

# Solving the Puzzle of Your ADD/ADHD Child

Natural Alternatives for  
Hard-to-Raise Children

Laura J. Stevens, M.S.



# **SOLVING THE PUZZLE OF YOUR ADD/ADHD CHILD**



### ABOUT THE AUTHOR

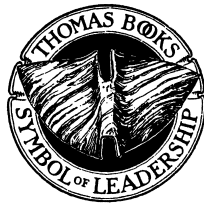
**Laura Stevens** has been interested in the relationships between diet, nutrition, health, and behavior for over forty years. In the middle 1990s, she received her master's degree in Nutrition Science from the Department of Nutrition Science at Purdue University in West Lafayette, Indiana. She has remained at Purdue and has worked with her mentor and other colleagues to investigate the relationship between diet and ADHD. Their first study measured the amounts of essential fatty acids in the blood of normal children and children with ADHD. They reported their findings in the *Journal of Clinical Nutrition* and in *Physiology and Behavior* that a subpopulation of the children with ADHD had lower levels of omega-3 fatty acids. They went on to conduct other studies and published articles about essential fatty acid studies in the medical journals, *Lipids* and *Prostaglandins, Leukotrienes, and Essential Fatty Acids*. For her excellence in essential fatty acid research Laura Stevens received the Dale Alexander International Award for Excellence in Fatty Acid Research. More recently, Stevens and her colleagues at Purdue have been interested in the effects of artificial food dyes on behavior in children. They have published their research in *Clinical Pediatrics* and *Nutrition Reviews* about the amounts of dyes in various foods, candies, and beverages and their possible modes of action. As part of her job, Laura keeps up with other areas of nutrition and lifestyle and ADHD that have helped her make this book possible. Apart from her work at Purdue Laura has published six popular books about diet, behavior, and allergies each published by a major publisher—Doubleday, Macmillan, Random House, and Penguin Putnam. Her first book was *How to Feed Your Hyperactive Child* in 1977. She has dedicated her life to helping children and families with ADD or ADHD to find natural solutions for their children's health and behavior problems. Laura lives with her amazing cat, Bentley, in Lafayette, Indiana. She enjoys tennis, gardening, reading, and spending time with her grown children.

# **SOLVING THE PUZZLE OF YOUR ADD/ADHD CHILD**

**Natural Alternatives for Hard-to-Raise Children**

*By*

**LAURA J. STEVENS, M.S.**



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*In memory of my beloved George,  
my best friend, with all my love.*



## PREFACE

I have never had Attention-Deficit Hyperactivity Disorder (ADHD), but I do have chronic fatigue syndrome and fibromyalgia. Dealing with these disorders has been a challenge but invaluable in helping me write this book! You would not think that ADHD and my fatigue and achiness would share similarities, but they do. Many pieces in my “jigsaw puzzle” are the same as those in many children who have ADHD. For example, pieces of my puzzle include eating a very nutritious diet, getting good quality and quantity of sleep each night, addressing food sensitivities, supplementing essential fatty acids, treating pollen, dust, and mold allergies, and taking magnesium supplements. These same puzzle pieces are often crucial for helping children with ADHD.

Here’s my story. In February 1963, I was a senior in high school and came down with what we thought was the flu. However, instead of recovering I went downhill until I could no longer go to school because the fatigue and pain were so severe. I did have a fabulous doctor who eventually discovered that I had had a brain infection—encephalitis. So for about a year and a half I was mostly in bed—and totally miserable. My high school graduated me even though I could not finish the last semester because I had been a top student and had always excelled. I had been accepted by the University of Wisconsin to study political science, but there was no way I could leave home. So after a year and a half I decided to go to our local university, the University of Cincinnati, to study zoology in the hopes that my health would return and I could eventually go to medical school. I thought if I could help others avoid what I had gone through, my life would have great meaning. It did not take long to discover that I would never be well enough to cope with the rigors of medical school. School was exhausting and problematic. I had trouble standing in the long labs, the stairs in the old buildings seemed like mountains, and it was much harder to think. My friends and fellow students were so damned perky, energetic, and healthy that I felt like an outcast! However, I persevered, made friends, and earned my Zoology degree.

