

Attention Deficit Disorder

The institutionalization of drug abuse
and what you can do about it!

By Dr. Brian Abelson D.C. RNC.

Introduction

Apparently drug abuse is now, not only legal, but also condoned by parents, schools, teachers, physicians, and a wide variety of other medical practitioners. At least, this is the impression I received during my research on Ritalin and ADD/ADHD.

Ritalin, a controlled category 2 pharmaceutical with a wide variety of side effects, has rapidly become our society's drug-of-choice for treating ADD/ADHD. (Cocaine, another controlled, category two pharmaceutical, has biochemical reactions and properties that are similar to Ritalin (1).)

In this article we will explore some disturbing questions and provide some viable alternatives for your patients.

Questions to ask yourself!

It is time to ask ourselves some serious questions:

- Why do we warn our children about the dangers of taking drugs, and then encourage them to take a highly addictive drug such as Ritalin?
- Why do we support the medical use of Ritalin, when even the Drug Enforcement Agencies warn against its use?
- Are drugs companies using teachers, parents, support groups and physicians as their drug pushers?
- Is Ritalin truly that effective? Are there other alternatives that can do the same job, but with fewer side-effects?

Drugs, Money, and Politics

Drug companies are in business to make money. They are not in the business of providing free services, nor do they waste money in ineffective advertising. The best way to market a product (such as a drug like Ritalin) is by educating the consumer group about a perceived need or by indirectly creating a need.

For example: Ciba-Geigy - the pharmaceutical company that manufactures Ritalin - has created and promoted a need for Ritalin through a non-profit group called C.H.A.D.D.(2). Ciba-Geigy invests or donates large sums of money to C.H.A.D.D. (Children and Adults with ADD).

C.H.A.D.D. describes itself as a grass roots, parent based, organization dedicated to providing information about ADD/ADHD. Each year thousand of parents look to C.H.A.D.D. for reliable information about ADD/ADHD. There are 650 chapters of this organization in the United States and numerous chapters across Canada. C.H.A.D.D. conducts its meeting in public schools, giving an impression of government involvement (which is not the case). C.H.A.D.D. provides literature, videos, and a variety of so called educational material about ADD/ADHD, much of which is funded by Ciba-Geigy. In actuality, C.H.A.D.D. is advertising Ciba-Geigy's drug information and is providing only a limited perspective about the treatment of the ADD/ADHD condition(2).

Unfortunately, C.H.A.D.D.'s literature does not mention its close ties to Ciba-Geigy, the producer of Ritalin. There is definitely a conflict of interest to be found in this relationship. Ciba-Geigy want to sells drugs, C.H.A.D.D. is there to help convince parents that there is a need for these drugs(2).

Let's wake up and start thinking. Ciba-Geigy would not give away this much money unless it would result in increased profits. C.H.A.D.D. is basically acting as a conduit for Ciba-Geigy. C.H.A.D.D.'s literature has been disseminated through our communities to parents, teachers, and even physiologists. Unknowingly, and unwittingly, many of these individuals have joined up with the Ciba-Geigy Drug team to help raise drug profits at the expense of our children's health.

Ritalin - A Dangerous Drug!

Increased Ritalin usage is North American phenomena - the rest of the world is not seeing this problem. This could be due to the fact that the U.S. manufactures and consumes five-times more Ritalin than the rest of the world combined. In fact the Ritalin aggregate production quota has increased almost six-fold since 1990 (1).

The D.E.A. (Drug enforcement Agency) is concerned about the increased and inappropriate use of Ritalin. The D.E.A. reports that students are giving and selling their medication to classmates, who then crush and snort the powder like cocaine.

The D.E.A.'s opinion of Ritalin is clear:

" Every indicator available, including scientific abuse liability studies, actual abuse, paucity of scientific studies on possible adverse effects associated with long-term use of stimulants, divergent prescribing practices of U.S. physicians, and lack of concurrent medical treatment and follow-up, urge greater caution and more restrictive use of MPH"(1).

MPH is the pharmaceutical abbreviation for Ritalin.

Did you know that Ritalin...

- Decreases the flow of blood to the brain by 20 to 30%, with a concurrent decrease in cognitive function? Cocaine is known to have a similar effect on the circulatory system.(3).
- Causes symptoms similar to Parkinson's Disease (4).
- Has been linked to an increase in mammary cancer(6)
- Has caused liver tumors in mice (27).
- Ranks in the top ten, most frequently stolen pharmaceuticals take from licensed pharmacies (1).

Breaking News...

Ritalin usage has been linked to the appearance of Parkinson's type symptoms, (an affect also caused by cocaine).

