



DOWN'S  
HEART  
GROUP

# NEWSLETTER

**Winter  
'89**

**Down's Heart  
Group**

**Christmas  
Cards**












available from

**John King** (see page 2)

**10 cards & envelopes cost £1** (cash+large stamped addressed envelope with order.  
please)

The window-frame is pink, the drawings are in blue and Nicola Beattie, aged nine, a member of the Down's Heart Group, is the artist who has produced this very appealing design which will do a wonderful job for us in advertising the Down's Heart Group wherever it is seen. Please buy and send as many as you can - your contribution will be much appreciated.

## Steering Committee Contacts

<p>Sue Bamber</p>  <p><i>Treasurer</i></p>	<p>Francoise Beattie</p>  <p><i>Publications</i></p>	<p>Mary Hamilton</p>  <p><i>Public relations</i></p>
<p>John King</p>  <p><i>Hospital liaison, Fundraising</i></p>	<p>Tony Linde</p>  <p><i>Computerisation, Charity Registration</i></p>	
<p>Geoff Shaw-Champion</p> 	<p>Wendy Tucker</p>  <p><i>Design</i></p>	<p>Linda Walsh</p>  <p><i>Founder, National family support</i></p>

## Editorial

Tony Linde has been unable to edit this issue of the Down's Heart Group Newsletter – more proof that we are none of us Super-Beings (see Linda's report on the following page) ! illnesses in his family and pressure of work meant that he reluctantly had to hand over to someone else - Dennis Hopkins rang me, and here we are. I'm learning quite a lot about computers and their little foibles while I'm doing this: not being a very technical person, I am currently losing only about 20% of my confrontations with the machine, but improving daily !

We have lots of contributions from you in this issue, which is as it should be. Please keep writing - I am sure there are many more stories out there which will be relevant to someone. However unimportant you might think your experiences are, I can assure you that I, for one, am helped enormously by reading about your children. My own son who had Down's Syndrome, Thomas, was born and died in 1985. Reading what you have written has reminded me of all sorts of things which I had forgotten, and for that I thank you. I hadn't realised that memories of the good things were fading along with the bad. Now, at a reasonably safe distance, I can enjoy him all over again and share him with his brother, who was just four when Thomas died, and with my new husband, who never met the little boy who changed my life so much.

Della Gleave



## Down's Heart Group

Well, we've made it through to Issue No. 2 of the Down's Heart Group Newsletter - not so soon as we would have liked, perhaps, but it will certainly be worth waiting for! Delia Gleave, our new editor, is coping admirably with the unenviable task of living up to the high standards that Tony Linde set us with our Spring '89 Newsletter.

We have a lot of progress to report since then, firstly in formalising the Group. One of Tony Linde's other headaches has been caused by his battle through the red tape involved in registering our Group with the Charities Commission - it's going to be a very long process, but we're on the way. We have also joined HeartCare (the UK federation of children's heart support groups) and have affiliated to the Down's Syndrome Association.

Secondly, we have made some more moves in spreading the word about the Group. Three different Down's Heart Group leaflets are now in print:

- the General Information Leaflet - aimed at the general public, professionals and potential fundraisers,
- the Parents' Leaflet - aimed at all parents whose child has Down's Syndrome and a heart condition,
- the Maternity Leaflet - a very simple handout for maternity ward staff to give to new parents.

Copies of both the General Information and the Parents' leaflets are enclosed with this newsletter. Please let us know if you would be prepared to distribute further copies in your local area for us. Likewise if you would visit your local maternity unit on our behalf we would be pleased to supply you with leaflets.

Articles about the Group have appeared in magazines, newspapers and newsletters around the country; but we still need lots more publicity, so any help you can offer in getting your local paper's attention would be appreciated. Free circulation papers, in particular, love to write about new self-help groups such as ours, especially if they can focus on a local child as well.

Thirdly, we have plenty of regional progress to report. Eventually our aim is to have at least twelve UK regions. Already setting up, but still in need of help if you can offer it are: Ireland, Scotland, North-East England, East Midlands, Bristol & South-West, London & Northern Home Counties, London & South-East, Wessex. See Page 4 for details of our contacts in these regions. The four remaining regions for which we are still seeking co-ordinators are: Yorkshire/Humberside, North-West, East Anglia, West Midlands.

Each region will have a 'co-ordinator' who will act as the main point of contact for families and professionals in the area. As the Group grows, we believe that this regional structure will help us to keep the personal touch which is so vital in family support work and which is becoming increasingly difficult to maintain from the national office now that we have 250 families on file.

Fourthly, on the publications side we have good news and bad news. The bad news is that the AV Canal booklet has still not found funding so it remains in draft form. The good news is that thanks to the effort of just one family we now have half the necessary funding to get our next booklet (Fallon's Tetralogy) into print. ... all we have to do is find the time to write it!

We are still holding our Steering Committee meetings approximately every six weeks and we welcome new faces every time. Each member of the present committee is working to full capacity so we really do need new faces if we are to make the sort of progress that we (wildly?) hope for. The only problem that I found with our first Newsletter (and I've an idea that this one will be just the same) was that it gave too many of you the impression that we are a highly-efficient organisation of Super-Beings ready to take on the world, whereas in fact we are a bunch of very ordinary mums and dads, struggling to set up the Down's Heart Group in between caring for our families and doing full-time jobs. So if you enjoy reading this newsletter and feel that the Down's Heart Group has a worthwhile job to do, please spare a moment to think whether you have a little bit of time and energy left at the end of your week which you could offer to the Group. There are so many projects we would like to get involved in, but we simply have not got sufficient hands on deck to cope. Wherever you live and whatever skills you may or may not have, we can find a role for you, so please get in touch. Happy reading!

Linda Walsh, Founder

## Regional Co-ordinators

The Group now has eight regional co-ordinators. These are Group members who have volunteered to take over a region to try to develop local groups. They live in their designated region and liaise with head office, hospitals and new and existing local members. Any information received by Head Office is passed on to these co-ordinators who in turn will make contact with the people in their region who require that information. Also they will send out any information relating to the Down's Heart Group to local hospitals, clinics, information services and so on. However, as you will see, the regions covered are very large. We still need more regional co-ordinators, and also group contacts to cover smaller areas within these regions, so if you think you could help by doing the job in your area please contact head office.

