PHYLLIS CROFT FOUNDATION FOR CANINE EPILEPSY

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Jim James

01 May 1921 – 14 May 2006

PCFCE Treasurer

Jim was a founder PCFCE member and our treasurer for nearly 10 years. His staunch support for the Foundation, Margaret's work and **BRAINWAVE** are greatly missed. It is hard to think of the committee without him, despite his increasing health problems in later years.

He and Margaret worked together on the accounts and they were always kept in meticulous order. Always open, transparent and regularly published for members to see, our funds were in very safe hands.

Margaret will be continuing Jim's work until the next AGM when a new treasurer will be appointed to take over at the beginning of 2007.

Margaret and Jim were married for 47 years and the past few months have been hard



for her, however, she is more than ready to receive your calls, letters and queries and is determined to stay firmly "in the saddle". She is as deeply committed as ever, helped undoubtedly by all your wonderful calls, cards, letters and understanding following Jim's loss.

God Bless you Jim. The Foundation would not have been born if it were not for your

wholehearted backing, patience and support. Our only consolation is that you can no longer be touched by that dreadful Parkinson's Disease.

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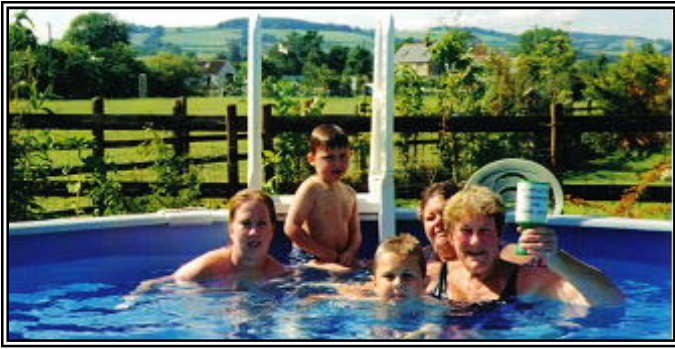
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Pool Aid

Pat Trickey is a mine of ingenious ideas for fund raising. Pat lives in Devon, surrounded by beautiful countryside. To make the most of it she had a pool installed in her garden and invited swimmers to use it in return for a small donation. Even though the pool was completed after the June/July 2005 heat wave she raised £83.00! Pat reckons she will raise even more in 2006. As a qualified swimming instructor she also plans to offer lessons. The super picture above shows Pat posing with the PCFCE collection box and some of the delighted swimmers.

Pat's good friends Sue and David Lightly bagged up their cooking apples for sale again this year at 50p for 2lbs. The crop was not as good as last year but £27.00 was still raised making a total cheque from Pat for £110.00.

In 2006 the pool area has taken on a new look with a tented changing room. As you can imagine the enterprise has proved very popular this year!

A huge thank you to Pat, the Lightlys and Colyton for their wonderful support of the PCFCE.



Buddy May

The photo (top right) shows Buddy May with vet Richard Bleckman. Buddy had been put on a diet to lose weight after losing his litter brother and soul mate, Sonny. Mum Geraldine admits she spoils him. Buddy started to fit at 17 months. Geraldine changed vets to be with Richard as he is so good with epileptic dogs.

Buddy was put on phenobarbitone, Chinese herbal medicine and some herbs Richard has made up for him. At that time he was having fits every two weeks. It took a while but in the last two years, he has had only 3 small fits. He does not have annual boosters but he does have Ainsworth's homeopathy (01883340332). Geraldine does not use flea products.

Sonny was nearly 3 when his fits started. He also had skin and bowel trouble. Geraldine recommends that members do not take littermates as you never know what is around the corner. She has had dogs for 35 years but never knew about epilepsy. She is glad she has life cover with Pet Protect.

Christmas Cards

Our distinctive Christmas cards will be on sale again this year.

The cards are taking on a new look and will be smaller, with your photos printed on both the front and back of the card.

Ordering details will be sent in a separate mailing but if you would like to know more, please call Pat Trickey on 01297 553842

2006

Most of you will know that membership renewal (as opposed to new membership) fees for 2006 have been waived.

Those who paid 2006 membership renewal fees will automatically have their fee carried over for 2007 unless they would like to have their fee refunded. (In which case please contact Mandy Cliffe on 01296 715829.)

