

Attention Deficit Disorders and Hyperactivity (ADD and ADHD)

According to figures released by the National Association of Teachers, over 35% of all school aged children have been diagnosed and labeled disabled (including physical, mental and emotional disorders and learning disabilities.) The fastest growing population in the United States is now children with disabilities. Millions of children are being drugged every day before going to school. These children need an opportunity to be treated naturally before resorting to chemical treatment with proven deleterious side-effects. Chiropractic and the disabled child by Bobby Doscher, D.C. Editorial in *Chiropractic Pediatrics* Vol. 1 No. 4 May 1995.

Upper Cervical Chiropractic Care For A Nine-Year-Old Male With Tourette Syndrome, Attention Deficit Hyperactivity Disorder, Depression, Asthma, Insomnia, and Headaches: A Case Report July 12, 2003, p 1-11 *J Vertebral Subluxation Research* Erin L. Elster, D.C.

Upper cervical care was used for a nine-year old male with Tourette Syndrome (TS), Attention Deficit Hyperactivity Disorder (ADHD), depression, asthma, insomnia, and headaches since age 6. Forceps were used during his delivery. His medications included Albuterol^a, Depakote^a, Wellbutrin^a, and Adderall^a.

Chiropractic care using an upper cervical technique corrected and stabilized the patient's subluxation. After 6 weeks of care, all 6 conditions were no longer present and all medications were discontinued with the exception of a half-dose of Wellbutrin^a. At the conclusion of his case at 5 months, all symptoms remained absent. The response to care suggests a link between the patient's traumatic birth, the upper cervical subluxation, and his neurological conditions.

Increasing retention rates among the chemically dependent in residential treatment: Auriculotherapy and subluxation-based chiropractic care. Holder JM, Duncan RC, Gissen M et al *Molecular Psychiatry* Vol. 6, Supplement 1 - February, 2001, This was a randomized study of auriculotherapy (ear acupuncture) versus a capsule placebo group among 66 residential patients. The study suggests that non-medication based treatment could have a positive effect on retention in a residential program. It was carried out to help reduce the lethargy, pain, dysphoria, sleep disturbances, anxiety and depression experienced by those who have attempted abrupt discontinuation of high-dose chemical use.

Based on these results, a randomized, placebo controlled, single blind study utilizing subluxation-based chiropractic care was implemented in the same residential setting. Three groups were randomized. 98 subjects (14 female and 84 male) were enrolled after giving informed consent. The entire Active group completed the 28-day program, while only 24 (75%) of the Placebo group and 19 (56%) of the Usual Care group completed 28

days. The Active group showed a significant decrease in anxiety while the Placebo group showed no decrease in anxiety.

In summary, these modalities show significant promise for increasing retention of patients in the residential setting.

After examining several diagnosed ADHD children, we find an upper cervical subluxation that can lead to neurotransmitter involvement. 'Larry Webster, D.C. International Chiropractic Pediatric Association Newsletter. January 1996.

Tucker s Story. Barnes T. (Kentuckiana Children's Center) *Int'l Chiropractic Assn. Review* Sept/Oct 2000.

Four-year-old Tucker was diagnosed with attention deficit hyperactivity disorder, autism and manic-depression. He was not toilet trained, would eat dirt and would grind his teeth. He was taking three strong drugs with toxic side effects. Until 12-15 months of age he was a normal, healthy, vocal child. He then regressed to autism and lost his verbal skills.

Under chiropractic care his grinding has decreased dramatically, his hyperactivity has decreased and his eye contact has improved. His mother reports that Tucker has been smiling and showing more facial expression.

Note from Dr. Koren: There is a good probability that Tucker appears to be suffering from vaccine damage. The majority of parents of autistic children report their child s' autism appeared shortly after their shots, particularly the MMR shot which is given from 12-15 months of age. However, the initial shots, which are given shortly after birth and at two months, are known to cause autism and other neurological/developmental disorders.

Noah's Story Leisman N. (Kentuckiana Children's Center) *Int'l Chiropractic Assn. Review* Sept/Oct 2000.