### Down's Heart Group (Wessex area)

*(Dorset Hants Wilts)*

c/o Pauline Proctor



### Down's Heart Group (London & South-East)

*(Kent Surrey Sussex)*

c/o Peter Stephenson



### Down's Heart Group (North East England)

*(Cleveland Durham Northumberland Tyne & Wear and until further notice Cumbria)*

c/o Sandra Welsh



### Down's Heart Group (London & Northern Home Counties)

*(Beds Berks Bucks Essex Herts and until further notice South Northants and Oxon)*

c/o Denis Hopkins



### Down's Heart Group (Northern Ireland and Eire)

c/o Rosina Brierley



### Down's Heart Group (Bristol & South West)

*(Avon Cornwall Devon Gloucs Herefordshire Somerset Worcs and South Wales)*

Sheila Forsythe



### Down's Heart Group (Scotland)

c/o Lynn Gouck



### Down's Heart Group (East Midlands)

*(S. Derbys Leics Lincs Notts N. Northants)*

c/o Gina Hojabri & Anna Danson



For all other areas please write to:

**Down's Heart Group**



## Fundraising

*The first item on this page comes from Mary Hamilton, who is now working with John King on the organisation of our fundraising efforts*

I only moved into the tiny village of Lyddington with my husband in March this year, and it now seems as if the Down's Heart Group has been part of my life for as long as I can remember! That must have something to do with the energy and enthusiasm of my near neighbour, Linda Walsh (flattery will get you anywhere, Linda!), who has the extraordinary ability to get me to agree to do things without me really realising! And the moment I said I had worked as a fundraiser for charities before and was there anything I could do to help - well, I suppose I should have known! I realised straight away that, in the short time of its existence, the Down's Heart Group has achieved a tremendous amount in bringing families together to share their difficulties. The attitude of everyone I met concerned with the Group was entirely professional and well-motivated, and the fundraising had been undertaken with skill and imagination. I know I am joining an extremely proficient team and feel sure that, both locally and nationally, the Down's Heart Group will bring in the £££ as they deserve to do.

As the Group gets bigger and more successful, we will need more money for all sorts of things, both locally and nationally. Family support, publications, local hospital liaison and day-to-day running expenses will all make our outgoings increase even more. It is important that the Group has the same type of approach when looking for sponsorship throughout all its local areas, so a letter that arrives asking for money from a company in Cornwall will bear that same Down's Heart Group professionalism as a letter sent to a company in Newcastle. As more local groups are set up, we hope to put together a 'starter pack' which will have guidelines on raising money. But for the meantime, let me tell you what's been happening on the national level.

I am working with John King on approaching the companies and charitable trusts for major donations which we can then pass on to the local groups by supplying you with answerphones, stationary paying all the necessary expenses and so on. Many of the firms we have approached have been in the East Midlands area, as the Group is based here, but I will be widening the search out to national companies from all over Britain, as many of them have a policy of supporting work such as ours. John has done an exhaustive search through the Charity Trusts handbook and picked out the ones who may be interested

in us, so letters will be fired off to them as well. And what of our successes? We've had help from sources as different as National Westminster Bank and Radio One, from the International Thomson Organisation and Uppingham Rugby Club. Our balance sheet is currently healthy but the big drive is now on to make it healthier still, so that we can continue and develop the terrific work we have already started.

Mary Hamilton

*This is a report from John King on the Group's achievements in this very important area of our work. I am sure that you will join us in thanking John for his own personal efforts at raising money as well as for all his work in encouraging the rest of us.*

A lot of water has passed under the bridge since our last newsletter. Ten miles of it saw me clinging for dear life to a raft on the River Avon, all in a good cause. The amount of money we have raised really has been terrific. Large and small amounts have come in from so many varied efforts - craft stalls, marathons, cake stalls, football matches, pub sports nights, coffee mornings. We have also received money in memory of loved ones. I don't want to mention any particular person or group because there really have been so many of you. I would like you all to know that your efforts are very much appreciated and that every penny has been or will be put to good use. Our expenses this year so far (the Group celebrates its first birthday in November) have been largely on our range of leaflets and these first two newsletters.

Well, I've given you a pat on the back for your past efforts, now I am asking you to double those efforts for the next twelve months. We really will be successful only if we help ourselves and those less fortunate than ourselves. We really do need to expand our services to our existing families, but we also need to reach far more parents and children. So please set yourself a target - think now about what you can do to help. Hold a fundraising event, encourage your 'local' or workmates perhaps to have a sportsnight or enter a team in a sponsored event. Could we write to your or your partner's employers to appeal for funds? If you need ideas, posters or assistance, please contact me, and please let me know before you organise an event on behalf of the Group - we really can help you.

John King, Fundraiser. ('Fundraiser' is not a position I hold on my own - you are a fundraiser, too!)

## News from the regions

Our regional co-ordinators have been keeping us informed of their doings. They all start off claiming that they haven't done anything really, but then we find out that modesty plays a major part and that they have achieved quite a lot between them. Here, in no particular order, is their news

Peter Stephenson (Kent, Surrey, Sussex) has sent an article which his local newspaper printed about the setting up of his local Down's Heart Group. He has asked me to mention that he will shortly be contacting all members local to him to check that all our records are updated, and would be grateful if any of you could get in touch with him first about any developments. I know that this would save him quite a lot of time and work.

Lynn Gouck (Scotland) has been temporarily out of action as her daughter, Sara, has recently had surgery at Glasgow's Yorkhill Hospital. Sara is on the mend now and Lynn is making the most of all the useful contacts made in the hospital.

Rosina Brierley (Ireland) is just now setting up her group. She has managed to persuade a local firm to give her a cordless telephone for Down's Heart Group calls (she was complaining about some smells being made by their factory, and took full advantage of the situation!) Rosina lives 'way down South' and could do with a helping hand further North - any offers from the Dublin area? And Northern Ireland?

Pauline Proctor (Dorset, Hants, Wilts) would like to tell people in her area that she is there! She is just setting up her region and one of her first jobs will be to contact all the families we know of in Wessex.

A PLAYGROUP at Petersfield has raised money for a Down's Syndrome support group in memory of one of the children.

Heme Farm Playgroup presented a £50 cheque in memory of three-year-old Vivienne Phipps who had Down's Syndrome and heart problems but died two years ago.

When Peter and Sylvia Stephenson lost their baby they wanted to block it, so it seemed as if their world was shattered.

But now the couple, of Ridgeway Road Home, are using the experience it has served them to help others.

Peter, a British Telecom businessman, has helped set up a new group especially designed to the parents of Down's Syndrome babies who also suffer heart problems.

### Operation

Set up in the spring, it is now a full swing but Peter and Sylvia are hoping to reach as many potential members as possible.

Their involvements began after years of heartache, starting when they realised they could not have children of their

own and found adoption difficult.

