

Management Of Difficult Children

Treating ADD to Autism

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Abstract: This paper is a description of original work in the field of learning disabilities, ADD/ADHD, and autism. These disabilities share very similar causes: these children are reactive to their environment, much of their food, and the vaccines with which they have been injected. In order to bring these children to normalcy it is necessary to detoxify and remove these negative influences.

Conventional treatment of learning disabilities focuses on increasing the subject's ability to focus. The usual practice is to prescribe a drug to enhance focus and decrease impulsive behavior. Usually the child's grades improve but not without side effects. Children talk about "losing themselves" when taking the drug; their appetite is suppressed; and the parents, because they do not want to drug their child, give the drug intermittently, or not at all on weekends. Conventional treatment of autism manages behavior with suppressive drugs, behavior therapy, and intensive counseling. Other forms of treatment include machines with which the individual can enfold himself with whole body contact.

The protocol established for these children that has been authored by the physicians at NIHA includes detoxification of the bowel and rehabilitation of the major drainage organs; vitamin, mineral and antioxidant therapy; fatty acid therapy; allergy treatment; supplementation with neurotransmitters; and detoxification of heavy metals. Dietary recommendations are also recommended, as is craniosacral therapy. The physicians at NIHA also recommend psycho-neurobiology and family systemic therapy.

In the approach to treating ADD, learning disabilities, autism, and related disorders that is discussed in this paper, vibrational remedies are utilized to detoxify the body from heavy metals, chemicals, vaccinations, other toxins, and phenylketonuria. Neural Organization Work is utilized to normalize structure, remove cranial asymmetries, and treat the physical base for learning disabilities. Dietary changes and the inclusion of fatty acids are always recommended. The analysis and treatment protocols are discussed in the following pages. The description of the protocols is followed by case studies that exemplify the successful normalization of these children. Their normalcy has been validated by professionals other than the writer.

J D: An autistic three-year old, J D was given a series of vibrational remedies over the course of three years. He is now a six-year old, normal in all respects, a competent kindergarten, and has been released from speech, occupational, and physical therapy.

K R: Adopted at six months of age, K R became progressively more aggressive and angry. He was untestable at age three by the school district because he was nonverbal and could not focus to engage in tasks. Over the course of six months K R took vibrational remedies and followed a diet that did not include cow milk. He was able to enter kindergarten with normal cognitive ability.

A K : A special education student throughout his elementary years, A K at age 12 was frequently asleep, argumentative, withdrawn, and obsessive/ compulsive. Within a year of beginning the vibrational remedies A K's IEP noted that he no longer was qualified for special education services.

T B: Unable to focus in a classroom, eight-year old T B was easily bored, demanding, and inattentive. He read books in class at inappropriate times and fought with his parents and friends. He has been taking vibrational remedies for a year and is currently being successfully home schooled. The volume of his writing has expanded and he is multiplying and dividing through the 5's times table.

J H: Difficult from birth, J H found falling asleep nearly impossible, hit his parents and sibling, needed to dominate every situation, and was always in motion. He was eight years old when he started treatment and within the first month the physical violence stopped; he had no more asthmatic symptoms, no rages, and demonstrated a sunny attitude.

Part I Overview

One of the foremost tragedies of our stressful times is the behavioral illness of our children. Parents, extended family, institutions such as church and school are being faced with incredible challenges by children who do not behave normally. As a classroom teacher for over 25 years, I repeatedly encountered children who had a difficult time learning in the traditional classroom setting. If you talk to many life-long teachers, they will tell you that these types of students appear in greater numbers each year, that the problems they exhibit become insurmountable, and that they "infect" the other students with their "dis-ease." The chaos and energetic malaise that surround these "difficult" children corrupt the learning environment and the learning behaviors of the other students in the room.

When I was teaching in rural Washington State some years ago I became aware of the pain these children exhibited and projected. They felt they were dumb and stupid, did not have a future, and were doomed to failure. They inspired me to find the answer

to what I began calling minimal learning disability. There was something missing in their biology or something blocking their learning, and they were unable to learn, even in the most understanding and caring of environments.

It may very well be useful to list the types of behaviors I am writing about. Throughout the years they have been given many names by schools, doctors, and therapists. My list includes ADD, ADHD, autism/Asperger's, developmental delay, out of control, dyslexia, anorexia, bulimia, dull, angry, obsessive/compulsive, food fanatic (limits food intake to chicken nuggets and pizza, for example), wild, disobedient, oppositional defiant, multi-sensory disorder. Many of these "difficult" children exhibit their anger and desperation only at home; in public they are model citizens. Whether their unusual behavior is covert or overt, these children do not respond well to the usual approaches in the educational or therapeutic environments. Many of them are currently being managed with drug therapy, i.e. Ritalin and Aderol, but these are not solutions. Difficult children have become unfixable in this culture.

As my journey for “the answer” continued over the years, I began to see the problem as multi-faceted, with different paths within each little body. I started by looking for the vitamin or mineral deficiency, and now I look for a long list of contributing factors. These factors include, but are not limited to, bowel toxicity/infection, pH abnormalities, inappropriate nutrition, nutritional deficiencies, the impact of vaccinations, emotional stunting, negative energies, chemical and/or heavy metal toxicities.

There are several researchers who have influenced my thinking about these issues. Dr. Majid Ali writes eloquently about the need to detoxify the bowel, liver, and blood. Dr. Andrew Wakefield of England has carefully researched, and I believe proved, the connection between the measles vaccine and the enterocolitis experienced by autistic individuals. Studying children who do not learn to read easily, Dr. Crook has thoroughly researched the connection between ear infections, antibiotic abuse, candida overgrowth of the bowel, and the non-reader. Dr. Lendon Smith has demonstrated for years the necessity to supplement vitamins and minerals in these hypersensitive/hyperactive children. Their reactivity to common household substances, environmental toxins, and foods has been studied and written about by Dr. Doris Rapp. Joseph Chilton Pearce writes that the “mother’s emotional state during pregnancy determines the direction that evolution would take place within her developing fetus. The mother’s state of well-being determines whether fetal brain development concentrates on the frontal lobes or the ancient reptilian brain involved in survival” (Debus and Mercogliano).

