

The Role of Chiropractic in the Treatment of ADHD

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Author's note: That this paper is based on empirical data derived from our pediatric practice. Many of the conclusions are based on not only our practice, but on other scientific data.

Attention deficit hyperactivity disorder (ADHD) is a syndrome that allegedly affects millions of children and adults in the United States alone. In our practice, we have found that many children (and adults) diagnosed with this malady are classic examples of medical misdiagnosis. This is not to single out any one of the medical professions; we have seen this misdiagnosed by medical doctors, osteopaths, chiropractors, school counselors, and parents.

Does ADHD Exist?

We believe this disorder does exist. However, we also believe the diagnosis is wholly overused on otherwise healthy children. Research in all healing professions shows this to be a viable diagnosis for a very specific number of symptoms:

Signs of Inattention

- becoming easily distracted by irrelevant sights and sounds;
- failing to pay attention to details and making seemingly careless mistakes;
- rarely following instructions carefully or completely;
- losing or forgetting things like toys, pencils, books or tools needed for a task; and
- avoiding tasks that require sustained mental effort.

Signs of Hyperactivity and Impulsivity

- acting restless, often fidgeting with hands or feet, or squirming;
- running, climbing or leaving a seat in situations where sitting or quiet behavior is expected;
- acting as if driven by a motor;
- blurting out answers before hearing the whole question; and
- having difficulty waiting in line or for a turn.

These behaviors must appear early in life, before age 7, and continue for at least six months. In children, they must be more frequent or severe than in others the same age. Above all, the behaviors must create a real handicap in at least two areas of a person's life, such as school, home, work, or social settings. (Adapted from *Attention Deficit Hyperactivity Disorder*, National Institute of Mental Health, 1994.)

We have seen many children with these specific symptoms, along with a variety of others, diagnosed as having ADHD. We have found that children with the above symptoms only may actually be afflicted with the disorder. This only amounts to two children between the two of us in

our combined years of practice. Nothing we did for these unfortunate two children helped. The only option for these children was drug therapy, which worked remarkably well for them.

Drug Therapy: Does it Work?

It is our opinion that in almost all cases, drug therapy only provides a bandage approach to rectify a deeper problem. Many doctors (of all professions) only look to treat the symptoms. Few look to see what the actual cause of the problem is.

We have seen many children utilizing drug therapy that ostensibly progressed toward wellness. We have also seen many of these same children plateau, then revert to previous behaviors. It is usually at this point that we become involved.

Unfortunately, many still view chiropractic as a last resort to be used only after everything else has failed. Where the fault lies in this view has long been a question for the chiropractic profession. In our opinion, all fingers eventually point to strife within our profession between those who are willing to treat the whole patient and those who limit themselves and refuse to think beyond the spine.

How Can We Help?

We have found that simplistic changes to the diets of those who are afflicted have gained the most spectacular and significant changes. Rarely have we ever had to go further than these dietary changes. Essentially, we have critiqued the diets of people diagnosed with ADHD or similar symptoms and shown them how to heal themselves. We have taken away key preservatives; all artificial colors and flavors; and all milk. Within 30 days, we have seen remarkable changes.

Case Studies

We have seen so many children come to us that have seen other chiropractors already. Unfortunately, the chiropractors confined their aid to do what they felt they do best: adjust. Therefore, we have included these case studies to help those who do not believe in dietary changes.

Case #1: AB, 9-year-old male. Diagnosis: ADHD

Our first example of how simple nutritional interventions can help is AB, a 9-year-old boy diagnosed by both a psychiatrist and psychologist as having ADHD. AB was on drug therapy at the time of his first visit.

AB's mother was referred to us by another patient with an unrelated disorder. The mother had never been to a chiropractor before, and told us she had some "severe misgivings about bringing my child to you, (because) chiropractors cause strokes you know." We then tried to discuss pertinent research with her, but she stopped us and said that this was her last resort before she sent her son off to a military school where they would "fix him right." We met with her son for about five minutes. During this period the young man could not keep his eyes fixed on us during conversation; he kept writhing on the table as if he were in pain; and he could not keep his leg from tapping the floor (even when asked if he could refrain). After witnessing this somewhat classical case, we asked about his diet. His mother interrupted that he ate "fine." We then asked her to define the term "fine" for us. She told us that she did not spend lots of time at home and the boy often fended for himself, but that she bought quality foods such as his favorite red gelatin in a cup for snacks; lots of whole milk; and those cereals with cartoon characters (all top sinners on our list).

