

DAVID'S STORY

Intro: The field is Pharmagenomics: The excipients in vaccines are transformed by Cytochrome P450 enzymes (Liver) and are thus metabolize out of the body through the kidneys. However, due to the immaturity of Cyp 450 in infants and children (under 3 years old) and also due to the assault of Aluminum in vaccines, that is well established in the field of PHARMACOGENOMICS to interfere in cyp 450 metabolism in the infant/child or prenatal body, the underlying cause of chronic disease is obfuscated and results in routine misdiagnoses of Autism spectrum as mental illness (labelled as ADHD, OCD, Bipolar, etc). The use of psychiatric drugs to mitigate the symptoms propels the individual into a life time of world-wind contraindicated drugs, special needs education, depression and failed life.

Re: *The Atlantic journal*: <https://www.theatlantic.com/family/archive/2019/02/lack-services-adults-autism/582586/>

“Certainly, this was not the future Eddie and Marie imagined when Anthony, their first child, was born in 1997. At first, he hit all the developmental milestones, but then came the regressions—muted speech, hyperactivity, sensory issues—followed by a diagnosis of autism when Anthony was 2 and a half years old” – [the Atlantic Journal](#)

That is just about the time when children who are receiving upward of [30 vaccine doses](#)* are diagnosed with “Autism”. At first, the child hits all the developmental milestones, then suddenly after the next vaccine[s] in the series, the child regresses into Autism.

A strange omission: I noticed that the writer of this article, left out or perhaps didn't ask Anthony's family whether he had gotten his full complement of vaccines by that time or better yet did the author ask if Anthony just had a “well baby” visit. It is reported by most all the hundreds, maybe thousands of filmed interviews of parents, conducted by the team of [VAXXED](#), that their baby had been on the CDC vaccine schedule and that it was the vaccine[s] at that well baby visit that put the child over the edge.

As all hospitals will admit they are always hypervigilant concerning the just born and their liver. In the neonate, the liver is relatively immature and undergoes several changes in its functional capacity during the early postnatal period. The essential liver functions can be classified into three categories: metabolism, detoxification, and bile synthesis. The effects of the immature liver function place them at risk of hypoglycemia, hyperbilirubinemia, cholestasis, bleeding, and impaired drug metabolism.

PHARMACOGENETICS

There is a field of research, Pharmacogenetics/Pharmacogenomics, that is rising to prominence, as we speak. St. Jude's Children Hospital, the Mayo Clinic are some of the institutions leading the charge. Turns out that one size doesn't fit all, after all. Vaccines contain excipients that must be metabolized by the liver's superfamily of enzymes (Cytochrome P450). However,

research shows that infants and children under three years old do not have full function as [Cytochrome P450 is a “maturing” system](#).** Cytochrome P450, the detox mechanism of the body, is found not only in the liver but nearly everywhere in the body including the mitochondria and the gut, but not the blood stream.

[The CDC Excipient and Media Chart](#)*** reveals a number of toxic ingredients that need a mature cytochrome P450 system in order to metabolize, that is.. transduce, methylate the poison out of the body. All (emphasis added) infants have immature cytochrome P450 liver enzymes.

Individuals, due to normal genetic, familial variation, are absent the activity of certain Cyp450 enzymes. It is not a defect but simply a genetic variation within a racial group that has evolved, passed down from generations of environmental, cultural influence.

Let's take my family, for example. We are a typical middle - upper class, educated Caucasian family. We eat virtually only organic food. We meditate and are generally so healthy that we don't have a family physician as we rarely have a need to go to a doctor. We are a combination of strong stock: Irish, Swedish, Polish, Danish. Our last child, a boy, was born in 1984. During that time until 2001, 15 of the 39 or so vaccines contained a mercury compound known as Thimerosal. This “heavy metal” compound was removed from all the vaccines in and around 2001 with the exception of the multidose flu vaccine that was distributed in the general clinics, to Medicaid dependent children and pregnant women of all stripes. However, by that time I had educated myself about the risks and benefits of vaccines. So, I did not vaccinate David.

At the age of 18, David went to the University of Iowa, similar to most colleges where prescription drugs are ubiquitous. Adderall was easily obtained, gladly shared by students who had been on Adderall in middle school and high school, some began as early as 5 years old. One day David, experimented in this revival '60s millennium drug culture with one dose of LSD. He became instantly psychotic. Drove his car to Macomb, Illinois “following the light”. He was arrested in a ditch; spent 3 weeks, delirious in the local jail sticking his head in the toilet and coins up his anus. Suddenly, the organic, unvaccinated, meditating young man, an A student, point guard of the basketball team, beautiful girlfriend at hand, is a raving lunatic.