EPILEPSY: AN ALTERNATIVE VIEW

Reprinted from the Veterinary Times by kind permission of Diane Delmar and the Veterinary Times.

Diane Delmar meets a veterinarian promoting a more natural approach to the treatment of epilepsy in cases where seizures are intermittent and not severe.

Alternative medicine techniques provided as a complement to traditional treatment can often decrease the frequency and severity of seizures in dogs with epilepsy, according to Allen M. Schoen, DVM, an internationally recognised authority on integrative medicine.

Dr Schoen speaks on integrative medicine at mainstream veterinary conferences around the world, has authored books on the topic and is a clinical assistant professor of veterinary medicine at Tufts University, in North Grafton, Massachusetts.

He provides alternative care for large and small animals in a referral practice that requires patients to have a primary care veterinarian. Although he says that dogs with both idiopathic and secondary seizure disorder can benefit from alternative therapies, those he sees usually have the more common, idiopathic form.

Before he provides any treatment, he prefers the patient to have a thorough work-up - and preferably a neurology

consultation - to help assure a correct diagnosis and so the owner can become more knowledgeable about the advantages and disadvantages of traditional drug treatment.

If a dog owner prefers a more natural approach and the pet's seizures are intermittent and not severe, "alternative therapy is not unreasonable," he says.

The role of diet

One of the first approaches Dr Schoen advises is a new diet. It's controversial, he says, but more people are acknowledging that, in some cases, food allergies may play a role in dogs prone to seizures. "I start them on a diet that's as balanced and organic as possible with as few preservatives and additives as possible," he says.

"The ideal diet would be one that's well-balanced, home-made and organic. The worst is an unbalanced homemade diet," Dr Schoen says.

If the owners are unable to cook a balanced diet for the dog, he recommends a prepared dog food that is made from natural, organic ingredients with more vegetables, less grains and "cool" meats such as turkey and fish.

Raw diets for dogs are highly controversial, Dr Schoen notes, and while he sees dogs on these diets that appear to do well, "there is a significant potential for zoonotic diseases" that cannot be ignored.

Dietary supplementation may also be beneficial for dogs prone to seizures, Dr Schoen says. He favours buffered vitamin C, vitamin E, selenium and vitamin B6. Other

supplements that may be beneficial include dimethylglycine, commonly known as DMG, and trace minerals, such as magnesium. Some Chinese herbs may also be helpful, he says.

Acupuncture

Another alternative approach that Dr Schoen often employs for dogs with seizures is acupuncture. An ear acupuncture tack is one method, although some dogs don't like them and shake them out. If the dog tolerates them, and the tacks can stay in for a week or two at a time, the beneficial effects seem to be longer-lasting, he says.

Other acupuncture techniques that may help are gold implants under the skin at acupuncture points on the dog's head, a treatment based on a study conducted at the University of Pennsylvania veterinary school, and traditional Chinese acupuncture once a week for six weeks, with treatment's tapering off to once every month or two, he says.

"Anecdotally, you are able to diminish the severity and frequency of idiopathic seizures with acupuncture in about 50 per cent of cases. Sometimes the seizures stop, but most of the time they decrease in frequency and severity.

"The nice thing about it is that when it works there is little downside," Dr Schoen notes.

Environmental influences

Dogs experiencing seizures can further benefit from an improvement in their environment, he says. Although hard data linking pesticides and

other chemicals to seizures is lacking, it would be prudent to protect pets from exposure to them. Organo-phosphates especially should be avoided, since they tend to be neurotoxic, Dr Schoen says.

Some holistic veterinarians believe that over-vaccination may predispose dogs to epilepsy and there is some evidence that pets might not need to be vaccinated as frequently as the norm, he adds.

Stress-induced anxiety (that may occur from sudden changes in the environment or from events such as thunderstorms or even fighting among residents in the home) "definitely" has an impact on dogs prone to seizures Dr Schoen says.

"Again, there's no controlled trial demonstrating this, but there is a lot of anecdotal evidence that stress can contribute to seizures.

Owners should be encouraged to try and pinpoint situations that seem to bring on seizures and avoid or eliminate the source of stress, he says.

Dr Schoen recalls one client couple with a dog that had seizures when the couple fought and "they ended up having fewer fights due to concern about the dog."

