



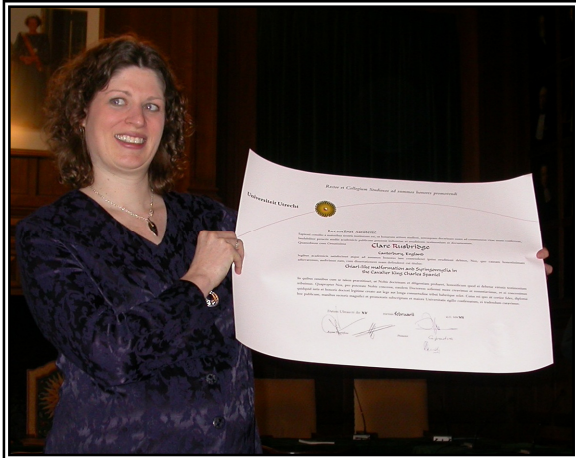
ISSUE No

BRAINWAVE

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ITS DOCTOR CLARE

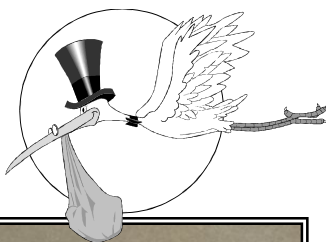


We are delighted to announce that veterinary advisor Clare Rusbridge has been awarded a PhD from the University of Utrecht for her work in syringomyelia in the Cavalier King Charles Spaniel. See page 3 for more pictures.

MORE GOOD NEWS FOR CLARE

You may have noticed from the picture above that Clare was heavily pregnant. Thomas Orion was born on 20 March by caesarean section weighing 7lbs 6oz and the good news is that Clare's recovery was swift. The camera has been clicking ever since. We all send our heartiest congratulations to Clare Mark, Jill & Thomas.

Jill (6) & Thomas (10 weeks)



PAT TRICKEY

We are deeply saddened to announce that Pat Trickey died on Monday 7th May 2007.

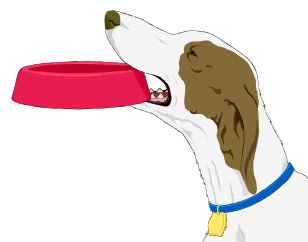
She died in her own home which allowed her to be with her dogs until she passed away.

Tribute on page 4



THE KETOGENIC DIET

Can it be developed for dogs after all?



See page 5 for discussion and more dietary ideas

This newsletter is distributed quarterly to members of **THE PHYLLIS CROFT FOUNDATION FOR CANINE EPILEPSY** and is checked and approved by Dr Phyllis Croft OBE PhD FRCVS before publication.

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KC PFMA BSAVA BREEDERS' SYMPOSIUM 2007

Sunday 18th November 2007

The Kennel Club, the Pet Food Manufacturers' Association and the British Small Animal Veterinary Association (Petsavers) are holding a Breeders' Symposium on Epilepsy on Sun 18th Nov 2007 at the Royal Veterinary College, Hawkshead Campus, North Mymms, Hertfordshire (Junction 24, M25).

This Symposium is y designed for all dog lovers and dog breeders. After each presentation, time has been allocated for questions relating to the topics. Questions can also be submitted in advance on the booking form which can be downloaded from the KC website www.thekennelclub.org.uk but it is actually easier just to type "Kennel Club Symposium" into your browser and look under KC Breeder's Symposium 2007). Or contact Mandy for a form.

The cost of attending the Symposium is **£32.50 per person**. This fee includes morning refreshments, a buffet sandwich lunch, certificate of attendance and a booklet of presentations. Pre-registration is essential - tickets will not be available on the day. Please note that cancellations will be non-refundable after **26th October 2007**.

Those not on the internet can call Candy Elton, Kennel Club Information Officer on 020 7518 6870 for a Booking form.

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GET WELL WISHES TO DR CROFT

We heard recently that Doctor Croft, who is in her 89th year, recently suffered a nasty fall onto concrete.

We all send our very best wishes for a speedy recovery.