Eventually they entered their son, a Down's Syndrome child, and just days after they moved to Home in 1986, baby Sarah came and their lives

changed. Sadly, she had a major heart defect and an operation to correct the condition was a failure.

Sarah died in May 1987, just three weeks after she became legally theirs.

Now Peter and Sylvia have set up a helpline for parents facing a similar treatment time, assisted by Peter's employers who donated an answering machine to ensure copies to leave a message if any time.

And life is flowering again for this brave couple. They are in the process of adopting their second daughter, Lisa, again a Down's Syndrome

child but perfectly healthy.

Said Peter: "Some people thought it was too soon after Sarah's death to adopt another child but we knew we were ready."

"She is not a replacement, she has her own personality."

The Stephensons also have a foster son, Michael, aged 18, who attends the local education centre in Wincobur, Canterbury.

He is beginning to take a great interest in his country music although, at first, she seemed too fragile to him.

Peter is regional co-ordinator for the Down's Heart Group and is willing to offer help and advice to any parent of a Down's Syndrome child with a heart defect.

Over 50 per cent of

high children have serious heart problems.

Some are small holes in the heart but many usually the problems are so severe they are either inoperable or require major surgery.

It is the decision whether to have the operation which is so difficult.

Although it was not successful for Sarah, it can be of other cases.

### Experience

Said Sylvia: "We would never tell parents what the decision should be."

"We can only help them to make up their own minds in the light of our own experience."

The group is compiling a list of many subjects of Down's Syndrome children with heart defects, ranging from feeding to day to day care.

For more information, telephone Heme Bay 364972.

by Rosemary Braithwaite

Denis Hopkins (London & Northern Home Counties) is also working on his own and covering an enormous and densely populated area. Most families in the region should, however, have heard from him by now and his local hospitals, health centres, etc. are well supplied with posters and leaflets. He is now working his way through the biggest stack of Yellow Pages you can imagine, addressing letters to all groups, professionals, hospitals who come into contact with our children in each of the seven counties he covers.

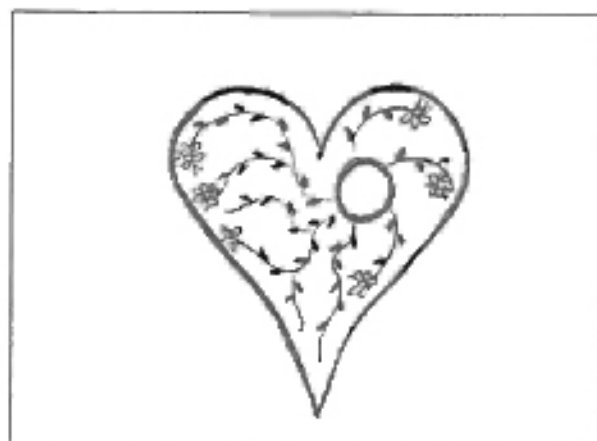
John King has sent us this newspaper article about some of the fund-raising in his area.

Sandra Welsh (North-East England) has been linking up with her local heart support group (CHUF), the Barnardo's resource centre and the local DSA. A hospital visit has been made in this region and again we were very well received at the Freeman's Hospital in Newcastle. Linda and Sandra made very useful contacts with both staff and parents. A number of families have been contacted by Sandra and she is planning a 'get-together' for them in the next few weeks. Her next big job is to move outside Newcastle and to start contacting all the other people in the North-East area who need to know about our Group. Sandra is working on her own - any offers of help?

East Midlands is the newest of the eight regions covered so far, but already Gina Hojabri and Anna Danson (her partner in crime) have organised a Christmas party and invited us all to attend! Brave girls! See you on the 16th!

Sheila and Euan Forsythe (Bristol & South-West) have two other families working with them - Phil and Mary Thorn from Henbury and Ann and Rob Bailey in Weston-super-Mare. Sheila and Linda Walsh visited the Bristol Hospitals recently and received whole-hearted support from everyone they met, from consultants to receptionists. The overwhelming message seemed to be "Why has this never been done before?" The Bristol Group have been very active on the fundraising front. Sheila has given us news of £300 sponsorship money which Phil Thorn, their treasurer, has banked so far since he took part in a ten-mile run. A cake and craft stall, manned by volunteers from that area at Blaise Castle Fair, also swelled the funds by £459.

This issue's medal for grit and determination in doing the job however adverse the circumstances must go to Euan Forsythe, though! After the presentation to their Group of a £200 cheque, proceeds of a charity concert given by a local dancing school, Euan was in the middle of a speech of thanks and an explanation of the Down's Heart Group's work, when his son Andrew was sick all over him. Euan apparently continued with his speech, notwithstanding his appalling situation, a feat which I think would be far too great a demand on my own ability to prevent myself coming out in sympathy with poor Andrew!



Following on from the Leicester Self-Help Fair, Lyddington Village Fete, the Blaise Castle Fair in Bristol and now our Christmas Bazaar in Oakham, we have found out how useful it is to have a collection of items which can be handed over for sale each time anyone anywhere in the country wants to put on a fete stall. We're sticking to the theme of 'Hearts or 'Hearts and Flowers', so if you can make, beg or otherwise acquire any saleable items on these themes, then please let Sheila Forsythe know and she'll tell you where to send them. Likewise, if you would like to borrow our 'roving fete stall' to raise funds in your area, then just let us know.

DAVID Weston-Webb, who suffers from cerebral palsy, kicked off revenues at a football match between The Royal Oak Legless XI, captained by David Cousins, and The Cossington Commercial Legless XI, led by Lawrie Scott. The Legless won by seven goals to two.

The event, which was held on Cossington recreation ground, was well supported and raised £785.51. This included sponsorship money raised by David Weston-Webb.

The money was presented to Mr. John King, fund-raiser of the Downs Heart Group, by landlord of the Royal Oak, Bill Lindsay. Bill and his wife, Marlene, put on a barbecue at the pub after the match.

## Announcements

### Christmas Bazaar

Congregational Hall, Oakham

2nd December 1989

Would you be willing to bake a cake, donate a tombola prize, make any saleable Christmas item or give up an hour to help on the day? If so, then please contact



### Sweatshirts

Available in pale blue, grey or white

Adults	S	M	L	XL	=	£9.99
Children	24		28	32	=	£7.99



### Down's Heart Group Christmas Party

Civic Centre, Kingsway, Braunston

16th December 1989

2.00pm - 6.00pm

Contact Gina Hojabri, 

A small charge will be made

## Rogues' Gallery



I was delighted to receive a photograph from Linda the other day showing a motley crew lounging about in the sunshine on the steps of Groby Rd Hospital, Leicester. It was lovely to see the faces belonging to the voices at last, so I thought I'd share them with you. At the back, from left to right, are John King, Sue Bamber and Dennis Hopkins, and at the front, again from left to right, are Linda Walsh, Pauline and Michael Proctor and Sheila Forsythe. Now, I wonder what the rest of us look like!




## Help, please !



"We have a ten-month old baby boy who has Down's Syndrome. He also has cerebral palsy and is on anti-convulsant treatment for fits. Obviously it produces quite a complex set of problems and we want to do everything we can to help him develop. We would be very pleased to hear from anyone whose child has DS with cerebral palsy and/or epilepsy."

Mr G Perrens  




Once again, the Down's Heart Group needs help. Are you, or do you know, a friendly accountant? Our books need auditing and it's not a very big job, so we would like to avoid paying a hefty fee if possible. If you would like to know more, please ring Sue Bamber 

We would also appreciate any help in finding a low-cost source of printing and/or photocopying. Please keep your eyes skinned, ears to the ground, etc. for anybody who might be able to assist us with this. Thank you.



## Food, glorious food

*There can't be many of you reading this newsletter who haven't spent endless hours trying new and ingenious ways of persuading unwilling little mouths to open for food. Let us know the secrets of your success and we'll print them here.*

If they haven't got it in stock, your local health food shop will be able to order a ready-to-eat soya dessert made by PROVAMEL. It comes in 4-portion packets, has no lumps and is available in vanilla, chocolate or strawberry flavours. It seems to be as scrumptious to little palates as other less nourishing desserts, but at least it's made from whole soya beans (which are rich in protein) and other natural ingredients, so it will make you feel better about abandoning the main meal and giving in to requests for pudding. Let us know how you get on with it.

## Ideas

*Here is another selection from the useful ideas which you have been sending in. Please let us know what else you have tried and what has worked - for older children as well as the little ones. We all know that desperate feeling when we've tried everything and nothing seems to work: I know that things which seemed perfectly obvious to other people just had not occurred to me when I got 'bogged down' with it all and couldn't see the wood for the trees.*

When Thomas was born in January 1985 with Down's Syndrome, I was lucky enough to have all the toys, books and equipment (mostly handed down by friends or collected from jumble sales!) which his brother Matthew, then 3 years old, had outgrown. Right from the start, with tremendous encouragement from the physiotherapist at the Royal Bucks Hospital, Aylesbury, I tried Thomas out on all the things that Matth had used at the same age, regardless of the fact that poor Thos. was *very* tiny and floppy! Whenever I put him down anywhere, there was always something hanging above him and within reach - the string of Oxfam brass elephants which jingled on the towel rail in the bathroom, rattles, plastic mugs (anything safe, in fact) dangling from the bedhead on cotton tapes. The theory was that I would leave it for him to see until I could find time to teach him to touch it. You can perhaps imagine my joy, when I heard rattling one day and crept into the room to find him engrossed in batting one of the bedhead toys with the back of his hand.

I remember the baby bouncer which hung in the doorway. It said "From three months" on the box. Thos. was three months old, so in it he went! I used to dress him in lots of layers of babygros and woollen all-in-one suits to 'stiffen him up' a bit and tie a scarf from one of the cords to the other at about ear-level behind his head which stopped the flop extremely well. Then either he had a cradle-play toy tied onto a Mothercare high chair frame (this, another jumble find, was invaluable for hanging playthings on for him when he was in all sorts of positions) or I balanced a pile of wooden bricks on a child's wooden chair in front of him, or his brother volunteered to sit on the floor and be grabbed. It was only a matter of three or four weeks before we stopped needing the scarf for support.

The baby walker, however, was a hilarious failure. I borrowed one of those which had four legs and a canvas bag with leg-holes hanging inside. I adjusted it to its lowest level to account for the little Down's legs, and plopped Thos. in it. His toes touched the floor beautifully, but the rest of the child disappeared, squawking, into the depths of the bag with only two sets of fingers visible, clamped firmly where I had put them, onto the front of the frame! I tried adjusting it and wedging him with rolled up cot blankets, but

there just was not enough of him to be visible at both ends at the same time. I have to admit that I was laughing so much by then that I couldn't resist ringing the physiotherapist and describing the scene, whereupon she admitted that this had not been one of her better ideas!

I hope that these anecdotes from our early days might perhaps encourage someone else to be ridiculously adventurous and not to worry about failure - there is something, however tiny, to be gained from every situation, even if that something is only a much-needed giggle.

Delia Gleave (Beds)

When Leona was crawling, to help her pull herself up and stand we built a little step ladder up the wall. She would catch onto the rungs and pull herself up and stand. She did this until she could walk on her own. I thought it was a great idea at the time and may help some other parent.

Rosina Brierley (Co. Cork)

We found the Rifton chair extremely useful. This has a removable table top with half-inch sides to stop things falling off but with corner gaps to enable easier cleaning, an adjustable foot rest (for the very small child) and aommel to stop the very floppy child from slipping through. Even our double-jointed daughter could not escape from this.

Later we wanted Rebecca to eat with us at our table, but being too short she just could not reach. Pillows and cushions were useless; they slipped. Baby chairs, boosters, etc. were out for various reasons, and then in desperation, moaning to a playgroup leader with hospital connections, we came up trumps: four rigid cups that sit the legs of the dining chair inside them, and tighten with plastic bungs. So simple. Ours raise the chair five inches, enabling Rebecca to eat at the table like a 'big girl', visitors tend not to notice them, making Rebecca no different from any other children. They come from the occupational therapy department of the hospital.

Veronica Andrews (Suffolk)

## Your experiences

*We asked last time if any of you would like to share your experiences with other parents and we are extremely grateful to those of you who made themselves re-live difficult times knowing that their stories could help others. Our first account comes from Guernsey. Wendy and Alan James have managed to draw something positive from Mark's life and death, and for that we thank them. They have shared their story with us and, with help from their friends and family, have raised half the funding necessary for the publication of our booklet on Fallot's Tetralogy. It is comforting to know that one's child's life wasn't so little after all.*

### Mark's story

Our darling little son, Mark, was born on 17th August, 1988 at the Princess Elizabeth Hospital, Guernsey, by emergency caesarian section because of foetal distress. Coming back from theatre I could hear nurses talking to each other, saying "She has had a little boy, but he's not very well". When I eventually came round, about six people marched into my room and said that Mark had had difficulty breathing, that he had a mis-shapen head, that perhaps the brain hadn't developed properly and that he might have a hernia. I didn't see Mark until 9.30pm. I was taken round to the special care baby unit in a wheelchair. I fell in love with him at once. It was true that his head was a funny shape and that his face looked rather flat - other than that, he seemed a fairly normal baby. A few days passed. Mark didn't have a hernia; he had a brain scan and that was fine. He did, however, have a feeding problem, so doctors decided to do further tests. Blood samples were taken, and it was only because we looked at Mark's notes that we found out that they were testing for Down's Syndrome. "Why?" we asked. Mark didn't look as though he had Down's Syndrome. We were told that it was just a routine test, just to make sure that he was OK, and then we could take him home. Both Alan and I knew this wasn't so. Anyway, after three weeks in the special care baby unit we were told that he had Down's Syndrome. We were both shattered. We thought "Now we can take Mark home, there's nothing anyone can do." However, a few days later we were told some more shattering news. Mark had a heart problem and would have to go over to Southampton to see a specialist there as the equipment in our hospital wasn't sophisticated enough to give details of exactly what was wrong with Mark's heart. I had noticed on a couple of occasions that Mark was a little blue and both times the nurses said "Don't worry, it's the reflection from the blue curtains."



We eventually took Mark home on 16th September, 1988 knowing that he had Down's Syndrome and Fallot's Tetralogy and awaiting an appointment any day to go to Southampton.

Weeks went by. Mark began to feed better and began to smile at eight weeks. He seemed to be doing the same as a 'normal' baby except that when he cried he went blue - very blue sometimes. Still weeks went by and no appointment in Southampton, Mark was still gaining weight and had started to babble and gurgle. Everyone that saw him fell in love with him, he had everyone's attention and they couldn't believe that special bond that Mark and I had. One parent commented "When Mark looks at you it's with love; when my daughter looks at me she's wondering what to pull next."

We eventually got an appointment at Southampton on 5th April, 1989 after a wait of eight months. Mark had some very bad days when he went blue and one day I thought he was going to die. The doctor said he wouldn't die and I suppose that I was just a neurotic mother in his eyes. The fifth of April finally arrived. We

were in England staying with my parents in the Midlands. We went to Southampton as out-patients, thinking it would be just for a day. Mark had a chest X-ray, then we went to see the paediatric cardiologist. He examined Mark and asked if we would be able to come up to the ward after lunch so that he could use the better equipment. Mark had been dressed and undressed several times. He went very blue, bluer than I had ever seen him. The specialist said "I'm sorry, Mrs James. Mark will have to be admitted. We need to operate as soon as possible, otherwise he won't survive. He has only survived until now because of all the love and care you've given him." I shook from head to foot; I just don't know how I managed to hold Mark in my arms. As if we hadn't been through enough already. We were very annoyed that Mark hadn't been seen sooner, but what could we do when our GP had told the specialist that Mark was OK and could wait until the specialist next visited Guernsey. It was quite clear that Mark should have been seen earlier. We were told that they would operate at the earliest opportunity - two weeks - but if Mark had a spell like he had earlier that day he would be treated as an emergency because he could go unconscious and die at any time.

Mark was admitted to the ward later that day. I had to stay while Alan took my mother back to Birmingham and collected our belongings. He came back the next day. A week went by and then suddenly we were told that they had a cancellation and that they would operate on 14th April. We were taken to see the intensive care unit where Mark would go after his operation. We couldn't believe how much equipment they use; to see a tiny baby on such a huge bed is quite upsetting. We saw the surgeon and the anaesthetist and were told that they would do a catheterisation first, keep him under and then proceed with a shunt or a total correction. This was because the muscle causing the blockage in the pulmonary artery could go into spasm. At 6.30pm the night before we were told that the operation would have to be cancelled because of a shortage of nursing staff in the intensive care unit. We were disappointed, but also relieved. Mark's operation would now be on 19th April. Finally the day arrived. At 7.30am Mark was given his pre-med. At 8.30 they were ready for him in theatre for the catheterisation, and then if all was favourable they would go ahead and do a total Fallot's correction. We got to the theatre and we had to stop at that red line. It was heart-breaking having to hand Mark over, knowing that he might not survive. At 1.00pm we saw the doctor who had done the catheterisation. He said that things were going well and that the surgeon was going to do a full Fallot's correction. We would probably see Mark at around 4.00pm in intensive care. Thankfully we were with lots of other parents whose children, some only babies, had already had their operations. To see them doing well was very encouraging. At 3.30pm we were told that Mark was well and in intensive care. We were so relieved. We went down to see him at 4.00pm. It was very distressing at first to see all the equipment and drugs they were using. Mark looked lovely and pink and his hands were warm. Now we just had to wait another forty-eight hours when he would hopefully come off the ventilator and go back to the ward. However, Mark had problems trying to breathe and got tired after half an hour off the ventilator. They kept trying.

On Sunday morning Mark was still in intensive care. We saw him first thing and he didn't seem too bad. We went for a coffee and went back at 11.00am. I wasn't very happy with him then - he seemed very cold. Because I said that I wasn't happy with his condition people seemed to home in on my conversation with the Sister, and we were told to go away while the doctors looked at him. I was quite worried now and said "I think he's going to die." Alan said I was being silly and not to worry. We came back at mid-day to be told by the Sister that things weren't looking too good, well, to be truthful, very bad. She had seen only two babies like this before; one survived, the other didn't. We were told to go and have some lunch and to come back later. I couldn't eat. Instead we went back to the house where we were staying, in the grounds of the hospital. Alan said he would make me a cup of tea and told me to sit in the lounge and watch the television. At 12.40pm I felt such a strange sensation: it was something leaving me. I knew then that Mark was dead. At 1.00pm the phone rang. It was intensive care, asking us to go over immediately. The walk from the house to the hospital was only a couple of minutes, but on this occasion it seemed to take ages. We knew that this was bad news. We were taken to the Staff room and told that Mark had died. We were asked if we wanted to see him and cuddle him. It seemed a strange thing to do, but we both said yes. All the time I held him, I thought any minute he'll wake up; this is just a bad dream. Then came the awful task of telling our family and friends of Mark's death, and that there would be a post-mortem. Mark's death was caused by a virus which attacked the lining of his lungs.

Although Mark had such a short life, he gave us lots of love and happiness and his lovely smiling face which greeted us each morning will always be in our thoughts and memories. We miss him very much, but realise that life has to carry on. Although Mark is no longer with us, he will be having a little brother or sister next May. Friends and relatives were so generous, giving donations in memory of Mark, that we were able to send a donation to the Down's Heart Group towards the production of a booklet on Fallot's Tetralogy. We look forward to its production in the New Year.

Wendy James (Guernsey)

*We thought that you would like to know some more about Joanna, one of the people featured in our General Information leaflet. We'll be telling you about Matthew and Vivienne in the next two newsletters.*

## Joanna's story

Joanna was born in March 1972 in our local hospital. We weren't told that she had a serious heart condition until she was over a year old, when we went up to the Newcomen Centre at Guy's for an assessment and were referred to the paediatric cardiac department. Joanna has an AVSD (atrio-ventricular septal defect) and although an operation is not possible, she has regular check-ups at Guy's, and we always receive marvellous attention.

In spite of her condition Joanna thoroughly enjoys life. She may be restricted in the amount of physical activity she is able to cope with, but this doesn't deter her from having a go at everything. She cannot walk very far without tiring, and is very slow. She is able to swim a width of the pool, although she does get very breathless, but she loves the water, however cold! Joanna coped very well with Brownies and Guides and was made very welcome.

At present she is in the senior department of a special school, and she is attending a course for MLD students at the local College of Further Education one day a week. She has also done a little 'work experience' at a playgroup.

Joanna is a typical teenager - loves clothes, make-up, pop music, disco-dancing and annoying her brother!

Tricia Patenall (Kent)

## Michael's story

I am faced with a slight problem: How on earth can I get all about Michael and me into one letter? There are too many experiences; too many tears, and far too much laughter. I escalated from a girl whose only tragedies in life were her mascara running or her hair not going in properly before a date to the mother of a Down's Syndrome child with a congenital heart defect. The greatest tragedy, however, was not Michael's 'handicap' but the pain and suffering he had to endure.

The doctors told me that they suspected Down's Syndrome immediately after Michael's birth. They took him away for tests and it was confirmed the next day. I was in shock, and went through the apparently common 72 hours of rejection of my baby. The rejection was so acute that when a nurse came to tell me that Michael was crying and needed me, I genuinely didn't know who she meant and replied "Who?".

Automatic pilot took me to Michael to change his nappy. It was then that suddenly, the barriers fell away and I felt an overwhelming surge of love and emotion for my son. I collapsed on the bed in tears, holding Michael close. The nurse found us there at midnight, asleep. And only then did poor Michael get that nappy changed!

He came home for the first time at seven days old. He cried incessantly and wouldn't feed. As a total novice, I didn't realise that this was a warning sign. Mum, who has had a lot more experience with kids, suggested that I call out a doctor. A blocked-up nose was diagnosed and a prescription for nose drops issued. Although at the time I was understandably angry and frustrated, I in no way condemn the doctor for what turned out to be a mis-diagnosis. After all, he is a General Practitioner and not a cardiologist. When the Health Visitor called that morning she referred us to a local clinic. In turn, they referred us back to the paediatrician who had made the diagnosis of Down's Syndrome. He then referred us to the Freeman Road Hospital, a local hospital specialising in cardiology. At nine days old, Michael underwent his first heart operation. Now we knew he had a serious heart defect.

It is at this point that Fate, Good Luck or God took a hand. We were told to wait twelve months for a corrective operation. Looking back, Michael would never have survived those twelve months.

I decided to move back to Manchester. There, Michael went down with pneumonia and was taken into the Royal Manchester Children's Hospital and put on a ventilator. A banding operation was suggested to alleviate the situation - an operation that was considered to have a low rate of success in young children.

The operation had to be postponed several times as Michael suffered from a series of ailments and infections including problems with his chest, lungs and kidneys. It was eventually scheduled for 8.30 one morning in March 1986. At 8.00 that morning both Michael's lungs collapsed. The decision was made to 'go for it'. An hour later Michael was returned to I.C.U. In all he spent just over 11 weeks in Intensive Care and was eventually returned to the ward to an oxygen box instead of the ventilator he had been on.

During the next two months he spent in hospital we began to suspect that Michael had become both deaf and blind as a result of lack of oxygen during his spells on the ventilator. Extensive tests involving visits to other specialist hospitals failed to confirm the problems one way or the other, but at six months old, Michael was failing to respond to stimuli as expected. However now at 3 1/2 years old his eyesight is A1 and although he still has hearing problems, he is by no means deaf. A recent operation to insert grommets in

both ears has helped this condition

When Michael was 8½ months old he came home from hospital for the first time since birth (if you exclude the one day at one week old !). Viral infections continued to cause problems for Michael. He had to spend a further month in hospital as a result, but now his hospital visits are to the out-patients department and his condition is stable.

Michael is smaller than your average 3½ year old with Down's Syndrome, but considering he has spent virtually a year of his life inside hospital wards, he is progressing extremely well. He now attends a Social Services nursery that also caters for children with special needs. This is an experience he not only benefits from but he obviously enjoys. There were some separation and socialisation problems at first, but now I get a kiss and love "Bye-bye" and he comes home with the remains of the day's activities all over him, opening doors with elbows and demanding food !

We have always worked closely with the Barnardo's organisation, in particular with their excellent Resource Centre in Gateshead. They have provided, amongst other things, Portage training for Michael and put me in touch with several helpful organisations and charities - including the Down's Heart Group !! All of this came via an extremely dedicated social worker attached to Barnardo's. I don't know what I would have done without her ! In fact, the facilities and help available via Barnardo's could fill a book, so if anyone wants further details, please contact either myself or their local Barnardo's centre.

To anyone going through similar experiences I have to say "You're not alone", and it's not all doom and gloom. The love, the affection, the constant rewards you get back from your child are worth ten times the effort - at least !

Sandra Welsh (Tyne & Wear)

*In that last paragraph, Sandra has managed to sum up what we feel the Down's Heart Group is all about. There is never any need for anyone to shoulder alone what might at times seem to be an impossibly heavy burden. A friend once told me to ring her whenever I needed to be shown some light at the end of the tunnel - her daughter, in her twenties, has an inoperable heart defect, so the family has trodden a lot of familiar paths over the years - and it was such a relief to know that people had already experienced and survived what I was trying to cope with.*

## Jamie's story

Jamie was born on 7th January amidst chaotic excitement. We got to the hospital about an hour before he was born and because of this, I was too late for any painkiller apart from gas and air, which I am now extremely grateful for. My husband was present at the birth and even cut the cord, and Jamie weighed in at what we thought was a healthy 7lb 1oz. Everything seemed fine the next day and my husband James and I were over the moon, although I did think it strange that Jamie didn't cry.

At midnight that night the nurse fed Jamie for me so I could get some sleep, but ten minutes later woke me to say that Jamie had gone blue during his feed and that she was sending him down to the Special Care Baby Unit. The following morning my husband and I were told that Jamie had Down's Syndrome and that they also suspected a very serious heart problem which was confirmed by the Brompton Hospital the following day as a total Septal AV Canal Defect. Jamie lost a lot of weight because he was put on diuretics and we also realised that his body contained a lot of fluid at birth.

So Jamie stayed in the SCBU for eight weeks. The first few weeks he was making very poor progress, going in and out of heart failure and continuing to lose weight. He was also jaundiced, lacked calcium and had conjunctivitis.

During this time Jamie was tube fed and the plan was for surgery to take place when he reached 10lb. Gradually Jamie's weight started to rise and he slowly started to bottle-feed with the help of a haberman teat, and at six weeks the tube came out. Jamie had regained his birth weight and gave his first smile.

We took him home at eight weeks and his eye cleared up the same day and his weight is still making a slow but steady increase. Jamie is now six months old and weighs 11lb. He takes sixteen hours a day to feed on average, and I was very upset thinking that his slow feeding and slow weight gain was my fault. I became obsessed with feeding, but since speaking to members of DHG I have realised his weight is very good and now that I have relaxed we both enjoy mealtimes a lot more without me shoving a bottle in his mouth every five minutes and we can enjoy life a bit more. Jamie will now not have heart surgery until he is two, but every day he brings us more joy, so whatever happens in the future, we've got now.

Debbie Barron (proud Mum!)

## Faye's story



Our daughter, Faye, has recently had an operation at Brompton for primum ASD with pulmonary hypertension. She is four in May. She was only in hospital for one week, everybody said how well she got over the operation. Although she didn't seem well enough to come home, as soon as she did she got stronger and happier every day, and is now like a new little girl. Before her operation she was always tired and clammy, but now she's up at 6.00am and goes to bed at 7.00pm.

She was in hospital a couple of times with chest infections and phlegm on her chest. She had a nebulizer eventually. We found these the worst times with the phlegm - some days she'd cough for hours and find it hard to get her breath. She also had asthma, but since the op. we feel it was cardiac asthma as it seems much improved and so is the phlegm, because the hole in her heart caused that.

I was twenty-one when I had Faye and she has a brother Dean, aged two. She goes to a designated nursery, and may go to a mainstream school.

Deborah Wilding (Bucks)

*We thought that brothers and sisters should have their say, too. Matthew, who is nearly eight, said that he would write something for the newsletter because 'I know it's not very nice being a mum but it's not very nice being a brother, either'.*

Once I had a baby brother. His name was Thomas. It was fun having him. He would have died when he was about five because his heart wasn't very well. When he was ten months old he had an operation and he died after that. I woke up the morning after the night that he had died and found my Nanny because my Mummy was still at the hospital. When Mummy got back at my house I said "Where's Thomas?" My Mummy said "He's died, sweetheart".

Matthew Porter (Beds)

*Tracey is in her teens, and has expressed her feelings about her brother Alex in a poem called:*

"Why do you label him?"

Why do you treat him the way that you do,  
And tell us to anticipate it,  
And who is clever, who is bright,  
And how can you dictate it?

I've learnt more from him than a text book,  
Though you say he could never teach,  
And he's touched me through a barrier,  
In a world you say he'll never reach.

Why do you treat him the way that you do?  
You say he has nothing to give,  
You gave him the option of death at birth,  
When we all have the right to live.

Is it his innocence of corruption that scares you?  
Are you jealous of all his laughter?  
You say that you're concerned for us,  
Because he's not worth looking after.

Do you always look down on "his sort"  
Because he's not of "pedigree breed"?  
Why are you so inhuman?  
It's you who has the need!

I'm telling you, your pieces of paper,  
That tell you how clever you've been,  
Have qualified you as an intellectual snob,  
Is that how you want to be seen?

Add another qualification,  
And this time let the world see  
Drop your approach to this little child,  
And try sitting nature's degree.

He isn't just a statistic,  
Don't pretend that he doesn't exist,  
Don't hide yourself from the reality,  
Hoping people like me won't persist.

Tracey Tucker (Notts)

## The Hospital Stay



*The following extract comes from an article by Maggie Nelson, entitled 'A Hospital Survival Kit'. The article was not aimed particularly at Down's children, but it nevertheless contains a lot of good ideas to make the experience of a stay in hospital more pleasant for our child and therefore less distressing for us.*

For a two to six year old, or even older, the greatest fear is likely to be separation from their parents. If you can assure them that you will be with them when they want you, you can offer them the greatest comfort of all. Most of the cardiac departments are excellent about this with unrestricted visiting and accommodation for parents.

Fear of pain is another problem. Our method of dealing with blood tests and injections is to take a box of chocolates into the treatment room. We hold our daughter on our laps and make sure she is looking away, telling her she can yell as much as she likes - then sometimes she doesn't bother. At other times we get the full force of her vocal capacity. But everyone - doctor, nurse, parent, child - shares the chocolates after the ordeal and everyone is friends again!

Children will be very irritable, lacking in concentration and quickly tired in post-operative days. They often revert to babyish habits and behaviour. Go along with it - it is quite normal and to be expected. Planning and preparation before going into hospital can help keep them happy and occupied later, and can help you, too, by channeling your worries into more positive action.

Take bags full of 'things to do' - a teddy, a doll with a change of clothes, a bag of little individually wrapped surprises, collected during the preceding weeks. These can be snowstorms, water toys where you press the knob to move the objects inside, funny shaped soaps, a new toothbrush, a brightly-coloured new flannel, even some new pyjamas. These are often things which you would have bought anyway, but the bag is dipped into at moments when distraction is needed and so otherwise ordinary things become more interesting.

There could perhaps be another bag containing coloured paper, pencils, a rubber, Sellotape, a Pritt stick, gummed shapes, sewing cards, etc.. Your child is bound to have one or two favourite books, and perhaps a cassette player with headphones to listen to story or music tapes.

We always have a scrapbook with us to record daily events in hospital, like a diary, and to stick in things like E.C.G. tracings.

I always try to ensure that she gets loads of cards by saying, when people ask if there is anything they can do, "Yes - please send her a card". We stick them up with Blu-Tak. We also take in photographs of friends, teachers and family to stick on the bedhead.



