

ALTERNATIVE HEALTH & REHAB. CENTRE, PLLC
A Treatment Centre with a Holistic Personal Approach.
Open: 8am-8pm Monday-Friday, 9am-6pm Saturday, by appointment.
2284 S. Ballenger Hwy, Suite F, Flint, MI. 48503. Ph: (810) 235-5181.

ADHD - Attention Deficit Hyperactivity Disorder

ADHD is a manageable condition that affects millions. ADHD is not a discipline problem!

Everyday, millions of brain cells (or neurons) communicate with one another using chemicals (called neurotransmitters). However, messages relating to emotion, behavior, thinking and attention are generated by two major neurotransmitters: nor epinephrine and dopamine. The belief is that these specific neurotransmitters become out of balance and one of the results is ADHD. Whether there's an imbalance or an uptake impairment of these neurotransmitters is not currently clear.

ADHD medications are thought to influence the balance and uptake of nor epinephrine and dopamine in the brain, which helps to improve the chemical communication between all neurotransmitters, but supplementation is not the answer for many people.

How to identify ADHD

You should not assume that a person has ADHD because of a few low grades or bursts of excitability every now and then. In fact, [ADHD symptoms](#) are persistent and present in multiple settings, whether it's home, school, during extracurricular activities or at work.

Some signs, however, may indicate that ADHD could be the reason for the behavior. Be aware of:

- Concerns from multiple sources that inattention or hyperactive behavior is causing significant disturbance to others.
- A persistently high activity level that affects others or causes injury.
- Changes in emotional and activity level that are not a result of a recent family crisis or alteration in routine.

To meet an ADHD diagnosis, six or more of the diagnostic symptoms must have been present for at least 6 months to a point that is disruptive and inappropriate for the patients developmental level.

It's hard to know whether the over activity and inattention are normal or if there is a specific problem that needs to be addressed. That's why an evaluation is imperative, especially because it can help rule out other possible explanations.

Certain questions must be asked during the evaluation, such as, "Are these behaviors excessive, long-term, and do they occur more often than in others of the same age? Are they a continuous problem, not just a response to a temporary situation? Do the behaviors occur in several settings, or only in one specific place?"

Consider an evaluation when:

- Inattention or hyperactivity causes significant problems at home and/or at school, and is not due to a recent crisis or significant routine change.
- A persistently high activity level that interferes with relationships or causes personal injury or injury to others.

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ADHD cont.

Research indicates that a successful ADHD treatment program combines family coordination, food choices (reduce sugar, milk products and gluten), personal attention to the patient needs, behavioral modification program and possibly medication. The whole family must buy into and work with the plan.

Three Basic Subtypes of ADHD

The symptoms of ADHD fall into three basic subtypes.

- Predominantly Hyperactive-Impulsive type
 - Fidgety, talk excessively, run around at inappropriate times and frequently disruptive.
 - (Blurts out answers in class, Takes action before thinking or makes quick rash decisions).
- Predominantly Inattentive type
 - Not paying attention, Making careless mistakes, Not listening, Not finishing tasks and not following directions. Often, they appear easily distracted.
- Combined type
 - Six (or more) symptoms of hyperactivity-impulsivity and six (or more) symptoms of inattentive.

Communication is key

One of the fundamental challenges of ADHD is learning how to talk and work things out. Therefore it can be helpful to clearly establish the ground rules of the household. These ground rules should cover:

Chores Bedtime Noise levels Curfews
Television Manners Homework Socializing

Always encourage responsibility for actions. Do role playing rule creation. It's one of the best ways to build confidence and self-esteem. At the same time, make sure they that he or she can come talk to you about any problems. If communication continues to be a problem, you may want to consider working with a family counselor. ADHD is different in each person, with its own set of challenges and solutions. So never stop seeking out the support that works for you and your family.

Autism, which affects thought, perception and attention, is not just one disorder with a well defined set of symptoms; Autism is a broad spectrum of disorders that ranges from mild to severe. In addition, the behavior usually occurs across many different situations and is consistently inappropriate for their age.