I decided to go for a master’s degree in political science and perhaps work for the World Health Organization. I did earn my degree, and I also



met my amazing husband-to-be, George, and we married in December, 1969. George was definitely the best thing that ever happened to me! We moved to Lafayette, IN where George was a professor in the Department of Communication. He taught journalism, and we raised our family. I continued to have severe energy and achiness problems.

In the 1970s, I became friends with a wonderful woman, Linda, who was trying to help her two hyperactive sons. I tell their stories in the Introduction and a couple other chapters. The Feingold diet had just become popular so Linda decided she had nothing to lose by trying it. However, she struggled to follow the diet and said, "You know, someone should write a book to help parents follow Dr. Feingold's diet. I do not have time or the know-how, but maybe you could write such a book." And so I wrote my first book, *How to Feed Your Hyperactive Child* that was followed by *Improving Your Child's Behavior through Diet*.

Linda's two sons had severe behavior problems due to food sensitivities and other factors. Linda urged me to go to Ft. Wayne, IN where Dr. John O'Brian was testing and treating children and adults for behavior and health issues. I found that many different foods, inhalants (pollens, molds, and dust) and chemicals caused fatigue, severe achiness, and spaciness. I learned my first lessons about sensitivities and health from Dr. O'Brian and his amazing nurse, Dorothy. They are two of my heroes! In 1983, I wrote *The Complete Book of Allergy Control* based on my experiences to date.

Along my journey, I met William G. Crook, M.D., of Jackson, Tennessee. Dr. Crook had been working tirelessly since the mid-1950s to help hyperactive children, as well as children with other personality, behavior, and learning problems. He found that many of his patients felt and acted better when they identified and stopped eating common foods and additives. He had written a couple of books I found intriguing: *Tracking Down Hidden Food Allergy* and *Can My Child Read? Is He Hyperactive?* I contacted him, and we became phone friends. Dr. Crook soon became another one of my heroes. By 1987 he and I shared so many common interests that we teamed up to write a book to help more families: *Solving the Puzzle of Your Hard-to-Raise Child*. We used the concept of a jigsaw puzzle to represent all the factors why some children are hyperactive, impulsive, and inattentive.

It became quite clear to me that I also had a "jigsaw puzzle" for my own health issues. With Dr. Crook's encouragement, I became a patient of Dr. Sidney Baker at the Gesell Institute in New Haven, CT and later, his partner, Dr. Leo Galland. I soon added Drs. Baker and Galland to my heroes list. I learned all about essential fatty acids, essential amino acids, magnesium, and much more. My puzzle was very similar to the puzzles of children with ADHD. My health improved, but I had a long way to go. In the mid-1980s,

Dr. Galland diagnosed me with chronic fatigue syndrome and fibromyalgia. At last I had names for why I felt so crummy all those years! We tried a variety of meds and nutrients—some made me better, others made me worse. I felt better when I retained a healthy diet, took some nutritional products, and a few prescription meds. However, I still was short on energy and long on achiness.

In 1998, I developed breast cancer and was given hormone therapy to treat the cancer. I had to give up my estrogen, and I was totally miserable with hot flashes and sweats. My oncologist suggested I try Effexor, an antidepressant, and the effects were amazing. Not only were my sweats improved, I felt better than I had in many years—my whole adulthood—and the effects have lasted since then. Effexor helped my achiness and fatigue. I still have to pace myself and sometimes my legs ache, but I am able to work part-time and even play tennis for an hour or so.

By the end of the 1980s, my interest in the relationship of nutrition to behavior and health became so great that I returned to graduate school and earned my master's degree in Nutrition Science from Purdue University. My biochemistry classes were my favorite. I was struck by how many metabolic pathways depended on vitamins and minerals as cofactors, and I studied in-depth amino acids, essential fatty acids, sugars, and so forth. I also became interested in artificial colors and their relationship to behavior. For a food science class project, I compared the effects of heat, acidity, and light on natural food dyes and artificial food colors. I had known for years that red dye gave me headaches so I avoided all artificial colors.

For my thesis project, we recruited children with ADHD and children with normal behavior and studied the levels of essential fatty acids in their blood. We published our results of this study and others in the scientific literature—*American Journal of Clinical Nutrition*, *Physiology and Behavior*, and *Lipids*, to name a few. Our work with ADHD children continues today. I am constantly reading new research articles from the medical literature and discussing them with my colleagues. Along my journey, I met many exhausted, frustrated parents who complained about the side effects of stimulant medication and said, “I do not like the idea of drugging my child, but I do not know what else to do.”