*We would welcome any ideas you might have for making things easier for everyone when the inevitable stays in hospital come round. We'd like to pass on, too, suggestions for avoiding the problems we all face during those hours spent in doctors' waiting rooms and out-patients departments.*



## Cardiac Catheterisation

*The following article is one of a series written by Dr Philip Rees and published in Heartline the newsletter of the Heartcare organisation. We hope to publish the other articles in future issues of our own newsletter.*

This is one of the tests that is used to assess children with heart problems that we sometimes need to perform in order to plan the best management of the child. The catheterization involves coming into hospital the day before so as to allow the child to become accustomed to the hospital, the doctors and the nurses. The evening before the test we give them a sedative and again about four hours before the test. From that time the children are not allowed to eat or drink. The reason for this is that afterwards they sometimes feel nauseated and it is more miserable if you are actually sick. Half an hour beforehand they receive a small injection of a further sedative; nobody likes needles but this works as a better sedative than medicine by mouth.

A nurse who knows the child will bring him to the Catheter Room - carrying babies and toddlers and accompanying the older children who would lie on a trolley.

The child lies on a bed which can move up and down and from side to side, and is connected to an ECG machine. In addition there are two X-ray machines - one that sits just above the child's chest and one that stands alongside the child. Attached to each of these are cameras which we use to take the films of the heart. In addition, there are video recorders and machines to measure and record blood pressure, and to analyse blood samples.

We dress up in green trousers, shirts, hats and gloves, and always show our faces to the older children before we put our masks on.

We put some local anaesthetic (the same substance that the dentist uses for freezing gums) usually in the top of the leg. Through this area of frozen skin we put our catheter into a vein - in the older children through a needle so that there are not any stitches and in the younger children we would need to make a small incision to find the very small vein.

The catheter is a fine plastic tube with a hole at one end about the size of a lead in a normal pencil. This fine tube is filled with a salt solution and one end is connected to a machine that will enable the pressure wave of the heart to be converted into a record that we can see on a television screen and record on paper. By gently manipulating the catheter as it moves



along with the blood flow from the vein in the leg to the tummy, and then into the heart, we can, by following it on the television screen, guide the catheter into the various chambers of the heart and out into the arteries to the lungs, and sometimes to the artery to the body. We are able to measure the pressures within the lung artery and the artery to the body. In addition, we take a small sample of blood from each part of the heart and the blood vessels, and this helps to tell us if there are any unusual communications between the various parts of the system.

After doing this, we then inject a liquid into one of the heart chambers or one of the blood vessels. This is a substance we can see clearly on an X-ray screen and which delineates heart structure and functions. This liquid, unfortunately, causes a hot flush, a headache and sometimes nausea, but I am glad to say we are replacing it with a new substance that does not have these side-effects.

The child comes back to the ward, the test having taken approximately two hours (the time depends on the complexity of the case), and will be sleepy for the next few hours, but will be fine and ready to go home by the following day. We normally would give a preliminary report to the family the evening following the test and would discuss the details with all the members of our team later in the week, and then we would write a full report to the family.

# Homeopathy for children with Down's Syndrome and heart defects

I am constrained by lack of space from giving anything but the briefest definition of homeopathy: it is simply a branch of alternative medicine which relies for its efficacy on a principle of 'like cures like' - in other words, an infinitesimally small dose of a drug which in a material dose would cause clinical signs in an individual but will cure a patient who presents with these symptoms.

This, of course, is vastly oversimplified, each treatment has to be tailor-made to the individual patient, as does the strength of the homeopathic drug which is prescribed. I hope to say more about this in a future article.

You will notice that I have said "palliative therapy" - homeopathy is no miracle cure for any disease and should certainly not be substituted for any conventional treatment without reference to the prescribing doctor.

Although many homeopathic drugs can be used with good results in children with heart defects, patients on powerful drugs like Digoxin, Spironolactone (Aldactone), or Frusemide (Lasix) should continue to take them as directed.

I have not had much experience in treating DS children homeopathically, but I have noted surprisingly good results in certain areas with one little girl patient. She is Nicola Beattie, aged eleven. She was diagnosed at three months as having a "mitral murmur", but her parents very wisely referred her to Great Ormond Street, where she was correctly diagnosed as a complete atrio-ventricular canal defect. The medical opinion at this time gave the chance of success of surgical correction as less than 50%. Surgery was declined and Nicola was originally treated by a homeopath in France who prescribed long-term *Crataegus* therapy. I first saw her in the autumn of 1988 and she presented with the usual classic signs of atrio-ventricular canal defect in a child of that age. As she had suffered a very severe attack of measles at the age of two, I prescribed *Morbillinum 30*, the homeopathic nosode of measles: it is a principle of homeopathic prescribing to deal firstly with any original or past trauma.

One of her main problems was cold and blue hands and fingers. As you probably know, this is a feature of DS children - it is not due to the heart condition *per se*, but to poor peripheral circulation caused by a deficient capillary network.

I thought that using a drug called *Sedale* (homeopathic ergotamine) could well be beneficial. This drug has been used with considerable success in treating patients with Reynaud's syndrome; this is a disease that causes spastic contraction of the small arteries near the surface, particularly in the hands and feet, and is probably due to a nervous defect. *Sedale* had a very marked positive effect maintained for several months, although she has had a slight recurrence of the problem recently.

I am one of the few practitioners in the UK who use extensively the vast selection of new homeopathic drugs produced by Heel of Baden-Baden, West Germany, and I have found that many of these drugs have given very encouraging results.

I have found that Nicola responded positively to these, in particular to *Aesculus corpa*, which is a drug designed to increase the peripheral flow. The other remedy, normally used to treat patients suffering from hypotension (low blood pressure) is *Aurumheal* which contains gold chloride. *Valerianum* (a good, old-fashioned mild sedative), also *Amica* and *Convallaria* (lily of the valley - often used to treat weakness of the heart muscle and pre-insufficiency). Nicola is a happy child, quite bright and fairly active although I think that the homeopathic treatment that she is getting should be regarded as fairly long-term. Should her condition change I might have to do some re-thinking, but at present she seems to be maintaining remarkably well.

Finally, I would stress once more that homeopathy is an exact science and treatment must be prescribed individually, therefore what is good for Nicola may not necessarily be indicated in another case. However, one good old general remedy for restlessness or tantrums is *Chamomilla* in 3x or 6 potency. This you can get from your local health food shop. For any other homeopathic drugs, I would strongly advise seeking professional help as although generally speaking homeopathic drugs are non-toxic it is possible in certain circumstances to administer an incorrect drug or potency which could do more harm than good.

Peter Rayner BA PhD FRHS