When there are stressful situations that cannot be eliminated, such as thunderstorms, dogs might benefit from episodic home treatment for stress. There are natural supplements that owners can give, comprised of ingredients such as L-theanine, thiamin and lecithin that may have calming effects. If owners can learn to detect the pre-ictal

phase of a seizure, he teaches them acupuncture pressure points they can use.

These techniques can help most dogs with seizures of all types, he says, but if a dog has severe, long-lasting seizures, he recommends conventional medicine, but advocates the use of alternative approaches, such as nutritional supplements, to try and ameliorate the potential liver toxicity of drug treatment.

One such supplement is milk thistle. There is evidence that it helps decrease toxicity, but great care must be taken, he cautions. For instance, milk thistle appears to facilitate the utilisation of phenobarbital, which allows for a lower dosage, but requires finer management and closer monitoring of drug levels.

"My philosophy is that no one has all the answers. I keep on looking for what's best for the animals. I believe that integrative medicine that balances the best of natural and conventional techniques is the future," Dr Schoen says.

More information

More information on Dr Schoen's approach to seizures and integrative medicine can be found at www.drschoen.com. Information on Chinese veterinary medicine and herbs can be obtained from the Chi Institute of Chinese Medicine (www.chi-Institute.com) which trains animal healthcare providers. Information on integrative medicine can be obtained from the Veterinary Institute of Integrative Medicine's website (www.viim.org/home.asp)

BACH FLOWER REMEDIES

For animals that suffer from epilepsy

By Sandy Griffith, Veterinary Nurse, and Bach Foundation Registered Animal Practitioner, Stone Lion Veterinary centre Wimbledon

It is very difficult and distressing for an owner to watch their pet have an epileptic seizure and then wait for them to go through the recovery period. They may feel that they want to do something to comfort their pet and help them with the recovery.

The Bach Flower remedies are a gentle, harmless way of treating animals and can be used safely in conjunction with any of the medication their pet may be on. The flower remedies do not replace conventional medication and will not cure any physical or neurological conditions. They are a complimentary treatment, to help restore the pet's emotional wellbeing.

Although the post-ictal period is very variable, Rescue Remedy is definitely the one of choice for use while the animal is recovering. Other remedies could also be used in addition to it.

There are 38 flower remedies and Rescue remedy is a combination of 5 of these remedies:

Star of Bethlehem: - indicated for shock/trauma

Clematis: - indicated for disorientation/ disconnected from surroundings

Cherry Plum: - indicated for collapse of mental control

Rock rose: - indicated for intense fear or terror

Impatiens: - indicated for nervousness and irritability

As the animal recovers, they may be disorientated, not recognize the people around them, bump into things if their vision is disturbed and even uncharacteristically bite a loved one. (Clematis, Star of Bethlehem and Impatiens are strongly indicated for this).

Other remedies that would be useful:

Olive: - this is for acute exhaustion (mental and physical)

White chestnut: - for restlessness/pacing behaviour

As previously mentioned, all the remedies can be given individually or in combination with Rescue Remedy.

Rescue remedy on its own should comfort and settle an animal after a seizure (the distressed owner could benefit too).

There are various ways of administering the drops: -

Put 4 drops of rescue (and 2 drops of any other remedy if required) into a 30ml mixer bottle filled with still mineral water (this is the dilution recommended by the Bach Foundation when treating animals.) The diluted mixture can be given to the animal directly into their mouth via a plastic pipette. Another way is to put 4 drops into food/treats and water. The drops can also be rubbed on the hairless inner

part of the pinnae where there is a good blood supply, (this is if the pet is not able to eat or drink/swallow safely yet.).

You cannot overdose with the remedies and they can be given up to every 5 minutes until the animal has returned to normal behaviour. The frequency of the drops could be reduced to 4 drops at least 4 - 6 times daily for a day or two after the seizure, (these doses can be given in treats/food etc or as above). (Ice cream too).