Ritalin and cocaine both block the function of dopamine transporters (DAT). DAT's affect the flux of dopamine through neurons and contribute to the subsequent packaging and release of dopamine.

Parkinson's disease (PD) is believed to be caused by a deficiency of dopamine. In Parkinson's disease the neural cells which produce dopamine deteriorate. When these neurons start to disappear, the normal rate of dopamine production decreases. It was discovered that when dopamine supply is abnormally low, Parkinson's like symptoms start to appear.

A worse case scenario would be an adult on Ritalin who is then falsely diagnosed with Parkinson's disease (4)(5).

Ritalin can cause:

- Abnormal liver function
- Angina
- Anorexia
- Arthralgia
- Blood pressure and pulse changes
- Cardiac arrhythmia
- Abdominal pain
- Dermatitis
- Dizziness
- Drowsiness
- Dyskinesia
- Exfoliative dermatitis
- Fever
- Headache
- Insomnia
- Isolated cases of cerebral arteritis and/or occlusion
- Leukopenia and/or anemia
- Nausea
- Necrotizing vasculitis
- Nervousness
- Palpitations
- Scalp hair loss
- Skin rash
- Tachycardia
- Thrombocytopenic purpura
- Tourette's syndrome
- Toxic psychosis
- Transient depressed mood
- Urticaria
- Weight loss during prolonged therapy

The next time a physician, teacher, or psychologist tells you that Ritalin is harmless, ask them to look at what the *Physicians Desk Manual* has to say (7).

No long-term studies have been conducted on Ritalin usage, or on its long-term effects on patients. However, even the list of short-term side-effects is alarming and long.

Ritalin has not shown positive long term results...

A five-year study conducted by the Montreal Children's Hospital showed that hyperkinetic children who received Ritalin did not show significant improvement in learning and emotional behavior when compared to children who did not receive the drug. During the initial stages of the study, it appeared that hyperactive children treated with Ritalin were initially more manageable. However, at the end of the five-year period, the treatment and the non-treatment groups were essentially identical(8).

This study tells us that these 'hyperactive' children grew out of their previous behaviors. If this is true, many of the major theories about ADD/ADHD should fall by the wayside including that:

- ADD is something that a child will never outgrow.
- Without pharmaceutical intervention, we cannot treat ADD/ADHD.

Diagnosing ADD/ADHD

A diagnosis of ADD/ADHD is typically based upon a set of highly subjective information. There are no physical examinations or laboratory tests that can definitively confirm the ADD/ADHD diagnosis.

Physicians base their diagnosis on the criterion found in the *Diagnostic and Statistical Manual of Mental Disorders*. This manual states that:

*"In order for a patient to be diagnosed with ADD, the patient must show **six** (or more) of the following symptoms of inattention and hyperactivity-impulsivity. These symptoms must have persisted for at least 6 months to a degree that is maladaptive and inconsistent with the patient's development level."*

Depending on whom you talk to, almost all children fit into some aspect of the following criterion. Does this mean they all have ADHD? No it does not! The following criterion is extremely subjective, and is highly dependent upon who is providing the information to the practitioner (an overworked teacher, a harassed parent, the child?).

Consider the following diagnostic criterion and review the possible types of diagnosis's that can be derived from these results (9). Notice how the differences in interpretation are highly subjective and varied.

	This diagnostic criterion...	Can show a child who...
Inattention (at least *6* of the following symptoms)	1. Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.	➤ Comes from a dysfunctional family situation.
	2. Often has difficulty sustaining attention in tasks or play activities.	➤ Has a history of abuse within the family.
	3. Often does not seem to listen to what is being said to him/her.	➤ Has an essential fatty acid deficiency.
	4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).	➤ Has caffeine and chemical sensitivities.
	5. Often has difficulties organizing tasks and activities.	➤ Is a couch potato.
	6. Often avoids or strongly dislikes tasks (such as schoolwork or homework) that require sustained mental effort.	➤ Has Insomnia.
	7. Often loses things necessary for tasks or activities (e.g., School assignments, pencils, books, tools, or toys).	➤ Is gifted or creative.
	8. Is often easily distracted by extraneous stimuli.	➤ Is hypoglycemic.
	9. Often forgetful in daily activities.	➤ Is oppositional and defiant.
Hyperactivity-Impulsivity (at least *4* of the following symptoms)	1. Often fidgets with hands or feet or squirms in seat	➤ Suffers from anxiety and depression
	2. Leaves seat in classroom or in other situations in which remaining seated is expected	➤ Suffers from dyslexia.
	3. Often runs about or climbs excessively in situations where it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)	➤ Suffers from epilepsy.
	4. Often has difficulty playing or engaging in leisure activities quietly.	➤ Suffers from food allergies.
		➤ Suffers from hyperthyroidism or hypothyroidism.
		➤ Has microscopic parasitic infections
		➤ Has postural and neurological dysfunctions.
		➤ Has a systemic inflammatory condition.
	➤ Has vision and auditory problems.	
	➤ Has yeast infections.	
	➤ Is on medications.	
	➤ Suffers from stress.	
	➤ Has been exposed to lead or heavy metal poisoning. Has been exposed to lead or heavy metal poisoning.	

