Preface

My first experience with a vaccine damaged child occurred in the late 1970's, with my own daughter. This is why I have never needed anyone to convince me that vaccine damage is a reality.

It is also why I immediately mistrust anyone who claims that vaccines are completely safe. Apart from the fact that the orthodox medical literature has many references to vaccine damage, and apart from the fact that some Governments have paid out hundreds of millions of dollars in vaccine damage compensation, and apart from the fact that I know as a parent that vaccines are not completely safe, many "scientists" continue to claim that they are safe.

Before I studied homoeopathic medicine, I used to follow the advice I was given by doctors. To this day I don't know whether the doctors who convinced me to continue vaccinating my daughter, even after her first adverse reactions, intentionally deceived me or sincerely believed that the vaccines were not responsible for her health disorders. I suspect the latter, but either way I was mislead in my ignorance by their ignorance, and my daughter suffered.

Once I studied homoeopathic medicine and discovered that it offered a safe and comparably effective alternative to vaccination, I began what has ended up being a major part of my professional life – the development and statistical analysis of a long-term preventative program that parents can use instead of vaccination if they choose. Following from this work has been an active involvement in the treatment of vaccine damaged children.

This is not all I do by any means, but nothing else is more important.

The tragedy that vaccine damage inflicts not only upon the damaged child, but the whole family, can be immense. And the real tragedy is that it is completely avoidable.

Time has taught me that most GP's are basically sincere people who want to help others. Some are arrogant because they are imbued with that attitude in medical school. Most are fixed in their ideas regarding the superiority of their methods over all others, leaving them ignorant of alternatives. This is a great shame, because I am sure that if all GP's were truly aware of the damage they are pushing onto children, that many more would stop vaccinating – a few do publicly, and more do so privately.

In 2008 and 2010 I have seen firsthand a system of public health that encourages GPs to use the best interventions for their patients from all healing systems. I visited Cuba, firstly at their invitation and then on my own initiative to study their massive homeopathic immunisation programs involving over 2,200,000 people in 2007 and 2008 against leptospirosis and then over 9,800,000 people in 2010 against Swine Flu.

I saw their hospitals where multi-skilled doctors were doing marvellous work using acupuncture, herbal medicines, homeopathy, nutrition etc alongside modern western techniques. Not only were their results impressive, they achieved improved results at a fraction of the cost of western drug-based approaches. More importantly full treatment was available for all residents, not just the wealthy or the insured.

I hope and pray that a new generation of doctors might arise who eyes and hearts are open to all the wonderful healing methods God has provided.

My assumption of good intentions does not extend to multinational pharmaceutical companies. I have no doubt that they know exactly what they are imposing on our children. The fact that vaccines may cause chronic health problems in many children simply means that they make even greater profits in the chemical treatment of the consequent diseases. And that is the only thing that matters to these companies - profits.

If they can happily dump rejected drugs on third world countries, if they can permanently silence critics, if they can distort the research on which medical decisions are based, if they can spend literally billions of dollars annually to buy influence in the highest levels of Government, if they can finance “skeptics” to attack natural options, and after all that distribute harmful chemicals which they know cause chronic health problems - it is no more than their daily business. They are organisations of darkness.

But this book is about children whose lives have been changed, some slightly, some massively, by vaccines. This book is about how to recognise vaccine damage, and some methods to treat it. It also recommends how to prevent vaccine damage.

It is a book for parents of vaccine damaged children. I hope it will be a positive book which can bring you some hope in what may be a life of daily suffering. It is also a book which I hope will be helpful and supportive to practitioners from all modalities.

It is a factual book. It intentionally does not try to be emotive. Emotions are not needed to make the points needed to made, just facts.

We will ask, and answer, four basic questions:

1. Do vaccines cause damage?
2. What are the symptoms of vaccine damage?
3. How can we prevent vaccine damage?
4. How do we treat vaccine damage?

The answers to these questions are supported by many facts, figures, and case examples. Hopefully this information will allow you to become much better informed about all aspects of vaccine damage, and give you some strategies as to how to help those who have been vaccine damaged.

Between the Chapters covering the above four questions are case examples. These cases are presented to illustrate the practical aspects of the treatment of vaccine damage. A final Chapter will present a further group of cases. The important thing to know in treatment is that every patient is different, and one protocol does not fit everyone. Flexibility and the willingness to change a "typical" treatment program according to the individual patient's reactions are essential.

The real tragedy is that in too many cases, severe vaccine damage cannot be reversed. However appropriate homoeopathic treatment is always worth trying. As the cases show, it is also possible to see amazing results which can change a person's life for the better.

I am a homoeopath, so I have not attempted to provide information on nutritional, TCM, chiropractic and other treatments. On its own, homoeopathy can provide amazing results, but the patient's complete lifestyle including diet and supplementation is always important. A supportive family environment is always significant. But sometimes even the best treatments don't work. This is where homoeopathy rises in value, as it can remove "layers" of disorder in a way that other excellent modalities cannot. A final Appendix provides a simple introduction to homoeopathy.

Whether you are a person suffering from vaccine damage, a parent of a child who has been vaccine damaged, or a practitioner of any modality including orthodox medicine, my sincere hope it that this little book will assist you in your decision making.

Note on the Revised Edition: The book was reprinted in 2010 and the opportunity was taken to add to the Introduction, correct minor errors, and to update some of the cases in the book.

Acknowledgements

I would like to thank Dr Chris Turville for the contributions he has made in the last 12 months to my work on homoeoprophylaxis and on the treatment of vaccine damaged children. Chris is a statistician in the School of Information Technology and Mathematical Sciences at University of Ballarat. He is currently studying homoeopathy. He is fully conversant with epidemiological methods and we have been working on my data for most of 2008. I greatly appreciate his professionalism and support in this work.
I would also like to thank my daughter (and secretary, and remdial therapist, and budding homoeopath) Leiah Sophia Golden for her review of the draft of the revised print.

A Note on the Cover

Whenever I work with vaccine damaged children, and see what a tragedy it is that these children and their families to have to suffer so much, I am continually asking myself – WHY – why won't the medical people understand what is happening here?

This is also a question many parents ask me – if we have all this information, WHY do the health authorities still allow such dreadful damage to occur?

I wanted the book cover to express the feeling that we are dealing with something dangerous, hence the red, and I wanted something to show that there are questions, that we are asking WHY, hence the question mark.

Very simple, but I hope reflective of the tone of this little book.

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Definitions

Antigen – a substance that the body recognises as being not of itself, thus provoking an immune response.

Antibody – an immunoglobulin (one of 5 classes of protein) produced to protect against an antigen.

The **Effectiveness** of a homoeopathic preventative program is the proportion of those using the program who did not acquire the targeted disease, to the total number of persons using the program. Where possible, the figure for effectiveness is refined by identifying those users of the program who were exposed to the targeted disease, and using that total in the proportion.

The **Genus Epidemicus** is the homoeopathic remedy chosen during an outbreak of an infectious disease that best matches the common symptom picture of the disease. The remedy is selected after analysing the symptoms of a number of patients with the disease.

Homœoprophylaxis (HP) is the use of homoeopathically prepared potentised substances in a systematic manner to prevent the development of the characteristic symptoms of infectious diseases.

An **Isode** is a remedy prepared from the patient's OWN diseased material, e.g., a remedy prepared from a whooping-cough patient's own sputum.

Immunisation is taken to mean any method that reduces the likelihood of the recipient acquiring a targeted infectious disease if exposed to the disease.

The **Law of Similars** states that a substance that is capable of causing a group of symptoms in a healthy person is capable of removing a group of **similar** symptoms in a sick person.

A **Nosode** is a homoeopathic preparation (potency) of diseased tissue, e.g., a remedy prepared from the sputum of a number of patients with whooping cough.

Potentisation is the method used in homoeopathy to prepare remedies. The original material is subjected to a series of dilutions and succussions (violent shaking of the diluting medium against a firm surface), or triturations (grinding of insoluble substances).

Provings are controlled experiments where doses of the substance being tested (usually in potentised form) are given to healthy volunteers, who record new symptoms produced by taking the substance. The Master Prover (the person supervising the proving) then extracts those symptoms that are common to a number of provers, and this information is entered into the Materia Medica.