As I consulted with the families of these children, it became increasingly clear to me that the physical health of the mother places the physical and mental health of the child at

risk. Sick mothers have sick children. Sick children become sicker faster when exposed to vaccinations, junk food, excessive sugar, chemicals, heavy metals, and antibiotics.

The circumstances which provoke disabilities and aberrant behaviors in all bodies are unique to that individual. There is no one set pattern that prevails for everyone. For treatment options I use a list of factors that have positive effects on people, and I sort through it to find which factors will be beneficial for each individual.

When I begin working with a family with this kind of child in it, I utilize a saliva sample to perform an energetic analysis. I use the saliva sample (see Part II) to make sure the coccyx is energetically connected to the spine, to ascertain the functioning levels of the organs and organ systems, to check for acute and chronic infections, to determine any food allergies, and to quantify the level of the child’s participation in any of the behavioral labels listed above. I schedule a meeting with the parents and discuss my findings from the saliva reading and recommendations for treatment. I also talk with them about the nutritional changes that need to be made within the household.

Nearly everyone has heard of the Feingold diet, but I don’t believe that it goes far enough. Most families need to eliminate foods from their diet, foods to which their children are reactive. When one individual in the house needs to eliminate foods from his diet the entire family needs to do it! This is one of the hardest areas in which to get compliance. Eliminating cow’s milk, wheat, and sugar from a household is very difficult for most families. If corn also needs to be eliminated, the burden becomes very large for many homemakers.

What I usually ask the family to do is eliminate cow’s milk for two weeks (it usually

takes ten days to clear the system)¹. Then, at a time when they are prepared for the child to be ill (angry, whiney, stomach ache, head ache, diarrhea, constipation, can't get out of bed in the morning), give him some cheese or a glass of milk. Since the individual has abstained for two weeks, any allergic response to the milk will be exacerbated. If he is reactive to cow's milk, he will be really difficult and/or sick. [Many parents have been told that the child grows out of his milk intolerance or that milk intolerance does not exist. This is not the truth in my experience!] Once the child has the allergic reaction the household is more willing to remove the offending items from the diet.

I usually do not treat the food intolerances in the beginning. There are too many other changes that are being asked of the family. However, there are some treatments for food allergies that are effective and can be scheduled. Dr. Jimmy Scott's work or the NAET protocols are effective. Recently some chiropractic practitioners are tagging the food intolerance to an emotion and using a marriage between NET and NAET; the advantage is that it only takes six hours to clear the allergy.

The saliva analysis gives me a basic understanding of the aberrant pathways unique to that individual and from that I propose a protocol of vibrational and/or homeopathic remedies with which to detoxify the body. I recommend vibrational remedies in the beginning of treatment because the impact is so quick and apparent. The first stage is to detoxify the body of the chemicals and heavy metals because they go everywhere in the body and affect every part of the body (and brain). Oftentimes the heavy metal/chemical detoxification goes far toward changing the dysbiosis. Usually a sig-

¹ Dr. Doris Rapp suggests a 4 day elimination diet (Rapp, p. 106), but I find much more crisp definition of the milk sensitivity by waiting at least ten days.

nificant amount of fungus is present in the bowel and this is detoxed next. Depending upon the profile I add the vaccination detoxification remedies as soon as possible. By detoxing the vaccinations the following are addressed: food choices, processing of sensory information, language, metabolic disorders, OCD, depression, asocial behaviors.

When there are parasites, and there usually are, I will recommend vibrational remedies for these as well. When the body gives permission there is a tapping protocol for parasites that eliminates ALL intestinal parasites within 24 hours. The tapping protocols are being taught by Dr. Kurt Ebert at the Tree of Life Foundation.

Whenever possible I also ask the parent to bring the child to my office for a treatment with Neural Organizational Work as developed by Dr. Carl Ferreri. He teaches that all ADD and ADHD children are in fight or flight and need their brain-to-body priorities reset. All learning disabilities require an adjustment of the sphenoid bone (Ferreri, p. 75); this treatment comes at the end of a long sequence of NOW procedures. It has been my feeling that the ADD/ADHD child moves in order to find himself in space. When he bumps into something that is when the brain knows where he is. Because of any previous injury, without that movement, the brain's ability to monitor position in space is deficient; movement returns brain awareness to physical position in space.

Some of these children are subject to unseen forces. In this category I refer to geopathic stress, miasms, negative energy and thought forms, and negative entities. For most children the clearing only has to be done once. I use a variety of techniques for the clearing. In Plant Spirit Medicine (or acupuncture) we learn the Calling of the Seven Dragons. In Christianity we know about prayer and Saint

Michael. Drunvalo Melchizadek teaches a summoning of the energy and a process of relocation. Michelle Small-Wright uses flower essences. In all cases something then has to be done to “fill the void.” There are a variety of techniques to be used here: a One Brain diffusion, a Psych-K clearing, a Plant Spirit Medicine treatment, cranial/sacral alignment, Dr. Carl Ferreri’s emotional clearing procedure. I have also noted that healing the body with the vibrational remedies also heals the spirit.

Once the parents see the changes in their child, they are willing to do more and then I ask them to do some Brain Gym exercises daily with the child. These will make the fastest alterations in the learning behaviors. Brain Gym, also known as Edu-K, was developed by Dr. Paul Dennison, a dyslexic himself. Basically, he teaches a series of exercises that hook up the brain, reinforce the crossing of the midline, turn on the ears, give balance, and these make a major difference in the classroom very quickly. (See Part III) In addition, children can be taught the Infinity Walk (see Part III) very quickly and this will also increase brain fluency faster.