Problems in social relatedness and communication

(Difficulty in mixing with others; prefers to be alone; aloof manner; difficulty in expressing needs; uses gestures or pointing instead of words).

Abnormal responses to one or a combination of senses

- Such as sight, hearing, touch, balance, smell, taste, reaction to pain.
- Sustained odd play.
- Uneven gross/ fine motor skills.
- Not responsive to verbal cues acts as deaf.
- Little or no eye contact. Insistence on sameness; resist changes in routine.
- Noticeable physical over activity or extreme under activity.
- Tantrums; displays extreme distress for no apparent reason.

Speech and language absence or delays

- Inappropriate laughing and giggling.
- Echolalia (repeating words or phrases in place of normal language).
- Abnormal ways of relating to people, objects and events.
- (Inappropriate attachment to objects; don't seek cuddling) Spins objects.

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ADHD cont.

An aspect of language that tends to be disturbed in autistic people has to do with knowing how to use language appropriately and in context. That includes knowing how to hold a conversation, thinking about what the other person in a conversation understands and believes, and tuning in to the meta-linguistic signals of the other person, such as facial expression, tone of voice and body language. It is important to remember that communication is as much nonverbal as it is verbal, and autistic people have great difficulty understanding nonverbal language.

DIAGNOSTIC CRITERIA

A total of six (or more) items from (1), (2), and (3), with at least two from (1), and one each from (2) and (3):

- (1) Qualitative impairment in social interaction, as manifested by at least two of the following:
 - a) marked impairments in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body posture, and gestures to regulate social interaction
 - b) failure to develop peer relationships appropriate to developmental level
 - c) a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people, (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people)
 - d) lack of social or emotional reciprocity (note: in the description, it gives the following as examples: not actively participating in simple social play or games, preferring solitary activities, or involving others in activities only as tools or "mechanical" aids)
 - (2) Qualitative impairments in communication as manifested by at least one of the following:
 - a) delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
 - b) in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
 - c) stereotyped and repetitive use of language or idiosyncratic language
 - d) lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
 - (3) Restricted repetitive and stereotyped patterns of behavior, interests and activities, as manifested by at least two of the following:
 - a) encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
 - b) apparently inflexible adherence to specific, nonfunctional routines or rituals
 - c) stereotyped and repetitive motor mannerisms (e.g. hand or finger flapping or twisting, or complex whole body movements)
 - d) persistent preoccupation with parts of objects
- B. Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years:
- (1) Social interaction
 - (2) Language as used in social communication
 - (3) Symbolic or imaginative play
- C. The disturbance is not better accounted for by Rhett's Disorder or Childhood Disintegrative Disorder.

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ADHD cont.

Treatments and Approaches

Drug Treatment

Drugs don't cure autism, but many autistics suffer from multiple problems such as depression or seizures, and the drugs may temporarily help with those secondary problems.

The drugs most commonly prescribed are (they all have side effects):

1. Anti psychotics (Mellaril, Haldol, Thorazine) - used to treat severe aggression, self-injurious behavior, agitation or insomnia.
2. Anticonvulsants (Tegretol, Depakote, Dilantin) - used to control seizures.
3. Anti depression (Lithium, Depakote) - used for bipolar manic depression.
4. Anti anxiety (Valium, Librium)
5. Benzodiazepines - alprazolam (Xanax), chlordiazepoxide (Librium), clonazepam (Klonopin), diazepam (Valium, Valrelease, Zetran), flurazepam (Dalmane), lorazepam (Ativan, Alzapam), oxazepam (Serax), triazolam (Halcion).
6. Tricyclic Antidepressants - amitriptyline (Elavil, Endep, Enden, Tryptizol), amoxapine (Asendin), bupropione (Wellbutrin), carbamazepine (Eptol, Tegretol), clomipramine (Anafranil), desipramine (Norpramine, Pertofrane), doxepin (Adapin, Sinequan), imipramine (Tofranil, Janimine) nortriptyline (Pamelor, Ventyl, Aventyl), trimipramine (Surmontil)

