

EDITORIAL

ATTENTION DEFICIT HYPERACTIVE DISORDER

D. S. Nambudripad, M.D., Ph.D., D.C., L.Ac.

What is ADHD?

Is it another 21st century pop culture illness or a serious, debilitating problem?

Attention Deficit Hyperactive Disorder or ADHD, also known as Attention Deficit Disorder (ADD), is not a new disease. ADHD is a neurologically or neuro-biologically based environmentally dependent, developmental disability, estimated to affect between three to five percent of the school-age population (Professional Group for Attention Deficit Disorders, 1991). In recent times, ADD has officially been dubbed Attention Deficit Hyperactivity Disorder, or ADHD (American Psychiatric Association, 1994). But to most people the name ADD still remains the more familiar term.

According to Western medical researchers, the actual cause of ADHD is not known. Scientific evidence suggests that in many cases, the disorder is genetically transmitted, and results from a chemical imbalance, food allergies, or deficiency of nutrients in certain neurotransmitters. These neurotransmitters are chemicals that help the brain regulate behavior. A study conducted by the National Institute of Mental Health showed that the rate at which the brain uses glucose, its main energy source, is lower in subjects with ADHD than in subjects without ADHD (Zametkin et al. 1990).

Another study conducted by World Psychiatric association in 2003 reported: Attention-deficit/hyperactivity disorder (ADHD) is a behavioral disorder that affects up to 1 in 20 children in the USA. The predominance of American research into this disorder over the past 40 years has led to the impression that ADHD is largely an American disorder and is much less prevalent elsewhere. This impression was reinforced by the perception that ADHD may stem from social and cultural factors that are most common in American society.

However, another school of thought suggested that ADHD is a behavioral disorder common to children of many different races and societies worldwide, but that is not recognized by the medical community, perhaps due to confusion regarding its diagnosis and/or misconceptions regarding its adverse impact on children, their families, and society as a whole. In this article the researchers have presented the available data, with a view to determining the worldwide prevalence of ADHD. A total of 50 studies were identified from a MEDLINE search for the terms ADHD, ADD, HKD, or attention-deficit/hyperactivity disorder and prevalence combined, for the years 1982 to 2001. 20 were studies in US populations and 30 were in non-US populations. Analysis of these studies suggests that the prevalence of ADHD is at least as high in many non-US children as in US children, with the highest prevalence rates being seen when using DSM-IV diagnoses. Recognition that ADHD is not purely an American disorder and that the prevalence of this behavioral disorder in many countries is in the same range as that in the USA will have important implications for the psychiatric care of children.

Children who had difficulty learning or paying attention before the 1940's were considered emotionally disturbed, mentally retarded, or culturally disadvantaged. Studies done in the 1940's identified a fourth group of children who had difficulty because of the way their nervous systems worked. Their problems were neurological in origin. These children had difficulty in school, were hyperactive, impulsive, had short attention spans and emotional problems. The term used to identify them was Minimal Brain Disorder.

After the 1940's, separate studies focused on neurological differences in the brain that caused problems in behavior and learning in school. These studies identified and named the primary areas of skill difficulty: Dyslexia for reading problems, Dysgraphia for writing problems, and Dyscalculia for math problems. Later on the term Learning Disability was

applied to the types of difficulties that underlie skill problems. Between 10-20-percent of all school-aged children have learning disabilities; 20-25 percent of those children will also have attention deficit disorders and attention deficit and hyperactive disorders. Learning disability and ADHD are two separate problems; however, they appear together so frequently that they can be considered together.

According to the statistics by the Professional Group for Attention Deficit Disorders, the percentage of children who suffer from ADHD hasn't changed much from the previous study in 1999. Even with all the increasing chemical contamination, the percentage of ADHD children remains the same. This is because more and more parents are becoming aware of the problem earlier than the school age, and seek the appropriate help sooner.

Through the 1990s, diagnosis of ADHD has accelerated rapidly, with enormous numbers of children increasingly being treated with stimulant medications, including Ritalin, Dexedrine, Adderall, and Cylert. Stimulants work by affecting areas of the brain that support attention and organization.

Hyperactivity, distractibility, and impulsivity were initially called Hyperkinetic Disorder of Childhood (Hyperactive child). In the 1980's the name changed to Attention Deficit Disorder (ADD), to emphasize that the attention problem was the major issue, not hyperactivity. In 1987, the term was changed to Attention Deficit Hyperactivity Disorder (ADHD).

Attention Deficit Disorder, or hyperactivity disorder occurs in young children, most of them males (80% of boys and 50% of girls are hyperactive). A normal attention span is 3 to 5 minutes for each year of a child's age. A three-year-old should be able to concentrate on a particular task for at least 9 minutes; a child in kindergarten should be able to concentrate for at least 15 minutes. (Sitting in front of the television is not an accurate account of a child's attention span).

Children, who haven't learned to listen when someone talks, wait their turn, complete a task, or return to a task if interrupted, have the characteristics of ADHD. These are normal actions of children less than three or four years old.

