SIDS
A PREVENTABLE TRAGEDY

A poem by Brian Bevan, inspired by Rudyard Kipling’s Ode to Kubla Khan, now dedicated to: Sabrina, Inshaiaa, Caroline, Christopher and all of those un-named but not forgotten tiny infants, each of whom, brought forth great joy & happiness, for a Brief Moment in Time.

- The Cactus Rose was born to bloom unseen
- And waste its sweetness on the desert air,
- But, unlike the Desert Rose,
- The short-lived sweetness of our lost love,
- Will linger on FOREVER.

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SUDDEN INFANT DEATH SYNDROME

“SIDS”

A PREVENTABLE TRAGEDY

By Brian Bevan

I am a mere layman, unschooled in the field of medicine, whose treatise on SIDS, has been ignored by the medical profession; therefore, I have decided to bypass those experts who have received billions of dollars in grant monies, by placing my own website www.sidssolved.com on the internet 24/7, in a belated, singular effort, to save some babies from SIDS.

Questions to be Asked after Reading this Presentation on SIDS

Are some autistic and epileptic children, the stunted survivors of SIDS, who experienced similar traumatic ordeals suffered by SIDS victims and likewise endured chronic apnea and hypoxia and lived through the perils of a malfunctioning hypoglossal nerve, with its consequent partial loss of control of the suppressed muscles of a flaccid tongue?

Did they emerge from all of this neonatal agony, only to tragically enter into childhood, with impaired capabilities, as a result of the deprivation of oxygen, which rendered them into their respective syndromes of Autism and Epilepsy?

If only a small percentage of this treatise is deemed helpful, in eradicating SIDS, then my incarceration on false charges, has not been in vain. The false charges will be detailed on my forthcoming website www.maliciousprosecution.com (for quicker access, go to www.malpros.com), which was created for the exoneration of those unfortunates, who have been maliciously prosecuted for crimes they did not commit. The first innocent to be featured is Delbert Tibbs, an Afro-American, who spent three and a half years on Death Row, for the murder of Terry Milroy. This was a crime committed by white folks, who have been identified and named by myself, in court documents and on my previous website, as the murderers of Terry Milroy...but they still remain free. WHY?
SIDS (SUDDEN INFANT DEATH SYNDROME)

PREAMBLE

This thesis was written under adverse conditions, in a solitary prison cell, without access to a computer, a medical dictionary, nor even an abridged version of Webster’s Dictionary. It is not meant to be completely medically accurate, since it was written from memory, except for the occasional SIDS publication, provided to me during my three-year confinement. It has not been edited nor reviewed by anyone in the medical profession, as of September 27, 2019.

This thesis explains the Sudden Infant Death Syndrome (SIDS), as never explained before, within which the author, Brian Bevan (hereinafter, also referred to as B.B.) provides:

1. Details of a flaccid tongue, that became an invasive, physically obstructive, intrusion of the trachea, which caused cardiac arrest and SIDS.

2. A suggestion to adopt simple measures, which will save countless thousands of lives and prevent untold anguish and sadness, for those parents who will no longer be devastated with bereavement.

3. A stunning clue, which is a huge indicator of oncoming infant death.

4. The reason why SIDS has remained a mystery.
SIDS has remained a mystery for more than 50 years, because the factual truth has eluded the experts, none of whom, have ever envisaged, that the infant’s flaccid tongue, is the actual physical obstruction, that blocks the trachea and causes SIDS.

The simple answer as to why SIDS remains an unsolved tragedy, lies in the fact that, at autopsy, pathologists never saw any indication that, the tongue had become flaccid. They saw no abnormality to indicate that, the tongue had physically obstructed the trachea and caused SIDS. At death, failure of the central nervous system (CNS), caused the tongue to collapse away from the trachea, thereby eluding the diagnosis.

B.B. now explains the pathologists’ dilemma, as to why they have never identified the tongue, as THE PHANTOM CULPRIT OF SIDS: After cardiac arrest, as the CNS shuts down, the hypoglossal nerve (located directly underneath the tongue, on the frenulum) relinquishes complete control of the muscles and movement of the tongue. This relinquishment allows the tongue to collapse away from its abnormal position and posture, of obstructing the trachea.

At this stage of death, the blockage has been permanently removed, concealing from pathologists, the ability to determine a true cause of death. In addition, cutaway sections of the throat, reveal absolutely no blockage of the trachea, by any physical impediment to respiration.

So, this is the mystery of SIDS, which has baffled and confounded pathologists for more than 50 years. They and other experts have absolutely no idea, as to what causes SIDS—so, some gamble on a guess and give a half-hearted, nebulous, ambiguous, disingenuous, dangerously incorrect opinion, that “A physical obstruction of the trachea, is the initial, primary cause of SIDS.” B.B. now strips away the ambiguity and specifically identifies the correct initial cause and the correct final primary cause of SIDS, with a layman’s opinion: THE INFANT’S FLACCID TONGUE, IS THE PHYSICAL OBSTRUCTION OF THE TRACHEA, THAT
BECOMES THE **FINAL PRIMARY CAUSE OF SIDS**, WHEN IT OBSTRUCTS THE TRACHEA AND PREVENTS THE BABY FROM BREATHING—**IT IS NOT THE INITIAL CAUSE**—THE INITIAL CAUSE IS AN ABSTRACT ENTITY—**NOT A PHYSICAL OBSTRUCTION**—IT IS **CHRONIC APNEA** THAT RESULTS FROM REFLEX REACTIONS, REACTING TO THE NEGLECTFUL PRESENCE OF URINE, IN THE PHARYNX AND ON THE SURFACE SKIN, SURROUNDING THE NOSE AND MOUTH—**WITH REPEITIVE EPISODES OF INSTANT APNEA.**

In America, SIDS causes more than 3,500 infant deaths each year.

- Worldwide, approximately 15,000 infants each year, are classified as victims of SIDS.
- In America, SIDS is the third leading cause of infant mortality.
- The overall rate of SIDS is one out of 750 babies born alive.
- SIDS is most prevalent in babies between the age of two and four months, and 90% of SIDS occurs in infants under six months of age.
- The infant's death will occur suddenly, and more often if they sleep in a prone (face down) position, which experts have determined is a major risk factor in SIDS.

B.B. believes that a principal contributing event to infant death, is the parent's **elimination** of the regular, early morning change of diapers and subsequent feeding, often referred to as “the 2:00 A.M. feeding.” At 2:00 A.M., the infant’s tiny body has lain wrapped in unchanged, cold, soaking wet diapers, for several hours, since approximately 10:00 P.M., the time of the last feeding and will probably remain in these unpleasant conditions until sunrise (sunrise is the coldest time of day). The parents look forward to the baby no longer crying out for attention at 2:00 A.M., which allows them to enjoy a good night's rest, but unfortunately, SIDS almost always occurs, whilst parents are asleep. During this time, the neonatal invariably lays trapped, often in a prone position, the surface skin surrounding the nose and mouth, lying in puddles of cold urine, which have accumulated on plastic sheets, which cover mattresses, which have incorrectly been placed in a horizontal position, inside of the crib. A tilted mattress would have allowed the urine to drain away to the infant’s extremities.
Had the infant been laid down to sleep on a tilted mattress, inside of a sleep sack, there would have been no cause for:

1. The infant’s deployment of the mammalian Dive Reflex, that would have autonomically **initiated bouts of apnea** each night, as the neonatal successively reacted to the varying coldness (below 70 degrees F) of the separate puddles of urine, within which lay the infant’s skin, surrounding the nose and mouth—a dreadful scenario for **ONE LAST DIVE**.

