

The Misdiagnosed and Over Medicated

ADD/ADHD

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NOT TO BE CONSTRUED AS MEDICAL ADVICE

Introduction: State of health in America today

Symptoms:

Inattentive, impulsive, easily distracted, hyperactive, unable to concentrate, emotionally unstable with neurological and perceptual motor skill impairments, experience difficulty with hearing, memory, speech, co-ordination, and thinking

Causes:

1. Food sensitivities (allergies) Theron Randolph MD Stimulatory/Withdrawal
2. Gluten sensitivity/ Celiac disease
3. Sensitivities to food colorings/ preservatives/ artificial sweeteners/Feingold diet
4. Low quality food/ nutrient deficiencies/ Standard American Diet (SAD)
5. Low blood sugar/ high sugar diet/sugary soft drinks of every kind
6. (Hypoglycemia - CNS symptoms: irritability, dizziness, headache; if marked and serious: confusion, vision problems, palsy, ataxia, personality disturbances, loss of consciousness, convulsions and coma. Other SxS: palpitation, tremors, perspiration, tachycardia, anxiety/nervousness, hunger)
7. Heavy metal toxicity
8. Dysfunctional family/ incident
9. Sleep disorders (bedwetting, snoring, sleep walking and talking)
10. Gut dysbiosis/ Candida and other low grade infections
11. EFA deficiencies (excessive thirst, dry skin, eczema, and asthma)
12. Low thyroid
13. Boredom *Last Child in the Woods* – Richard Louv
14. Dopaminergic activity primary disturbance. Decreased sensitivity of receptors (D4) and heightened dopamine reuptake implicated as causing dysfunction in the executive portion of the frontal cortex. D2 receptor reward center insensitivity leads to aberrant behaviors of substance abuse and high risk activities (low boredom tolerance).
15. Gifted child
16. Pyrrole (pyroluria) poor stress control, nervousness, anxiety, mood swings, severe inner tension, episodic anger (an explosive temper), poor short-term memory and depression. Serotonin deficiency from B6 loss.
17. Antibiotics before 3 yo Zn, Ca, Chr, Se deficiencies

Diagnostic Tests: None (No lab, x-ray film, or procedure will suggest or confirm a Dx)
Psychometric and educational testing may be performed.

Drugs:

1. Dextroamphetamine (Dexedrine, Dextrostat, Vyvance)
2. Methylphenidate (Ritalin, Concerta) NIH 1998 says no long term improvement in scholastic ability
3. Dexmethylphenidate (Focalin)
4. Amphetamine, Dextroamphetamine mixture (Adderal)
5. Pemoline (Cylert) reports of acute liver failure
6. Atomoxetine (Strattera) a SNRI >60 SE
7. Tricyclic antidepressants desipramine (Norpramine) & amitriptyline – needs baseline heart function test Black Box warnings. Imipramine (Tofranil)
8. Bupropion (Wellbutrin) Black Box warning for peds
9. Clonidine (Catapres) alpha2 agonist
10. Guanfacine (Tenex) alpha agonist
11. Methamphetamine (Desoxyn)
12. Thioridazine (Mellaril) psychosis best drug – equipotent to chlorpromazine (thorazine)
13. And so on

Side effects: tolerance

Diarrhea, restlessness, sleep disturbances, head ache, constipation, nausea, anxiety, dry mouth, tardive dyskinesia, tardive akathisia, ADD/ADHD, seizures, death, etc Dr. Joan Baize 2001: Ritalin initiates long lasting changes

Safety: Marcia Angell MD a Harvard professor of medicine and former editor of the famed *New England Journal of Medicine*, wrote:

Over the past two decades the pharmaceutical industry has moved very far from its original high purpose of discovering and producing useful new drugs. ... Now primarily a marketing machine to sell drugs of dubious benefit, this industry uses its wealth and power to co-opt every institution that might stand in its way, including the U.S. Congress, the FDA, academic medical centers, and the medical profession itself. (Levi, 2006)

Marcia Angell, author of the powerful book *The Truth about Drug Companies*, said it plainly and directly: "Trials can be rigged in a dozen ways, and it happens all the time" (Angell, 2004, 95)

One of the largest drug companies in the world is GlaxoSmithKline. It was therefore a bit shocking, but not surprising, when Allen Roses, worldwide vice-president of genetics, acknowledged that "The vast majority of drugs -- more than 90 percent -- only work in 30 percent or 50 percent of the people" (Connor, 2003).

