
Latest findings on the causes of hyperkinetic syndrome (ADHD) and the importance of a holistic naturopathic approach to treatment

Roland Schroeder, Naturopath, Schleswig

Increasingly often mothers (particularly of sons) are coming to our practice bemoaning their children's uncontrollable behaviour and poor performance at school which often prevents them attending secondary school. After observing the child briefly and analysing the *Conners* questionnaire completed by the mother, the therapist can already make a tentative diagnosis of ADHD.

There are various names for this disorder:

- Minimal brain dysfunction (MDB) used to be the most common name.
- The term „hyperkinetic syndrome" has now become accepted in Germany.
- In Switzerland they speak of infantile psychorganic syndrome (POS).
- Other terms which only cover certain aspects of the disorder are partial disturbed maturation of the brain, infantile brain damage or mild brain dysfunction.

Now the correct terms, which are also in common usage in the USA and by the World Health Organisation (WHO), are:

- attention deficit syndrome (ADS),
- attention deficit/hyperactivity disorder (ADHD),

CAUSE OF THE DISORDER

The underlying cause of attention deficit disorder or hyperkinetic syndrome is not yet known. However, we can identify a number of factors which show there are organic differences between these and „normal children".

In the past, shortcomings in the child's upbringing, parental inadequacies, squabbling parents, neglect, deprivation and infantile trauma were usually considered to blame and the disorder was regarded

as a social and educational problem. Most new studies agree that these factors are not responsible although they may well influence the disorder's intensity and clinical picture significantly. It was observed that hyperactive children with attention deficit disorder occur just as frequently in so-called „healthy" families as in problem families. Often a family will contain several „normal" children and just one problem child.

The development of new techniques has enabled both anatomical and functional differences to be identified in the brains of these children.

A genetic defect and/or disorder which occurs while the brain is developing causes the information network in our brain to be different, to be dysfunctional. An impulse arriving through the nerve must be carried by chemical substances, neurotransmitters, from the nerve ending through a space to the next nerve in order to stimulate it. Neurotransmitters are carrier substances; the most well-known are serotonin, dopamine and noradrenaline.

The causes identified so far will now be examined:

- Hereditary transmission: There is no indication that attention deficit disorder (ADD) is a chromosomal disorder in the same way as *Down's syndrome*. If that were the case, the overall changes would be far more serious rather than simply affecting attention span and behaviour. However research clearly shows that considerable heredity exists. Distribution between the sexes and increased occurrence in families over several generations clearly point towards genetic factors. Studies on twins and siblings as well as on adoptive and foster children support this assumption.

Colloquium staged by the International Medical Working Group *BICOM* Resonance Therapy and *BICOM* Resonanz-Therapie-Gesellschaft from 28 to 30 April 2001 in Fulda

- Neuroanatomical investigations have revealed differences in the size of certain basal structures, unusual asymmetries and especially a reduction in the size of the right frontal convolution.
- Neurofunctional findings: Glucose metabolism is an indicator of how hard an encephalomere is working. Reduced glucose metabolism means that less work is being carried out in a particular area.
- Marked changes were observed in the cerebral cortex, both cortical and subcortical, of subjects with ADHD in regions mainly responsible for motor activity, behaviour and long-term attention span. Blood circulation is also an indicator of the activity taking place in a region of the brain. Disturbances were observed here bilaterally in the corpus striatum.
- Neurochemistry: Investigations have so far been unable to identify any neurotransmitter disturbance. Three main groups are responsible for behaviour: dopamine, serotonin and norepinephrine. An imbalance between these systems leads to disturbance. A reduction in free dopamine in the synaptic space in particular appears to cause ADHD symptoms. Oestrogen is believed to protect against this and is possibly why girls are less affected.
- External influences during pregnancy and in early childhood development: stress, alcohol, nicotine, medication, extremely premature birth. In a study of children born prematurely, *Taylor, Hack and Klein* (1998) made the discovery that intoxication through increased release of stimulating neurotransmitters resulted selectively in disturbed maturation and dysfunction of the corpus striatum which in turn manifested itself neuropsychologically as attention deficit disorder. Findings from studies using medical imaging also point towards this. Neuropathologically, hydrocephalus, ventricular enlargement and atrophy of the corpus callosum were observed in children and adolescents with low birth weight while neuropsychological examination revealed attention deficit disorder. Since the nuclei of the corpus striatum (putamen, lenticular and caudate nuclei) together with the globus pallidus (pale nucleus) form the extrapyramidal system, which in turn regulates muscle tone and muscular movement, this explains why children born prematurely and those with other pre-and perinatal complications frequently display disturbed regulation of the muscle tone (muscular hypo- or hypertonia) and subsequently attention span and concentration disor-

ders.

- Allergies: There is much debate as to whether a number of food ingredients also cause ADHD. No major study has been able to identify a causal link with ADHD. Yet it is clear that symptoms get worse after eating certain foods. Food additives such as polyphosphate and glutamate are the prime suspects here. ADHD children frequently also suffer from allergically conditioned accompanying symptoms such as neurodermatitis, pollinosis, asthma or disorders of the digestive tract.