Noah was 10 years old with chronic congestion, possible allergies and high energy and activity levels. He had been on Ritalin for one year, when he was 7-8 years old, but it was discontinued as it affected his ability to think, learn and organize information. Chiropractic analysis revealed vertebral subluxations in Noah s' spine. He was also found to have high levels of aluminum and lead in his system.

Noah began receiving chiropractic adjustments, nutritional supplementation and dietary recommendations. His chronic congestion resolved. His activity level began to decrease in intensity - he was able to stay focused longer. Noah s' progress continues.

ADHA a mother s testimony to chiropractic care. Letter sent to Dennis Davis, DC. *Int'l Chiropractic Pediatric Assn. Newsletter* Jan/Feb 2000. Mother s name withheld by request.

My son, Jarad, was five when he was diagnosed with ADHD. He was a very sweet content child until his 5th birthday he started acting out in an angry and uncontrollable manner. Although it was a hard decision, we chose to medicate.

We started chiropractic care. After six visits he brought home a note from his teacher stating how well he was doing. He was being very cooperative, not talking, and hadn't missed any homework assignments. At home was the biggest change. He was offering to help around the house, getting along with his younger siblings, and overall a very happy child. We don't know how long this will last, but at this time in our life we are extremely happy with the outcome. And if this continues maybe someday, no medication!

ADHD: A Mother's Testimonial. *Int'l Chiropractic Pediatric Assn. Newsletter.* July/August 1998

When Kevin was 3 he was diagnosed as having ADHD. After trying diet changes, allergy testing and behavior modification techniques, we reluctantly agreed to put Kevin on Ritalin. The medication did its job as far as slowing him down a bit, but he suffered many side effects. In 2 years he grew only 2 inches and did not gain any weight at all. He cried easily, had trouble sleeping, no appetite, and would zone out quite often.

Finally at age 6 we made the decision to stop giving him Ritalin. He grew 6 inches in less than 1 year and gained nearly 15 pounds. His sleeping and eating patterns were still erratic, and the schoolwork was horrible, his writing was illegible and math made no sense to him.

We brought him to Dr. Angiolillo for chiropractic care, twice a week for 6 weeks. This past week when I went to his parent-teacher conference, the first thing the teacher asked me was had we put Kevin back on Ritalin. I said no, and she showed me samples of Kevin's work and showed me the sudden improvement, for the first time his writing is in the lines, it is easy to read and much more age appropriate. Although he still tends to move around more than the average child does, he is able to concentrate, answer questions correctly and is reading better than most of his class!

Comment from Dr. Koren: Dr. Angiolillo is in private practice in North Brunswick, NJ.

ADHD A multiple case study. Wendel P, *International Chiropractic Pediatric Association.* March/April 1998.

This is a 12-month study of 21 children: 17 male and 4 female, ages six to sixteen years. Eight of the children in the study are on Ritalin. After 5 months of care, thirteen of the initial 21 children are still participating in the study. Five of the remaining children are on Ritalin.

Case Reviews:

1. Female, age 10. Poor grades due to lack of focus on homework. After three months of care, she received Most Improved Student award for bringing grades from an F and a D to an A and B, respectively.
2. Male, age 13. History included traumatic birth (cord wrapped around neck). He did not crawl as a young child. After four weeks of care (including learning to cross

crawl) he improved his grades from four F s to a B, D and notable improvement in the remaining 2 classes.

3. Male, age 12. He was run over by a car while riding a skateboard at age 5. He exhibited severe discipline problems at school with school suspension several times and was failing all classes. There has been little behavior improvement but grades have improved to a B, three Cs and two Ds.
4. Male, age 15. Tested positive for allergies and had severe hand tremors. After one week of care his hand tremors diminished. After 5 months his grades improved to 3 As, 2Bs and 1C.

Child with chronic illness: respiratory infections, ADHD, and fatigue. Response to chiropractic care. Peet P, *Chiropractic Pediatrics* 1997 3(1): 12.