BREEDER'S SYMPOSIUM PROGRAMME 18 Nov 2007	
9.30 - 10.00	Registration and refreshments
10.00 - 10.10	Chairman's introduction The Chairman, Dr Jeff Sampson the Kennel Club's Canine Genetics Coordinator, will open the day's proceedings.
10.10 - 10.55	Epilepsy in Dogs Dr Luisa de Risio from the Animal Health Trust will talk about the clinical aspects epilepsy in dogs.
10.55 - 11.10	Question and Answer session
11.10 - 11.55	Genetics of Epilepsy in Dogs Dr Cathryn Mellersh from the Animal Health Trust will explore the genetics of epilepsy in dogs.
11.55 - 12.10	Question and Answer session
12.30 - 13.30	BUFFET LUNCH (including tea/coffee)
13.45 - 14.30	Vaccination A talk on vaccinations by Professor Michael Day of Bristol University.
14.30 - 14.45	Question and Answer session
14.45 - 15.30	Heart Disease in Dogs Dr David Connolly, Lecturer in Cardiology at the Royal Veterinary College, will cover various aspects of heart disease in dogs
15.30 - 15.45	Question and Answer session
15.45	Close of day

ITS DOCTOR CLARE

(continued from page 1)



Before being granted her PhD Clare had to mount a public defence of her thesis. This took place on 15th February 2007 at Utrecht University and was followed an hour later by a reception. It looks quite a



formidable process but Clare assures me she had a great day, ably supported in the hot seat by her mother and husband Mark.

To top a truly memorable day, Clare was provided with a guard of honour by members of the Dutch CKCS club.

Clare's thesis is published as "*Chiari like malformation and Syringomyelia in the Cavalier King Charles Spaniel*". **Seizures** have also been associated with the condition but a link has yet to be proven.

PCFCE AGM

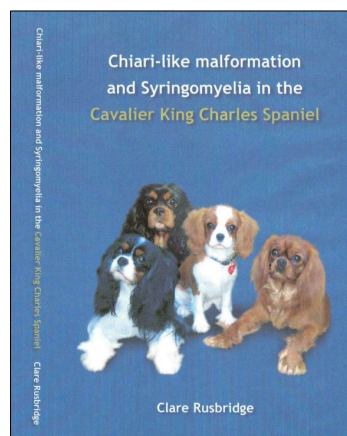
The PCFCE AGM will be held on 4 November 2007.

Details will be sent to all members as soon as venue etc are finalised.

We are hoping to see both Dr Croft and Dr Rusbridge at the AGM.



Thomas aged 4 months

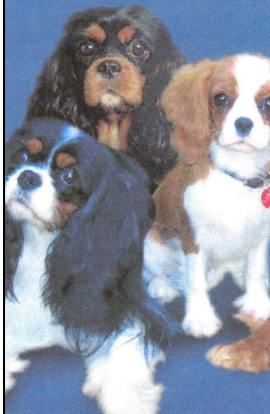


Invitation to attend the public defence of the PhD of Clare Rusbridge:

Chiari-like malformation and Syringomyelia in the Cavalier King Charles Spaniel

The public defence will take place on the 15th February 2007 at 14.30 hours in the 'academie gebouw' of the Utrecht University Domplein 29, 3512 JE Utrecht www.uu.nl/academiegebouw
Please be advised that admittance after 14.30 hours is prohibited.

The reception will be held after the examination (15.30 hours)



Clare Rusbridge

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Goddard Veterinary Group
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CHAIRMAN'S CHATTER

FOCUS ON DIET

When asked about diet and epilepsy, I usually limit my recommendations to: *a natural diet, trying a low fat or low protein diet, suggesting supplements that have helped other dogs and to advising why care is needed when planning to alter a diet for dogs taking potassium bromide [KBr]*). This is because I am not an expert on diets and because an awful lot of information is at best unproven, especially on the Internet. Also, what helps one dog will not always benefit another and there is a long way to go before a specific diet is developed as a therapy for treating epilepsy.

The idea of food as therapy, however, is not new and all the big pet food companies make a prescription diet for a range of illnesses. For example, my Akita, Tilly, has a chronic diarrhoea problem. Though she is otherwise fit and healthy, even the blandest diet failed to help - until we tried a potato based prescription diet which stopped it within days. Tilly does not have epilepsy but there is a connection - see "The G.A.R.D" (page 8).

What helped my dog is not scientific proof of anything and epilepsy is, of course, a much more complex problem. However, more and more owners are embracing complementary therapies and treatments; we are becoming much better informed of the importance of diet and health generally and one only has to watch "Diet Doctors" to see the beneficial effects of dietary and lifestyle changes, especially on chronic skin conditions.