I believe there are options that should be tried before or with medication. Helping your child with behavior and health problems resembles solving a jigsaw puzzle. Different children have different puzzle pieces. Common, extremely important puzzle pieces are eating an A+ Diet, getting high quality and quantity of sleep, and exercise. These are supported by research reported in the medical literature. For some children, one “piece” of the puzzle might be sensitivities to common foods and additives. A “piece” for another

child might be a marginal iron deficiency. Many children improve when their sleep problems are addressed. Yes, medication may be a piece of the puzzle for some children with ADHD. You and your doctor will have to identify the nutritional, biochemical, and lifestyle “pieces” of the puzzle that are important for *your* child and fit them together to form a completed puzzle of a healthy, happy, emotionally stable child.

You may want to visit my website, “The ADD/ADHD Online Newsletter,” at [www.nlci.com/nutrition](http://www.nlci.com/nutrition). Each month I publish new material on the role of diet and nutrition upon behavior and health. I want to help children succeed with as little medication—or no medication—as possible. Through this website I have corresponded with hundreds of desperate, worried parents from all over the globe who are trying to help their child with ADD or ADHD. I have learned that managing and helping a child with these problems is challenging and frustrating requiring the patience of a saint! But how many of us qualify for sainthood?

I hope *Solving the Puzzle of Your ADD/ADHD Child* will help you identify and address pieces of your child’s jigsaw puzzle and to take action to improve them. Remember, Rome was not built in a day, and neither will you solve your child’s problems overnight. I know all this material may seem overwhelming, but I will be there to help you one step at a time!

LAURA J. STEVENS

## INTRODUCTION

Johnny's mother, Louise, tried desperately to remain calm while she helped five-year-old Johnny get ready for school. Johnny, who had recently been diagnosed as having ADHD, was running all over the house. He couldn't stand still to get his teeth brushed or his hair combed. He stood up to eat breakfast. When his mother put on his shoes, he took them off and threw them across the room. Ultimately, she would get him off to school, but much too often she received phone calls from his teacher at the end of the day.

His teacher complained that most days Johnny was all over the classroom. He chattered incessantly. He wandered around the classroom while the other children sat quietly listening to a story. He could not pay attention and was not learning his lessons. He cried and carried on when things didn't go his way. Finally the teacher reported, "I just can't deal with Johnny anymore. He requires more of my time than all of the children put together. It's not fair to the other children. Please talk to your doctor about medicating your child with Ritalin." Louise was crushed. She hated the idea of medicating her son to get him to behave, but what was she to do? Were there alternatives to drugs that might help her son?

The answer for her and so many other parents is a resounding "yes." Here's the story of my dear friend "Linda" who was struggling to help her two sons, Tommy and Jimmy. She tells their story below.<sup>1</sup> I've bolded the pieces to her sons' behavior puzzles.

My husband and I were so excited when our first son, Tommy, was born. He was a beautiful baby, but Tommy screamed with colic for nine long months. As he learned to sit up, crawl, and walk, he was in constant motion, either rocking back and forth or jumping up and down. He bounced his way through two crib mattresses! Simple tasks frustrated him, and he cried easily and often. Yet many times he smiled and laughed. At times, we felt like failures as parents.

When Tommy was three, my husband and I consulted a child psychologist at the university who recommended that we use M&M's candies to reward good behavior. Tommy's behavior deteriorated so rapidly that we wondered whether the M&Ms might be responsible. Reports that artificial colors and flavors might affect behavior were just starting to appear in newspapers and magazines.

When Tommy was four, we consulted a pediatric neurologist at a major medical center, who concluded that Tommy was hyperactive (the term "attention-deficit hyperactivity disorder" had not yet been coined), and would probably experience severe learning problems in school and always require special-education classes. A trial of the stimulant drug Ritalin didn't help. In fact, it turned Tommy into a zombie.

When we asked the pediatric neurologist about diet and hyperactivity, he replied, "Oh, there's no relationship. That's just a fad." But we were so desperate we decided to try the Feingold Diet popularized by pediatric allergist Benjamin Feingold in the 1970s. This diet excluded artificial colors and flavors, preservatives, and *natural foods* that contain aspirin-like compounds called *salicylates*. Within a few days, Tommy improved dramatically. He could sit down to eat and watch television, his temper tantrums greatly improved, and he obviously felt better about himself and his world because he was full of hugs and kisses!

Tommy started regular kindergarten and did well academically. But he still experienced times when he was overactive and anxious. We began to notice that certain *natural foods* that didn't contain salicylates bothered him as well. Eating homemade *chocolate* pudding made him extremely depressed and hysterical. After he ate homemade bread with added *soy* flour, Tommy was so hyperactive that he couldn't sit down for hours. These obvious, serious reactions triggered by eating common foods amazed us. Tommy also reacted to many *chemicals in his environment*, such as gasoline, paint, magic markers, and scents and perfumes. We had to ask his teacher to refrain from wearing perfume. This was a little awkward but she agreed!

When Tommy was twelve, he began to experience severe, chronic, migraine-like headaches. After we exhausted traditional medical treatments, we consulted a nutritionally oriented physician experienced in diagnosing the biochemical causes of physical and behavioral problems. Special tests showed that Tommy had abnormal levels of *essential fatty acids* in his blood. Supplementing Tommy's diet with special dietary oils, both omega-6 and omega-3 fatty acids, not only cured his headaches, but also greatly improved his ability to deal calmly with the stresses of everyday life. Adding *magnesium* to his regimen also had a calming effect on



Tom. Tom was a delight as a teenager—calm, reasonable, happy, and hardworking. He graduated second in his class from a competitive high school and with high honors from a prestigious university. Tommy earned his Ph.D. and continues to do well. He has no trace of learning problems or ADHD! Fatty acids are still important for Tom, and when he's under stress he is helped by magnesium supplements. He doesn't eat corn and corn products because they make him feel sick, including breathing in kitty litter made from corn!

Our second son, Jimmy, was born almost three years after Tommy. Like Tommy, Jimmy also suffered from severe colic. Jimmy was bottle-fed but did not tolerate the formula without throwing up. We changed from a milk-based formula to soy, and finally to an elemental diet. As a toddler, Jimmy often appeared tired and had dark circles under his eyes. He showed no signs of starting to talk. We took him to the University for hearing and language tests. His hearing was normal, but his language and gross-motor skills were at least a year and a half delayed. We were devastated. We enrolled him in a preschool program for children with lan-

guage problems. Jimmy also experienced night terrors, which eventually began to occur during the day, too. The doctor prescribed Ritalin, but Jimmy didn't respond. Then we realized that certain *natural foods* and *artificial food colors* "turned him on," too.

By the time Jimmy entered regular kindergarten, his speech had improved, although his development was still delayed. For example, he would say, "Me go school." But he worked hard and learned to read and write without problems. His speech progressed rapidly. His math skills were outstanding. Special blood tests showed that Jimmy had low levels of many of the important *fatty acids*, and taking supplements greatly improved his health, behavior, and learning. The fatty acids had a dramatic effect on his standardized test scores: they jumped from the 60th percentile into the 90s in one year! Like Tom, Jim was a delight during his teenage years—calm, bright, insightful, and hardworking. He, too, was an honor student and finished near the top of his high school class. He excelled in college and was selected for Phi Beta Kappa. Today, Jim is healthy and happy.

Tommy and Jimmy's stories illustrate that identifying and addressing biological factors that lead to symptoms of ADD or ADHD can be very helpful. That's the purpose of this book—to help *you* identify pieces of your child's behavior jigsaw puzzle. The material is taken from the medical literature, stories of parents I've met, and from my own personal experience. Each chapter will start with a questionnaire that will help you decide if you need to read that chapter and follow the advice. If the questions do not seem to apply to your child, skip ahead to the next chapter. In each chapter, research from the medical literature supporting the theme of that chapter will be summarized and explained. Then I'll tell you how to fit this piece of the puzzle into *your* child's puzzle.

In Part I of this book, "Learning More about ADD and ADHD," look at the symptoms of ADD and ADHD, how these disorders are diagnosed, accompanying mental and physical problems, and what the underlying causes may be. I'll discuss the traditional treatments for ADD and ADHD and the pluses and minuses of using medication. If you're planning to have more children, I'll give you some steps you can take to help avoid ADD/ADHD in a new baby. After all, an ounce of prevention is worth a pound of cure! Of course, there are no guarantees.