As the child continues taking the vibrational remedies the unusual behaviors begin to change. When they seem to plateau, then I will look for the emotion that has locked the behavior into the brain and will diffuse it. In the process of healing, One Brain diffusions and/or Psych-K balances and/or Sign Language of the Soul clearings are particularly helpful. Children respond very quickly to energy work and energetic vibrational medicine. The issues to look at with a child are usually about self concept, self worth, being good enough, taking responsibility, and owning success.

How long does it take? Several months will make a major difference; in most cases 6 to

12 months finishes most of the aberrant manifestations; autism generally takes a year or more to clear.

David Alan Slater is fond of saying that nothing is incurable. I’ve certainly found that to be true. We can rescue these children from the damage done to them.

Part II

Saliva Analysis

When a child is brought to me for treatment, I like to evaluate his health and toxin load in the very beginning of our association. I use an energetic technique that I learned from David Alan Slater of Healers Who Share in Denver, Colorado. He has continued the work of Hanna Kroeger, a brilliant and multi-talented healer.

Using a saliva sample (or a picture) as a representative of the individual’s body, I make a psychometric energy reading with a pendulum. All of the organs, the central nervous system, the immune system, toxic metal burden, toxic chemical load, vaccinosis, potential for ADD/ADHD are assessed using this method. I hold the picture of ideal health in my mind, measured at 100%, and the pendulum indicates at what percentage each organ in the individual’s body is performing. When assessing toxic chemicals and metal, bizarre behavior, vaccinosis, etc., the ideal percentage is 0.

I have included a page of behaviors (see p. 8) that I also test against the ideal. Since these are unusual behaviors, the ideal percentage is 0. In working with these compromised children, it becomes very important to measure the auditory processing, visual processing, motor planning, the G protein mechanism (able to ignore ancillary stimuli), both the right and the left lobes of the brain, and the corpus callosum.

Once the psychometric analysis is completed the next step is to provide treatment suggestions. It has been my experience that with the vibrational remedies from Healers Who Share these little bodies can be quickly detoxified. Unless there is acute infection (pneumonia, meningitis, for example) I usually begin with intercellular metal and chemical detoxification. A list of possible remedies is included. These vibrational remedies are very safe, do not create side effects, and the entire family is grateful as the behaviors of the child change once the remedies are taken.

Following detoxification, and oftentimes concurrently, I recommend remedies designed to eliminate the fungus problems in the body. There is almost always a fungus in the central nervous system, the brain, and most usually one or more in the intestinal system. Here, also, dietary changes will assist in making great changes in behavior. Elimination of cow's milk (except organic butter), wheat, and sugars is an integral part of the treatment protocol. There are frequently reactions to other foods, most likely corn, and I suggest total elimination of these as well.

The next general area that I address is that of vaccines and the damage done to the individual from the injections. The diphtheria, tetanus, whooping cough, and measles vaccinations are major contributors to aberrant behavior. In addition, the vaccination experience and the substances injected may also have a paralyzing effect on the brain as a whole or more specifically on the hypothalamus or corpus callosum. These must also be detoxified and here the Healers Who Share remedies are unprecedented in their ability to bring about major behavioral changes as they are taken.

Each person is also evaluated for myco-

plasma. These appear to be entering the body via the inoculations. I am finding that any individual or animal that has been vaccinated within the last few years is carrying a mycoplasma infestation. Again, using the Healers Who Share remedies, these infections are easily removed.

Oftentimes what has been inherited from the parents must also be taken into consideration. Intracellular metals and chemicals need to be detoxified and I believe these may be acquired in utero from the mother. Further, whatever miasms the parents have contributed must also be detoxified. Inherited tuberculinum is one that has particular relevance to many of these children.

Evaluation/Monitoring of Behaviors

- Language delays/Expressive language delays
- Difficult articulation/speech unclear
- Apraxia
- Difficulty in moderating pitch of voice
- Difficulty in putting sentences together
- Easily frustrated/Easily over stimulated
- Difficulty moderating activity level
- Difficulty waking up from a nap
- Periods of irritability/Aggressive
- Unable to understand others' feelings
- Very active
- Limited food choices/Refuses to try new foods
- Socially delayed
- Short attention span/Difficulty staying focused
- Moves quickly from one activity to the next
- Unusual walking/running gait/Walks on tip-toes
- Will not remain in large stores/Hyperactive in group settings
- Hates confinement/Driven to explore and wander
- Delay in fine motor skills
- Metabolic disorder, i.e. unable to metabolize carbohydrates or protein
- Sensory integration dysfunction
- Oral, tactile, and auditory sensory defensiveness

Diminished auditory and/or visual processing
 Diminished motor planning
 Dislikes some sensory experiences, i.e.
 barefoot, touching sand, hearing multiple
 voices
 Unable to ignore ancillary stimuli (G protein
 mechanism dysfunction)
 Low muscle tone
 Poor chewing/swallowing of food/Requires
 frequent oral stimulation
 Constipation and/or diarrhea
 Yeast infections
 Disruption of cell-to-cell communication in
 the epithelial cells, small intestine
 Handles objects roughly
 Defiant/Angry
 OCD/Fixates on ideas/concepts
 Physical asymmetries
 Avoids eye contact
 No sense of safety
 Eye flickering
 No trust
 Depression
 Diminished self expression/Tantrums

Teeth Polio *TB Brain*
TB Bone *TB Enzymes*
TB Nerves *TB Spine*
Vaccination Fungus
Vaccination Brain Paralysis
Vaccination Brain Bridge
Vaccination Hypothalamus Block
Whoop M

Heavy Metals/Chemicals to Detox

Aluminum	Antimony
Arsenic	Aspartame
Benzene	Cadmium
Carbon Monoxide	Chlorine
Dioxin	Ethylene Dibromide
Formaldehyde	Lead
Lindane	Mercury
Radiation	Carbon Tetrachloride
Fluoride	Organophosphates

