

Interview – Sue Barron

Karel	<p>Good morning everybody on this Saturday morning. This morning we are very pleased to have Sue Barron talking to us all. I believe we have got about 40 people around New Zealand listening in – we even have somebody from the States listening in, so that is very, very good.</p> <p>So just an introduction for Sue. Sue with her husband Gary and her children, live and work in Melbourne. Both originated from the South Island of New Zealand and Sue was educated in Southland Girls High in Invercargill – nice and warm there! From there she completed her training as a registered nurse. She worked in New Zealand, worked in the U.K. and Australia, and now they work in Melbourne course. Her husband Gary is a cardiologist. It doesn't affect her, but that's the way it is.</p> <p>After the birth of her son Sam in 1997, so he's now 15,.</p>
Karel	<p>A lot of care was required because he was diagnosed being autistic. In 2010 Sue was introduced to the Max products. She will tell you a bit more about it herself of course, and from thereon also a passion developed for healthy food – she was not feeling too well in her early stages – for healthy food and she worked extensively in her primary school in what you called the food café, and that was highly regarded in the educational force in Australia for the work that she did to get healthy food on the table.</p> <p>Along the way she has become very knowledgeable about the treatment of Autism with Max Glutathione enhancement products, and achieving remarkable results with autistic children. Sue is a real giver and cares deeply for both the children, but also for the parents who have to cope with autism, which often requires a life-long commitment. But once we get underway, we'll find that there is hope, and I hope that this presentation will help you to understand, to answer questions for any of you clients that may have to cope with a similar situation that she had to cope with.</p> <p>I pass it on now to Sue and she's blushing, I can see, after all this praise.</p> <p>Sue, would you like to explain. We hear things like autism, HD, Asperger's etc - is it all the same, is it all under the banner of autism, or how does that fit in, and what are the symptoms for autism?</p>
Sue	<p>Okay, it's all under a huge spectrum called autism and you've got people who are very mildly affected, which is often the Asperger's kids. They're high functioning and you can have the kids that are very severely affected that need 24 hour care. But it's all under the banner of autism.</p> <p>Basically, I'll tell you what autism is. Autism's a neuro-developmental disorder that normally presents in early childhood. So normally around the ages of 2-4 years of age parents pick up on it. Thought to be caused by an interaction of genes and environmental factors, so these kids are born with a particular set of genes that predispose them to environmental triggers, basically. So toxins in the environment as we've learned are triggers. The characteristics include impairments in language. So the kids often don't talk. That's one of the early symptoms is the kids don't actually talk or have delayed language. Impairment in communication and social skills, so they'll often have lack of eye contact. They don't socialise very well amongst their peer groups, so they'll often be loners, and don't know how to socialise, don't have the skills to socialise. They'll sometimes want to but they</p>

can't. They often have behavioural abnormalities, so poor behaviour, and part of that can be just because they can't communicate. And poor immune function, so they are usually very prone to any flus, colds, any form of infection. They're very prone to them.

So the symptoms include things like, as I said, lack of eye contact. They'll look away from you. They'll talk to you but they'll look across the other side of the room. Repetitive behaviour – things like – they call it stimming. So self-stimulatory behaviour, so they might do things with their hands when they're stressed, or just normally. It just makes them feel better. They're usually poor sleepers. Most parents will say they lack sleep themselves because the child doesn't sleep much. I've said delayed language. Anxiety – they're often very anxious. Short attention span when it comes to things that they're not particularly interested in. They can be obsessional with certain interests but if it's something they're not particularly interested in, they can't focus for long. They're usually hypersensitive to sound and touch, so clothing and things like that will often irritate them if it's not the right type of clothing it'll annoy them or rub. Yeah. So that's basically it.

Statistics – latest statistics from the U.S., from the Centres for Disease Control, is saying one in 50 kids have now been diagnosed with autism which is pretty amazing considering 40 years ago it was one in 25,000, and 15 years ago one in 10,000. It's becoming an epidemic and it has to be something to do with the environment basically.

I'll tell you our story now, Sam's story. Sam was diagnosed with autism – he's 15 now – was diagnosed at 3½ years of age. He was behind in his milestones, threw lots of tantrums and didn't talk, and that was what made us wonder what was going on. So he was assessed and the diagnosis was made it wasn't a huge shock because his uncle who's in his early 50's now has severe autism. Anyway, over the years we spent a lot of time and money on things like speech therapy, occupational therapy – any sort of therapy that we thought might make a difference that was safe and non-invasive. He attended mainstream primary school and had the assistance of an integration aid at school, and he got average grades with the assistance of an aid.

