

Tom Lonsdale Veterinary Surgeon

PO Box 6096
Windsor Delivery Centre
NSW 2756
Australia

Phone: +61 2 4577-7061
Fax: +61 2 4577-7019
E-mail: tom@rawmeatybones.com
Web: www.rawmeatybones.com

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Report on the evidence submitted to the Veterinary Surgeons Board of Queensland in respect of a complaint lodged by Ms M Kuljanic against Veterinary Specialist Services, Underwood

Qualifications

I am a 1972 graduate of the Royal Veterinary College, University of London. In my early career I worked in mixed animal practices, including attending to the lions, tigers and other exotic carnivores at Woburn Wild Animal Kingdom and Ravensden Farm exotic animal quarantine station. I am currently the principal of a three person small animal practice in Bligh Park, NSW.

In the 1980s I became disillusioned with the deteriorating health of my small animal patients, in particular in respect to their dental health. In conjunction with general practice colleagues I conducted practice based research which confirmed that domestic carnivores, obliged to eat a monotonous junk pet-food diet, were subject to a raft of diseases, most notably gum disease and the consequences thereof.

In 1991 I blew the whistle on the veterinary/junk pet-food industry fraud that served to torture to death most of the world's population of domestic carnivores. ([Annexure 1.](#))

In 1993 the Sydney University Post Graduate Foundation in Veterinary Science commissioned me to write a chapter setting out appropriate guidelines for the humane treatment of animals to ensure good dental and general health. Effectively, I contend, this text negates all previous veterinary beliefs and practices and establishes the new current practice standard. ([Annexure 2](#))

My 2001 'peer reviewed' book *Raw Meaty Bones: Promote Health*, covering the medicine, science and medico-legal aspects of the junk pet-food fraud was nominated for the Australian College of Veterinary Science, College Award. (Annexure 3 and nomination statements [Annexure 4](#) and [Annexure 5](#).)

From 1994 until 2003 I contested eight Australian Veterinary Association elections for the role of President. I generally received around 10% of the vote. (<http://rawmeatybones.com/elections.php>)

From 1997 to 2016 I have contested twenty annual elections for a place on the Council of the Royal College of Veterinary Surgeons. I have called for urgent and radical overhaul of the incompetent and corrupt veterinary leadership with the need for legal action against veterinary regulators and veterinary schools. Around 10% of voters support my calls for action. (<http://rawmeatybones.com/elections.php>)

In 2014 a good client of the practice, Australian Working Dog Rescue Incorporated (AWDRI) with at any one time about 250 working dogs under care nominated our practice for the national Most Supportive Vet of the Year Award. In a strong field we emerged the winners. ([Annexure 6](#))

Since 2014 I have been conducting Freedom of Information research into the arrangements of seven Australian veterinary schools and their junk pet-food paymasters. (<http://www.rawmeatybones.com/foi.php>) The information recovered reveals serious corruption at the highest level of veterinary education and research.

The Complaint

I have reviewed the complaint and note that around twenty registered veterinary surgeons have manifestly failed the needs of Ms Kuljanic and her cat Princess.

In my opinion, as a direct result of negligent, cruel and illegal conduct whether independently or collectively those veterinary surgeons either by their actions or failure to perform appropriate actions ensured that Princess would suffer intractable periodontal disease and obesity leading to end stage diabetes and cancer.

In my opinion a higher standard of care is expected of registered specialists than of general practitioners. This expected higher standard of care was not evident from the records produced.

I believe that consequently the complaint is justified, accurate and has been well particularised with the help of specialist animal welfare lawyers.

Current Practice Standards

In assessing the complaint I understand that the Veterinary Surgeons Board of Queensland will adjudicate in the light of 'current practice standards'. Of course 'practice standards' are constantly in flux. Clearly the expectation of the complainant regarding current veterinary practice standards and the outcomes thereby resulting and the assertions of the defendant in defence of her practice standards are seriously at odds.

In my view practice standards can be summarised under four headings:

1.) Junk pet-food/veterinary current practice standards

In the 1860s Jack Spratt invented junk dog food. Soon he joined forces with marketing man Charles Cruft who used pedigree dog shows as a means to promoting their junk food. The assumption was born that dogs, and later cats, would automatically consume either table scraps or commercially produced junk.

The veterinary profession, when it turned its attention from production and draft animals to pets fell into line with the junk pet-food culture. In the early years infectious and parasitic diseases occupied the attention of vets. Chronic diseases of dietary origin were overlooked. Once infectious diseases were brought under control, the vast array of junk diet derived diseases became an area for exploration and exploitation. Little or no thought was given to the *origin* of the diseases.

From an initial acceptance of junk food diets things evolved to the point that highly processed, grain based junk was touted by vets as superior fare. Nowadays veterinary schools not only tout junk food they specifically promote individual brands — those brands that provide sponsorship funds and hush money.