Parasites

Brain Muscle *Blood Cell Parasite*
Hookworm
 Many other possibilities

Treatment Modalities

Vibrational Remedies

<i>Aluminum/Chlorine/Fluoride</i>	
<i>Arsenicum</i>	<i>Areno Virus</i>
<i>Brain Clear</i>	<i>Brain Medulla Mold</i>
<i>Brain Muscle</i>	<i>Brain Nerve Block</i>
<i>C & CP</i>	<i>Carcinoma Tonsils</i>
<i>C & D</i>	<i>CP C SP</i>
<i>D SF C</i>	<i>DPT</i>
<i>Dyslex</i>	<i>Ergot</i>
<i>Left/Right Brain Connect</i>	
<i>Lympho Carcinoma</i>	<i>Lympho Sarcoma</i>
<i>MMR</i>	<i>Measles Endocrine</i>
<i>Mumps Endocrine</i>	<i>MeMdRb</i>
<i>Merc Bin</i>	<i>Merc Cor</i>
<i>Merc Viv</i>	<i>Merc in the Brain</i>
<i>Mercury in the Brainstem</i>	
<i>Mercury in the Spine</i>	
<i>Nogin Deklogin</i>	<i>Pertusis</i>
<i>Pituitary Cloak</i>	<i>Pituitary Film</i>
<i>PKU</i>	<i>Polio Carcinoma</i>
<i>Polio Encephalitis</i>	<i>Polio Virus</i>
<i>Polioclastic Virus</i>	<i>Polio Pneumonia</i>
<i>Retrovirus Epstein Barre</i>	
<i>Retrovirus Radiation</i>	
<i>Rubella Residue</i>	<i>Spine Fungus</i>
<i>Strep Fungus A</i>	<i>Strep Fungus N</i>

Brain reorganization

One Brain	Brain Gym/Edu-K
Psych-K	Infinity Walk
NOW Neural Organization Work as taught by Dr. Carl Ferreri	
Sign Language of the Soul clearing	

Tapping

Dr. Kurt Ebert's tapping protocol is helpful
 and sometimes seemingly miraculous for con-
 ditions that he lists on his web site [www.the-
 tree-of-life.com](http://www.the-tree-of-life.com)

Color Therapy

Colored gels from Apex Energetics
 Color therapy (Spectro-Chrome) from Din-
 shah P. Ghadiali

Plant Spirit Medicine

7 dragons
 Balance the meridians
 "Feed" the spirit

Allergies/Food Eliminations

NAET

NAET + NET
NOW
Jimmy Scott's protocols
Vibrational Remedies and/or homeopathics
Attractor Field Therapy tapping

Allergies/sensitivities

Cow milk (but individual should eat organic butter or ghee)

Corn	Wheat
Processed foods	Gluten grains
Sugar	Sodas
Additives/colors/flavorings	
Aspartame	

Foods to eat

Whole foods
Fruits and vegetables
Vitamin B's
Minerals
Oils/ EFA's, i.e. cod liver oil

Part III Brain Gym and Infinity Walk

Brain Gym is an entire body of work that focuses on whole brain learning through movement repatterning. It is made up of simple and enjoyable movements and activities that are used with students to enhance their experience of whole brain learning. The movements re-educate the body about balance, crossing the midline, laterality, and stress reduction. The activities enable students to access those parts of the brain previously unavailable to them. Students with deficits in auditory, visual, and/or kinesthetic processing quickly discover how to receive information and express themselves simultaneously. The activities are especially effective with academic skills.

Infinity Walk is a therapeutic technique de-

veloped by a clinical psychologist, Deborah Sunbeck. Very simply, she asks people to walk a figure 8 and to do so over a period of time. People with compromised brain functions find this exercise very difficult. For those who find the basic Infinity Walk easy, there are many variations: cross crawl while walking, place hands on hips, say nursery rhymes, say the multiplication tables, count backwards, etc.

Over the course of two consecutive years I taught physical education to kindergarten and first grade children at a small school. I saw each class for 50 minutes once a week, and we spent 10 minutes on Brain Gym activities and the Infinity Walk during that time. Since I was familiar with how powerful the Brain Gym movements can be and because this particular school had really poor test scores year after year, I thought it would be appropriate to validate just how powerful these movements can be. The students at the school I was assigned to became the experimental group and a school across town volunteered their kindergarten and first graders as the control group. Both groups were administered a pretest, and at the conclusion of the kindergarten year, a post-test. The first graders at each school were also given the Cogat, a test designed to measure intellectual ability, and it is also used to screen for giftedness.

The students at the experimental school began their kindergarten year with less academic tools than the control school, but by the end of their first year, and certainly by the fall of their second year, they had surpassed the scores of the students at the control school.

I introduce the Brain Gym activities and Infinity Walk to all the parents I work with and ask them to spend a few minutes each day with cross-crawling, balance, "turning on" the hearing, walking the figure 8. The

results of these few minutes each day can be very dramatic.

BRAIN GYM

Exercises for INTEGRATION

Frontal-Occipital Holding - to be in present time, and to reduce/defuse emotional stress.

Hold forehead and back of head.

Massage of neck and shoulders - for release/relief of stress, physical, mental, and emotional.

Space Buttons - hold the belly button with one hand and rub spots on the midline directly below the nose and the bottom lip.

Brain Buttons - hold the navel with one hand and with the other span and rub the points just under the middle of each clavicle.

Balance Buttons - vigorously rub behind the ears on each side of the head. Balance on one foot and then the other. Hold for as long as possible.

Cook's Hook-Ups - place one ankle on top of opposite ankle. Extend arms and bring palms of hands together. Roll hands over the thumbs so that the backs of hands are touching, cross the wrists, lace the fingers together, roll hands up, holding them together under the chin.

Hold for at least 30 seconds.

Then uncross ankles and hands and bring fingertips of both hands together and hold for at least 30 seconds.

Lazy Eights - make infinity symbol in the air, on the blackboard, on paper, with

dominant hand, non-dominant hand, both hands, make small and big.

Thinking Cap - gently massage toward the back of the head the entire outside of the lobe of each ear. This "turns on" the hearing.