Succussion is the process used in the preparation of homoeopathic remedies in liquid form where the container holding the medicinal solution is repeatedly shaken firmly with vertical movements against a firm surface thus violently agitating the medicinal solution.

Trituration is the process used in the preparation of homoeopathic remedies in solid form where the active substance and a medicinally neutral powder, often sugar crystals prepared from maize or milk, are ground together using a mortar and pestle. Usually trituration is used only until the mixture is soluble.

Vaccination is defined as the administration, usually orally or by injection, of attenuated antigenic material together with preservatives and adjuvants to stimulate the production of antibodies in the recipient.

The **Vital Force** is defined by homoeopaths as a person's self-balancing (healing) energy that is present from birth, and which acts to maintain homoeostasis on the mental, emotional and physical levels of the person's being.

Question 1: Do Vaccines Cause Damage?

Possibly the simplest way to resolve this question is to examine the amounts of compensation for vaccine damage paid by governments around the world.

If vaccines did not cause damage then these compensation payments, exceeding 2 billion dollars in the USA alone, would not have been made. In fact they represent the tip of a huge "iceberg" of chronic vaccine damage (for example, the UK scheme requires 80% or great disability).

In Australia there is a culture among most GP's to refuse to acknowledge vaccine damage. In a case I saw in March 2008, 6 teenage girls from the same school were immediately and seriously adversely affected by the HPV vaccine. My patient was one of the girls. She developed uncontrollable trembling of the extremities 15 minutes after the vaccine, which was still present a week later when she first consulted me. She had seen five doctors and specialists, all of whom refused to acknowledge the possibility of vaccine damage, and put her and her classmates' reactions down to hysteria. Similar experiences have been reported on a number of occasions in this country, with similar denials from doctors.

Unlike the Australian government, the following have some form of vaccine damage compensation:

1960's - West Germany (since 1961), France (since 1964),
1970's – Switzerland (since 1970), Japan (since 1976), Denmark, New Zealand, Sweden, UK (since 1979)
1980's - Finland, Taiwan, the Province of Quebec (since 1985), USA (since 1988),
1990's – Italy, Norway, South Korea (since 1994).

We shall now examine some vaccine damage compensation schemes to see the extent of potential damage.

USA Compensation Scheme

In 1988 the US Government introduced a National Vaccine Injury Compensation Scheme. The complete set of data is shown in Appendix 1. The total compensation paid to 2008 now exceeds 2 billion (Australian) dollars, as shown in Table 1. A breakdown of claims by death or injury is summarised in Table 2, and a breakdown by type of vaccine is shown in Table 3 (main claims only).
The data is taken from the National Vaccine Injury Compensation Program - US Department of Health and Human Resources (now known as Health and Human Services). HRSA – Health Resources and Services Administration
Government official statistics, March 2008
http://www.hrsa.gov/vaccinecompensation/statistics_report.htm

Table 1: NVICS Compensation Payments to March 2008

	Post 1988 Claims		Pre 1988 Claims	
Petitions Filed	8,167		4,264	
	Compensatable	**Dismissed**	**Compensatable**	**Dismissed**
Adjudications	948	1,519	1,189	3,070
Awards Paid	944	758*	2,542**	
	$840.92m	$16.18m	$902.52m	
Total Paid to March 2008 = $1,759.62m USD				

* - compensation not awarded, but legal fees paid
** - includes compensation, plus legal fees only

Table 2: Claims by Event (Death or Injury) to February 2008

	Injury	Death	Total	Compensated	Dismissed
TOTAL	**11,430**	**977**	**12,407**	**2,162**	**4,681**

Note: the difference in figures relates to claims being processed, but not yet decided.