He is then taken to the University of Iowa psychiatric ward where they diagnosed him as Bipolar, the modern-day default diagnosis. Considering David's sterling history of strong mental and physical health, the learning hospital residents would not consider the DSM (Diagnostic Statistical Manual) diagnosis that his psychotic event was a “Drug induced psychosis”. What they did not do and nor does the University of Iowa do to this day (despite the fact that institutions like St. Jude's and Mayo are making genetic testing for drug metabolism standard of care), was to give him the simple pharmacogenetic test. All it takes is a dry swab collecting the DNA in the mouth. It is also covered by Medicaid. This would have told them that David was a “non-metabolizer” of upwards of 50% of today's modern drugs. This is not rare. 10% of Caucasians, for example, are Cytochrome P450 2D6 poor metabolizers. That 10% most likely includes the young male Caucasian school shooters who had been vaccinated then given

contraindicated medication daily, medications they can't metabolize, accumulating in their bodies, rendering them psychotic with heinous suicidal or homicidal ideations.

A warning of suicidal ideations is on many of the anti-psychotic/anti depression drugs. Why is the warning on the drug labels? Because the package insert indicates that the drug needs to be metabolized by a fully active Cytochrome P450 enzyme. And without a specific functioning enzyme that corresponds with the drug, the individual is prey to suicide or homicide.

The University of Iowa Hospitals based on the popular default diagnosis, bipolar, started pumping David with Haldol and Ativan. Soon thereafter David, an historically happy, fulfilled young man, upon taking prescription medication, had suicidal ideations and in fact, tried to hang himself in our backyard in East Hampton, NY soon after taking the prescriptions. Dangling from the tree like an outlaw in bad cowboy movie, we lifted him back onto the ladder from whence he jumped. Like an automaton, he pulled the rope off his neck and above his head and fell unhinged to the ground. He got up and glared at the tree and the rope with what I can only describe as if it were the devil looking. I was soon to find out from a psychiatrist in Australia who agreed to test David, that he was a non-metabolizer, Cyp450 2D6 *4*4xn. He was being rendered more and more psychotic by his intake of contraindicated drugs given to him by the University of Iowa hospital. It was when we stopped the drugs (without tapering off) that he became suicidal. 14 years of in and out of the psyche ward prescribing the same contraindicated drugs, causing continual intermittent psychotic behavior, resulted in a police record for generally stupid things like trespassing, theft for not paying a restaurant tab.

Prescription medication is not the only drugs a non-metabolizer, like David or I suspect the school shooters or the PTS soldiers cannot methylate. Turns out that recreational street drugs, much like medications can induce psychosis in a non-metabolizer.

Remember, every demographic, Black, Hispanic, Asian, Caucasian has a percentage of non-metabolizers. Hence, I have consistently opined, that so many teenagers who are experimenting with street drugs begin to act strangely incoherent. They are suddenly whipped away by their concerned parents to a family doctor or psychiatrist who knows diddely-squat about pharmacogenetics and prescribes a classic, popularly used bipolar or OCD, ADHD drug that may be contraindicated in the case of this individual. Clearly the teen is not going to confess to his parents that he is doing street drug. It is just another opportunity to him to try another drug, just like his ADHD friends. The trigger was the street drug that needs a fully functioning Cytochrome P450 liver enzyme to methylate it out of the body. The originating gun is the vaccines; the rapid-fire assault rifle is the daily contra-indicated prescription drugs.

So, what happens when an individual is a non-metabolizer, a poor metabolizer, perhaps an ultra-rapid metabolizer? I can only speak about David...a non-metabolizer of street drugs like LSD, magic mushrooms, cocaine, codeine, meth-amphetamine and a non-metabolizer of an array of popular pharmaceuticals like Haldol, Risperdal, Adderall, all due to his individualized genetics as it pertains to the Liver. Here I remind you again that 10% of the Caucasian population is like David.