A WORD FROM JO

By Jo Wynn

Since I last wrote, my budgie died. Gandalf was very old, a rescue boy when he was four, this year he reached 15yrs. I knew he was flying slower, and although he was never shut in his cage, the door always being

A POEM FROM JO

*Tingling starts in my paw, and fear creeps upon me.
I stare at your face and you give me hope
That unconsciousness may be kept at bay.
If darkness overtakes me, please come and find me
In the world of electrical energy.
I may not be able to see, feel or hear, but talk
And you may bring me home.
When I arrive at the ictal phase
Of shadows and fear
Whisper words that only you and I know
That will pierce through and slowly
Unfold my mind
From the seizure of unconsciousness.
(Author unknown)*

open, his excursions to the kitchen or the hall had got less. He preferred to perch on the bookcase, feet from his home and where he could view his world in comfort. His dark grey feathers had grown pale but he still sang a prolific song, though I often wondered what his language said in the ways of wisdom or profanities!

As I sat that morning with my coffee, Gandalf flew from his cage straight towards me, circled my head really close, brushing my hair with his feet, and my face with his wing. He alighted gently on the door of his cage, turned and gazed at me. Behaviour a little strange, but not enough to warn me. Then he took off towards me again, circled my head again. Now I was getting alarmed and I stood up. Gandalf, up close to the ceiling flew the length of the lounge, but he never reached his cage, crashing, cart wheeling in a ball of feathers to lie still and quite dead on the carpet. I laid his tiny body to rest beneath the

window where his cage hung. Not without tears for the silence he left was an aching abyss. How could such an exquisite small creature leave such a silent void? How could I, not have realised when he flew to me, he was saying goodbye? I feel such desperate sadness.

My friends Jax and Norman listened to my grief, and then, some time later Jax arrived from London with a small box that twittered! Loki had arrived! Loki is not Gandalf and he has not replaced Gandalf but his song fills the house and his mischievous ways have brought back laughter. By doing that he has made it possible for Gandalf to be with us still. Gandalf's song echoes through Loki's song, his ways through Loki's ways. Loki is not a substitute or replacement, he is a small golden bird in his own right, but is not this continuation a form of eternity? Do I feel I have betrayed Gandalf by opening my heart to Loki? Do I feel guilt? No. Do we love any less those that have died when new pets come into our lives? I don't believe so. In fact I believe that it is only because we have loved that we can continue to love (like Topsy it kinda grows). We do not replace, but we continue the love, the love we shared with a beloved companion. Because we loved Gandalf we can love Loki too. What a legacy Gandalf has left, what a gift he has given me, from loving one bird, I have found the capacity to love many.

The changing seasons affect us all, and 'Drumming in the Dawn', on the Sussex Downs at the Summer Solstice, is a reminder that from now on the evenings once more start to

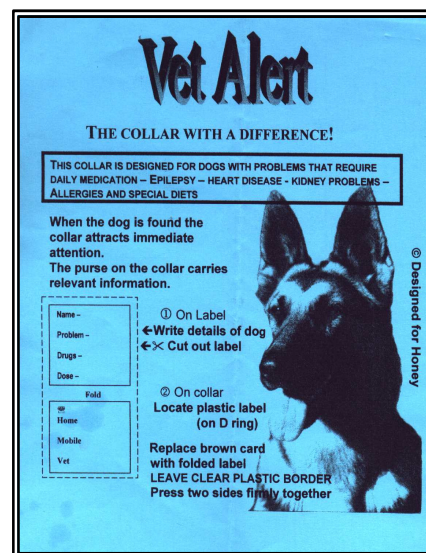
draw in. Having walked with my beloved dogs through primroses, cowslips and bluebells, we now have the purple-spotted orchids brushing our feet, the blackberry bushes are adorned with blossom, and the pink dog-rose petals are scattered across the paths of our local bridleways.

In my garden I have managed to still have flowers despite the hosepipe ban. The tadpoles have become froglets, Loki is thriving and ditto the tropical fish under Kurt's fortnightly care. I have been able to sit and watch dutiful parent birds feed their broods, the garden mice rob the bird table of its goodies and the dogs lie in the sun. Enshi, my Pekinese Girl has only had two fits this year, how lucky are we? And as she is now decidedly grey around her muzzle as the years slip by, I consider us doubly blessed as we have got this far with little medication. A rescue girl with her sister Tabris, we are aware that their puppy hood was fraught, with prosecutions being brought and a lot of nursing care required at first. Tabris, pure white with coal black eyes, is allergic to just about everything, and suffers stiff joints in the mornings, (bit like me really) Enshi is creamy buff-coloured with a chocolate face and eyes the colour of cognac. It was Enshi that produced two babies, Elfin, her daughter and Lube her son. From 4oz 'cotton wool buds' to bouncy butter barrels, the joy, the love and the laughter has not stopped since they were born. They are both the colour of ripened grain with very black faces, starfish feet with wrinkled ankles like baggy socks! I am besotted.