Table 3: Claims by Type of Vaccine (main claims only)

Vaccine(s)	Filed			Compensated	Dismissed
	Injury	Death	Total		
DTP (diphtheria-tetanus-whole cell pertussis)	3,280	694	3,974	1,263	2,672
DTaP (diphtheria-tetanus-acellular pertussis)	227	58	285	69	93
Td (tetanus-diphtheria)	115	1	116	49	51
Hepatitis B (Hep B)	518	45	563	92	243
OPV (Oral Polio)	279	26	305	157	146
Measles	142	19	161	54	107
MMR (measles-mumps-rubella)	733	51	784	276	325
Rubella	189	4	193	69	123

It is revealing to notice that this legislation has attracted a number of legal firms in the USA to specialise in representing parents of vaccine damaged children. One such firm has the following materia on its web site:

* * * * * * *

Vaccines covered by the National Vaccination Injury Compensation Program include the following:

- Tetanus toxoid-containing vaccines (DTaP, Tdap, DTP-Hib, DT, Td, TT)
- Pertussis antigen-containing vaccines (DTaP, Tdap, DTP, P, DTP-Hib)

- Measles, mumps and rubella virus-containing vaccines in any combination (MMR, MR, M, R)
- Rubella virus-containing vaccines (MMR, MR, R)
- Measles virus-containing vaccines (MMR, MR, M)
- Polio live virus-containing vaccines (OPV)
- Polio inactivated-virus containing vaccines (IPV)
- Hepatitis B antigen-containing vaccines (Engerix-B, Recombivax HB, Twinrix)
- Hemophilus influenzae (type b polysaccharide conjugate vaccines)
- Varicella vaccine (Varivax chickenpox virus vaccine and ProQuad)
- Rotavirus vaccine (Rota Teq)
- Pneumococcal conjugate vaccines (Prevnar)
- Hepatitis A vaccines (Havrix, VAQTA, and Twinrix)
- Trivalent influenza vaccines (Flu vaccines including FluMist, a live attenuated influenza virus vaccine; and injectable influenza vaccines FluShield, Fluvirin, Fluzone, and Afluria)
- Meningococcal vaccines (meningococcal polysaccharide vaccine (MPSV4) and meningococcal conjugate vaccine (MCV4), Menactra)
- Human papillomavirus (HPV) vaccines (Gardasil and Cervarix)

Compensated, although rare, adverse reactions to these vaccines include death, anaphylaxis, encephalopathy, encephalitis, brachial neuritis, seizures, acute disseminated encephalomyelitis, arthritis, thrombocytopenic purpura, intussusception, multiple sclerosis, Guillain-Barre syndrome, transverse myelitis, chronic inflammatory demyelinating polyneuropathy (CIDP), opsoclonus-myoclonus syndrome, reflexive sympathetic disorder, complex regional pain syndrome, autoimmune hepatitis, Tourette's syndrome, trigeminal neuralgia, lupus, connective tissue disorders, Wegener's granulomatosis, polyarteritis nodosa (PAN), Kawasaki disease, and others.

Our law firm has made available online and searchable the Vaccine Adverse Event Report System (VAERS) Database. Federal law requires physicians and hospitals to report any suspected vaccine reactions to

VAERS. **Unfortunately, it is estimated that between only 1 to 10 percent of adverse vaccine reactions are reported** (emphasis added). Despite this the database contains several hundred thousand reports of adverse vaccine reactions.

Claims for compensation are adjudicated by the United States Court of Federal Claims in Washington, DC. This is an unusual court in that the Court's jurisdiction extends throughout the entire United States, including the territories of Puerto Rico, the U.S. Virgin Islands, American Samoa, Guam, and the Northern Mariana Islands. Specialized judges titled Special Masters act as the fact finders and handle the first level of adjudication for vaccine claims. There are no juries in these cases. First level appeals are handled by Judges of the Federal Claims Court and second level appeals go before the United States Court of Appeals for the Federal Circuit. Click here for a detailed description of the vaccine injury litigation process.

Reference: http://www.vaccinelawfirm.com/

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UK Compensation Scheme

The UK government established a Vaccine Damage Payment Scheme in 1979. Unlike the USA situation, the UK government does not provide up to date information on the public record. Their scheme caps the maximum payout to victims. Most data available had to be drawn from the government under freedom of information claims. Hence the data in the following news-release is dated, but it is still instructive.

BBC News Wednesday, 16 March, 2005, reported that the government has paid out £3.5m to 35 patients left disabled by vaccinations since 1997.

The Department of Work and Pensions could not reveal which jabs

were involved in the claims. The figure was revealed to the Evening Standard newspaper under the Freedom of Information Act.