Although St. Judes, Mayo and many more medical and research institutions have determined that it is standard of care to test the individual for their Cyp450 metabolism through labs like Genesight, Genelex specifically for drug interactions aimed at mitigating an already existing condition. These researchers may not yet know that the 30 vaccine doses mandated for school by the age of 3 are riddled with excipients, like formaldehyde, ethanol, polysorbate 80, etc. that need a fully functioning liver system to metabolize; that all (emphasis) infants and children are unwittingly being poisoned by vaccines due to an underdeveloped “detox” liver enzymes within the super family of Cyp 450 until about [3 years of age, according to research studies in pharmacogenetics](#). Even St. Jude’s, a children’s hospital and research center, may not know, moreover, that the Aluminum which pervades many of the vaccines, having increased its presence in vaccines since the time the CDC was forced to remove mercury in 2001, interferes in cyp450 metabolism. It is well known, in the field of pharmacogenomics that Aluminum interferes in Cyp 450 metabolism even if the individual is a “normal” metabolizer.

Vaccines are the first betrayal. Contraindicated drugs the second. In an attempt to mitigate what doctors are calling an epidemic of mental illness or Autism spectrum, uneducated physicians are routinely prescribing vaccines and drugs that are actually causing what “appears” to be a mental illness - autism spectrum, Bipolar, ADHD, OCD, schizophrenia, neurodevelopmental epidemic of special needs individuals and the bizarre advent of young male school shooters.

Because David was never vaccinated (except for a tetanus shot at the age of about six), he is salvageable. And at the age of 34 he is almost completely recovered. His episodes were acute, temporary and specifically drug induced whether it was the use of street drugs or prescription drugs. However, and unfortunately so, children who are on the CDC vaccine schedule have been in many cases, irrevocably physiological damaged at infancy and childhood and therefore are authentically depressed and anxious.

In the case of Hannah Poling, for example, The National Vaccine Injury Compensation compensated her parents for vaccine injury based on an “pre-existing underlying condition” of a mitochondrial disorder, a disorder that purportedly vaccines had exacerbated resulting in Autism. However, it has not been considered, heretofore, that because Cytochrome P450 enzymes are located in the mitochondria, an assault by unmetabolized excipients in vaccines are the cause of the mitochondria disorder. That is, the mitochondria disorder is a vaccine injury, itself, not a genetic pre-existing condition. It is confirmed by a genetic test of the parents that they themselves have mitochondrial disorder passed down to Hannah, thus determining it to be a genetic pre-disposition. However, as Dr. Bruce Lipton attests to that an assault on a weakness will precipitate the disease. Hannah’s parents, who have the same genetics are fine. However, they were not assaulted with 9 vaccines, an assault on the mitochondria from toxic substances due to her individual genetic inheritance and I would guess polymorphism of liver enzymes that prevented her from eliminating the toxic substances quickly enough out of her body contributing to her Autism.

Andrew A. Nierenberg, MD. Director, Bipolar Clinic and Research Program Massachusetts General Hospital. Professor of Psychiatry, Harvard Medical School suggests that [emerging](#)

[research](#) shows that a relationship exists between many psychiatric conditions and mitochondrial dysfunction. He has written nearly 200 papers asserting that patients with a variety of mental illness have an underlying mitochondria disorder. But has he considered that all humans; normal metabolizing infants and children and those who have lifelong inactive liver enzymes, are not able to metabolize the vaccine excipients due to immature Cytochrome P450 resulting in an assault to the mitochondria causing the mitochondrial disorders as well as compounded vaccine injury caused by continual relentless vaccination policy mandates.

Mitochondrial disorder is not the common cause of mental illness nor is it a “pre-existing” condition. “It is a vaccine injury itself”. It is the vaccines and their excipients that underlie today’s epidemics of Autism spectrum and “apparent” mental illness. As in the Hannah Poling case, I argue that Cytochrome P450 enzymes found in the mitochondria of nearly every cell of the body, in the gut; in the brain; virtually everywhere, is being assaulted by each and every vaccine dose; that mitochondrial disorder is not a pre-existing condition of autism or mental illness but the mitochondria disorder itself is caused by the constant barrage of unmetabolized vaccines excipient. It is not the mitochondria that is the elephant in the room of mental illness. I argue that it is the vaccine excipients, poisoning all infants, who are unable to remove the toxins from an immature physiology, poisons accumulating at every well-baby visit, assaulting the gut and every cell that contains mitochondria. As Dr. Bart Classen emphasizes, we have not improved health but have exchanged manageable childhood infectious illnesses for life long chronic disease. I argue that it is the assault of constant early injection of well-baby visit vaccines to the tune of sometimes 6-9 vaccine doses at one time and their inherent toxic excipients, unmetabolizable, that is at the basis of this epidemic in Autism, asthma, allergies, eczema, neurodevelopmental problems, immune disease and “apparent” mental illness.