I have friends who are battling illness, bereavement and family trauma and I have had my share, but for today we are content, and I hold onto today, valuing and storing the wonderful memories. It is this that makes us strong for the troubled times. From my present joy I can be there for my friends in need, just as I will remember the summer flowers and the sun when the grey days begin.

I know you will hold both Margaret and Mandy in your hearts too at this, their time of need and wish them both a steady strength to resume life when the time is right. *To everything there is a season.....*

"Of course we miss all of our dogs. We have loved them all and the pain I feel everyday is worth it for the love they gave unconditionally to us all their lives". Jan Prevost, Lhasa Apso Club Newsletter.



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

Milk Thistle

I have previously mentioned trials on humans to see if the herb Milk Thistle (Silymarin) could help those suffering from liver damage as a side effect of



anticonvulsant drugs. Whilst there is some scepticism as to the overall quality of research in general about the herb, I always advocate its use and to find out if it is working for your dog - have regular liver function tests and compare results.

Its ability to help the liver regenerate was tested in the 1970's, when the herb was used in a study to treat poisoning from Death Cap mushrooms. Conventional treatment had a 30-40% mortality rate whilst those treated in the trial all survived. Other internet sites I checked made a number of claims for its efficacy, including in cases of colitis.

The following information was extracted from the "Herbal Information Centre" site.

Milk Thistle has been used in Europe as a remedy for liver problems for thousands of years. Its use was recorded in the first century (AD 23-79), noting that the plant was excellent for protecting the liver. Early Christian tradition dedicated milk thistle to Mary, calling it Marian thistle. In the 19th century the Eclectics used the herb for varicose veins, menstrual difficulty, and congestion in the liver, spleen and kidneys. Milk thistle has also been taken to increase breast milk production,

stimulate the secretion of bile, and as a treatment for depression.

Milk thistle nutritionally supports the liver's ability to maintain normal liver

function. It has shown positive effects in treating nearly every known form of liver disease, including cirrhosis, hepatitis, necroses, and liver damage due to drug and alcohol abuse. Milk thistle works due to its ability to inhibit the factors responsible for liver damage, coupled with the fact it stimulates production of new liver cells to replace old damaged ones.

Milk thistle has been proven to protect the liver from damage. The detrimental effects of environmental toxins, alcohol, drugs and chemotherapy may be countered with this valuable herb. The active chemical component in the herb is silybin, which functions as an antioxidant and is one of the most potent liver protective agents known. Clinical trials have proven silybin to be effective in treating chronic liver diseases and in protecting the liver from toxic chemicals. An injection of silybin is a proven antidote for poisoning with the Deathcap mushroom (*Amanita phalloides*).

Silybin is a part of the chemical structure of the flavolignan silymarine. Milk thistle's hepatoprotective effects may be explained by its function of altering the liver cell membrane structure, blocking

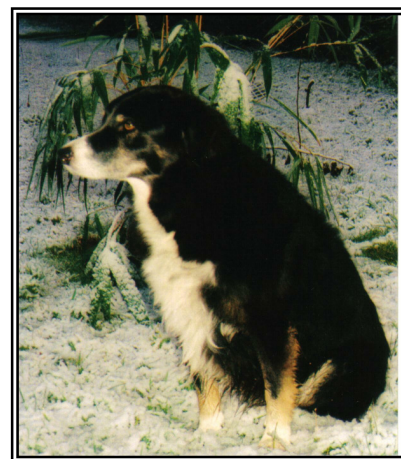
the absorption of toxins into the cells. Hepatoprotection by silymarin can also be attributed to its ability to increase the intracellular concentration of glutathione, a substance required for detoxicating reactions in liver cells. Milk thistle is also an antioxidant that is more potent than vitamins C and E.

In Memoriam

Glenys Trickey

09 Sep 1991 – 12 Nov 2005

***Loving and faithful friend of
Pat (Colyton, Devon).***



Speckle Newton

***Beloved friend of Brenda.
Sadly had to leave us on
the 19th June 2006 aged 3
years and 3 months.
(Colyton, Devon)***



CHANGING PERCEPTIONS

By Mandy Cliffe

Knowledge makes coping easier

Knowledge of the condition is the best way of coping with epilepsy. Many of you have told us how knowledge has increased your confidence. An article in the "*Epilepsy Review*" (newsletter of the National Society for Epilepsy - NSE) illustrates this so well.

Kim Munday has epilepsy and is also a poet. She wrote 2 poems, one before and one after she attended "Living Well", a course run by the NSE aimed at helping people gain the skills to self manage their epilepsy long term.

"Before attending the course Kim penned the poem "Epileptic World" in an attempt to come to terms with her epilepsy and explain to others how she felt. The bleakness portrayed in this poem contrasts starkly with the new-found positive attitude reflected in the later poem titled "Self Management".

I have reprinted the poems and hope you agree that Kim delivers a valuable message.

Getting it right

The Living Well course has been running successfully for 2 years and is recommended by doctors. However, an identical, free six-week programme run by the NHS is not popular. Why? Medical opinion suggests that this may be down to the name chosen for the course - "The Expert Patient". A recent article in the "British Medical

EPILEPTIC WORLD

One minute, normality,
Next, I'm on the floor.
What is it this time?
Thrashing around, stiffening,
Ripping my clothes,
who the hell can stop me?
Staring into space, confusion,
Licking my lips,
Who knows?
Here we go again
Brain is up to tricks.
I lie and recover 10,000 thoughts in my head.
Mouth sore,
Right side refuses to obey,
Can't say what I want to.
Every time scared out of my soul
"It won't affect your life".
Really?
Tablets every day,
No licence till fits at bay,
No drinking, no late nights
Avoid a bump on the head,
Does this sound unaffected?
A life I should have led?
For those who lie on that same floor,
NEWSFLASH!
It does!
Short circuits in a high tec world.

SELF MANAGEMENT

Gave us hope
To learn to cope
That someone understands,
Throughout this negative land.
Tuesday was our sharing day,
As we chased our lonely blues away.
Our thoughts we unite,
Our conditions we fight.

Journal" suggests that "most doctors, nurses and pharmacists are threatened by the term, imagining expert patients turning up with lots of information from the internet, demanding treatments that might not be suitable,..... or that the doctor might not have heard of. Last year a poll by MORI seemed to support their view. They reported that 58% of nurses, 63% of doctors and 76% of

pharmacists thought that better-informed patients would require more of their time." Yet the goal of both courses is to "put the emphasis on developing the confidence and skills to improve quality of life, to work with health professionals and not against them."

Veterinary parallels do not need labouring. We must all accept that knowledge brings mutual benefit to all members of the epilepsy team.

Kim Munday's sums up what she has gained:-

"Something inside has changed. .. I am stronger than I ever thought I was and able to trust people and communicate effectively. More important, I am not alone.... It's made me more determined and changed my way of thinking to a more positive attitude, that maybe I can have a future, the life I want - that I have a future, full stop.

I'm now going to manage my condition, not let my condition manage me. I can't cure my condition, BUT I can help myself live a better life".

Colyton, Devon Local Members and Supporters,



Epilepsy in the Irish Wolfhound

I am grateful to Clare Rusbridge for the following extract from "*Epilepsy in Irish Wolfhounds*".

"During the last 15 years, breeders have reported an increase in the proportion of Irish Wolfhounds with seizure disorders. Clinical data and pedigrees from closely related Irish Wolfhounds were collected retrospectively and analysed. Idiopathic epilepsy was diagnosed, by exclusion of other causes for seizures, in 146 (18.3%) of 796 Irish Wolfhounds from 115 litters. The first seizure occurred by the age of 3 years in 73% of all dogs. Males were more commonly affected than females (61.6% versus 38.4%), with males having a later average age of seizure onset. The life expectancy of affected dogs was decreased by 2 years when compared with the average Irish Wolfhound population. The heritability index for the affected dogs, their littermates, and unaffected parents was 0.87. No simple mode of inheritance explains the pattern of affected dogs in pedigrees. Hallmarks of dominant and sex-linked inheritance were notably absent, and the segregation ratio was less than would be expected for simple autosomal recessive inheritance. Assuming all affected dogs have the same form of epilepsy, the simplest description of the complex pattern of inheritance observed is autosomal recessive, with incomplete penetrance and male dogs at increased risk".