Throughout these years though he was chronically tired. He was always tired, especially when it came to school work. A day at school would exhaust him and when he'd get home from school he'd have real trouble trying to find the motivation and the energy to do homework. Then in 2009 when he was 11 years old he was diagnosed with epilepsy. Unfortunately he needed to go on medication, Tegretol, for this, to control the grand mal seizures that he was having on a regular basis. What I know now, and I didn't know then, was that this particular medication, and a lot of medications, lower your Glutathione levels. It's particularly relevant because what we know now also is, 100% of autistic children have low Glutathione levels, that's been proven. He became more tired, going on this medication, okay.

Then in 2010 he changed schools – he went to high school. This was a huge transition for Sam. He was faced with new surroundings, unfamiliar teachers, unfamiliar students and a workload that was significantly increased. So for the first term he struggled. He'd come home from school at least once a week sick. The nurse would ring me – Sam was in sick bay with a headache, and they'd panic a little bit thinking he might have a seizure, so I'd have to go and pick him up. He was getting headaches, he was getting lots of colds and flus and things. So he was missing a lot of school. He was struggling trying to concentrate in class. He'd come home and he'd say – Mum, I know I've got homework; I just didn't catch what

	<p>it was. I've got it part written down but I was listening at the same time, and he couldn't multi-task. So he was struggling there. So we'd ring around, find out his homework, what it was, and I'd sit down with him and I'd help him do it because he was exhausted. He was really exhausted when he got home from school.</p> <p>Anyway, on the last day of Term 1 that year, Sam was home sick with a cold. I'd been introduced to Max GXL because Max GXL was all that was around three years ago. I'd been introduced to it about two weeks before and I was just starting to feel the benefits of more energy. I wasn't so tired. So I researched it and knew that autistic kids had low Glutathione and I thought – Okay, I'm going to start Sam on it and see what it does. So I started him on it over the holidays and he was on two tablets twice a day. He was 11 years old, two tablets twice a day. I started him on that full dose. I wouldn't now, I'd start him off slower. But anyway, I didn't know then, that slowly is best, especially for these kids.</p> <p>Over the holidays he was just in good spirits. There wasn't a huge difference to note but Term 2, back at school was amazing. He came home from school that first day, took his Max when he got home from school, sat down, got his books out and did his homework all by himself, and we didn't have to ring anyone to find out what he had to do. He was no longer chronically tired. He started to become highly motivated and started spending hours at night doing homework. He was catching up. He liked doing it because he had the energy to do it. So his grades went up significantly.</p> <p>It was about a month or two later that one day I said to him – Sam, have you taken your medications? I used to say that every morning and he went and took them himself. I said – Have you taken your Tegretol? He said – Oh Mum, I don't take that anymore, I take Max. And I freaked. I thought – Oh, no, because I never wanted to see him have a seizure ever again. Anyway, so I thought – Okay, he hasn't had a seizure in the time he's been off it, so I started researching epilepsy and Glutathione and I discovered that Glutathione is nature's anticonvulsant. So I worked out – Okay, if he's stressed, if he's tired, we'll just give him more, so we did this. He started taking Max to school with him and if he was under stress, if he had tests, exams, if he was really tired, if he had physical education that day, he'd take more. He didn't do it every day but maybe once a week, twice a week he'd take more. That was three years ago and Sam hasn't had a seizure. He tops up. Whenever he feels he needs it he tops up with Max.</p> <p>Today he's a happy, active teenager. He's integrated well into normal life. All I ever wanted for him was to lead a normal life and he does. He's got friends, he's achieving at school, he's passionate about sport like a lot of kids his age, The things that changed with him? He's got great eye contact now – better than most adults I know, better than any kid I know. His eye contact's really good, it never used to be. His repetitive movements with his hands have gone. He's had I think, one sick day in three years, and that was just he had a cold and was feeling a little bit off, so I kept him home. He doesn't get sick like he used to. He doesn't get tired, he just takes more Max. He can think clearly. He functions at a much higher level.</p> <p>So that's Sam's story.</p>
Karel	That is a fantastic good news story
Sue	I just wished I knew about Max years ago. It would have saved a lot of stress in our

	lives Karel.
Karel	What was the connection between you and Margie Smith, who is also a New Zealand scientist? She is a geneticist isn't she, in Melbourne?
Sue	Yes.
Karel	How did that come about?
Sue	<p>Okay. We'd all been taking the Max products for about 1 year and about 1 year ago I met Dr Margie Smith and she's got a company called Smart DNA, here in Melbourne. And it was a really interesting connection because I got the answer to why Sam responded so well to taking the Max product. So we had his DNA tested. We all had our DNA tested, actually, Margie Smith she's tested quite a few kids with autism and there's a blue print there. So she looks at things like the metal binding gene which 28% of the population are of this particular genotype. You bind your metals in toxins and you don't have the ability to get rid of them so you store them in your tissues, in your brain, anywhere like that. Having this genotype means you have a low antioxidant capacity, so you need to be constantly taking on more antioxidants. So you have a low Glutathione level, basically, a low antioxidant level with that particular genotype. She also looks at five Glutathione genes, and this your Stage 2 detox, and three of them are the Glutathione -S transferase genes and these are really crucial for detoxifying metals, heavy metals, and these kids are generally missing a few. One at least, if not more of these. Now Sam was missing a couple. Of the three she looks at, he was missing two. He was deleted in two. He was also the metal binding genotype, so those two things coupled together meant he didn't have the ability to get rid of metals and toxins from his body. So he was taking it all on board and not getting rid of it. So things like – even when he was in utero, I had a mouth full of amalgams – I never thought about that – I didn't know anything about it. He would have been absorbing the mercury from my amalgam when he was in utero. I think it's about 40% or something that they absorb in utero. So he started off life with a toxic load. Then he was vaccinated, that adds to it, more toxins, more metals because back then there was Thimerisol (mercury) and there was also aluminium and things like that in it. So he started off life, and I gave him every vaccination that was going – I thought it was the best thing to do. I'd think twice about it now, I'd do it differently. Yeah.</p> <p>Anyway, aside from that – so he started off with a toxic load, so there's those two things. Metal binding and Glutathione. Then she looks at things like the inflammation genes. Autistic children or autistic people have really high levels of inflammation in the brain, in the gut, in the nervous system. So they did a study – there's been a study done and they looked at autistic children who had died and they looked at their brains and they had really high levels of inflammation in the brain, and they had really low levels of Glutathione. So she looks at some of the inflammation genes. She also looks at oxidative stress genes. They're really crucial because Glutathione reduces oxidative stress. She looks at the methylation pathway. The end product of methylation is Glutathione. So all these genes combined, make a difference. Basically, predispose you to something like autism and then you've got the environment triggering it. So once we had Sam's DNA done and my DNA done, it gave us the answers. I thought – Okay, now I know why he developed autism more so than my daughter, who's not a metal binder. So things like that, that was really important.</p>

Karel	<p>I heard Dr Margie Smith last year in February on the Gold Coast at the conference, and I was amazed what she actually said about certain genes, and nobody is perfect. Some people miss things. That was incredible and it's amazing that you made that connection much earlier. That was fantastic.</p> <p>Okay, another question. So we know now that all the children, and I take it adults that are autistic, have very low Glutathione levels. Now, what advice can you give to parents and caregivers to raise that level of Glutathione that is so critical, isn't it?</p>
Sue	<p>Oh, it's extremely critical, extremely critical for your body to be able to detoxify and protect your DNA and everything, for DNA repair and all of that.</p> <p>Okay, Glutathione precursors is number one. So the Max products are the number one Glutathione precursors that are available on the market. I think they're really, really important, and especially so for kids with autism. Of all the kids that I've put on it, they've all responded positively, but to different degrees, and that all depends on their DNA. So, yes, take the opportunity these children need to be offered the opportunity to take the Max products basically and see if they're going to work for them because they can make a huge difference to their lives.</p> <p>The other things I'd say is, if you're thinking of having children and haven't had them yet, maybe look at your amalgam. Maybe get your DNA tested – see if you're a metal binder to start with. Then, maybe consider getting your amalgams removed. Research the vaccinations – make an informed decision there. I'm not anti-vaccinations but I think maybe sometimes they vaccinate too much and too many together. So research that. High antioxidant diet. Cellgevity and Max GXL are great because they've got not only the Glutathione precursors in there, the Ribo Ceine or the N -Acetyl Cysteine, but they've also got the co-factors. So they've got the other antioxidants, the Vitamin C and the alpha lipoic acid. Cellgevity's got the Selenium – really important for Glutathione.</p>
Karel	<p>So Sue, can you take us through a typical process. When somebody is referred to you with a child, whatever age, what are steps a, b and c etc. – what is the process that you go through with them?</p>
Sue	<p>Okay, you first determine which product they're likely to be able to take because little kids – if you've got a kid that's 3½, chances are they're not going to swallow a capsule. In fact, not many of them do. I've got one 3½ year old that actually does swallow a capsule 'cos he's seen his mother do it and he's copying her. That blew me away. But most of them won't. So if they're little or they won't swallow a capsule, sometimes Max 1 can be the product of choice because you take less of it, the normal dose of two capsules a day. They're children, they'll need less. You can break it open and it doesn't taste fowl, it's very palatable. So you could sprinkle it on their food and they wouldn't know it was there.</p> <p>Okay, Max One is probably not my frontline Glutathione accelerator Cellgevity is. If they can get Cellgevity into their child, I would say, run with Cellgevity, but a lot of them can't. So a lot of them will end up going with Max One. Some of them like Max GXL as well and look, if you start them on Cellgevity and they don't like it or they detox too much, I would move to Max GXL 'cos it's a little bit softer. That's the one we started with and Sam was fine. Look, I started him on quite a normal dose for him, but I start them off really slowly now I start them off on – if it's Max GXL or Cellgevity, one capsule a day initially, and build up over time. They're binding metals and toxins and storing them, so you don't want them releasing all the metals</p>

