



Psychostimulant Drugs Do Not Improve Grades

by Susan Clark

According to a study in Vol. 52, No. 8, August 2003 *Journal of Family Practice*, psychostimulant drugs did not improve grades. Louis McCormick, MD, from Franklin, LA, wrote: "While psychostimulants showed a short-term decrease in symptoms, they did not improve grades."

If you are a parent researching stimulant drugs to control your child's attention disorder, consider this first:

Many parents and teachers who have students using stimulant drugs report to their doctors that their children become robotic, spacey, listless, anxious and emotionless. They often lose their appetite, lose too much weight, develop nausea, stomach aches, headaches, facial tics, insomnia and depressive states. Some children even become suicidal. A major authoritative listing on all drugs, *the Physicians Desk Reference*, lists more than 25 adverse reactions from the use of Ritalin alone. In addition to the side effects, another big danger is the abuse potential of these drugs. Comments made by a Drug Enforcement Administration representative during the conference on Stimulant Use in the Treatment of AD(H)D in San Antonio, TX, in December, 1996, show "that there has been a 1,000 percent increase in drug-abuse injury reports involving methylphenidate (Ritalin) for children in the 10-14 year age group. This now equals or exceeds reports for the same age group involving cocaine.

There are several ADD natural remedies, including change in diet, routines and checklists, and natural supplements. A few examples of foods you should stay away from are all forms of refined sugar (simple carbohydrates) and any products that contain it. Also eliminate junk food and all foods that contain artificial colors, flavorings, monosodium glutamate (MSG), yeast or preservatives. Avoid carbonated beverages, which contain large amounts of phosphates.

Phosphate additives may be responsible for hyperkinesia (exaggerated muscle activity). High levels of phosphorus and very low calcium and magnesium levels (which can be revealed through a hair analysis) can indicate a potential for hyperactivity and seizures. Meat and fat also are high in phosphorus.

Routines are important for children with ADD/ADHD so they know what is expected of them. Checklists are a good way of letting the child know what is in store for him or her for the day. This will help the child be prepared for what is happening next and may prevent breakdowns. Once a child completes the checklist, he or she should be rewarded in some way to show the child that he or she is doing a good job.

It is not easy to watch everything you eat, but if you can determine if the foods you are eating are making your ADHD more difficult, you can start to change your diet and help your ADHD.

Balance Blood Sugar

Dietary studies consistently reveal that hyperactive children eat more sugar than other children, and reducing sugar has been found to reduce disciplinary actions in children. Other research has confirmed that the problem is not sugar itself, but the forms it comes in, the absence of a well-balanced diet overall, and abnormal glucose metabolism. Some children have an abnormal glucose tolerance; their bodies are less able to handle sugar intake and maintain balanced blood-sugar levels.

When a child regularly snacks on refined carbohydrates, sweets, chocolate, fizzy drinks, juices and little or no fiber to slow the glucose absorption, the levels of glucose in their blood will seesaw continually and trigger fluctuations in their levels of activity, concentration, focus and behavior.

If sugar consumption is high and it is withdrawn suddenly, withdrawal symptoms such as headaches and irritability may ensue. Better to make gradual reductions to avoid this, without losing sight of the eventual goal of a no-sugar diet.

Omega 3 Fats

Omega-3s have a calming effect on many children with ADHD. And many children with ADHD have visible symptoms of essential fat deficiency such as excessive thirst, dry skin, eczema and asthma.

Researchers have theorized that ADHD children may be deficient in

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essential fats not just because their dietary intake from foods such as seeds and nuts is inadequate, but also because their need is higher, their absorption is poor, or they are unable to convert these fats into EPA and DHA.

So, it's of interest that the conversion of essential fats can be inhibited by most of the foods that cause symptoms in children with ADHD, such as wheat, dairy and foods containing salicylates. This conversion is also hindered by deficiencies of the various vitamins and minerals that help the enzymes driving these conversions—vitamins B3, B6, C, biotin, zinc and

magnesium. Zinc deficiency is common in children with ADHD.

Omega-3 fatty acids can be found in fish, such as salmon, tuna and halibut, other marine life such as algae and krill, certain plants, and nut oils.

Vitamins and Minerals

Although it is unlikely that ADHD is purely a deficiency disease, most children with this diagnosis are deficient in certain key nutrients.

Zinc and magnesium are the most commonly deficient nutrients in people with ADHD. In fact, symptoms of deficiency in these minerals are very

similar to the symptoms of ADHD. Low levels of magnesium, for instance, can cause excessive fidgeting, anxious restlessness, insomnia, coordination problems and learning difficulties.

Susan Clark is general manager for Garner's Natural Life at 4840 Forest Dr, Columbia. Sources for this info can be found at Mercola.com, NaturalNews.com and Vaxa.com. Garner's recommends Vaxa Attend, a doctor-formulated homeopathic medicinal for hyperactivity and learning challenges. See ad, page 26.