Protesting their innocence the veterinary authorities create distractions and claim that their slavish adherence to the junk pet-food line is *evidence based*. However this is a complete fiction. The

onus of proof for a new product, in respect to suitability and safety, lies with the manufacturer. In respect to junk pet foods *no* direct comparison trials are permitted or published by the veterinary leadership demonstrating either the suitability or safety of junk food as compared with the natural standard.

In respect to so-called nutritional research ‘natural’ controls are never used. Without controls the outcomes are random, unreliable and often meaningless or distinctly harmful.

Searching enquiry is never employed. Instead the so-called research is merely product marketing propaganda or attempts at product improvement by comparison with other junk products.

In turn most (all?) so-called research into periodontal disease, obesity and diabetes is predicated on the assumption that the subject animals will be fed a junk food diet. Objective independent research is never performed in junk pet-food labs and veterinary schools. However junk pet-food companies boast that they pay for ‘research’ on periodontal disease, obesity and diabetes at leading veterinary schools throughout the world.

In this junk pet-food saturated environment where veterinary schools prostitute themselves to the companies, young vets are assiduously brainwashed in the dominant junk pet-food paradigm.

Instead of unravelling the whole disgusting fraud students are taught to engage in what amounts to massive over-servicing utilising elaborate, expensive and largely unnecessary techniques.

2.) Basic scientific/biological current practice standards

The fundamentals of carnivore biology are well researched and well understood — except perhaps by the most arrogant junk pet-food indoctrinated vets. Yes, there are vets who claim that dogs, only slightly modified wolves, are omnivores.

Otherwise the vast body of anatomical, physiological, biochemical, ethological and ecological research and teaching sets the practice standards for the feeding of dogs, (modified wolves) and cats.

Zookeepers and their veterinary advisors go to great lengths to ensure the diet of their captive animals most closely resembles that of their free living counterparts.

Peak fitness is required for a life and reproduction in extreme conditions. A wholesome natural diet is the first essential. It’s axiomatic that predators living in wild setting do not suffer from obesity, periodontal disease and diabetes.

Domestic pet dogs, for instance dingoes, and domestic house cats that become feral occupy the same ecological niche as their truly wild cousins. There is a straight line between the free choice, natural diet of dingoes and feral cats and the optimum diet for domestic dogs and cats. This optimum diet both does and should define current standard dietary advice.

3.) Human medical current practice standards

a.) In the medical sciences it is common to employ laboratory animals in researching diseases affecting humans. In respect to human periodontal disease, obesity, diabetes and cancer many lab animals are utilised and the information so gained is extrapolated to the human situation.

b.) Research is also carried out using human subjects for the study of diet, obesity, periodontal disease, diabetes and cancer.

Since objective study of diet, obesity, periodontal disease and cancer are effectively banned in vet research labs and universities, then the information gained at a.) and b.) must inform the standards applicable to domestic carnivores.

With reference to the conditions affecting Ms Kuljanic's cat a review of the human literature readily shows the links between a junk food diet, periodontal disease, obesity, diabetes and cancer.

More specifically, at the leading edge, inflammation arising from junk food, periodontal disease and obesity is shown to be intrinsic to the genesis of diabetes and cancer.

Bowel substrate and the microbiome have in recent years become prime subjects for human research. Again this current best human practice is directly applicable in the veterinary domain.

4.) Raw Meaty Bones current practice standards

Current science and current practice standards only maintain their pre-eminence if there is a permanent program of introspection, review and revision.

In light of the abysmal failure of the junk pet-food/veterinary paradigm at (1) above and in light of the successes of paradigms 2 and 3 I conducted literature and clinical research into the origins and treatment of many pet diseases.

Although the full ecological science informs the highest standard of nutritional care for carnivores, i.e. the feeding of whole carcasses of appropriate prey species, there is a lower but acceptable standard. A diet founded on raw meaty bones was found to confer most of the health promoting aspects of a fully natural diet.

A particular breakthrough with the raw meaty bones paradigm concerned the physicality of the food. The medicinal effects of ripping and tearing at food is of vital importance — almost as important as the biochemical constituents. Indeed in keeping with Hippocrates injunction 'Let food be thy medicine and medicine be thy food' domestic carnivores need a diet that is both biochemically and physically akin to the diet of free living wild carnivores.