Remember, this criterion is supposed to be based on a period of observation lasting for at **least six months**. Unfortunately, many physicians prescribe Ritalin after only one appointment with the child. Often they will tell the parents to give the drug a try, if it works then the child is diagnosed as having ADD. Yes, Ritalin does work, especially when it is used to drug your child into submission. Is this truly how we want to diagnose and treat our children?

How valid is this criteria...

There is huge amount of controversy about the validity of the *Diagnostic and Statistical Manual of Mental Disorders*. Many specialists believe that this document is nothing more than a political sounding board for drug companies and psychiatric groups who have their own subjective and biased perspectives.

To quote Louise Armstrong from her writing on "The Psychiatric Policing of America's Children" she states:

"To read about the evolution of the DSM is to know this: It is an entirely political document. What it includes, what it does not include, are the result of intensive campaigning, lengthy negotiating, infighting, and power plays (10)."

"Many psychiatric "groups" and "associations" function as trade unions for the psychiatrists and a source of continual advertising for the major drug companies. These "professional associations" (i.e. trade unions) exist solely to benefit the psychiatrists and the drug companies.(10) "

The Underlying Causes of ADD/ADHD

The true, underlying cause of ADD/ADHD is multi-factorial in nature. Accordingly, the most logical treatment approaches must also be multi-factorial. In our practice we have seen a very high success rate when we take this approach, and very limited success rate when we do not.

Typically, we focus on the following areas for the treatment and management of ADD/ADHD:

- Environmental stresses.
- Allergenic responses to additives, chemicals, and foods.
- Biomechanical and neurological restrictions.

Environmental Stresses, Foggy Brain Syndrome, and ADD

There is considerable existing literature to support the concept that environmental toxicity is the major cause of ADD/ADHD. For the first time in human history, we face daily exposure to a vast arsenal of antibiotics, chemical by-products, and environmental pollutants. Our home, businesses, schools, and even many of our clinics are full of toxic chemicals.

Children today are exposed to numerous environmental toxins, dietary antibiotics and hormones, and a wide variety of chemicals. These factors combined with an inadequate diet can be a major factor in causing behavioral problems. I just have to watch the reactions of my seven-year old son after he has eaten candy with red dye #5 to see the transformation of a calm focused child into one who fits the ADD criterion. And then observe his return to normal behavior as soon as the dye wears out. A classic example of environmental sensitivity.

The importance of our eliminatory systems...

Our body's ability to remove toxic material is dependent upon our eliminatory systems, especially our liver. How well toxic substances are removed from the body is directly dependent on the amount and availability of essential nutrients required by the liver.

Problems occur when essential nutrients are not present. When this occurs, the liver produces Reactive Oxygen Species (ROS) including all highly reactive, oxygen-containing molecules including free radicals. These molecules can cause cellular damage when they react with membrane lipids, nucleic acids, proteins, enzymes, and other small molecules (12). Cell damage caused by ROS appears to be a major contributor to immune system decay and brain dysfunction (12).

ROS also causes breakdown of the intestinal walls and increases the permeability of the intestinal lining. Because of the increased permeability, toxic substances pass from the intestines into the blood stream and increase the toxic load on the liver. Numerous studies have linked leaky gut syndrome to

arthritis like pain, headaches, fatigue, alterations in immune function, allergies, and even to changes in brain chemistry, that result in what is called "Foggy Brain Syndrome". Foggy Brain syndrome is diagnosed when there is an inability to focus and concentrate (11).

Testing for environmental stress...

In our practice, we conduct both Urine Analysis and Hair Analysis to obtain objective information from our patients. I would suggest conducting all of the following tests on any patient suspected of having ADD/ADHD.

Test kits for urine and hair analysis are available through Professional Health Products at 1-800-661-1366.