It was also revealed that a total of 917 payments have been made since the Vaccine Damage Payment Scheme was introduced in 1979.

Vaccine damage payments are one-off payments to people who are able to prove that they were severely disabled as a result of a vaccination. Many thousands more claims are likely to have been made under the scheme but were unsuccessful.

Japanese Compensation Scheme

The Preventative Vaccine Law in Japan was amended in 1976 to provide for relief for injury in cases where unavoidable side effects result from preventative vaccination.

1977 to 1981
226 cases: 167 approved, 45 denied, 14 pending as of 1983

Reference:
http://www.nap.edu/openbook.php?record_id=599&page=180

Concluding comments

The information presented above from just three countries shows unambiguously that vaccines can cause damage. This finding is completely unsurprising given that some damage is reported in orthodox literature. As said earlier, the above information represents the tip of a very large iceberg.

In fact there is a glaring absence in medical journals of published research on the long-term impact of vaccination on the overall wellbeing of recipients. If the research has been done, then the results have been withheld. If the research has not been done, then parents have every reason to ask why not.

It is inexcusable to impose a medical procedure on millions of children and not thoroughly investigate the long-term potential for damage to the overall wellbeing of recipients.

We have a hidden epidemic of damage. We know that the incidence of chronic illness in "developed" countries is huge. For example, in Australia official Australian Bureau of Statistics figures show that 40% of all children aged 14 years or less have at least one chronic illness. The cause of this disturbingly high figure is not given, and of course vaccination is not the only possible cause, but the above information suggests it is highly likely to be a significant contributing factor.

Parents deserve honesty from health officials. Politicians need objective and accurate advice from their bureaucrats. Patients deserve the best treatment from their medical practitioners. Doctors need accurate information during their training in medical schools.

What no one needs is the economic power and influence of pharmaceutical giants corrupting our health system - from their control of medical research with its consequent influence over medical training, to their purchase of influence at Government level, to their domination of mass media and journalism through multi million dollar advertising expenditure.

The root cause of vaccine damage rests with people and organisations that know the truth, and not only refuse to inform parents and politicians, but in fact conceal the truth through every means possible.

Cases: Two Cases of Multiple Layers of Vaccine Damage

A brief outline of the homoeopathic method

Some readers will not be familiar with homoeopathic medicine, and for this reason I have included a brief outline of the homoeopathic method in Appendix 6 so that you will better understand the following case material. Please feel free to turn to it at any time to assist your understanding of the reasons for the method used in the following cases.

The explanation is taken largely from the third booklet in my home prescribing series, *Australian Homoeopathic Home Prescriber: Part 3 – A Simple Introduction to Homoeopathic Medicine* (2006).

One point to note is that homoeopathic remedies are prescribed in different strengths or potencies. The normal range is 30, 200, 1,000 (or M), 10,000 (or 10M), 50M, 100M (or CM), 500M, 1,000M (or MM).

Thus you will find each prescription showing the remedy name and the potency. For example, "DPT M" means the M or 1,000th potency of the triple antigen (DPT) vaccine.

Actual names are of course not given in the cases in this book, however the dates are correct. Because I choose to live in somewhat remote areas, I do a lot of phone and now internet follow-ups, which are the dates shown between the first and subsequent consultations.

In some of the cases I have made comments explaining the use of certain remedies. I have put these personal comments in italics.

Case 135 – "Sam"

Overview: Sam's case illustrates how a vaccine (in this case the MMR vaccine) can create a "layer" of disturbance (autistic type symptoms) on top of another level of disturbance caused by the DPT vaccine (aggression, ADHD type symptoms). The MMR potency helped to remove the most recent layer first revealing the deeper layer, and then the DPT potency worked on the ADHD type layer.
Sam had one of the most dramatic reactions to a vaccine potency which I have ever seen (a massive expulsion of worms). We spent most of the time waiting for each dose to do its job, and the improvement continues to be dramatic.
This is the longest case in the book which has been updated in the 2010 Revision. It has currently been going for 2½ years, but shows what is possible when parents give sufficient time for remedies to complete their work.