Cross crawl - while marching in place, raise knees, opposite hands touch opposite knees.

Movement/motion, breathing, posture, water, nutrition, and positive attitudes and thoughts.

Part IV

Case Studies

J D

J D was first seen in my office in June of 2000. His mother brought him when he was two years, nine months old. His expressive language was that of a two year old and there was some difficulty with articulation. In addition, he focused only on one word, "truck" and one object, "truck" and was in constant, tip-toe motion. He acknowledged no one and no thing around him. He experienced frustration daily and screamed. He was aggressive, hitting parents, siblings, and pets. He had cranial asymmetries, did not play with peers, and had a very short attention span. He was unable to integrate sensory experiences: he ran away screaming from large stores, would not go barefoot, would not eat many foods, could not tolerate multiple voices. He was unable to metabolize carbohydrates or B12 and was taking prescriptive medicine in order to digest his food. He tended to overstuff his mouth with food and to swallow it without chewing. He had frequent loose bowel movements and yeast infections under the diaper. He was defiant and would do the opposite of what

was asked of him.

At the first visit I began treatment with Neural Organization Work for the fight/flight manifestations in his structure and for the cranial and growth asymmetries. I suggested she give J D 3 vibrational remedies from Healers Who Share: *Vaccination Fungus* for 4 months, *Retrovirus Epstein-Barr* for 2 months, and *Pituitary Cloak* for 4 months. At the end of this period J D had made substantial progress. He was using new vocabulary, understood what a bathroom was for, would tolerate singing, his speech was clearer, he began responding to speech therapy, had a longer attention span, and was calmer.

In January of 2001, I suggested she give 6 vibrational remedies from Healers Who Share: *Measles/Medorrhinum/Rubella* for 6 months, *Whoop Miasm* for 3 months, *Coxsackie and Chicken Pox* for 2 months, *Brain Clear* for 3 months, and *Diphtheria/Scarlet Fever/Coxsackie* for 4 months. While he was taking these remedies he began using the bathroom properly, processing language better, understanding directions, began to be appropriately independent, speaking in complete sentences and responding to directions, cleaning and changing his diaper for himself. Yeast infections were absent. I also continued to treat J D with the Neural Organization Work, focusing on the sphenoid connection with learning disabilities.

Over the course of his second year of treatment J D continued to take vibrational remedies: *Diphthrose*, *Vaccination Brain Paralysis*, *Left/Right Brain Connect*, *Syphilinum/Chlamydinum*, *Carbohydrate Block*, *Petrochemical Miasm*, *Apraxia*, *Tuberculinum/Medorrhinum*. He was able to digest carbohydrates and metabolize B12 and discontinued taking prescriptive supplements for digestion. His level of auditory and visual processing approached age level, his fine

motor skills were greatly improved. His mother was able to leave doors and windows open and allow Jacob to play in the yard without fear of him leaving home by himself. He was able to take turns at preschool and demonstrate empathy for others. He communicated his needs to appropriate adults. In school he demonstrated awareness of his surroundings on a continual basis, asking appropriate questions and making comments. In June of 2002 J D was assessed by the Loudoun County Public Schools with the following result:

At age 57 months

adaptive behavior	37 months
cognitive	43 months
communication – receptive	34-35 mos
communication – expressive	30 months
fine motor	52 months
gross motor	47 months
social/emotional	35 months

When J D was 68 months old in

April 2003, he was screened by the school district using the Battelle Developmental Inventory. The results are as follows:

Adaptive	41 months
Gross motor	57-58 mos
Fine motor	64 months
Motor total	60 months
Receptive communication	40 mos
Expressive communication	42 mos
Communication total	42 mos
Cognitive	51 months
BDI total	51 months

In July of 2003

J D's mother sent me an update on J D's behaviors. The list had shortened considerably. She now wrote that;

J D has a 35% delay in expressive and receptive language

He has difficulty processing questions and formulating appropriate re-

sponses

He has difficulty following directions.

He is extremely creative and imaginative and was given an award for outstanding imaginative play at school.

He is still very limited in his food choices.

With therapy, his fine motor skills are normal for his age, though he does not seek out any fine motor activity on his own as it is difficult for him due to motor control and motor planning issues.

He has a 25% delay in gross motor skills due to overall muscle weakness, decreased strength, balance, and coordination.

He has been diagnosed with asthma. His wheezing episodes have increased from a couple times a year to about once a month.

I continued to see J D and use the Neural Organization Work to maintain structural integrity and monitor the position of the sphenoid bone. On rechecking his saliva I noted that his auditory and visual processing were increasing, but that the corpus callosum was only operating at 20%. My treatment recommendations continued to focus on the effect of vaccinations (*Vaccination Hypothalamus Block, DPT, Polio Virus*), brain integration (*Left/Right Brain Connect*), inherited tuberculosis (*TB Nerves, TB Spine*), and phenylketenuria (*PKU*). I also recommended *Blood Organ Fungus with Breathe Free* for the wheezing. In September J D told his mother that it was his “job” to go to kindergarten. She noted that he was very verbal but awkward in his sentence structure. She also noted that the wheezing episodes had stopped.

In July of 2003 I realized that J D still had

intracellular mercury and I recommended *Mercury in the Brain Stem* and *Mercury in the Spine* to remove it.

J D’s mother likes to tell the story about J D and his “obsessions.” She had read him the Berenstain Bears book, Too Many Dinosaurs. Mrs. D asked him if there was something he was obsessed about, making reference to the way Brother Bear was obsessed with dinosaurs. J D replied, “Yes, transformers, but I only have 4 of them.” She felt he was indicating to her that he not only understood the concept but could qualify it and indicate that he didn’t think he was that obsessed about transformers, since he only had 4.

In the fall of his kindergarten year J D could not hear rhyming words and failed that portion of the PALS screening test for beginning kindergarteners. As a teacher I know that this flaw is not uncommon in five year old boys entering kindergarten.