	<p>and toxins into their body with nowhere to go that they can't get rid of straight away. So you want to start them off slowly and they can start to excrete these toxins and metals from their body. But you then increase them, maybe every few days. I say every three or four days, increase by one and they will eventually end up on a heftier dose. They need more. They have a low antioxidant capacity. They have a low Glutathione level. They need to be on a higher dose than the normal child their age. So it's not uncommon for a five year old child to be taking a full dose of Cellgevity. Dr Cady talked about that a few weeks ago in his talk. He's got a five year old taking a normal dose of Cellgevity – four per day. I've got a 3½ year old taking one Max 1 per day. At the moment he's a little bit sick so he's actually upped that dose. They can tolerate taking more once they've gone through those initial detox stages. And the interesting thing is, not many of them actually show that they're detoxing but it is still crucial to start slowly. Most of them don't and I think that's because they haven't had years of storing metals and toxins. They're young still, but you still start them off slowly. You don't want to mobilise the toxins too quickly.</p> <p>My son now takes two Cellgevity in the morning and three Max GXL, and when he comes home from school he takes one Cellgevity and two GXL, and if he needs to top up with more, if he's playing tennis or anything, he will just take what he needs of generally Max GXL because he likes it. So you start them off slowly, you work out what's going to work for them. You can mix it in their yoghurt, in their food, whatever food they like. You just mix it in with it and the Max 1, you won't actually taste, so that's why a lot of the kids go with that one. But it's good to get the co-factors if you can get it in.</p>
Karel	<p>Sue, we've had some clear experiences that on the bottle it says – Not intended for use for young people etc, and pregnant women, and that has meant that some people have said – No, I can't give that to my child. How would you respond to that? What advice can you give to people who are concerned about those warnings?</p>
Sue	<p>Okay. You need to give them reassurance they need to be informed. Look, I've got lots of information I can send to anyone. They can get their DNA tested if they want to. You know, there's a blue print there. They will find that all these things I've talked about, that their child is probably a metal binder and doesn't detoxify. So we can't actually test Glutathione levels here in Australia from what I know, but I think you're doing your child more of a dis-service by not giving them the opportunity to try these products. They need to be given this opportunity because it can change their lives totally. It can be as much as enabling them to lead a normal life.</p> <p>I've got practitioners here in Australia who give it to pregnant women who have had their DNA done and fall into these categories. I know people that have taken it all through their pregnancy, all through breastfeeding, so their child's off to a much better start because the mother's a metal binder. I will talk to anyone. If anyone wants to talk to me I'll tell them. I know my son would be a different child today if he didn't take it.</p> <p>So you have to give them the opportunity to do it. The only reason they put it on the bottle is because they haven't done a study on children and pregnant women, so they have to protect themselves in that way. It doesn't mean they can't take</p>