Good diet is so important for epileptic dogs as they need

PEACE FOR PAT

This headline was not chosen for its alliteration but because Pat's last 24 hours were very painful. She refused morphine in order to keep her faculties and to be with her four dogs. This is so indicative of her strength of character and love for her dogs. Some members may remember that she bought a 6 acre field so that she and her friends had somewhere to walk their dogs during the foot and mouth crisis.

I only met Pat two or three times so speak of her in relation to her contacts with the PCFCE. She was kind, thoughtful, proactive and would always help someone in trouble with their dog. If we did her a favour she would return it in spades.

Before she died, Pat asked us to thank the many people who wrote to her and/or sent their thoughts and best wishes. She was deeply touched but sadly far too ill to respond in person, though we know she would have liked to.

Pat was an art teacher by profession but chose a challenging avenue, working with difficult youngsters, often those who had been excluded from other schools. She had no close family and it was one of her ex pupils who nursed her through her last weeks.

Since she joined the PCFCE in 2001, (her Border Collie Joseph had serious cluster fits), Pat worked unstintingly to raise thousands of pounds for us. To name but a few of her events, she held sponsored dog walks, table top sales, sold apples, had coffee mornings, charged people to use her swimming pool and of course masterminded our distinctive Christmas cards. She was a great motivator as the many friends and neighbours in Colyton and Colyford were mobilised to help her can testify. This included the local pub which had a collecting box, the petfood supplier who collected from customers and her friends Sue and David Kightly who supplied her with delicious cakes and pastries to sell. On the occasion of the sponsored dog walks they acted as officials as well as supplying sausage rolls to keep the walkers going.

Pat rarely claimed her expenses, despite the fact that she lived very modestly on a pension. What she had she would share, even to the extent of paying the veterinary expenses of someone less fortunate than herself. As our local contact in Devon, Pat was able to help many people including a number in her local area who then went on to join the PCFCE and help her with fund raising events.

God Bless you Pat. We are glad you are no longer in pain but we will always miss your warmth, friendship and infectious enthusiasm.

optimum health to cope with stress, good immune systems to cope with vaccinations etc and a good supply of vital nutrients to promote brain health **but** - can diet actually help to reduce seizures? I hope the following articles will stimulate debate. All comment not otherwise attributed is

mine.

Mandy Cliffe

Chairman & Newsletter Editor

PS My Apologies to Jo Wynn. I have run out of space this issue. The article she wrote for you will appear next time.

THE KETOGENIC DIET

My thanks to Clare Rusbridge for an article on the Ketogenic diet. **"New Approaches to Canine Epilepsy"** by Anthony P Carr DVM DACVIM was printed in the Veterinary Times (VT) after the American College of Veterinary Internal Medicine (ACVIM) forum held in Baltimore, Maryland (02/06/07). Sorry no printing references but results of the study discussed were originally published in *Journal Of Veterinary Internal Medicine* 19:421 2005 *Results of a Ketogenic food trial for dogs with idiopathic epilepsy Patterson, E E, Munana K R, et al (source Hills UK)*. The VT article, is reprinted in a veterinary supplement for our professional members as it is a bit hard going for us ordinary mortals.

My summary is as follows. Researchers from the Universities of Tennessee and of Minnesota, North Carolina State U and the Hills Pet Nutrition Centre selected a group of 31 dogs and placed them on a control diet (16 per cent crude fat, 25 per cent protein and 54 percent carbohydrates) for a monitoring period of between 3 and 6 months during which time seizure frequency was established. All the dogs were on either phenobarbitone and/or KBr (potassium bromide) and had had at least 3 seizures during the one month period before the trial began.

In the next phase, dogs that had had **five** or more seizures during the monitoring phase were then randomly selected to continue with the same diet or to receive a ketogenic diet (57 per cent fat, 5.8 per cent carbohydrate, 28 per cent protein). Although 31 dogs entered the trial only 17 were

"randomised" and of these only 12 completed the trial.

In children, the ketogenic diet results in ketosis (a stage in metabolism occurring when the liver converts fat into fatty acids and ketone bodies which can be used to provide energy) and acidosis (excessive acid in the body fluids) though why the diet works is still not clearly understood. Additionally, it was previously thought that a state of ketosis would be difficult to achieve in dogs. However, the trial resulted in a significant rise in ketones.