(AU Casal, M. L. Munuve, R. M. Janis, M. A. Werner, P. Henthorn, P. S. SO *Journal of Veterinary Internal Medicine. American College of Veterinary Internal Medicine, Lakewood, USA: 2006. 20: 1, 131-135. 32 ref.*

What Tess Taught Us.

By Jackie Davies

Lessons from an epileptic dog

She came equipped with squeaky toys, bowls and impeccable house training, though we had to teach her not to chase cars. We were her fourth home in a year and a half. Mostly collie, 'sheepdog' on her vaccination certificate, she was energetic, intelligent and the fastest thing on four legs. She would make the perfect outrun as we made to throw her ball, then come in, head down, for the 'lift' if we were slow letting it go. She won a rosette for obedience and was a wizard with a frisbee. Loving people, she was the perfect vicarage dog.

Then she developed epilepsy.

Like many other dog owners we were devastated, dismayed and frustrated in turns by this mystifying condition which afflicted our lovely canine friend. 'What's the prognosis?' I asked our vet, 'How long can she last with it?' 'It depends how long *you* can cope.' he replied.

We did cope. Coping became a kind of crusade. Talking to an epileptic friend, we discovered how Tess might feel during and after fits and realised that

transient memory loss and disorientation (even temporary blindness in dogs) is normal. We were reassured to hear she would know nothing during the seizure itself.

Regular trips to the vet for drugs and blood tests became the norm as Tess's condition progressed, reaching a plateau of clusters every eight weeks with inexplicable periods of remission sometimes as long as eight months.

We wanted to understand, to deal with this malfunction that was spoiling our pet's life but we were more troubled by it than she was. We tried diets, altered routines to remove stress, and read all we could (except the PCFCE's publications which we discovered when Tess was 8 and wished we had found earlier.) We had to concede that there is much we don't understand, that control for Tess was partial and that we had to live with uncertainty.

We embarked on a sharp and continuing learning process. I'm not sure how many owners kept their epileptic dogs where we lived - it was a predominately farming area - but we and our vets learnt together. When the fits proved impossible to control with phenobarbitone alone our vet took advice from Liverpool and gave Kbr as an adjunct, first mixed up weekly in bottles by the vet, then in measures which we mixed with water ourselves. (The capsules were a wonderful development) We were always learning. When Tess's liver showed problems after ten years on phenobarbitone we gave her *silymarin*. I'm sure it was this that kept her so well. (When she died at 13 after taking 240 mg of phenobarbitone daily from the

age of five - her liver was still functioning adequately.)

We learnt flexibility. It's amazing how you can adapt if you have to. We would go on holiday with a veritable medicine chest plus an array of 'dog towels' in case of fits. One night en route to Ireland Tess had a fit in the car, broke through the dog bar and ate three days' supply of bagged-up dry food plus half her 'halti' and was none the worse for the experience. Routines changed over the years. In the end we were feeding her rice with a little pet quality fish or chicken, cooked ourselves. We learnt to watch the salt content as it affected take-up of Kbr - in fact our first thought when Tess began to develop serious weakness in her hind legs was 'We didn't add enough salt.' We discovered -accidentally as the deanery pilgrimage couldn't be avoided - that exercise helped our particular dog to recover from the effects of a fit cluster. Life was a process of discovery and adaptation, led by trial and error. We found ways round difficulties, ways over difficulties and ways to make light of them.

We learnt to live with limitation. We never went abroad because the stress of kennels might have precipitated more fits. We understood some of the pressures of long-term caring. (Though there is something to be said for a pet whose need for medication at a definite time can excuse you from a meeting that goes on too long.). Non-pet-owning friends wondered why we persevered, thinking we gave our four-legged family member too much attention. But I don't believe we did. Tess was a good

antidote to selfishness and the pre-occupation with work that can afflict people in our profession. She didn't care a mouldy biscuit for diocesan committees, PCCs or liturgical commissions. She was just Tess and we could be ourselves with her when human friends were unavailable.

Tess taught others. When she had a fit in our confirmation class we were able to explain to the youngsters what epilepsy is. Useful because one had a dog that had just developed it. I hope our no-fuss approach helped her cope with her own dog's seizures.