This is the case study of an eight-year-old boy with ADHD, constant throat congestion and raspy voice, ear infections or other upper respiratory infections, flat feet, fatigue, loss of physical stamina and low back pain.

He had experienced seizures when he had infections so he was placed on Phenobarbitol^a. His mother reported that whenever he stayed up late he got sick. Symptoms of poor health started immediately after birth. Birth history was of a premature birth, forceps and vacuum extraction.

Chiropractic care was initiated with 3 visits a week for 4 weeks. After 4 weeks mother reported that her son s posture dramatically improved. He could sit still for much longer periods of time, no longer talked with a constantly raspy voice, no longer suffered from back pain, had a better disposition and didn t get sick when he stayed up late.

ADD, enuresis, toe walking. *International Chiropractic Pediatric Association Newsletter* May/June 1997. From the records of Rejeana Crystal, D.C., Hendersonville, TN.

This is the case of a six-year-old boy with nightly nocturnal enuresis (bedwetting), attention deficit disorder and toe walking who was brought to the chiropractor.

He walked with his heels 4 inches above the ground. As treatment, the medical specialist recommended that both Achilles tendons be cut and both ankles be broken to achieve normal posture and gait.

Chiropractic findings included subluxation of atlas, occiput, sacrum and pelvis, after 4 weeks of care both heels dropped 2 inches and the bedwetting frequency decreased to 2-3 times per week. He continues care.

Adjusting the hyperactive/ADD pediatric patient. Peet, JB *Chiropractic Pediatrics*, 1997;2(4):12-15

This is the case of an 8-year-old diagnosed with ADD and hyperactivity. For three years (since kindergarten) the child had been on Ritalin^a and Prozac^a and undergoing behavior modification.

By his 2nd adjustment the mother noted that the child could sit still longer, though he appeared more irritable. After 3 weeks of chiropractic care all medication was removed and after 6 weeks of care the school noted improvement in cognitive skills task concentration, ability to control emotions and decreased aggressiveness.

A multi-faceted chiropractic approach to attention deficit hyperactivity disorder: a case report. Barnes, TA *ICA International Review of Chiropractic*. Jan/Feb 1995 pp.41-43.

From the abstract:

This is the case of an 11-year-old boy with medically diagnosed Attention Deficit Hyperactivity Disorder.

The child had a history of early disruptive behavior, repeated ear infections, consistent temporomandibular joint (TMJ) dysfunction, heavy metal intoxication, food allergy, environmental sensitivity and multiple levels of biomechanical alteration.

[Under chiropractic care] He has improved academically and has advanced to the next grade level...he recognizes that he has control over his behavior and there is hope that he will be mainstreamed back into a regular public school setting soon...his mother says she notices improvement in his attention span and temper.

(The paper emphasizes the need for care in all aspects of the structural, chemical and mental triangle of health in children with attention deficit hyperactivity disorder.)

Epileptic seizures, nocturnal enuresis, ADD. Langley C. *Chiropractic Pediatrics* Vol 1 No. 1, April, 1994.

This is the case of an eight-year-old female with a history of epilepsy, heart murmur, hypoglycemia, nocturnal enuresis and attention deficit disorder.

She had been to five pediatricians, three neurologists, six psychiatrists and been hospitalized ten times. The child had been on Depakote^a, Depakene^a, Tofranil^a and Tegretol^a.

She had been a difficult birth, a cesarean had to be performed under general anesthesia. The mother was told the baby was allergic to breast milk and formulas and was placed on prescription feeding.

The doctors told the mother the girl would never ride a bike or do things like normal children. The child was wetting the bed every night and experiencing 10-12 seizures/day, with frequent mood swings, stomach pains and diarrhea. She attended special education classes for the learning disabled.

Chiropractic adjustments were given at C1 and C2 for 3 times per week. Two weeks after beginning care the bed-wetting began to resolve and was completely resolved after six months. She was also leaving special education classes to enter regular fifth grade classes.