Of the "randomised" dogs, **"2 dogs in each group had a 50 per cent or greater reduction in their seizure activity"**. However, 3 of the dogs fed on the ketogenic diet developed pancreatitis compared to 2 of the original 31 dogs fed the control diet. (Researches did not see this as statistically significant but I feel that owners would have to consider this seriously before committing to a ketogenic diet).

Anthony P Carr DVM DACVIM concludes that **"Owners were highly satisfied with both diets. Statistical analysis showed that at least 22 dogs had to be in each group for the study to have enough power to detect a difference between the diets"**.

"Although this study does not support or refute the use of the diet, it can be considered in those patients that fail to respond adequately to typical anti-convulsant medications".

Since some dogs achieved better control on a normal diet it may also indicate that dietary consistency may help control seizures. One explanation is a steady

diet leads to a consistent amount of chloride being fed. Chloride intake influences bromide excretion; if chloride in the diet increases more bromide is excreted.

I contacted **Hills UK** and thank Rosalind Backhouse of Customer Services for her help. I quote from her email *"The study did not give clear evidence of a beneficial effect of the test diet and there were also limitations with the high fat levels giving potential problems in some patients, e.g., gastrointestinal upset, hyperlipidaemia and pancreatitis"*.

One of the findings of the study was that some dogs achieved improved seizure control on the control (normal) diet. This may suggest that dietary consistency is a factor in these patients but, again, the reasons are not fully understood. **It may be that essential fatty acid levels are important or that a steady diet means that the amount of chloride in the diet is stable.** This can be significant for animals receiving potassium bromide as part of their treatment regimen.

Hill's does not currently produce a ketogenic diet or a diet specifically indicated for epilepsy. The closest recommendation would be to consider the use of Hill's Prescription Diet Canine b/d because, although there is no clear evidence to support its use in epilepsy, this diet has high levels of omega three fatty acids and antioxidants from vegetable sources that may be of use in neurological cases. This diet is clinically proven to help manage dogs with brain ageing, similar to human Alzheimer's disease. We would encourage you to discuss this further with your veterinary surgeon.

Hills Prescription Diet Canine (dry) b/d contains 262mgs of omega 3 and 821mgs omega 6 per 100kcal of metabolized energy (ME). 100 grams of the dry product provides, on average, 360 calories of energy. This product provides close to the recommended ratio in humans of 1:4 omega 3 to 6. (Source BBC website). A dog eating an average of 400grams of food would receive 3.7 grams of omega 3.

It is impossible for us as owners to create our own ketogenic diet. In children, patients are very closely monitored; food is weighed to the last gram, portions and proportions exactly and consistently prescribed. On the other hand, there are ways to check the effect of food on our dog's epilepsy.....

ELIMINATION DIETS

Vet John Burns of Burns Pet Foods says *"Understanding and recognising dietary intolerance /adverse reactions to ingredients in the diet may well be one of the commonest yet least recognised causes of ill-health in pets and humans".*

"In general, adverse reactions to food can be divided into those which act through the immune system (allergy) and those which do not (intolerance). Although the mechanisms of the two are different, the symptoms are indistinguishable".

"Any symptom or disease affecting e.g. immune system, musculoskeletal system, nervous system, endocrine (hormonal) system could be caused by a dietary intolerance. This would include arthritis, convulsions (epilepsy), abnormal behaviour, allergic (pollen,

house dust mite) and inflammatory reactions (pancreatitis, hepatitis), susceptibility to infection, Cushing's, Addison's, under- and over-active thyroid etc.

A feeding (elimination) trial is the only reliable method of diagnosis. This involves eliminating the existing food from the diet and replacing it with a food which is new to the animal. Home-made food allows more control over ingredients but a commercial food which is low fat, low protein and easily digestible may be more suitable for long-term use. If symptoms improve when the suspect food is eliminated then it can be presumed that a dietary intolerance was responsible. Confirmation would require the re-introduction of the suspect food to see if the symptoms recur but, of course most pet-owners will be understandably reluctant to take that step.
(website www.burns-pet-nutrition.co.uk/natural_health_care.htm)

The option is open to all owners to try an elimination diet and if effective, the diet will usually show improvements within 6 – 8 weeks in e.g. skin conditions but Dr John Symes DVM feels it could be more quickly. However, the very unpredictable nature of epilepsy means that PCFCE members following such a diet should perhaps allow more time to make a proper determination, preferably having maintained an accurate seizure diary before during and after any trial period – but don't let that stop you.