Selective Serotonin Reuptake Inhibitors (SSRIs) used for regular depression or compulsive behaviors.

fluoxetine (Prozac), fluvoxamine (Luvox), nefazodone (Serzone), paroxetine (Paxil), sertraline (Zoloft), venlafaxine (Effexor)

(MAOI) Monamine Oxidase Inhibitors

Used to treat depression and panic. MAOI's should not be the first treatment choice. Rather, these drugs are prescribed for people whose symptoms have failed to respond to other common antidepressant drugs. Although just as effective as heterocyclic drugs, they pose a potential problem because of the possible toxic food-drug interactions. If you are taking one of these, follow the dietary guidelines strictly.

moclobemide (Aurorix, Manerix), phenelzine (Nardil), tranylcypromine (Parnate)

Beta Blockers - (Nadolol, Buspirone)-used to decrease aggression or hyperactivity.

Opiate Blockers (Naltrexone/Trexan) - control self injurious behaviors.

Sedatives (Chloral Hydrate, Noctec, and Benadryl) - for difficulty sleeping

Stimulants (Ritalin, Dexedrine) - for hyperactivity and attention or concentration problems. Some of them have side effects.

Anti yeast therapy

There is a lot of evidence that *candida albicans* may cause or exacerbate behavior and health problems in autistic individuals. Physical symptoms are vaginal yeast infections and thrush (white patches in mouth).

An overgrowth of *candida albicans* causes toxins to be released into the body which are known to impair the central nervous system and the immune system. Some of the behaviors related to this are, confusion, hyperactivity, short attention span, lethargy, irritability, and aggression. Reported problems can include headaches, intestinal problems, (constipation, diarrhea, flatulence), distended stomach, excessive genital touching in infants and young children (due to itching), cravings for carbohydrates, fruits and sweets. Unpleasant odor of hair and feet, acetone smell from mouth, and skin rashes.

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Candida overgrowth is often attributed to long term antibiotic treatments. It has been reported that some people whose autistic tendencies surfaced at 18- 24 months had been continuously treated with antibiotics to control chronic ear infections. The treatment **doesn't cure autism** and may cause super infections.

Allergy induced Autism and Casein/Gluten

In allergy induced Autism, the symptoms usually become apparent during the first three years of life. Some children have autism that appears to have been triggered by intolerance to many foods and/or chemicals, the main offenders being cow's milk, wheat, corn, sugar and citrus fruits, although each child may be affected by different substances. These children may have many almost unnoticeable physical problems, namely excessive thirst, excessive sweating, especially at night, low blood sugar, diarrhea, bloating, rhinitis, inability to control temperature, red face and/or ears and dark circles under the eyes. It has been reported that a high percentage of autistic children had a "mutant" protein in their urine that was created by eating gluten (found in wheat, oats, barley and rye grains) and/or casein (milk protein) containing food. The mutant protein was the gluten and casein protein bound to a morphine like substance. This condition causes many kids to become spacey and addicted to the offending foods. By eliminating milk and wheat a lot of secondary problems are helped and behavior is improved.

Auditory Training

Auditory training can be considered a form of sensory integration in which stimulation may sensitize or desensitize one or more senses. Theoretically speaking, if one or more senses are impaired in an individual, he or she may develop a distorted perception of the environment. There has been much research in the past 15 years to indicate that many autistic individuals have sensory dysfunction in one or more areas.

There are two main types of auditory training methods, the Berard approach, lasting 10 to 12 days, and the Tomatis approach, lasting 6 to 12 months. The Berard training is accomplished by a device which randomly selects high and low frequencies from a music source and then sends those sounds via headphones to the trainee.

Music Therapy

Includes singing, movement to music, and playing instruments. A good medium for kids with developmental disabilities because it requires no verbal interaction, music is by nature structured, facilitates play, can aid in socialization and influence behavior.

