

ADD MYTH AND METHODOLOGY

Three-Hour program by: Rayma Ditson-Sommer

Have we developed ADD/HD through the years? Twenty years ago these children were thought to be “busy” in the classroom. If they had difficulties learning they were given a label of Special Learning Disorder. These SLD children were treated as poor learners and non-achievers. Little interest was given to the causes that brought about the negative attitudes, disinterest, poor focus and poorer performance.

The CIBA pharmaceutical company had marketed a drug for alertness and mental energy for seniors. In the true pharmaceutical company fashion they began to look for other uses for Ritalin. Someway they discovered that if you “speedup” a non-synchronous brain you can actually cause calming through regulating brain waves. No matter that it killed appetites, made children lethargic, did not last through the school day, it worked; and our world embarked on what was the beginning of a “wild pharmaceutical ride” through the years. We moved to long acting Ritalin, Aderal, Stratera, Depakote and countless other drugs with small help. The children themselves began to withdraw from these medications because they “feel funny” and did not like the feeling.

Today our children are still being medicated, but now the drugs of choice have expanded to Prozac, Valium, and the children’s own choice of POT and Crystal Meth. Anything to escape the world of poor choices unknown answers, and pressures of “fitting in”.

It is regrettable that we did not begin this long quest by searching for those sensory abilities of the children. So many have poor ocular development, less than acceptable auditory processing abilities, and anxieties from bio-chemical imbalances. Why has it taken so many years to attack this myth of ADD/HD – why have we as a world allowed ourselves to be moved from what we know about our children to the point of suspicion about how they are “broken”?

So many causes can attribute to “fight and flight” behavior we see in those labeled with “ADD/HD”. We must look deeper into pre-birth, during birth and treatment after birth. Certainly, a child who was an unwanted pregnancy has little chance of a normal beginning. The mothers’ body has secreted harmful and damaging elements. The nervous system is hypersensitive and many of these children have colic, dislike human touch, have poor eating reflexes, yet we diagnose these children, as young as three, as ADD/HD and ask for medication for their behavior.

A child sitting in the psychologist’s office waiting for testing to develop an I.E.P, for better schooling holds the secret that he never bonded with his mother and other family members. He is actually an attachment child and will carry the need for total control. His classroom behavior is impossible, he needs medication?

The little girl in the third row has a developmental eye problem such as poor convergence and a saccadic nerve difficulty. She cannot see the board and therefore misses much of the work she understands. She is listed as unmotivated, never finishes her work and needs medication to function? Her Snellen eye exam report states she has 20/20 vision, but CAN SHE SEE?

The list goes on, and on, bio-chemical dysfunctions that render the child fearful of making mistakes. This is Pyroluria, a genetic stripping of B vitamins at birth, leaving the child secreting excessive kryptopyroles in his urine daily. He is highly afraid of failure, new things, and sound. He seems introverted and shy and little thought is given to the fact that he is totally different from all his siblings.

Although the state and federal government is responsible for educating every child in school, it does not happen. The American with Disabilities Act (ADA) was passed to secure services for all children and jobs for them when they grow up. Yet, school systems and corporations daily suspend or fire individuals who fall under the auspices of this law. How does this happen?

The myth of attention deficit disorder is too strong to extinguish. Thousands of books and magazine consultant appear with new ideas on how to “manage” your child with ADD/HD. There is a catalog From the A.D.D. Warehouse which lists itself as “The leading resource for understanding and treatment of ADHD and related problems since 1991”.

Sham on them! The largest ad in the catalog is by CIBA Pharmaceuticals for Adderall XR, with all the small print about side effects:

1. Loss of appetite
2. Difficulty falling asleep
3. Stomach
4. Weight loss
5. Dry mouth
6. Depression
7. Sudden death
8. Serious cardiovascular events

Follow Adder all with Concerta, Meladate, Strattera, Methylphenidate, Amphetamines. What are we doing? We have taken a myth and applied a seriously dangerous methodology. Since when do we let others tell us who are children are? Why is this so easy today?

Catalogs are full of books to solve the problems of children with ADD/HD yet we still have the difficulties.