27.11.07. Male, 3 years of age.
For the first 12 months of his life, Sam was a happy boy who mixed well with people. Then on 25/5/05 had the following vaccines: MMR, Meningitis A & C, Hib and Hep B.
He had a reaction, including sweating and a temperature. He was not able to move his arm for 2 days. The doctor said he had hit a muscle.

A couple of months later he was very sick for 6 weeks, with vomiting for 2 weeks and diarrhoea for 4 weeks. He refused food and became very hyperactive.
After that time he would improve for 4-5 days, then have vomiting for 10 days. After some time that pattern finished.

However he was never free of diarrhoea.
He was NEVER HAPPY, whined a lot, avoided cuddles and would play up. Slept a lot. Was both hyperactive and fatigued.
He stopped talking (would point and cry). Some words came back around 2y/o. FOOD SENSITIVITY.

At 2 y/o they saw a paediatrician who did a lot of tests which showed an elevated white cell count (Dr said he had an infection). Lumps in the back of his neck.

NOW: parents took him off formula 4 weeks ago and the diarrhoea stopped, but now he is constipated with a motion every 3rd day.
Less hyperactivity, but REALLY BAD AGGRESSION. Will lash out at his parents.

The Doctor diagnosed him with PERVASIVE DELAYED DEVELOPMENT AUTISTIC SPECTRUM. He also said that Sam would not be able to go to a normal school. The Doctors want him to be officially diagnosed with asbergers/autism. They also said that his mother should see a psychiatrist.

Now, he lines things up. He is very upset if strangers look at him. When he is upset he is much better if placed in a bath. Better if his mother presses her hand of his stomach which calms him. Sam will press her hand hard into his stomach. He is also better in a car.

Rx. (1) MMR M fortnightly.

3.12.07 Sam EXPELLED A MASSIVE NUMBER OF WORMS ++ (he had never done this before). Swollen eyes, dribbling, cough, emotionally fragile. His cheek swelled (like occurred following the injection).
5.12.07 High fever. Better in general.
7.12.07 High temperature with a cold and a cough.

11.1.08 (2nd consultation) Has only had one dose of the MMR M. Very significant reaction. Now has much better eye contact. His eyes are more clear than before. Now he won't stop talking to others. Less compulsive, but still lines up chairs when in a different environment, and still has a fascination with water.

Now, he is more defiant. He wants to get his own way and wants to be in control. He will cry to get sympathy. He will either (i) talk a lot, (ii) get his own way, or (iii) try to keep changing things.
He is not physically aggressive, but will have an outburst every now and then. Is much better with other children, but needs to be on his terms. He wants to be accepted. Is better with older children.
His parents gave him a dose of worm tablets from the chemist 3 weeks ago. He became more aggressive.
Sam's dad said that his hyperactivity began at 7 months of age following the DPT vaccine.
Rx. Hold the (1) MMR M, and use (2) Cina 30 for worms if necessary.

7.2.08 (3rd consultation)
(2) Cina 30 helped Sam to sleep through the night. Still has not repeated the (1) MMR M.
His speech is now much better.
He is very dependant on his mum at the moment.
In general, better in the morning, then around 2pm becomes fatigued, then cried, then becomes agitated. Then around 7pm becomes hyperactive.
He went to kinder. Was OK if left alone, but unsettled if a teacher disturbed him.
Food: craves cheese, sweets, ice cream. Very hard to get Sam to eat other foods.

Rx. Give a second dose of (1) MMR M. Use (3) Cina 200 weekly as required.

15.2.08 Face became swollen again after MMR M. Now face is better, but has become very disturbed after attending an early invention program recommended by doctors.
4.3.08 Is improving, even the people at the intervention program see a change.

18.4.08 (4th consultation). Things are good at the moment. He had a single tablet of (1) MMR M without any reaction, then a dose of 2 tablets without a definite reaction.
However his general health and his language have both improved. He is singing!!
His mother believes that he had now come out of the autistic state. He is interacting with people, talking, outgoing.
She now believes he has moved into a more ADHD type of behaviour where he can have meltdowns which are worse when he is frustrated. He will also become very determined and fiddles with hands.
He also is becoming intensely interested in things around him. He will run off, and not sit still. His voice is now very loud.
He is taking his clothes off and runs. He is annoyed by clothing, especially by clothing around his neck, and by socks and shoes.
Some fear of the dark. Constant burping with hiccoughs.

