THE TRUTH AND CONSEQUENCE ABOUT

RITALIN

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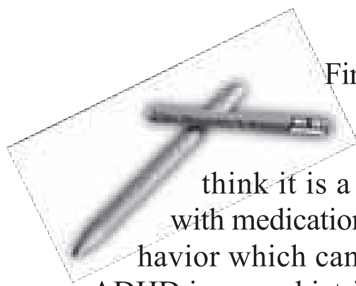

First and foremost it is necessary to understand what the term ADHD means. Some may think it is a disease which can be cured with medication. Others may think it is a behavior which can be controlled. It is neither. ADHD is a psychiatric diagnostic label. ADHD is defined in the *Diagnostic and Statistical Manual of Mental Disorders* which is the core diagnostic manual of the psychiatric profession. This manual has a very specific listing of symptoms and behaviors which must be present and which the individual in question must have a history of exhibiting before he or she may have the label ADHD. This diagnosis must be made by a professional who has worked with ADHD and similar conditions before. It is not advisable to have ADHD diagnosed outside the psychiatric profession. Those who are not familiar with other conditions or disorders would not be able to properly determine if ADHD is present or if something else exists. Unfortunately, there are countless stories of children being labeled as ADHD by their teachers and immediately put on medication without making certain the diagnosis is correct. It is important to heed the observations of behavior similar to ADHD by those who are involved in the lives of our children each day, such as teachers, but the final diagnosis absolutely must be made by a professional, such as a psychologist or psychiatrist, who has worked with individuals with ADHD and other behavioral conditions.

As a society, we are becoming more aware of ADHD and the realization that the individual with ADHD must receive help from external sources in order to overcome this difficulty. One such external source is the drug Ritalin which is often prescribed for children and adults suffering from ADHD.

Ritalin has been classified as a Schedule II Controlled Substance. It is a stimulant which affects the neurotransmitter dopamine and is similar to cocaine, morphine and demerol. This drug can be addictive; in fact, there is already a problem arising over the street or "illicit non-medical" use of Ritalin. As the Drug Enforcement Agency (DEA) monitors the amount of Ritalin sold, it has noted that in the past five years, prescriptions for Ritalin have risen more than 600% (Bailey 1995). It has also been reported that if Ritalin prescriptions continue to be handed out at such a rate, by the year 2000 as many as 2 million children will be on Ritalin (Sahley 1996). Ritalin can be an incredibly dangerous drug. It is addictive, those with a history of drug dependence or alcoholism are advised to use extreme caution with the drug as they may increase their dosage on their own initiative (Arky 1994). Ritalin also has very serious side effects including nervousness, insomnia, suppression of growth, anorexia, hypersensitivity, nausea, palpitations, headache, blood pressure changes, pulse changes and cardiac arrhythmia (Arky 1994). Yet we are beginning to treat Ritalin as though it were as common as aspirin.

Even more disturbing than all of these facts is that Ritalin is being used as the only treatment for ADHD. Children are given a powerful drug and this is presumed to be enough. However the manufacturers of

Ritalin clearly state that Ritalin alone is not a cure for ADHD. The *Physicians' Desk Reference* says this about Ritalin:

> *Ritalin is indicated as an integral part of a total treatment program which typically includes other remedial measures (psychological, educational, social) for a stabilizing effect in children with a behavioral syndrome characterized by the following group of developmentally inappropriate symptoms: moderate-to-severe distractibility, short attention span, hyperactivity, emotional liability, and impulsivity. . .Drug treatment is not indicated for all children with this syndrome. Stimulants are not intended for use in the child who exhibits symptoms secondary to environmental factors and/or primary psychiatric disorders, including psychosis. Appropriate educational placement is essential and psycho-social intervention is generally necessary. When remedial measures alone are insufficient, the decision to prescribe stimulant medication will depend upon the physician's assessment of the chronicity and severity of the child's symptoms* (Arky 1994).

What is said here is very significant. First of all, even the manufacturers of Ritalin do not claim that it alone will cure ADHD. They only suggest that the drug may be a small portion of a "total treatment program." Perhaps this is because learning how to live with ADHD is ultimately of more significance than finding a drug to which one may become dependent. However, even more important than this statement is the one which follows: *"Drug treatment is not indicated for all children with this syndrome."* Not everyone who has ADHD should be using Ritalin! Why, then, is the use of Ritalin rising at such an alarming rate? Perhaps it is because we are often led to believe that there are no other options. The truth is there are many alternatives to Ritalin for people with ADHD.

One Alternative

Food allergies can manifest themselves in behavioral problems. It is not uncommon for a child to act aggressively after eating something to which he or she is allergic. Behavioral problems are as legitimate allergic reactions as wheezing, sneezing or breaking out in hives. However, since food allergies are elusive and difficult to determine, many people do not consider food allergies a valid factor in the ADHD situation. Yet it is becoming more and more evident that food allergies do contribute to behavior which can be classified as or is similar to ADHD. Therefore it is beneficial to do one or both of the following when a child exhibits symptoms similar to ADHD. When disruptive behavior takes place, take note of what has been eaten and how long ago. If there is a food which can be pinpointed, try a self testing method, such as eliminating the food in question for several days to see if the behavior improves, then reintroduce the food back into the diet noting if the poor behavior returns. In this way, specific foods which may affect behavior can be identified and avoided. Or find a doctor who is able to administer food allergy tests.