Test Name	Functional Reason For Testing
Urinary Indican Test	Measures the degree of protein mal-digestion, bowel toxicity, and putrefaction. Positive results require three factors to be present: a permeable bowel wall : <ul style="list-style-type: none"> ○ Leaky gut syndrome. ○ A proliferation of putrefactive bacteria. ○ An alteration of tryptophan metabolism.
Urinary Sulkowitch Test	Measures levels of urinary excretion of calcium and gives an indication of how well the body uses calcium.
Urinary Koenisburg's Test	Checks for adrenal insufficiency. This test evaluates urinary chloride and provides an indirect measure of urinary sodium excretion. Your adrenal glands are greatly affected by stress reactions and are involved in the development of allergic responses when stressed.
Oxidative Stress Test	Evaluates the level of free radical activity in the body.
Zinc Sufficiency Test (Oral)	Zinc is involved in catalyzing over 100 enzymatic reactions
Hair analysis	Hair analysis provides the best specimens for evaluating mineral imbalances and toxicity. It allows for good long-term exposure assessment, is non-invasive, inexpensive, and allows for investigation of nutrient/toxic interactions.

ADD/ADHD and allergenic responses to additives, chemicals, and foods

The elimination of chemical additives is a fundamental requirement for successful treatment of ADD/ADHD.

Dr. Benjamin, FeinGold M.D., was one of the first physicians to hypothesize that petrochemicals, preservatives, colorings, thickeners, bleaching agents, salicylates and other chemicals had a significant effect on cognitive function. Dr. FeinGold's subsequent work showed remarkably effective results for the reduction of hyperactivity, with corresponding increases in academic performance.

Dr. FeinGold's work was initially criticized when other studies failed to support his conclusion. But a review of these other studies reveals many fallacies in how they were conducted, and sometimes the complete lack of scientific technique or standards. For example, one test used chocolate chip cookies

for the placebo. These cookies are typically full of additives and substances that cause ADD-like behavior in children. Obviously, the results of such tests are biased and invalid.

More recent research has confirmed Dr. FeinGold's initial findings. For more information, see go the FeinGold Web site at <http://www.feingold.org/home.html> .

Food Allergens, Elimination Diets, and ADD

Many studies have show a correlation between allergens and ADD/ADHD (15)(17). Cornell Medical Center published a study which found that over 70% of children diagnosed with ADD/ADHD show greatly reduced signs and symptoms by eliminating reactive foods and food additives (18).

A recent British study demonstrated the effects of diet on hyperkinetic behavior. In this study, 185 hyperkinetic children were placed on a low allergy diet of water, chicken, lamb, rice, potatoes, bananas, pears, cabbage, cauliflower, broccoli, cucumber, celery, and carrots. Their diet was supplemented with calcium, magnesium, zinc, and vitamins. Out of 185 children, 116 of them responded positively to the dietary changes. In fact hyperkinetic behavior was eliminated in these children as long as the offending foods were avoided (28).

Treatment recommendations for allergen caused ADD

I highly recommend that children with ADD/ADHD be given an **Elisa Test**. Scratch tests may not give a true picture of allergenic responses since allergenic reaction may not show up for days after exposure to allergen. I recommend using the facilities at Great Smokies Laboratories. For more information see their web site at <http://www.gsdl.com>.

If your patients cannot afford testing, I would recommend following an elimination diet.

- First eliminate products that contain milk, gluten, citrus fruits, nuts, seafood, and eggs.
- Avoid products containing caffeine, table sugar, artificial sweeteners, food additives, and hydrogenated oils.

Gluten containing grains include wheat, oats, barley, rye, spelt and kamut. Gluten free grains are corn, buckwheat, rice, millet, quinoa, amaranth, and tapioca.

Complete elimination of all possible allergens is often necessary for many children. Even low levels of allergens can cause severe problems. In fact, it has been found that intermittent exposure to an allergen is often more allergenic than taking the substance on a regular bases.

After four to eight weeks (depending on the child's response) foods of a questionable allergenic nature can be re-introduced on a rotational basis. Leave at least five days before re-introducing the next possible reactive substance. This gives the parent an opportunity to monitor the reaction, or lack of reaction, to each food. It is advisable to completely eliminate foods that cause a re-occurrence of symptoms since this may indicate a possible allergenic source. Also have the patient keep a diary on the reactions of the child. This way you can easily review the progress with both the parents and the affected child.

Hypoglycemia and ADD/ADHD

Many physicians tell their patients that there is no correlation between hyperactivity caused by sugar intake and a lack of focus. As any parent can tell you, this is a highly questionable perspective.

One study noted that 74% of 261 hyperactive children had abnormal glucose metabolism. The abnormal response was known as *reactive hypoglycemia*, and caused an insulin surge every time the

child ate refined sugar. The insulin surge causes a sharp drop in blood glucose levels. These rapid decrease in blood sugar levels results in a surge of adrenaline and activates the child's fight-or-flight response (29).

A diet high in protein, unrefined carbohydrates, and moderate fats can help to control hypoglycemia. Foods high in both refined and natural sugars should be avoided. Taking small meals throughout the day is also helpful.

Nutritional Supplements and the Treatment of ADD/ADHD

Correct and adequate nutritional supplementation is an essential aspect of the treatment protocol. Some of the most common deficiencies in ADD/ADHD children are: essential fatty acids, zinc, magnesium, tryptophan, B vitamin's(13)(14).

The following recommendations provide support for detoxification, antioxidant activities, restoration of immune functions, increasing cell sensitivity and restoration of intestinal integrity. Some of the antioxidant support is particularly important because of the ability of antioxidants to pass through the blood-brain barrier to reduce the Foggy Brain Syndrome.

Amounts listed are for adults. Reduce these portions by one-half for children. Many of these substances can be obtained from a good multivitamin and mineral tablets.

Note: Not all vitamin and mineral supplements are equal. Look for products without binders, coloring, sugar, yeast, corn, dairy, or other additives since these substances can cause allergenic responses. Also look for companies that can provide you with independent research on their products. Beware of multilevel marketing and anecdotal information.

Nutritional Supplements Should Include:

Acidophilus and Bifidus	1 teaspoon - Three times per day
Fiber	20-30 grams per day
L-glutamine	500-1000 mg per day
Zinc	30 mg per day
Alpha Lipoic Acid	100 mg 3 times per day
Vitamin E	400-800 mg per day
Vitamin C	1000 - 6000 mg per day
Selenium	50-200 mg per day
Plant based antioxidants	30 mg per day
Vitamin B complex	100 mg tablets 2 times per day
Calcium	1200 mg per day
Magnesium	100 mg 3 times per day
Salmon oil	1000 mg three times per day

Chiropractic, CranioSacral Therapy and the treatment of ADD/ADHD

Chiropractors know that jamming of the occipital condyles on the first cervical vertebra causes bio-mechanical dysfunction that directly affects the nervous system. But, what many practitioners do not realize is how this also affects the flow of blood to the brain. And how adjusting this area can benefit cerebral circulatory function.

Occipital compression has been shown to have a direct effect on the structures that pass through the Jugular Foramen. The Jugular vein and Cranial nerves 9, 10, and 11 (Glossopharyngeal nerve, Vagus nerve, and Spinal accessory nerve) pass through this area. Whenever there is occipital compression, there is an associated tightening of the Rectus Capitus Lateralis muscle. This muscle inserts directly beside the jugular foramen at the jugular process of the occiput. When this muscle tightens, it causes alteration of the jugular foramen and compression of the structures that pass through it(20).

The jugular vein returns 70-75% of the blood supply from the brain. Disturbances in the normal flow of blood through this vein results in a back-pressure that alters circulatory and neurological function(20).

Compression of the jugular vein causes back pressure and results in an increase in intra-cranial pressure. Intra-cranial pressure refers to the pressure within the semi-closed membranous system that surrounds our spinal cord. Very subtle changes in this volume can result in autonomic nervous system dysfunction(20).

When we think about the effects of compression on cranial nerves 9, 10 and 11 the results are obvious. Compression of these nerves may manifest as changes to cardiac rhythm, digestion, bowel function, and numerous autonomic symptoms(20).

The physical characteristics of rage that we see in hyper-kinetic child may actually be the results of autonomic dysfunction. The rage a child experiences may be caused by the simultaneous discharge of numerous sympathetic nerve fibers, resulting in the fight or flight response. Imagine the result when this is combined with a sugar rush.

Several steps must be taken once occipital compression has been identified in the patient. First tension must be released in the muscles at the base of the neck. I have found that PNF neck stretches combined with cervical manipulation and occipital traction to be very effective. The first rib is often restricted in many of these cases and must be adjusted.

Conclusion

I believe we should do everything possible to discourage our patients from taking Ritalin (or other related pharmaceuticals). It can be a dangerous and addictive drug that can cause long-term damage to our children while making pharmaceutical companies rich.

The pharmaceutical approach is only a short term solution. It sends the wrong message to our children by telling them that it is acceptable to take drugs to deal with problems. In the future, it will be hard for parents to convince their children not to take drugs, when for years they have been encouraging drug use with Ritalin.

Personally I have found that modifications in diet, allergenic responses, environment changes, combined with Chiropractic adjustments can effectively treat many cases of so called Attention Deficit Disorder. Considering the negative consequences of invasive pharmaceutical intervention, I feel these alternatives can provide a safe alternative for our children.

As practitioners we have to educate our patients about the reality of this situation, and provide safe alternatives for their use.

All the best is health

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