After one year of chiropractic, her seizures were much milder and diminished to 8-10 per week. She was released from psychiatric care as self managing. Her resistance to disease increased. She now rides a bike, roller skates and ice skates like a normal child. She is expected to be off all medication within a month.

First report on ADD study. Webster L. *International Chiropractic Pediatric Association Newsletter*. Jan. 1994.

Case #1: Ten-year-old girl on 60 mg. Ritalin/day, severe scoliosis of 48° Cobb angle. After ten adjustments mother reported a happier child, with a better immune system with much higher endurance. Re-exam revealed scoliosis reduced to 12°. After two months care, off all medication.

Case #2: 12-year-old boy diagnosed as ADD with asthma and seizures. After 8 adjustments the parent withdrew all medication with the cooperation of their MD. Positive personality changes were noted.

Hyperactivity, stuttering, slow learner, retarded growth. Webster, L. *Chiropractic Showcase Magazine*, Vol. 2, Issue 5, Summer 1994.

Case Studies. Male - age 7 years. The child suffered from hyperactivity, stuttering, slow learning, retarded growth, left leg approximately 1" shorter than right with a limp while walking. Medical plans were to break the left leg and insert metal rods in an attempt to stimulate growth and equalize the boy's leg lengths.

Chiropractic examination revealed the following subluxations: Sacrum anterior, inferior on left, 5th lumbar body left, atlas, anterior superior left.

Patient was placed on an intensive correction program of 3 times weekly for a period of two months. During the first seven visits the legs were never balanced, although with each visit a reduction of the discrepancy occurred. By the 8th visit the legs balanced for the first time and:

1. The stuttering had stopped.
2. Grades in school had risen from non-satisfactory to satisfactory.
3. The hyperactivity had abated.
4. The limp was no longer constant.

Effects of biomechanical insult correction on attention deficit disorder. Arne J. *J of Chiropractic Case Reports*, Vol. 1 No. 1 Jan. 1993.

This is the case of a seven-year-old male who was referred by his mother because of radical behavioral changes that included uncharacteristic memory loss, inability to concentrate and general agitation following a motor vehicle accident. Other symptoms included loss of appetite, headache, difficulty chewing, ear pain, hearing loss, difficulty breathing through the nose, neck pain, and bilateral leg pain.

His M.D. diagnosed the child as having attention deficit disorder and prescribed Ritalin that the parents felt gave partial improvement. After four months on Ritalin, the mother sought chiropractic care.

Spinal examination revealed subluxations at C2 and C3, and reversal of cervical curve from C1-C4. Adjustments were given 3 times a week for 16 weeks and 2 times a week for one week. At a twelve week follow-up, a restoration of cervical curve had occurred, with residual C2 anterolisthesis. At 17 weeks, Ritalin was stopped by their M.D. and the child was no longer considered to have attention deficit syndrome. The other symptoms also resolved. The mother discontinued chiropractic care after settlement. At last interview, the patient's behavior symptoms gradually returned and the child was back on Ritalin.

EEG and CEEG studies before and after upper cervical or SOT category 11 adjustment in children after head trauma, in epilepsy, and in hyperactivity. ”

Hospers LA, *Proc of the Nat'l Conference on Chiropractic and Pediatrics (ICA)* 1992;84-139.

Two children with petite mal seizures with potential for generating into grand mal were brought in for chiropractic care.

Chiropractic spinal analysis revealed upper cervical subluxations and adjustments to this area reduced negative EEG brainwave activity and reduced the frequency of seizures over a four-month period.

In another case of hyperactivity and attention deficit disorder, upper cervical adjustment reduced non-coherence between right and left hemispheres.

In another case CEEG demonstrated restoration of normal incidence of the alpha frequency spectrum. Increased attention span and improvement of social behavior were reported in both cases.

In another case, a child rendered hemiplegic after an auto accident displayed abnormal brainwave readings. After adjustment, the CEEG demonstrated more normalized brainwave readings. Child was able to utilize his left arm and leg contralaterally to the injured side of the brain without assistance after upper cervical adjustments.