Doman/ Delacato Method

Carl Delacatto wrote a book called "The Ultimate Stranger". He had a few interesting points about "sensoryisms", a terrifying sensations or distortions to senses. The distortions can be hypersensitivity (too much stimulus entering the nervous system), hyposensitivity (too little stimulus entering the nervous system) or white noise (internal static that disrupts input from external stimuli).

Delacato Method are brain stimulation activities for brain injured children developed by Glenn Doman and Carl Delacatto. It involves cross crawl patterning and sensory exercises developed to enhance memory and processing.

Programs work on the senses in order to normalize them. They are devised for parents to carry out at home. They include massage for tactility, auditory and visual work, and tasks for smell and taste, mobility and development. All tasks are fitted into 2 to 5 minute slots so that the child does not become bored, and are repeated as necessary.

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Holding Therapy

Holding therapy gained wide-spread attention when Dr Martha Welch, a child psychiatrist from New York, began using it as a means of working with children with autism. Her work is written in the book, Holding Time.

During holding therapy the parent attempts to make contact with the child in various ways. This may mean simply comforting a distressed child, but often the parent may hold the child for periods of time, even if the child is fighting against the embrace. The child sits or lies face to face with the parent, who tries to establish eye contact, as well as to share feelings verbally throughout the holding session. The parent remains calm and in control and offers comfort when the child stops resisting.

Many people feel this is a variant of SIT (sensory integration therapy), which helps the child adjust to and overcome sensory overload, and are holding therapy's advocates. Some high functioning autistic people have protested that this treatment is too traumatic. (Like in all therapies a balance is needed).

Sensory Integration Therapy

A person is trained to deal with sensory sensitivities. The goal is to reduce that anxiety through repeated exposure.

The Squeeze Machine

Developed by Temple Grandin. Supposed to reduce hyperactivity and tactile defensiveness. Gives the autistic control over the amount of pressure exerted.

Lovaas Method

Lovaas therapy refers to the treatment model developed by Ivar Lovaas, Ph.D., at the UCLA Clinic for the Behavioral Treatment of Children, and is mostly behavior modification program. Dr. Lovaas has worked with autistic children for over 30 years, and studies show it helped some kids, but requires one-on-one with a trainer for 40 hours a week.

The Son-Rise Program taught at the Option Institute and Fellowship

Barry Neil and Samahria Kaufman "cured" their autistic son, Raun, and then proceeded to write a book about it "Son-Rise: The Miracle Continues". They also founded the Option Institute and Fellowship in Sheffield, MA. The Institute offers training for families wishing to create home based Son-Rise Programs for their children.

Picture Exchange Communication System (PECS)

The Picture Exchange Communication System (PECS) was developed as augmentative/ alternative training package that allows nonverbal children and adults with autism and other communication deficits to initiate communication. It was created with educators, residential care providers and families in mind, and so it is readily used in a variety of settings. Verbal prompts are not used, thus building immediate initiation and avoiding prompt dependency.

The system goes on to teach discrimination of symbols and then puts them all together in simple "sentences." Children are also taught to comment and answer direct questions.

The PECS Training Manual, is written by Lori Frost, MS, CCC/SLP and Dr. Andrew Bondy. The manual provides all of the necessary information to implement PECS effectively. It guides readers through the six phases of training and provides examples, helpful hints, and templates for data and progress reporting.

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Higashi (Daily Life Therapy)

Daily Life Therapy, pioneered by Dr Kiyoo Kitahara at the Higashi School in Japan, provides an education and emphasizes vigorous physical education and the arts. The school is open to students 3-22, who are Autistic, Autistic like, or Pervasive Developmental Disorder, and do not serve Multi-Handicapped (physically disabled), Severe/Profound Mental Retardation, Emotionally Disturbed, Character Disorder, or Uncontrolled Seizure Disorder.

A method is developed in Japan and imported into the USA. It includes elements normally found in the education of autistic children, but places unusual attention to physical exercise. Upon entering high school, all students participate in community work and ultimately employment. Areas of employment opportunities include clerical, custodial, stocking, food service and landscaping. All vocational students are paid employees.