EXCLUSION DIAGNOSIS

The following criteria which can also cause agitation, attention deficit disorder and learning difficulties must be ruled out in order to validate ADHD diagnosis and ensure therapy is successful:

- epilepsy
- bradyarrhythmia
- thyroid dysfunction
- iron deficiency
- impaired vision
- hearing defects.

THERAPY

The metabolic disturbances listed are caused by the large number of different stresses to which today's children are exposed. These include intoxication, for example:

- amalgam, exposure to lead and nicotine (through the mother during pregnancy)
- chlorine compounds (dioxins, etc.) from waste incineration plants, pesticides, wood preservatives, detergents)
- drug abuse
- medications such as drugs for suppressing/inducing uterine contractions and also
- stresses of an allergic nature associated with the intoxication such as food intolerance, for example:
 - milk, wheat, eggs, soya as central allergens,
 - food additives such as glutamates, polyphosphates, food colours and preservatives.

In addition, exogenic factors such as geopathic disturbance and electrical stress play a not insignificant part which should not be overlooked.

The holistic naturopathic approach used in our practice for treating children and adolescents with behavioural problems is based on over ten years experience of treating a large number of ADHD children successfully and is carried out in 4 stages:

1. identifying and eliminating the individual stresses causing the metabolic disturbance.
2. detoxifying the organ system and/or freeing it from possible allergies by stabilising the organs affected.
3. harmonising the metabolic processes with supportive measures (homeopathy and organ preparations)
4. exposing negative psychosocial factors with accompanying therapy.

The significance of this therapeutic approach lies in the fact that, unless the abovementioned factors causing the problem are eliminated (if present), it will not be possible to treat the ADHD child speedily and with lasting success, for the child will never be able to behave any differently than its damaged metabolism permits with the result that educational and psychological measures will only ever have limited success.

CASE STUDY

A 6 year old boy came to my practice for the first time in May 2000. According to his father, the boy was very excitable, fidgety, emotionally unstable and permanently distracted. He also suffered from pollinosis.

The *Conners* questionnaire revealed definite ADHD symptoms.

Case history

The boy's parents were heavy smokers and the mother was, by her own admission, hyperactive. Laser light treatment by a naturopath for 2¹/₂ years had been largely unsuccessful.

Diagnosis

Attention deficit-/hyperactivity disorder.

Intoxications: amalgam (from the mother), nicotine (from both parents during pregnancy), cadmium, lead (the family lived in an old farmhouse with lead piping),

chlorine (first skin reaction as a small child in the whirlpool while on holiday) pesticides (farmhouse environment), parabens

Allergens: milk, house dust mite, mould

Organs: Pancreas and liver were affected. Following cerebral organs tested negative: pituitary gland, thalamus and corpus striatum.

Therapy

In line with the Bicom bioresonance toxin elimination model, the above toxins were first treated in 10 individual sessions, followed by the central allergen milk. The parents' cosmetic products were eliminated twice more after the child suffered acute perfume stress (cosmetics containing parabens) with a severe relapse of his ADHD.

Detoxication therapy was supported with Derivatio, Silibene, Bio-Reurella, zinc, Neukonigsforder mineral tablets and vitamin C.

Only after detoxication therapy was completed were the boy's ADHD symptoms treated with the following homeopathic preparations: serotonin D3, agaricus D30, stramonium D4, calcium phos. D3 and glutamine D2.

On completing the *Conners* questionnaire again in August 2000, the father stated the child had changed totally: he was now emotionally stable, willing to learn, attentive and friendly. Consequently, after around 3 months' intensive BiCom bioresonance therapy and individual medication, another ADHD child had been freed from the stresses affecting him to everybody's satisfaction.

BIBLIOGRAPHY

- D. Heubroch, F. Petermann: Lehrbuch der Klinischen Kindeneuropsychologie, Gottingen 2000
Taylor, Hack, Klein: ibid
- Imhof, Skrodzki, Urzinger: Aufmerksamkeitsgestorte, hyperaktive Kinder und Jugendliche im Unterricht, Donauworth 1999
- Roland Schroeder: RTI-Heft 13, October 1993
Roland Schroeder: RTI-Heft 14, May 1994
Roland Schroeder: RTI-Heft 19, September 1996

Please mark with a cross the description which most closely resembles the pupil's behaviour.

Following statement applies:	0	1	2	3	In what situations?
1. inattentive, easily distracted					
2. does not complete tasks					
3. daydreams					
4. constantly fidgety, restless, overactive					
5. hums to himself, makes noise the whole time, talks constantly					
6. excitable, impulsive					
7. outbreaks of rage, unpredictable behaviour					
8. rapid, pronounced mood swings					
9. cries often and easily					
10. demands must be met immediately, easily frustrated					
11. appears sullen, contrary, bad-tempered					
12. lies frequently					
13. disrupts, teases, annoys other children					
14. doesn't mix with other children					
15. not easily accepted by the group					
16. easily influenced					
17. no sense of fairplay					
18. uncooperative, obstinate					
19. behaviour: inappropriate compared with his peers					
20. makes excessive claims on teaching staffs attention					

0 = on the whole not, 1 = a little, 2 = quite agree, 3 = strongly agree.

REGUMED INSTITUT FÜR REGULATIVE MEDIZIN