Getting back to David’s journey and the University of Iowa and especially in terms of its psychiatric department. Apparently, not one psychiatrist, resident, or medical school student has taken a course in pharmacogenetics. Pharmacogenetics, seven decades in the making is not offered to anyone but graduate medical students and even then, it is optional. Although Medicaid is liable to cover costly years of in-patient hospitalization and outpatient treatment due largely to iatrogenic contra-indicated medication that induces psychosis, to this day the hospital refuses to perform the genetic test on David or any of their other patients, saying that the policy of the hospital allows the genetic test for “research studies” only.

Moreover, despite 14 years of this abuse and unnecessary cost to Medicaid covering millions of polymorphic individuals, misdiagnosed as in David’s case, the hospital over the years adamantly refused to accept the 2011 outside lab report I obtained from Dr. Lucire, a psychiatrist and Cytochrome P450 researcher in Australia, that documents David’s polymorphism.

Despite emails to the CEO in 2018, to the patient advocate, phone conversation with the treating physicians, they continued giving him contraindicated medication. In 2018 when he refused to take the medication orally, explaining his polymorphism, they force injected him relentlessly daily during the usual two week all expenses Medicaid paid hospitalization.

Moreover, the hospital knowing about pharmacogenetics, unlike St. Jude's and Mayo Clinic, still refuses to this day to give David the genetic test so that it can be confirmed and documented so that the initial misdiagnosis can be corrected and changed from DSM Bipolar to DSM Drug/medication induced psychosis. Without the genetic test and admission of error and change of diagnosis David will always be defined by this label of Bipolar and vulnerable to doctors rotely following the misdiagnosis and the mistreatments no matter what hospital he may wind up in the event he has an excursion with an unmetabolized substance like magic mushrooms.

Myriad Genetics, a pharmaceutical testing company, focuses on gene tests not only for psychiatric drugs via its subsidiary, Genesight, but it has other channels that focuses on cancer-poorly metabolized cancer drugs that in some individuals are causing death and debility to cancer patients due to the same diversity in genetic metabolics and drug interactions. Genesight provides a list to the physicians in columns of red, yellow and green. The red column lists drugs that are contraindicated and should not be given to the individual; the yellow column are drugs that are only partially metabolized; the green is the green light list of medications. Unfortunately, Genesight does not list common street drugs which would be a helpful adjunct to the analysis and wellbeing of patients or addicts who may be unwittingly using street drugs they can't metabolize. It would be good for the patient to know his limitations.

The medical/pharmaceutical orbit actually doesn't know how to detoxify a patient when finding out they have taken a toxic drug whether recreational or prescriptive. However, L. Ron Hubbard, the founder of Scientology, had long discovered and recorded in his book, Clear Mind/Clear body, the protocol to rid the body of the unmetabolized toxins which remain in the body for months and even years unable to be methylated into substances normally excreted by the kidneys. This is how we recovered David. Narconon, an offshoot of Scientology has 3 locations in the United States taking inpatients for recovery. The clients sit in a hot sauna for nearly 4 hours per day having exercised prior and taken the required amount of Niacin, not Niacinamide. The protocol allows the client to sweat the toxins out with the help of the B vitamin which opens the channels, experienced as hot flush. So there you have it!!!

Vaccine Excipients

Question:

- 1) Which ones need a mature Cyp 450 to metabolize out of the body?**
- 2) Do you really want to inject a neonate/infant with these ingredient multiple times?**

- aluminum hydroxide
- aluminum phosphate
- ammonium sulfate
- amphotericin B
- animal tissues: pig blood, horse blood, rabbit brain,
- dog kidney, monkey kidney,
- chick embryo, chicken egg, duck egg

- calf (bovine) serum
- beta propiolactone
- fetal bovine serum
- formaldehyde
- formalin
- gelatin
- glycerol
- human diploid cells (originating from aborted human fetal tissue)
- hydrolyzed gelatin
- mercury thimerosal (thiomersal, Merthiolate®)
- monosodium glutamate (MSG)
- neomycin
- neomycin sulfate
- phenol red indicator
- phenoxyethanol
- potassium diphosphate
- potassium monophosphate
- polymyxin B
- polysorbate 20
- polysorbate 80
- porcine (pig) pancreatic hydrolysate of casein
- residual MRC5 proteins
- sorbitol
- squalene
- sucrose
- tri(n)butylphosphate,
- VERO cells, a continuous line of monkey kidney cells, and
- washed sheep red blood

*<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

**<http://vaccineliberationarmy.com/2015/05/27/inability-of-infants-to-metabolize-vaccine-excipients-cytochrome-p450/>.

*** <https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf>