

# Is There Any Other Way Besides Ritalin?

BY PAUL S. INSELMAN, D.C.

If you have ever seen the parents of a child with Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD), then you know the effect that these disorders have on the entire family. I am convinced that the parents of these children are absolutely destined to go to heaven just by virtue of their suffering on earth. With modern alternative methods, I have seen much of the suffering halted for both patient and family alike, and with these thoughts in mind I would like to outline my clinical experience with treating these types of cases.

ADD is a condition that is characterized by an attention span that is less than expected for the age of the person. Many times there is also impulsive behavior and age inappropriate hyperactivity (ADHD). The most common symptoms associated with ADD are: difficulty paying attention, easy distraction, and difficulty in being able to focus for more than a few minutes on mental tasks.

The most common symptoms of hyperactivity are excessive physical activity (can't sit still) and impulsive behavior. The cause of ADD

is unknown. Some factors that are thought to be contributing are prenatal toxic exposure and prematurity. Also thought to contribute are psycho-social problems, injuries to the central nervous system, and nutritional considerations.

According to the 1988 Surgeon General's Report, "Diseases of dietary excess and imbalance...now rank among the leading causes of illness and death in the US and generate substantial health care costs. Improved nutrition training of



Nutritional disorders, according to the Surgeon General's Report, account for the majority of illnesses in the United States. Poor digestion, due to lack of digestive enzymes, coupled with an over indulgence in the wrong foods can lead to symptoms of ADD/ADHD.

physicians and other health professionals is needed. Training should emphasize basic principles of nutrition, the role of diet in health promotion and disease prevention, nutrition assessment methodologies and their interpretation, therapeutic aspects of dietary intervention, and behavioral aspects of dietary counseling."

The most common medical treatment for ADD/ ADHD is the use of methylphenidate hydrochloride (Ritalin) which is a mild central nervous system stimulant.

The mode of action in man is not completely understood, but Ritalin presumably activates the brain stem arousal system and cortex to produce a stimulant effect. There is neither specific evidence which clearly establishes the mechanism whereby Ritalin produces its mental and behavioral effects in children, nor conclusive evidence regarding how these effects relate to the condition of the central nervous system.<sup>2</sup>

According to the PDR 44<sup>th</sup> Edition, the most common adverse reactions of Ritalin are nervousness and

insomnia. Other reactions include hypersensitivity, anorexia, nausea, dizziness, palpitations, blood pressure pulse changes, headaches, abdominal pain, and weight loss. In rare instances Tourette's syndrome and toxic psychosis have been reported. With all of these possible side effects, is there any other way to treat ADD/ADHD without the use of Ritalin or other drugs?

As stated above, nutritional disorders, according to the Surgeon General's Report,

account for the majority of illnesses in the United States. I have found in my clinical practice that poor digestion, due to lack of digestive enzymes, coupled with an over indulgence in the wrong foods can lead to symptoms of ADD/ADHD.

## Case History

An 8-year-old female who was diagnosed 3 years prior with ADD presented to my office for consultation and examination. Previous treatments included behavioral modification and Ritalin. Behavioral modification was discontinued in a short period of time because the child was unable to sit long enough for therapy. Ritalin was then instituted in an effort to calm the child down enough so she could return to behavior modification. Ritalin had to be discontinued because the patient became restless and nervous.

After two years of coping on their own, the child's mother brought the child to me for diagnosis and treatment. Preprandial examination revealed left posterior scapula, tender and subluxated first rib, atlas laterality left, fixation and tenderness from T4-T8, anteriorities of T6-T8. Fasting positive palpatory diagnostic reflex exam revealed positive right costal arch reflex (gall bladder stress), and a positive ascending colon reflex (bowel disruption). Postprandial exam findings were: shoulder level, atlas left. Positive Palpatory diagnostic reflex exam findings were right costal arch (gall bladder stress), and ascending colon (bowel disruption).

A diet analysis revealed that the patient craved protein and sugar. There were excessive amounts of "junk foods", cola, and candy. There were minimal servings of fruits and vegetables and excessive servings of starches and fats.

A 24-hour urinalysis as prescribed by Dr. Loomis<sup>3</sup> was obtained and confirmed the physical findings of poor protein and fat digestion on a biochemical level.

## Discussion

For 3 years this child was frequently sent home from school because she was unruly. For 3 years this child never received a grade higher than a 70.

By comparing the pre-prandial palpatory diagnostic reflex exam results with the

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post-prandial results, we are able to diagnose those organs that are under digestive stress. This digestive stress leads to a disruption in homeostasis on a cellular level. When homeostasis is disrupted at any level, for a long enough period of time, symptoms will arise. The positive findings were right costal arch indicating gall bladder stress (fats) and descending colon (toxicity due to poor digestion). The dietary mechanism of her symptoms of ADD was that she was not digesting her proteins and fats due to eating a cooked diet, which kills enzymes, coupled with dietary overload in foods that were high in fat and sugar. This combination of overload along with poor digestion because of lack of enzymes causes the undigested food to sit in the colon where it putrefies. This putrefication causes an overall toxicity of the body leading to a disruption of homeostasis, which, in this case, manifested itself as symptoms of ADD.

### Treatment

The patient was advised to discontinue her consumption of foods high in fat and sugar. She was further advised to increase her intake of raw fruits and vegetables and she was placed on enzyme supplements to help pre-digest her foods, so her organs could be relieved of their stress and homeostasis could be restored.

The patient was seen over a 10-day period for manual adjustments to relieve the anterior fixations of T6-T8, as well as the left Atlas laterality.

### Results

Within three days of commencing enzyme replacement therapy, the child received an 80% on an examination. After 1 week, the child's teacher commented on the tremendous behavioral changes that the child had undergone. After 2 weeks, the child held her adjustments, was discharged from my care, and advised to return if she had any future problems. After 6 months, the child's mother reported that her daughter lost a tremendous amount of weight which put her back to normal on the chart for height and weight. The child's behavior continues to be normal and acceptable after 9 months.

### Discussion

Ritalin is an accepted treatment for the ADD/ADHD in the medical community. If there is an alternative way to treat a condition without the use of drugs or surgery and their potential side effects, it should be

employed first. If conservative alternative therapies fail, then more invasive drug-oriented therapies can always be employed in the future. We should also remember that once a male child reaches his 12<sup>th</sup> birthday, he should discontinue the use of Ritalin because the combination of hormonal changes and Ritalin can cause unacceptable aggressive behavior.

Any therapy should look to restore homeostasis. Enzyme replacement therapy tries to restore homeostasis at the source which is at the cellular level. Think for a moment. What is the one constant that everyone does? Everyone eats. If we don't digest our fuel properly, or if we put the wrong fuel into our bodies, then homeostasis has to be altered negatively. Once homeostasis is negatively altered for a long enough period of time, symptoms have to appear. In this particular case, Ritalin did nothing to restore homeostasis; rather, it disrupted it further which manifested itself in other symptoms (side effects).

Now, I am not going to say that Ritalin should never be given to any child with ADD/ADHD. What I am saying is that digestive enzymes are an important part of any patient's health equation. Look first to this lack of enzymes in your patients with ADD/ADHD because it is safe, it is conservative, and it will probably hold the answer to the question your patients will ask, "Is there any way other than Ritalin?" (*References available on request*)

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