Sadly, **no one can say that an elimination diet will be easy to follow.** If you look at "How to conduct a limited antigen diet trial" on page 7 you will see just how strict and vigilant you will need to be. The form was downloaded (PDF format) from

www.vetmedpub.com/vetmed/ and was taken from "Veterinary Medicine" an American publication. Those not on the Internet who would like a copy should contact me on 01296 715829.

If you are willing to comply with the stringent trial restrictions, take a copy to your vet or perhaps one of the vet nurses as more and more practices these days are providing vet nurse clinics to advise on diet, health etc. Above all find someone who is supportive and open minded. Enlist their co-operation and decide on what diet would be best for your dog. Take a list of all the foods and treats your dog is currently eating so that a "novel" source of protein and carbohydrate can be agreed upon, i.e. one that your dog has not previously eaten. In the meantime I will research a natural diet from "Natural Health for Dogs & Cats" by Pitcairn & Pitcairn and print in the next issue.

If your dog is taking potassium bromide (KBr) you will need to be cautious. Make all changes gradually and monitor your dog – is he/she more drowsy (e.g. because there is now less salt in the diet) or are there more fits (possibly due to more salt in the diet)? Talk to your vet about any necessary drug adjustments but do allow time for everything to settle down. KBr remains in the system for much longer than other drugs and obvious effects may be delayed. If you agree with the need for consistency in feeding as discussed on page 5, a commercial diet might be the best start for you.

Choosing a commercial diet should be easy as there are a number of hypoallergenic products on the market. However before you decide **please read the next item on the GARD diet on page 8.**

This page contained
information on how to conduct
a limited antigen diet trial and
was reproduced separately.

See page 13 of this document.

THE GARD – AN ELIMINATION DIET FOR EPILEPSY & ILL HEALTH

For more information on epilepsy and the GARD diet check out the website <http://dogtorj.net/>. There is lots of info on there but the site is easy to navigate.

For those not connected to the ether I have permission to include extracts in this and forthcoming issues. The author is Dr John Symes DVM of Beltline Animal Hospital, Alabama who has been very helpful in answering questions.

After reading the following article, you may want to read Dr Symes paper for veterinary surgeons **"The GARD made simple"**. (The GARD or glutamate/aspartate restricted diet also called the Gut Absorption Recovery Diet). Due to the paper's length I have included it in our veterinary supplement. Please contact Mandy on 01296 715829 for a copy or check out the website.

In its very simplest terms Dr Symes is recommending a diet free of gluten grains (wheat, barley & rye), casein (cows milk), soy and corn. His premise is that these foods contain allergens which damage the gut causing malabsorption of vital nutrients and allergies. Some allergens can breach the blood brain barrier.

Foods containing such allergens are those that produce an excess of the non essential amino acids glutamate and aspartate. These are known "excitotoxins". (*Excitotoxicity is the pathological process by which nerve cells are damaged and killed by glutamate and similar substances. [Wikipedia]*).

***Now for the GOOD News-**

"I just want to make one thing very clear. We are restricting the level of glutamate and aspartate in the diet because the neurons of the brain (and their associated supportive cells called glial cells, or astrocytes) are diseased and cannot handle the high levels of this non-essential, neurostimulating amino acid in our typical diet. The good news (yes, there is some good news) is that once we are off the "big 4" long enough, the process does reverse and we can go back to eating some of the foods on the glutamate-rich list.

"Yes, the idiopathic epileptics were improving one after the other, mostly over night. It did not matter whether they were having five seizures a day or one every three months. They all stopped having as many seizures and most were able to be taken off of their medication or never required anticonvulsants to control their seizures. I now have close to twenty epileptic patients under control by applying this principle. They are on a variety of diets, each with a different degree of glutamate restriction. Some have required only the big three (wheat, dairy, and soy) to be restricted. Others required corn restriction as well and were placed on rice-based diets. The worst of the worst required the potato - based diets. Some began on one diet but required "upgrading" to a more restricted diet months to years down the road". (Idiopathic Epilepsy – The Dietary Solution)

"The fact is that 60-70% of the American Diet is wheat and dairy (with heavy emphasis on cheese). This combined with the amount of artificial sweeteners being consumed and the addition of SOY has led this country into an

epidemic of pain syndromes, including fibromyalgia. Epilepsy is definitely on the rise in pets and the combination of wheat and soy in pet foods is playing a huge role. I am seeing first time epileptic dogs within three weeks of starting such diets".