2. And there would have been no cause for the implementation of the Laryngeal Chemo Reflex (LCR), often referred to by B.B. as the **Apneic Reflex (LCR)**, which would have autonomically reacted to the urine, as it seeped past and over the mucosal surface covering the entrance to the larynx and the pharynx, with **repetitive bouts of INSTANT APNEA**. As little as 0.1 ml, which is as small as a teardrop, can cause this reaction. Remember, most experts and pathologists have stated that, **CHRONIC APNEA IS THE INITIAL PRIMARY CAUSE OF SIDS**.

In order to **eliminate** CHRONIC APNEA AS THE INITIAL PRIMARY CAUSE OF SIDS and to **eradicate** SIDS in perpetuity, the following two measures must be strictly adhered to:

1. **PREVENT** urine from coming in contact with the surface skin surrounding the infant’s mouth and nose, which will prevent activation of the Dive Reflex and its inherent mandatory bouts of apnea.

2. **PREVENT** urine from entering the mouth, which will prevent activation of the Laryngeal Chemo Reflex (LCR) / Apneic Reflex (LCR). This reflex instantaneously induces apnea, whenever acidic urine passes over the mucosal surface, covering the entrance to the larynx and the pharynx.

Prevention is attainable by **isolating** the infant’s head, from any and all contact with URINE. Isolation and the elimination of chronic apnea can be accomplished by directing the flow of urine, away from the head, toward the extremities of the feet, by laying the infant in a **sleep sack, on a tilted mattress**. The sack keeps the urine encapsulated, away from the head, until the parents remove the diapers.
Note: The first few pages of this thesis, should make you, the reader, aware that, THE INITIAL PRIMARY CAUSE OF SIDS, CHRONIC APNEA, IS AGGRAVATED AND CONTINUED, WITH BOUTS OF INSTANT APNEA, EVERY TIME ACIDIC URINE ENTERS THE PHARYNX, OR TOUCHES THE SURFACE SKIN SURROUNDING THE NOSE AND MOUTH—KEEPING THE INFANT DRY, IS ESSENTIAL FOR SURVIVAL.

Being an inventor who holds patents, granted both in England and America, and having been consumed by the mystery of SIDS, B.B. has invented a means that will PREVENT THE FORMATION OF CHRONIC APNEA, by isolating the infant’s head, away from any and all contact with acidic urine. Without chronic apnea, there is no hypoxia—without hypoxia, the hypoglossal nerve will function in a normal manner, allowing the infant to breathe without impediment—without impediment, there is no SIDS. No SIDS—no TRAGEDY.

No evidence exists that SIDS is caused by smothering, suffocation, strangulation, nor any identifiable physical obstruction of the upper airway. Pathologists have determined that, the initial primary cause of SIDS is Chronic Apnea. In layman’s language, that means SIDS victims stop breathing, for considerable periods of time, on several separate occasions, before death occurs.

However, pathologists have absolutely no idea as to what causes chronic apnea. Extensive post mortem examinations, which include blood cultures, lumbar punctures, and X-rays, have all proven negative. The deaths are sudden, inexplicable, and unexpected. In excess of 15,000 infant deaths occur each year, in all parts of the world. These tragic deaths are completely unexpected by parents and their pediatricians; hence, the term "Sudden Infant Death Syndrome."

However, B.B. has realized, from within the confines of his prison cell, that infant death is to be expected, after watery frothy fluid is observed, discharging from the infant’s mouth and nose, or an encrusted frothy foam is seen on the lips and around the mouth and nostrils, after the baby awakens from a night's sleep. This froth is an incisive precursor of SIDS.

The frothy fluid and/or the encrusted foam, signals the unmistakable dreadful fact, that the infant's hypoglossal motor neurons (HYMNs) and the hypoglossal
nerve, are being adversely affected by hypoxia, which has been induced into the syndrome, by constant nightly bouts of instant apnea. The apnea resulted from reactions of the Dive Reflex and the Apneic Reflex (LCR), to the neglectful presence of acidic urine on the face and in the pharynx. The froth silently warns the unsuspecting parent, that the hypoglossal nerve will, within the next few months, disastrously malfunction and cause the infant to choke to death, on its tiny, flaccid tongue.

The fluid is the same frothy fluid, which has mystified pathologists at autopsy, for more than 50 years. Pathologists have classified it as, an “unidentifiable watery frothy fluid, observed as escaping from the nose and mouth, in about half of all infants, who die from SIDS.”

B.B. was intrigued by the tantalizing question, as to why the frothy fluid has remained unidentifiable, after more than 50 years of fruitless research and the spending of billions of dollars. B.B. viewed the pathologists’ statistic (half of all infants who die from SIDS) as a critical clue, which had to be researched, in order to determine the ingredients of the frothy fluid and its impact in solving the mystery of SIDS.

B.B. is not an expert, but rather a mere layman, who believes the "unidentifiable" fluid, is a mixture of detergent-like foamy surfactants, from the oral/nasal/pharyngeal epitheliums, which merge with mucous, saliva, and mucin debris, that the malfunctioning hypoglossal nerve had failed to clear away from the tongue, combined together with miniscule amounts of urine, sometimes less than 0.1 ml (less than a teardrop), that enter the pharynx.

The “watery” appearance is due to saliva being a slightly alkaline secretion of water. The foamy surfactants account for the appearance of the “froth” and the frothy, foamy look is enhanced, when small amounts of inhaled oxygen and exhaled carbon dioxide, become entrapped in the foam and appear as a mixture of frothy watery bubbles.

The expectorated froth has a thick curtain of viscosity, which, although permeable, is in itself, a formidable barrier to the flow of oxygen, through the infant's narrow upper airway and obviously contributes to the dilemma of the
failing, fragile infant; **but in no way** does it cause chronic apnea, nor SIDS. However, it must not be ignored, for it is akin to an exploding bombshell and its **significance**, will blow you, the reader, away—**it is the one and only red flag, Titanic warning sign**, that subtly predicts the impending sudden death, of a **typically healthy looking infant**.

The froth **identifies** the most **critical** phase of SIDS, which signifies **the dreaded fact**, that the failing hypoglossal nerve is incapable of, and can never again, maintain and control the patency (openness) of the upper airway, which within the following weeks, will become **physically blocked** by a flaccid tongue, that causes the infant to **self-suffocate and depart quietly and unnoticed, into the unknown eternity of SIDS**.