ADHD was thought to be exclusively a childhood disease that required only temporary medication. But, the latest research has shown that 50% of children with ADHD may carry the disorder into adulthood.

When we talk about health conditions, there is hardly a human disease or condition that may not involve an allergic factor; attention-deficit hyperactive disorder is not any different. Any portion of the body, organ, or group of organs may be involved, though the allergic responses may vary greatly from one item to another and from one person to another.

NAET® can unblock the blockages in the energy pathways and restart normal energy circulation through the energy channels. This will, in turn, help the brain to work and coordinate with the rest of the body to operate the body functions appropriately. When the brain is not coordinating with the vital organs, physiological functions are impaired.

When the energy circulation in the energy pathways is restored, the vital organs resume their routine work and function properly. When the sympathetic and parasympathetic nerves are not coordinating well, the highly impaired area or the weakest parts of the body fails first. If the energy supply to the brain is impaired, abnormalities in the function of the brain is seen: then a person can demonstrate attention-deficit hyperactive disorders.

NAET can treat allergy-based ADHD very effectively. Allergy-based ADHD is a nutritional deficiency disorder causing biological, neurological and developmental delays and disturbances in children. (Nambudripad, 1999) Nutritional deficiency is not caused by not consuming enough nutrients but due to allergies they are unable to assimilate the nutrients appropriately leading to ADHD. NAET can eliminate the allergies to the treated allergen. Once the allergies are eliminated, the child can digest, absorb and utilize the nutrients adequately and help the body to resume normal function, with the result, the ADHD child will be free of his/her attention-deficit hyperactive disorder and lead a normal life.

If ADHD is not treated properly, the ADHD child can become ADHD adult.

REFERENCES

- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition. Washington, DC. American Psychiatric Association, 2000..
- Barkley, R.A., et al. "International consensus statement of ADHD." *Clinical Child and Family Psychology Review*. 5 (2) June 2002.
- Barkley, R.A. "Attention Deficit hyperactivity disorder." In Mash, E./ & R.A. Barkley (Eds.). *Child Psychopathology* (2nd ed.). New York: Guilford Press, 2003a.
- Doctors warn developmental disabilities epidemic from toxins, LDA (Learning Disabilities Association of America) News briefs 35.4 (July/August 2000): 3; executive summary from the report by the Greater Boston Physicians for Social Responsibility, In "Harm's way—Toxic Threats to Child development."
- East Asian Medical Studies society: *Fundamentals of Chinese Medicine*, Paradigm publications, 1985.
- Gunnarson N., Marklund B., Ahlstedt S., Borell I., Nordstrom G.: Allergy-like conditions and health-care contacts among children with exclusion diets at school. *Scan J. Caring sci.* March 2005, 19(1):46-52.

- Jealous, J. 1997. *Conservations: healing and the natural world*. Alternative therapies 3(1):68-75.
- Lynne Cannon, "The Environment and Learning Disabilities," LDA Newsbriefs 35:4 (July/August 2000): 1; for LDA, www.lदानatl.org.
- Lynne Cannon, "The Environment and Learning Disabilities," LDA Newsbriefs 35:4 (July/August 2000): 1; for LDA, www.lदानatl.org.
- Madaule, Paul. *When Listening Comes Alive: A Guide to Effective Learning and communication*, Norval, Ontario: Moulin, 1994.
- Nambudripad, D. S., *Say Good-bye to Your Allergies*, Buena Park, California, Delta Publishing, 2004.
- Nambudripad, D. S., *Say Good-bye to Children's Allergies.*, Buena Park, California, Delta Publishing, 1999.
- Nambudripad, DS: *Say Goodbye to ADD and ADHD*, Delta Publishing Company, CA, 1999., 2007
- Rapp, Doris. *Is This Your Child?* New York: William Morrow and Company, 1991.
- Rapp, Doris. *Our Toxic World: A Wake Up Call. Environmental Medical Research Foundation, Buffalo, NY. Tel. 1-800-787-8780. Website: www.drrapp.com*
- Rea, William J. *Chemical Sensitivity*. Boca Raton, FL: Lewis Publishers, 1996.
- U.S. Department of Health and Human services, "Mental health: A report of the Surgeon General," Rockville, Maryland: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental health services, National Institute of Health, National Institute of Mental Health, 1999.
- Worcester, Sharon. "Rule out mimics before diagnosing ADHD." *Pediatric News*. February 1998, page 31.
- Wright, Jonathan V. "Allergic reactions may cause hyperactivity in children." *Lets Live.*, September 1994, pages 82-83.
- Zametkin, A.J.; T.E. Nordahl; M. Gross; *et al.* "Cerebral glucose metabolism in adults with hyperactivity of childhood onset." *N Engl J Med*. November 15, 1990. 323(20):1361-6.

Request Reprint:

NAR Foundation
 6714 Beach Blvd.,
 Buena Park, CA 90621
 narfoundation@yahoo.com