©2005 DogtorJ.com

If anyone decides to undertake an elimination diet using a commercial product based on Dr Symes principles Hills Prescription Canine d/d Diets include potato or rice and novel protein (venison, duck, salmon) based diets although there is limited info on the website about ingredients.

Burns Pork and Potato (*potato pork meat meal maize, peas, pork fat, seaweed, vitamins and minerals*) is "A hypo-allergenic diet for the avoidance of food intolerance - no wheat, soya, rice or chicken". It is also a natural diet. All meats are rich in glutamate but these diets have no dairy, grains or soya.

In our email correspondence, Dr Symes told me "In the dog, we are using the potato-based diets with the greatest success (e.g. the IVD/Royal Canin venison and potato). The next best thing is a rice-based diet. The absolute best would be home-prepared diets using meats, eggs, veggies and fruits. "

"I make certain that ALL treats/snacks are compatible or eliminated and that all supplements are free of all traces of the "big 4"".

".. it is working incredibly well in dogs as well as in a rising number of people who are doing the GARD.

"If pets are not responding as they should, then I do thyroid and liver testing if those tests have not already been done.

If you do decide to try an elimination diet after reading our Focus on Diet do please let Mandy know so that we can provide support and perhaps put other "dieters" in touch, should you wish to do so.

SECRETARY’S SAY

In organising the design, printing and sale of our Christmas cards Pat Trickey made many friends in the PCFCE. I know she appreciated all the phone calls, letters and photographs she received and loved to hear from you. When she died I tried to inform as many of her friends as I was able. Obviously, it was difficult as I did not have a list and had to rely on memory. Please accept my sincere apologies if you did not hear from me. Thank you for the many donations we received in Pat’s memory. We are currently exploring ways to have a fitting memorial for Pat.

We were all concerned for her dogs. They were the love of Pat’s life and she was able to spend her last days with them. Moray was thought to be about 15 years of age. He had been

very poorly for some time and Pat knew she would have to make the decision we all dread. Her friends decided that it would be kinder for him to be p.t.s. I am sure Pat would have agreed. Sadly, the other three could not be rehomed together but they have all gone to good homes and Pat would be pleased to know they will continue to be loved and cared for.I miss Pat enormously. Her concerned but cheery phone calls sustained me throughout Jim’s long illness. It seems inconceivable that she passed away so close to the first anniversary of Jim’s passing.

Now I must welcome the many new members who have joined us since the last newsletter. So many expressed their feelings of despair and isolation in coping with epilepsy. I hope I have been able to reassure you we have all felt the same way and that it does get easier to bear as we learn more about this distressing condition. Please keep in touch with progress reports on all your dogs

Margaret James
Secretary PCFCE

IN MEMORIAM



George Latham & friend

Joan Latham writes: *It is with great sadness that I am writing to say that my gentle loving George was put to sleep after having so many problems through his life. At 12½ years of age he developed kidney failure, lost the use of his back legs and stopped wanting to eat. His end was so peaceful; in his favourite room where he loved to lie.*

He was such a comfort to me after my husband passed away and they are together now. I now live with my happy memories and there are lots.

George was a real character and we are very sad to lose him. Mandy

PCFCE Statement of Accounts for year ended 31st December 2006

INCOME

Membership	£482.00	Flowers	29.99
Donations	2141.99	Honorarium	250.00
Books	245.20	Total	£3209.16
Xmas cards	1057.00		
Total	£3926.19		

EXPENDITURE

Printing	£856.69	Excess of Income over Expenditure	£717.03
Postages	573.63	B/F from 31.12.05	<u>8999.22</u>
Books	558.48	Total	£9716.25
BT Telephone	435.87	Current Account balance	
Office Equipment	294.31	@ 31.12.06	£9716.25
Committee Travel	210.19	Reserve Account balance	
		@ 31.12.06	<u>£9294.06</u>
		Total	<u>£19010.31</u>

BRUCE

An Epileptic Incident

I plotted our course, a quick walk to the park
before a day's chores, but not far out
the dog stops short. At times he's like that,
a sort of expiration that feeds itself
and can't accelerate. Suddenly his chest expands.
He jerks toward the kerb side of Bayswater Road
and Leinster, falls sideways, furious legs start
running, horizontal to traffic's din
and double-decker buses rumbling.
His legs a frantic pace keeping up
the perpendicular, so oblivious you think,
oh God, of all places not here. But he keeps
running in air, a black cab pulls in, shuddering
a passerby turns, asks *is he hot?* Another offers
Evian water, but his mouth-froth bubbles,
and pupils stare, lost. A yellow liquid creeps
toward the gutter, then excrement, stacked
from nowhere. And I'm mumbling to a body
that can't hear. More onlookers make *ohhhhh*
noises, his limbs accelerate. I know this ferment
can't last. The dog's skull thumps the footpath
then a slower rise of breath and I feel a different
phase, a body laid out, still pumped-up twitches.
As he heaves to a slow awakening a dog owner stops
to rave about his dog's seizures and fatal stroke.

But Bruce always comes back and I'll continue with small portions of
myself to keep him alive.

*Bruce is a French Bulldog loved by **Victoria Ramsay** who wrote this
poem*

7 years I had the support of
the magazine **BRAINWAVE** which
felt like being part of a family
as you could contribute and
receive from others with
similar problems".

Judith has been owned by
Pekinese for 50 years and
having mourned Coco for 9
months she realised there
would have to be another
Pekinese in her life. "Suki
arrived on 27 July 2006,
another rescue. She is 6 years
old, red & white with a black
mask, very tiny and an utter
treasure. "From the minute I
saw her, I felt I had known her
forever.



ZAK MARCHANT

**20 July 1995 – 3 January
2007**

Our lovely Zak had to leave us
as he had a cluster of fits from
which he did not recover. He
had been getting weaker and
less mobile and was not eating
well. He suffered from
epilepsy from the age of 18
months and became blind
during his last 5 years.

Our vet, Mr Parker of Sidcup
Veterinary Centre was very
kind and understanding but
Zak had been in a coma for 15
hours with no sign of recovery
and he told us that it was time
to let the poor boy go. With
regret, and many tears shed,

IN MEMORIAM

Coco Wray

BEST OF THE BEST
BRAVE, LOYAL



Coco Wray was put to sleep on
27 October 2005. Judith got
him as a rescue dog in very
sad circumstances when he
was 3 years old. He was 3
months short of his 9th
birthday *"and full of fun
and I was blessed to know
him for 6 years. With his
epilepsy well controlled
until the last few months,
he finally lost his last
battle, going down hill
very rapidly and I shall
miss him forever"*.

*Coco developed epilepsy
at 3 years old. For nearly*

we realised we were being selfish with our very special friend, and we reluctantly agreed. It not only broke our hearts, but left a big chasm of nothingness in our home.

Our very dear Zak has been cremated. We have his ashes in a fine wooden casket. On some early spring day, when the sun is shining, and new life is being breathed into our plants, trees and flowers, our big, handsome German Shepherd will be buried in the garden he had so dearly loved since he was a 6 weeks old ball of fluff. Thank you and your contributors for your wonderful support and help in the past.

Joyce & Jim Marchant

DAISY BALL

Daisy the Cairn terrier and her owners Roger and Susan Ball are long time members of the PCFCE. Daisy always felt like an old friend so it is with great sadness that I learned that Daisy had been put to sleep some time ago.

Daisy's condition was slowly deteriorating which was not unexpected as she was on so much medication during her life. She did well to get to 10 but had liver failure and was also fitting again at the end. Susan told me that she spoke many times to Margaret on the phone when she was at her wits end and Daisy was so poorly. *"Margaret was a rock and we will never forget how kind and helpful she was. We were really lucky as we did have 5 fit free years until the end of 2005. She was a very special dog"*.

"After the 'never again' time, we decided we wanted another dog and we now have a lovely puppy Cairn, he is a treasure but don't you forget what hard work they are!! We are so happy to have him".