Attention span deficiency. Webster L. *International Chiropractic Pediatric Association Newsletter*. May 1992.

This is the case of a six year old girl with a chief complaint of attention span deficiency and learning disability. She also suffered from lack of bladder control, headaches, sinus infections, constant fever, severely swollen neck lymph nodes and hyperactivity.

The birth history included morphine to the mother at time of delivery and an epidural, doctor assisted delivery (pulling on head).

The girl had been on and off antibiotics since birth and had tubes in her ears at 8 months of age which her body rejected.

After 3 months of chiropractic care her lymph nodes are normal, her headaches and fevers are gone and she is no longer on medication. Her teachers remark that she is concentrating better. Her grades have vastly improved. She remains on maintenance care.

Case study: the effect of utilizing spinal manipulation and craniosacral therapy as the treatment approach for attention deficit-hyperactivity disorder. Phillips CJ. *Proceedings on the National Conference on Chiropractic and Pediatrics (ICA)*, 1991:57-74. This is the case of a 10-year-old boy with a three year history of hyperactivity, ear infections, headache and allergic symptoms.

Chiropractic spinal analysis revealed the child to have multiple cervical, thoracic and pelvic dysfunctions and multiple cranial faults.

Chiropractic and craniosacral therapy were administered and by the 11th chiropractic adjustment hyperactivity symptoms had abated. His other health problems had cleared up from earlier spinal adjustments.

After 5 ½ months of being relatively symptom free he had two falls and the hyperactivity, headache and allergy symptoms returned. A single session of spinal and cranial adjusting resolved this exacerbation.

An evaluation of chiropractic manipulation as a treatment of hyperactivity in children. Giesen JM, Center DB, Leach RA. *J Manipulative Physiol Ther* 1989; 12:353-363.

This was a blinded study in which a placebo was administered initially and chiropractic care provided thereafter.

Five of the seven hyperactive children showed improvement under chiropractic care in comparison to placebo care.

The authors write: The results of this study are not conclusive, however they do suggest that chiropractic manipulation has the potential to become an important non-drug intervention for children with hyperactivity. ”

The effect of chiropractic treatment on students with learning and behavioral impairments resulting from neurological dysfunction (part 1). Brzozowske WT, Walton EV. *J. Aust Chiro Assoc* 1980;11(7):13-18.

The effect of chiropractic treatment on students with learning and behavioral impairments resulting from neurological dysfunction (part 2). Brzozowske WT, Walton EV. *J. Aust Chiro Assoc* 1980;11(8):11-17.

In the above two studies a group of 12 ADHD students receiving stimulant medication were compared to a group of 12 ADHD students receiving chiropractic care.

It was found that hyperactivity and attentiveness, along with gross and fine motor coordination improved in the group receiving chiropractic care. In the medicated group,

hyperactivity and attentiveness improved initially (not gross and fine motor coordination) but the medication effectiveness decreased over time and the children required higher dosages.

Further, over half the medical group had developed personality changes, loss of appetite and insomnia relating to their treatment.

The study concluded that chiropractic care was 20-40% more effective than medication (and it had no side effects).

The effect of chiropractic treatment on students with learning and behavioral impairments resulting from neurological dysfunction. Brzozowske WT, Walton EV. *The ACA Journal of Chiropractic*/ December 1977 Vol. X1, S-127.

From the paper:

In 1972, the Texas State Chiropractic Association contracted with Psychoeducational and Guidance Services, an independent consulting firm specializing in diagnosis and remediation of learning and behavioral problems of school-age children. A completely independent study of the effect of chiropractic treatment on children with learning and behavioral impairments resulting from brain damage and/or neurological dysfunction accompanied by impairing emotional overlay was conducted.

The study was completed in May 1974 and findings relayed to the Texas State Chiropractic Association (TSCA).

This paper (re-published in the papers mentioned above) was an analysis of 13 children in one study and 12 children (and 12 controls) in second studies that suffered from neurological conditions and were placed under chiropractic care. Detailed case studies of all the children that were in the studies are included in this paper.

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