We then had this young man sit in the waiting room while we spoke with his mother privately. We asked if her child was important in her life. She stated, "My child comes first." We then discussed a diet that eliminated processed foods with artificial flavors and colors, food additives and preservatives, and dairy. She stated that it was "preposterous to torture my child like that." We then asked what was more important, her opinion of what her child should eat, or her child's health. Her attitude changed; she stated that it would be too hard for her to do this (there was no mention of the impact of the changes on AB). We then asked her to try it for a month. Our proposed treatment plan did not include an office visit for a month, but we would give her a courtesy call every week to check up on her and her son. She agreed to this and stated that she "would see to it that her son ate right."

We brought her son back into the room and told him together what we had discussed and how his life would change for a month if he would be willing to make the effort (always make it the child's idea to change, not yours). He said that he would try it because he did not want to go off to school. This was possibly the easiest time either of us ever had convincing a child that they should not eat what they want and are used to.

We spoke to the mother five times afterward: four times on the telephone and once at the last office visit. The telephone calls were distant, and she would not tell us much about her sons' progress; she said he was "all right" and was doing what he could. She would only state that he was a "little" better. The office visit was exactly 34 days after we first met this young man. We walked into the examination room and heard his mother say, "Go ahead." He stood up, shook both of our hands, and said "thank you" as he looked straight into our eyes. There was no writhing, no tapping, and only his undivided attention. He also told us that he stopped taking his drugs, as they made him "sick."

We know you are probably skeptical, as this seems rather unbelievable. Never did we lay a chiropractic hand on this child. However, following are two other cases with similar results.

Case #2: CD, 13-year-old male. Diagnosis: ADHD, schizophrenia

This case involved CD, a 13-year-old male who was also brought to us as a last resort by his mother. CD was diagnosed not only with ADHD, but also schizophrenia, by a medical doctor (he was medicated for each diagnosis). He had much of the same symptomatology as the 9-year-old in the previous case; as such, we offered him the same nutritional interventions and timeline.

On the second week of his treatment plan, his mother called and said CD was worse. He was becoming violent and striking out at other children at school. We asked that he be brought in immediately. When he arrived, he was "pure evil" to us. We decided that some massage might calm him a bit. As such, we proceeded with the massage, during which time we discovered a huge prominence on the right side of his neck that was tender upon palpation. We also did some range of motion exercises and discovered that he had limited mobility in his neck. We discussed it with him and his mother, and decided to adjust his neck. A shotgun blast would be a light description of the sound his neck made; in fact, it was heard in the next room. For those of you who are core believers, yes, it was C1. After he was done being scared, he calmed down and was rather pleasant when he and his mother left the office.

Three weeks passed after this visit, and we heard nothing from this family. The next case explains the lapse in follow-up with this young man.

Case #3: EF, 17-year-old female. Diagnosis: Grand mal seizures, history of ADHD

EF, a 17-year-old girl, presented four weeks after the last visit of our previous case. We found out why we had never heard from CD's family; his sister EF was in a motor vehicle accident and was in the hospital with seizures and lapses of consciousness. Her lapses in consciousness had ceased in two weeks; however, she was now on medications to prevent more seizures. CD, EF and the children's mother showed up at the office one afternoon, and the mother filled us in as to what happened. The accident had caused the daughter to put her head through the driver's-side window. She arrived at the hospital in a comatose state having seizures; she also had a severe concussion. She finally woke up about three days into her stay at the hospital. However, she was still experiencing seizures. The doctors were able to finally control the seizures with a course of medications. She left the hospital three weeks after she entered. EF was very concerned about the procedure the doctors recommended, which she described as "surgery to cut my brain in two if the seizures do not stop." We discussed what that meant, and she asked us if we could help her like we did her brother (who had not yet come up in conversation). She told us she was afraid of chiropractors, but was more afraid of surgery. She also asked if we could do anything without "making popcorn" in her neck.

We decided to utilize craniosacral therapy to help her. At the end of the first session, she stated that she felt as if she were "high" (she also stated to her mother that she assumed that was how it would feel, as she had never smoked anything). We saw her one more time about six months later before she left for college. She stated that she never had another seizure after her last visit, and she had to go back to the medical doctor to get off the drugs because they made her "woozy." She also told us that the dietary changes she had to "suffer through" because of her brother also helped her (she now has a 3.9 GPA at college).

By the way, her brother is now 16; asymptomatic; utilizes no drugs; and is on the honor roll.

Impossible? No. The process of allowing these children to heal themselves was quite easy. The issue in the big picture is having both the parents and the children believe in the changes. The parents are the easy part (once they get past how their lives will also have to change). The children will eventually buy into the idea once they see the positive changes in themselves. There are often short-term lapses in diet, especially with older children, but they tend to turn back to the diet as they see the negative changes their deviance causes. We have found little to be more satisfying than seeing the positive changes in the children when they realize the transformation that has occurred.

The solutions we utilized are quite simple. These cases are only three of the many we have seen with the same issues. Did we cure anything? No, we just provided the right thing at the right time to the right body, and allowed miracles to happen.

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