KRIS EVANS



We were deeply saddened to hear of the death of another great friend, Kris Evans. Ann wrote to say that he was put to sleep on 1 Jun 07 as he had developed kidney trouble for which nothing could be done. *"He was a great little dog. He battled epilepsy, major back surgery, surgery on his back leg and arthritis. However, he was happy and lived to 13½ yrs"*.



MAX MC PHERSON **4th October 1998 – 29th May 2007**

It was deeply saddening to hear from Lynda McPherson that her Cocker Spaniel Max had been put to sleep. Lynda and her family went through so much worry and stress with Max; his fits were not controlled and all the available drugs had been tried with only limited success. Max also had to cope with a violent reaction to phenobarbitone. Despite every effort, Max became more and more restless and anxious, upset by

riding in the car or by greeting visitors. His fits increased with partial seizures every day and continuous pacing. *"He was a devoted and loving member of the family and we are finding it difficult to come to terms with losing him but at least he is at peace now"*.

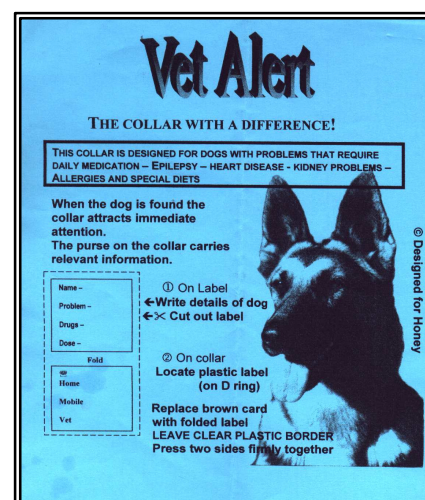
MONTY WATERS

We were very sad to hear of the loss of Monty Waters (Beagle). He went into status epilepticus. His owner Susan was very worried that she might have not done enough for Monty but I would like to reassure everyone in the same situation that status epilepticus is difficult to treat. All one can do is get emergency help as soon as possible. The situation is not helped by the fact that these things almost always occur outside surgery hours so you are not guaranteed to know the person who is treating your pet and this undoubtedly increases the worry and stress.

WILLOW READ

We were very sorry to hear from Gillian & Terry Read of the death of their Weimaraner Willow earlier this year.

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



COMMITTEE & CONTACTS PAGE

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

How to conduct a limited-antigen diet trial

our pet is **Y** exhibiting signs that could be consistent with an adverse reaction to food. This adverse reaction may be a food allergy, or your pet could be intolerant to a compound of its current diet. Food allergies develop over time and are usually caused by something your pet commonly eats rather than by a recently intro-duced food. Changing to another brand of pet food rarely helps as many ingredients are common to many pet foods. For this reason, your veterinarian is recommending that you feed your pet one of the following diets for the next six to eight weeks:

Novel protein diet

Name/manufacture _____

Hydrolysed diet

Name/manufacture _____

Home cooked diet

Your pet's current weight is _____. Feed the amount indicated on the packaging for your pet's weight unless otherwise directed by your veterinarian. If your pet is gaining or losing weight, adjust the amount accordingly. Slowly introduce the new diet—mix it with your pet's current diet before switching over completely.

The following points are key to the success of this diagnostic protocol:

- This diet must be fed exclusively. No other foods or treats are allowed.
- Make sure all family members and friends know that your pet is receiving a special diet
- If you need to use treats for rewards or training purposes, use some of this diet
- If there are other pets in the household of the same species, they should be fed the same diet. Other animals should be fed separately.
- If your pet is in the habit of eating food dropped by young children in the household, keep your pet out of the room at meal times. Do not let your pet lick the plates.
- If pills are prescribed for your pet, do not hide them in anything other than the prescribed diet, if administering medication is a problem, please discuss this with your veterinarian.
- Flavored products, such as those found in monthly prophylactic heartworm tablets and other medications, toothpaste, and certain plastic toys, must also be avoided during this regimen.
- If your pet is in the habit of eating dropped food or garbage when exercised, keep it on a lead.

It may take six to eight weeks to see any improvement in your pet, especially if your veterinarian has diagnosed concurrent problems. Please don't lose hope—call your veterinarian with any questions you might have.

Information provided by Hilary A. Jackson, BVM&S, DipACVD, DVD, Dermatology Referral Services, 528 Paisley Road West, Glasgow G51 1RN, Scotland. This client information sheet may be copied for distribution by veterinarians to their clients. Written permission is required for any other use.

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