Drug companies spend approximately three times more money on advertising and administration than on research.

May 2009 J of Amer Acad of Child and Adol Psy reports that medication advantage is gone after 3 yrs despite a 41% increase in meds and a subsequent 0.79" loss of height CHADD buried report (30% of revenue from drug companies)

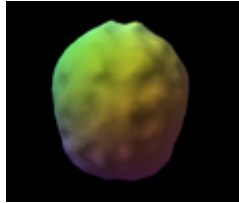
1999 Multimodal Treatment Study of ADHD (MTA Study)

1. Drugs alone
 2. Psychosocial/Behavioral treatment
 3. Combination of both
 4. Routine community care
- 570 children in over 6 different sites
 - Was it effective?

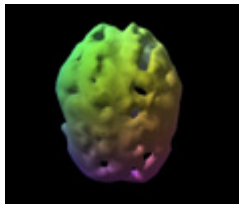
Alternatives:

1. Healthy diet with any necessary changes!
2. Multiple vitamin/mineral
3. EFA's and EPA/ DHA, also EPO as a topical application
4. Lecithin
5. Dopamine support
6. Low blood sugar nutraceuticals
7. Chromium and/or cinnamon to help balance blood sugar
8. Pycnogenol / Grape seed extract
9. Nature (being outdoors) as Ritalin replacement
10. Candida diet protocol
11. Heavy metal chelation. Hair analysis for Cu toxicity.
12. DMAE bitartrate
13. L-theanine
14. Ionic mineral drops
15. Zn
16. Mg or Mg/B6 combination
17. Vitamin B6, zinc, Vitamin C, Vitamin E, , Vitamin B5, magnesium, primrose oil or borage oil for pyroluria. William Walsh of the Pfeiffer Treatment Center
18. DMG or TMG
19. B12 as methylcobalamin
20. Folic acid
21. Tyrosine
22. Amino acid blends or Whey or containing: phenylalanine, tyrosine, taurine, tryptophan, esp.
23. Tryptophan as precursor to melatonin
24. Probiotics
25. Antifungals
26. Chewable digestive enzymes
27. Clear food sensitivities (Healing Pathways uses NEAT (not NAET))
28. Check for gluten sensitivities.
29. Efalex: Tuna oil, EPO, Vit E, thyme. Dr. Stordy of UK
30. Galantamine Caucasian snowdrop Alzheimer's cholinesterase inhibitor
31. Gingko biloba

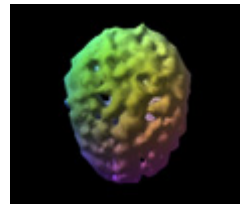
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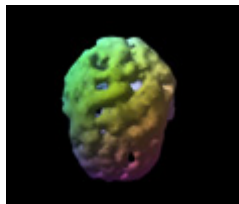
Normal view
top down surface view
full, symmetrical activity



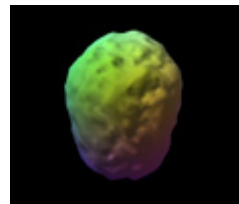
28 y/o - 8 yrs heavy meth use
front on surface view
marked overall decreased activity



36 y/o, 10 years frequen
top down surface view
multiple holes across cortical surface



top-down surface view
during substance abuse



top-down surface view
a year drug and alcohol free

Why does Dr. Amen not show a brain on Ritalin after 3 years? And only a brain after several days of Ritalin? What does that prove?