Rx. (4) DPT M, (5) Lach 200, (6) Giardia 200. The remedies to be used as directed depending on symptom changes *(note: the remedies will be spaced apart, and only used if directed by myself. The patient lives hours from my clinic, and I often send people away with a few remedies to have on hand in an attempt to anticipate what is required)*.

30.4.08 Sam had one dose of (5) Lach 200, without any obvious aggravation or improvement, then he took one dose of (4) DPT M which seemed to help overall, but his face became puffy and moods fluctuated.
8.5.08 Is more settled.
16.7.08 He is improving really well. Lots of people have commented on how much better he is. Repeat (4) DPT M.
Rx. (6) DPT 10M (not to take until advised).

5.8.08 (5th consultation). Has given the 6 doses of (5).
Two weeks ago got a cold with ear pin then hot and cold sweats followed by a sore throat. Was helped with Belladonna 6.

NOW: has massive night sweats without fever. Is easily fatigued. Responds emotionally. Climbs a lot.
Digestive problems are still an issue with burping and chest pains, possibly worse following the homoeopathic remedies.

His behaviour is really good. The anxiety and hyperactivity are significantly less. No meltdowns anymore – the teachers say that Sam is now better behaved than other children in his class.
His language skills are improving and he is catching up with others.
Rx. (6) DPT 10M (use this now), hold (7) Hepatitis B M (use if still burping).

22.9.08 Sam started banging his head and screaming at night (an old symptom returning). Digestive symptoms are still an issue.
Rx. Give 1 dose of (7).
21.10.08 Language is still improving, but he has been socially upset lately. His stools changed after (6).
Rx. Advised to give one dose of (1) MMR M, (4) DPT M, (7) Hep B M with one week between each dose. Repeat as appropriate.
22.12.08 After (4) DPT M had 4-5 huge bowel movements a day for 4 days, plus mucus around the stool. The less hyperactive, but still aggressive. Puffy eyes.
Rx. Advised to wait until mid January 2009 then repeat (6) DPT 10M
24.3.09 A week after the dose of (6) began stuttering and eyes twitched. Yelling. Now is at kinder crying and tired. The doctor said Sam's iron levels were low.
Rx 1 dose of (1) MMR M. Femax (a herbal iron supplement).

12.5.09 (6^{th} consultation). Gut problems. Low iron levels. Doctor gave cod liver oil and iron supplements, which made Sam very agitated. After his reaction to the (6) on 24.3.09 saw another practitioner who gave Sam CALC c 30 AT NIGHT. Relived some coughing and nbighyt sweats, but gave him nightmares.
At kinder the teacher says Sam is very bright, but his anxiety holds him back, especially anxiety about what to do next.

He is a perfectionist, can be obsessive. Wants to control his own situation (not others). He knows when he fails, and this is difficult for him at the moment. There is a strong family history of anxiety.
Very good now with counting (mental development continuing)
He shows off. Cries a lot. But is friendly with everyone, although sometimes something triggers a reaction.
If the sun is out he wants to play outside. But he is heat sensitive.
Alternating constipation and diarrhoea. Very hungry. His cravings have changed – he now hates milk and eggs, and likes salty and spicy foods.
NEW SYMPTOM> Fear of the dark. Wants to know where his mother is. Refuses to go to bed, and when he does needs a light on in his room.
Parents removed Sam from the early intervention program which they felt was too confrontational.
Rx. (7) Arg Nit 30, and (8) Arg Nit 200 to hold. (Note: used the number (7) twice)

9.6.09 Initially aggravated on (7). Now needs to give it weekly, and it is helping Sam.

16.9.09 (7^{th} consultation). Sam is going really well in general. The (7) and (8) helped him a lot (mother said that every remedy does one thing, removes a problem, then he changes). Not so worried about the dark, and hyperactivity has changed a lot. No longer anxious at kinder about new activities. Is very complient with very few tears now. Socially is much better.
DIAGNOSIS FROM DOCTOR: Sam is no longer autistic, and is not ADHD – now diagnosed as having APD (auditory processing disorder), i.e. he can hear information but cannot process it – he is overloaded because he has acute hearing. CNS causing thisSam did very well on cognitive tests, but verbal IQ was low. Can have trouble too much information (will jump up and down on the spot).
Dr recommended speech therapy and visual learning aids at school.