In November of 2003 J D was retested by his private occupational therapist. The following chart summarizes the findings.

	November, 2002	November, 2003
Visual Motor Integration (average=85-115)	76	111
Fine motor quotient (average=90-110)	55	88
Gross motor quotient (average=90-110)	72	79

The therapist wrote that his greatest difficulty was postural control. She attributed that to low muscle strength. However, in January of 2004 Mrs. D wrote me that J D, who used to run and sometimes walk with his arms bent up at his sides and his scapulas jutting out to stabilize his weak trunk mus-

cles, had stopped doing that within the last month or two. As further proof of his healing he was discharged from physical therapy in January. He was judged to be age appropriate for gross motor skills and his mother enrolled him in sports programs (basketball and soccer). His therapist commented that J D had understood her directions the first time she spoke without further prompts.

In January 2004, his private physical therapist found him to be age appropriate in not only muscle strength, but balance, coordination, and motor control.

In February of 2004 J D’s mother was just thrilled when she wrote that his private speech therapist had retested him in the areas of expressive and receptive language. She found him to be 6 years 12 months, his current age. His scores are as follows:

J D is an outgoing child who is popular with his classmates. He likes to make jokes, has a best friend, and his kindergarten teacher recently commented that his behavior “is completely appropriate in every way.”

His recovery took several years because of financial pressures and because of the length of time some of the remedies needed to be taken. In sum, J D took 30 different remedies at a cost of \$10 per bottle. The cost of the entire vibrational therapy amounted to \$1,210. Currently he is taking 4 remedies: *TB Nerves, TB Spine, PKU, and Vaccination Hypothalamus Block.*

<u>Preschool Language Scale 4th Edition (PLS=6-0)</u>						
	8/19/03 CA=6-0			2/0/04 CA=6-5		
	Receptive Language	Expressive Language	Total Language	Receptive Language	Expressive Language	Total Language
Standard Score	67	64	62	97	93	95
Percentile Rank	1	1	1	42	32	37
Test-age Equivalent	4-3	3-9	4-0	6-3	5-9	6-4

J D is currently in kindergarten and making good progress in his studies. He is doing well with rhyming worksheets. His mother reports that he is also multiplying. She drew a picture of five penguins and asked him, “How many eyes?” J D glanced at the picture and said, “Two.” Mrs. D asked, “How many in all?” Without glancing at the picture again, J D replied, “Ten.”

JD Assessment Summary

<i>Marker should be 100</i>	6/00	9/00	3/01	10/01	7/02
Auditory processing		60	65	100	40
Visual Processing				100	80
G protein mechanism		35	100		
Sensory Integration	0	50			85
Speaks in complete sentences		50	75		100
Answers questions					0
Aware of past					20
Aware of future					20
Corpus Callosum					20
Epithelial cell layer, small Intestine		20	100		
Metabolize carbohydrates	0	40	60	100	
Metabolize B12	0	0	100		
<i>Marker should be 0</i>	6/00	9/00	3/01	10/01	7/02
Language delay	100	50			25
Over-stimulated	100	70	25	0	
ADD	100	50			0
Fine motor delay	100				15
Apraxia			50	35	35
Tied to routine		15	15		5

J D
Remedies Taken

June 00

Mercury in Brain Stem
Vaccination Fungus
RV Epstein-Barre
Pituitary Cloak

Sept 00

Measles/Mederhinum/Rubella Vaccination
Fungus
Whoop Miasm
Coxsackie & Chicken Pox
Brain Clear
Diphtheria/Scarlet Fever/Coxsackie

March 01

Dipthydrose
Vaccination Brain Paralysis
Left/Right Brain Connect
Syphilinum/Chlamydinum
Carbohydrate Block
Petrochemical Miasm

Oct 01

Apraxia
Diphtheria/Scarlet Fever/Coxsackie
Tuberculinum/Medorrhinum
Carbohydrate Block
Measles/Medorrhinum/Rubella

July 02

Vaccination Hypothalamus Block
Diphtheria /Pertussis/ Tetanus
Left/Right Brain Connect
Polio Virus
Tuberculosis Nerves
Tuberculosis Spine

July 03

Mercury in Brain Stem
Mercury in Spine
Blood Organ Fungus with Breathe Free
Vaccination Hypothalamus Block
TB Nerves
TB Brain
PKU

Case Study

Sept 00

K R was first seen in November of 2001. He was nearly four years old, having been adopted at six months of age. From the fall of 1998 through the spring of 2000, K R bit other children in day care for no apparent reason, and hit and scratched his adoptive parents when angry. In the spring of 2000, his parents took him off all dairy products which had been introduced in the fall of 1998. This alleviated most of the extreme aggressive behavior, but he still was highly impulsive and aggressive when over-stimulated or in new situations. At age three, in the spring of 2000, he was untestable by Child Find in his county because he was nonverbal and could not focus enough to engage in tasks presented. During the following summer county school system specialists in speech, development, and psychology, individually evaluated him. In the fall the results of their meetings indicated that they felt he was developmentally delayed, about a year behind in most areas. He spent the years of 2000-2001 and 2001-2002 in the county's special education preschool. He was still fairly non-communicative at age four.

In the psycho-metric reading of his aura he showed deficits in the lungs, kidneys, central nervous system, spinal fluid, liver. His fine and gross motor skills were quite delayed. He was unable to process auditorily, had limited visual and kinesthetic processing, and a significant language delay. There were heavy metal and chemical toxicities, along with evidence of fetal alcohol syndrome and vaccinosis. I suggested he take the following remedies: *Aflatoxin, Plumbum, Arsenicum, Cadmium, Carbon Monoxide, Chlamydial Pneumonia, SAD, Rabies, Whoop Miasm, Diphtheria-Scarlet Fever-Coxsackie, Vaccination Brain Paralysis, Fe-*

tal Alcohol Syndrome, Cryptosporidium, and Liver Drillers. I also suggested vitamin E and fish oil daily.