In Part II, "Start with an A+ Diet," I will help you modify what you feed your child and family so they are eating an A+ diet to give your child all the nutrients he needs. The nutritional quality of your child's diet is extremely important. I once put diesel fuel in my car that took premium gas. Was that

ever a mistake! My car jerked, rattled, knocked, and ultimately wouldn't start! When you feed your child, you want to put the right fuel in his "tank" so that he is cooperative, calm, attentive, and performs well in school. I will also tell you about artificial colors, flavors, and preservatives, why you will want to avoid them, and how to test to see if your child is sensitive to the colors. I'll also talk about the role of sugar in ADD/ADHD, steps to decrease the amounts, and what artificial sweeteners might work for your child, such as sucralose, stevia, and monk fruit. Finally, we'll talk about the importance of breakfast, school lunches, and eating out.

In Part III, "Other Important Lifestyle Considerations," I will talk about research that shows that many children with ADD/ADHD report sleep problems, even those who are not taking stimulant drugs. Both the quantity and quality of sleep are vital. I will help you decide if this applies to your child, and how to overcome nighttime problems and wars. I will also tell you about sleep apnea and restless legs syndrome and ADHD. In the next chapter, I will discuss the recent exciting new research into the effects of exercise on children with ADHD and ways you can engage your child in aerobic activities. Sleep and exercise are two important pieces in any child's puzzle—not just children with ADD/ADHD, but every child.

In Part IV, "Missing Nutrients," I'll introduce you to essential fatty acids, the roles they play in your child's brain, how to tell if your child is deficient, and how to add good fatty acids to his diet and as supplements. I'll discuss mineral supplements especially magnesium, zinc, and iron. Then I'll talk about vitamin supplements, especially the tricky B vitamins, and also vitamin D and their effects on the central nervous system. Finally, I'll talk about antioxidants—what they are and why your child might benefit from taking them.

In Part V, "Identify Your Child's Allergies and Sensitivities," I'll help you identify food sensitivities, inhalant allergies, and chemical sensitivities that may be triggering your child's health and behavior problems. I'll show you how to track down hidden sensitivities to common foods. Studies have shown that as many as 75 percent of children with ADHD tested for artificial color sensitivity are sensitive to one or more food colorings such as FD&C Red #40 and FD&C Yellow #5. (See Chapter 7.) But every child who reacted to food dyes was also sensitive to two or more common foods such as milk, wheat, eggs, and corn.<sup>2,3</sup> Your child may improve dramatically after foods and additives that trigger his symptoms are removed from his diet. Some potential inhalant allergens include dust, mold, pollens, and animal dander. You may already know that your child is sensitive to one or more of these particles. Perhaps he has a constant runny nose, or even asthma. What you may not know is that they can cause behavior problems in susceptible children. Two studies published in the March 2004 issue of the *Journal of Nutri-*



*tional & Environmental Medicine* reported some children with ADHD are worse during pollen seasons, and reacted with behavior changes in response to pollen extract.<sup>4,5</sup> I will discuss common chemicals that may be “turning your child on.” Common culprits include tobacco smoke, petroleum products, chlorine, formaldehyde, fragrances, and scents. As someone who is chemically sensitive, I can report firsthand that certain chemicals make me feel wretched—achy, depressed, and spacey!

In Part VI, “Addressing Issues in Your Child’s Digestive Tract,” I’ll discuss the importance of having the right micro-flora—microscopic bacteria and yeast—in his gut from your child’s mouth to his anus. There are trillions of these critters living there and on his skin. Some are beneficial while others are harmful. It’s extremely important to encourage the “good” ones while discouraging the “bad.” If your child has had many ear infections and antibiotics, the antibiotics may have disrupted the balance of micro-flora in his intestine; your child also may have an overgrowth of the yeast *Candida albicans*. You may need to supplement him with “good” bacteria to help displace the yeast, along with yeast-killing drugs, and a low-sugar diet. I will also discuss “leaky gut syndrome” and why it may be important for your child.

In Part VII, “Environmental Hazards,” I’ll help you determine if your child may be suffering from exposures to toxic heavy metals such as lead, mercury, cadmium, and aluminum. Other pollutants will be discussed in Chapter 22.