We learned perseverance. When Tess was hospitalised, two days under heavy sedation and four more recovering after an episode of 'status' that resulted in a stroke, we wondered if we should continue keeping her. She was five then. But she bounced back, re-learned all the stroke had robbed her of, and got on with life, albeit with some of her sharp sight and vibrant energy blunted. Her creaturely gift for 'keeping on' put our feeble resolve to shame. So we kept on with her, living a day at a time, enjoying the present moment, trying not to worry about tomorrow. She made a good sermon illustration.

We learnt to let go. When Tess's hind legs and nerves showed the strain of all those violent fit clusters and miles of chasing squeaky balls on sandy beaches, when she was exhausted by the effort of living, we called it a day. She had a way of looking at us that last week that made you feel she would rather not bother. We knew then that we had to let go.

For her sake. In true Tess fashion she was eating to the end. She would have sold her soul -and I'm sure she had one - for a bowl of chicken and rice.

Diolch i ti, Tess. Thank you, for all you taught us. Thanks too to the vets in three practices who helped keep her going and gave her a peaceful end. And to the PCFCE for offering a listening ear, wise advice and sensible support to us and those like us who know the joy, the pain and the challenge of living with an epileptic dog.



Tess aged two

In Memoriam



Jasper Sahli

My Best Friend

Jasper

October 1997 – May 2006

Ingrid

Secretary's Say

2006 should have been a great year of celebration for our 10th Anniversary in November. Sadly, it has become a year of sorrow and regret. Mandy and I have had many personal problems and, consequently, have not been able to publish **BRAINWAVE**. I am sure you will all understand. As a result we have decided to waive the **renewal** fees for our members for this 2006. Many renewals were sent to me and we have offered the monies back or the opportunity to carry forward for 2007.

I cannot thank you enough for the beautiful sympathy cards, letters and flowers I received. It helped me enormously to know that people cared. Mandy has been wonderful, willingly taking on much of the workload that usually falls to me but, more importantly, has been such a true friend, helping me cope throughout Jim's illness and especially the 7 long weeks he was in hospital and beyond.

Now we need a new Treasurer and I am pleased to tell you, Mandy's husband, John Cliffe, is now our Acting Treasurer and will be officially proposed and accepted at our next AGM. Thank you John, our finances will be in safe hands.

This will be the first newsletter for the many new members we have had this year. We welcome you all and hope your dogs are well. Earlier in the year I ran out of our Special Edition **BRAINWAVE** and was not able to send a copy to some of the new members. If you did

not subsequently receive a copy please let me know. *Margaret*

PCFCE Alive and Well

I know some of you were wondering if we were still in existence but as you already know 2006 has been a difficult year. However, **we are recovering**, and things will be

back to normal soon. I am particularly indebted to those extraordinarily kind people who wrote to me with such understanding and in several cases first hand knowledge of depression, a deeply personal thing to share. Margaret as always has been a brick. More than ever I feel we are a family. *Mandy*

3Yearly Vaccination

Clare Rusbridge has let me know that there is a vaccine now available that gives a 3 year immunity - Duramune produced by Fort Dodge. Duramune is available for all the usual canine diseases, although the web site is not very informative, so I have extracted the information below from NOAH the National Office of Animal Health web site. Some diseases such as leptospirosis will still require annual vaccination.

Dosage and administration

Administer vaccine by subcutaneous injection.

Aseptically reconstitute the contents of the freeze-dried fraction using the contents of the vial of liquid diluent fraction. Shake the vial and immediately administer all of the reconstituted vaccine using aseptic technique.

Primary Vaccination

Pups 6-10 weeks of age:

The initial vaccination course consists of two vaccinations. The first vaccination should be given between 6-8 weeks of age and the second vaccination should be given from 10 weeks of age.

Pups of at least 10 weeks of age:

Two vaccinations should be given with an interval of 2-4 weeks between doses.

Booster Vaccination

Year 1 Annual booster - one dose of Duramune® DAPPi + L

Year 4 Booster - one dose of Duramune® DAPPi + L

For continued protection against canine parainfluenza and Leptospira an annual booster vaccination with one dose of Duramune® DAPPi + L or Duramune® PPi + L is recommended. The duration of protection of the CPI component has not been determined and an annual booster may not be sufficient if exposure to a high risk environment is expected.

COMMITTEE & CONTACTS PAGE

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