In recent times I've expressed the functions of carnivore food in the following terms:

- 1.) Feeding frenzy — release of endorphins/immune stimulation — therapeutic
- 2.) Physical exercise — release of endorphins/immune stimulation — therapeutic
- 3.) Tooth cleaning — preventative medicine — therapeutic
- 4.) Stimulate gut enzymes/juices/motility — therapeutic
- 5.) Natural food contains own enzymes and is thus pancreas sparing — therapeutic
- 6.) Probiotics — therapeutic maintenance of microbiome
- 7.) Conditioning of the colon environment leading to right balance of bacteria — therapeutic maintenance of microbiome
- 8.) Behavioural conditioning (avoidance of stress/neurosis) — therapeutic/calming effect.
- 9.) Natural mix of biochemicals — nutrition in the commonly used sense and providing all the essential macro and micro nutrients in the appropriate balance for cellular growth, function and repair.

For videos of domestic cats consuming raw meaty bones see:

<http://rawmeatybones.com/readersvideos.php>

Providing, of course, that cats receive their appropriate diet from three weeks of age — when they first cut their teeth — they remain free of periodontal disease, obesity and diabetes. Cancer is much rarer in naturally fed animals too.

If however a cat is presented at a vet clinic with any disease condition then the first and essential step is to wean the patient off its poisonous junk pet-food diet. (Poisons impair health or bring about premature death.) Thereafter or simultaneously corrective surgery for the periodontal disease should be instituted and obesity brought under control using an entirely natural diet, but with calorie restrictions. Please see attached Annexure 7 providing an appropriate protocol for dealing with obese cats.

Once a zero carbohydrate, protein rich diet in its original physical form is instituted then there will be no exogenous glucose and consequently the body's needs for insulin will decrease accordingly.

For example see photos of George the Maine Coon cat presented with extreme blood glucose values, polydipsia, polyuria and periodontal disease <http://www.rawmeatybones.com/george.php> . George is no longer polydipsic. His diabetes and periodontal disease is controlled by his diet of rabbit, quail and chicken.

It's my contention that as long as the Sydney University 1993 commissioned article ([Annexure 2](#)) and *Raw Meaty Bones* (Annexure 3) remain uncontested then they represent the leading edge of veterinary research and thought. Additionally, as can be seen by the references to Professor Harvey's endorsement below, raw meaty bones thinking remains the gold star standard of clinical practice.

Proviso

Whilst a fully natural diet represents the strongest, safest, most gentle, most effective medicine available for preventative and treatment functions there are provisos. Just as for any other medicine the storage, handling and administration of the medicine needs to observe basic guidelines. And in keeping with the natural carcass/raw meaty bones medicine being the safest, best available, vet students need extensive training in this vital area.

In regard to raw meaty bones, then bones which are too big and too hard and lacking in meat should not be fed as they represent a tooth breakage hazard. Bones should not be chopped up in to small pieces as they can represent a choking hazard besides failing to provide the necessary immune stimulation and tooth cleaning. Bacterial contamination can be an issue, however mostly offset providing young kittens and puppies experience those bacteria whilst still protected by passive immunity in mother's milk. For more detail please see *Raw Meaty Bones* (Annexure 3).

Bogus research

Whilst it is my contention that Paradigm's 2, 3 and 4 above set the appropriate clinical standards of care for domestic carnivores, it's simultaneously important to acknowledge the massively cruel and fraudulent consequences when paradigm 1 informs the clinical decision making.

There is a serious conspiracy to obscure the truth about carnivore biology, feeding, health and disease orchestrated by the junk pet-food makers and connived at by compliant veterinarians.

False or misleading ‘research’ posing as reliable information

For instance Dr Bowles selectively quotes Clarke, D.E., & Cameron, A. in respect to the supposed prevalence of periodontal disease in feral cats. Dr Clarke informed me that his so-called research was carried out on boiled-out skulls of cats from the Australian Northern Territory, whose providence he did not know. Dr Clarke told me that the Mars junk pet-food company treated him to an all expenses trip to the British Small Animal Veterinary Association conference to present his suspect findings.

Dr Bowles seeks to rely on a paper written by F.J.M Verstraete. However, Dr Johan Joubert informed me that he worked with Dr Verstraete in South Africa and viewed his findings as being most unreliable due to his, Dr Verstraete’s, close association with junk pet-food companies.

Whilst much of the confusion and many of the deliberate falsehoods could be resolved by comparative research, that research is specifically banned in the veterinary arena.

Absent and banned research

Professor Colin Harvey was the lead presenter at the 1993 Veterinary Dentistry course convened by the Sydney University Post Graduate Foundation in Veterinary Science. As one of only two full professors of veterinary periodontology, Professor Harvey was well placed to resolve the issue of the effects of junk food on the gums of pet carnivores.

Professor Harvey advised and helped me with my paper: Periodontal Disease and Leucopenia ([Annexure 8](#))

Professor Harvey wrote to me: ‘As a result of our discussions, I know to a large extent, we agree on the central causation of periodontal disease in companion animals.’