In July of 2002 K R was seen again for re-evaluation. He was much more verbal and had been placed in regular kindergarten for the coming fall with speech therapy scheduled for two times per week and a monitor to ensure his progress. He was uncomfortably aware that he did not know how to read at that point; he was able to notice his differences from other children. In the fall of his kindergarten year he was able to notice what activities he could not perform on the playground and when he was not doing something as well as others could do. He was singing nursery thymes, had memorized grace, could focus better on coloring and tracing, and loved creative activities (i.e. playdough). He was still struggling with memory recall, listening to instructions with multiple steps, and verbalizing events that he had seen or in which he had participated.

In the psycho-metric analysis he showed a great improvement in auditory processing and motor planning, and much improvement in visual processing. The readings on his organs and systems were nearly the ideal. There were still evidences of language delay but not social delay. I suggested he take the following remedies: *Diphtheria-Scarlet Fever-Coxsackie, Apraxia, Fetal Alcohol Syndrome, Spine Fungus, Left/Right Brain Connect, Measles/Medorrhinum/Rubella, Nerve New, and PKU.*

Unfortunately, his family did not complete the treatment protocol. He did take 22 different remedies, 65 bottles, with a total cost of \$650.

Case Study A K

A K was first seen in December 2001, just before his twelfth birthday. He was a fraternal twin, yet was four inches shorter than his sister. He was sluggish, self-absorbed, isolated, angry, fell asleep at many and inappropriate times, displayed compulsive behaviors and was uneasy when circumstances changed. His overall coordination and motor skills were markedly jerky and inefficient. He was reading on grade level but was experiencing great difficulty with the mechanics of writing. Throughout his elementary career he received assistance in sensory integration and was assisted by special education teachers.

In the psycho-metric analysis I found evidence of an Epstein-Barr virus, heavy metal and chemical toxicities, and parasites in brain, blood, bowel, and lymph. His absorption of nutrients was impaired, he tested for deficits in the G alpha protein mechanism and the epithelial cells of the small intestine. His visual and auditory integration were severely compromised. He measured as having vaccinosis as well. I suggested he take the following remedies: *Retrovirus Epstein-Barre, Thyroid Flukes, Mercury in Brain Stem, Plumbum, Carbon Monoxide, Dipthydrose, Vaccination Brain Paralysis, Cryptosporidium, Brain Muscle, Blood Cell Parasite, and Blood Lymph Flukes.*

At a recheck in August 2002, A K had started socializing with a friend at school instead of pacing while looking at the ground. His grades continued to improve and he passed the SOL tests. He even initiated contact with a neighbor child. His energy level was much improved. He was still experiencing great difficulty understanding the jeers and taunts of peers. He continued to experience bouts of stress over school work (primarily math), but overall was

much more able to cope with the demands of middle school. He no longer required special aid assistance in the classroom.

In the psycho-metric analysis in August 2002, his organ systems were nearly optimal. His ears and eyes showed deficits, but auditory processing was greatly improved. I suggested he take the following remedies: *PKU, Eye Chlamydia, Hear More, Penicholtol, Vaccination Hypothalamus Block, Left/Right Brain Connect, TB in Bone*, and calcium lactate. He currently is learning to ride his bike and feels very successful.

In April of 2003 A K was found to be ineligible for special education services since he no longer met the criteria. For the re-evaluation he was administered the Woodcock-Johnson III, Form A. He scored in the average range in all areas. When I met with him in June of 2003, at age 13, he was very giggly and silly. When I met with him again in December, he was very focused, polite, and thoughtful. He participated in a conversation with me as an intellectual equal. A K has taken 18 different remedies, 65 bottles, for a cost of \$650. At this point treatment is continuing.

Case Study T B

I began working with T B and his family in October of 2003, when he was 8 years old. His mother sent me a list of his behaviors and it was very clear that he was a difficult child. He was clearly intelligent and sensitive, but restless and impulsive. He would move between managing his behavior and becoming overwhelmed and uncontrollable. He experienced anxiety in challenging situations, could become explosive quickly when he felt over-faced in situations or learning environments. Easily bored, demanding and inattentive, he left parents and teachers angry, bewildered, and ultimately spent.

From the Psycho-Metric Energy Reading I learned that his central nervous system and nerves were seriously depleted, and that his gastrointestinal system, brain and immune system were functioning poorly. He had heavy metal and chemical toxicities, parasites and mycoplasma, food allergies, and vaccinosis. His mother had written that he read a lot in school and from the Energy Reading the reason for this was clear: his auditory processing was 0, his sensory motor integration was also 0, but he could process what he read and so that was what he was doing. He was also highly allergic to cow milk, molds, wheat, corn, and soy.

I suggested that he begin taking vibrational remedies for the metals and chemicals (*Plumbum and Formaldeyde*), for the fungus infections (*Blastomycosis, Brain Medulla Mold*) and for the vaccinosis (*DPT*). I also suggested that he begin the Brain Gym exercises and that his mother keep a journal on his progress.

I met T B later in October and was able to observe him first hand. He entered a large space with many chairs but no people and immediately began exploring the space and talking with his mother. When I started the Neural Organization Work with him he was surly and withdrawn. He was not always compliant and forthcoming. Once the structural alignment was completed I advised his mother that I needed to adjust the sphenoid bone for the learning disability component but that I didn't think he would tolerate the work. She sat with T B and bargained for his compliance and within 2 minutes I had a model subject with whom to work. We completed the learning disability circuit in record time and he walked out a compliant child, relaxed and obedient.

Over the next two months T B's mother kept a journal of what she observed. She noted

that he was definitely eating more variety in foods and playing with other children without strife. He appeared to be more compliant more of the time, more even tempered, and was able to watch a movie without anxiety.