TEACCH - Treatment and Education of Autistic and related Communication Handicapped Children

TEACCH is not a teaching or learning system, but a behavioral management system, which, when properly implemented delivers more predictable behavior and greater cooperation from the TEACCH subject, an Autistic person. In general TEACCH is a productive program for low functioning autistic children, helping the child learn self care skills and preparing the child and the family for some degree of lifelong institutional involvement. TEACCH uses structure and modified environment to teach skills, using children affinity for routines and rituals to teach and reinforce, classrooms so structured and routinized that children are happy, but cannot truly learn to adapt to transitions and changes.

Speech-Language Therapy

It is recognized that autistic children have difficulties with language, but it is clear that traditional approaches emphasizing mastery of the formal properties of language are largely inappropriate: training children to speak is not going to bring about a transformation of their behavior. The autistic child needs to learn not so much how to speak as how to use language socially to communicate. That includes knowing how to hold a conversation, thinking about what the other person in a conversation understands and believes, and tuning in to the meta-linguistic signals of the other person, such as facial expression, tone of voice and body language.

It is important to remember that communication is as much nonverbal as it is verbal, and autistic people have great difficulty understanding nonverbal language. Use of a speech pathologist who specializes in the diagnosis and treatment of language problems and speech disorders can help a person learn how to more effectively communicate. Speech therapists working with a nonverbal autistic individuals, may consider alternatives to the spoken word such as signing, typing, or a picture board with words.

Occupational Therapy

Commonly focuses on improving fine motor skills, or sensory motor skills that include balance (vestibular system), awareness of body position (proprioceptive system), and touch (tactile system). Therapy may include sensory integration activities such as: massage, firm touch, swinging, and bouncing.

Vitamin/Mineral Therapy

Dimethylglycine (DMG), is a food substance and is most often used *Vitamin/Mineral Therapy*. DMG is found, in small amounts, in brown rice and liver. Its chemical make-up resembles that of water soluble vitamins, specifically vitamin B15. DMG does not require a prescription, and it can be purchased at many health food stores. There are no apparent side effects. IntraMax is a good liquid complex, containing over 400 items needed by the body.

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Reports from parents indicate improvements in the areas of speech, eye contact, social behavior, and attention span. Two weeks after starting, B6 and magnesium can be added. Studies have shown that vitamin B6 may help control hyperactivity, and improve overall behavior. Although improvements vary considerably among individuals, other possible improvements are: speech improvements, improved sleeping patterns, lessened irritability, increased attention span, decrease in self stimulation and overall improvement in general health.

Flexyx Therapy (photo stimulation)

Dr. Ochs started Flexyx treatment (photo stimulation therapy). Several other therapists have been conducting more formalized research using brain wave stimulation systems in various stages of development.

So what can the Centre do? (see individual hand-outs)

Mild hyperbaric oxygen therapy to increase oxygen concentration and us in the brain.

Ion Cleanse to help remove toxic metals from the body.

Global Wellness to help remove parasites, bacteria and viruses.

Sauna to increase circulation and relax muscles.

Chiropractic therapy for structural problems.

Sensory-Motor training for learning, balance and coordination problems.

Bio-meridian testing and Iridology evaluations for nutritional evaluation and conditions.

Reflexology and Massage to relax stress and muscle tension with use of O2 bar with therapy.

Colon Hydrotherapy to help remove waste, toxins and parasites from the large intestines.

Use of the standing and sitting core balancing machines.

Working with the personal trainer with focused exercises.

Supplement with IntraMax, 415 items, to meet basic nutritional needs.

Supplement with EDTA, 201 and 202 to help remove toxins from small intestines.

Other recommendations:

Cut milk and gluten out as much as possible, to reduce allergic responses.

Cut high processed sugar, food coloring, dyes, soda's, etc.

Purchase a electronic air filtration system for the house to reduce mold.

Keep house humidity between 30-40%.

Purchase cotton clothing only, to eliminate skin itchiness complaints.