Another Alternative

Too much sugar in the typical American diet is a major problem today. Let this number be a serious cause for concern —the average person in this country consumes 125 pounds of sugar each year (Hoffer and Walker 1996). It is refined white sugar which contributes to a host of physical and psychosomatic problems today. One such problem is ADHD. Sugar can be found everywhere. It is in cereals, canned fruits and vegetables, fruit juices, spaghetti sauce, non-caffineated sodas, even Ritalin tablets; the list is endless. It is hard to believe, but simply eliminating sugar from the diet can significantly lessen the symptoms of ADHD in a child. In fact, research has proven "that destructive, aggressive, and restless behavior significantly increases with the amount of sugar consumed" (Weintraub 1997). Nevertheless, eliminating sugar can be difficult. It means snacking on raw fruits or carrot sticks instead of chewy fruit flavored candy. It means using honey as a sweetener in recipes instead of sugar. It means reading all of the labels at the grocery store and then making from scratch a lot of the prepared items on which we have relied.

Yet Another Alternative

An improperly functioning thyroid can have a great effect on a child's behavior. The thyroid is a small gland with a large responsibility. It secrets hor-

mones which help to regulate metabolism, which causes it to affect the way other organs function and how the body utilizes food and energy. Hyperthyroidism, which is when the thyroid is overactive, tends to make an individual act in a hyperactive manner, not unlike those with ADHD. This condition can be easily determined with a thyroid test; however, it is not particularly common for individuals to suffer from hyperthyroidism. It is more common to have hypothyroidism, which is an underactive thyroid. This condition is often elusive as few medical tests can accurately determine if or not the condition is present. Yet a host of symptoms are the result of hypothyroidism, which can include: cold hands and feet, constipation, headaches, weight problems, bruising easily, fatigue, acne, depression, dry skin or menstrual difficulties. Dr. Broda O. Barnes was a pioneer in the study of hypothyroidism. This is what he had to say regarding the connection between hypothyroidism and hyperactivity:

> *Other characteristics are often shared by hypothyroid children and those who, without regard to thyroid function, are labeled hyperactive or hyperkinetic. In both, attention span may be short and ability to concentrate limited.*
>
> *Fatigue is also characteristic of both, I believe, even though on the surface it may not seem to be. I have known many a hypothyroid child who, in an effort to fight the fatigue resulting from low thyroid function, had to keep in constant motion. Hyperkinetic children now are commonly treated with central nervous system stimulant—amphetamines or similar-acting drugs. And it has always been something of a puzzle why these drugs, which stimulate adults, seem to do exactly the opposite in hyperkinetic youngsters, calming and quieting them. The stimulation may well serve to overcome some of the hyperkinetic child's basic fatigue and, in so doing, relieve the need for overactivity as a fatigue-fighting measure* (Barnes and Galton 1976).

So what is called ADHD could actually be a case of hypothyroidism and could be resolved with supplements which support the thyroid and its functions. Hypothyroidism can be determined by a simple test which was refined by Dr. Barnes—the basal temperature test. Before going to bed, shake down a thermometer and place it next to the bed so that you may reach it in the morning without getting up. As soon as you awaken the following morning, place the thermometer under your armpit and lay as quiet and as still as possible for ten minutes. If the reading is under 97.8 to 98.2 degrees, hypothyroidism or low thyroid function may exist (Barnes and Galton 1976).

Consider this Alternative

Most classroom situations are designed for left-brained, visual and auditory learning. This means that most of the thinking is done on the left side of the brain and is logical in nature. However, children who are right-brained tend to be more artistic and less logical. They also tend to be tactile learners which means that touch is an important aspect of learning. So in an environment which tends to cater to left-brained learning, children who are right-brained find it difficult to learn and to stay focused. Enough so that they might even disrupt the class. If these disruptions happen frequently enough, it might be suspected that the child has ADHD.

It's important to note that children who are right-brained are not stupid nor do they have a learning disability, they simply have learning differences. Right-brained children do not process things the same way that left-brained children and much of society does.

> *The children who have learning differences are in good company. It has been said that Albert Einstein, Leonardo da Vinci, and Thomas Edison all had problems in school. You can guess from their later successes, inventions, and theories that they were probably each a right-brained, creative learner. Imagine if you will where we would be today if these three individuals were labeled ADHD and given medication. You might be reading this book by candlelight!* (Block 1996)

If you suspect that a child has learning differences, there are many things which can be done to help. Some of which include helping the child to learn how

he or she individually learns and how to apply this to the classroom, letting the teacher know that when the sense of touch can be included in a learning exercise that your child will benefit and putting your hand on the child's shoulder to help obtain his or her attention when speaking to him or her.

More Alternatives Abound

The four alternatives listed here are not all of the possibilities. Some other problems which might be considered are: hypoglycemia, mineral deficiency, environmental factors, sensitivities to food additives, yeast infection or heavy metal contamination (Weintraub 1997). All of these conditions can effect the behavior of a child and could be contributing to what seems to be ADHD.

When looking at the demographics of people with ADHD, it is often noted that children who have ADHD have parents and/or siblings who also have ADHD tendencies. Therefore the correlation has been made that this is a condition which runs in families (Alex 1996). However, so do food allergies, difficulties assimilating sugar, hypothyroidism and right-brained processing.

As more and more children are being told that they are ADHD and are promptly given Ritalin or a similar drug, it becomes necessary for us to stop and question what is happening. Is Ritalin the first and best choice? Or is there something which would work more effectively and without the side effects? Better yet, is the child really ADHD or is there another problem with symptoms which are similar to ADHD? If ADHD is suspected, it is in the child's best interest to get a second opinion from a holistic doctor, psychologist, psychiatrist or other health professional who has experience with ADHD and other conditions. Sometimes the problem is not always exactly what it seems to be. Sometimes it is something which has not yet even been considered.

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About the author

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