Finally, in the Conclusion I’ll help you put everything together so that your child’s jigsaw puzzle is complete.

With *Solving the Puzzle of Your ADD/ADHD Child* as your guide, you are about to become a food, nutrition, and lifestyle detective. Remember, you know your child better than anyone else. I predict most of you will have a better-behaved, happier child who is performing better in school within a few months, maybe sooner. Good luck and best wishes!

## ACKNOWLEDGMENTS

Dorothy Boyce, R.N., John O'Brian, M.D., Sidney M. Baker, M.D., and Leo Galland, M.D. are four of my heroes. From Dorothy and Dr. O'Brian I have learned all about food, inhalant, and chemical sensitivities. Sid Baker has given me my first lessons about essential fatty acids and the importance of looking at the whole person. Leo Galland has taught me all about biochemistry and magnesium, zinc, and iron. Not only have my heroes helped me with my personal health journey, they have identified the puzzle pieces for many other patients with behavior, learning, and health problems that other physicians could not solve. My fifth hero is the late William G. Crook, M.D. who became a phone "friend" and later a coauthor of *Solving the Puzzle of Your Hard-to-Raise Child* (Random House, 1987). Much of what I know about food sensitivities and yeast-related illnesses I learned from Dr. Crook. I admired his dogged dedication to helping children with behavior and health issues starting in the 1950s. My last hero is Jay Burgess, Ph.D. who was my major advisor at Purdue University when I earned my master's degree in Nutrition Science and my boss when I stayed on to do research. We have published our research about essential fatty acids and artificial food colors in several medical journals. I have learned so much from him about nutrition and biochemistry, and his insistence that our research be thorough and accurate.

I want to thank Betty Delgass for her editing and support. Also Jim McCammack who did the illustrations. Their contributions and their encouragement were much appreciated.

Finally, I thank my family for their love and support. My dear husband of 42 years, George, died in 2012. I know if George were alive today he would be rooting me on—maybe he still is!

## **DISCLAIMER**

I have written this book to serve as a general guide and reference source. The content of this book is not intended as a substitution for advice and input from your child's physician who knows your child best. All matters regarding your child's health require medical supervision. Therefore, I cannot assume any medical or legal responsibility for how this book is used. To help your child you will need the services and advice from a knowledgeable and caring physician or other licensed health professional. Therefore, you and your doctor must take full responsibility for the uses made of this book.

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# **SOLVING THE PUZZLE OF YOUR ADD/ADHD CHILD**



**Part I**

**LEARNING MORE ABOUT  
ADD AND ADHD**





## Chapter 1

### DEFINING ADD AND ADHD

If your child has problems with inattention, impulsivity, and perhaps hyperactivity at home and school, you may be wondering if your child has ADD or ADHD. Psychologists, psychiatrists, pediatricians, and family practice physicians can make the official diagnosis, but the purpose of this chapter is to help you learn more about these disorders so you will be an educated parent or caregiver. Let's start by defining ADD and ADHD.

**Attention-Deficit Disorder (ADD).** Children with ADD are inattentive, but are not impulsive or overactive. They have trouble paying attention and may seem lost in their own world. They have difficulties following directions and carrying them out. They struggle with details, make careless mistakes, and have difficulty with organizational skills. They quickly forget important information that the teacher has just given, and struggle to complete homework assignments and hand them in on time. Needless to say, all these problems lead to poor school performances. Girls are more likely to be affected than boys, and teachers often report that they seem "spacey." They may say, "Susie could do better if she only tried harder!" Children with ADD often go undiagnosed because their problems are not so overt and obvious. When a teacher has a large class, the child with ADD may go unnoticed. Unfortunately, there have not been nearly as many scientific studies of children with ADD and biochemical and nutritional factors as of children with ADHD. Perhaps the "squeaky machine gets the oil"—the problems of children with ADHD are so much more obvious, totally frustrating the patience of parents and teachers.

**Attention-Deficit/Hyperactivity Disorder (ADHD).** Children, usually boys, with ADHD are inattentive, impulsive, and hyperactive. In a school setting, children with ADHD often perform poorly. They have trouble sitting still and constantly fidget. They are always up and on the go and out of their seats. They have trouble absorbing and processing school lessons. They shout