In December of 2003 I met again with T B and his mother. He appeared to be more perceptive, spontaneous, and expressive. I reset the structure (he had hit his head and undone part of it), finished the learning disability circuit, and then did some emotional clearing. While I was working on his mother I had the opportunity to watch his brain working. He was fascinated with the massage table stools that rolled easily on the hardwood floor. He experimented with various body postures while rolling, took the stool into the bathroom with him, and then went back to his favorite activity – reading – while draped over the stool. I realized at this time that this was a gifted child, and, however impulsive and oftentimes uncontrollable, was bored in school and not being rewarded for the exploratory nature of his brain. His mother mentioned home schooling and I encouraged her to do just that. Because of his impulsive behaviors advanced instruction was being withheld from him by the school officials. What might have been an opportunity for better behavior, i.e. advanced instruction, was not allowed because his behavior “was not good enough,” that is, he “didn’t deserve” such a reward. I felt that gifted instruction was his right, not a privilege to be withheld.

During the months of January and February 2004, although inconsistent in behavior, T B passed some important landmarks in his educational advancement. He expanded the volume of his writing, learned the 2 times table, kept a running tally of the grocery tab in the store (!), could tell what function to use in a story problem, used a hyphen correctly, and could divide within the 2 and 3

times tables.

In January T B also started some new remedies: *PKU, Mycoplasma Pneumonia and Mycoplasma Fermentens, Ergot and Enteric Fever*. He continues to exhibit challenging behavior; however he has been able to participate in social situations without creating stress and anxiety and has been able to verbalize his changing perceptions about the social situations. T B participates in a peer counseling group and continues to take remedies.

Case Study

J H

I received a saliva sample from J H in December of 2003. He was eight years and nine months old. His mother wrote that he had been a difficult child since birth, fussy, colicky, and always “on.” He was difficult to get to sleep, crying and screaming for over an hour. His parents have had a very difficult time with his behavior; every day was full of chaos and disruption, and his parents had lost hope that things would get better.

His parents would like him to be nonviolent, more considerate of others, able to postpone gratification, more amenable to reason, less sensitive to change, less sensitive to lack of sleep or lack of food, have and cause less accidents, not have to go after stimulation all the time and be less territorial and competitive. They report that his behavior is better at school, but that he is committed to getting his own way, through sweetness, manipulation, force or persuasion. J H is always in motion, loves active sports and he never thinks of the consequences of his actions. He has also hit his father and younger sister.

When I did the Psycho-Metric Energy Reading I noted that he had heavy metal and chemical toxicities, parasites, mycoplasma,

vaccinosis, multiple allergies, ADD and ADHD, OCD, intracellular metal and chemical toxicities, and vaccinosis of the brain as well. His brain, brain fluid, and spinal fluid measured at 0, as did the red and white blood cells. His tailbone was not in place and thus the lymphatic fluid was not being pumped through the marrow of his bones. His visual and auditory processing were both at 50, but the right and left lobes of the brain measured at 20 and the corpus callosum at 0.

When I spoke with his mother, I asked her to see a chiropractor to get his coccyx adjusted and this was accomplished quickly. I suggested she begin some remedies for the metal and chemical toxicities (*Plumbum and Aluminum Fluoride*), for the brain (*Brain Medulla Mold, Vaccine Thyroid, Child*), and for the mycoplasma (*Mycoplasma Penetrens and Mycoplasma Fermentens*). I also spoke with her at length about terminating J H's favorite food – cow milk.

Mrs. H stopped providing milk to J H for two weeks. She observed that the physical violence stopped. When she allowed him a pizza two weeks later his behavior became more erratic and angry. During the first month of treatment she noticed J H had no more asthma, no colds or illnesses, no rages or violent behavior, was more able to accept limit setting and reprimands, had a more sunny attitude. She wrote that "I haven't felt like running away since he started this therapy, he is so improved!" She also stated that J H was needing more hugs and affection from his parents. "I only noticed that he has freckles on his face this month! Previously I could never get close enough for long enough and have him be calm enough for me to notice!" She reported that his handwriting at school was suddenly a lot neater and his letters well made.

In the third month of treatment J H started some more remedies for the vaccinosis (*Vaccine Diphtheria and Vaccination Brain Bridge*) and for the brain (*Left/Right Brain Connect*). His mother wrote that it was hard for J H that month because they had moved from California to Hawaii, but that she had been able to notice that he was very reactive to corn and corn products. Her friends noticed that J H was less tense when playing with other children. She also reported that he has stopped sprawling everywhere to do his homework and has begun to use his desk for that purpose.

At this writing treatment is continuing.

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Carolyn Libby taught in the public school system for over 25 years. She holds a master's degree in Early Childhood Education from the University of Southern California, and received a B.S. from the University of California at Berkeley. She also holds a master's degree in integrative health science from Capital University of Integrative Medicine in Washington, D.C.

Carolyn began researching effective education in 1970 and gained national recognition for her

research in gardening and farming as a method to improve reading and math behaviors for children. Increasingly concerned with the numbers of learning disabled children, she began searching for gentle, non-stressful and effective ways to enable learning. She benefited from a One Brain diffusion while recovering from shoulder surgery and realized that she could use that method to assist other people in dealing with pain, whether physical, mental, or emotional.

Throughout the years Carolyn has continued to research effective treatment strategies for learning disabilities, ADD, ADHD, and autism. She is committed to healing individuals with these behaviors.



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Carolyn employs many modalities in her healing practice, Purple Changes. An important modality for all persons is Neural Organization Work. When anyone suffers an accident or injury, the brain maintains a fight-or-flight state that has serious consequences for normal day-to-day living or riding. The fight-or-flight state does not allow normal digestion, lateral movement (as in turning the head or opening the hips for riding), integration of sensory information, or the automatic knowledge of position in space. These fight-or-flight limitations can usually be resolved in an hour's treatment with the Neural Organization Work protocol.

Carolyn is a One Brain facilitator, a Neural Organization Work practitioner. She also employs Reiki, Herbalism, and Hypnotherapy. She includes Plant Spirit Medicine, Aura Readings, and Nutritional Counseling in her practice. She lives in rural Oregon with 2 standard poodles, and 5 horses.