Now, especially if he is tired, he will nag a bit. Gut issues are better since removing dairy foods.
He had a croup infection on an off for 2 months - plus a 24 hour rash in the middle of this (helped with Pulsatilla).
Salt and spicy cravings gone. Wants bread now. Eats very quickly. If he eats regularly his moods are better.
Rx. (6) DPT 10M – give Sam 1 sniff of the remedy. Use (7) and (8) Arg Nit if needed emotionally. (9) Hypericum 30 daily dose (to support CNS).

10.5.10 (8th consultation). (*Note – no communication for 8 months*).
In November 2009 was diagnosed with whooping cough – not confirmed with swabs. Saw a local practitioner, and it took some time to settle. (*Note – Sam had been taking occasional doses of DPT 10M, and it is uncertain whether he had the disease, or a very deep clearing reaction to the vaccine, especially the Pertussis (whooping cough) component*).
Still has a cough that comes and goes.
No more symptoms of autism, ADHD, or a learning disability. At school is doing very well. Sam's language is now in the normal range (*remember that Sam's parent's originally were told he would not be able to attend normal school*).
Last week had vomiting and diarrhoea (reaction to food or old symptoms? – last had this following MMR vaccine).

OVERVIEW: Sam has passed through a period of significant physical "sickness" (which may or may not have been a final clearing reaction), and now is very much better.
A new program of treatment was now started looking at remaining issues which are clearly more "normal" in the sense of being typical constitutional issues faced by many children. It would appear that the vaccine layers have been substantially or fully removed. However IF symptoms suggest an occasional dose of high potency DPT or MMR remedies, they will be used.

For the practitioner, this type of result is what we work for – a fundamental change in the wellbeing of a seriously unwell person. It provides more satisfaction than mere $$ alone could supply.

Case 18 - "Jim"

Overview: Jim's case is different from most others because at the time I did not have a potency of the Hepatitis B vaccine, a clear "never well since" trigger, but I did have the Hepatitis B nosode. This remedy appeared to have a positive effect, despite not covering the chemicals in the vaccine itself. The next remedy, a potency of the DPT vaccine, appeared to take up the case and progress it.

I saw Jim on 1st June, 2001. He was nearly 15 years old, in Year 9 at school. His mother said he was continually sick.

He currently suffered from sore dry throats, swollen glands, blocked ears, recurring colds, his bones ached and he was often tired and cranky. His tonsils were enlarged and the lining of his nose is swollen, although a sinus scan was clear. Blood tests showed nothing.

He was never well since a series of three Hepatitis B vaccines on 24/2/99, 31/3/99, and 15/9/99. He was ill with a cough on 16/10/99 and again on 10/11/99, and has been generally unwell since then.

He had a severe 24 hour reaction to his first DPT vaccine. After that he was given each component separately. He had ear infections when young.

Rx. (1) Hepatitis B M, single dose. (2) Phytolacca 6c, 2 pillules twice daily *(note: the Phytolaca 6 was used as a lymphatic drainage remedy)*

27.7.01 (2nd consultation)
Fewer headaches. Better in the morning, but still tired during the day. Still has phlegm. Lately, sleep poor. However in general feeling better.

Rx. Sinus herbal drops. (3) Hepatitis B 10M every three weeks.

28.8.01. Mother phoned. He is still improving, although still is congested.

4.12.01 (3rd consultation)
Very few headaches now. All the Hep B related symptoms have cleared (sore throats etc).
Recently, his stomach has been uncomfortable.

Rx. (4) DPT 10M every 2 weeks. Sinus herbal drops. Kali Sulph 6x t.d.s. *(note: these last two remedies were used as drainage to assist with acutely clearing the sinuses when necessary).*

17.2.02 Phoned. Going very well

Rx. (5) DPT 50M every 3 weeks.

CASE FINISHED