Karel	One of the interesting parts is that you mentioned that 28% of people that have their DNA tested are metal binders but are not necessarily autistic.
Sue	Yes quite startling really
Sue	They will be in a toxic state generally and especially as they get older, unless they have lived a very clean and toxic free life.
Sue	<p>Look, my father, I've had his DNA done. My father has Alzheimer's Karel, and he's the most severe of metal binders. Now, he's had Alzheimer's for 10 years. You know, there's a link between autism and Alzheimer's. Autism hits the young kids, Alzheimer's gets the older ones. So there's a huge link there and that's what shows up in the DNA.</p> <p>And that's another case of the genetic pre-disposition, and the environmental triggers. If my father, if he knew his DNA many, many years ago his health may have been different, he was a farmer, and when he was young he wouldn't have been exposed to all those toxins that we're exposed to today. But over time (he was a farmer).he would have been exposed to heavy metals and he was a cropping farmer, so exposure to lots of the sprays and things on the farm took place regularly He would have had no ability to get rid of that. I did his DNA just recently, just because I wanted to know. So that's 28% of the population in this high risk category. It doesn't mean you have to be a metal binder to get Alzheimer's. Other people will get Alzheimer's as well but we're more susceptible to it. But if you can avoid the toxins or take a Glutathione accelerator, you're so much less likely to.</p>
Karel	Sue, you have your own Facebook – you have other clear reference material and sources of information that you have passed on already that I'd definitely like to distribute, can you go through that list that you wrote out and what is involved in those various resources – give a bit of a background?
Sue	<p>Yeah. I started a Facebook page just because I wanted somewhere that I could basically lump everything Glutathione related. Research papers, testimonials – and it was somewhere that I had everything and it was accessible to anyone. So anyone can go and Like that page. It's called GlutathioneMax-Immium Resource. So go onto Facebook, Like it and every time I put something on there, it'll come on your wall. So that's open to anyone. (Refer to the reference section)</p> <p>There's a really good website of Dr Corrine Allan's called www.brainadvance.org. She's got some great information on there on Glutathione. She works with a lot of autistic children, brain damaged children, anything along those lines. So there's testimonials, there's information there on inflammation and Glutathione, autism and Glutathione. A fantastic website. and she tends to use Max One with her patients. Look, there's a really good article by a guy, he's a chiropractor, Dr Murphy, on autism and Glutathione. It's actually on Corrine Allan's website as well, so you can download that from there.</p> <p>Dr Mark Hyman's written a really good article. A lot of people might know of him, he's an integrative doctor from the U.S. It's called 'Can Autism Be Cured?' He talks a lot about the genetic predisposition and the environmental triggers as well.</p>

	<p>Smart DNA have their own website – www.smartdna.net.au, and if anyone wants information</p> <p>you're welcome to email me and I will send it to you. Sue.barron@doctorsnet.com.au.</p> <p>The other thing I just want to share with you that I missed before was, there's a little boy who's been taking Max now for probably two years and he's about 8 years old now. He started on Max GXL and when he first started taking it his parents were struggling a bit because of the GFC and everything, and he responded really well to taking it. They thought it was fantastic. And then he plateaued, because they do. It's working. They're leading a normal life, pretty much, and they've reached a level. So they stopped it. Within two months of him stopping it the mother rang me desperate one day and said Oh, we need to get back on that stuff, he's really regressed. She said "He's not toilet trained anymore, the behaviour's really bad. So we got him back on the Max GXL" I went to the convention in the US and I was sitting at the airport in Los Angeles on my way home and I texted her to see how he was going. I'll read you what she said. This was two weeks later. She said "He's improved, very much so. He's calm, his bad behaviours are shorter and he uses words more. He goes to the toilet again. He's a better boy on Max. You're a life saver. I don't think he will ever stop taking it ever again." That was a huge shock for them.</p> <p>So that's a classic example of Max working. I've got other kids. They improve initially and then of course, like with us all, we get to a certain level and you don't notice the massive improvement anymore, but it's working. You're just functioning at a higher level. People are too scared to stop taking it because of that, and because they understand that their kids have low Glutathione levels anyway.</p> <p>You know, there are other kids that I've got taking it. Their behaviour's improved. There are kids, not with autism, but more behavioural problems and maybe ADHD, who find it settles them right down. There are quite a few kids at one particular school that are taking Cellgevity and it's really changed their behaviour. A lot of the kids find they can concentrate and focus better. Their grades go up. Of course they have more energy and they sleep better and they're calmer.</p> <p>If the kids are little, if they're around 3½, you'll often find the language will suddenly come. The mother will say to me – He's saying words I never knew he even knew. So it's fantastic.</p> <p>My brother-in-law who's in his early 50's now, he's very severe. Now he's taking Cellgevity and it's noticeable with him but more in things like he will give his mother a hug when he sees her now, which he never used to do. His activities of daily living, he's more independent. He'll do things he never used to do like pouring himself a drink and things like that. So they're probably a little bit more subtle, but massive considering how severely autistic he is.</p> <p>There's another boy whose mother said to me (he was 18 when he started taking it.) She said – It was like when he was on Ritalin, but hasn't got the bad side effects of Ritalin. He's calmer, chattier, more talkative, and more social. So there are so many stories I could tell you. But it does work to varying degree, but the kids have to be given the opportunity to try it. I feel really passionate about that.</p>
Karel	Sue, the Ritalin, what is often given now as a standard treatment, does that affect the Glutathione production?