Professor Harvey then enlisted my help in fine tuning his proposed comparative research on the effects of junk food versus a natural diet on the periodontium of beagle dogs. (For correspondence and full experimental design go to: <http://www.rawmeatybones.com/harvey.php>)

Despite the ease and economy of the proposed experimental model, Professor Harvey did not perform the research. As I understand it the University of Pennsylvania and the junk pet-food company Hill’s, a division of Colgate-Palmolive, banned Professor Harvey from conducting the research.

Consequently we, still to this day, have millions of tons of junk pet food sold to unsuspecting pet owners and endorsed by compliant vets without any comparative data available on the devastating effects of the poisonous junk on the gums of pets.

And in case we forget, gum disease is a precursor to a raft of inflammation based diseases affecting the skin, heart, liver, pancreas, joints and etc. Any search in the human medical literature will confirm these facts.

False and misleading disparagement

Scare stories abound in the veterinary literature planted by the vet hierarchy and their pet-food paymasters. As mentioned by Dr Bowes, the American Veterinary Medical Association and the American Animal Hospital Association both disparage the feeding of raw and unprocessed food to dogs and cats. Both organisations are in the pay of the junk pet-food companies. The members of both organisations depend for their financial survival on the mass poisoning of pets by the junk pet foods.

Dr Danielle Bowes response

Dr Bowes response to the complaint lodged against her relies heavily on Paradigm 1. She unquestioningly accepts the pronouncements of junk pet-food company lackeys and the outpourings of disreputable bodies in the pay of the junk pet-food multinational corporations.

Since Dr Bowes seems to function exclusively within the junk pet-food bubble then it follows that most, perhaps all, of her clinical decisions would be defective. Accordingly I believe a point by point discourse on all of Dr Bowes' decisions and assertions would not serve a useful purpose — but would serve to swamp the discourse in superfluous detail.

Dr Bowes had an opportunity to step back from her previous beliefs and clinical practice, acknowledge past failings and agree to revise her practice. She chose not to do so.

Dr Scott Campbell, Veterinary Nutritionist report

In my opinion Dr Campbell's stream of consciousness narrative is unbecoming of an expert witness.

His meandering internally inconsistent testimony points to the poverty of Paradigm 1 and the intellectual dishonesty of those subscribing to the hollow belief structures.

Perhaps of greater concern is that Dr Campbell's empty rhetoric obscures the widespread cruelty, over-servicing and manifest fraud associated with the endorsement and sale of junk pet-foods to a vulnerable and dependent pet owning public.

Conclusion

Ms Kuljanic's complaint raises important aspects of the clinical practice at Veterinary Specialist Services, Underwood with widespread implications for the wider veterinary community.

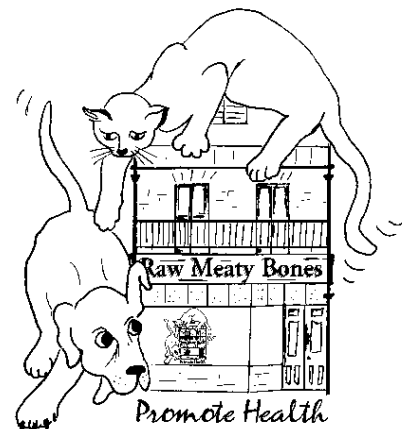
Should the Veterinary Surgeons Board of Queensland wish to discuss any aspect of my report or to receive more in-depth information I shall be happy to oblige.

Signed,



Tom Lonsdale MRCVS

www.rawmeatybones.com



Annexures

- 1.) [Lonsdale, T. \(1991\) Oral disease in dogs and cats. Control and Therapy Series No. 3128; Mailing No. 163 Post Graduate Committee in Veterinary Science of the University of Sydney.](#)
- 2.) [Lonsdale, T. \(1993\) Preventative dentistry. Veterinary Dentistry. Proceedings of the Post Graduate Committee in Veterinary Science, University of Sydney, Sydney 212, 235-244](#)
- 3.) Lonsdale, T. (2001) *Raw Meaty Bones: Promote Health*. Rivetco P/L, Windsor, NSW, Australia.
- 4.) [Malik, R. \(2004\) Nomination of Tom Lonsdale for College Prize of the Australian College of Veterinary Scientists 2004.](#) Post Graduate Foundation in Veterinary Science of the University of Sydney.
- 5.) [Bryden, D. I. \(2004\) Nomination of Dr Tom Lonsdale for the College Prize.](#)
- 6.) [Lonsdale, T. \(2014\) Most supportive vet of the year.](#) Monograph in support of nomination.
- 7.) Lonsdale, T. (2015) *Weight watchers plan for cats*. Client hand-out.
- 8.) [Lonsdale, T. \(1995\) Periodontal disease and leucopenia. Journal of Small Animal Practice 36, 542-546](#)