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No one had ever surmised, that the frothy fluid was a **symptom**—a huge **Indicator** of oncoming SIDS, until Brian went to prison, where he realized the **critical, symptomatic significance, of the froth**, during a person-to-person interview, with a grieving, imprisoned parent of Sabrina, an adorable four-month-old baby girl SIDS victim. This interview, together with three other interviews, with imprisoned parents of SIDS victims, named Christopher, Inshaiaa, and Caroline, **revealed detailed facts and information, previously unknown to SIDS experts**, which **affirm that, the frothy fluid is a deadly indicator of SIDS**. It is an astonishingly alarming, **red flag warning sign**, that the **hypoglossal nerve is malfunctioning and cardiac arrest will soon follow**. B.B. was fascinated, as he listened to Sabrina's father, Mike, describe the **froth**, around which B.B.'s theories revolve; the **froth** that is the one and only indicator and precursor, that surreptitiously predicts impending infant death; the **froth** that signifies the accuracy of B.B.'s revelations, which countless postmortem examinations and findings of lumbar punctures, blood cultures, and X-rays, have all failed to reveal.

Some of the conversation between Mike and B.B., relative to the froth, is **delineated in the following dialogue**:

**B.B.:** Did you notice that Sabrina's lips were sometimes covered with a frothy-like fluid?
Mike: Yes, especially during the last few weeks before she died.

B.B.: The experts don't know this. Their findings indicate that, the froth only appears at the death scene.

Mike: No, that's wrong.

B.B.: Describe what you saw.

Mike: It seemed to be coming from her nose, as well as her mouth, but most of it was on her lips and on her tongue.

B.B.: How else would you describe it?

Mike: It looked like her breath was being trapped in tiny bubbles, as she breathed in and out.

B.B.: Go on.

Mike: Well, sometimes if I slept late and didn't clean it away until late in the afternoon, it seemed to have crystalized into a crust.

B.B.: How did you clean that away?

Mike: With a soft toothbrush.

B.B.: From the lips?

Mike: Mostly between the lips and the gums and off of the tongue.

B.B.: Wait! This is incredible. What you are describing, are symptoms never described before, that foreshadow the total failure of the hypoglossal nerve.

Mike: The what?

B.B.: That's the nerve that controlled Sabrina's breathing and the muscles of her tongue. When the hypoglossal nerve starts to fail, the muscles in the tongue malfunction and become limp and ineffective. That's known as flaccidity. This flaccidity causes the tongue to flop and wobble around in the mouth, where it becomes a lethal physical obstruction, by blocking the tiny aperture of the trachea. A secondary function of Sabrina's hypoglossal nerve, was to clear away
debris, off and from her tongue. When that started to fail, the clearing away
came your responsibility, which you managed quite well, with a soft
toothbrush.

Mike smiled and then asked: Debris? What do you mean by debris?

B.B.: They’re called mucins, such as leftover protein debris from mother's milk, or
they could be protein debris from dried powdered milk.

Mike: Maybe that's why her breath smelled bad...like formula milk that had
turned sour. Sabrina was never breast fed.

B.B.: Mike, let me make some notes of what you're telling me and I’ll explain
them to you later.

**NOTE 1**: The hypoglossal nerve's lesser function, of cleaning away frothy
debris, off of the tongue, was malfunctioning; so when the frothy fluid
started appearing on Sabrina's tongue, in the last few weeks of her life, that
was a clear indication that her hypoglossal motor neurons (HYMNs) had
become impaired by hypoxia. This tragically meant, that the hypoglossal
nerve's major function, of maintaining the patency of the upper airway and
controlling the muscles of the tongue, was also failing and death was
inevitable, without recourse to clinical intervention and the application of
some kind of tongue suppressor and the administration of oxygen, to
counteract the deadly effect of hypoxia.

**NOTE 2**: Mother Nature never allowed for the clearing away of artificial
debris, surrounding the proteins contained in dried milk formula.
Therefore, it is possible, that Sabrina’s chemoreceptors, known as the
Laryngeal Chemo Reflex (LCR) / APNEIC REFLEX (LCR), not only responded
to the presence of urine in the pharynx, with bouts of instant apnea, but
also responded to the taste of the artificial debris and to the sour dried milk
smell described by Mike and to an unpleasant ammonia-like aroma, arising
from the dried urine-laden bedding. All of these responses could have
combined together, to arouse the stimuli receptors in the nostrils and
mouth, to initiate a reflex reaction, which would cause the infant to
experience prolonged bouts of apnea.
B.B. laid down his pen and continued the conversation: Mike, is there anything else you can tell me about the froth?

Mike: Yes, in the last few weeks of Sabrina’s life, the froth on the tongue had moved farther back, toward the back of the throat.

B.B.: That’s a brilliant observation. Let me explain this bombshell, you've just dropped upon me. Sabrina was born with her epiglottis...

Mike interjected and asked: "What’s that?"

B.B.: Let’s just call it a cover for her voice box. Basically, we're talking about her vocal cords, which are contained in an elongated space called the glottis. The epiglottis is a very thin flexible cartilage, that folds over the glottis, to protect the vocal cords during swallowing.

Mike: I understand. You explain it well, so continue.

B.B.: Sabrina, like all other infants, was born with her epiglottis attached to the underneath of her soft palate, but within the first few critical months of her life, as is the case with all infants, the epiglottis descended from the soft palate and moved towards the back of the throat, to protect the glottis and the vocal cords during swallowing. Two ramifications of that movement were that Sabrina had to switch her breathing from nasal, to oral/nasal breathing and she had to relearn how to swallow.

Mike: I had no idea that was happening to her.

B.B.: The moveable epiglottis moved and the froth moved with it, toward the back of the throat.

Mike: That's why I had to suck it out. I couldn't use the toothbrush back there. She would have gagged on it, so I vacuumed it out.

B.B.: With what?

Mike: A syringe that I bought to remove ear wax.

B.B.: That was ingenious of you.
Mike: Well, I knew the froth was interfering with her breathing, just by looking at those air bubbles, which were trapped in it.

B.B.: Mike, let me make another notation.

**NOTE 3:** Mike’s disclosure of the pre-existence of the frothy fluid, emanating from the mouth and nostrils, prior to the failure of the CNS, is an unrecorded fact, previously unknown to SIDS experts. He, like so many other countless, bereaved parents, before and after him, had unknowingly witnessed the only harbinger of SIDS, the frothy fluid, which indicated that, the hypoglossal nerve was failing and the cause of death of a typically healthy looking infant, would soon be recorded as unknown... SIDS victim. Mike has provided us with newly discovered evidence, unprecedented in the annals of SIDS investigations.

B.B.: What you've just told me about the froth, is absolutely astounding and infinitely helpful in eradicating SIDS. You have revealed to me, a way to identify a latent, potential SIDS victim, BEFORE SIDS happens.

Mike: I did? How did I do that?

B.B.: The frothy fluid is, in reality, a virtual ID card, that when displayed, identifies an infant with froth, as a probable future SIDS victim. The frothy, virtual ID classifies a newborn baby, as having a terminal illness, which will probably kill the baby, before the baby's first birthday. But that same ID will also save thousands.

Mike: How? I saw the froth, but that never saved Sabrina.

B.B.: Whenever a vigilant parent, and you certainly were one, notices the frothy fluid or the encrusted foam, the newborn infant must be immediately rushed to the emergency room and placed in intensive care, on a 24/7 APNEA WATCH, to avoid becoming a SIDS victim. I’ve explained to you, that the froth, was a warning sign, that Sabrina’s hypoglossal nerve was failing. When that happened, the muscles of her tongue became weak and ineffective and she lost control of her tongue, which then became a lethal obstruction, which prevented her from breathing.
Mike’s eyes moistened with obvious tears, as he spoke in a whisper: I remember, when that nerve failed, Sabrina became a statistic. But who would believe, that Sabrina’s own tongue, caused her to die? If only I had taken her to the emergency room.

B.B.: Mike, you didn’t understand. Even the doctors at the hospital, still don’t understand. It was a tragic anomaly, which happened in front of your own eyes. Eyes that perceived Sabrina’s anguish, but could not distinguish between suffering and impending death.

Mike started to sob unashamedly, in front of a gathering of other inmates, who rushed over to comfort him.

Note 4: Sadly, those tiny bubbles of froth had words of implication, which Sabrina could not express: Daddy, rush me to the hospital. Explain to the doctors, that hypoxia is suppressing my hypoglossal nerve, which is causing my tongue to wobble around in my mouth and physically block my trachea. I can’t breathe. It feels as though I’ve swallowed my tongue. I desperately need oxygen and some kind of tongue suppressor, or just simply insert a breathing tube up into my nose and down into my lungs, which would bypass my floppy tongue, so I would be able to breathe forever.

Note 5: “Swallowing the tongue” is a popular misnomer, which is physically impossible.

B.B. would like to believe that, concealed within those tiny bubbles of froth, encrusted on beautiful lips, which were once rosy pink, but had now turned deathly blue, was Sabrina’s final message to her adoring father: Goodbye Daddy. I’ve always loved you.

A few weeks later, after B.B.’s tearful meeting with Mike, the word circulated through “inmate.com” (vernacular for inmate gossip), that B.B. was involved in a project called SIDS. This resulted in another productive SIDS session, with another inmate nicknamed Turk, who sadly explained, that he was the parent of an adopted daughter, named Inshaiaa, who became a SIDS victim, at the age of three months. Turk revealed that Inshaiaa (meaning beautiful princess) was okay at
11:00 P.M. on September 13, 2004, when she was last checked on, but was found dead seven hours later at 6:00 A.M. This prompted B.B. to ask Turk the first of several questions, two of which were:

B.B.: You had obviously eliminated the regular feeding and change of diapers at 2:00 A.M. Why?

Turk: Because she was a good sleeper. She used to sleep right through the night and not disturb us.

B.B.: Did Inshaiaa sleep horizontally, or was her mattress tilted?

Turk: Horizontally.

B.B. explained to Turk, that the elimination of the 2:00 A.M. feeding and change of diapers was, in B.B.’s opinion, a major risk factor. In addition, the wrongful horizontal sleeping posture, significantly contributed to the initial cause of SIDS. During the conversation, Turk confirmed much of what Mike had related, regarding the froth. He explained that, he was not just concerned, but actually so distressed by the appearance of the frothy fluid, that he took Inshaiaa to her pediatrician, who dismissed the unscheduled emergency visit by saying, “She’s a healthy infant. The froth is not a problem. She’s merely drooling.” Two days later, the beautiful little princess was dead.

Note 6: 90% of SIDS deaths occur, before the infant starts to teeth. Drooling associated with teething, usually occurs between the ages of six to twelve months and rarely before the infant is four months old. It could be a fatal mistake to misbelieve, as Inshaiaa’s pediatrician misbelieved, that the froth that emanates as a result of hypoxia, is merely drooling and an indication of the onset of teething.

Another inmate, known as “White Boy,” also noticed the frothy fluid appearing on his daughter’s lips, in the weeks before she died, but it appeared to be innocuous, so on the morning of April 1st, before the sun had risen, he hurried off to his younger brother’s wedding, completely oblivious to the fact, that the froth was identifying his daughter, as a future SIDS VICTIM. Now, years later, as fate & destiny would have it, one brother celebrates a wedding anniversary on April 1st,
whilst another, mourns the death of his four-month-old baby girl, Caroline, still classified as a SIDS victim.

Sometime later, B.B. met Skreeche, who was the father of an eight-month-old SIDS victim, named Christopher. Skreeche distinctly remembers, having to clear away the froth and foam from Christopher’s nose and mouth, in the last four months of his son’s life, but thought it was inconsequential and had no bearing on the health of his robust-looking infant.

Skreeche suffered from Grand Mal seizures and told B.B. that Christopher’s froth, looked remarkably similar, to the kind of froth, that came out of his own mouth, whenever he had a seizure. Skreeche told B.B. that, the only way he could wipe it away from Christopher’s nose, was with a wet cloth; a dry cloth just smeared it. If he didn’t clean it away, it became a “really rock hard,” solid crust, that caused a wheezing sound, as Christopher breathed through the bubbly, frothy chunks of the crust. The wheezing sound was worse and sounded louder, after the crust had built up overnight. He would moisten the crust with a wet cloth, in order to loosen it up and avoid aggravating Christopher’s sensitive nose.

The last time Skreeche saw the froth, was when Amber, his wife, woke up screaming, after falling asleep, whilst breast feeding. Skreeche rushed to her side, to discover his son, in the throes of death, completely blue in the face, his jaw clamped tight and locked onto Amber’s nipple. None of the frothy, foamy fluid came through his son’s lips, nor from around Amber’s nipple. All of it came through Christopher’s nose.

After three years of depression and self-incrimination, Amber used a 12-gauge shotgun to blow her head off.

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SIDS remains a mystery, because no expert has ever produced any evidence, as to what causes the cessation of breathing, in an apparently healthy, typical infant.

B.B. now renders a layman’s hypothesis, as to the probable cause of chronic apnea, which (according to pathologists) is the INITIAL PRIMARY CAUSE OF SIDS.
B.B. also identifies, not only the physical evidence, but also the neurological evidence, which together indicate, that the experts were absolutely correct, when they concluded that “A PHYSICAL OBSTRUCTION OF THE TRACHEA, IS THE CAUSE OF SIDS.” Sadly, however, without identifying the physical obstruction, that conclusion has resulted in many an innocent parent, being prosecuted and imprisoned, on the wrongful assumption, that the infant was intentionally smothered and suffocated.

For more than 50 years, the truth has eluded the experts. The actual physical obstruction is caused by a flaccid tongue. The simple answer as to why SIDS remains an unsolved tragedy, lies in the fact that, at autopsy, pathologists never saw any indication, that the tongue had become flaccid. They saw no abnormality to indicate that the tongue had physically obstructed the trachea and caused SIDS. They could not imagine, and had no reason to believe, that the infant’s tongue was, the culprit of SIDS—because:

After cardiac arrest, as the CNS shuts down, the hypoglossal nerve (located directly underneath the tongue, on the frenulum), relinquishes complete control of the muscles and movement of the tongue. The relinquishment allows the tongue to COLLAPSE AWAY from its ABNORMAL position and posture, of obstruction of the trachea, thereby eluding the diagnosis.

AT THIS STAGE OF DEATH, THE BLOCKAGE HAS BEEN PERMANENTLY REMOVED, CONCEALING FROM PATHOLOGISTS AT AUTOPSY, THE ABILITY TO DETERMINE THE TRUE CAUSE OF DEATH. In addition, cutaway sections of the throat, reveal no blockage of the trachea, by any physical impediment to respiration.

This is the mystery of SIDS, which has baffled and confounded pathologists, for more than 50 years. Some pathologists opine that: a physical obstruction of the trachea is the CAUSE of SIDS, whilst other pathologists opine that: chronic apnea is the initial CAUSE of SIDS; but none of them (not even one single pathologist) has ever published an opinion, that simply states: THE INFANTS’ TONGUE IS THE PHYSICAL OBSTRUCTION, THAT BLOCKS THE TRACHEA AND CAUSES SIDS.

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Dr. Miller, a dentist doing research on newborn lambs in San Francisco, discovered, that when unrequited water was passed over the lips and into the oral cavities of neonatal lambs, swallowing occurred, followed by reflexive reactions of INSTANT APNEA; but unfortunately, SIDS experts have never connected Dr. Miller’s findings of instant apnea in his neonatals, with the devastating effect of chronic apnea in neonatal infants, which experts have determined, is the initial prime cause of SIDS.

However, Brian Bevan theorizes, that if water alone is sufficient to cause such an adverse reflexive reaction of instant apnea in neonatal lambs, one can logically expect, that a foreign, hostile liquid, such as acidic urine, upon entering the neonatal infants’ pharynx, will elicit a similar, if not a more drastic, reflexive, involuntary reaction of instant apnea, from the neonatal infant’s APNEIC REFLEX (LCR), (a reflex common to most mammals).

Regardless of whether it be an infant or a lamb, whenever unrequited liquid passes into the oral cavity of a neonatal, that liquid will instantly activate a neonatal mammalian reflex, that will cause both infant and lamb, to respond in an identical manner, with episodes of instant apnea.

Tragically, repetitive episodes of instant apnea, plague our infants every night, as a consequence of the baby being laid down to sleep, in a wrongful horizontal posture, which allows an unrequited fluid, the baby’s own urine, to unnaturally enter the mouth. This synopsis explains how, instead of travelling downwards towards the extremities of the feet on a tilted mattress, the wrongful horizontal sleeping posture, allows acidic urine, that has oozed out of soaking wet, cold diapers, to travel up the baby’s torso, a mere distance of but a few inches, to reach the face, seep into the mouth, enter the pharynx, and trigger the Apneic Reflex (LCR), that instantaneously induces episodes of apnea.

The infant extensively contributes to the instigation of reflexive instant apnea, by sucking into the mouth, the bitter-tasting urine, off of and from, beautifully formed tiny fingers, which have come in contact with soaking wet diapers and urine-soaked bed sheets, through which the urine travels, by means of capillary attraction. After passing over and through lips, that contain the most exposed
tissue of the richest modality of sensory stimuli, in the mammalian body, miniscule amounts of urine, then enter into the oral/nasal/pharyngeal cavities, which also contain a rich abundance of the same sensory stimuli, maintained by cranial nerve “V” (the trigeminal nerve).

The ominous presence of the cold, repulsive, bitter-tasting, repugnant-smelling acidic urine in the pharynx (sometimes less than a teardrop), stimulates the Laryngeal Chemo Reflex (LCR) / Apneic Reflex (LCR), that triggers an instinctive neurological, autonomic response, that involuntarily but **instantaneously, induces apnea**, somewhat analogous to the triggering of instant apnea, that was induced by the Reflex in Dr. Miller’s neonatal lambs, when they reacted to **unrequited water**, with bouts of **instant apnea**.

The neglectful presence of the repugnant-smelling, bitter-tasting, acidic urine in the pharynx, causes sleeping infants to **interrupt** their respiration and **withhold** their breathing for a considerable period of time. The interruption is a precaution to prevent ingestion of the unrequited hostile urine, from going the wrong way, down into the infants’ delicate, fragile, tiny lungs, through extremely narrow patent airways, that have diameters smaller than the thickness of a wooden pencil (approximately 7 mm).

What appear to be pure moments of autonomic protection, to prevent the infant from possibly aspirating, are, **in reality, a series of prolonged bouts of instant apnea**. These bouts of **instant apnea** are the elusive, undetected moments of **chronic apnea**, which have confounded and eluded the experts, for more than 50 years. These moments of **chronic apnea** are **disastrously cumulative** in the creation of **hypoxia**.

**Hypoxia increases** hypoglossal activity. This over-activity causes the hypoglossal nerve to malfunction, become suppressed, and damage the hypoglossal motor neurons (HYMNs), which control the muscles and movement of the tongue and maintain the patency of the upper airway.

These moments of suppression of the hypoglossal nerve (by hypoxia), coincide with those elusive moments of **chronic apnea**, which experts have sought in vain to envision and comprehend.
At some time during the first 12 months of life, and typically within the first 16 weeks, the infant becomes overwhelmed, with the initial throes of hypothermia and the constant nightly barrage of episodes of chronic apnea and the constant exposure to hypoxia, which bring about, a fatigued final stage of hypoxemic shock, that eventually causes the complete suppression of the hypoglossal nerve.

The absolute suppression of the hypoglossal nerve, results in the infant experiencing, uncontrollable flaccidity of the tongue, causing the muscles to go flabby, become extremely weak, and totally ineffective, in controlling movement.

The flabbiness and uncontrolled movement, cause the tongue to flop and wobble around in the mouth, until it lodges onto the soft palate. The tongue’s new-found closeness to the extremely narrow trachea, transforms the tongue, into a deathly, physical obstruction.

Experts have never, ever considered the tongue as an instrument of death and therein lay the PRIME reason, why the mystery of SIDS, has never been solved.

Cardiac arrest occurs, after the last and final moment of flaccidity, when the flaccid tongue physically blocks the upper airway, thus preventing the fragile infant from inhaling and exhaling. The infant chokes to death on its own tongue.

The “abnormal” flaccid behavior of the tongue, together with its resultant physical obstruction of the upper airway, will never be revealed at autopsy, because, with CNS failure, the obstructive posture of the tongue, COLLAPSES AWAY FROM THE FATAL POSITION, where it had COMPLETELY BLOCKED THE TRACHEA. The absence of an “abnormal obstructive” appearance of the tongue at autopsy, is the PRIME reason, why pathologists have never been able to determine a verified cause of SIDS.

Hannah Kinney, a SIDS expert, found subtle changes in the brainstem centers responsible for the control of breathing, that in the opinion of Kinney and others, suggests that “the origin of SIDS may lie in the abnormal control of breathing.”
Kinney’s suggestion is 100% correct. The origin of SIDS does indeed lie in the infant’s abnormal control of breathing; controlled by both the Apneic Reflex (LCR) and the Dive Reflex. This REFLEX CONTROL produces and is the PRIME cause for Chronic Apnea, which B.B. asserts, originates as a reaction to the neglectful, hostile presence of acidic urine, on the face and in the pharynx.

TO ELIMINATE THIS ABNORMAL REFLEX CONTROL, THE PARENT MUST REMOVE STANDING URINE FROM THE CRIB, KEEP URINE AWAY FROM THE FACE AND OUT OF THE MOUTH, AND KEEP THE INFANT DRY; THEN AND ONLY THEN, WILL SIDS BECOME HISTORY.

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Experts have accumulated substantial evidence in human and experimental studies, from which they have hypothesized, that the intra-thoracic petechial (tiny pinprick spots of blood in the skin or in the mucous membrane) identifiable in more than 80% of all SIDS cases, indicates and supports their contention, that the final event in SIDS, is an obstruction of the upper airway. However, they have no idea, as to what causes, the intra-thoracic petechial, nor the obstruction.

B.B. theorizes that the intra-thoracic petechial, results from repetitive episodes of instant apnea and are formed by the gradual buildup of a generation of highly negative thoracic pressure, that makes the thoracic vessels bulge and redden, thereby producing an appearance of petechial, as the victims repeatedly strain in their futile attempts, to breath against invisible, neurological, obstructive bouts of instant apnea, created by the Apneic Reflex (LCR) and/or the Dive Reflex, and ultimately, they strain against the tongue’s obstruction of the trachea. During this process, the pressurized air in their tiny lungs, is prevented from being exhaled.

Anyone who exhales and then withholds their breath for approximately 45 seconds, will experience a desperate sense of suffocation, similar to the agonizing, deathly suffocating episodes of instant apnea, suffered by SIDS victims, when they strain in futile attempts to exhale, as they silently exit out of this world.
Collateral evidence of neonatal straining, lies in the fact that, the tiny victims are often found with clenched fists, which indicates to B.B. that, prior to death, they strain to exhale and in doing so, exhibit the same natural tendency of adults, who often clench their fists when they strain.

Credence must be given to one of the definitions of “Chronic Apnea,” which is “the constant activation of expiratory muscles.” B.B. hypothesizes from this definition, that there is another probable reason for the appearance of the intra-thoracic petechial, that being, SIDS victims are tormented with chronic apnea and, therefore, they are “constantly activating their expiratory muscles” prior to death. In doing so, the constant activation aggravates the intra-thoracic tissue, which, in turn, results in a minor inflammation of the throat, which is common in most post mortem findings.

SIDS expert Marie Valdez-Dapena, an old friend of Brian’s, who encouraged him to further his interest in SIDS, found mild fatty tissue changes in the liver and markers in many SIDS victims, that suggested the victims may have been chronically hypoxemic prior to death. Valdez-Dapena’s findings have been corroborated by numerous other experts. B.B. suggests that the markers and changes in the liver, caused by hypoxia, are induced by the Apneic Reflex (LCR) and the Dive Reflex, reacting to the ominous presence of pools of urine in the crib. After 50 years of searching for the cause and the answer to the mystery of SIDS, and the annual worldwide spending of billions of dollars on research, no one has ever considered the sequence, nor understood the consequence, of connecting the six major components of the SIDS equation:

1. The wrongful horizontal sleeping posture.
2. The infant’s own urine on the face and in the pharynx.
3. The Laryngeal Chemo Reflex (LCR) / Apneic Reflex (LCR).
4. The mammalian Dive Reflex.
5. A malfunctioning hypoglossal nerve, suppressed by hypoxia.
6. The culprit of SIDS, a flaccid tongue, that collapses away from the trachea, to permanently conceal the CAUSE OF SIDS.
Major evidence was available 15 years ago, in the form of statistics from the Australian Government, who noticed from compiled data, that there was a dramatic reduction in SIDS, when infants were placed face up (supine position) instead of being placed face down (prone position), when laid down to sleep.

B.B. realizes, that those infants who died in a prone position (face down), had neck muscles not yet sufficiently developed, to move or support the weight of the proportionately oversized head. They laid helpless, in a fixed position, where the heavy weight of the infant’s head, pressed their beautiful faces, into plastic mattress covers, upon which had accumulated, shallow puddles of urine. The facial contact with cold urine (below 70 degrees F), triggered activation of the DIVE REFLEX, which initiated repetitive bouts of apnea. They died, rebreathing their own carbon dioxide (a subsidiary factor), which dulled their senses to the extent, that they offered little resistance to, the seepage of urine into the pharynx.

It was that unrequited urine in the pharynx, that stimulated the Laryngeal Chemo Reflex (LCR) / Apneic Reflex (LCR), to cause the infant to involuntarily stop breathing for considerable periods of time, with separate episodes of instant apnea, which introduced hypoxia into the causeway of Sudden Infant Death. Hypoxia brought about the failure of the hypoglossal nerve, resulting in the Australian infants choking to death, on their own flaccid tongues.

Upon learning of the Australian statistics, SIDS authorities advised parents to “never place infants face down, when laying them down to sleep.” Parents all over the world adopted this advice and multiple thousands of lives were saved. However, in spite of adopting this advice, thousands of other infants, who were laid down to sleep in the governmentally-advised supine position, inexplicably died.

B.B. now explains the inexplicable: 15 years ago, the worldwide SIDS advisory made numerical sense, with Australian statistics showing an awesome drop in infant mortality. The statistics and the advisory were instrumental, in making the general public, acutely aware that, laying an infant face down, is just as
dangerous, as placing a ticking time bomb, alongside the sleeping infant and waiting for it to explode.

Most parents became aware of the danger, but none realized, that the worldwide SIDS authorities, had unknowingly and unwittingly, sent out a hidden message, within the advisory. The hidden message, as deciphered by B.B., contained the following secret, for completely nullifying SIDS: **ISOLATE the baby’s head away from any and all possible contact with urine in the crib, when you lay the baby down to sleep in a SUPINE position, and Chronic Apnea will not occur.**

However, no one else deciphered the secret message and **isolation did not take place** and thousands of Australian infants died, laying in a governmentally-advised supine position, but still in the neglectful presence of puddles of urine (the scourge of SIDS), some of which eventually touched the surface skin surrounding the nose and mouth, before entering the pharynx and causing apnea.

The secret (**ISOLATE the baby’s head away from any and all possible contact with urine**) has not been passed onto the parents, so infants continue to die. The mystery still remains and the general public, reluctantly accepts the woeful prognosis, that SIDS is unpreventable.

To restore a chunk of happiness, B.B. has revealed the secret on his website [www.sidssolved.com](http://www.sidssolved.com): **Isolate the baby’s head from urine in the crib and chronic apnea cannot and will not occur. Without Chronic Apnea, the pathologists do not have an initial primary cause for SIDS. Without an initial cause, SIDS has NO GENESIS. WITHOUT A BEGINNING, THERE IS NO TRAGEDY.**

The experts still remain baffled, as to the actual cause of chronic apnea, despite a trail of compelling evidence, discovered by pathologists at autopsy, which includes:

1. A strengthening of vessels supplying oxygen to the brain, compared with other infants’ brains, whose deaths were not related to SIDS.
2. An increase in brain weight of SIDS victims, when compared with other infants’ brains, whose deaths were not related to SIDS.
The above evidence demonstratively indicates, that the brains of SIDS victims were repeatedly deprived of oxygen. The strengthening of vessels and the increase in brain weight, together with evidence, that SIDS victims were constantly activating their expiratory muscles, are classic, indisputable indications of Chronic Apnea.

However, the experts still don’t know, the actual cause of chronic apnea, which B.B. reiterates and emphatically asserts is CAUSED, by two reflex reactions: the Apneic Reflex (LCR), and the Dive Reflex, that react to the neglectful, hostile presence of acidic urine, in the pharyngeal cavity and on the surface skin, surrounding the infant’s nose and mouth. The two reflexes react to the presence of the neglectful urine, with repetitive bouts of instant apnea, also known as CHRONIC APNEA.

SIDS experts know, that notations recorded by pathologists at autopsy, on typical SIDS victims, denote a causeway of death, beginning with Chronic Apnea, followed by Hypoxia, then Pulmonary Edema, with the Central Nervous System then failing, after Cardiac Arrest.

SIDS experts have accepted this causeway to infant death, because they mistakenly thought it was indisputable. B.B. asserts that the pathologists’ causeway to Sudden Infant Death is basically correct, except that, absent from the pathologists’ pathway, are two markers:

#1 marker should reference the reflex controls, which induce chronic apnea.

#2 marker is the missing link, that connects Chronic Apnea with the catastrophic failure of the Central Nervous System. That link is the malfunctioning suppressed hypoglossal nerve.

The disastrous effect of Chronic Apnea and Hypoxia, lead initially to the over-activation of the Hypoglossal Nerve. That over-activity damaged the Hypoglossal Neurons (HYMNs), which resulted in the partial suppression and eventually the FINAL FAILURE of the Hypoglossal Nerve. That FINAL FAILURE, caused the muscles of the tongue to become weak and ineffective, resulting in a flaccid
tongue, that physically obstructed the tiny trachea and prevented the infant from exhaling and inhaling.

B.B., a mere layman, recommends that future pathologists’ reports of SIDS, should reference or contain, the following information:

Cardiac arrest was caused by a physical obstruction of the trachea, which was totally blocked by a flaccid tongue. Flaccidity of the tongue occurred, as a direct result, of the failure of the hypoglossal nerve. Failure of the hypoglossal nerve occurred, after the hypoglossal neurons became disabled, after constant exposure to hypoxia. Hypoxia resulted from chronic apnea. Apnea occurred as a result of numerous activations of both the Apneic Reflex (LCR) and the Dive Reflex. These activations resulted from reflex reactions to the neglectful, hostile presence of urine, which had touched the surface skin surrounding the nose and mouth and travelled into the pharynx.

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Unfortunately, and all too often, many of the SIDS victims are premature babies, whose organs fail to fully develop in utero. Prematurely born infants (Preemies) are born with tiny, fragile, delicate lungs, which are not yet fully formed. The lungs are later subjected to constant neonatal rupturing, as a result of medical staff repeatedly trying to oxygenate them, during the first critical months of the Preemie’s life. The Preemie’s dilemma is further compounded by other destructive facets of SIDS, some of which are noted in the following paragraphs:

Prematurely born SIDS victims, experience exaggerated Chronic Apnea, as compared to full-term SIDS victims. Exaggerated Chronic Apnea, experienced at an abnormally early age, with undeveloped throat muscles, causes the throat muscles to further weaken and slowly obstruct the upper airway, which, in turn, contributes to hypoxia, during the first few critical months of life, when the Preemie is most vulnerable to the syndrome.

When ventilation through the ruptured, undeveloped lungs, is obstructed for more than 60 seconds by instant apnea, the hypoxia increases hypoglossal nerve activity. This over-activity gradually suppresses and damages the undeveloped
hypoglossal neurons, **possibly causing early stage gliosis**, around the neurons that control the patency of the upper airway.

An **undeveloped** cough reflex, usually developed within the first eight weeks of life, **prevents** the Preemie from coughing mucous, saliva, surfactants, and mucous debris, away from its **tiny trachea, that has a diameter smaller than a lead pencil**.

The massive transformation of the physical parameters of the so-called “voice box,” occurs prematurely, resulting in an enfeebled Preemie, having to relearn how to breathe, by switching from nasal breathing, to oral/nasal breathing and to relearn how to swallow. All of this occurs, at an **abnormally premature age**, when the infant is at the weakest and most vulnerable stage of development.

**The Coldness Factor.** It is almost incomprehensible, for us to imagine, what our precious infants, are agonizingly and needlessly experiencing, for several hours on a nightly basis. They lay in a wrongful horizontal posture, in a bedroom, **where the temperature is typically below 60 degrees F**. This is some 38 degrees below, the body temperature of the sleeping infant, laying in soaking wet, cold diapers.

The typical SIDS victim is a male infant, from a low socio-economic family, living in a poor neighborhood. The parents cannot afford the luxury of “Pampers,” which absorb substantial amounts of urine, but still leak profusely, from the perimeters around the baby’s waist and thighs, drenching the fragile neonatal’s hair, sleeping garments, and bedclothes. **Unfortunately, coldness does facilitate voiding.**

The soaking wet diapers, if made from cotton cloth, as often used by low-income parents, **literally suck vital body heat, out of the baby’s groin, until their time of death, which, according to pathologists, usually occurs just before sunrise, which happens to be the coldest time of the day, at which time the typical parent is just awakening.** The tremendous loss of groin heat could easily instigate the **initial throes of hypothermia.** An 8- to 12-week-old infant is indeed a fragile entity, with numerous undeveloped body functions and imperfect mechanisms, which take years to fully develop. His/her body temperature control system is only partially developed. S/he also has certain instincts and reflexes, such as the mammalian diving reflex, that will diminish as s/he grows older. **However, this**
instinct, also known as the **Dive Reflex**, is strongest during the early months of infancy and **if the baby resorts to this instinct, s/he will endure bouts of apnea**.

The mere act of immersing a person’s face in cold water (below 70 degrees F), triggers the **Dive Reflex**, which **instantly creates apnea**.

Likewise, when the newborn’s surface skin surrounding the nose and mouth, encounters puddles of cold urine (below 70 degrees F), on plastic covered mattresses, **the infant will autonomically deploy the Dive Reflex** and **sadly endure bouts of Apnea**, that are concurrent with those bouts of Apnea, initiated by the **Apneic Reflex (LCR)**, that react to the presence of acidic urine in the **pharynx**.

The chilling of the skin also causes ischemia (reduced blood flow of oxygen) of the palate’s mucous membrane, compounding the dilemma of the Preemie, already facing almost insurmountable odds of survival.

**This is a horrific situation for the delicate, disorientated neonatal, who endures a repetitive, nightly, anguished nightmare of an ordeal, taking place away from the recently abandoned security and warmth of the mother’s womb.**

Tragically, this torment is suffered by more than **3,500** American newborn, precious, adorable babies each year, **before** they become SIDS victims. Worldwide, more than **15,000** suffer and then succumb. (Statistics are those that existed during B.B.’s incarceration.)
B.B. often looks at the diameter of a lead pencil and is always saddened, as he reflects and realizes how our God-given treasures of life, can so easily slip away from us. One day, his sadness compelled him to write a poem, somewhat inspired by Rudyard Kipling’s Ode to Kubla Khan. It is dedicated to Sabrina, Inshaiaaa, Caroline, Christopher, and all of those unnamed, but not forgotten, tiny infants, each of whom brought forth great joy and happiness for;

*a brief moment in time*:

The Cactus Rose was born to bloom unseen
And waste its sweetness on the desert air.
But, unlike the Desert Rose,
The short-lived sweetness of our lost love,
Will linger on forever.

On April 6, 2016, eight months after B.B. was released from prison, he read an article detailing the maturation of the cough reflex by Bradley J. Thack. The article corroborates B.B.’s theory, that the neglectful, hostile presence of urine in the pharynx and on the surface skin, surrounding the nose and mouth, was the *INITIAL PRIMARY CAUSE OF APNEA*. Thack stated: *When 0.1 ml. of water or saline was delivered to the pharynx of an infant, the response was a cessation of respiratory efforts, obstructed breaths, and prolonged apnea.*

0.1 ml is equal to less than a teardrop!!!

PRIOR to reading Thack’s publication, and AFTER reading a research paper by Dr. Miller, DDS (referred to earlier in this thesis), B.B. concluded, that the neglectful, hostile, unrequited, ominous presence of the cold, repulsive, bitter-tasting, repugnant-smelling urine in the pharynx (sometimes less than a teardrop), stimulates the Laryngeal Chemo Reflex (LCR) / Apneic Reflex (LCR), that, in turn, triggers an instinctive neurological, autonomic reaction, that involuntarily and instantaneously induces apnea, somewhat analogous to the triggering of apnea in Dr. Miller’s lambs, when they reacted to unrequited water, with bouts of instant apnea.
MANY A DREAM WILL BE FULLFILLED, IF B.B.’S EIGHT SIMPLE BUT VITAL PARENTAL INSTRUCTIONS ARE FOLLOWED:

1. Parents must recognize the fact, that the frothy fluid, or the semblance of crust, around the lips and mouth, is a huge warning sign, that their healthy-looking infant, will probably become a SIDS victim, without clinical intervention.
2. Parents must not eliminate the 2 A.M. feeding and change of the infant’s diapers.
3. Parents must remove standing urine from the crib.
4. Infants must sleep on a slightly tilted mattress.
5. Parents must prevent urine from coming in contact with the surface skin surrounding the infant’s nose and mouth.
6. Parents must prevent urine from entering the mouth.
7. Parents must get their babies out of their soaking wet, cold diapers, which suck tremendous amounts of body heat, out of the infant’s groin area.
8. Infants must sleep inside a sleep sack.

MAY 15, 2019 NOTATION: Today B.B. realized that, after birth, the mother’s daily diet, plays a huge role in determining, whether or not her infant will succumb to SIDS. Her intake of food, liquids, and toxins, is what the infant digests and excretes. If her urine is highly acidic, then the infant’s excreted urine, is probably highly acidic. A mere droplet of the acidic infant’s urine, upon entering the mouth and contacting the mucosal surface covering the entrance to the larynx, will trigger the Laryngeal Chemo Reflex (LCR) / Apneic Reflex (LCR), with a reflexive reaction, that results in an episode of apnea, which occurs as a result of the laryngeal mucosa’s exposure to the ACIDIC stimuli of urine. Mothers should monitor urine pH levels and govern their diets accordingly. This is especially true, when digestion is interspersed or combined with unnatural elements, such as prescription drugs, recreational drugs, and exposure to secondhand smoke. All or some of these elements, could combine, to produce an acidic toxin, which eventually enters the infant’s gastro-intestinal system and urinary tract— a mere
droplet of which, upon entering the pharynx, will immediately cause the infant to experience an episode of INSTANT APNEA.

CONCLUSION

Experts have found markers of hypoxia in SIDS victims, which indicate hypoxia was a primary cause of SIDS. What B.B. extrapolated from the findings of those markers, are the following conclusions:

1. Hypoxia caused the hypoglossal nerve to over-activate.
2. Over-activation of the hypoglossal nerve, damaged the infant’s hypoglossal motor neurons (HYMNs).
3. The neurological damage, initially resulted in the partial suppression and malfunction of the hypoglossal nerve.
4. The continued malfunction and suppression eventually caused the tongue’s muscles to become weak and ineffective, resulting in a flaccid tongue, that wobbled around in the mouth, until it became a total, physical obstruction of the trachea, which prevented the infant from breathing.
5. All the above, were caused by episodes of instant apnea, that were induced into the syndrome, by the neglectful, hostile presence of unrequited, acidic urine, in the pharynx and on the infant’s surface skin, surrounding the nose and mouth.
   Apnea created hypoxia, which obliterated the hypoglossal nerve, causing the tongue to become flaccid and completely obstruct the trachea.
SEPTEMBER 13, 2019 REITERATION:

Pathologists and experts have uniformly agreed and stated: *A physical obstruction of the trachea causes SIDS.*

In light of the experts’ nebulous, disingenuous, ambiguous stated opinion, the following question must be asked and answered:

**Question:** What is the physical obstruction of the trachea, that causes SIDS?

**Brian Bevan’s Answer:**

*Incredulous as it may be, one has to accept the fact, that the infant’s flaccid tongue, is the one and only physical obstruction, that prevents the infant from breathing. IT IS THE FINAL, PRIMARY CAUSE OF SIDS.*

QED
SIDS RESISTANT™
SLEEP SACKS

THE SLEEP SACK ENCAPSULATES THE ACIDIC URINE, KEEPING IT AWAY FROM THE INFANTS’ FACE & PREVENTS IT FROM ENTERING THE PHARYNX, WHERE IT WOULD HAVE INITIATED THE FORMATION OF CHRONIC APNEA, WHICH PATHOLOGISTS HAVE IDENTIFIED AS: THE INITIAL PRIMARY CAUSE OF SIDS.

With the infant laying in a sleep sack on an inclined mattress, that drains the urine towards the extremities, the likeliness of chronic apnea occurring, will be greatly diminished. Without chronic apnea, SIDS has no beginning-without a genesis there is no mystery to solve.

IS THIS AN IMPOSSIBLE DREAM?
The SIDS SACKSTM shown below are sold by Amazon.

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