Sue	It'll lower your Glutathione, for sure.
Karel	Like many medications, they actually lower the Glutathione?
Sue	Most medications that anyone is on will lower your Glutathione levels. So pretty much most, if not all medications lower your Glutathione levels. Yeah.
Karel	Sue, we have two questions from the floor. One is from a guy who's got a son, XXXX, who is six years old and they're just here for the first time. You're talking about Glutathione and he wanted to know, what is the ABC for his son, what should he do? You explained it before but if you look at him, can you briefly say – Step A, Step B, Step C? Does he have to do his DNA test first? Or could he go straight on a product?
Sue	<p>No, no he doesn't have to do his DNA test first. We didn't. Only probably a couple of kids that I know, that I have put on Max, have done their DNA first.</p> <p>Margie's done the DNA of quite a few kids but no, I mean, we know that these kids are going to be somewhere in this blue print. So the first one, figure out whether he can swallow capsules. These kids are fussy eaters, so I don't know how I would have got the medication into Sam had he been younger, because he'd eat things like dry crackers. Oh, he'd eat meat, chips and things like that. He didn't like messy foods so you've got to try and figure out how you're going to get it into them in the first place. So Max 1 - if they won't swallow capsules, Max 1 is often the easiest one to put them on. You can break open the capsule and just give half a capsule – depending on how old they are – he's six. so Okay, I'd give him perhaps half a Max 1 capsule initially for the first maybe week, and you can just use the other half of the capsule the next day. Just put the capsule back together, then increase it to one capsule daily, and he may even tolerate more. He may even want to go up to 1½ capsules per day if he's six years old. Maybe two capsules. You just basically assess how they're going.</p>
Karel	But start slowly?
Sue	But start slowly and increase slowly because in case they're going to detox, which may present with headache, or they go hyperactive or any of the usual signs of detox then you would slow it down. . So you don't want to mobilise too many toxins too quickly.
Karel	Thank you Sue. There was another question on the floor from one of our associates – one of her family has got a child that is autistic and they gave him one tablet and say – No, it doesn't work, and she is really not trying, or maybe disbelieving that it would work, and believed the doctor. I don't know what you can do about that but have you had cases like that?
Sue	<p>Yes, I've had cases. I've had people that I can't reach and I've got a great story. It blew my husband away. Gary is a trained medical professional, Cardiologist. He never used to be open to supplements at all.</p> <p>What happened to Sam changed his whole way of thinking. So yeah. There are some people that it's very hard to get through to and you just have to keep chipping away I think. Some people aren't open to it, they're only open to what their doctor says, and I haven't worked out how you get around that either. But then there are</p>

	<p>other people out there, so you need to look for them. There are people out there that'll do anything that is safe to improve their child's quality of life and help them lead a more normal life. So those are the people it's really good to work with and really encouraging to work with. Some people are really closed and that's sad, but it's like that with everything, and I believe chipping away eventually if we can get some of the doctors more open to it and seeing results themselves, we'll get through to these people. But just chip away, keep feeding them information, send them some of that information. Put them on Corrine Allan's website, that may change their minds. I'll talk to anyone if they want to.</p>
Karel	<p>Well, Sue, we are coming to the end of the interview and all I can say is that you have been so generous with your sharing this morning and for me, what you have given is a message of hope to bring to many people, and I'm sure a lot of the people attending will be very interested to spread that message. There will be a CD made from this recording that people can get from me at a small charge for the stuff, and you can give that to your medical professional or one can give that to other people that really need to know this information.</p> <p>I like to thank you Sue, from the bottom of my heart, for being with us this morning, and if there is anything in the future that people would like to specifically talk to you, your email will be on the message as well, on the CD, so that you don't get bombarded, but they can talk to you if they really, really need somebody with experience to talk to.</p> <p>So from all of us here in New Zealand, many, many thanks and we hope to keep in touch on a regular basis.</p>
Sue	Thanks Karel.
	Thank you very much.
	That's okay, thanks Karel. It's just really important we get the message out there 'cos these kids we can help. We have a product that can actually make a huge difference to the way they lead their lives. Thank you.

End

